Forskningsunderstøttet Transformation & Implementering

Et fælles månelandingsprojekt for sundhedsvæsenet

Billede: Colourbox

Fra månelanding til Hverdagsimplementering

- **Implementering** – hvad det er og indebærer
- **Tid til Translation -** hvor hurtigt (eller langsomt) vi omsætter viden til praksis
- **Af-implementering -** hvordan vi skaber plads til det nye
- **S**trategisk **T**ransformativ **I**mplementering: STI 😊

Implementering

Hvad det er og Indebærer

Implementation Science

The….study of methods to promote the systematic uptake of…evidence-based approaches into routine practice….to improve the quality and effectiveness of….services….(adapteret)

Eccles, M.P., Mittman, B.S. Welcome to *Implementation Science* . *Implementation Sci* **1**, 1 (2006). https://doi.org/10.1186/1748-5908-1-1

”From bench to bedside to communities”

Tid til Translation (TtT) = Fra Forskning til Praksis

Balas, E. A., & Boren, S. A. (2000). Managing Clinical Knowledge for Health Care Improvement. *Yearbook of medical informatics*, (1), 65–70.

Woolf SH. The Meaning of Translational Research and Why It Matters. *JAMA*. 2008;299(2):211–213. doi:10.1001/jama.2007.26.

Wichman C, Smith LM, and Yu F. A framework for clinical and translational research in the era of rigor and reproducibility. Journal of Clinical and Translational Science 5: e31, 1–10. doi: 10.1017/cts.2020.523.

Rubin R. (2023). It Takes an Average of 17 Years for Evidence to Change Practice-the Burgeoning Field of Implementation Science Seeks to Speed Things Up. *JAMA*, *329*(16), 1333–1336. https://doi.org/10.1001/jama.2023.4387

TtT: Kræftområdet

Retningslinje

50% implementeringsgrad

Cancer Causes & Control (2021) 32:221–230
https://doi.org/10.1007/s10552-020-01376-z

ORIGINAL PAPER

2021

Revisiting time to translation: implementation of evidence-based practices (EBPs) in cancer control

Shahnaz Khan[1,2] · David Chambers[2] · Gila Neta[2]

INTERNATIONAL JOURNAL OF
RADIATION ONCOLOGY · BIOLOGY · PHYSICS
www.redjournal.org

REVIEW

Dissemination and Implementation—A Primer for Accelerating "Time to Translation" in Radiation Oncology

2025

Patricia Mae G. Santos, MD, MS,[a] Sierra Silverwood, BA,[b] Gita Suneja, MD, MSHP,[c] Eric C. Ford, PhD,[b] Nikhil G. Thaker, MD, MHA,[d] Jamie S. Ostroff, PhD,[e] Bryan J. Weiner, PhD,[f] and Erin F. Gillespie, MD, MPH[b]

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Fra Retningslinje til Implementering
-4 – 12 år

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Active Implementation Frameworks

Hvorfor - eller hvorfor ikke - lykkes implementering af retningslinjer?

