

Verktøy for god implementering

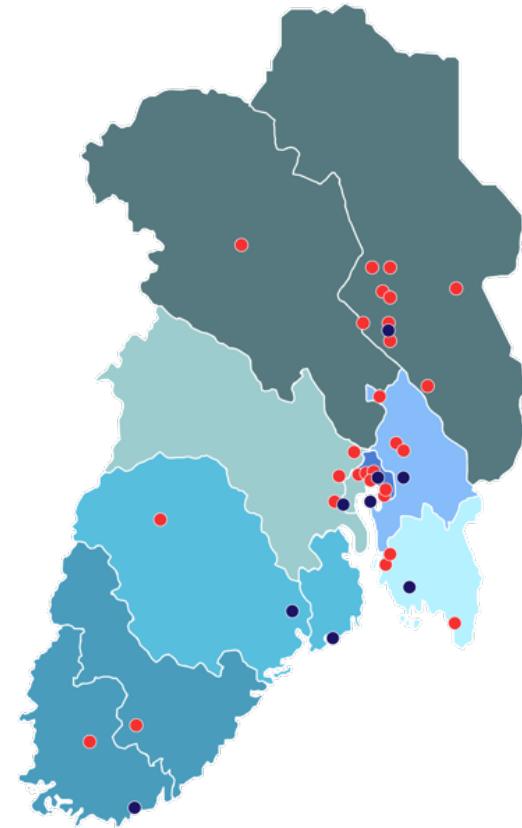
Litt om teoretiske rammeverk, og noen smarte grep
for å lykkes med å gjennomføre noe nytt.

Stein Arne Rimehaug
RKR: Regional kompetansetjeneste for rehabilitering, HSØ
Sunnaas sykehus HF



REGIONAL KOMPETANSETJENESTE
FOR REHABILITERING
Sunnaas sykehus

RKR



Nettverk

Implementeringsstøtte

Kunnskapsformidling

Fredagswebinar 2020+2021



Sunnaas sykehus:



ReHSØ Regional rehabiliteringskonferanse
Lillestrøm 17+18 september 2024





Den så vi ikke komme 😔

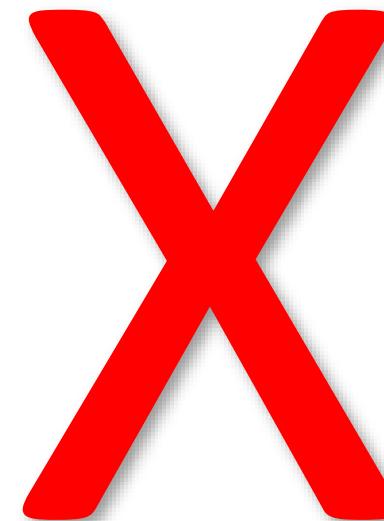


Fremmere / fasilitatorer

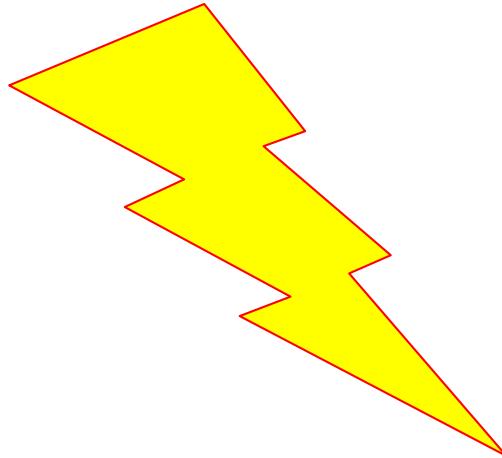
Hemmere / barrierer

Implementeringstiltak

De-Implementering



Finnes teorier , modeller, metoder eller
rammeverk som kan hjelpe oss å planlegge og
bedre forutse hindringer?



«Implementation model» google bildedøk:



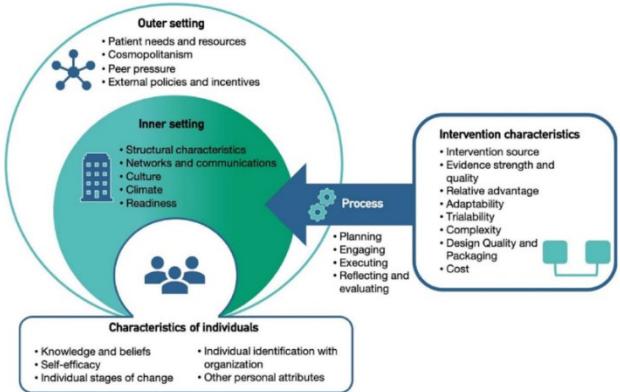
Enkle modeller finnes. Er de **for** enkle?



Frameworks

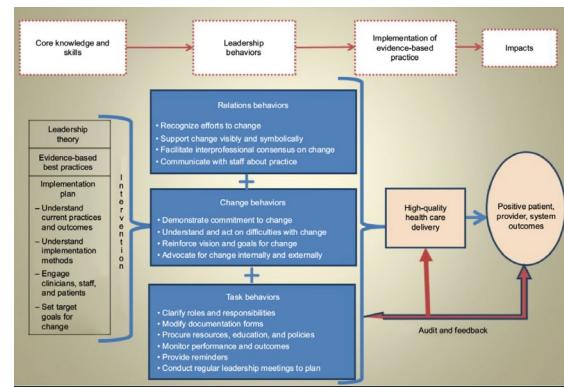
- teoretiske rammeverk for å bedre forstå og planlegge implementeringsprosesser

CFIR

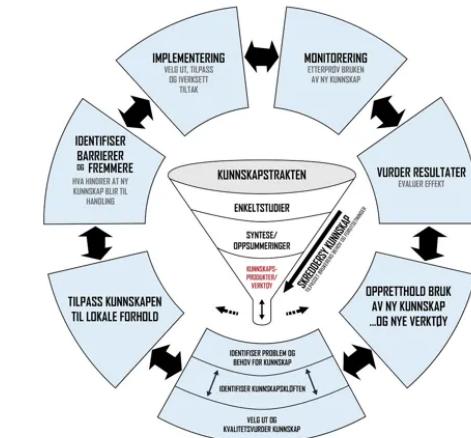


Source: <https://bcocenterforimplementation.com/implementation-in-action-bulletin/mar-2021>

