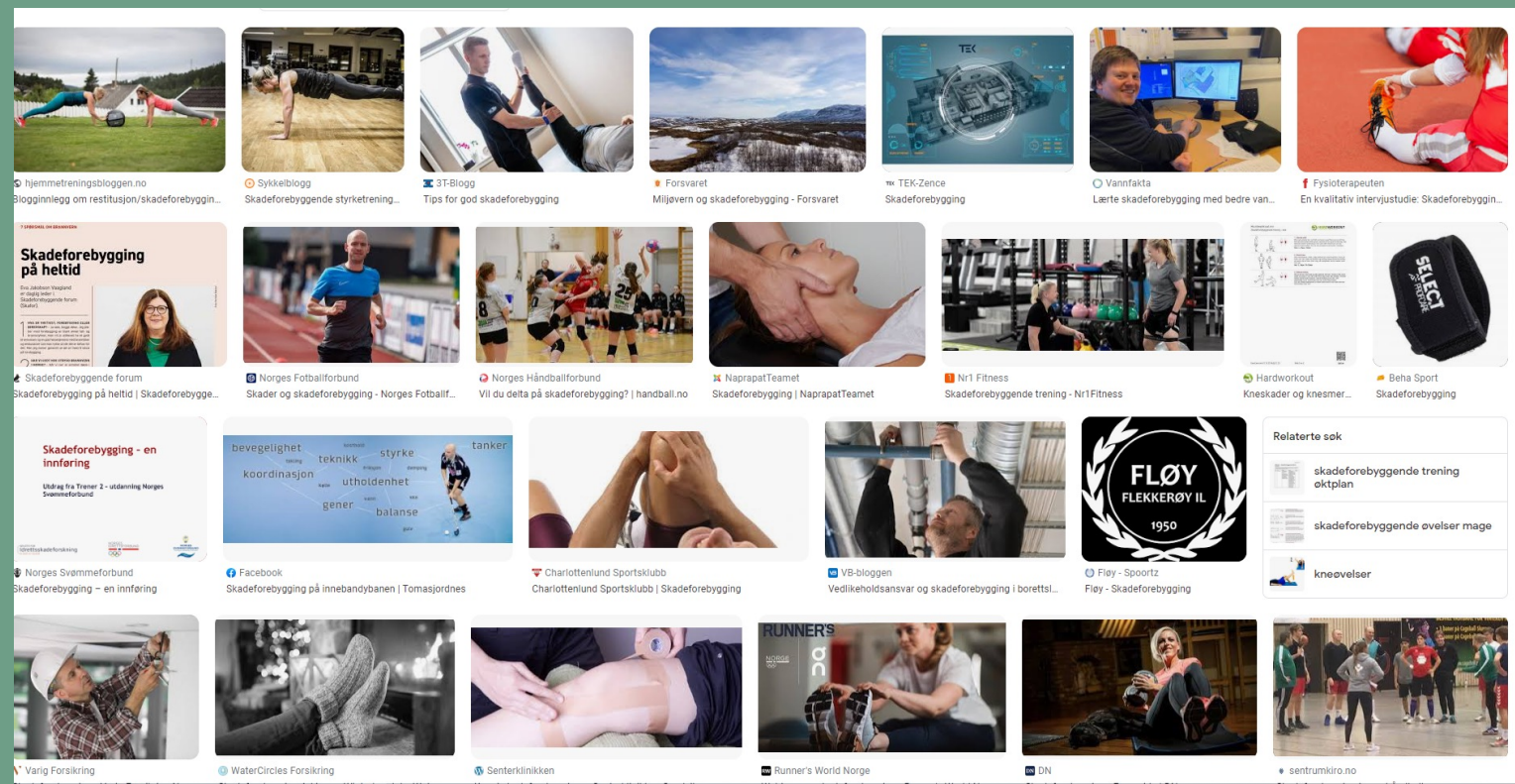


Hvor mange skader har du vært med å forhindre?



