Asthma Guidelines Implementation Project

Project proposal on behalf of the

South African Thoracic Society

National Asthma Education Programme

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Introduction

A SATS workshop was held in 2005 to revise the contents of the national asthma guidelines. At this meeting a sub-group led by Prof Bob Mash was given the remit of developing a dissemination and implementation strategy for the new guidelines. Previously little attention was given to this aspect of guideline development. Given the financial and practical constraints in implementing guidelines more effectively it was decided to initially focus on one province and then “roll out” the guidelines elsewhere using strategies found to be effective.

Objectives of the project

1. Disseminate and implement a national asthma guideline in the Western Cape Province taking cognizance of the known barriers to optimal asthma care and the successes and failures of different strategies used to influence the behaviour of health care workers and patients.
2. To monitor and evaluate the success of the project
3. To make recommendations about the future dissemination and implementation of guidelines

A dissemination and implementation plan

A detailed intentional design was developed during 2005 utilizing outcome mapping as a methodology.

Outcome mapping arose from the need of community development projects working in complex social systems to demonstrate their contribution without having to prove or attribute a direct cause-and-effect link between local interventions and ultimate impact. In particular outcome mapping enables detailed planning, monitoring and evaluation to be
conducted in an integrated way that critically reflects on the changes, circumstances, strategies and organizational practices involved in the intervention. Outcome mapping therefore may be useful whenever a project intends to make an intervention in a complex social system. In this particular case the project intends to implement guidelines within the public and private health care systems and through changes in the behaviour of health providers, to impact on the health status of people suffering from asthma. It has been well described by Earl S, Carden F & Smutylo T (2001) in Outcome Mapping: Building Learning and Reflection into Development Programs from the International Development Research Centre in Ottawa.

Outcome mapping has 3 stages as described below and illustrated in Figure 1.

Stage 1: Intentional design - which we have completed and which is outlines in this proposal.

Stage 2: Performance and monitoring - which we have not tackled in detail yet. I have outlined the process and the commitment to this below, but it makes sense to complete this stage in detail with the project manager once he or she is appointed.

Stage 3: Evaluation planning - this allows for more in-depth evaluation of specific areas of the implementation and could relate to specific research projects undertaken by masters students or others.
The design has defined *outcome challenges* for each of these boundary partners in terms of the changes that we would like to see in their behaviour, activities and practice. For each of these outcome challenges the plan has defined specific *progress markers* at three different levels:

- “expect to see”: reactions of boundary partners to project initiatives, for example attendance at meetings, writing a proposal,
- “like to see”: change in activities of boundary partners, for example participation in training, use of resource material,
- “love to see”: changes in values, goals or beliefs of boundary partners

In addition the plan outlines 14 specific *strategies* that the project will use to achieve these progress markers and outcome challenges. These are summarized briefly below.

**Patients**

1. The project should identify a media consultancy firm and develop a business plan for the branding of NAEP and marketing of key messages.
2. The project should develop patient education material.

**Health care workers (primary care and hospital-based)**

3. The project should publish the guidelines in a manual that is practical, illustrated, easy-to-follow, and where key messages are short, specific, simple “punchy” statements.¹³
4. The project should produce reminders of the key messages in the form of a desktop tool and posters.
5. The NAEP distance learning diploma (SA Diploma in Asthma Care) should be promoted to the target audiences more actively via the boundary partners.
6. The project should create a framework for and resources to support interactive training workshops aimed at health care workers.
7. The project will create generic material to support simple quality assessment and improvement activities (QI cycle) in health care settings that support the key guideline messages and quality criteria.

8. The project will publish the guidelines in the format of journal articles and negotiate for an edition of the CME Journal on asthma care in late 2006 early 2007.

**Medical schemes / Department of health**

9. The project will present the guidelines to the Council for Medical Schemes and Consultants to the Medical Aid industry in order to discuss areas of congruence/incongruence and negotiate the appropriate funding of asthma medication as well as asthma care (counseling – education sessions).

10. The project will present the guidelines to Provincial Therapeutics Committees in order to discuss areas of congruence/incongruence with Essential Drug List guidelines and to negotiate the appropriate provision of asthma medication and associated equipment (spacers, PEFR) in the public sector.

11. The project will present the guidelines to the Chronic Diseases Directorate and discuss areas of congruence / incongruence.

