

Tailoring Interventions and Sustainability

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PERSPECTIVES

1. Initial approaches with tailoring (1993-1999)
2. Increasing interest in sustainability (2002-2006)
3. Sustainability action planning (2009-2012)
4. Methodological issues

1. “Tailoring” as a PhD Student 1999

A community-wide approach versus a tailored intervention

Background

Fetal health surveillance guidelines

Labour support (continuous presence of caregiver)

Intermittent fetal auscultation (not EFM)

Prospective, Cluster RCT (Pilot with 4 sites)

Work sampling observations, Chart audits, Surveys (barriers)

Davies, B. Hodnett, E., Hannah, M., O'Brien-Pallas, L., Pringle, D., & Wells, G. with members of PPESO and SOGC. (2002). Canadian Medical Association Journal, 167 (5) 469-474.

Intervention

Control

(usual , community-wide)

- Regional education program: quarterly meetings, annual conferences, newsletter
- Regional sub-committee: 25 members produced 4 resources (e.g. decision-making tool)

Experimental
(Active, Coordinated + Self-Efficacy)

- Usual plus
- **Tailored** to hospital
- Planning meetings
- Workshops for nurses
- Grand rounds
- Unit Discussions
- Chart Audit

Results

“The results are mixed and the tailored intervention thus appeared to have limited effects”

Award winning SOGC, AWHONN

Included in the Cochrane Review Baker et al 2010 on
Tailored Interventions

Rated as moderate risk of bias with low tailoring

Tailored interventions to overcome barriers to change

Baker et al. Cochrane Review 2010

- Results: 12 studies, meta-regression, pooled odds ratio 1.54 (95% CI, 1.16 to 2.01)
- Conclusion: More likely to improve professional practice than no intervention or dissemination of guidelines
- Methods to identify and tailor “*need further research*”

2. Determinants of the sustained use of research (SURE study)

- Once the initial pilot implementation funding is over, do nurses, managers and senior executives continue to implement guideline recommendations?



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Sustainability: Background

- **Little research on long-term impact of clinical guidelines or innovations in practice**
- **The word sustainability found in 2 of 1000 sources screened for a systematic review of the diffusion of innovations in health care organizations (Greenhalgh, 2004)**
- **“ A kind of bottom line”- many innovations are important, only if they continue to be used (Rogers, 2003)**

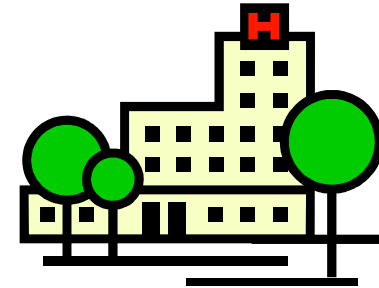
Results

Participation rate:

90% Organizations (37/41)

92% Decision-makers (112/122)

80% Nurses (77/96)



21 Hospitals
10 Long-term care
6 Community care

Mixed methods, prospective panel study

Interviews

Document review

16 site visits made

Results

Sustainability status based on meeting four of six criteria:

- **Current practice**
- **Continuing education**
- **Policies/procedures**
- **Leadership**
- **Workplace culture**
- **Self-assessment on success of project and sustainability**

Sustainability Status

Year 2

- **43% sustained (16/37);**
with **69% of these as expanded (11/16)**

Year 3

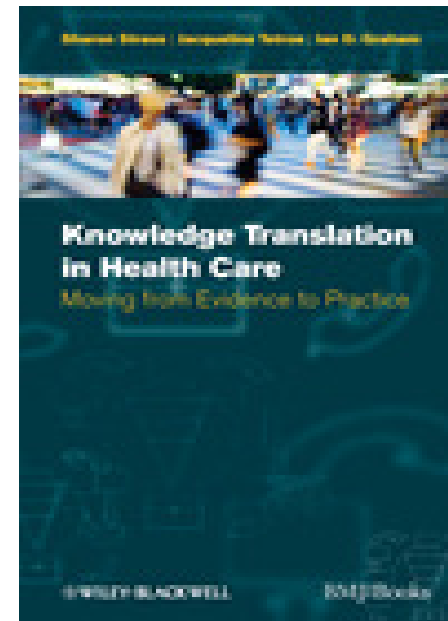
- **59% sustained (22/37)**

Up to 70% organizational failure rate for new innovations

Maher, L et al. 2007. NHS sustainability model

3. Facilitators and barriers to develop a sustainability action plan*

- Relevance of the topic
- Benefits
- Attitudes
- Networks
- Leadership
- Policy articulation
- Financial
- Political



***Davies, B.**, Edwards, N. (2009). The Action Cycle: Sustain knowledge use. In S. Strauss, J. Tetroe & I. Graham (Eds.), Knowledge Translation in Health Care: Moving from Evidence to Practice. Oxford: Wiley-Blackwell and BMJ.

