

Conference Abstract

2nd Biennial Australian Implementation Conference

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Title

Clinician-Led Improvement in Cancer Care (CLICC): A randomised phased trial of clinical guideline implementation through a clinical network

Theme

Fidelity, adaptation and scale-up

Abstract

The discrepancy between research evidence and clinical practice is well documented and remains one of the most persistent problems in providing high-quality health care.

Clinical practice guidelines have been extensively developed as a means to disseminate best practice and ensure clinical decision-making is informed by recent, credible research evidence, thereby improving health care processes and outcomes. However, timely and effective implementation of guidelines into practice is inconsistent. It has been argued that to effectively implement evidence-based practice, research urgently has to change, so that it develops through collaborations between clinicians, researchers, patients, policy makers and quality improvement experts.

Clinical networks, such as those established by the NSW Agency for Clinical Innovation, are increasingly being viewed as vehicles through which evidence based care can be embedded into our healthcare system using a collegial approach to agree on and implement a range of strategies within and across hospitals but we still don't know if the time and resources spent on networks result in better care.

This presentation will outline the development of the Clinician-Led Improvement in Cancer Care (CLICC) Study, a locally tailored, multi-faceted clinical guideline implementation strategy that harnesses the NSW Agency for Clinical Innovation Urology Network in NSW hospitals to implement a clinical practice guideline for the management of men with high-risk prostate cancer, the most common cancer registered in Australia and second most common cause of cancer death in males. The intervention has been developed to address prospectively identified barriers, through a theoretical framework of behaviour change, to promote provider acceptance and change practice. CLICC is being rolled out in a phased randomised trial across 9 NSW hospitals within the Urology Network using a stepped wedge design. In Phase 1, outcome data to assess changes in healthcare practice will be collected through medical audit of hospital records. Phase 2 will be a mixed methods study to elucidate the mechanisms of change. The study will be one of the first randomised trials to test the effectiveness of clinical networks to lead changes in clinical practice in hospitals with high risk patients to improve evidence based care in Australia and will provide crucial evidence about effective implementation strategies to embed recommended care into practice to improve patient outcomes.