

## WORKSHOP ABSTRACT

# Model for Implementation and Normalization of Care Pathways - a practical workshop

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### ***Introduction***

Care pathways (including pathways for integrated care) are used across the globe to organize and coordinate care processes. However, implementation and normalization (i.e. keeping the care pathway alive) are not straight forward. The core aim of this workshop is to introduce to the participants a model for implementation and normalization of care pathways. With this model, practitioners, managers, quality improvement staff will have a better understanding of the challenges in sustainable implementation of care pathways.

### ***Background***

The model for Implementation and Normalization of Care Pathways is developed based on our international research and experience in care pathway projects in combination with the extended Normalization Process Theory. This ensures a strong theoretical base, combined with practical know-how.

### ***Aims and objective***

With this workshop we aim to equip the participants with the theoretical background of the model, as well as the practical implications.

### ***Target Audience***

All professionals in integrated care with a special interest in quality improvement and care pathways (practitioners, managers, quality improvement staff).

### ***Learnings/Take away***

After following the workshops, participants will be able to develop an implementation plan for a care pathway in their own context (model as planning tool), or to evaluate a previous implementation (model as diagnostic tool).

### ***Format***

The workshop will start with a short introduction of the model and its theoretical background. First, the central concept of the extended Normalization Theory and their meaning in care pathway implementation will be presented. Each central concept is described on three levels: organizational, team, individual. The concepts are capability, i.e. the workability and (level of)

integration of the care pathway in systems, processes and procedures. Next are two concepts that describe the context (organization, network) of the implementation, potential, the potential within the context to use care pathway methodology. The other concept is capacity, i.e. the ability within the context to cooperate and coordinate actions. The final construct is contribution, the actions people perform to implement a care pathway.

Maximum 30 minutes, including Q&A

Next, a worked example of the model, applied in the implementation of a care pathway for colorectal cancer surgery, will be presented. How can we explain this real-life implementation using our model.

Maximum 15 minutes, including Q&A

Finally, the participants will be asked to work in small groups and discuss their own (recent) experience with care pathway implementation, using the model as both a diagnostic and planning tool: can they plot their experience in the different concepts of the model? What additional implementation efforts can they initiate or plan. Each subgroup will be moderated by R. van Zelm or E. Coeckelberghs.

Maximum 35 minutes, including instruction, introductions

The final 10 minutes are reserved for a short central close: final questions and remarks and evaluation of the session.