Current Research

Sustainability Action Planning

Guideline implementation for improved client/patient outcomes (GICOM): A longitudinal multi-site study

Overview

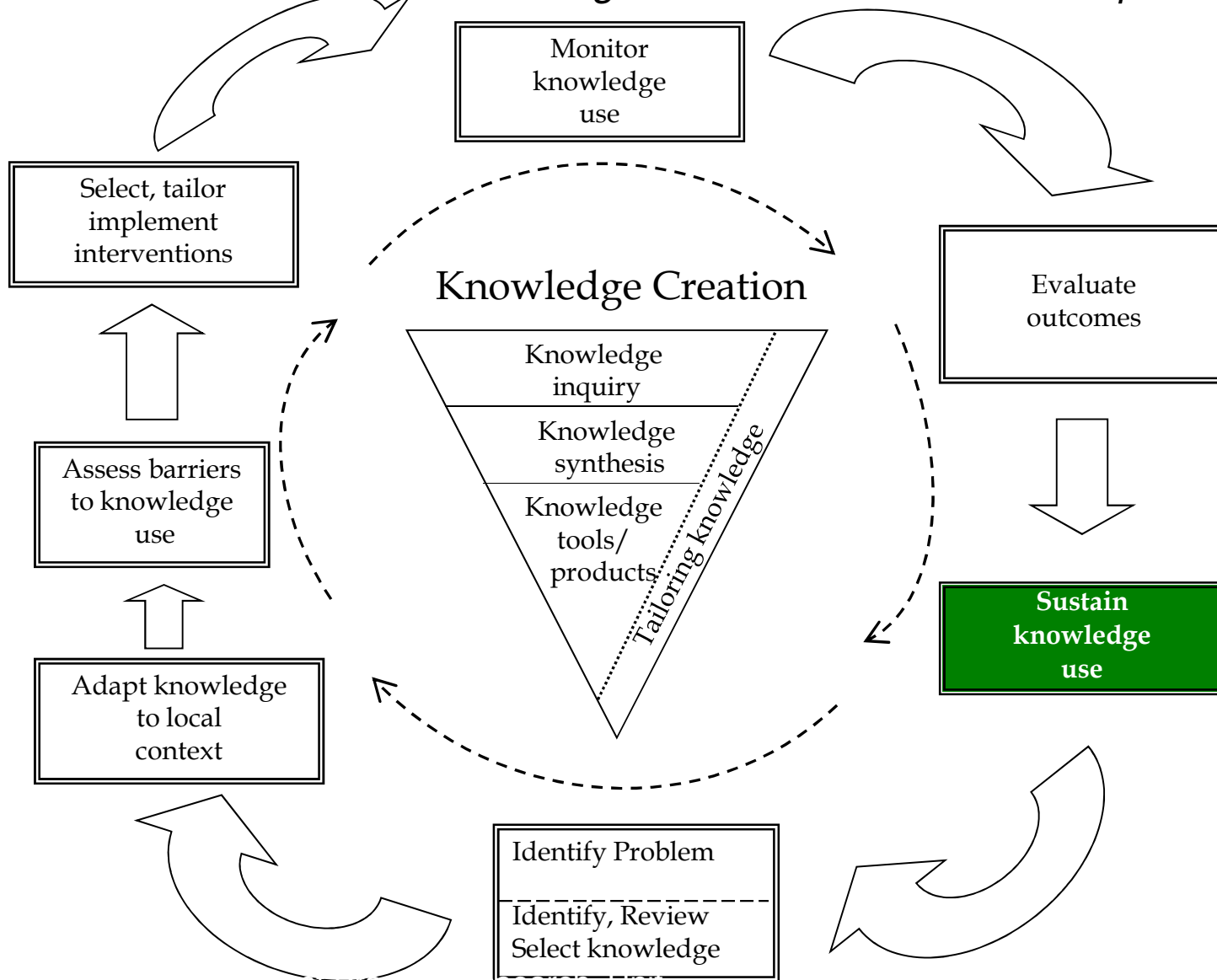
- 1. Enhance sustainability action planning**
- 2. Provide data about patient/client outcomes**
- 3. Provide data about the barriers and supports to improving patient/client outcomes**
- 4. Provide educational and networking opportunities for leaders at each site to exchange successful strategies among sites implementing the same guidelines**

Methods

- **Participatory Action Research**
- **Mixed Methods, longitudinal, pre post design, 4 observation times**
- **NHS sustainability model- Focus on the evaluation element**
- **Three action cycles of feedback (PDSA)**
 - **Annual interactive educational workshops**
 - **Site Visits to each BPSO**
 - **Interviews with leaders and front-line staff**
 - **Executive summary report**
 - **Teleconference discussions**
 - **Intervention**
 - **Sustainability action planning**
 - **Education**
 - **Networking**

Knowledge to Action

from: Graham et al: *Lost in Knowledge Translation: Time for a Map?*



Methodological Issues

1. Tailoring not defined
2. Who does the tailoring?
3. Various receptors of tailoring?
Senior administrators, Medical obstetrical chiefs,
Staff
4. Long-standing barriers
5. How often is a barrier analysis conducted?
 - Evolving systems, changing organizational factors, people, teams, It programs,
 - New evidence emerging