

Investigating implementation of patient safety interventions in primary and specialised health care: A multimethod study in progress.

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The problems and the possibilities - 1

- Impact of many evidence-based patient safety interventions limited by poor implementation (compliance, penetration, sustainability)
- Many complex interventions require collective implementation across organisational and professional barriers
- Implementation science has an unrealised potential in many clinical areas.







The problems and the possibilities - 2

- Knowledge gap on adaptive implementation and how to best study it
- Need for shared knowledge across different health care services and fields of medicine





Our objective

To develop and test a model for systematic implementation support across health care services







Our roadmap



Knowledge acquisition

Scoping Review

Empirical studies (qualitative and quantitative) from hospitals, care homes and primary health care



Development of Theory



Testing a Model for Implementation Support

Prospective studies (qualitative and quantitative)

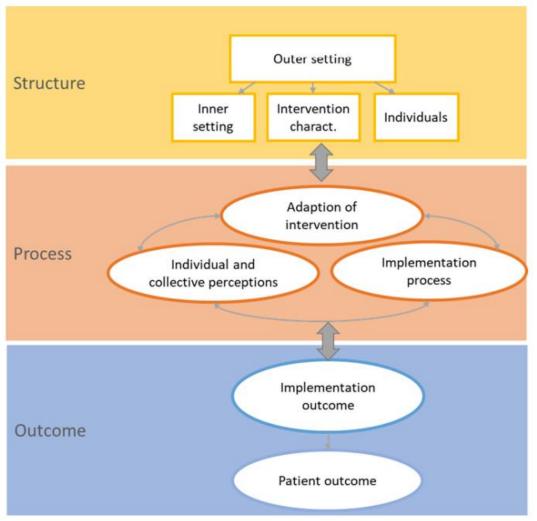
Multi-case, comparative approach







Our draft theoretical model



Derived from

- Structure, Process, Outcome model^[1]
- CFIR Consolidated Framework for Implementation Research^[2]
- Proctor implementation outcomes^[3]

- Donabedian, A., Jama, 1988. **260**(12): p. 1743-8.
- Damschroder, L.J., et al., Implement Sci, 2009. 4: p. 50.
- Proctor, E., et al., Administration and policy in mental health, 2011. **38**(2): p. 65-76.







Status report

- Scoping review
- Collaboration for phase 1 data collection
 - 5 hospitals
 - ~60 nursing homes
- Two potential projects identified for phase 3
- Adaptation of process evaluation tools







Some impressions from the literature so far...

- Sparse reporting
- Varying maturity between topics
- Many implementations w/o prior analysis or adaptation to context

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Project group

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User representation

Helse Fonna User panel

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