

G-I-N member Implementation activities

7th G-I-N conference:
*“Integrating knowledge: Improving
outcomes”*

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Collaborators

John Fraser
Catherine Gerard
Anna Gagliardi
Heather Buchan
Megali Remy-Stockinger
Dave Davies
Ilkka Kunnamo



Objectives

- Identify the range of guideline implementation activities G-I-N member organisations routinely undertake.
- Identify how G-I-N can help members with guideline implementation



Method

- Electronic survey (containing multi-choice and free text items)
- Survey development:
 - Drafts (x 3) reviewed for content accuracy by the group
 - Reviewed by two non-native English speakers for meaning
 - Note that the multi-choice items are a de facto an informal taxonomy of implementation methods (cf. formal work by Ilkka and colleagues)



Method (cont.)

- **Population:** Self-selecting respondents who are 'knowledgeable' of guideline implementation activities their organisations
- **Sample frame:** G-I-N membership list
- Email invitation 20 July
- Reminder 11 August

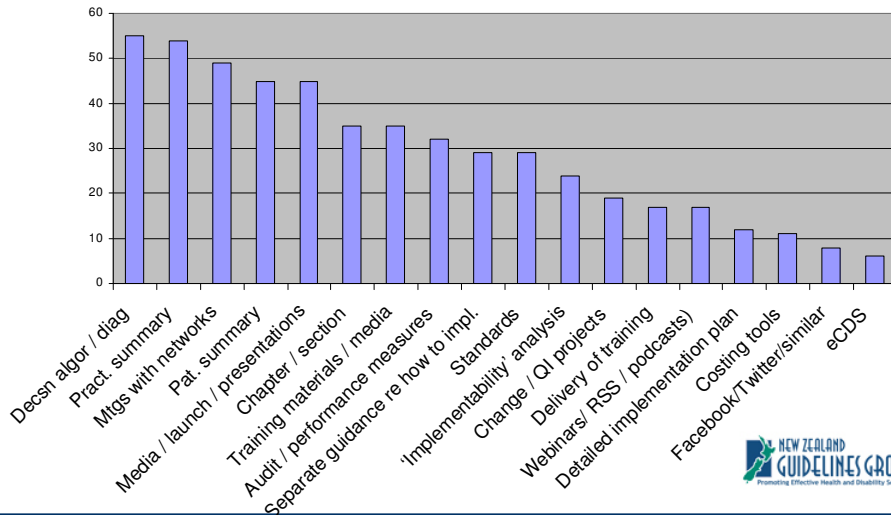


Responses

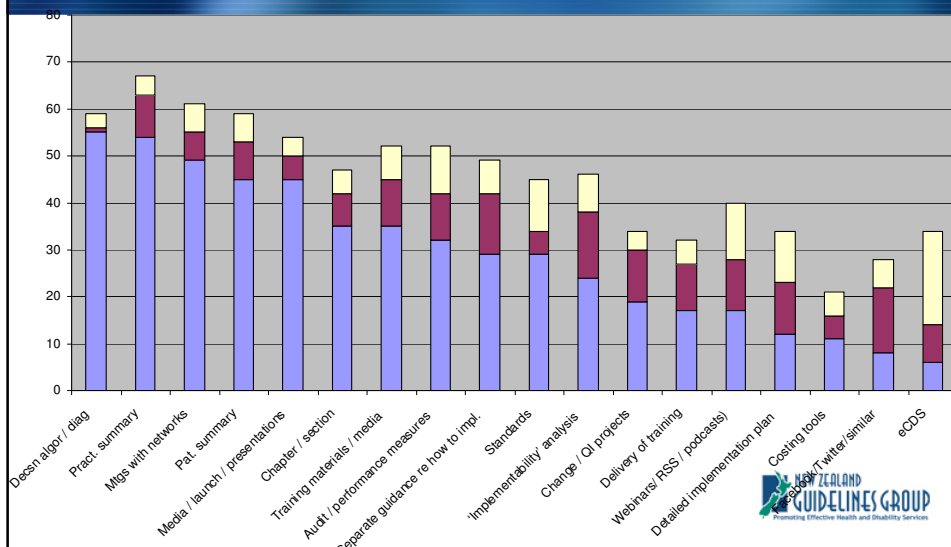
- 77 individual responses
- 5 instances of 2 responses from one organisation
- 1 instance of 3 responses from an organisation
- 1 instance of 4 responses from an organisation



Current Implementation Activities



Current AND planned activities



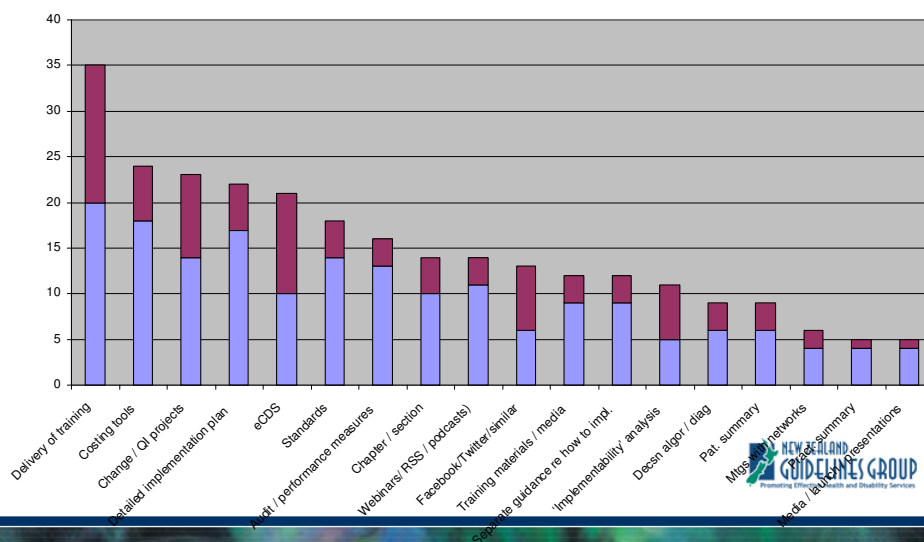
Ranking changes: 'current' vs 'current or planned')

