4. **PLANNING FOR ACTION**

**OVERVIEW**

The implementation team’s first task is to prepare a “game plan” for turning a practice guideline into actual clinical practice. To identify gaps in desired practice, you will compare your current practices to what the guideline recommends. Then you will prepare an Action Plan that sets priorities and defines actions for closing these gaps. Your Action Plan will serve as a blueprint for all the implementation activities. We recommend that you schedule a full day of planning time at an off-site location for your team to develop its action plan. Taking the team off-site communicates the importance of the task at hand and gives the team a “neutral zone” for reflecting objectively on patient care processes at your MTF.

To guide your planning, you will need to do some homework regarding your patient population and current practices. This section describes processes and methods you can use for this purpose.

- **Preparation and data collection for planning (on-site):**
  - Become familiar with the key guideline elements and algorithm.
  - Describe the patient population and current practices at your MTF.
  - Assess current practices in relation to key guideline elements.

- **Developing an implementation action plan (off-site):**
  - Analyze the gaps between the guideline and current practice.
  - Identify barriers to successful implementation.
  - Develop an overall strategy and specific actions.
  - Develop metrics for monitoring implementation.
Familiarity with the guideline and the current state of patient care at your MTF prepares your team to develop an effective implementation plan. In effect, in developing the action plan, the team adapts the DoD/VA guideline to the clinical circumstances of your MTF.

**PREPARATION AND DATA COLLECTION FOR PLANNING**

**Become Familiar with the Key Guideline Elements and Algorithm**

The guideline champion must be familiar with every detail of the guideline; other team members will use it as a reference. But all team members need to know the key guideline elements. They represent the “essence” of the practice guideline recommendations that, if successfully implemented, would put the MTF in compliance with the guideline. An AMEDD expert panel has defined the key elements of the first three guidelines chosen for Army-wide implementation (see Appendix B). As more DoD/VA guidelines are released, AMEDD will continue to perform this function.

A useful exercise for familiarizing the team with the guideline algorithm is to run hypothetical cases through it. In this process, a team member plays the role of a patient presenting with symptoms, and another member plays the role of the primary care physician. The team works together to determine how to manage the patient, based on the guideline algorithm. For sample low back pain cases, refer to the quality management directorate Web site:


**Describe the Patient Population and Current Practices**

The first step toward understanding current practices is to collect some baseline information on the patients your clinic serves and on current clinical care processes. This will help you define priorities for action. You should determine who your patients are, how many you treat, where and how you treat them, and any other information that will help you plan for successful guideline implementation. When possible, you should use your existing clinical and
administrative databases to collect this data (see Appendix C for sample baseline data form).

Some of the patient characteristics and care processes that you measure at baseline may also serve as the metrics you use to monitor the progress of implementation. In fact, if potentially useful data are not available at baseline you may decide to collect the data as part of your monitoring effort. Choosing metrics for monitoring is part of developing your Action Plan and is discussed below. A more detailed discussion of metrics can be found in Section 6.

Another useful way to document the current process of care at your MTF is to develop a flowchart that describes the clinical pathways your patients currently follow (see Appendix C for a sample clinic flow diagram). You can begin to compare your flowchart with the guideline algorithm to see where you need to focus your implementation efforts. To get a good understanding of practices across the MTF clinics, team members also should talk with other physicians, nurses, and clinical and administrative staff who are directly involved delivering care.

**Field Note**

**Asthma Demonstration:** Before the off-site planning meeting, an MTF developed comprehensive data about its asthma patient populations and the MTF clinics they used. The MTF used this information to identify the clinics where they should focus system change activities.

