The guidelines: from international to local

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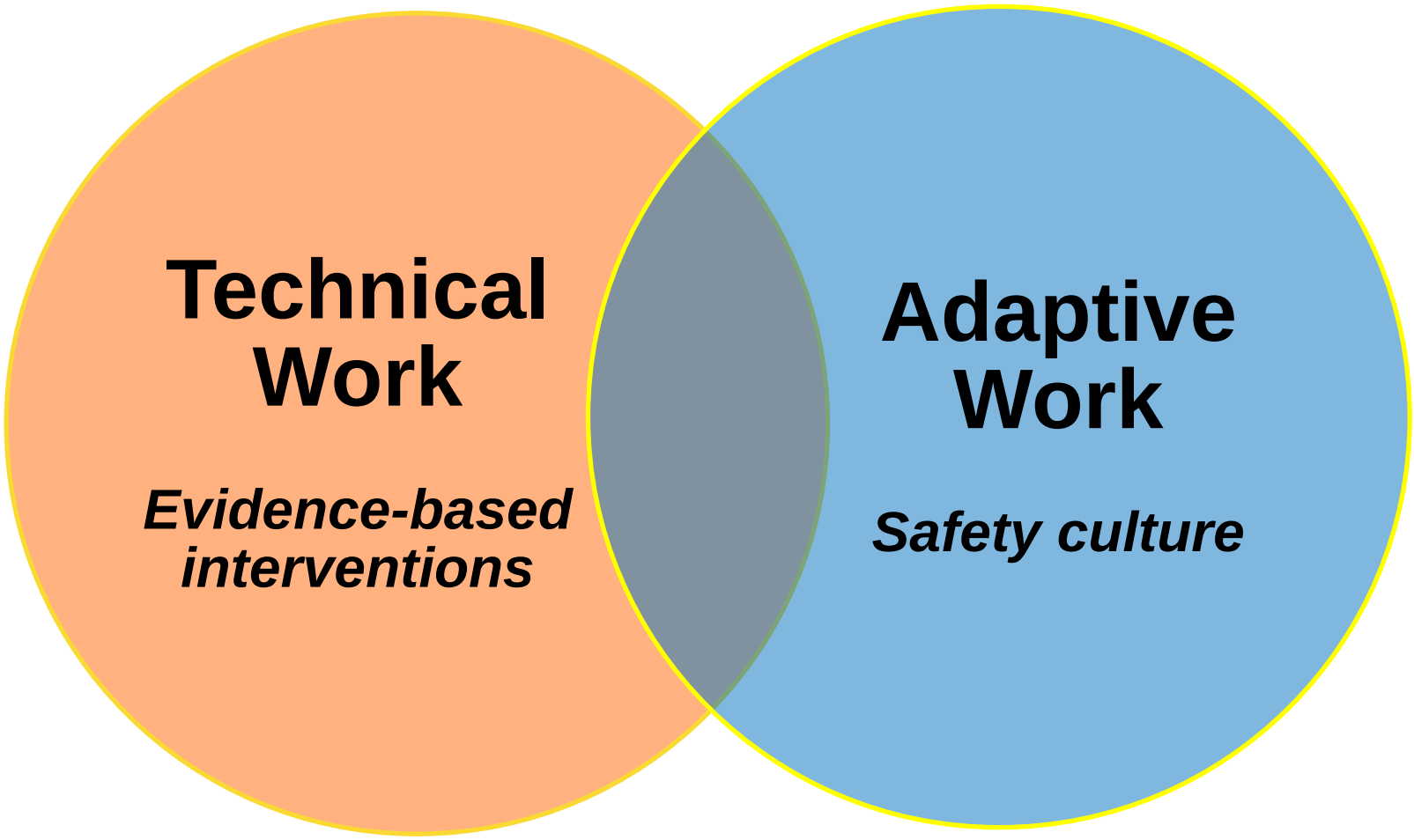
Implementation of GL best practices

- **Innovation & adaptation -** Guidelines require innovative and locally adapted implementation strategies and locally produced practical tools to catalyse behavioural change
- **Enabling environment -** GL are most successfully implemented when embedded in an enabling environment supportive of a patient safety culture and within people-centred service delivery

- **Focus on LMICs -** Most of the evidence comes usually from high-income settings; it is extremely important to support operational research and field implementation aimed at adapting approaches for and showing their impact in low-resource settings


Technical Work
Evidence-based interventions
Adaptive Work
Safety culture

Successful implementation of GL

- The dissemination and implementation of GL are crucial steps that should be undertaken by the international community, as well as by national and local health services

- Will be based on :
  - ✓ Evidence review
  - ✓ Implementation science
  - ✓ Expert input
  - ✓ Lessons learned – what works and what doesn't
  - ✓ A focus on those most in need from implementation support
  - ✓ Current gaps in implementation tool availability

