



Forum on Severe Brain Injury to Neurological Determination of Death

The Dissemination-Implementation Challenge

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Introduction

Implementation of the agreements developed at the Forum on Severe Brain Injury to Neurological Determination of Death (BINDD) is planned in two phases:

- Phase I: reporting to the Canadian Council on Donation and Transplantation (CCDT), which reports to the Conference of Deputy Ministers of Health (CDM).
- Phase II:
 - (a) Dissemination of knowledge and Forum agreements through publication of the Forum proceedings in the Canadian Medical Association Journal, and
 - (b) Dissemination and implementation of agreements via Forum participants, Members of the Forum Recommendations Group (FRG) and Pediatric Reference Group (PRG) and stakeholder organizations and groups represented at the Forum.

The purpose of this document is to suggest strategies for “b” above, i.e., enabling change in the practice of health care professionals through dissemination and implementation of Forum agreements.

Dissemination and implementation may be considered as a spectrum of activity, where dissemination involves raising awareness of research messages and implementation involves getting the research findings adopted in practice. The link between knowledge and behavioural change is complex and rarely linear, and dissemination activities by themselves are unlikely to lead to changes in behaviour.¹

Information has been adapted from the following sources:

- Booth A. and O'Rourke A. (2000) “Getting Research Into Practice: An optional self-study module for the Unit GMH 6050 Literature Review & Critical Appraisal.” Sheffield United Kingdom: University of Sheffield, School of Health and Related Research. <http://www.shef.ac.uk/~scharr/ir/units/resprac/index.htm>.
- Centre for Reviews and Dissemination, University of York, UK. “Getting Evidence Into Practice.” *Effective Health Care: Bulletin on the effectiveness of health service interventions for decision makers*. Volume 5 Number 1. February, 1999. www.york.ac.uk/inst/crd/ehc51.htm.
- Dave Davis and Anne Taylor-Vaisey. “What the literature says: transforming guidelines into practice.” *CMA Inforbase clinical practice guidelines*. http://mdm.ca/cpgsnew/cpgs/handbook/sect_2.htm.
- United Kingdom Cabinet Office. “The Effectiveness of Different Mechanisms for Spreading Best Practice.” A research report by the Office for Public Management. www.servicefirst.gov.uk/2000/guidance/bpresearch.htm.

¹ Centre for Reviews and Dissemination. “Getting Evidence Into Practice.” (adapted)

Enabling Change

This document describes four phases for consideration when enabling change in the practice of health professionals:

1. Describe the situation
2. Diagnose the situation
3. Develop strategies for change
4. Know what works.

The following suggested actions (left column) are based on evidence provided in referenced papers.

1. Describe the Situation

<i>Description</i>	<i>Implications for implementation of BINDD Forum agreements</i>
<p>a. Why the recommendations: a brief introduction to the recommendations for those who have not been involved in their development. Understanding the context in which agreements were developed is a key component in encouraging adoption.</p>	<ul style="list-style-type: none"> • significant variability in practice across the country • variability impacts on public faith in health care system • pre-Forum work included extensive literature reviews and surveys • discussions at the Forum began with expert presentations and reviews of evidence • an expert panel (Forum Recommendations Group) represented key professional societies in Canada and made final decisions about agreements • Forum participants (88) were invited based on expertise, experience and representation of implementing organizations • participants were from a variety of health care and research disciplines with a stake in the Forum outcomes
<p>b. What the implementation strategy is designed to achieve: specific outcomes.</p>	<ul style="list-style-type: none"> • practice standards for health care professionals • consistency in practice across Canada

<i>Description</i>	<i>Implications for implementation of BINDD Forum agreements</i>
c. Organizations and key individuals to be involved: health professionals, managers, policy makers, the public, etc.	<ul style="list-style-type: none"> • identify who should be involved in enabling implementation in your setting(s)
d. How health care personnel are affected by the recommendations, e.g., roles, responsibilities, training required.	<ul style="list-style-type: none"> • some changes in practice will have a resource requirements, e.g., availability of technology • some training may be required for specific professional groups
e. When the recommendations will be implemented: timelines.	<ul style="list-style-type: none"> • as soon as possible, with support from related professional societies and associations represented on the Forum Recommendations Group
f. How success will be measured: monitoring and evaluation, methods to maintain and reinforce change.	<ul style="list-style-type: none"> • evaluation process is in development

2. Diagnose the Situation

Understanding specific situations and related needs is essential to ensuring a customized approach.

