



Practice Guideline Adaptation

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Disclosures

- co-originators of:
 - the Practice Guideline Evaluation and Adaptation Cycle (PGEAC),
 - the Knowledge to Action Cycle (K2A)
 - the Queen's University Research Roadmap for Knowledge Implementation (QURKI)
- Co-PIs on the Can-Implement study
- founding members of the ADAPTE Collaboration



? Who are you?

- Guideline developer?
- Guideline implementer?
- Both?
- Neither?



Overview

- Introduction/Background
- ADAPTE
- CAN-IMPLEMENT
- Lessons Learned & Questions



CHALLENGES for the “Guideline Enterprise”

- Ensuring **timely** transfer of new research knowledge into practice
- Producing high **quality** guidelines
- Keeping guidelines **up-to-date**
- Working with **limited resources**
- Fostering **local relevance and ownership** of guidelines
- Improving effective **implementation and use** of guidelines



MODERN Guideline Agenda

from **Development**  to **Implementation**

✓ Validity

✓ Rigour

✗ Efficiency

✓ *traditional focus*

✗ *current and future focus*

✗ Utility

✗ Applicability

✗ Relevance

✗ Utilization

✗ Monitoring and

Accountability



Guideline ADAPTATION

A **systematic process** that guides local groups to identify, evaluate, adapt and use already available guidelines for their own purposes.

- An alternative to denovo development; reduces duplication of effort while maintaining the validity of recommendations
- Encourages participative approach involving all key stakeholders to foster local ownership of recommendations and promote utilization
- Ensures consideration of (regional and local) contextual factors to ensure relevance for practice and improve uptake by targeted users
- Improves guideline quality:
 - Increases knowledge and commitment to evidence-based principles by using reliable methods to ensure quality and validity of adapted guidelines
 - Promotes explicitness and transparency in documenting recommendations

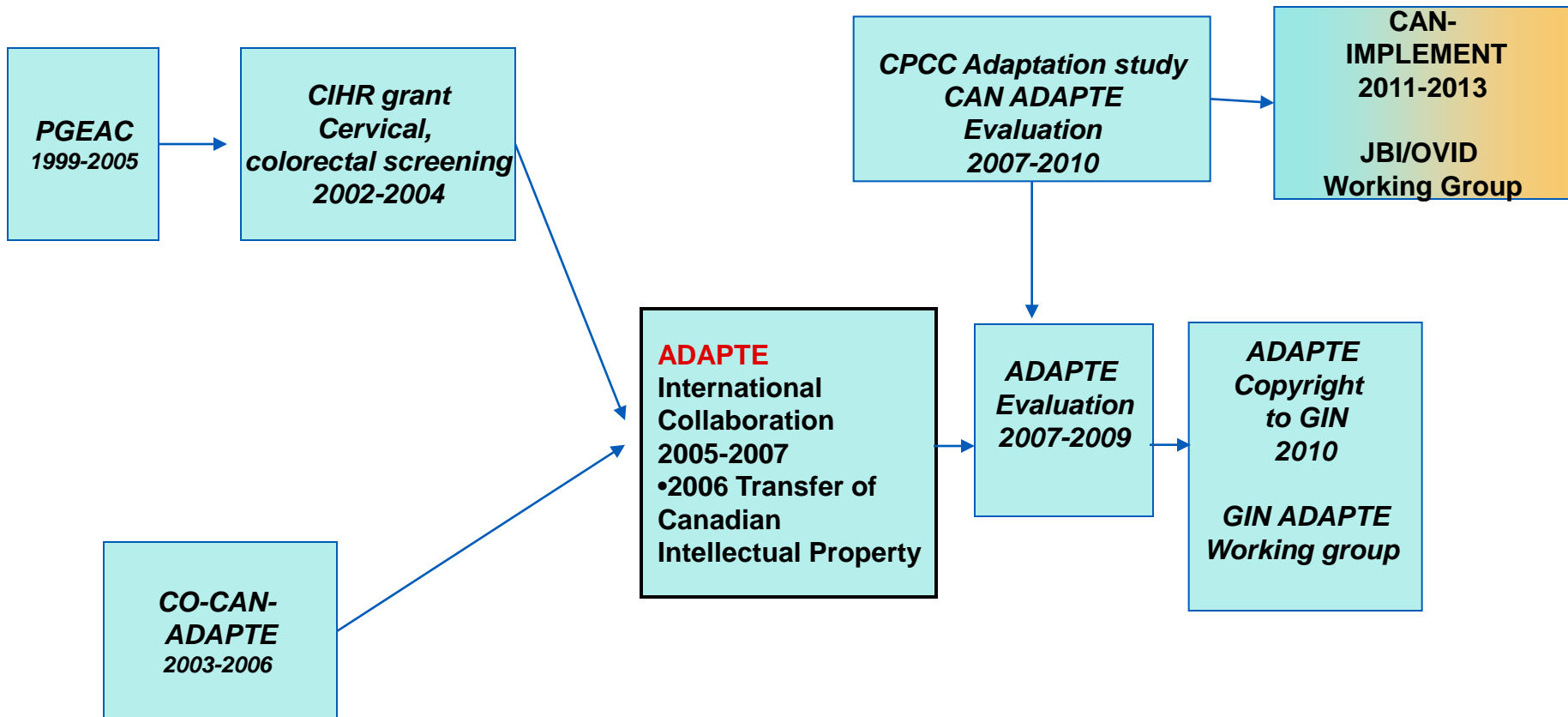


? Experience with ADAPTE and CAN-IMPLEMENT?

- ADAPTE
 - Know about
 - Have used
- CAN-IMPLEMENT
 - Know about
 - Have used



ADAPTE International and CAN-IMPLEMENT History – *converging paths*





ADAPTE International Members



Collaboration of researchers and guideline developers

- Melissa Brouwers, CCO, McMaster University, Hamilton ,CPAC, Canada
- George Browman, BC Cancer Agency, Victoria, CPAC, Canada
- Jako Burgers, CBO Netherlands
- Bernard Burnand, IUMSP, CHUV, Université de Lausanne, Lausanne, Switzerland
- Béatrice Fervers, Fédération des centres de luttés contre le cancer, Lyon, France
- Ian Graham, CIHR, University of Ottawa, CPAC, Canada
- Margaret B. Harrison, Queens University, CPAC, Kingston, Canada
- Jean Latreille, Université de Sherbrooke, CPAC, Québec, Canada
- Najoua Mlika-Cabanne, Haute Autorité de Santé, France
- Louise Paquet, Direction de la lutte contre le cancer, CPAC, Montréal, Canada
- Raghu Rajan, McGill University Hospital Centre, Comité d'évolution de la pratique en oncologie, Montréal, Canada
- Anita Simon, Alberta Cancer Board, Calgary, Alberta
- Joan Vlayen, Catholic University of Leuven, Belgium
- Louise Zitzelsberger, CPAC, Ottawa, Canada



ADAPTE

- ADAPTE was an international group (*France*) advancing the process of guideline adaptation; members include guideline developers, researchers and guideline implementers.
- In 2006, the Canadian PGEAC (Practice Guideline Evaluation and Adaptation Cycle group - *Graham, Harrison & Brouwers 2002*) joined forces with the Quebec-France ADAPTE group – with transfer of intellectual property to ADAPTE.
- The ADAPTE process is a conceptual framework and resources (manual and toolkit) are available at www.adapte.org
- An on-line survey to evaluate process usefulness and impact was launched September 2007 by ADAPTE with concurrent Evaluation Study for Canadian participants managed by CPACC.

