

ANALYSIS OF BARRIERS AND FACILITATORS IN IMPLEMENTATION

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Objectives

Be aware of the importance of barriers and facilitators in implementation processes

Be familiar with common facilitators and barriers at different levels (individual, team, organisation)

Be familiar to identify common and specific barriers and facilitators for change

What is Implementation?

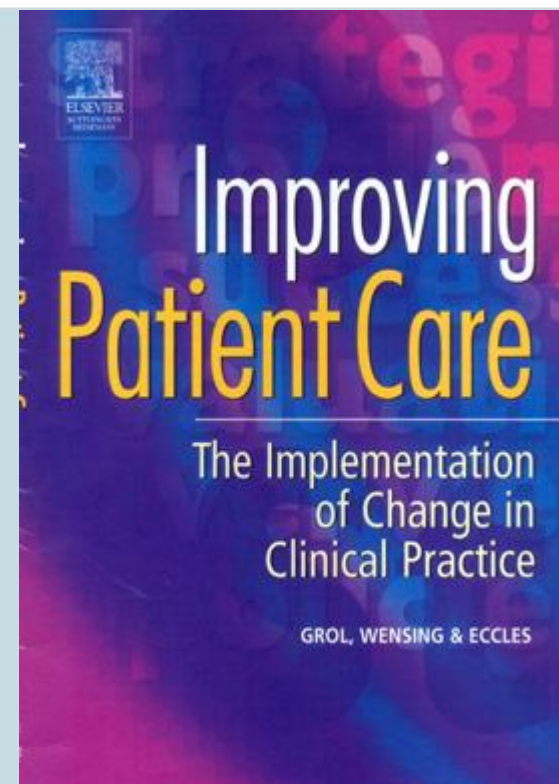
Diffusion	Spreading information and natural adoption by the target group of guidelines and working methods
Dissemination	Communication of information to care providers to increase their knowledge and skills; more active than diffusion; directed at a specific target group
Adoption	Positive attitude and decision to change personal routine
Implementation	Introduction of an innovation in the daily routine; demands effective communication and removal of hindrances

(Davis & Tailor-Vaisey, Can Med Assoc J 1997)

Implementation

“a planned process and systematic introduction of innovations and/or changes of proven value; the aim being that these are given a structural place in professional practice, in the functioning of organisations or in the health structure”

(Zorg Onderzoek Nederland 1997 in: Grol et al, 2005)



The quality problem

- Many patients (30-45%) do not receive recommended (evidence based) care in line with guidelines or best practices
- 20-25% of tests ordered or medications prescribed are not evidence based, unnecessary and potentially harmful
- Many patients are harmed by health care because of errors and adverse events, many of which are preventable
- Large, unexplained differences in quality between sites and providers
- Improvement, even after well developed programs is slow

