

# Barriers and facilitators of implementing post-discharge information summary among healthcare professionals: abridged secondary publication

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## KEY MESSAGES

1. This study aimed to develop a comprehensive strategy package to enhance implementation of post-discharge information summary (PDIS) for improving patient experience and health-related quality of life.
2. Factors associated with healthcare professionals such as knowledge of PDIS, agreement on roles and responsibilities, attitudes towards the intervention, implementation intentions, and goal setting were emphasised for post-discharge

self-management among hospitalised older patients.

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## Introduction

Post-discharge information summary (PDIS) can enhance the provision of medicine information to discharged patients or their caregivers. This study aimed to (1) identify barriers and facilitators to the implementation of PDIS by healthcare professionals in public hospitals using the Theoretical Domains Framework (TDF),<sup>1</sup> (2) identify behavioural strategies to address context-specific implementation issues of PDIS using the Behaviour Change Wheel (BCW) and realist evaluation framework, and (3) develop implementation strategies for PDIS through Delphi discussions.

## Methods

A mixed-methods design was used to identify hospital stakeholders' perceived barriers and facilitators to the implementation of PDIS in geriatric and general medicine care.

Doctors, nurses, and pharmacists were interviewed to investigate their behavioural and contextual perspectives, as well as their views regarding how to facilitate PDIS, with the goal of identifying barriers and facilitators to implementation of PDIS.

Strategies for implementation were developed using the BCW.<sup>2</sup> Three broad BCW components—capability, opportunity, and motivation (COM-B)—were mapped to identify the target behaviour. The linked COM-B model and TDF were used to establish the behavioural diagnosis, then determine changes needed to enable adoption and enhancement of PDIS. Additionally, specific implementation

strategies were examined to address each identified barrier and reinforce each facilitator, in alignment with the red zone of the BCW. An assessment was conducted to determine policies required to support the delivery of these implementation strategies. Behaviour change techniques were applied to select and enact appropriate intervention functions. Realist evaluation was performed to capture the range of causal mechanisms involved in behaviour change.<sup>3</sup>

A final implementation strategy was developed through Delphi discussions involving 12 experts. The strategies were evaluated for relevance, acceptability, and feasibility using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), within the context of the current discharge process in public hospitals. Two rounds of discussions were conducted, and 15 implementation strategies were generated. A strategy was endorsed if  $\geq 75\%$  of the experts rated it as 4 (agree) or 5 (strongly agree) across all three criteria.<sup>4</sup> Experts were asked to provide comments or suggestions for any strategies that received a rating of  $\leq 3$ . In the follow-up round, they were asked to re-evaluate strategies that had not reached either a positive or negative consensus on any criterion; they were also asked to assess any newly proposed or modified strategies. A strategy was prioritised if it achieved positive consensus on all three criteria in either round 1 or round 2. Techniques that achieved positive consensus on only two of the evaluation criteria were considered second priority, whereas those that achieved positive consensus on only one criterion were considered third priority.

TABLE 1. Characteristics of participants.

