



Implementation strategy for CHRODIS PLUS implementers

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Outline



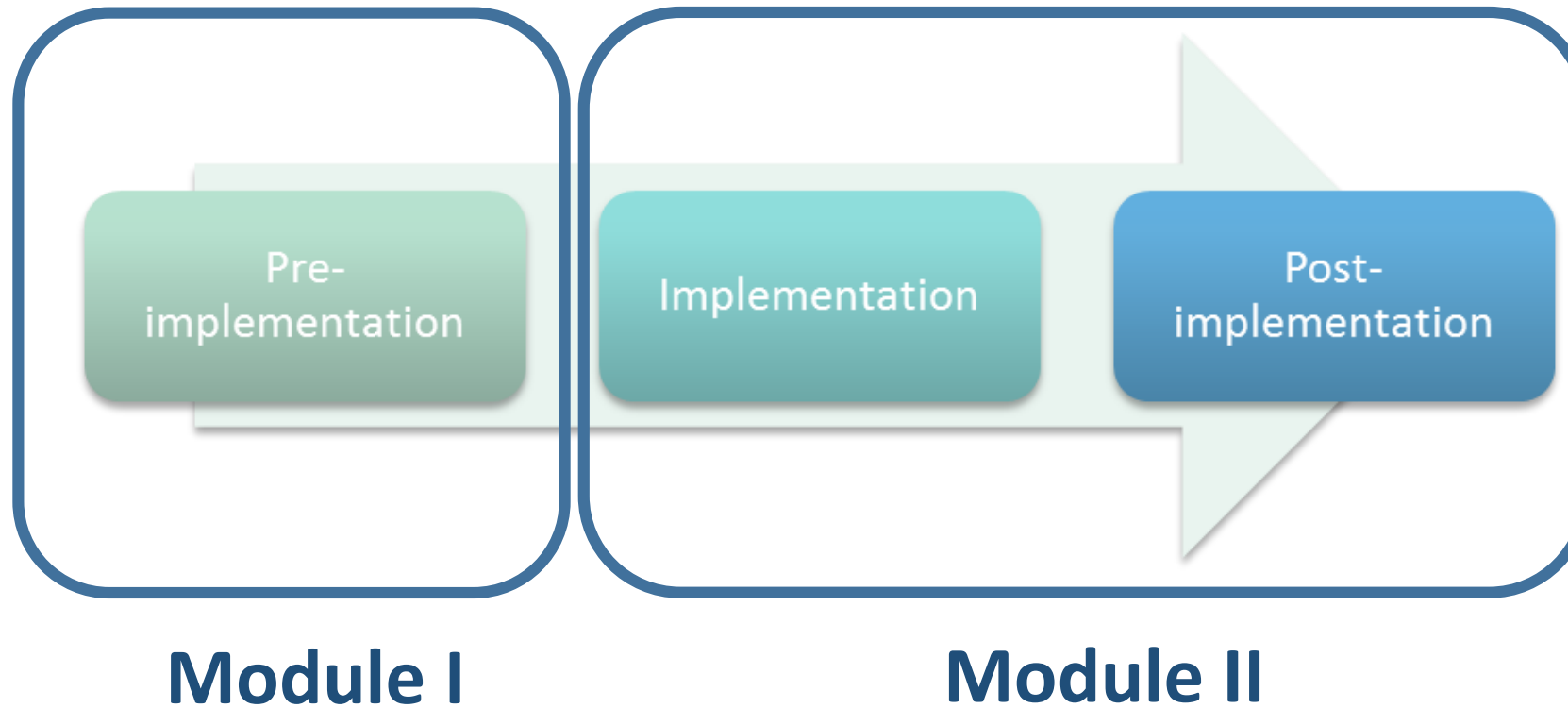
- Introduction
- Pre-implementation phase
- Implementation phase
- Post-implementation phase
- Conclusions



