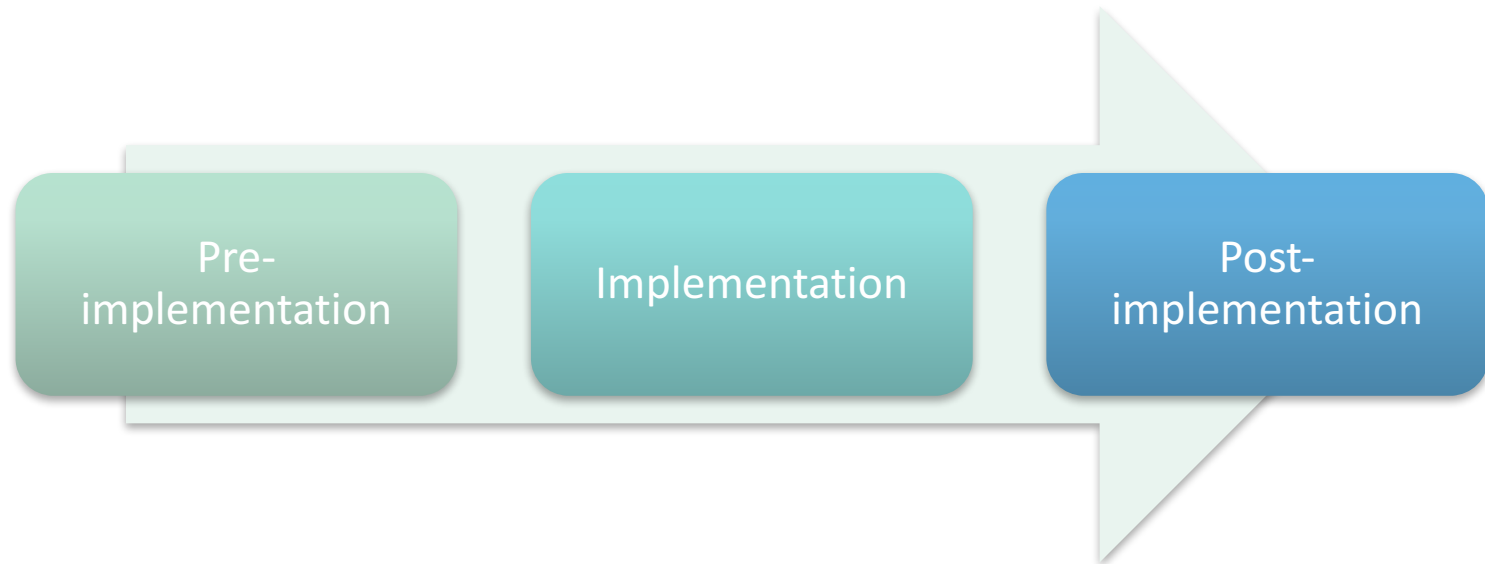# CHRODIS+
Pre-implementation phase: Techniques and working plan