Science of implementation

- Focuses on providing practical ways for health care workers to deliver evidence based practice
- Facilitates local uptake and plans put into place with maximum effect
- Addresses technical and cultural aspects of translating evidence into practice
- Targets multiple levels of stakeholders, including administrators and clinicians

	Executive Leaders	Team Leaders	Staff
Engage	**How Does This Make the World a Better Place?**		
Educate	**What Do We Need to Do?**		
Execute	**How can we do it with my resources and culture?**		
Evaluate	**How Do We Know We Made a Difference?**		

Health Services Research 2006

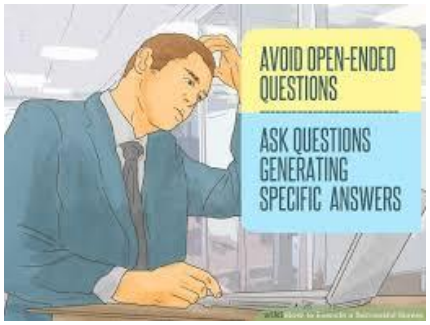
Engage

- Frontline staff understanding implications of GL and their roles
- Commitment of hospital leadership and senior executives to the specific target
  - Sends a clear message and aligns QI efforts with organization priorities
  - Navigate challenges with changing organization practice
  - Fosters accountability
- Multidisciplinary teams of providers
  - Surgeons, anesthesiologists, perioperative nursing..?? Who else ??
  - involved in different aspects of the commitment
  - Identify barriers to change and customize care processes to local environment

Educate

- Educating <u>frontline staff</u> using summaries of evidence regarding the focus
  - Traditional lectures, education materials, refresher courses, online videos, posters, brochures

- Educating <u>patients and families</u> about practices and emphasizing their roles in the target attainment
  - Standardized patient educational sessions during visit
  - Posters in clinic and hospital waiting areas
  - Pamphlets distributed about care that are health literate and translated to local languages



Execute

- Involves redesigning of care processes with timely review of execution process to identify barriers to implementation
- Developing toolkits that standardizes care processes and create independent checks
- Levels the field of understanding among different providers
- Checklists, bundles, protocols, pathways, policies, algorithms
  - Allow multiple interventions that are potentially additive
  - Dose response in some studies with compliance with increased interventions and decrease drawbacks
- Reminders, electronic flagging, automatic STOPs, physician order- sets
  - Create “double checks” and prompts consistent care among all level of providers

Example implementation actions (2)

- Local adaption – *how can we do it with OUR resources and culture?*
  - *Execute together*
- Multidisciplinary teams support
  - Baseline assessment (of processes and behavior in context) and identify barriers to change and customize care process to local environment
  - On-going awareness raising through refreshed relevant materials
- Develop or use existing tools (related to all aspects of the recommendation)
  - Standardize care processes and create independent checks
  - Level the field of understanding among different providers
- *Supports evaluation & feedback and reminders in the workplace*

Evaluate

- Measuring adherence to evidence based interventions
- Giving timely feedback to frontline staff
  - Individual feedback to professionals and their associated results
  - Feedback to clinical units and entire hospital, including leadership
  - Electronic dashboards
  - Score cards in patient care areas
- Allows comparisons between target and national benchmarks

Vitrat *et al. Antimicrobial Resistance and Infection Control* 2015, **4**(Suppl 1):P82
http://www.aricjournal.com/content/4/S1/P82

ANTIMICROBIAL RESISTANCE & INFECTION CONTROL

POSTER PRESENTATION Open Access

An audit and feedback strategy does not improve compliance with surgical antimicrobial prophylaxis guidelines

V Vitrat[1*], A Jean[1], J Fiot[1], C Janssen[1], S Nguyen[1], F Guerin[1], L Pagani[1,2]

