From policy to practice: implementation of aseptic technique programs in response to a national infection control policy

Sally Havers BN MPH CICP-E FACIPC| PhD Candidate
Centre of Research Excellence in Reducing Healthcare Associated Infection
Queensland University of Technology

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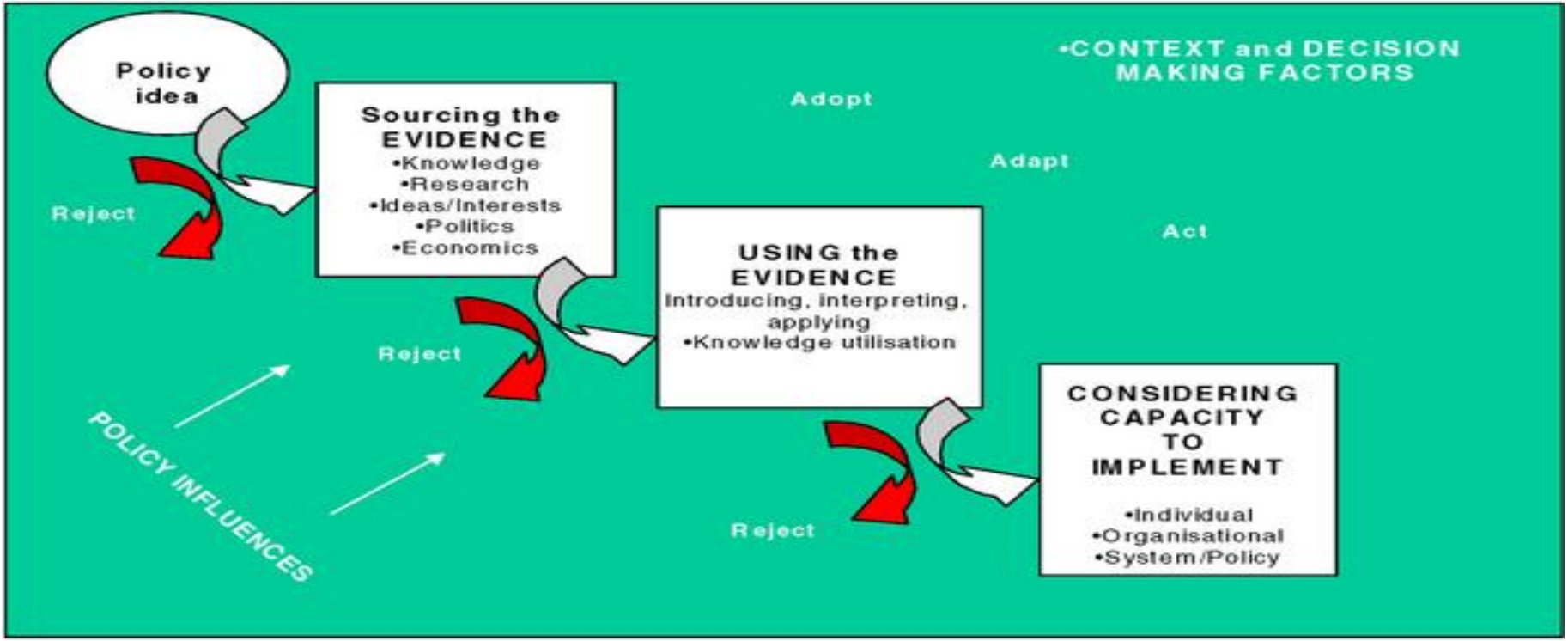
Figure 1. The Evidence-Informed Policy and Practice Pathway



Bowen S, Zwi AB (2005) Pathways to "Evidence-Informed" Policy and Practice: A Framework for Action. PLOS Medicine 2(7): e166. https://doi.org/10.1371/journal.pmed.0020166
http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0020166

