KLINISKE RETNINGSLINJER I KRÆFT

Kliniske retningslinjer på kræftområdet

Databasedag, 11. april 2018

Henriette Lipczak

Overlæge, sekretariatschef

Retningslinjeindsatsen

KLINISKE RETNINGSLINJER I KRÆFT

Via retningslinjer understøtte ensartet, høj kvalitet i kræftbehandlingen i DK

baseres på bedste evidens

opdateres regelmæssigt

fremstår ensartet

DMCG.dk

RKKP

www.dmcg.dk/kliniske-retningslinjer

Organisering

KLINISKE RETNINGSLINJER I KRÆFT

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DMCG.dk Udvalg for kliniske retningslinjer

Retningslinje-sekretariatet

Pakker, linjer og instrukser

KLINISKE RETNINGSLINJER I KRÆFT

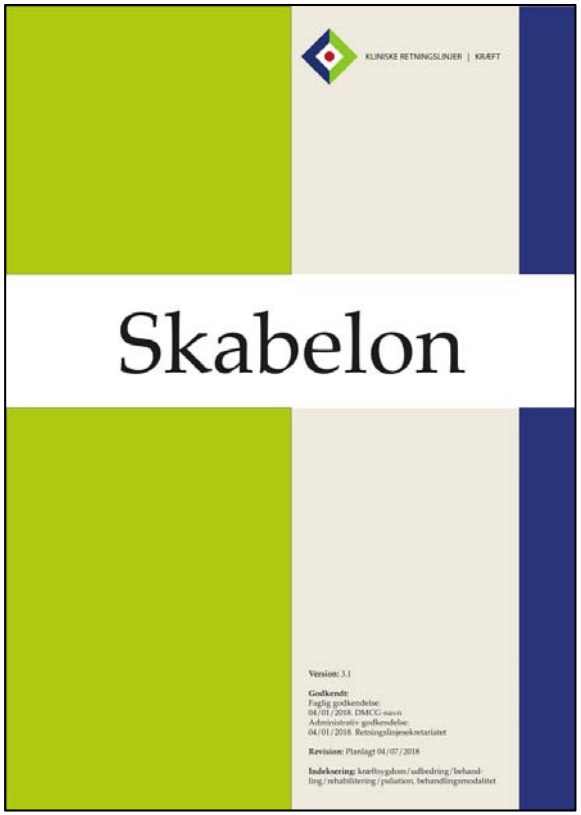
Pakkeforløb: Standardbeskrivelse af organisering, ansvarsfordeling og forløbstider. Det sundhedsfaglige indhold, herunder kliniske procedurer, er i vid udstrækning baseret på DMCG-retningslinjer, hvortil der løbende henvises.

Retningslinje: Systematisk udarbejdede udsagn (anbefalinger), der kan bruges som beslutningsstøtte af fagpersoner og patienter, når de skal træffe beslutning om passende og korrekt sundhedsfaglig ydelse i specifikke kliniske situationer.

Instruks: Kortfattet og præcis besked om hvad man skal gøre i en bestemt situation – tilpasset den lokale kontekst.

Skabelon

KLINISKE RETNINGSLINJER I KRÆFT

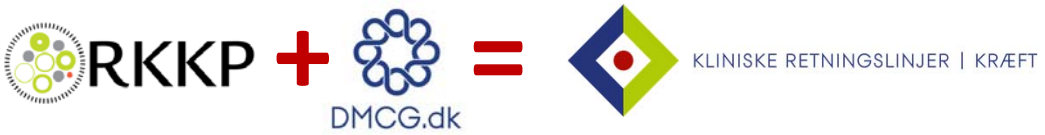


www.dmcg.dk/kliniske-retningslinjer

Fordele og muligheder

KLINISKE RETNINGSLINJER I KRÆFT

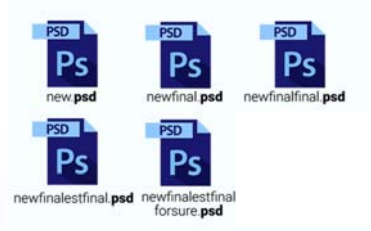
- Solid klinisk forankring; praksis- og anvendelsesperspektiv
- Afsæt i eksisterende fora; smidighed/hastighed
- Synergi mellem udvikling af retningslinjer og monitorering via de kliniske kvalitetsdatabaser
- Synergi med forskning via DCCC



