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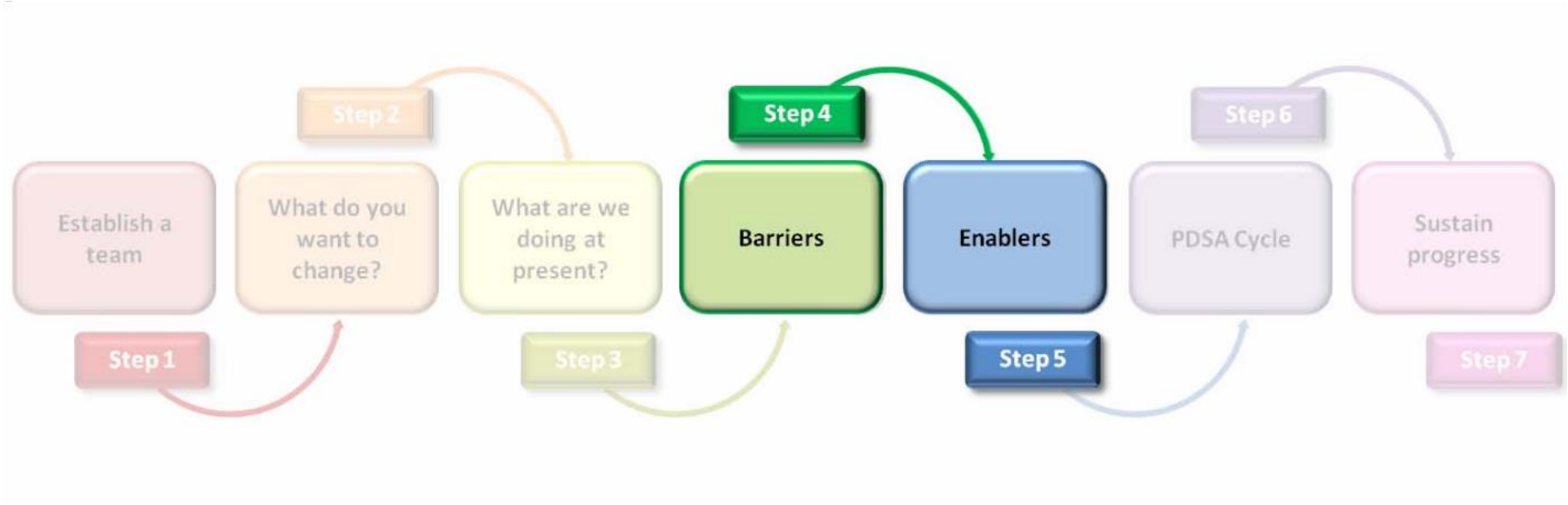
Brisbane Diamantina Health Partners

Barriers & Enablers assessment tool

(adapted from the National Institute of Clinical Studies (NICS) Barrier Tool http://nhmrc.gov.au and National Research Institute & NSW Agency for Clinical Innovation tool)



Use this tool to assist you to identify barriers and enablers that may inhibit and/or facilitate the implementation of your MTR/TRIP project. The assessment tool comprises of four components:

Part A – Who to involve

Part B – Barriers at the people level

Part C – Other barriers

Part D - Enablers

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How to use the tools – EXAMPLE ... Implementation of GDM best practice guidelines and model of care

EXAMPLE Part A –*Who to involve?* Think about the staff in your Unit/Ward/Clinic that will need to be actively involved in implementation the project you are planning and who are crucial to its success. NOW, think OUTSIDE the staff group – who else do you need to consider? **(see checklist)** Rank the importance of the individual or groups in terms of making the implementation success on a scale of 1 to 5 where: 1 = critical, 3 = necessary, 5 = desirable.

Individual or group	Role in implementation process	Rank importance
Women with GDM	They will be impacted by new model of care. They can provide information that will shape how/when to deliver the new model of care and what is delivered and why.	1
Diagnostic services (pathology)	They may be involved in what women are told after OGTT to diagnose GDM. They may be able to distribute information to all women.	5
Nursing/midwifery	They can provide information that will shape how/when to deliver the new model of care and what is delivered and why.	3
Clinic reception	They will be involved in booking appointments. Are the booking systems set up to allow this?	1
Etc.		

EXAMPLE Part B – *Barriers at the people level*, focuses on the individual and/or teams identified in Part A and the factors that may act as barriers or enabler to their acceptance and implementation of the project you are planning. Rank the importance of the individual or groups in terms of making the implementation success on a scale of 1 to 5 where: 1 = critical, 3 = necessary, 5 = desirable.

