

Can a national charity deliver a robust guideline development programme as well as a comprehensive implementation programme in the challenging federated health system of Australia? The National Stroke Foundation started coordinating national stroke guidelines in 2002 but soon realised developing guidelines, while fundamental, was only one of the many jigsaw pieces needed to see real improvements in the clinical care for stroke. The Foundation learnt from other national and international models of successful implementation programmes and embarked on closing the guidelines-practice gap for stroke by leading the first national stroke audit and then developing the 'StrokeLink' programme. The StrokeLink programme involves facilitated workshops of hospital based stroke teams, use of the audit data to identify gaps, consensus development processes to choosing gaps and consider barriers and enablers, assist teams to develop action plans to close the evidence-practice gaps and use audit data to assess changes in practice. This presentation will provide a real life example of what can be achieved by a small, dedicated team passionate about improving stroke care in Australia. Qualitative and quantitative results will be presented of the effects of the StrokeLink programme. In addition, elements of the Foundation's implementation strategies, their history and future directions will be presented focusing on key barriers and enablers at both a strategic and operational level.

Plenary 5: Successful or New Implementation Strategies for Guidelines

P012 THE EHR

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Guidelines must adhere to a rigorous, transparent, evidence-based methodology and contain explicit, actionable recommendations to ensure acceptance and facilitate implementation by clinicians and health care delivery systems. In addition to these core requirements, guidelines must be implemented in clinical practice to deliver better health outcomes for our patients. Use of Electronic Health Records (EHRs) is an effective way to embed guidance at the point of care and impact clinical care. Most EHR tools are aimed at clinicians and health care delivery system staff. However, interactive EHR tools aimed at patients that enhance patient engagement in their health care have great potential. Examples of the various types of EHR tools used in Kaiser Permanente will be presented. The characteristics of the various EHR tools available that are associated with their rate of use and their impact will be explored. The concept of EHR content implementation lifecycle will be presented. Each stage in this lifecycle is important: Requirements Definition, Design, Develop/Build, Deploy/Champion; Measure/Evaluate; Maintain/Revise. As an example of Requirements Definition, careful planning and management are necessary to ensure that EHR tools are focused on key points in the clinical pathways to address root causes of performance gaps, and support clinical workflows.

The EHR is a powerful tool to embed guidance and affect clinical care. But effective use of EHR tools also requires strong support from organisational leadership, centralised coordinated governance, and collaboration with end-users. EHR tools must be integrated into the larger health care delivery system's

infrastructure, to be effective in supporting and impacting clinical care.

P013 USING NETWORKS TO FACILITATE INTERNATIONAL GUIDELINE IMPLEMENTATION: ALLERGIC RHINITIS AS AN EXAMPLE

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Allergic rhinitis and asthma represent global health problems for all age groups. Asthma and rhinitis frequently co-exist in the same subjects. Patients, clinicians and other health care professionals are confronted with various treatment choices for the management of allergic rhinitis. This contributes to considerable variation in clinical practice and, worldwide, patients, clinicians and other health care professionals are faced with uncertainty about the relative merits and downsides of the various treatment options. The outcomes of an expert workshop (ARIA: Allergic Rhinitis and its Impact on Asthma) held at the World Health Organization (WHO) in December 1999 were published in 2001. The ARIA workshop report was innovative in:

- Proposing a new AR classification using persistence and severity of symptoms (mild/moderate-severe and intermittent/persistent).
- Promoting the concept of co-morbidities in asthma and rhinitis as a key factor for patients' management.
- Developing guidelines in collaboration with relevant stakeholders including primary care physicians, and patients.
- Including experts from developed and developing countries.
- Adopting an evidence-based approach for the first time in guidelines on rhinitis.
- Initiating global implementation among health care professionals and patients.

As new evidence about treatments for allergic rhinitis emerged, the methodology for guideline development changed. ARIA went with the times and move, after an evidence based update in 2008, to adopting the GRADE approach with its 2010 update. ARIA is disseminated and implemented in over 50 countries of the world. The Pocket Guide has been translated in 52 languages and it is arguably one of the most disseminated guidelines. We will report on the opportunities for international dissemination that evolved over time, report on how we accomplished it and how new media, such as Apps, can be used to facilitate the process of dissemination, using ARIA as an example.

P014 GUIDELINE IMPLEMENTATION IN A 21ST CENTURY HEALTH SYSTEM

Brian Mittman (USA).

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The nature of healthcare delivery has changed dramatically during the 20+ years since clinical practice guidelines first became a central focus of efforts to improve healthcare quality and outcomes. Continued development of new clinical and service delivery technologies, dramatic shifts in fiscal and regulatory environments, and continued changes in delivery system structure and organisation are among the key drivers of evolution in healthcare delivery practices. This presentation highlights key features of this evolution and derives important implications for