



## **Workshop 15 – 2018 Nordic Implementation Conference** **Approaches to Continuous Quality Improvement**

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### **Presentation 1: A Decision Support Data System (pmt.no) for TIBIR - “Early initiatives for children at risk” (Marit Reer & Jarid Bjørkås)**

#### *Background*

TIBIR is an intervention model developed by NUBU with the aim to prevent and treat problem behaviour and promote social competence in children in the age range 3–12 years. We will present a Decision Support Data System used by the TIBIR implementation teams to continuously administrate, monitor and report on the ongoing implementation and intervention activities.

#### *Project aim*

This implementation tool has three main aims 1. To help the national, regional and local implementation teams to administrate, continuously monitor and report on ongoing implementation and intervention activities. 2. To be a support system and intranet for TIBIR/PMTO practitioners. They can download material, register and track their own training, supervision, caseload and clinical outcomes of cases 3. To give information about TIBIR/PMTO services through a public webpage, especially addressing parents of children with behavioural problems.

#### *Project methods*

The system is the result of an interdisciplinary collaboration between, a graphic designer, programmer and the implementation teams and practitioners using it. The development of pmt.no started in 2012, and it is still under development. We will present our experiences from developing, testing, releasing, improving and implementing this system nationwide.

#### *Project results*

The aim of this implementation tool was to make the process of quality assurance and documentation, easier and more efficient by digitalizing different aspects of the implementation processes. Today the system has 1100 users working in either municipality or state services. Practitioners, supervisors, and trainers can download material, and register trainings and supervisions. Practitioners also register caseload and de-identified information about their intervention cases. Based on this data, it is possible to generate reports on implementation activities on national, regional and local level.

#### *Preliminary or final conclusions/discussion*

TIBIR is implemented in 106 out of 426 municipalities in Norway. Recruiting TIBIR municipalities is an ongoing process, and we are still expanding. Pmt.no contributes with making the process of quality assurance and documentation easier and efficient across services and local and state levels. We will present our experiences on how this implementation tool is both helpful and challenging in supporting the ongoing implementation.



## Presentation 2: Implementation feedback systems (IFS) - key to long term sustainability of evidence based practice (Bernadette Christensen)

### *Background*

Implementation efforts need effective monitoring and feedback systems to result in long term success. Purveyors can and should actively engage provider organizations in addressing barriers related to effective implementation and sustainability of EBPs through the use of comprehensive implementation feedback systems (IFSs).

### *Project aim*

This presentation will focus on the 15 years of iterative processes in developing efficient implementation monitoring and systems for the support of nationwide implementation of three EBPs in Norway. A process of continuously developing quality assurance systems of implementation to take in the increasingly growing body of implementation science and knowledge will be presented. Strategies for designing systems that remain fixed and firm on core implementation components while remaining flexible to changing contexts will be discussed.

### *Project methods*

A review of the initial design and iterative development of the implementation feedback system in Norway, will be provided. The review will be linked to important changes in implementation knowledge, available technology and changing laws and legal requirements over the 15-year period. Indicators on data quantity, data quality and data usage over the period will be estimated, and compared to the time invested by practitioners and administrators in collecting, analysing and using this data to inform implementation efforts.

### *Project results*

Over the 15 years of development, there's been a remarkable increase in the quantity and quality of data collected in the national implementation monitoring systems of Functional Family Therapy (FFT), Multisystemic Therapy (MST) and Treatment Foster Care - Oregon (TFCO) in Norway. This data has allowed for more rapid identification of drops in quality of services, and more specific initiatives directed at increasing clinician competencies. Advances in information technology has improved the usability of these systems tremendously, and allowed more time to direct clinical work.

### *Preliminary or final conclusions/discussion*

Implementation feedback systems (IFSs) are constantly evolving in light of ongoing advances in implementation science, evidence-based models, training, supervision and technology. Iterative development processes allow for a dynamic and pragmatic evolution of such systems and should be expected, planned for and welcomed when working on such systems. The dynamic development process also legitimizes such systems to allow for easier adoption, higher quality of use and improved receptiveness.



## Presentation 3: A national centre of excellence for wound management when combining clinical work and research (Rut F. Öien)

### *Background*

Staff is experiencing difficulties finding time in clinical practice for immediate and safe documentation of patients with hard-to-heal ulcers. The Swedish national quality registry RiksSår has integrated an existing mobile application, which can be used to facilitate registration and follow the patient's healing process.

### *Project aim*

After testing the app, we find that further development of the app by adding features for image transfer and measurement of ulcer size would enhance its ability to become a smart and user-friendly tool for professionals who treat patients with hard-to-heal ulcers. Combining clinical practice with research data from the registry RiksSår by using an e- solution, the bed-side app, we wish to develop a decision support to staff for better and safer wound management.

### *Project method*

During digital workshop 100 interested professionals are invited to use the app's image transfer and measurement of ulcer size in clinical practice during a period of 6 months. The results from the pilot testers will be compared with the results from 100 professionals in RiksSår not using the app. Outcome measures are time to diagnosis (in days), healing time (in days) and irrational antibiotic treatment (% of antibiotic treatment before and after the study). Group interviews will be conducted after the study to analyse staff's perception of using the app in everyday wound management.

### *Project results*

The findings from studies illustrate the immediate impact of RiksSår as an improvement project within wound management, where clinical research data have shown significant reduction of ulcer healing time (by 64%), use of antibiotics (by 60%) and treatment costs (by 46%). The concept of clinical experience and research linked to a national quality registry has proven to be one successful approach to a more patient-centred and efficient health care system. Therefore, the registry received the award of The Golden Scalpel as the best innovator of Swedish health care in 2017.

### *Preliminary or final conclusions/discussion*

RiksSår is today known to be the national golden structure for wound management: teamwork, diagnosis, treatment strategies, follow up and continuity of care. The registry offers webinars, newsletter and meetings with registering units to capture the opinions of staff and patients. The working committee consists of clinicians and researchers; doctors, nurses and assistant nurses, who deal with the difficulties of wound management in our daily practice.