



Workshop 2 – 2018 Nordic Implementation Conference

Joining Forces – Processes of Co-Design in Implementation

Presenters: Louise Phillips & Michael Scheffmann-Petersen (Region Zealand, Denmark); Jayaram Subramanian (University of Auckland, New Zealand); Aisling Sheehan & Stella Owens (Centre for Effective Services, Ireland)

Presentation 1: "Active Patient Support" - Co-creating health care in collaboration with patients (Louise Phillips & Michael Scheffmann-Petersen)

Background

"Active Patient Support" (APS) is a new national coaching and support initiative for patients with multiple chronic diseases in Denmark. APS is based on a similar case-management approach to Sweden where research shows that an individual and goal-oriented course of up to nine months can reduce patients' need for health care and increase their quality of life and self-care.

Project aim

APS has two aims: 1) To reduce patients' need for hospitalisation and readmissions 2) To empower patients in strategies of self-care by coaching them to tackle issues related to their illness. To achieve these aims, Region Zealand is carrying out a research project designed to develop and implement a communication model to be used to improve APS coaching. In the project, a group of patients and nurses, together with researchers, co-create knowledge about building beneficial and dialogical partnerships that can empower patients and nurses.

Project methods

The research project has a participatory design building on Action Research and Dialogue Communication Theory. The project has two phases: 1) an exploratory, data collection phase that follows ten patients through the coaching period using participant observation, interviews and patient diaries; 2) a design and implementation phase based on two sets of workshops with patients and nurses. The workshops will use the data collected in phase 1 as a foundation for joint exploration applying participatory dialogue methods (eg photo elicitation, forum theatre and practice narratives).

Project results:

The research project will have three main results 1) practice-based evidence that can be used to develop and implement a communication model which can strengthen the APS coaching and support.



Presentation 2: Engineering a participatory leadership eco-system for implementing disruptive health innovations (Jayaram Subramanian)

Background

Enabling healthcare practitioners to revise conventional practices and implement new, disruptive, evidence-informed interventions is a persistent, major global challenge. Research indicates bridging this research/policy-practice gap can take at least 17 years. However, bridging this implementation gap is a critical fundamental for improved population health outcomes.

Project aim

How and in what context can we stimulate and better facilitate front-line healthcare professionals to utilise innovations in diabetes and other chronic diseases care models for our vulnerable communities? The boundary-spanning, transdisciplinary research team of this project included a senior general practitioner and health policy and systems researcher, a dentist and an educational sociologist and psychologist researcher.

Project methods

We purposively sampled “positively-deviant outlier” practices for rigorous qualitative study. Four exemplar practices deemed successful in the uptake of new diabetes care interventions were selected. Practices served the most socio-economically deprived NZ communities. In-depth, individual, face-to-face, semi-structured interviews (each 45-90 mins.) with 11 clinicians systematically explored facilitators for the uptake of new initiatives (grounded on many multi-disciplinary theories). Secondary data were QI Collaboratives and policies. We abductively analysed data to build a conceptual model.

Project results

We will present key insights from our model on themes such as organisational environment and culture, efficient implementation processes and innovative intervention characteristics. We will challenge conventional science-practice partnership models and discuss new ideas for impactful solutions – e.g. co-creative environment, "professional-practice scholarship", knowledge co-production, banking upon dynamic, reciprocal influence multiple actors have upon each other's priorities and interests, collective leadership by actors who support and challenge each other, and end-user driven innovations.

Preliminary or final conclusions/discussion

Our presentation (from a unique New Zealand perspective) will explore how we can shorten science-policy-practice bridges by: 1. stimulating fresh conceptual ideas e.g. new alternatives to traditional strategies like "burning platform"; 2. analysing the potential of abductive synthesis to reconceptualise established theoretical concepts (e.g. implementation climate); 3. presenting an actionable tool to inspire stakeholders to gain meaningful improvements in their implementation efforts.



