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# Standardisierung vs. Anpassung an lokale Systeme – Eine Herausforderung bei der Implementierung von Massnahmen

**CIRRNET-Tagung**

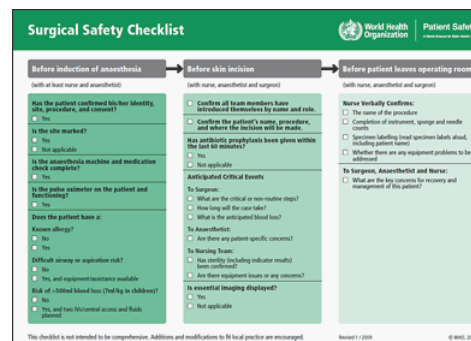
17. November 2022

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Stiftung Patientensicherheit Schweiz



# Die chirurgische Checkliste

- von der WHO 2009 publiziert



- von der Stiftung Patientensicherheit 2012 adaptiert
- mit «progress! Sichere Chirurgie» (2013 – 2015) in der Schweiz verbreitet



# Implementierungsstrategien zum Scale-up

Implementation strategy categories	Examples of discrete strategies
Use evaluative and iterative strategies	Assess for readiness and identify barriers and facilitators; audit and provide feedback; develop a formal implementation blueprint
Provide interactive assistance	Facilitation; provide local technical assistance; provide clinical supervision
Adapt and tailor to context	Tailor strategies; promote adaptability; use data experts
Develop stakeholder interrelationships	Identify and prepare champions; inform local opinion leaders; identify early adopters
Train and educate stakeholders	Conduct ongoing training; distribute educational materials; create a learning collaborative



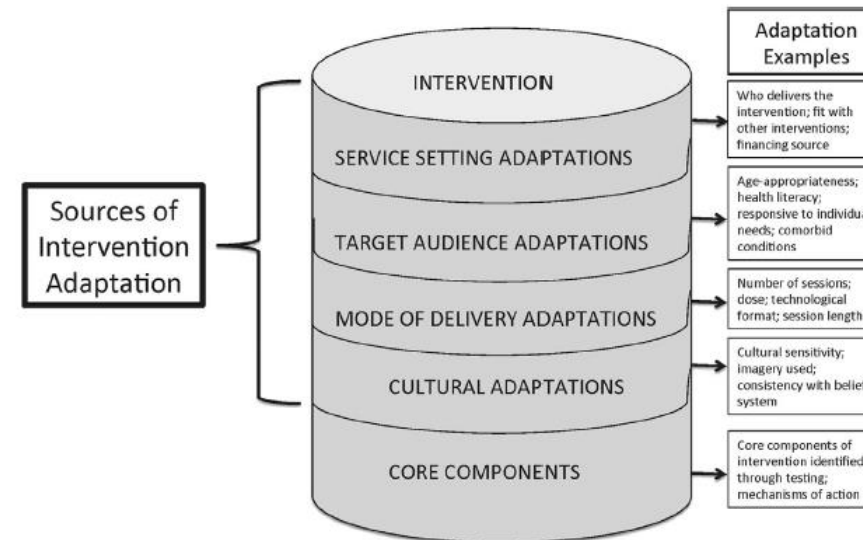
*Implementation strategies are methods or techniques used to enhance the adoption, implementation, and sustainability of a clinical programme, practice or intervention.* (Proctor et al., 2013)

## Quellen:

- King's Improvement Science. Implementation Science Research Development (ImpRes) Tool. A Practical Guide to Using the ImpRes Tool.; 2018. <http://www.kingsimprovementscience.org/ImpRes>.
- Waltz et al. Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: results from the Expert Recommendations for Implementing Change (ERIC) study. Implement Sci. 2015;10:109. [www.ncbi.nlm.nih.gov/pubmed/26249843](http://www.ncbi.nlm.nih.gov/pubmed/26249843)
- Proctor et al. Implementation strategies: recommendations for specifying and reporting. Implement Sci. 2013 8:139. [www.ncbi.nlm.nih.gov/pubmed/24289295](http://www.ncbi.nlm.nih.gov/pubmed/24289295)

# Adaptation / Anpassungen / Modifikationen...

***Adaptation*** is best defined as a process of the thoughtful and deliberate alteration of the design or delivery of a practice with an aim of improving its fit or effectiveness in a given context. (Wiltsey Stirman et al., 2015)



„Es war wichtig, dass die Massnahmen des Programms an die Bedingungen und Bedürfnisse unseres Betriebs angepasst werden konnten.“

#### Quellen:

- Wiltsey Stirman S, Baumann AA, Miller CJ. The FRAME: an expanded framework for reporting adaptations and modifications to evidence-based interventions. *Implement Sci.* 2019;14(1):58. doi:10.1186/s13012-019-0898-y
- Chambers DA, Norton WE. The Adaptome: advancing the science of intervention adaptation. *Am J Prev Med.* 2016;51(4 Suppl 2):S124-131.