Characteristic	Doctors (n=37)*	Nurses (n=53)*	Pharmacists (n=8)*
Sex			
Male	25 (67.6)	17 (32.1)	1 (12.5)
Female	12 (32.4)	36 (67.9)	7 (87.5)
Age, y			
18-30	6 (16.2)	16 (30.2)	1 (12.5)
31-40	17 (45.9)	28 (52.8)	7 (87.5)
41-50	7 (18.9)	7 (13.2)	0
51-60	7 (18.9)	2 (3.8)	0
Education level			
High school diploma	0	3 (5.7)	0
Bachelor's degree	34 (91.9)	28 (52.8)	0
Master's degree or above	3 (8.1)	22 (41.5)	8 (100.0)
Working experience, y			
0-5	7 (18.9)	12 (22.6)	1 (12.5)
6-10	13 (35.1)	20 (37.7)	4 (50.0)
11-15	3 (8.1)	11 (20.8)	2 (25.0)
16-20	6 (16.2)	3 (5.7)	1 (12.5)
21-25	4 (10.8)	3 (5.7)	0
>25	4 (10.8)	4 (7.5)	0
Rank			
Resident/medical officer	14 (37.8)	-	-
Senior medical office/associate consultant	18 (48.6)	-	-
Consultant	5 (13.5)	-	-
Enrolled/registered nurse	-	31 (58.5)	-
Advanced practice nurse	-	20 (37.7)	-
Ward manager	-	2 (3.8)	-
Pharmacist	-	-	8 (100)
Hospital			
A	8 (21.6)	12 (22.6)	2 (25.0)
B	11 (29.7)	17 (32.1)	2 (25.0)
C	10 (27.0)	12 (22.6)	2 (25.0)
D	8 (21.6)	12 (22.6)	2 (25.0)
Post-discharge information summary			
Heard of			
Yes	35 (94.6)	53 (100)	8 (100)
No	2 (5.4)	0	0
Participated			
Yes	10 (27.0)	53 (100)	8 (100)
No	27 (73.0)	0	0
Received information/training			
Yes	11 (29.7)	38 (71.7)	7 (87.5)
No	26 (70.3)	15 (28.3)	1 (12.5)
Involved in design			
Yes	5 (13.5)	3 (5.7)	3 (37.5)
No	32 (86.5)	50 (94.3)	5 (62.5)

\* Data are presented as No. (%) of participants

## Results

In total, 98 interviews were conducted with doctors (n=37), nurses (n=53), and pharmacists (n=8). Among the participants, 72.4% (100% of nurses and pharmacists and 27% of doctors) had experience using the PDIS system (Table 1).

Overall, 35 themes and 52 beliefs across 14 TDF domains were identified (Table 2). Of these, 13 TDF domains consisting of 36 belief statements were considered major factors. Key barriers included the content of the information (environmental context and resources), communication among healthcare professionals (social influences), limited knowledge of the objective (knowledge), practice based on individual discretion (behavioural regulation), and negative attitudes towards the value of PDIS (beliefs about consequences). Key facilitators included positive attitudes towards the value of PDIS (beliefs about consequences), agreement on the responsibility for PDIS (social/professional role and identity), diffusion of PDIS (environmental context and resources), features of PDIS (environmental context and resources), confidence in implementation (beliefs about capability), knowledge of responsibilities (knowledge), and goal setting (goals).

The major TDF domains were categorised into the COM-B components. The APEASE criteria (affordability, practicability, effectiveness and cost-effectiveness, acceptability, side effects/safety, and equity) were utilised to assess relevance. Four policy categories were selected to support the four intervention functions: communication/marketing, guideline development, environmental/social planning, and service provision.

Possible behaviour change techniques were examined. The 11 most frequently used techniques were selected based on the APEASE criteria: providing information about social and environmental consequences, providing information about health consequences, offering feedback on behavioural outcomes, using credible sources, demonstrating the behaviour, introducing how to perform the behaviour, offering practical social support, restructuring the physical environment, restructuring the social environment, problem solving, and action planning.

A realist evaluation was conducted for each strategy to uncover the underlying mechanisms and contextual factors. The intended outcomes included improved acceptability, adoption, uptake, fidelity, and sustainability.

Two male and 10 female experts in PDIS (including three consultants, two ward managers, two department operation managers, two pharmacy managers, two pharmacists, and one quality and safety manager) participated in the Delphi survey (Table 3).

TABLE 2. Theoretical domains framework (TDF) domains, belief statements, and illustrative quotes for post-discharge information summary (PDIS).

