

**Researching
Complex Interventions**

STAGE 4

**STAGE 4:
Dissemination and
Implementation**

STAGE 4:

**Dissemination and
Implementation**

**Surveillance, Monitoring and
Long Term follow up**

STAGE 4:

**Dissemination and
Implementation**

Surveillance, Monitoring and Long Term follow up

Evidence-Based Practice

Evidence-Based Practice

Trials

Evidence-Based Practice

Trials

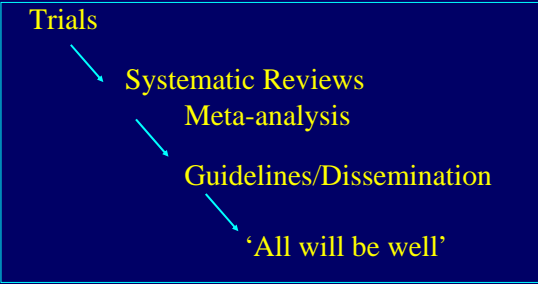
Systematic Reviews
Meta-analysis

Evidence-Based Practice

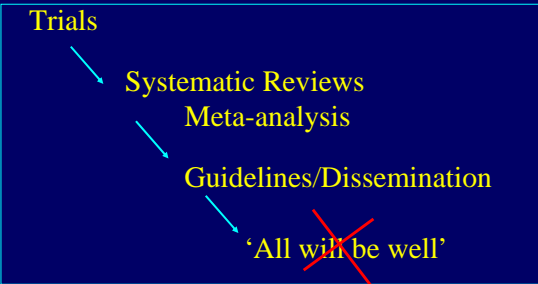
Trials

Systematic Reviews
Meta-analysis
Guidelines/Dissemination

Evidence-Based Practice



Evidence-Based Practice



**The Problem:
Guideline Dissemination
does not work**

**The Problem:
Guideline Dissemination
does not work**

WHY?

**The Problem:
Guideline Dissemination
does not work**

WHY?

**WHAT CAN WE DO TO
IMPLEMENT BEST
PRACTICE?**

**Some VERY brief
theoretical considerations**

- The goal is 'adoption' or 'normalisation' of what is agreed best practice
- Changing things for the better means changing what individuals do, or changing how organisations work

Different Approaches

- Psychology – its about behaviour change: apply theories such as TPB (there are 33 of them!)
- Sociology – its about organisational structures, culture, interactions and practices: explore these
- Economics – its about money, preferences and choices: use incentives and financial levers

EXERCISE 1

Make a list of barriers and facilitators to the implementation of the scenario you have

(Single words or short phrases)



Some ways of Disseminating and Implementing Research Findings

Some ways of Disseminating and Implementing Research Findings

1. Dissemination?



Dissemination

1. Academic publications and presentations
2. Stakeholder meetings and documents
3. Targeted one-page summaries for different groups
4. Working with patient groups
5. Simple recommendations for action
6. Politicians and the Press

Some ways of Disseminating and Implementing Research Findings

1. Dissemination?
2. Implementation?

Three Approaches

1. The 'local champion' model
2. The 'Quality Circle' Model
3. Appropriateness Criteria

1. A 'Local Champion'

1. A 'Local Champion'
Someone in the organisation, who knows how things work, and who does what, and is passionate about the issue and about quality of health care delivery

1. A 'Local Champion'
Someone in the organisation, who knows how things work, and who does what, and is passionate about the issue and about quality of health care delivery
THIS IS A SYSTEM THAT WORKS WELL!

1. A 'Local Champion'

Someone in the organisation, who knows how things work, and who does what, and is passionate about the issue and about quality of health care delivery

THIS IS A SYSTEM THAT WORKS WELL!
BUT IT DEPENDS ON BEING LUCKY
ENOUGH TO HAVE SUCH A PERSON

2. The 'Quality Circle'

An approach Championed by Don Berwick and his Boston Based 'Institute for Health Improvement' (IHI Website)

2. The 'Quality Circle'

2. The 'Quality Circle'

Sharing best practice:

2. The 'Quality Circle'

Sharing best practice:

1. Get groups together from different providers, each of whom has to provide 'x'

2. The 'Quality Circle'

Sharing best practice:

1. Get groups together from different providers, each of whom has to provide 'x'
2. Discuss problem areas, successes and failures

2. The 'Quality Circle'

Sharing best practice:

1. Get groups together from different providers, each of whom has to provide 'x'
2. Discuss problem areas, successes and failures
3. Within provider groups decide which area(s) you need to improve on, use others' work, decide how you are going to know if you have improved things

2. The 'Quality Circle'

Sharing best practice:

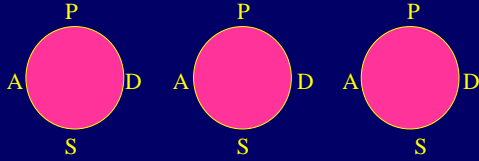
1. Get groups together from different providers, each of whom has to provide 'x'
2. Discuss problem areas, successes and failures
3. Within provider groups decide which area(s) you need to improve on, use others' work, decide how you are going to know if you have improved things
4. Put new plan into practice

2. The 'Quality Circle'

Sharing best practice:

1. Get groups together from different providers, each of whom has to provide 'x'
2. Discuss problem areas, successes and failures
3. Within provider groups decide which area(s) you need to improve on, use others' work, decide how you are going to know if you have improved things
4. Put new plan into practice
5. Share outcomes in meetings with other providers

Plan, Act, Study, Do



LS1 → LS2 → LS3

AP1 → AP2 → AP3

2. Appropriateness Criteria

Developed by the Rand Organisation in California to deal with wide variations in provision of common procedures such as coronary artery bypass

3. Appropriateness Criteria

3. Appropriateness Criteria

1. Search the literature to see what factors might affect decision to do 'x'

3. Appropriateness Criteria

1. Search the literature to see what factors might affect decision to do 'x'
2. Develop scenarios around doing 'x' in which you alter key variables (e.g. age)

3. Appropriateness Criteria

1. Search the literature to see what factors might affect decision to do 'x'
2. Develop scenarios around doing 'x' in which you alter key variables (e.g. age)
3. Get a panel to rate scenarios on a 0-9 scale

3. Appropriateness Criteria

1. Search the literature to see what factors might affect decision to do 'x'
2. Develop scenarios around doing 'x' in which you alter key variables (e.g. age)
3. Get a panel to rate scenarios on a 0-9 scale
4. Meet, discuss discrepancies, re-score

3. Appropriateness Criteria

1. Search the literature to see what factors might affect decision to do 'x'
2. Develop scenarios around doing 'x' in which you alter key variables (e.g. age)
3. Get a panel to rate scenarios on a 0-9 scale
4. Meet, discuss discrepancies, re-score
5. Audit activity in 'x' against criteria

EXERCISE 2

Work out how you would implement the intervention outlined in your scenario (assume cost-effectiveness)