31.03.23

Elisabet Huseby

Respekt, tryggleik og kvalitet

Mål:

Trygge og nære helsetenester

God samhandling og effektiv
ressursbruk i heile pasientforløpet

Aktiv pasientdeltaking og heilskapleg
behandling

Ein framtidsretta og innovativ
kompetanseorganisasjon



- Krav og føringer
- Arbeidsprosesser
- QA Rapporter

Helse Vest RHF (startside)

Dette er Helse Vest RHF sitt styringssystem.

Her finn vi prosessar for ulike område som Styring og Rapportering, Medarbeidar/personal og Beredskap. Dei ulike prosessane innhald og lenker deg vidare til underliggande prosedyrar i vårt dokumentbibliotek.

Prosessinformasjon

Prosesseier: Inger Cathrine Bryne

Prosessansvarlig

Revisjon: 0

Sist Endret: 2023 03 24

Status

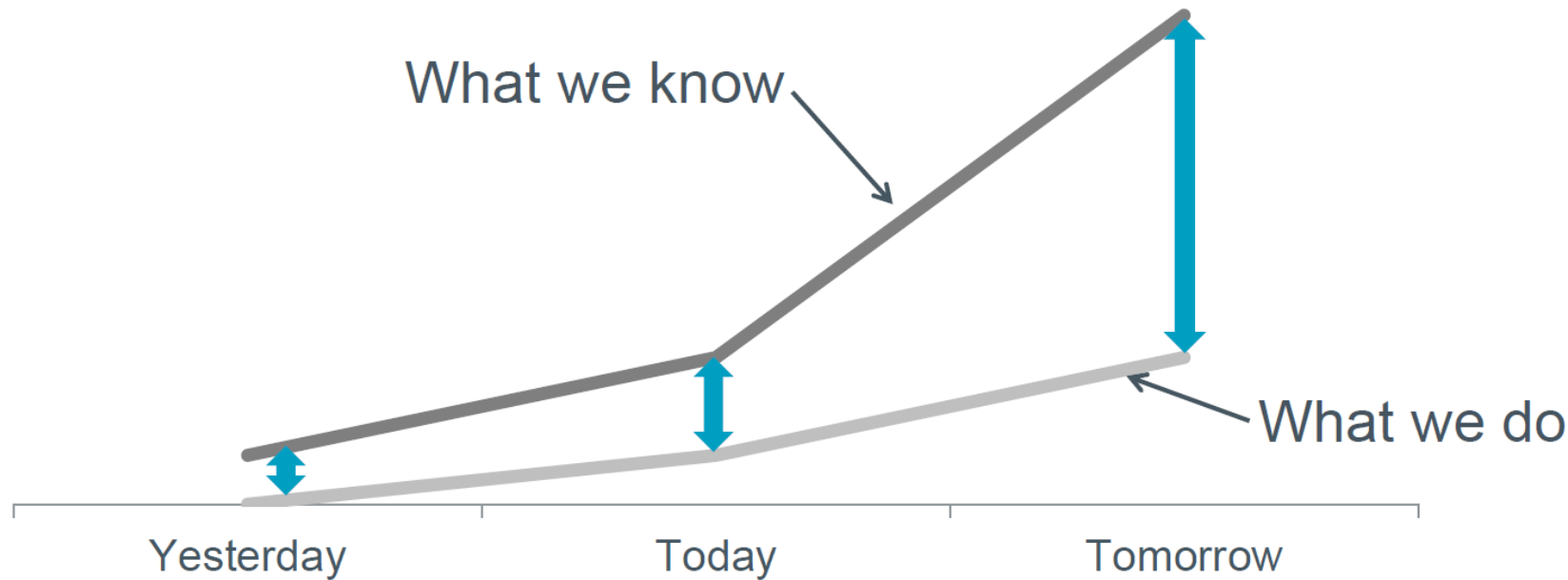
Gjelder for: Helse Vest RHF

Inngår i: Startside

DIAGRAM DOKUMENTER KRAV



The “Know-Do” Gap



IHI Psychology of Change Framework



The answer is 17 years, what is the question: understanding time lags in translational research