ADAPTE Process: 3 Phases, 9 Modules, 24 Steps


Adapte : Guideline Adaptation - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Mail Print

Address <http://www.adapte.org/rubrique/guideline-adaptation.php> Go Links

Current access : Public



[Guideline Adaptation](#) [ADAPTE Framework](#) [Manual and Tools](#) [Evaluation Study](#) [FAQ](#) [Contact](#)

Guideline Adaptation

Guideline adaptation is the systematic approach to the endorsement and/or modification of a guideline(s) produced in one cultural and organizational setting for application in a different context. Adaptation may be used as an alternative to de novo guideline development, e.g., for customizing (an) existing guideline(s) to suit the local context.

Rationale

The development and updating of high-quality clinical practice guidelines require substantial time, expertise and resources. Health organisations are increasingly confronted by the need to standardize health policies and practises to better manage finite resources and to promote optimal, evidence-based as well as equitable patient care. There is pressure for organisations to produce guidelines rapidly, to ensure that medical practice is consistent with current, emerging medical knowledge and with increasingly limited resources. Less formal guideline development groups, such as hospitals or group practices, can be overwhelmed by

News and events

[The ADAPTE Collaboration](#)

[Publications](#)

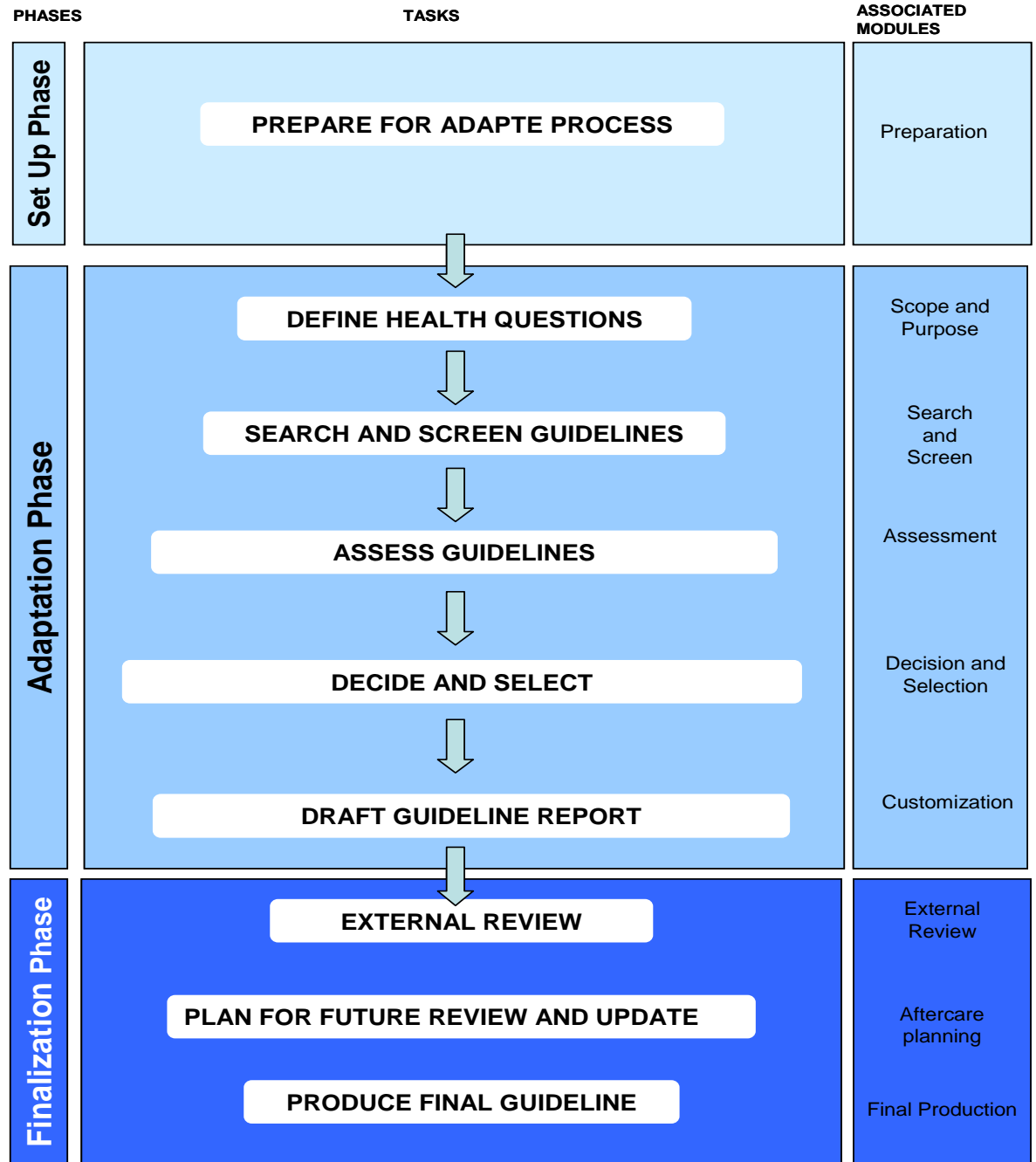
[Links](#)

Login to the evaluation study

User ID :

Internet

The Process ...





