Disclosures

• co-originators of:
  ▪ the Practice Guideline Evaluation and Adaptation Cycle (PGEAC),
  ▪ the Knowledge to Action Cycle (K2A)
  ▪ the Queen’s University Research Roadmap for Knowledge Implementation (QURKI)

• Co-PIs on the Can-Implement study

• founding members of the ADAPTE Collaboration
Who are you?

- Guideline developer?
- Guideline implementer?
- Both?
- Neither?
Overview

- Introduction/Background
- ADAPTE
- CAN-IMPLEMENT
- Lessons Learned & Questions
CHALLENGES for the “Guideline Enterprise”

- Ensuring **timely** transfer of new research knowledge into practice
- Producing high **quality** guidelines
- Keeping guidelines **up-to-date**
- Working with **limited resources**
- Fostering **local relevance and ownership** of guidelines
- Improving effective **implementation and use** of guidelines
MODERN Guideline Agenda

from Development to Implementation

✓ Validity
✓ Rigour
✗ Efficiency

✓ traditional focus
✗ current and future focus

✗ Utility
✗ Applicability
✗ Relevance
✗ Utilization
✗ Monitoring and Accountability
Guideline ADAPTATION

A systematic process that guides local groups to identify, evaluate, adapt and use already available guidelines for their own purposes.

- An alternative to denovo development; reduces duplication of effort while maintaining the validity of recommendations
- Encourages participative approach involving all key stakeholders to foster local ownership of recommendations and promote utilization
- Ensures consideration of (regional and local) contextual factors to ensure relevance for practice and improve uptake by targeted users
- Improves guideline quality:
  - Increases knowledge and commitment to evidence-based principles by using reliable methods to ensure quality and validity of adapted guidelines
  - Promotes explicitness and transparency in documenting recommendations
Experience with ADAPTE and CAN-IMPLEMENT?

- ADAPTE
  - Know about
  - Have used

- CAN-IMPLEMENT
  - Know about
  - Have used
ADAPTE International and CAN-IMPLEMENT

History – converging paths

- PGEAC 1999-2005
- CIHR grant Cervical, colorectal screening 2002-2004
  • 2006 Transfer of Canadian Intellectual Property
- ADAPTE Evaluation 2007-2009
- ADAPTE Copyright to GIN 2010
- CAN-IMPLEMENT 2011-2013
  JBI/OVID Working Group

- CO-CAN-ADAPTE 2003-2006
- CPCC Adaptation study CAN ADAPTE Evaluation 2007-2010
- ADAPTE Evaluation 2007-2009
- GIN ADAPTE Working group
ADAPTE International Members

Collaboration of researchers and guideline developers

- Melissa Brouwers, CCO, McMaster University, Hamilton, CPAC, Canada
- George Browman, BC Cancer Agency, Victoria, CPAC, Canada
- Jako Burgers, CBO Netherlands
- Bernard Burnand, IUMSP, CHUV, Université de Lausanne, Lausanne, Switzerland
- Béatrice Fervers, Fédération des centres de luttes contre le cancer, Lyon, France
- Ian Graham, CIHR, University of Ottawa, CPAC, Canada
- Margaret B. Harrison, Queens University, CPAC, Kingston, Canada
- Jean Latreille,Universite de Sherbrooke, CPAC, Québec, Canada
- Najoua Mlika-Cabanne, Haute Authorité de Santé, France
- Louise Paquet, Direction de la lutte contre le cancer, CPAC, Montréal, Canada
- Raghu Rajan, McGill University Hospital Centre, Comité d’évolution de la pratique en oncologie, Montréal, Canada
- Anita Simon, Alberta Cancer Board, Calgary, Alberta
- Joan Vlayen, Catholic University of Leuven, Belgium
- Louise Zitzelsberger, CPAC, Ottawa, Canada
ADAPTE

- ADAPTE was an international group (*France*) advancing the process of guideline adaptation; members include guideline developers, researchers and guideline implementers.

