

The Collaborations for Translating Evidence into Practice (CTEP) Program

The Coogee Meeting held on 21-22 June, 2007

The inaugural meeting of the “Collaborations for Translating Evidence into Practice” (CTEP) was held at Coogee on June 21-22, 2007. The meeting was attended by 30 influential leaders in health care to discuss proposals to establish clinician led reform of the health system.

The meeting was organised by the Joanna Briggs Institute, the Australian Patient Safety Foundation, the Centre for Clinical Governance Research in Health and kindly hosted by the Centre for Health Informatics at the University of New South Wales. The organisers would like to thank the Western Australian Department of Health, the South Australian Department of Health, The Victorian Department of Human Services and Queensland Health for their financial support.

The presenters were:

- Professor Bill Runciman
- Professor Ian Scott
- Professor Jeffrey Braithwaite
- Dr Mike Stein
- Professor Alan Pearson
- Dr Annette Pantle
- Professor Bruce Barraclough
- Professor Alan Wolff
- Professor Cliff Hughes
- Professor Heather Gibb

A copy of a range of these presentations can be accessed at www.joannabriggs.org.

The rationale and proposal discussed at the meeting, and broadly adopted, was as follows.

- The proportion of patients who receive recommended or expected care for a range of common conditions is unacceptably low.
- The rate of improvement is unacceptably slow.
- The cost effectiveness of many conventional change management strategies is questionable (the use of opinion leaders, outreach visits, tailored interventions, breakthrough strategies, inter-professional education, didactic lectures). Interactive workshops, audit and feedback and the use of guidelines show some promise. However, there are cultural barriers to the use of guidelines by both senior and junior doctors.

- For many clinical conditions, substantial bodies of evidence exist for appropriate care. Furthermore, in many cases, these bodies of evidence have been transformed into guidelines.
- Four speakers referred to guidelines that have been established and successfully implemented (Ian Scott –cardiac care, Annette Pantle – paediatric emergency care, Alan Pearson – nursing and aged care, and Mike Stein – map of medicine). We intend that aspects of the methodologies outlined by the speakers will be integrated into our proposal.
- However, the use of guidelines in most clinical areas (medicine, nursing, allied health, aged care) is low. The acceptance, implementation, sustainability and maintenance of guidelines are most challenging areas.
- Our proposal is for clinician-led reform by the development, wherever necessary, and the adoption, of agreed guidelines for common conditions. We aim to work with clinician-led groups to convert available or purpose-designed guidelines into national clinical standards which may be implemented using tools developed by the groups.
- Each tool will have four features. It will:
 - implicitly or explicitly incorporate the clinical standards.
 - be the mechanism by which it is documented that compliance with the standard has been achieved.
 - provide a means to confirm through audit that compliance with the standard has been achieved.
 - be integrated into the work practices of the clinician.
- It is proposed that priorities be set for addressing areas of deficiency in clinical practice which are substantial, for which there are corrective measures and for which implementation of corrective strategies is practical with respect to workflow and resources.
- It is proposed that for each problem clinical champions be identified to lead a meeting to set up a collaboration for translating evidence into practice (“The Collaboratives”) for that problem, and that an open invitation to participate be issued to all with an interest in that area.
- The Collaboratives will not duplicate, cut across or interfere with any existing initiative. For example, major initiatives are underway by the National Institute for Clinical Studies (NICS) with respect to venous thromboembolism prophylaxis and heart failure.
- It is proposed that modest funding be provided to cover the expenses of the inaugural leaders of each meeting – one person to review the international literature and guidelines and one to review the topic at a national level, with the rest of the participants contributing themselves to the costs.
- Costs will be kept as low as possible by using existing facilities and infrastructure as much as practical.

- Collaboratives will aim to be meticulous in avoiding influence by single issue groups or by drug and/or device companies.
- A Collaborative will be formed for each particular problem, made up of volunteers who form a standing group to do the work, including the development and monitoring of the standard and keeping it up-to-date.

There was broad agreement and support for the proposal from delegates. A Coogee Charter was agreed by the meeting delegates:

“The aim is to improve safety and quality of healthcare through clinician-led collaborations by setting and implementing national clinical standards to translate evidence into clinical practice and show measurable improvement by 2010.”

What are the next steps?

- A website will be established at ctep.org.au by JBI.
- An operations group will be established comprising Professor Bill Runciman, Associate Professor Ian Scott, Professor Jeffrey Braithwaite, Professor Alan Pearson, Professor Alan Merry, Professor Bruce Barraclough, and a GP representative.
- Participants of the Coogee meeting would be invited to work productively as a steering committee for the CTEP program
- Key bodies in Australian health care will be invited to nominate members to a broader reference group.
- Links will be established with international organisations such as world federations of professional societies, the World Health Organisation and the International Society for Quality in Healthcare with a view to promoting this process in other countries and disseminating evidence-based standards internationally.
- The first Collaboratives will be established within six months.
- A national CTEP conference is proposed within six months.