Kompetencekræfter

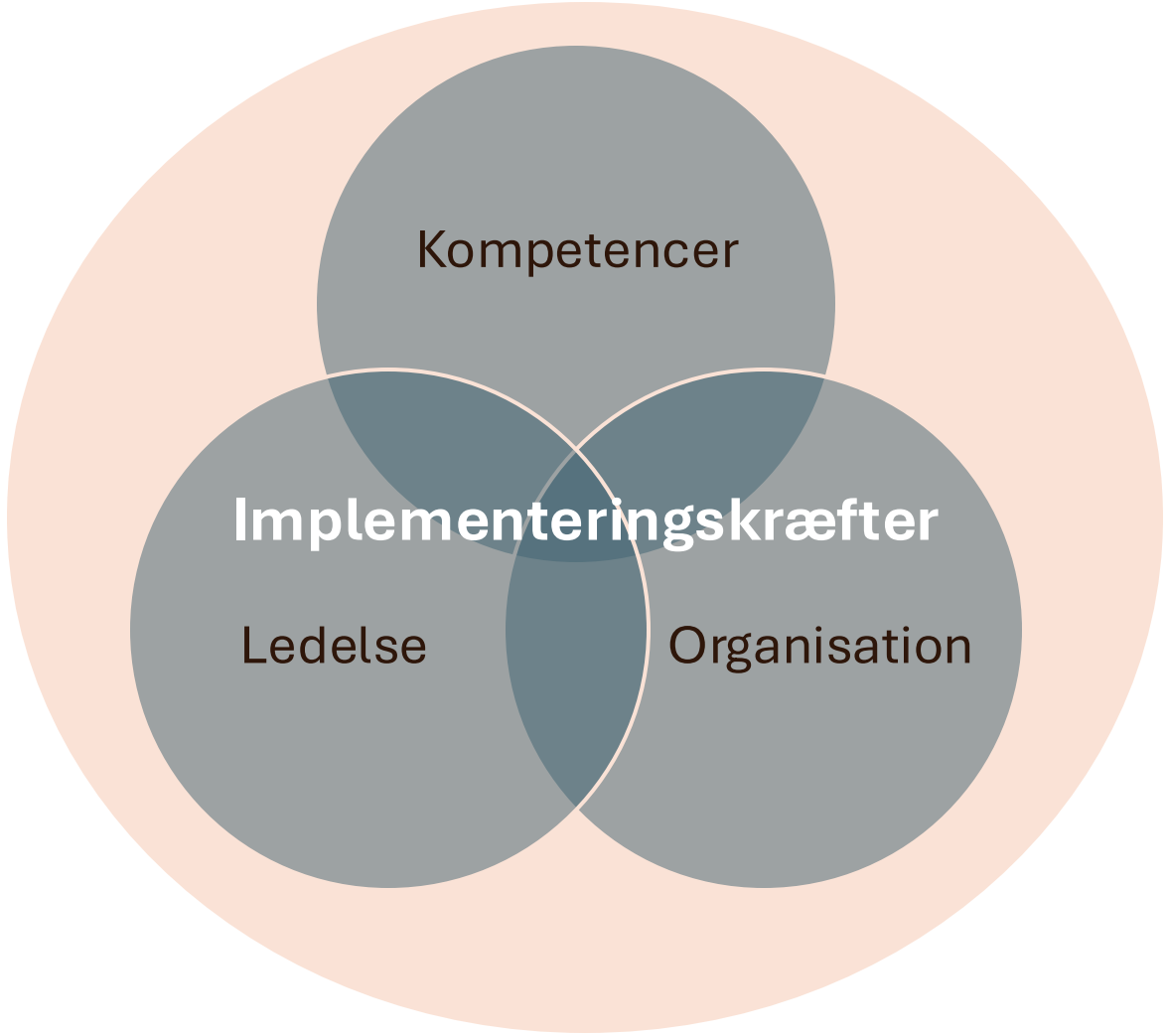
- Uddannelse, træning og coaching
- Fælles viden, færdigheder og forståelser
- Professionel skepsis eller usikkerhed
- Personaleudskiftning = tab af energi/indsigt

Organisationskræfter

- Audit og feedback
- Smidig integration i arbejdsgange
- Manglende tillid og tid til at øve sig
- Pres på tid og ressourcer

Ledelseskræfter

- Håndtering af kompleksitet og retningslinje-overload
- Tydelig opbakning og værdiskabelse
- Forankring og Prioritering
- Manglende fokus og engagement



https://www.activeimplementation.org/frameworks/

To state the obvious….

To eksempler

Nyere danske Studier

1

ORIGINAL ARTICLE

WILEY

Barriers and facilitators to national guideline implementation for palliative cancer care in a Danish cross-sectoral healthcare setting: A qualitative study of healthcare professionals' experiences

Dina Melanie Sørensen[1,2] | Susanne Oksbjerg Dalton[1,2,3,4] | Cecilie Lindström Egholm[5,6] | Pernille Bidstrup[7,8] | John Brandt Brodersen[9,10,11] | Elizabeth Rosted[2,12]