# Anpassung an lokale Systeme vs. Standardisierung



## Messmethoden:

?

(Wie viel? **Was?**)

- Adherence to the original protocol
- Dose or the amount of the practice delivered
- Quality of practice delivery, and
- Consumer reaction and acceptance

### Quellen:

- Goodrich DE, Miake-Lye I, Braganza MZ, Wawrin N KA. Quality Enhancement Research Initiative. QUERI Roadmap for Implementation and Quality Improvement.; 2020. [www.queri.research.va.gov/tools/roadmap](http://www.queri.research.va.gov/tools/roadmap)

# «progress! COM-Check – Sichere Chirurgie»

## Variabilität von Spital Checklisten



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Anzahl Items im Vergleich zur Checkliste Sichere Chirurgie



	Median Spitäler	Range Spitäler	SPS <sup>1</sup>
Sign In	<b>10</b>	<b>6-22</b>	<b>11</b>
Team Time Out	<b>12</b>	<b>9-22</b>	<b>14</b>
Sign Out	<b>5</b>	<b>3-7</b>	<b>5</b>
Insgesamt	<b>27</b>	<b>18-50</b>	<b>30</b>

<sup>1</sup>Stiftung Patientensicherheit Schweiz

<https://www.patientensicherheit.ch/programme-progress/com-check-sichere-chirurgie/>

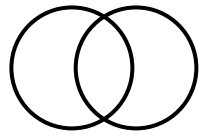
Fridrich, Annemarie; Imhof, Anita; Schwappach, David L. B. How Much and What Local Adaptation Is Acceptable? A Comparison of 24 Surgical Safety Checklists in Switzerland. Journal of Patient Safety: April 2021 - Volume 17 - Issue 3 - p 217-222. doi: 10.1097/PTS.0000000000000802

# «progress! COM-Check – Sichere Chirurgie» Übereinstimmungen zwischen Checklistenitems



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Übereinstimmende Items zwischen Spital Checklisten und der  
Checkliste Sichere Chirurgie



	Median Spitäler	Range Spitäler	SPS <sup>1</sup>
Sign In	<b>8</b>	<b>3-11</b>	<b>11</b>
Team Time Out	<b>11</b>	<b>8-14</b>	<b>14</b>
Sign Out	<b>4</b>	<b>3-5</b>	<b>5</b>
Insgesamt	<b>23</b>	<b>17-30</b>	<b>30</b>

<sup>1</sup>Stiftung Patientensicherheit Schweiz

<https://www.patientensicherheit.ch/programme-progress/com-check-sichere-chirurgie/>

Fridrich, Annemarie; Imhof, Anita; Schwappach, David L. B. How Much and What Local Adaptation Is Acceptable? A Comparison of 24 Surgical Safety Checklists in Switzerland. Journal of Patient Safety: April 2021 - Volume 17 - Issue 3 - p 217-222. doi: 10.1097/PTS.0000000000000802



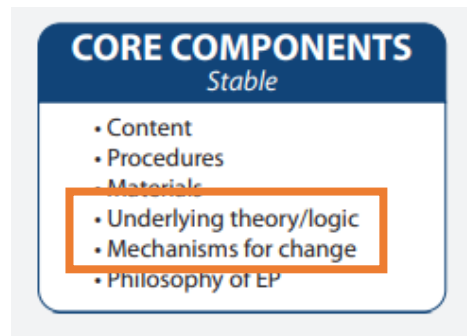
# Kernelemente vs. periphere Elementen

## Core elements

- critical features of an effective practice that were tested in rigorous clinical trials and linked with improved outcomes
- need to be delivered with fidelity to ensure the desired outcomes are achieved
- nature and scope depend on the complexity of the effective practice

## Peripheral elements

- modifiable aspects of an effective practice that do not affect its core components but optimize the fit between the practice and contextual influences
- affecting practice delivery, such as consumer, cultural, and setting characteristics



A logic model can enhance clarity.