13th of February 2018
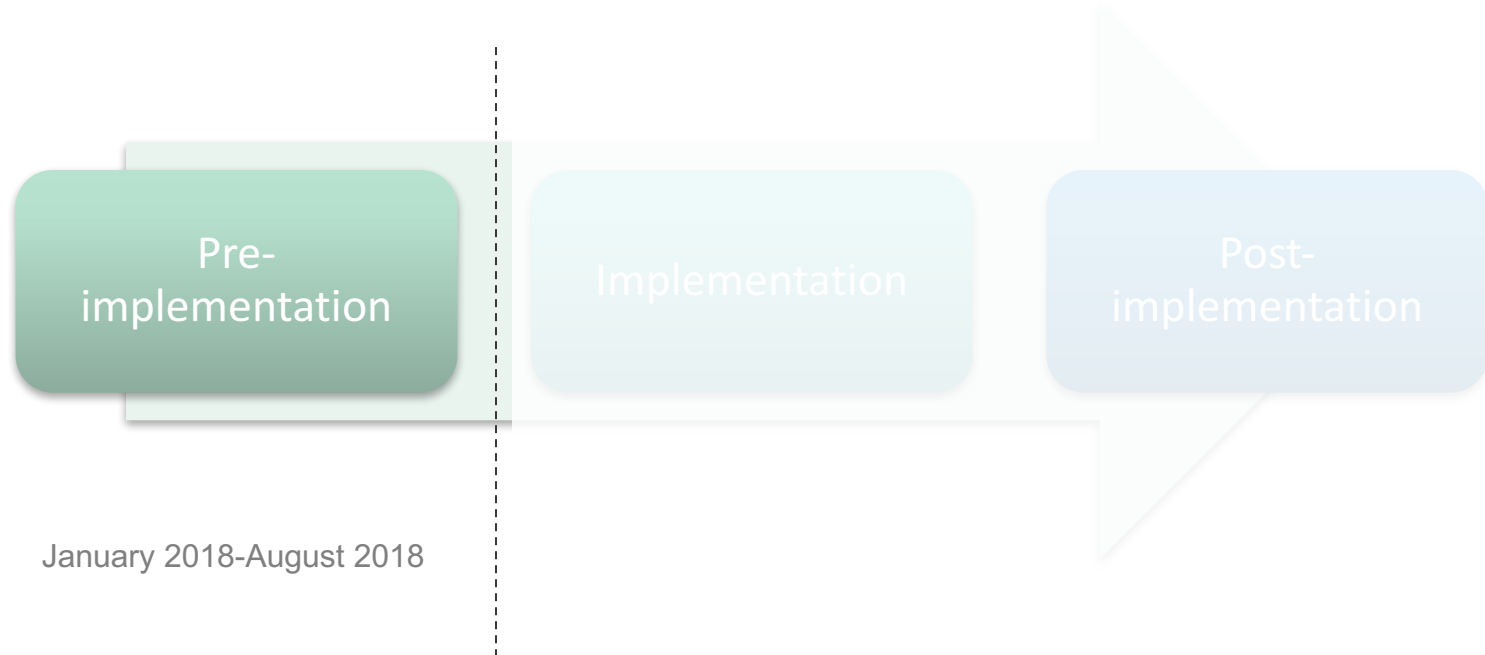
Kronikgune

Implementation strategy. Phases
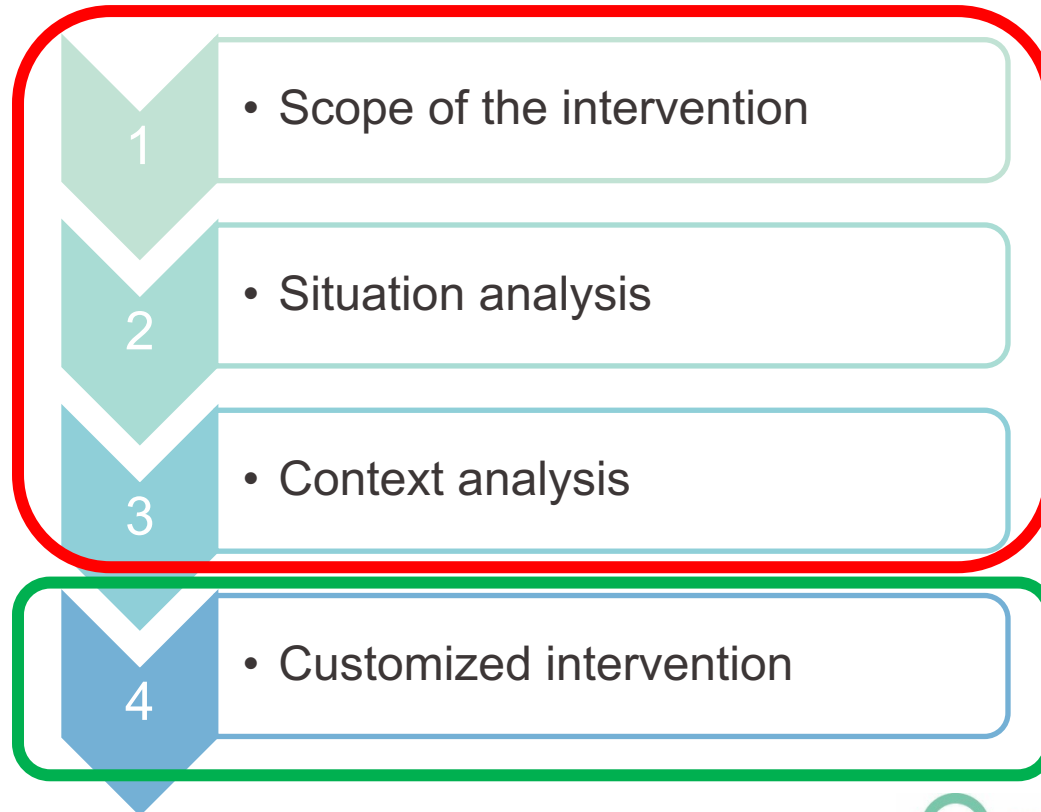
Implementation strategy. Phases

Pre-implementation

Implementation

Post-implementation

January 2018-August 2018

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Pre-implementation phase

- Identify, specify and analyze determinants which act as barriers and enablers that influence implementation outcomes
- Define the actions to implement.

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Pre-implementation phase

1 • Scope of the intervention

2 • Situation analysis

Tuesday 13th

3 • Context analysis

4 • Customized intervention

Wednesday 14th

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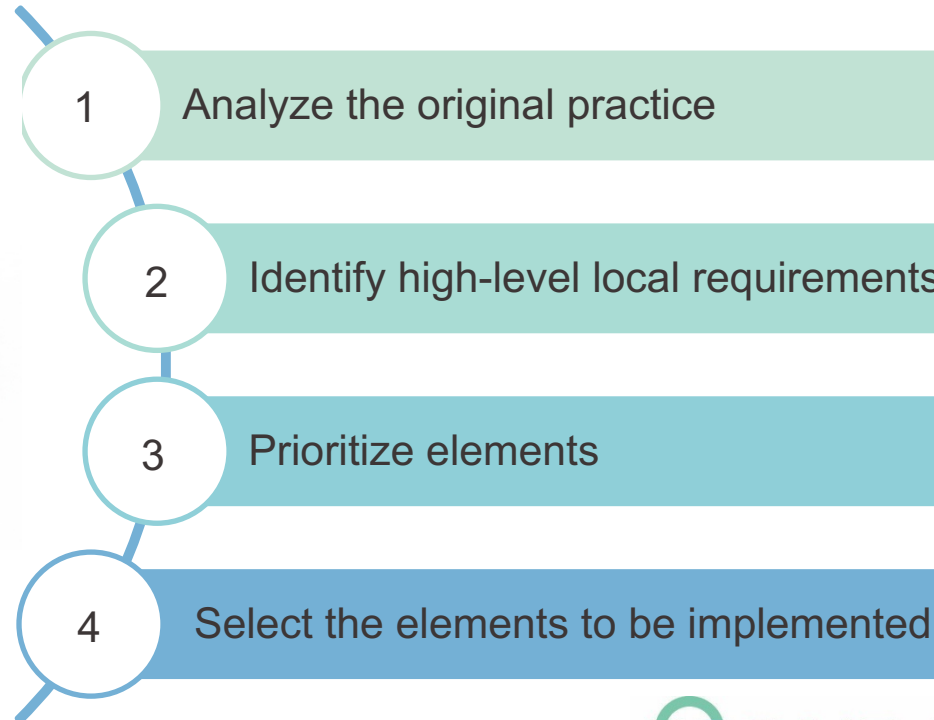
1. Scope of the intervention

Select the elements of the practice that will be implemented in the region according to local needs

- Range of operation

- Depends on local needs, expectations, strategic objectives and real possibilities

- Criteria for element selection will vary from site to site

- Intervention elements that can be integrated in routine practice

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1. Scope of the intervention

Process

1 — Analyze the original practice

2 — Identify high-level local requirements

3 — Prioritize elements

4 — Select the elements to be implemented

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1. Scope of the intervention

Analyze the original practice

Once the original practice is reviewed, define features in the innovation that were central in producing the desired results:

1. Characteristics of the environment
2. Organizational features
3. Values and underlying concepts
4. Minimum quality standards

Central features	Reasons

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1. Scope of the intervention

Identify high-level local requirements

Determine specific requirements in terms of technical and managerial procedures, culture, norms and values to implement central features of the practice.