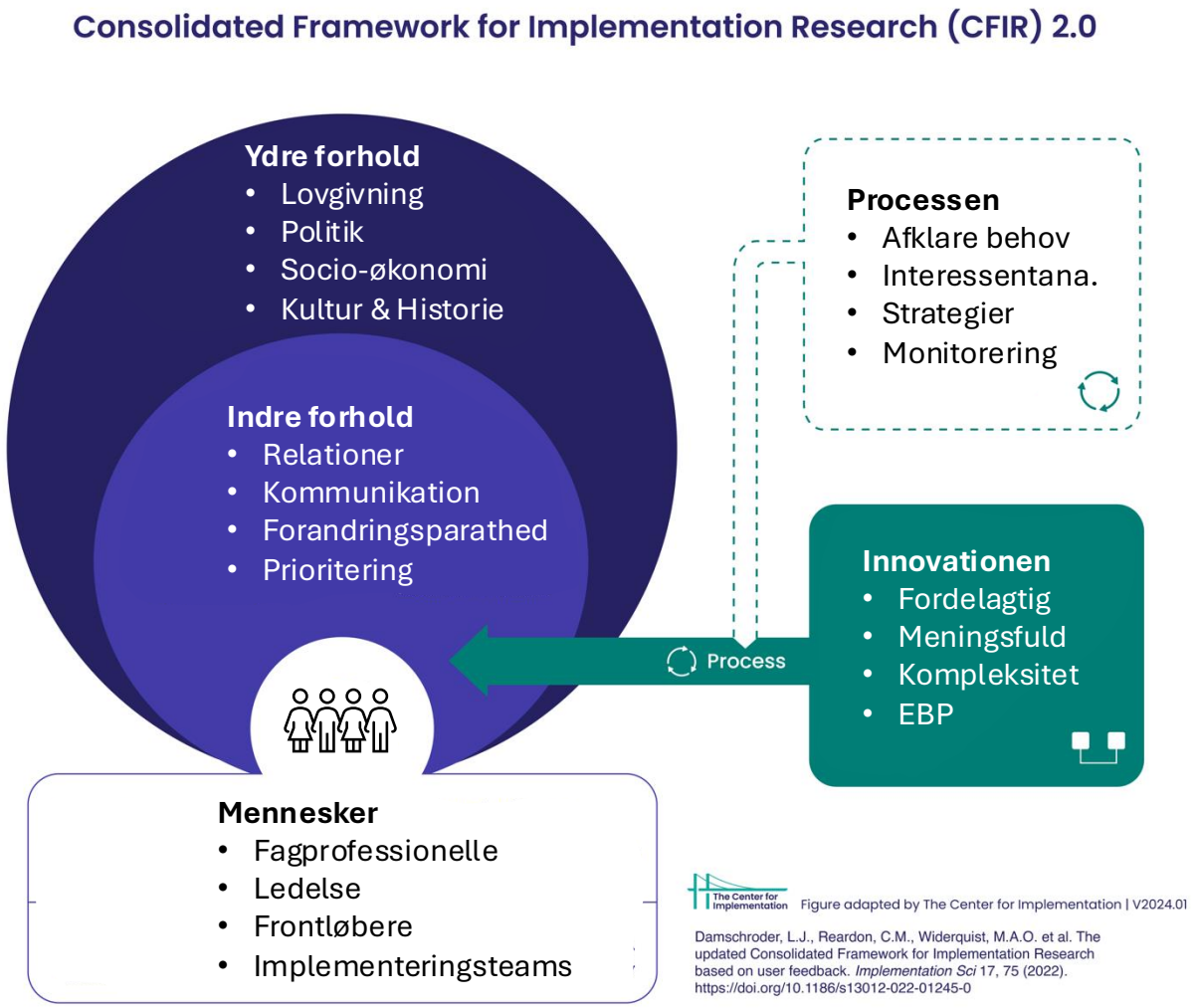
Abstract

Objective: Patients with incurable cancer should receive general palliative care according to their needs, as provided through collaboration between hospital departments, municipalities, and general practices and as outlined in national guidelines. However, the implementation of general palliative care in Denmark has been inadequate. This study aimed to investigate the healthcare professionals' (HCPs') perceptions on barriers to and facilitators of the implementation of the Danish National Guideline (NG) for general palliative care.

Methods: This descriptive, qualitative study was guided by the Consolidated Framework for Implementation Research (CFIR). Qualitative focus group and individual interviews were conducted with 23 HCPs. The interview guide, coding, analysis, and reporting of findings were developed within the CFIR framework.

Sørensen, D. M. et al. (2024). Barriers and facilitators to national guideline implementation for palliative cancer care in a Danish cross-sectoral healthcare setting: A qualitative study of healthcare professionals' experiences. *Psycho-oncology*, *33*(1), e6267. https://doi.org/10.1002/pon.6267