TDF domain and theme	Belief statement	No. of participants (n=98)	Illustrative quote
Knowledge			
Awareness	I am not aware of PDIS	6	"Actually, many doctors are not aware of this (PDIS)." (D09)
Knowledge	I have/lack knowledge regarding the PDIS objective (development path, purpose, and goal)*	72	"I am clear and understand the background and objective of this programme." (N18) "I am clear about why the database only lists common side effects." (D69)
	I have/lack knowledge regarding the PDIS content (what information is on the PDIS, where to print, when to distribute, whom to serve)*	33	"I will only distribute the PDIS form to patients discharged to home, not including patients discharged to elderly homes or transferred to other hospitals." (N31)
	I have/lack knowledge regarding my role responsibility for PDIS*	33	"Nurses are responsible for distributing this form and explaining to patients about their medication and follow-ups." (N04)
Skills			
Practising	I need constant practice to implement PDIS*	16	"I need to practice to get familiar with this new platform." (N28)
Training	Training helps with the implementation of PDIS/training is not necessary; ward manager is enough*	13	"No formal training for newcomers. They just informed me that I should practice PDIS." (N50)
Competency	I can/cannot handle this task with my professional knowledge*	12	"I have not encountered any difficulties when instructing PDIS because of my professional knowledge and ample work experience." (N05)
Social/professional role and identity			
Agreement on role responsibility	I agree/do not agree with my role responsibility for PDIS*	70	"The instruction work done by nurses is really the best choice. The discharge guidance is all done by the nurse. It is also good to take PDIS as a reference." (N86)
Representative	A PDIS representative is a key person in implementation*	16	"We have a PDIS representative who is responsible for collecting front-line staff's feedback and participating in related meetings." (P76)
Role seniority	Professional seniority impacts the implementation of PDIS	3	"Junior staff may be afraid of explaining medication side effects to patients or caregivers." (N35)
Beliefs about capability			
Confidence in implementation	I am/am not confident that I am able to print out the PDIS*	43	"In fact, it is easy to print it out and does not take much time. It is a convenient process." (N04)
	I am/am not confident that I am able to instruct patients about medication side effects listed on the PDIS*	27	"I think the side effects listed on PDIS are all very common drugs, so for the time being I think we can handle them." (N84)
Optimism			
Optimism	I am optimistic about the future development of PDIS	5	"I believe PDIS can be sustained over the long term." (N03)
Beliefs about consequences			
Attitude towards the value of PDIS	I think PDIS is/is not useful to patients/caregivers*	86	"The patients in Hong Kong, especially the elderly, may not pay attention to what medicines they are taking, such as whether a medicine is old or new, and what the side effects are. If you remind them, they are usually very grateful." (N20)
	I think PDIS is/is not useful to my work*	67	"For the staff, I think PDIS is very helpful because nurses can do medication reconciliation with PDIS. Usually, the nurses will take this form (PDIS) to go through all the details (medication and follow-ups) with patients before discharge, and this reduces the chance of mistakes." (D14)
Reinforcement			
Two-way feedback	I can/cannot give feedback on my practice of PDIS*	19	"We don't have a mechanism to give our feedback on PDIS implementation." (D74)
	I do/do not receive feedback on outcomes from patients/caregivers*	10	"We really want to know the outcome from the patient side, such as whether this form is effective for them." (D19)
Reinforcement	There is a constant reminder about PDIS implementation	4	"The leaders keep reminding us to deliver PDIS over these 2 years." (N03)

\* Major belief statements for implementation strategy mapping

TABLE 2. (cont'd)

