

Hvordan får man implementeret sin viden i praksis?

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Kort præsentation

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DISPOSITION



- Forståelse for hvorfor tiltag og interventioner ikke altid virker i praksis selv når der er vist effekt i kliniske studier
- Forståelse for at implementering er et helt forskningsfelt for sig selv
- Forståelse for vigtigheden af at tænke implementering af interventionen ind i fra den gode ide eller design fasen af studier/projekter
- Greb til praktisk implementering

Evidens er gennem tiden tillagt store perspektiver for fremtidens velfærd. Det anses for at være en forudsætning for at sikre højere faglig kvalitet i sundhedsvæsenet. De enkelte afdelinger og organisationer forventes at transformere sig til evidensbaserede praksisser (EBP). Det vil sige, at de sundhedsprofessionelle har opbygget kulturelle vaner om at lade sig rådgive på baggrund af evidens og hvor brugen af evidens er knyttet til implementering, som kobles til et omfattende dokumentationssystem og standardisering i form af screeninger og retningslinjer. Denne afhandling sandsynliggør, problemer med implementering af den evidensbaseret viden i plejen og behandlingen af patienterne og argumenterer for, at det har både menneskelige og samfundsmæssige konsekvenser.

Afhandlingen undersøger forbindelserne mellem evidensbaseret viden og implementering af den, i lokal praksis i sundhedsvæsenet. Formålet med projektet er at forstå og forklare kulturens betydning for implementeringen af screeninger og retningslinjer i en Akutmodtagelse på et af Region Hovedstadens hospitaler.

Metodisk er dette grebet kvalitativt an, i form af et etnografisk feltarbejde, forskellige typer interviews og en workshop. Afhandlingens teoretiske afsæt er fra kulturhistorisk virksomhedsteori hvorfra forfatteren udvikler begreberne flow kultur og flow-stoppere, som danner baggrund for at forstå hvordan implementeringen af screeninger og retningslinjer in- og ekskluderes i Akutmodtagelsen. Afhandlingen konkluderer, at flow kultur arbejder med og mod implementering og brug af evidensbaserede screeninger og retningslinjer - afhængigt af hvorvidt de sundhedsprofessionelle opfatter denne viden som en fordel for flow eller som en flow-stopper.

Flow-stoppere i form af evidensbaserede screeninger og retningslinjer øger risikoen for eksklusion, og implementeres derved ikke. Yderligere fremhæver forfatteren, vigtigheden af at kende til lokal kultur og kontekst, når implementeringen af evidensbaserede screeninger og retningslinjers skal iværksættes, samt at evidensbaserede screeninger og retningslinjer langtfra er hverken objektive, neutrale eller akontekstuelle artefakter. Udover disse grundlæggende præmisser for implementering, viser afhandlingen at præmisserne ikke kun gør sig gældende i Akutmodtagelsen, men rækker på tværs af forskellige sektorer.

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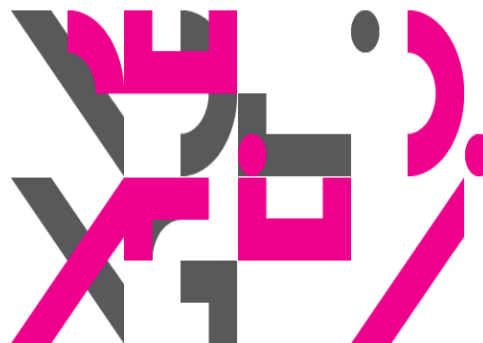


