Welcome to the 2013 Nordic Conference on Implementation of Evidence-Based Practice
5-6 februari 2013, Konsert & Kongress, Linköping, Sweden

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Organisational and collective learning from research: modelling the use of research in organisational change
Professor Huw Davies, University of St. Andrews, Scotland

Tailored implementation: addressing determinants of practice to improve health care
Professor Signe Flottorp, Kunnskapssenteret, Norwegian Knowledge Centre for the Health Services, Oslo, Norway

Knowledge translation – a problematic concept
Professor Trisha Greenhalgh, Co-director of Global Health, Policy and Innovation Unit, Blizzard Institute, Barts and the London School of Medicine and Dentistry, London, UK

Infrastructural issues in conducting good outcome studies
Professor Mike Kelly, Director of the Centre for Public Health Excellence, the National Institute for Health and Clinical Excellence (NICE), England

Reflections on the mobilisation of educational research in five countries
Professor Sandra Nutley, University of St. Andrews, Scotland

Active implementation of effective social work practices
Allison J. Metz, PhD, Associate Director, National Implementation Research Network, University of North Carolina, Chapel Hill, USA

ORAL SESSIONS, SYMPOSIA AND WORKSHOPS

Parallel session 1: Tuesday 5 Feb 14.05-15.05

Guiding principles for the design of practice manuals - Symposium
Parallel session 1 A: Crusellhallen, Tuesday 5 Feb 14.05-15.05

Knut Sundell, Associate professor, National Board of Health and Welfare, Stockholm, Sweden
Mark W. Fraser, Tate Distinguished Professor, School of Social Work, University of North Carolina, Chapel Hill, NC USA
Gerhard Andersson, Professor in Clinical Psychology, Department of Behavioural Sciences and Learning, Linköping, Sweden
Bernadette Christensen, Clinical Director, Norwegian Center for Child development - Department of Youth Program Development, University of Oslo, Norway
Dagfinn Mørkrid Thegersen, Clinical Psychologist, Norwegian Center for Child development - Department of Youth Program Development, University of Oslo, Norway.

Abstract:
Arising first in medicine and later in social welfare, treatment manuals provide guiding principles for delivering empirically supported models of service. However, little is known about best practices in designing manuals, including procedures for developing and sequencing optimal manual content. This symposium will review research related to manualized interventions, present a model for refining manuals for alternative settings and populations, and discuss emerging issues in manual-based practice.

Presentation #1: Designing and Developing Practice Manuals
Presenter/Authors: Mark W. Fraser, Maeda J. Galinsky, Jack M. Richman, and Steven H. Day:
Abstract: Often considered to be an intrinsic feature of evidence-based medicine, treatment manuals are increasingly being used to guide social interventions with individuals, families, groups, organizations, and communities. In social welfare, little is known about best practices in designing manuals. In this presentation, we describe a process that provides for the development of manuals for social interventions. In addition, we specify the means by which manuals can be adapted for practice conditions and constraints. Manual development is conceptualized as comprising four systematic and recursive stages: (a) formulation, (b) revision, (c) differentiation, and (d) translation. We discuss issues and challenges in designing manuals that are responsive to a range of factors that influence social work practice, including advances in knowledge, the influence of evidence-based practice, the needs of individual clients, and contingencies linked to organizational policies, procedures, and leadership.

Presentation #2: Will the internet change the way we develop and follow practice manuals?
Presenter/Authors: Gerhard Andersson
Abstract: Modern information technology has rapidly changed our world, and now a large majority of people in the Western world use the internet on a regular daily basis. While treatment manuals often are recommended adherence can be a problem and treatment manuals can also be perceived as being inflexible. In the present talk a new “support system” will be presented in which an online treatment manual is used in session when delivering cognitive behaviour therapy. Moreover, the use of tailoring in online interventions will be covered and data from controlled trials presented. The latter suggests that tailored treatments, mainly based on text, can be as effective as seeing a therapist. A third line of research concerns the translation and testing of online interventions for new languages and a recent example is a controlled trial on internet treatment for social anxiety disorder conducted in Romania. The rapid development of online interventions will inform regular practice and can facilitate the development and dissemination of treatment manuals.

Presentation #3: Guiding principles for organizational support, developing an organizational manual
Presenter/Authors: Bernadette Christensen, Dagfinn Mørkrid Thøgersen
Abstract: Implementation science specifies certain organizational factors that are pertinent to successful implementation of an evidence based treatment program. In this presentation we will describe these factors and the challenges the organization will meet and have to solve for the implementation to reach its full potential. We will also describe the guiding principles in designing an organization manual to support an administration in establishing organizational policies and procedures to initiate an evidence based treatment program and ensure long-term sustainability.

Information about individual contributors:
Mark W. Fraser, PhD, holds the Tate Distinguished Professorship at the School of Social Work, University of North Carolina in Chapel Hill, NC. He has won numerous awards for research and teaching, including the Distinguished Achievement Award from the U.S. Society for Social Work and Research. His work focuses on risk and resilience, child behavior, child and family services, and research methods. He has published widely and is the co-author or editor of nine books. These include Families in Crisis, Evaluating Family-Based Services, Risk and Resilience in Childhood, Making Choices: Social Problem Solving for Children, The Context of Youth Violence, Intervention with Children and Adolescents, Social Policy for Children and Families, Intervention Research: Developing Social Programs, and Propensity Score Analysis. Dr. Fraser is a fellow of the U.S. National Academies of Practice and the American Academy of Social Work and Social Welfare.

Gerhard Andersson is full professor of Clinical Psychology at Linköping University, Linköping, Sweden. He is also active as researcher at Karolinska Institute, Stockholm, Sweden. His work focus on internet interventions for a range of conditions including mood disorders, anxiety disorders and health problems. Another part of his works concerns audiology and in particular tinnitus. In addition to his research he is also active as clinician and has a licence as psychotherapist with a CBT-orientation. Andersson has published over 300 peer-reviewed articles and 8 books (see www.gerhardandersson.se) and has also worked for the National Board of Health and Welfare developing treatment guidelines for depression and anxiety. He has been editor for several journals and is currently co-editor/associate editor for PlosOne, BMC Psychiatry, Scandinavian Journal of Psychology, and Cognitive Behaviour Therapy.

Bernadette Christensen is clinical director at the Norwegian Center for Child development - Department of Youth Program Development, University of Oslo. Since 1999, Bernadette Christensen has been responsible for the implementation of Multi Systemic Therapy (MST), Functional Family
Therapy (FFT) and Multidimensional Treatment Foster Care (MTFC). Norway has 30 teams working with these methods, covering all the major cities in the whole country. In collaboration with the developers of these methods, she has developed a team of senior advisors and consultants giving support to all the teams in the implementation process in Norway. She is a specialist in clinical psychology. She has in her professional career had a special focus on the development of good treatment models for youth and adults with problems relating to drug abuse and serious behavior problems in both Mental Health settings and in Child Welfare Services. She has published articles and book chapters on these topics and has presented at a range of conferences both nationally and internationally. She lectures at the graduate program in psychology at the University of Oslo and programs for specializing in clinical psychology in Norway.

Dagfinn Mørkrid Thøgersen is a clinical psychologist from the University of Oslo, Norway, with a continued education in the clinical specialty in family psychology. He has worked at the Norwegian Center for Child Behavioral Development since 2006 where he has worked closely with the American developers of Functional Family Therapy (FFT) to implement FFT in Norway. Dagfinn is now the National FFT Consultant with responsibility of quality assurance and quality improvement of all Norwegian FFT teams. He is currently preparing a randomized controlled clinical trial of FFT in Norway that will be launched in 2013. Dagfinn Mørkrid Thøgersen has previous experience as a clinical family psychologist, is the co-author of a recent textbook chapter on treatment of troubled adolescents and lectures at the graduate program in psychology at the University of Oslo and in continued education courses for clinical psychologists.

Organisational issues in implementation – Oral presentations
Parallel session 1 B: Operan, Tuesday 5 Feb 14.05-15.05

OP 1B:1 Staff perceptions and attitudes: Does organizational leadership matter in adolescent residential care? (136)

Carl Ivar Holmen, Senior Advisor RKBU, Faculty of Health Sciences, University of Tromsø, Norway

Authors:
Carl Ivar Holmen, Shery Namvar, Bjørn Helge Handegård and Sturla Fossum RKBU, University of Tromsø

Abstract:
Objective: To explore staff members’ perceptions of organizational leadership, staff member work performance and general attitudes toward a new treatment model based on the principles of evidence-based practice at six publicly funded adolescent residential care centers in Norway.

Method: Questionnaires regarding the implementation of a treatment model were distributed among 80 staff members at six time points (T1 through T6) over a three-year period. Multi-level method were applied to explore the covariance between (1) staff members perception of organizational leadership at T1 through T5 as related to staff members attitudes towards the treatment model at T2 through T6; (2) staff members perception of their organizational leadership at T1 through T5 as related to staff members perceptions of their own work performance at T2 through T6 and; (3) the staff members perception of their own organization at T1 through T5 as related to their attitudes toward the new treatment model at T2 through T6.

Results: In research question (1), there was a strong association between the perceived role of organizational leadership and staff members attitudes to the treatment model, $Z = 2.70$, $p < .01$. In research question (2), there was no significant association between staff members perception of organizational leadership and staff members work performance, $Z = 0.93$, ns. Regarding research question (3), we found a significant association between staff members perception of their organization and their attitudes toward the new treatment model, $Z = 5.73$, $p < .001$.

Discussion: Organizational leadership plays an important part when implementing a new treatment model in adolescent residential care centers. Establishing and maintaining an organizational climate
that supports the implementation appears important. It is not however, evident whether organizational leadership improves staff member work performance. The findings are discussed.

**OP 1B:2 Associations between Creative Climate at baseline and usage at 24 month follow-up, when a lifestyle intervention tool was implemented in Swedish Primary Health Care (172)**

Siw Carlfjord, Postdoctoral researcher Linköping University, Sweden

**Authors:**

Siw Carlfjord, Karin Festin

**Abstract:**

Introduction: Factors influencing implementation of new methods in health care have been studied, but there is still a lack of knowledge regarding determinants of a successful implementation. Organizational climate has been suggested to have an impact on uptake of research findings. One way to measure creative climate is the creative climate questionnaire (CCQ) developed by Ekvall and frequently used in health care settings. The aim of this study was to assess the association between organizational climate when a tool for lifestyle intervention was introduced in PHC, and implementation outcome in terms of how the tool was perceived and used after 24 months.

Methods: A lifestyle intervention tool was introduced at 22 PHC units in Östergötland County, Sweden in 2008-2010. Before the introduction organizational climate was measured at each participating unit with the instrument Creative Climate Questionnaire (CCQ). An implementation strategy based on Rogers’ theories of the innovation-decision process was applied for the implementation. When the lifestyle intervention tool had been in operation for 24 months the use of the tool and staff perceptions about using the tool were measured by a staff questionnaire. Outcome in terms of proportion of visiting patients who were referred by staff to the tool was measured using register data.

Results: There was an association between creative climate at baseline and perceptions and use of the tool after 24 months. Proportion of patients being referred was not associated to creative climate at baseline or to staff reported use or perceptions of the tool.

Discussion: Organizational climate as measured by the CCQ instrument seems to predict implementation success in terms of staff reported use and perceptions of a new tool. There is, however a discrepancy regarding proportion of patients actually being referred. This discrepancy could be due to that one enthusiastic staff member at a unit where very few staff members have adopted the innovation may have high influence on performance on unit level. It seems that staff reporting on individual level is a better value for implementation success than register data.

**OP 1B:3 Creating the infrastructure for high-quality implementation in a large scale-up of Evidence-based Practices (183)**

Brian Bumbarger, Director Evidence-based Prevention and Intervention Support Ctr, University Park, USA

**Authors:**

Brian K. Bumbarger, Brittany L. Rhoades

**Abstract:**

As more states and countries have begun to support the large-scale dissemination of evidence-based programs, the need for state-level infrastructures to support EBPs has become clear. This session will describe Pennsylvania’s efforts to create a state-level support system for the dissemination, high-quality implementation, and sustainability of a diverse menu of EBPs. Based on the Interactive Systems Framework for Dissemination and Implementation, Pennsylvania’s Evidence-based Prevention and Intervention Support Center (EPISCenter) is one the first such state-level systems and has created a sophisticated network of research, training, technical assistance, and evaluation support. In this presentation attendees will learn about.
• The Interactive Systems Framework for Dissemination and Implementation (ISF) and how Pennsylvania has expanded this model to more directly engage state policy makers
• The funding, training, and technical assistance infrastructure needed to take EBPs to scale with sufficient quality, fidelity, and sustainability
• The impact of this model on dissemination, implementation quality, and population- and systems-level outcomes in Pennsylvania
• A series of research, practice, and policy innovations developed and how this model and the lessons learned in Pennsylvania can be replicated in other states and countries

This presentation is based on the following previously published articles:


OP 1B:4 Improving the quality and safety of health care through outcomes research - Specific focus on nursing management (194)

Tarja Suominen, Professor, University of Tampere, Finland

Authors:
Suominen Tarja

Abstract:
One of the important factors in health care efficiency and cost-effectiveness is the functionality of the service system. The purpose of this international and multidisciplinary research project is to describe, explain and model nursing management in public health care in this context. Efficiency of nursing from the viewpoint of patients, staff and organization is assessed with the help of nursing process factors and outcome variables. At the same time, working methods and instruments suitable for follow-up can be developed. Then the central field to be explored is work culture and also organizational culture and organizational climate in health care and their relationship with the outcomes.

Main research questions
1. How the power, empowerment and stress perceived by the nursing managers and nurses are associated to the workplace/organizational culture and climate?
2. How do workplace/organizational culture and climate explain process factors and the patient, health care professional and organizational outcomes?

Table 1. The content areas under investigation
1a. Structural prerequisites
   Power (*, **); Empowerment (*); Stress (*, **); Organizational culture and –climate (*, **); Workplace culture (*, **)

1b. Process
   Competence development (*); Appreciative Management (*, **); Decision-making in ethically dilemmatic situations (*); Use of health technology (*, **, +, ++); Safety attitudes, knowledge and skills related to adverse events (**) 

1c. Outcomes
   Selected outcomes from databases (*, **, +, ++); Client-Centered Care (++); Self-Care (++); Adverse events

Data from: *managers; ** health care professionals; + organization; ++ patients
Table 2. Instruments and methods
2a. Structure
The Sieloff-King Assessment of Group Outcome Attainment within Organizations© (SKAGPO); The Work Empowerment; Conditions of Work Effectiveness Questionnaire II; Expanded Nursing Stress Scale (ENSS); Organizational Culture and Climate Scale NCI (Nursing Context Index)

2b. Process
CDI 1.0 (Competence Development Instrument, under development for this study); AMS 1.0 (AMS = Appreciative Management Scale; instrument developed for this study); DEDS 1.0 (DEDS=Decision-making in Ethically Dilemmatic Situations; instrument developed for this study); SAQ (Safety attitudes questionnaire)

2c. Outcomes
Available register data; Client-Centered Care Questionnaire; Therapeutic Self-Care – discharge; Interview

Systematic reviews: why commission one and how to use it? – Workshop
Parallel session 1 C: Sonaten, Tuesday 5 Feb 14.05-15.05

Eamonn Noonan, CEO, The Campbell Collaboration, Oslo, Norway
Heather Menzies Munthe-Kaas, Researcher/ Communications Officer, The Campbell Collaboration International Secretariat

Abstract:
The Campbell Collaboration’s mission is to promote evidence-based practice and policy making by helping people make well-informed decisions by preparing, maintaining and disseminating systematic reviews in education, crime and justice, social welfare, and international development. Evidence-based practice and policy making is an increasing buzz phrase in the social sciences and development, but how do practitioners and policy makers actually achieve it? This presentation is aimed at policy makers and practitioners interested in commissioning or conducting systematic reviews. We will discuss what types of topics systematic reviews are best suited to, how to form a systematic review question, how to evaluate a systematic review and how to use a systematic review.

Content:
Why commission systematic reviews?
PICO formation (PICO = Problem/Population, Intervention, Comparison, and Outcome)
Systematic Review evaluation
Systematic reviews as the starting point, not the end point

Information about individual contributors:
Heather Menzies Munthe-Kaas, Researcher/ Communications Officer, The Campbell Collaboration International Secretariat

Karianne Thune Hammerstrøm, Managing Editor, The Campbell Collaboration International Secretariat

Eamonn Noonan, CEO, The Campbell Collaboration, Oslo, Norway

How can quality registers enhance learning and improvement in health and welfare? – Workshop
Parallel session 1 D: Operetten, Tuesday 5 Feb 14.05-15.05

Boel Andersson Gäre, Professor, Jönköping Academy for Improvement of Health and Welfare, Jönköping University and Futurum, Jönköping County Council
Johan Thor, MD, PhD, director, the Jönköping Academy for Improvement of Health and Welfare, Jönköping University, Sweden
Anette Peterson, RN, PhD student, the Jönköping Academy for Improvement of Health and Welfare, the School of Health Sciences, Jönköping University
Mattias Elg, professor, the Jönköping Academy for Improvement of Health and Welfare, Jönköping University and Linköping University Sweden
Ann Charlott Norman, adjunct lecturer, PhD-student, the Jönköping Academy for Improvement of Health and Welfare, Jönköping University and the Linneus University, Växjö, Sweden

Abstract:
Reports on variation in outcomes and processes in healthcare appear continuously in Sweden and internationally. The adherence to evidence based guidelines is inadequate when it comes to issues such as antibiotic use, hygiene routines, medication to the elderly just to mention some. Quality registers have become an important "actor" in providing such data more systematically. However, there are many questions and concerns about how these registers can be best used for the development and improvement in health and welfare. Only measuring and publication of data is not enough to create actual improvements effectively. In this workshop we want to explore different issues around how the quality register can support a more evidence based practice and better outcomes for clients, patients and populations. Implications for how data is collected and presented? Methods for learning and change in the interprofessional context of care? Client, patient involvement in the use of quality registers? Theoretical input will be presented together with some practical examples. The audience will be involved in further conversations and explorations of the topics.

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Parallel session 2: Tuesday 5 Feb 15.30-17.00
Measurement and evaluation issues in implementation Science – Oral presentations
Parallel session 2 A: Crusellhallen, Tuesday 5 Feb 15.30-17.00

OP 2A:1 Measurement of implementation components ten years after a nationwide introduction of empirically supported programs – a pilot study (107)
Terje Ogden, Professor, The Norwegian Center of Child Behavioral Development, University of Oslo, Norway

Authors
Terje Ogden, Gunnar Bjørnebakk, John Kjøbli, Joshua Patras, Terje Christiansen, Knut Taraldsen, Nina Tollefsen

Abstract
Introduction: Ten years after the nationwide dissemination of two evidence based programs in Norway, the status of the implementation components was evaluated in a cross-sectional study. The aim of the study was to pilot a standardized measure of implementation components by examining the factor structure, the reliabilities of the scores, and their association with implementation outcome variables. The aim was also to compare implementation profiles of the two evidence-based programs based on multi informant assessments.
Methods: The 218 participants in the study were therapists, supervisors, and agency leaders working with Multisystemic Therapy (MST) or Parent Management Training (PMTO). Interviewers filled in an electronic version of the Implementation Components Questionnaire (Fixsen et al., 2008) during a telephone interview.

Results: The factor analysis of the eight one-dimensional subscales resulted in an individual clinical-level factor and an organizational system-level factor. Age, experience, and number of colleagues in the workplace were negatively correlated with positive ratings of the implementation process, but the number of colleagues working with the same program predicted positive ratings. MST and PMTO had different implementation profiles and therapists, supervisors, and managers evaluated some of the implementation drivers significantly differently.

Discussion: The psychometric quality of the questionnaire was supported by measures of internal consistency, factor analyses of the implementation components, and the comparisons of implementation profiles between programs and respondent groups. A moderate, but consistent association in the expected direction was found with the implementation outcome variables.

OP 2A:2 Evidence grading and recommendations in the public health field in Sweden (145)
Karin Guldbrandsson, PhD, Swedish National Institute of Public Health, Östersund, Sweden

Authors:
Karin Guldbrandsson, Nils Stenström, Regina Winzer, Sofia Ljungdahl, Matt Richardson, Anna Bessö, Sven Bremberg

Abstract:
Introduction: Organizations worldwide compile results from scientific studies, and grade the evidence of interventions, in order to assist policy makers. However, quality of evidence alone is seldom sufficient to make a proper decision. Other sources of information, e.g. ethical considerations, resource demands and applicability are needed to complement the scientific quality of an intervention. In February 2012 the Swedish National Institute of Public Health (SNIPH) received a government commission to investigate the use of the Grading of Recommendations Assessment, Development and Evaluation (GRADE) framework in rating quality of evidence in public health interventions in Sweden. Further, SNIPH was assigned to develop a system for recommendations in the field of public health. There are a number of organizations developing guidelines, including rating of quality of evidence and grading strengths of recommendations in public health. The aim of this study is to describe the development of a Swedish system for recommendations in the public health field based on the GRADE framework.

Methods: A systematic review on parenting training programs (Furlong et al. 2012) was chosen and the quality of evidence was rated by using GRADE. A recommendation form based on the GRADE framework was developed to Swedish conditions, tested in stakeholder panels and discussed in meetings with consultations authorities. A final recommendation was given based on the quality of evidence and considerations by an expert panel.

Results: The GRADE recommendation form appeared to be useful, but not completely suitable for the public health field in Sweden. E.g. two questions regarding autonomy and institutionalization were added to the form and some formulations were modified. The process of gathering stakeholder panels was delicate. One main finding is that the stakeholder panels, their composition and the participants’ professional roles, are crucial parts of the process in developing recommendations.

Conclusion: The recommendation form, based on GRADE, and the stakeholder panels have to be further developed to be veritably useful in the public health field in Sweden.
OP 2A:3 Patients’ perceptions on health promotion and communication practices in public oral health care: Implementation of process evaluation measurement (155)

Kirsti Kasila, University lecturer, Ph.D. University of Jyväskylä, Finland

Authors:
Kirsti Kasila¹, Tarja Kettunen¹, Eija Peltonen², Marita Poskiparta¹, Maritta Ruoho², Jari Villberg¹
¹Research Center for Health Promotion, University of Jyväskylä, Finland
²Health Centre in the Central Finland Region, Finland

Abstract:
There are few studies on health promotion and communication practices in clinical encounters in oral health care. The operationalization of communication practices in oral health promotion and the assessment of their realization have been insufficient.

The aim of this study was to create an evaluation measurement to assess health promotion and communication practices for use in oral health care encounters with patients. The evaluation measurement comprised a total of 18 statements e.g. The staff listened to me, The staff acknowledged my excitement or fears, The staff used understandable language, The staff talked to each other, ignoring me, The staff described care process to me, I was told of matters that I already knew, I had an opportunity to ask questions, I got feedback on my oral health self–care, I got instructions that I can utilize in oral health self-care, I got support on making health promoting choices, We planned together how I could improve oral self-care in future. The statements had four response options (1=totally agree to 4=totally disagree).

In spring 2012, the patients (N=684) were asked, during three weeks, to assess their clinical encounters in public oral health care in the area of central Finland. The questionnaire data, including background questions (e.g. patient’s age and sex, clinical encounter with dentist or dental nurse), was analyzed statistically by calculating frequencies, percents and mean scores for data variables. Associations between variables were described by using cross-tabulation. Differences between variables were tested statistically by using the chi-square test. Reliability evaluation was performed by calculating the Cronbach alpha value for the measurement.

The results showed that development challenges for improving oral health promotion practices in clinical encounters mainly concerned the following issues: giving individualized information and advice, giving feedback on self-care, encouraging patients to make health promoting choices, and helping patients devise a plan for improving oral health self-care. We found evidence from the reliability and usability of the process evaluation measurement. Further study is needed to evaluate the stability and validity of the measurement.

OP 2A:4 Depression in the elderly - identifying determinants of practice in primary care (184)

Eivind Aakhus, Fellow researcher, Consultant Norwegian Knowledge Centre for the Health Services, Oslo, Norway

Authors:
Eivind Aakhus, Signe Flottorp, Andrew D Oxman

Abstract:
Introduction
Tailored implementation for chronic diseases (TICD) is a multi-national EU FP7 supported project that aims to tailor interventions for chronic disease. Identification of barriers and enablers to practice is important in order to achieve adherence to treatment recommendations. Evidence suggests that clinicians adhere to clinical practice guidelines to a limited degree only. We have developed a comprehensive 57 item checklist that addresses determinants of practice in a systematic way. The determinants are grouped in 7 domains: Guidelines factors, Individual health professional factors, Patient factors, Professional interactions, Incentives and resources, Capacity for organisational change and Social, political and legal factors. For each domain an optional “other”-category allows for classifying identified determinants that do not easily fit into the pre-defined categories.
The aim of this project was two-fold: 1. To identify determinants of practice regarding prioritised evidence-based recommendations for managing depression in the elderly in primary care. 2. To test the feasibility and comprehensiveness of a variety of methods in order to identify determinants of practice by using the TICD checklist.

Methods
We conducted a systematic review of clinical practice guidelines on depression in adults. We identified and prioritised clinically important, evidence-based recommendations for managing depression in the elderly in primary care. We presented these recommendations to researchers, health care professionals and patients and asked them to identify barriers and enablers to these recommendations. We used various methods: open and structured focus groups (professionals), interviews (professionals and patients) and conducted a survey (professionals). Discussions were audio-recorded and transcribed, and we collected written material from the groups.

Results
A combination of open and structured focus groups was the most comprehensive method for identifying determinant of practice. We identified barriers and enablers from all seven domains, but predominantly from these four domains: Individual health professional factors, patient factors, incentives and resources and capacity for organisational change. The determinants addressed all levels of the health care system.

Discussion
The 57 item TICD checklist is a feasible and comprehensive tool for identifying determinants of practice.

OP 2A:5 Content validity assessment of the Alberta Context Tool and other concepts of organizational context in low- and middle-income settings (186)

Anna Bergström, International Maternal and Child Health, Department of Women’s and Children’s Health, Uppsala University, Sweden

Authors:
Anna Bergström, Mark Tomlinson, Janet Squires, Duong M. Duc, Dinh P. Hoa, Carina Källeståhl, Lars-Åke Persson, Jesmin Pervin, Stefan Peterson, Nguyen T. Nga, Anisur Rahman, Peter Waiswa, Elmer Zelaya, Carole Estabrooks and Lars Wallin

Abstract:
Methods: This study was undertaken in Bangladesh, Vietnam, Uganda and Nicaragua. We invited a panel of 8-11 individuals with experience in KT in healthcare organizations in each of the settings to complete a content validity questionnaire including the ACT (ten concepts organized into eight dimensions: (1) Leadership, (2) Culture, (3) Evaluation (4) Social capital, (5) Formal interactions, (6) Informal interactions, (7) Structural and electronic resources, and (8) Organizational slack - staffing, space and time), the OCQ/ACS (Commitment) and single-items and two dimensions (Organizational resources, Community engagement) developed by the research group. We also explored if there were other factors perceived to be relevant for KT in LMIS by conducting focus group discussions with all panels. Content validity index of items and concepts were calculated based on panellists ratings. Content analysis to qualitative data.