- In 2006, the Canadian PGEAC (Practice Guideline Evaluation and Adaptation Cycle group - *Graham, Harrison & Brouwers 2002*) joined forces with the Quebec-France ADAPTE group – with transfer of intellectual property to ADAPTE.

- The ADAPTE process is a conceptual framework and resources (manual and toolkit) are available at [www.adapte.org](http://www.adapte.org)

- An on-line survey to evaluate process usefulness and impact was launched September 2007 by ADAPTE with concurrent Evaluation Study for Canadian participants managed by CPACC.
Guideline adaptation is the systematic approach to the endorsement and/or modification of a guideline(s) produced in one cultural and organizational setting for application in a different context. Adaptation may be used as an alternative to de novo guideline development, e.g., for customizing (an) existing guideline(s) to suit the local context.

Rationale
The development and updating of high-quality clinical practice guidelines require substantial time, expertise and resources. Health organisations are increasingly confronted by the need to standardize health policies and practises to better manage finite resources and to promote optimal, evidence-based as well as equitable patient care. There is pressure for organisations to produce guidelines rapidly, to ensure that medical practice is consistent with current, emerging medical knowledge and with increasingly limited resources. Less formal guideline development groups, such as hospitals or group practices, can be overwhelmed by...
The Process …

- **Set Up Phase**
  - PREPARE FOR ADAPTE PROCESS

- **Adaptation Phase**
  - DEFINE HEALTH QUESTIONS
  - SEARCH AND SCREEN GUIDELINES
  - ASSESS GUIDELINES
  - DECIDE AND SELECT
  - DRAFT GUIDELINE REPORT

- **Finalization Phase**
  - EXTERNAL REVIEW
  - PLAN FOR FUTURE REVIEW AND UPDATE
  - PRODUCE FINAL GUIDELINE

**Associated Modules**
- Preparation
- Scope and Purpose
- Search and Screen
- Assessment
- Decision and Selection
- Customization
- External Review
- Aftercare planning
- Final Production
## 3 Phases and 9 Modules

<table>
<thead>
<tr>
<th>Set-Up Phase</th>
<th>Adaptation Phase</th>
<th>Finalization Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation Module</td>
<td>• Scope and Purpose Module</td>
<td>• External Review and Acknowledgement Module</td>
</tr>
<tr>
<td></td>
<td>• Search and Screen Module</td>
<td>• Aftercare Planning</td>
</tr>
<tr>
<td></td>
<td>• Assessment Module</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Decision and Selection Module</td>
<td>• Final Production Module</td>
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<tr>
<td></td>
<td>• Customization Module</td>
<td></td>
</tr>
</tbody>
</table>
# Phase 1 SET-UP Preparation Module

<table>
<thead>
<tr>
<th>Aims and Tasks</th>
<th>Products and Deliverables</th>
<th>Skills and Organizational Requirements</th>
<th>Tools and Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEPS 1-6:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Set up organizing committee</td>
<td>• Organizing committee established</td>
<td>• Managerial and administrative skills</td>
<td><strong>Tool 1</strong> Guideline development and implementation resources</td>
</tr>
<tr>
<td>2. Select broad topic</td>
<td>• Topic identified</td>
<td>• Clinical expertise</td>
<td><strong>Tool 2</strong> Search Sources and Strategies</td>
</tr>
<tr>
<td>3. Identify if adaptation is feasible</td>
<td>• Panel selected</td>
<td>• Methodological expertise</td>
<td><strong>Tool 3</strong> Sample conflict of interest <strong>Tool 4</strong> Consensus process resources</td>
</tr>
<tr>
<td>4. Identify skills and resources needed</td>
<td>• Protocol written</td>
<td></td>
<td><strong>Tool 5</strong> Work plan sample</td>
</tr>
<tr>
<td>5. Complete set up tasks</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Phase 2 ADAPTATION
### Scope and Purpose Module

