

# A mixed methods evaluation of implementation outcomes for the Good Life with osteoArthritis Denmark (GLA:D<sup>®</sup>) hip and knee programme across public and private healthcare settings in Ireland in the first year



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**Penetration - PT5:**  
"But if we get a new physio on board...I will deliver a second group if needed, and that would be great for the whole population"



**Appropriateness OA2:**  
"And it gave me the confidence to actually push...not to be precious with the knee because it was able to withstand much more."

## BACKGROUND

The **Good Life with osteoArthritis Denmark (GLA:D<sup>®</sup>)** non-profit initiative is a bottom-up approach to deliver evidence-based care, including **exercise and education**, to people with **hip or knee osteoarthritis**. GLA:D<sup>®</sup> Ireland commenced in October 2021, using a **participatory health research** approach to co-design implementation strategies that would ensure optimal and equitable access to the programme. An understanding of implementation outcomes is important to assess the effectiveness of implementation strategies and efforts.

**Objective:** To determine the Proctor implementation outcomes of **acceptability, adoption, appropriateness, cost, feasibility, fidelity, penetration and sustainability** of GLA:D<sup>®</sup> Ireland across different healthcare settings, in the first year of implementation.

## METHODS

Quantitative implementation outcomes were collected from the GLA:D<sup>®</sup> Ireland Registry (**Table 1**) using REDCap<sup>™</sup> electronic data capture form from November 2021–2022. Semi-structured interviews were conducted with trained physiotherapists (PTs) after implementation of their first GLA:D<sup>®</sup> programme and with participants with osteoarthritis (OA) who underwent the intervention. Purposive sampling was used to identify participants based on sex, condition, and setting.

Quantitative	Qualitative
<p>Collected from participant registration using GLA:D<sup>®</sup> Ireland Registry</p>	<p>Semi-structured interviews with GLA:D<sup>®</sup> Ireland PTs and participants</p>

**Analysis:** Quantitative outcomes were analysed descriptively. Qualitative implementation outcomes were analysed deductively, then inductively to identify any themes using NVivo10 (QSR Int.).

## RESULTS

In the first year of GLA:D<sup>®</sup> in Ireland, 71 PTs attended one of three training courses (41% primary care, 38% public hospital, 21% private). Interviews were conducted with 10 PTs (n=6 female) and 9 participants with OA (n=7 female).

## CONCLUSION

GLA:D<sup>®</sup> was **adopted** by many primary care settings in the first year, but **penetration** was more successful in acute hospital settings, with **more resources and physiotherapists trained**. While GLA:D<sup>®</sup> was found to be **acceptable, appropriate, feasible, and low cost** for PTs and participants, implementation strategies could be adapted to incentivise training of multiple staff at one site, facilitate training of support staff and identify appropriate community spaces for delivery. These efforts may help to **ensure timely and equitable access to the programme** across Ireland.

## RESULTS

Of 130 patients screened across 15 sites, 41% were from the three sites (n=1 primary care, n=2 public hospital) that had more than one PT trained.

**Table 1.** Quantitative and qualitative evaluation of implementation outcomes of GLA:D<sup>®</sup> Ireland with providers (PTs) and people with osteoarthritis (OA)

Outcome	Quantitative Results	Qualitative Results (main themes)
<b>Acceptability</b>	Acceptability of intervention measure (AIM) – [PTs] Mean 4.7/5 (SD 0.5), range 4-5	PT: Satisfaction with structured evidence-based approach that was individualised. OA: Combination of education and exercise a positive experience.
<b>Adoption</b>	23/71 (32%) of trained physiotherapists implemented GLA:D across 15 distinct sites (n=12 public, n=3 private).	PT: Time for planning (in relation to space, equipment, recruitment and promoting) OA: Possibility of delaying/avoiding surgery
<b>Appropriateness</b>	Intervention appropriateness measure (IAM) – [PTs] Mean 4.5/5 (SD 0.5), range 3-5	PT: Social support, increased patient confidence, waitlist management. OA: Confidence and control, pacing skills.
<b>Cost</b>	N/A	PT: Once-off equipment costs, external funding, support staff. OA: Travel costs
<b>Feasibility</b>	Feasibility of intervention measure (FIM) – [PTs] Mean 4.1/5 (SD 0.6), range 3-5	PT: Administration burden, staff shortages, space shortages, demanding priorities. OA: N/A
<b>Fidelity</b>	N/A	PT: Addition of non-trained support staff. OA: Attended almost all sessions.
<b>Penetration</b>	No. patients screened n=130 (47% primary care, 35% public hospital, 18% private practice) Completed baseline n=94 (72%) Completed follow-up n=51 (39%)	PT: Awareness of organisation, awareness of GPs and colleagues, more staffing. OA: Surprise at lack of general awareness of GLA:D.
<b>Sustainability</b>	N/A	PT: Justification to management, data reports, more staffing resources, community spaces, promotion of programme. OA: Increase in physical activity, home exercise