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DECLARATIONS

Competing interests
None declared

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Ethical approval
Not applicable

Guarantor
JG

Contributorship
ZSM designed, conducted and analysed the literature review, and drafted and revised the paper; JG initiated the project, drafted and revised the paper, and has led a number of studies cited that attempted to measure lags; SW revised the paper

Summary

This study aimed to review the literature describing and quantifying time lags in the health research translation process. Papers were included in the review if they quantified time lags in the development of health interventions. The study identified 23 papers. Few were comparable as different studies use different measures, of different things, at different time points. We concluded that the current state of knowledge of time lags is of limited use to those responsible for R&D and knowledge transfer who face difficulties in knowing what they should or can do to reduce time lags. This effectively ‘blindfolds’ investment decisions and risks wasting effort. The study concludes that understanding lags first requires agreeing models, definitions and measures, which can be applied in practice. A second task would be to develop a process by which to gather these data.

Introduction

Timely realization of the benefits of expensive medical research is an international concern attracting considerable policy effort around ‘translation’.^{1,2} Policy interventions to improve translation respond to a vast empirical literature on the difficulties of getting research across research phases and into practice.^{3–11}

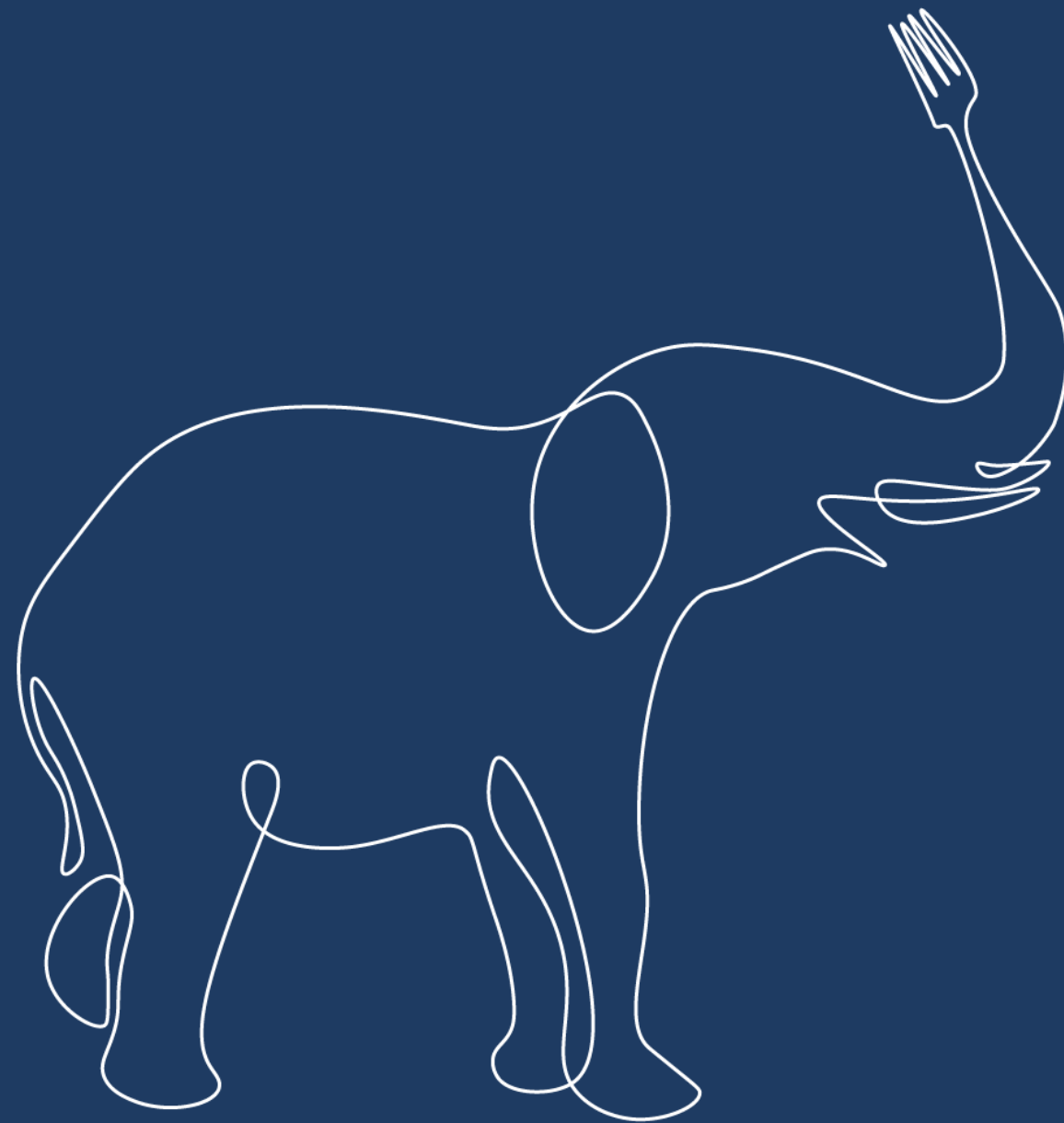
Both literature and policy tend to assume that speedy translation of research into practice is a good thing. Delays are seen as a waste of scarce resources and a sacrifice of potential patient benefit.¹² Although some lag will be necessary to ensure the safety and efficacy of new interventions or advances, in essence we should aim to optimize lags. One recent study (of which JG and SW were co-authors) estimating the economic benefit of cardiovascular disease (CVD) research in the UK between 1975 and 2005, found an internal rate of return (IRR) of CVD research of 39%.¹³ In other words, a £1.00 investment in public/charitable CVD research produced a stream of benefits