<table>
<thead>
<tr>
<th>Aims and Tasks</th>
<th>Products and Deliverables</th>
<th>Skills and Organizational Requirements</th>
<th>Tools and Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEP 7</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. Determine the health questions</td>
<td>List of health questions to be included and those excluded</td>
<td>Clinical expertise Methodological expertise</td>
<td><strong>Tool 6 - PIPOH</strong></td>
</tr>
</tbody>
</table>
### Phase 2 ADAPTATION
#### Search and Screen Module

<table>
<thead>
<tr>
<th>Aims and Tasks</th>
<th>Products and Deliverables</th>
<th>Skills and Organizational Requirements</th>
<th>Tools and Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEPS 8-10</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **8.** Search for all relevant guidelines and other relevant documentation | Set of potential guidelines  
List of excluded guidelines | Search – information retrieval skills, clinical expertise  
Screen – methodological expertise, clinical expertise | **Tool 2** Search sources and strategies  
**Tool 7** Example table for recording the guideline characteristics  
**Tool 8** Example table for recording clinical content of guidelines  
**Tool 9** AGREE instrument  
**Tool 10** AGREE spreadsheets |
## Phase 2 ADAPTATION: Assessment Module

<table>
<thead>
<tr>
<th>Aims and Tasks</th>
<th>Products and Deliverables</th>
<th>Skills and Organizational Requirements</th>
<th>Tools and Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEPS 11-15</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Assess quality</td>
<td>• AGREE scores</td>
<td>Methodological expertise</td>
<td><strong>Tool 9</strong> AGREE</td>
</tr>
<tr>
<td>12. Assess currency</td>
<td>• Search &amp; selection evaluation</td>
<td>Information retrieval skills</td>
<td><strong>Tool 10</strong> AGREE spreadsheet</td>
</tr>
<tr>
<td>13. Assess content</td>
<td>• Consistency of evidence and interpretations</td>
<td>Clinical expertise</td>
<td><strong>Tool 11</strong> Sample currency survey</td>
</tr>
<tr>
<td>14. Assess consistency</td>
<td>• Consistency of interpretations &amp; recommendations</td>
<td></td>
<td><strong>Tool 12</strong> Sample recommendations matrix</td>
</tr>
<tr>
<td>15. Assess the acceptability and applicability of the recommendations</td>
<td>• Summary of currency</td>
<td></td>
<td><strong>Tool 13</strong> Table of criteria for assessing quality of study search and selection</td>
</tr>
<tr>
<td></td>
<td>• Recommendations Matrices</td>
<td></td>
<td><strong>Tool 14</strong> Table for recording evaluations of consistency</td>
</tr>
<tr>
<td></td>
<td>• Evaluation of applicability</td>
<td></td>
<td><strong>Tool 15</strong> Worksheet: Acceptability</td>
</tr>
</tbody>
</table>
## Phase 2 ADAPTATION
### Decision and Selection Module

<table>
<thead>
<tr>
<th>Aims and Tasks</th>
<th>Products and Deliverables</th>
<th>Skills and Organizational Requirements</th>
<th>Tools and Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEPS 16-17</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>16.</strong> Review assessments to aid decision making</td>
<td>Decision made on the content of the final document</td>
<td>Clinical expertise</td>
<td>List of all resources available to the panel</td>
</tr>
<tr>
<td><strong>17.</strong> Select between guidelines and recommendations to create an adapted guideline</td>
<td></td>
<td>Methodological expertise</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facilitation skills (Chair)</td>
<td></td>
</tr>
</tbody>
</table>
Options – Decision and Selection Module

ACCEPT a whole guideline and all of its recommendations
After reviewing all of the assessments, the panel accepts the guideline as is.

REJECT a whole guideline and all of its recommendations
After reviewing all of the assessments, the panel decides to reject the complete guideline. The decision will be based on how the panel weighs the assessments (e.g., poor AGREE scores, guideline is out-of-date, the recommendations do not apply to the panel’s context).

