Disseminating the Canadian Diabetes Association 2013 Clinical Practice Guidelines: A Step-by-Step Approach

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Methods

Knowledge synthesis

Identify problem
Select knowledge

Adapt knowledge to local context

Assess barriers/facilitators to knowledge use

Select, tailor, implement interventions

Monitoring knowledge use

Evaluating outcomes

Sustaining knowledge use

Results

Canadian Diabetes Association 2013 Clinical Practice Guidelines:
- Conform to AGREE (Appraisal of Guidelines Research and Evaluation) II standards for guideline development
  - CDA2008 CGPs ranked among the best in the world with respect to quality, rigor, and process, scoring 100% on agreement with the conclusions of the systematic review, 100% on editorial independence and 98% on rigor of development

2 methods:
- Literature review regarding care gap, barriers/facilitators of guideline uptake
- Online national survey (dietitians, nurses, pharmacists, family physicians, internists)

Identified target...:

Intervention levels | Audience | Stakeholders/partners
--- | --- | ---
Healthcare providers | Primary care providers | Provincial & federal government, Professional organizations
People with diabetes | Nurses | Health advocacy organizations
Dietitians | Pharmacists | Diabetes Canada
People with diabetes | |

Selected 6 key areas of focus (based on care gap, value, strength of recommendation, feasibility):
- Screening/diagnosis
- Team & organization of care
- Glucose lowering
- Self-management
- Vascular protection
- Individualization of care

Barriers
- Limited team communication
- Drug cost or coverage
- Time
- Patient behaviour change
- Patient complexity

Facilitators
- Access to specialist
- Hard copy patient education and self-management resources
- 1-page guidelines summary
- Electronic or hard copy of guidelines
- Online accredited CME

Prefered strategies
- Decision support
- EMR integration
- Prompts, care template
- Reference guide
- Facilitated relay
- Communication logs

Communications campaign:
- Opinion leader
- Media
- Publications
- Colleges

Slide decks
Practical tips
Evidence summaries
Video lectures
CME

Easily searchable guidelines
Web-portal
Point-of-care decision support
Medical directives
Interprofessional workshops
Patient reports & resources

EMR integration
Prompts, care template
Reference guide
Facilitated relay
Communication logs
Laboratory prompts

Iterative process of refinement:

<table>
<thead>
<tr>
<th>2013</th>
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<th>2015</th>
<th>2016</th>
<th>2017</th>
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<tbody>
<tr>
<td>Web-metrics</td>
<td>Online-surveys</td>
<td>Individual interviews</td>
<td>Interrupted time series design</td>
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Conclusion

Our evaluation strategy will assess whether effective communication and integration into clinical care occurred, and whether the guidelines had an impact on patient care
- The KTA framework, which necessitates stakeholder engagement and iterative design, provides a systematic approach to attaining this goal

guidelines.diabetes.ca

References