Results: All concepts of context included in the tested tools were perceived to be relevant in the focus group discussions. The quantitative assessment revealed 28/94 items were rated as relevant across all settings while three out of four settings rated 65/94 items as relevant. In the qualitative exploration, informal systems and informal payment were proposed as an additional factors influencing knowledge translation.

Discussion: While concepts presented in the ACT and the OCQ/ACS were perceived as relevant, the complete tools do not serve the purpose of assessing organizational context in LMIS. This study has generated useful knowledge on relevant factors to include in further development of a context assessment tool.
OP 2A:6 Measuring, assessing and improving implementation at multiple levels of the service delivery system (209)

Allison Metz, PhD, Associate Director, National Implementation Research Network, University of North Carolina-Chapel Hill, USA

Authors:
Metz A.

Abstract:
There is growing recognition in the health and human services field of the importance of effective implementation and the need for implementation research that can guide selection, development, evaluation, and ongoing improvement of interventions. However, most implementation research focuses on measuring the extent to which program activities are carried out as intended by program developers and does not take into account other essential implementation activities that support program delivery and influence model adherence, such as coaching, policy development, or the use of data systems. Typically, implementation findings do not provide sufficient information for replication or program improvement efforts (Durlak & DuPre, 2008; Wandersman et al., 2008). Moreover, traditional evaluation methods are insufficient for many human service interventions, which are complex, implemented at multiple levels, and embedded within larger service delivery systems. To fill this gap, this presentation will introduce the Implementation Drivers Assessment and provide change score data related to the implementation infrastructure put in place to support several evidence-based and evidence-informed interventions in child welfare. Implementation drivers are the core components or building blocks of the infrastructure needed to support practice, organizational, and systems change (Fixsen et al., 2005). The structural components and activities that make up each implementation driver contribute to the successful and sustainable implementation of programs, practices, and innovations.

Implementation driver data were collected over a three period as part of five year initiative funded by The Duke Endowment to develop, implement, sustain, and evaluate a post-care service system for children exiting the child welfare system to permanency. Data were collected at three points in time for interventions that were developed by the public agency and for evidence-based models that were supported by national trainers and purveyors. The analysis focuses on how implementation data were used to drive decision-making and continuous program improvement; the role of Implementation Teams in installing, assessing, and strengthening drivers; how to address changes in locus of control for the implementation drivers (from purveyor to public agencies); and how changes in implementation data scores are related to changes in fidelity scores. Main findings include:

- Drivers Assessment was sensitive to change
- Strengthening the implementation infrastructure (i.e., implementation drivers) improves fidelity scores
- Conducting a stage-based formal assessment of the implementation drivers yields important findings for purposeful action planning by Implementation Teams whether a purveyor is formally involved or not
- Building the capacity of Implementation Teams to address infrastructure gaps not installed by purveyors is important for achieving fidelity
- Building the capacity of Implementation Teams to shift responsibility of certain drivers from the purveyor to the public agency without compromising program fidelity is important for sustaining evidence-based models
Evidence-based social work – Oral presentations
Parallel session 2 B: Operan, Tuesday 5 Feb 15.30-17.00

OP 2B:1 Ways of understanding evidence-based practice in social work: a qualitative study
(106)

Gunilla Avby, PhD student, Linköping University, Sweden

Authors:
Avby Gunilla, Nilsen Per, Abrandt Dahlgren Madeleine

Abstract:
Introduction: Evidence-based practice (EBP) has become a powerful movement that influences many sectors, from health care to management. Social work is not left impervious. EBP is expected to change the content and structure of social work by forming a practice that is measurable, knowledgeable and utilizes research when determining which methods are most efficient. In Sweden social workers and managers are reported to be generally positive towards EBP, but that local politicians have been more skeptical. However, what lies beneath these positive attitudes and actually determines the understanding of EBP is believed to be rather superficial. Furthermore, the vagueness in understanding is intensified with a limited agreement of the definition of EBP and the potential merits of EBP in this field. This qualitative, empirical study explores and describes the variation in how evidence-based practice (EBP) is understood by different stakeholders within social work. Method: A phenomenographic approach to design and analysis was applied. Fourteen semi-structured interviews were conducted with politicians, managers and executive staff in three social welfare offices in Sweden. Results: The main findings suggest that there are qualitatively different ways in which EBP is understood, described in five categories: (i) fragmented; (ii) discursive; (iii) instrumental; (iv) multifaceted; and (v) critical. The outcome space is hierarchically structured with a logical relationship between the categories. However, the informants found it difficult to account for EBP, depending on what was expressed as deficient knowledge of EBP in the organization, as well as ability to provide a seemly context for EBP. Discussion: The results highlight the importance of acknowledging these differences in the organization to compose a supportive atmosphere for EBP to thrive rather than merely assume the case of evidence-based social work. The categories can be utilized as stimuli for reflection in social work practice, and thereby provide the possibility to promote knowledge use and learning in the evolving evidence-based social work.

OP 2B:2 120 Dutch social workers’ views about and implementation of the EBP process (120)

Renske Van der Zwet, MSc, Tilburg University, The Netherlands

Authors:
Renske van der Zwet (MSc), Deirdre Beneken Genaamd Kolmer (PhD), Rene Schalk (PhD)

Abstract:
Introduction: In the Netherlands, evidence-based practice (EBP) is a growing trend, in large because local authorities/governments are demanding more effectiveness in social work. Despite efforts to implement EBP in social work, several obstacles to the implementation of EBP have been identified in the Dutch literature (Van der Zwet, Beneken Genaamd Kolmer, & Schalk, 2011). One of the major issues is the aversion of social work practitioners themselves. One important barrier to address if EBP is to be successful, is the attitudes of practitioners toward EBP and their subsequent willingness to adopt and implement EBP in their practice. The success of the EBP movement will depend largely on whether practitioners accept EBP as an important model to guide their practice, feel capable of engaging in EBP, view EBP as feasible in light of real-world practice realities and barriers. The present study assesses Dutch practitioners’ orientation toward the EBP process. Methods: The EBP Process Assessment Scale (Rubin & Parrish, 2011) was used to measure practitioner views about and implementation of the EBP process. This scale can be summed for a composite score assessing the extent to which practitioners are oriented to the EBP process, and
includes five subscales: (1) familiarity with the EBP process, (2) attitudes about the EBP process, (3) feasibility to engage in the EBP process, (4) intentions to engage in the EBP process, and (5) how often currently engaged in the EBP process.

Results: Thus far, more than 20 social work organisations participated in the current research project and 340 practitioners completed the the questionnaire (providing a provisional response rate of 30%). The study measures the current levels of practitioners’ attitudes toward the EBP process and implementation of the EBP process. Furthermore this study assesses the variables associated with the level of practitioner acceptance and implementation of the EBP process.

Discussion: The identification of the variables associated with the level of practitioner acceptance and implementation of the EBP process can be helpful in suggesting ways to improve practitioner acceptance and implementation of the EBP process.

OP 2B:3 148 Evidence-based practice in social care: What kind of support does first-line managers need? (148)

Rebecca Mosson, Research Assistant, Karolinska Institutet, Stockholm, Sweden

Authors:
Rebecca Mosson MSc¹, Henna Hasson, PhD¹,², Ulrica von Thiele Schwarz PhD ³,¹
1. Karolinska Institute, Department of Learning, Informatics, Management and Ethics, Medical Management Centre (MMC)
2. Vårdal Institute, The Swedish Institute for Health Sciences
3. Stockholm University, Department of Psychology

Abstract:
Background and aim Implementation of evidence based methods and national guidelines have reported to be a slow and complex process. This is particularly true within municipal services. Prior research suggests that first-line managers have a significant role in all type of implementation process. However, there is a lack of knowledge concerning how first line managers prefer working with evidence based methods and guidelines, including what type of organizational support and facilitation they would require in that process. The present study aims to investigate what type of support first-line leaders at municipality care need in order to be able to facilitate implementation of national guidelines and other evidence at their workplace.

Methods The study is set within six municipalities in Sweden, representing a variation in location, population size and previous experience working with evidence-based practice. Within each municipality five to six first-line managers currently operating in social care considering children, families, adults, older adults and individuals with disabilities were interviewed (n=30).

Results Interviews will be analyzed using content analysis and preliminary result will be presented at the conference. Hypothetically, the need for support will vary depending on the individuals previous experiences in working with evidence based practice and national guidelines, and differ between sectors of municipal services depending on the cultural and historic approach to evidence-based practice.

Conclusion Guidelines are used on the national level to support the evidence-based practice in regional and local settings. Implementation research shows that first-line managers are essential for implementation in general. This study will show how first-line managers them-selves perceive their role in relation to evidence-based practice and what support they need in order to pursue this further.
OP 2B:4 Delivering large-scale and long-lasting implementation of evidence-based treatment programs (151)

Dagfinn Mørkrid Thøgersen, Clinical Psychologist, Atferdssenteret, Oslo, Norway

Authors:
Thøgersen, Dagfinn Mørkrid & Christensen, Bernadette

Abstract:
The Norwegian Center for Child Behavioral Development (Atferdssenteret) has a national responsibility for developing, implementing, monitoring and evaluating evidence-based treatment methods for children and youth with serious behavioral problems. Since 1999 the Center has led a nation-wide implementation of Multisystemic Therapy (MST), and since 2007 Functional Family Therapy (FFT) and Multi-dimensional Treatment Foster Care (MTFC) has been implemented. Today Atferdssenteret is supporting and overseeing 30 teams delivering MST, FFT and MTFC to the Norwegian population through the state child welfare system. As part of the implementation process the Center conducts randomized controlled clinical trial, to evaluate effectiveness and identify important implementation factors.

Through this work, key issues of successful, long-term and large-scale implementation have been identified. We will present how the different stages of implementation need to be guided by a long-term perspective to ensure sustainability of implemented programs. In addition we will present how the different stages of implementation relate to the two key factors of implementation. The first factor is focused on the development of therapist competency through selecting, training and coaching procedures. The second factor focuses on readiness and support in the host-organization through creating facilitative administration, establishing data system for decision support and doing necessary systems adaptations. The key role of an intermediary knowledge center in this work will be emphasized.

The Norwegian Center has worked closely with several American model developers. This has given knowledge on how different developer organizations focus on and support the various factors necessary for successful implementation. The collaboration between model developers, knowledge centers and individual sites will need to vary based on the stages of implementation and the level of competency in each entity. We will present a framework for creating positive, supportive and sustainable collaboration between these three parties to support long-term implementation of evidence-based practices.

OP 2B:5 Designing an implementation strategy to support the multi-site implementation of an evidence-based parenting program for parents with intellectual disability for across Sweden (205)

Robyn Mildon, PhD, Parenting Research Center, Melbourne, Australia

Authors:
Dr Robyn Mildon, Parenting Research Centre, Australia; Dr Catherine Wade, Parenting Research Centre, Australia; PhD Student Lisbeth Mensas, Nordic School of Public Health, Gothenburg, Sweden; Professor Staffan Johansson Department of Social Work, Gothenburg University, Sweden; Associate professor Mikaela Starke, Department of Social Work, Gothenburg University, Sweden

Abstract:
Even the most promising evidence-based program will have limited impact if it is not appropriately implemented. In order for children and families to receive the full benefits of evidence-based programs and practices, services need to pay attention to both “the what” (the actual program being implemented) and the “how” (the actions and behaviours that are used to support effective implementation of the program).

Despite this, there are relatively few comprehensive guidelines on quality implementation of practice specific to intensive family support. A framework drawn on research on implementation in other fields of practice, and building on the work of the National Implementation Research Network (NIRN) in the
US, is being applied to support the implementation of an evidence-based parent education program in multiple service delivery sites across Sweden.

This paper will describe in detail the implementation framework being applied to the implementation of the ‘Parenting Young Children’ program as it is "translated and implemented" into Swedish social services contexts. The paper will describe implementation support strategies being utilised to date to achieve early practice change, and the conceptual model being used to guide the evaluation of this work.

**OP 2B:6 Implementation guide: a tool for successful implementation (207)**

Marleen Wilschut, MSc, Netherlands Youth Institute, Utrecht, The Netherlands

**Authors:**
M. Wilschut

**Abstract:**
Introduction – Making full and effective use of implementation knowledge is of major importance but is not easily be done. Most Two years ago, the Netherlands Youth Institute has developed an Implementation Guide for child welfare organizations. It is designed for all kind of implementation processes and it helps to make the right choices during the process by giving practical support and suggesting useful change methods.

Method – The Implementation Guide is based on academic literature from the past five years. The guide contains 20 questions by means of which professionals are supported in how to implement their plans. It also helps to guide them with the choices made during an implementation process. That process is divided into the steps of ‘determine the demand’, ‘analyze’, ‘plan’, ‘do’, ‘check’ and ‘act’. At any time, the user can request an interim report which gives the user advice and suggestions for a method of change.

Results – Monitoring experiences in The Netherlands with the Implementation Guide has provided us insight into issues relevant for implementation in child welfare. The processes followed so far make it possible to present how the field of welfare is implementing and what are important do’s and don’ts for that matter.

Discussion – This oral presentation is aimed at inspiring the audience to reflect on implementation in general and on their own implementation struggles in particular. The different steps of the Implementation Guide will be discussed: what do we know from literature and what do we see in practice? Do we actually use what we know? Good practices are used as an example to illustrate bottlenecks of bringing implementation knowledge into practice and to illustrate how the different steps can help as a tool for successful implementation.

**Implementation of EBP in different settings – Oral presentations**

Parallel session 2 C: Sonaten, Tuesday 5 Feb 15.30-17.00

**OP 2C:1 Clinical guidelines and Evidence-Based Practice in primary care physical therapy: A survey of attitudes, knowledge, and behavior in Western Sweden (116)**

Susanne Bernhardsson, Physiotherapist, Linköping University, Sweden

**Authors:**
Susanne Bernhardsson, Kajsa Johansson, Per Nilsen, Birgitta Öberg, Maria EH Larsson

**Abstract:**
Background. Understanding of attitudes, knowledge, and behavior related to evidence-based practice (EBP) and, in particular, evidence-based clinical practice guidelines in primary care physical therapy is limited.
Objectives. To investigate self-reported attitudes, knowledge, behavior, prerequisites, and barriers related to EBP and, in particular, guidelines among physical therapists (PTs) in primary care in western Sweden, and to explore associations of self-reported use of guidelines with these social-cognitive factors along with demographic and workplace characteristics.


Methods. 271 PTs in primary care in western Sweden were surveyed using a web-based, validated and reliability-tested questionnaire.

Results. The response rate was 67.8%. A large majority (82%–96%) held positive attitudes toward both EBP and guidelines. A smaller majority (61%–68%) reported good knowledge about EBP resources. A minority (33%) reported good knowledge about guidelines. Thirteen percent knew where to find guidelines and only 9% reported having easy access to guidelines. Less than half reported using guidelines frequently. The most important barriers to using guidelines were lack of time, poor availability and limited access to guidelines. Young PTs, those with less than 5 years’ work experience, and those with postgraduate degrees were more likely to hold positive attitudes and apply EBP. Positive attitudes, knowledge of where to find guidelines, self-efficacy, easy access and encouragement of EBP in the workplace were associated with frequent use of guidelines.

Limitations. Data were self-reported; all respondents were publicly employed; risk of social desirability bias.

Conclusions. Use of guidelines was not as frequent as could be expected in view of the positive attitudes toward EBP and guidelines. Awareness of and perceived access to guidelines were limited. The identified barriers and facilitators can be addressed when developing guideline implementation strategies.

OP 2C:2 Implementation of an evidence-based health intervention in community residences (123)

Liselotte Schäfer Elinder, Senior researcher, Karolinska Institutet, Stockholm, Sweden

Authors:
Liselotte Schäfer Elinder PhD, Helena Bergström MSc, Lydia Kwak PhD

Abstract:
Introduction
Persons with intellectual disabilities have increased risk of physical and mental ill health. This target group has poor dietary habits and low physical activity resulting in obesity and chronic diseases.

During 2009–2011 we developed and tested a three component program in a cluster-randomised trial in 33 community residences. The aim was to improve dietary habits and physical activity among residents. One of the components was a study circle for staff (Focus Health). During the study circle new work routines on health promotion concerning diet and physical activity are collectively decided upon on the basis of written material and group discussions. Favourable effects were found on work routines as a result of the intervention. The present study is to implement Focus Health on a larger scale and to relate implementation outcomes to changes in work routines. The following research questions will be addressed:

1. What is the effect of the intervention on work routines?
2. How do implementation outcomes influence changes in work routines?
3. What are the barriers and facilitators of implementation?
4. To what extent is the intervention sustainable after one year?

Methods
We used Proctor’s conceptual model of implementation research (1) to design an observational study. Five municipalities have signed up to the intervention and two serve as the comparison group. In total
85 residences are involved. The intervention consists of Focus Health. We use implementation components such as selection of coordinating staff and coaching on demand. The outcome, measured by a questionnaire, is self-reported changes in work routines. Fidelity will be measured through score sheets filled in by participating staff during the intervention. Other implementation outcomes such as feasibility and acceptability will be assessed by structured interviews with participants and will be related to the changes in work routines. Barriers and facilitators of implementation will be assessed by interviews. Sustainability of effects will be assessed one year after the end of the intervention.

Discussion
The work is in full progress and at the conference the design of the study and baseline results will be discussed. The outcome of this study is expected to be published in 2015.


OP 2C:3 A national survey on Evidence-Based Practice in Swedish occupational health services (138)

Teresia Nyman, PhD, RPT, Karolinska Institutet, Stockholm, Sweden

Authors:
Akbar Alipour, Teresia Nyman, Jan Hagberg, Malin Lohela Karlsson, Lydia Kwak, Maria Hagströmer, Irene Jensen

Abstract:
Background
The concept of evidence-based practice (EBP) is used in diverse areas and disciplines. The activities and demands of occupational health service (OHS) professionals are to some extent different from those working within other health care disciplines which make working according to EBP in this field complex.

Aim
To investigate evidence based practice (EBP) in OHS in Sweden. Specific research questions were if EBP is used and facilitators and barriers to practice according to EBP.

Methods
The study is a cross-sectional survey using a web-based questionnaire which was distributed to a random selection of all OHS clinics (n=598) registered with the Swedish Social Insurance Agency. Exploratory factor analysis was used for making subscales. Differences between the subscales and three different types of OHS organisations (Privately owned External OHS, Privately owned in-house OHS and Municipality/county council owned OHS), job title, age and gender were analysed.

Results
In all, 62 out of 91 invited OHS companies responded to the questionnaire (68%).

The results showed significant differences between type of OHS organisations, job type and “Organisational competence and attitude toward EBP”.

The perception of “Needs for EBP training” showed significant differences between age and job type, with psychologists rating the need for training the lowest and older respondents rating the need higher. Physicians and female respondents believe more in the necessity to implementation and development of EBP in the OHS.

The majority of OHSs had no clear opinion as to how EBP affected the costs for clients.

Conclusions
With recognizing the current situation, barrier and facilitators, the results highlight the importance of both the organizational as well as the individual level for the development of EBP.
Predicting guideline adherence and knowledge use in substance abuse treatment in Sweden (153)

Robert Holmberg, Assistant Professor, Lund University, Sweden

Authors:
Mats Fridell, Professor, Linné University Växjö; Robert Holmberg, Assistant professor, Department of Psychology, Lund University; Johan Billsten, Linné University Växjö; Ylva Benderix, Assistant professor, Linné University Växjö

Abstract:
In this presentation we report data from an ongoing longitudinal evaluation study of a major development project in the field of drug abuse treatment in Sweden (Kunskap till Praktik). The development project was designed to support the implementation of a new set of guidelines directed at both health-care and social services. Drawing on three waves of survey data (2010, 2011 and 2012) with 1,500 professionals and managers in social services and health care, we investigate how demographical data, professional background and individual and organizational variables predict self-reported guideline adherence and knowledge use. The theoretical framework and operationalization is based on the model of Organizational Readiness for Change (ORC) (Simpson & Flynn, 2007) that hypothesize that implementation success is a function of motivation for change, organizational resources, individual factors (like self-efficacy) and organizational climate (like level of stress and quality of leadership).

Implementing an evidence-based program targeting child physical abuse (204)

Cecilia Kjellgren, PhD, Senior Lecturer, Linnaeus University, Växjö, Linköping University, Sweden

Authors:
Cecilia Kjellgren, PhD, Senior Lecturer; Doris Nilsson, PhD, Ass Professor

Abstract:
Introduction
Child physical abuse is an emerging area and an increasing number of cases are reported to CPS (child protection service) and health services. Sweden was the first country in the world to ban physical punishment of children. But Sweden has not been the precursor of establishing service for families when physical abuse has occurred. A U.S. program CPC-CBT (Combined Parent-Child Cognitive-Behavioral Therapy for Families at Risk for Child Physical Abuse) that received scientific support was introduced six years ago in Sweden.

Methods
Five teams were received training in the program. Initially all teams experienced extensive difficulties to recruit families to the program. One team left the project because of the difficulty to get referrals to the service and hesitation on the utility of the model in the Swedish context. Four teams are still partners in the project. A pilot study including 18 families was carried out 2010-2011, with pre and post treatment measures aiming to evaluate the effects of the program in Sweden.

Results
The pilot study showed significantly changes as decreased symptoms of depression among parents and less use of violent parenting strategies after treatment. Children initially reported high levels of traumatic experiences and symptoms of PTSD. After treatment the trauma symptoms and depression among children was significantly reduced. Children also reported that parents used significantly less violence and increased positive parenting strategies after completion of the treatment.

Discussion
The program is getting established in Sweden after six years of introduction. The therapists have become experienced providing the treatment and other professionals have started to rely on the program. The results show promising effects in a Swedish context. The introduction has taken a long time and a lot of efforts of the involved teams, project mangers and researchers. A number of sites within CPS and child and adolescent psychiatry have showed an interest for the model but the further
implementation has been laborious. The obstacles for implementing this evidence-based program will be discussed.

**OP 2C:6 Implementation of interventions: how to respond to professional needs (206)**

Tom Van Yperen, PhD, Netherlands Youth Institute, Utrecht, The Netherlands

**Authors:**
T.A. van Yperen

**Abstract:**
Introduction - In child and youth care, the efficiency and effectiveness of day-to-day practice can be improved substantially by implementing evidence-based interventions. In view of this, researchers often advise policymakers to disseminate evidence-based interventions on a broad scale. The aim of this presentation is to discuss the potentials, limitations, and alternatives of the large scale, ‘top-down’ implementation strategy.

Method – In the past ten years several literature studies on the effectiveness of implementation strategies have been performed. This study summarizes the results. In addition, examples have been collected of strategies that are promising, in that these seem to lead to strong improvements of daily practice. A theoretical framework has been developed to explain why these strategies are successful.

Results - Literature on implementation is not conclusive about the effectiveness of implementation strategies. A ‘top-down’ strategy may be successful in one context, in another it may not. There are, however, some strategies that seem to improve the chance that an implementation may be successful. One approach – called the Breakthrough Series – seems to combine a number of these strategies, leading to spectacular innovations. In this approach, professionals and their organizations monitor the quality – and in particular the outcome – of their work. They discuss the results critically in view of their ambitions and standards. This often triggers professionals to look for best practices, professional guidelines and evidence-based interventions that may help them to improve their practices. These guidelines and evidence-based interventions are then adopted, because the professionals involved are expecting that this will contribute to the quality of their work.

Discussion – In this oral presentation, motivational theory is used to explain why the Breakthrough series seems so successful. It describes how professionals are intentionally brought into a context and state in which implementation strategies flourish. If in this situation each of the implementation strategies are used at the right moment, guidelines and evidence-based interventions are welcomed as solutions to problems experienced by the professionals.

**Making sense of implementation fidelity in complex programs - Symposium**

Parallel session 2 D: Operetten, Tuesday 5 Feb 15.30-17.00

Henna Hasson, Associate professor, Medical Management Centre, Karolinska Institutet, Stockholm, Sweden and Vårdal Institute, Swedish Institute for Health Sciences, Lund University

Ulrica von Thiele Schwarz, Associate professor, Department of Psychology, Stockholm University and Medical Management Centre, Karolinska Institutet, Stockholm

**Abstract:**
Several prior studies have demonstrated that programs with high fidelity have had better outcomes than programs with lower fidelity. However, an evidence-based method cannot always be implemented fully according to the program model, because local conditions may require some program adaptation. Some authors argue that local adaptations improve the fit of the intervention to local context, and successful programs are dependent on adaptations. Others argue that program implementation can be flexible as long as the essential elements of an intervention are implemented with high fidelity. Currently, there is little research that help making sense of the fidelity concept, i.e. that clarifies the mechanisms of factors affecting fidelity and their relationship to one another.
This symposium highlights issues concerning implementation fidelity in complex programs. The current concepts and frameworks for implementation fidelity will be presented together with examples of different empirical studies investigating factors and mechanisms affecting implementation and its fidelity.

The symposium starts with a presentation of some concept and frameworks for implementation fidelity. Thereafter, four presentations illustrate empirical studies of implementation fidelity in complex programs. The studies have used different frameworks to evaluate fidelity and mechanisms influencing fidelity, offering insights into theories such as operant psychology and frameworks such as The Conceptual Framework for Implementation Fidelity. This symposium offers number of solutions for advancing knowledge and practice on evaluation of implementation fidelity.

**Presentation #1: Understanding differences in implementation fidelity – process analysis of an occupational health intervention**
**Presenter/Authors:** Hanna Augustsson, MSc, PhD student, Terese Stenfors Hayes, PhD

**Abstract:**

**Introduction**
Evaluation of implementation fidelity has seldom been conducted in relation to occupational health interventions. This study aims to examine differences between departments in implementation fidelity to an occupational health intervention and to investigate the factors affecting implementation fidelity.

**Methods**

The study is part of an intervention study at one Swedish hospital that focuses on integrating occupational health, safety and health promotion with existing Lean system. A commonly used tool in Lean, Kaizen, was used and the integration builds on two principles: 1) kaizen suggestions were analyzed from a health perspective; 2) health problems and suggestions were identified and analyzed at kaizen notes.

Implementation fidelity was evaluated according to The Conceptual Framework for Implementation Fidelity. Factors affecting fidelity were analyzed with a process evaluation framework proposed by Nielsen & Randall. Key employees’ and managers’ (n=13) perceptions of the implementation were examined with interviews and with a questionnaire at baseline and 6 months follow-up (employees, n=169). In addition, all kaizen notes were analyzed and observations of work practices were made.