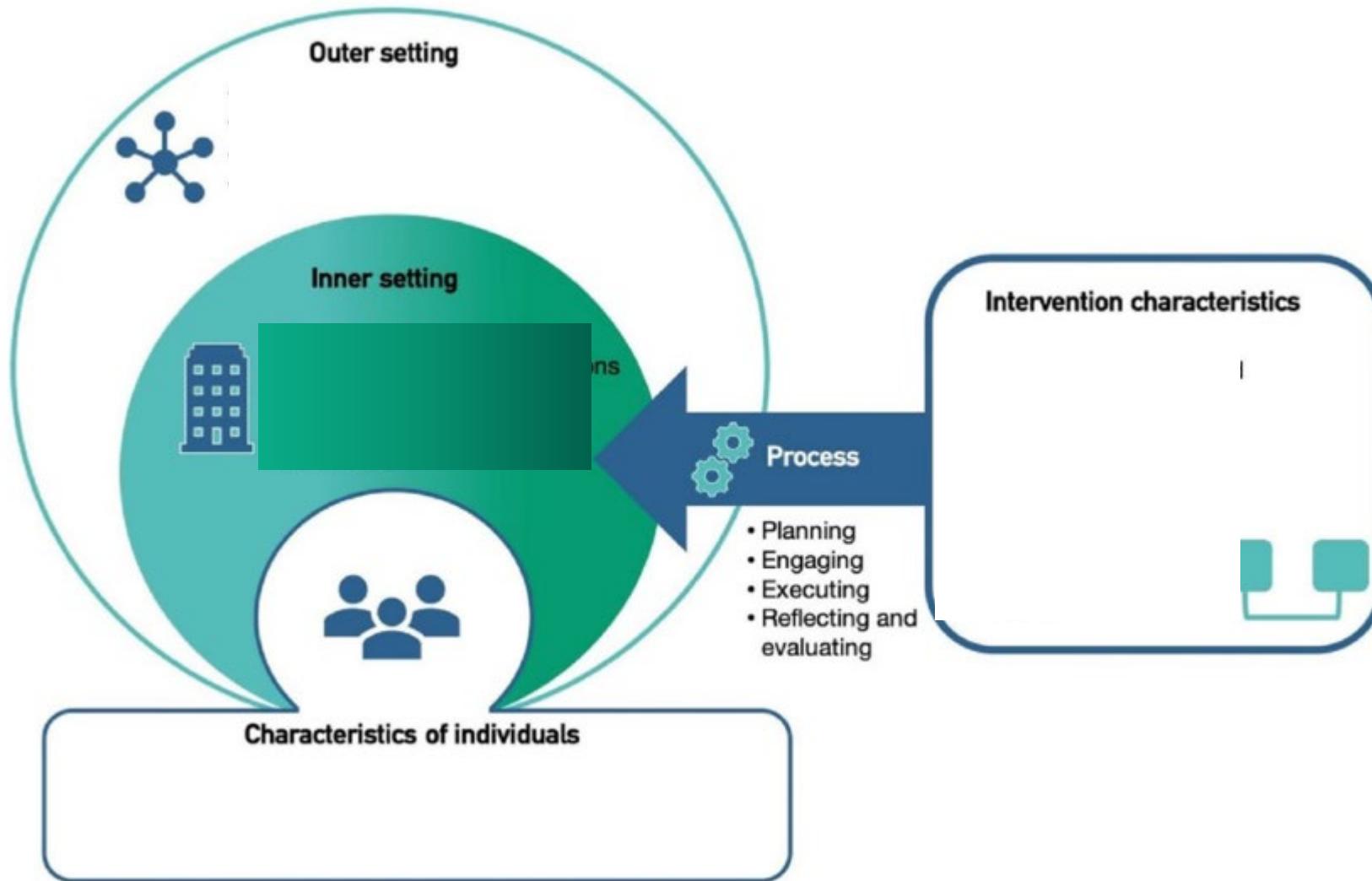
O-MILe



KTA

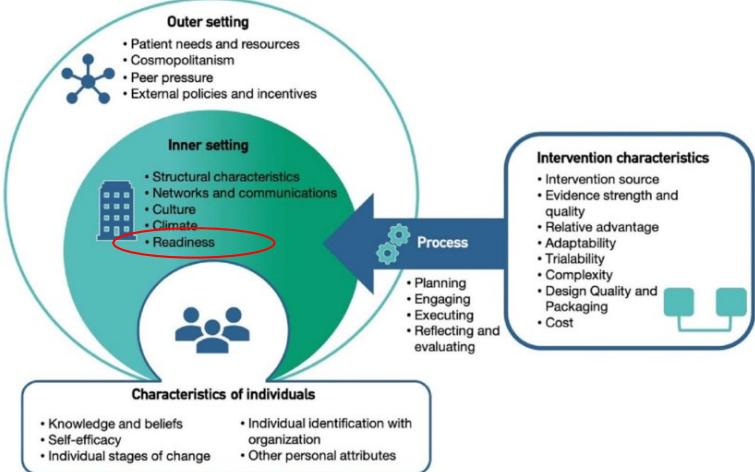


CFIR - Consolidated Framework for Implementation Research



Source: <https://thecenterforimplementation.com/implementation-in-action-bulletin/mar-2021>

"It is vital to learn from previous experiences to prevent unnecessary repetitions of implementation failure. ... Reported facilitators can provide strategies for overcoming implementation issues."



Syst Rev. 2020; 9: 268.

Published online 2020 Nov 25. doi: [10.1186/s13643-020-01508-1](https://doi.org/10.1186/s13643-020-01508-1)

PMCID: PMC7690089

PMID: [33239081](https://pubmed.ncbi.nlm.nih.gov/33239081/)

Factors affecting the delivery of complex rehabilitation interventions in research with neurologically impaired adults: a systematic review

Jain Anne Holmes, Philippa Logan, Richard Morris, and Kathryn Radford

Construct	CFIR Adherence		Moderating factors	CFIR Intervention			Inner setting	Outer setting	Individuals involved	Process
	Content	Coverage		Frequency	Duration	Participant Responsiveness				
Allison & Dennett	B	B					B		B	
Barzel et al	B	BF	B				BF	B	BF	F
Bentley et al		B	B	P			F		B	
Bovend'Eerd et al	B	B	B	P			B		B	
Brady et al	BF	B		PP			B		B	
Braun et al	B	B	BF	B	F	P				
Cup et al		B		B			B			
Demers & McKinley	B	B	B	P						
Douglas		B		P						
Gage et al						P				
Haines et al						B				
Hallie & Guylaine Mingant	B	B	BF	P			B			
Johannessen et al		F		P			F			
Mackenzie et al			B	PP			F			
Mahoney et al	BF		B	PP			B			
Merlo et al			B							
Morrison & Backus								BF		
Nanninga et al	BF	B	BF	BF				B	BF	B
Prick et al		BF	B	F			B	F	BF	
Richardson et al	B	BF	F					BF	BF	
Siemonsma et al	F	B	F				B	F		
Speelman et al		BF	F	F				F	BF	
Sturkenboom et al	F	B	B	F				BF	B	
Thomas et al	B	B	B	BF			B	B	F	
Wijnhoven et al	BF	B	BF	BF			B	B	BF	

CFIR - bruk til å kartlegge hemmere og fremmere i enkeltstudier innen rehabilitering - eksempler:

Wang et al. BMC Geriatrics (2023) 23:292
https://doi.org/10.1186/s12877-023-03976-1

BMC Geriatrics

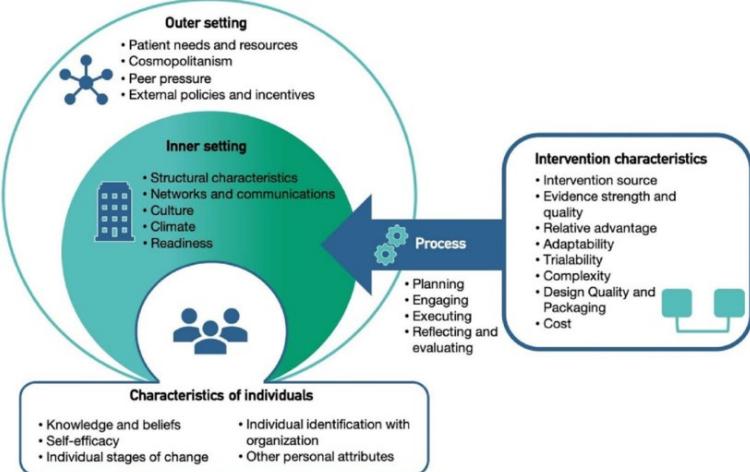
RESEARCH

Open Access



Exploring barriers to and facilitators of the implementation of home rehabilitation care for older adults with disabilities using the Consolidated Framework for Implementation Research (CFIR)

Haixia Wang^{1,2}, Yanyan Zhang^{3*} and Shouwei Yue^{1,2,3*}



Review > Arch Phys Med Rehabil. 2022 Mar;103(3):542-558.e10. doi: 10.1016/j.apmr.2021.06.026.
Epub 2021 Aug 8.

Community-Based Exercise Programs for Cancer Survivors: A Scoping Review of Program Characteristics Using the Consolidated Framework for Implementation Research

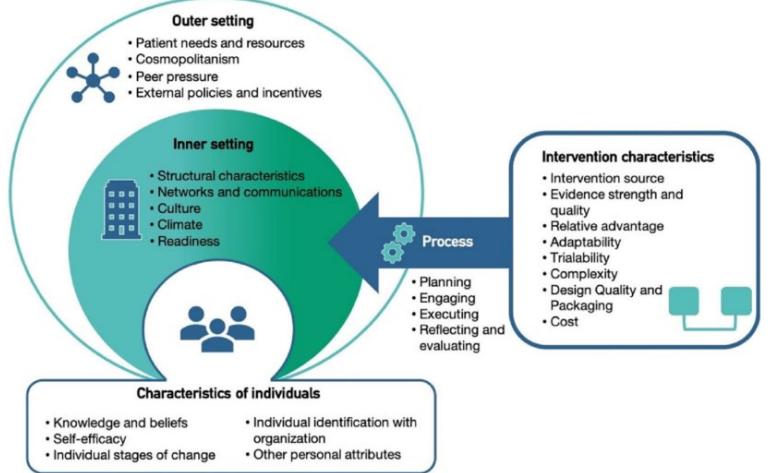
Sarah E Neil-Sztramko¹, Jenna Smith-Turchyn², Angela Fong³, Kaitlyn Kauffeldt⁴, Jennifer R Tomasone⁴



Implementation of a novel return-to-work approach for persons with affective disorders in a traditional vocational rehabilitation context: a case study

Suzanne Johanson^{1*}, Urban Markström², Maria E. Larsson³ and Ulrika Bejerholm¹

CFIR - artikler fra RKR:



Source: <https://thecenterforimplementation.com/implementation-in-action-bulletin/mar-2021>