<i>Description</i>	<i>Implications for implementation of BINDD Forum agreements</i>
<p>g. Identify all groups involved in, affected by, or influencing the proposed change(s) in practice.</p>	<ul style="list-style-type: none"> • know who will be affected by the implementation of the Forum agreements; think about how to encourage their involvement in the implementation process
<p>h. Assess characteristics of the proposed change that might influence its adoption, e.g., whether the new guidelines or agreements:</p> <ul style="list-style-type: none"> - are demonstrably superior to the old; - are easy to understand and incorporate into current practices; - can be tried on with comparative ease; - represent already held beliefs or values and are similar to previous experience or practice; - the provider can observe practices and /or who has incorporated them.² 	<ul style="list-style-type: none"> • be clear about the advantages of using the Forum agreements as a basis for the practice of health care professionals in your setting, e.g., standardization, public faith in the system, specific and easy to understand, build on the values espoused in your setting • test a change in approach to ensure it is smooth before providing a training opportunity for colleagues
<p>i. Assess the readiness of health professionals to change, and other potentially relevant internal factors within target groups.</p>	<ul style="list-style-type: none"> • know who are likely to be the early, middle and later “adaptors” to the Forum agreements and why • meet with middle and late adaptor groups to discuss their concerns and ways to address them

² CMA Clinical Practice Guidelines. “Translating Guidelines into Practice.”

<i>Description</i>	<i>Implications for implementation of BINDD Forum agreements</i>
<p>j. Identify potential external barriers to change, e.g.,</p> <ul style="list-style-type: none"> - characteristics of physicians and other health care providers - characteristics of the practice setting/environment, e.g., incentives (legal, financial, etc.) - regulations - patient-family factors.³ <p>Other barriers include:</p> <ul style="list-style-type: none"> - getting the right groups and individuals to work together. This may be due to work stress, a lack of time and resources, and challenging geography. - the natural tendency to return to previous practice patterns without constant motivation and reminders. 	<ul style="list-style-type: none"> • identify external barriers in your setting • think about ways to address each external barrier • develop a reminder system to support new practice patterns

- The United Kingdom Department of Health has identified the following levers/facilitators/barriers to implementing change:
 - availability of resources
 - availability of time
 - cultural/social/organizational norms
 - financial/contractual
 - professional incentives/disincentives
 - statutes.

Other important levers include:

 - a dedicated project lead
 - being able to build on existing work
 - commitment from purchasers of health services⁴
 - consensus that the topic was a priority and had widespread support
 - effecting a demonstrable service change
 - having a good team
 - involvement of credible charismatic clinicians acting as product champions

³ Ibid. CMA.

⁴ Booth A. and O'Rourke A. *Getting Research Into Practice*.

- local enthusiasm and a genuine desire for change
- robust evidence, especially if national guidelines already exist
- senior level commitment and involvement "on the ground".

Once completed, the results of the diagnostic analysis can be used to inform the design and content of dissemination-implementation strategies.

3. Develop Strategies for Change

Following are snapshots of information about strategies for dissemination and implementation. Successful strategies are likely to be broad-based and multi-faceted. They are also likely to have significant costs attached to them and will need to be adequately resourced.

