ISRCTN17341656 https://doi.org/10.1186/ISRCTN17341656

Dynamic Diffusion Network (DDN) QUERI program: a quality improvement project to support VA medical centers implementing moral injury groups and to evaluate strategies that foster successful group implementation

Submission date
08/12/2021

Recruitment status
No longer recruiting

Registration date
17/12/2021

Overall study status
Completed

Last Edited
15/11/2023

Condition category
Other

[X] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[_] Record updated in last year

Plain English summary of protocol

Background and study aims
Healthcare systems face the challenge of delivering care of the highest possible quality while, at the same time, ensuring broad access to services and responsible use of resources. Without thoughtfully designed implementation strategies, the impact of evidence-based practices cannot be fully realized. This quality improvement evaluation seeks to implement and test two different implementation support strategies to better address the needs of Veterans suffering from moral injury and pain (e.g., guilt, shame, betrayal) as a result of actions taken or not taken during their service (aka, moral injury).

The Veterans Affairs (VA) Dynamic Diffusion Network (DDN) QUERI Program is designed to support quality improvement efforts and provide information to VA to continue to better understand different implementation support strategies, especially for spreading complex clinical evidence-based practices (EBPs) beyond successful earlier adopters across the VA healthcare system.

Who can participate?
Facilities in the United States Veterans Health Administration (VHA) who are seeking to implement moral injury groups co-led by healthcare chaplains and mental health providers as part of a quality improvement program.

What does the study involve?
Participating facilities that are offering, or will be offering, collaborative (mental health and healthcare chaplain co-led) moral injury groups are assigned to one of two implementation support strategies. One of the support strategies involves participating in a Dynamic Diffusion Network and the other support strategy consists of technical assistance. The Dynamic Diffusion Network was developed as a method for implementing and adapting complex clinical

interventions. It is designed to enhance the evidence-based implementation of clinical EBPs that utilize existing structures within facilities. The DDN recognizes the need to: 1) have engaged facilities; 2) plan to link quality goals and EBP components to the workflow; 3) facilitate rapid cycle quality improvement and 4) plan for sustainment and further spread. The DDN QUERI Program will evaluate the DDN with selected VA facilities in comparison to providing information about moral injury groups and responding to facility questions about the process of conducting and implementing moral injury groups (i.e., technical assistance).

What are the possible benefits and risks of participating?
This non-research quality improvement project seeks to improve the quality of care provided to Veterans who are experiencing moral injury.

Where is the study run from?
The Durham Veterans Affairs Health Care System (USA)

When is the study starting and how long is it expected to run for?
October 2020 to April 2024

Who is funding the study?
United States Department of Veterans Affairs Quality Enhancement Research Initiative (USA)

Who is the main contact?
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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
QUE 20 – 012

Study information

Scientific Title
Dynamic Diffusion Network (DDN) QUERI Program: a randomized quality improvement evaluation comparing a network-based implementation facilitation strategy to technical assistance for the implementation and evaluation of mental health and chaplain co-led group-based care for moral injury among veterans receiving care within the Veterans Health Administration (VHA)

Acronym
DDN QUERI – MI QI Evaluation

Study objectives
The purpose of this project is to compare an implementation strategy, the Dynamic Diffusion Network (DDN), as a way for operationalizing the EPIS (exploration, preparation, implementation, sustainment) Framework to technical assistance among a group of later adopter sites implementing mental health-chaplain co-led groups for moral injury. The primary outcome of this quality improvement evaluation will focus on successful clinical intervention implementation as measured by the delivery of an appropriate intervention dose (fidelity). Secondary outcomes include the use of evidence-based principles of moral injury care (i.e. "core components") and rapid improvement processes. Secondary clinical outcomes, specifically the impact on depression, will focus on the clinical impact of the moral injury groups. The researchers will also conduct: 1) a mixed-methods evaluation of factors influencing outcomes at each EPIS stage based on the Consolidated Framework for Implementation Research (CFIR) and 2) a detailed examination of budget impact to examine the potential business case.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Per regulations outlined in VHA Program Guide 1200.21, this evaluation has been designated a non-research quality improvement activity by the VHA Office of Healthcare Innovation and Learning via a memorandum dated 07/05/2021