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JEANETTE WASSAR KIRK

FLOW KULTUR OG FLOW-STOPPERE - PRÆMISER FOR IMPLEMENTERING AF SCREENINGER OG RETNINGSLINJER I SUNDHEDSVÆSENET



PH.D.-AFHANDLING

JEANETTE WASSAR KIRK

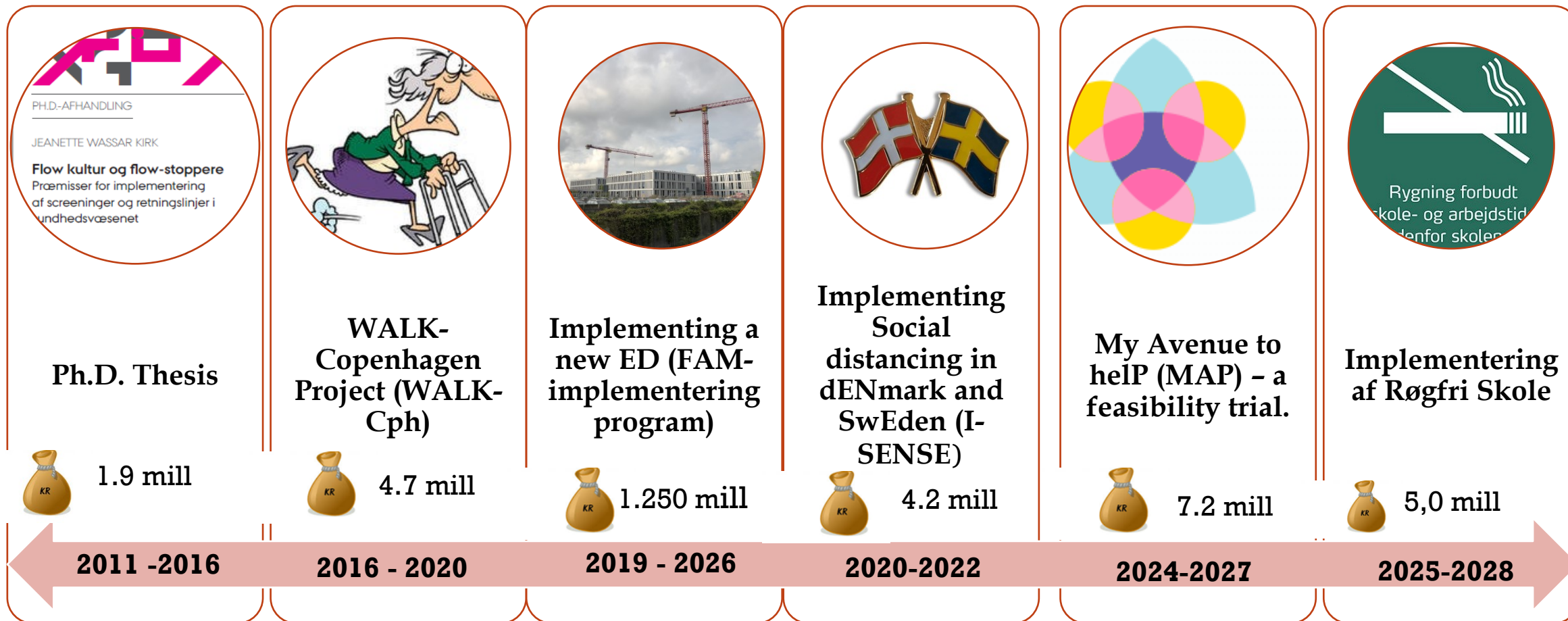
Flow kultur og flow-stoppere

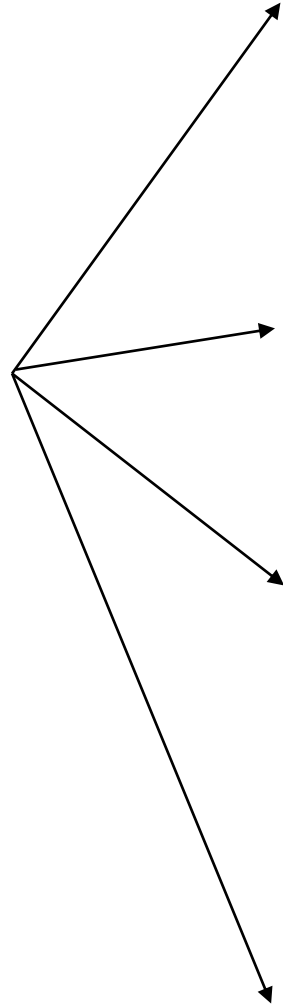
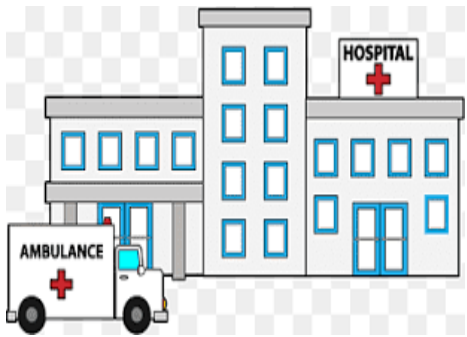
Præmisser for implementering af screeninger og retningslinjer i sundhedsvæsenet

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FORSKNIGSPROJEKTER

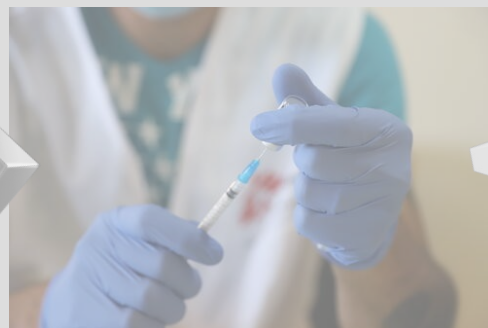




Intervention



Implementering er linket mellem Viden/forskning/evidens og patient/befolkning



*Men....hvad mener
vi egentlig når vi
siger
implementering –
og taler vi om det
samme?*

LETTER TO THE EDITOR

Open Access



Closing the gap: advancing implementation science through training and capacity building

Ross C. Brownson^{1,2*}, Leopoldo J. Cabassa³, Bettina F. Drake² and Rachel C. Shelton⁴

Abstract

In their article on "Navigating the Field of Implementation Science Towards Maturity: Challenges and Opportunities," Chambers and Emmons describe the rapid growth of implementation science along with remaining challenges. A significant gap remains in training and capacity building. Formats for capacity building include university degree programs, summer training institutes, workshops, and conferences. In this letter, we describe and amplify on five key areas, including the need to (1) identify advanced competencies, (2) increase the volume and reach of trainings, (3) sustain trainings, (4) build equity focused trainings, and (5) develop global capacity. We hope that the areas we highlight will aid in addressing several key challenges to prioritize in future efforts to build greater capacity in implementation science.

Keywords Capacity building, Competencies, Equity, Implementation science, Sustainability, Training

In their insightful editorial, Chambers and Emmons provide a brief history of implementation science (IS) and opportunities to expand the reach and impact of our field

mentoring opportunities across 13 countries [2]. Capacity building for IS occurs in multiple formats including university degree programs, summer training institutes,

Hvad er implementering (-sforskning)?

”Implementering handler grundlæggende om at omsætte ideer og planer til konkrete handlinger”
(Poulsen RL et al., 2011).