**Assess Current Practices in Relation to the Key Guideline Elements**

You are now ready to explicitly compare the practices at your MTF with the recommendations of the key guideline elements. Summarize current clinical practices for each key element (see Appendix C for a sample form). Begin to assess the key elements (1) for which you already are practicing according to the guideline standards, and (2) where current practices differ from the guideline standards. This information will become part of your strategy and action plan, which will set priorities and define actions for changing practices.
**PREPARE AN ACTION PLAN FOR GUIDELINE IMPLEMENTATION**

The planning process you undertake during the off-site working session is designed to help your implementation team:

- Evaluate the current status of practice at your MTF.
- Set priorities for actions to change practices to become more consistent with guideline standards, within constraints of available resources, and
- Document your overall implementation strategy and related actions in a *written guideline implementation plan*.

What follows is a format and process for developing a Guideline Implementation Action Plan (a sample action plan prepared using this format and process is provided in Appendix G). Of course, your Action Plan will be unique to your MTF and to the particular guideline you are implementing. As your team works through this planning process, be guided by the following principles:

- Develop an overall strategy that focuses on areas where practice changes are needed most.
- Use strategies that build upon your existing capabilities and programs.
- Keep your action plan realistic, recognizing competing demands for finite resources.
- Be proactive in two important areas:
  — Educate both clinical and support staff and build ownership in the guideline standards.
  — Modify the MTF’s structures and processes to achieve new practices as “an easier way” to care for patients effectively.
Monitor progress in carrying out the implementation plan, and document how the guideline affects MTF practices and outcomes.

Field Note

LBP Demonstration: The 4 MTFs in the demonstration used a variety of action strategies to implement the guideline. One MTF focused on patient education; another worked on TMC services and PEB/MEB. The other MTFs used broader service strategies, with one focusing on the acute patient and the other on both acute and chronic patients.

Use Tools for Guideline Implementation

AMEDD has developed a number of tools to help you carry out your implementation action plans. Implementation toolkits are currently available for the Low Back Pain, Asthma, and Diabetes guidelines. A listing of these tools is provided in Appendix F.

Follow Planning Steps

The planning process consists of four basic steps, listed below. Perform each step, in turn, as described in the remainder of this section. Worksheets for each step can be found in Appendix D.

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Planning Step 1:  
ANALYZE GAPS BETWEEN THE GUIDELINE AND CURRENT PRACTICE

What This Task Does
Analyzing the gaps between the guideline and current clinical practice helps the guideline team identify the components of the guideline on which they should focus their efforts. For each of the key guideline elements, the team compares what they know about their MTF’s existing clinical practices to the standards specified in the guideline.

Products Generated
- A set of statements for each key guideline element identifying areas where changes are needed and what types of changes are needed to bring clinical practices closer to guideline standards,
- Priorities for implementing process changes and a description of whatever other information is needed to guide changes.

The facilitator leads the implementation team through the gap analysis, either in an informal discussion or in a more structured nominal group process. The process we describe below is less structured than the process described in Appendix E. The facilitator should use the process most likely to encourage participation so that the team will benefit from the diversity of clinical and administrative perspectives.

• **Guideline elements.** The facilitator first reviews the standards and recommended practices contained in each of the key guideline elements (e.g., items to check in a history and physical examination, patient education on self-care, medications). The facilitator solicits reactions and discussion of issues from the team members. Guideline issues should be recorded to report out at the general meeting session.

• **Current practices.** For each guideline element, the team members list the current practices at their MTF. Take care to consider any differences in practices among your MTF clinics or departments. Continue discussion of the guideline element until the team reaches agreement on what your current practices are, any limitations to your knowledge of current practices, and additional information you need to gather to resolve questions.
• **Gaps identified.** Working with *Worksheet 1* (see page 76), “Implementation Strategy,” the team uses the middle column of the worksheet to record its conclusions regarding gaps between practice and the guideline standards. Note your assessments of the adequacy of the information that guided these conclusions. (The last column of Worksheet 1 will be completed in planning step 3 as implementation strategies are developed.)
### Planning Step 2: IDENTIFY BARRIERS TO SUCCESSFUL IMPLEMENTATION

#### What This Task Does
The guideline team identifies those aspects of the MTF’s organizational structures, process of care, or administrative policies and procedures that need to be changed to bring current practice closer to the guideline standards.