Et Rammeværk med fokuspunkter



Hvordan

Hvad

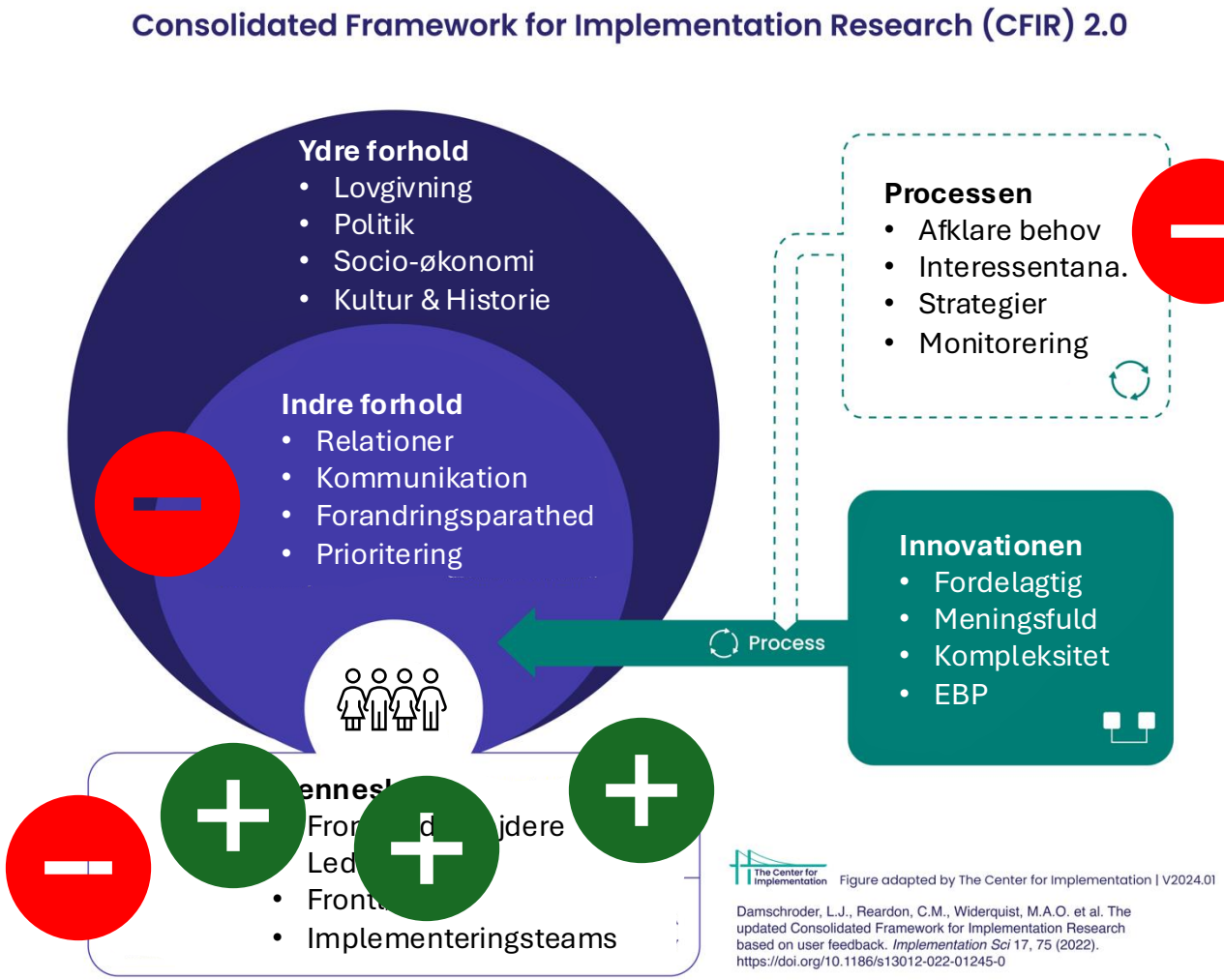
Hvem

Udvalgte Fund

Barrierer
Ringe kendskab
Rolleuklarhed
Løs implementeringsplan

Facilitatorer
Engagerede professionelle
Kompetente frontløbere
Stærke ambassadører

In a nutshell
Værdifuld retningslinje, der kræver lokal tilpasning og ledelsesdrive for at lykkes



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2

ELSEVIER

journal homepage: www.thegreenjournal.com

Original Article

Evaluating Danish Breast Cancer Group locoregional radiotherapy guideline adherence in clinical treatment data 2008–2016: The DBCG RT Nation study

Lasse Refsgaard [a,b,*], Emma Skarsø Buhl [b,c], Esben Yates [d], Else Maae [e], Martin Berg [e], Sami Al-Rawi [f], Abhilasha Saini [f], Maja Vestmø Maraldo [g], Kristian Boye [g], Marie Louise Holm Milo [h,i], Ingelise Jensen [h], Louise Wichmann Matthiessen [j], Susanne Nørring Bekke [j], Mette Holck Nielsen [k,l], Ebbe Laugaard Lorenzen [k], Lise Bech Jellesmark Thorsen [a,d], Stine Sofia Korreman [b,c], Birgitte Vrou Offersen [a,b,c,d]

[a] Department of Experimental Clinical Oncology, Aarhus University Hospital, Denmark
[b] Department of Clinical Medicine, Aarhus University, Aarhus, Denmark
[c] Danish Center for Particle Therapy, Aarhus University Hospital, Aarhus, Denmark
[d] Department of Oncology, Aarhus University Hospital, Aarhus, Denmark
[e] Department of Oncology, Vejle Hospital, University Hospital of Southern Denmark, Denmark

2024

Formål & Datagrundlag

Kortlægge hvor hurtigt og præcist nationale ændringer i stråleterapiretningslinjer implementeres (2008–2016)

