

## KTI 3. PRACTICE GUIDELINE IMPLEMENTATION TOOLS

### WHAT ARE PRACTICE GUIDELINE IMPLEMENTATION TOOLS?

#### PRACTICE GUIDELINE IMPLEMENTATION TOOL DESCRIPTION

- Tools designed to facilitate the dissemination, implementation, and adoption of recommendations from clinical practice guidelines.
- Tools can be:
  - Training workshops
  - Paper-based materials and order forms
  - Reminders
  - Web-based tools

#### PRACTICE GUIDELINE IMPLEMENTATION TOOL GOAL(S)

- To encourage the reader's adoption of information presented in the clinical practice guideline.

#### CURRENT FINDINGS FROM THE EVIDENCE

- Implementation tools developed by recognized guideline producers probably leads to improved healthcare professionals' adherence to guidelines:
  - Managing non-specific low back pain
  - Ordering thyroid-function tests
- There are limited data on the relative costs of implementing these interventions.
- There are no studies evaluating the effectiveness of interventions targeting the organization of care (e.g. benchmarking tools, costing templates, etc.), or for mass media interventions.

### SYSTEMATIC REVIEW OF THE EVIDENCE FOR PRACTICE GUIDELINE IMPLEMENTATION TOOLS

Source: Flodgren G, Eccles MP, Grimshaw J, Leng GC, Shepperd S. Tools developed and disseminated by guideline producers to promote the uptake of their guidelines. Cochrane Library. 2016.

EVIDENCE FROM THE SYSTEMATIC REVIEW	
Description of Practice guideline Implementation Tools	In this review, <ul style="list-style-type: none"> <li>• 3 studies focused on paper-based educational materials, order forms or reminders, or both;</li> <li>• 1 study focused on educational workshops, tailored to barriers, for groups of healthcare providers.</li> </ul>
Setting	<u>Healthcare settings:</u> hospitals, family practice, private physiotherapy clinical <u>Healthcare topic:</u> Various <u>Study location:</u> Netherlands (n=1), France (n=1), USA (n=1), Canada (n=1)
Intervention Deliverer	Principal investigator with two trainers (n=1), nurse (n=1), interventions delivered passively (n=2)

Intervention Recipient	Physicians, physiotherapists
Quality of the systematic review	Low risk of bias (Assessment tool: ROBIS)
Quality of studies included in systematic review	2 High quality 2 Medium quality
<b>OUTCOMES FROM SYSTEMATIC REVIEW</b>	
Comparisons:	1. Practice guideline implementation tools to no implementation tool.
Patient clinical outcomes:	There were no significant differences for: <ul style="list-style-type: none"> <li>• Quality of life</li> <li>• Mortality</li> <li>• Medical complications</li> <li>• Functional status</li> <li>• Satisfaction with care</li> </ul>
Health care provider process outcomes:	Provider adherence to practice guidelines: overall median absolute risk difference in adherence +13.5%.
System/organization outcomes:	There were no significant differences for: <ul style="list-style-type: none"> <li>• Length of hospital stay</li> <li>• Readmissions</li> <li>• Resource use and cost</li> </ul>

## OPERATIONALIZATION OF PRACTICE GUIDELINE IMPLEMENTATION TOOLS:

We could not draw any conclusions about the comparative effectiveness of implementation tools due to the small number of studies, the heterogeneity between interventions, and the clinical conditions that were targeted.

## STUDY EXAMPLE OF PRACTICE GUIDELINE IMPLEMENTATION TOOLS FROM THE SYSTEMATIC REVIEW:

Source: Shah BR, Bhattacharyya O, Yu C, Mamdani M, Parsons JA, Straus SE, Zwarenstein M. Evaluation of a toolkit to improve cardiovascular disease screening and treatment for people with type 2 diabetes: protocol for a cluster-randomized pragmatic trial. *Trials*. 2010 Dec;11(1):44.

<b>STUDY INFORMATION</b>	
Goals of Intervention	To improve the uptake of the Canadian Diabetes Association guideline for cardiovascular health by physicians managing the care of patients with diabetes.
Description of Intervention	Canadian Diabetes Association cardiovascular disease toolkit was a brightly-coloured box with Canadian Diabetes Association branding and contained:

	<ul style="list-style-type: none"> <li>• An introductory letter from the Chair of the practice guidelines' Dissemination and Implementation Committee</li> <li>• An eight page summary of selected sections of the practice guidelines targeted towards primary care physicians</li> <li>• A four page synopsis of the key guideline elements pertaining to cardiovascular disease risk</li> <li>• A small double-sided laminated card with a simplified algorithm for cardiovascular risk assessment, vascular protection strategies and screening for cardiovascular disease</li> <li>• A pad of tear-off sheets for patients with a cardiovascular risk self-assessment tool and a list of recommended risk reduction strategies.</li> </ul> <p>The Toolkit was mailed with a Canadian Diabetes Association newsletter that provided practical information on diagnosis and treatment issues associated with diabetes. Newsletter content did not pertain to cardiovascular risk screening or treatment.</p> <p>The toolkit was created for the Canadian Diabetes Association by clinical experts including family physicians, endocrinologists, and other health care professionals, with guidance from clinicians with expertise in knowledge translation and implementation.</p> <p>Control Group Received the same newsletter as the intervention group but no toolkit.</p>
Setting	Community-based
Intervention Deliverer	Canadian Diabetes Association
Intervention Recipient	Family physicians
Quality of the Study	High quality
<b>STUDY INFORMATION</b>	
Comparison	1. Canadian Diabetes Association cardiovascular disease toolkit vs. Canadian Diabetes quarterly newsletter
Health Care Provider Process Outcomes	<p>Printed educational materials in the form of a cardiovascular disease toolkit did not improve quality of care or outcomes in a population with diabetes.</p> <p>Some of the secondary outcomes were statistically significantly worse in the intervention group, although the authors cannot exclude that these represent chance findings due to multiple hypotheses testing. Thus, this quality improvement intervention not only failed to improve care, but if anything may have adversely affected some of the secondary outcomes.</p>