The Flare project:
Implementation of improvement programs in older people care

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Background, problem and the overall research question

- Great amount of intervention research concerning provision of older people care
- A call for “evidence-based” older people care
- The problem: difficult to implement the evidence-based programs into daily work

➤ How can new work practices be successfully implemented in older people care organizations?
Aim

The aim of this project is to systematically evaluate implementation processes of innovative improvement programs in older people care.

The purpose is twofold:

1) to identify organizational and individual factors facilitating and hindering implementation of innovative interventions in elderly care setting

2) to further develop theoretical concepts and evaluation models for implementation research.
The research questions

1. What strategies at different organizational levels are used to support program implementation and what is the impact of these strategies on program effectiveness?

2. What characterize organizations and work units that implement the improvement programs successfully?

3. How do programs’ outcome results differ between work units depending on the quality and success of program implementation?

4. How do participants (nursing staff, older people and their family members) perceive the intervention services?

5. What characterize participants that actively use the provided intervention services?
Methods

- Longitudinal design (2008 - 2011)
- Two cases e.g. interventions: 1) a care continuum program for frail older people living in their own homes and 2) education and support program for staff and leaders working in nursing home
- Multiple data collection methods (repeated questionnaire surveys, interviews, observations and document analyses)
- A methodological framework: The Conceptual Framework for Implementation Fidelity

Example of results: A study of implementation fidelity

- Definition: “the degree to which implementation of a particular program follows a program model”.
- Fidelity can act as a potential mediator of the relationship between interventions and their intended outcomes.
- Several (clinical) studies have demonstrated that the programs with high fidelity have had better outcomes than programs with lower fidelity.

Hasson H et al. (2012) Fidelity and moderating factors in complex interventions: a case study of a continuum of care program for frail elderly people in health and social care Implement Sci 7(23)
Example of results cont.

The Conceptual Framework for Implementation Fidelity

Potential moderators:
- Participant responsivness
- Comprehensiveness of policy descriptions
- Strategies to facilitate implementation
- Recruitment
- Quality of delivery
- Context

Adherence:
- Content
- Coverage
- Frequency
- Duration

Evaluation of implementation fidelity

Outcomes

Example of results cont.

Results of the study

Content: a total of 16 of the 18 intervention components were always or most often delivered as these were described in the program protocol.

<table>
<thead>
<tr>
<th>The intervention component</th>
<th>Extent to which these were conducted</th>
<th>Moderating factor affecting fidelity</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the emergency department, a nurse with geriatric expertise makes an assessment of the patients’ needs of rehabilitation, nursing, and care.</td>
<td>Seldom (made at wards not at the ED)</td>
<td>Recruitment</td>
</tr>
<tr>
<td>The geriatric assessment is transferred to the hospital ward for participants who are admitted to a ward.</td>
<td>Seldom (since assessment was made at the wards)</td>
<td>Recruitment</td>
</tr>
<tr>
<td>Case manager initiates support for patients’ relatives if necessary.</td>
<td>Always, when a participant has a relative and allows the contact, which is 10% of the participants</td>
<td>Participant responsiveness</td>
</tr>
<tr>
<td>CM has telephone contact with participants once a month except in cases where more frequent contact is needed.</td>
<td>Always, if the participant wants this. 5% wanted to take the contact by themselves.</td>
<td>Participant responsiveness</td>
</tr>
<tr>
<td>Case manager and the multi-professional team make a care plan at the elderly person’s home after the discharge.</td>
<td>Always at home, 10% of planning not all team members participating</td>
<td>Context: resources for employment</td>
</tr>
</tbody>
</table>
Example of results cont.
Results of the study

- Content: non-adherence also dealt with components that were added to the model (Moderating factor: staff responsiveness).

- Dose: no changes in the frequency or duration of the 18 components were observed over time. However, dose of the added components varied over time (Moderating factor: context (financial resources, regulations, concurrent project, previous experiences)).

- Coverage: 47% of the persons who met the inclusion criteria declined to participate (Moderating factor: recruitment).
Example of results cont.

Conclusions

- Measurement of the four dimensions of fidelity was extensive, challenging, but useful task.
- Measurement of added components?
- The different moderating factors in the Conceptual Framework for Implementation Fidelity all affected the fidelity in a complex, interrelated way.
- The effects of the moderating factors on fidelity also changed over time, which further illustrates the challenges of evaluating impact of factors influencing fidelity.
- The Conceptual Framework for Implementation Fidelity was found to be empirically useful and is suggested to be used in future studies investigating fidelity of complex organizational interventions.
Publications from the Flare projekt


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