3 Phases and 9 Modules

| Set-Up Phase | Adaptation Phase | Finalization Phase |
|--|--|---|
| <ul style="list-style-type: none">• Preparation Module | <ul style="list-style-type: none">• Scope and Purpose Module• Search and Screen Module• Assessment Module• Decision and Selection Module• Customization Module | <ul style="list-style-type: none">• External Review and Acknowledgement Module• Aftercare Planning• Final Production Module |

Phase 1 SET-UP Preparation Module

| Aims and Tasks STEPS 1-6: | Products and Deliverables | Skills and Organizational Requirements | Tools and Resources |
|--|--|--|---|
| <ol style="list-style-type: none"> 1. Set up organizing committee 2. Select broad topic 3. Identify if adaptation is feasible 4. Identify skills and resources needed 5. Complete set up tasks 6. Write protocol | <ul style="list-style-type: none"> • Organizing committee established • Topic identified • Panel selected • Protocol written | <ul style="list-style-type: none"> • Managerial and administrative skills • Clinical expertise • Methodological expertise | <p>Tool 1 Guideline development and implementation resources</p> <p>Tool 2 Search Sources and Strategies</p> <p>Tool 3 Sample conflict of interest Tool 4 Consensus process resources</p> <p>Tool 5 Work plan sample</p> |

Phase 2 ADAPTATION

Scope and Purpose Module

| Aims and Tasks STEP 7 | Products and Deliverables | Skills and Organizational Requirements | Tools and Resources |
|--|--|--|----------------------------|
| 7. Determine the health questions | List of health questions to be included and those excluded | Clinical expertise Methodological expertise | Tool 6 - PIPOH |

Phase 2 ADAPTATION

Search and Screen Module

| Aims and Tasks | Products and Deliverables | Skills and Organizational Requirements | Tools and Resources |
|---|---|---|--|
| STEPS 8-10 | | | |
| <p>8. Search for all relevant guidelines and other relevant documentation</p> <p>9. Screen retrieved guidelines</p> <p>10. Reduce total number if a large number was retrieved</p> | <p>Set of potential guidelines</p> <p>List of excluded guidelines</p> | <p>Search – information retrieval skills, clinical expertise</p> <p>Screen – methodological expertise, clinical expertise</p> | <p>Tool 2 Search sources and strategies</p> <p>Tool 7 Example table for recording the guideline characteristics</p> <p>Tool 8 Example table for recording clinical content of guidelines</p> <p>Tool 9 AGREE instrument</p> <p>Tool 10 AGREE spreadsheets</p> |

Phase 2 ADAPTATION: Assessment Module

| Aims and Tasks STEPS 11-15 | Products and Deliverables | Skills and Organizational Requirements | Tools and Resources |
|---|--|---|---|
| <p>11. Assess quality</p> <p>12. Assess currency</p> <p>13. Assess content</p> <p>14. Assess consistency</p> <p>15. Assess the acceptability and applicability of the recommendations</p> | <ul style="list-style-type: none"> • AGREE scores • Search & selection evaluation • Consistency of evidence and interpretations • Consistency of interpretations & recommendations • Summary of currency • Recommendations Matrices • Evaluation of applicability | <p>Methodological expertise</p> <p>Information retrieval skills</p> <p>Clinical expertise</p> | <p>Tool 9 AGREE</p> <p>Tool 10 AGREE spreadsheet</p> <p>Tool 11 Sample currency survey</p> <p>Tool 12 Sample recommendations matrix</p> <p>Tool 13 Table of criteria for assessing quality of study search and selection</p> <p>Tool 14 Table for recording evaluations of consistency</p> <p>Tool 15 Worksheet: Acceptability</p> |

Phase 2 ADAPTATION

Decision and Selection Module

| Aims and Tasks STEPS 16-17 | Products and Deliverables | Skills and Organizational Requirements | Tools and Resources |
|--|---|--|---|
| <p>16. Review assessments to aid decision making</p> <p>17. Select between guidelines and recommendations to create an adapted guideline</p> | <p>Decision made on the content of the final document</p> | <p>Clinical expertise</p> <p>Methodological expertise</p> <p>Facilitation skills (Chair)</p> | <p>List of all resources available to the panel</p> |



Options – Decision and Selection Module

ACCEPT a whole guideline and all of its recommendations

After reviewing all of the assessments, the panel accepts the guideline as is.

REJECT a whole guideline and all of its recommendations

After reviewing all of the assessments, the panel decides to reject the complete guideline. The decision will be based on how the panel weighs the assessments (e.g., poor AGREE scores, guideline is out-of-date, the recommendations do not apply to the panel's context).

ACCEPT the evidence summary of the guideline

After reviewing all of the assessments, the panel decides to accept the description of the evidence (or parts) *but to reject the interpretation and the recommendations*.

ACCEPT single recommendations

After reviewing the recommendations from the guideline or guidelines, the panel decides which to accept and which to reject which may be from one or more guidelines.

MODIFY single recommendations

After reviewing all of the recommendations from the guideline(s), the panel decides which are acceptable but need to be modified.

Phase 2 ADAPTATION

Customization Module

| Aims and Tasks STEP 18 | Products and Deliverables | Skills and Organizational Requirements | Tools and Resources |
|--|----------------------------------|--|--|
| <p>18. Prepare a document that respects the needs of the end user and provides a detailed transparent explanation of the process</p> | <p>Draft guideline document</p> | <p>Editorial skills</p> <p>Knowledge of clinical practice and local context</p> <p>Design skills</p> | <p>Tool 16 Checklist of adapted guideline content</p> <p>Tool 17 Report on results of updating process</p> |

Phase 3 FINALIZATION

External Review and Acknowledgement Module

| Aims and Tasks | Products and Deliverables | Skills and Organizational Requirements | Tools and Resources |
|--|--|---|--|
| <p>19. External review by target users</p> <p>20. Consult with relevant endorsement bodies</p> <p>21. Consult with developers of source guidelines</p> <p>22. Acknowledge source documents</p> | <ul style="list-style-type: none">• Feedback from external review incorporated into guideline• Feedback from source guideline developers incorporated into guideline• Endorsement by approval body | <p>Managerial and administrative skills</p> | <p>Tool 18 Samples of external review surveys</p> |

Phase 3 FINALIZATION

Aftercare Planning Module

| Aims and Tasks STEP 23 | Products and Deliverables | Skills and Organizational Requirements | Tools and Resources |
|--|--------------------------------------|--|---------------------|
| 23. Plan for aftercare of adapted guideline | Concrete plan for review and updates | Information retrieval skills Methodological expertise Clinical expertise | |

Phase 3 FINALIZATION

Final Production Module

| Aims and Tasks STEP 24 | Products and Deliverables | Skills and Organizational Requirements | Tools and Resources |
|--|---|---|----------------------------|
| 24. Produce a valid and high quality final adapted guideline | Final guideline document Summary document and tools for application, e.g., patient information manual, decision aids | Editorial skills Design skills | |



ADAPTE Evaluation (2007-2009)

- Self administered questions (330 individuals) who registered (46 countries)
- Response rate 44% (144/330)
- Interest in ADAPTE
 - 80% guideline development,
 - 62% implementation,
 - 48% both
- 79% intended to plan using ADAPTE



ADAPTE Evaluation Results

- Clear 78%
- Comprehensive 69%
- Feasible 60%
- Manual useful 79%

- Complex 21%
- Fear no appropriate high quality source guidelines 44%

Fevers et al BMJ Saf 2011 20:228-236



Adaptation ...