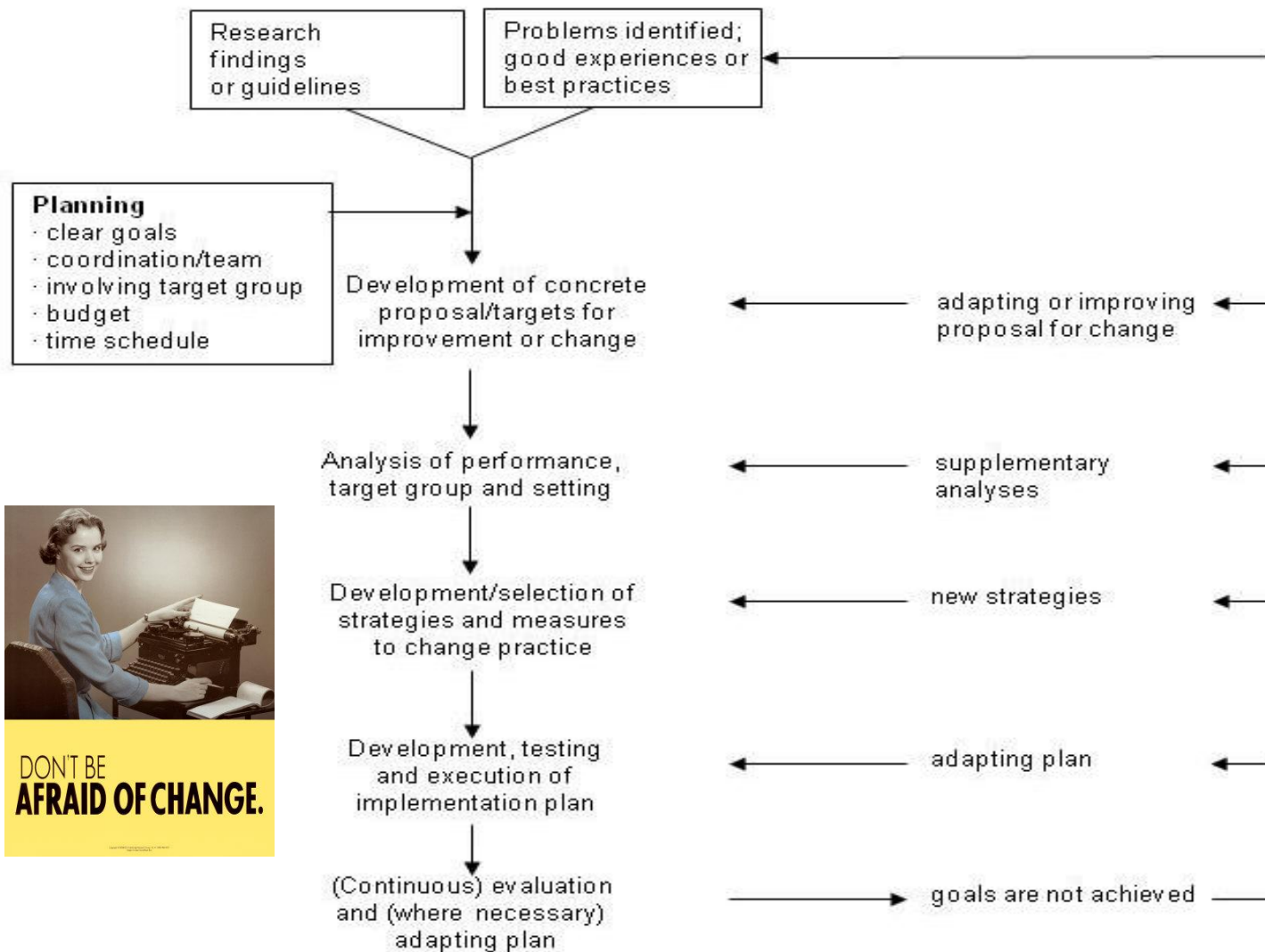
Barriers in implementing guidelines

Professionals:

- are not aware of guideline (55%)
- don't know what is in the guideline (57%)
- don't agree with guideline (6-68%)
- are lacking self efficacy (13%)
- have no positive outcome expectations (26%)
- are lacking motivation to change (42%)
- are influenced by external factors like money, time,..(5-17%)

