

Conference Abstract

2nd Biennial Australian Implementation Conference

17-18 September 2014

Title – Implementing evidence based healthcare through clinical networks – how should they be optimised as implementation vehicles?

Theme 2

Systems and structures to support high quality implementation

Abstract

Objective: Clinical networks are being implemented internationally as vehicles to embed evidence based care in health systems, but the features of effective networks are largely unknown. We examined the external support, organisational, and program characteristics of clinical networks associated with their impact on quality of care and system-wide change.

Methods: We conducted a retrospective cross-sectional study of 19 state-wide clinical networks in New South Wales, Australia using interviews, an internet survey, and an expert panel. State-supported clinical networks that implement quality improvement initiatives across the range of medical and surgical specialty care from 2006 to 2008 were included in the study. The main outcome measures were median ratings for impact on quality of care and impact on system-wide change as determined through independent assessment of documentary evidence by an expert panel. Nineteen network managers and 32 network co-chairs participated in an interview; 468 network members completed an internet survey. Relationships between outcomes, explanatory variables and confounders were examined using Spearman correlation coefficients for continuous explanatory variables and confounders and t-tests for binary explanatory and confounder variables. A backward stepwise regression analyses was conducted with explanatory variables and confounders with a correlation of 0.4 or more.

Results: Three networks had high impact on quality of care and seven had high impact on system-wide change. Adjusted multivariable analysis demonstrated that better perceived strategic and operational management of a network was significantly associated with higher rating for impact on quality of care (Coefficient estimate=0.86; 95% CI 0.02 to 1.69); and better perceived leadership of the network manager (Coefficient estimate=0.47; 95% CI 0.10 to 0.85) and strategic and operational management of a network signified by number of meetings (Coefficient estimate=0.23; 95% CI 0.06 to 0.41) were associated with higher rating for impact on system-wide change.

Conclusion: Clinical networks that span the health system can be effective implementation vehicles for initiatives that result in system-wide change and improved patient outcomes. The management and leadership of a network encompassing both strategic and operational elements appear to be the primary influences on the success of clinical networks. Networks that have an organisational approach to strategic planning and stakeholder engagement increase the effectiveness of clinical networks in implementing evidence based care across health systems.

Presentation type

20 minute oral presentation