”The scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice” (Eccles & Mittman, 2006)

Paulsen Rønno, L., Marckmann, B., Sundhedsstyrelsen, 2010. Implementeringsforskning om forebyggelse: en baggrundsrapport. Sundhedsstyrelsen, København.

Eccles, M.P., Mittman, B.S., 2006. Welcome to implementation science. *Implement Sci* 1, 1–3.

Implementation Science



Editorial

Welcome to *Implementation Science*
Martin P Eccles¹ and Brian S Mittman^{2,3}

Open Access

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Email: Martin P Eccles - Martin.Eccles@newcastle.ac.uk; Brian S Mittman - Brian.Mittman@va.gov

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Abstract

Implementation research is the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services and care. This relatively new field includes the study of influences on healthcare professional and organisational behaviour.

Implementation Science will encompass all aspects of research in this field, in clinical, community and policy contexts. This online journal will provide a unique platform for this type of research and will publish a broad range of articles – study protocols, debate, theoretical and conceptual articles, rigorous evaluations of the process of change, and articles on methodology and rigorously developed tools – that will enhance the development and refinement of implementation research. No one discipline, research design, or paradigm will be favoured.

Implementation Science looks forward to receiving manuscripts that facilitate the continued development of the field, and contribute to healthcare policy and practice.

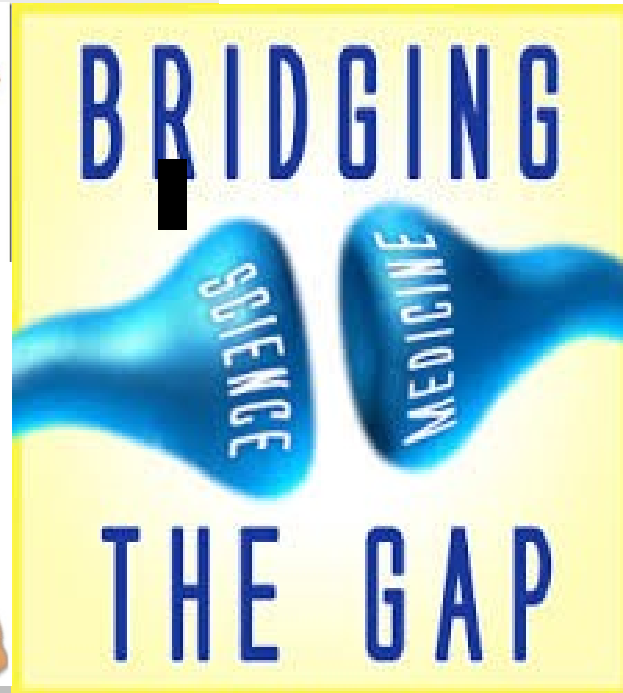
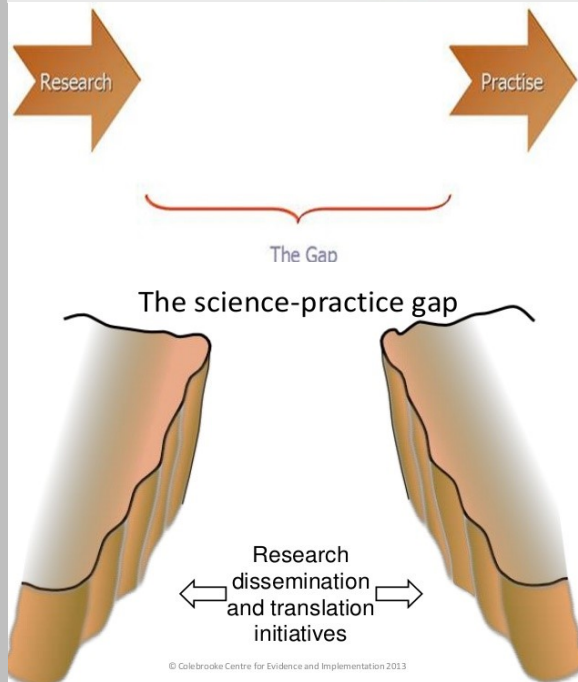
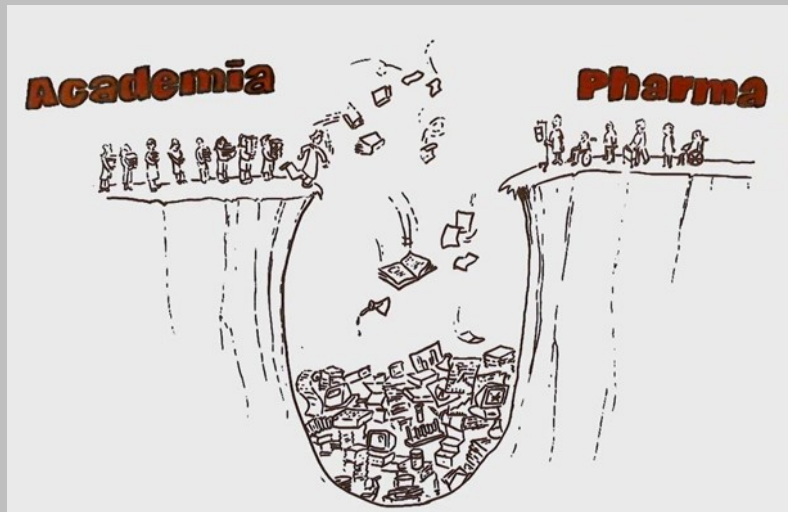
HVORFOR?

A thick yellow horizontal bar spans the width of the slide, with a vertical yellow bar extending downwards from its right end.