High-level local requirements	Reasons

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1. Scope of the intervention

Prioritize elements

Prioritize original intervention's central features that can be implemented according to local needs, expectations and capabilities.

Prioritized central features	Reasons

1. Scope of the intervention
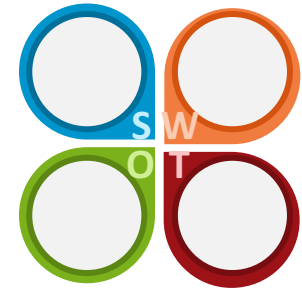
Select the elements to be implemented

Choose the features that will be implemented taking into consideration adopting site's capabilities and feasibility (time, resources and funding constraints).

Selected elements	Reasons

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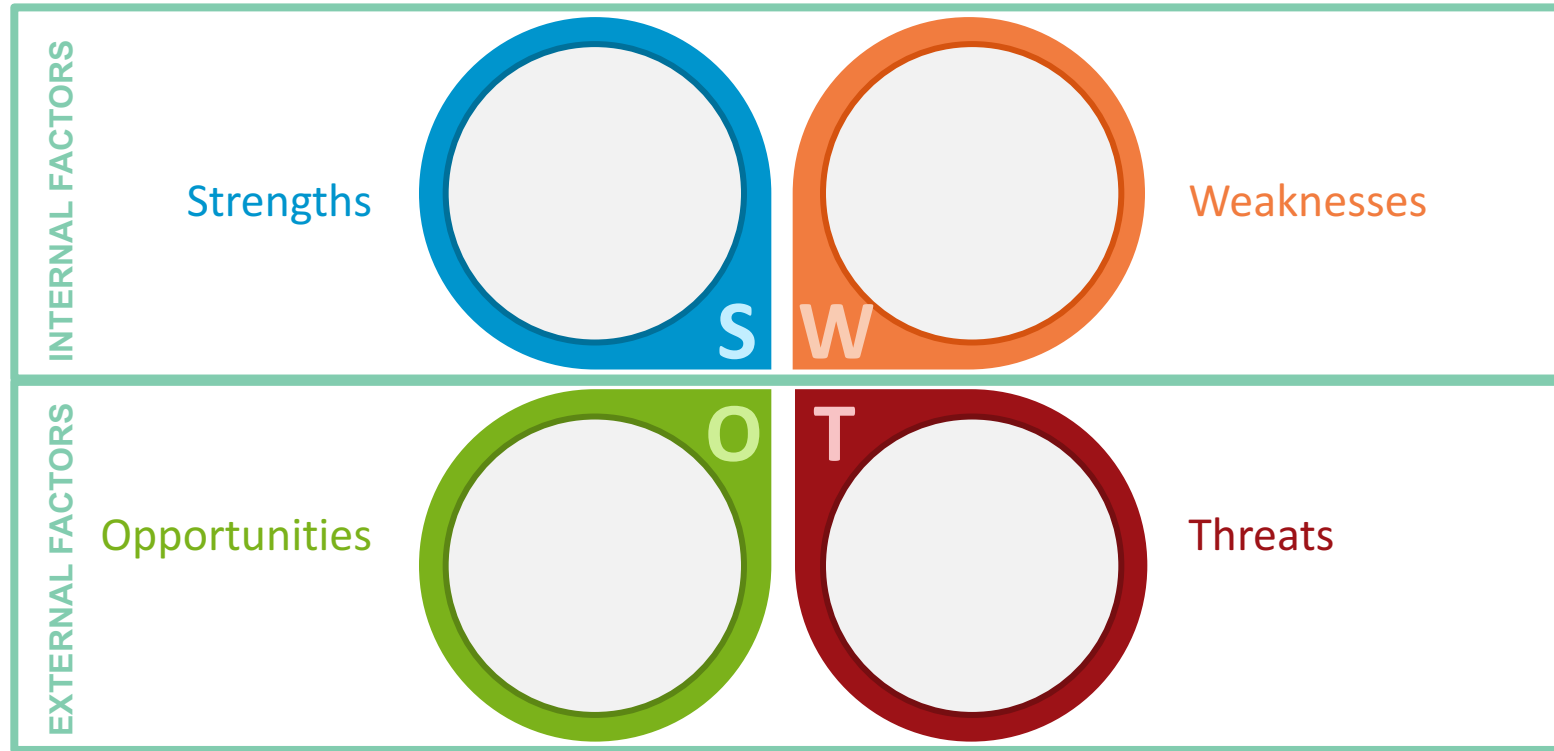IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