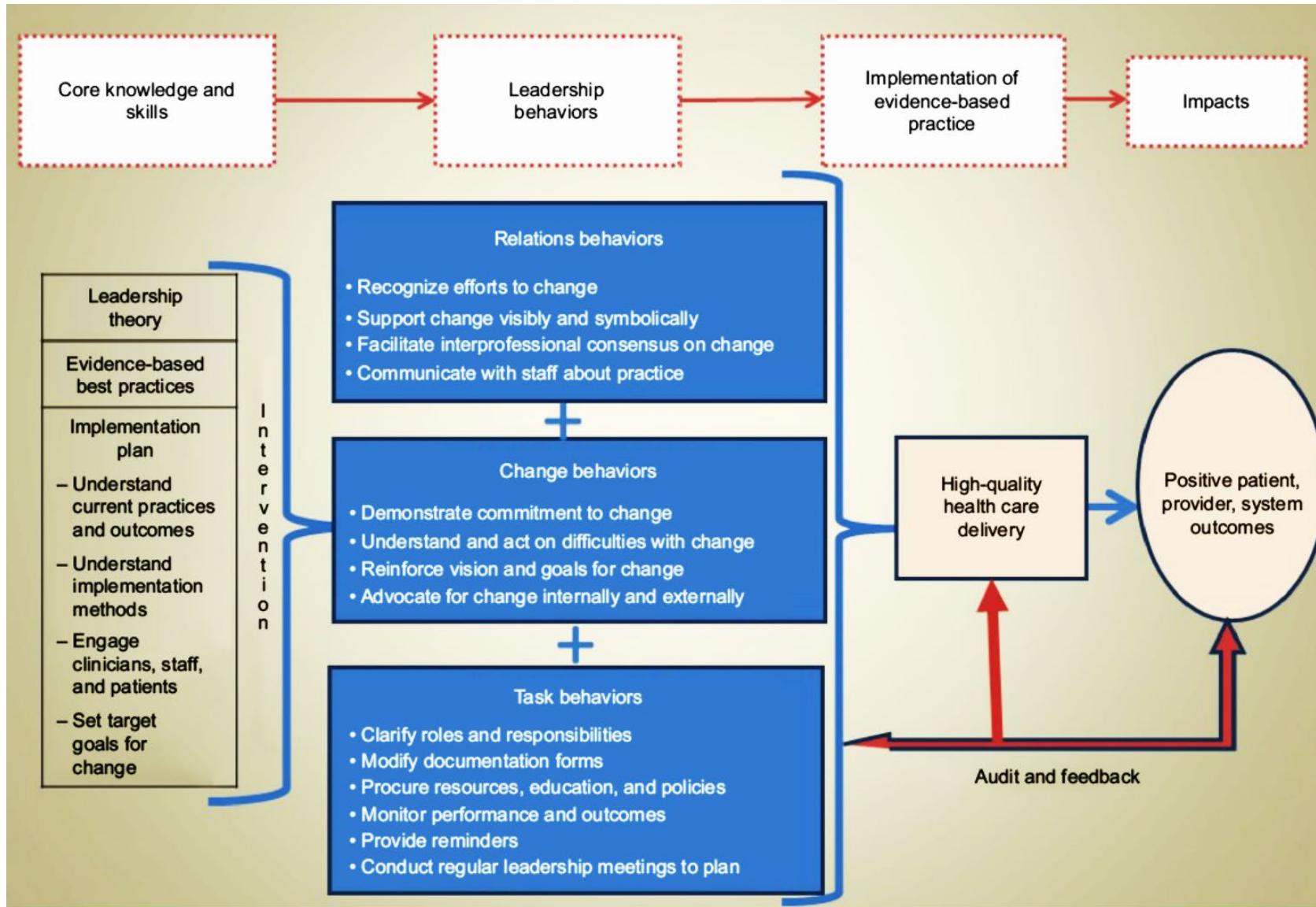
CFIR - brukt til å kartlegge barrierer i FIRST på FRA, Oslo kommune (Poster)

Table 1. Highest priority barriers and implementation strategies according to CFIR domain and construct

CFIR construct	Barrier description	Implementation strategy
CFIR domain - INTERVENTION CHARACTERISTICS		
Adaptability	Clinicians' concerns about feasibility (e.g., related to safety, patient capacity to participate, pain, aphasia and/or poor understanding of Norwegian language)	Promote adaptability Identification of barriers and facilitators Tailor strategies Conduct educational meetings Visit other sites
Cost	Equipment cost	Access new funding
CFIR domain - INNER SETTING		
Available resources	Poor accessibility to equipment	Change physical structure and equipment
	Equipment for safety monitoring (alarm, blood pressure and heart rate monitors) and orthoses	Access new funding Change physical structure and equipment
Compatibility	Distribution of patient needs/care among the interdisciplinary team. (less upper extremity training if increase focus on walking)	Promote adaptability Revise professional roles Conduct local consensus discussions
Culture	Changing long established habits/beliefs/experiences related to practice	Create a learning collaborative Conduct educational meetings Conduct local consensus discussions
CFIR domain - CHARACTERISTICS OF INDIVIDUALS		
Knowledge & Beliefs about the Intervention	Little knowledge of how to provide HIT to patients (PTs)	Build a coalition (RKR, City of Oslo, OUS) Use an implementation adviser Organize clinician implementation team meetings Conduct ongoing training Provide clinical supervision Develop educational materials Distribute educational materials Facilitation

O-MILE rammeverk for implementeringsledelse

Ottawa Model of Implementation Leadership



Artikkel om O-MILe rammeverk for implementeringsledelse:

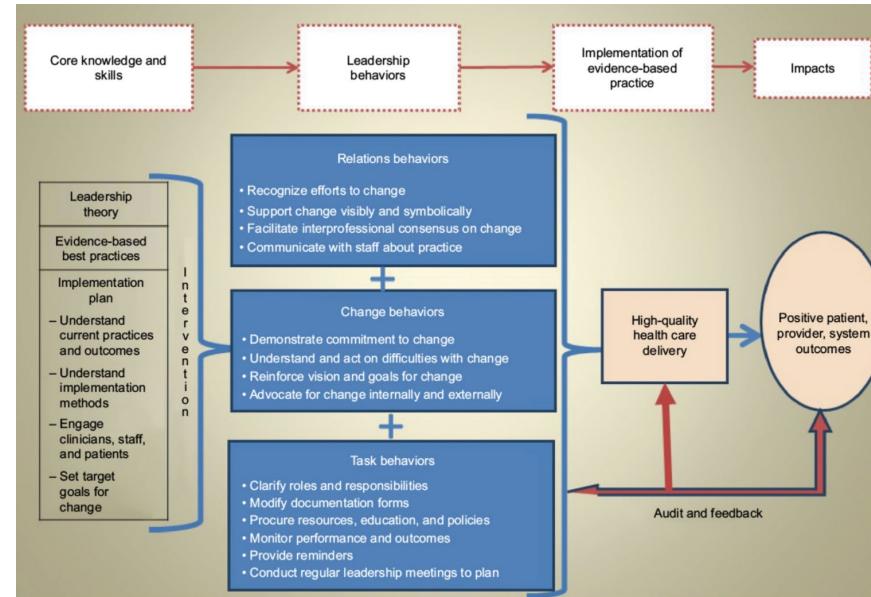
Ottawa Model of Implementation Leadership and Implementation Leadership Scale: mapping concepts for developing and evaluating theory-based leadership interventions

Gifford, Graham, Ehrhart, Davies, Aarons [Lenke til artikkelen](#)

Implementation Leadership Scale –skjema for å vurdere lederinnsats i implementering

O-MILe categories	O-MILe concepts (n=17)	ILS Item (n=12)
Core knowledge and skills	<ul style="list-style-type: none"> Knowledge of implementation theory Knowledge of evidence-based best practice 	<ul style="list-style-type: none"> Is knowledgeable about XXX Knows what he/she is talking about when it comes to XXX Is able to answer my questions about XXX (knowledgeable leadership)
Behavioral, relational, leadership behaviors	<ul style="list-style-type: none"> Develops an implementation plan Knowledge of current practices and outcomes Knowledge of effective implementation methods Engages clinicians, staff, and patients Sets target goals for change 	<ul style="list-style-type: none"> Has developed a plan to facilitate implementation of XXX (proactive leadership)
Change-oriented, leadership behaviors	<ul style="list-style-type: none"> Recognizes efforts to change Supports change visibly and symbolically Facilitates interprofessional consensus on change Communicates with staff about clinical practice issues and XXX 	<ul style="list-style-type: none"> Recognizes and appreciates employee efforts toward successful implementation of XXX (supportive leadership) Supports employee efforts to use XXX (supportive leadership) Is able to answer my questions about XXX (knowledgeable leadership)
Task-oriented, leadership behaviors	<ul style="list-style-type: none"> Demonstrates commitment to change Reinforces vision and goals of change Understands and acts on difficulties with change Advocates for change internally and externally 	<ul style="list-style-type: none"> Perseveres through the ups and downs of implementing XXX Carries on through the challenges of implementing XXX (perseverant leadership) Reacts to critical issues regarding the implementation of XXX by openly and effectively addressing the problem(s) (perseverant leadership) Removes obstacles to the implementation of XXX (proactive leadership) Advocates for change internally and externally
Tablet-oriented, leadership behaviors	<ul style="list-style-type: none"> Clarifies roles and responsibilities Modifies documentation forms Procures resources, education, and policies to reflect change Monitors performance and outcomes Recognizes and appreciates employee efforts toward successful 	<ul style="list-style-type: none"> Has established clear department standards for the implementation of XXX Has developed a plan to facilitate implementation of XXX (proactive leadership) Supports employee efforts to learn more about XXX (supportive leadership) Recognizes and appreciates employee efforts toward successful

