

THE INFLUENCE OF ORGANISATIONAL MODELS ON THE IMPLEMENTATION OF EVIDENCE-BASED WOUND CARE IN CLINICAL PRACTICE

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In the last decade, different researchers have studied the problem of implementation in clinical practice of evidence-based care, both from a general view and in local contexts. This is a complex issue, multifactorial and which some interactions between clinicians and the settings in which they work.

There are several models to guide implementation of evidence-based practice (EBP). The first model was proposed by Rogers (1962) named as Diffusion of Innovations, and this model has influenced the models developed later. Some of them are: the Iowa model of EBP to Promote Quality Care (Titler, 2002) focuses on implementing research in practice; the Advancing Research and Clinical Practice through Close Collaboration Model (ARCC) was conceptualized by Melnyk and Fineout-Overholt. The PARIHS framework (Promoting Action on research Implementation in Health Services) developed in UK by Kitson and Rycroft-Malone, is a model with a worldwide diffusion. It is a multifactorial framework conceived from an analysis of practice development, quality improvement and research; composed of 3 elements: evidences, context and facilitation. Organization-related key aspects are: the organizational culture, leadership and evaluation; as well as the facilitators in the process of implementation. This model has guided several studies aimed to evaluate how these organization-related factors influenced the use of evidence-based care for people with wounds.