Presentation 3: Building capacity through partnerships for implementation of National Clinical Guidelines (Aisling Sheehan)

Background

National Clinical Guidelines are evidence-based best practice statements aiming to improve the quality, safety and cost-effectiveness of decisions in health services. In Ireland, the Department of Health has published 15 such guidelines to date and a further 15 are at various stages of development. Effective implementation is required to realise the potential benefits of Clinical Guidelines.

Project aim

This project aims to support the effective implementation of National Clinical Guidelines covering a wide range of health areas, including diabetes, cancer and sepsis. It does so by bringing together researchers, practitioners, policy makers and health professionals in a co-designed programme. CES, an Irish intermediary organisation, has partnered with the Department of Health to run a training programme, and design bespoke tools and an overarching framework to support health professionals involved in developing, managing and implementing Clinical Guidelines.

Project methods

Through consultation and collaboration with funders and health professionals, three strands of work were designed to support health professionals in developing and implementing Clinical Guidelines: a 2-day introductory training in Implementation Science, covering topics including implementation frameworks, readiness, strategies, and monitoring and evaluation; 3 workshops with groups of health professionals, helping them to apply bespoke tools to the development of Clinical Guidelines; and the development of an overarching framework to support the implementation of Clinical Guidelines.

Project results

Tools for thinking about outcomes, logic modelling, enablers and barriers, stakeholder engagement, implementation planning, and monitoring and evaluation were co-designed specifically for implementation of National Clinical Guidelines. Through training and workshops, they have been piloted, evaluated and adapted where necessary. An overarching framework, including these tools, has also been developed to help practically support implementation of Clinical Guidelines. All outputs have been reviewed and adapted based on feedback sought and obtained from stakeholders over the period of work.

Preliminary or final conclusions/discussion

The tools developed have been well-received by participants during the training and workshops. Feedback suggests that they are accessible, usable and have supported healthcare professionals in generating practical actions to progress work on implementation of Clinical Guidelines. The model of working, including partnership between a government department, an intermediary organisation and health professionals, has been effective in building capacity for implementation.



Presentation 4: Co-creating infrastructure to support system-wide changes to national health services in Ireland (Stella Owens)

Background

The period from pregnancy to a child's third birthday is a critical time for child health and wellbeing. The Nurture Programme is a current system-wide change initiative aimed at improving population-level health outcomes for 0-3 year olds and their families in Ireland. It involves a partnership between health services, philanthropy, and an intermediary organisation supporting implementation.

Project aim

The Nurture Programme aims to improve outcomes for children and families through implementing a range of evidence-based interventions across the national health system in Ireland. Interventions include capacity-building programmes with health professionals, the introduction of standardised screening tools and health records, and the implementation of national standards for antenatal education. An implementation science approach has been adopted in an attempt to overcome the implementation gap between health policy and practice.

Project methods

A range of methods have been employed to support system wide implementation efforts. This includes the establishment of, and ongoing technical support to, state-wide implementation teams representing a wide range of health professionals and organisations. Several tools and resources (e.g. implementation plans) have been developed to support the work of teams and evidence has been collected and synthesised to inform the choice of interventions and implementation methods. These include evidence reviews and data collected from interviews, focus groups, and surveys with a range of stakeholders.

Project results

State-wide implementation teams have enabled a wide range of professionals, agencies and organisations working across traditionally siloed disciplines, such as midwifery and public health nursing, to come together and work towards shared goals and outcomes. The use of data-driven decision making by teams has ensured a focus on designing and implementing interventions based on best available evidence. Whilst a number of challenges to systems change have been experienced, ongoing monitoring of implementation data has demonstrated progress towards effective national scale-up of interventions.

Preliminary or final conclusions/discussion

The initiative is an example of the systematic application of implementation frameworks and tools to support systems change at national level. It provides key learning on challenges and effective methods of enabling systems change. One key challenge is how adopting an implementation science approach can challenge existing culture and organisational norms. Stakeholder consultation and the development of collaborative practices and skills have been important enablers of change.