

Poster

Implementation of clinical practice guidelines: Overcoming barriers to implementation of iron management guidelines in chronic kidney disease patients on dialysis

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Clinical Practice Guideline	In this project we aimed to discover to what level guidelines for iron management in the chronic kidney disease patient were being adhered to and what barriers there were to full implementation of the guideline across 6 renal units in Australia. The guidelines were produced by CARI (Caring for Australasians with Renal Impairment).
Stakeholders	We worked with nephrologists and renal nursing staff of the 6 renal units to uncover and document what barriers and enablers to implementation staff were facing. Upon the results of an iron management audit 3 of the 6 units have chosen to try to improve iron management practices.
Evidence-practice gap	The iron guideline was chosen due to its high levels of evidence (National Health and Medical Research Council (NHMRC) level 1), its importance for patient mortality and morbidity, its measurability and the enormous potential cost savings for 'getting it right'.
Implementation strategies	The strategies that we are using are: 1. Awareness raising, 2. Barrier analysis, 3. Opinion leader and 4. Audit and feedback. An audit of iron studies was from the Australian and New Zealand Dialysis and Transplant Registry (ANZDATA) and data was analysed and presented to units and at conferences. A barrier analysis was performed using the NICS barrier analysis tool. The three units making practice changes were assisted to complete their own barrier analysis. An opinion leader from each unit was chosen to aid in implementation. Audit data and recommendations will be made available to units from March and September iron studies results.
Data	1st Audit: Data on all units' iron results was made available from ANZDATA. Interim feedback: Units have been asked to supply data of iron tests results from March and September 2006. Final audit: Data from ANZDATA will be collected again in 2007 from December 2006 audit.
Results	The results showed varying levels of adherence to guidelines in the different units as well as differing approaches to iron management. Three of the six units are prepared to make changes to their current practices. The other three units had acceptable iron management practices.
Barriers	Choosing the correct opinion leader who has time to work on the project and enough seniority to ensure changes are made and issues are followed through as well as achieving agreement across the whole unit that change is needed and what shape that change will take.
Enablers	Completing a barrier analysis for the project as a whole, as well as assisting units to complete their own was a beneficial part of the project. Looking at barriers raises awareness of where efforts should be placed to gain the most benefit and it was not always where people first thought.
Resources	Resources were made available through the Centre for Kidney Research from a Centre for Clinical Research Excellence (CCRE) grant. This has paid for a project officer as well as some small project funds.
Key message	1. Provide good quality guidelines: Choose wisely what guideline or evidence you are putting into action, is it based on sound evidence and is there agreement that this is an issue? 2. At all times look at the barriers to the implementation of the guideline and address the issues that arise.
* Presenter Bio	Michelle Irving has a background in dental health and a Master in Health Sciences Education. She has spent time in roles in public relations and health promotion in various health services in NSW. She moved into implementation research two years ago and has just started a PhD researching implementation of guidelines in patients with chronic kidney disease.