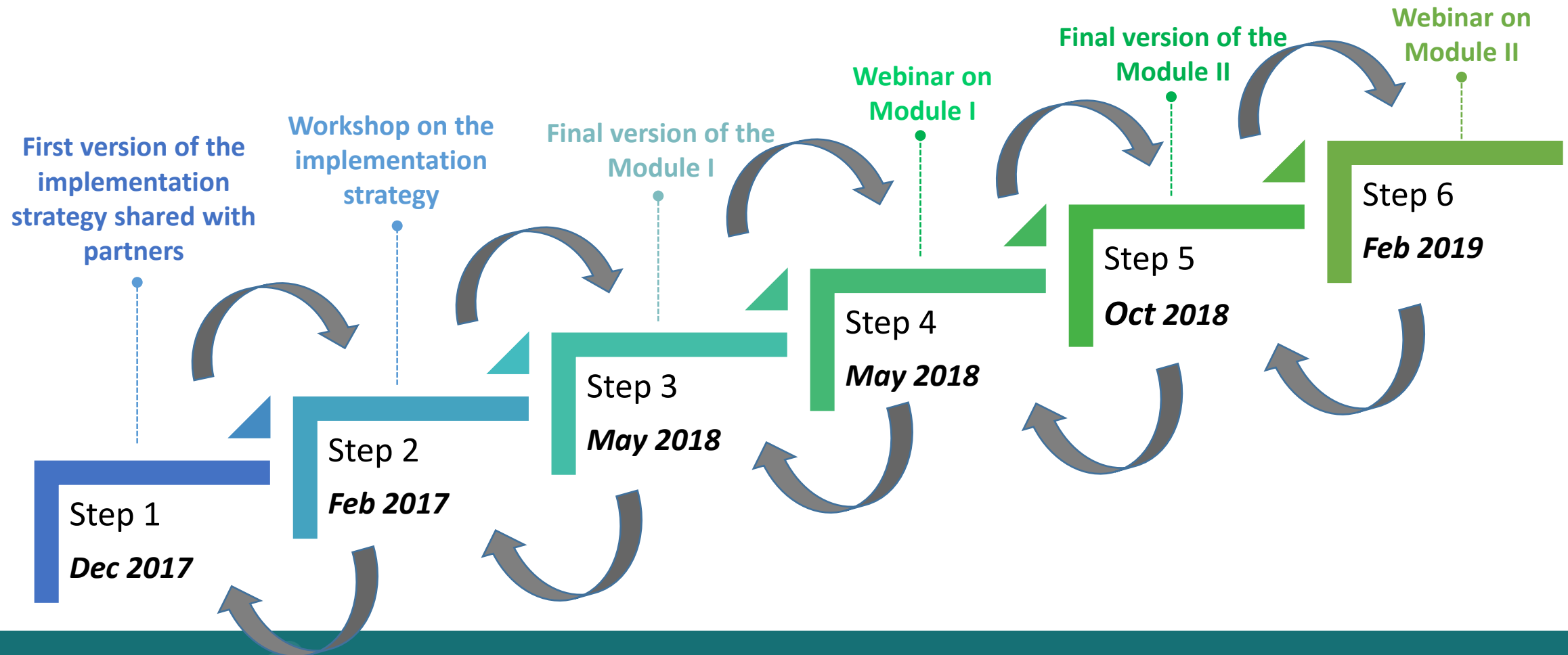
A guideline for the JA CHRODIS PLUS implementation sites to facilitate the **uptake in routine practice of good practices, policies and tools**.

Based on Collaborative Methodology and Local Implementation Working Groups (LIWG)

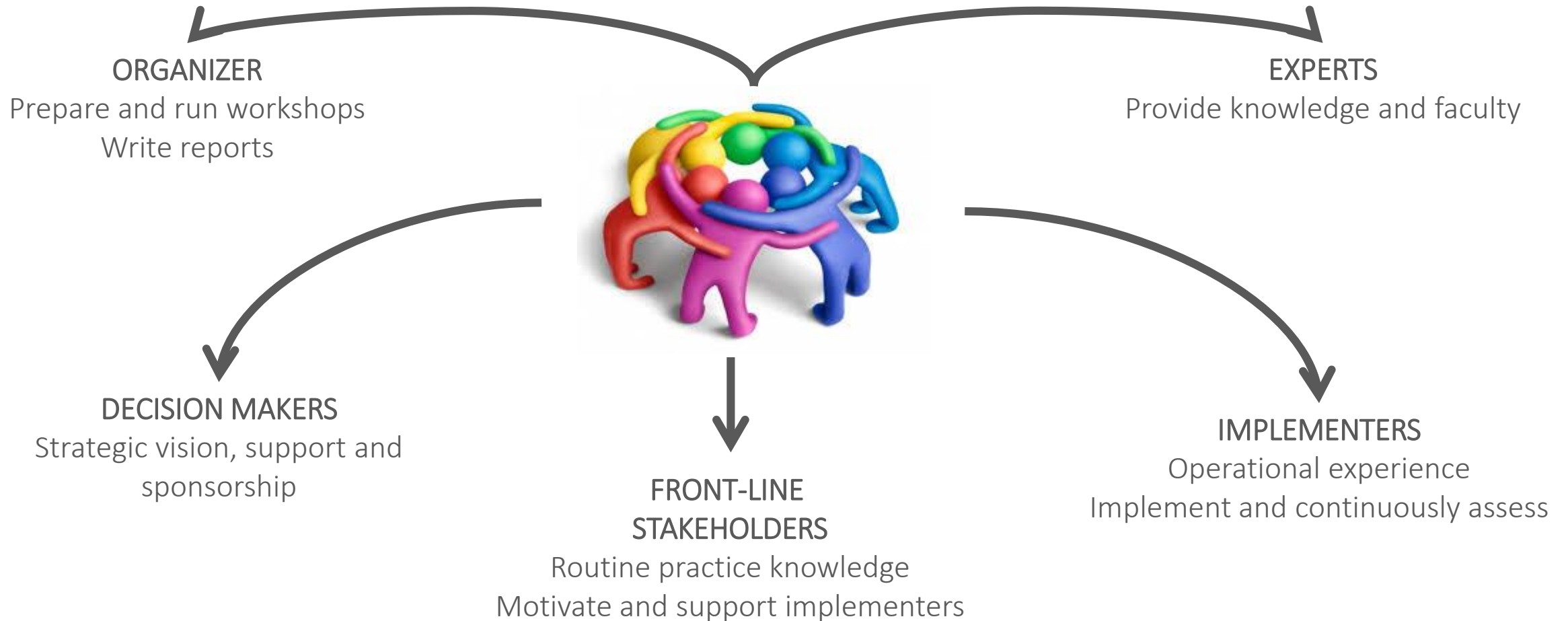
Includes a structured but flexible variety of **methods and techniques, frameworks and recommendations** to enhance the adoption, sustainability and scale up of practices and JA CHRODIS tools.