ACCEPT the evidence summary of the guideline
After reviewing all of the assessments, the panel decides to accept the description of the evidence (or parts) but to reject the interpretation and the recommendations.

ACCEPT single recommendations
After reviewing the recommendations from the guideline or guidelines, the panel decides which to accept and which to reject which may be from one or more guidelines.

MODIFY single recommendations
After reviewing all of the recommendations from the guideline(s), the panel decides which are acceptable but need to be modified.
## Phase 2 ADAPTATION
Customization Module

<table>
<thead>
<tr>
<th>Aims and Tasks</th>
<th>Products and Deliverables</th>
<th>Skills and Organizational Requirements</th>
<th>Tools and Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEP 18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Prepare a document that respects the needs of the end user and provides a detailed transparent explanation of the process</td>
<td>Draft guideline document</td>
<td>Editorial skills</td>
<td><strong>Tool 16</strong> Checklist of adapted guideline content</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Knowledge of clinical practice and local context</td>
<td><strong>Tool 17</strong> Report on results of updating process</td>
</tr>
</tbody>
</table>
## Phase 3 FINALIZATION
### External Review and Acknowledgement Module

<table>
<thead>
<tr>
<th>Aims and Tasks</th>
<th>Products and Deliverables</th>
<th>Skills and Organizational Requirements</th>
<th>Tools and Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. External review by target users</td>
<td>• Feedback from external review incorporated into guideline</td>
<td>Managerial and administrative skills</td>
<td>Tool 18 Samples of external review surveys</td>
</tr>
<tr>
<td>20. Consult with relevant endorsement bodies</td>
<td>• Feedback from source guideline developers incorporated into guideline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Consult with developers of source guidelines</td>
<td>• Endorsement by approval body</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Acknowledge source documents</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Phase 3 FINALIZATION
### Aftercare Planning Module

<table>
<thead>
<tr>
<th>Aims and Tasks</th>
<th>Products and Deliverables</th>
<th>Skills and Organizational Requirements</th>
<th>Tools and Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEP 23</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>23.</strong> Plan for aftercare of adapted guideline</td>
<td>Concrete plan for review and updates</td>
<td>Information retrieval skills Methodological expertise Clinical expertise</td>
<td></td>
</tr>
</tbody>
</table>
## Phase 3 FINALIZATION
### Final Production Module

<table>
<thead>
<tr>
<th>Aims and Tasks</th>
<th>Products and Deliverables</th>
<th>Skills and Organizational Requirements</th>
<th>Tools and Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEP 24</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 24. Produce a valid and high quality final adapted guideline | Final guideline document  
Summary document and tools for application, e.g., patient information manual, decision aids | Editorial skills  
Design skills |                     |
ADAPTE Evaluation (2007-2009)

- Self administered questions (330 individuals) who registered (46 countries)
- Response rate 44% (144/330)

- Interest in ADAPTE
  - 80% guideline development,
  - 62% implementation,
  - 48% both

- 79% intended to plan using ADAPTE

Fevers et al BMJ Saf 2011 20:228-236
ADAPTE Evaluation Results

- Clear 78%
- Comprehensive 69%
- Feasible 60%
- Manual useful 79%

- Complex 21%
- Fear no appropriate high quality source guidelines 44%

Fevers et al BMJ Saf 2011 20:228-236
Adaptation …

- Canadian opportunity
- Participant observation in the field
Canadian Cancer Care Initiative

- Field-test ADAPTE methodology
- Integrate a planned action theory (Knowledge-to-Action Framework)
- Frame adaptation as an approach to implementation
- Follow the course of an adaptation as it naturally unfolded
- Evaluate formatively (facilitation and support as needed)
Canadian Study* aims (2008 – 2011)

• Contribute to international ADAPTE evaluation from a Canadian care context

• Map and describe process/steps undertaken by 5 Canadian Cases

• Elicit participant key stakeholder/participant perceptions of the adaptation process