⇒ Canadian opportunity

⇒ Participant observation in the field



Canadian Cancer Care Initiative

- ⇒ Field-test ADAPTE methodology
- ⇒ Integrate a planned action theory (Knowledge-to-Action Framework)
- ⇒ Frame adaptation as an approach to implementation
- ⇒ Follow the course of an adaptation as it naturally unfolded
- ⇒ Evaluate formatively (facilitation and support as needed)



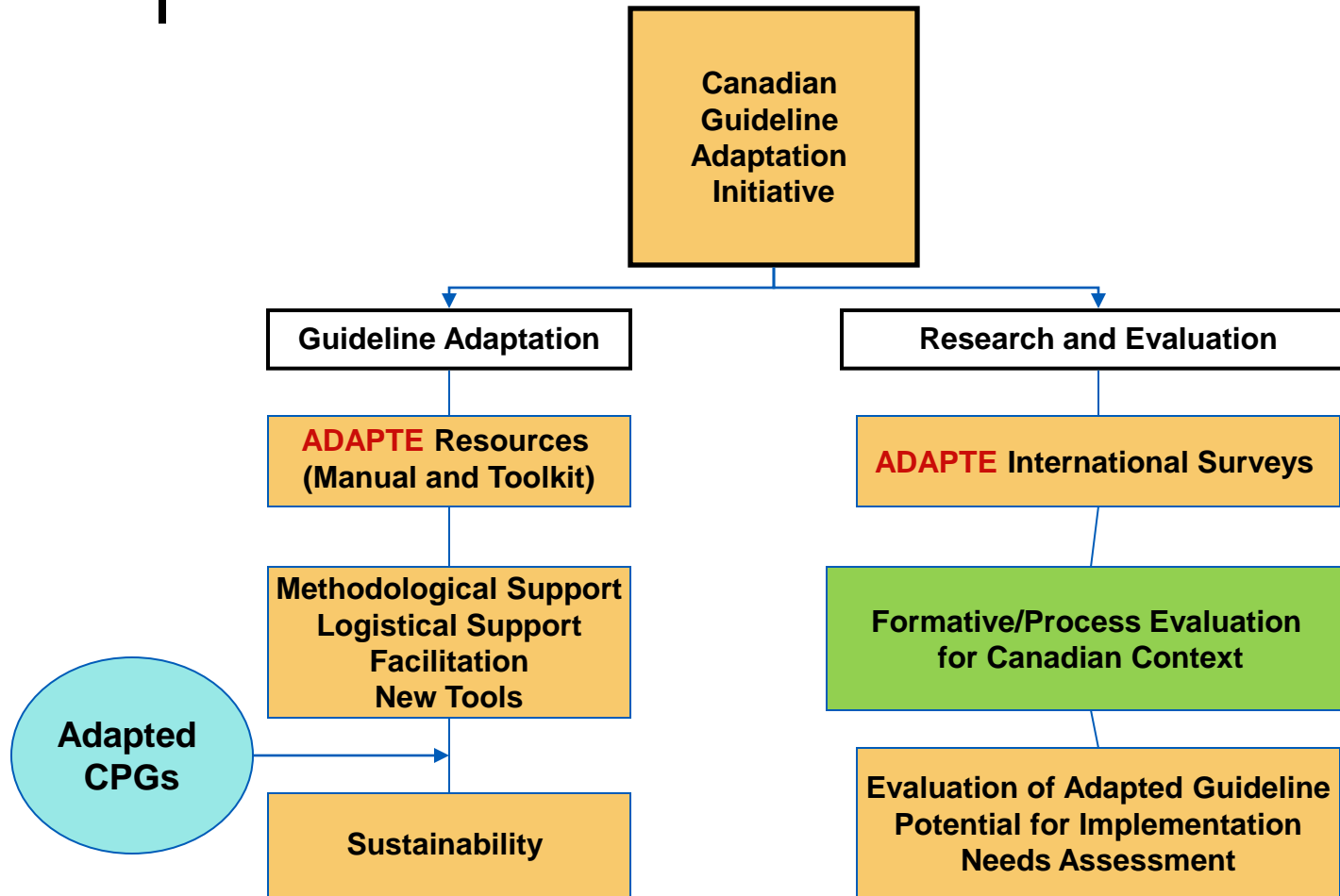
Canadian Study* aims (2008 – 2011)

- Contribute to international ADAPTE evaluation from a Canadian care context
- Map and describe process/steps undertaken by 5 Canadian Cases
- Elicit participant key stakeholder/participant perceptions of the adaptation process
- Determine variation in resources, facilitation and support required to complete the process
- Determine the amount and type of implementation activity that takes place during the adaptation process