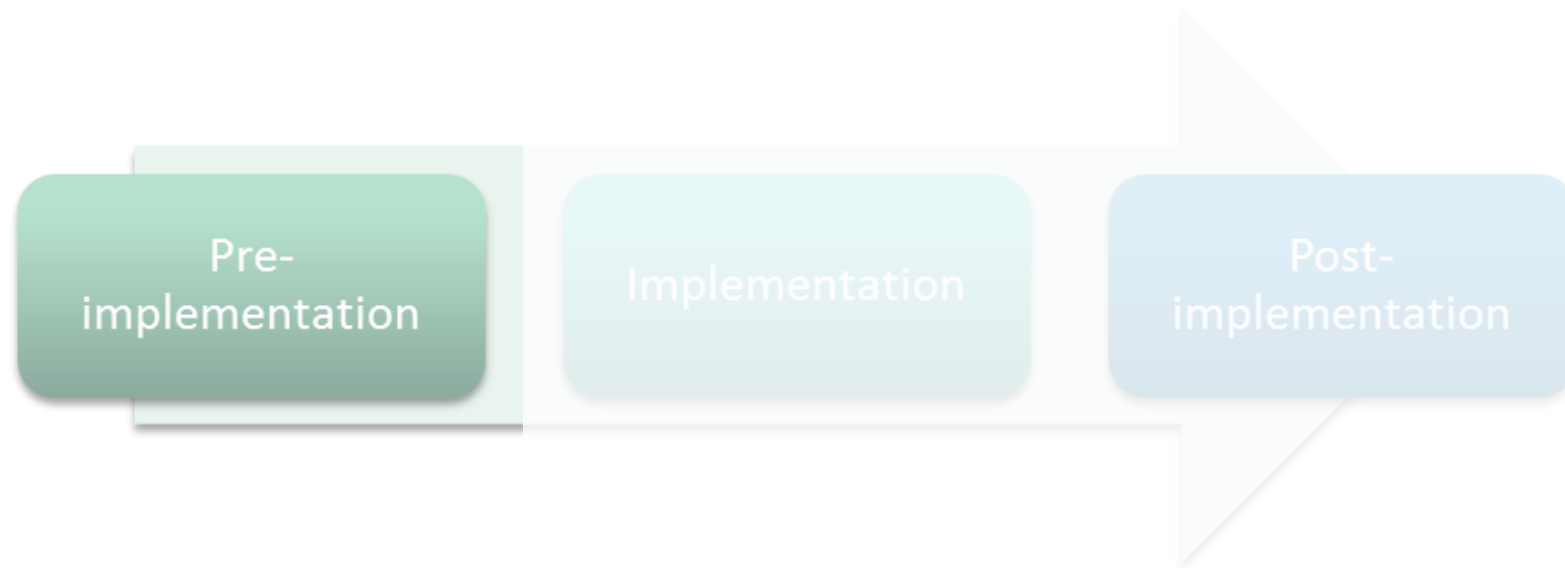
Implementation strategy development



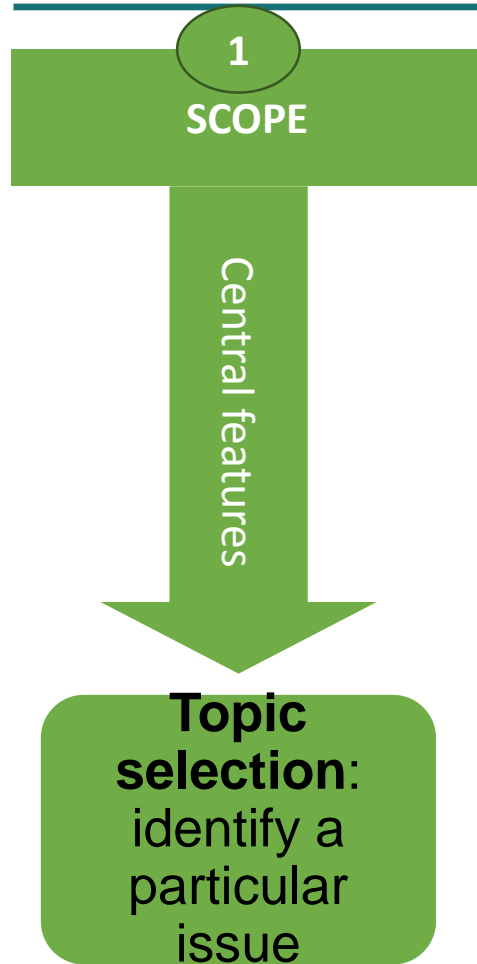
Local Implementation Working Groups



Pre-implementation phase



SCOPE definition

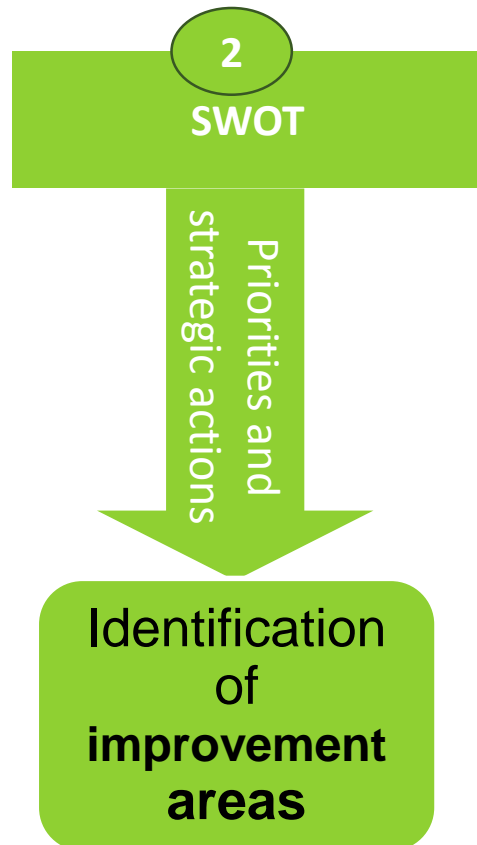


OBJECTIVE: Selection of **elements of the intervention or tools** that will be finally implemented and integrated in routine practice.