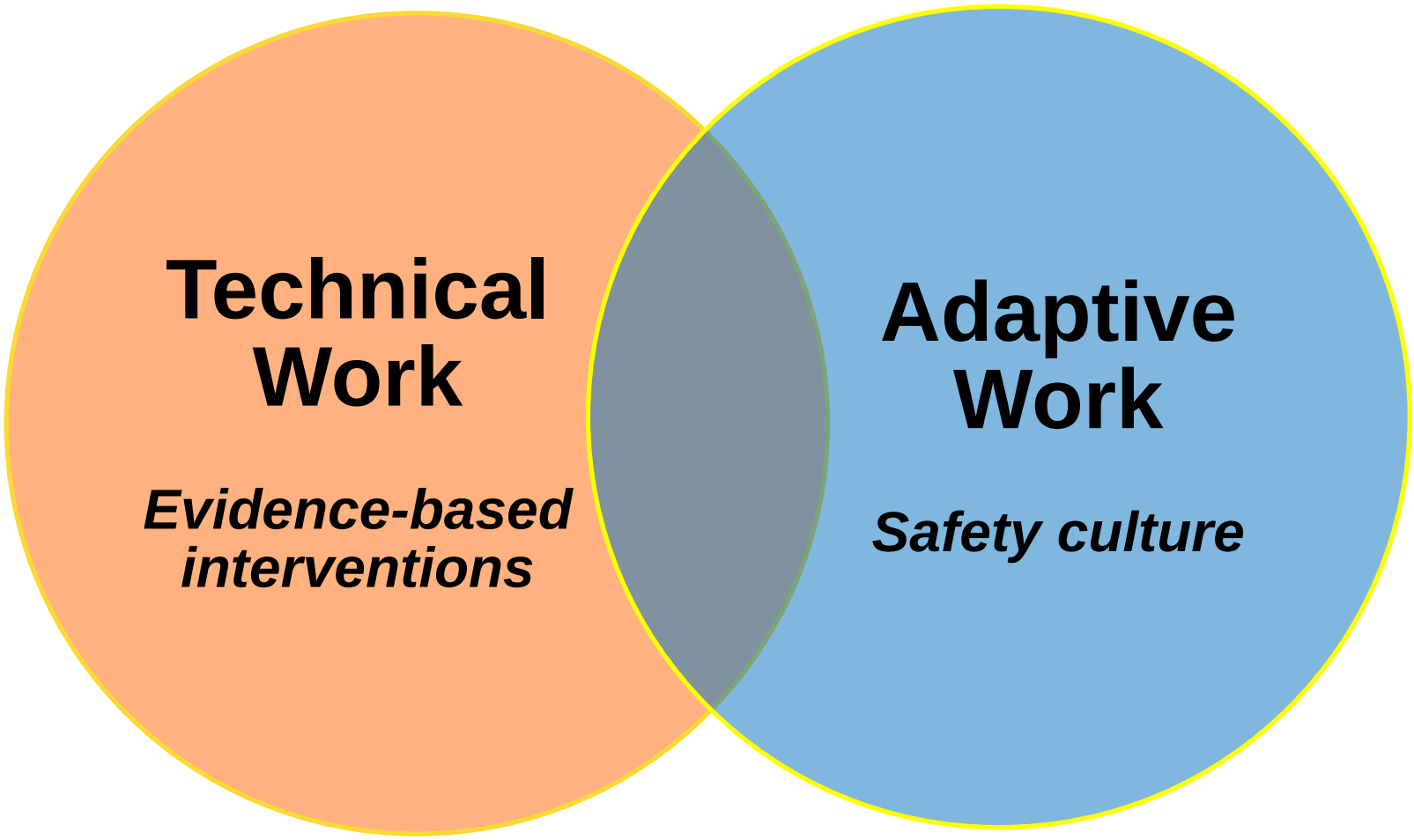
From 3rd International Conference on Prevention and Infection Control (ICPIC 2015)
Geneva, Switzerland. 16-19 June 2015

Evaluate (the sustainability)

Why Evaluate?

- Should the program be continued?
- How can the program be improved?
- How can we ensure regulatory compliance?
- How can we maximize training effectiveness?
- How can we be sure training is aligned with strategy?

See you later in the smaller groups..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How Will We Get There?

TECHNICAL WORK	ADAPTIVE WORK
Work that we know we should do, like appropriate antibiotic dosing and skin preparation	The intangible components of work, like ensuring team members speak up with concerns and hold each other accountable
Work that lends itself to standardization (e.g., **checklists and protocols**)	Work that shapes the **attitudes, beliefs, and values** of clinicians, so they consistently perform tasks the way they know they should
Evidence-based interventions	Safety culture, including teamwork

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Health Services Research 2006

Antibiotic policies and the role of strategic hospital leadership

- Operational aspect, program construction and implementation all essential components of antimicrobial control but not the direct remit of management and must rest with the professional provider
- Hospital leaders can influence antibiotic control through the priority they give it
- This must not be purely financially driven and must incorporate an awareness of issues surrounding patient care, encompassing the consequences of poor prescribing practices in both human and corporate terms
- The best signaling of the status of this activity is through ensuring its inclusion in clinical governance and organizational Board reports

Antibiotic policies and the role of strategic hospital leadership

- The goal for hospital leaders should be evidence of effective working practices and the execution of their own responsibilities by championing robust structures and procedures are in place

- **Potent hospital leadership delivered to the focus of antimicrobial control programs is a major tool for their success**

An implementation framework

- Will include:
  - *Prompts and suggested approaches to address your barriers to successful implementation (e.g. IHI and adaptive tools, including culture assessment)*

- The process of identifying barriers to change is often done informally by taking perceived barriers into account and in an implicit and unsystematic way.