Wie wirkt die Checkliste Sichere Chirurgie?  
Welches sind die Kernelemente und welches die peripheren Elemente?

### Quellen:

- Goodrich DE, Miake-Lye I, Braganza MZ, Wawrin N KA. Quality Enhancement Research Initiative. QUERI Roadmap for Implementation and Quality Improvement.; 2020. [www.queri.research.va.gov/tools/roadmap](http://www.queri.research.va.gov/tools/roadmap)

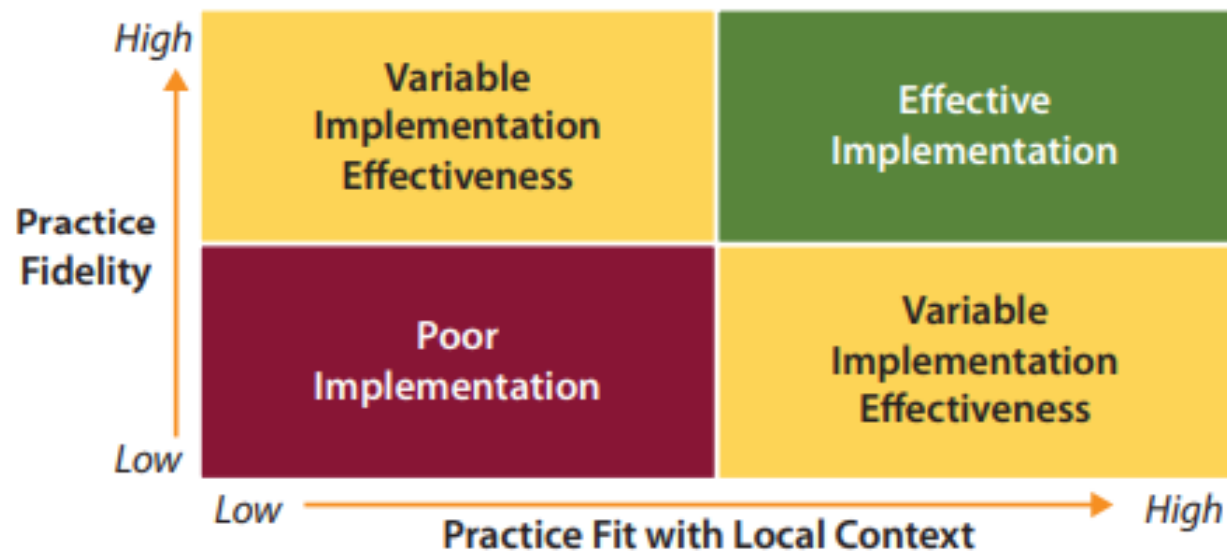




# Kategorisierung von Adaptationen I

Checkliste der WHO wird 1:1 (auf Englisch) übernommen

???



Checkliste ausschliesslich auf Rätoromanisch und wird nur zu einem Zeitpunkt eingesetzt

Aktuelle Situation:  
Checklisten mit 18 bis 50 Items

Quellen:

- Goodrich DE, Miake-Lye I, Braganza MZ, Wawrin N KA. Quality Enhancement Research Initiative. QUERI Roadmap for Implementation and Quality Improvement.; 2020. [www.queri.research.va.gov/tools/roadmap](http://www.queri.research.va.gov/tools/roadmap)



# Kategorisierung von Adaptationen II

- **Planned/proactive modifications** are made deliberately through a planning process prior to delivery to maximize fit and implementation success while minimizing disruption to the practice.

Beispiel Adaptation der Massnahme:

*Spitallogo auf die Checkliste Sichere Chirurgie*

- **Unplanned/reactive modifications** occur over the course of practice implementation, either in an impromptu manner or in reaction to constraints or challenges

Beispiel Adaptation der Implementierungsstrategie:

*Online Schulung statt vor Ort wegen Pandemie*

- **Fidelity-consistent modifications** preserve or align with core elements that are needed for a practice to be effective.

Beispiel Adaptation der Massnahme:

*Umbenennung Item: Identität Patient:in statt Patientenidentität*

- **Fidelity-inconsistent modifications** alter the practice in a way that does not preserve its core elements; this likely results in diminished practice effectiveness.