Methodology:

1. Identify and describe the problem/challenge.
2. Describe the general purpose of the intervention.
3. Define the target population.
4. Analyze the evidence-based good practices or the JA CHRODIS tool that are related to the intervention.
5. Identify the central features essential to the desired results.

Situation analysis. SWOT



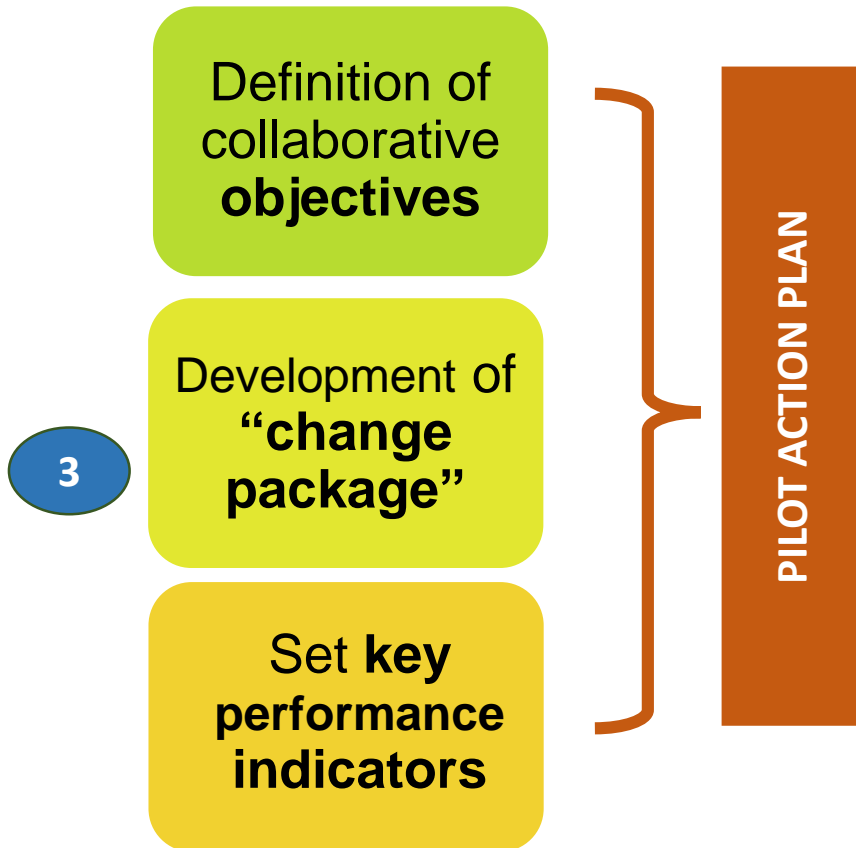
OBJECTIVE: To define strategic priorities and identify improvement areas

STRENGTHS	WEAKNESSES
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?	What could you improve? What do you do badly? What should you avoid?
OPPORTUNITIES	THREATS
Where are the good opportunities in front of you? What are the interesting trends you are aware of?	What obstacles do you face? What is your competition doing? Are the specifications for your services changing?

