Viewpoint

A framework for effective management of change in clinical practice: dissemination and implementation of clinical practice guidelines

N T Moulding, C A Silagy, D P Weller

Abstract

Theories from social and behavioural science can make an important contribution to the process of developing a conceptual framework for improving use of clinical practice guidelines and clinician performance. A conceptual framework for guideline dissemination and implementation is presented which draws on relevant concepts from diffusion of innovation theory, the transtheoretical model of behaviour change, health education theory, social influence theory, and social ecology, as well as evidence from systematic literature reviews on the effectiveness of various behaviour change strategies. The framework emphasises the need for preimplementation assessment of (a) readiness of clinicians to adopt guidelines into practice, (b) barriers to change as experienced by clinicians, and (c) the level at which interventions should be targeted. It also incorporates the need for multifaceted interventions, identifies the type of barriers which will be addressed by each strategy, and develops the concept of progression through stages of guideline adoption by clinicians, with the use of appropriately targeted support strategies.

The potential value of the model is that it may enable those involved in the process of guideline dissemination and implementation to direct strategies to target groups more effectively. Glearly, the effectiveness and utility of the model in facilitating guideline dissemination and implementation requires validation by further empirical research. Until such research is available, it provides a theoretical framework that may assist in the selection of appropriate guideline dissemination and implementation strategies.

(Quality in Moulth Care 1999)8 177-183).

Keywords: guidelines; behaviour change theory; concertual framework

Until recently, there has been little research on the relative merits of dissemination and implementation strategies used to encourage adoption of clinical practice guidelines. However, evidence now exists that use of an appropriate range of strategies, beyond simple information provision through publication in journals or general mailings, can significantly increase rates of guideline adoption by clinicians.

Systematic reviews of the evidence suggest that clinical practice guidelines are most likely to be adopted in practice when dissemination and implementation strategies incorporate several features, including involvement of enduser clinicians in guideline development; implementation strategies which include a participatory educational intervention, and integration of the guideline into the process of care (for example, re-structuring of medical records). The most crucial point arising from systematic reviews is that a sushiplaceted dissemination and implementation strategy is much more likely to increase the probability of uptake in practice than reliance upon a single intervention (box 1).

In view of the efficacy of multifaceted strategies, careful planning of a range of dissemination and implementation interventions appropriate to the clinical setting and particular guideline is important. Theory from social and behavioural science can further our understanding of the interplay of factors which influence practitioners to use guidelines, and help to explain why some dissemination and

- · Behaviour change is a process
- Change agents must identify with clinicians' concerns
- It is important to assess stage of readiness to change and the specific nature of barriers to change
- Multiple change strategies are more effective than single ones
- Clinician education must include a focus on knowledge, attitudes, and skill development
- Educative strategies must be interactive and participatory
- Social influence can be a powerful behaviour change facilitator or inhibitor
- Environmental support is crucial to the initiation and maintenance of change

Evidence-Based Care and General Processes Plinders University of South Australia, Adelaide, Australia N T Moulding, research officer C A Silagy, professor and head of department D P Weller, review incurrer

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Box 1. Key theoretical concepts for ancomaging and maintaining goodstine adoption

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Richard M. Rosenfeld

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Effective Dissemination of Clinical and Health Information ,1994 **Guidelines for Clinical Practice** Institute of Medicine, Committee on Clinical Practice Guidelines, 1992-02-01 Guidelines for the clinical practice of medicine have been proposed as the solution to the whole range of current health care problems This new book presents the first balanced and highly practical view of guidelines their strengths their limitations and how they can be used most effectively to benefit health care The volume offers Recommendations and a proposed framework for strengthening development and use of guidelines Numerous examples of guidelines A ready to use instrument for assessing the soundness of guidelines Six case studies exploring issues involved when practitioners use guidelines on a daily basis With a real world outlook the volume reviews efforts by agencies and organizations to disseminate guidelines and examines how well guidelines are functioning exploring issues such as patient information liability costs computerization and the adaptation of national guidelines to local Handbook on Communicating and Disseminating Behavioral Science Melissa K. Welch-Ross, Lauren G. Fasig, 2007-10-03 The Handbook on Communicating and Disseminating Behavioral Science assembles for the first time in a single volume research scholarship and practices from across relevant disciplines and professions to give a coherent picture for both students in the classroom and scholars Designed as both a text and a handbook it provides insights into the main actors contemporary themes and approaches key challenges and the broader conditions that influence whether and how the work occurs Contributors include behavioral scientists journalism and communication scholars mass media reporters editors and producers from print television and radio representatives of think tanks and advocacy organizations and professional communicators from a university a scientific society and a national social issue campaign All bring an accomplished record of sharing behavioral science to inform policy mass media service professions and the public Though scholarly the book brings together leading authorities who are both doers and thinkers to offer insights into how the work is done and to illuminate the underlying conceptual and empirical issues The book also advances the dissemination and communication of behavioral research as an area of scientific inquiry in is own right one that holds vast opportunities for the field of behavioral science Contributors offer recommendations for programs of research that should be at the top of the research agenda As a book of core readings written to be accessible to both professionals and students the book is poised to be a staple of any serious attempt to introduce behavioral scientists to key issues in communicating and disseminating behavioral science and to advance their capacity to understand and conduct the work It is also an unrivaled resource for student and professional science communicators seeking to learn more about the challenges of communicating behavioral research Research Effective Dissemination of Health and Clinical Information to Consumers, 1995 Activities .1994 **Effective** Dissemination of Health and Clinical Information and Research Findings ,1992 Clinical Practice Guideline .1994 Clinical Practice Guidelines Institute of Medicine, Committee to Advise the Public Health Service on Clinical Practice