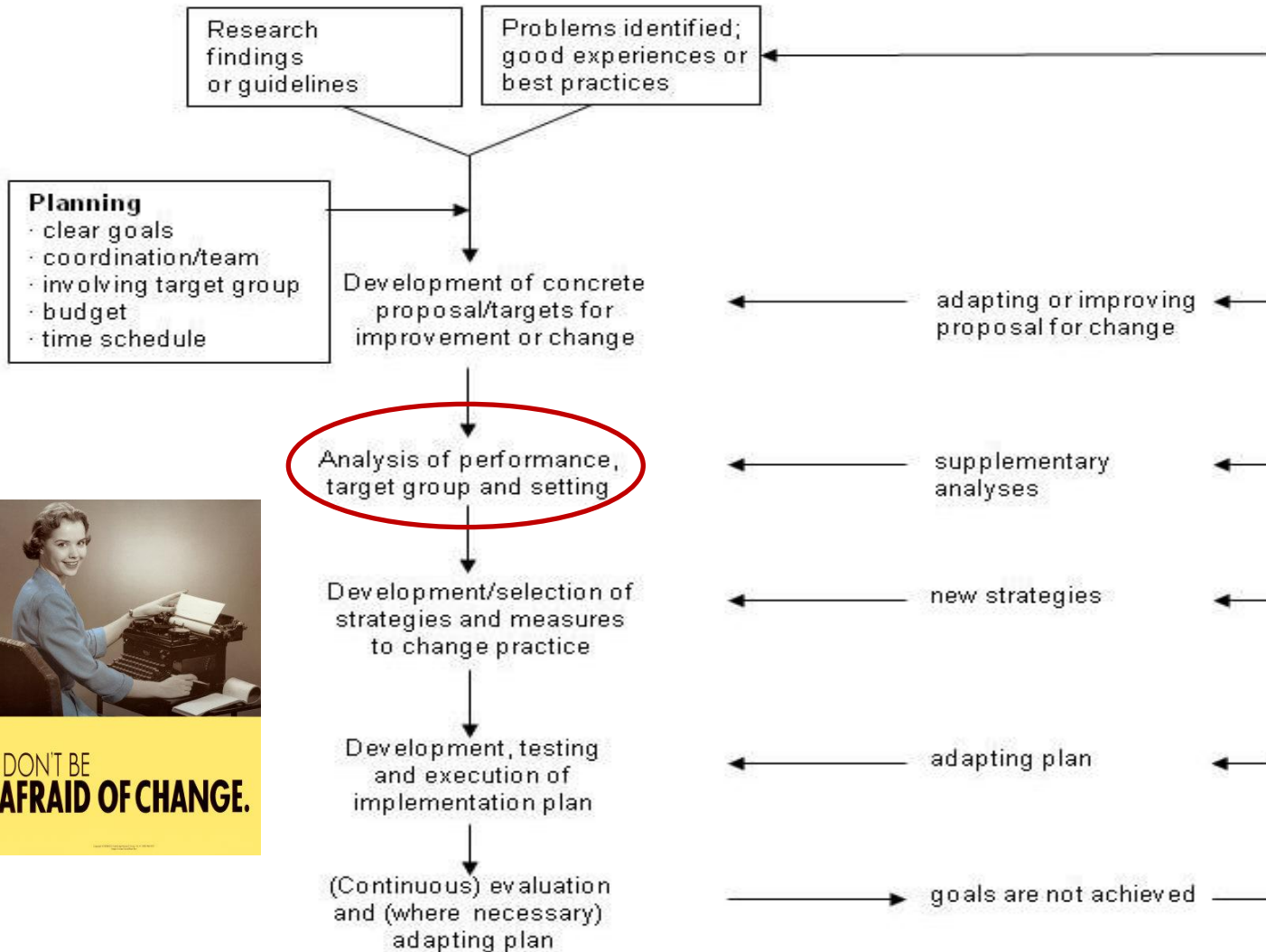
(Cabana 1999 in: Grol & Wensing 2006)

Implementation of change: a model



DON'T BE
AFRAID OF CHANGE.

Problem analysis target group & Setting



**DON'T BE
AFRAID OF CHANGE.**

Analysis of determinants

Who is involved?

Which interests at stake?

What is current practice like?

Which improvements are needed?

Which facilitating and hindering factors?

Relevant subgroups?

Existing progress or change?

Investigate these factors !



Barriers and facilitators can relate to

Innovation

Individual

Social context

Organisational

Barriers and facilitators can relate to

Innovation	Attractiveness, accessibility, feasibility..
Individual	Knowledge, skills, attitude, motivation for change and personal characteristics
Social context	Care providers: culture, leadership, collaboration Patients: awareness, knowledge, attitude, motivation
Organisational	Healthcare organisation: organisational structure, work flows, resources Healthcare system: regulation, reimbursement, policies

A good diagnostic analysis is important

Gaining insight into the background and context

- Social map of the situation
- An analysis of the relevant people and organisation involved in the change process
 - Professionals: nurses, physicians, etc
 - Social context: patients, colleagues,
 - Organisational context: professional organisations of for example physicians

Example from health care: prevention of hospital infections (BMJ 2001)

- ◆ 9-10% of all patients in hospital get infection
- ◆ 15-30% are estimated to be preventable
- ◆ "appropriate hand hygiene single most effective preventive measure" (Pittet 2004)



Barriers in the implementation of hand hygiene

Individual	Cognitions		
	Attitude & motivation		
	Routines		
Social	Social influence and leadership		
Hospital or health centre	Organisational		
	Resources		

(Grol & Grimshaw, Lancet 2003)

