The Quality in Acute Stroke Care (QASC) Barriers and Enablers

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Barriers and Enablers

Step 1: Establish a team
Step 2: What do you want to change?
Step 3: What are we doing at present?
Step 4: Barriers
Step 5: Enablers
Step 6: PDSA Cycle
Step 7: Sustain progress
Why do we need to do a Barriers and Enablers Assessment?

• Essential part of the implementation process
• Understand why you are not achieving best practice
• If barriers are not overcome, no change will take place
How to use the QASC Barriers and Enablers Assessment TOOL?

Part A - *Who to involve*

Part B - *Barriers at the people level*

Part C - *Other barriers*

Part D - *Enablers*
Part A – Who to involve;
Seeks to identify the key people, teams/groups that will be crucial to the successful implementation of the FeSS clinical protocols
## Part A - Example

<table>
<thead>
<tr>
<th>Individual or Group</th>
<th>Role in implementation process?</th>
<th>Rank Importance: 1-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Unit Manager</td>
<td>• Provide leadership and support for the FeSS clinical protocol</td>
<td></td>
</tr>
<tr>
<td>Speech Pathologist</td>
<td>• Assist with the education of staff and support for the use of the FeSS clinical protocol</td>
<td></td>
</tr>
</tbody>
</table>

**Examples:**
Part B – *Barriers at the people level*;
Focuses on the individuals and/or teams identified in Part A and the factors that may act as barriers or enablers to their acceptance and implementation of the FeSS clinical protocols.
### Part B - Example

<table>
<thead>
<tr>
<th>Individual or Group</th>
<th>Barriers</th>
<th>Rank Importance: 1-5</th>
</tr>
</thead>
</table>
| Night duty RN       | • Sceptical about the value of EBP to own clinical practice and has inadequate knowledge about the FeSS clinical protocol  
                     • Is resistant to change - ‘Have been using the hospital stroke guidelines effectively for the last 20 years- why change now?’ |                      |
Part C – *Other barriers*;
Seeks to identify any other barriers that could be related to the unit/ward, inter-professional relations, work place culture, resources etc
## Part C - Example

<table>
<thead>
<tr>
<th>Factor</th>
<th>Nature of potential barrier</th>
<th>Rank Importance: 1-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>The evidence</td>
<td>• Staff may be unaware of the evidence regarding the FeSS clinical protocols</td>
<td></td>
</tr>
<tr>
<td>Resources</td>
<td>• Lack of equipment – thermometers, glucose monitors</td>
<td></td>
</tr>
</tbody>
</table>
Part D – *Enablers*
Looks at what strategies or incentives could be used to enable implementation of the FeSS clinical protocols
## Part D - Example

<table>
<thead>
<tr>
<th>Individual or Group</th>
<th>Possible incentives/aids to change?</th>
<th>Best way to inform/approach/involve them in the FeSS implementation process?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Staff</td>
<td>• Desire to improve outcomes for their stroke patients</td>
<td>Include all members of MDT in staff education sessions</td>
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### Example:

- Medical Staff
  - Desire to improve outcomes for their stroke patients
  - Include all members of MDT in staff education sessions
Any Questions?