2. Situation analyses. SWOT

Identify organization's strengths and weaknesses, as well as broader opportunities and threats to develop a fuller awareness of the situation and to help with both strategic planning and decision-making.
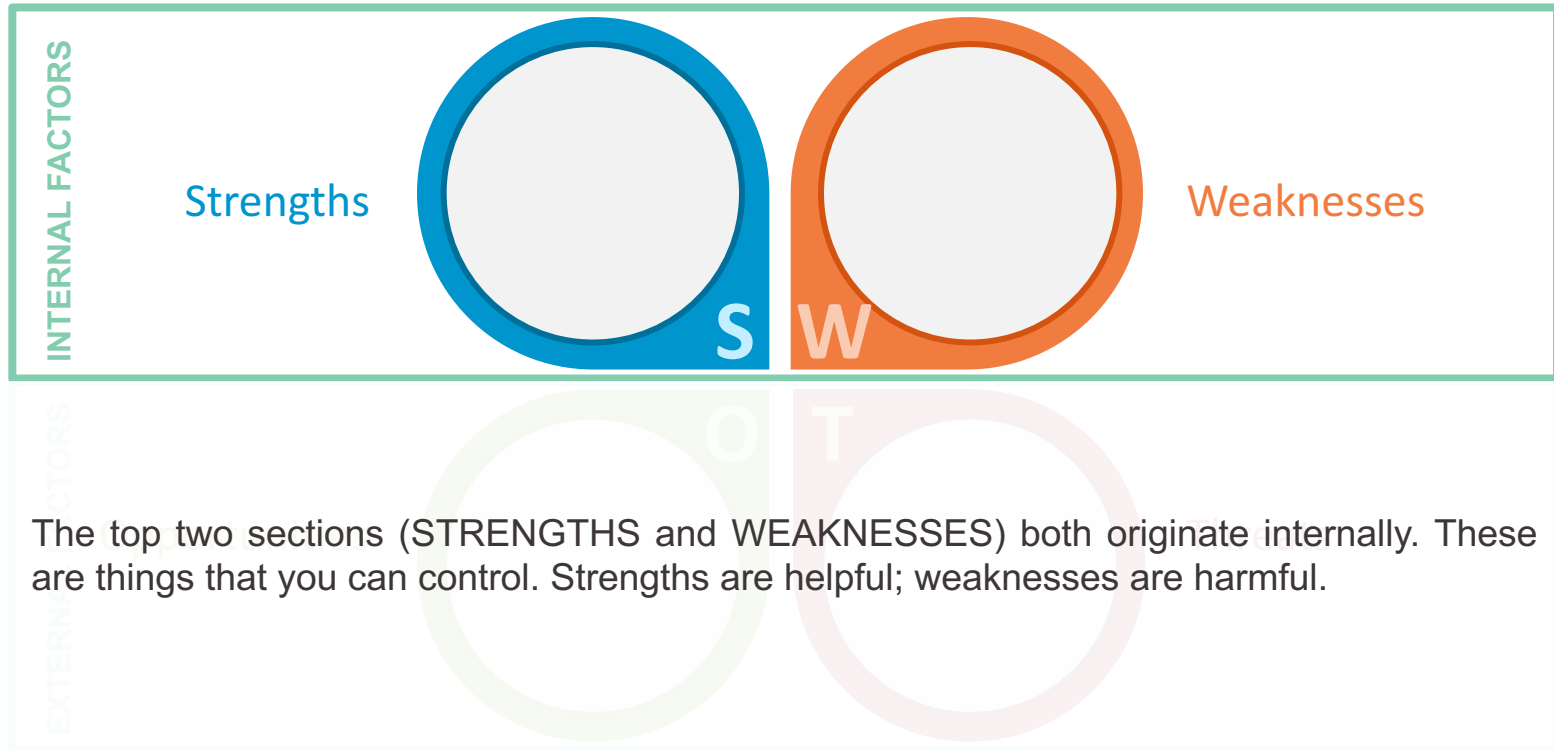
- SWOT analysis is an analytical method to identify and categorize significant internal and external factors faced in an organization, area or territory

- Helps building organizational strategy

- The purpose is to reveal positive forces that work together and potential problems that need to be recognized and possibly addressed

- Provides information to match the resources and capabilities

- It is simple and flexible

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2. Situation analyses. SWOT

2. Situation analyses. SWOT

The top two sections (STRENGTHS and WEAKNESSES) both originate internally. These are things that you can control. Strengths are helpful; weaknesses are harmful.

2. Situation analyses. SWOT

STRENGTHS

Capabilities and resources that can be the basis of a distinct competitive advantage.

Questions that should be answered are:

- What are your advantages?
- What do you do well?
- What relevant resources do you have access to?
- What do other people see as your strengths?

WEAKNESSES

Weaknesses can sometimes be the absence of certain strengths, and in some cases, a weakness may be the reverse side of one of your strengths.

Questions that should be answered are:

- What could you improve?
- What do you do badly?
- What should you avoid?

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2. Situation analyses. SWOT

The lower two sections (OPPORTUNITIES and THREATS) both originate externally. These are things that you cannot control. Opportunities are helpful; threats are harmful.