eCDS	↑ 3 places
Decision algor / diag	↓ 2 places
Chapter / section	↓ 2 places
Delivery of training	↓ 2 places
Costing tools	↓ 2 places

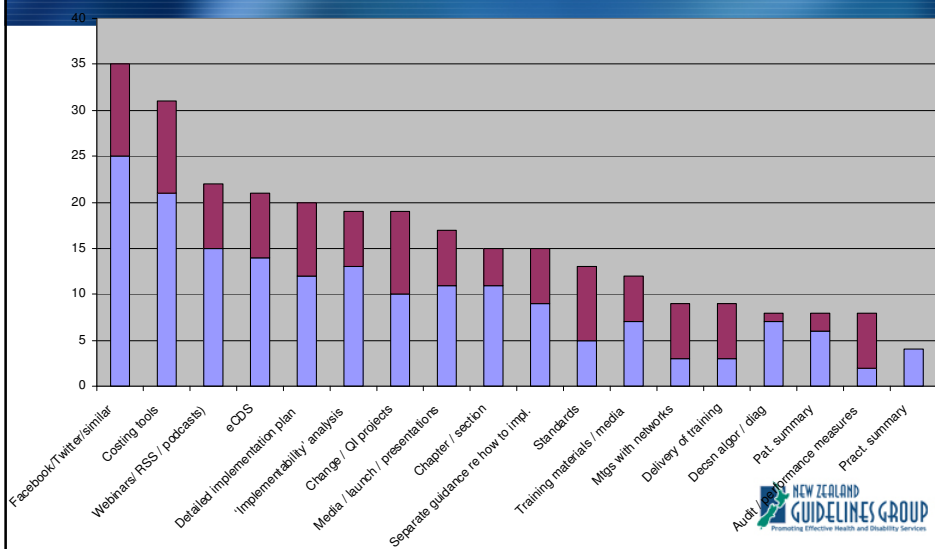
Which activities are best done by an end user or an intermediary?

- End user: a practicing clinician OR a healthcare service provider organisation
- Intermediary: any other individual or organisation (includes for example all funding, policy, insurance or other agencies)

Best done by intermediary or end user



'Unsure' or no response



Other methods used by members

- ...link with other guideline developers on [similar] topics - ensure consistency in message / recommendations
- National implemented web-based electronic patient documentation system to collect data on current practice
- Motivating "quality circles" of early users; use this group to know more about barriers or supporting conditions.
- Guideline / pathway integration (currently working with Telehealth telemedicine providers)



Other methods (cont)

- “Commissioning guides, including service specifications, benchmarking assumptions, a tool to compare local activity to the benchmark, governance and quality assurance information.”
- “We have just implemented a new policy and procedure framework [...] clinical procedures will be based on existing high quality guidelines [...] Compliance [these] procedures is mandatory” (healthcare provider respondent)



- “Most [...] guideline developers here [feel confused] about how to include guideline implementation during guideline [the] development process.

How can G-I-N help?

G-I-N should support ‘sharing’ (+++).

Suggested methods:

a) Providing information / materials

- syntheses / links / ‘database’ / repository of “best practice” information *tools* (including cost-effectiveness)?
- Develop standard formats for webinars, for online training programmes and for usage of social media?
- Give new active ideas how to use social media (facebook, twitter etc) to get patients involved in implementation.
- Provide a repository of implementation activities (so members don’t re- invent the wheel)?
- Promote what works through the GIN newsletter?

How can G-I-N help? (cont.)

b) Support member networking:

- Provide a list of international people working in various implementation projects worldwide that are interested in being networked with.
- Provide forum to 'run hypotheticals', stimulate innovative thinking and ideas on implementation
- Keep implementation of guidelines as a discussion topic at annual conferences.



How can G-I-N help? (cont.)

c) Direct training / assistance:

- training courses
- manuals
- Consultancy in implementation methodologies

d) Other:

- Promote profile of evidence-based medicine and guidelines in a general way.
- Help conduct research for effective implementation tools for poorer countries
- Provide advice on how to raise funds for guideline implementation
- Help with peer review



Conclusion

- All organisations are doing at least some of the activities we listed - and some others as well
- Discernable gradient from frequent use of decision algorithms and summary formats to rare use of social media and eCDS
- Wide range of views about what is intended, and who best to undertake activities.
- Most uncertainty about use of social media, podcasts / RSS / webcasts and about costing tools
- Desire for access to 'tools', repository of data on what works and support for networking.

Question:

Whaddayareckon?

(= What do you think?)