



Workshop 18 – 2018 Nordic Implementation Conference

Handles for the Implementation of Complex Interventions

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Presentation 1: Implementation Study about the Work-Related Rehabilitation Model in Finland (Mikko Henriksson)

Background

Social Insurance Institution in Finland has launched a new vocational rehabilitation model in Finland in the beginning of 2016. The model is based on earlier development work and experiences, but is has not been tested in this exact form before. Main innovation is the coordinated and goal-oriented collaboration between the relevant stakeholders, driven by rehabilitee's individual needs.

Project aim

The aim of the multi-perspective implementation research is to provide information about the process and results from the first-ever implementation of the model. Four key themes to look for are: 1) Does the rehabilitation intervention come timely in terms of the target group's work disability? 2) What kind of a role does the rehabilitee have in the rehabilitation process? 3) Does rehabilitation intervention have positive effects to rehabilitee's work ability and job retention? 4) How the goals of collaboration in providing the rehabilitation were achieved?

Project methods

In the implementation research the process evaluation of complex intervention is on focus. Accordingly, the aspects of the research consist in evaluating the significance of the context, analysing the theory of change of the model and its causal assumptions, the implementation process and the mechanisms of possible impact. Theoretical Domains Framework is also used when focusing on the implementation part; especially the rehabilitee's and other stakeholders' capabilities, motives and opportunities come into question.

Project results

Work-related vocational rehabilitation is a complex social intervention. The main concepts used in the study are work disability, understood as relational concept, shared agency of the key stakeholders of the process, agency of the rehabilitee and the distinction between the (organized and provided) rehabilitative process and the (possibly individually experienced) rehabilitation. This presentation is about the importance of the operationalization process of the main concepts in the implementation study, based on the experiences so far.

Preliminary or final conclusions/discussion

Most of the research relating to rehabilitation is focused on the changes on the individual level. Great amount of attention is given to indicators of change and the statistical analysis of it. What is often left behind is the analysis of the mechanisms of change and the key elements and factors providing it. This is sometimes called the "black box" of rehabilitation. When focusing on the implementation process of the rehabilitation one can explore the possible mechanisms of impact.



Presentation 2: Implementation levers, pulleys and bridges in the Irish healthcare system (Niamh O'Rourke)

Background

Clinical effectiveness involves giving the right treatment to the right patient at the right time, based on the best available research evidence. In Ireland, the use of implementation levers is part of the national approach to clinical effectiveness and evidence based healthcare.

Project aim

To achieve successful adoption of clinical effectiveness innovations, the clinical effectiveness unit aimed to establish a strategic and systematic approach to support implementation of evidence based practice in Ireland. To drive a shared agenda of evidence based practice in healthcare, through collaboration of professions, roles and multidisciplinary networks, for better outcomes for our patients.

Project methods

A suite of integrated implementation measures was introduced into the Irish healthcare system to support the translation of research evidence into practice. Implementation levers such as legislation, ministerial endorsement, implementation mandate, alignment with clinical indemnity, activity based funding, accountability frameworks and national policy were introduced by the Clinical Effectiveness Unit in the Department of Health, in collaboration with multidisciplinary networks, regulators and patients.

Project results

Ireland has introduced a suite of implementation levers at national level to support an integrated sustainable approach for improving implementation of evidence based practice in the Irish health services. This approach has addressed the 'implementation gap' between theory and practice by creating effective bridges between policy and practice.

Preliminary or final conclusions/discussion

Implementation levers form part of a suite of national integrated implementation measures introduced in the Irish healthcare system to support the translation of research evidence into practice, ultimately improving the quality of policy and practice.



Presentation 3: Implementation of ESTER assessment system in Icelandic Child Protection (Per Olafsson)

Background

ESTER is a research based and computerized risk-need assessment system that facilitates the assessment and follow up of risk and protective factors for norm breaking behaviour in youths and their families.

Project aim

The Icelandic Government Agency for Child Protection wanted to implement ESTER in all the local Child Protection services in Iceland in a 2-year pilot project from 2015 to 2017. We wanted to give the social workers a powerful tool to help them make efficient and more evidence based decisions about interventions in child protection cases. Even more important a tool to assist them in evaluating the results of these interventions. The vision was to give them a structured tool to guide them in making assessments with a method which minimizes individual biases in decision making.

Project methods

We created an implementation group - made an implementation plan and started with three experts translating the ESTER material and the ESTER computerized system. We had five ESTER training sessions and had other kind of training; risk- and protective factors, how ESTER fits to child protection work and laws, Motivational Interviewing, boosters and supervision using real cases or vignettes. We have visited all the municipalities learning ESTER to gather and spread experience about the using of ESTER in "reality". And at last we had a ESTER Congress with our implementation partners.

Project results

Translation of the ESTER Manual, ESTER Assessment tool, six versions of Screening questionnaires and the Computerized system. In the end of the two-year period we invited to a conference to inform about the results of the implementation. The most important was that we trained almost 300 professionals in ESTER, mainly from child protection and social service, in five training sessions from 2015 to 2017. Almost 200 of them have had practical training using Ester with their real cases or Vignettes. So almost every expert working in child protection in Iceland had a ESTER training.

Preliminary or final conclusions/discussion

Surveys showed positivity with the implementation process, the training and congress. We could have had better communication with leaders of the municipalities to be more united. We had problems having a 5 days training instead of the possibility to adapt the training to the reality of workers having too much to do. The best schedule of training is two days theory and two weeks later two days supervision in practical use of ESTER and then four weeks later one day booster with real cases.