

267: DEVELOPING AND TESTING INSTRUMENTS TO ENHANCE IMPLEMENTATION OF CLINICAL PRACTICE GUIDELINES

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Objectives:

Clinical practice guidelines are 'best practices' on paper. The recommendations in a clinical practice guideline (CPG) describe what can be considered 'the optimum in the provision of care' for (a group of) professionals. Modern CPG's are based on a weighed combination of scientific evidence and clinical knowledge. Usually, CPG's are produced for processes of care where sub-optimal care or controversy is perceived. By consequence implementation of a new CPG requests change in behaviour of many professionals.

This presentation provides the evaluation of a large 2-year program of our department (sponsored by the Ministry of Health) to further develop the process of CPG production to improve the possibilities for implementation. The whole program consisted of three 'domains' with a total of 13 process experiments. The three domains were: '*Monitoring of implementation by means of (clinical process) -indicators that are included in the GPC*'; '*Precise inventory of the current care process as a means to 'customize' the new GPG*', and '*New techniques to enhance practical knowledge input in the CPG*'. The three domains consisted of 3-5 projects each, linked to a total of 12 GPG's. The presentation will concentrate on the first two domains mentioned above.

Methods:

Domain 1: Evaluation of the implementation is currently not 'automatically' included in the text of the CPG, although recently 'advised'. (see: AGREE; www.agreecollaboration.org). We have explored the possibilities of the development of 'clinical process indicators' on the basis of the recommendations in CPG's. Only a few publications exist about the development of such indicators.

Domain 2: Too simply, it is taken for granted that a CPG will implement itself when it is finished 'just because the guideline provides an answer to the clinical questions'. We started to evaluate the obstructions for the implementation of existing CPG's' together with an evaluation of the current process in that field of care. These evaluations were taken as a baseline to develop revised CPG's that were more directed to 'clinical practice problems'.

Results:

The presentation will demonstrate the following results:

Domain 1: Clinical process indicators for a CPG must be based on recommendations with 'good evidence'. It is relevant to 'link' the 'clinical process indicators with a set of known and / or existing 'clinical outcome indicators'; Clinical process indicators are predominantly intended for self-monitoring by (groups of) professionals, but their use is enhanced when (anonymous peer group) benchmarking (with 'best achievable' limits) is available. Clinical process indicators require the possibility of baseline and case mix correction (just like clinical outcome indicators).

Domain 2: Evaluation of current care must be done on the basis of expert-perceived knowledge of sub-optimal clinical care, but must also leave the possibility to discover 'unexpected findings'. Evaluations of current care revealed in general that the existing CPG's did not intensively enough considerate the *process of care* and the (lack of) interaction between care providers. The implementation of many recommendations, needed structural and process changes. The clinical specialists or other professionals have not been able to initiate these changes. The advice was known and accepted, but not followed, simply because the structure was lacking. Inventory of current care are especially helpful when a CPG is produced for a clinical problem where the process of care is multi-specialised and multi care-levelled.

Conclusions:

The development of clinical process indicators on the basis of a CPG during the CPG development process provides a powerful means to (professionally self) evaluate the implementation of a CPG.

The intrinsic possibilities of implementation of a CPG can be enhanced when current clinical practice process and structure are intensively evaluated to serve as a baseline for the production of a new CPG. The guideline developers are made aware of the changes that are needed to implement the recommendations and are able to take these in account.

'Chapters: 'Indicators' and 'Implementation' should be added to every relevant CPG and could be advised in new Guideline Procedure Handbooks or Guideline Evaluation Instruments.