“Much of the US\$ 200 billion/year worldwide investment in biomedical and health research is wasted because of dissemination and implementation failures!”

Chalmers I, Glasziou P. Avoidable waste in the production and reporting of research evidence. *Lancet* 2009; **374**: 86–89.

Macleod MR, Michie S, Roberts I, Dirnagl U, Chalmers I, Ioannidis JPA, m.fl. Biomedical research: increasing value, reducing waste. *The Lancet*. januar 2014;383(9912):101–4.



Chassin MR, Galvin RW. The urgent need to improve health care quality. Institute of Medicine National Roundtable on Health Care Quality. JAMA 1998;280:1000-5.

Graham ID, Kothari A, McCutcheon C. Moving knowledge into action for more effective practice, programmes and policy: protocol for a research programme on integrated knowledge translation. Implementation Sci. december 2018;13(1):22.

Am J Community Psychol (2008) 41:327–350

DOI 10.1007/s10464-008-9165-0

ORIGINAL PAPER

Implementation Matters: A Review of Research on the Influence of Implementation on Program Outcomes and the Factors Affecting Implementation

Joseph A. Durlak · Emily P. DuPre

HVORFOR?

- 90 % af alle ressourcer bruges på at skabe interventioner, politikker, programmer – blot 10 % bruges på implementering

(Ogden, 2010; Levin, 2011).

- Blot 5 % af alle kommunalt iværksatte projekter i Danmark har tildelt økonomi til implementeringen, og få projekter følges op med strategier og handleplaner for implementering = derfor ender mange projekter på de kommunale skriveborde

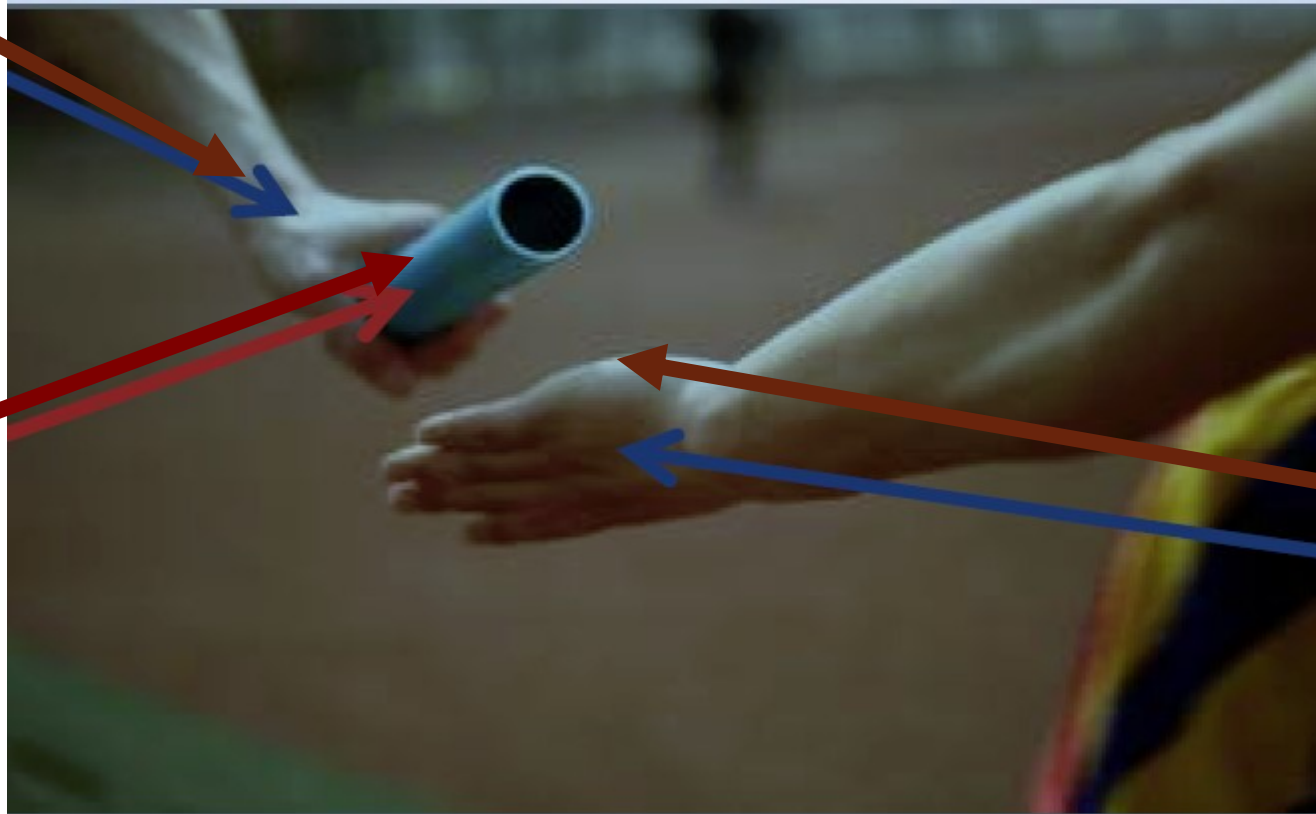
(Nielsen & Poulsen, 2011)



Hvorfor virker interventioner ikke altid i praksis når der er vist effekt i kliniske studier?

TRADITIONEL PIPELINE MED ANALOG TIL ET STAFETLØB:
"HER... GO! GO! GO!"

