Lessons from the implementation of a critical care registry to support high-quality health systems in Asia

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Introduction

High-quality health systems capture and utilize data to drive research and combat poor quality care. Unfortunately, robust information infrastructure and registries needed to enable such health systems are largely absent from most parts of the world. The Collaboration for Research Improvement and Training in Critical Care in Asia (CCA) is working to address this gap by implementing a co-designed critical care registry in nine Asian countries to facilitate service evaluation, quality improvement and studies through the capture of real-time data. The aim of this presentation is to share findings from an evaluation about the facilitators and barriers stakeholders faced in implementing the registry.

Methods

The registry implementation evaluation was conducted as a qualitative phenomenological enquiry using semi-structured interviews with stakeholders involved in registry design, implementation and use in four South-Asian countries; Afghanistan, India, Nepal and Pakistan. The conceptual model of diffusion, dissemination, and sustainability of innovations in health service delivery guided interviews and analysis. Interviews were coded using the Rapid Identification of Themes from Audio recordings procedure and analyzed based on the constant comparison approach.

Results

Thirty-two stakeholders were interviewed. Key barriers faced by stakeholders were concerns about data sharing and lack of research experience of individuals and institutions. Important facilitators were communication and networks, and the relative advantage and adaptability of the registry. System resilience was both a significant barrier and facilitator. Risk for sustainability was posed by reliance on individuals and priorities of other healthcare actors. Three key themes emerged from the analysis of barriers and facilitators: innovation-system fit, influence of champions, and access to resources and expertise.

Interpretation & Relevance

This work provides an example of a local clinician-led effort to enable research and promote lasting research capabilities in South Asia through the implementation of a registry. Lessons learned by evaluating implementation barriers and facilitators highlighted the importance of efforts to increase innovation-system fit and harness the influence of motivated champions while providing support in the form of access to resources and expertise. The findings raise questions about how competing priorities of different healthcare actors can be reconciled to build embedded and sustainable high-quality health systems.