Southern Health

Guide to implementation of health service protocols, procedures and guidelines

KEY PRINCIPLES

There is good evidence that dissemination alone does not change practice.

→All new and revised protocols, procedures and guidelines require active implementation strategies.

There are several key principles that you should consider when developing your implementation plan.

- Ensure you have adequate funding, resources and time to develop, execute and sustain the implementation program. Inform the Person responsible for the procedure if you do not.
- Determine who needs to know about the procedure (dissemination) and who needs to follow the procedure (implementation)
- Identify the practices that need to change (many elements of the procedure may already be in current practice)
- Consider the individuals and groups that can potentially influence implementation of your procedure
- Identify the barriers and enablers of the changes you want to make. These may be factors resulting from the setting in which the change is to be implemented, the target group who need to change or the nature of the changes themselves.
- Base your implementation program on strategies to overcome or minimise the barriers and build on or make best use of the enablers
- Seek input from relevant stakeholders such as managers, clinicians and consumers
- Consult the research literature for evidence of effective strategies for implementation in the areas of change
- Review any available local information such as project reports, evaluation plans, etc to identify previous strategies used at Southern Health and why they worked or didn't work

CHARACTERISTICS OF SUCCESSFUL INTERVENTIONS

A proposal for change is more likely to be successful if

- it is based on sound evidence or expert consensus → make it clear where the information in your procedure comes from and how decisions were reached
- it is presented by a credible organisation → use documents from reputable sources eg adapt existing evidence-based guidelines from professional colleges, guideline groups like NICE, SIGN, NHMRC, etc
- it can be tested and adapted → pilot the new procedure, make it clear that you will act on feedback received, and then keep your word!
- the relative advantage is evident → explain why there are changes to current practice and, if possible, let the target audience know 'what's in it for them'
- it is of low complexity → keep the procedure as simple as possible
- it is compatible with the status quo → keep it as close to existing as possible. Change may be more successful in small steps eg if you need to change the content of the document considerably, perhaps keep the format close to the original
- it is presented in an attractive and accessible format → be mindful of presentation

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DISSEMINATION

Identify who needs to know about the procedure and who needs to follow the procedure

You have already identified the target audience ie those whose actions are being directed by this procedure. You need a communication plan and an active implementation plan for this group.

There may be other people who also need to know about your procedure. Your communication plan should include methods to inform them about the procedure.

Southern Health stakeholders who need to know about your procedure may include:

- Representatives of the target patient group (eg patients, carers, family members, support/advocacy groups)
- Representatives of groups that may be impacted upon by the procedure (eg ICU if new procedure involves surgery for high risk patients, Food Services if new procedure involves dietary management)
- Managers of relevant clinical, clinical support or non-clinical areas

External stakeholders who you may consider informing about your procedure include:

- Funders, partners and/or collaborators if your procedure has been developed as part of a project
- Government departments
- Other health services
- Peak bodies relevant to the clinical area (eg Asthma Australia, National Heart Foundation, etc)
- Professional associations (eg Royal College of Nursing Australia, Royal Australasian College of Physicians, etc)

Notification

The Quality Unit will publish notification of all new and revised procedures in the monthly Policy and Procedure Bulletin. For some procedures this may be an adequate method of communication. Remember that this will only be useful for staff members who receive and read the bulletin in a timely manner. This will not apply to people who do not have easy access to Southern Health computers or to those outside the organisation.

For most procedures the bulletin will not be adequate and additional targeted dissemination will be required. This should be addressed in a detailed Communication Plan as part of the implementation strategy (see below).

IMPLEMENTATION

Identify practices that need to change

Identification

Create a list of the actions outlined in the procedure. Ask the members of the Document Development Group (DDG) to identify which actions involve a change from current practice. You may also like to distribute the list more widely to others who will be affected by the procedure to get their perspectives, particularly as the DDG is likely to be made up of people who are more open to change and who may already have adopted the new practices. Interviews with key clinical leaders can also help identify practices that need to change.

