The College of Emergency Medicine

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CLINICAL EFFECTIVENESS COMMITTEE
Dissemination strategy for
the College of Emergency Medicine

Introduction

There has been a proliferation of guidelines, position statements and documents from learned organisations over the last 10 years. Frequently, important, useful and good advice is lost among a plethora of less useful documents. Many fellows and members report of being simply unable to find the most important documents. This strategy considers how a document from the College can be best disseminated and used to improve emergency care. We have considered the likely target audience and considered the associated risks and benefits.

1. *Publication on the College website*. The College website is increasing in size and complexity. Documents are available, but usually can only be found if someone goes looking for them. This is accessible to fellows and members as well as the general public. The new website is more accessible. The impact is minor.

2. *Refer to the guideline in the monthly newsletter*. This is easy and cheap to do. There is some uncertainty around the completeness of the email list. Recent correspondence around the renaming of 'minors' indicates that many fellows receive and respond favourably to email updates.

3. *Publication on Royal College and relevant websites*. So for example, if we publish a guideline on the best way of treating Wibble's disease, we should ask the Wibble's Disease Society to host the document on their website. This has the advantage of getting our documents onto higher traffic websites. The risks are that other organisations may not be willing to host our documents. We also need to place some fairly explicit disclaimers on these documents, as there is a risk that the governance of documents may go beyond our control. Only PDF versions should be shared and these should be clearly dated. We already provide this service for a lot of organisations on the external guidelines section of our website, and would wish to see that this reciprocity is honoured. The benefits of this are likely to be minor.

4. *Publication on the ENLIGHTENme website*. This is primarily viewed as an educational resource, and it is becoming increasing established in emergency medical training. Publication of documents here is relatively easy, the target audience is likely to be restricted to fellows and members. The impact here is likely to be moderate.

5. *Publication in the Emergency Medicine Journal.* Documents published here are sent to the fellows and most members of the College. The EMJ would benefit from publishing selected high impact guidelines, as this would increase circulation, and the journal's impact factor. However, there are significant challenges in ensuring that there is enough regular content to make this viable and workable. The impact of this is likely to be major.

6. *Ensure that a standard within a document becomes a College approved audit standard.* This has been very effective for pain management. There are concerns from fellows about the burden of audit on busy departments. The College proposes two to three audits each year. Selection of auditable standards is critically important, in that that they should be important, relevant, auditable and amenable to change. The impact of this is usually major. These may become part of future performance indicators, so this strategy carries its own set of risks.

7. *Discuss documents at regional board meetings.* This is an informal way of sharing College activity with local fellows. This has value as peer feedback is immediate and useful. The benefits of this are minor, and the risks are minimal.

8. *Launch documents at CPD events and Conferences.* This has the risk that it may not be perceived as relevant by paying fellows and members, but would achieve a wide circulation easily. The benefits are moderate.

9. *Post documents to fellows and members.* This is expensive, but effective. There are concerns about the completeness of the mailing list.

10. *Use Red Door to promote documents.* This is effective for getting documents into the public domain, but is expensive.

Clearly, not all documents need the same approach. A document's priority for dissemination depends on its importance to fellows and members and the importance for practice change. For instance, 'The Way Ahead' was a vitally important document for Fellows: therefore a postal mail out was expensive, but effective. The College Position on Alcohol Related Harms is of interest to the media and benefits the College, but is of limited usefulness for fellows.

The table overleaf shows a framework from the HTA to ensure optimal document dissemination. This is clearly beyond what is required of most College documents.

Table 1: Advice on implementation and dissemination of evidence based guidelines

This framework is based on the HTA review on guideline dissemination and implementation [1]
A combination of 2-3 approaches works best.

Audit and Feedback	• Audit tools based on standards from Clinical Effectiveness Committees • Establish national database • Lobby DH/CQC • Submit audit bids to CQC • Feedback to Trusts via Quality Observatories	• Utilise national audit tools • Annual audit and feedback to rest of Trust via clinical governance forums/inter-professional platforms
Educational meetings	• Conferences: presentations, plenary sessions, workshops	• Seminars, loco-regional meetings
Educational outreach	• Roadshow on guidelines with significant impact on ED processes and quality of care to patients	• Multi-disciplinary involvement in joint training programmes
Educational materials	• E-learning • Internet based educational modules with online CPD	• Stickers, cards, posters to increase awareness
Reminders	• Follow up the initial campaign with reminders sent to departmental leads.	• Reminders at 3 monthly intervals : formal (meetings) and informal (department microteaching) methods to all staff involved in process

Table 2: Suggested approaches to dissemination

The approach to document dissemination depends on the importance of the document and the intended readership. The grid below makes suggestions regarding the actions required for a document.

Importance	Readership for Fellows and Members	Readership for Other Healthcare Professionals	Readership for General Public
High	• Consider mail shot / email • Attach to a College audit standard • Promote at College events • Publish on website • Promote through EnlightenME • Publicise in newsletter • Regional Board agenda item	• Ask relevant organisations to host on their websites • Publish on website • Publicise in newsletter • Regional Board agenda item	• Use PR agency for a press statement • Publish on website • Publicise in newsletter • Regional Board agenda item
Low	• Publish on website • Promote through EnlightenME • Publicise in newsletter • Regional Board agenda item	• Publish on website • Publicise in newsletter • Regional Board agenda item	• Publish on website • Publicise in newsletter • Regional Board agenda item

Checklist for dissemination of College documents

A copy of this checklist may be attached to College documents, indicating the required strategies and ticking them off once they have been achieved.
Use the document's importance and intended audience to decide on the optimal distribution methods, as indicated in Table 2

Dissemination Method	Required?	Completed?
Postal distribution		
E-mail distribution		
Attach to a College audit standard		
Promote at College events		
Publish on College website		
Ask other organisations to host on their websites		
Use PR agency for a press statement		
Promote through EnlightenME		
Publicise in College newsletter		
Regional Board agenda item		

Checklist completed by……………………………………………………. Date…………………….

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Approved by the Clinical Effectiveness Committee, November 2010

Review 2013 or sooner if required