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Guideline implementation:
systematic review of the
role and impact of
facilitative intermediaries

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Presenter Disclosure

No conflicts of interest to disclose

Background

- Guidelines are under-utilized
- Guideline developers lack mandate and/or resources to actively implement guidelines: user responsibility
- In-person contact most predictive of research use but unclear how that should be achieved:
 - Systematic review on impact of local opinion leaders found small improvement in guideline adherence
 - RCT found tailored messaging significantly improved guideline use compared with facilitator intervention

Conceptual framework*

Attribute	Opinion leader	Facilitator	Champion	Linking agent	Change agent
Intent	Evaluate	Achieve change	Promote	Bridge gaps	Change behaviour
Unit	Individual	Individual	Individual	Individual or organization	Individual or organization
Orientation to users	Internal	Internal or external	Internal	External	Internal or external
Training for role	No	Yes	No	Yes	Yes
Nature of influence	Expertise	Interaction skill	Persuasion	Access to knowledge, resources	Expertise

* Thompson et al. J Adv Nurs 2006; 53(6): 691-701

Objective

How do facilitator attributes and roles influence guideline use and outcomes?

Methods

- Systematic review of the literature
- MEDLINE, CINAHL, Cochrane Database, EMBASE from 1993 to June 2009
- Two individuals independently selected articles eligible for review and extracted data
- Data collection form based on Thompson conceptual framework piloted in four iterations on three articles
- Data analysis:
 - Attributes and role described using summary statistics
 - Association of attributes or role with guideline use and outcomes evaluated using Pearson chi square statistic

Study details

- 451 studies selected, 138 relevant, 97 eligible:
 - 32 observational, 65 randomized
 - 65 primary care, 24 hospital care, 8 other
- Type of intermediary:
 - 48 detailer, 17 opinion leader, 14 facilitator, 3 champion, 2 mentor
- Recruitment details:
 - 31 yes, 66 no/unclear
- Training details:
 - 52 yes, 45 no/unclear
- Evaluation of intervention fidelity:
 - 26 yes, 71 no

Facilitator attributes

Attribute	Feature	N (%)
Type intervention	sole	34 (35.1)
	multifaceted	63 (64.9)
Professional matching	yes	27 (27.8)
	no	70 (72.2)
Unit	individual	74 (77.9)
	pair/team	21 (22.1)
Orientation to users	internal	37 (39.4)
	external	57 (60.6)
Nature of influence	persuade	15 (19.0)
	interpret	36 (45.6)
	assist	28 (35.4)
Number of activities	1	45 (48.9)
	2	19 (20.7)
	3	21 (22.8)
	4+	7 (7.6)

Impact of facilitator attributes

Attribute	Feature	Improved performance		Improved outcome	
		N (%)	p value	N (%)	p value
Type intervention	sole multifaceted	30 (35.2) 55 (64.7)	0.845	9 (39.1) 14 (60.8)	0.524*
Professional matching	yes no	23 (27.0) 62 (72.9)	0.336	9 (39.1) 14 (60.8)	0.624*
Unit	individual pair/team	17 (20.4) 66 (79.5)	0.225	4 (17.4) 19 (82.6)	0.001*
Orientation to users	internal external	51 (62.2) 31 (37.8)	0.158	12 (52.1) 11 (47.8)	0.231*
Nature of influence	persuade interpret assist	15 (21.4) 31 (44.3) 24 (34.3)	0.428*	3 (18.7) 8 (50.0) 5 (31.2)	0.118*
Number of activities	1 2 3 4+	42 (51.8) 15 (18.5) 19 (23.4) 5 (6.1)	0.495	7 (31.8) 4 (18.8) 8 (36.3) 3 (13.6)	0.730*

* cell counts

Discussion

- No trends identified for attributes/roles assessed
 - Update systematic review with more current studies to achieve sufficient data that establishes associations
- Limited details about recruitment, training, intent, intervention fidelity
 - Better plan and describe intervention details in future research
- Explore and evaluate facilitator role alone in settings other than primary care

Questions
