2nd Biennial Australian Implementation Conference: Solving Complex Implementation Problems

THEME 2: Systems and Structures to Support High Quality Implementation

TITLE: Barriers and Facilitators to Spinal Trauma Patients Accessing Specialist Care: A Multi-Level Two State Health System Analysis – Study Protocol and e-Scan Findings

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ABSTRACT: Around 300 people sustain a new traumatic spinal cord injury (TSCI) in Australia each year, with an estimated 15 new cases per million population each year (aged > 15 years). Despite a relatively low incidence, the human, social and long term financial costs associated with TSCI are extremely high, with the lifetime cost estimated at $5 million for paraplegia and $9.5 million for quadriplegia. It is well documented that the early phase of care can significantly impact long term outcomes for the patient with TSCI; however, while there has been some improvement in referral patterns to specialist centres, there remains significant variation among what is considered ‘best practice’ specialist care. Inconsistencies in policy and practice, as well as the multi-level barriers to achieving this for TSCI patients as they journey throughout health care systems, may compromise their best outcome.

Defining ‘agreed standards for practice’ is one of the first and most crucial steps in the translation of knowledge into policy and practice; without an agreed, evidence based benchmark, identifying gaps in current practice cannot occur. Furthermore, barriers and facilitators to best practice can be identified by consulting key stakeholders within relevant organisations, policy makers and resource sectors, which will inform the development and implementation of new models of care for the TSCI patient.

The proposed project will build on a current NHMRC Partnership Project to (i) define agreed standards of care and associated ‘best practice’ clinical pathways in the acute post injury phase of care for the patient with a traumatic spinal cord injury, (ii) benchmark current practice against this agreed standard of care across two states, quantifying the evidence-practice gap, (iii) identify drivers (barriers and facilitators) of ‘best practice’, namely clinician, organisational or policy factors, and (iv) develop and pilot a Clinical Pathway with practice change strategies to facilitate implementation. A comprehensive environmental scan and will be the starting point for this project; with preliminary results presented along with the study protocol.