Prioritisation

If there are a large number of actions that require a change in practice, then you may need to select those that have a high priority and focus your implementation activities on these. Priority may be assigned on the basis of:

- Clinical importance
  - Large numbers of patients
  - Potential for impact on outcomes
- Extent of change required ie how far current practice is from best practice
- Anticipated ease or difficulty of getting change in practice
- Cost-benefit
- Organisational priority
- Another relevant aspect

Once you have identified the criteria for priority setting, you can rank the target activities.

One simple method is to list the actions on a sheet of butcher's paper and give members of the DDG a small number of red dot stickers (eg 3 or 5) which they attach to the actions which they think should be priorities for implementation. Identify the highest priorities based on number of dots per action. This gives a clear, quick answer. A similar process can be undertaken electronically via email.

If the task is likely to be more complex than this, or discussion is required, a different approach will be needed. You may like to use a Delphi method or have two tiers of prioritisation where the first group reduces the original list to a preferred selection and the second group makes a definitive decision by selecting from the reduced list.

Cessation of current practice

If the procedure involves introduction of new practices, identify the current practices that are being replaced. Cessation or restriction of specific activities in current practice must be addressed with active interventions in the same way as introduction of new practices.

Identify potential influencers

Think about individuals and groups who may potentially influence implementation of your procedure. The obvious are members of your target audience, but many others may have the power to help or hinder your process. People who are often forgotten but may play a significant role in helping or hindering your implementation are ward clerks, hospital printers, IT staff, website developers and medical records staff.

Think laterally and comprehensively to identify potential influencers – you don't want to find out the hard way that you've missed some! Some examples to consider are listed below.

Hospital clinical staff

- Nursing
  - Senior, junior
  - Ward, ED, OP, other setting
  - Managers, educators, specialists, nurse practitioners
- Medical
  - Consultants, Fellows, Registrars, Interns
  - Ward, ED, OP, other setting
  - Full-time, part-time, sessional
- Allied health
  - Pharmacy, Physiotherapy, OT, Social work, Dietetics, Speech pathology, others

Community clinicians

- General Practitioners
- Community pharmacists
- Community nurses
- Educators (eg Asthma, Diabetes, etc)
- Dieticians
- Aboriginal health workers

Community programs

- Health promotion
- Health education

Consumers

- Patients
- Parents and carers
- Families
- Schools, sporting, social and community groups
- Religious, cultural and ethnic groups
- Consumer advocates

Other hospital groups

- Diagnostic services
  - Imaging
  - Pathology
- Support services
  - Medical records
  - Ward clerks and administration
- Organisational processes
  - Documentation Committees
  - Quality Unit, Clinical Governance Committees
- Corporate services
  - Finance, Human Resources
  - Information technology
  - Webmaster, Printer
  - Public Relations

Non-clinical groups

- Peak bodies
  - Consumer advocacy groups
  - Condition specific eg Asthma Foundation, Cancer Council
  - Professional colleges and associations
- Government
  - Federal, state, local
  - Funders, policy makers
  - Government agencies eg NHMRC, NICS, VicHealth, VQC
- Commercial groups
  - Diet programs eg Weight watchers, Jenny Craig
  - Exercise programs, personal trainers
  - Advertising
  - Media

Identify barriers and enablers

When you have worked out which practices you want to change, and the people who may influence their successful implementation, you need to identify the barriers to and enablers of each of these changes. What factors may hinder or prevent you from changing practice in these areas? What factors may help or support you to make these changes?

There is a considerable body of literature on barriers and enablers. A lot of the information is common to most situations where change is required and this is covered below and in the references noted. However you may also find published information on your specific topic eg barriers to paediatricians following asthma guidelines, barriers to hand-washing strategies, etc.

Generic barriers

Lack of time, skills and resources are almost always barriers to change. If you are unable to undertake any activities to identify local barriers, you should anticipate that these problems will also apply to implementation of your procedure and explore strategies to address them.