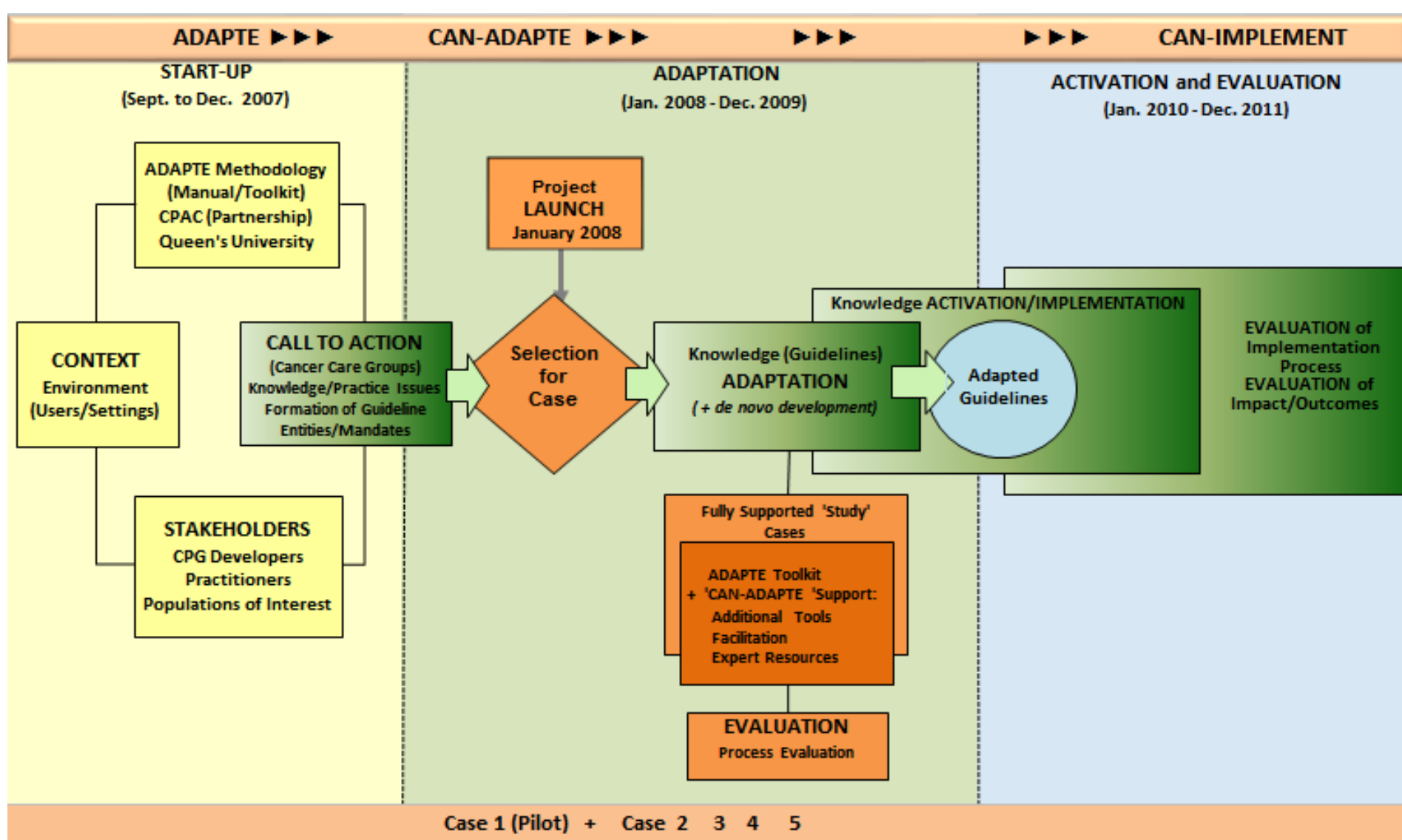
* Harrison, Graham, van den Hoek et al., 2013



The Canadian Study

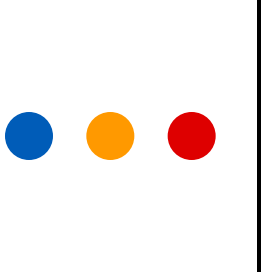


STUDY Evaluation framework and trajectory



Case Series Characteristics:

| | Case 1 | Case 2 | Case 3 | Case 4 | Case 5 |
|-----------------|---|--|---|---|---|
| Guideline Title | Distress Management (Pilot Case) | Distress Management (Assessment) | Platelet Transfusion | Symptom Triage and Management Remote Support | Breast Skin Care/Wound Management |
| Focus | Supportive Care: Diagnosis, referral and management of distress in adult cancer patient | Supportive Care/ Psychosocial support: Management of distress in adult oncology patient with focus on assessment | Medical/ Treatment: Establishing platelet transfusion thresholds for pediatric population | Supportive Care Symptom Management: Knowledge translation related to 'best practices' for remote support in symptom assessment, triage and management for adult patients undergoing cancer radiotherapy and chemotherapy treatments | Supportive Care: Skin Care and Wound Management for patients receiving radiotherapy for breast cancer |
| Target Users | Multi-disciplinary – primarily front-line caregivers | Multi-disciplinary – primarily specialist services | Oncologists, Hematologists | Oncology nurses managing patient symptoms in a home healthcare setting or other environments | Front line caregivers |
| Scope | Provincial | National | National | National | Regional/ Provincial |



As a formative evaluation, early experience was ADAPTE wasn't working for them ...

- ❑ too many steps, "too long"
- ❑ very "demanding" (expertise/resources)
- ❑ usability/navigation issues
- ❑ paradox: "*too much information and too complicated - but not specific/detailed enough*"
- ❑ "gaps" including literature searches, evidence appraisal, building consensus, and project documentation

- ❑ structure, guide and tools 'helpful' but **need more** training, information, and resources, especially for new groups, and less experienced "volunteer" panels
- ❑ Expand on what to do and **how** to do things: add facilitation, project management, documentation support; + tools, templates, tips, checklists

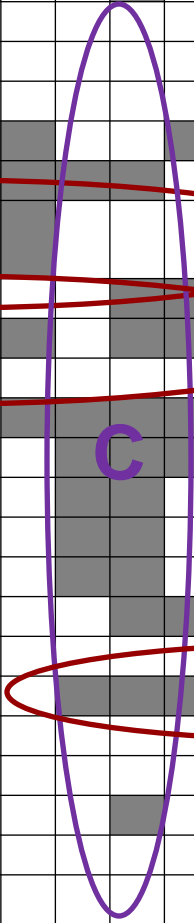
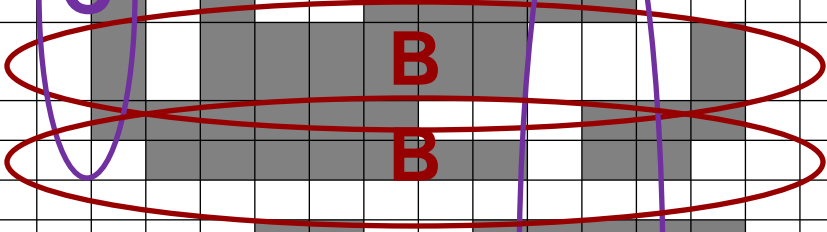


Emerging patterns in the 5 cases

- Pattern **A**: ‘Call to Action’ period for new groups; 4-6 months
- Pattern **B**: Iterative activities requiring long periods and several cycles, e.g., clinical question refinement and literature searches, evidence appraisal, and customization (drafting and internal review)
- Pattern **C**: Multiple steps/tasks that were in progress had to be managed concurrently; not a linear process

Emerging Patterns

| | | Call to Action* (Months) | | | | | | Guideline Adaptation MONTHS | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|----------------------|--------------------------|---|---|---|---|---|-----------------------------|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | | | | | | | | |
| | Call to Action | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHASE I | Preparation | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHASE II | Scope & Purpose | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Search & Screen | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Assessment | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Decision & Selection | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Customization | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHASE III | External Review | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Aftercare Planning | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Final Production | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