Beispiel Adaptation der Implementierungsstrategie:

*Keine Schulung*

## Quellen:

- Goodrich DE, Miake-Lye I, Braganza MZ, Wawrin N KA. Quality Enhancement Research Initiative. QUERI Roadmap for Implementation and Quality Improvement.; 2020. [www.queri.research.va.gov/tools/roadmap](http://www.queri.research.va.gov/tools/roadmap)



# Adaptationen – unvermeidlich oder notwendig?

Adaptationen sind weder immer gut, noch immer schlecht

- Adaptationen bringen eindeutige **Vorteile**:
  - Höhere adoption und acceptability
  - Erleichtung von scale-up and spread für diverse Kontexte/Settings
  - Praktik wird durch Adaptation weiterentwickelt, allenfalls sogar höhere Wirksamkeit
  
- Adaptationen können aber auch **Nachteile** nach sich ziehen:
  - Wenn Adaptationen unsystematisch/willkürlich erfolgen
  - Wirksamkeit der Praktik kann durch Adaptationen eingeschränkt/eliminiert werden
  - Vergleichbarkeit zwischen Institutionen/Kontexten kann eingeschränkt sein



# Adaptionen – Hauptsache systematisch!

Weiterführende Infos zur  
Anpassung der Checkliste  
in der Schriftenreihe 5+

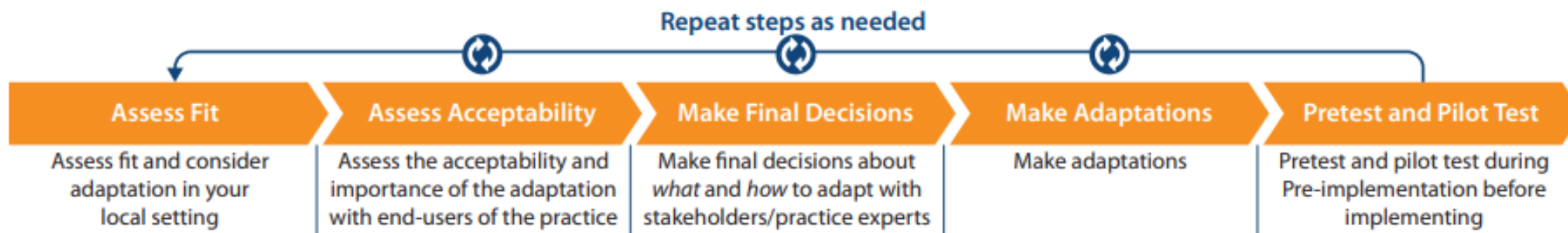
- planned/proactive adaptations müssen **systematisch geplant** werden
  - Nach der Validierung von Praktiken in klinischen Studien braucht es häufig Adaptationen für breite Anwendung → Dokumentation!
  - Dabei braucht es Vorab-Tests inkl. Feedback von Nutzer-/Anwender:innen → iterativer Prozess
  - Idealfall: vorab verschiedene Adaptationen testen und “Adaptations - Menü” erstellen
- Unplanned/reactive modifications sollten **systematisch erfasst**/evaluiert werden
  - Dokumentation + systematische Evaluierung (d.h. Vergleich mit Standard ohne Adaptationen) ermöglicht Identifikation von Adaptationen mit positiver (“positive deviance”) bzw. negativer Wirkung (“negative deviance”)
  - Schwierigkeit: Adaptationen werden selten “isoliert” vorgenommen...



# Planned/proactive modifications I

«systematic approach»

Figure 5. A Systematic Approach to Adapt Your Clinical Intervention or Effective Practice (Adapted from<sup>65</sup>)



Entwicklung der Checkliste Sichere Chirurgie durch SPS  
im Rahmen des nationalen Pilotprogramms

