



THE NICS BARRIER TOOL

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The 'NICS Barrier Tool' was developed by the National Institute of Clinical Studies (NICS) to help health professionals identify the barriers to applying evidence and changing practice within Australian health care settings. The tool can be adapted for your particular situation. As an illustration, in the following pages the barrier tool is used to identify barriers to influenza vaccination in at risk groups. Established by the Australian Government in 2000, NICS is Australia's national agency for improving health care by helping close important gaps between best available evidence and current clinical practice.

INSTRUCTIONS

PART A: WHO TO INVOLVE

At your table identify an evidence-practice gap. One example of an evidence-practice gap concerns influenza vaccination for the "at risk" adults aged 18-64 years. That is people with diabetes, heart disease, chronic lung disease, severe asthma, or whose immunity is suppressed through illness. General practitioners, practice nurses and pharmacists have done a great job in encouraging the over 65s to have vaccination. The rate is ~80%. In contrast, only 42% of at risk adults aged 18-64 are vaccinated. You have been given the role of increasing the vaccination rate for your practice to 80%.

Spend five minutes listing individually your views on critical people, groups or organisations that would need to involve to bring about this improvement. This may include individuals directly responsible for patient care, inter-disciplinary teams, professional organisations and divisions of general practice. Then spend ten minutes sharing your views within your group.

PART B: BARRIERS AT THE PEOPLE LEVEL

In your group, identify the 3 most important people or groups from Part A and spend 15 minutes describing their barriers. If you don't know what the barrier is, how would you find out? ...literature search, focus group, survey, etc. See NICS' "Identifying Barriers to Evidence Uptake" for more information.

PART C: OTHER BARRIERS

There may be other barriers relating to patients, carers, cost or perhaps to the evidence for vaccination. In your group discuss these (15 mins)

PART D: OVERCOMING BARRIERS/ACHIEVING CHANGE

What aids or incentives to change are there for the individuals or groups you have identified? Discuss in your group how you will best involve them or inform them about this change? (15 mins)

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PART A: WHO TO INVOLVE

Who will need to be actively involved in this improvement?

Rank the importance of the individual or group in terms of making the change succeed on a scale of 1 to 5 where: 1 = critical, 3= necessary, 5 = desirable.

INDIVIDUAL OR GROUP	ROLE IN CHANGE PROCESS?	IMPORTANCE IN MAKING CHANGE SUCCEED?
The head of the practice	Leadership and support for the initiative	2

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INDIVIDUAL OR GROUP	ROLE IN CHANGE PROCESS?	IMPORTANCE IN MAKING CHANGE SUCCEED?

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PART B: BARRIERS AT THE PEOPLE LEVEL

Pick 3 of the most important individuals &/or groups you identified in Part A of this case study. Think about the proposed change from their perspective – what are the potential obstacles or barriers to implementation for them?

INDIVIDUAL OR GROUP	POTENTIAL BARRIERS				
	Competence (e.g. knowledge of guideline, skill in applying)	Attitudes/opinions (e.g. perceptions of value of guideline, risks/benefits)	Motivation for change? (Disincentives or conflicting demands?)	Personal characteristics (e.g. learning style, capacity to change)	Other (any other possible obstacles to implementing the change for this individual or group)
The practice manager	Inadequate knowledge about "who is at risk"	Thinks that only over 65s should have the vaccine	No where to store private vaccines	Running special clinics will upset the usual GP schedule	The practice nurse is already too busy

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PART C: OTHER BARRIERS

There may be other potential barriers relating to patient or carer perceptions, the vaccine, or to other aspects of care or the care process. Note any you think of in the table below:

FACTOR	NATURE OF POTENTIAL BARRIER/S
Patient The evidence Health System	I am afraid of needles, I had the vaccine last year and still got the flu Unsure of evidence that people with diabetes should have influenza vaccination There is not enough vaccine

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FACTOR	NATURE OF POTENTIAL BARRIER/S

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PART D: OVERCOMING BARRIERS/ACHIEVING CHANGE

What incentives or aids to change are there for the individuals or groups you have identified? How will you best involve them or inform them about this change?

INDIVIDUAL OR GROUP	POSSIBLE INCENTIVES / AIDS TO CHANGE?	BEST WAY TO INFORM / APPROACH / INVOLVE THEM IN THE CHANGE PROCESS?
The team who say "We already do this"	Audit practice and provide feedback	Get them to look at the results and discuss issues and possible solutions for improvement
Patients		
Practice Nurse		

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INDIVIDUAL OR GROUP	POSSIBLE INCENTIVES / AIDS TO CHANGE?	BEST WAY TO INFORM / APPROACH / INVOLVE THEM IN THE CHANGE PROCESS?

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