PLOS | MEDICINE

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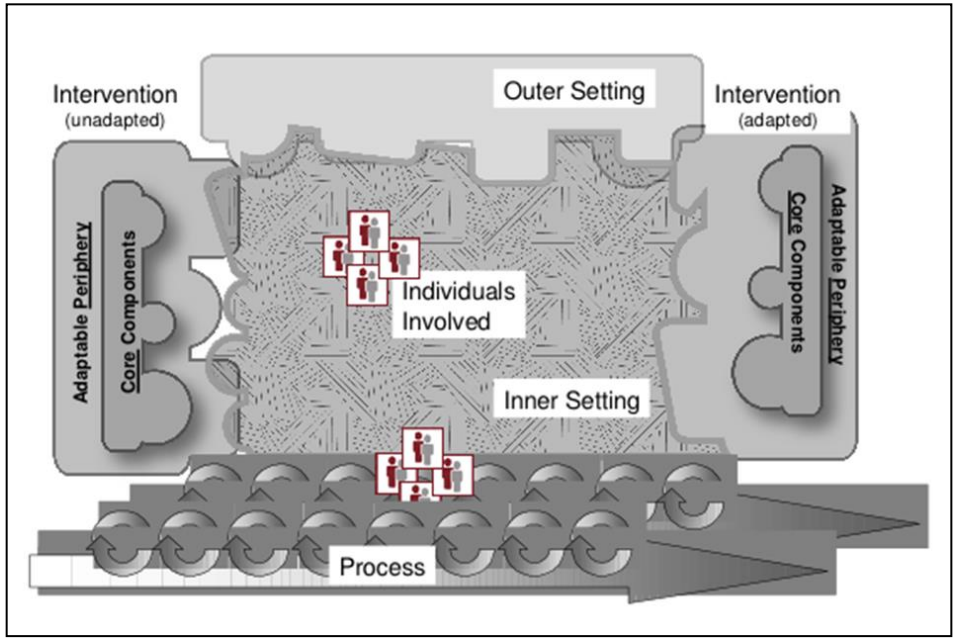
Health Research Policy and Systems

OPINION Open Access

Evidence-based policymaking is not like evidence-based medicine, so how far should you go to bridge the divide between evidence and policy?

Paul Cairney[1,2*] and Kathryn Oliver[3,4]



Consolidated Framework for Implementation Research (CFIR)

Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Implementation science. 2009 Aug 7;4(1):50.

Research Problem

- What we know:
  - Implementation in health care is complex.
  - Effective implementation is dependent on understanding and addressing contextual issues.
  - Policy implementation is different to the implementation of other safety and quality interventions.

The Research Gaps

- What we don't know:
  - Currently no research which examines or describes policy implementation in Australian hospitals
  - What are the variables that influence implementation of Infection Control (IC) policy?
  - What factors (both external and internal) impact on the implementation process?

AT Case Study

- AIM: To identify the contextual factors which impact on the implementation of Infection Control policy in Australian hospitals.
- A “real life” account of the implementation of AT to examine the contextual factors that have impacted on organisations in the process of introducing policy requirements.

Background

Preventing and Controlling Healthcare Associated Infections

Standard 3

This criterion will be achieved by:	Actions required:
3.10 Developing and implementing protocols for aseptic technique	**3.10.1** The clinical workforce is trained in aseptic technique
	3.10.2 Compliance with aseptic technique is regularly audited
	3.10.3 Action is taken to increase compliance with the aseptic technique protocols

Design

- Exploratory qualitative research approach
- Focus groups were used to collect data about implementation activities specific to aseptic technique practices
- Participants were selected using stratified purposive sampling to ensure representation from public and private Infection Control services as well as regional and metropolitan services.
- Participants were required to have been directly involved in the implementation of an aseptic technique practice program in their hospital since 2010.