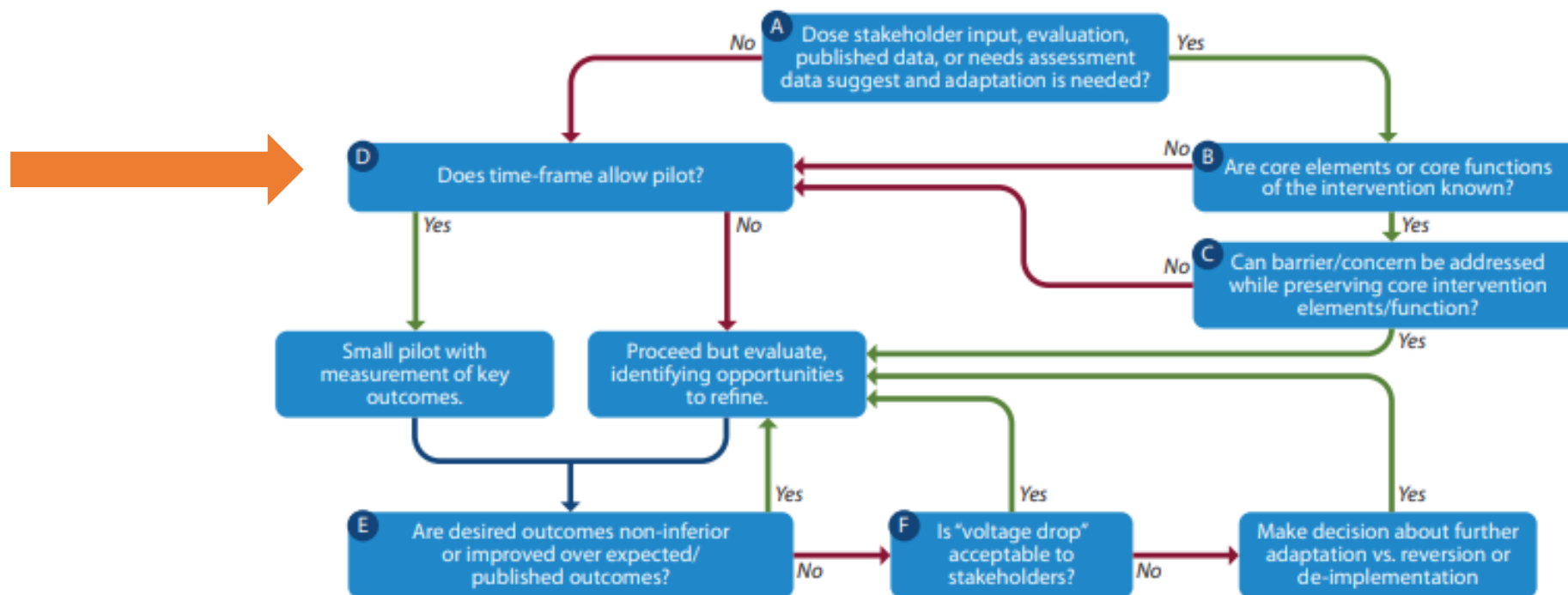
Quellen:

- Goodrich DE, Miake-Lye I, Braganza MZ, Wawrin N KA. Quality Enhancement Research Initiative. QUERI Roadmap for Implementation and Quality Improvement.; 2020. [www.queri.research.va.gov/tools/roadmap](http://www.queri.research.va.gov/tools/roadmap)



# Planned/proactive modifications II

## Iterative Decision-making for Evaluation of Adaptations (IDEA) Decision Tree



Quellen:

- Goodrich DE, Miake-Lye I, Braganza MZ, Wawrin N KA. Quality Enhancement Research Initiative. QUERI Roadmap for Implementation and Quality Improvement.; 2020. [www.queri.research.va.gov/tools/roadmap](http://www.queri.research.va.gov/tools/roadmap)



# Planned/proactive modifications III

## Adaptations Guidance Tool

### Adaptation Guidance

<b>Green</b>	<b>Things that CAN be changed:</b> <i>Usually minor and made to increase reach, receptivity, and consumer participation</i> <ul style="list-style-type: none"><li>Names of health care centers or systems</li><li>Cultural indicators based on population (e.g., language, pictures, art, scenarios)</li><li>Pictures of people and places and quotes</li><li>Ways to reach and recruit the target audience</li><li>Hard-to-read words that affect reading level</li><li>Incentives for participation</li><li>Wording to be appropriate to audience</li><li>Timeline</li></ul>
<b>Yellow</b>	<b>Things that can be changed with caution:</b> <i>Typically add or modify practice components and contents versus deleting them</i> <ul style="list-style-type: none"><li>Substituting activities and/or adding new activities</li><li>Varying delivery format/process steps</li><li>Changing the order of the curriculum or steps (i.e., sequence)</li><li>Modifying who delivers the program</li><li>Altering the length of program activities</li><li>Adding activities to address other risk factors or behaviors</li><li>Shifting or expanding the primary audience</li></ul>
<b>Red</b>	<b>Things that CANNOT be changed:</b> <i>Changes to the core components</i> <ul style="list-style-type: none"><li>The health model, theory, or core logic</li><li>Reduction of program<ul style="list-style-type: none"><li>Timeline</li><li>Dosage (e.g., activities, time/session)</li></ul></li><li>The health topic, behavior</li><li>Adding more strategies that detract from the core components</li><li>Core components or whole sections of the program</li></ul>