Implementing CPGs: Effectiveness of Strategies⁵

Probability of Effectiveness	Development Strategy	Dissemination Methods	Implementation Methods
High	Internal, local to specific settings	Targeted mailings, courses	Educational outreach, specific reminders, peer feedback and support, e.g., continuing medical education, one-on-one or small group training opportunities, distribution of checklists and support for implementing them, committed and supportive group of key influencers
Good	External plus internal buy-in	Targeted mailings, courses	Audit or feedback, follow-up courses, memos, small groups, e.g., hospital-specific, team-based workshops
Fair	External, local	Targeted mailings, courses	General reminders, focused, e.g.,

⁵ CMA Clinical Practice Guidelines. "Translating Guidelines into Practice."

Low	External, national	Mass media, journals, courses	None
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4. Know What Works

- Effective dissemination practices:
 - are **credible and demonstrate knowledge and an understanding** of the issues and problems facing the target audience
 - are **flexible**, both in their facility for local adaptation and their capacity to allow modification where necessary
 - are **focused on the benefits** of information to participants and how these benefits might be achieved
 - are provided within a **supportive managerial framework**
 - are **selective in the volume and frequency** of information that they attempt to transfer
 - deliver messages **as close to the point of clinical decision-making as is practical**; they are more likely to be effective if they take account of local circumstances, are disseminated through active educational interventions and are implemented using patient-specific reminders
 - engage users to **provide practical solutions** to problems and issues that concern practitioners
 - focus on areas where there is a **clear, almost unequivocal, message** that an intervention can be seen to be appropriate or inappropriate
 - **identify enabling factors**, including resources and skills
 - **integrate messages** into existing systems for audit and education
 - involve **multi-faceted interventions** to convey messages, including local opinion leaders, personalized feedback and other mechanisms
 - operate at **both individual and organizational levels**
 - present messages that are **congruent with what people already know**
 - translate the originating source into an **easily accessible form and format**.
- A range of interventions has been shown to be effective in changing professional behaviour in some circumstances. **Multi-faceted interventions targeting different barriers to change** are more likely to be effective than single interventions.
- Successful strategies to change practice need to be **adequately resourced** and require people with appropriate knowledge and skills.

- Systematic approaches to changing professional practice should include plans to **monitor and evaluate**, and maintain and reinforce any change.⁶

⁶ Centre for Reviews and Dissemination, University of York, UK. Getting Evidence Into Practice. *Effective Health Care*: Bulletin on the effectiveness of health service interventions for decision makers. February 1999, Volume 5. www.york.ac.uk/inst/crd/ehc51.htm.

Key Terms⁷

Adoption (Implementation): health care providers' commitment and decision to change their practice; the actual change in practice

Diffusion: distribution of information and practitioners' natural, unaided adoption of policies and practices

Dissemination: communication of information to clinicians to improve their knowledge or skills; more active than diffusion, dissemination targets a specific clinical audience

Educational interventions: any strategy, program or manoeuvre intended to persuade physicians to change their performance and maintain their competence

Educational outreach (also called *academic detailing*): education of an individual physician by a pharmacist or other health professional, usually in the physician's office and most often in the area of prescribing

Guidelines, clinical practice guidelines: systematically developed statements about specific clinical problems to assist practitioners and patients in making decisions about appropriate health care

Implementation: putting a guideline in place; more active than dissemination, it involves effective communication strategies and identifies and overcomes barriers by using administrative and educational techniques that are effective in the practice setting

Opinion leaders or influential educational professionals: most often people identified by their colleagues as respected clinicians and effective communicators

Providers: health care professionals, including physicians; in some instances, also nonprofessionals such as office staff

Setting: the practice site – not so much its location, although possibly important, as its type – whether solo, community-based family practice office, an ambulatory care department of a teaching hospital, an emergency room of a community hospital, etc; the setting may also imply, but not define, aspects of workload, relevant health care team members, mix of patients, and funding mechanisms

Standards: minimum procedures by which behaviour of health professionals are judged.

⁷ Most definitions are from the CMA INFOBASE. "What the literature says: transforming guidelines into practice."