



A THEORETICALLY INFORMED INTERVIEW STUDY ON KEY HEALTHCARE STAKEHOLDERS' READINESS TO IMPLEMENT A CLINICAL PHARMACY COMPETENCY FRAMEWORK FOR HOSPITAL PRACTICE IN AUSTRIA

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Background:

The implementation of competency frameworks for hospital pharmacists improves patient safety, quality of care and their education and further training. Nevertheless, their implementation poses several challenges. Well-designed theoretically informed studies are needed to support their safe and sustainable implementation.

Purpose:

This study aimed to investigate the readiness of key healthcare (policy) related stakeholders on the possible implementation of a clinical pharmacy competency framework for hospital pharmacists in order to identify implementation related facilitators and barriers.

Methods:

A qualitative interview study with 20 key healthcare (policy) related stakeholders was conducted across Austria. Based on the Consolidated Framework for Implementation Research (CFIR) the semi-structured interview questions, and all additional study materials (e.g. study information sheet for potential participants) were developed. Interview questions were validated by two experienced researchers and piloted with two participants. The interviews were carried out in person, were audio-recorded and transcribed verbatim. Framework analysis was underpinned by the CFIR domains and was conducted by two researchers independently. Data saturation was not achieved due to the diverse nature of healthcare stakeholders.

Table 1: Overview of the CFIR domains and associated constructs (Damschroder et al., 2022)		
Domain	Description	Constructs (examples)
I. Innovation	The 'thing' being implemented (e.g. a competency framework for hospital pharmacists)	Innovation Relative Advantage, Innovation Design, Innovation Cost, ...
II. Outer Setting	The setting in which the Inner Setting exists (e.g. the healthcare system in Austria)	Local Conditions, Partnerships & Connections, Policies & Laws, ...
III. Inner Setting	The setting in which the innovation is implemented (e.g. a hospital ward)	Structural Characteristics, Communication, Culture, Tension for Change, ...
IV. Individuals	The roles and characteristics of individuals in implementation	High-level/Mid-level/opinion leaders, implementation facilitators/leads, ...
V. Implementation Process	The activities and strategies used for implementation of the innovation	Assessing Needs, Planning, Tailoring Strategies, Reflecting & Evaluating, ...
Outcomes Addendum	Includes antecedent assessments, implementation outcomes, and innovation outcomes	Acceptability, Appropriateness, Anticipated/Actual Implementation Outcomes etc.

