

Can EBM change clinicians' behaviour? Implementation of guidelines within the Health Service

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Why did we decide to start this project?

It is common knowledge that there are problems transferring research findings to clinical practice

EBHC could help to overcome obstacles by using tools such as clinical guidelines

Why did we decide to start this project?

But the application of guidelines and their efficacy is conditioned by several factors



- ❖ **Correct methodology to produce them**
- ❖ **widespread agreement among healthcare workers that take into consideration local values**
- ❖ **strategic use of implementation methods**
- ❖ **fine-tuning of information systems which are able to verify the change**

Why Thromboembolic Disease?

General reasons



- frequency
- severity
- management costs
- differences among clinicians' behaviour

Others elements



- Good evidence available
- 'clinical scope'
- no TEP in the National Plan for Guidelines

Who takes part in the National Project set up by the Health Ministry?

- 1. Rizzoli Orthopaedic Institute (Bologna)**
Orthopedic wards
- 2. S. Anna Hospital (Ferrara)**
Orthopedic wards and Emergency department
- 3. Imola local health agency (Bologna)**
Orthopedic wards and Emergency department
- 4. City of Bologna local health agency (Bologna)**
Orthopedic wards and Emergency department
- 5. North Bologna local health agency (Bologna)**
Emergency department
- 6. GIMBE® - Italian Group for Evidence Based Medicine**

The project step by step

- 1 - Systematic revision of the scientific literature
- 2 - Analysis of the five local contexts
- 3 - training of local healthcare workers
- 4 – setting up computer support

The project step by step

- 5 - elaboration of healthcare assistance procedures for TED based on the evidence- reports
- 6- planning of implementation strategies**
- 7-Clinical Audit 1 (documentation and analysis of the variability of clinicians' behaviour)
- 8- introduction of healthcare procedures in the wards**
- 9- Clinical Audit 2 (assessment of clinicians' behaviour; assessment of efficacy of healthcare procedures)

Indicators for the assessment of the final results

**Improvement in
clinical outcomes**



Lower rate of DVT in orthopedic surgery, improvement of diagnostic accuracy of PE in emergency wards

**Improvement in
healthcare procedures**



**Adherence to the recommendations for prophylaxis of DVT and diagnosis of PE
Reduction in inappropriate diagnostic and therapeutic procedures**

RESULTS

- ❖ Currently we have realized eight steps
- ❖ The first Clinical Audit shows:
 - variability in clinicians' behaviour among the different wards
 - orthopedic wards use prophylaxis with LMWH in 90% of cases
 - emergency wards use LMWH in 50% of cases

Expected results and conclusions

- ❖ The second Clinical Audit is still in progress and will enable us to assess whether:
 - clinicians' behaviour has really changed
 - there has been an improvement in the efficacy and appropriateness of healthcare processes with regards to TED
 - clinical outcomes have improved

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