Opportunities

Threats

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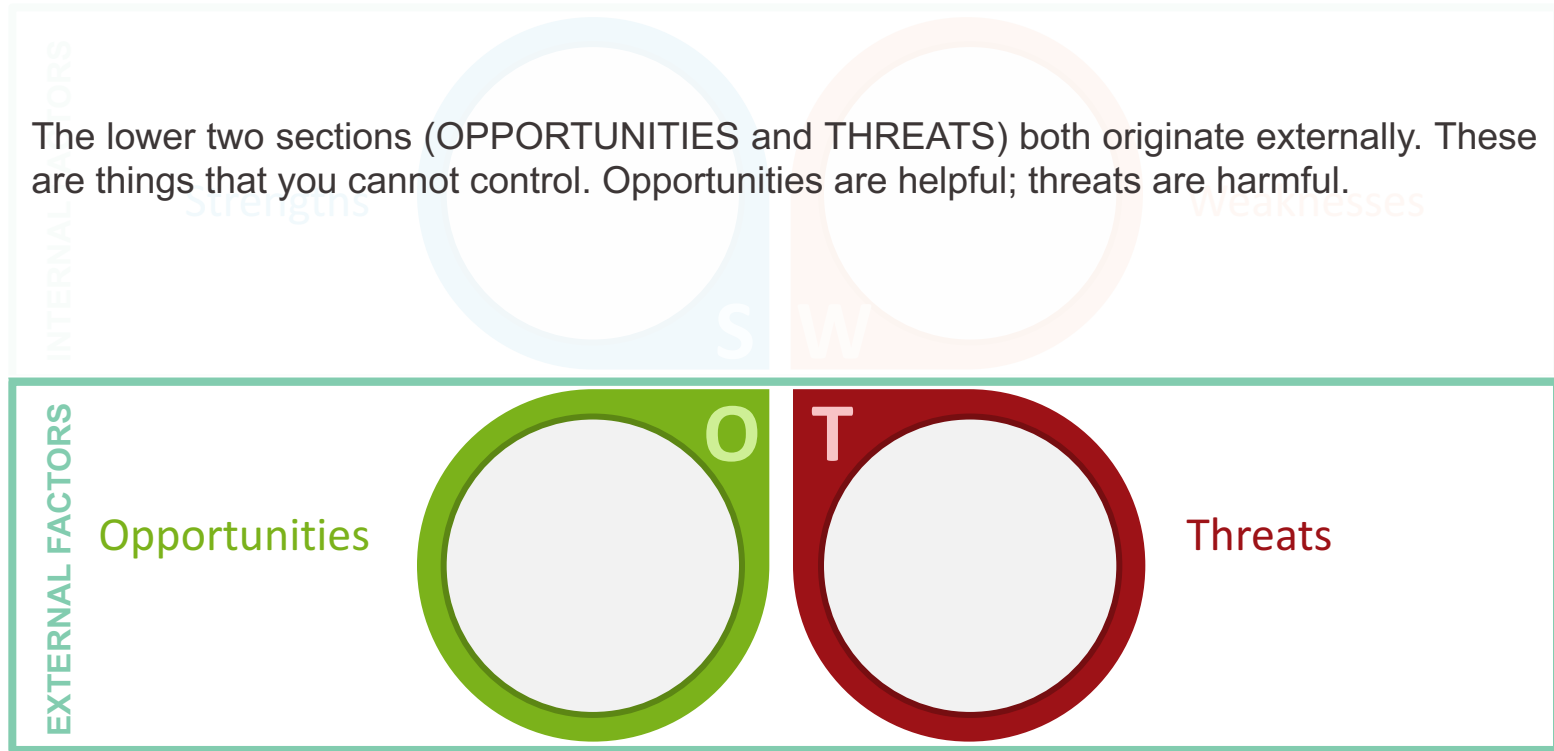
2. Situation analyses. SWOT

OPPORTUNITIES

In addition to new or significant trends, what other external opportunities exist and how can we best exploit or benefit from each?

Questions that should be answered are:

Where are the good opportunities in front of you?

What are the interesting trends you are aware of?

THREATS

Questions that should be answered are:

What obstacles do you face?

What are your competitors doing?

Are the required specifications for you job, products or services changing?
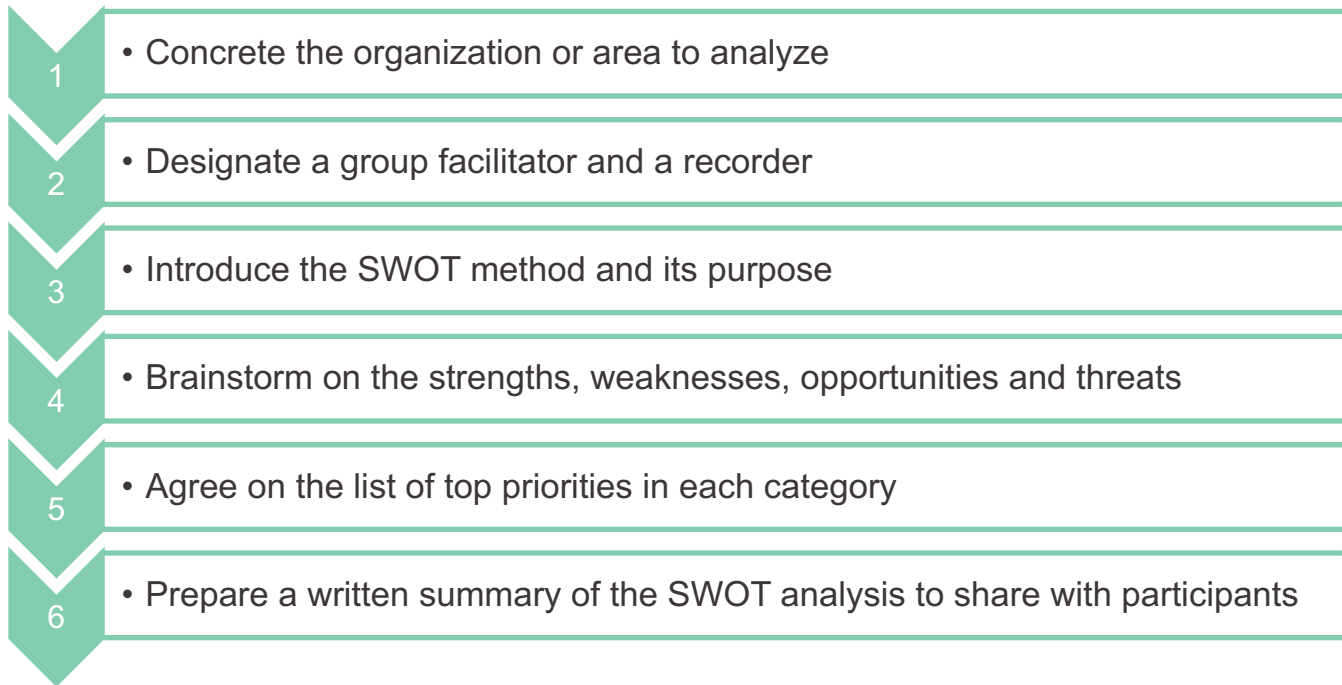
Is changing technology threatening your position?

