

production remains low. The aim of this study was to explore the processes, mechanisms and consequences of co-production between researchers and practitioners as an approach facilitating the implementation of research in healthcare organisations.

**Methods:** A multiple case study was conducted in 2016-2018 in a large-scale UK-based collaborative research partnership bringing together producers and users of applied health research. Four applied health research projects were selected, reflecting variation both in the type of research conducted (exploratory research vs implementation research) and the perceived strength of relationships between the research teams and the partner organisations (established partnerships vs new collaborations). In total, 41 semi-structured face-to-face interviews were conducted; these were supplemented by observation (60 hours) and documentary analysis.

**Findings:** Co-production approaches differed depending on the stage(s) of the research process in which they were deployed as well as on the type of stakeholders involved; all of them required a number of compromises directly affecting the collaborators. Contrasting the expectations of healthcare practitioners with the researchers' way(s) of doing things, we categorise these compromises into three broad groups: (1) complementing 'research' by 'non-research activities', such as improvement and education; (2) opening up the research team to include project managers, practitioners, and service users as well as to bring together researchers espousing different epistemological and methodological paradigms; and (3) adapting to a practice-driven agenda and embracing impact as an essential component of evaluation and research.

**Implications for D&I Research:** This study highlights the complexities of deploying co-production as an implementation strategy: (1) Co-production is a time- and labour-intensive approach; (2) compromise can extend through to interpretation and reporting of results, whereby negative results may be sensitive for the healthcare organisations; (3) junior staff are more vulnerable to the negative consequences of co-production. These considerations should be taken into account when deploying co-production approaches and developing 'implementation-savvy' researchers.

### S34

#### Integrated knowledge translation: A Canadian perspective on co-production

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**Background:** Integrated knowledge translation (IKT) is a model of collaborative research where researchers work with knowledge users who identify a problem and have the authority to implement the research recommendations. The purpose of this presentation is to reflect on our experiences of using IKT in a complex policy environment and highlight broader lessons about IKT as a promising implementation approach.

**Methods:** A retrospective, multiple case study of three IKT research projects was conducted; each project/case was situated in public health practice and policy. Case 1 was done in partnership with municipal government; Case 2 represented a partnership across two provinces while Case 3 was carried out with provincial policymakers. The primary research question was: *To what extent is IKT a promising implementation approach?* Participant observation, team de-briefings with each of the three research teams, and analytical auto-ethnography were the main methods of data collection. Supplementary semi-structured interviews with research team members and the social impact model of co-produced research also informed the analysis.

**Findings:** Seven tensions related to the IKT approach and health policymaking are identified: (1) dealing with positivity bias; (2) 'doing implementation' versus contributing to the science of implementation; (3) accepting high involvement costs; (4) providing 'extras' to partners to secure their buy-in; (5) resolving power issues; (6) balancing rigour against responsiveness when sharing preliminary findings; and (7) trade-off between serendipity and strategy when activating policymakers' networks. These tensions are discussed in relation to the evidence base, policy actors and decision-making process.

**Implications for D&I Research:** Implications are drawn for different stakeholder groups (e.g., funders, government, scientists) to address each tension, highlighting the overarching need for IKT as an implementation approach to be targeted and tailored. The extent to which these tensions can be resolved varies in scope. Addressing some tensions may require difficult conversations and memorandums of understanding among partners and other stakeholders, while dealing with other tensions would benefit from further scientific inquiry. The learnings from this case study point to how IKT might be improved to be a more effective implementation approach and highlight the need for rigorous evaluations of its processes and outcomes in different policy contexts.

### S35

#### Applying principles of co-production to solve wicked problems in healthcare: An Australian perspective

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**Background:** Wicked problems in healthcare are issues that are complex, challenging, understood differently by diverse stakeholders and hence difficult to solve. Improving the integration of services across the spectrum of care delivery represents one example of a wicked problem facing healthcare systems across the globe. Multiple initiatives have been introduced, yet evidence of effectiveness remains mixed and inconclusive. Adopting principles of co-production to engage all stakeholders and develop local solutions that are contextually relevant offers an alternative way to more typical broad-brush policy approaches.

**Methods:** We present the findings of a case study conducted in 2014-2018 in an Australian healthcare context. The study addressed the problem of fragmented care for older people who are frequent users of acute hospital services and involved a strong reflective component aiming to explore the realities of co-production as an implementation strategy. Multiple methods of data collection were employed throughout the co-production process, including notes of regular stakeholder meetings, medical record review to map patient pathways (n=17), semi-structured interviews with 10 older people, observation of 5 focus groups and 'living laboratory' events with consumers and care providers.

**Findings:** There is significant will and desire amongst all stakeholder groups to improve implementation across multiple boundaries. However, translating this stated objective into achievable improvement is fraught with challenges, not least because of the prevailing policy context. For example, within Australia, there are different funding mechanisms for acute and primary care services, a lack of shared platforms for accessing patient records and ongoing reforms to the provision of health and social care for older people. This presents a dilemma in terms of how to move from co-production of research solving real-life problems at a local level towards overcoming the system-level barriers that impede the realisation of local solutions.

**Implications for D&I Research:** Co-production is not for the faint-hearted! It takes time, patience and resilience on the part of researchers - characteristics not valued by conventional academic metrics. Moreover, researchers have to consider the moral issue of mobilising knowledge and action at a local level if the prevailing policy context presents insurmountable barriers.