

Taxonomy of implementation methods

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No COIs to disclose

Why do we need a taxonomy?

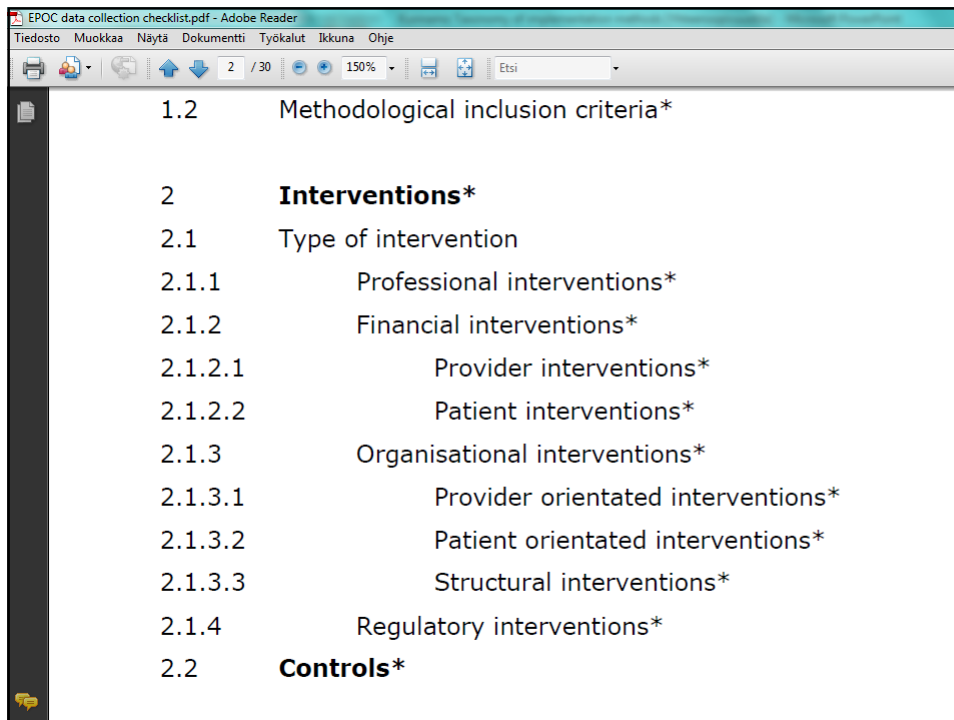
- Describe implementation activities in common terms
- Improve quality of research reports
- Index abstracts and research papers to facilitate finding them and performing systematic reviews
- Alert on new research and new methods

Starting point: The Cochrane
EPOC group checklist

**Cochrane Effective Practice and
Organisation of Care Review Group**

DATA COLLECTION CHECKLIST





Editing by Phillip Bairstow

EPOC -> Tactics

Audit and feedback (Any **summary of clinical performance of health care** over a specified period of time. The summary may also have included recommendations for clinical action. The information may have been obtained from medical records, computerised databases, or observations from patients.)

Editing by Phillip Bairstow

EPOC -> Tactics

1.11 Feedback **guideline compliance data** and information to individual implementers or groups to improve compliance (including feedback on non-compliance with a guideline)

1.12 Feedback data and information about patients to individual implementers or groups to improve compliance (including **clinical outcome data** and information, and patient self-assessments)

1.13 Feedback data and information from patients to individual implementers or groups to improve compliance (including any new process that involves **direct communication between a patient and implementers** that improves implementation)

1.14 Feedback information from implementers to individuals or groups to improve compliance (including **personal testimony about the experience of implementing** a guideline)

G-I-N abstracts – Chicago

Taxonomy: Tactics for guideline implementation: Phillip Bairstow, developed on the basis of the EPOC checklist of implementation methods

Assessment form: Heather Buchan

Assessment and indexing of implementation abstracts: Ilkka Kunnamo

Name of abstract	Does this study describe the tactics used to implement a guideline?		Does this study describe a method for measuring the impact/outcome of implementation?	Notes
	YES/NO	TYPE (Numbers from the taxonomy)	YES/NO	
W10– Breaking the barrier: Enhancing ACCP guideline implementation in China	no	1.1	no	
W12– Getting to the heart of guideline implementation using social marketing approaches	yes	1.3 3.2.1	no	

Indexing Chicago abstracts: problems

- Interventions poorly described (particularly for multicomponent interventions)
- Target group not given
- Too many abstracts under some categories?

Implementation abstract by main category (total = 85)

- | | |
|-------------------------------|----|
| • Professional intervention | 66 |
| • Financial intervention | 3 |
| • Organizational intervention | 38 |
| • Regulatory intervention | 2 |

Two largest subcategories

- Identifying barriers 21
- Distributing guideline materials 19

Subcategories needed?

Example: clinical decision support

1. Relevant data presentation (allergies, relevant lab test results, formulary status, drug costs, vital signs, pain level, longitudinal display of trends)
2. Alerts to foster best care (disease management, therapeutic interventions, immunizations, risk management)
3. Drug alerts (allergies, interactions, contraindications, under/overdose, wrong route alert, inappropriate, therapeutic duplication, renal dosing, drug-laboratory effects)
4. Test alerts (follow-up test alerts, incorrect test or test interval, abnormal result alerts, alert on high-risk medication)
5. Choice lists (e.g. on-formulary drugs with preferred items first)
6. Order sets (Computerized Provider Order Entry, CPOE)
7. Single order completers (e.g. consequent orders)
8. Tools for complex ordering (guided dose algorithms etc.)
9. Documentation forms/templates (patient assessment, intelligent referral forms)
10. Environmental parameter reporting (e.g. recent hospital antibiotic sensitivities)
11. Protocol/pathway support (stepwise processing of a protocol or guideline, support for management of clinical problems over long periods and many encounters)
12. Reference information (guidelines, protocols, immunization intervals, patient information, calculators, nomograms, diagnostic decision support driven by patient-specific data); the information can be either context-sensitive or context-insensitive

Oscheroff 2009

What next?

- Involve a larger group
- Repeat indexing exercise to test reliability
- Add/delete/redefine
- Consult the EPOC group
- Add granularity?
- Suggest new MeSH terms?