**Results**

Three of the participating units had implemented both of the intervention components, two had implemented one of the components and one unit had not implemented any part of the intervention. Several of the elements proposed by Nielsen and Randall were affecting the implementation fidelity. Contextual factors such as a functioning kaizen work and a stable management were important prerequisites for the implementation. Implementation strategies (e.g. the role of the drivers of change and manager support) were other factors that appeared to influence. The units also differed significantly on employees’ ratings of aspects related to the mental model element showing that employees working in units with a high fidelity to the intervention rated their readiness for change as well as their belief that the intervention could promote their health as higher compared to employees working at units with lower fidelity.

**Conclusions**

The two frameworks were empirically useful tools when evaluating implementation fidelity and factors affecting fidelity to an occupational health intervention. Factors at unit level such as context, manager support and employee readiness for change appear to be important for the implementation fidelity.

**Presentation #2: Adhere or adapt? Making sense of the contradictive evidence from evidence-based practice and continuous improvement work**
**Presenter/Authors:** Ulrica von Thiele Schwarz, Associate professor, Rebecca Mosson MSc, Henna Hasson, Associate professor

**Abstract:**

**Background**

There is often a contradiction in the field of evidence based practice (EBP), which stresses fidelity to a pre-defined program, and quality improvement tradition, which stresses a bottom-up approach build on
the local expertise. When EBP is implemented in practice, these perspective needs to be taken into consideration. Given the central role of first-line managers in implementation, it becomes their task to sort this out.

**Aim**
The aim of this study is to describe how first-line managers in social services 1) adapt evidence-based practices after local conditions and 2) adapt local conditions (the organization) in accordance with evidence-based based practice (e.g. adhere)

**Method**
Interviews with first-line managers (n=30) in social services from six Swedish municipalities were conducted during the autumn 2012. The municipalities were chosen to provide a broad representation of Swedish municipalities based on geographic location, size and external communication on EBP. The interviews were transcribed verbatim and analyzed using content analysis.

**Results**
Preliminary findings showed that the first line leaders frequently deal with issues concerning adaptation and adherence. The balance between adaptation and adherence is a central issue for them. They actively consult employees, leaders at higher level in the organization and other relevant actors such as registered nurses and municipality lawyers in order to improve the local fit of evidence based programs, while remaining true to the practice being implemented. Regional research centers were also important for discussion of EBP and local adaptations. The first line leaders considered most of the adaptations to be well planned rather than ad hoc decisions. Reasons for adaption and hinder for adherence were for instance costs, staffing and competence related to different work methods.

**Conclusions**
In order to implement EBP, first-line managers struggle with the balance between adherence and adaptation. Their views on why and how this is done can inform the development of guidelines for implementation of EBP, which in turn will help make the adaptation/adherence balance evidence-based.

**Presentation #3: Analysis of behavior change and behavior change interventions when implementing teamwork at emergency department – a functional perspective**
**Presenter/Authors:** Mandus Frykman, PhD student, Åsa Muntlin Athlin, PhD, Ulrica von Thiele Schwarz

**Abstract:**

**Background**
Prior research report that several behavior change interventions such as education, training and environmental restructuring have limited and varied effect on actual behavior. In order to develop implementation efficiency there is a need to better understand the mechanisms of behavior change and link them to behavior change interventions. There is an increasing demand for the application of psychological and sociological theory to understand behavior change in implementation.

**Aim**
In this study operant learning psychology is used to evaluate fidelity and analyze the implementation of teamwork. Operant learning psychology studies behavior and it’s interaction with environmental factors to understand learning and predict future behavior patterns.

**Methods**
The study is a comparative case study that investigates how two sections of an emergency department implemented multi-professional teamwork. Data on program theory (purpose of implementing teamwork and desired behavior change), organizational context, behavior change interventions (how to influence desired behaviors) and actual behavior change was collected using interviews, observations and documentation. Each section was analyzed using differences in behavior change (e.g. fidelity) as the dependent variable and behavior change interventions and context as independent variables.
Results
Overall, in section A behavior was changed in correspondence with the desired change, e.g. the intervention as planned. In section B, however, the desired behavior was not sustainable performed in practice. There was a large difference in the behavior change interventions that was performed in the two sections. In section A, detailed directions of what was expected of staff was provided. Importantly, resources was allocated to ensure systematic problem solving, organizational support and managerial monitoring and feedback. Staff reported a change from negative impact on their work situation the first months to positive after the initial implementation stage. Section B provided less and somewhat contradictory directions, limited resources for problem solving, organizational support and managerial monitoring and feedback. Staff reported a negative impact on their work situation and soon stopped following directions on teamwork.

Conclusions
Operant learning theories were able to highlight differences in the implementation fidelity between the sections. Importantly, this theory helped illuminate not only the activities, but also the function of those activities, e.g. how they affected staff behavior.

Presentation #4: Analysis of implementation fidelity and moderating factors with The Conceptual Framework for Implementation Fidelity
Presenter/Authors: Henna Hasson PhD associate professor, Anna Dunér, PhD associate professor, Staffan Blomberg, PhD, associate professor
Abstract:
Background
Prior studies measuring fidelity of complex interventions have mainly evaluated adherence, and not taken factors affecting adherence into consideration. The aim of the study was to systematically evaluate implementation fidelity and possible factors influencing fidelity of a complex care continuum intervention for frail elderly people.

Methods
The intervention was a systematization of the collaboration between a nurse with geriatric expertise situated at the emergency department, the hospital ward staff, and a multi-professional team with a case manager in the municipal care services for older people. Implementation was evaluated between September 2008 and May 2010 with observations of work practices, stakeholder interviews, and document analysis according to a modified version of The Conceptual Framework for Implementation Fidelity.

Results
A total of 16 of the 18 intervention components were to a great extent delivered as planned, while some new components were added to the model. No changes in the frequency or duration of the 18 components were observed, but the dose of the added components varied over time. Changes in fidelity were caused in a complex, interrelated fashion by all the moderating factors in the framework, i.e., context, staff and participant responsiveness, facilitation, recruitment, and complexity.

Discussion
The Conceptual Framework for Implementation Fidelity was empirically useful and included comprehensive measures of factors affecting fidelity. Future studies should focus on developing the framework with regard to how to investigate relationships between the moderating factors and fidelity over time.

Information about individual contributors:
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Henna Hasson, Researcher, Associate professor, Medical Management Center, Karolinska Institutet & Vårdal Institute, Swedish Institute for Health Sciences, Lund University
Parallel session 3: Wednesday 6 Feb 10.30-12.00

Approaches to improve the quality of health care – Oral presentations
Parallel session 3 A: Crusellhallen, Wednesday 6 Feb 10.30-12.00

OP 3A:1 Fast track accelerated diagnostic investigation for urinary incontinence in women (104)

Margrethe Foss Hansen, Physician, Gynecology and obstetrics, Næstved Hospital, Denmark

Authors:
Margrethe Foss Hansen, Jens Prien Larsen, Lars Hemmingsen, Jens Vej Olesen

Abstract:
Introduction
Diagnostic investigation of urinary incontinence in women is a lengthy and time consuming process often entailing several visits to the outpatient department until a diagnosis and treatment plan is in place. This puts strain on the patient, exhausts departmental resources and is costly for society.

At the Department of Gynaecology at Nykøbing Falster Hospital a one hour standardised accelerated diagnostic investigation programme was developed to evaluate women with urinary incontinence (UI). The purpose of the study is partly to record how many patients will follow the programme and have a diagnosis and a treatment plan after a one-hour visit and the causes of deviation from the programme. Secondarily the patient satisfaction was examined.

Methods
In a retrospective cohort study 276 women with the diagnosis UI took part. All patients went through a standardised investigation programme: medical history and evaluation of the fluid/urination schedule. Before patients left the clinic, they were given a diagnosis and a treatment plan.

Results
91% underwent examination and had a treatment plan after one consultation. 9% made multiple visits.

The median age was 59 years (range 17-99); BMI was 27 (range 18-50); and the number of childbirths was 2.4 without significant difference between the two groups. In the multiple-visits group the number of previous gynaecological surgical procedures was significantly larger; 67% vs. 32%. These patients had significantly more chronic diseases; 88% vs 58%.

A total of 81 patients completed a postexamination questionnaire and 99% were satisfied.

Discussion
It was hypothesized that an optimized programme would ensure an effective investigation and treatment of women with urinary incontinence and the hypothesis was confirmed by data that indicate that 91% of the women were fully investigated and had a treatment plan after a single one-hour visit. Nationwide 36% of the patients are investigated after an initial visit and 58% after two visits.

The results at Nykøbing Falster Hospital may be attributed to the fast track accelerated investigation
programme, 100% specialists, the interdisciplinary teamwork between the gynaecologist and continence care nurse and a high degree of examinations at level 2 (commonly urodynamic test) frequently employed in diagnostic investigation.

With a predicted increase in the number of elderly citizens in future and considerable costs for urinary incontinence, the investigative programme should be instrumental in lowering costs in the health sector. The patients expressed great satisfaction with the accelerated investigation programme.

**OP 3A:2 Improving the path way of patients with hip fracture (109)**

Jeanette Hounsgaard, Deputy Manager, Center for Quality, Middelfart, Denmark

Authors:
Lis Røhl Andersen, Kolding Hospital; Randi Lauridsen Jensen, Kolding Hospital; Dorte Dall-Hansen, Kolding Hospital; Jeanette Hounsgaard, Center for Quality

Abstract:
Introduction
The challenge was to implement the Danish National Guideline for Patients with Hip Fracture, in the day-to-day running of the Department of Orthopaedic Surgery, Kolding Hospital, Southern Region of Denmark, and fulfilling the regional goal of reducing the length of stay – LOS - to an average below 9 days.

Methods
The implementation included 4 main activities and started in January 2008:

* Develop evidence-based guidelines
* Establish a baseline, measurable goals and a measuring programme
* Educate staff to comply with the developed guideline
* Feedback on compliance

The guidelines were developed by inter-professional teams using the Process Approach - a well-known, well-described and validated methodology. The inter-professional teams described the existing practices (work-as-done), including the requirements of successfully transfer between processes and functional units in the hospital and between the hospital and primary care/general practitioner involved in the patient's path way. Based on this input, the final guidelines reflected both the existing praxis but also the changes necessary to comply with the National Guideline (evidence-based).

All staff was introduced to the new guidelines through a structured obligatory training programme, including a continuously introduction to new employees.

The existing feedback system with daily meetings was used to give feedback on compliance and to correct the new guidelines, especially concerning the critical processes/activities.

The continuously collection of data and internal surveys supported the implementation and the feedback.

Results
The result of the work by end of July 2012: (diagrams omitted - only 350 words allowed)

* The average of LOS reduced to 7.5 days – Diagram 1
* The 30-days mortality did not increase – Diagram 2
* The percentage of patients discharged within 9 days is increasing.

Discussion
The Methodology Process Approach was of value developing and implementing evidence-based guidelines and the goals were met. Nevertheless efforts to improve the processes towards reliability and resilience continue. New challenges arising from the work done so far:

* The experience of the patients, expressing insecurity: "I feel it is too early to go home".
The problems with primary care not meeting the requirement, such as meeting the discharged patient and delivering the necessary devices and rehabilitation activities.

OP 3A:3 “Money talks”: Conditions for learning in contemporary health care systems (110)

AnnCharlott Norman, PhD student, School of education, psychology and sport science, Linnaeus University, Växjö, Sweden

Authors:
Ann-Charlott Norman, PhD student & Lena Fritzén, professor

Abstract:
Introduction
Various forms of money incentives, for example Pay for Performance programs, are used to increase the pace of improvements in contemporary health care systems. In practice, that means new payment systems, increased transparency and comparisons to relate to. Given that learning sometimes is taken for granted in implementation work, what is actually said when professionals discuss improvements? This study identifies discursive patterns when an orthopedic team discusses their improvement data and problematizes how these patterns create conditions for learning.

Methods
Five observations of quality improvement conversations were made at an orthopedic- and rheumatology clinic in Sweden. The conversations were transcribed and then analyzed through critical discourse analysis to identify discursive patterns and their interrelated discourse order (Fairclough). The study used a method of interpretation with Habermas' societal theory of system and lifeworld as a point of departure.

Results
Four different discursive patterns were found that deal with: (1) marketization, (2) equal care, (3) medical reasoning and, (4) values from the patient's perspective. The marketization pattern dominates the dialogue while money is linked to quality control. The results also show a balance between discourse patterns when money incentives were absent. In other words, professionals can handle complex, and sometimes contradicting, quality aspects when they don’t compete about money. However, when implementation goals are linked to monetary incentives, the professionals turn to act for what is the most profitable thing to do.

Discussion
The discourse order indicates that market principles impact on learning in terms of displacement effects. In a short term perspective, professionals learn that each patient represents an economical value which shades deeper understanding of what actually creates value for patients. Learning based on inter-professional shared understanding, in this case about how orthopedic care processes could improve, is set aside. The study implicates the importance of a balancing perspective on quality management if no quality aspect is to be left behind.

OP 3A:4 “Measuring makes aware” - Implementation of the Diabetes Registry for quality improvement in primary health care (122)

Ing-Marie Hallgren Elfgren, County council of Östergötland, Sweden

Authors:
Ing-Marie Hallgren Elfgren, Ewa Grodzinsky, Eva Törnvall

Abstract:
Introduction. The Swedish National Diabetes Register (NDR) contains the most important quality indicators in diabetes care and therefore a decision was taken to implement the NDR in primary health care (PHC) in the county of Östergötland. An implementation project was carried out during 2002-2005 where the NDR registration was introduced in clinical practice in PHC. The aim of the present study
was to follow the implementation of the NDR in PHC and investigate whether the registration led to sustained outcomes of medical results of diabetes care in PHC after the implementation project.

Method. To encourage participation in the implementation project, the county council supported the Primary Health Care Centres (PHCC) financially according to the Payment for Performance Programme (P4P). The implementation process was followed through different phases from exploration and adoption to operation and sustainability. Achievements to national medical goals for HbA1c, blood pressure and other indicators were registered on-line in the NDR. The results were compared between PHCCs within the county and from 2007 the measurements of the present county was compared with the corresponding national average measurements.

Result. The implementation of NDR registration was successful and today it is a compulsory routine in PHC in the county. At the end of the implementation project the registration rate in the county had reached the goal level, 75%. This level still remains. In 2005, a clear improvement trend for HbA1c and blood pressure was shown within the county. In 2007-2011 goal achievements in the county studied were better than in the most other counties and Sweden as a whole.

Discussion. Important factors for success were the initiative taken by the profession itself and the strong support from the county council. As assumed, an association between medical results and registration in the NDR could be seen. As the project was primarily a quality improvement work, the results have continuously influenced the development of diabetes care. Both the health professions and the county council now have an effective and rapid method for evaluation and follow up of diabetes care. The systematic documentation, followed by comparisons and analyses, create ideas for improvements.

OP 3A:5 The “forgotten” last step of standardization and implementation using the PDSA-SDSA cycle (134)

Ann-Christine Andersson, PhD candidate, Kalmar county council, Linköping University and Malmö university, Sweden

Authors: Ann-Christine Andersson (Ph Licentiate, PhD candidate); Ewa Idvall (Professor) Faculty of Health and Society, Malmö University and Skåne University Hospital, Malmö, Sweden

Abstract: Introduction
The Breakthrough Collaborative methodology and the Plan-Do-Study-Act (PDSA) cycle are widely used in improvements in Swedish healthcare. Recent evaluations show that organizational culture and behavior are somewhat positively affected, but measurable effects are small. One reason could be the fact that it is difficult to measure changes, when baseline measures are uncertain or nonexistent.

Purpose
This paper provides a conceptual discussion about how to connect the use of the PDSA cycle with implementation of best practice, using the last step, the Standardize-Do-Study-Act (SDSA) cycle.

Implementing improvements
Many improvement projects in Swedish healthcare use the Breakthrough methodology and the PDSA cycle. However, standardization and implementation (the SDSA cycle) are seldom used. When starting an improvement project, implementation plans need to be considered from the start, which will simplify getting everyone to use the new method or practice found to be best during the PDSA cycle test. Standardize and implement is the way to incorporate best practices until new improvements and changes are necessary, and then start all over again testing new improvement ideas in new PDSA cycles. Standardization does not mean forever, only until a new need to change and improve appears. Standardization signifies that everyone does the same thing and increases the likelihood that what is done is best practice at the moment. Standardization is also connected to improvement learning, while “doing” in the SDSA cycle means implementing and learning new ways of working, involving everyone at the unit.
Implications to practice
Using this last step could contribute to more regular, practice-based healthcare, getting everyone to agree on how to work at the unit. By extension this could contribute to safer care for patients, when everyone uses what has been found to be best practice at the moment. It may even make it easier to improve next time, while standardization will serve as a baseline when new improvements are tested, thus making it easier to measure if those are better than the existing way of working.

Keywords: Breakthrough Collaborative methodology, PDSA-SDSA, Standardize and implement improvements, Swedish healthcare context

OP 3A:6 A quality improvement program for evidence based practice to prevent and decrease urinary retention and inappropriate use of indwelling urethral catheters (193)

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Abstract:
Introduction
Quality audits in JCC, Sweden, 2005 to 2007, showed inconsistencies in the handling of patients with risk of urinary retention (UR), treatment of UR and the use of indwelling urethral catheters (IUC). Several case reports revealed patient harm and there were no evidence based guidelines available. To minimise UR and decrease the misuse, overuse and underuse of IUC an improvement program for evidence based practice was started.

The purpose of this study was to evaluate the effect of the quality improvement program and the patients outcome over time.

Methods
The quality improvement program, “Indwelling urethral catheter (IUC) – only if needed” is inspired of the Langley and Nolans basic “model for improvement”. The program included several consecutive interventions and combined modes of implementation and consisted of these elements:

- Formation of an interprofessional expert group
- Creation of multidimensional measurements in a “Value compass”
- Guidelines – a bundle of actions based in research and clinical experience
- Patient narratives as drivers for change
- Training of coaches and caregivers
- Development of “standard care plans”
- Tutorials based on Plan-do study-act (PDCA) cycles
- Measurements presented visibly on the wards

Data was collected from patients’ records before the interventions in eight weeks and than regularly during 4 years. The interventions were followed by measuring the percentage of patients treated according to guidelines, patients with UR and the percentage of patients treated with IUC on strict indication.

Results
The proportion of patients treated according to guidelines increased from zero to 70 % during four years. Thus inappropriate use of IUC and the proportion patients suffering from UR were decreased. Further data will be presented.

Discussion
The quality improvement program resulted in better adherence to the evidence based guidelines and fewer incidents of UR. The program is now tested in different clinical contexts. The further learning
about the needs of different groups of patients will guide in the stratification of patients’ risk levels and actions needed in relation to that. For deeper understanding of mechanisms behind the improvements a qualitative study of the quality improvement program is under way.

Practices for improved patient safety - Oral presentations
Parallel session 3 B: Operan, Wednesday 6 Feb 10.30-12.00

OP 3B:1 The introduction of needs-based staffing in neurosurgical care. Relationship to employee job satisfaction, costs and patient safety. "For me it is fantastic, I feel really good."
(131)

Carina Folkesson, Head nurse, County council of Östergötland, Sweden

Authors:
Carina Folkesson

Abstract:
Background
Many patients in care suffer health damage due to adverse events. A number of studies point to factors that affect patient safety, including the heavy workload, inadequate staffing and long working hours. In intensive care, attention and vigilance is important to identify changes to the patient. Several studies show that longer work shifts and weekly working hours are associated with increased physical and mental fatigue and the risk of reduced vigilance resulting in increased risk of adverse events.

Purpose
The study aims to investigate how the introduction of needs-based staffing related to employees’ perception of stress, time for recovery and job satisfaction as well as costs and aspects of patient safety.

Method
The study was conducted using a combination of methods. Surveys before and one year after the introduction of the staffing model, focus group interviews with employees and supervisors were conducted and were analyzed by qualitative content analysis. The author has during the study served as a head nurse and participated in and observed the introduction of the new staffing model.

Results
94% of respondents consider that they have time to recover every day or week after the introduction of the new model compared with 74% previously. 67% report that they do not feel stressed to 50% previously. The interviews indicate that employees feel they can influence their working hours, reduced working hours and they have more time for recovery. Less positive experiences were concerns about the salary. Many employees believe that patient safety is positively affected because employees are happier and more rested when they work. It is also affected by the skills have been strengthened because there are fewer agency staff on duty. Economic the model resulted that we have a positive outcome for 2012.

Discussion
The needs-based staffing model resulted in employees experienced greater job satisfaction and increased recovery, and the clinic has had a more balanced staffing. Employees feel that patients are affected positively when the employees are happier at work, partly because expertise has been strengthened because there are fewer substitutes. Economically, the model has proven to be cost-neutral.
OP 3B:2 Adjusting team involvement: A grounded theory study of challenges in utilizing a surgical safety checklist as experienced by nurses in the operating room (143)

Hilde Valen Wæhle, RNA, MSc, Haukeland University Hospital, Bergen, Norway

Authors:
Hilde Valen Wæhle, Arvid Steinar Haugen, Eirik Søfteland, Esther Hjälmhult

Abstract:
Background
Even though the use of perioperative checklists have resulted in significant reduction in postoperative mortality and morbidity, as well as improvements of important information communication, the utilization of checklists seems to vary, and perceived barriers are likely to influence compliance. In this grounded theory study we aimed to explore the challenges and strategies of performing the WHO’s Safe Surgical Checklist as experienced by the nurses appointed as checklist coordinators.

Methods
Grounded theory was used in gathering and analyzing data from observations of the checklist used in the operating room, in conjunction with single and focus group interviews. A purposeful sample of 14 nurse-anesthetists and operating room nurses as surgical team members in a tertiary teaching hospital participated in the study.

Results
The nurses’ main concern regarding checklist utilization was identified as “how to obtain professional and social acceptance within the team”. The emergent grounded theory of “adjusting team involvement” consisted of three strategies; distancing, moderating and engaging team involvement. The use of these strategies explains how they resolved their challenges. Each strategy had corresponding conditions and consequences, determining checklist compliance, and how the checklist was used.

Conclusion
Even though nurses seem to have a loyal attitude towards the WHO’s checklist regarding their task work, they adjusted their surgical team involvement according to practical, social and professional conditions in their work environment. This might have resulted in the incomplete use of the checklist and therefore a low compliance rate. Findings also emphasized the importance of: a) management support when implementing WHO’s Safe Surgical Checklist, and b) interprofessional education approach to local adaptation of the checklists use.

OP 3B:3 Assessing the effects of interventions to improve patient safety – A literature review (171)

Jacob Thommesen, Senior researcher, Technical University of Denmark, Lyngby, Denmark

Authors:
Jacob Thommesen

Abstract:
This review will be focused on efforts to ensure that patient safety interventions are effective – building up the evidence-base for interventions. In Denmark – as in many other countries – considerable efforts have been invested in building up reporting systems intended to support learning and improvement of safety. A future challenge will be how to support learning from successful interventions. There is not yet a toolbox of evidence-based socio-technical interventions, but there is a need to critically assess the effect of already implemented interventions in order to build on successes and exploit the potential for dissemination.

This review will thus examine literature describing the effects of socio-technical interventions to improve safety in order to identify:

- The different types of interventions.
- The methods used to evaluate the effect of patient safety interventions.
- The generalizability of an intervention. To what extent can it be transferred to another setting, e.g. another department or hospital? How to distinguish between a generic (transferrable) intervention and a particular implementation in a specific setting. How to distinguish between effects of the intervention 'itself' and effects depending on characteristics of the implementation.

OP 3B:4 Acceptance of measures for improvement proposed in risk analyses (179)

Carin Ericsson, SBc, County Council Östergötland, Sweden

Authors:
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Unit for Patient Safety, County Council, Östergötland, Sweden

Abstract:
Introduction
A risk analysis method was introduced in Swedish Health Care in 2005, but has not been evaluated and there are few studies internationally. The aim of the present study was to evaluate how the results of the analyses were introduced in the organization. We also studied the work process in the teams.

Material and methods
117 analyses that were performed during the years 2006 through 2010 and fulfilled certain criteria were studied. The reports from the analyses were examined by either of two pairs of researchers. Then analysis leaders and heads of the organizational unit in question were invited to an interview or a questionnaire.

Results
80 % of the analyses studied a problem in one department and the rest more generalized problems. The reason for the analyses was a proposed change in the organizational structure or equipment in 70%.

Many risks were identified in each analysis (median 29) and many measures for improvement were proposed (median 10). The latter were actually implemented in the organization very often (“all” or “to a large part” in 78 % of cases). The probability for this was higher when the analysis leader was experienced but their level of education, participation of doctors and the quality of the reports had no influence.

The heads of the organizational units considered that their objectives were fulfilled in 77%.

54 different persons led the teams but the 6 most experienced accounted for 40% of the analyses.

A higher level of education of the analysis leaders led to more excellent reports (67% vs 28%) and the proposed measures of improvement were more often concrete (77 % vs 62 %).

Conclusion
The risk analyses were well accepted by the heads of the units and the proposed measures for improvement were often implemented. It seems more efficient to have few analysis leaders but highly experienced.

OP 3B:5 Complex endeavours in connection with advanced home care (ASIH) – new challenges for implementation of a cost- efficient, patient safe, dignified and “Good care”? (196)

Marianne Lagerstedt, FL, Royal Institute of Technology, Stockholm, Sweden

Authors:
Marianne Lagerstedt
Abstract:
[All content in abstract is constructed from the summery of my research findings in the licentiate thesis
Ledning av komplexa operationer i en komplex vårdform – om ledning, ledningsbehov och möjligheter
till ledning (Lagerstedt, 2012, s. 5-6).]

Advanced home care (ASIH) enables the patient to stay at home rather than to stay hospitalized in
connection with severe medical conditions, while simultaneously this seems not completely
unproblematic and without risk. ASIH is an intermediate form of care that require multi-organizational
collaboration and/or cooperation between multiple healthcare agents, with different kinds of ongoing
activities and over all hours. In the professional practice occurs, however, less well-known problems,
which can complicate and obstruct the implementation of a cost- efficient, patient safe, dignified and
so-called "Good care".

Based on data from an exploratory case study on patient safety problems associated with ASIH a
command and control science perspective has been used in a retrospective analysis, and there
command and control is regarded as a function in accordance with van Crevelds (1995) and Brehmers
(2006a, b, 2007a, b; 2008a, b; 2009c, 2010, 2011) view. That means that a management system
needs to fulfill three functions: data collection, sensemaking and planning. The case study contains
two qualitative studies, conducted with an interactive research approach.

A command and control view on patient safety problems, show that missions within ASIH can be
regarded as either a complicated and not rarely a complex operation consistent with Alberts & Hayes
(2007) and Brehmers (2008a; 2009c) terminology including dynamic decision tasks. From this, the
need of command and control as well as different concepts of command and control can be made
visible in order to enable a more patient safe care. The analysis indicates a need of improvement in
order to enable effective command and control for a safer care, since the form of the implicit system of
conduct according to Brehmér’s (2006a,b; 2007a,b; 2008a,b; 2009c, 2010, 2011) model fails to satisfy
the needs set by the function of command and control.

