

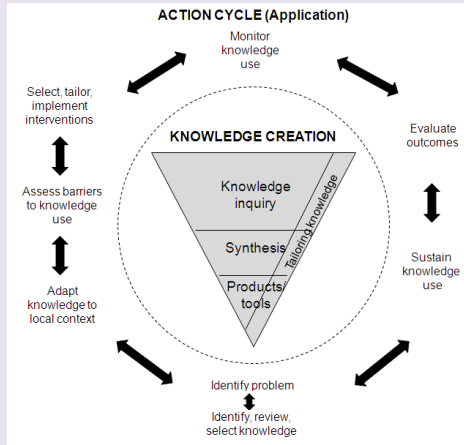
Sustaining evidence in clinical practice:

Introducing functional electrical stimulation (FES) across a large tertiary hospital

Background: 65% of stroke patients will experience long term disability related to poor functional use of the upper limb. Functional electrical stimulation (FES) is one modality recommended to address upper limb dysfunction. Despite the availability of clinical guidelines, implementation to practice has been inconsistent.

Aims: 1) To create sustainable practice change regarding the consistent use of FES by Occupational Therapists (OT) at The Royal Melbourne Hospital.

2) Demonstrate the efficacy of the Knowledge-to-action framework to address barriers at both the organisational and individual level, which is critical to ensuring the sustainable uptake and application of evidence into clinical practice.



APPLICATION OF FRAMEWORK

Knowledge inquiry / synthesis

- Literature review
- Benchmarking revealed inconsistencies in the availability, and quality of staff training and clinical guidelines.

Adapting knowledge to local context

- Development of peer reviewed clinical guidelines
- Staff training and competency
- Liaison with key stakeholders (NUMs, Medical, MDT)

Assessing barriers to knowledge use

- Barriers identified: Clinician skill, confidence and knowledge. Accessibility to guidelines/resources and time constraints also identified.

Select, tailor, implement interventions

- Education package:
 - Half day workshops
 - Monthly group practice

Monitor knowledge use / evaluate outcomes

- Clinician's demonstrated poor transfer of skills into practice.
- Revised education package: key champion role, co-treatment sessions, patient demonstrations and case studies in practice sessions.

Results & Conclusion: Over a 12 month period 26% (n=12) of staff completed the FES education package. Post implementation data was collected through a department wide survey (n=30).

Key outcomes

- Only 9% of staff who participated in the education package reported lack of experience as a barrier to FES use, compared to 56% of remaining department staff.
- Staff confidence using FES was 64% following completion of the education package versus 19% for staff that had not completed the package.
- FES was applied by 91% of staff in the education group, compared to 19% for remaining department staff.

The outcomes of the staff survey strongly support our reasoning for the prospective use of the Knowledge-to-action framework to guide the successful implementation of FES across The Royal Melbourne Hospital OT department.

Implementation of evidence into practice must target perceived barriers in order to change clinician behaviours. This requires a multi faceted and long term approach, that is dynamic and responsive to individual and organisational needs.

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Authors to provide list of references on request