



---

## National Institute of Clinical Studies

Dr Claire Harris, NICS Fellow 2004-2007

Southern Health, VIC

---

### Promoting the uptake of evidence in paediatric care

#### Bridging the evidence-practice gap

- The aim of this project was to increase understanding of how best to translate research findings into clinical practice.
- There is a growing body of literature on how to do this. In practice, however, the degree of success of these interventions varies widely and often appears to depend on the local context. If we are to understand this variation and have more consistent success in translating evidence into practice, we need to understand better why and how these attempts work or fail, and identify the factors that contribute to or detract from success, including issues related to the local context.
- The project studied the implementation of paediatric guidelines in different departments of a large health service in Melbourne, Victoria, to investigate these factors in specific contexts and evaluate the process of change.

#### Key findings

- Existing guides to developing, implementing and evaluating guidelines provide only a broad-brush approach, with little practical information on how to go about these activities.
- This project has filled that gap. It has developed, tested and refined a suite of very practical methods and resources – a hands-on guide – to developing, implementing and evaluating guidelines in the real world, to enable others to develop and implement guidelines in their health services and avoid the pitfalls.
- The project took a proven, evidence-based research methodology for the trial of complex interventions, and adapted it to evaluate the implementation of existing guidelines. It was a successful approach, and provided considerable insight into the process of implementation.
- A theoretical framework provided a reference point for the project. It proved valuable to identify the factors to be investigated, map the evaluation activities and assess their coverage, detect gaps to be addressed, ensure that conclusions were valid, and identify opportunities for additional investigation.
- The project gained many insights into how context influences the process of implementation, and how to address the barriers to implementation in different contexts. This was achieved by comparing implementation of different guidelines in different contexts (an emergency department and a newborn services department), but within the same organisation and by the same team. The target professional and patient groups and the guidelines had many features in common, but there were substantial differences in factors such as staff continuity, communication between disciplines, and teamwork.
- Seven main implementation “themes” emerged in the evaluation:
  - systems and documentation
  - project context
  - communication
  - project functioning
  - working with clinicians

- working with managers
- working with consumers.
- These implementation themes are integrated in chronological steps outlined in an implementation toolkit developed as an outcome of the project.

### **Implications for practice**

- The findings of the project will be useful to people working on projects to develop, implement and evaluate clinical guidelines in health services. The recommendations and resources developed in the project will be available in the detailed toolkit currently being completed by Dr Harris and her team.
- The toolkit includes a series of recommendations for implementation projects, developed as part of the project. For example:
  - Build 'capturing learning' into your workplan and use the information.
  - Start small, resist implementation at multiple sites
  - Beware of making assumptions and consider the impact if you are wrong
  - Re-think your timelines to allow plenty of time for activities beyond your control
  - Seek out the 'deal breakers' actively – your stakeholders may not be aware of them
  - Seek help from both clinicians and consumers
  - Remember to thank people for their help or input, it's always worth it
  - Acknowledge feedback and clearly demonstrate how you act on it
  - Be prepared for the worst, don't let it surprise you!
- Where another guide might say, for example, "involve consumers" or "set up a multidisciplinary group", but provide little practical guidance, this project discovered and documented how to find the relevant consumers, capture their views and integrate those views in decision making. Similarly, it found how to bring together a multidisciplinary group of busy health professionals, gain management commitment to making this happen, and structure meeting processes to gain most value from the time and skills available.
- Resources include terms of reference, letters, invitations, flyers, newsletters, posters, methods to capture and provide feedback, and quick guides to running meetings, together with hints, tips and case studies.
- One of the key steps in implementation is to identify barriers and enablers, and the project found practical and straightforward ways to do that. Simple structured surveys and focus groups worked well to identify many barriers and enablers, including 'deal breakers' that would derail the process. As well as the anticipated common barriers, this process threw up some unexpected local issues, which were addressed with targeted strategies. However, those participating were not aware of some major organisational barriers. These must be sought creatively and proactively by the implementation team.
- A very simple and effective approach used to gain information was to ask 'What works, what doesn't, why, how can we improve it?' These questions were used with researchers, clinicians and consumers, in surveys, interviews, workshops and focus groups. In all these contexts, the questions yielded rich and detailed information.
- Support structures are vital for those implementing guidelines, and need to be built in from the start of any implementation project. Those involved in implementation – be they researchers, health administrators, and/or health professionals – need to be aware from the start that implementation can be difficult, and many factors will be out of their control. They need to know how to support each other (or gain support from others), how and where to find help in addressing the obstacles they will inevitably encounter, and how to learn from these difficulties – that is, how to turn negatives into positives.
- Regular team meetings and, at the end of each guideline implementation phase, specific team retreats, proved an excellent way to do this and to capture and record the project team's observations and 'learnings'. The meetings included reflection on what worked, what didn't, and what needed to be changed. In particular, this process made it possible to put a positive spin on anything that proved difficult or did not work, learning from it and finding ways to prevent it happening again or minimise its impact.

## Method

- The Victorian Department of Human Services funded Health for Kids in the South East (HFK), a three year project to develop clinical practice guidelines and implement them via clinical paths. HFK provided a vehicle to test implementation strategies based on the evidence of what works in implementing guidelines. This NICS Fellowship project comprised a detailed evaluation of that process, using a theoretical framework to explore the factors that influenced changes in practice.
- The first step was to develop a theoretical framework, based on several existing models. The framework outlines three domains to be considered: determinants of effectiveness, process of change and final outcomes; and it provides a detailed list of potential factors within each domain. As discussed above, the framework provided a reference point to guide the project.
- The project took an action research approach, with all new learnings fed back into the evaluation process. This allowed for iterative improvements in the design and implementation of the process. The project team was, at one and the same time, researching the change process and feeding into it by developing and conducting implementation strategies. When things went wrong, the team sought to learn how and why this had happened.
- Surveys, focus groups and interviews were used to identify the perceptions of those targeted for up-take of the guidelines (clinicians), consumers (in this case, parents of children attending the participating health service), and those working on the project. The methods provided feedback on the roles of these groups in the project, time spent on various activities, their expectations and whether these were met, the implementation process, the utility of clinical paths, the participants' overall satisfaction with the process, and their suggestions for improvement.
- The implementation process was documented using the classification and definitions of the Cochrane Effective Practice and Organisation of Care (EPOC) Data Collection Checklist, a method that proved both feasible and practical.