Do you have budget problems?

Could any of your weaknesses seriously threaten your economic performance?

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2. Situation analyses. SWOT

Process

1	• Concrete the organization or area to analyze
2	• Designate a group facilitator and a recorder
3	• Introduce the SWOT method and its purpose
4	• Brainstorm on the strengths, weaknesses, opportunities and threats
5	• Agree on the list of top priorities in each category
6	• Prepare a written summary of the SWOT analysis to share with participants

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2. Situation analyses. SWOT

Some tips

1. **Be specific:** Avoid gray areas, vague descriptions or fuzzy definitions

2. **Be objective:** Ask for input from a well-informed but objective third party; compare it with your own notes

3. **Be realistic**: Use a down-to-earth perspective, especially as you evaluate strengths and weaknesses. Be practical in judging both sections

4. **Apply context:** Distinguish between where the organization actually is today, and where it could be in the future

5. **Short and simple**: Avoid needless complexity and over-analysis

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3. Context analyses. Maturity Model

Recognize the maturity requirements of contexts to facilitate the transfer and scaling-up of good practices

- Implementing a new intervention requires taking into account the system context

- Aims to facilitate the implementation of interventions by recognizing the maturity requirements of health and care systems or organizations.

- Provides a multi-dimensional benchmark of the maturity of a context.

- It is necessary to analyze:
  - Features of the context required by the original practice
  - Maturity of the adopter´ system

- It is consists of 12 dimensions containing:
  - A narrative description that overviews the dimension
  - A set of "prompts" designed to prompt discussion
  - An assessment scale

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3. Context analyses. Maturity Model

2. Structure & Governance

Narrative

Objectives:
The broad set of changes needed to deliver integrated care at a regional or national level presents a significant challenge. It needs multi-year programmes with excellent change management, funding and communications, and the power to influence and (sometimes) mandate new working practices. This means alignment of purpose across diverse organisations and professions, and the willingness to collaborate and put the interest of the overall care system above individual incentives. It also means managing the introduction of eHealth services to enable integrated care in a way that makes them easy to use, reliable, secure, and acceptable to care professionals and citizens alike.

Prompts

- Enabling properly funded programmes, including a strong programme, project management and change management; establishing ICT or eHealth competence centres to support roll-out; distributed leadership, to reduce dependency on a single heroic leader; excellent communication of goals, progress and successes.
- Managing successful eHealth innovation within a properly funded, multi-year transformation programme.
- Establishing organisations with the mandate to select, develop and deliver eHealth services.

Scale

Assessment scale:
0 – Fragmented structure and governance in place
1 – Recognition of the need for structural and governance change
2 – Formation of task forces, alliances and other informal ways of collaborating
3 – Governance established at a regional or national level
4 – Roadmap for a change programme defined and broadly accepted
5 – Full, integrated programme established, with funding and a clear mandate.

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3. Context analyses. Maturity Model

Process

1. Understanding of the maturity model

Members of the local implementation group need to familiarize with the model

2. Self-assessment questionnaire

Each member completes independently the questionnaire based on his/her expertise and experience

Workshop

3. Negotiation and consensus building

Agreement on the scoring of each dimension according to participants´ perceptions and views

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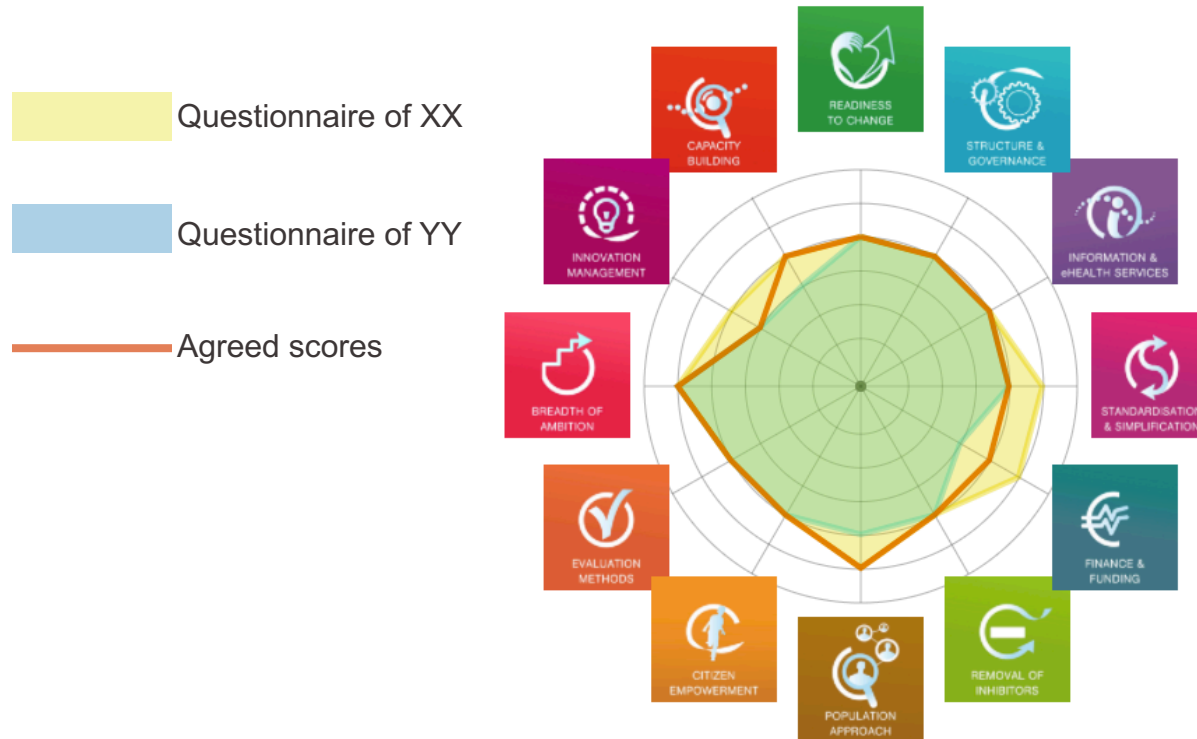IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