The case study reveals that command and control theory also can be used to understand patient
safety problems, and on a purely theoretical way also solve some of them e.g. through the concept
harmony of efforts. However, this require improvements, e.g. issues concerning appropriate economic
and legal incentives, organization and techniques that frame communication and cooperation.

OP 3B:6 Making handover in the ICU safer through simulation supported implementation of
checklists. (198)

Britt Sætre Hansen, ICN, PhD, Stavanger University Hospital, Stavanger University, Norway

Authors:
Britt Sætre Hansen ICN, PhD, Sigrun Anna Qvindesland Emergency RN, Conrad Bjørshol MD, PhD,
Eidar Søreide MD, PhD, Professor

Abstract:
Introduction
Previous research suggests that lack of teamwork is linked to risk of adverse events in health care.
Checklists have improved safety in different parts of health care (Safer Surgery, Surviving Sepsis). To
tailor a checklist and an implementation process to local needs focusing on hand-over team
communication, we interviewed intensive care unit (ICU) nurses and physicians to reveal their
experiences in hand-over and emergency situations, and asked for suggestions on improvements.

Aim
To minimize risk of adverse events during the hand-over process and emergency intubation of infants
and adults with attention to professional roles, team communication, team performance and the use of
a checklist.

Method:
Qualitative interviews of ICU nurses and physicians.
Preliminary findings:
ICU nurses and physicians perceived the safety of admitting critically ill patients to the ICU as very dependent of which ICU nurse or physicians they were working together with. Colleagues’ experience, their ability to communicate and work in teams as well as their level of knowledge was highlighted as very important in emergency situations. They described the crowding of nurses, physicians and students from different wards in emergency situations as problematic. They suggested a system for information exchange. The importance of clearly defined professional roles was emphasized. International research findings and data from these interviews were then used to construct a checklist to improve team communication and performance in the hand-over and emergency intubation situations in the ICU. Together with the definition of nursing roles from the local disaster and preparedness plan, the checklist was introduced and simulated in interprofessional scenarios and evaluated. These final results will be presented later.

Multidisciplinary teams and patient involvement – Oral presentations
Parallel session 3 C: Sonaten, Wednesday 6 Feb 10.30-12.00

OP 3C:1 Prerequisites required for providing and using web-based communication for support and information in hematologic care (126)

Karin Höberg, PhD student, University of Borås, School of Health Sciences, Sweden

Authors:
Högberg, Karin Ph D student health sciences, RN; Sandman, Lars, Ph D, Professor; Nyström, Maria, Ph D, Professor; Stockelberg, Dick, M D, Professor; Broström, Anders, Ph D, Associate professor

Abstract:
Introduction: There are several reasons to develop the possibility of web-based communication between users and providers in a clinical care practice. Increased availability is positive for patients / families, as well as a political objective. Studies have shown that web-based communication have practical benefits and can also serve as a place to vent emotions. The present study aimed to explore and identify prerequisites for providing and using web-based communication, with special focus on support and information, between patients with hematological diseases, family members and nurses within a Swedish healthcare setting.

Methods: A qualitative design using content analysis was used. A strategically selected sample of patients (n = 11) and family members (n = 6) were offered access to a web-based communication capability with a nurse. After 4 months, individual interviews were conducted with all participants.

Results: Preferences and characteristics of the individual patient or family member are crucial as to whether web-based communication is perceived as useful. To feel comfortable with writing and to self-identify the need of support are fundamentals to get motivated to use web-based communication. An effective organization around psychosocial support in general is another prerequisite for web-based communication offering support. Goals and responsibilities must be clearly defined for patients and family members to understand their rights and enable the transformation of opportunities into practice. The use of web-based communication for support and information must also be a convenient and naturally integrated part of both individual and organizational use of the web in general.

Discussion: In times of rapid change in communication behavior it is reasonable to assume that web-based communication may be feasible as support for certain individuals. This requires a functioning psychosocial support organization with clear objectives and roles in combination with a well developed web-use. These conditions must be considered in order to successfully develop the web-based communication in health care and thereby achieve political goals and care receivers request for availability.
OP 3C:2 Co-creation - a means of improvement and implementation in health care (150)

Helle Høgh, Cand. Phil. Anthropologist, Public Health and Quality Improvement, Central Denmark Region, Aarhus, Denmark

Authors:
Helle Høgh

Abstract:
Intro: The term co-creation refers to active and creative input by the people who use services as well as those who have traditionally provided them. It emphasises that patients and carers have assets, as well as staff, which can help improve services. A quality improvement project within mental health in Denmark shows that co-creation is a very promising and constructive way to implement new and better practices of cooperation, contact and information between carers and service providers.

Method: Collaborative quality improvement methods, PDSA-cycles, development of partnership models and co-creative processes, patient satisfaction survey, interviews

Results: A national survey showed that carers satisfaction increased by 64% among the participating psychiatric wards. A qualitative interview study showed that staff satisfaction increased, and the improvement project was characterised as a cultural change concerning their attitudes towards carers and new practices of engaging in co-creative processes and partnerships. E.g. carers were seen as a resource and not a ‘burden’. Several carers participated in staff sessions on how to communicate with carers and first contact initiatives. Thus carers were actively engaged as partners in the quality improvement process and contributed to the active training and implementation of new practices at the wards concerning how to create a cooperative environment with carers to psychiatric patients.

Discussion: Carers' and patient experiences have become an important base for the design of future mental health services and implementation processes. Using co-creative processes in quality improvement is very accommodating for the implementation of new practices and procedures within health care. I would argue this in particular is the case within mental health care. Many psychiatric patients are often involved in long term treatments where carers are a very important resource concerning the recovery of the patient (McFarlane:2003). The project shows that carers experience and ideas concerning how staff should work and engage with carers, at the ward, is a valuable contribution to changing staffs' attitudes and give staff concrete ideas to initiate new cooperative practices at the wards.

OP 3C:3 Implementation of behaviour change counselling in primary health care: The role of patients (154)

Kristin Thomas, PhD student, Linköping University, Sweden

Authors:
Kristin Thomas, Preben Bendtsen and Barbro Krevers

Abstract:
Background: Research has during the last decades suggested a strong link between lifestyle and health, including life expectancy. Health behaviour counselling has not been consistently implemented in primary health care however. Empowerment and patient centred care are important aspects of health behaviour counselling and gives patients a central role in health care. Consequently, patients may be an important co-producer in the implementation of health behaviour counselling. Increased knowledge about how patients perceive advice, recommendations and screening questions may offer an insight into by what mechanisms implementation occurs.

Study aim: Explore and theorise about how patients perceive, interpret and react in health behaviour counselling situations.

Method: The study used grounded theory method, using qualitative interview data. Social processes and interactions between patients and practitioners was explored and subsequently offered a theory of
what roles patients can play in implementation processes. Participants: Informants were recruited via health care centres with various practice routines around health behaviour counselling. Purposive sampling was used diversity of gender, age and (no) experience of health behaviour counselling. Criterion for participation was the ability to speak and understand Swedish, age of ≥18. This was followed by theoretical sampling in order to increase the variations in gender, age, health status, and current health behaviour patterns. Data collection: The interview guide was semi-structured and based on a process perspective including expectations, experiences and/or perceptions of health behaviour counselling and of making health behaviour change. Throughout the process, memos were done by the first author consisting of perceptions, thoughts, and ideas which were generated from both the data analysis and data collection processes. Data analysis: Research techniques such as open coding, constant comparison and memos were used in accordance with Grounded Theory method by Glaser. Data collection and coding of the data occurred simultaneously.

Expected results/conclusions: Data collection and analyse are currently being carried out though we expect that the study will lead to a grounded theory or model of patients’ roles in implementation of health behaviour counselling. The novelty of present study is that it focus on patients’ as actors in implementation processes, thus it will contribute with important knowledge.

OP 3C:4 Implementing a new model for the care of people who repeatedly seek help through the emergency department. Pilot study (178)

Lena Persson, Senior lecturer, Kristianstad University, Sweden

Authors:
Lena Persson, Högskolan Kristianstad; Liselotte Jakobsson, Högskolan Kristianstad

Abstract:
Background
People who repeatedly seek help through hospital emergency departments are taking a large portion of health care resources and experience greater dissatisfaction with health care than other patient groups. In order to develop an effective and safe treatment in which care is provided at the right level and avoid repeated visits to the emergency room, needs a good communication between the hospital specialist care, primary care, community care and informal care. At the Central Hospital Kristianstad, a new model for the care of people who repeatedly seek help at the emergency room has been developed. A multi-professional team was formed to do a thorough assessment of the patient's overall situation with the help of a personal interview, self-assessment instruments and by reading previous documentation in the patient record. The team submitted a proposal for measures which are communicated with other health care providers. A feedback of the draft measure was given within 14 days. The model is based on multi-professional collaboration and increased communication between health care providers and to stimulate learning between different professions and different organizations.

Aim
The aim was to implement a new model for the care of people who repeatedly seek care in the emergency department.

Method
The implementation was led by a multi-professional steering group with representatives from all involved caregivers. A project manager with the task of leading the implementation work was chosen. To her help she had a team of people from different caregivers involved with responsibility to anchor the work in their respective organizations. A communication and information plan was created.

Result
A pilot study was carried out. Three groups of patients were identified; elderly with declining domestic situation, young people with chronic disease, usually in early retirement with poor psychosocial situation and retarded with independent living. Experience from the pilot project was the need to establish contacts with more people in different bodies outside the hospital that these patients may need to meet, such as psychiatry, social services, substance abuse treatment. The need for information and education remain and need to be developed.
Discussion
Information about the project is a process that should always be continued and extended. To work transboundary both business and organizational require participation by persons who both dare and want to change the situation for these groups of people.

**OP 3C:5 Network for multi-disciplinary teams to develop evidence-based practice in occupational health service and promote performance dialogue (181)**

Lydia Kwak, Dr, Karolinska Institutet, Stockholm, Sweden

**Authors:**
Lydia Kwak, Charlotte Wåhlin, Christin Ahnmé Ekenryd, Irene Jensen

**Abstract:**
Introduction
The Unit of Intervention and Implementation Research at Karolinska Institutet together with the Swedish Occupational Health Association (SOHA) has taken the initiative to nationally invite practitioners in Occupational Health Service (OHS) to join a group that will work on producing "guidelines" for implementation of new evidence-based practices (EBP) in OHSs daily routines. Two representatives of each profession participate and co-operate cross-professional to provide the guide. The group will work nationally with evidence based methods, which are of interest. Our aim is to study the implementation plan development process, in order to facilitate the effective translation of EBP into the OHS. In the first step, analyses of expectations and preresequites for participating in the group were performed.

Methods
The implementation group will meet 6 times per year. Different themes are discussed, i.e. what is implementation, what is EBP, how are guidelines developed and how is EBP implemented and evaluated? In order to catch the OH professional’s expectations and preresequites for participating, open-ended questions were used. In addition, the professionals answered a questionnaire including age, sex, type of profession, employment and presresequites for working evidence based.

Results
The group consists of 13 OH professionals (10 women; ~50 years): physician, nurse, physiotherapist/ergonomist, psychologist, engineer, and health promotion specialist. All types of OHS are represented as well as national representation. In addition three researchers from Karolinska Institutet and two representatives from SOHA are present. So far two meetings have been held. Identified expectations included; increased knowledge, including evaluation of methods, networking, exchange of experiences, increasing the use of evidence based methods within OHS with high benefit for employee, employer and the company. Facilitators for participation in the group were; support from management and colleagues, demand from customer, contact with science.

Discussion
The study reveals the necessity of a network with national representation of OHS together with researchers in order to establish a platform for implementing evidence based methods in practice. The results indicate the importance of discussing mutual expectations, barriers and facilitators before starting the process of implementing evidence based methods into OHS. Additional data will presented at the conference.
Implementation of web-based support for young carers of persons with mental Illness

Barbro Krevers, University lecturer, PhD, Department of Medical and Health Sciences, Linköping University, Sweden

Authors:
Barbro Krevers 1,2; Mikael Elf 2,3; Ingela Skärsäter 2,4
1Linköping University, Department of Medical and Health Sciences; 2The Vårdal Institute, The Swedish Institute for Health Science; 3Gothenburg University, Department of Psychology; 4Gothenburg University, The Institute of Health and Care Science

Abstract:
Background: The Internet is still a new arena for health care service delivery to people. Consequently there is a need to examine aspects that can be of importance for implementation of such service. The present study was a part of a research project that developed and examined a web-based support system (WBSS) with concern for young carers. The WBSS was developed in a participative design process. The WBSS provided information and possibilities to communicate via FAQ, forum and blog with health care professionals and with other young carers in similar situations.

Aim: To examine the implementation of a WBSS for young carers and to compare this with the implementation of an information folder.

Methods: 240 participants 16-25 years of age, caring for a family member or a close friend with mental illness, were split into two groups receiving different implementation objects; Group A got access to the WBSS and Group B got a folder about available supports for young people in the community. Certain activities were applied to encourage utilization during the implementation period. The participants completed structured questionnaires; at baseline, after 4 and 8 months. The implementation was evaluated in terms of usage in relation to expectations and perceived characteristics of the implemented objects including process qualities.

Results: In Group A (WBSS) 66% had positive expectations of their intervention; the corresponding proportion was 40% in Group B (folder). The utilization of the interventions (at least once) after 8 months was 41% in Group A, and 38% in Group B. The majority of the users in Group A found the WBSS to have good structure characteristics as well as good process qualities. Though, less than half of the users thought that the WBSS related to their own problems. Comparable results of views on the intervention were obtained in Group B. The use of interactive communication in the WBSS was low.

Conclusion: Participants’ rather high expectations and positive perceptions of the implementation objects as structure and process, did not guarantee implementation of WBSS in terms of utilization. More focus on governing factors for interactive usage of WBSS is needed.

How to measure and facilitate treatment integrity in youth care organisations – Workshop

Marc Dinkgreve, Amsterdam Child Welfare Service, The Netherlands
Leonieke Boendermaker, Amsterdam University of Applied Sciences, The Netherlands
Dagfinn Mørkrid Thøgersen, University of Oslo, Norway
Bernadette Christensen, University of Oslo, Norway

Abstract:
Many Dutch youth care organisations apply evidence based interventions next to methods based on practice based evidence. In both cases, organisations wonder how the treatment integrity can be guaranteed. In this workshop three separate presentations will pay attention to treatment integrity. The first presentation will focus on treatment Integrity in Youth Intervention Outcome Studies: Analysis of the implementation of treatment integrity procedures (abstract 1). In the second presentation the design and application of treatment integrity measures is discussed based on the work with a family
focused case management model at the Amsterdam Child Welfare Service (abstract 2). The last presentation will describe the existing support system of seven practice and evidence based interventions in two large youth care organizations in Amsterdam (abstract 3). Each presentation is followed by a short reaction by one of the panel members that addresses a main or striking point in the presentation.

The three consecutive presentations are followed by a discussion on the guiding questions: are we on the right track with the study of treatment integrity, what instruments are used in other countries to map treatment integrity and what experiences do the workshop participants have with the application of a support system? Here we will work with an activating method, which allows the participants to work in subgroups with the panel members and researchers.

Presentation #1: Treatment integrity in youth intervention outcome studies – analysis of the implementation of treatment integrity procedures
Presenter/Authors: Pauline Goense, Leonieke Boendermaker, Geert-Jan Stams, Jose, van Laar
Abstract: Many authors share the opinion that measuring treatment integrity is not getting as much attention as it should in research focusing on treatment effects of intervention programs. This kind of research is much needed to be able to point to what the moderators are in the outcome effects and is essential in understanding what adaptations can be made to the intervention without sacrificing effectiveness (Dane & Schneider, 1998; Durlak & DuPre, 2008; Moncher & Prinz, 1991; Perepletchikova & Kazdin, 2005; Sanetti, Gritter & Dobey, 2011; Tennyson, 2009; Weissberg, Kumfer & Seligman, 2003). In a review of adult and child psychotherapy outcome studies Perepletchikova, Treat and Kazdin (2007) found that only 3.5% of the 147 articles met criteria for adequately implementing treatment integrity procedures. We hold the opinion that without adequate integrity measurements, the actual delivery of the intervention remains unknown and no statements can be made about the relationship between treatment integrity and treatment outcomes. We were interested how adequate outcome studies of evidence based youth interventions for juveniles with externalizing behavioral problems implement these procedures. To determine the levels of adequacy we used an adapted version of the Implementation of Treatment Integrity Scale developed by Perepletchikova, Treat and Kazdin (2007). The results of the systematic review will be discussed in the presentation on the conference.

The authors are currently conducting a meta-analysis with the studies of the systematic review that adequately implemented integrity procedures. This meta-analysis is a first step in defining the relationship between treatment integrity and treatment outcome in a more comprehensive way then has been done so far. We aim to show some results of this meta-analysis at the presentation on the conference.

Supporting professionals in treatment fidelity – experiences and needs of professionals in Amsterdam
Leonieke Boendermaker, Amsterdam University of Applied Sciences and Groningen University, The Netherlands

Presentation #2: Supporting professionals in treatment fidelity: experiences and needs of professionals in Amsterdam
Presenter/Authors: Leonieke Boendermaker, Pauline Goense
Abstract: Over the last decade, Dutch youth care organizations increasingly pay attention to the effectiveness of their efforts. As a consequence, youth care professionals have to work with new methods and interventions and are faced with new demands. Dutch youth care organizations typically apply practice based as well as evidence based intervention. Working with evidence based and protocolled interventions raised questions among professionals on the flexibility allowed. Likewise, professionals working with practice based interventions ask themselves which elements of the intervention should be applied at minimum.

Most evidence based interventions support professionals in finding answers to questions like this, by providing training and booster sessions and supervision while working with the intervention. This way of support enables professionals to learn ‘on the job’ and enhances good quality implementation and intervention outcomes (see e.g. Kerby, 2006; Schoenwald, Sheidow, & Chapman, 2009). Practice based interventions usually lack a support system like this.

Two large youth care organisations in Amsterdam decided to intensify their support system for professionals working in seven common used interventions for children and young people with externalizing behaviour problems. In this presentation we will describe the existing support for professionals working with the selected interventions and present the steps to will be undertaken in the
development of a support system that fit the needs of the professionals. Attention will be paid to the experiences and needs of professionals, in working with the seven selected interventions.

Presentation #3: Measurement of adherence and competence of professionals working with a family focused case-management model in Amsterdam
Presenter/Authors: Busschers I, Dinkgreve M, Boendermaker L, Stams G-J

Abstract: The clients of the Dutch Child Welfare Agencies are children and young people growing up in unsafe conditions and whose parents are unable or unwilling to change without compulsion or coercion (child protection and youth probation). Early 2011, the Amsterdam Child Welfare Service introduced a new and family focused case-management model. This implied a substantive change from working with individual young people to working with young people and their families. Functional Family Parole and Probation Service (FFPS) is chosen as the central model and combined with essential elements of the Dutch guidelines on working in child protection and youth probation. Based on Alexander’s Functional Family Therapy (Alexander et al., 1998), FFPS is an integrative supervision and case management model for engaging, motivating, assessing and working successfully with high risk youth and families.

Next to that, the entire working process is adapted, based on the perspective of system thinking (John Seddon, 2008). The combination of FFPS, the Dutch guidelines and the adaptation of the entire working process in the Amsterdam Welfare Agency, is summarized as FF-ICM (Functional Family Intensive Case Management). This representation of the FFP model is implemented in the Amsterdam Child Welfare Agency the greater Amsterdam area (population 1.4 million, 9000 families per year) between December 2011 and June 2013. All 400 staff are trained in FF-ICM in four consecutive cohorts.

In order to measure treatment integrity, new measures had to be developed to professionals’ adherence and competence. The adherence refers to the application of the key elements of the extended FFPS-model. Competency refers to the technical skills needed for ‘conveying’ or ‘transmitting’ the key elements to clients and therefore competence refers for instance to responsivity, a good evaluation of the situation and clinical acumen (Barber et al., 2006; Barber, Sharpless, Klostermann, & McCarthy, 2007; Barber, Triffleman, & Mamar, 2007; Nezu & Nezu, 2008).

In this presentation we will present 1) the first experiences with the application of the FFPS adherence instrument and 2) discuss the steps we undertook to operationalize the adherence and competence of professionals working with the extended FFPS-model.

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Bernadette Christensen, The Norwegian Center for Child development, University of Oslo, Norway
Pauline Goense, Amsterdam University of Applied Sciences, The Netherlands
Inge Busschers, MSc, Amsterdam Child Welfare Agency, The Netherlands
Parallel session 4: Wednesday 6 Feb 13.00-14.00

Evidence-based education – Oral presentations
Parallel session 4 A: Crusellhallen, Wednesday 6 Feb 13.00-14.00

OP 4A:1 Using the RE-AIM framework in the first Swedish Triple P (Positive Parenting Program) Trial (105)

Anna Sarkadi, Associate professor, Uppsala universitet, Sweden

Authors:
Anna Sarkadi

Abstract:
Introduction. The Positive Parenting Program (Triple P) is an evidence-based parenting intervention that was to be studied in Sweden for the first time in 2009. The Triple P trial in Uppsala was planned to be a traditional efficacy trial with a cluster-randomised design using preschools as the unit of randomisation and educating preschool teachers to become Triple P practitioners. However, it did not take long to realise that we were dealing with an implementation trial. We therefore started employing the RE-AIM framework both to analyse current obstacles, but also to proactively drive research questions. Consequently, instead of an unsuccessful efficacy trial we suddenly had a well-structured implementation trial!

Methods. The RE-AIM framework, described by Glasgow (1999) was used, where Reach means potential users reached by the program; Efficacy relates to relevant outcome measures; Adoption refers to the proportion and representativeness of professionals who adopt the program; Implementation deals with delivery issues, such as number of program sessions and program fidelity; and Maintenance relates to the organisation’s ability to keep delivering the program.

Results. Paying attention to Reach led us to one of the main results of the trial from a public health perspective: parents with lower levels of self-efficacy and parental satisfaction and higher levels of behavioural problems in their children participated in the universally offered program. Qualitative studies on both participating and non-participating parents increased our insight on further aspects of Reach. Working through Adoption issues helped us describe the circumstances under which preschool teachers were able to adopt the program and become successful Triple P practitioners in their organisation. Close surveillance of Implementation showed which geographical locations needed extra support and where delivery had been successful. Highlighting Maintenance early on in the project directed our attention to the need of health economic calculations to aid politicians in decision making and budgeting.

Conclusions. The RE-AIM framework was not only useful in guiding our research questions: the final project report was fully based on the RE-AIM framework to provide a coherent “story” of the trial. Had we not widened our focus from efficacy we would have missed important knowledge.

OP 4A:2 Attaining optimal effects of school-wide interventions: The importance of implementation quality and continued feedback systems (119)

Mari-Anne Sørlie, Researcher, The Norwegian Center for Child Behavioral Development, Oslo, Norway

Authors:
Mari-Anne Sørlie

Abstract:
Introduction: Implementing evidence based practices and programs in school with high fidelity is a major challenge - even more so when it comes to large-scale implementation of school-wide
interventions. The PALS model (Norwegian acronym for positive behavior, interactions and learning environment in school) is a school-wide, three-tired, and multi-year framework for data-driven and systematic implementation of interventions to prevent and reduce behavior problems and to promote the students social and academic competence. During the last 10 years PALS has been implemented in more than 200 Norwegian primary schools. Additionally, some schools have implemented the Positive Learning Climate Program (PLC). PLC builds on the same principles as PALS and is a practically and empowerment-oriented course for whole school staffs. After a short presentation of the interventions, the implementation structure and a nationally standardized system for sustained feedback and quality assurance will be described and exemplified.

Method: Two non-randomized experiments have, parallel to the implementation processes, been conducted to evaluate the short and long-term outcomes and implementation quality of these school-wide interventions. Even if results from study 1 were highly promising, the validity was questionable. Thus, in 2007 a second study with a more robust design was initiated. About 14,000 students, 3,000 teachers, assistants, SFO-personnel, principals and 3,000 parents in 65 stratified and matched schools have contributed to the study by filling in questionnaires at 6 measure points across 4 school-years. Selected results based on hierarchical regression and multilevel analyses are presented.

Results: Analyses of pre-post data revealed positive immediate effects of both interventions as compared to a control group. Positive outcomes were found both for teachers and students; e.g. on student problem behavior and teacher collective efficacy. However, the effects depended on the quality of the implementation, training dosage, and/or school size.

Discussion: Practical implications of the Norwegian experiences and research findings will be discussed.

OP 4A:3 A low-cost, low-burden model for improving implementation quality: A pilot efficacy trial (182)

Brian Bumbarger, Director, Evidence-based Prevention and Intervention Support Ctr, University Park, USA

Authors: Brian K. Bumbarger

Abstract: This paper describes a randomized efficacy study of a simple, low-cost model to improve implementation quality and fidelity. The study involved a facilitated peer support intervention for classroom teachers delivering an evidence-based classroom youth drug prevention program. Experimental group teachers participated in facilitated 30-minute weekly "learning communities" and accessed brief remedial podcasts via a project website. Findings indicated that teachers who participated in this low-cost and simple implementation support learning community achieved significantly better implementation fidelity and quality and better student engagement and participation, based on both self-reports and videotaped observations. Broader implications for the careful scale-up of evidence-based practices will also be discussed.

OP 4A:4 To establish an approach for evidence based practice in the social services and education sector through the use of collaborative learning – a study of three cases (190)

Klara Palmberg Broryd, PhD, Guest lectuer, Linköping university, Mementor FoU, Stockholm, Sweden

Authors: Klara Palmberg Broryd
Abstract:
Introduction
The ambition to create evidence based practice (EBP) in the social services and in the education sector has been formulated for several years in Sweden, both in legislation and by decision makers, management and professionals. Yet, there are few documented projects with the purpose of achieving an approach for EBP.

This paper describes three cases, from the social services and education sector in Sweden, where collaborative learning methods (inspired by the “Breakthrough series”) has been used with the purpose to support the development of an approach for EBP in the participating organizations. The projects were performed from 2009 to 2011 with teams of social workers in one of the collaboratives and teachers in the two others.

Methods
The paper presents and analyses three case studies where the intervention was facilitated by the author. The research project which followed the performance of the projects used an interactive research approach. An abductive analysis of the cases in relation to existing theory of EBP and improvement science has been performed together with the participating organizations in interactive seminars.

Results
The purpose of the research is to contribute to an increased knowledge and understanding of the ideas and epistemology of EBP in the social services and education sector. The research is descriptive and explorative. The three performed projects are described with the ambition to develop and spread the use of collaborative learning methods to support the development of an approach for EBP.

With the cases as a framework the ideas and terms of EBP is explored, connected to the field of improvement science. Conclusions are drawn on how the practice performed in the projects in the view of existing theory.

Discussion
The discussion includes reflections of the suitability of EBP as a concept for the education sector and social services. Suggestions are made for ways forward for the development of methods to develop an approach for EBP in these sectors.

