Poster

Case studies in implementing evidence-based practice for acute myocardial infarctions (AMIs) in regional Victoria

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Clinical Practice Guideline	1. AMI Clinical Pathway produced by clinicians in an acute hospital. 2. AMI Best Practice Guidelines (BPG) produced by inter-disciplinary, cross-hospital committee.
Stakeholders	1. AMI pathway designed and implemented in conjunction with doctors, nurses, pharmacist, physiotherapist and dietician. 2. AMI BPG designed and implemented in conjunction with Department of Human Services (DHS), Victoria; representatives from emergency departments and critical care units from four hospitals; and ambulance personnel.
Evidence-practice gap	1. Variability in practice and limitations with existing pathway. 2. Anecdotal evidence of variable emergency management of AMIs in the region.
Implementation strategies	1. Genuine inter-disciplinary collaboration to design pathway and audit and feedback to end-users during implementation of pathway in practice. 2. Inter-disciplinary and multiple venue input into development of BPG and local education sessions prior to implementation.
Data	1. Retrospective before and after medical records audit to measure and compare documented usage of the pathway by clinicians. 2. Retrospective before and after medical records audit to measure and compare the proportion of those patients eligible and receiving a thrombolytic and door-to-needle time.
Results	1. 195 records (124 before and 71 after) audited. Documented usage statistically significantly improved (22.6% v 57.7%; $p < .000$). 2. 170 medical records audited. No improvement in proportion of patients eligible and receiving a thrombolytic (74.2% v 62.5%: $p = 0.275$), and door-to-needle time (67.7mins v 60.5mins: $p= 0.759$).
Barriers	1. Attaining clinician ownership of the pathway. 2. Implementing standardised guidelines across multiple venues with barriers specific to their own region and processes.
Enablers	1. Genuine clinician ownership. 2. Guidelines not taken up by key users.
Resources	1. University research grant and cooperation with local hospital. 2. DHS funded design and implementation process whilst University provided research leave to evaluate the impact of the guidelines.
Key message	Comparison of both implementation approaches indicated a strategic component of successful implementation of evidence into practice is genuine involvement of key users in guideline development and implementation.
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