Rammeverk: Ottawa Model of Implementation Leadership (O-MILe)



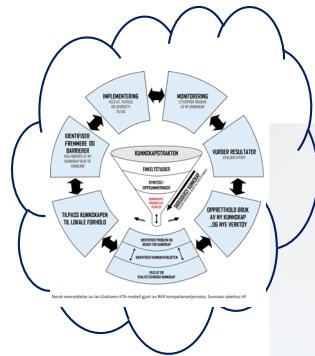
O-MILe sjekkliste for lederinvolvering

- forenklede oversettelse:

O-MILe category	O-MILe concepts (n=17)	ILS item (n=12)
Core knowledge and skills	<ul style="list-style-type: none"> • Knowledge of leadership theory • Knowledge of evidence-based best practice <p>Lederforankring</p> <p>Engasjer ledere lengre opp i systemet:</p> <ul style="list-style-type: none"> • Develops an implementation plan • Knowledge of current practices and outcomes • Knowledge of effective implementation methods • Engages clinicians, staff, and patients <p>Se etter samsvar med virksomhetsmål Se target goals to change</p>	<ul style="list-style-type: none"> • Is knowledgeable about XXX • Knows what he/she is talking about when it comes to XXX • Is able to answer my questions about XXX^a (knowledgeable leadership) <ul style="list-style-type: none"> • Has developed a plan to facilitate implementation of XXX^a (proactive leadership)
Relations-oriented leadership behaviors	<p>Inviter til å delta i styringsgruppe?</p> <ul style="list-style-type: none"> • Recognizes efforts to change • Supports change visibly and symbolically • Facilitates interprofessional consensus on change <p>Finn anledninger til å informere om implementeringsprosjektet</p> <ul style="list-style-type: none"> • Communicates with staff about clinical practice issues and XXX • Demonstrates commitment to change • Reinforces vision and goals of change <p>Fokuser på elementer som sjefen er opptatt av fra før?</p> <ul style="list-style-type: none"> • Understands and acts on difficulties with change • Advocates for change internally and externally 	<ul style="list-style-type: none"> • Recognizes and appreciates employee efforts toward successful implementation of XXX^a (supportive leadership) • Supports employee efforts to use XXX (supportive leadership) <ul style="list-style-type: none"> • Is able to answer my questions about XXX^a (knowledgeable leadership) <ul style="list-style-type: none"> • Perseveres through the ups and downs of implementing XXX • Carries on through the challenges of implementing XXX (perseverant leadership) <ul style="list-style-type: none"> • Reacts to critical issues regarding the implementation of XXX by openly and effectively addressing the problem(s) (perseverant leadership) • Removes obstacles to the implementation of XXX (proactive leadership)
Change-oriented leadership behaviors		
Task-oriented leadership behaviors	<ul style="list-style-type: none"> • Clarifies roles and responsibilities • Modifies documentation forms <ul style="list-style-type: none"> • Procures resources, education, and policies to reflect change • Monitors performances and outcomes • Provides reminders • Conducts regular leadership meetings 	<ul style="list-style-type: none"> • Has established clear department standards for the implementation of XXX • Has developed a plan to facilitate implementation of XXX^a (proactive leadership) <ul style="list-style-type: none"> • Supports employee efforts to learn more about XXX (supportive leadership) • Recognizes and appreciates employee efforts toward successful implementation of XXX^a (supportive leadership)

På norsk
Har mye kunnskap om den nye metoden
Har lagd en implementeringsplan
Ser og roser ansattes innsats for å lykkes med implementeringen
Støtter ansattes tiltak for bruk av XXX
Kan svare på spørsmål om metoden XXX ^a (knowledgeable leadership)
Kjører på selv om det er motgang
Tar tak i problemer som hindrer implementeringen
Har etablert klare roller og oppgaver
Støtter kurs og opplæring
Følger med på fremgang og på faktisk bruk av ny metode

Implementeringsstøtte fra RKR



Implementeringsprosjektene FIRST og LIFT

Jenni Moore, RKR



OUS Oslo Universitetssykehus

Sykehuset Vestfold

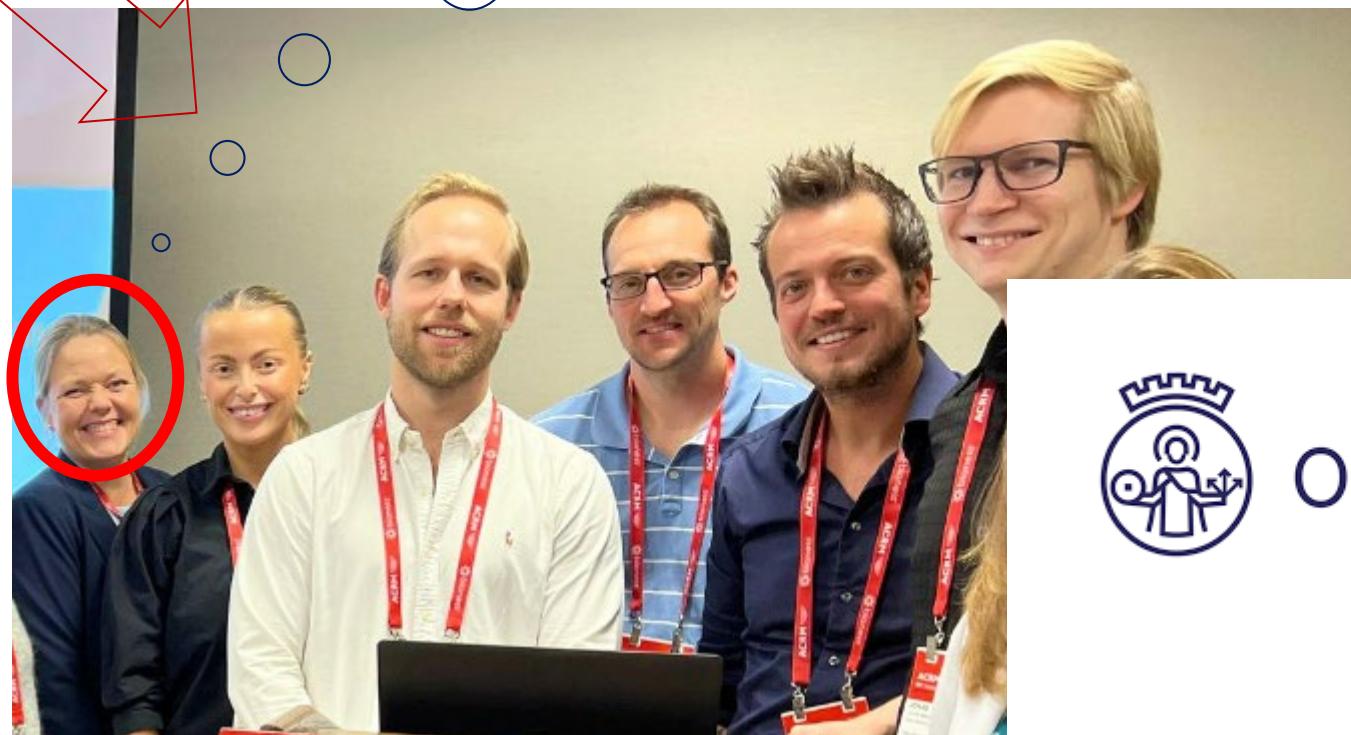
Sykehuset Innlandet

Sunnaas sykehus

Unicare Bakke

Unicare FRAM

Skogli helse og rehabilitering...