Delaktiviteter

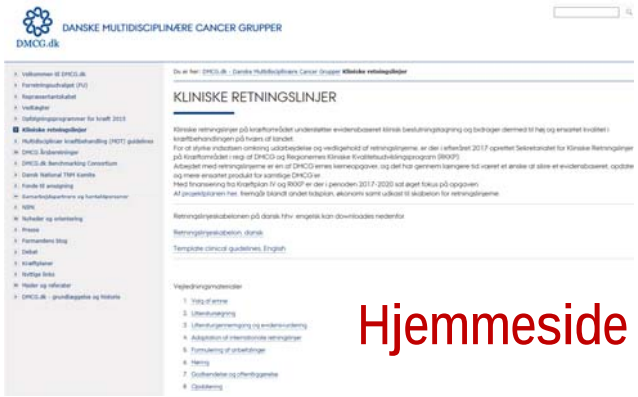
KLINISKE RETNINGSLINJER I KRÆFT

RefWorks
Referencehåndtering



Versionsstyring

Patientpanel



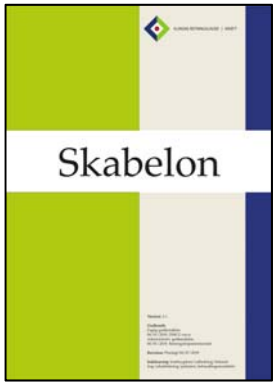
Hjemmeside

Databasegrundlag

KLINISKE RETNINGSLINJER I KRÆFT

14 minimumskrav for Sundhedsdatastyrelsens godkendelse af en klinisk database*

#10: Databasens indikatorer skal belyse relevante kliniske retningslinjer inden for databasens kliniske anvendelsesområde (§ 5, stk. 1)

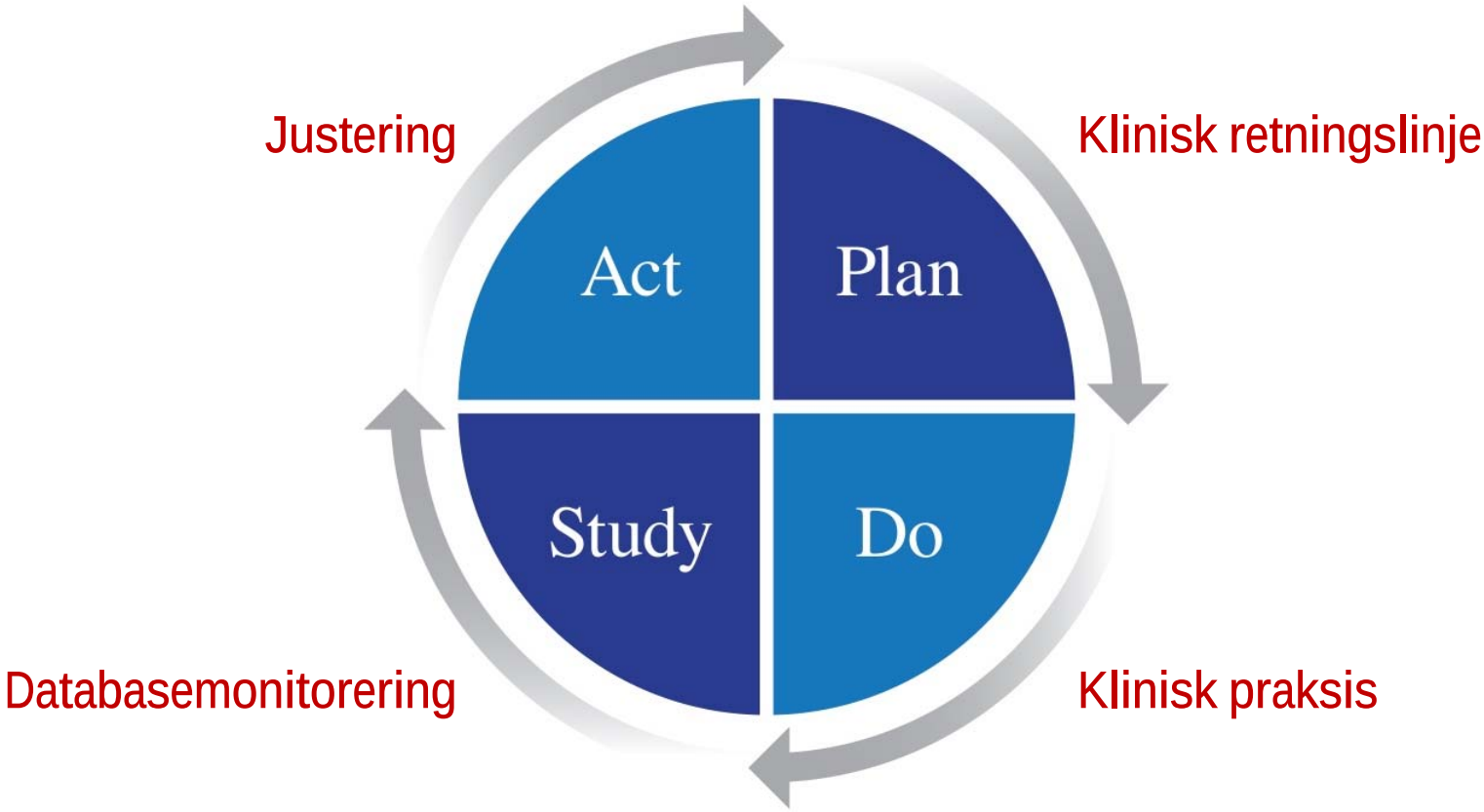


1. Anbefalinger (resumé)
2. Introduktion
3. Grundlag
4. Referencer
5. Metode
6. Monitorering
7. Bilag: f.eks. søgestrategi