"Klinisk forsker"



Interventionen
"klar til at blive spredt
og implementeret"

"Implementering i
praksis"





Hvorfor virker interventioner ikke altid i praksis når der er vist effekt i kliniske studier?

KOMPLEKSITETEN AF TILTAGET

- Her menes mængden af elementer i tiltaget. Et komplekst tiltag vil kræve mange ændringer i organisationen og hos målgruppen for at implementeringen lykkes.
- Jo mere komplekst tiltaget er, jo flere ændringer er nødvendige. Litteraturen peger på, at jo mere kompleks et tiltag er, jo sværere er det at få den implementeret.

Klinisk eksempel

- Gennemgang og komprimering af retningslinjen?
- Retningslinjen /komprimerede udgave skal ind i VIP, SP og andre relevante teknologier?
- Retningslinjen vedrører særligt kirurger (pladsskabende operation under skulderhøjen)
- Plejepersonaler i forbindelse med armslynge, smertebehandling osv.
- Praktiserende læger/læger (behandling med glukokortikoid (blokade))
- Terapeuter kommunalt/privat træningsindsatser (superviseret træning og selvtræning)



 SUNDHEDSSTYRELSEN 2021

**Behandling af patienter
med subakromielt
smertesyndrom i skulderen**

(Impingement syndrom/rotator-cuff syndrom)

National klinisk retningslinje



Hvorfor virker interventioner ikke altid virker i praksis når der er vist effekt i kliniske studier?

- Alle effektivitetsstudier bruger "implementeringsstrategier" til at understøtte leveringen af interventionen; vi plejer bare ikke at kalde dem det...
- Vi "ved", at nogle/mange af de strategier, der bruges i effektivitetsstudier, ikke er gennemførlige til at understøtte udbredelsen og implementeringen af intervention bagefter-

Betalende klinikker, betaling af dem der gennemføre interventionen, betaling for pleje, intensiv træning, hyppige fidelitetstjek...

MEN, vi kan lære af brugen af disse strategier under studiet!

IMPLEMENTERINGSPROCESSEN



Paulsen Rønnov, L., Marckmann, B.,
Sundhedsstyrelsen, 2010.
Implementeringsforskning om
forebyggelse: en baggrundsrapport.
Sundhedsstyrelsen, København.



1. BUDSKAB

Tænk altid implementeringen ind fra starten af den gode ide, design af jeres projekt eller forandring.



FORSKELLEN PÅ TILTAGET OG IMPLENTERINGEN AF TILTAGET

(KLINISK FORSKNING OG IMPLENTERINGSFORSKNING)

Bauer & Kirchner, 2020:

“...the goal of implementation science is not to establish the health impact of a clinical innovation, but rather to identify the factors that affect its uptake into routine use.”



FORSKELLEN PÅ TILTAGET OG IMPLENTERINGEN AF TILTAGET

(KLINISK FORSKNING OG IMPLENTERINGSFORSKNING)

Tiltaget/ klinisk interventionsforskning

Forskning fokuserer på et
outcomes fra en klinisk
intervention

- på et niveau af patienter,
klienter, servicebrugere
- eller på befolkningsniveau

Implementering/implementerin gsforskning

Forskning fokuserer på et
outcomes fra en
"implementeringsstrategi,
strategier eller proces(ser)"

... på et niveau af medarbejdere,
teams eller organisationsniveau



FORUDSÆTNINGER FOR IMPLEMENTERING

- Faktorer der ligger før en beslutning om at implementere en bestemt indsats eller program.
- Fx forståelse af implementering, tid, økonomiske ressourcer, brugen af evidensbaseret viden og rammebetingelser (fx juridiske/formelle rammebetingelser).
- **Determinantanalyse med formålet:**
 - - Screene for barriere/facilitatorer
 - - 'Tailored' jeres tiltag og/eller implementeringsstrategier



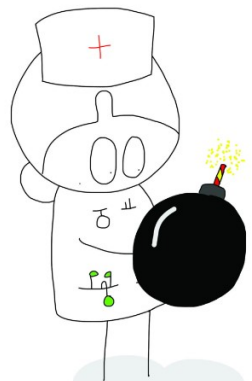
Implementing evidence-based practices in an emergency department: contradictions exposed when prioritising a flow culture

Jeanette W Kirk and Per Nilsen

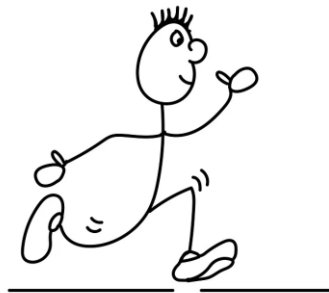
Background. An emergency department is typically a place of high activity where practitioners care for unanticipated presentations, which yields a flow culture so that actions that secure available beds are prioritised by the practitioners.
Objectives. How does the flow culture in an emergency department influence nurses' use of a research-based clinical guideline and a nutrition screening routine.

What does this paper contribute to the wider global clinical community?

- Understanding the local culture is necessary to realise ambitious goals.