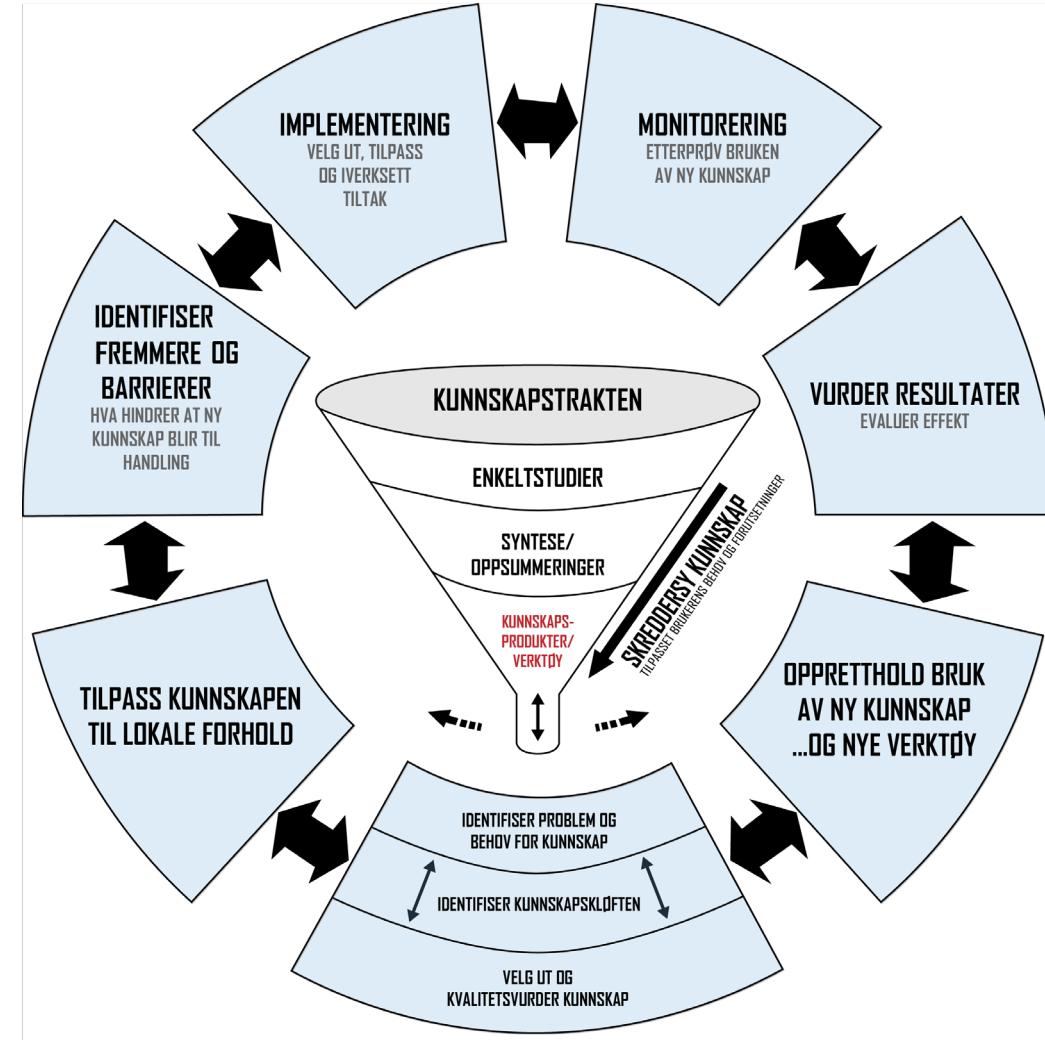
FRA- Forsterket rehabilitering



KTA-modellen Knowledge to Action Framework

Kunnskapstranslasjon

Implementering



Norsk oversettelse av Ian Grahams KTA modell gjort av RKR kompetansetjeneste, Sunnaas sykehus HF

Development and Results of an Implementation Plan for High-Intensity Gait Training

[Jennifer L. Moore](#), PT, NCS, DHS, [Elisabeth Bø](#), PT, PhD, [Anne Erichsen](#), PT, MSc, [Ingvild Rosseland](#), PT, [Joakim Halvorsen](#), PT, [Hanne Bratlie](#), PT, [T. George Hornby](#), PT, PhD, and [Jan Egil Nordvik](#), PhD

Article

Full-text available

Applying the Knowledge-to-Action Framework to Implement Gait and Balance Assessments in Inpatient Stroke Rehabilitation

November 2020 · [Archives of Physical Medicine and Rehabilitation](#) 103(7S)

DOI: [10.1016/j.apmr.2020.10.133](https://doi.org/10.1016/j.apmr.2020.10.133)

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Jennifer Moore · Roberta Virva · Chris Hend



T. George Hornby

Review

> [Arch Phys Med Rehabil.](#) 2022 Jul;103(7S):S256-S275. doi: [10.1016/j.apmr.2020.12.031](https://doi.org/10.1016/j.apmr.2020.12.031).

Epub 2021 Feb 6.

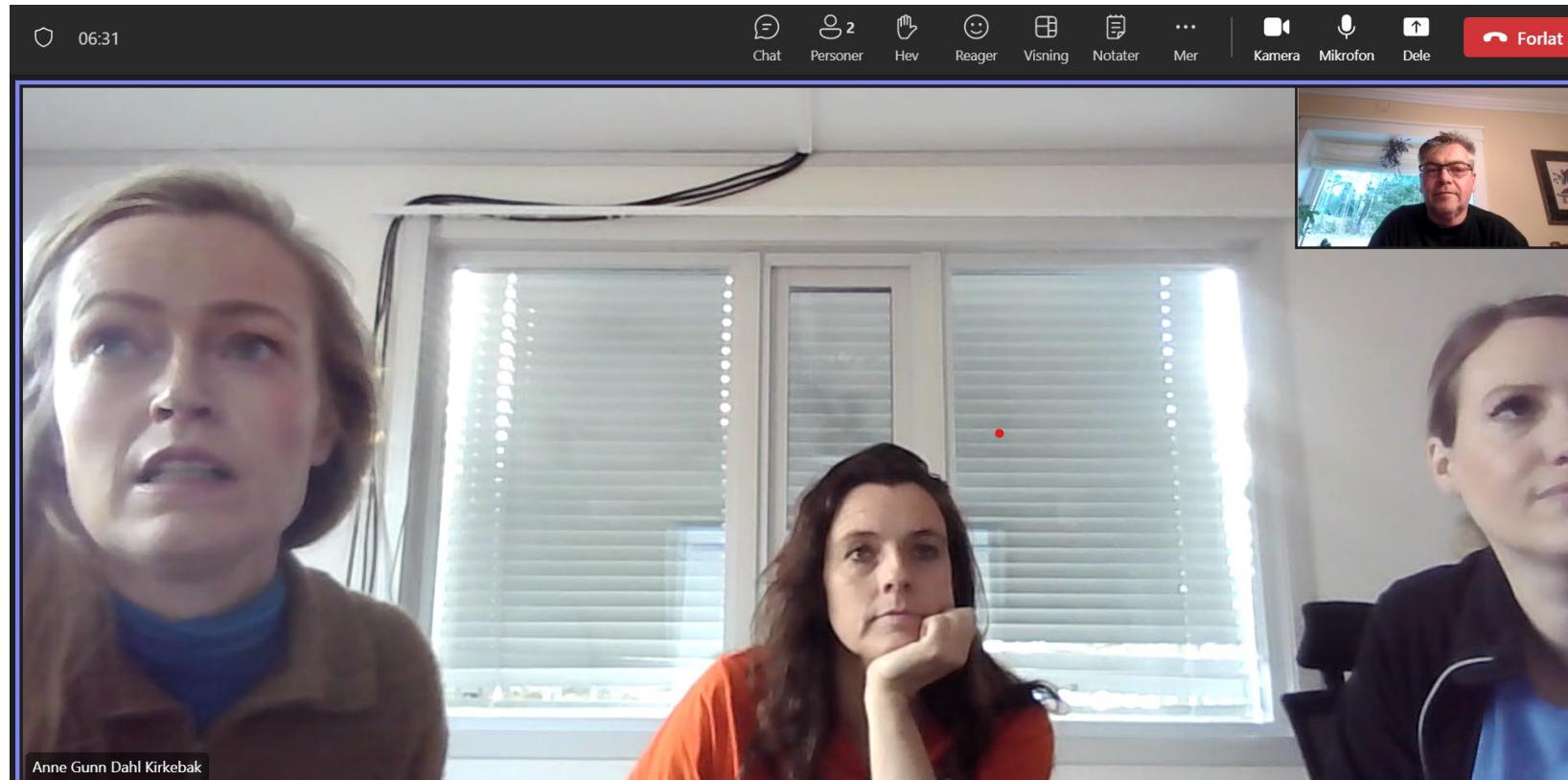
Knowledge Translation in Physical Medicine and Rehabilitation: A Citation Analysis of the Knowledge-to-Action Literature