equivalent to earning £0.39 per year in perpetuity. Of this, 9% was attributable to the benefit from health improvements, which is the focus of this paper. (The remaining 30% arise from ‘spillovers’ benefiting the wider economy.) This level of benefit was calculated using an estimated lag of 17 years. Varying the lag time from 10 to 25 years produced rates of return of 13% and 6%, respectively, illustrating that shortening the lag between bench and bedside improves the overall benefit of cardiovascular research. What is notable is that all the above calculations depended upon an estimated time lag; estimated because, despite longstanding concerns about them,¹⁴ time lags in health research are little understood.

It is frequently stated that it takes an average of 17 years for research evidence to reach clinical practice.^{1,3,15} Balas and Bohen,¹⁶ Grant¹⁷ and Wratschko¹⁸ all estimated a time lag of 17 years measuring different points of the process. Such convergence around an ‘average’ time lag of 17 years hides complexities that are relevant to



SÅ....Hvordan
spiser man
denne
elefanten?





«Kvalitetsomgrepet er samansett; i tillegg til fagleg kvalitet kjem den pasientopplevde kvaliteten, og dei kvalitetane som har med økonomisk og administrativ berekraft å gjere.

Kvalitet er ikkje statisk; den må sjåast i samanheng med tilgjengeleg kunnskap og ressursar. I tillegg må vi kunne rekne med at det skjer eit kontinuerleg forbetningsarbeid.»