National kohorte: 7.448 brystkræftpatienter

I perioden: 5 ændringer i retningslinjer

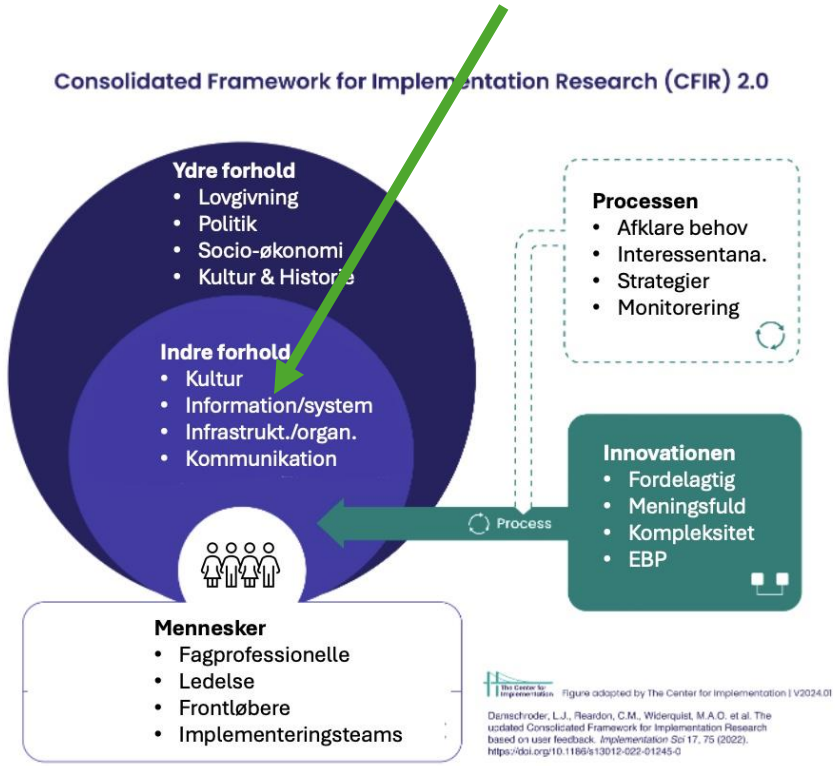
Resultater & Læringspointer

Resultat

Meget høj og konsistent implementeringsgrad opnået meget kort tid efter retningslinjeopdatering

Årsager til succes

- Nationalt engagement og samarbejde
- Tæt kobling mellem forskning og klinik
- Solidt datagrundlag til monitorering og kvalitetsforbedring



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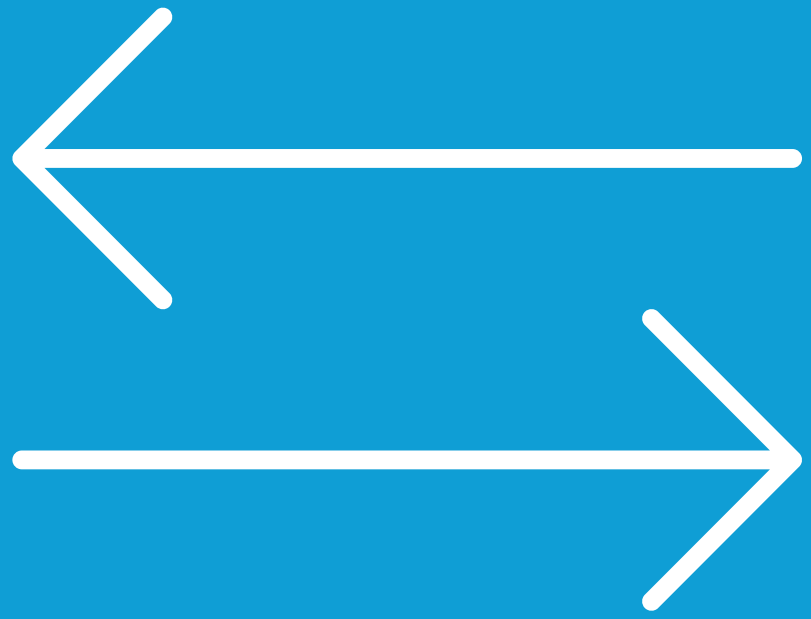
Af-implementering



Vi skal **Af-implementere** for skabe **Kapacitet** til **Transformation**

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Af-implementering: At skabe plads til det nye