Enablers are addressed in the characteristics of successful interventions above – make sure you use the things you have going for you in your implementation strategies and highlight them in your communication plan.

Specific to your procedure

Barriers and enablers may exist in several contexts ie the nature of the innovation itself, the individual professional, the patient, the social context, the organisational context, and the economic and political context. These are described in more detail in the references provided at the end of this section. It is important to actively seek out barriers and enablers at each of these levels.

There is a range of methods for identifying barriers. Approaches such as nominal group technique, focus groups, interviews and surveys can all be useful, and the most appropriate method/s may depend on what type of barriers you are trying to elucidate and from whom.

Remember you need to consider barriers and enablers from the point of view of each of the potential influencing groups. The best way to do this is to ask them. And add this information to what you learned from the literature.

An example of a self-completion written questionnaire is included in Appendix 1. You can customise this to meet your needs. It can also be transferred into an electronic format using simple tools like Survey Monkey.

Appendix 2 contains a slightly different version of this tool that can be used in a workshop format where the facilitator explains what is to be done.

It is best to seek information about barriers **from individuals**. Even if they are assembled in a group they can undertake this as an individual exercise. If people do this by themselves they do not influence each other and take the discussion in a particular direction or give it a specific focus. As a result, you get a richer and more complete and comprehensive list of barriers.

However once they are identified, discussing major barriers and deal-breakers (see below) and how to avoid them or minimise their effect is usually more effective **when done in groups**. Another example of a worksheet to explore major barriers is included in Appendix 3.

Deal breakers

If you identify many barriers to implementation, don't be overwhelmed. In fact, if you don't find any maybe you should look harder! The next step is to identify the deal-breakers. From the barriers you have identified, are there any that will prevent getting your procedure into practice if you don't overcome them? These barriers must be addressed to ensure successful implementation.

Seek assistance from your DDG, the Person responsible for the procedure and/or the Executive Sponsor if you need help overcoming a 'deal-breaker'. This is part of the role of the Executive Sponsor, so don't be afraid to ask for advice or even ask them to troubleshoot for you.

Tailor your implementation strategies to the barriers and enablers

The strategies in your implementation plan should be tied directly to the barriers and enablers you have identified.

Communication Plan

A key barrier is likely to be lack of awareness of the procedure, so the implementation strategy must include a clear strategy for dissemination. Other barriers may require particular methods of communication and/or education strategies. These can all be addressed in a Communication Plan.

Like the rest of the implementation strategy, components within the Communication Plan will be based on identified barriers and enablers and consultation with relevant stakeholders.

- Identify all the groups and individuals who need to know about the procedure.
- Based on your identified practice changes, barriers and enablers, what are the key messages you need to get across? The key messages may differ between groups of stakeholders – make sure you address this in your plan so that each group gets the most effective communication for them.
- For each of these groups, choose the mode of communication that is most likely to get your message across. Should the information be distributed by mail or email, in person, at a meeting?
- What are the normal methods of communicating within the target audience eg newsletters, staff meetings, Grand Rounds, etc. Utilise these whenever possible, and then add extra activities to communicate with unreached groups. Attaching flyers to payslips is a useful way of ensuring they will be noticed!
- What do they need to receive in addition to the notification in the Policy and Procedure Bulletin?
    - Just a summary of the key messages?
    - Copy of the procedure? Should it be the full document, summary, algorithm, patient information?
    - Education? Training? What content should be included? How should it be presented?

Southern Health Public Affairs and Communication have a Communication Plan template that may be helpful.

Other implementation strategies

If a barrier is

- lack of knowledge or understanding → include education that is interactive rather than didactic
- scepticism or lack of belief in the anticipated outcome → include clear statements about the strength, quality, relevance and source of the evidence in your education
- lack of skill, confidence or self-efficacy → include training
- lack of motivation → include inspiration via role models and local champions and incentives such as recognition, certificates, games, inexpensive prizes
- fear of a particular outcome or repercussion → explicitly address that fear in your communication
- lack of specific resources → work out how to get the necessary resources. If you can't get these resources discuss with your Executive Sponsor.
- inappropriate or inadequate infrastructure → work out what is appropriate and/or adequate and discuss with the relevant manager. If this cannot be resolved, discuss with your Executive Sponsor.