CAN-IMPLEMENT PHASE 1, Step 1: Call to Action



PHASE 1: ISSUE CLARIFICATION & IDENTIFICATION

| PHASE 1 Step 1 | CALL TO ACTION | | | |
|-------------------|--|--|--|---|
| | Objectives and Tasks | Outputs and Documentation | Key Decisions* | Facilitation and Resources |
| | <p>1.1 Clarify the motivation, purpose and scope of the proposed <u>initiative</u>. Consider:</p> <ul style="list-style-type: none"> ▪ What are the agency/ institutional mandate and infrastructure supporting evidence-informed practice? ▪ Is this a response to a specific practice challenge? ▪ Is a guideline the most appropriate solution to the challenge? ▪ Who (person/group) will lead, implement and maintain these recommendations? ▪ What is the intended practice jurisdiction (local, regional, national)? | <ul style="list-style-type: none"> ▪ Formation of a legitimate guideline entity with definition of purpose, established jurisdiction and ownership <p>📁 Meeting notes, inter-agency agreements or funding commitments</p> | <ul style="list-style-type: none"> ▶ 1. Is a guideline necessary/the best solution to the identified practice issue? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Proceed <input checked="" type="checkbox"/> Re-examine/ clarify practice issue and needs ▶ 2. Are the mandate, leadership, and infrastructure in place to conduct <u>guideline</u> development? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Proceed <input checked="" type="checkbox"/> Resolve or re-evaluate initiative <hr/> <p>*KEY: <input checked="" type="checkbox"/> If response is Yes, ... <input checked="" type="checkbox"/> If response is No, ...</p> | <p>Facilitation:</p> <ul style="list-style-type: none"> ▪ Planning for change (increasing awareness, developing a plan); leading and managing change (knowledge and data management, project management, recognizing importance of context, fostering team-building/group dynamics); Table 2 <p>Resources:</p> <ul style="list-style-type: none"> ▪ CAN-IMPLEMENT® Toolkit Tools for task 1.1 ▪ Guidelines Resource Centre www.cancerview.ca |



Facilitation a key ingredient

(Dogherty et al, 2010, 2012, 2013)

- External and local facilitation
- ‘Process of facilitation’ rather than a specific person as facilitator
- Set of skills and competencies involved



Project Management

“someone does have to coordinate the whole thing”

- ❖ Key element of facilitation activity
- ❖ Administrative and project-specific support
e.g. organizing meetings, gathering information and assembling reports, distributing materials, ensuring group remains on task, etc.



Providing External Support

“having access to a venting office”

- ❖ Problem-solving/addressing specific issues
- ❖ Providing advice
- ❖ Ensuring the correct people are involved
- ❖ Maintaining momentum and enthusiasm