3. Context analyses. Maturity Model

Workshop

1. **Introduction of the Scirocco Maturity Model**
   - Share doubts to agree on the same approach

2. **Presentation of the individual scores and justifications**
   - The reporter will record all individual scores and justifications

3. **Negotiation and consensus building**
   - Moderator will introduce each dimension and seek the consensus from the partners (final scoring and justifications)

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3. Context analyses. Maturity Model

Consensus diagram

Questionnaire of XX

Questionnaire of YY

Agreed scores

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3. Context analyses. Maturity Model

Examples of justifications

Dimension	Score	Justifications & Reflections
Readiness to Change	3	- Integration policies are clear, but change management is poorly implemented - The Integrated care Management plan is incorporated into the policies and structures
eHealth Services	3	- There is a wide development of technologies to be used by professionals, but not so much by the citizens - The use of ICTs depends on each individual, professionals are still reluctant
Standardisation & Simplification	3	- Broad development of corporate platforms (data base, clinical history, Public Procurement of Innovative solutions…) - ICT standardization is still in process - Lack of socio-health developments
Removal of Inhibitors	3	- From a legal and structural point of view, it is already in place. From a cultural point of view, it needs to be implemented
Population Approach	4	- The whole population has been stratified based on their risk - The socio-health stratification is not implemented - Fragility is not taken into account in the current risk stratification

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3. Context analyses. Maturity Model

Some tips

- The dimensions can be considered in any order, there is no need to do in any prescribed order.

- Start with an "easy" dimension but don't leave the hard ones to the end.

- Justifying the decision on the assessment scale by describing why you think this is the right level.

- Considering the prompts and recording anything the group members suggest may be important for the dimension.

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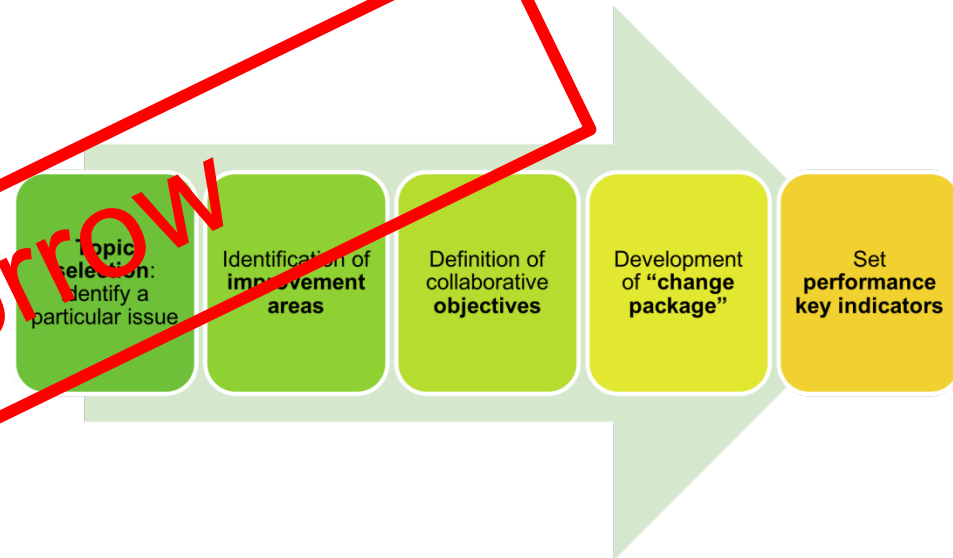# 4. Customized intervention. Collaborative methodology

Localize the original good practice to local context and detail the interventions to implement that will cover specific improvement areas

- ❖ **Technique: Collaborative methodology**
- ❖ **Process:**
  - Specify concrete objectives
  - Define actions to achieve objectives
 - Agree on outcomes and implementation process indicators
- ❖ **Output:** Set of actions ("Change package") that will result in practice improvement

Topic selection: identify a particular issue

Identification of **improvement areas**

Definition of collaborative **objectives**

Development of **"change package"**

Set **performance key indicators**

Tomorrow

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Working group plan

1. Split the group in WPs
2. Work in groups:

- Select one case study in each group
- Select a moderator and a reporter for each group
- Brief description of the selected case study by the owner
- Open dialogue to apply each of the techniques:
  - ➤ Scope
  - ➤ SWOT
  - ➤ Maturity Model
- Material: poster, markers, post its

