

# Evidence Informed Decision Making Barriers Matrix Tool

From Evidence to Action Project

EXTERNAL BARRIERS TO EIDM (NOT MODIFIABLE BY RHA ALONE)	INTERNAL BARRIERS TO EIDM (CAN BE MODIFIED BY INDIVIDUAL RHA)	PROPOSED SOLUTIONS
Timeliness of reports/data received	Lack of effective strategies/mechanisms for sharing, storing and using data	<ul style="list-style-type: none"> <li>▪ Create regional clearing house: central information point and/or strategy for information management</li> <li>▪ Implement processes necessary to make sure all relevant evidence is logged and reviewed.</li> <li>▪ Delegate responsibility to one staff person with accountability at the senior management level</li> <li>▪ Only collect what you need</li> <li>▪ Regional Intranet: Transparent (accessible) inventory of who/what/when/where/how</li> </ul>
Human/Fiscal Resources: <ul style="list-style-type: none"> <li>– Low awareness/training of research benefits in health system management</li> <li>– Recruitment challenges skilled personnel in rural areas</li> <li>– Financial resources allocated to the region</li> <li>– Inequitable distribution of resources by province</li> </ul>	Lack of support for participation in conferences, workshops, use of available data  Internal resource allocation: <ul style="list-style-type: none"> <li>– Staffing &amp; use of staff time (research, data management, analysis)</li> <li>– Resources to support research use (e.g. library access)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide access to relevant skills training/education</li> <li>▪ Use relevant resources to provide education at regional level on using existing data and methods to gather local evidence</li> <li>▪ Allocate a position for information management and staff education re EIDM: (e.g. Data/Information/Evidence Facilitator or Knowledge Broker)</li> <li>▪ Create regional research review teams that involve all categories of professional staff</li> <li>▪ Require research or research utilization skills in for key positions.</li> <li>▪ Provide education re EIDM for Board and senior managers</li> <li>▪ Develop strategies to create organizational learning culture such as those in SCIE's Self Assessment Resource Pack (<i>From Evidence to Action</i> Toolkit Item 5.3).</li> </ul>
Lack of relevant or quality information	Failure to undertake organizational initiatives to increase awareness of benefits of research/evidence and research utilization skills	<ul style="list-style-type: none"> <li>▪ Provide access to resources e.g. journals (Membership at Neil John McLean Health Sciences Library)</li> <li>▪ Develop program evaluation capacity</li> <li>▪ Review data collection programs and systems</li> </ul>
Limited internet access (rural areas, problems with provincial firewalls)	Limited support given to IT /data management supports Internal action to address firewalls	<ul style="list-style-type: none"> <li>▪ Strengthen IT resources</li> <li>▪ Develop a regional data management system</li> <li>▪ Build Regional Intranet</li> <li>▪ Create linkages: IT student placements</li> </ul>

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Decision making processes: <ul style="list-style-type: none"> <li>– Political “issues” – e.g. authority to make change (<i>“politics trumps evidence”</i>)</li> <li>– Manitoba Health may not respond to evidence in plans</li> <li>– Lack of consultation with regions</li> <li>– Lack of understanding of rural health issues</li> </ul>	Lack of attention given to EIDM by RHA leadership Lack of support for protected “research”, evidence-gathering time Absence of appropriate structure for supporting EIDM & information dissemination	<ul style="list-style-type: none"> <li>▪ Build in time to review evidence at meetings at all levels</li> <li>▪ Establish decision-making forums that protect reflective time and encourage involvement of all categories of staff</li> <li>▪ Use transparent decision making processes; clear mechanisms for input/consultation</li> <li>▪ Use objective tools such as the <i>From Evidence to Action</i> Decision Making Checklist (Toolkit Item 4.3).</li> </ul>
	Acceptance of inevitability of “crisis management” culture  Competing & conflicting demands	<ul style="list-style-type: none"> <li>▪ Create a climate and decision-making processes that provide protected time for decision making</li> <li>▪ Use tools such as those in the <i>From Evidence to Action</i> Toolkit</li> <li>▪ Protect time for EIDM activities: e.g. Senior staff model behaviors such as “computer-free” time and “reading/reflective” time</li> <li>▪ Distraction-free policy re group decision-making forums (turn off phones, no interruptions)</li> </ul>
	Framing issue as “lack of time” vs. “organizational/personal priorities” ( <i>There is always time for the important things</i> )	<ul style="list-style-type: none"> <li>▪ Dedicate resources to research/evidence related positions</li> <li>▪ Build in incentives to utilize EIDM processes e.g. Provide rewards such as training to managers that demonstrate EI planning</li> </ul>
	Organizational structure that: a) inhibits information flow b) centralizes decision making in few people	<ul style="list-style-type: none"> <li>▪ Demonstrate commitment to decision making structures already in place</li> <li>▪ Ensure decision making at the appropriate level: clarify roles and responsibilities and devolve authority</li> <li>▪ Set up inclusive mechanisms to involve regional staff in decision-making</li> </ul>
	Challenges encountered in any organizational change ( <i>how we’ve always done it vs. what we need to do to make it work</i> )  Fear of change	<ul style="list-style-type: none"> <li>▪ Acknowledge fears</li> <li>▪ Provide adequate training and support around change management</li> <li>▪ Support managers by providing adequate time to create good solutions</li> <li>▪ Dedicate resources to implement evidence-informed decision making</li> <li>▪ Ensure implementation plans include input from all affected parties</li> </ul>