Study design

Multicenter hybrid type 3 randomized quality improvement evaluation

Primary study design
Other

Study type(s)
Other

Health condition(s) or problem(s) studied
Moral injury

Interventions
Participating VA facilities, primarily represented by mental health-chaplain dyads, will be randomized into one of two implementation support strategies (i.e. network-based structured implementation facilitation called, a Dynamic Diffusion Network, or technical assistance). Stratification will include categorization of the chaplain within each dyad as having completed Mental Health Integration for Chaplain Services (MHICS) intensive training or not having completed MHICS training. Both of these non-research quality improvement evaluation arms will be conducted based on the following phases: exploration (approximately 3 months), preparation (approximately 6 months), implementation (approximately 12 months), and sustainment (approximately 12 months).

Intervention Type
Other

Primary outcome(s)
Appropriate dose/adherence to group attendance determined by the electronic health record indicating that a patient attended 80% or more of intended moral injury group sessions at the end of the study

Key secondary outcome(s))
1. Number and type of core and adaptable components of moral injury groups as measured by descriptions of group session contents provided by facilities in a combination of quarterly reports, qualitative interviews conducted with team members approximately 1 year after the beginning of implementation, and examples/descriptions of group materials and processes provided by participating facilities over approximately 1.5 years as they go through the implementation strategy (e.g. preparation and implementation phases).
2. Number and goal of initiated of quality improvements efforts undertaken by participating facilities as measured by self-report from the facility on quarterly reports for one year.
3. Intervention/moral injury group clinical effectiveness as measured by depressive symptomatology measured using the Patient Health Questionnaire-9 prior to or during the first session of moral injury group therapy and during or following the final session of moral injury group therapy (pre/post).
4. Process evaluation utilizing survey (Organizational Readiness for Change) and qualitative data from semi-structured qualitative interviews conducted at the start and completion of the one-year implementation phases to capture components of the Consolidated Framework for Implementation Research (CFIR).
5. Cost of the implementation strategy and intervention will be measured based on self-reported participant activities captured using reports of both implementation and intervention activities conducted by specific individuals over the course of the Dynamic Diffusion Network or technical assistance.

Completion date
30/04/2024

Eligibility

Key inclusion criteria
Healthcare facilities in the Veterans Health Administration will be randomly assigned as part of this quality improvement evaluation. The work of these facilities will be directed by teams led by individuals who are:
1. VHA-employed healthcare chaplain or VHA employed mental health provider
2. Willing and able to co-lead mental health and chaplain co-led collaborative moral injury group (s) for Veterans in VHA setting
3. Willing and able to be randomly assigned to one of two implementation support conditions (technical assistance or network-based structured implementation facilitation)
4. Willing and able to obtain clinic-level leadership and facility-level leadership support and approval to participate
5. Invited by DDN QUERI staff to participate in this QI program

Participant type(s)
Other

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Total final enrolment
8

Key exclusion criteria
Must meet all inclusion criteria noted above, including being invited to participate in this QI program by DDN QUERI staff

Date of first enrolment
12/01/2022

Date of final enrolment
02/05/2022

Locations

Countries of recruitment
United States of America

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Sponsor information

Organisation
United States Department of Veterans Affairs

ROR
https://ror.org/05rsv9s98

Funder(s)

Funder type
Government

Funder Name
Quality Enhancement Research Initiative

Alternative Name(s)
VA Quality Enhancement Research Initiative, QUERI

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United States of America

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analyzed during the current study are not expected to be made available due to the QI/operations nature of the project

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Study website	Study website	11/11/2025	11/11/2025	No	Yes