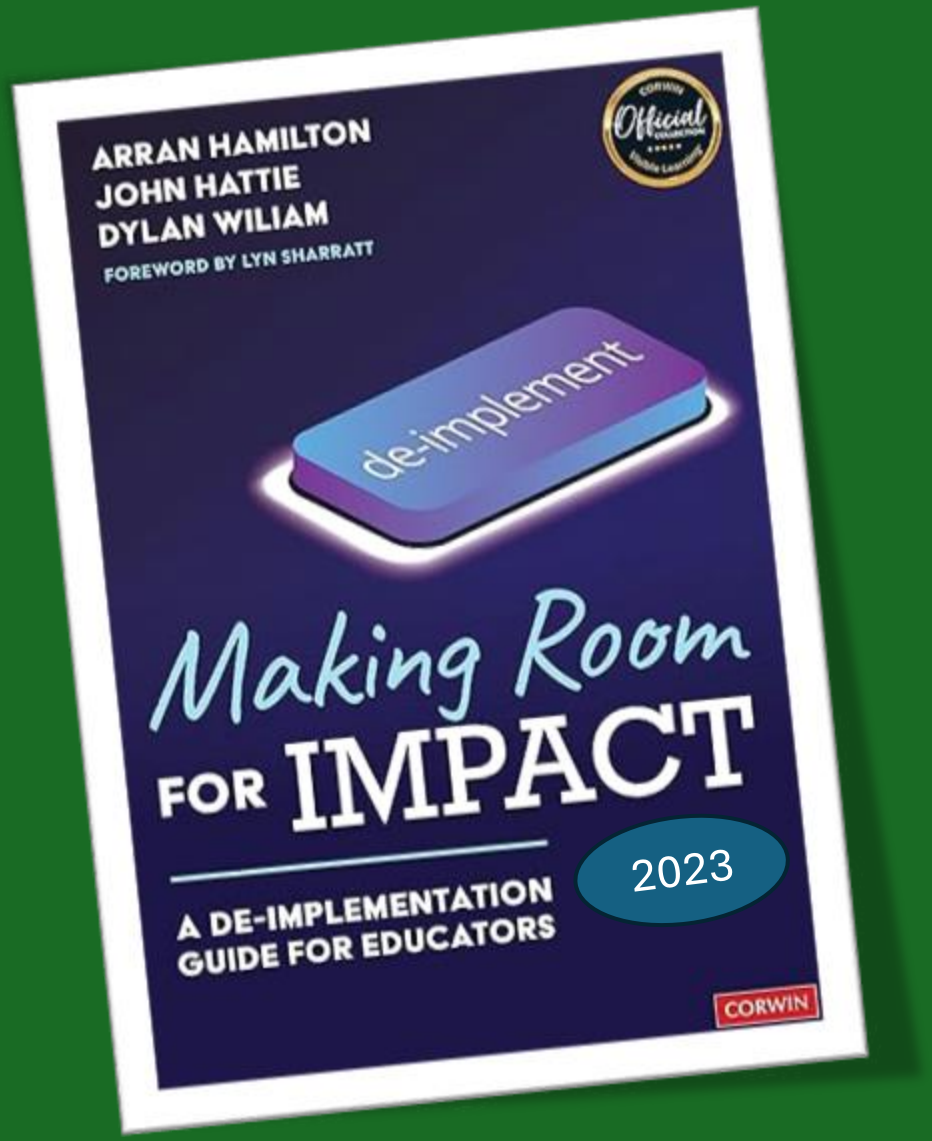
"Compared to changes that add, those that subtract are harder to think of – and harder to implement."
(Leidy Klotz, The Untapped Science of Less)

- **Tre kriterier for af-implementering***
- Virker ikke / er skadelig
- Ikke længere mest effektiv
- Ikke længere nødvendig

Hvad skal vi holde op med, for at det nye kan få plads - og hvordan?

* McKay, V. R., Morshed, A. B., Brownson, R. C., Proctor, E. K., & Prusaczyk, B. (2018). Letting Go: Conceptualizing Intervention De-implementation in Public Health and Social Service Settings. *American journal of community psychology*, *62*(1-2), 189–202. https://doi.org/10.1002/ajcp.12258.

Inspiration fra et andet Væsen



Af-Implementering – fire typer

1

Fjern

Stop procedure helt.

Spørg: Hvordan udfaser vi – præcist, konkret, i praksis?

2

Reducér

Gør det mindre eller sjældnere. Begræns, hvem der gør det, eller hvem det gælder for.

Spørg: Hvordan reducere?

3

Gentænk

Gør det smartere. Bevar formålet, brug færre trin el. ressourcer.

Spørg: Hvordan kan vi gøre det mere rationelt?