• Determine variation in resources, facilitation and support required to complete the process

• Determine the amount and type of implementation activity that takes place during the adaptation process

* Harrison, Graham, van den Hoek et al., 2013
The Canadian Study

Canadian Guideline Adaptation Initiative

Guideline Adaptation

ADAPTE Resources (Manual and Toolkit)
Methodological Support
Logistical Support
Facilitation
New Tools

Research and Evaluation

ADAPTE International Surveys
Formative/Process Evaluation for Canadian Context
Evaluation of Adapted Guideline Potential for Implementation Needs Assessment

Adapted CPGs

Sustainability
STUDY Evaluation framework and trajectory
### Case Series Characteristics:

<table>
<thead>
<tr>
<th>Guideline Title</th>
<th>Case 1</th>
<th>Case 2</th>
<th>Case 3</th>
<th>Case 4</th>
<th>Case 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong></td>
<td>Supportive Care: Diagnosis, referral and management of distress in adult cancer patient</td>
<td>Supportive Care/ Psychosocial support: Management of distress in adult oncology patient with focus on assessment</td>
<td>Medical/ Treatment: Establishing platelet transfusion thresholds for pediatric population</td>
<td>Supportive Care Symptom Management: Knowledge translation related to ‘best practices’ for remote support in symptom assessment, triage and management for adult patients undergoing cancer radiotherapy and chemotherapy treatments</td>
<td>Supportive Care: Skin Care and Wound Management for patients receiving radiotherapy for breast cancer</td>
</tr>
<tr>
<td><strong>Target Users</strong></td>
<td>Multi-disciplinary – primarily frontline caregivers</td>
<td>Multi-disciplinary – primarily specialist services</td>
<td>Oncologists, Hematologists</td>
<td>Oncology nurses managing patient symptoms in a home healthcare setting or other environments</td>
<td>Front line caregivers</td>
</tr>
<tr>
<td><strong>Scope</strong></td>
<td>Provincial</td>
<td>National</td>
<td>National</td>
<td>National</td>
<td>Regional/ Provincial</td>
</tr>
</tbody>
</table>
As a formative evaluation, early experience was ADAPTE wasn’t working for them …

- too many steps, “too long”
- very “demanding”
  (expertise/resources)
- usability/navigation issues
- paradox: “too much information and too complicated - but not specific/detailed enough”
- “gaps” including literature searches, evidence appraisal, building consensus, and project documentation

- structure, guide and tools ‘helpful’ but need more training, information, and resources, especially for new groups, and less experienced “volunteer” panels

- Expand on what to do and how to do things: add facilitation, project management, documentation support; + tools, templates, tips, checklists
Emerging patterns in the 5 cases

• Pattern A: ‘Call to Action’ period for new groups; 4-6 months

• Pattern B: Iterative activities requiring long periods and several cycles, e.g., clinical question refinement and literature searches, evidence appraisal, and customization (drafting and internal review)

• Pattern C: Multiple steps/tasks that were in progress had to be managed concurrently; not a linear process
# Emerging Patterns

## Call to Action

<table>
<thead>
<tr>
<th>Call to Action* (Months)</th>
<th>Guideline Adaptation MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</td>
</tr>
</tbody>
</table>