#### Products Generated
- A list of barriers or challenges that need to be managed so the MTF can successfully implement each key guideline element.
- List of broader system issues or barriers that cut across key guideline elements.

Once the guideline team has determined where gaps exist between guideline standards and actual practices, the team identifies barriers that may prevent or hinder changes designed to close the gaps. This analysis is not necessary for guideline elements where the team has identified no gaps in practice. However, it should be done for guideline elements where there is not enough information to assess gaps: inadequate information may result from barriers that can be reduced or removed. Like the gap analysis, these discussions may be facilitated informally or formally. (Appendix E describes a formal process.)

**Identifying barriers.** Repeat the following process for each key guideline element:

- The facilitator asks each team member to identify barriers that will prevent them from implementing clinical changes for the guideline element. The facilitator lists the barriers on a flip chart or other presentation medium until no more suggestions are raised.

- The team members discuss the barriers, removing duplicates or consolidating barriers until they agree on the barriers that need to be addressed. Identify all barriers relevant to each guideline element, even if some of them are also identified for other guideline elements.

**Identifying cross-cutting issues.** After barriers for each guideline element have been identified, the team groups the barriers into categories of cross-cut-
ting issues. For example, unclear rules for staff roles in educating patients could affect both compliance with medications and appropriateness of emergency room use. This process may be facilitated informally or using a more formal process, such as Affinity Grouping. (Refer to Appendix E for instructions for an affinity grouping process.)
Planning Step 3: DEVELOP AN OVERALL STRATEGY AND SPECIFIC ACTIONS

What This Task Does
In this planning step, the team identifies the basic elements of the MTF’s guideline implementation plan. Using information developed in the previous planning steps, the team defines an overall implementation strategy as well as a strategy for each guideline element. Within each strategy, the team defines specific actions to close gaps in practice.

Products Generated
- An overall implementation approach plus action strategies for each guideline element.
- For each guideline element, a list of actions to be undertaken, tools to be used, and a timeline for completion.

In this planning step, the guideline team draws upon the information it has developed in the gap and barrier analysis to construct its implementation plan. The plan consists of

- A cohesive and feasible strategy that focuses on the most important changes needed, and
- A set of specific actions and a schedule to carry out this strategy.

Overall Strategy
Action priorities for the guideline elements. The implementation team defines action priorities for each key guideline element, taking into consideration the gaps in current practice and the adequacy of information available to identify gaps. Decide by consensus which key guideline elements or leverage points the team will work with first. In the third (right) column in Worksheet 1 (see page 76), briefly describe how the team plans to approach each guideline element. Choose from the following priorities or use others that the team decides are important:

- High priority for action to close gaps in current practice
• Moderate priority for actions that add to or build upon strategies for other elements
• No action because there are few or no gaps in current practice.
• No action for change yet - gather more information to assess gaps in current practice.
• Other (list) __________________________

**Overall implementation strategy.** An overall strategy is the “centerpiece” of any action plan because the strategy should drive all the actions designed to incorporate practice guidelines into an MTF’s health care processes. A well-defined strategy will reflect the population served by the MTF as well as the sizes and configurations of its clinics, and will focus efforts on the areas in which change is most needed. Working as a group, review the issues already identified in the gap and barrier analyses for each guideline element, as recorded on Worksheet 1. Brainstorm ideas for an overall strategy that encompasses these elements. The facilitator guides the team discussion to reach consensus on a strategy. Consider using ranking methods when necessary to help the team consolidate views. Record the overall strategy that team develops in the space provided at the top of Worksheet 1.

**Planned Actions and Schedules**

The guideline team develops plans for two categories of actions, both of which are necessary for effective guideline implementation. These are:

1. **Guideline introduction and education.**

   An important first step in making guideline standards a part of an MTF’s routine practices is building knowledge about the guideline and commitment by providers and other clinic staff to achieving the guideline standards. This step requires not only a scientifically credible guideline, but also substantial efforts by the guideline champion and the implementation team to actively involve the MTF clinic staff.