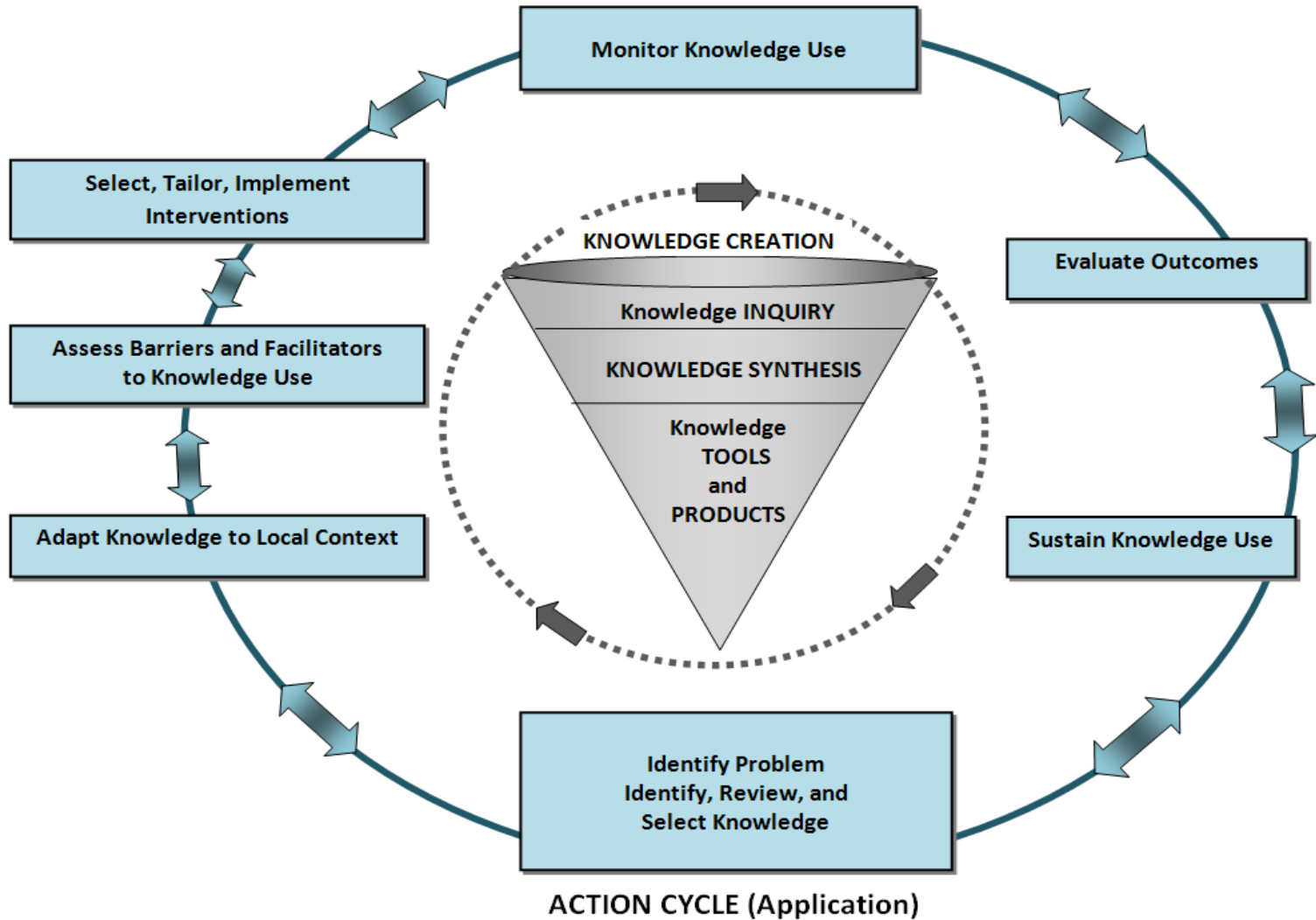


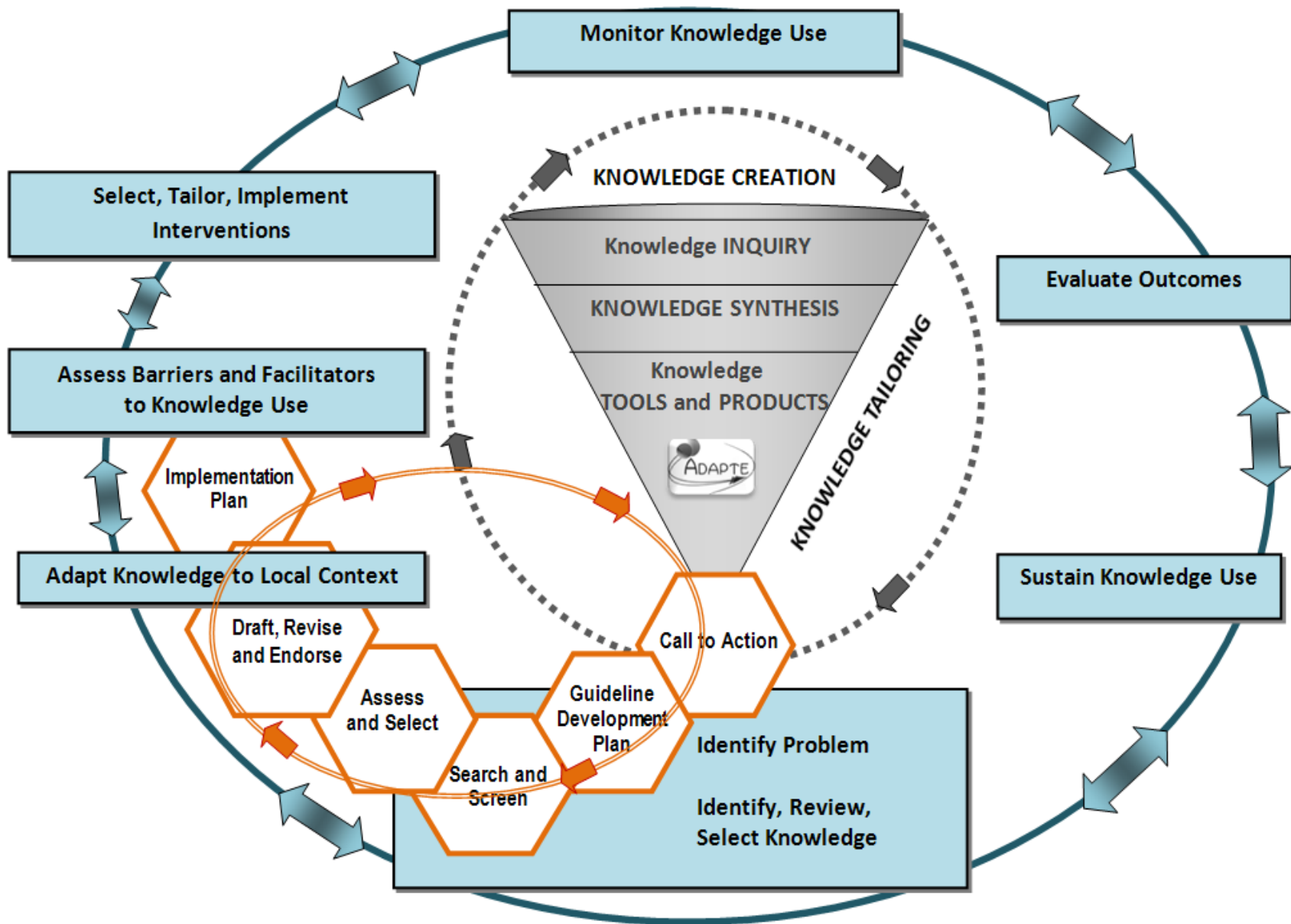
Key learning - Canadian Study

- Adaptation fits ***within a knowledge to action framework*** as part of a continuum to **evidence-based practice**
- Local adaptation is a learning, ‘take ownership’ exercise
- Need to organize the adaptation process in bigger “conceptual chunks” linked to implementation i.e. see it within a bigger framework of practice (not a one-off project)
- For those thinking implementation, guideline adaptation marks the start of the process, is ‘*means to an end*’ vs. ‘*the end itself*’
- Paradox: ADAPTE process is too complex, yet not detailed enough; different perspective between target users and professional developers
- Need to explore how organizations can support this work within their settings e.g. quality/risk portfolios



Evolution of the model – starting with the KTA cycle





ACTION CYCLE (Application)

Knowledge to Action Process (Graham, Logan, Harrison et. al. 2006)



Defining the 3 PHASE CAN-IMPLEMENT process

PHASE 1

Identification and Clarification of Issue/Problem

- Step 1: Call to Action
- Step 2: Guideline Development Plan
- Step 3: Search & Screen Guidelines/Evidence
- Step 4: Assess & Select
- Step 5: Draft, Revise & Endorse (adapted) Recommendations

PHASE 2

Solution Building

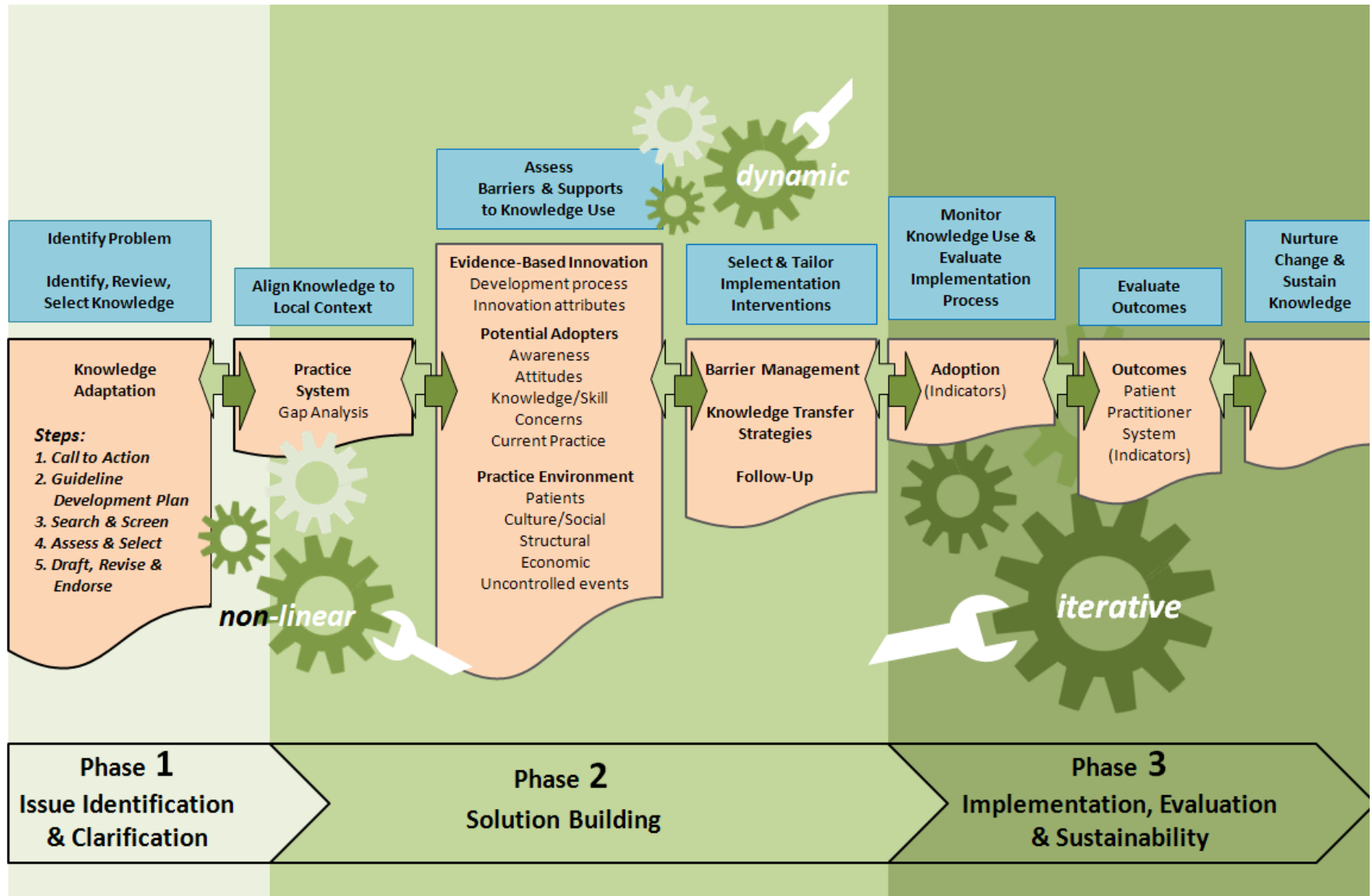
- Step 1: Align Knowledge to Local Context
(Practice & System)
- Step 2: Assess Innovation, Adopters & Practice Environment for Barriers and Supports
- Step 3: Select & Tailor Implementation Interventions