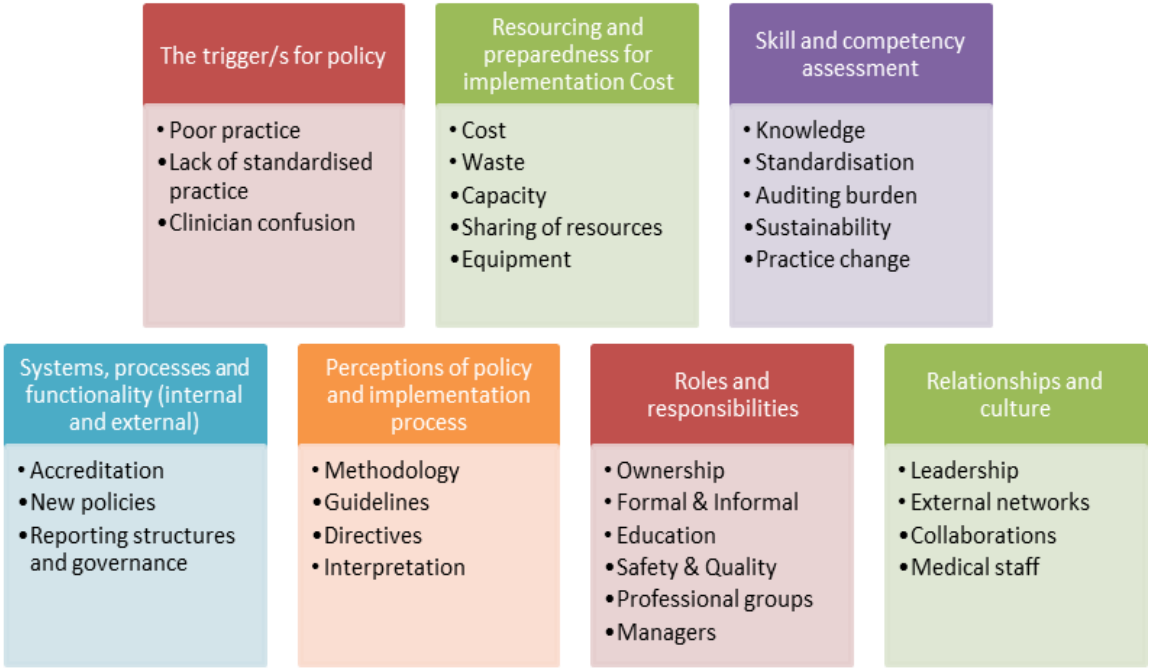
Analysis

- Focus groups were audio recorded and transcribed verbatim for analysis.
- Open coding and thematic analysis was initially undertaken by two of the researchers separately.
- A subsequent interpretive description analysis was undertaken jointly under the supervision of a third researcher in which the separate groupings of coded data were discussed, merged and reviewed in order to determine the themes according to the areas identified by each researcher.
- A review of these themes was then undertaken to ensure findings were appropriate to each of the original data.

Results

- Four focus groups were conducted with 15 participants in January and February of 2015.
- This included an additional focus group conducted by teleconference to enable participation by regional ICPs.
- Representation from public and private facilities in urban and regional areas in Victoria, South Australia and Queensland.
- Focus groups ran for approximately two hours.

Results


The trigger/s for policy
• Poor practice
• Lack of standardised practice
• Clinician confusion
Resourcing and preparedness for implementation Cost
• Cost
• Waste
• Capacity
• Sharing of resources
• Equipment
Skill and competency assessment
• Knowledge
• Standardisation
• Auditing burden
• Sustainability
• Practice change
Systems, processes and functionality (internal and external)
• Accreditation
• New policies
• Reporting structures and governance
Perceptions of policy and implementation process
• Methodology
• Guidelines
• Directives
• Interpretation
Roles and responsibilities
• Ownership
• Formal & Informal
• Education
• Safety & Quality
• Professional groups
• Managers
Relationships and culture
• Leadership
• External networks
• Collaborations
• Medical staff

Findings

Theme	Discussion Points	Quotes
Trigger/s for policy	• Poor practice • Lack of standardised practice • Clinician confusion	• “concept of asepsis had been lost” • “dominant culture was to take the easy way” • “we knew anecdotally we had a problem…..” • “formalising something into practice”
Resourcing & preparedness	• Cost • Waste • Capacity • Sharing of resources • Equipment	• “extremely labour intensive” • “we waste enormous amounts of hours re-inventing the wheel” • “there should be a much more seamless approach” • “what resources or supports were there…before it all started” • “should it have been looked into, the staffing required to put in Standard 3?”

Findings

Theme	Discussion Points	Quotes
Skill & Competency Assessment	• Knowledge • Standardisation • Auditing burden • Sustainability • Practice change	• “measuring all the time” • “take away precious time” • “audit is an extremely dirty word” • “what does competence mean” • “you can be competent today but not tomorrow” • “I think we have seen a change. I think it is marginal”
Systems, processes and functionality (internal and external)	• Accreditation • New policies • Reporting structures and governance	• “the driving force, of course, is accreditation” • “subjectivity of surveyors” • “with the right framework…and re-enforced things with new policies”
Perceptions of policy and implementation process	• Methodology • Guidelines • Directives • Interpretation	• “there was a lot of confusion” • “terminology and jargon in ANTT…what is she talking about”

Findings

Theme	Discussion Points	Quotes
Roles and Responsibilities	• Ownership • Formal and Informal • Education • Safety & Quality • Professional groups • Managers	• “(the) Standards have kind of created silos” • “right, you have got this standard” • “clinical knowledge, it depends on where you were trained” • “so many other things that are driving practice now, that push these things aside”
Relationships & Culture	• Leadership • External networks • Collaborations • Medical staff	• “The Education department goes…we don’t have responsibility for staff” • We have an education model…it’s not really effective…it’s been taken out of our hands” • “I have deliberately not taken responsibility for asepsis” • “VMOs are separate to our accreditation” • “what they are thinking of is the rest of the organisation, rather than the risk to the patient”

Findings

- Context is important when implementing IC policy.
- Similar factors are affecting ICPs implementing policy in a variety of hospital settings.
- Understanding these factors better and considering these when designing interventions and policy is crucial to improving the effectiveness of implementation.

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Questions or comments…..

sally.havers@qut.edu.au