Guidelines,1990-02-01 The Alberta clinical practice guidelines program is supporting appropriate effective and quality medical care in Alberta through promotion development and implementation of evidence based clinical practice guidelines

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knowledge and resources In order to provide the most effective healthcare possible the activities of teams of health professionals have to be coordinated through well designed processes centered on the needs of patients For information systems to be accepted and used in such an environment they must balance standardization based on shared medical knowledge with the flexibility required for customization to the individual patient Developing innovative approaches to design and build evidence based careflow management systems is essential for providing the knowledge management infrastructure of health care organizations that seeks to increase performance in delivering high quality care services by efficiently exploiting available resources Parallel challenges arise in the organization of research at the biological and clinical levels where the focus on systematically organizing and supporting processes of scientific inquiry by novel informatics methods and databases are in their very early stages These Proceedings of Medinfo 2004 demonstrate the base of knowledge medical informatics professionals will collectively draw upon in the years ahead to meet these challenges and realize opportunities Pharmacy Practice and the Law Richard R. Abood, Kimberly A. Burns, 2019-01-18 The Ninth Edition of the best selling text Pharmacy Practice and the Law goes beyond preparation for the board exam helping students understand and critically analyze the law that governs both the profession and the products they distribute The Ninth Edition continues to include the most up to date federal legal regulatory policy developments as well as new developments to various medical pharmaceutical programs Challenging open ended discussion guestions and edited cases are included in every chapter to facilitate discussion and critical thinking Critical issues are discussed in non legal easy to understand language Pharmacy Practice and the Law Ninth Edition is the most comprehensive and engaging resource for teaching the facts of federal pharmacy law and for encouraging critical thinking and analysis on the issues The Department of Defense and Department of Veterans Affairs United States. Congress. House. Committee on Veterans' Affairs, 2006 Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 1993 United States. Congress. House. Committee on Appropriations. Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies, 1992 United States Code United States, 2008 The United States Code is the official codification of the general and permanent laws of the United States of America The Code was first published in 1926 and a new edition of the code has been published every six years since 1934 The 2012 edition of the Code incorporates laws enacted through the One Hundred Twelfth Congress Second Session the last of which was signed by the President on January 15 2013 It does not include laws of the One Hundred Thirteenth Congress First Session enacted between January 2 2013 the date it convened and January 15 2013 By statutory authority this edition may be cited U S C 2012 ed As adopted in 1926 the Code established prima facie the general and permanent laws of the United States The underlying statutes reprinted in the Code remained in effect and controlled over the Code in case of any discrepancy In 1947 Congress began enacting individual titles of the Code into positive law When a title is enacted into positive law the underlying statutes are repealed and the title then becomes

legal evidence of the law Currently 26 of the 51 titles in the Code have been so enacted These are identified in the table of titles near the beginning of each volume The Law Revision Counsel of the House of Representatives continues to prepare legislation pursuant to 2 U S C 285b to enact the remainder of the Code on a title by title basis into positive law The 2012 edition of the Code was prepared and published under the supervision of Ralph V Seep Law Revision Counsel Grateful acknowledgment is made of the contributions by all who helped in this work particularly the staffs of the Office of the Law Revision Counsel and the Government Printing Office Preface Strategic Thinking in a Hospital Setting A. L. Hamdan, 2017-03-21 Translating the realities of healthcare reform and healthcare costs into competitive hospital practice is the goal of this accessible jargon free guide Taking its cue from Michael Porter's highly regarded business strategies it offers a sound framework for hospitals looking to develop efficient patient centered service delivery identifying keys to clinical administrative and marketing success The book organizes business and clinical priorities where they intersect so that physicians throughout healthcare systems can understand their role in building and sustaining innovation and leverage their strengths and system resources toward meeting patient needs In addition chapters review eight core strategic tools describe possibilities for their implementation and provide in depth findings on Porter's methods as used in a diverse group of hospitals across Lebanon Included in the coverage Porter's strategies in health care cost leadership versus differentiation strategy Sources of competitive advantage How to prepare an organization for innovation Strategic framework in a hospital setting Application of Porter's strategies in Lebanese hospitals Correlation between type of strategy and performance A well designed blueprint for enhancing patient satisfaction and system cost effectiveness Strategic Thinking in a Hospital Setting is aimed at both frontline physicians in practice and those assuming administrative positions in healthcare facilities and in hospital settings in particular Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations for Fiscal Year 1994: Action; Corporation for Public Broadcasting; Dept. of Health and **Human Services** United States. Congress. Senate. Committee on Appropriations. Subcommittee on Departments of Labor, Health and Human Services, Education, and Related Agencies, 1993 **Departments of Labor, Health and Human** Services, Education, and Related Agencies Appropriations for 1994 United States. Congress. House. Committee on Appropriations. Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Departments of Labor, Health and Human Services, and Education, and Related Agencies Agencies, 1993 Appropriations for Fiscal Year 1994 United States. Congress. Senate. Committee on Appropriations. Subcommittee on Departments of Labor, Health and Human Services, Education, and Related Agencies, 1993

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