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Increasing the uptake of guidelines in rural emergency departments

Evidence-practice gap

- Asthma affects large numbers of people in Australia. Although there are evidence-based clinical practice guidelines for both adult and childhood asthma, and these have been disseminated to hospitals (including to emergency departments), use of the guidelines in day-to-day clinical practice is low.
- There is growing evidence on how best to implement guidelines and persuade clinicians to change what they do, but this evidence base is seldom used.
- In this project, we aimed to increase the use of evidence-based guidelines on childhood and adult asthma in hospital emergency departments in the Hunter New England Health region of NSW. We based our approach on the evidence of what works, tailored to the unique characteristics of each hospital environment.

Key findings

- Our intervention substantially improved the use of the asthma guidelines in emergency care, both in a large regional hospital and in smaller, general-practice run rural district hospitals. Positive changes in practice happened immediately and were still in place 12 months later.
- The literature reports changes in the order of 10% resulting from attempts to increase compliance with guidelines. The gains we achieved were much larger than this.
- At a large regional referral hospital, compliance with the guidelines improved from 38% to 79% (adult asthma) and from 47% to 79% (childhood asthma). This included significant gains in six of the seven clinical indicators we identified.
- In smaller, GP-staffed rural district hospitals, compliance with the guidelines improved from 36% to 62%. This included significant gains in three of the six clinical indicators we identified. By contrast, there was no improvement in the control hospitals in the study, which had received the guidelines but not our evidence-based intervention.

Implications for clinical practice

- Guidelines do not implement themselves. Simply distributing them with no follow up has a limited impact, whereas an implementation strategy based on the evidence of what works can change clinicians' behaviour for the better and significantly increase compliance with guidelines. The result is better patient care.
- Use the available literature on what works and what doesn't work to develop an evidence-based implementation plan, and tailor this to meet local needs, building on strengths and addressing barriers.
- Present the guidelines simply, in a user-friendly format.
- Focus more on departmental processes and organization than individual clinicians. Changing the prevailing culture within a department is essential.
- Gain the support of senior staff as opinion leaders and drivers for a sustainable department-wide approach.
- If clinicians are to change what they do, they need to believe in the evidence for and the value of the change. Be prepared to discuss evidence-based medicine and to know its strengths and limitations.
- Knowledge brokering is important. During the study, we visited sites, discussed evidence and the guidelines, and advocated compliance.
- Reminders and education, especially outreach education, are among the most successful strategies for change. Our study confirmed this.