Time and resources are almost always barriers. Discuss these with your DDG. Be creative. If this is thought to be a deal-breaker, discuss with the Person responsible and/or Executive Sponsor.

Bring the strategies together into an implementation plan

It may be useful to create tables that summarise your implementation activities eg list of barriers with the corresponding strategies to overcome them; list of practice changes required mapped to the relevant professional groups and the individual strategies for each group; education program with dates, times, venues, anticipated audience, etc.

Your plan will also need to include decisions about how long the implementation process will continue and how you will know when you are finished. These decisions will have significant impacts on the resources required for the implementation.

Don't forget to consider special groups like night shift and casual or agency staff; many implementation plans have failed because no one informed the night shift!

Remember that large numbers of your target audience, particularly junior medical staff, rotate jobs regularly. Check the dates of the next rotation so that you do not spend precious time and resources on implementation activities with a group who move on next week!

If the procedure applies to more than one professional group, more than one campus, or more than one clinical setting (eg ward and Emergency Department) the implementation plan should address them all equally. If you do all the work with one group or at one site, you will get significant proportions of your target audience off side. It is quite acceptable to pilot in one area before widespread implementation, but let the others know that this is deliberate and for a good reason and not just that you forgot about them!

Beware Easter! Christmas and summer holidays are high profile and easy to plan around. Easter often sneaks up on implementers.

CHARACTERISTICS OF SUCCESSFUL IMPLEMENTATION PLANS*

Implementation plans are more likely to be successful if they

- Include effective strategies designed on barriers and enablers
- Integrate change into normal activities
- Take a risk management approach
- Include a pilot phase

Effectiveness of implementation strategies

- Usually effective: decision support, reminders, educational outreach, interactive education, multifaceted interventions
- Variable effectiveness: audit and feedback, local consensus meetings, opinion leaders, patient-mediated interventions
- Little or no effect: educational materials, courses, conferences
- Unknown effectiveness: financial stimuli, administrative or organisational interventions

* Strategies and their effectiveness: a review of reviews (Bero et al 1998) cited in Grol R, Wensing M, Eccles M. 2005 Improving patient care. The implementation of change in clinical practice. Elsevier London

REFERENCES

Grol R and Wensing M. What drives change? Barriers to and incentives for achieving evidence-based practice. MJA 2004; 180 (6 Suppl): S57-S60 http://www.mja.com.au/public/issues/180_06_150304/gro10753_fm.html

Grol R, Wensing M, Eccles M. Improving patient care: the implementation of change in clinical practice. Edinburgh; Sydney: Elsevier Butterworth Heinemann, 2005.

RESOURCES

You may find the following resources helpful.

SEAchange: Guide to a pragmatic evidence-based approach to Sustainable, Effective and Appropriate change in health services. Harris C, Turner T, Wilkinson F. 2015. http://arrow.monash.edu.au/hdl/1959.1/1225377

Guide to successful health service improvement projects: Things people should (but frequently don't) think about. Centre for Clinical Effectiveness. Southern Health. 2012. http://arrow.monash.edu.au/hdl/1959.1/1225373

CITATION FOR THIS PUBLICATION

Centre for Clinical Effectiveness. Guide to implementation of health service protocols, procedures and guidelines. Southern Health. 2010. http://arrow.monash.edu.au/hdl/1959.1/1225381

APPENDIX 1: SAMPLE BARRIERS AND ENABLERS QUESTIONNAIRE

Guidelines and Clinical Paths

Barriers and enablers to implementation

One of the key steps in changing practice is assessing the things that will make it difficult (barriers) and those that will help to make the change happen (enablers). Those of you doing the real work know these better than anyone else. You can also see how we can get around things that might potentially get in the way, and how to maximise the benefit of those things that are likely to help.