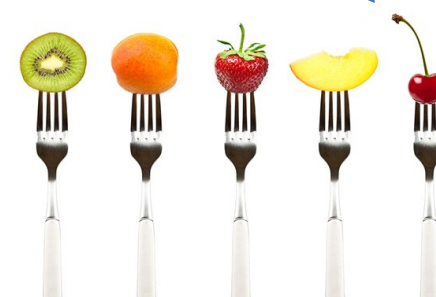
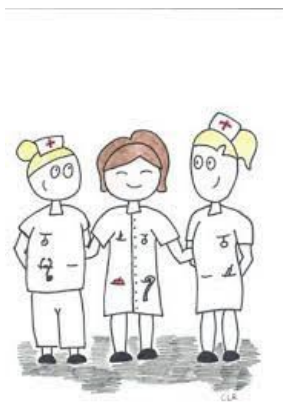
FLOW-STOPPER



Standardbetegnelse	Ernæring ERNÆRINGSSCREENING OG RAMMEN FOR MÅLTIDET 8. marts 2011
Standard	Ernæringscreening og etablering af rammerne for det gode måltid.
	Ernæringscreening skal støtte den ældre/syge borgers mulighed for at opbygge og vedligeholde daglige funktioner og behov.
	et er endvidere at forebygge uhensigtsmæssige indlæggelser, hvor ernæring/fejler ernæring er en medvirkende årsag.
	og medarbejdere indenfor anvendelsesområdet.
	Alle nye borgere over 75 år, som får besøg af ældrekonsulenterne Borgere med sår, uanset alder, som kræver behandling og hjælp til pleje fra kommunens side Borgere, der får bevilliget mad af visitator Borgere, der modtager hjemmepleje (praktisk/personlig hjælp), og som i forbindelse med det vurderes at have et utilsigtet vægttab eller vægtøgning Alle borgere i midlertidigt ophold i døgnbemandet plejebolig Alle nye borgere på plejecentrene Borgere, der bor på plejecentre, som vurderes at have et utilsigtet vægttab eller vægtøgning Borgere i aktivitetcentre, hvor personalet i forhold til overstå-ende, skanner det relevant (her kontaktes sygeplejersken mhp. screening).
	itorer til vurdering af standardopfyldelse er anført i d til nedenstående trin
Trin 1: Retningsgivende dokumenter	Identifikation: <ul style="list-style-type: none"> • Ernæringscreening af målgruppen • Vejledning/bestilling af den anbefalede kost. • Slibe gode rammer omkring måltidet • Social- og sundhedspersonale samt kostudbringere skal være opmærksomme på den ældre ernæringsstatus med fokus på dehydrering, vægttab og evt. uspiset mad. • Ved spise/synkeproblemer kan den træning ergoterapeut inddrages i forhold til råd og vejledning, samt evt. træning. Hvem udfører indsatsen: Visitator, hjemmesygeplejerske, ældrekonsulent forestår screening af borgeren i eget hjem. Den medarbejder som møder borgeren først, foretager ernæringscreeningen. Ernæringsplanen udformes af sygeplejersken. Visitator bevilliger kost. Plejepersonale (ressurcepersoner) screener borgere på plejecentrene og midlertidige ophold.

The influence of flow culture on nurses' use of research in emergency care: An ethnographic study

Flowkulturs betydning for sygeplejerskers brug af evidensbaseret viden



2. BUDSKAB

Implementering er altid kontekstuel og kræver lokal tilpasning

ONE SIZE
DOES NOT
FIT ALL

Baker R, Camosso-Stefinovic J, Gillies C, Shaw EJ, Cheater F, Flottorp S, et al. Tailored interventions to overcome identified barriers to change: effects on professional practice and health care outcomes. In: The Cochrane Collaboration, editor. Cochrane Database of Systematic Reviews [Internet]. Chichester, UK: John Wiley & Sons, Ltd; 2010 [cited 2017 Sep 22].

GREB TIL PRAKTISK IMPLEMENTERING

- Determinantundersøgelse: undersøg barrierer og facilitatorer
- Udvælg implementeringsstrategier med afsæt i determinantanalyse

Received: 15 December 2021 | Revised: 19 May 2022 | Accepted: 24 May 2022
DOI: 10.1111/jocn.16410

Journal of
Clinical Nursing WILEY

ORIGINAL ARTICLE

From expected to actual barriers and facilitators when implementing a new screening tool: A qualitative study applying the Theoretical Domains Framework

Helle Vendel Petersen PhD, MPH, RN, Senior Researcher¹ | Ditte Maria Sivertsen MSc, RN, PhD, Post doc.¹ | Lillian Mørch Jørgensen MD, Clinical Associate Professor^{1,2} | Janne Petersen PhD, Statistician, Associate Professor^{1,3} | Jeanette Wassar Kirk PhD, MScN (nursing), RN, Senior Researcher, Assistant Professor^{1,4}

¹Department of Clinical Research, Copenhagen University Hospital, Hvidovre, Denmark

²Department of Emergency, Copenhagen University Hospital, Hvidovre, Denmark

Abstract

Aim and objectives: To identify determinants for using a new screening tool to identify older patients eligible for targeted nurse-led intervention, as perceived by health-

JCN Journal of Clinical Nursing

Journal of
Clinical Nursing

ORIGINAL ARTICLE

Barriers and facilitators for implementing a new screening tool in an emergency department: A qualitative study applying the Theoretical Domains Framework

Jeanette W Kirk, Ditte M Sivertsen, Janne Petersen, Per Nilsen and Helle V Petersen

Aim. The aim was to identify the factors that were perceived as most important as facilitators or barriers to the introduction and intended use of a new tool in the emergency department among nurses and a geriatric team.

Background. A high incidence of functional decline after hospitalisation for acute medical illness has been shown in the oldest patients and those who are physically frail. In Denmark, more than 35% of older medical patients acutely admitted to the emergency department are readmitted within 90 days after discharge. A new screening tool for use in the emergency department aiming to identify patients at

What does this paper contribute to the wider global community?