Scirocco Maturity Model

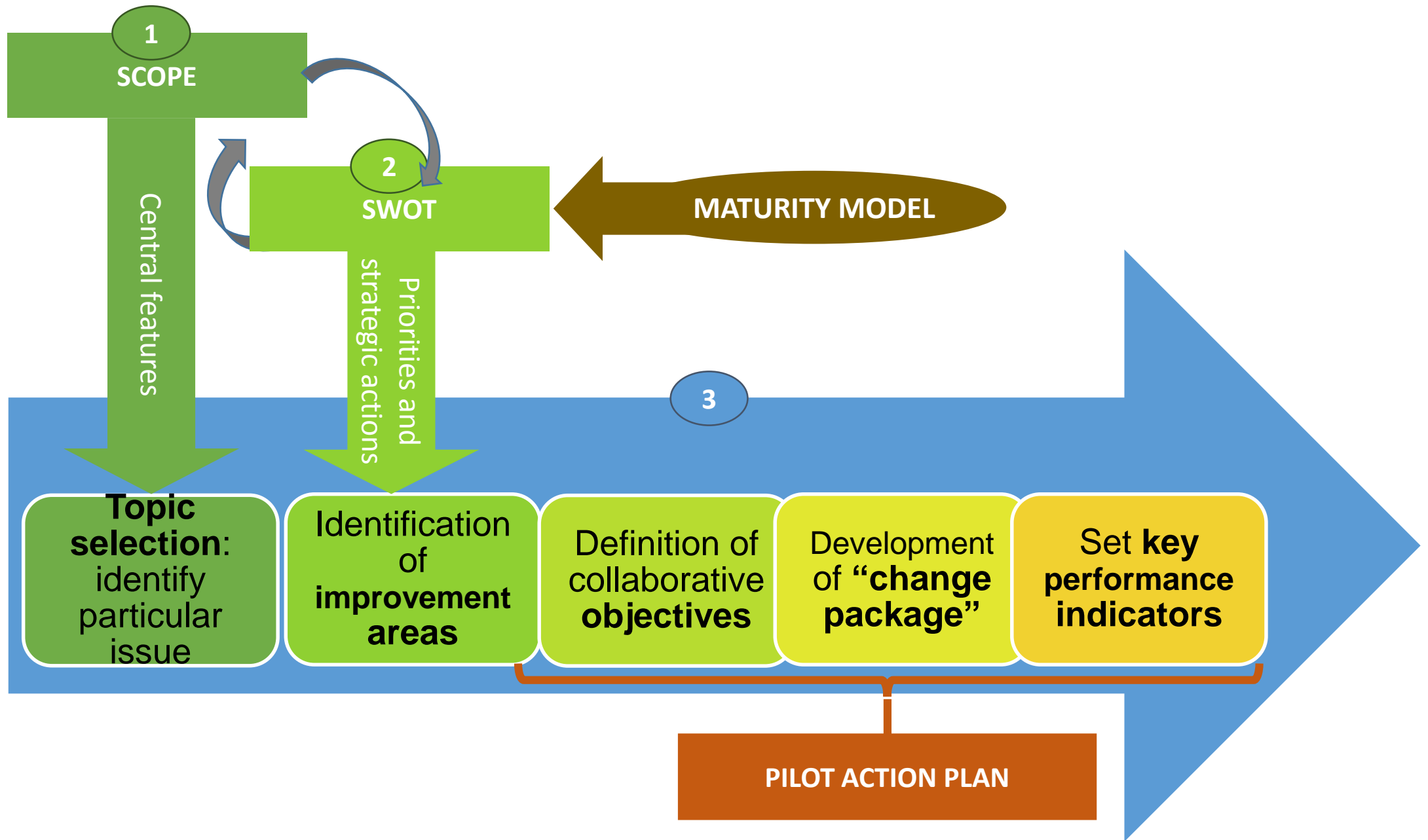


- Aims to recognize the maturity requirements of health and care systems or organizations.
- Multi-dimensional benchmark of the maturity of a context.



OBJECTIVE: To define the local Pilot Action Plan that will guide the implementation of the intervention

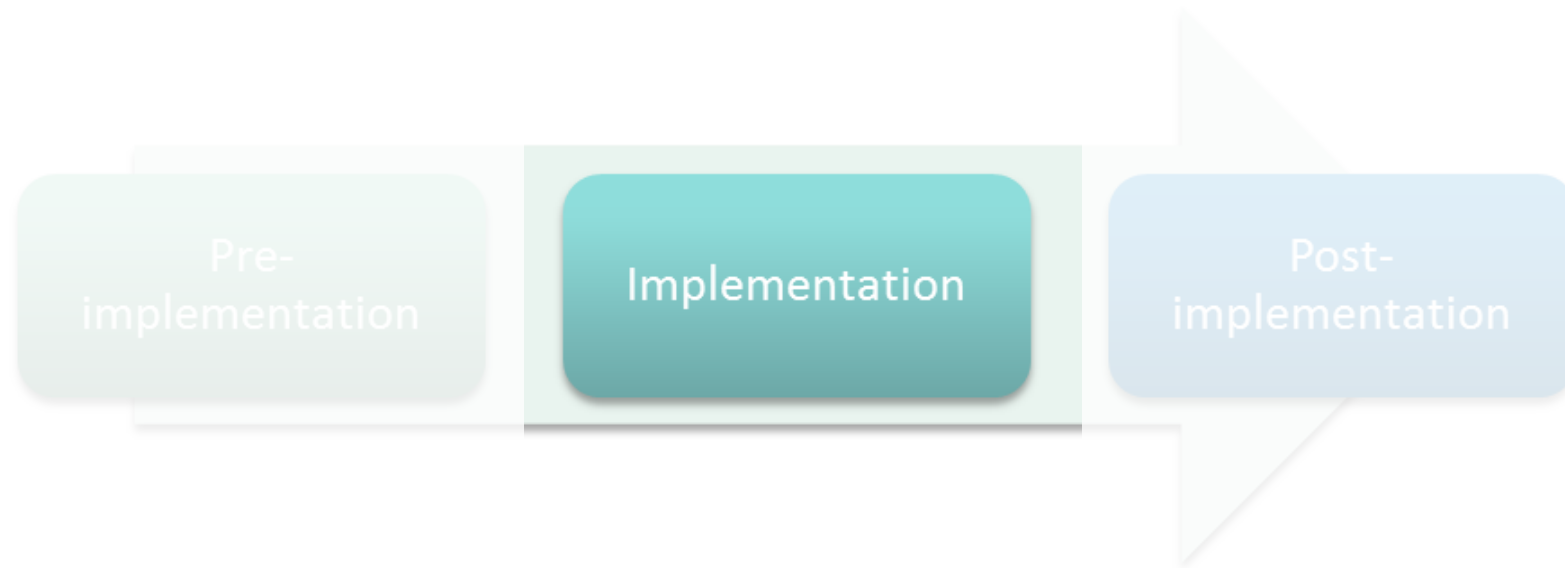
- According to the improvement areas, specify achievable, measurable and realistic objectives.
- Define concrete activities that lead to successful implementation.
- Use existing data to measure progress and to ensure good quality of work and keep teams focused.