TDF domain and theme	Belief statement	No. of participants (n=98)	Illustrative quote
Intentions			
Implementation intentions	I am/am not willing to instruct patients/caregivers on the side effects*	51	"We are willing to print this form out because we think it is useful for us." (N15)
	I am willing to print this form for patients/caregivers*	10	"The daily practice is that I will go through all the side effects and read them to patients." (N13)
Goals			
Goal-setting	Distributing PDIS to every discharged case is mandatory/voluntary*	53	"PDIS is mandatory in our department." (N02)
Memory, attention, and decision processes			
Memory	PDIS is my routine practice/I usually forget PDIS during patient discharge*	38	"PDIS is routine practice right now. We take it as the starting point to communicate with patients." (N25)
Decision making	PDIS is/is not a priority when performing discharge education with multiple materials on hand*	33	"The discharge summary is an important document that must be printed out because patients will encounter problems without it. On the contrary, PDIS may not have a great impact on patients—we sometimes forget to print it out." (N28)
	I implement PDIS based on own discretion*	43	"Under certain circumstances, I probably won't print PDIS for them, for example, when patients already receive too many written discharge documents, I am afraid it would be overwhelming." (N02)
	Cognitive overload	2	"When introducing PDIS, nurses might feel fatigued by these changes." (N36)
Environmental context and resources			
Information flow	Information circulation about PDIS is/is not sufficient and smooth between the committee/working group and front-line staff*	76	"No one introduced PDIS to me; I found it myself." (D16) "There is no updated information after the first introduction meeting." (D23) "No information about the PDIS development background or goals, only practical information such as how to print the forms." (N18)
Characteristics	Information on PDIS is/is not clear to patients/caregivers*	54	"I think the wording is appropriate. Patients won't find it difficult to understand." (N04)
	The PDIS drug database coverage is insufficient*	36	"Some new drugs that are important for patients to understand in terms of side effects are not covered by the current database." (N07)
	The Chinese version is sufficient/insufficient for the current patient population*	28	"The Chinese version is sufficient for our current patient population. There are very few foreigners in our cluster." (N29) "PDIS is not useful for patients who cannot understand Chinese. We usually have foreign patients, such as domestic workers." (D23)
	Current side effect information is sufficient/insufficient/excessive for educating patients/caregivers*	23	"I think the current side effect information is sufficient. Too much detail would make it complicated for patients." (N12)
	Information coverage in PDIS is sufficient/insufficient/excessive for me to educate patients/caregivers*	18	"If PDIS could list changes in medication, it would be more helpful for patients." (P47) "It would be better if PDIS included medication-taking instructions. For example, for diabetes medicine, we usually tell patients to take it with meals, but not if they have no appetite." (N30)
	The PDIS platform design is/is not user-friendly*	18	"The PDIS platform is easy to use. I just need to click several times to print it out." (N86)
Patient characteristics	PDIS is not suitable for the elderly population	9	"I am afraid elderly patients cannot scan the QR code to learn more about their medication due to low e-health literacy." (N06)
Resources	There are time constraints when handling PDIS*	26	"Usually, patients are rushed during discharge from the hospital. We have little time to give detailed explanations." (N06) "I need to discharge several patients at once, so I can spend limited time on each patient." (N07) "Usually, a patient has a lot of medications, which makes it difficult to go through all of them during the discharge period." (N18) "Sometimes we forget to print PDIS because we are too busy." (N78)
	There are not enough staff or facilities to handle the practice of PDIS	6	"We have high staff turnover because of COVID-19. We don't have enough time to give detailed explanations." (N25)

TABLE 2. (cont'd)