Implementation processes of good care for frail older people – Workshop
Parallel session 4 B: Operan, Wednesday 6 Feb 13.00-14.00

Gerd Ahlström, Professor, Director at the Swedish Institute for Health Science (Vårdalinstitutet), Lund and Gothenburg University, Sweden
Synneve Dahlin-Ivanoff, Professor in occupational therapy at Gothenburg University, The Swedish Institute for Health Science, Sweden
Kajsa Eklund, senior lecturer, Swedish Institute for Health Science, Sweden
Eva Holmgren, PhD, Swedish Institute for Health Science, Sweden
Jimmie Kristensson, PhD, senior lecturer, Lund University, Sweden
Katarina Wilhelmsson, MD, Swedish Institute for Health Science, Sweden

Abstract:
The experiences and research about implementation intervention of care programs in collaboration with health care staff will be presented in this workshop. The programs are for frail older people, where benefits and knowledge of its implementation process have been obtained. The older population is increasing in Sweden as well as in many other countries and this trend is expected to continue. Increasing age often implies increasing frailty, and the oldest old are often described as a frail group. Frail older people are at high risk of developing chronic diseases, multi-morbidity and functional impairments. In many cases this leads to dependence in daily activities. Studies show that frailty is estimated to be present in approximately 20-30% of the population over 75 years of age and to increase with age. Review of the prevalence, consequences and care in relation to multi-morbidity
among people older people indicates that more knowledge in this area is needed. It is of great importance that future intervention studies evaluate different strategies for effective treatment and care of people with multi-morbidity. This is stressed also by the Swedish government which points out that older people with complex needs of health and social care are in need of an individualized, coordinated and continuous care, and that the care must expire from the older persons’ needs.

Presentation #1: Case management for frail older people. A randomised controlled trial
Presenter/Authors: Jimmie Kristensson, Magnus Sandberg, Elin Taube, Ulrika Olsson Möller, Ulf Jakobsson, Patrik Midlöv, Ingalill Rahm Hallberg
Abstract: Aim: To investigate the effects of a case management intervention for older people with functional dependency and repeated contact with the healthcare services on healthcare consumption, healthcare costs, functional ability, falls, psychosocial situation, quality of life and experiences of care. Method: The sample was consecutively randomised during 2006 – 2010 into intervention- (n=80) or control group (n=73). Inclusion criteria was that the person should be aged 65+, need help with at least two ADL, been admitted to hospital at least twice, or have had at least four outpatient contacts during the previous twelve months. Two nurses functioned as case managers and they performed the intervention together with a physiotherapist. The intervention lasted 12 months and comprised home visits, traditional case management, information about the health system and other aspects important to older people in general, specific information regarding the persons situation and also that the case manager was on hand during office hours. The physiotherapist paid regular home visits with focus on multidimensional prevention and/or consequences of falls. Data were collected using a structured protocol at baseline and after 3.6.9.12 and 24 months. The interview covered: demographic variables, financial status, social support, feelings of loneliness, functional ability and various health related variables Data about healthcare consumption was collected by means of registers.
Results: Results are being analysed. Preliminary results showed a significant lower mean number of emergency department visits that did not lead to hospitalization 6-12 months after baseline for the intervention group (0.08 vs. 0.37, p=0.041). The proportion of total emergency department visits leading to hospitalization was significantly higher in the intervention group (83.3 vs. 53.1%, p=0.012) during the same time period. There was a significantly lower mean number of total contacts with physicians in privately organized outpatient care 0-6 and 6-12 months after baseline in the intervention group (1.01 vs. 1.71, p=0.050; 0.88 vs. 1.70, p=0.005). No significant differences were found between the groups with regards to inpatient care consumption.
Conclusions: The case manager intervention seemed to have some effect on healthcare utilization, especially on contacts with outpatient care physicians.

Presentation #2: Challenges in Performing Complex Intervention Studies in Health Care Organizations
Presenter/Authors: Synneve Dahlin-Ivanoff, Kajsa Eklund, Eva Holmgren, Katarina Wilhelmson
Abstract: The presentation will focus on challenges faced by anchoring research in health care organizations, creating good collaborations with the professionals, and involving older adults in the planning and implementation of research. Methodological challenges faced when conducting research with community-living frail older people will also be communicated.

The presentation will draw on experiences from two multidisciplinary and multi-dimensional intervention studies. The RCT study, “Elderly people in the risk zone”, was a health-promoting intervention study performed in two urban districts in Gothenburg, Sweden, from 2007 to 2011. The study was tailored for, community-dwelling older adults (80+) at risk of becoming frail. The RCT study “continuum of care for frail elderly people” takes place in the municipality of Mölndal, Sweden, including municipal health and social care, the hospital of Mölndal, and primary care. The aim was to evaluate a continuum of care from the emergency department, through the hospital ward to the elderly person's own home. The study was tailored for, community-dwelling older frail older adults (mainly 80+). The studies have both exploratory and experimental components to facilitate a multi-facetted knowledge production.

After attending this activity, participants will be aware of some of the methodological challenges: to balance between on one side the demands and conditions of the health care organizations and on the other side scientific quality. Conducting randomized interventions targeting older frail heterogenic groups.
Information about individual contributors:

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Synneve Dahlin-Ivanoff, professor in occupational therapy at Gothenburg University, is leading "Frail Elderly Support research group" and several intervention and implementation projects since 2006 at the Swedish Institute for Health Science within the research platform: Elderly, their health care, nursing care and social service

Kajsa Eklund, senior lecturer in occupational therapy and researcher in "FRail Elderly Support research group" and at the Swedish Institute for Health Science

Eva Holmgren, physical therapist and postdok in "FRail Elderly Support research group" and at the Swedish Institute for Health Science

Jimmie Kristensson is a registered nurse, has a PhD in nursing and is a senior lecturer on the faculty of medicine at Lund University. His research is about various aspects of healthcare consumption in old age and especially about the effects of case management to frail older people.

Katarina Wilhelmsson, MD and researcher in "FRail Elderly Support research group" and at the Swedish Institute for Health Science

Policy implementation – Oral presentations
Parallel session 4 C: Sonaten, Wednesday 6 Feb 13.00-14.00

OP 4C:1 Promoting occupational health interventions in early return to work by implementing financial subsidies: Experience from a Swedish attempt (113)

Christian Ståhl, PhD, Linköping University, Sweden

Authors:
Christian Ståhl, Allan Toomingas, Carl Åborg, Kerstin Ekberg, Katarina Kjellberg

Abstract:
Purpose: In 2010, the Swedish government introduced a system of subsidies for occupational health service (OHS) interventions, as a part in a general policy promoting early return to work. The aim of this study was to analyse the implementation of these subsidies, regarding how they were used and perceived.

Methods: The study was carried out using a mixed-methods approach, and comprises material from six sub-studies: a register study of the use of the subsidies, one survey to OHS providers, one survey to employers, one document analysis of the documentation from interventions, interviews with stakeholders, and case interviews with actors involved in coordinated interventions.

Results: The subsidized services were generally perceived as positive but were used modestly. The most extensive subsidy – for coordinated interventions – was used especially little. Employers and OHS providers reported few or no effects on services and contracts. OHS providers explained the modest use in terms of lack of advantage in relation to regular practice, and too high costs due to an overly bureaucratic administration of the application process. The dissemination strategy mostly involved communicating with OHS providers, while employers were not informed.

Conclusions: The problems encountered highlight the complexity of promoting certain interventions in return to work, since their implementation requires that they are perceived by the stakeholders involved as purposeful, manageable and cost-effective. There are thus inherent political challenges in influencing stakeholders who act on a free market, in that the impact of policies may be limited, unless they are enforced by law.
OP 4C:2 A nationwide implementation of evidence-based rehabilitation for patients suffering from non-specific muscoskeletal pain or common mental disorders (163)

Hillevi Busch, PhD, Karolinska Institutet, Stockholm, Sweden

Authors:
Hillevi Busch, Jan Hagberg, Ann-Sofie Bakshi, Lennart Bodin, Malin Lohela Karlsson, Johan Hansson, Charlotte Klinga, Mats Brommels & Irene Jensen

Abstract:
Introduction: The rehabilitation warranty (RW), a nationwide program for enhancing access to evidence-based medicine (multimodal rehabilitation and psychotherapy) was rolled out in Sweden in 2009. The overall goal of the program was to reduce/prevent sickness absenteeism among people of working age suffering from persistent back/neck pain, or common mental health problems. Aim: To evaluate the impact of the interventions on sickness absenteeism, and to study the implementation process with a focus on perceived barriers and facilitators.

Methods: Records of patients (n=62,691) were retrieved from the counties, whereas data on sickness absenteeism were obtained from the Swedish social insurance agency. A matched control group was used for comparing the patterns of sickness absenteeism. A subsample of patients received a health questionnaire. For the process analysis, qualitative and quantitative data were collected and examined; documents, questionnaires and interviews with staff involved in rehabilitation/implementation.

Results: The impact study showed that the interventions contributed to improvements in health and working capacity, but that they had minor effects on total sickness absenteeism compared to the control group. The effects of the interventions improved with time since implementation start. The process evaluation showed that economic incentives were an important facilitator for implementation, as were previous experiences of similar projects. Barriers during implementation were most commonly related to multimodal rehabilitation, which is a complex form of rehabilitation. The project form of the RW was mentioned as a stressor, and many therapists perceived a lack of criteria for patient selection, vague specifications of rehabilitation content and few instructions for how to rehabilitate the patients back to work.

Discussion: The RW was rolled out rapidly, and there were some important barriers during implementation which may have affected the outcome of the program. It takes time before high fidelity of the interventions is achieved. To optimize the possibility of attaining the expected effects of the implementation, this type of rollout needs to have an extensive preparation phase where the barriers of implementation are identified and remedied.

OP 4C:3 Needs, role and use of evidence in health enhancing physical activity policy making (195)

Riitta-Maija Hämäläinen, Senior researcher, National Institute for Welfare and Health, Helsinki, Finland

Authors:
Hämäläinen Riitta-Maija and the REPOPA Consortium

Abstract:
Problem: The growing number of people with a sedentary lifestyle is well recognized health promotion challenge within EU member states. Both scientific knowledge and know how as well as practice and policy making need to be integrated to make evidence informed decisions for cross sectoral policies with accountability and evaluation of health enhancing physical activity policies.

Objective and methods: The aim is to describe policy analysis for evidence informed health enhancing physical activity (HEPA) policies within national, regional and local levels in seven countries. The policy analysis started by selecting 2-5 HEPA policies from each country for conventional content analysis. The policy analysis was guided by a common guideline and research questions in partner countries. The document analysis phase was followed by interviews of main stakeholders for policy
making. During document analysis the complementary and clarification needs of policy making process were identified.

Results: Conventional content analysis with complementary information gathering through interviews of main stakeholders of policies is a relevant method to find various approaches to HEPA policy content, identification of stakeholders and use of research evidence for HEPA agenda setting, policy formulation and policy making processes. The analysis on HEPA policies on national, regional and local levels provided rich data to look at use of research evidence in different levels of HEPA policy making and decision making, comparability between different countries, use of cross sector or multisector approaches and structures to HEPA policies as well as accountability and evaluation of policies.

Lessons learned: International HEPA policy research is valuable for forthcoming policy formulation processes and lessons can be learnt how to use research informed decisions and policy making processes for HEPA policies in national, regional and local levels. Researchers and policy makers need increased interaction to communicate and understand each other’s better and make policy process more evidence informed and effective than presently.

OP 4C:4 Grasping what to do: Implementation and learning in the case of implementing policy for provision of assistive technologies in two Swedish county councils (200)

Ann-Charlotte Nedlund, PhD, Post doc, Department of Medical and Health Sciences, Linköping University, Sweden

Authors:
Ann-Charlotte Nedlund

Abstract:
Introduction: Policy implementation is traditionally described as a stage more or less separated from an earlier stage of policy formulation and a later stage of policy evaluation. Learning is merely instrumental and regarded as lessons that might be learned and motivated by a wish or need to do better, i.e. the policy gets revised. This is one account of implementation based on a rationalist approach. There are, however, other valuable accounts of policy implementation which emphasise the interactive and dynamic work of policy. Learning is somewhat different in these alternative accounts. Drawing on the notion of different accounts of policy implementation the aim is to explore other forms of policy learning, including where and how learning occurs, and examine the value of using these multiple accounts. The policy context is rationing in health care which is characterised by distributive conflicts, ethical controversies, and organisational complexity. This paper looks particularly at the work of policy for provision of assistive technologies (AT) in two Swedish county councils (CC).

Methods: 57 semi-structured open-ended interviews with prescribers of AT and higher administrators involved in the provision of AT in two Swedish CCs. Studies of archive data.

Results: These two cases serve as an example of implementation of ambiguous policy directives. Health workers at different levels encountered various types of pressures that they had to handle, pressures that seldom were in harmony. In order to manage situations the health workers interacted, interpreted and negotiated in different locations, and together institutionalised the policy. Learning was integrated in the interactions with others when grasping, interpreting and constructing what to do. These findings were valid in both CCs, though the ways of implementing differed considerably.

Discussion: The implementation of the policy for provision of AT in the two CCs was a dynamic interactive process, the policy was continuously constructed by the various health workers. The multiple accounts of implementation made it possible to explore the different types of policy learning. In the dynamic process the health workers integrated learning both by continuously considering new experiences and by grasping what to do.
Newly graduated nurses’ use of research findings and the application of the principles of evidence-based practice – Symposium
Parallel session 4 D: Opreetten, Wednesday 6 Feb 13.00-14.00

Lars Wallin, RN, PhD, Professor Dalarna University, Falun, Sweden
Jan Florin RN, PhD, Assistant Professor Dalarna University
Anna Ehrenberg RN, PhD, Assistant Professor Dalarna University
Henrietta Forsman RN, PhD, Lecturer, Dalarna University
Anne-Marie Boström, RN, PhD, Assistant Professor, Karolinska Institutet

Abstract:
Our research group has been running a longitudinal study named LANE - Longitudinal Study of Nursing Education and Entry in work life with three national cohorts (graduation year 2002, 2004 and 2006) of nursing students from Sweden’s 26 universities and university colleges (approximately 4,000 students participated). The aim of the LANE study was to monitor the health status, application of research and evidence-based practice (EBP), turnover rates and professional development of newly registered nurses in their first years of working life. The participants were surveyed annually during their education and the first five years of their careers. Seventeen data collections were performed in collaboration with Statistics Sweden. A 70% response rate was found at baseline, when the three cohorts were established. Subsequent actual participant rates across data collection waves ranged between 69% and 92%.

This session will focus on outcomes, implications and methodological aspects of the part of the LANE study that deals with the nurses’ use of research, perceived capability for EBP and actual application of EBP. Three single items on instrumental, conceptual and persuasive use measured research use. Two six-item scales measured capability beliefs and EBP activities. Strengths and weaknesses with these measurement approaches will be discussed.

In September 2012 there were 10 papers published on methodological aspects and findings of the research use and EBP section of the LANE study. In the session we will present results on:
- differences between universities regarding students’ perceived capability to practice EBP
- how students’ intentions to use research in the sixth semester of nursing education predicted actual research use one year after graduation
- how nurses’ research use and practice of EBP developed the five first years after graduation
- how patterns of research use 1-3 years after graduation were constituted
- determinants of nurses’ research use and EBP
- and more ..

The findings have important implications for educational and healthcare stakeholders. In the session the audience will be invited to discuss these implications and opportunities to enhance evidence-based nursing practice.

Presentation #1: Introduction to the LANE study (Longitudinal Analyses of Nurses Education and Entry in Worklife / Lars Wallin

Presentation #2: Educational support for research utilization and capability beliefs regarding evidence-based practice skills: a national survey of senior nursing students
Presenter/Authors: Jan Florin

Abstract: A cross-sectional survey was conducted in a group of 1440 students constituting 68% of the national population of nursing students in their 6th and final semester. The findings were that the perceived support during campus education varied between universities but no differences were found regarding support during clinical education. Further, students reported high capability beliefs regarding evidence-based practice skills, but large differences were found between universities for: stating a searchable question, seeking out relevant knowledge, and critically appraising and compiling best knowledge. Conclusions are that identified differences concerning students’ perceived support for research utilization and their capability beliefs regarding evidence-based practice skills have implications for curricula, pedagogical perspectives in nursing education, and the potential to implement evidence-based practice in healthcare settings.
Presentation #3: A modest start, but a steady rise in research use: a longitudinal study of nurses during the first five years in professional life
Presenter/Authors: Anna Ehrenberg
Abstract: Data from 1,501 newly graduated nurses were used to investigate perceived use of research over the first five years as a nurse. The dependent variables consisted of three single items assessing instrumental, conceptual, and persuasive research use, where the nurses rated their use on a five-point scale, from ‘never’ (1) to ‘on almost every shift’ (5). These data were collected annually and analyzed both descriptively and by longitudinal growth curve analysis. Instrumental use of research was most frequently reported, closely followed by conceptual use, with persuasive use occurring to a considerably lower extent. The development over time showed a substantial general upward trend, which was most apparent for conceptual use, increasing from a mean of 2.6 at year one to 3.6 at year five. However, the descriptive findings indicated that the increase started only after the second year. Instrumental use had a year one mean of 2.8 and a year five mean of 3.5, and persuasive use showed a year one mean of 1.7 and a year five mean of 2.0. These findings support previous research claiming that newly graduated nurses go through a ‘transition shock,’ reducing their ability to use research findings in clinical work.

Presentation #4: Research use among nurses one and two years postgraduation – patterns and determinants
Presenter/Authors: Henrietta Forsman
Abstract: Nurses’ self-rated use of research findings (instrumental, conceptual and persuasive research use) was studied one (n=1365) and two years (n=1256) postgraduation. At both time points, instrumental use was reported as most prevalent followed by conceptual and persuasive use. By the use of cluster analysis, profiles across all three kinds of research use were identified. Cluster profiles illustrating overall low or very low use predominated at both time points (46 and 55%). At two years postgraduation, six determinants of overall low research use were identified: work in the psychiatric setting, role ambiguity, sufficient staffing, low work challenge, being male and low student activity during undergraduate studies. Nursing students’ intentions to use research during last term of studies predicted subsequent use of research one year postgraduation. Furthermore, intention acted as a mediating variable for the effects from capability beliefs and perceived support for RU during undergraduate studies.

Presentation #5: Evidence-based practice among nurses the first five years after graduation and associations with individual and organizational factors
Presenter/Authors: Anne-Marie Boström
Abstract: The extent of evidence-based practice was stable, both in comparing two cohorts of nurses and over time. Individual differences existed and remained stable over time. However, the extent of practicing the different components of evidence-based practice on a monthly basis varied considerably, from 10% of the nurses (appraising research reports) to 80% (using information sources other than databases to search for knowledge). Associated factors were identified for all six evidence-based practice activities. Capability beliefs regarding evidence-based practice were a significant factor for all six activities (OR=2.6 - 7.3). Working in the care of older people was associated with a high extent of practicing four activities (OR=1.7 - 2.2). Supportive leadership and high collective efficacy were associated with practicing three activities (OR=1.4 - 2.0). The contribution of undergraduate education appears instrumental for nurses’ professional practice in their early career. To be successful in enhancing evidence-based practice among newly graduated registered nurses, strategies need to incorporate both individually and organizationally directed factors.

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OP 5A:1 Attitudes and behaviour related to evidence-based practice: A longitudinal study (125)

Anne Kristin Snibsøer, Assistant Professor, Centre for Evidence-Based Practice, Faculty of Health and Social Sciences, Bergen University College, Norway

Authors:
Snibsoer AK, Espehaug B, Nortvedt MW

Abstract:
Background: International and Norwegians national policies require health and social care workers in clinical practice to work evidence-based. To encourage the use of evidence-based practice a postgraduate degree programme in evidence-based practice was established at the Bergen University College in 2004.

Aim: The aim of the study was to examine attitudes and behaviour related to evidence-based practice before and one year after participation in a postgraduate degree programme in evidence-based practice.

Methods: We conducted a longitudinal study among 158 health and social workers of a postgraduate degree programme in evidence-based practice. The postgraduate degree programme builds on the steps of evidence-based practice and the CASP model (The Critical Appraisal Skills Programme). At the end of the course period, participants are required to write an individual examination paper related to a clinical issue from their own practice and to present their paper to their colleagues in practice. The postgraduate degree programme gives 15 ECTS credits. The participants answered the EBP Beliefs Scale and EBP Implementation Scale at baseline and one year after their examination.

Results: The response rate, before the last reminder is 69 %. The results of the study will be available in November.

Conclusion: The results will provide knowledge about health and social workers attitudes and behaviour before and after a 15 ECTS credit postgraduate programme in evidence-based practice.

Key words: attitude, behaviour, evidence-based practice, postgraduate education

OP 5A:2 Translation of scientific knowledge into good health care practice? (176)

Magnus Falk, MD, PhD, Dept of Medical and Health Sciences, Linköping University, Sweden

Authors:
Falk M (1, 2), Johansson Fredin S (3,4), Bradley T (3), Edström M (3), Tärning E (3), Garpenby P (5) and Carlsson P (5)
1) Division of Community Medicine, Primary Care, Dept of Medicinal and Health Sciences, Linköping University, Sweden
2) Research and Development Unit for Local Healthcare, County Council of Östergötland, Sweden
3) Dept of Clinical pharmacology, Unit for rational drug use, County Council of Östergötland, Sweden
4) Primary Care East, County Council of Östergötland, Sweden.
5) Center for Medical Technology Assessment, Division of Health Care Analysis, Department of Medical and Health Sciences, Linköping University
Abstract:
Introduction
Is it possible to improve dissemination of scientific knowledge in health care practice? The question was raised by the Medical technology Advisory Board in Östergötlands county council. In a pilot project, a working model for dissemination of evidence based knowledge, was tested. In the project the drug pregabalin (Lyrica) was selected as example, due to a sharply increased pregabalin prescription, subsequent escalating drug costs, and a marked price discrepancy in comparison to other therapeutic alternatives. Additionally, prescription patterns varied widely between units, and was often performed outside approved indications.

Methods
First we conducted a systematic review of the literature to find out the scientific basis of pregabalin use. Secondly, on the basis of two expert teams consisting of representatives from psychiatry, primary care, clinical pharmacology, and pain specialists, an evidence-based recommendation for the use of pregabalin was developed. Thirdly, on the basis of the expert recommendations, meetings for implementation were organized in primary care and at hospitals (n=14). Each meeting followed a strict program which included time for reflection and discussion. The work process in the project was evaluated through interviews and follow-up survey by the Department of Health care analysis at Linköping University.

Results
On a five-grade scale, ranging from “not at all” to “to very high extent”, 82.4% of respondents stated a score of 4-5 on the question whether the meeting was relevant for considerations in clinical practice, and in the same manner 89.4% stated the chosen format for presentation to be valuable. At ten weeks follow-up, 54.3% claimed the information mediated at the meeting to have been further distributed to co-workers at the clinic, and 28.4% that it had led to actual change of clinical decisions in daily practice.

In conclusion, the chosen model for dissemination of evidence based knowledge in health care practice appears to be well received by clinicians, and to potentially affect decision making in daily practice. However, additional mapping of pre and post interventional pregabalin prescription, in order to evaluate adherence to expert recommendations and possible changes in prescribing patterns, are yet to be performed.

OP 5A:3 Evidence-based practice - in-service training and support to staff (177)

Mia Pless, Director Research & Development, Habilitation and Assistive Technology services, Uppsala County Council, Sweden

Authors:
Mia Pless, PhD, Uppsala County council, Uppsala; Karin Sonnander, Uppsala university, Uppsala

Abstract:
Introduction
The overall aim was to investigate how the Habilitation and Assistive Technology services in Uppsala County council in Sweden during 2009 to 2011 has worked with in-service training and other support to implement ways to work in evidence-based practice (EBP) for all staff. A specific aim was to investigate the staffs' knowledge, skills, attitudes and use of EBP.

Methods
Invited were all staff (n=260), no matter which profession or position. Those participating did so in courses in EBP, a one-day-training in EBP, information about EBP in work-place meetings, tutoring in ways to work in EBP, and they answered a webbased questionnaire about EBP 2009 and/or 2011. There were four courses in EBP: EBP I - Introduction for leaders, EBP II - Why, how, when?, EBP III - Studycircle, and EBP IV - From idea to projectplan. Data was collected in attendance lists, number of fulfilled reports about evidence in interventions, number of fulfilled projectplans, and answers to questions in the webbased questionnaire.
Results and Discussion
The results of the project on in-service training and other support showed:
• that the number of participants in all in-service training was satisfying
• that those participating in the courses, the reports on evidence in interventions and the project plans were all directed by what is the participants’ tasks in daily work.
• that at the end of the project more used both secondary sources and primary sources in their search for information and more felt certain about the meaning of terms used for critical appraisal of articles
• that one should keep track of the fact that more at the end of the project answered that EBP is a buzz-word, at the same time more answered that they usually use the ways to work in EBP
• that many commented time as a factor that is both a facilitator and a barrier to learn and use EBP and this makes time an important factor to further investigated.

OP 5A:4 Kill two birds with one stone: The use of one instrument for both education and monitoring (208)
Karlijn Stals, PhD, Netherlands Youth Institute, Utrecht, The Netherlands

Authors:
K. Stals

Abstract:
Introduction – Efficacious child and youth care interventions remain unused much too often, since child and youth care organizations do not always succeed in effective and enduring implementation of these interventions. It is often argued that implementation causes resistance in the professionals that are supposed to carry out these interventions. From literature on implementation strategies, we know that education and/or supervision of professionals is a promising strategy as well as monitoring the implementation process and providing professionals with feedback. Why not kill two birds with one stone? This presentation aims to explore and discuss the possibilities of combining the function of education and monitoring in one instrument.

Method – Literature study is conducted to explore different instruments used for educating professionals and for monitoring implementation processes. Furthermore the presentation will be about a questionnaire that was designed to gain insight into skills of youth care professionals regarding an parenting support intervention. The questionnaire contains eleven core components of the intervention, each accompanied by five practical skills that professionals should master. The questionnaire was completed by professionals and by the team manager and behavioral scientist who both supervise the professional.

Results – Implementation (a goal on organizational level) is deemed to fail without effort of the professionals (individual level). Educational strategies can work, if they correspond with the need for education of the professionals involved. By measuring competence of professional, it is possible to tailor the education or supervision. Although there are plenty examples in international literature for instruments used to measure competence, only few of these can be used for multiple goals. Advantages and disadvantages of different instruments will be presented. Experience with the questionnaire on professional competences gives insight into psychometric and practical quality.

Discussion – This presentation makes clear that – in order to motivate professionals to implement something new – instruments should not only be used for research or monitoring on an organizational level. Research instruments can serve multiple goals if they are designed in a way that they can also be used for learning and for providing feedback on an individual level.
Vinnvård – Lessons learned from a national program for improvement science – Symposium
Parallel session 5 B: Operan, Wednesday 6 Feb 14.30-15.30

Staffan Arvidsson, Program Director, Vinnvård, Stockholm, Sweden
Boel Andersson-Gäre, Professor, The Jönköping Academy for Improvement of Health and Welfare

Abstract:
Vinnvård is a Swedish research program with the purpose of getting research into practice, and learning about how that is done. The program is jointly owned by the Department of Health, The Swedish Association of Local Authorities and Regions, The Swedish Governmental Agency for Innovation Systems and The Vardal Foundation. In this symposia, we will share lessons learned from the program. We will account for what we have done, why and how. From a meta-perspective, but also with examples from the actual research projects, we will present results together with key factors for success as well as the adversities. We will also look ahead and present future strategies.

