

Dissemination and implementation plan

**Clinical Guidelines for
Stroke Management 2020**

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1 Background

The Stroke Foundation has been developing stroke guidelines since 2002. In order for the Australian Government to ensure up-to-date, best practice clinical advice is provided and maintained to healthcare professionals, the NHMRC requires clinical guidelines be kept current and relevant by reviewing and updating them at least every 5-years. As a result, the Stroke Foundation is testing a model of continually reviewing and updating recommendations in response to new evidence. This project commenced in July 2018 and is currently being funded by the Australian Government Department via the Medical Research Future Fund.

The Guidelines cover the most critical topics for effective management of stroke, relevant to the Australian context, and include aspects of stroke management across the continuum of care including pre-hospital, assessment and diagnosis, acute medical and surgical, secondary prevention, rehabilitation, discharge planning, community participation, and management of TIA. Some issues are dealt with in more detail, particularly where current management is at variance with best management, or where the evidence needs translation into practice.

The primary goal of the Guidelines is to help healthcare professionals improve the quality of the stroke care they provide.

This ***Dissemination and Implementation Plan*** details the information required by the NHMRC in accordance with the requirements of the *NHMRC 2011 Standard for developing clinical practice guidelines* [1].

2 Dissemination of the Guidelines

Reviewing current evidence and developing evidence-based recommendations for clinical care are only the first steps to ensuring that evidence-based quality stroke care is available. Following publication, the Guidelines must be disseminated to all those involved in stroke care to inform and assist stroke care delivery.

The Guidelines are intended for use by healthcare professionals, administrators, funders and policy makers who plan, organise and deliver care for people with stroke or TIA during all phases of recovery.

2.1 Target audience

The target audience for the Guidelines includes:

- Clinicians working directly within hospital and community settings (including public and private facilities);
- General practitioners and other community health providers;
- Emergency services (i.e. ambulance services);
- Hospital administrators;
- State health departments;
- Medical, nursing and allied health university programs; and
- Consumers.

2.2 Dissemination plan

Initial dissemination of the updated Guidelines will take place via the following mechanisms:

- Official launch (including information via various media platforms);
- Circulation electronically to members of the Australian Stroke Coalition; (representatives of all state based clinical networks, and professional bodies including nursing, medical, ambulance and allied health);

- Distribution to all organisations who have previously endorsed the Guidelines;
- Distribution via the monthly guidelines summary email sent to healthcare professionals (approximately 18,000 clinicians and trainees);
- Detailed information will be placed on the Stroke Foundation's healthcare professional website InformMe.org.au;
- Publication of a content summary within relevant journals will be considered;
- Presentation at national and state conferences; and
- Information about the updated guidelines will be integrated within the Stroke Foundation's EnableMe website (which is dedicated to consumers) and the main Stroke Foundation website.

3 Implementation of the Guidelines

In considering implementation of the Guidelines at a local level, healthcare professionals are encouraged to identify the barriers, enablers and facilitators to evidence-based practice within their own environment and determine the best strategy for local needs. Where change is required, initial and ongoing education is essential and is relevant to all recommendations in the Guidelines.

Evidence-based implementation strategies described in the literature will be used to facilitate use of the Guidelines in practice. The Stroke Foundation has previously developed a framework for implementation, *Implementing the Clinical Guidelines for Stroke Management: A guide to changing practice for stroke clinicians* [2], which will continue to be promoted for use.

As part of the 'Living stroke guidelines project' a specific aspect being tested relates to implementation. Experts in implementation research were invited to participate in a workshop to develop a framework for efforts in this aspect. As a result a prioritisation process was agreed which considers several factors such as strength of the evidence, gaps in practice, perceived importance to consumers and clinicians/researchers, impact and ability to measure changes. Further work is underway for three priority topics to assess current published literature on implementation strategies and their success with a view to develop specific strategies in response to identified common barriers and enablers.

3.1 Implementation strategies

Implementation strategies we suggest to facilitate use of the Guidelines include:

- Education sessions: for example, hosting interdisciplinary face-to-face meetings/seminars/workshops or internet-based webinars. Resources will be developed to assist facilitators with identifying barriers and solutions in the implementation phase.
- Education outreach visits: for example, a peer support model using centres viewed as 'champions' in aspects of stroke management may be used to assist other centres locally.
- Education resources: for example, educational resources will utilise key opinion leaders and assist with sharing their knowledge to a wide audience.

- Audit and feedback: data from the National Stroke Audits along with relevant data from the Australian Stroke Clinical Registry will be fundamental to the implementation of these guidelines. A copy of relevant indicators covering organisation of services and clinical care will be available from the Stroke Foundation (via the InformMe website) along with key audit reports. Site reports are also available to assist sites identify and prioritise gaps in practice and to prompt development of a documented quality improvement action plan to address these gaps, based on locally identified barriers and enablers.
- Team meetings and working group meetings: for example, regular meetings of key stakeholders and team members should be used once local teams have identified key areas of quality improvement activities and commenced planning strategies for change.

A systematic review of the above strategies appear to have modest effectiveness in implementing evidence-based care but it is unclear if single interventions are any better or worse than multiple interventions [3]. Thus, all of the above strategies may be used where appropriate for implementation of the Guidelines. Specific strategies will also be considered when targeting general practitioners, in line with the *RACGP Guidelines Putting prevention into practice*. Implementation related to the National Acute Stroke Care Standards will be carefully considered [4].

3.2 Implementation support

The Stroke Foundation strongly recommends a systematic approach to identifying gaps in service delivery, understanding local barriers or enablers to reducing those gaps, and developing a clear plan of action to improve stroke services. The Stroke Foundation is committed to supporting routine monitoring of adherence to the Guidelines via the National Stroke Audit and Australian Stroke Clinical Registry and providing a centralised online portal to provide healthcare professionals with education, tools and resources, opportunities to share ideas, review data, and develop an action plans for quality improvement.

In addition, existing resources and networks can also support implementation of the Guidelines:

- The *Acute and Rehabilitation Stroke Services Frameworks*, which outlines how acute and rehabilitation stroke services, and stroke units in particular, should be organised in different parts of Australia and the resources that may be needed (available at strokefoundation.org.au);
- The Australian Stroke Coalition, which brings together representatives from groups and organisations working in the stroke field, such as clinical networks and professional associations/colleges, and works to tackle agreed priorities to improve stroke care, reduce duplication between groups and strengthen the

voice for stroke care at a national and state level (see australianstrokecoalition.com.au); and

- Clinical networks, in NSW, QLD, SA, WA, TAS and VIC, which can help to take a more systems wide approach to quality stroke care.

5 References

- [1] NHMRC, Standards for developing clinical practice guidelines, Canberra, 2011.
- [2] Stroke Foundation, Implementing the Clinical Guidelines for Stroke Management: A guide to changing practice for stroke clinicians, Melbourne, Australia, 2011.
- [3] Jeremy MG, Martin PE, John NL, et al. Knowledge translation of research findings. *Implementation Science*, 2012, 7: 50.
- [4] Australian Commission on Safety and Quality in Health Care, Acute Stroke Clinical Care Standard, Canberra, 2019.