TDF domain and theme	Belief statement	No. of participants (n=98)	Illustrative quote
COVID-19	COVID-19 impacts the implementation of PDIS*	11	"We have high staff turnover because of COVID-19. We don't have enough time to give detailed explanations." (N25)
Organisational culture	I implement PDIS because of a top-down organisational culture in my department	7	"Because we have a top-down culture, we just follow what the leaders instruct us to do." (D21)
Social influences			
Communication among staff	I seldom/usually share experiences of using PDIS with my colleagues*	58	"Some colleagues shared their experiences with PDIS practices so that we could implement it (PDIS) in a better way." (N13)
Cooperation among staff	I can/cannot get support from my colleagues in practising PDIS*	37	"Clerks will help check whether PDIS is printed and remind us if not." (N13)
Patient-provider interaction	My interaction with patients positively/negatively impacts my practice of PDIS*	39	"I was worried about the negative impact of PDIS on patients, but so far I have never heard anything back from them. So I realised the concern was unnecessary." (D10)
Leadership support	I can/cannot get support from my leaders*	22	"At first, many colleagues forgot to distribute the PDIS form; therefore, our manager created a stamp and placed it on the PDIS form to remind clerks to distribute it to patients." (N58)
Conformity	I perceive the value of PDIS in this way because it reflects the shared beliefs in my ward*	13	"We all think PDIS is beneficial for our work." (N04)
	I practice PDIS in this way because it is the common practice in my ward	7	"Our common practice is holding the discharge summary to carry out discharge education." (N33)
Emotion			
Feelings	I feel/do not feel anxious when instructing patients about side effects*	53	"I am not worried about letting patients see the side effects information, and I think this form actually helps me educate patients by serving as a reference." (N52) "I am worried that patients won't take their medications if they see those side effects, and they will ask many questions about those side effects." (N28)
Behavioural regulation			
Action planning	I have/do not have an action plan when encountering potential problems*	39	"I will add necessary information into PDIS if patients ask why some drugs do not have side effects listed." (N02)
Audit	There is/is not an evaluation mechanism in my department	9	"We never evaluate compliance with PDIS implementation." (D01)
	I have a checklist to support self-monitoring*	11	"We have a discharge checklist to ensure we distribute PDIS to patients." (N03)
Feedback	I can/cannot receive programme outcome feedback*	10	"We really want to know the outcome from the patient side, such as whether this form is effective for them." (D19)
Implementation protocol	There is/is not a protocol for implementing PDIS	8	"It's important to have a standardised operation to teach staff how to execute PDIS." (D09)

In round 1, 10 (66.7%) strategy items reached consensus on relevance, acceptability, and feasibility. Three strategy items were deemed relevant and acceptable but did not reach consensus on feasibility. One item required improvement in acceptability, and one item did not achieve agreement on both acceptability and feasibility. Therefore, these five strategy items were revised and included in round 2 of voting. In round 2, all five revised strategy items achieved consensus on relevance, acceptability, and feasibility. The final implementation strategy package was endorsed and included 15 items across five categories: environmental restructuring,

feedback, training, communication, and guideline development.

## Discussion

The BCW framework proved valuable in transitioning from exploratory research on PDIS implementation to the formulation of an implementation intervention, particularly concerning healthcare professionals. The behaviour change techniques facilitated identification of specific intervention content, using standardised labels and definitions. The standardised terminology



TABLE 3. Proposed implementation strategy items for post-discharge information summary (PDIS) based on Delphi survey