3. Plenary session: each group presents its experience in using the strategy

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Working session
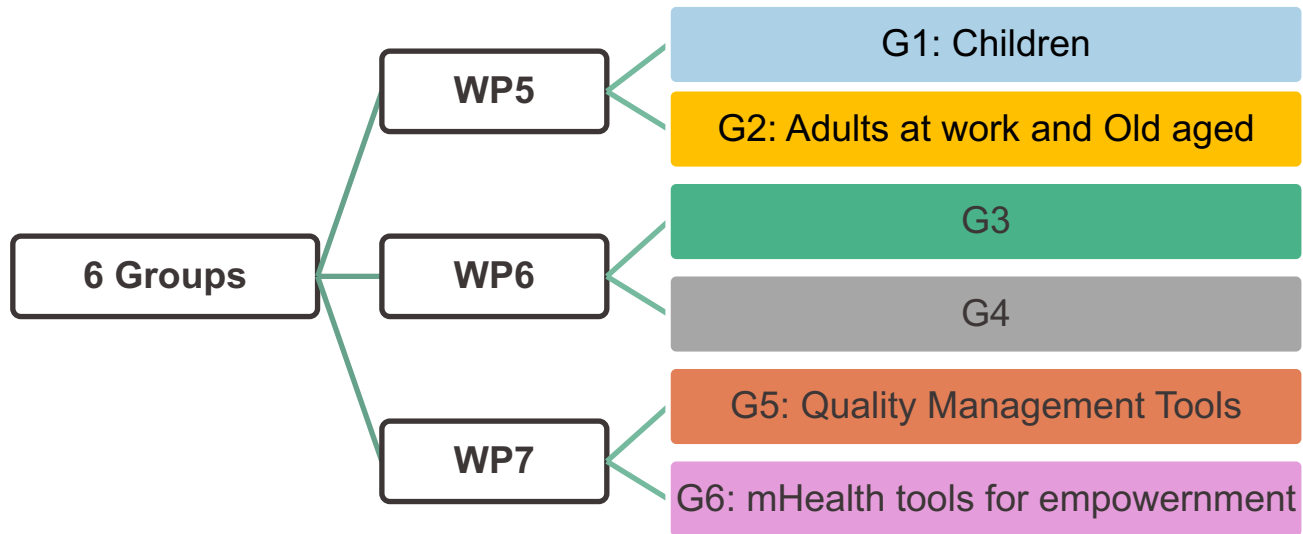
Working group plan. WP5

Group	Name	Surname	Institution
G1: Children			
Implementer	Ingibjorg	Gudmunsdottir	DOHI
Implementer	Paola	Ragazzoni	ASL TO3
Implementer	Vincenzo	Rubino	Dors - ASL TO3
Implementer	Daniel	Cauchi	Ministry for Health, Malta
Non-implementer	Helen	McAvoy	Institute of Public Health in Ireland (IPH)
Non-implementer	David	Bergin	The Institute of Public Health in Ireland (IPH)
Non-implementer	Luciana	Costa	Portuguese National Institute of Health Dr Ricardo Jorge
Non-implementer	Jaana	Lindström	THL
Non-implementer	Elisa	Poses	AQUAS
G2: Adults at work and Old aged			
Implementer	Rafael	Rodríguez Acuña	Regional Ministry of Health of Andalusia-FPS (CSJA)
Implementer	Gigja	Gunnarsdottir	DOHI
Implementer	Jesús	de Pedro-Cuesta	Instituto de Salud Carlos III, ISCIII/CIBERNED
Non-implementer	Miguel	Telo de Arriaga	Direção-Geral da Saúde
Non-implementer	Roberto	D'Elia	Ministry of Health (MS)
Non-implementer	Biljana	Kilibarda	Institute of Public Health of Serbia (IPHS)
Non-implementer	Claudia	Marinetti	EuroHealthNet
Non-implementer	Nella	Savolainen	National Institute for Health and Welfare
Non-implementer	Milena	Vasic	Institute of Public Health of Serbia (IPHS)
Non-implementer	Lára	Janusdóttir	Janus Health Promotion

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Working group plan. WP6

Group	Name	Surname	Institution
G3			
Implementer	Graziano	Onder	UCSC
Implementer	Angelo	Carfì	UCSC
Implementer	Carmen	Angioletti	UCSC
Implementer	LEONAS	VALIUS	KAUNO KLINIKOS
Implementer	IDA	LISECKIENE	KAUNO KLINIKOS
Implementer	Juan José	Bedoya Belmonte	CSJA
Implementer	Ana M.	Carriazo	CSJA-Regional Ministry of Health of Andalusia (Spain)
Non-implementer	M. João	Forjaz	Instituto de Salud Carlos III
Non-implementer	Lyudmil	Ninov	European Patients' Forum (EPF)
G4			
Implementer	Laimis	Dambrauskas	Vilnius University Hospital Santaros Klinikos (VULSK)
Implementer	Rokas	Navickas	Vilnius University Hospital Santaros Klinikos (VULSK)
Implementer	Elena	Jurevičienė	Vilnius University Hospital Santaros Klinikos (VULSK)
Implementer	Antonio	Gimeno Miguel	IACS
Non-implementer	Alexandra	Prados Torres	Aragon Health Sciences Institute (IACS)
Non-implementer	Katie	Palmer	Catholic University of Rome, Italy
Non-implementer	Mieke	Rijken	NIVEL
Non-implementer	Valentina	Strammiello	European Patients Forum
Non-implementer	Mireia	Espallargues	AQUAS

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Working group plan. WP7

Group	Name	Surname	Institution
G5: Quality Management Tools			
Implementer	Dejan	Bahč	NIJZ
Implementer	Jelka	Zaletel	NIJZ
Implementer	Ivana	Rakocevic	Institute of Public Health of Serbia
Implementer	Katja	Wikstöm	THL
Implementer	DIMITRA	GENNIMATA	ARISTOTLE UNIVERSITY OF THESSALONIKI
Implementer	MILIVOJ	PILETIČ	SPLOŠNA BOLNIŠNICA NOVO MESTO (NIJZ)
Implementer	Massimo	Porta	University of Turin
Implementer	Ivan	Pristas	Croatian Institute of Public Health
Implementer	Denis	Oprešnik	General Hospital Novo Mesto
Implementer	Nastja	Florjančič Lobe	General Hospital Novo Mesto
Implementer	Damir	Ivanovic	Croatian Institute of Public Health
Non-implementer	Angela	Giusti	National Institute of Health, Rome
G6: mHealth tools for empowernment			
Implementer	Spiliopoulou	Myra	Otto-von-Guericke University Magdeburg (OVGU)
Implementer	Carlos	Fernandez-Viadero	Consejeria Sanidad Cantabria CSC
Implementer	Plamen	Dimitrov	National Center of Public Health and Analyses (NCPHA)
Implementer	Theodore	Vontetsianos	AUTH
Non-implementer	Manu	Gimenez	AQUAS
Non-implementer	Rüdiger	Pryss	Ulm University (UULM)
Non-implementer	Marina	Maggini	ISS

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