Jennifer L Moore ¹, Julia A Mbalilaki ², Ian D Graham ³

Implementeringsstøtte fra RKR



Implementering av PROMIS-29 på Catosenteret

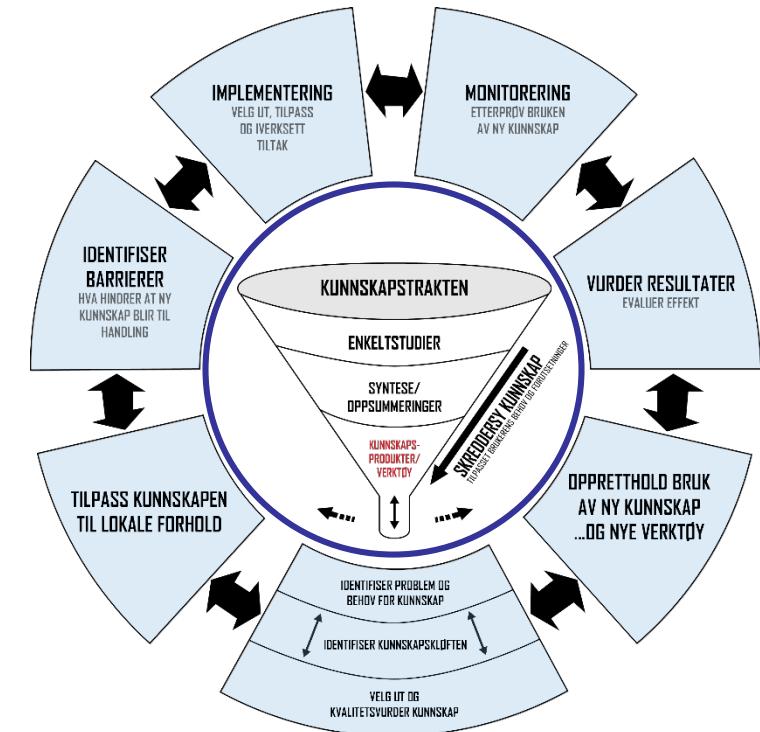


The funnel

TRAKTEN

- Kunnskapsinnhenting

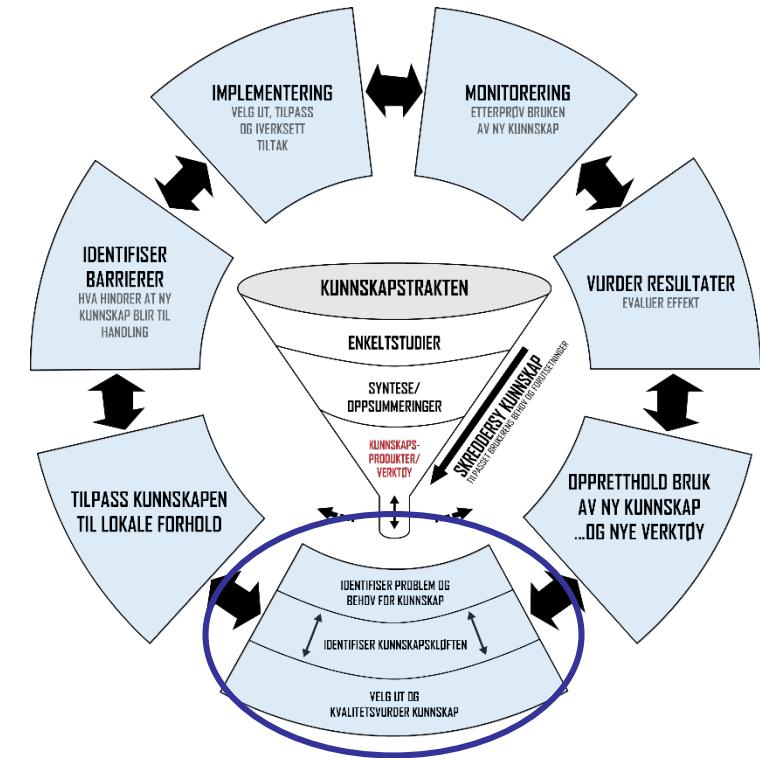
Guidelines, oppsummeringer og
enkeltartikler



Identify the Know-do gap

SJEKK PRAKSIS MOT EVIDENS

- *Fraviker det vi gjør beste evidens?*
- *Finnes bedre måter å gjøre det på?*



Adapt knowledge to local context

TILPASS metoden TIL LOKALE FORHOLD

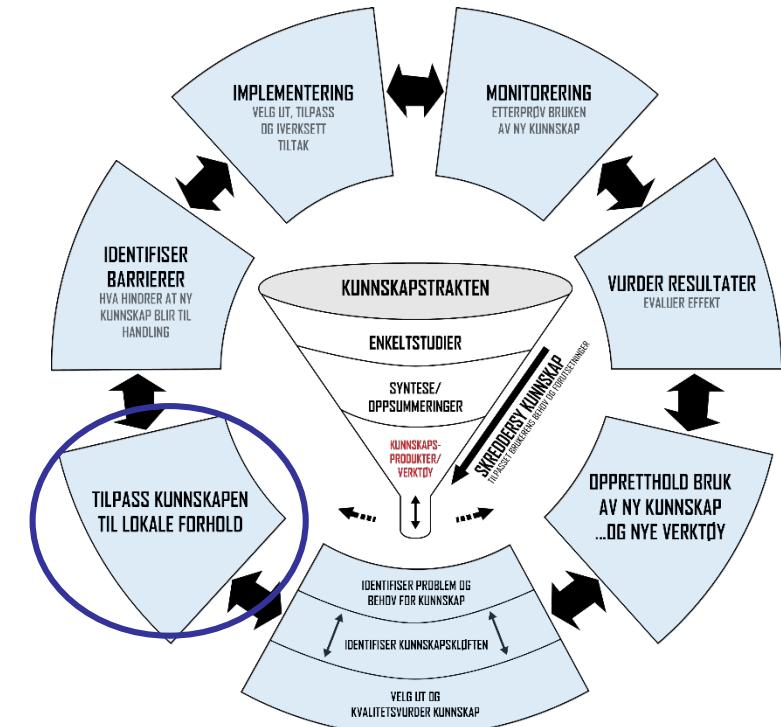
- uten å miste essensen

Eksempel:

Forskning er basert på 4 uker behandling,
Vi har kortere opphold

Tilpasning:

- Må forlenge oppholdene
- eller..
- sikre lokal oppfølging så behandling fortsetter der



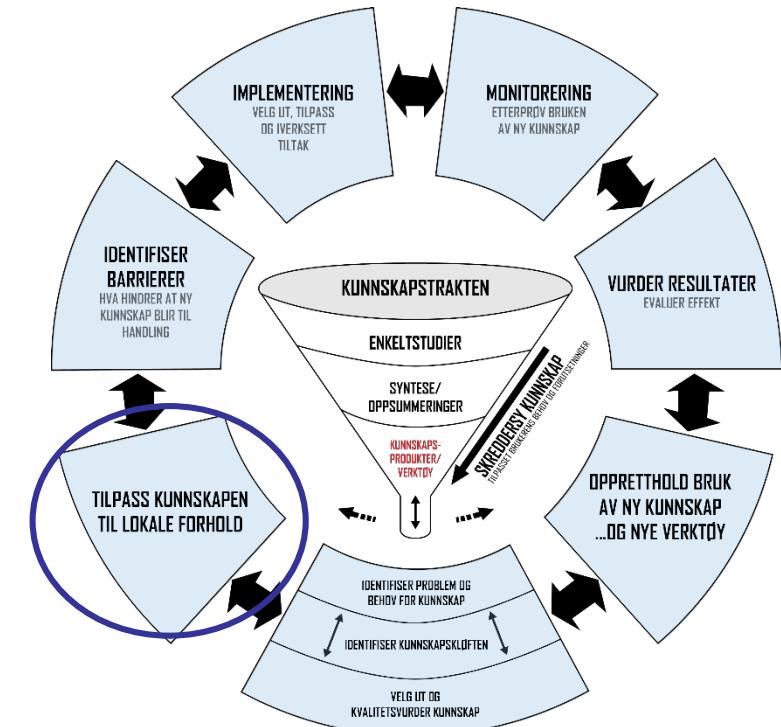
TILPASS metoden TIL LOKALE FORHOLD

Catosenteret:

bygge modul i journalsystemet

Fjerne overskrifter i skjema

Skjønne at “forverring” iblant kan være økt innsikt

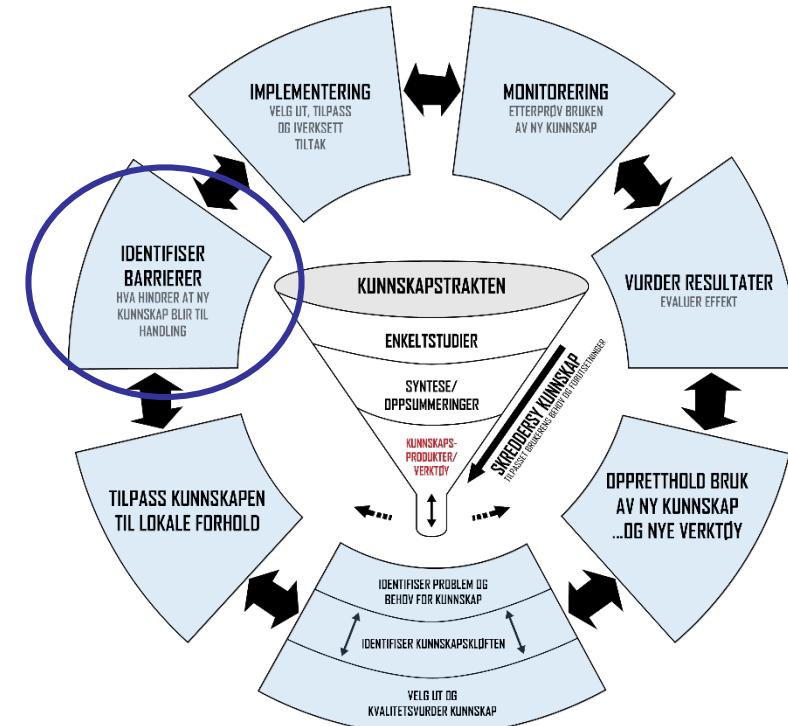


Assess Barriers & facilitators

IDENTIFISER HEMMERE OG FREMMERE

- Evidensbasert skjema for dette*
- Intern spørreundersøkelse
- Snakke oss gjennom internt

PÅ FORHÅND!
(preimplementeringsfasen)



*) Jette DU, Halbert J, Iverson C, Miceli E, Shah P. Use of standardized outcome measures in physical therapist practice: perceptions and applications. Phys Ther. 2009 Feb;89(2):125-35.