Health care student teams participating in quality improvement - a large-scale implementation in collaboration between University and County Council – Workshop
Parallel session 5 C: Sonaten, Wednesday 6 Feb 14.30-15.30

Siw Carlfjord, PhD, Department of Medical and Health Sciences, Linköping University, Sweden
Ebba Berglund, Senior Project Manager of Strategic Research and Development, Master of Social Science, The County Council of Östergötland, Linköping, Sweden

Abstract:
Introduction
In Health care we always need to improve patient quality and safety. Therefore from an employer’s perspective, it is very important that future employees have knowledge about Quality Improvement (QI) work. Together the Faculty of Health Sciences of Linköping University and the County Council of Östergötland have designed a learning experience where undergraduate students participate and learn about QI work in clinical practice.

Methods
Our two organizations started this project together in 2006 with an investigation. Then we began the work with each semester as a testcycle which were evaluated. After decisions and planning we started in full scale in January 2011. Each semester, about 300 undergraduate students, in interprofessional teams, learn about Quality Improvement in 45 clinical settings, supervised by a tutor and a member of the clinical team.

Results
Since we started the outcome of the project is measured as improvement in student, staff and patient value. The results have been used to continuously improve the project itself. The satisfaction in the different groups has improved over time. We will show data of this at the presentation.

Discussion
This is an example of large scale implementation in two different organizations. There are also a lot of interests involved, students, tutors, staff, patients and leaders in our two companies. In the workshop experiences from this large scale implementation performed in cooperation between the university and the health care providers will be described. One of the student projects will also be presented. After that we invite to a discussion with the audience regarding the project and to problematize around large scale implementation.

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Evidence-based management: How to implement National Guidelines for breast-, prostate- and colorectal care and treatment at both a regional- and local level – Symposium
Parallel session 5 D: Operetten, Wednesday 6 Feb 14.30-15.30

Knut Sundell, Associate professor, National Board of Health and Welfare, Stockholm, Sweden

Abstract:
Public services depend on the production, distribution and application of evidence of effectiveness. In this endeavor, governmental authorities can have a key position because of their independent position between the government, research councils and public services. A preliminary version of the National Guidelines for breast-, prostate- and colorectal care and treatment is going to be published in March 2013. The regional health care groups in Sweden are preparing to receive these Guidelines and begin implementing them within their health care systems. This symposium will discuss not only strategies and experiences of governmental authorities in the production and management of evidence for public services, but also strategies and experiences at both regional- and local levels.

Presentation #1: The process of developing National Guidelines supports implementation
Presenter/Authors: Arvid Widenlou Nordmark
Abstract: The National Board of Health and Welfare applies a model for Evidence-based management. This model has been developed by several national authorities. We will describe this model in this presentation. In addition, the process of developing national guidelines for breast-, prostate- and colorectal care and treatment will be described. Representatives from the regional and local level participate in all stages of this process. Participation is formalized and representatives include researchers, clinically experienced doctors, nurses, physiotherapists and social workers. The stages in the Guideline-development process are 1) define area 2) define relevant condition-intervention pair 3) conduct a literature search 4) rank all condition-intervention pairs on a scale from one to ten 5) discussing a preliminary version 6) submit a final version.

Presentation #2: The regional level - How do we implement the guidelines?
Presenter/Authors: Krister Björkegren, Development director in Kalmar county
Abstract: The county councils in the South-Eastern Health Care Region and the National Board of Health and Welfare (NBHW) collaborate in the development, dissemination and implementation of national guidelines. Experts from the region participate in the development of the guidelines; by arranging seminars (together with the NBHW) for discussion of the preliminary version of the guidelines with decision makes, and also by themselves providing comments on the preliminary version of the guidelines. This presentation will focus on practical aspects of this collaboration. What are the prerequisites for a successful collaboration? What are the benefits, and what are possible pitfalls?

Presentation #3: The local level - How do we implement the guidelines?
Presenter/Authors: Magnus Lagerlund, Operations manager at Kalmar oncological clinic and radiation Physics, chief physician.
Abstract: The oncological clinic and radiation Physics at the regional hospital in Kalmar offers highly specialized medical oncological care and radium therapy. This presentation will focus on how the National Guidelines for breast-, prostate- and colorectal care and treatment from the National Board of Health and Welfare will be implemented at the clinical level. In this presentation, we will discuss both obstacles for successful implementation of the guidelines, and what can be gained by implementing them at the clinical level.
Information about individual contributors:

Arvid Widenlou Nordmark, Project manager, National guidelines for breast-, prostate- and colorectal care and treatment, National board of health and welfare. He has earlier worked with the Guidelines for lung cancer care and treatment, as well as for stroke care and treatment.

Krister Björkegren, Development director in Kalmar county.

Magnus Lagerlund, Operations manager at Kalmar oncological clinic and radiation Physics, chief physician.

POSTERS

Poster session 1: Tuesday 5 Feb 11.30-12.15

Area A
Marmorfoajén, Tuesday 5 Feb 11.30-12.15

P 1A:1 Predicting intention to suggest internet administered psychotherapy to patients (128)

Gustav Nilsson, PTP-psychologist, Psykiatripartners, Södermottagningen, Helsingborg, Sweden

Authors:
Elias Dorve, Gustav Nilsson

Abstract:
Introduction: Internet administered psychotherapy is a effective and cost effective treatment that is becoming more widespread in Swedish routine health care. Yet, no studies have been conducted as to the quality of the implementation. Even though the treatment is available, it is often not suggested as an alternative to patients. Using Theory of Planned Behavior, this study aimed to examine and predict frequency and fidelity in the referral procedure.

Method: 16 swedish health care organizations fulfilled the criteria for inclusion in the study, of which 14 accepted. Data was collected through a web survey sent to 214 individuals, of which 42 responded, a response rate of 20%. Intention to propose internet administered psychotherapy to patients was measured with self reports of two outcome variables: frequency and fidelity. Frequency was measured as the number of patients in ten the practitioner would suggest internet administered therapy to. Fidelity was measured as the number of the instructions of the recommended referral process the practitioner usually adhered to. Predictors were direct measures of attitude, subjective norm and perceived behavioral control. The outcome variables were also compared to patient flow. Multiple regression analysis was used to examine the explanatory power of the predictors for each outcome variable. Product moment correlation was used to examine the covariance between the outcome variables and patient flow.

Results: Attitude was the only predictor that significantly predicted frequency ($\beta = 0.35$) and fidelity ($\beta = 0.58$). The outcome variables co varied with patient flow, but they were not statistically significant (frequency $r = 0.83$ and fidelity $r = 0.63$).

Discussion: The study provided evidence that Theory of Planned Behavior can explain and predict a significant degree of health care professionals’ frequency and fidelity to proposing internet administered psychotherapy to patients. It seems likely that both outcome variables are related to patient flow, even though it can not be proven statistically due to small sample size. The high predictive value of attitude suggests that strengthening positive beliefs about proposing internet administered psychotherapy will increase the use of the treatment. Future research with larger sample size might better explain these relations.
P 1A:2 Implementation of multi-professional teamwork to facilitate health behaviour promotion (157)

Kristin Thomas, PhD student, Linköping University, Sweden

Authors:
Kristin Thomas, Barbro Krevers and Preben Bendtsen

Abstract:
Background: Leading causes of premature death may be connected to four health behaviours (sedentary lifestyle, unhealthy diet, excessive alcohol consumption and tobacco use). Practice routines to promote healthy living have not been consistently implemented in primary health care however. High expectations are put on multi-professional team solutions to facilitate implementation of health behaviour promotion (counselling of risk behaviours and referral to extended counselling). Research of the impact and implementation process of multi-professional teamwork in the area of health behaviour promotion however is limited. The study aimed to evaluate multi-professional teamwork in facilitating health behaviour promotion.

Methods: A quasi-experimental cross-sectional design compared a) intervention of multi-professional lifestyle teams at three primary health care centres with b) control of usual care at three other primary health care centres. Data included patient questionnaire (n=972), practitioner questionnaire (n=120), structured interviews with managers (n=6). Output variables were defined according to the RE-AIM framework: proportion of patients receiving health behaviour promotion, practitioner self-reported attitudes and competency regarding health behaviour promotion, adoption among practitioners, and implementation fidelity of core components defining multi-professional lifestyle teams. Data was analysed using multivariate logistic regression and chi squared tests.

Results: Practitioners at intervention centres were more likely to 1) perceive a need for multi-professional lifestyle teams, 2) perceive health behaviour counselling to be efficient, 3) agree that their centre had sufficient competency to support patients in behaviour change and 4) that health behaviour promotion received sufficient focus at their centre. The centres did not differ on rates of health behaviour promotion. Only one out of three centres implemented explicit referral structures and none of the teams had defined measurable team goals which were two of the core components.

Conclusions: Low degree of implementation fidelity and early phase of implementation of the teams may have contributed to small differences between intervention and control centres. The study highlights the importance of including implementation fidelity in evaluation studies and using longitudinal study designs. The study may be a good example of how the RE-AIM framework can be applied to evaluate impact and implementation of multi-professional teams in the area of health behaviour promotion.

P 1A:3 Bedside-voices influencing implementation of Mobile Intensive Teams (197)

Britt Sætre Hansen, ICN, PhD, Stavanger University Hospital, Norway

Authors:
Britt Sætre Hansen ICN, PhD, Stavanger University Hospital, Stavanger University, Sigrun Anna Qvindesland Emergency RN, SAFER (Stavanger Acute medicine Foundation for Education and Research)

Abstract:
Introduction:
Mobile Intensive Teams (Rapid Response Teams) have been organized worldwide. These teams are activated when a patient fulfills pre-defined calling criteria based on deterioration of vital signs. They have been reported to be associated with significant reduction in deaths and cardiac arrests. Studies have shown that vital sign measurements may not be performed predictably, accurately or completely.
Aim:
To improve the level of knowledge as well as the inter-professional communication and collaboration
to better identify and treat deteriorating ward patients.

Method:
The implementation of MIT in our University hospital started as a pilot project involving 2 surgical
wards and the hospital’s Intensive Care Unit. Data from focus group interviews of 16 bedside nurses
helped tailor the educational program of the MIT implementation to fit the local needs.

Results:
We found that there was no systematic introductory nor continuing staff education program at the pilot
wards. They were too busy. They wanted to improve their knowledge of respiratory physiology. Vital
signs were measured at random, depending on nurse-defined need, or the physician prescribed it.
They had no standardized observation sheets for deteriorating patients. The nurses described
insecurity and felt alone with the responsibility for deteriorating patients especially out-of-office hours.
Some physicians did not arrive before it was almost too late resulting in serious delays to treatment.

Changes in practice:
• Observational sheets were designed together with the nurses.
• A new system of measuring vital signs was established measuring: Respiratory Rate, O2 Saturation,
Pulse, Blood Pressure, Temperature, Level of Consciousness minimum twice daily.
• Predefined criteria for calling the MIT team were established together with the ICU nurses and
physicians.
• MIT forms with description of the MIT patient, assessments performed and suggested by the team
were taken into use.
• All nursing and physician staff was encouraged to attend an educational program designed on
research findings and results from the interviews, in cooperation with the ward nurses, SAFER
simulation center, physicians and authors. Approximately 55/60 nursing staff, and 3 physicians,
completed the educational program consisting of theory, skills training, and simulation with a
mannequin and communicating the observations to colleagues. Final results will be presented later.

P 1A:5 Lifestyle changes in persons with acquired brain injury: Health Profile Assessment
including individual interventions (132)

Eva Lilliecreutz Huitema, Physiotherapist, Dep Rehabilitation Medicine, Linköping, Sweden

Authors:
Eva Lilliecreutz Huitema

Abstract:
Persons with cognitive and physical dysfunction doesn’t live as healthy as the rest of the population
and they also perceive their health a lot worse. The focus in rehabilitation is most often on treatment,
training and compensation for a disability but probably it’s equally important to proceed from the
existent health and to help the person to keep or recapture as good health as possible. A method
where you combine medical knowledge with health work, support of own responsibility could mean o
lot to the individual patient and be shown as cost effective from a national point of view.

Purpose: The purpose of the study was to investigate if Health Profile Assessment including individual
interventions, can effect lifestyle changes in persons with acquired brain injury.

Method: The study was a longitudinal prospective quasi-experimental study with before- and after
design. The method used was the Health Profile Assessment. The purpose of the method is to
proceed changes among the areas; health-habits, perceived health and physiological measurements.
The intervention of this study concluded besides the Health Profile Assessment, also the interventions
decided by the participants from individual goal setting, as well as support by the use of Motivational
interviewing (MI) that refers to the goal and interventions. The investigated group had 25 participants
and they where all current for rehabilitation at the department.
Results: The result showed that the participants could change their lifestyle. There were improvements in physical activity, perceived health and cost habits. The result also showed improvements in Sagittal Abdominal Diameter, Waist Circumference and fitness. The result didn’t show any improvement in weight reduction.

Conclusion: Health Profile Assessment including individual interventions can affect lifestyle in persons with acquired brain injury.

P 1A:6 Comparison of the ibd pre-endoscopic screening f-calprotectin test versus serologic markers in the united kingdom – a cost-effectiveness study (141)

Barbara Mascialino, PhD, Thermo Fisher Scientific Immunodiagnostics, Phadia AB, Uppsala, Sweden

Authors:
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1 Thermo Fisher ImmunoDiagnostics, Sweden
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Abstract:
INTRODUCTION
The majority of bowel disorders exhibit a limited number of overlapping symptoms, making diagnosis very difficult in primary care. The inflammatory bowel diseases (IBD) are characterized by chronic inflammation of the gastrointestinal tract; the irritable bowel syndrome (IBS) is a functional disorder, with prevalence 10%-20% (Bellini, 2011). Endoscopy is considered as the gold standard procedure for detecting and quantifying IBDs, but due to the low prevalence of IBD (Molodecky, 2012), it turns negative in most of the cases, it is expensive, uncomfortable and risky for the patient.

F-Calprotectin is a faecal marker of intestine inflammation; IBD patients exhibit F-Calprotectin levels significantly higher than the general population; IBS patients have F-Calprotectin levels significantly lower than IBD patients. Therefore, F-Calprotectin can be used as a pre-endoscopic technique to differentiate between IBD and IBS.

The only health economics evaluation on F-Calprotectin has been published by NHS (CEP09041, 2010); based on new evidence, we propose here a new refined model aimed at evaluating the cost-effectiveness of F-Calprotectin tests compared to the standard pre-endoscopic tests (combined usage of serologic markers CRP - C-reactive-protein - and ESR – erythrocyte-sedimentation-rate) to distinguish IBD from IBS in the United Kingdom.

METHODS
F-Calprotectin and CRP+ESR test accuracy was evaluated on existing data (from CEP09041 and from a systematic review and subsequent meta-analysis); the costs (diagnostic tests, diet, medications, and indirect costs) were collected from the literature. The analysis was tailored to children, teenagers and adults. The outcomes include cost avoidance, cost per corrected IBD diagnosed, and endoscopies reduction. Uncertainty was addressed with sensitivity analysis.

RESULTS
Results show that the usage of F-Calprotectin is cost-effective with respect to CRP+ESR:

a) it results in more corrected IBD diagnoses at a lower price (it costs £50 less per patient than CRP+ESR). Using the meta-analysis results as input to the model, the costs savings are up to £110 per patient.

b) it reduces the number of unnecessary endoscopies, increasing the number of correctly diagnosed IBD (N=59) and IBS (N=195) patients.

DISCUSSION
F-Calprotectin is a cost-effective methodology to rule out IBD at the primary care level, and it has a higher accuracy than CRP+ESR.
P 1A:7 Offering relationship education (prep) for couples during pregnancy: self-selection patterns (185)

Natalia Engsheden, PhD student, Uppsala University, Sweden

Authors:
Natalia Engsheden, Helena Fabian, Anna Sarkadi

Abstract:
INTRODUCTION Evaluations of interventions with preventive relationship programs rarely address a whole population. The effectiveness of a couple relationship program is determined by whether persons at higher risk of relationship problems attend the program. The aim of this study was to investigate patterns of self-selection into the Prevention and Relationship Education Program (PREP) whilst the program was offered universally to expectant couples attending maternity services at a local Family Health Centre in a small Swedish town.

METHOD Data was collected from all couples who agreed to take part in the study, irrespective of whether they participated in PREP, thus creating two groups of participants: couples who attended PREP and couples who did not. The questionnaire used included demographic questions, the Dyadic Adjustment Scale, the Edinburgh Postnatal Depression Scale and one question on self-perceived health.

RESULTS The baseline sample consisted of 140 men and 145 women, with 89 couples in the PREP-group and 51 couples and five women (whose spouses had not responded) in the comparison group. The results showed that couples who chose to attend PREP had a shorter relationship, were more often unmarried first-time parents, and reported lower relationship satisfaction, higher scores of depressive symptoms, and poorer self-rated health.

DISCUSSION It seems that expectant couples are interested in preventive relationship education and that couples with more risk factors for fragile relationships self-selected into PREP when the program was offered universally during pregnancy. A universal offer to expectant couples provided a useful strategy in terms of reaching groups that face particular risks for relationship dissatisfaction and dissolution. Using the RE-AIM evaluation model, it might be said that the result indicates a higher public health impact of the intervention, when the program was disseminated universally. As we know that PREP, being a preventive program, is efficient for couples with a mildly raised risk of relationship problems, the couples reached can be considered as those probably gaining most from relationship education.

Area B
Marmorfoajén, Tuesday 5 Feb 11.30-12.15

P 1B:1 The Dynamics of Implementing Guidelines - A multiple case study of the implementation of National guidelines for cardiac care in four counties/regions in Sweden 2004-2011 from the perspectives of politicians, administrators and professionals (137)

Johanna Sandberg, PhD student, Linköping University, Sweden

Authors:
Almina Kalkan, Johanna Sandberg, Peter Garpenby

Abstract:
Introduction
The Swedish National Board of Health and Welfare develop National Guidelines as a health policy document intending to have impact for the entire health care organization. The aim of the study is to explore the implementation process of the National Guidelines for Cardiac Care, focusing on the interplay between politicians, administration and professionals in four counties in Sweden between 2004 and 2011. Theoretically the study draws from Matland’s (1995) Ambiguity-Conflict Model of
Policy Implementation. Matland’s model contributes to an analysis of the complex process of implementation and characterizes it as administrative, political, experimental or symbolic implementation.

Methods
A comparative case study has been performed in four counties in Sweden. The data was collected through semi-structured interviews with politicians, administrators and professionals on three occasions: 2004, 2007 and 2011; in total 143 interviews. The respondents were selected strategically based on their specific insight and knowledge about the implementation process in their county.

Results/Discussion
The study shows that Matland’s model has its merits and is an efficient way to synthesize research on implementation. However, the model does not take into account that policy implementation is dynamic and may change over time. This study shows that when analyzing implementation over time, the process cannot easily be characterized as either administrative, political, experimental or symbolic implementation. Instead, implementation is a dynamic process. Even though one form of implementation may be dominating, an event or issue may arise that triggers the implementation process to change to other forms of implementation. Implementation that may be considered experimental at one point in time, may shift into symbolic implementation as conditions change. Different forms of implementation presented in Matland’s model may also exist in parallel. Specifically, at different levels of the organization, the implementation of national guidelines can take different forms. Slow shifts over time, quick shifts coming from a certain event or issue and/or shifts at different levels of the process, shows a dynamic aspect of Matland’s model. Implementation should not be seen as something stable but rather as a continuously changing process.

P 1B:3 Implementation as learning and balancing: the launching of a new program for dialogic intervention in Östergötland County Council (174)

Peter Garpenby, Assoc Professor, Department of Medical and Health Sciences, Linköping University, Sweden

Authors:
Peter Garpenby, PhD, Assoc. professor, Ann-Charlotte Nedlund, PhD, research associate
Division of Health Care Analysis, Department of Medicine and Health, Linköping University

Abstract:
Introduction
In the modern health care state the governance of medical practice has become a central issue. Traditional forms of medical governance based on professional self-regulation are increasingly supplemented with political and administrative efforts to achieve a more evidence based and cost-efficient use of medical methods. Hence, we can expect to find a mix of governance regimes embedded in the different policy initiatives aimed at influencing clinical practice. In this dynamic setting a view of implementation as pure “execution” of predetermined policies seems very much out of date. Drawing on the notions of different governance regimes and of learned implementation we examine the case of adapting a Canadian model of dialogic intervention to a Swedish real world health care context.

Methods
In this study observations of the meetings of the Medical technology Advisory Board in Östergötland County Council and its working group are the main data source supplemented with semi-structured interviews with key persons.

Results
Initially the Canadian model played an important role as inspiration for the Advisory Board when drawing up the lines for this project. But the original intention in the model, to have clinicians generate the problem serving as a vehicle throughout the process, were downplayed, before the project was handed over to the working group. Confronted with the mission of converting rather vague ideas, accommodating different governance regimes, into action, implementers in the working group were forced to invent solutions that could fit into the operational structure of the local health care system.
The working group had to interpret and operationalize the initiative coming from the Advisory Board and melt together different aspirations, which had consequences for the implementation.

Discussion
In today's dynamic health care state, where different ambitions and governance regimes are combined, implementation has moved away from the "execution" of policy into the construction of what is possible, where the abilities of learning and balancing are crucial.

P 1B:4 The European Implementation Collaborative (EIC) (149)
Bianca Albers, Director & Partner, Family and Evidence Center (FEC), Copenhagen, Denmark

Authors:
Bianca Albers, Family & Evidence Center, Copenhagen (DK); Katie Burke & Stella Owens, Center for Effective Services, Dublin (IRL); Deborah Ghate, Colebrooke Centre for Evidence & Implementation, London (UK)

Abstract:
Introduction
Even though implementation science has experienced significant growth in interest from practitioners, policy makers and researchers working to promote evidence-based practices, the field is still in its infancy. There is an awareness of the need to engage stakeholders in health, education and social services in Europe in building more effective and sustainable bridges between the science and the practice of effective delivery. A first step in this direction was taken with the inaugural Global Implementation Conference in Washington DC, USA, in August 2011. This conference led to the formation of national and regional implementation initiatives in California, Australia, North Carolina, Colorado, Denmark, Ireland, and the UK.

However, those who could form the ‘community of practice’ for this work currently operate on the basis of small and fragmented groups. The poster will present the European Implementation Collaborative (EIC). The EIC aims to support a European community of practice in implementation by linking stakeholders around our common interests.

Aims and Methods
The EIC aims to work with individual country implementation initiatives / groups to make linkages and exchange learning within Europe and internationally. It would:

• promote greater awareness and understanding of implementation science and practice within and across European welfare and human service systems

• create an infrastructure for cross-European exchange of ‘know what’, ‘know why’, and ‘know how’ about implementation practice and science

• identify and develop a common Europe-specific knowledge base and language on implementation in order to define the specific contextual factors of the European human service delivery systems that surround implementation work in European countries

The Collaborative aims to engage all stakeholders in the field, including practitioners, researchers, policy makers, organizational leaders, philanthropists and other funders from all human service areas. It will create a bridging structure between individuals and groups working in Europe. It will link those groups back to the growing Global Implementation Initiative recently formed in North America, and contribute a European perspective to wider global development of the field. It will make use of new technologies including virtual meetings and on-line document-sharing platforms to create a forum for individuals and organizations to engage in collaborative learning and research.
P 1B:5 The use of performance indicators as a quality control tool in training of medical first responders (115)

Caroline Hybinette, RN MSc Lecturer, Sophiahemmet University, Stockholm, Sweden

Authors:
Caroline Hybinette RN MSc nursing, Anders Rüter MD PhD
Sophiahemmet University College, Stockholm, Sweden
Centre for Teaching and Research in Disaster medicine and Traumatology, Linköping, Sweden

Abstract:
Introduction
An organisation that does not analyse results adequately runs the risk that the same mistakes will be repeated. Without structured and objective evaluation it is difficult to learn from experience. Evaluating the response of medical first responders with performance indicators has been introduced as one way of evaluating the prehospital command where results can be analysed in a scientific way.

Material and method.
A template of 11 performance indicators for evaluation of prehospital command and control was used. This template is normally used for evaluation of prehospital staff as a final examination in a standardized training program in prehospital command and control. The results of each indicator was classified as 0 (not acceptable), 1 (partly correct) or 2 (correct). The total possible score for each group examination was 22 points. An intervention was made in the training program with special focus on one indicator, “Establishing level of medical ambition”. Results from the period before the intervention comprising 132 examinations were compared to results after the intervention, 189 examinations. Statistical method used was Two-sample T-test. Program for calculation was Minitab version 13, Minitab inc®, www.minitab.com . P< 0.05 was considered as a significant difference.

Results.
The mean score from the examinations were 18.35 before the intervention were made and 19.04 after. The results from the targeted indicator, “Establishing level of medical ambition” were 1.42 before the intervention and 1.72 after.

When comparing the overall results there was also an improvement but when excluding results from the targeted indicator, there was not any overall improvement of the results.

Discussion and Conclusion
Without scientific results there is an obvious risk that new knowledge is not gained and that mistakes made may be repeated over and over. This study demonstrates the possibility to use performance indicators, not only for evaluating results, but also for improving training. It will be a challenge to study whether it is possible to find the same effect when studying results from real incidents.

P 1B:6 The application of evidence-based measures to reduce surgical site infections during orthopedic surgery (102)

Annette Erichsen Andersson, RN- PhD-student, Sahlgrenska academy, Gothenburg University, Sweden

Authors:
Annette E Andersson, Ingrid Bergh, Bengt Eriksson, Jon Karlsson, Kerstin Nilsson

Abstract:
Background
Current knowledge suggests that, by applying evidence-based measures relating to the correct use of prophylactic antibiotics, perioperative normothermia, urinary tract catheterization and hand hygiene, important contributions can be made to reducing the risk of postoperative infections and device-related infections. The aim of this study was to explore and describe the application of intraoperative evidence-based measures, designed to reduce the risk of infection. In addition, we aimed to
investigate whether the type of surgery, i.e. total joint arthroplasty compared with tibia and femur/hip fracture surgery, affected the use of protective measures.

**Method**

Data on the clinical application of evidence-based measures were collected structurally on site during 69 consecutively included operations involving fracture surgery \( (n = 35) \) and total joint arthroplasties \( (n = 34) \) using a pre-tested observation form. For observations in relation to hand disinfection, a modified version of the World Health Organization hand hygiene observation method was used.