**Universities and training bodies**

12. The project should present the guidelines and associated resource materials to the undergraduate and postgraduate curriculum advisors for Family Medicine, Internal Medicine, Nursing, Pharmacology, Pharmacy and Physiotherapy at each University and School.

**Pharmaceutical industry**

13. The project should target the pharmaceutical industry with funding proposals related to different strategies within the project.

14. The project should present the guidelines and discuss ways in which the pharmaceutical company can distribute materials produced by NAEP.

The detailed outcome mapping plan is available as an article (submitted to the South African Family Practice Journal)

**Monitoring and evaluation of the project**

The project team will monitor the project at 3 different levels on a regular basis using tools adapted from the outcome mapping manual:

1. Monitoring of the pre-determined progress markers to assess progress towards achieving the outcome challenges set for each boundary partner. A complete list of the outcomes and progress markers is available in a separate document, but an example of a monitoring tool for one outcome challenge and associated progress markers is given below. The rating of change can be defined either in terms of the degree of change (i.e. % of health centres showing a change) or in terms of the depth of change (i.e. active engagement, passive engagement, ignores change, opposes change). Monitoring will include a description of changes that have occurred, contributing factors and actors, sources of evidence for these changes, unanticipated changes, lessons learnt and required program changes.
<table>
<thead>
<tr>
<th>Expect to see</th>
<th>Rating of change as low-medium-high according to pre-determined definitions</th>
<th>Who / which specific boundary partners changed?</th>
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<tbody>
<tr>
<td>NAEP develops reminders that can be used by health workers</td>
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<td>NAEP Diploma is advertised to boundary partners</td>
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<td>A trainer for the NAEP interactive workshop and Quality Improvement (QI) activity is identified for each district (sub-district)</td>
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<td>NAEP develops an “off-the-shelf” QI cycle for use by health workers to assess the quality of asthma care</td>
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<td>NAEP writes the guidelines as a journal article and submits for publication</td>
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<td>NAEP presents guidelines to each PHC provider organisation</td>
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<tr>
<td><strong>Like to see</strong></td>
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<td>NAEP Diploma is developed on line as well as</td>
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<td>_paper-based</td>
<td>Increased number of people complete the NAEP Diploma</td>
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<td>NAEP develops video material on motivational interviewing and adherence</td>
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<td>NAEP develops a computer-based generic health information system with Health Information System Project (HISP) to monitor and assess quality of asthma care</td>
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<td>Interactive workshops are held in each district (sub-district) on guideline implementation.</td>
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<td>QI activities are performed using the NAEP framework in each district (sub-district)</td>
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<td>Guidelines are published in journals targeting doctors, nurses and pharmacists</td>
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<tr>
<td><strong>Love to see</strong></td>
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<td>The DOH: Chronic Diseases Directorate works as a partner with NAEP to improve the quality of asthma care in the public sector</td>
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<td>Continuous QI activities demonstrate improved quality of care</td>
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<td>PHC workers are using the guideline messages in patient care on a regular basis</td>
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<td>PHC workers organize community-based or group-orientated health promotion/education activities for asthma patients in each district e.g. Primary care support groups</td>
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2. Monitoring of the strategies will be necessary by the project team on a regular basis using other tools that encourage reflection on and revision of strategies. Monitoring will include a description of the activity, how effective this activity was perceived to be, what concrete outputs have resulted from this activity, what lessons were learnt and how the program should change as a result.

3. Monitoring of the project teams organizational performance will focus on key areas that includes, openness to new ideas, collection and use of feedback from key informants and boundary partners, relationship with and support from those in higher authority, implementation of necessary change in activities and resources, dissemination of lessons learnt, willingness to experiment and engage in organizational reflection.

Documentation of the project on these 3 levels will enable the group’s progress and learning to be captured both in terms of accounting for the use of resources and in terms of assessing the contribution of the project towards achieving its objectives.

In addition to the monitoring of the project the effect of the project will be evaluated by use of the quality improvement cycle giving both before and after measurements of target standards for the process and outcomes of asthma care in the sites where the project is active. Target standards would be informed by the key recommendations of the new guidelines.

It is possible that further more in-depth research or evaluation could be associated with the project in specific areas – for example by M Med or other students.

Once the project manager is appointed further planning will refine and focus the progress markers and strategies and further inform the development of the monitoring tools.

**Future recommendations**

The project should allow identification of effective strategies that can be used elsewhere and with future guidelines to disseminate and implement them. In addition the
identification of these more effective elements can potentially be more formally researched in a future clinical trial.