Preparing multidisciplinary teams for clinical practice change: A qualitative project

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Background

Knowledge translation (KT) is the process of bridging the gap between research and "the real world". The ECHO research program aims to improve outcomes in children with common pediatric health concerns by facilitating KT through understanding factors influencing uptake of innovation by health care professionals and consumers (patients and parents) and developing targeted KT strategies

The current project is a component of a larger AHFMR/ AI-HS funded project, examining the simultaneous implementation of two Clinical Practice Guidelines/ Clinical Pathways (CPG/CP) in Albertan Pediatric Emergency Departments, for croup and gastroenteritis.

Research Question

How does intervening with health care professionals prior to Clinical Practice Guideline/ Clinical Pathway implementation shape the implementation of CPG/CPs?

Method

Data collection

Using a multiple case study design, data was collected through focus group interviews held at 4 Emergency Departments and Urgent Care Centers in Alberta prior to the implementation of croup and gastroenteritis CP/CPGs. Real-time transcription was accomplished by a court reporter. Data were managed with the qualitative data software program "Nvivo".

Data Analysis

Qualitative analysis (coding, categorizing and the development of themes) was performed. Codes were theoretically informed through the *Ottawa Model of Research Use* and the *Organizational Readiness for Change Assessment*. Data was refined into categories based upon emergent patterns. Extant theory guided further analysis.

Bias was mitigated through group analysis with the Principal Investigator and Project Coordinator. Dependability was ensured by the maintenance of an audit trail through memoing and a daily study log.

Findings

Site	Focus Groups (n=6)	# of participants	Site Description
Site A	2 (# *)	#: n=5 , *: n=4	1
Site B	2 (! *)	*: n=6, *: n=4	2
Site C	1 (*)	*: n=5	2
Site D	1 (!)	! : n=4	2
		total n= 28	

Legend * = Nurses # = Physicians ! = Mixed

Site description: 1= urban 2= rural

Findings (cont)

PRE-CONDITIONS: elements to consider when determining readiness to change		
Theoretical literature	**Staff/Adopter Attributes**	**Innovation Attributes**
Simpson et al (2009)	COMMUNICATION	
	COHESION	
	TRUST/ TOLERANCE FOR CHANGE	
Burnett et al (2010)		CONSISTENCY WITH EXISTING GOALS
		PAST HISTORY OF CHANGE
Scott et al (2008)	UNCERTAINTY	
Lehman et al (2002)	AUTONOMY	PRESSURE FOR CHANGE
	STRESS	RESOURCES

These four elements emerged as the most prevalent factors shaping uptake of practice change

UNCERTAINTY	"there are individual preference, time of day preferences, volume of patients in the waiting room preference" (Site A)	"unpredictable surges and peaks" (Site A)	"you could be pulled elsewhere in the hospital during your shift" (Site D)	**A state of uncertainty seems pervasive. The context and atmosphere play heavily into the practice of the staff, contributing to a high level of practice variability.**
STRESS	"it's not about the one patient and the evidence and what should be done, it's about all those clouding factors in terms of how you get through the day and manage a busy emerg department" (Site A)	"when we're going crazy over there, it's not a good idea time to implement something new" (Site B)	" sometimes you feel like a jack of all trades (Site C)	**Stress was a common thread through the data from all sites. Rural sites faced a unique challenge in the sense that they are "generalists"- not only do they need to be proficient in emergency, but also many other areas.**
CONSISTENCY WITH EXISTING GOALS	"evidence-based research has a direct and positive impact on our practice. It can save us time and effort. It's important to be able to mesh change with the demands of a busy practice" (Site C)	"has to benefit the patient…increasing flow through the unit" (Site A	"if it decreases the amount of time, people grab onto it. If it increases time, there is resistance" (Site B)	**Staff seem hesitant to implement changes that increase the amount of time required per patient. Sites are invested in doing what is best for the patient- changes should benefit the patients while making sense in a busy practice.**
PRESSURE FOR CHANGE	"we try not to be leading edge, just sort of do the regular stuff" (Site B)	"people are very common sense. If it works, why change?" (Site B)	"sometimes you need a sentinel event to get things going" (Site D)	**The pressure for the change does not appear to come from staff but they are clearly resistant to change being imposed on them.**

Implications and Conclusions

❖ **Intervening with sites prior to the implementation of practice change allows us to identify site characteristics in regards to necessary pre-conditions to change. This further allows us to assess organizational readiness to change, guiding us to tailor our implementation according to site weaknesses and strengths to best support uptake of change.**

❖ Adapting the intervention to better suit the needs of the different sites answers to the characteristics of qualitative research in that it is: dynamic, holistic and context sensitive.

❖ Intervening prior to the implementation could also assist in fortifying the evidence gathered post-implementation as there is a "control" to refer back to.

Ways to tailor implementation according to four pre-conditions:

UNCERTAINTY:
•Empathy regarding the demands placed on staff must be used when working with them in these high-stress environments.
•Specific strategies and sufficient time must be given to allow integration of innovation with practice.

STRESS:
•Focused and in depth education while drawing on strengths of the staff is important, particularly for the rural sites- the "jacks of all trades".
•Concentrating on informing staff of the potential benefits of the change could help make it an "easier sell".

CONSISTENCY WITH EXISTING GOALS:
•The impact on practice should be clearly explained to staff and outcomes should be communicated as a form of follow-up and evaluation.

PRESSURE FOR CHANGE:
•If the innovation could be presented in a light that demonstrates how the change would improve current practice, it could spark motivation in the staff to change to benefit both patients and practitioners.

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echo translating evidence in child health to enhance outcomes

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