

# The impact of a consensus process on implementation of interventions into healthcare settings: A qualitative study

ISQUA2024-ABS-1997

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## INTRODUCTION



Unwarranted clinical variation in perioperative care persists globally <sup>1</sup>, largely driven by disagreement between autonomous clinicians.

Perioperative pathways for surgeries play a key role in reducing unwarranted variation, aiming to ensure care delivery is effective, efficient and timely<sup>2</sup>.

The challenge lies in choosing a strategy to implement interventions that can achieve clinician agreement. Consensus discussions could address this, yet the processes used to reach consensus and facilitate effective discussions are poorly understood.

## AIMS

*To examine how clinicians build consensus to develop perioperative pathways, and to develop a model for facilitating local consensus in healthcare.*

## METHODS

Study design

Recruitment

Analysis

- Qualitative, **modified grounded theory** study conducted at one private hospital in Sydney, Australia.
- Perioperative pathways** for five surgical cohorts developed and implemented using a consensus approach<sup>3</sup>.

- 31 participants** recruited using convenience sampling
- Semi-structured interviews** and **participant observations** (of consensus development or implementation meetings) conducted until **theoretical saturation**.

- Interviews and field notes recorded and transcribed verbatim.
- Data analysed using coding, constant comparison, detailed memo writing, and data interpretation.