Individual or group	Barriers	Rank importance
Women with GDM	Do women understand the importance and benefit of seeing a dietitian for GDM? DO they know how often to see a dietitian? How will the new model of care affect them (Parking? Visits?)	1
Diagnostic services (pathology)	What do they tell women after they have their OGTT? Is this an opportunity to distribute information? Is there something we can attach to the pathology print out?	5
Nursing/ midwifery	Do they see women as well as the diabetes educator? Do they know how to book a woman in to see the dietitian? Do they know how often a woman should see a dietitian? Do they think it makes any difference to clinical outcomes? Which ones? Are they happy with how the clinic currently runs? How could it be different?	3
Clinic reception	How do they book women? Does the system allow booking/clinic changes? Who needs to be consulted? How easy/quick can the changes be made?	1

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Part A –Who to involve? Think about the staff in your Unit/Ward/Clinic that will need to be actively involved in implementation the project you are planning and who are crucial to its success. NOW, think OUTSIDE the staff group – who else do you need to consider? **Highlight in the table and add them to the box below.** **Ensure you consider all potential influencers. Use the checklist below (Copyright Centre for Clinical Effectiveness, Southern Health)**

Potential influencers

Hospital clinical staff

Nursing
- Senior, junior
- Ward, ED, OP, other
- Managers, educators, clinical specialists, nurse practitioners

Medical
- Consultants, fellows, registrars, interns,
- Ward, ED, OP, other setting
- Full-time, part-time, sessional

Allied Health
- Pharmacy, physiotherapy, OT, social work, dietetics, speech pathology, psychology, audiology

Other hospital groups

Specific settings
- Intensive care
- Operating suite
- Outpatient and other ambulatory se4rvices
- Emergency

Diagnostic services
- Imaging
- Pathology

Organisational processes
- Documentation committee
- Quality unit, clinical governance committees
- Referral processes
- Existing policies, protocols, procedures

Corporate services
- Finances, HR
- Information technology, webmaster
- Public relations/marketing department

Consumers

Patients
Families (parents, grandparents, children, others)
Carers
Schools, sporting, social and community groups
Religious, cultural and ethnic groups
Consumer advocates

Community clinicians

General practitioners
Maternal and child health nurses
Community pharmacists
Educators eg Asthma, Diabetes
Allied health practitioners
Aboriginal health workers
Alternative practitioners eg naturopaths etc

Community programs

Health promotion
Health education

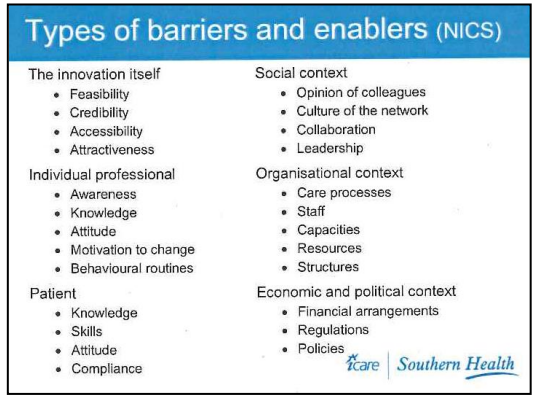
External organisations

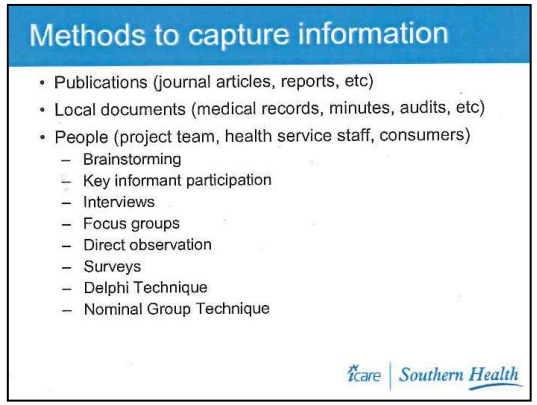
Peak bodies
- Consumer advocacy groups
- Condition specific eg Asthma foundation
- Professional colleges and associations
- Specialty/craft groups

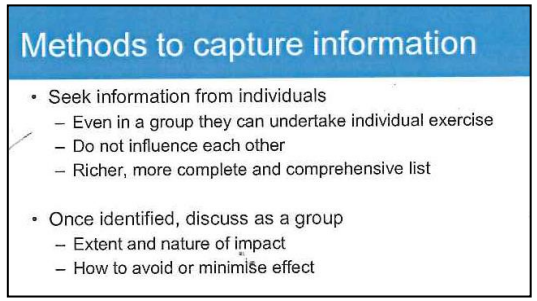
Government
- State/federal
- Funders, policy makers
- Government agencies eg NHMRC, VicHealth, QHealth etc

Commercial groups
- Diet programs eg Weight watchers, Jenny Craig
- Exercise programs, personal trainers
- Advertising
- Media

Remember to consider office admin/support staff within EACH group. They can make or break your links







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Individual or group	Role in implementation process	Rank importance

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Part B – *Barriers at the people level*, focuses on the individual and/or teams identified in Part A and the factors that may act as barriers or enabler to their acceptance and implementation of the project you are planning. Rank the importance of the individual or groups in terms of making the implementation success on a scale of 1 to 5 where: 1 = critical, 3 = necessary, 5 = desirable.

Individual or group	Barriers	Rank importance

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Part C – Other barriers, seeks to identify any other barriers that could be related to the unit/ward/clinic, inter-professional relations, work place culture, resources etc. Rank the importance or the individual or groups in terms of making the implementation success on a scale of 1 to 5 where: 1 = critical, 2 = necessary, 5 = desirable.

Individual or group	Other barriers	Rank importance

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Part D – *Enablers*. What incentives or aids to change can you utilise at your hospital to involve the individuals or groups in the implementation process? **Use the list in Part A as a prompt.**

Individual or group	Possible incentives/aids to change?	Best way to inform/approach/involve them in the process?