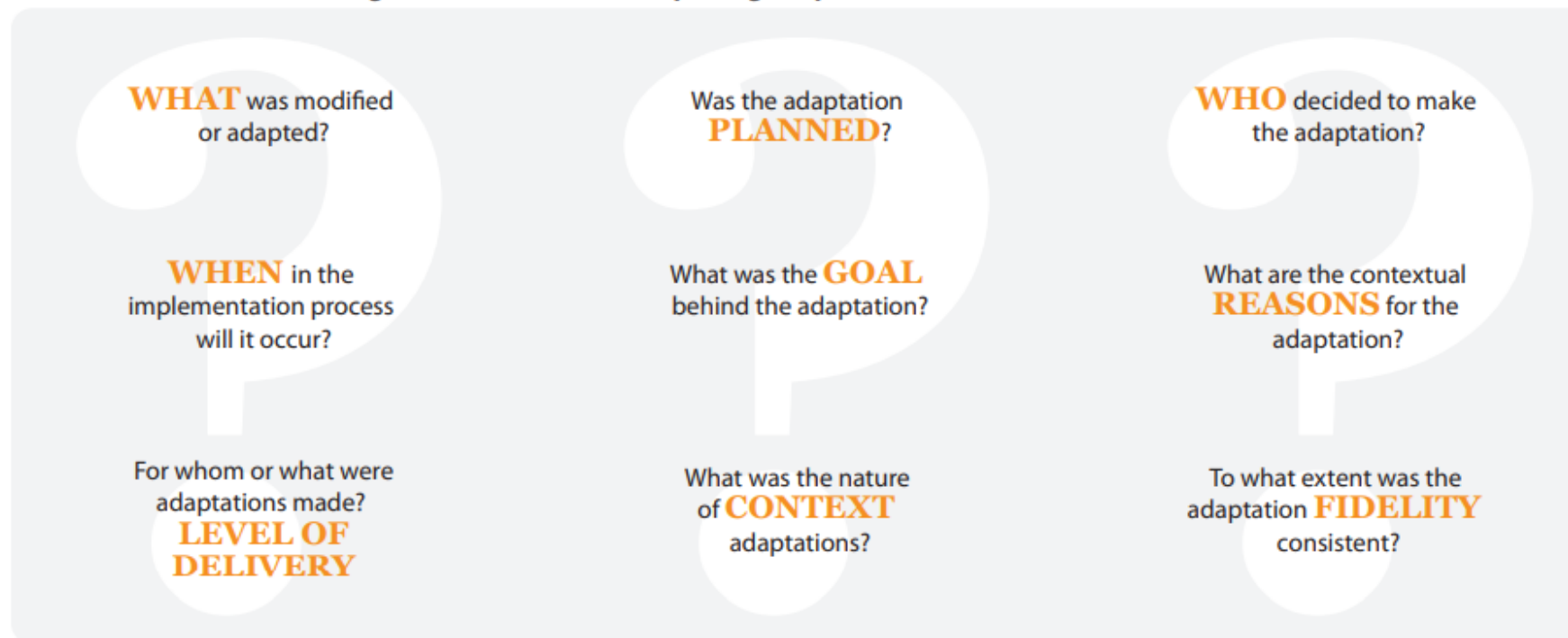
1. \*Tool adapted from: Lesesne, C. A., Lewis, K. M., Moore, C., Fisher, D., Green, D., & Wandersman, A. (2007). *Promoting Science-based Approaches to Teen Pregnancy Prevention using Getting To Outcomes*: Draft June 2007. Unpublished manual.

2. \* Tool adapted from *Session 5: Adapting an Evidence-based Intervention to Fit Your Community. Putting Public Health Evidence in Action Training Workshop*. Cancer Prevention and Control Research Network: <https://cpcrn.org/training>. February 2020.

# Wie berichtet man Adaptationen?

Kurzform *Framework for Reporting Adaptations and Modifications-Enhanced* (FRAME)

Figure 6. Framework for Reporting Adaptations and Modifications-Enhanced



Adapted from<sup>53</sup> Note: This is an abbreviated version of the FRAME and does not include all elements.

Quellen:

- Goodrich DE, Miake-Lye I, Braganza MZ, Wawrin N KA. Quality Enhancement Research Initiative. QUERI Roadmap for Implementation and Quality Improvement.; 2020. [www.queri.research.va.gov/tools/roadmap](http://www.queri.research.va.gov/tools/roadmap)





**Herzlichen Dank für  
Ihre Aufmerksamkeit!**

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