

Communicating with consumers and carers

Part 2 A guide for an evidence-informed
approach to improving communication and
participation in health care



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1. Diagnostic analysis and prioritising an issue for quality improvement – identifying the problem

Step 01

1. Diagnostic analysis — a process of collecting, sharing and discussing data which is indicative of communication problems: ‘gaining insight into the background and context of implementation’ of measures to improve patient care.¹ Here, this is extended to include an additional step of systematically identifying the range of communication problems or issues in a hospital.

1. Diagnostic analysis and prioritising an issue for quality improvement – identifying the problem

Collect data and information on:

- brief description and history of the issue
 - list of all relevant parties involved
 - whether research findings had already been identified relevant to the issue
 - sources and nature of data on the issue, for example, patient satisfaction survey data, adverse event data, performance indicators, complaints data, various review and monitoring requirements, staff and/or patient discussions and experiences.
2. Prioritising an issue for action—not all problems can be dealt with at the same time. So a process of setting priorities for action is necessary. Further data may indicate that a problem exists but there are gaps in knowledge, for instance, the data may indicate a problem but it is not clear why it is happening.
3. Convene a working group to assist in prioritising one issue for action.

Membership should be multidisciplinary and should include at least one member of the executive. It could include clinicians, heads of departments, quality improvement staff, senior administrative managers, researchers and consumer advocates or representatives. Five to eight members is the optimal size.

Resources

Pro forma for collecting data on communication issues—Appendix 1

This tool is used to record the data about the issue of concern—identifying the problem.

Issue assessment tool—Appendix 2

This tool can be used to guide the choice of a particular issue—prioritising the issue.

A separate form can be used to gather information on several issues. The working group to prioritise an issue for action then reviews this information.

Consumer-oriented outcomes include:

- knowledge and understanding
- communication
- consumer involvement in own care
- evaluation of care
- skills acquisition
- health status and wellbeing
- health behaviour
- treatment outcomes
- resource: www.latrobe.edu.au/cochrane/assets/downloads/Outcomes.pdf

2. Setting up a quality improvement process

Step 02

There are various important structural and process elements for successful implementation,² including:

- documenting a clear aim and achievable measures of success
- forming a team of people for support and to undertake the different tasks
- identifying those affected by the problem
- the changes necessary and various barriers and facilitators for change.

A realistic estimate of the time involved and resources required is also important.

2. Setting up a quality improvement process

Actions and resources

1. Identify the aim and measures of success:
 - Establish and document a clear aim. The aim may need to be modified, after reviewing the problem, the evidence and the organisational context.
 - Consider the resources required to undertake the research and then the implementation.
 - Identify what constitutes success.
2. Form a working group and an operational team for direct responsibility of the project:
 - The working group or steering group should be multidisciplinary, and could include people from these groups as required: clinicians and health professionals, heads of departments, quality improvement staff, senior administrative managers, researchers, consumer advocates or informants.
 - The operational team must have expertise and motivation, including expertise in leadership, coordination and administrative support, and access to technical expertise associated with evidence-based health care (searching databases, epidemiological research methods, research synthesis).
3. Identify the target group and barriers and facilitators for change:
 - The target group involves people affected by the change proposals and might involve different people at different stages.
 - Barriers and facilitators can relate to health care professionals (for example, attitudes or practice styles), consumer issues (for example, support from a consumer advisory committee), the setting, and/or organisational, financial and system factors. This step may involve additional research into views and practices amongst staff or consumers.
 - Resource: Adopting Best Evidence in Practice supplement. *Medical Journal of Australia*, March 15 2004.
4. Prepare a realistic timetable.
 - Implementation takes time and the amount of time is usually under estimated.
 - Additional research may be required, such as when the target group changes or is expanded.



3. Mapping the communication issue

Step 03

Communication in a health care setting is complex and occurs in a variety of ways and settings. Addressing problems in the communication pathway requires a systematic approach to mapping this complexity. The map of interactions and communications is used to search for relevant literature and to identify potential solutions.³

3. Mapping the communication issue

In addition, the mapping process may clarify the organisational context for the problem.

A simple framework is recommended to isolate the different aspects of quality improvement in relation to communication (see below). The framework helps to tease out key actions required for quality improvement associated with different communication tasks, identifies the people who are involved, and any resources required.