4

Erstat

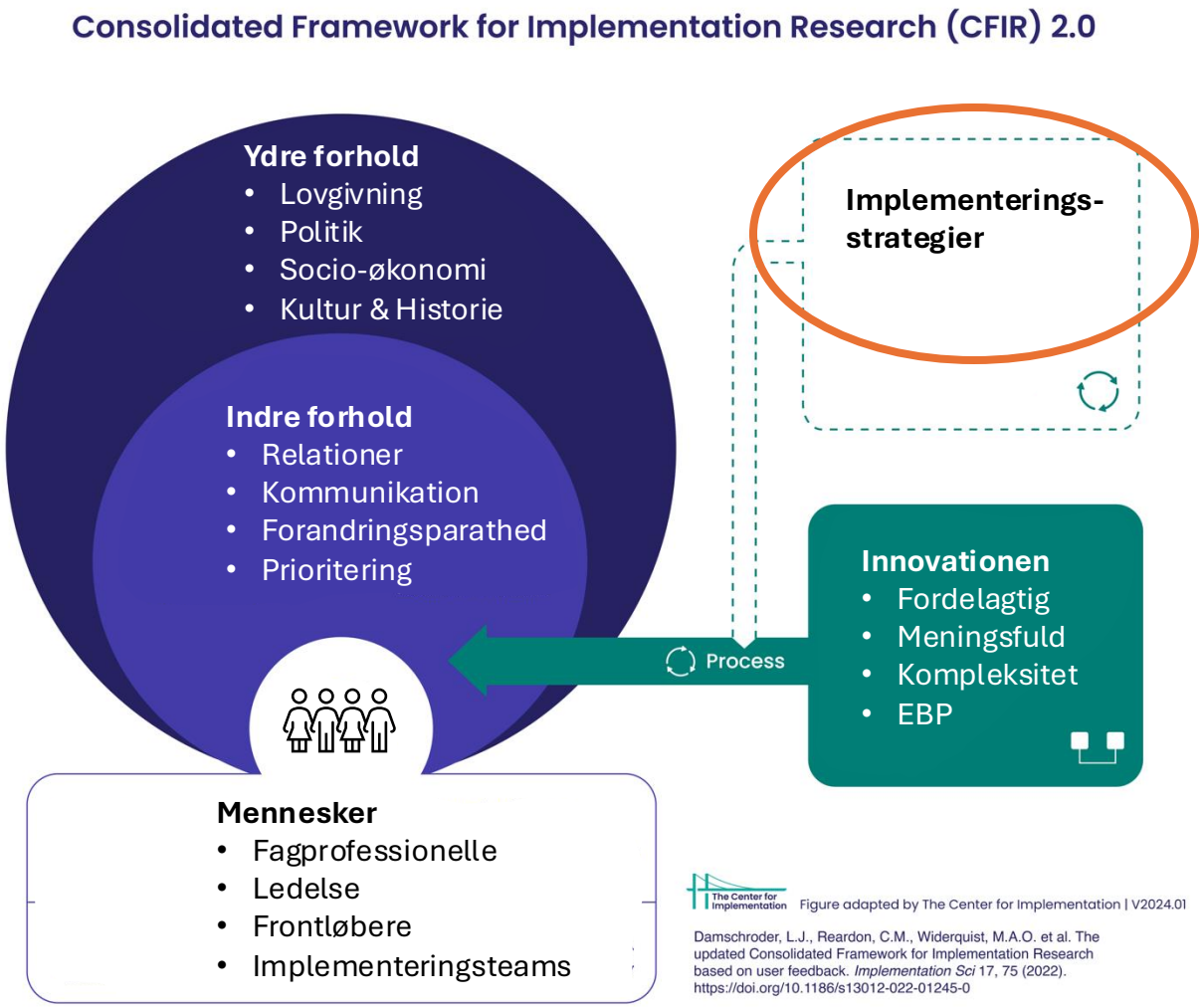
Byt det ud med en bedre eller mere effektiv løsning.

Spørg: Hvad er den rimelige og velfungerende erstatning?

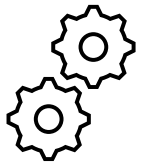
Strategisk **T**ransformativ **I**mplementering: STI

Billede: Colourbox

STI – Tre kategorier af **Implementeringsstrategier**

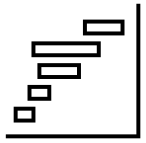


STI – Tre kategorier af **Implementeringsstrategier**



Processtøtte - få det til at ske

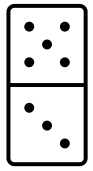
Byg bro mellem udvikling og drift – planlægning, koordinering og ledelse = strategier operationelle i praksis



Kapacitetsopbygning – Mennesker og Organisationer

National ramme + lokal tilpasning – skab fælles standarder, støt lokal læring og kapacitetsopbygning