Barriers in the implementation of hand hygiene

Individual	Cognitions	Seldom see complications	61%
		Lack of hard evidence	43%
	Attitude & motivation	Irritation of the hands	81%
		Costs too much time	50%
	Routines	Forgetting rush hours	65%
		Falling back in old routines	49%
Social	Social influence and leadership	Nobody controls	50%
		Management not interested	45%
Hospital or health centre	Organisational	Not feasible in work	61%
		No hospital guideline	49%
	Resources	No adequate facilities	42%

(Grol & Grimshaw, Lancet 2003)

Methods to identify barriers and facilitators

‘Open, explorative’ versus theory-based

- Open: advantage: identify issues that you had not thought of, possibility to clarify things
- Theory-based: factors you know/suspect might be important but not spontaneously mentioned can be measured → think “out of the box”

Ideally: use of both open and theory-based methods

Theory

Focus

Individual professionals

- | | |
|----------------------|--|
| Cognitive theories | • Decision process of professionals |
| Educational theories | • Needs & Problems of target groups |
| Attitude theories | • Attitudes, perceived norms & experienced control |

Social Interaction and context

- | | |
|--------------------------|--|
| Social learning theory | • Demonstration, modeling, reinforcement |
| Social network theories | • Adaptation of change; local network, opinion leaders |
| Theories on team culture | • Team climate, Orientation on change in team |

Organisational and economic context

- | | |
|-------------------------|---|
| Quality management | • Organisation-wide measures, process and systems |
| Organisational learning | • Conditions for continuous learning |
| Economic theories | • Attractive incentives, sanctions |

Methods to collect data

Survey

- Questionnaires on guidelines
- Determinants,
- Case specific questionnaires

Interview

- Individual: face to face / telephone
- Group: brainstorming / focus

Observation

- Self registration of behavior
- Medical records
- (non) participating observation
- Routinely collected data



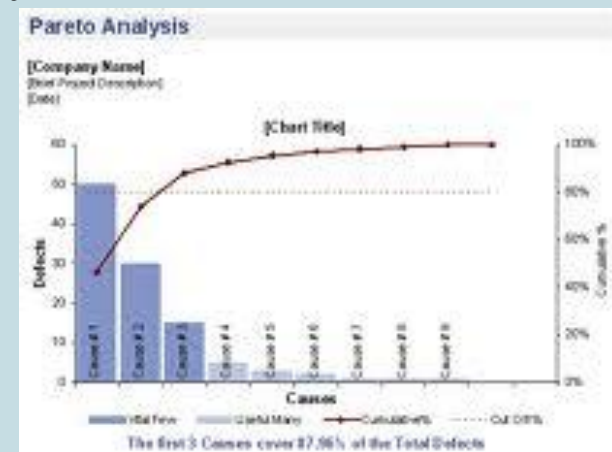
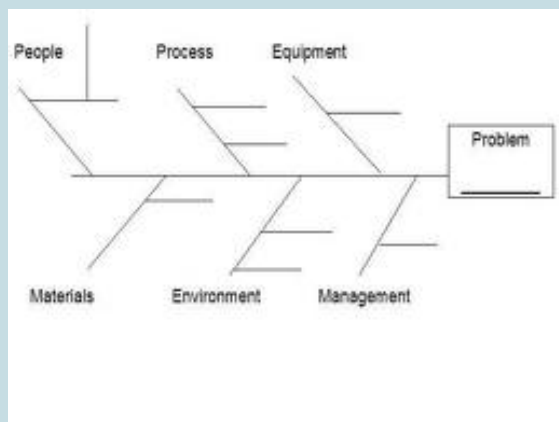
Methods to analyse data

General

- Qualitative analyses
- Delphi technique
- Multivariate data analysis

Quality management
technique

- Pareto chart
- Fish-bone diagram
- Flow chart

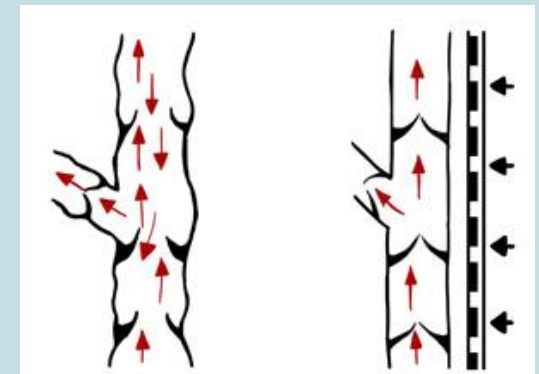


‘Implementing Lively Legs’

nurse led lifestyle counseling in patients with venous leg ulcers



- Nurse led program
- Systematically developed for dermatology outpatient clinics
- The effectiveness of this program was tested in a study
(Heinen, 2011)