Implementation strategy item		% of experts in agreement (n=12)			
		Relevance	Acceptability	Feasibility	Consensus
1. Refine the PDIS form: review the current discharge drug list in the medical department and update the PDIS drug coverage (expanding from 80% to 90%)	Round 1	100	83.0	83.0	Yes
	Round 2	-	-	-	-
2. Create an English version of the PDIS form to accommodate a wider range of ethnicities	Round 1	100	92.0	92.0	Yes
	Round 2	-	-	-	-
3. Establish a two-way platform between nursing staff and the PDIS committee to enhance the information flow related to PDIS	Round 1	92.0	92.0	75.0	Yes
	Round 2	-	-	-	-
4. Establish a referral platform to direct inquiries to pharmacists at the dispensary to help explaining side effects After revision: Establish a referral platform with a separate queue for PDIS inquiries supported by manpower and information technology infrastructure	Round 1	92.0	83.0	58.0	No
	Round 2	92.0	100	75.0	Yes
5. Invite patients to provide positive feedback to foster positive beliefs regarding the consequences of PDIS	Round 1	100	92.0	92.0	Yes
	Round 2	-	-	-	-
6. Invite peers to share positive experiences with PDIS to encourage positive beliefs about its implementation	Round 1	83.0	83.0	83.0	Yes
	Round 2	-	-	-	-
7. Provide feedback on positive outcomes for both nurses and patients to educate and persuade staff, thereby strengthening positive beliefs about PDIS	Round 1	100	100	83.0	Yes
	Round 2	-	-	-	-
8. Incorporate medication side effects and warning signals into the discharge slip After revision: Incorporate medication side effects and warning signals into Hospital Authority Go, providing options for both electronic and printed copies	Round 1	83.0	83.0	58.0	No
	Round 2	100	100	100	Yes
9. Incorporate PDIS-related knowledge and skills training into the regular training for newcomers, demonstrating how to explain medication side effects and use PDIS in the Clinical Management System	Round 1	92.0	92.0	83.0	Yes
	Round 2	-	-	-	-
10. Set up a sharing platform (eg, forum or newsletter) to encourage nurses to exchange views and experiences regarding PDIS-related behaviours and techniques After revision: Use newsletters (personal interview format) to encourage nurses to share their views and experiences related to PDIS implementation	Round 1	83.0	67.0	75.0	No
	Round 2	83.0	75.0	83.0	Yes
11. Establish a training system to update PDIS-related medication knowledge whenever the drug list changes, and to build other necessary skills such as interpersonal communication, to support nurses in delivering PDIS	Round 1	83.0	75.0	83.0	Yes
	Round 2	-	-	-	-
12. Design brochures and produce videos to introduce the background and objectives of PDIS development	Round 1	83.0	83.0	92.0	Yes
	Round 2	-	-	-	-
13. Define job responsibilities and service target populations (eg, distributing the PDIS form and explaining medication side effects and warning signals to each discharged patient or caregiver in the medical ward) by developing formal PDIS implementation guidelines After revision: Define job responsibilities and service target populations (eg, distributing and explaining the PDIS to each discharged patient or caregiver) and assign a designated PDIS link person to enhance nurses' knowledge of PDIS	Round 1	75.0	67.0	67.0	No
	Round 2	100	100	100	Yes
14. Establish a hospital-wide review panel to evaluate PDIS implementation regularly and formulate detailed action plans to resolve practical issues (eg, where to find help and who can help when nurses cannot handle side effects explanation, or stepwise solutions when having information technology difficulties), and incorporate these into PDIS implementation guidelines. After Revision: Conduct a Hospital Authority-wide review exercise to regularly evaluate PDIS implementation and formulate practical action plans for problem-solving (eg, where to find help and who can help when nurses cannot handle side effects explanation, or stepwise solutions when information technology difficulties occur), with integration into PDIS implementation guidelines	Round 1	83.0	75.0	67.0	No
	Round 2	83.0	92.0	83.0	Yes
15. Identify opinion leaders (eg, general manager of nursing) and establish a mechanism to communicate the positive impact of PDIS and the importance of nurses' roles, thus promoting positive emotions and agreement with their responsibilities	Round 1	100	83.0	92.0	Yes
	Round 2	-	-	-	-

and predefined stages of the development process facilitated structured discussions within the research team. Five intervention functions were included: education, persuasion, training, enablement, and

environmental restructuring, along with four policy categories: communication/marketing, guidelines, environmental/social planning, and service provision. These were used to design a multifaceted

strategy package comprising environmental redesign, feedback provision, multilevel training, communication enhancement, and guideline development. Notably, strategies requiring additional manpower or increased workloads were deemed unacceptable or unfeasible, according to experts' feedback. Strategies involving education, as well as audit and feedback mechanisms, were considered effective in improving professional performance. Future studies are needed to evaluate the effectiveness of implementation strategies by assessing implementation fidelity, self-reported patient-centred outcomes, and clinical outcomes.

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## Disclosure

The results of this research have been previously published in:

1. Wong ELY, Tang KS, Dong D, et al. Evaluation of the implementation of information system for postdischarge with the theoretical domains framework by healthcare professionals: a multistage design with qualitative inquiry and Delphi expert discussion protocol. *BMJ Open* 2021;11:e046081.
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