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How to Use this Information

- This information is designed to be used as a checklist to assist with communicating your clinical content to target groups and to plan local implementation and measurement.
- There is good evidence that using a combination of implementation strategies is more effective than using single strategies.

Preparing For Implementation: Meeting-In-A-Box

1. Familiarize yourself with your clinical content and tools.

    a. Create talking points to describe the gaps between current practice and the change you wish to make, such as improved patient care.

    b. Be sure to create and use impact assessment information which you should complete to reflect your local conditions (e.g., size of population affected, estimates of current testing and referrals of patients).

2. Select the strategies you plan to use from the list of implementation strategies below.

3. Prepare an information briefing for your decision leaders and health care professionals involved in QI work and in caring for affected patients. Include the evidence, benefits, harms, risks and projections of costs and savings).

4. Prepare a measurement plan using your own gap analysis and impact assessment to project potential practice change.

5. Be prepared to do an "elevator talk" or "academic detailing" by knowing the key points of your clinical content.

6. Schedule educational sessions utilizing existing and special forums you create for educating various target groups about the condition.

    a. Present to each group the gaps, the guideline key points, the information and decision-aids.

    b. Consider using case studies, e.g.:

        i. A 42 year-old with new diagnosis of IBS—1st visit

        ii. A 43 year-old woman—self-care has not controlled symptoms

7. Create appropriate information and decision aids and disseminate through various strategies.

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	Advice	
1.	**Decision Support Materials for Clinicians**	**Any tool that is helpful at the time of clinical decision-making.** Examples: • Reminders (especially computerized reminders at time of visit) can be most effective • Algorithms • "One pagers" / Text Summaries **Diagnostic or treatment information about a patient provided from computer analysis of patient-specific data.** Examples: • Medication dosing • Patients needing lab tests or immunization • Warning regarding rising creatinine on nephrotoxic drugs
2.	**Leadership Buy-in & Support**	**Personal sources (e.g., colleagues) are often preferred over impersonal (e.g., print) sources especially when there is medical uncertainty: Structural leaders; Opinion leaders** Effectiveness: • Multiple studies show opinion leaders can be effective and can be used to teach, encourage, demonstrate, persuade, establish norms.
3.	**Information Dissemination & Training** • **CME and Other Events** • **Academic Detailing**	**Educational activities which benefit clinicians & patients** Effectiveness: patient outcomes, adherence, clinician awareness & knowledge Examples: • Postgraduate Courses • CME Workshops **Educational sessions focusing on a discrete clinical area or skill. Individuals or small groups of learners are tutored and interact.** Effectiveness: • RCTs > tutorials & preceptorships can be effective **Academic Detailing: Short, 1-on-1 "conversations" with educational & behavioral objectives –** ♦ **Mutual participation (address driving/restraining forces)** ♦ **Limited number of essential messages** ♦ **Reinforcement & repetition** Effectiveness: • RCTs - demonstrated efficacy • Increased with opinion leaders & repeat detailing

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| 4. | Systems and Administrative Changes | **Improvement through changes in --**

♦ **Facilities, systems, roles (including staffing), methods (including procedures), equipment, supplies, other resources**
Examples:
    • Standing orders (role change)
    • Day surgery (facilities)
    • Laparoscopic surgery (equipment)

Clinical information systems
♦ **Decision rules**
♦ **Suggest care based on patient-specific data**
♦ **Reminders, alerts**
♦ **Bring together information to inform decisions**

Registries
♦ **Collections of patients by defining characteristic -**
♦ **Dx, scheduled visit, out of compliance**
♦ **Should contain actionable information**
♦ **Should allow flexibility of use**

Rules /policies
Examples:
    • Formularies
    • Preadmission certification
    • 2nd opinion programs
    • Required consultation
    • Incentives
    • Penalties (50 hrs CME/yr for license) |
| 5. | Patient-centered Strategies | **Approaches or tools designed to influence patients' decision-making**
Examples:
    • Video can be as effective as patient education (short term knowledge)
    • Mass media (e.g., change in hysterectomy rates)
    • Shared decision-making (e.g., interactive video) |

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6.	**Measurement & Feedback**	**Information from measurement of clinical practice is systematically recycled to practitioners** Effectiveness: • Controlled trials > variable effectiveness • Peer comparison > Aggregate • Active > Passive • Concurrent > Delayed • More effective with personal contact
	Worksheet	
1.	**Decision Support Materials for Clinicians**	
2.	**Leadership Buy-in & Support**	
3.	**Information Dissemination & Training** • **CME and Other Events** • **Academic Detailing**	
4.	**Systems and Administrative Changes**	
5.	**Patient-centered Strategies**	
6.	**Measurement & Feedback**	

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