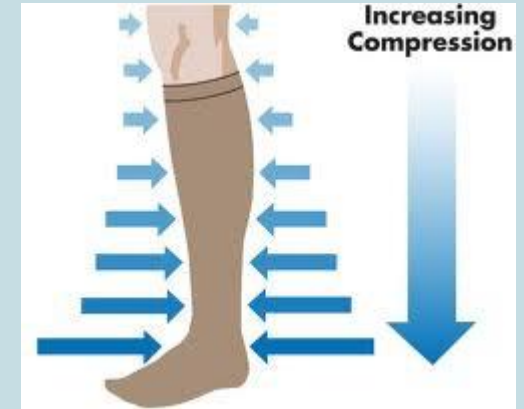
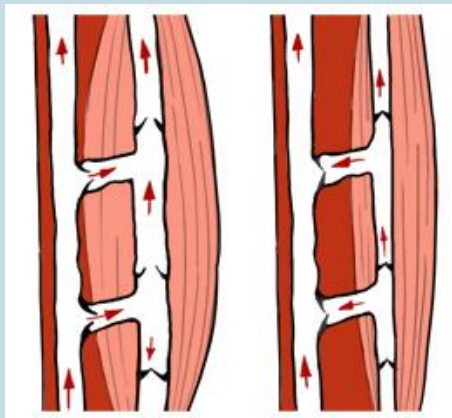
Implementing Lively Legs - Objectives

- To identify barriers and facilitators for implementing the Lively Legs program
- To develop an implementation plan



Treatment

- Ambulant Compression Therapy
- Activation of calf muscle pump



Stockings



Bandage

Patient & wound characteristics

- Mean age: 66 years (27-91)
- 60% women
- BMI: mean 30 (18-53), 76%>25
- 20% is working in a job
- Educational level: 23% elementary school

- Wound duration in months: 7.9, 4.0 (0.3-60.0)
- History of wounds;
 - 70% experienced > 1 time



Lively Legs program

- Nurse-led Lifestyle counseling
- 4 consultations in max. 6 months
- Motivational interviewing (Miller & Rollnick)
- Goal setting (Locke & Latham)



Implementing Lively Legs: barriers and facilitators

- Who is involved?
- Which interests at stake?
- What is current practice like?
- Which improvements are needed?
- Which facilitating and hindering factors?
- Relevant subgroups?
- Existing progress or change?



Collecting and analysing: barriers and facilitators

- Focus group interviews
- Questionnaire on barriers & facilitators (Peters 2003)
- Self efficacy in nurses
- Team climate inventory
- Interviews with managers, nurses and patients
- Interviews with key persons in insurance
- Description of the care process

Barriers for implementation

Patients

- Unclear where majority of patients could be reached

Nurses

- Uncertainty about available nursing time, consultation room
- Lack of knowledge/skills in behavior change / delivering the program

Dermatologists

- Some have other priorities, doubts about who benefits most

Organization

- No standardized care process, and/or regional treatment guidelines
- Competition between healthcare organizations (home care)
- Outpatient clinics; extra task without direct reimbursement

Facilitators for implementation

Patients

- Positive about counseling, effective on behavior change & wound

Nurses

- Positive about content and effect of the program
- Positive about tailoring program to patients needs

Dermatologist

- Positive about effect of the program, perceived need

Organization

- More cooperation healthcare organizations in the region
- More patients will be referred to outpatient clinic or homecare
- Extra task & finance for home health care organizations
- No major financial or organizational risks

Selecting Strategies



Benefit of the analysis

- In-depth picture of hindering and facilitating factors
- Develop specific education, information tailored to the target group



Summary

Awareness of the barriers and facilitators
in implementation processes

- at different level: individual, team and organisational level
- identify the barriers and facilitators for change