**Results**

In all, only 29 patients (49%) of 59 received prophylaxis within the recommended time span. The differences in the timing of prophylactic antibiotics between total joint arthroplasty and fracture surgery were significant, i.e. a more accurate timing was implemented in patients undergoing total joint arthroplasty \( (p = 0.02) \). Eighteen (53%) of the patients undergoing total joint arthroplasty were actively treated with a forced-air warming system. The corresponding number for fracture surgery was 12 (34%) \( (p = 0.04) \).

Observations of 254 opportunities for hand hygiene revealed an overall adherence rate of 10.3% to hand disinfection guidelines.

**Conclusions**

The results showed that the utilization of evidence-based measures to reduce infections in clinical practice is not sufficient and there are unjustifiable differences in care depending on the type of surgery. The poor adherence to hand hygiene precautions in the operating room is a serious problem for patient safety and further studies should focus on resolving this problem. The WHO Safe Surgery checklist "time out" worked as an important reminder, but is not per se a guarantee of safety; it is the way we act in response to mistakes or lapses that finally matters.

**Poster session 2: Tuesday 5 Feb 17.00-17.45**

**Area A**

Marmorfoajén, Tuesday 5 Feb 17.00-17.45

**P 2A:1 Study protocol - Implementation of evidence based practice by standardized care plans (121)**

Eva Törnvall, PhD, R&D coordinator, County council of Östergötland, Sweden

Authors:
Eva Törnvall, Inger Jansson

Abstract:

Introduction: To implement evidence based knowledge in health care is a responsibility and a challenge. Using standardized care plan (SCP) could be a way to implement evidence based care in the practical work. A SCP is a plan of health care pre-defined by the basis of defined knowledge base, describing recommended interventions for patient.

The aim of this study is to investigate the implementation process of SCP and evaluate the effects on the quality of given care in two different contexts and compare the result from the different contexts.

Method: The implementation process will be studied using the realistic evaluation framework which is guided by three themes: to understand the mechanisms through which the intervention produces change, to understand the contextual conditions necessary to trigger these mechanisms and to develop outcome patterns predictions according to the context and mechanisms triggered.
The study will be performed in two different contexts, primary health care and hospital care, so we can compare the contextual conditions in relation to the process and outcome.

In both contexts, two key mechanisms will be the same:

1. The process will be guided by the RIV-specification, which is an established method to describe an IT support in a development project.

2. The process will be driven by a bottom-up perspective, where the implementation will be driven by internal facilitators which are practitioners at the units. A facilitator is often acting as a change agent for the implementation. To develop an SCP and implement it in the electronic health record we will establish project groups.

The outcome of the study will be an evaluation of implementation fidelity and adherence to SCP and how SCP affects the use of evidence based care. Data will be collected by surveys and interviews and analyzed with qualitative and quantitative methods.

Discussion: This project can contribute with knowledge of the complex process of developing and implement SCP in different context, which can be useful in further implementation processes. It can also be an evaluation of the RIV-document that will guide the process.

P 2A:2 How do instructors experience implementation of and adherence to Early Detection and Treatment (TUB)?: An interview study at the University Hospital (201)

Helena Wengström Nymark, Quality developer, University hospital, Uppsala, Sweden

Authors:
Elsiabeth Haddelton, Helena Wengström Nymark

Abstract:
Aim: The purpose of this study was to investigate how the implementation of and adherence to a new local guideline Early Detection and Treatment (TUB) were experienced by TUB instructors in the Uppsala County Council.

Method: The study had a qualitative, descriptive approach and was based on two focus group interviews. Both interviews were semi structured and taped. The processing of the assay was performed according to the method of content analysis.

Main results: The result of the analysis resulted in three main categories. For the domain Implementation of TUB could Education and Procedures be identified and for the domain Adherence to TUB were Perceived effects identified. For each broad category were distinguished helpers and barriers.

Conclusion: TUB-instructors experienced the need for a management commitment to the implementation of TUB. Other important factors were that the contents of TUB could be adapted to individual operations’ conditions and clientele, as it consisted of just the right amount of information. The interviews revealed that adherence to TUB were thought to have reduced the numbers of patients with septic shock in a clinic. Furthermore, it was suggested that staff in several departments, more frequently conveyed information in a structured manner and that the inter-professional collaboration had increased. What was stating to have been aggravating for implementation and adherence included the staff and time constraints and weaknesses in the data log system.

P 2A:3 Implementing evidence-based practice in a norwegian hospital (127)

Anne Kristin Snibsøer, Assistant Professor, Centre for Evidence-Based Practice, Faculty of Health and Social Sciences, Bergen University College, Norway
Authors:
Snibsoer AK, Hoem NF, Jacobsen A, Nortvedt MW

Abstract:
Background: Norway's national policies require health and social care workers in clinical practice to work evidence-based. However, implementing evidence-based practice in health enterprises is a comprehensive process. Reviews describing the implementation of evidence-based practice indicate the importance of anchoring implementation projects among managers, conducting the implementation systematically and having bedside role models in evidence-based practice.

Aim: To examine a model for implementing evidence-based practice in a Norwegian hospital.

Methods: Evidence-based practice was first anchored among the organization's managers. Then 18 units were chosen to be included in the implementation project. Competence building started autumn 2011 and a postgraduate degree programme in evidence-based practice was conducted for 36 health- and social workers and 24 doctors.

Before the programme started, health and social workers from the units included and four control units answered a questionnaire regarding beliefs and attitudes related to evidence-based practice. For the coming two years the units included will have a special focus on evidence-based practice by implementing journal clubs, evaluating clinical practice (clinical practice) and implementing best practice. The health- and social workers' attitude and behaviour related to evidence-based practice will be continually evaluated using questionnaires and focus group interviews.

Results: Before the implementation started 67 % of the respondents (n=382) answered the EBP belief scale and EBP implementation scale. The health and social workers reported strong beliefs in evidence-based practice, but they seldom engaged in activities related to evidence-based practice. Attitudes and implementation were positive correlated.

Conclusion: The health and social workers reported positive attitudes to evidence-based practice. When it comes to activities related to evidence-based practice there is a huge potential for improvement.

Keywords: Implementation, evidence-based practice, health trust, attitude, behaviour, postgraduate education

P 2A:4 Implementation of an evidenced based method in occupational health settings to promote occupational health and safety at workplaces – The AHA-method (142)

Malin Lohela Karlsson, PhD, researcher, Karolinska Institutet, Stockholm, Sweden

Authors:
Malin Lohela Karlsson, Christin Ahnmé Ekenryd, Irene Jensen

Abstract:
In an attempt to implement evidence based methods at work sites the AHA-method was developed and studied in a controlled multi-site research project. The aim of the method is to contribute to improving and sustaining a state of health throughout working life. The method aiming at both individual and group level is based on three main steps; screening, feedback and intervention. On the individual level it comprises systematic, standardized and evidence-based guidelines for occupational health services regarding clinical procedures within several health-related areas. The group intervention is based on the Survey-Feedback technique which is an evidence based measure for participatory group development. The result from the research project showed decreased sickness absence and improved company production, as well as improved work environment and health among the employees. To disseminate and implement the use of evidence based methods in occupational health settings (OHS) the AHA-method is now revised to facilitate the adoption within the OHS. The aim with this paper is to present the work done to develop this method for implementation in OHS, to present the plan for the implementation process and further the design of the evaluation of the implementation.
To facilitate the use of the method for OHS several improvements are being done. All steps included in the method will be elaborated with the aim to simplify the dissemination and implementation of the method in OHS. A reference group with previous experience from the method is involved in the work with the adjustments of the material and administrative part of the method, to support the implementation process. Technical solutions are performed to simplify the screening and feedback procedure and manuals, training and IT-support are developed in the same manner. An implementation partnership has also been initiated with professionals from OHS and researchers, with the aim to discuss effective implementation processes that is feasible in a practical setting. The implementation will be evaluated using a process evaluation combined with an economic evaluation based on investment cost and return of investments calculations. The implementation part of the study will begin early in year 2013.

P 2A:5 Flow culture importance to the implementation of clinical guidelines in health care (180)

Jeanette Kirk, PhD student, Hvidovre Hospital, Denmark

Authors:
Jeanette W Kirk

Abstract:
Introduction
Research shows that knowledge rarely transfers into practice and that clinical guidelines are often not followed. Knowledge of organizational cultures pointed out as important, in relation to the use and research based knowledge in practice. It is argued that an organizational cultural analysis can help provide insight into why clinical guidelines for nutrition screening of patients, despite research evidence, is not followed in practice. It is based on a locally based concept of flow culture, specifically, showing that this culture becomes a barrier to implementation of nutritional screening.

Methods
A three months field study in an emergency department in a hospital, with participating as observing participant. Subsequently 14 semi-structured ethnographic interviews with nurses, doctors and medical secretaries, were conducted. The researcher has used herself as an instrument (apparatus), to learn from the professionals and artifacts. Culture understood as learning process, and by practicing culture, we can understand the meanings, which can then disseminate as cultural analysis.

Results
A flow culture is defined by a structural framework where patients, physically enters the department in a constant stream – as a special priority to overrule all other requirements.

This is illustrated by the following four reductions:
- Political decisions on a modified emergency preparedness and the creation of larger common acute arrivals, creates an increased physical patient flow.
- Actions that aim to stabilize the patient and ensure the patient move forward are priority.
- The fieldwork showed that skills like preserving overview and priority, drives the professionals actions.
- During the field study, the researcher learned through collective in – and exclusion mechanism, which actions acts as a support security of flow.

Discussion
Cultural analysis shows that flow is a priority, but why include this priority so no nutrition screening? The study shows that nutritional screening provides for actions, that is not in the acute and stabilizing phase of the hospitalization. The health professionals overview and the physical flow, whereby nutritional screening collectively were not prioritized. When they talked about prioritizing time for nutrition screening, the researcher was met with collective reactions, not to prioritize time on this, whereby the researcher learned what the overall objective of maintaining the flow is and ensure inclusion in a collective flow culture.
P 2A:6 How to transfer evidence-based knowledge to clinical practice (175)

Inger Marie Jaillet, Director of quality management, Regional Hospital of Randers, Denmark

Authors:
Inger Marie Jaillet

Abstract:
Background
The strategy for nursing at the Regional Hospital of Randers requires a structured implementation of national evidence-based clinical guidelines in nursing.

Methods
Pre-implementation:
Quality Department manages the process together with development nurses and clinical nurses

Focus is maintained through presentation on monthly meetings with nursing leaders

Decisions are made whether
- the clinical guideline is usable for other categories of patients
- the clinical guideline matches/interacts with existing guidelines, manuals and instructions at the hospital.
- the clinical guideline meets quality demands in the Danish Quality Model
- purchase of new equipment is necessary

Implementation:
- Individual plan for implementation and monitoring of each clinical guideline
- Individual indicators for each guideline
- Baseline registration and tuition

Results
All guidelines are developed and implemented to deadline.
Collaboration about guidelines has been successful across the hospital.
An evaluation plan exists for all clinical guidelines.

Discussion
A common plan results in common goals.
Involvement of both management and clinical nurses from the beginning of the process is important to achieve results.
Use of baseline registration has improved motivation for clinical nurses.

P 2A:7 Implementation of systematic pain rating and pain documentation in inward patients (188)

Britt Larsson, Medical doctor, Associate Professor, Pain- and Rehabilitation Centre, University Hospital, Linköping, Sweden

Authors:
Britt Larsson, Siw Carljord, Anna Petersson, Mona Lindblad, Björn Gerdle

Abstract:
Background
Pain relieving is considered essential in health care service. Nevertheless, pain is common in inpatients in the western world. One major reason for pain management is to reduce suffering of the patients. Furthermore, high acute pain intensity - pre – and post operatively, - is associated with increased risk for chronic pain. Recovery from trauma and surgical interventions increases and the risk of postoperative complications decreases when efficient pain relieving is given.
The Pain- and Rehabilitation Centre at the University Hospital in Linköping, County Council of Östergötland, Sweden, coordinates educational activities for nurses with special interest in pain management (the pain representatives). The pain representative nurses are employed at most of the inwards of the County Council of Östergötland. In connection with the educational activities it has become increasingly obvious that there is a lack of systematic rating of pain and insufficient documentation pain of in the medical records of inpatients. The Numerical Rating Scale (NRS) has been shown to be a useful instrument for pain rating.

The aim of this project is to implement uniform and systematic pain rating and documentation at the hospitals of the County Council of Östergötland, using the NRS instrument. The highlighting of pain rating and documentation will probably improve pain management.

Methods
In order to survey the current pain rating and documentation routines all inpatients are asked to answer a few questions about their experiences on offered pain rating during the last 24 hours. Similar information also is extracted from medical records by the pain representative about one week later. In educational sessions with nurses and nurse assistants outcomes of the surveys are discussed and the new pain assessment routines using the NRS are introduced. Encouragement from the pain representative and continuous information of the ongoing implementation are undertaken to support the compliance. The implementation process is performed according to the knowledge to the action framework presented by Graham et al.

Results
At the time for the conference we will be able to present results from a six months follow-up of the implementation.


Area B
Marmorfoajén, Tuesday 5 Feb 17.00-17.45

P 2B:1 Health care workers’ challenges when implementing evidence-based practice to clinical practice – a grounded theory study (161)
Katrine Aasekjær, Assistant Professor, Bergen University College, Norway

Authors:
Aasekjaer K, Waelhe HV, Nortvedt MW, Hjälmhult E

Abstract:
Background: Internationally and in Norway, health authorities require health care workers in clinical practice to work evidence-based. In 2004, the Bergen University College established a post graduate program in evidence-based practice. The aim of this program is to enhance the use of research in clinical practice, and to give the participants knowledge and skills in how to implement evidence-based practice in their own clinical practice.

Aim: In this grounded theory study we aim to find the main concern that health care workers meet when they start to implement evidence-based practice in their own clinical practice, and how they resolve this concern.

Method: Classical grounded theory was used in gathering and analyzing data from three focus-groups and one single interview. A total of 12 (n=12) health care workers participated in the interviews.

Results: This is a study in progress an so far the preliminary results indicate that learning the principles and steps for evidence-based practice provide them with a greater academic platform and a better understanding of the necessity to reflect on their clinical practice. However their main challenge...
It seems essential to get their colleagues acceptance of this work being as important as the direct patient involved task work. To solve their challenge, the selection of subjects addressed when implementing evidence-based practice must have important implications for practice, thus they include and involve their colleagues in their work. However their actions seems to be connected to how engaged their leaders are in implementing evidence-based practice.

Key words: grounded theory, evidence – based practice, implementation.

**P 2B:2 Enhanced implementation of low back pain guidelines in general practice: A cluster randomized trial (164)**

Allan Riis, Master of Health Science, Research Unit for General Practice in the North Denmark Region and School of Public Health, Aarhus University, Denmark

Authors:
Allan Riis, Cathrine E. Jensen, Flemming Bro, Karin D. Petersen, Helle T. Maindal, Lars H. Ehlers, Kjeld M. Pedersen, Martin B. Jensen

Abstract:
INTRODUCTION: Knowledge on how to introduce new guidelines effectively in general practice is sparse and earlier studies on guideline implementation have shown modest effect on health care provider behaviour. Implementation strategies only including few elements could be the reason for lacking effects. New low back pain guidelines are being implemented in the North Denmark Region 2012/2013. The aim of this study is to evaluate whether an enhanced implementation strategy of the new guidelines will improve low back pain treatment.

METHODS: A cluster randomized trial will be carried out including one hundred general practices (clusters) randomly allocated to enhanced or usual implementation of the new guidelines. The practices are all situated in the North Denmark Region and count two hundred general practitioners (GPs). The study is designed to include 2,700 patients. Patients aged 18-65 consulting their GP for low back pain will be included. Excluded are previously included patients, patients with serious pathology, pregnancy, or not able to fill in Danish questionnaires. General practices in the control group will receive normal guideline implementation, including newsletters and briefings. In contrast the intervention group will receive an enhanced implementation strategy, adding visits from a guideline facilitator, two different stratification tools, and feedback on guideline compliance. The purposes of these elements are to support GPs in the management of low back pain patients and by doing so supporting guideline compliance. Primary outcome is referral rate to spine centres. Secondary outcomes are quality of life (EQ-5D), cost-effectiveness, sick leave, employment status, Roland Morris disability, and numerical pain rating. Assessment of outcomes will be blinded and follow the intention-to-treat principle.

DISCUSSION: In this project we wish to study behavioural change in General Practice. Inclusion of patients will take place from ultimo 2012 until ultimo 2013. Two guideline implementation strategies will be compared to evaluate whether an enhanced implementation strategy improve guideline compliance, is cost-effective, and improve treatment results. Furthermore, this study can generate knowledge on guideline implementation in primary care. Two PhD-studies are planned in relation to this study: One focusing on the clinical aspects and one on the economic aspects of this project.

**P 2B:3 Project Newborn - Preparation for Birth and Parenthood – a randomized trial of a sustainable antenatal program for improving parenting resources (162)**

Vibeke Koushede, Post doc, The National Institute of Public Health, Center for Intervention Research, Copenhagen, Denmark
**Authors:**
Vibeke Koushede, Solveig Forberg Axelsen, Carina Sjöberg Brixval & Pernille Due

**Abstract:**
Background: The form and content of antenatal education has been sensitive to opinions and trends with little evidence of an effect on relevant outcomes. Today, Danish antenatal classes are primarily offered as lectures on birth and breastfeeding in hospital auditoriums. The Danish Regions plan to implement antenatal birth and parent preparation in small groups for all expectant parents. However, little is known about the efficacy or costs of particular programs, or what the antenatal preparation should encompass.

Objectives:
1) Develop a research based antenatal birth and parent preparation program that can be embedded in the existing antenatal and postnatal services.
2) Test if the program improves health and thriving among newborn families in the intervention group, compared to families allocated to the standard care
3) Conduct a thorough process evaluation of the program highlighting enabling factors and barriers to the implementation.
4) Conduct cost-effectiveness analysis of the program

Methods: The intervention has a focus on sustainability and is developed using a systematic framework for health promotion program planners. Efficacy of the program will be tested in an individually randomized trial at the largest birth clinic in Denmark. Participants: 2350 nulliparous women and their partners. The intervention group will receive the new birth and parent preparation program in small groups. The program is developed in collaboration with a cross-disciplinary group of practitioners, researchers, and members of the patient organisation ‘Parenting and Childbirth’. The control group are offered standard care i.e. antenatal lectures in an auditorium.

Data will be collected via questionnaires, the hospital obstetric database, and the national registers. Analyses will be intention to treat and per protocol. Process evaluation will be conducted using a mixed methods approach. The incremental societal cost of the intervention will be compared to the measured outcomes in the form of a cost-effectiveness analysis.

Main outcomes: parenting self-efficacy, social network and support, communication with partner, parenting alliance, parenting stress, post-natal depressive symptomatology, family break-up and divorce, use of healthcare services.

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**P 2B:4 What supports physiotherapists’ use of research in clinical practice? – A qualitative study (103)**

Petra Dannapfel, PhD student, Department of Medical and Health Sciences, Linköping University, Sweden

**Authors:**
Petra Dannapfel, Anneli Peolsson, and Per Nilsen

**Abstract:**
Background
Evidence-based practice has increasingly been recognized as a priority by professional physiotherapy organizations and influential researchers and clinicians in the field. Numerous studies in the past decade have documented that physiotherapists hold generally favourable attitudes to evidence-based practice and recognize the importance of using research to guide their clinical practice. Research has predominantly investigated barriers to research use. Less is known about circumstances that physiotherapists have found to actually support their use of research. This study explores conditions at different system levels that physiotherapists in Sweden perceive to be supportive of their use of research in clinical practice.
Methods
Physiotherapists in Sweden have considerable autonomy. Patients do not need a referral from a physician to consult a physiotherapist and physiotherapists are entitled to choose and perform any assessment and treatment technique they find suitable for each patient.

Eleven focus group interviews were conducted with 45 physiotherapists, each lasting between 90 and 110 minutes. An inductive approach was applied, using topics rather than questions to allow the participants to generate their own questions and pursue their own priorities within the framework of the aim. The data were analyzed using qualitative content analysis.

Results
Analysis of the data yielded nine favorable conditions at three system levels supporting the participant's use of research in clinical practice: two at the individual level (attitudes and motivation concerning research use; research-related knowledge and skills), four at the workplace level (leadership support; organizational culture; research-related resources; knowledge exchange) and three at the extra-organizational level (evidence-based practice guidelines; external meetings, networks, and conferences; academic research and education).

Conclusions
The organizational and extra-organizational levels appear to be particularly important for creating supportive conditions for physiotherapists' use of research. However, many factors and system levels are interdependent, suggesting that their research use is a complex process that depends on numerous contingent conditions. Research use in physiotherapy is an interactive and interpretative social process that involves a great deal of interaction with various people, including colleagues and patients. The extent to which this process leads to adaptation of the research and impacts on the effectiveness established in research remains unclear.

P 2B:5 Applying the Self-Determination Theory for Improved Understanding of Physiotherapists' Rationale for Using Research in Clinical Practice – A Qualitative Study in Sweden (159)

Petra Dannapfel, PhD student, Linköping University, Sweden

Authors:
Petra Dannapfel, Anneli Peolsson, Christian Ståhl, Birgitta Öberg, Per Nilsen

Abstract:
Physiotherapists are generally positive to an evidence-based practice and the use of research in their clinical practice, yet research has documented that many still base clinical decisions on knowledge obtained during initial education and/or personal experience, rather than findings from research. The aim of this study was to explore motivations behind physiotherapists' use of research in clinical practice. The Self-Determination Theory was applied to identify and distinguish between different types of motivation for the use of research. This theory posits that all behaviours lie along a continuum of relative autonomy, i.e. self-determination, reflecting the extent to which a person endorses what he or she is doing. Eleven focus group interviews were conducted, involving 45 physiotherapists in various settings in Sweden. Data were analyzed using qualitative content analysis and the findings were compared to and contrasted with the Self-Determination Theory using a deductive approach. A broad range of motivations underlying physiotherapists' use of research in their clinical practice were identified. Most physiotherapists expressed autonomous forms of motivation for their research use, but there were also physiotherapists who exhibited more controlled motivation in research. The study points to several implications with regard to how a more evidence-based physiotherapy can be achieved, including the potential of tailoring educational programs concerning EBP to better account for differences in motivation among the participants, using autonomously motivated physiotherapists as change agents and creating favorable conditions that encourage autonomous motivation by way of feelings of competence, autonomy and a sense of relatedness.
Development and implementation of a standardized care plan for carotid endarterectomy (114)

Christine Wann-Hansson, RN, Associate professor, Malmö University, Sweden

Authors:
Svensson S, Ohlsson K, Wann-Hansson C

Abstract:
Carotid endarterectomy (CEA) is a standardized surgical procedure and is the third most common vascular surgical procedure in Sweden. To improve the quality of pre- and postoperative care for patients undergoing elective CEA, a standardized care plan (SCP) was developed and implemented during Spring of 2007 at a vascular clinic in Sweden. In order to spread light on obstacles and possibilities in the implementation-process of this procedure, the aim was to evaluate the development and implementation process of the standardized care plan for CEA.

During the first ten months after the implementation of the SCP for CEA, a review of 83 SCPs was performed. Further, fifteen registered nurses and fourteen assistant nurses answered a questionnaire aimed at evaluating the use of standardized care plans. The review of the used SCP for CEA showed that three out of eighty-four patients had not been cared for in accordance to the SCP and that some of the documentation was redundant and unnecessary. All 29 nurses (100%) reported that they totally or partly agree with the Usability Items. Twenty-four of all nurses (82%) reported that their documentation was restricted by using the SCP; on the other hand, all nurses (100%) agreed that the documentation was easy, saved time, and decreased redundant information. The total sample reported high median scores in the areas of Quality of Care and Implementation (32.0, respectively 13.0), but sixteen nurses (59%) agreed that they mostly relied on their work experience and not the SCP. All nurses generally had a positive attitude towards SCP and felt that these procedures do facilitate their work and improve quality of care. The introduction of SCPs is one important way of implementing evidence-based knowledge and pursuing high quality work. The SCP for CEA is now fully implemented process described in this project created a culture change and a continued focus on outcome-based care.

GPs’ opinions of public and industrial information regarding drugs: a cross-sectional study (199)

Ingmarie Skoglund, General Practitioner, The Region Västra Götaland, Sweden

Authors:
Ingmarie Skoglund,Cecilia Björkelund,Kirsten Mehlig, Ronny Gunnarsson, Margareta Möller

Abstract:
Introduction: General Practitioners (GP) in Sweden prescribe more than 50% of all prescriptions. Scientific knowledge on the opinions of GPs regarding drug information has been sparse. Such knowledge could be valuable when designing evidence-based drug information to GPs. GPs’ opinions on public- and industry-provided drug information are presented in this presentation, based on an article published in BMC Health Services Research 2011.

Methods: A cross-sectional study using a questionnaire was answered by 368 GPs at 97 primary-health care centres (PHCC). The centres were invited to participate by eight out of 29 drug and therapeutic committees (DTCs). A multilevel model was used to analyse associations between opinions of GPs regarding drug information and whether the GPs worked in public sector or in a private enterprise, their age, sex, and work experience. PHCC and geographical area were included as random effects.

Results: About 85% of the GPs perceived they received too much information from the industry, that the quality of public information was high and useful, and that the main task of public authorities was to increase the GPs’ knowledge of drugs. Female GPs valued information from public authorities to a much greater extent than male GPs. Out of the GPs, 93% considered the main task of the industry...
was to promote sales. Differences between the GPs’ opinions between PHCCs were generally more visible than differences between areas.

Discussion: That female GPs valued information from public authorities to a much greater extent than male GPs should be taken into consideration when designing evidence-based drug information from public authorities. It could be taken into account as an indication of that different attitude among GPs might exist and could possibly facilitate future implementation of guidelines. There are no similar findings and needs further investigations. This will be discussed in the presentation. The result that the greatest part of the GPs drug information emanates from the industry is concordant with other findings.

**Poster session 3: Wednesday 6 Feb 10.00-10.30**

**Area A**
Marmorfoajén, Wednesday 6 Feb 10.00-10.30

**P 3A:1 Relationship- and Evidence-Based Practice – A paradigm shift in social work? (101)**

Jessica Sjögren, PhD student, Department of Social and Welfare Studies, Linköping University, Sweden

**Authors:**
Jessica Sjögren

**Abstract:**
During the last decade great efforts have been made to shift focus in social work towards an evidence-based practice (EBP). However, as a rule social work practice is conducted through encounters between a professional social worker and a client. Therefore, relationship-based social work (RBP) is often regarded as a cornerstone of social work practice. The main theme of my research is how the relationship between a social worker and a client is understood by theories advocating an evidence-based practice of social work. I believe that research focusing the relationship between a professional social worker and a client is crucial for understanding current trends in social work. As Trevithick (2003, p.173) succinctly claim: "How the relationship is seen can act as a litmus test that helps to identify the current location and direction of social work."