Recommended actions

1. Identify and isolate the different aspects associated with the communication issue. This means collecting information in a systematic way to avoid preconceptions affecting what information is collected. Analysis of this information will help in understanding the extent and impact of the communication issue or issues.
2. If necessary, consult, using any of these techniques to clarify the problems and identify possible solutions:
 - a brainstorming session with the working group
 - consultation with key participants, to identify the elements that contribute to the communication problem
 - a review of the published literature or additional research if required.
3. Re-examine the communication issue that has been chosen and assess whether it is manageable. If it is too broad, refine the objectives. The information collected is used to:
 - start assembling the key terms that are necessary to search for and find relevant research literature (see Step 4)
 - identify key people affected by a change process
 - identify barriers and facilitators to change
 - inform the implementation stage— information about the content, format and timing of the interventions.

Framework for mapping the communication issue

| Mapping | Tips and resources |
|---|---|
| A. Context | <p>Understand the context for the issue, including the implementation of the intervention, key influences on the provision of care, including setting and people involved.</p> <p>Examine the inter-relationship between the communication problem and clinical issues and current practices and routines.</p> |
| B. Purpose | <p>Agree on the main purposes of the possible intervention(s) and their link to the overall aim of the quality improvement exercise.</p> |
| C. Identify the parties involved and the direction of communication | <p>Do not assume that information flow is one way. One way to break this down is to examine the main directions(s) of the communication and the parties involved:</p> <ul style="list-style-type: none"> ○ communication interventions directed to the consumer ○ communication or participation from the consumer ○ interventions for communication exchange between providers and consumers ○ interventions for communication between consumers ○ interventions for communication to the health care provider from another source ○ service delivery interventions. |
| D. Is the intervention single or combined? | <p>Identify the range of strategies, actions or interventions currently used or which potentially could be used. Consult with staff and consumers. Site visits may also be necessary.</p> <p>A comprehensive list of interventions for communication and participation is available at: www.latrobe.edu.au/cochrane/assets/downloads/scope.pdf</p> |
| E. Content | <p>Note key items to include in the content of any communication intervention. This may come from existing data and practice, research with consumers and health professionals, and information from trials.</p> <p>Well-Written Information: A Guide (DHS Victoria, 2000) provides some good general principles for developing the content: www.health.vic.gov.au/consumer/pubs/written.htm</p> |
| F. Format | <p>Discuss the format with consumers, including language, written or spoken, and format, such as paper-based, electronic, DVDs, telephone or face-to-face techniques.</p> |
| G. Timing | <p>This issue relates to items in A—C, including when the intervention is delivered and by whom.</p> |

4. Search for studies

Step 4

The aim of the search is to identify which strategies are supported by evidence of effectiveness. This evidence is used to inform selection of communication strategies. Within the range of literature, systematic reviews of randomised control trials (RCTs) – or single RCTs if no reviews have been done – are considered to provide the strongest and least-biased evidence.⁴ The body of systematic reviews and trials of communication interventions⁵ is growing; however, there are still several gaps. Therefore the search will need to include other study designs to find the best available evidence⁶ if the yield from initial searching is low.

4. Search for studies

Qualitative studies may give information on facilitators and barriers to intervention effectiveness. Reports by consumer groups and government departments may provide information on descriptions of available programs, standards, guidelines and cultural issues.

Actions and resources

1. Obtain assistance with developing search strategies from a librarian or another suitably qualified staff member. Searching for interventions associated with improving communication is not always straightforward.
2. Identify search terms. Use the mapping exercise and framework in Step 3 to identify key terms for interventions and populations.
 - Search terms: for search terms associated with communication and participation: www.mrw.interscience.wiley.com/cochrane/clabout/articles/COMMUN/frame.html — Specialised Register
 - Search filters: several age and disease category filters have been developed by the CC&CRG—see: www.latrobe.edu.au/cochrane/resources.html
2. Find relevant Cochrane reviews—see: www.latrobe.edu.au/cochrane/resourcebank/resourcebank.html for reviews of interventions that relate to peoples interaction with the health care system.
3. Construct a search strategy.

If you have access to a librarian, make an appointment. Other resources can be found at:

 - *Where's the evidence?* The NICS guide to finding clinical evidence. National Institute for Clinical Studies: www.wherestheevidence.nicsl.com.au/asp/index.asp
 - *How to review the evidence*: systematic identification and review of the scientific literature. NHMRC 1999, Chapters 1 and 2: www.nhmrc.gov.au/publications/subjects/clinical.htm
 - Evidence-based Healthcare Toolbox at: www.shef.ac.uk/scharr/ebhc/index.htm
 - Cochrane Open Learning Materials, Modules 5 and 6 at: www.cochrane.org/resources/revpro.htm
 - Undertaking Systematic Reviews of Research on Effectiveness, Stages I and II at: www.york.ac.uk/inst/crd/report4.htm
5. Be thorough and work through databases logically. Search first in databases with potentially the highest yield. Where evidence gaps are significant, contact experts and search for information on government programs and local service initiatives.

