

CONFERENCE ABSTRACT

Designing and Implementing Integrated Care Using an SOP and Quality Improvement Methodology

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Rachelle Kaye¹, Theodoros N. Arvanitis², Sarah N. Lim Choi Keung², Dipak Kalra³, Dolores Verdoy Berastegi⁴, Malte van Tottleban⁵, Marie Beach⁶, Elinor Dahary Halevy⁷, Estaban de Manuel Keenoy⁴

- 1: Assuta Ashdod Hospital, Tel Aviv, Israel
- 2: Institute of Digital Healthcare, WMG, University of Warwick, Coventry, United Kingdom
- 3: University of Ghent, Ghent, Belgium
- 4: Kronikgune Institute for Health Services Research, Bilbao, Basque Country, Spain
- 5: Empirica Gesellschaft fÜr Kommunikations Technologieforschung mbH, Berlin, Germany
- 6: South Warwickshire NHS Foundation Trust,, Warwickshire, UK.
- 7: Samson Assuta Ashdod University Hospital, Ashdod, Israel

Introduction: Implementing complex health service innovations, such as digitally enabled integrated care within real world conditions, is challenging, both at a project and programme level. ADLIFE is a large-scale implementation project, funded through the European Commission Horizon Europe programme. It focuses on the implementation of integrated care planning and management for patients with advanced chronic conditions, by coordinating all care providers, the patient and carers. It is supported by digital platforms for patient care planning, management and patient empowerment. The planning and monitoring of the implementation of the integrated care process and supporting technologies, in seven countries with very different healthcare systems, has required a systematic and collaborative approach that would enable deployment and continuous learning and evaluation.

Theory/Methods: The methodology used was an adaptation of the Standard Operating Procedures (SOP) approach combined with a continuous monitoring and quality improvement methodology to support the adjustment and alignment of processes along the way in order to insure a successful deployment. An overall project SOP was developed collaboratively by the project management teams that met biweekly based on a model developed in ADLIFE's precursor project - the C3 Cloud project. The SOP provided an "on-the-ground" explanation of what needs to happen to ensure the planning and deployment of the digitally supported integrated care process in all of the countries. It assures the requisite level of uniformity and the quality of outcomes, and reduces miscommunication and ambiguity among team members and project partners. The monitoring tool was based on the SOP to enable the identification of problems and obstacles in real time, in order to make the necessary changes and adjustments. Each implementation site developed a local adaptation in the form of a local operating procedures manual (MOP).

Results: The collaborative development and implementation of the SOP and MOPs has facilitated a dynamic, yet systematic design for the implementation of the ADLIFE integrated care process

and technologies in seven very different settings. It has provided a very effective and efficient project management methodology and tools for both overall and local project management teams, as well as systematic documentation for continuous improvement and evaluation.

Discussion and Conclusions: Integrated care projects and programmes are challenging, even in a single location or system. They are even more complex when attempting to implement processes supported by common digital tools in multiple locations and systems. A set of clear organizing principles as elucidated using an SOP/MOP methodology provides a clear overall structure that supports both a requisite level of commonality and uniformity for purposes of comparison and evaluation while enabling sufficient flexibility for adaptation to local needs and conditions.

Limitations and Future Research: The SOP approach has been implemented in a H2020 project in specific sites in seven countries. The method needs to be tested and refined in the implementation of regional and national integrated care programs.

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