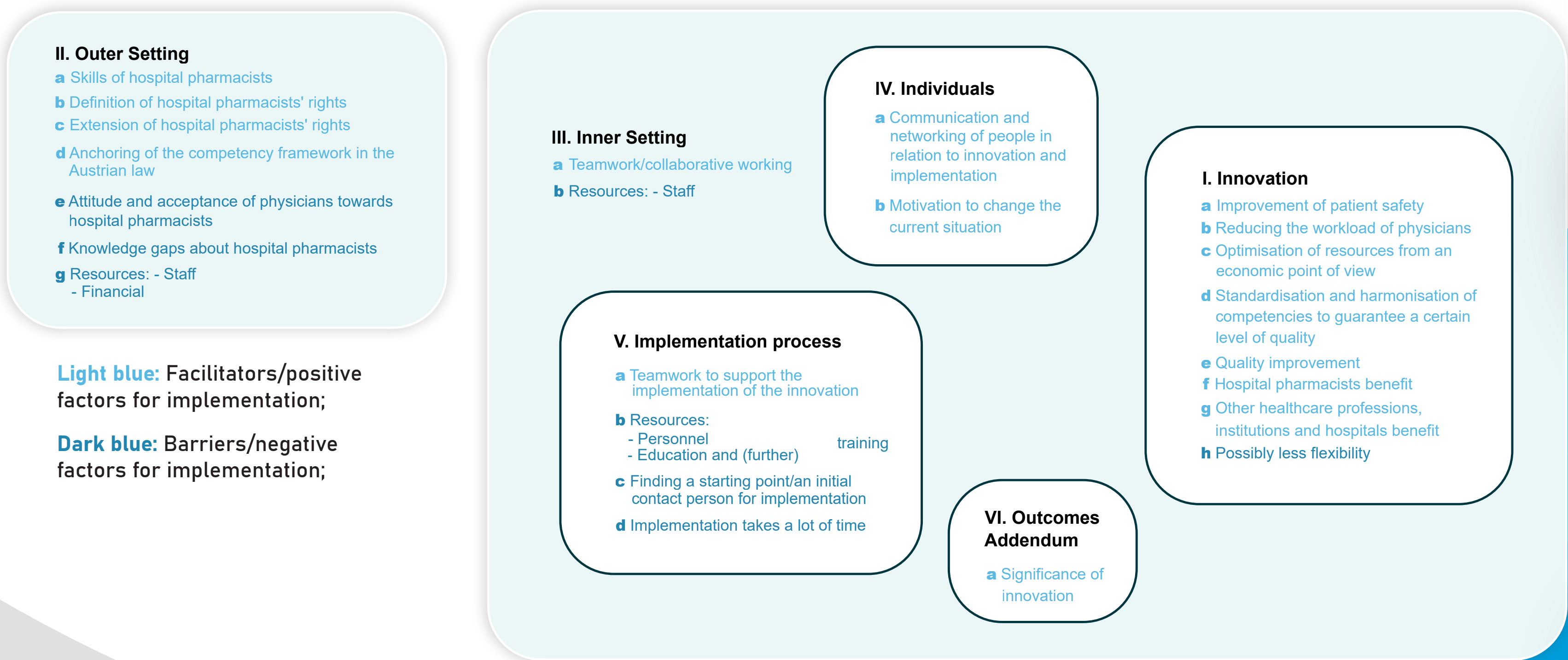
Results:

Themes from all five CFIR domains (Table 1) were identified, revealing key implementation facilitators and barriers (Figure 1). Identified key facilitators ranged from communication and motivation for change (IV. Individuals) to teamwork for the implementation (V. Implementation Process). Precisely defined professional and personal skills of hospital pharmacists were identified as a facilitator as well (II. Outer Setting). Concerning legal aspects, it would be helpful for the implementation if the competency framework was anchored in the Austrian law (II. Outer Setting). Lack of financial and structural resources (II. Outer Setting and III. Inner Setting), as well as long, unrealistic implementation process timelines (V. Implementation process) were determined as key barriers. Sceptical attitudes of some physicians towards hospital pharmacists (II. Outer Setting) might be another hindering factor for implementation, although most participants stated that these boundaries usually vanish when hospital pharmacists are able to successfully implement themselves in the interdisciplinary team. Even though participants were in favour of the implementation, they found it difficult to find a starting point for the implementation process, as they were not sure where and with whom to start this process (V. Implementation process). Moreover, participants were decidedly positive about the implementation of such a competency framework, as it will help to define and develop the hospital pharmacist's role profile within the interdisciplinary healthcare team. Furthermore, the competency framework will allow hospital pharmacists to support other healthcare practitioners using their expertise in medication therapy in daily practice and to therefore relieve them of stress in an already overwhelmed healthcare system.

Conclusion:

The use of a theoretically informed interview study design successfully identified healthcare stakeholders' readiness to implement a clinical pharmacy competency framework within Austrian healthcare practice. Thoughtful and sensitive implementation steps are believed to be necessary to not overwhelm already well-established working processes and hierarchical structures within the Austrian healthcare system. The competency framework was considered helpful in driving the interdisciplinary role profile development of hospital pharmacists forward in Austria.

Figure 1: Shows facilitators and barriers structured by CFIR domains



References:
Damschroder, L. J., Reardon, C. M., Widerquist, M. a. O., & Lowery, J. (2022). The updated Consolidated Framework for Implementation Research based on user feedback. Implementation Science, 17(1). <https://doi.org/10.1186/s13012-022-01245-0>