

## **221: QUALITY IMPROVEMENT KIT FOR HOSPITALS: PROMOTING ORGANISATIONAL CHANGE IN HEALTH SERVICES TO SUPPORT BEST PRACTICE**

### **Authors:**

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### **Objective:**

To investigate the impact, cost and acceptability of a *Quality Improvement Kit* for hospitals to address barriers in health service delivery with the aim of supporting best practice.

### **Methods:**

Research indicates that the passive dissemination of clinical practice guidelines alone is largely ineffective and unlikely to result in substantial changes in clinical practice. To encourage full adoption of guidelines and widespread evidence-based change in clinical practice, more intensive strategies are required, preferably strategies that are themselves evidence-based. Health service delivery issues appear to be barriers to the uptake of breast cancer guidelines in Australia.

To address health service barriers, a *Quality Improvement Kit* has been developed using a continuous quality improvement (CQI) approach to assist with evidence-based change within hospitals. The *Quality Improvement Kit* concentrates on several guidelines which have been identified in a national survey of treatment practices as areas of poor compliance. These topics include clinical trials, multidisciplinary care, information provision and counselling, diagnosis and follow-up. The Kit promotes the use of interdisciplinary teams of staff to assess current care delivery and to nominate priority areas for change. The Kit provides practical strategies and resources to facilitate guideline adoption with particular emphasis on data management, clinical audit, staffing resources and clinical reporting procedures.

Twenty hospitals participated in a matched pairs randomised controlled trial to determine if the *Kit* was an effective tool. The study addressed issues of impact, cost, acceptability and implementation process over a seven month intervention period. Strategies to encourage hospital 'buy-in' and use of local opinion leaders were employed. The impact of the Kit was assessed using a pre-post audit of service delivery and clinical practices benchmarked against the guidelines. Acceptability and implementation process was assessed using surveys of hospital staff. A health economist determined the cost to the hospital of the process and changes implemented. Control sites were given the Kit to use following the trial.

A follow-up study of the control and intervention site hospitals is being conducted to investigate sustainability. A national program is underway to encourage use of the Kit by Australian hospitals treating women with breast cancer.

### **Results:**

The Kit was found to be helpful and easy to use. Levels of support within the hospitals was strong. A significant difference was found in the amount of change occurring in line with the guidelines between the intervention and control sites ( $t(9) = 2.94$ ;  $p = 0.02$ ). Overall, intervention sites improved more significantly than control sites. The average cost per hospital of the process and changes implemented during the trial period was A\$6560.

### **Conclusions:**

The study results indicate that overall the Kit is an acceptable tool and is effective in facilitating organisational change in hospitals in accordance with evidence-based guidelines. The results also indicate that, to date, implementation of the Kit has been relatively inexpensive. Sustainability, national 'roll-out' and potential use of this strategy in other fields for evidence based change in health services require further investigation.