*Bekendtgørelse om godkendelse af landsdækkende og regionale kliniske kvalitetsdatabaser af 28. juni 2016

Kvalitetsudvikling

KLINISKE RETNINGSLINJER I KRÆFT

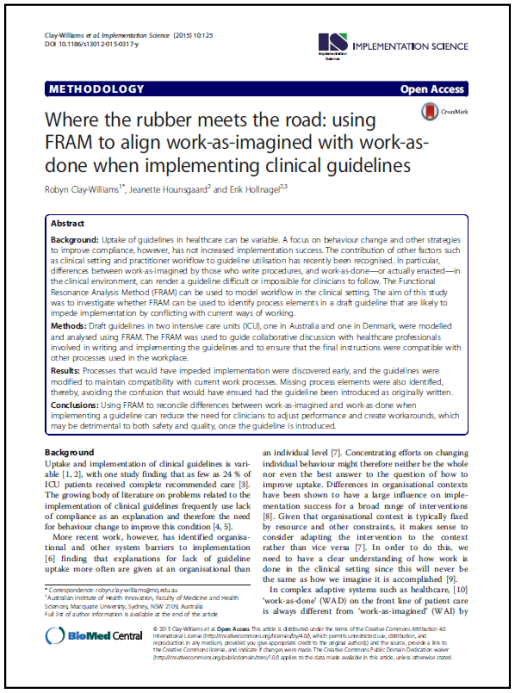


Opmærksomhedspunkter

KLINISKE RETNINGSLINJER I KRÆFT

Evidensbaseret medicin

WAI vs. WAD



Clay-Williams et al. Implementation Science (2015) 10:125
DOI 10.1186/s13012-015-0317-y

IMPLEMENTATION SCIENCE

METHODOLOGY — Open Access

Where the rubber meets the road: using FRAM to align work-as-imagined with work-as-done when implementing clinical guidelines

Robyn Clay-Williams[1*], Jeanette Hounsgaard[2] and Erik Hollnagel[2,3]

Abstract

Background: Uptake of guidelines in healthcare can be variable. A focus on behaviour change and other strategies to improve compliance, however, has not increased implementation success. The contribution of other factors such as clinical setting and practitioner workflow to guideline utilisation has recently been recognised. In particular, differences between work-as-imagined by those who write procedures, and work-as-done—or actually enacted—in the clinical environment, can render a guideline difficult or impossible for clinicians to follow. The Functional Resonance Analysis Method (FRAM) can be used to model workflow in the clinical setting. The aim of this study was to investigate whether FRAM can be used to identify process elements in a draft guideline that are likely to impede implementation by conflicting with current ways of working.

Methods: Draft guidelines in two intensive care units (ICU), one in Australia and one in Denmark, were modelled and analysed using FRAM. The FRAM was used to guide collaborative discussion with healthcare professionals involved in writing and implementing the guidelines and to ensure that the final instructions were compatible with other processes used in the workplace.

Results: Processes that would have impeded implementation were discovered early, and the guidelines were modified to maintain compatibility with current work processes. Missing process elements were also identified, thereby, avoiding the confusion that would have ensued had the guideline been introduced as originally written.

Conclusions: Using FRAM to reconcile differences between work-as-imagined and work-as-done when implementing a guideline can reduce the need for clinicians to adjust performance and create workarounds, which may be detrimental to both safety and quality, once the guideline is introduced.

Background

Uptake and implementation of clinical guidelines is variable [1, 2], with one study finding that as few as 24 % of ICU patients received complete recommended care [3]. The growing body of literature on problems related to the implementation of clinical guidelines frequently use lack of compliance as an explanation and therefore the need for behaviour change to improve this condition [4, 5].

More recent work, however, has identified organisational and other system barriers to implementation [6] finding that explanations for lack of guideline uptake more often are given at an organisational than an individual level [7]. Concentrating efforts on changing individual behaviour might therefore neither be the whole nor even the best answer to the question of how to improve uptake. Differences in organisational contexts have been shown to have a large influence on implementation success for a broad range of interventions [8]. Given that organisational context is typically fixed by resource and other constraints, it makes sense to consider adapting the intervention to the context rather than vice versa [7]. In order to do this, we need to have a clear understanding of how work is done in the clinical setting since this will never be the same as how we imagine it is accomplished [9].

In complex adaptive systems such as healthcare, [10] 'work-as-done' (WAD) on the front line of patient care is always different from 'work-as-imagined' (WAI) by

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Status

KLINISKE RETNINGSLINJER I KRÆFT

- Intromøder: 18 afholdt – 2 planlagte – 4 på vej
- Intern organisering og detailplanlægning godt i gang
- Ny skabelon i anvendelse
- Konstruktiv dialog om tilpasning af modellen

Kontakt

KLINISKE RETNINGSLINJER I KRÆFT

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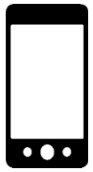

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