

## Canadian Best Practice Recommendations for Stroke Care: 2008

### Instructions for Speakers/Facilitators

(Updated February 2009)

The complete package contains seven presentations reflecting the 27 recommendations of the *Canadian Best Practice Recommendations for Stroke Care: 2008*. The content of the modules follows the material from the *Canadian Best Practice Recommendations for Stroke Care: 2008*. Participants should have access to the Canadian Best Practice Recommendations during the session so that they become familiar with the resource. The modules vary in length (21-45 slides) depending on the amount of material that needs to be delivered.

The *Canadian Best Practice Recommendations for Stroke Care: 2008* presentations may be used in a number of ways: workshop format; continuing education session format; facilitating discussion.

The presentations can be utilized in their entirety or individually.

A Gap Analysis tool has been developed for each recommendation to assist teams to identify opportunities for implementing the recommendations.

Each presentation module follows the following format:

- Introduction to the *Canadian Best Practice Recommendations for Stroke Care: 2008* (same slides in each presentation)
- Overview of the specific recommendation and the supporting evidence
- Overview of the System Implications
- Overview of the Performance Measures for Consideration
- Implementation tips related to the recommendation



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- List of Resources.

Speaker's notes for all slides are included that highlight the important points from the *Canadian Best Practice Recommendations for Stroke Care: 2008*.

Please note that the Heart and Stroke Foundation and Canadian Stroke Network logos, style guide and branding must not be altered or removed. For example, it is acceptable to add regional or hospital logos but the Heart and Stroke logos cannot be removed. Any acknowledgements that are part of the package must also stay in place.

## **Tips for Teams Considering Change in Practice Related to the Canadian Best Practice Recommendations for Stroke Care: 2008**

- Identify champions from both clinical settings and administrative environments to participate.
- Administrative and environmental support is key to initiation and maintenance of change.
- Provide opportunity for teams to review and discuss the *Canadian Best Practice Recommendation for Stroke Care: 2008*.
- Provide a copy of the *Canadian Best Practice Recommendations for Stroke Care: 2008* for participants.
- Consider the use of a conceptual model to guide and support change and implementation of recommendations.
- Utilize the Gap Analysis Tool to guide teams through identifying opportunities for implementation.
- Determine the organization's readiness for change.
- Identify challenges and opportunities for change.
- Prioritize recommendations to be implemented.
- Education of clinicians should include a focus on knowledge, attitudes and skill development (Moulding et al, 1999).



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- Summary of effects of specific implementation strategies (Richens et al, 2004).
  - Generally ineffective:
    - Dissemination of printed material
    - Didactic educational sessions
  - Mixed effects:
    - Audit and feedback
    - Local opinion leaders
  - Generally effective:
    - Reminders (manual or computerized)
    - Educational outreach
    - Multifaceted interventions more effective than single interventions
- Establish an evaluation process to evaluate the effectiveness of implementation strategies.

## Suggested Resources

Davis,D.(2006). Continuing education, guideline implementation, and the emerging transdisciplinary field of knowledge translation. *The Journal of Continuing Education in the Health Professions*,26, 5-12.

Gifford,W.A.,Davies,B.,Edwards,N.& Graham,I.(2006). Leadership strategies to influence the use of clinical practice guidelines. *Nursing Leadership*,19,(4),72-88.

Grimshaw, JM., Thomas, RE., MacLennan, G., Fraser, C., Ramsay, CR., Vale, L., Whitty, P., Eccles, MP., Matowe, L., Shirran, L., Wensing, M., Dijkstra, R & Donaldson, C. (2004). Effectiveness and efficiency of guideline dissemination and implementation strategies. *Health Technology Assessment*,8,(6),1-72.

Heart and Stroke Foundation of Ontario. (2001). Organized Stroke Care: Managing Change

Moulding, N.T., Silagy, C.A., & Weller, D.P. (1999) A framework for effective management of change in clinical practice: Dissemination and implementation of clinical practice guidelines. *Quality in Health Care*,8,177-183.



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Richens, Y., Rycroft-Malone, J. & Morrell, C. (2004). Getting guidelines into practice: A literature review. *Nursing Standard*, 18, 50, 33-40.

St-Pierre, I., Davies, B., Edwards, N. & Griffin, P. (2007). Policies and procedures: A tool to support the implementation of clinical guidelines. *Nursing Research*, 20, (4), 63-78.



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