### PHASE I

**Preparation**
- 1
- 2
- 3
- 4
- 5
- 6

### PHASE II

**Scope & Purpose**
- 7

**Search & Screen**
- 8
- 9
- 10

**Assessment**
- 11
- 12
- 13
- 14
- 15

**Decision & Selection**
- 16
- 17

**Customization**
- 18

### PHASE III

**External Review**
- 19
- 20
- 21
- 22

**Aftercare Planning**
- 23

**Final Production**
- 24
### CAN-IMPLEMENT PHASE 1, Step 1: Call to Action

#### PHASE 1: ISSUE CLARIFICATION & IDENTIFICATION

<table>
<thead>
<tr>
<th>PHASE 1 Step 1</th>
<th>CALL TO ACTION</th>
<th>Key Decisions*</th>
<th>Facilitation and Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective and Tasks</strong></td>
<td><strong>Outputs and Documentation</strong></td>
<td><strong>Facilitation</strong></td>
<td>Resources</td>
</tr>
</tbody>
</table>
| 1.1 Clarify the motivation, purpose and scope of the proposed initiative. Consider: | ▪ Formation of a legitimate guideline entity with definition of purpose, established jurisdiction and ownership | ▪ 1. Is a guideline necessary/the best solution to the identified practice issue?  
☑ Proceed  
☑ Re-examine/clarify practice issue and needs | ▪ Planning for change (increasing awareness, developing a plan); leading and managing change (knowledge and data management, project management, recognizing importance of context, fostering team-building/group dynamics); Table 2 | ▪ CAN-IMPLEMENT© Toolkit  
Tools for task 1.1  
Guidelines Resource Centre  
[www.cancerview.ca](http://www.cancerview.ca) |
| ▪ What are the agency/institutional mandate and infrastructure supporting evidence-informed practice?  
Ξ | ▪ Meeting notes, inter-agency agreements or funding commitments | | |
| ▪ Is this a response to a specific practice challenge? | | | |
| ▪ Is a guideline the most appropriate solution to the challenge? | | | |
| ▪ Who (person/group) will lead, implement and maintain these recommendations? | | | |
| ▪ What is the intended practice jurisdiction (local, regional, national)? | | | |

*KEY:  
☑ If response is Yes, ...  
Ξ If response is No, ...
Facilitation a key ingredient

- External and local facilitation
- ‘Process of facilitation’ rather than a specific person as facilitator
- Set of skills and competencies involved
Project Management

“someone does have to coordinate the whole thing”

- Key element of facilitation activity
- Administrative and project-specific support
  e.g. organizing meetings, gathering information and assembling reports, distributing materials, ensuring group remains on task, etc.
Providing External Support
“having access to a venting office”

- Problem-solving/addressing specific issues
- Providing advice
- Ensuring the correct people are involved
- Maintaining momentum and enthusiasm
Key learning - Canadian Study

- Adaptation fits within a knowledge to action framework as part of a continuum to evidence-based practice.

- Local adaptation is a learning, ‘take ownership’ exercise.

- Need to organize the adaptation process in bigger “conceptual chunks” linked to implementation i.e. see it within a bigger framework of practice (not a one-off project).

- For those thinking implementation, guideline adaptation marks the start of the process, is ‘means to an end’ vs. ‘the end itself’.

- Paradox: ADAPTE process is too complex, yet not detailed enough; different perspective between target users and professional developers.

- Need to explore how organizations can support this work within their settings e.g. quality/risk portfolios.
Evolution of the model – starting with the KTA cycle
ACTION CYCLE (Application)

Knowledge to Action Process (Graham, Logan, Harrison et. al. 2006)
**Defining the 3 PHASE CAN-IMPLEMENT process**

<table>
<thead>
<tr>
<th>PHASE 1</th>
<th>PHASE 2</th>
<th>PHASE 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identification and Clarification of Issue/Problem</strong></td>
<td><strong>Solution Building</strong></td>
<td><strong>Implementation, Evaluation and Sustainability</strong></td>
</tr>
<tr>
<td>Step 1: Call to Action</td>
<td>Step 1: Align Knowledge to Local Context <em>(Practice &amp; System)</em></td>
<td>Step 1: Monitor Knowledge Use &amp; Evaluate Implementation Process</td>
</tr>
<tr>
<td>Step 2: Guideline Development Plan</td>
<td>Step 2: Assess Innovation, Adopters &amp; Practice Environment for Barriers and Supports</td>
<td>Step 2: Evaluate Outcomes <em>(Patient, Practice &amp; System)</em></td>
</tr>
<tr>
<td>Step 3: Search &amp; Screen Guidelines/Evidence</td>
<td>Step 3: Select &amp; Tailor Implementation Interventions</td>
<td>Step 3: Nurture Change &amp; Sustain Knowledge Use</td>
</tr>
<tr>
<td>Step 4: Assess &amp; Select</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 5: Draft, Revise &amp; Endorse (adapted) Recommendations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CAN-IMPLEMENT “Roadmap” – a linear view