+

*) Organizational readiness to implement change:

Shea CM, Jacobs SR, Esserman DA, Bruce K, Weiner BJ. Organizational readiness for implementing change: a psychometric assessment of a new measure. Implement Sci. 2014 Jan 10;9:7.

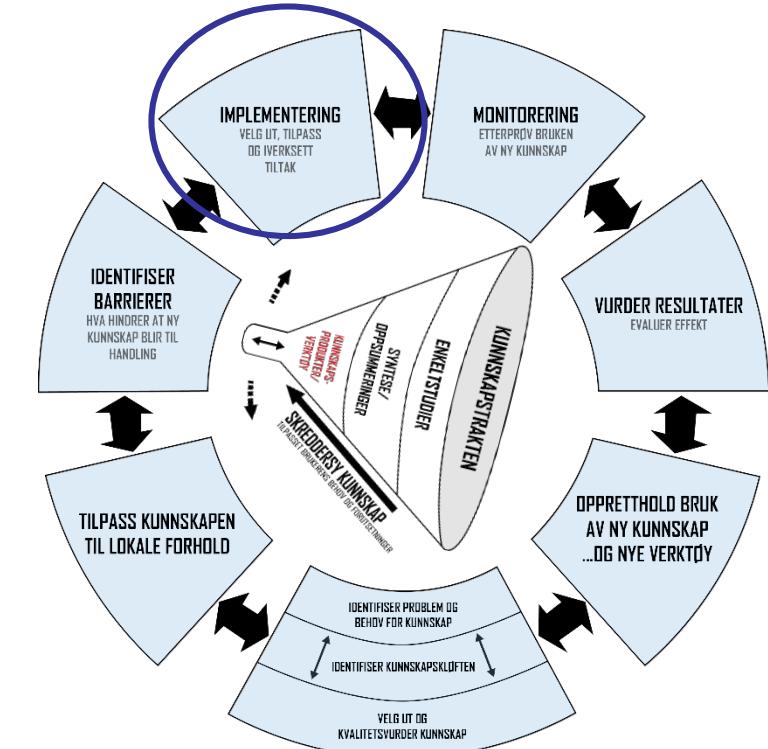
Alt fram til nå:
Pre-implementering

BRUK TID PÅ DEN! VIKTIG FASE

Select, tailor, and implement interventions

VELG, TILPASS OG BRUK IMPLEMENTERINGSMETODER

- Implementation interventions
- Tiltak for å ta tak i hindringer, øke kunnskap, og starte med ny metode
- OBS! "Interventions" kan bety *behandlingsmetode*, men også *implementeringsgrep*



Lag lokal prosedyre / endre eksisterende

Internundervisning

Reminders

Eksperthjelp utenfra

Hospiteringsbesøk

eLæring / kurs

SKAP FAGLIG ENTUSIASME, SAMT –GØY – MORO

Tverrfaglig hemmelig - «nisse»partner

- For å mer løssluppent bli kjent med kolleger



FRA- Forsterket rehabilitering



PROM-is, Premie for fullført eLæringskurs



Premie for første fullførte registrering i U-modul:



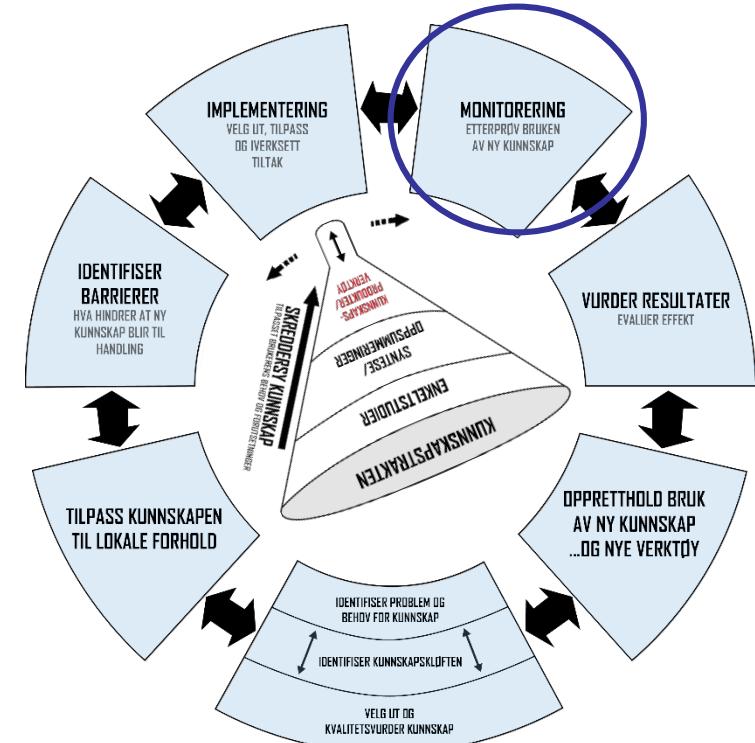
Dessuten egen PROMIS-sang

- og PROMIS-dans

monitor knowledge use

SJEKK HVOR OFTE NY METODE BLIR BRUKT

- Sammenligne ny og gammel metode (usual care)
- Etablere system for registrering (prosedyrekode)