COLLABORATIVE METHODOLOGY

Baseline phase

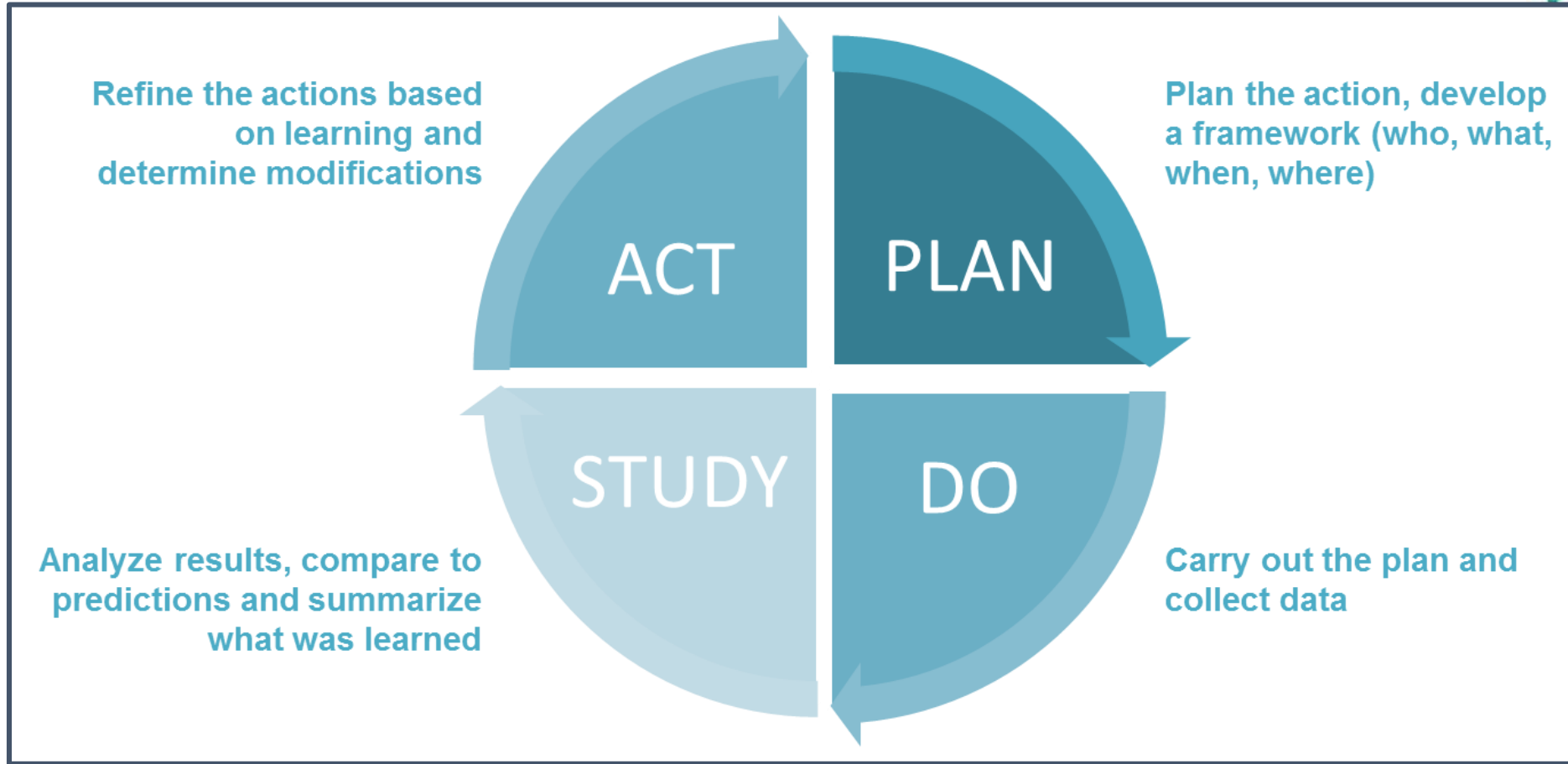
Implementation phase



OBJECTIVE: to transfer practices and tools into real practice

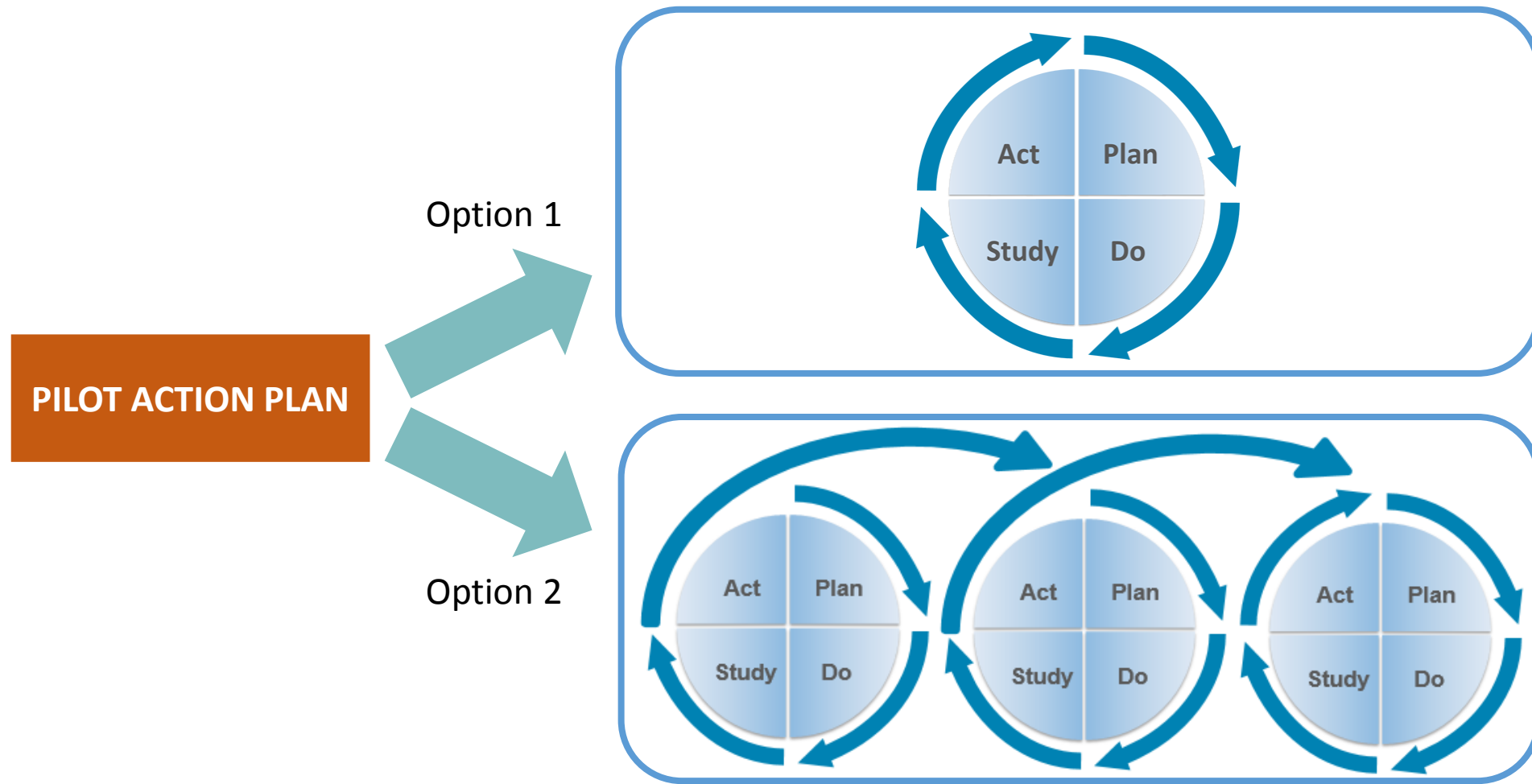
- LIWG make Pilot Action Plans operational:
 - Specify and carry out the implementation activities.