Databases

There are several databases available, and the most commonly accessed are listed below.

- Cochrane Database of Systematic Reviews on The Cochrane Library
- Cochrane Central Register of Controlled Trials (CENTRAL) on The Cochrane Library
- Database of Reviews of Effectiveness (non-Cochrane systematic reviews) on The Cochrane Library
- Medline
- PsycINFO
- CINAHL.



5. Selecting, appraising and summarising studies

Step 5

5. Selecting, appraising and summarising studies

1. Selecting studies

The search should identify a range of potentially relevant studies. Selecting relevant studies to inform the analytic stage involves setting selection criteria and using these to identify and select the studies, which will inform the quality improvement process. Selection criteria can be broad or narrow.

2. Extract data and summarise the findings from selected studies. Unlike clinical interventions, there is not always consensus regarding the features of effective communication interventions. Therefore, more, rather than less, data should be extracted from the selected studies.

- When summarising RCTs of a similar intervention, do not select only those trials with positive findings. At this stage, seek assistance for further analysis or conduct a review.
- Note the absence of evaluation studies.

3. Appraising study quality

Note the quality of the research in the summary table. Ideally, quality improvement decisions should be based on higher quality studies. Final decisions for quality improvement should take into account the quality of the research.

Actions and resources

1. Select studies based on transparent and consistently used selection criteria.

Selection criteria could include some or all of these aspects:

- the research question—the study question and the research question are concerned with finding solutions to similar problems.
- levels of evidence—prioritise systematic reviews, followed by trials and other study designs.
- characteristics of the intervention or population:
 - the intervention in the study could feasibly be applied in the local setting
 - the population in the study is similar, or the findings in this population provides useful background information

- characteristics of the setting—the setting in the study is similar.
- characteristics of the outcomes—are relevant to the project's aim, for instance, relevant to improving communication.
- other issues related to implementation—the study provides contextual information to aid implementation.

2. Extracting data and summarising the findings from individual studies.

It is helpful to prepare a summary table of the findings of individual studies, because this assists in the analysis of the findings.

- When summarising data, it is critically important to identify salient features of the intervention, the population and the setting. All available data associated with key features of the intervention should be extracted.
- Many published articles will not provide all the information required. However, where possible, extract and summarise consistent information from each study, including:
 - publication and study details
 - study design, objective and methods
 - assessment of study quality
 - participants, including details of consumer/carer population and clinical population
 - intervention(s), including type, content, format, deliverers, context for delivery, timing
 - results, including harms
 - notes.

3. Appraise the quality of selected studies.

- Use a recognised approach to appraising the quality of studies and apply this consistently.
- Apply quality criteria transparently and explicitly.
- Assessment of study quality relates to the type of study design. There are established criteria for assessing study quality, although not always international consensus on the best method for each study design.

Data extraction template

A template that can be adapted, which is available at: www.latrobe.edu.au/cochrane/assets/downloads/DET.doc

Guides providing information in relation to study designs

For a useful summary on the different issues in appraising the quality of different study designs:

Evidence-based Healthcare, How to Make Health Policy and Management Decisions, by Muir Gray 2001, Chapter 5

Modules 8 and 9 of The Cochrane Collaboration's Open Learning materials, available at: www.cochrane.org/resources/revpro.htm

How to Use the Evidence: Assessment and Application of Scientific Evidence, 2000, NHMRC. Although the focus of this publication is on clinical interventions, the principles and methods are relevant. Published at: www.nhmrc.gov.au/publications/subjects/clinical.htm

Undertaking Systematic Reviews of Research on Effectiveness, by the UK NHS Centre for Reviews and Dissemination. See Stage II, Phase 5, for information on assessing the quality of different study designs. Published at: www.york.ac.uk/inst/crd/report4.htm

6. Translating and applying evidence for informed decision making

Step 6

Evidence cannot be taken 'off the shelf' and applied to a problem. Research informs the decisions we make; it does not make decisions. Therefore, the findings of research need to be translated and incorporated into decision-making and quality improvement processes using a decision-making process that takes into account research findings, best practice and the expert judgment of the working group.⁷

6. Translating and applying evidence for informed decision making

This step identifies some ways to select strategies or interventions to address the problem. However, it is not a project management or change manual. This guide is best used in association with other relevant resources for implementing change.