16 hours of Observations

9 interviews

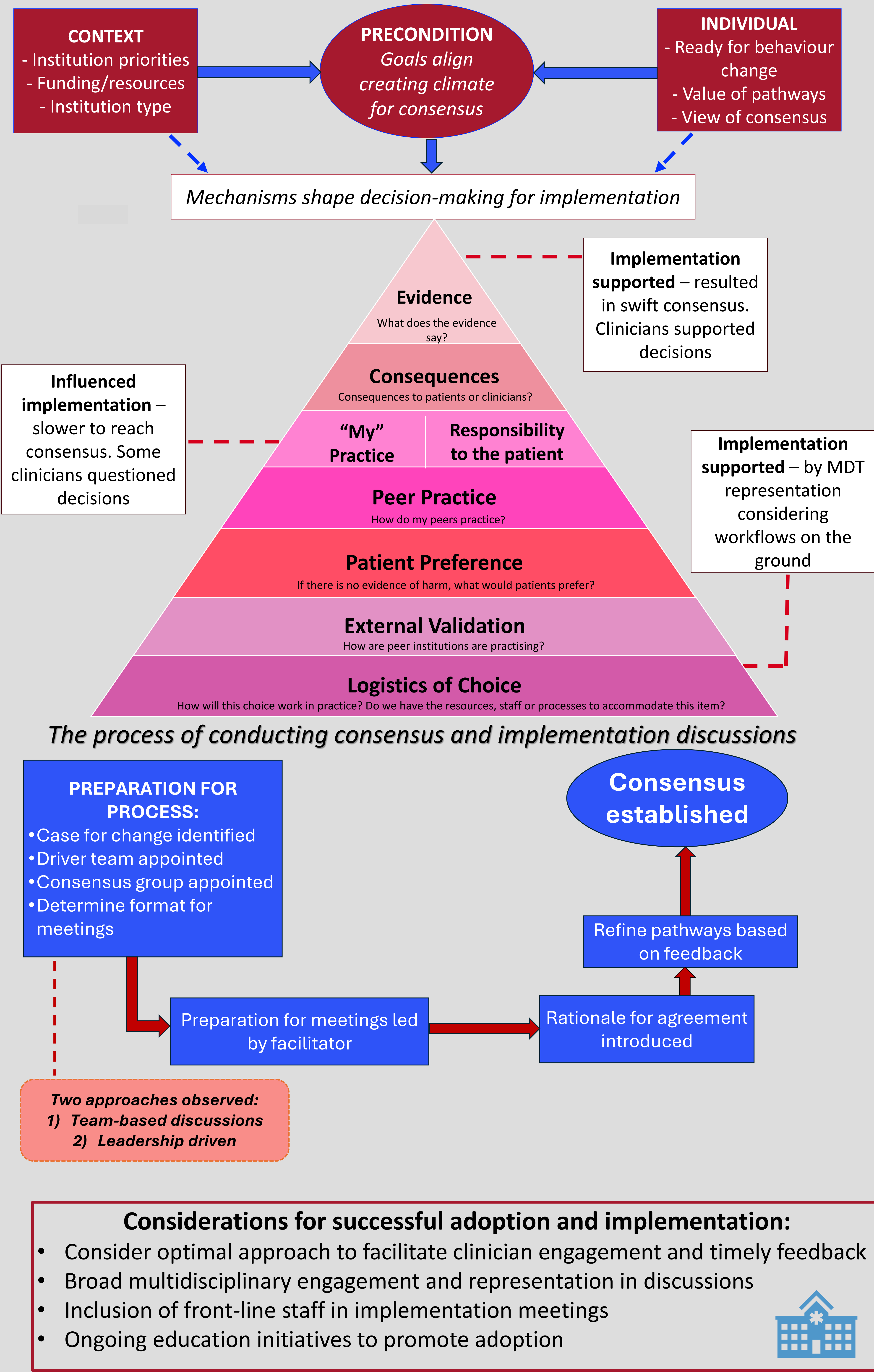
Clinical, non-Clinical, leadership

Concurrent data collection and analysis

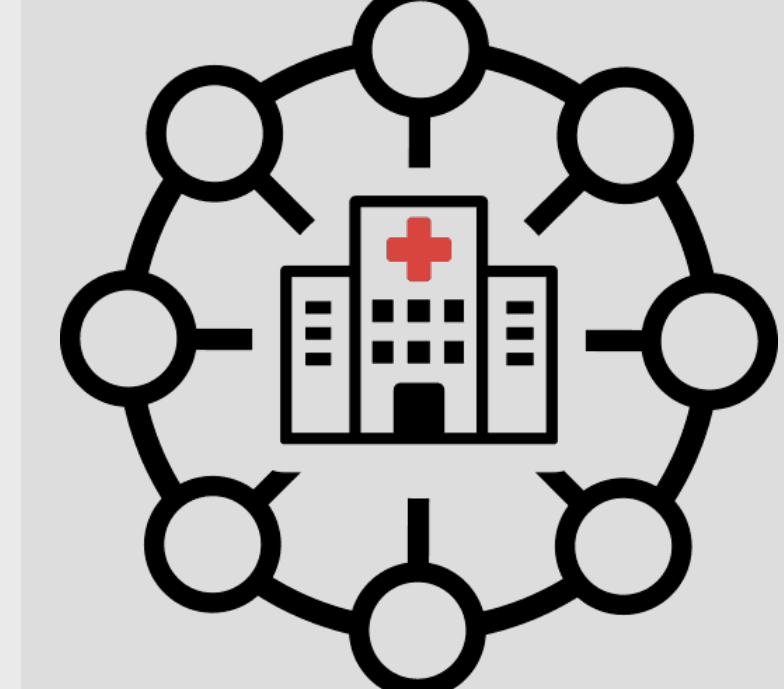
Grounded theory analysis methods

## RESULTS

### The Consensus Model for Standardising Healthcare



## CONCLUSIONS



This model provides a map for healthcare organisations seeking to optimise consensus discussions to develop and implement interventions. An in-depth understanding of these processes can empower clinicians to employ this strategy more effectively to improve healthcare delivery and guide impactful policy decisions.

**References:** 1. Harrison R, Manias E, Mears S, et al. Addressing unwarranted clinical variation: a rapid review of current evidence. Journal of Evaluation in Clinical Practice. 2019;25(1):53-65. 2. Grocott M, Edwards M, Mythen M, et al. Peri-operative care pathways: re-engineering care to achieve the 'triple aim'. Anaesthesia. 2019;74:90-9. 3. Pagano L, Hemmert C, Hirschhorn A, et al. Implementation of consensus-based perioperative care pathways to reduce clinical variation for elective surgery in an Australian private hospital: a mixed-methods pre-post study protocol. BMJ Open. 2023 Jul 26;13(7):e075008.

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