- The people who will be affected by a policy are the ones likely to be best placed to foresee possible barriers to policy implementation. Consider barriers for each group separately 1) health care recipients 2) **health care professionals** 3) **the organizational level** and consider the context

Why does Safety Culture Matter?

Safety culture is related to outcomes

- Patient outcomes
  - Patient care experience
  - Infection rates, sepsis
  - Post op hemorrhage
  - Respiratory failure or puncture / laceration
  - Treatment errors
- Clinician outcomes
  - Incident reporting
  - Burnout and turnover

Huang et al., 2010; Mardon et al., 2010; MacDavitt et al., 2007; Singer et al., 2009; Sorra et al., 2012; Weaver et al, 2011.

Why does Safety Culture Matter?

- Safety culture influences the effectiveness of other safety and quality interventions
  - Can enhance or inhibit effects of other interventions
- Safety culture can change through intervention
  - Best evidence so far for culture interventions that use multiple components (ie: CUSP)

Haynes et al., 2011; Morello et al., 2012; Van Nord et al., 2010; Weaver et al., 2011.

CUSP Objectives
Comprehensive Unit-based Safety Program

1. Educate staff on science of safety
2. Identify defects
3. Partner with a senior executive
4. Learn from defects
5. Improve teamwork and communication

Jt Comm J Qual Patient Saf 2010;36:252-60

Resources: http://www.ahrq.gov/cusptoolkit/

Insights and Comments

- Declare and communicate goals
- Create enabling infrastructure
- Engage clinicians and connect them in learning communities
- Transparently report and create accountability

Insights and Comments

- **Think big, start small, move fast**
  - Mayo Clinic QI Group
- **Picking the low-hanging fruit**
  - Easy wins

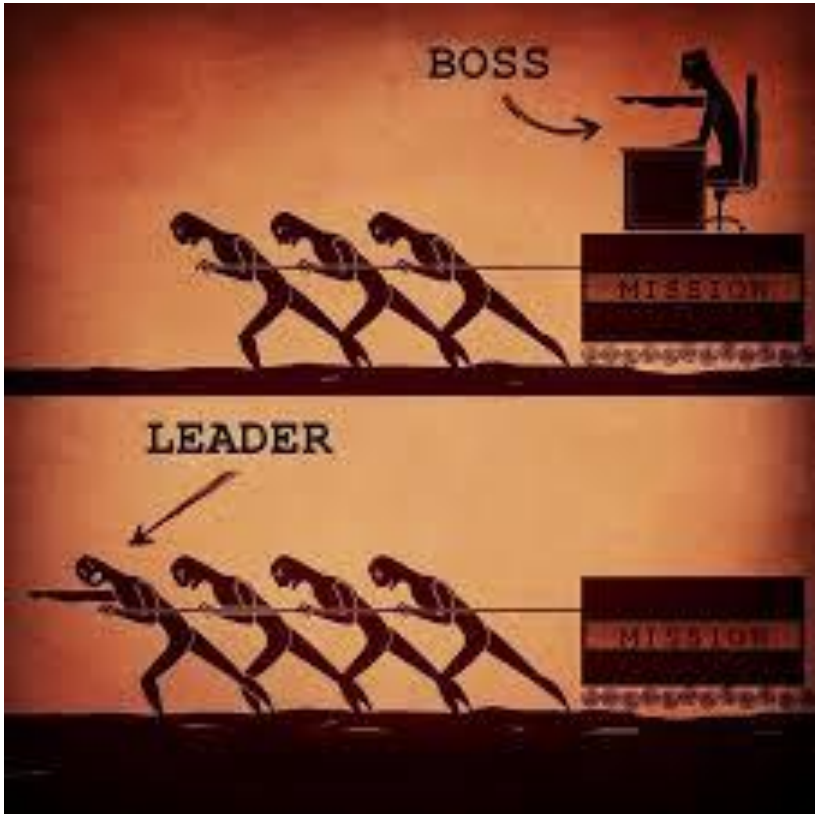
Best Way Forward

- Inspire; motivate the heart
- Clarify behaviors
- Encourage local modification
- Provide feedback on performance
- Support peer learning communities
- Nudge through social and economic incentives
- Create platform to support with work

Best Way Forward

- Harm is preventable
  - Many complications are preventable; Should be viewed as defect
- Focus on systems -- Not individuals
- Informed by science
  - Technical and adaptive teamwork
- Led by clinicians and supported by management
  - Need to engage frontline staff and build capacity

All you need is Leadership
-at any level-



Thank you very much for your attention!