2. **Changing clinical care processes.**

   As the guideline is introduced and MTF staff are being educated, the guideline team will begin the process of changing existing practices to close gaps from the guideline standards. Therefore, define actions only for those key guideline elements that the team has identified as priorities.
Using the toolkit. While the team is considering possible actions, review the contents of the AMEDD guideline implementation toolkit (see Appendix F). Identify the tools you will use to introduce the guideline and establish new clinical and administrative practices. Record these tools, along with other resources to be used, on Worksheet 2A or 2B (see pages 77 and 78), depending on the strategy, in the column “Identify the tools and resources for the action.”

Developing the action plan. Using Worksheets 2 and 3, record actions in each category of guideline introduction and changes to clinical practices. (Worksheet 2A is for introducing guidelines and Worksheet 2B is for changing clinical practices.) In Worksheet 2, summarize each action to be taken, tools, and resources (“what”); the staff responsible (“who”); and the action schedule and completion target (“when”). In Worksheet 3 (see page 79), display the action schedules graphically in a Gantt chart format. Timelines for all actions (introduction/education and clinical practice changes) should be displayed together on the Gantt chart to test feasibility and timing of the actions as a group.

Depending on the size of the guideline team and the number of actions to be developed, the team may decide to break into smaller working groups. Each working group is asked to develop actions and complete worksheets for one or more of the action plan components. For example, one group might plan the actions for guideline introduction and staff education and complete Worksheets 2A and 3, while other groups would have responsibility for actions to change practices under one or more of the guideline elements. (Refer to Appendix E for instructions about using working groups.)
Planning Step 4:
GUIDELINE METRICS AND MONITORING

What This Task Does
The feedback loop developed in this planning step is a crucial element of any clinical improvement cycle. The monitoring process established by the team will inform the team which of the actions in their plan are working well and which are not. The team will use this information over time to correct, revise, add, or delete implementation actions.

Products Generated
- Metrics to monitor and planned monitoring and reporting schedule.
- Identification of issues related to data availability or collection that affect monitoring.

A commitment to regular monitoring is essential to achieving desired changes in practices under a practice guideline. The MTF staff need to be able to observe the impacts of the actions they are taking. They can use this information to determine where to modify actions or initiate new action strategies. In this step, the guideline team selects metrics (indicators) to monitor, and it begins to design a data collection and reporting process to generate regular data on those indicators.

Identification and Selection of Indicators. During the initial phase of implementation, the team probably will want to focus on monitoring process-of-care measures to check whether planned changes actually are occurring. At the same time, identify short-term and long-term outcome measures to measure, starting as soon in the process as possible. Establish at least one measure for each guideline element that has been identified as a priority. Also monitor metrics where no gaps in current practices appear to exist, which will allow the team to track these areas and identify any future changes that may merit attention. Select a limited number of metrics judiciously to get needed information but avoid burdensome data collection. Record each metric identified on Worksheet 4 (see page 80), along with identification of its data sources and monitoring schedule.

Select at least some of the metrics developed by the DoD/VA guideline team to use as your MTF’s metrics. The DoD/VA metrics include a limited number of measures that will be monitored by all services and the VA as well as additional
measures that were determined to be important for the condition being managed under this guideline. The team may choose to select some measures that address unique aspects of care for the team’s MTF, in addition to the DoD/VA metrics. Be sure that all metrics are measurable and focus on the desired changes identified in the plan.

Identification of Data Collection Issues. During discussion of the proposed metrics, the team will raise a number of issues and questions that have implications for successful data collection and measurement. Prepare a list of these issues and identify which of them relate to the MTF’s data capabilities or other factors, and which of them need to be addressed by MEDCOM. Where possible, offer suggestions for how some of the issues may be resolved.