- Culture forms professional role and identity, actions and sense making and provides different ways to perceive barriers and facilitators linked to new screening tools

IMPLEMENTERINGSSTRATEGIER

- Udvælg implementeringsstrategier der skal understøtte implementeringen.

Implementation strategies definition:

“Methods or techniques used to enhance the adoption, implementation and sustainment of a program or practice”.

Over 73 strategier er identificeret, fx undervisning, audit & feedback.

Kilder: Mazza et al., 2013; Powell et al., 2012, 2015; Proctor et al., 2013.

Kirk et al. *BMC Health Services Research* (2022) 22:8
<https://doi.org/10.1186/s12913-021-07395-z>

BMC Health Services Research

RESEARCH

Open Access

Co-designing implementation strategies for the WALK-Cph intervention in Denmark aimed at increasing mobility in acutely hospitalized older patients: a qualitative analysis of selected strategies and their justifications



Jeanette Wassar Kirk^{1,2*}, Per Nilsen³, Ove Andersen¹, Byron J. Powell⁴, Tine Tjørnhøj-Thomsen⁵, Thomas Bandholm^{1,6,7} and Mette Merete Pedersen¹

Abstract

Background: Selecting appropriate strategies to target barriers to implementing interventions represents a considerable challenge in implementation research and practice. The aim was to investigate what categories of implementation strategies were selected by health care practitioners and their managers in a co-design process and how they justified these strategies aimed at facilitating the implementation of the WALK-Cph intervention.

Methods: The study used a qualitative research design to explore what implementation strategies were selected and the justifications for selecting these strategies. Workshops were used because this qualitative method is particularly well suited for studying co-design processes that involve substantial attention to social interaction and the context. Data were 1) analyzed deductively based on the Proctor et al. taxonomy of implementation strategies, 2) categorized in accordance with the ERIC compilation of implementation strategies by Powell et al., and 3) analyzed to examine the justification for the selected strategies by the Proctor et al. framework for justifications of implementation strategies.

Results: Thirteen different types of implementation strategies were chosen across two hospitals. The deductive

Implementeringsstrategier

Strategy	Effect size	Studies
Printed educational material (n=23)	4.3% (range -8.0% to +9.6%)	Farmer et al., 2011
Educational meetings (n=81)	6.0% (IQR +1.8% to +15.3%) Larger effects when attendance high, for mixed interactive and didactic meetings and interactive meetings. Smaller effects for complex behaviours, less serious outcomes	Forsetlund et al., 2009
Educational outreach (n=69)	4.8%-6.0% (IQR +3.0% to +16.0%) Effects less certain for changing more complex behaviours	O'Brien et al., 2008
Local opinion leaders (n=18)	12.0% (IQR +6.0% to +14.5%)	Flodgren et al., 2010
Audit and feedback (n=118)	5.0% (IQR +3% to +11%) Larger effects if low baseline compliance	Jamtvedt et al., 2010
Reminders (n=28)	4.2% (IQR +0.8% to +18.8%)	Shojania et al., 2011
Tailored interventions (n=12)	OR 1.52 (95% CI 1.27 to 1.82, p<.001)	Baker et al., 2010

IMPLEMENTERINGSSTRATEGIER

Spændende med de nye retningslinje men jeg er nok nødt til at vide lidt mere om den

Undervisning vælges som implementeringsstrategi



Ændringer nu igen! Kan vi dog ikke bare få lov til at lave vores arbejde

Kirk et al. *BMC Health Services Research* (2022) 22:8
<https://doi.org/10.1186/s12913-021-07395-z>

BMC Health Services Research

se vælges

RESEARCH

Open Access



Co-designing implementation strategies for the WALK-Cph intervention in Denmark aimed at increasing mobility in acutely hospitalized older patients: a qualitative analysis of selected strategies and their justifications

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IMPLEMENTERINGSPLAN

- En klar plan for, hvad der skal ske, og hvornår det skal ske?
- Hvem har ansvaret for at udføre de forskellige implementeringsstrategier, der er forbundet med at implementere tiltaget?
- Hvem monitorerer implementeringen? Hvordan monitoreres den (fx acceptability, fidelity eller adoption)?
- Hvornår er jeres tiltag implementeret?

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RESEARCH

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Oilcloth sessions as an implementation strategy: a qualitative study in Denmark

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Abstract

Background: The aim of this study was to explore healthcare professionals, managers, and other key employees' experiences of oilcloth sessions as a strategy when implementing new emergency departments in Denmark, based on their participations in these sessions. The study addresses the importance of securing alignment in implementation strategies. Too often, this does not get enough attention in the literature and in practice. In this study, alignment among components was achieved in an educational implementation strategy called oilcloth sessions.

Methods: The study is based on participants' observations of 13 oilcloth sessions and follow-up via 53 semi-structured interviews with the board of directors, managers, and key employees from the present emergency depart-

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How do oilcloth sessions work? A realist evaluation approach to exploring ripple effects in an implementation strategy

Journal of Health
Organization and
Management

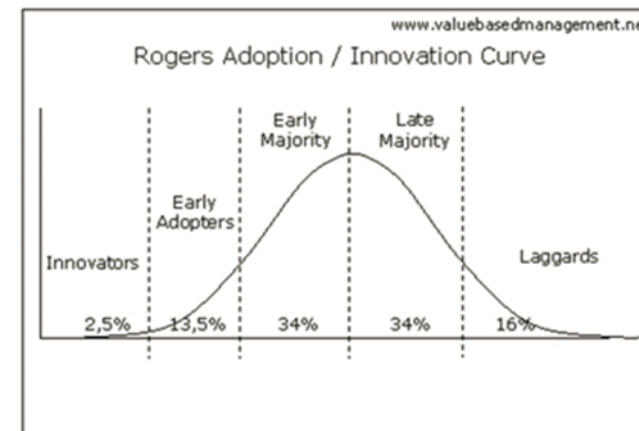
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(Information about the authors can be found at the end of this article.)