The HFK project team would really appreciate your help to identify the **main factors influencing successful implementation** of the new Children's Program/ Paediatric ED guidelines and clinical paths. The attached proforma aims to identify potential barriers and enablers to change. It looks like a lot of questions, but is mainly just prompts to help you think of things.

You don't have to complete every box, just tell us what you think are the **main things** that will act as barriers to or enablers of use of the new guidelines and clinical paths. For example:

Peer group/teams (Attitudes, behaviours, standards, culture, opinion leaders, 'Innovators')	Large effect	Small effect	How could we get around this?
Nurses and doctors are not used to sharing the same parts of the medical record	✓		*Doctors and nurses work together developing and piloting the new clinical path record sheets*

Feel free to add any other comments on another sheet, or contact a member of the project team if you would rather discuss this in person than fill in this form

Completed by ☐ Nurse ☐ SMO ☐ HMO ☐ Allied health ☐ Administration ☐ Management ☐ Other_____

Clinical area ☐ ED ☐ 41N ☐ 42N ☐ Whole program ☐ Hospital ☐ Other_____

Your name (this is optional, but it may help us to discuss some of your ideas in more detail) _____

Contact Phone or Pager (optional) _____

Thank you for your contribution

Please return this by July 3rd

to a member of the Guideline Development Group

or to Fiona Wilkinson, Centre for Clinical Effectiveness, Level 1, Block E, MMC Clayton

Email: fiona.wilkinson@med.monash.edu.au Fax: 9594 7552

POTENTIAL BARRIERS	Impact on implementation		How could we get around this?
Structural (eg financial, administrative, physical environment)	Large effect	Small effect	
Organisational (Resources, policies, skill mix/availability of trained staff, staff turnover, workload)			
Peer group/teams (Attitudes, behaviours, standards, culture, opinion leaders, 'Innovators')			
Individuals (Knowledge, skills, attitudes, values, self-confidence, habits, personalities)			

Professional-patient interaction	Large effect	Small effect	How could we get around this?
Guideline/clinical path factors (Complexity, staff awareness of change process)			

POTENTIAL ENABLERS	**Impact on implementation**		**How could we best use this to our advantage?**
Structural (eg financial, administrative, physical environment)	Large effect	Small effect	
Organisational (Resources, policies, skill mix/availability of trained staff, staff turnover, workload)			

Peer group/teams (Attitudes, behaviours, standards, culture, opinion leaders, 'Innovators')	Large effect	Small effect	How could we use this to our advantage?
Individuals (Knowledge, skills, attitudes, values, self-confidence, habits, personalities)			
Professional-patient interaction			
Guideline/clinical path factors (Complexity, staff awareness of change process)			

Thank you

APPENDIX 2: WORKSHOP DOCUMENT

Analysis of Barriers and Enablers

Types of barriers and enablers

1. Structural (eg financial, administrative, physical environment)
2. Organisational (eg resources, policies, skill mix/availability of trained staff, staff turnover, workload)
3. Peer group/teams (eg attitudes, behaviours, standards, culture, opinion leaders, 'Innovators')
4. Individuals (eg knowledge, skills, attitudes, values, self-confidence, habits, personalities)
5. Professional-patient interaction
6. Factors related to the framework (eg complexity, change from status quo, document design, processes involved*)*

Barrier type	POTENTIAL BARRIERS	Impact on implementation		How could we get around this?
		Large effect	Small effect	

Barrier type	POTENTIAL BARRIERS	Impact on implementation		How could we get around this?

Barrier type	POTENTIAL ENABLERS	Impact on implementation		How could we best use this to our advantage?
		Large effect	Small effect	

APPENDIX 3: WORKSHEET TO EXPLORE MAJOR BARRIERS

Overcoming major barriers

Barrier					
Likelihood of occurring:	very low	low	medium	high	very high
Potential level of impact:	very low	low	medium	high	very high
What could we do to prevent it from occurring?					
What could we do to minimise its effect if it occurs?					
Other thoughts					