 - Collect data: Key Performance Indicators (process or health-related)
 - Monitor the implementation (deviations, problems, unexpected findings)

PDSA cycles



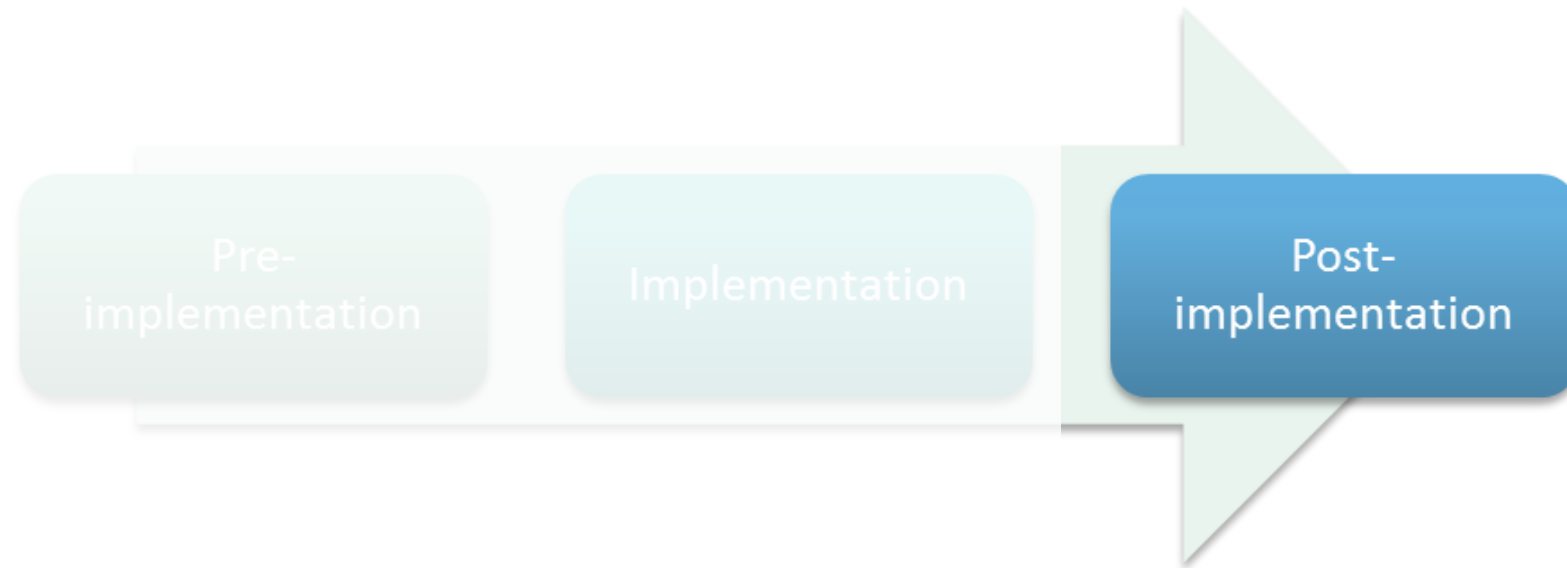
Document each step support technical robustness, quality, team reflection and learning and ensure knowledge is captured.