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SÆT JERES IMPLEMENTERINGSHOLD

- Stillingskategorier der har ansvar for implementeringen
- Ildsjæle og stærke rollemodeller



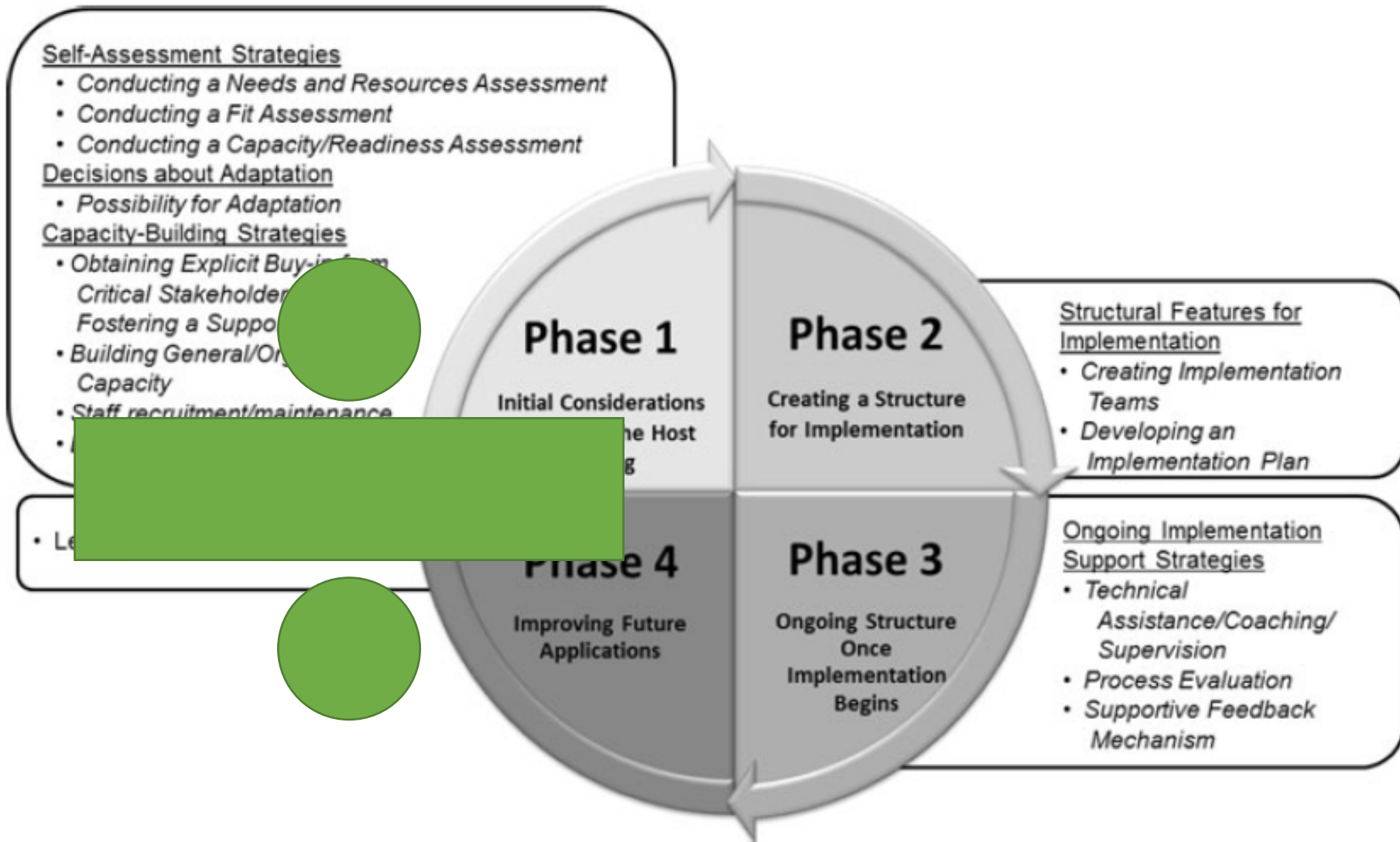


GREB TIL PRAKTISK IMPLEMENTERING

- Tænk implementeringen ind fra starten af den gode ide
- Undersøg kompleksiteten af jeres tiltag/ intervention
- Definere kliniske outcomes
- Sæt dit implementeringsteam (inkl. kompetencer og tid)
- Lav en determinantanalyse
- Udvalg implementeringsstrategier på baggrund af determinantanalyse
- Definere implementeringsoutcomes
- Udarbejd en implementeringsplan
- Forpligte ledelse



Så er I først klar til den aktive
implementeringsfase 😊



Meyers DC, Durlak JA, Wandersman A. The Quality Implementation Framework: A Synthesis of Critical Steps in the Implementation Process. *American Journal of Community Psychology*. december 2012;50(3-4):462-80.



SPØRGSMÅL

Tak fordi I lyttede