Planlæg for forankring fra dag ét – træn, støt, engagér, fasthold



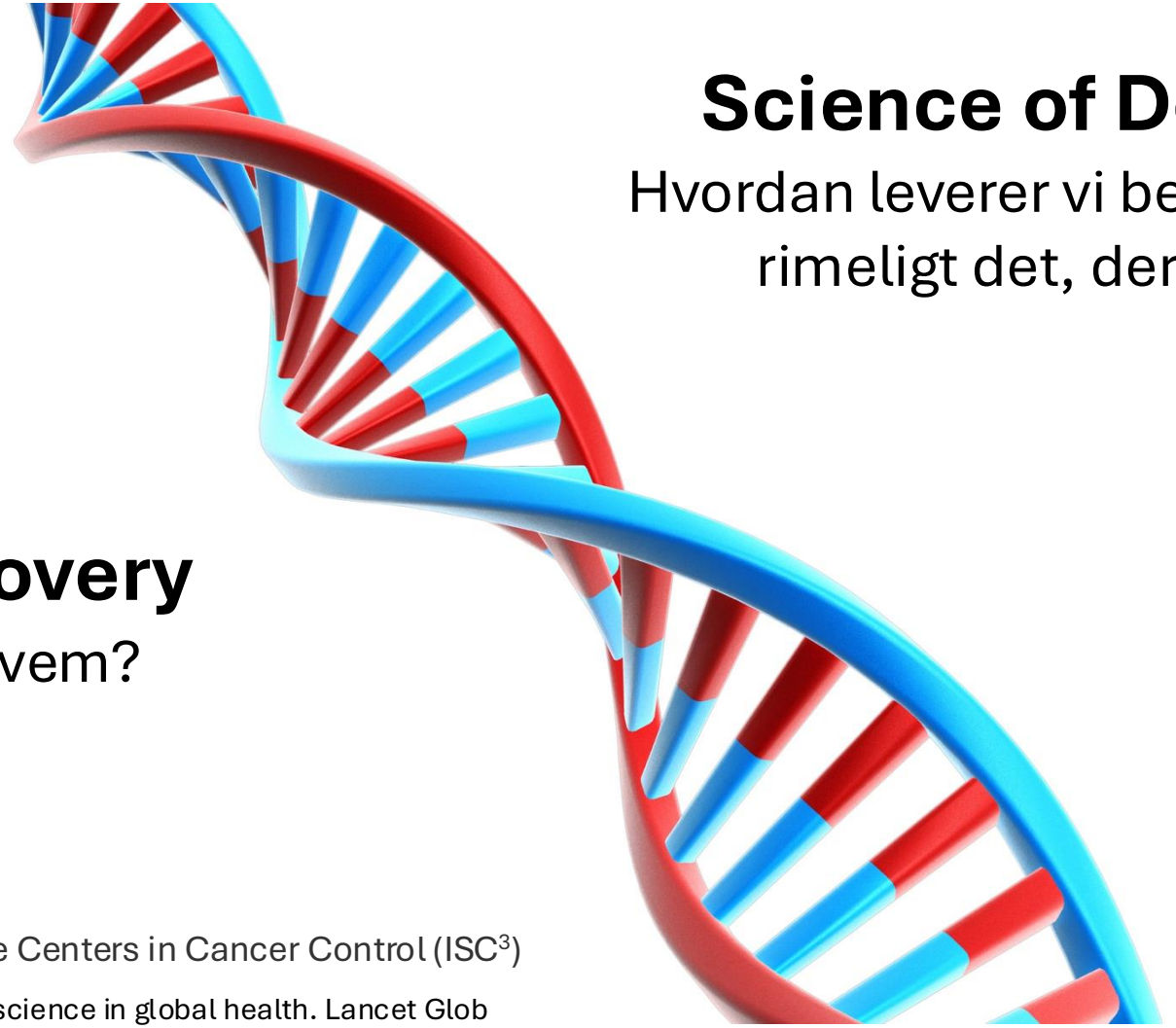
Integration – gør det nye til hverdagspraksis

Lær af succeser og skaler dem klogt – brug data, feedback og erfaringsdeling til at justere og brede det virksomme ud

Prioritér gennem af-implementering – fjern systematisk det, der ikke længere skaber værdi, så nye eller justerede løsninger kan finde plads

Powell BJ et al. A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project. Implement Sci. 2015;10(1).
Leeman, J. *et al.* A streamlined approach to classifying and tailoring implementation strategies: recommendations to speed the translation of research to practice. *Implement Sci Commun* **5**, 65, **2024**. https://doi.org/10.1186/s43058-024-00606-8

Fælles månelandingsprojekt



Science of Delivery

Hvordan leverer vi bedst og mest rimeligt det, der virker?

Science of Discovery

Hvad virker - og for hvem?

Cancer Moonshot[SM] , The Implementation Science Centers in Cancer Control (ISC[3])

The Lancet Global Health. Implementing implementation science in global health. Lancet Glob Health. 2023 Dec;11(12):e1827. doi: 10.1016/S2214-109X(23)00523-5. PMID: 37973323.

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