In my research project I will investigate if the customary understanding of relationship-based social work is somehow altered within the "new paradigm" of evidence-based practice. Further I will try to identify possible implications and consequences for social work practice following this change of direction. The first part of the research project is an article in progress that aims to examine descriptions about the relationship between social worker and client and the significance this relationship is given in core texts within the evidence-based discourse of social work in Sweden. The empirical sources used in the current study are articles in scientific journals related to social work between 1999-2012. An analysis of this sample will enable me to identify (a) core issues in the debate and (b) the perspective(s) adopted by the scientific community concerning implementation of evidence-based practice in social work. Using a discourse-analytical approach the article aims to elucidate the following questions:

1. Are EBP and RBP two tracks of social work practice that operate in distinctively different arenas or do they undermine each other?
2. Does a narrow interpretation of the EBP-concept detract focus from the complexities that social workers have to deal with in everyday social work practice and client interaction?
3. Can this also lead to a new understanding of the boundaries of contemporary and future social work practice?

**References**
P 3A:2 Tackling substance abuse at local level: which way to go? (133)

Pekka Kettunen, Professor, University of Jyväskylä, Finland

Authors:
Pekka Kettunen

Abstract:
Introduction
The presentation is based on a comprehensive analysis of recent substance abused related projects in Finland, financed by the Ministry of Social Welfare and Health. The projects form a part of the KASTE reform program which in the years of 2008 to 2011 has aimed at improving the wellbeing of the citizens. The substance abuse related projects numbering 17 have in a number of ways tackled the problematic, however, a detailed account of the objects of the projects as well as the results of the projects is lacking. In order to improve such national reform programs it would, however, be important to analyze the experience of the projects, the obstacles and challenges the projects have come across, and the outcomes of the projects.

Methods
The analysis of the project is based on a careful reading of the project plans and evaluation reports applying a program-theoretical framework. This basic data is then discussed with the help of implementation and output evaluation findings.

Results
It is a common finding that the immediate results of projects do not easily turn into outcomes. In the case of the projects a common feature seems to be the short view on the results as it usually takes a longer time to see whether more permanent outcomes have been achieved. The results also point to a number of obstacles in the process of the projects, i.e. difficulties when aiming at the wished-upon results.

Discussion
The presentation delineates an overview of a number of development projects and summarizes the success of the reforms as well as raises a number of points of discussion concerning the running of the projects. It is a common finding that the immediate results of projects do not easily turn into outcomes. The presentation also discusses the opportunities of reforming a policy area through a national reform program.

P 3A:3 Translating the EBP-model into social work practice (189)

Kajsa Svanevie, PhD student, Department of social work, Umeå University, Sweden

Authors:
Svanevie, Kajsa

Abstract:
The model of Evidence-Based Practice (EBP) is originally designed as a tool for clinical problem solving and work related learning. According to its theory of use EBP will bring an ethically sound and effective practice. Although simple in its construction implementation of the model seems as a highly complex and tricky activity in the field of social work as well as in the field of healthcare and others. The paper addresses how actors on different analytical levels respond to, translate, and spread the EBP-model. This is argued to be an effective cause to the overall implementation effect, which includes differentiation and sidesteps from the basic model. Also contextual factors hinder or facilitate realization of the model in practice, either if it will be the original model or translations of it. In sum this analytical framework of how adoption of a new practice model can be understood and explained also gives rise to the provoking question whether adherence with the original EBP-model is desirable and realistic in the context of social work. If so, a necessary follow-up question would be how fidelity with the original EBP-model can be secured. The paper explores different approaches in program theoretical terms. Empirical examples from debate and implementation efforts are given.
What structural prerequisites do we need for microsystem improvement-projects to affect quality in social services? (192)

Truls Neubeck, PhD Student, Development leader, Jönköping Academy for improvement of health and welfare, Jönköping University, and Famna – the Swedish association for non-profit health and social services, Stockholm, Sweden

Abstract:

Background
The Forum for Values is a quality improvement (QI) program for non-profit social service organisations. It serves as a platform for collaborative learning where participating organisations conduct QI projects in combination with a microsystem approach.

A driving force for non-profit social service organisations and employees is a strong focus on creating value. This value-based work is also central in systematic QI initiatives described in high performing healthcare systems based on models of a health system viewed as micro-, meso- and macrosystems. In order to understand how to better improve social services there is need to study the conditions for adapting the microsystem approach to novel types of organisations and systems.

Forum for Values also includes a systematic assessment of improvement skills and results in the 80 improvement projects which have been completed with more than 400 participants during the last 3 years.

Purpose of the study
The purpose of this study is to develop knowledge about the structural prerequisites to spread improvement results from successful microsystem QI projects performed in social services.

Methods
To identify and analyse successful projects in the Forum for Values a selection of projects based on quantitative assessment of skills, experienced results and measurable improvements was done.

These QI projects were analysed on organisational structures, measures and measurement infrastructure together with focus-interviews with QI leaders.

Results
Identified teams used and developed improvement skills during the QI-program. They experienced improved performance and effectiveness in their organisations.

Teams were interdisciplinary but in several projects central aspects of social services were delivered together with other organisations.

QI leaders emphasized teamwork, structured reflection and communication as key factors for success.

Measurable improvements in the projects used innovative measures instead of existing protocols. Measurements were not part of an existing infrastructure in the organisation. Some results were reported into documentation systems or quality registers.

Conclusions
The study found that successful microsystem QI projects in social services lead to measurable improvements. However, spreading of improvements depended on how organisational structures could support reflection, communication and knowledge transfer.
P 3B:1 From theory to practice – A health economic evaluation of a parent training programme in Uppsala preschools, Sweden (135)

Filipa Sampaio, Uppsala University, Sweden

Authors:
Sampaio F, Wells M, Feldman I, Sarkadi A

Abstract:
Introduction: This study aims to test whether health economic evaluations can be applied to Triple P in Uppsala preschools and determine if the programme is cost-effective.

Methods: The Triple P project was implemented in Uppsala municipality during 2009-2010. A total of 758 parents were initially randomly assigned to an intervention or control group. Of these, 294 in the intervention and 187 in the control group were available for follow-up. Parents responded to a questionnaire including depression, anxiety and stress measurements (DASS21) and children’s externalizing behaviour (ECBI22). Additionally, respondents reported their service use, such as meeting with professionals to discuss the emotional/behavioural problems that are occurring within the family. These measurements were completed when the project started and at a 12 month follow-up. Health effects for parents were defined as improved health-related quality of life and for children as the change in the number of clinical cases of conduct problems. Cost savings were estimated based on the reduction of service use by parents. Costs were calculated in three ways: covering total costs entailed by the programme, covering running costs of implementing the programme, and including running costs after implementation.

Results: Societal costs of the Triple P program in Uppsala municipality totalled 230 000 EUR. Running costs totalled 110 000 EUR. Cost savings (28 000 EUR) stemmed from decreased service use of intervention parents. Gains in quality-adjusted life years (QALYs) equivalent to 3.5 QALYs were based on decreased depression rates in the intervention group. Cost-effectiveness was 58 000 EUR/QALY or 240 00 EUR/QALY (running costs). Conduct problems decreased by 40% among children in the intervention group which leads to future cost savings.

Conclusion: This study shows that a health economic evaluation of the Triple P program is feasible. It further demonstrates that the program results in positive health effects in children and parents and is self-financed after running the program for two years. Next, a simulation model is necessary to make even more long term prognostic calculations of potential health effects and cost-savings due to reduction of child mental health problems.

P 3B:2 Measuring fidelity of implementation in the X:IT Study: a Danish school randomized smoking prevention program (167)

Lotus Sofie Nielsen, PhD student, National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark

Authors:
Lotus Sofie Nielsen, Pernille Due, Anette Andersen

Abstract:
Introduction
Measuring implementation fidelity is a key issue in intervention research, but is often not reported properly. Without taking implementation fidelity into account one could assume that the effects of an intervention are inconclusive when in reality the program is poorly implemented. It has been shown that school based substance use prevention programs are often implemented in varying degrees.
The X:IT Project is a school-based multi-component program to reduce smoking among Danish 13-15 year olds. The components are: 1) a strict anti-smoking policy at schools, 2) a smoke-free curriculum, and 3) signing smoke-free contracts between students and parents. The purpose of this study is to develop quantitative measures of implementation fidelity of the project.

Methods
We assess fidelity of implementation of the X:IT Project based on the following domains: adherence, exposure, quality of delivery, participant responsiveness and program differentiation by data from pupil and teacher questionnaires from 9 months follow up at the 51 intervention schools (2,141 pupils).

Measures of implementation fidelity is developed for each of the three program components, here we focus on the anti-smoking policy at schools.

Results
We measured adherence by teacher reports on rules for smoking during school hours among both pupils and for teachers. Dose/exposure was measured as pupils’ reports on how often they see other pupils and teachers smoke inside and outside school premises. We measured quality by enforcement responded by both teachers and pupils. Participant responsiveness was assessed by whether pupils think that they should be allowed to smoke at school premises, and among teachers whether they think that it is difficult to comply with the X:IT smoking rules.

Discussion
Findings from the implementation domains showed varying degrees of implementation in schools, e.g. only half of the schools implemented the X:IT anti-smoking policy, and more than half of the pupils reported seeing other pupils smoke outside at the school premises during school hours. This indicates a need for systematic and comprehensive measurements of implementation degree in intervention research.

P 3B:3 Nordic evaluations in Campbell Systematic Reviews (147)
Heather Menzies Munthe-Kaas, Researcher, Norwegian Knowledge Centre for the Health Services, Oslo, Norway

Authors:
Heather Menzies Munthe-Kaas, Eamonn Noonan

Abstract:
Introduction
The Campbell Collaboration helps people make well-informed decisions by preparing, maintaining and disseminating systematic reviews in education, crime and justice, social welfare, and international development. One of its main activities is producing systematic reviews on the effects of social interventions. These identify, evaluate, select and synthesize primary research, with a focus on high-quality controlled study designs. To date, primary research from Nordic countries has not feature strongly in the Campbell reviews, though there are occasional exceptions. We seek to determine what accounts for the relative absence of Nordic research from studies included in systematic reviews. Three possibilities are examined: that there an absence of controlled evaluations in Nordic countries; that controlled evaluations are found, but are of poor quality; and that primary studies which are otherwise eligible are inaccessible to wider audiences, for example due to language barriers.

Methods
The authors examined a representative sample of Campbell systematic reviews published since 2000 to establish the degree to which they draw on primary research from Nordic countries. Particular attention was given to reference lists and inclusion/exclusion tables. We then mapped the our findings according to the status of relevant Nordic studies – included, excluded because of quality, excluded for another reason, not identified in systematic literature search.

Results
This is an ongoing project. Results will be available by February 2013.
Discussion
What is the status of Nordic evaluation studies as a source of reliable evidence on the effectiveness of social interventions and programs? To what extent are they amenable for use in systematic reviews and in evidence-based practice and policy-making? Are controlled evaluation studies being conducted, and if so why are they not being included in systematic reviews?

P 3B:4 Effect sizes of implementation support is moderated by contextual factors (165)

Agneta Pettersson, MSc, SBU, Stockholm, Sweden

Authors:
Agneta Pettersson (MSc), Malin André(Ass Prof, MD, PhD), Tord Forsner (RN, PhD), Måns Rosén (PhD, professor), Lars Wallin (RN, PhD, professor)

Abstract:
Background:
Research shows that adoption of evidence based guidelines is slow or impartial. Meta analyses by Cochrane Collaboration of methods to support implementation most often show pooled effect sizes between 4 and 10 % but the variation between individual studies is large. One reason may be that the true effect size may be obscured by contextual factors.

Objective:
To investigate whether precision of effect sizes increase if support strategies are studied in a defined context.

Methods:
We performed a systematic review on strategies to support implementation of guidelines for common psychiatric problems in primary care. Literature search, quality assessments etc followed standard principles. We estimated pooled effect sizes from meta analysis using the Cochrane Collaboration templates. Strength of evidence was assessed with GRADE.

Results:
54 studies fulfilled our inclusion criteria and covered a wide range of implementation support strategies. Only for two strategies there were enough studies to make a conclusion of effects. There is evidence that a complex intervention including a care manager improves physicians' adherence to depression guidelines (RR>1.3, moderate strength of evidence +++m) and patients symptom rating (SMD 0.21, limited strength of evidence ++mm). Short educations on depression as single interventions had no relevant effects on adherence and patients outcomes (limited strength of evidence, ++mm).

Conclusions:
Taking context into account made it possible to estimate effects more precisely than in previous systematic reviews on implementation support. We found both larger effects (complex interventions) and smaller effects (short education) than results from the Cochrane meta analyses.

Poster session 4: Wednesday 6 Feb 14.00-14.30

Area A
Marmorfoajén, Wednesday 6 Feb 14.00-14.30

P 4A:1 Creatures of Habit - Accounting for the Role of Habit in Implementation Research on Clinical Behaviour Change (117)

Per Nilsen, Assoc Professor, Linköping University, Sweden
Abstract:
Introduction: Social cognitive theories on behaviour change are increasingly being used to understand and predict health care professionals’ intentions and clinical behaviours. This article highlights the lack of consideration of the role of habit in social cognitive theories. Habits are automatic responses to contextual cues, acquired through repetition of behaviour in the presence of these cues.

Aim: The aim is to analyze approaches that have been used to account for habitual qualities of clinical practice and to contribute to better understanding of the role of habits in clinical practice and how improved effectiveness of behavioural strategies in implementation research might be achieved.

Discussion: The process of forming habits occurs through a gradual shift in cognitive control from intentional to automatic processes. As behaviour is repeated in the same context, the control of behaviour gradually shifts from being internally guided (e.g. beliefs, attitudes and intention) to being triggered by situational or contextual cues. Different types of interventions are needed to disrupt unwanted habits and/or to promote desired habits than are used to modify behaviour through conscious cognitive deliberation, as depicted by social cognitive theories.

Summary: Social cognitive theories provide insight into how humans analytically process information and carefully plan actions, but their utility is more limited when it comes to explaining repeated habitual behaviours that do not require such an ongoing contemplative decisional process. There is an emerging recognition in implementation science that habits might be a critical factor in explaining the difficulties of modifying clinical behaviour.

P 4A:2 Bridging the gap! - Implementation of R&D in primary health care (118)

Helena Morténius, PhD student, MSc, Department of Research and Development, Region Halland, Halmstad, Sweden

Abstract:
Introduction
In many health care organisations, there is a gap between theory and practice. This gap hinders the provision of optimal evidence-based practice and, in the long term, is unfavourable for patient care. One way of overcoming this barrier is systematically strategic communication between the scientific theoretical platform and clinical practice.

Aim
To evaluate the utilisation of strategic communication as a factor of importance when changing work practices among primary care staff.

Methods
Strategic communication was considered to be the intervention platform. It is a new field of research that is interdisciplinary and builds on several theories. In this study the theoretical approach was based on Information processing theory, Social learning theory and Diffusion of innovation theory. The communication was carried out through the oral, written and digital channels as well as direct and indirect methods. Primary care staff members who exhibited the greatest interest (early adopters) and had a basic knowledge of scientific theory and method were nominated to form an Ambassador network. Longitudinal study conducted among all primary care staff. In total, 846 employees (70%) agreed to take part in the study. Measurements occurred 7 and 12 years after formation of the cohort. A questionnaire was used. After 12 years, the 352 individuals (60%) who had remained in the
organisation were identified and followed up. The professional categories were subdivided into four socioeconomic groups based on the Swedish standard (SEI). Multivariate analysis was taken into account.

Results
Strategic communication contributed to significant improvements over time with respect to new ideas (61.3% respectively 67.2%; p<0.05) and the intention to change work practices (36.4% respectively 44.7%; p<0.05). This improvement was independent of sex, age and SEI-group. The Ambassador network managed to create a distinctive image for itself in the sense that the primary care staff members were aware of it and its activities. This awareness was associated with a positive change in the staff's attitudes (OR=5.3; CI=1.8-15.7).

Discussion
In the long term, strategic communication may lead to a more evenly distributed commitment among all primary care staff to promote high-quality patient care using new methods and research findings.

P 4A:3 A workflow for the management of the assessment activities of new and emerging technologies (139)

Antonio Migliore, Agenas, Agenzia nazionale per i servizi sanitari regionali, Rome, Italy

Authors:
Antonio Migliore, Nicola Vicari, Marina Cerbo

Abstract:
Introduction
Health technologies are characterised by fast evolution rates and continuous innovation processes. The market access in the European Countries is regulated by the CE mark: this system ensures that patients receive products with a known safety profile. On the other hand, the introduction of a new technology within the clinical practice is left to the manufacturers: after receiving the CE mark for a specific device, the manufacturer directly ensures promotion and diffusion to customers. Decision-makers (both clinical and administrative) often face with an unsolved dilemma: what are the bases and instruments on which the introduction (i.e. the purchasing) of a new technology should be supported by? Some of the answers come from the universe of Health Technology Assessment (HTA) and, in particular, from the branch dedicated to those technologies “new or emerging”. Early Awareness and Alert (EAA) systems use horizon scanning methods for the identification and evaluation of the new and emerging technologies.

In 2008-2011, initially by a research project named COTE and then by cooperation agreements with the Ministry of Health, Agenas set up a model for an EAA system for the Italian context. In 2012-2013, Agenas intends to further evolve such a system in a national network for EAA, structured in line with the development of the Italian Network for Health Technology Assessment (RIHTA), promoting active participation of Regions and Regional healthcare agencies.

Objectives
The project aims to create a workflow for the management of the assessment activities of new and emerging technologies.

Methods
Searches will be run on the main databases and websites of Agencies having an operating EAA system, looking for published studies, handbooks, and guidelines. The aim is to classify models and strategies for EAA.

A specific survey across Regions and Regional healthcare agencies will be used for acquiring information on the different local contexts, highlighting correspondences, common problems and potential solutions.
Using the information and data collected a workflow for the management of the assessment activities of new and emerging technologies will be proposed and discussed together with stakeholders (Regions and Regional healthcare agencies). The agreed workflow will be finally tested in real-life.

**P 4A:4 Delayed implementation of ionized calcium tests related to unsuccessful disuse of older test methods (173)**

Göran Schedvin, PhD student, Linköping University, Sweden

**Authors:**
Schedvin G, Roback K

**Abstract:**
**Introduction:**
Hypercalcemia is a relatively common clinical finding in Primary Care, the most common cause being primary hyperparathyroidism. The laboratory organization together with local endocrinologists in the County Council of Östergötland decided that free (ionized) calcium (CaF) should be the preferred choice of test for diagnosis of disease and it was introduced in January 2005. The test should replace the older albumin corrected calcium test (CaA). The aim of this presentation is to describe test utilisation in primary care 5 years later and to compare degree of utilisation in different Primary Care Centers (PCC). This comparison will be the basis for a discussion about implementation factors and related disinvestment aspects.

**Methods:**
A retrospective study of Calcium-test (CaF and CaA) usage in 40 PPCs in the County of Östergötland, was performed from the Clinical chemistry lab registry from 2004 to 2011. The evaluation was restricted to patients 50-74 years old, a study population of 127345 persons.

Implementation theories were used to find explanatory factors for the detected differences. Further, the relationship between implementation and disinvestment aspects was investigated.

**Results:**
Test utilization 2010-2011 differs between PCCs from 0,3 % to 13,8% tested persons per year.

The 10 PCC with low utilization (“delayed implementation”) (0,3 - 2,9 %) used the older test to a much higher degree than the 10 PCC with high utilization (5,8% - 13,8%) and they also had an overall lower test utilization.

**Discussion:**
There is a trend of increased use of laboratory tests in primary health care, which is associated with rapidly growing costs. These variations in clinical practice, affect both costs and patient outcome.

In this study we have found that low utilisation is related to the use of older tests. We have also seen characteristics within the PCCs that may predict test utilization, such as champion and opinion leader activity. However, explanatory factors contributing to different usage will be further investigated as well as strategies that may be used to affect test utilization with the overall objective to obtain best outcomes for the patients in a costeffective way.

**Area B**
Marmorfoajén, Wednesday 6 Feb 14.00-14.30

**P 4B:1 Factors influencing the use of evidence based practice among physiotherapists and occupational therapists in their clinical work (144)**

Sofi Fristedt, Occupational therapist, Hälsohögskolan, Jönköping, Sweden
Authors:
Sofi Fristedt, Kristina Areskoug Josefsson, Ann-Sofi Kammerlind

Abstract:
Introduction
Evidence based practice (EBP) is the process where research is applied in the clinical context. Occupational therapists (OTs) and physiotherapists (PTs) are expected to work with EBP in order to optimize health care resources. Factors important when implementing EBP are local cultures, time, leadership involvement, personal factors, ethical concerns, work experience, and ability to interpret new research in to clinical work. Differences between PTs and OTs have previously been found regarding the focus of EBP and its implications in clinical practice. However, a more in-depth perspective is needed and the aim of the present study was to explore factors influencing the use of EBP and experienced effects of using EBP among PTs and OTs in their clinical work.

Method
Focus group interviews analysed with content analysis.

Results & Discussion
The abstract refers to an on-going study, but the final result will be presented at the conference. The analysis of the interviews have so far resulted in the following categories: The concept of evidence, definition of EBP, sources of evidence, barriers, facilitators, effects of EBP and lack of evidence.

The concept of evidence included insecurity about the definition, the value of evidence, and the value of practitioner expertise. PTs preferred randomized controlled studies, while OTs referred more often to professional theories. Both professions used a large variety of sources of evidence, but they lacked in critical appraisal. There was also a lack of knowledge of the easiest and best way to find evidence. There were barriers towards working with EBP, for example lack of time and an aversion to change, both among themselves, colleagues and leaders. Facilitators for EBP were for example the independent role of OTs/PTs and knowledge of searching for and grading evidence. Working with EBP was experienced as rewarding, assuring and joyful. The lack of evidence concerned mainly the therapeutic approach, despite its importance for both professions.

Conclusion
There is a need for both a clearer focus on EBP and an increase of knowledge about the search for and the critical evaluation of evidence sources to make the work of both PTs and OTs more evidence based.

P 4B:2 Dissemination strategy for Lean thinking in health care (112)

Petra Dannapfel, PhD student, Department of Medical and Health Sciences, Linköping University, Sweden

Authors:
Petra Dannapfel, Kristin Thomas, Bozena Poksinska

Abstract:
Health care services are frequently challenged to be as affordable, accessible, safe, thorough, efficient, and cost effective as possible. In an effort to achieve this, different improvement concepts are introduced and adopted. Recently, there has been an increased interest in implementing Lean thinking in health care organisations. The study aims to investigate the strategic implementation of Lean thinking in County Council of Östergötland (LiÖ) in Sweden. A qualitative case study approach was used to gain a better understanding of strategic implementation. The data used in the study is derived from individual interviews and documents that contain information about the dissemination strategy and its purpose. The implementation of Lean in the council was carried out in two phases: the development and testing of the implementation approach and the dissemination of the improvement program. Similar strategies for Lean implementation were developed by NHS Institute for Innovation and Improvement and Odense hospital in Denmark. Lean principles and how Lean was presented were initially adjusted to fit the context of LiÖ. As a result of path dependency, internal and external
contextual factors the cases presented in the paper have chosen three dissemination strategies for Lean. The strategic approaches are compared and implications for practice and theory drawn. When implementing Lean it is important to motivate behavior change on an individual level as well as to create facilitating structures that are able to handle change. There is a need to set routines and processes that can handle to work long-term with continuous improvement as well as incorporate Lean as a philosophy and routine practice.

P 4B:4 The complexity of experiential health in the context of migration (124)
Qarin Lood, PhD student, Sahlgrenska akademin, GPCC, Gothenburg, Sweden

Authors:
Qarin Lood, Synneve Dahlin Ivanoff, Lisen Dellenborg, Lena Mårtensson

Abstract:
INTRODUCTION Despite extensive research on foreign-born people’s health, there is a lack of qualitative research on foreign-born older adults within the health-promotion field. Therefore, the present study is part of a larger research project, aiming to further develop and implement an existing health-promoting intervention in order to meet the needs of foreign-born older Swedes. More specifically the aim of the present study was to explore how health professionals experience how older Swedes born in Bosnia and Herzegovina view health and healthcare. The next step of the project is to explore the question from the perspective of the older adults themselves. This will be reported in a separate article.

METHODS Data was collected from four focus groups with occupational therapists and physiotherapists, social workers, nurses and home health professionals. The analysis was guided from the qualitative method described by Krueger and Casey, and with social constructivism as theoretical foundation. All data were analysed in Swedish, with consideration to the interaction between participants, and individual opinions were differentiated from the group consensus.

RESULTS Based on the experience from health professionals working with foreign-born older Swedes, the results describe how older Swedes from Bosnia and Herzegovina might view health and healthcare. Hence, the results reflect the experiences of health professionals and do not encompass how older Swedes from Bosnia and Herzegovina themselves would describe their experiences. During the analysis process five categories emerged: Sense of belonging, individuality, need of feeling at home, openness, and. The categories lead to one comprehensive theme; Complexity.

DISCUSSION Exploring professionals’ experiences of how older adults from Bosnia and Herzegovina view health and healthcare highlight preconceptions and presumptions that may impact directly on the quality of healthcare if they are challenged. In contrast to quantitative methods focusing on specific parameters, the qualitative methodology used in the present study allowed participants to fully express their experiences. Therefore, the results provide a deeper understanding for what to consider when developing interventions for foreign-born older Swedes. However, the complexity that is reflected in the results conforms previous results from health-promoting research that points to a need of multidimensional and person-centred interventions.

P 4B:5 Organizing quality improvement in hospitals – projects or continuous improvement? (203)
Johan M Sanne, Associate Professor, Jönköping University, Sweden

Authors:
Johan M. Sanne and Anette Karltn
Abstract:
Background and purpose: Quality improvement and patient safety are either organized as temporary projects or continuous improvement. This paper addresses the advantages and disadvantages of these alternatives forms based upon research within an EU-project.
Findings: Continuous improvements are advantageously organized to improve well-defined problems, often organizationally limited. They are not suited for major improvement leaps. Projects are advantageously organized when causes and solutions are ill-defined and distributed between different units and practices such as restructuring patient flows to improve clinical effectiveness. They are not suited for addressing perpetual issues such as healthcare afflicted infections across hospitals as these require continuous attention and changing means.
We will illustrate our arguments through four examples. In hospital A, continuous improvement efforts managed in the maternity services are managed through permanent interprofessional teams that continuously improve services. Here the essential parameters are already known and improvement is incremental. In hospital B though, many pressing issues were “projectified” as a means to symbolize action taken but changes were not sustainable.
In hospital C, management decided to address a national access to healthcare scheme as a project because managers realized that such strong pressure is best managed as a project requiring structural reform. The project form was designed in ways that enabled mutual learning among clinical personnel about patient pathways. The project also supported changes in tasks and responsibilities among different units and individuals that are required to adapt to overall logics for improving patient flows. In hospital D however, the access scheme has been introduced without management guidance to structural reform: as an effect the pressure has become a work environment problem for individual employees rather than a management concern.
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