Phase 1
Issue Identification & Clarification

Phase 2
Solution Building

Phase 3
Implementation, Evaluation & Sustainability

Knowledge Adaptation
Steps:
1. Call to Action
2. Guideline Development Plan
3. Search & Screen
4. Assess & Select
5. Draft, Revise & Endorse

Practice System
Gap Analysis

Evidence-Based Innovation
Development process
Innovation attributes
Potential Adopters
Awareness
Attitudes
Knowledge/Skill
Concerns
Current Practice
Practice Environment
Patients
Culture/Social
Structural
Economic
Uncontrolled events

Barrier Management
Knowledge Transfer Strategies
Follow-Up

Adoption (Indicators)

Outcomes
Patient Practitioner System (Indicators)

Nurture Change & Sustain Knowledge

Identify Problem
Identify, Review, Select Knowledge

Align Knowledge to Local Context

Assess Barriers & Supports to Knowledge Use

Monitor Knowledge Use & Evaluate Implementation Process

Evaluate Outcomes

dynamic

non-linear

iterative
In summary, what’s new ... 

- adaptation embedded in a planned action approach
- reframed and reformulated: 3 phases; new steps and a full KTA application cycle
  - Call to Action
  - Implementation perspective throughout
- project management dimension; more ‘tactical’ guidance
- expanded discussions on facilitation; management of search strategy and citations (Library Science Supplement)
- more support material: tools, templates
- improved navigation
CAN-IMPLEMENT
Embedding facilitation in the resource

- Field Notes
- Tips
- Checklists
- Thinking about Implementation

Progress Checks
Phase 1, Steps 1-6:
- Direction
- Outputs
- Documents
- Tools (indexed to task, links to toolkit)
E-learning program in development
A self-directed, interactive, on-line tutorial at cancerview.ca
(in development)
International distribution in the works

- **CAN-IMPLEMENT @ JBI**
  
  featured in **JBI Connect** suite of tools for EBP; collaboration with Queen’s University; JBI partnership with Lippincott and USA hospital group will enable wide dissemination
Take home message...

- **Guideline developer** perspective on adaptation
  - Focus is mainly on ‘product’
  - Inherent expertise and support on panels
  - Greater focus on quality and underlying process of foundational evidence
  - Less distraction without implementation elements
Guideline implementer perspective on adaptation
- Focus is on product, process and implementation
- ‘Means to an end’
  - Education, awareness, buy-in, collective action, alignment of evidence with local context
- Greater focus on anticipated implementation issues
Adaptation

- Value in having a framework to follow
- Working collaboratively to adapt and implement takes time and effort – not a magic bullet
- Value in learning through doing and sharing with others
- Tools can facilitate working through the challenges and issues
- There may be value in ‘adapting’ adaptation to particular circumstances


In the next 3-6 months do you intend to try:

- The ADAPTE process
- The CAN-IMPLEMENT process
- Both
- Neither
ADAPTE and CAN-IMPLEMENT


http://www.cancerview.ca/idc/groups/public/documents/webcontent/can_implement_guide_lines.pdf

http://www.cancerview.ca/idc/groups/public/documents/webcontent/can_implement_library_sup.pdf

http://www.cancerview.ca/cv/portal/Home/TreatmentAndSupport/TSProfessionals/ClinicalGuidelines/GRCMain/GRCGDGuidelineAdaptation?_afrLoop=1602834266952000&lang=en&_afrWindowMode=0&_adf.ctrl-state=140xj7ds0c_320
Web links

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