Implementation phase in JA CHRODIS PLUS



Systematic and rigorous reporting

Post-implementation phase



- Assess:
 - Impact KPI: process and/or health-related outcomes.
 - Implementation process and the factors that influenced it: Consolidated Framework for Implementation Research (CFIR): Characteristics of the intervention, Outer Setting, Inner Setting, Characteristics of Individuals and Process
- Report the implementation.

LIWGs analyze, interpret and discuss the results

Post-implementation phase: CFIR



Select and analyze the most relevant constructs for their implementation

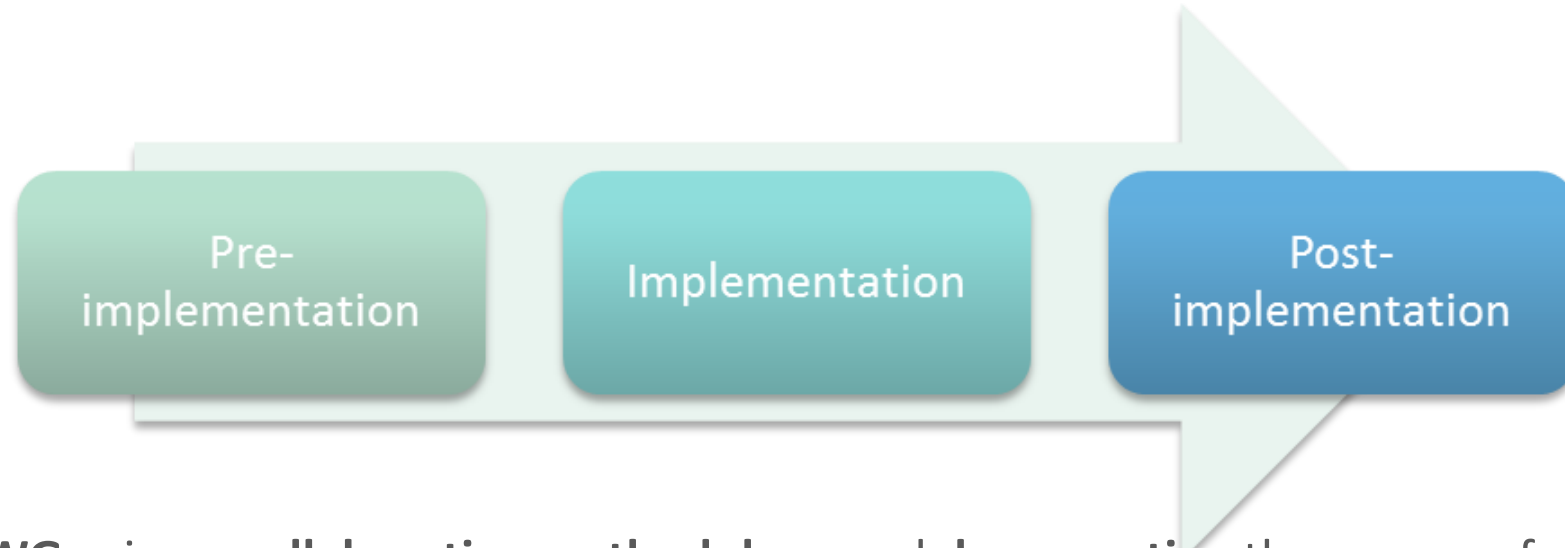
Implementation				
Intervention Characteristics	Outer Setting	Inner Setting	Characteristics of Individuals	Process
<ul style="list-style-type: none">- Intervention Source- Evidence Strength & quality- Relative Advantage- Adaptability- Trial ability- Complexity- Design Quality & Packaging- Cost	<ul style="list-style-type: none">- Patient Needs & Resources- Cosmopolitani- Peer Pressure- External Policy & Incentives	<ul style="list-style-type: none">- Structural Characteristics- Networks & Communications- Culture- Implem.Climate- Tension for Change- Compatibility- Relative Priority- Organisational Incentives & Rewards- Goals and Feedback- Learning Climate- Readiness for implementation- Leadership Engagement- Available Resources- Access to Knowledge &	<ul style="list-style-type: none">- Knowledge & Beliefs about the Intervention- Self-efficacy- Individual Stage of Change- Individual Identification with Organisation- Other Personal Attributes	<ul style="list-style-type: none">- Planning- Engaging- Opinion leaders- Formally Appointed internal implementation Leaders- Champions- External Change Agents- Executing- Reflecting & Evaluating



- The adapted version of the SQUIRE 2.0 guidelines contains 18 items to respond 4 key questions:
 - Why did you start?
 - What did you do?
 - What did you find?
 - What does it mean?
- First 9 items contains the information of the Pilot Action Plan
- Remaining items are fed during Implementation and Post-implementation phases

JA CHRODIS PLUS Implementation strategy.

Conclusions



- Based on **LIWG** using a **collaborative methodology** and **documenting** the process, from baseline pre implementation to reporting.
- Adapts to **different contexts** and **supports different good practices and tools implementation**.
- Learning requires **evaluation** and structured **reporting**
- Facilitates the **uptake and scale up of good practices, policies and tools**.



Thanks for your attention

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This presentation arises from the Joint Action CHRODIS PLUS. This Joint Action is addressing chronic diseases through cross-national initiatives identified in JA-CHRODIS to reduce the burden of chronic diseases while assuring health system sustainability and responsiveness, under the framework of the Third Health Programme (2014-2020). Sole responsibility lies with the author and the Consumers, Health, Agriculture and Food Executive Agency is not responsible for any use that may be made of in the information contained therein.



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