

Opening the Black Box of Guideline Implementation

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STUDY CONTEXT

- robust evidence for reducing cv risk
- high priority area
- well-funded
- multiple implementation strategies
- enduring ethnic-based inequity
- Treaty of Waitangi – protection, participation, partnership

Five year cardiovascular risk



- >20% - intensive life-style advice, aspirin and drug treatment to lower blood lipids and blood pressure and increase glycaemic control. One-to-one dietary advice with a dietitian is required.
- 15- 20% - trial period of up to six months' life-style advice by primary health care professionals prior to consideration of drug treatment as above.
- 10 - 15% - advice by primary health care professionals focussing on diet, smoking cessation and physical activity.
- ≤10% - advice about diet, smoking cessation and physical activity

(New Zealand Guidelines Group, 2003)

PROMOTING ACTION ON RESEARCH IN HEALTH SERVICES (PARIHS)



Kitson et al (1998); Harvey et al, (2002); McCormack et al (2002); Rycroft-Malone et al (2002, 2004)

Aim of study

To expose the realities for primary health care nurses of implementing a guideline that targets high health need populations in New Zealand.

The aim was achieved by:

•Exploring the complexities of primary health care nurses' use of the New Zealand Assessment and Management of Cardiovascular Risk guideline.

•Employing the Promoting Action on Research Implementation in Health Services (PARIHS) framework to identify the enablers and barriers to guideline implementation in primary health care.



Method

- Qualitative
- Focus groups and interviews recorded
- Transcriptions
- Data analysis –
 - thematic
 - template
- Ethics
- Cultural considerations



Participants - 33

FOCUS GROUPS

- 17 primary health care nurses - 4 groups
- 4 doctors from General Practice – one group
- 3 Primary Health Care Nursing Leaders -1 group
- 5 Primary Health Organization (PHO) managers - 1 focus group

INTERVIEWS

- 1 Nurse Practitioner
- 3 District Health Board funder/planners

Data analysis

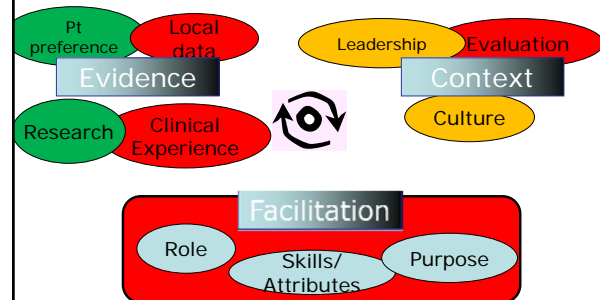
- Thematic -
 - Qualitative description (Sandelowski 2000)
 - Six step process (Pope, Ziebland & Mays, 2000)
 - Data revealed how guideline was used
- Template –
 - Data mapped to PARIHS
 - Evaluation of its capacity
 - Data revealed what conditions required

Themes

- SELF-CARING CLIENT
- EVERYDAY NURSING PRACTICE
- DEVELOPING NEW RELATIONSHIPS IN HEALTH TEAM
- IMPACT ON HEALTH CARE DELIVERY



Template: PARIHS Framework



Kitson et al (1998); Harvey et al, (2002);
McCormack et al (2002); Rycroft-Malone et al
(2002, 2004)

Implications for Practice and Research



Successful guideline implementation in primary health care demands multidisciplinary, transformational practice development to develop effective workplace cultures and systems