PHASE 3

Implementation, Evaluation and Sustainability

- Step 1: Monitor Knowledge Use & Evaluate Implementation Process
- Step 2: Evaluate Outcomes
(Patient, Practice & System)
- Step 3: Nurture Change & Sustain Knowledge Use

CAN-IMPLEMENT “Roadmap” – a linear view





In summary, what's new ...

- adaptation embedded in a planned action approach
- reframed and reformulated: 3 phases; new steps and a full KTA application cycle
 - *Call to Action*
 - *Implementation perspective throughout*
- project management dimension; more 'tactical' guidance
- expanded discussions on facilitation; management of search strategy and citations (Library Science Supplement)
- more support material: tools, templates
- improved navigation

CAN-IMPLEMENT

Embedding facilitation in the resource

- Field Notes
- Tips
- Checklists
- Thinking about Implementation



- Progress Checks
Phase 1, Steps 1-6:
 - *Direction*
 - *Outputs*
 - *Documents*
 - *Tools (indexed to task, links to toolkit)*





E-learning program in development

A self-directed, interactive, on-line tutorial at cancerview.ca
(in development)

CAN-IMPLEMENT: An Interactive Guide

Turn editing on

Home ▶ My courses ▶ CAN-IMPLEMENT

Topic outline

Your progress



1. Getting Started

WELCOME

to the **CAN-IMPLEMENT** Guideline Adaptation and Implementation Planning Resource

NAVIGATION

- Home
 - My home
 - Site pages
 - My profile
 - My courses
 - CCAN_patientvoice
 - Features Demo
 - CAN-IMPLEMENT**
 - Participants
 - Reports
 - 1. Getting Started
 - 2. Project History
 - 3. Foundations
 - 4. Methodology
 - 5. Library Science

QUICK LINKS

- [CAN-IMPLEMENT Guide v2](#)
- [CAN-IMPLEMENT Toolkit v2](#)
- [Quick Reference Guide](#)
- [Library Science Supplement](#)
- [SAGE Guideline Repository](#)
- [Guidelines Resource Centre](#)
- [AGREE Trust](#)



International distribution in the works

➤ **CAN-IMPLEMENT @ JBI**

featured in **JBI Connect** suite of tools for EBP; collaboration with Queen's University; JBI partnership with Lippincott and USA hospital group will enable wide dissemination



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Take home message...

- *Guideline developer* perspective on adaptation
 - Focus is mainly on ‘product’
 - Inherent expertise and support on panels
 - Greater focus on quality and underlying process of foundational evidence
 - Less distraction without implementation elements



Take home message...

- *Guideline implementer* perspective on adaptation
 - Focus is on **product, process and implementation**
 - ‘Means to an end’
 - Education, awareness, buy-in, collective action, alignment of evidence with local context
 - Greater focus on anticipated implementation issues



Adaptation

- Value in having a framework to follow
- Working collaboratively to adapt and implement takes time and effort – not a magic bullet
- Value in learning through doing and sharing with others
- Tools can facilitate working through the challenges and issues
- There may be value in ‘adapting’ adaptation to particular circumstances



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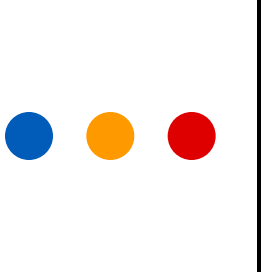
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? In the next 3-6 months do
you intend to try:

- The ADAPTE process
- The CAN-IMPLEMENT process
- Both
- Neither



ADAPTE and CAN-IMPLEMENT

<http://www.g-i-n.net/document-store/working-groups-documents/adaptation/adapte-resource-toolkit-guideline-adaptation-2-0.pdf/view?searchterm=adapte>

http://www.cancerview.ca/idc/groups/public/documents/webcontent/can_implement_guide_lines.pdf

http://www.cancerview.ca/idc/groups/public/documents/webcontent/can_implement_library_sup.pdf

http://www.cancerview.ca/cv/portal/Home/TreatmentAndSupport/TSProfessionals/ClinicalGuidelines/GRCMain/GRCGDGuidelineAdaptation?_afLoop=1602834266952000&lang=en&_afWindowMode=0&_adf.ctrl-state=140xj7ds0c_320



Web links

http://www.cancerview.ca/idc/groups/public/documents/webcontent/can_implement_guide_lines.pdf

http://www.cancerview.ca/idc/groups/public/documents/webcontent/can_implement_library_sup.pdf

http://www.cancerview.ca/cv/portal/Home/TreatmentAndSupport/TSPProfessionals/ClinicalGuidelines/GRCMain/GRCGDGuidelineAdaptation?_afrLoop=1602834266952000&lang=en&_afrWindowMode=0&_adf.ctrl-state=140xj7ds0c_320

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