Herlof Nilssen Kvalitetskonferansen Helse Vest 2011



Nasjonal handlingsplan for pasientsikkerhet og kvalitetsforbedring

2019-2023



REGIONAL PLAN FOR KVALITET OG PASIENTTRYGGLEIK 2020-2024

Vedtatt av styret i Helse Vest RHF den 11. mars 2020



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Resultater



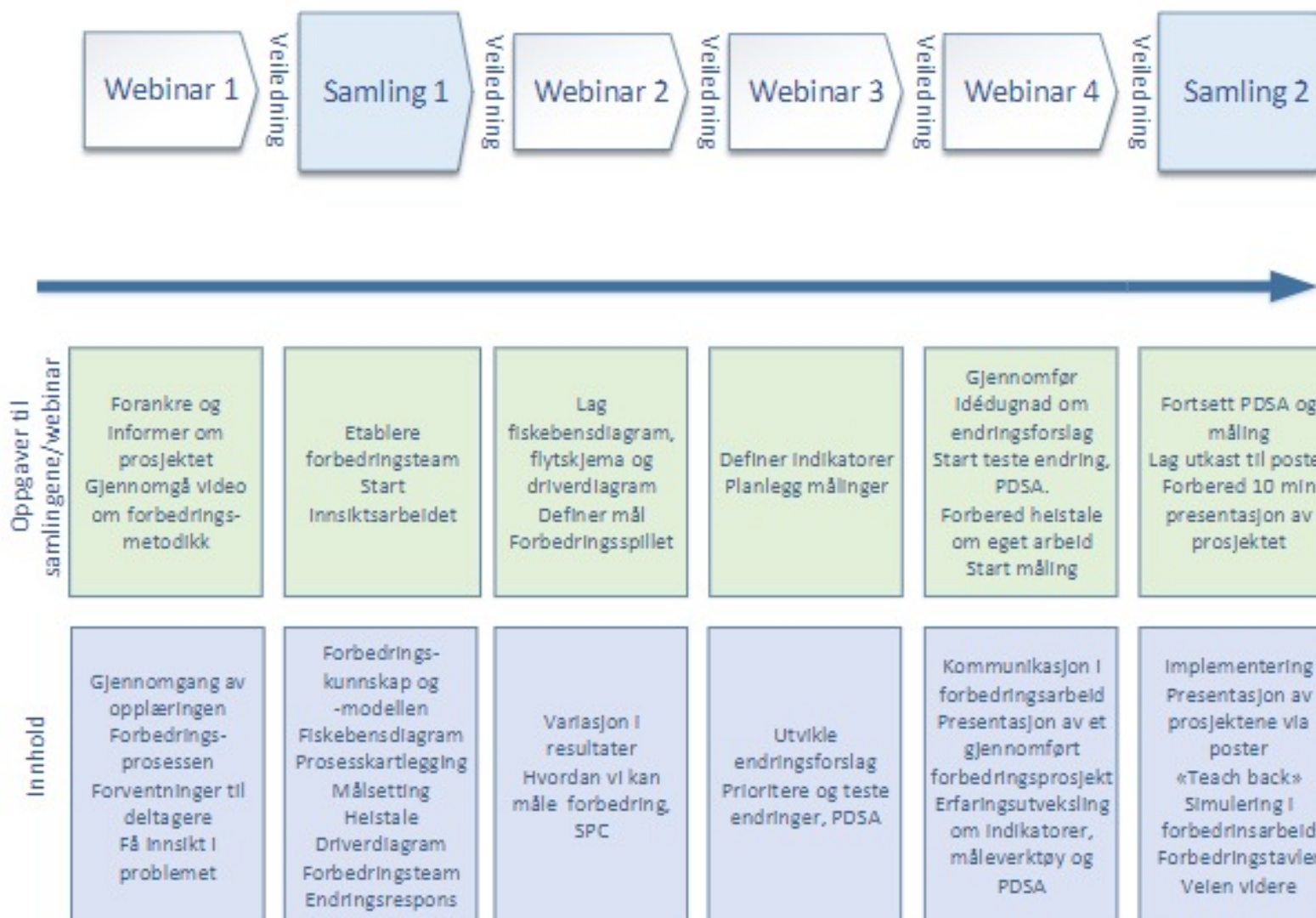
Viktig
Vanlig
Vanskelig
Varierede

17.04.2023 Navn Navnesen og sted



HOVUDTEMA FOR SAMLINGAR

Samlingane er tilpassa utviklinga i forbetningsarbeidet.



PASIENT-
TRYGGLEIK

HELSE  VEST







Sett standar og gi folk
spillerom
Takk for meg



31.03.2023 Elisabeth.huseby@helse-vest.no