For example, *Taking Action Locally: Eight Steps to Putting Cancer Guidelines into Practice* by National Institute of Clinical Studies (2006), at: www.nicsl.com.au

Actions and resources

1. Selection of intervention options

Select interventions for incorporation into a strategy for quality improvement.

Revisit elements A-C in Step 3, noting:

- context
- purpose of intervention (and purpose of quality improvement)
- parties involved and main direction of communication.

This step may involve selecting a range of interventions, not just one. Interventions may need to be integrated into clinical protocols, clinical practice guidelines or specified care pathways if current practice is not supported by evidence.

Tabulate information for discussion by the working group about which interventions would be appropriate in relation to local problems and existing staff routines, and which are supported by evidence. For this, it may be helpful to prepare a matrix of:

- steps in the care or communication pathway
- individual study findings, ordered by levels of evidence.

2. Decision making issues

Questions to explore in the working group:

- What should be done, or done differently?
- How does the evidence support the decision?
- What does the evidence mean in relation to the project aims?
- What are the strengths and weaknesses of the evidence?
- If there are interventions with a higher level of evidence, is it possible to implement these interventions?

Examine the organisational context, including barriers to change. Address the issue of the range of health professionals' practice styles, and whether these affect implementation. Other questions are:

- Will it be possible to achieve consensus on the choice of intervention(s) for the quality improvement strategy?
- What is the nature of health professionals' organisational involvement, that is, operating in the public and/or private system?
- Is it desirable to integrate the intervention for improved communication into clinical practice guidelines?

3. Implementation issues

Revisit the elements E-G in Step 3. Use information from studies, researchers, staff and consumers to establish:

- E—content
- F—format
- G—timing of the delivery of any intervention.

Questions for the working group to explore

Consumer/carer issues:

- Do you need additional information on consumers' views, preferences, languages spoken and cultural practices?
- Are additional interventions required for groups with varying abilities to understand, act on information or participate in communication?

Organisational issues:

- What are the capacities of departments to undertake change and how might this affect implementation?
- Are there resources to develop new materials (signage, pamphlets, education and training) for consumers, carers and staff?
- Will it be necessary to develop new administrative systems, care pathways, treatment guidelines, or record keeping?
- Is there sufficient staff expertise or will there be a need for staff training or orientation?
- Is there need for continuing input from consumer advisory bodies to advise on implementation?



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Appendix 1. Pro forma
for collecting data on
communication issues



Appendix 01

Appendix 1. Pro forma for collecting data on communication issues

| | | |
|--|-------------------|---|
| Name of unit | | |
| Staff member | | |
| Describe the communication issue that is of interest or concern and why | | <i>For example, discharge summary instructions for patients who speak English as a second language.</i> |
| Provide a brief background/history to this issue | | |
| Who is involved in this issue? Is it clinicians, other staff members, consumers, carers? | | <i>For example, consumer, carer, staff.</i> |
| Have you noted or collected any information or research or measures associated with this issue? If so, please describe. | | |
| Has this issue been described or targeted in any of these areas? Please tick and describe briefly. | Please tick below | Describe details below |
| Patient satisfaction surveys | | |
| Complaints/patient advocacy system | | |
| Reported as an adverse event | | |
| Reported as part of the patient monitoring system (for example, patient incident monitoring system) | | |
| Reported as part of sentinel event monitoring | | |
| Reported as part of or is a quality performance indicator | | |
| Reported as a part of a coronial enquiry finding or recommendation | | |
| Discussed with colleagues in your unit | | |
| Discussed with patients or family members | | |
| Experienced or observed by staff members | | |
| Identified through internal audit or self-assessment systems in the organisation | | |
| Identified through a review of clinical indicators as part of EQulP | | |
| Identified through infection control program | | |



Appendix 2.
Issue assessment tool

Appendix 2.

Appendix 2. Issue assessment tool

| Criteria for guiding priority setting of issues | Rating H/M/L |
|--|--------------|
| The dimensions of the problem and its impact on patients, staff, clinical care and health outcomes | |
| The availability of evidence relevant to addressing the problem | |
| Existing expertise | |
| There is opportunity for improvement | |
| The issue is a quality and safety problem | |
| Previous attempt to address the issue have not been effective | |
| The relationship of the issue to key organisational quality priorities and objectives—has this issue been identified in the strategic or quality plan? | |
| Organisational readiness for the necessary changes | |
| Availability of resources to assist the change process—staff availability and expertise | |
| Are there other barriers and facilitators for change in the organisation, including attitudes, practices and executive support? | |