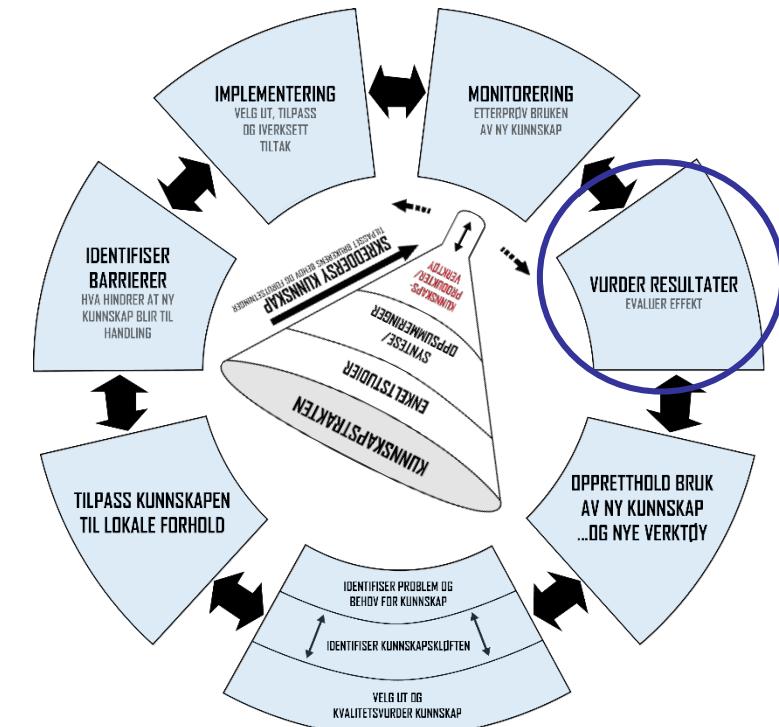


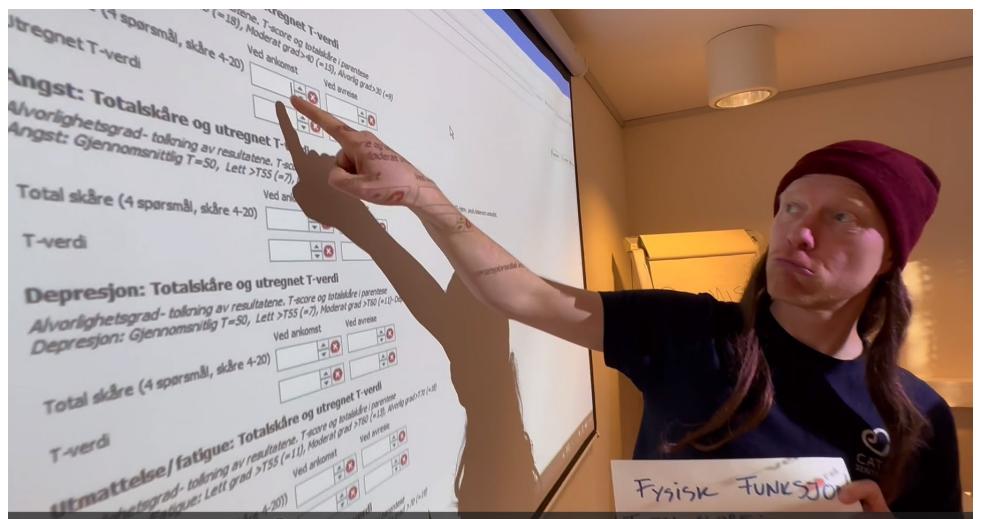
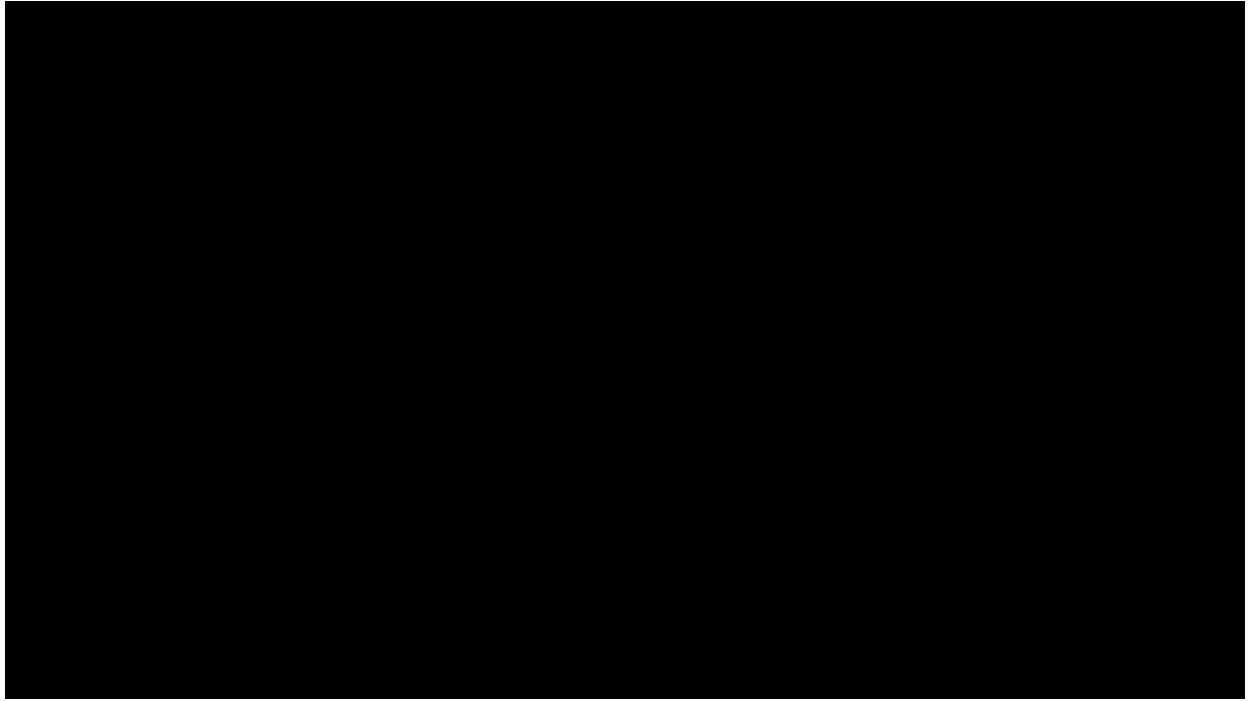
evaluate outcomes

SJEKK OM PASIENTENE FÅR BEDRE UTBYTTE

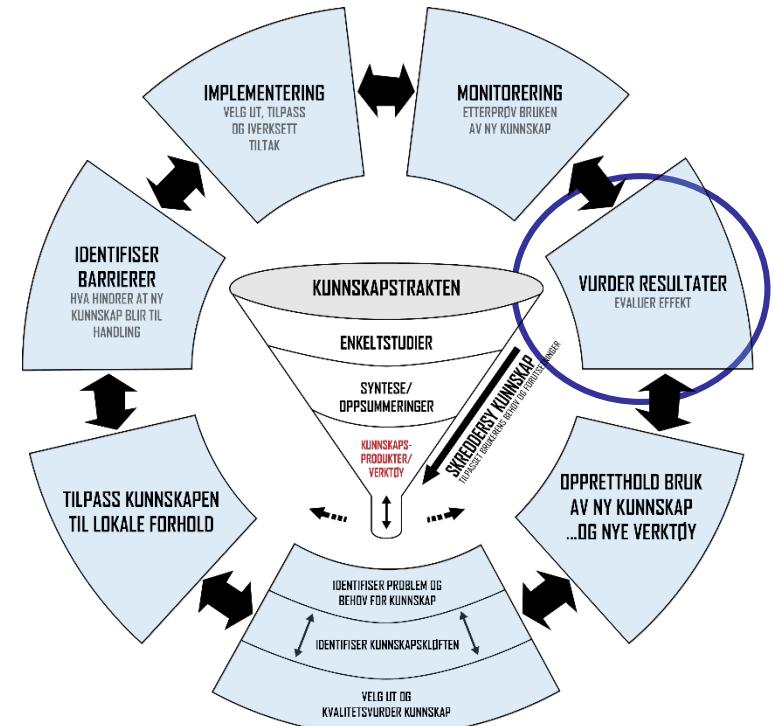
Forutsetning:

Registrer resultater STRUKTURERT





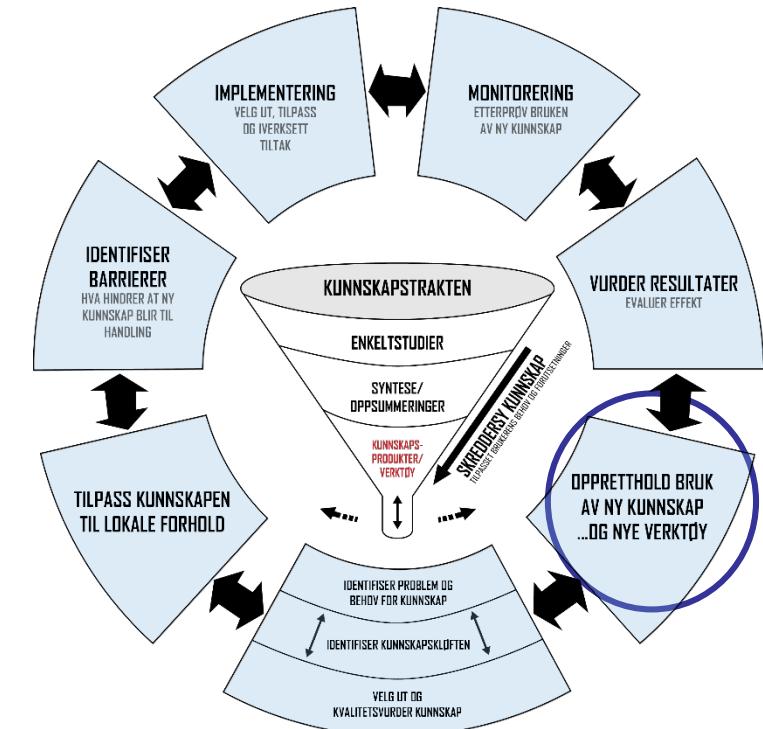
<https://youtu.be/GIDotZtxibA>



sustain knowledge use

OPPRETTHOLD ENDRINGEN PÅ SIKT

What?!! Nå som vi endelig er ferdig med å implementere?



Til slutt: Kanskje trenger vi ikke rammeverk og modeller?

Men ta både motstand og entusiasme på alvor.

Mål og registrer så mye som mulig underveis.

Sjekk evidens og bruk valide verktøy.



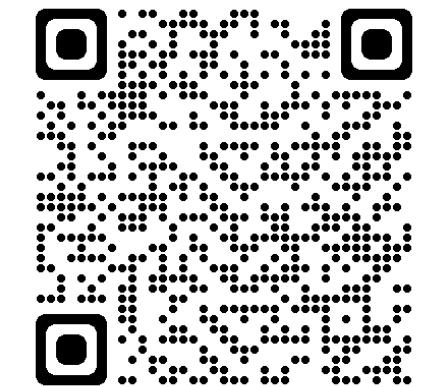
...de e itjnå som kjæm tå seg sjøl

ReHSØ Regional rehabiliteringskonferanse
Lillestrøm 17+18 september 2024



Takk for meg!

Stein Arne Rimehaug
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sunnaas.no/rkr