# Implementing guideline recommendations into practice

A companion document for the Clinical Practice Guidelines and Principles of Care for People with Dementia.

# Introduction

Clinical practice guidelines are useful tools as they provide health professionals with recommendations for practice. However, it is widely recognised that 'guidelines do not implement themselves' and that effort is required to ensure research translation. Changing behaviour is difficult. Research has shown that increasing uptake of even seemingly simple behaviours, such as handwashing between client consultations, is challenging.

## Aim of this workbook

This workbook was developed as a tool to support the implementation of the Australian Clinical Practice Guidelines and Principles of Care for People with Dementia which were developed by the NHMRC Partnership Centre for Dealing with Cognitive and Related Functional Decline in Older People and released in March 2016. However, it can be adapted for most clinical practice guidelines.

The aim of this workbook is to assist health and aged care staff (doctors, nurses, allied health, managers) to systematically implement guideline recommendations in their workplaces. The workbook guides health and aged care staff through the steps of research translation that are generally accepted to be effective.

## Implementation Steps

**01**   **Step 1.** Identify the guideline recommendation that you wish to implement and the people that would be involved in the implementation work.

**02**   **Step 2.** Measure current practice.

**03**   **Step 3.** Identify potential barriers (and enablers) to implementing the recommendation.

**04**   **Step 4.** Determine interventions to mitigate the identified barriers.

**05**   **Step 5.** Implement the strategies to improve adherence to the selected recommendation.

**06**   **Step 6.** Measure and evaluate change.

## 01    Step 1. Identify the guideline recommendation that you wish to implement.

Identify the guideline recommendation that you wish to implement. You may prioritise recommendations that are most likely to result in improved client outcomes and those that are supported by evidence (evidence based recommendations).

Write the recommendation here that you wish to implement.

What is the supporting evidence for this recommendation?
(moderate, low, very low, expert opinion, level of research trial).

What are the potential benefits for people with dementia and/or their carers?
(Describe the known effect on patient outcomes).

## 02 Step 2. Measure current practice.

What is known about the gap? In other words, to what extent is there a difference between current clinical practice and the guideline recommendation? Measure the gap using existing data from databases within your organisation or a casenote audit. Measuring care or adherence to guideline recommendations before and after implementation is an important step in measuring change. It will also provide you with the information that you need so that you can demonstrate the success of your project to others. Most people describe adherence in terms of the percentage of occasions in which the care provided was consistent with the care recommended in guidelines. You may also want to look at data which provides information on variations in care. For eg. does care differ on the weekend?

Diagrams which illustrate the usual process of care can be useful.

# 03 Step 3. Identify potential barriers (and enablers) to implementing the recommendation.

What are some of the barriers and facilitators impacting on guideline implementation? Refer to the checklist below for some of the common barriers and enablers. Barriers might be identified by interviewing or surveying staff or consumers and their families.

**Box 1: Common barriers to implementation** [1]:

| | |
|---|---|
| Social/professional role and identity | A coherent set of behaviours and displayed personal qualities of an individual in a social or work setting. |
| Knowledge | An awareness of the existence of something. |
| Skills | An ability or proficiency acquired through practice. |
| Beliefs about capabilities | Acceptance of the truth, reality, or validity about an ability, talent, or facility that a person can put to constructive use. |
| Beliefs about consequences | Acceptance of the truth, reality, or validity about outcomes of a behaviour in a given situation. |
| Motivation and goals | Motivation: A conscious decision to perform a behaviour or a resolve to act in a certain way. Goals: Mental representations of outcomes or end states that an individual wants to achieve. |
| Memory, attention, decision processes | The ability to retain information, focus selectively on aspects of the environment and choose between two or more alternatives. |
| Environmental context and resources | Any circumstance of a person's situation or environment that discourages or encourages the development of skills and abilities, independence, social competence, and adaptive behaviour. |
| Social influences | Those interpersonal processes that can cause individuals to change their thoughts, feelings, or behaviours. |
| Emotion | A complex reaction pattern, involving experiential, behavioural, and physiological elements, by which the individual attempts to deal with a personally significant matter or event. |
| Action planning | Anything aimed at managing or changing objectively observed or measured actions. |

[1] Box 1 can help categorise the barriers and enablers identified and lead to appropriate implementation plans to support successful change.

# Step 4. Determine interventions to mitigate the identified barriers.

**Activity:** Use the guide below [2] to map out the identified barriers and enablers to intervention strategies to overcome these. *www.improvementacademy.org/tools-and-resources/abc-for-patient-safety-toolkit.html*

| TDF domains strategy effective for: | Technique label and definition | Example of strategy for patient safety |
|---|---|---|
| • Knowledge<br>• Beliefs about consequences<br>• Motivation and goals | **BCT 1. Provide general information on behaviour-health link**<br>Information about the relationship between the behaviour and health – including susceptibility or factual risk and/or mortality information OR health education material relevant to the behaviour. | Provide guidelines for practice which are supported by evidence. |
| • Knowledge<br>• Beliefs about consequences<br>• Motivation and goals | **BCT 2. Provide information on consequences**<br>Involves providing information focusing on what will happen if the person performs the behaviour including the benefits and costs of action or inaction. | Provide information about number of hospital acquired infections caused by not washing hands. |
| • Social and professional role and identity<br>• Beliefs about capabilities<br>• Motivation and goals<br>• Social influences | **BCT 3. Provide information about others' approval**<br>Involves information about what other people think about the reader's or target person's behaviour. It clarifies whether others will approve or disapprove of what the person is doing or will do. | Use posters or screensavers with pictures of senior members of staff advocating the behaviour. |
| • Social and professional role and identity<br>• Beliefs about capabilities<br>• Motivation and goals<br>• Social influences | **BCT 6. Provide general encouragement**<br>Involves praising or rewarding the person for effort or performance without making this contingent on specific behavioural performance; or "motivating" the person in an unspecified manner. This will include attempts to enhance self-efficacy through argument or persuasion (e.g., telling someone they will be able to perform a behaviour). | Provide praise for attempting to use pH as first line method for checking nasogastric tube position. |
| • Skills<br>• Beliefs about capabilities<br>• Social influences | **BCT 8. Model/ Demonstrate the behaviour**<br>Involves showing the person how to correctly perform a behaviour e.g., face-to-face as in a group class or using video. | Show someone how to manoeuvre a patient in order to increase chances of obtaining aspirate from stomach. |

TDF: Theoretical Domains Framework
BCT: Behaviour Change Technique

| TDF domains strategy effective for: | Technique label and definition | Example of strategy for patient safety |
|---|---|---|
| • Beliefs about capabilities<br>• Beliefs about consequences | **BCT 11. Provide feedback on performance**<br>This involves either receiving data about recorded behaviour or commenting on how well or badly a person has performed an action, or a discrepancy in relation to the performance of others. | Discuss progress for using pH paper and outcomes associated with efforts made (e.g., well done for using pH first line, but perhaps some difficulties in getting aspirate – discuss how to improve technique). |
| • Skills<br>• Motivation and goals<br>• Action planning | **BCT 12. Provide contingent rewards**<br>This can include praise and encouragement as well as material rewards but the reward/ incentive must be explicitly linked to the achievement of specified goals i.e. the person receives the reward if they perform the specified behaviour (or preparatory behaviour) but not if they do not perform the behaviour. | Budget for additional training in patient safety area of choice once target met; or provide lunch for staff once target met. |
| • Social influences<br>• Social and professional role and identity | **BCT 16. Provide opportunities for social comparison**<br>This will most commonly be seen in the case of group practice (e.g., group classes) but could also be employed using detailed case studies in text or video or by pairing people as supports. It provides a setting in which processes such as social comparison could occur. | Obtain results of another ward for use of pH as first line method to check NG tube position to compare and contrast efforts, progress. |
| • Emotion | **BCT 21. Stress management**<br>This may involve a variety of specific techniques (e.g., progressive relaxation) which do not target the behaviour directly but seek to reduce anxiety and stress to facilitate the performance of the behaviour. | If feeling too busy for all the jobs required, take some deep breaths and allow yourself to focus. |
| • Beliefs about capabilities<br>• Motivation and goals | **BCT 22. Motivational interviewing**<br>This is a specific set of techniques involving prompting the person to provide self-motivating statements and evaluations of own behaviour to minimise resistance to change (includes motivational counselling). | N/A |
| • Environmental context and resources | **BCT 23. Time management**<br>This includes any technique designed to help a person make time for the behaviour (e.g., how to fit it into a daily or weekly schedule). These techniques are not directed towards performance of target behaviour but rather seek to facilitate it by freeing up times when it could be performed. This technique may or may not be mentioned by name. | Ensure there is space blocked out within the specific time window for a blood test for patients who have received Gentamicin. |

TDF: Theoretical Domains Framework          BCT: Behaviour Change Technique

## 05 Step 5. Implement the strategies to improve adherence to the selected recommendation.
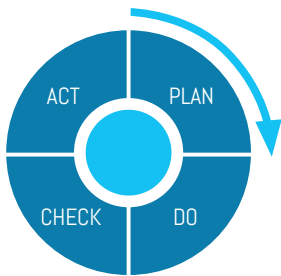
Conduct a quality improvement study using
a Plan-Do-Study-Act model.
Document this in a separate report.

| PLAN | |
|------|--|
| Recruit your team. Draft aim statement. Describe current context and process. Describe the problem. Develop an action plan (who will do what, when to implement the intervention strategies). | |
| **DO** | |
| Implement your strategies. Collect data as you go. | |
| **CHECK** | |
| Reflect on your aim statement and data gathered. Did your plan result in an improvement? If so, how much? Were the time and resources dedicated to intervention worth it? Would modifications to the intervention make it more effective? | |
| **ACT** | |
| Reflect on plan and outcomes. Celebrated improvements and lessons learned. If your intervention was successful ensure that there are strategies in place to ensure sustainability. Communicate your accomplishments. If your intervention was not successful, develop a new plan that may result in success. | |

## 06 Step 6. Measure and evaluate change.

**Activity**: Write how you will determine whether there has been a change and how you will judge whether implementation has been successful.

# References

1. Michie S, Johnston M, Michie Abraham C, Lawton R, Parker D, Walker A, Psychological Theory G: Making psychological theory useful for implementing evidence based practice: a consensus approach. Quality & Safety in Health Care 2005, 14(1):26-33.
2. www.improvementacademy.org/tools-and-resources/abc-for-patient-safety-toolkit.html

# Acknowledgement

**For more information on the Australian Clinical Practice Guidelines and Principles of Care for People with Dementia:** www.sydney.edu.au/medicine/cdpc/resources/dementia-guidelines.php

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