

Implementing Clinical Guidelines: Yes You Can!

by Jacqueline Vance, RNC

Most health professionals would agree that proper application of clinical practice guidelines (CPGs) can significantly improve care process within facilities; however, most would also admit that implementing CPGs can be challenging. Larry Lawhorne, MD, Chair of AMDA's Clinical Practice Guideline Committee and Barbara Resnick, PhD, CRNP, FAAN, a member of the committee and President-Elect of the National Conference of Gerontological Nurse Practitioners, showed how to overcome the implementation challenge during a nuts-and-bolts presentation last month at AMDA's Annual Symposium in San Diego.

Start with the Basics

Simply put, a CPG is a document that contains procedures related to delivering a particular aspect of care. It is based on current research and clinical practice, which includes care practices for all members of the health care team.

"Why should I implement a CPG in my facility?" Barbara Resnick responded to this question by making four points. "Implementing CPGs will improve the quality of care provided in your facility; facilitate adherence to external requirements for LTC settings; help you identify areas of concern and make changes; and provide guidelines for staff that can improve performance and satisfaction." The bottom line: "If you successfully implement CPGs in your facility, you will see improvement in many areas."

Start by selecting a CPG to implement. Dr. Lawhorne advised attendees to "pick a CPG in which you are most likely to succeed--that is, in an area where you have the most problems." This means acknowledging high-risk, high-volume, or problem-prone areas of care in your facility, such as falls, pain, or pressure sores.

To define problem areas, analyze data that is easily available. Start by looking at your quality indicator report to see if you are in the 70th percentile in any area. For example, if you are in the 70th percentile or higher in the area of falls, you may want to implement a fall and fall-risk CPG. Next, analyze your MDS data and consider trends such as weight loss or dementia.

Another idea is to have your pharmacy provider run a report on specific medication categories such as antidepressants, antipsychotics, or antidiabetics. Looking at these numbers may show you that you need to implement a CPG on depression, dementia, or diabetes.

Once you've made the decision on which CPG to implement, the next step is to identify and overcome any obstacles that might hinder implementation.

Identify & Overcome Obstacles

Common obstacles include staff concerns related to time constraints; financial constraints; lack of knowledge and skills; motivational issues; conflicting policies and procedures for specific problem areas; and administrative resistance.

In addition, you may have to deal with regulatory or survey requirements or interpretations; internal territoriality/power and control issues; accountability issues; ineffective approaches to problem management; and inadequate information management. Anticipating these problems and preparing to deal with these obstacles will be key in gaining team support to overcome them.

In preparation for implementation, Dr. Lawhorne suggests forming an interdisciplinary task force while gaining support from administration. The medical director, administrator, and the director of nursing all need to support the implementation of a CPG. Dr. Resnick emphasized the importance of identifying your "champions." This means finding the natural leaders--staff that team members already look up to and follow. "Get these

CPGs & Surveys

CPG implementation can help:

- Show positive actions in identifying and managing problem areas (e.g., pain, falls).
- Address the mandate that "Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practical physical, mental, and psychosocial well-being" (483.25).

Steps to Problem Solving

- Identify symptoms or concerns.
- Define key issues.
- Collect relevant data.
- Recognize the need to act upon the information.
- Determine causes.
- Review and select options for addressing the issues.
- Implement the selected approaches.
- Follow up to see to what extent the issues resolved.
- Modify the approaches as needed to sustain improvement.

natural leaders involved from the get-go," urged Dr. Resnick. "Their buy-in is just as important as the administration's."

Next, identify the skill levels and knowledge deficits of your staff to see if they are capable of implementing the CPG that you have selected. For instance, for the [Altered Nutritional Status CPG](#), is the staff competent in basic skills, such as weighing residents?

If so, then it is time to motivate staff, especially by strengthening their belief in their ability to perform the required behaviors and in the benefits of performing these activities. Most people who work in long-term care are there because they care about the population they serve. Use that emotion to increase motivation. Let them know what a positive difference they will be making in their residents' lives by implementing the CPG.

Dr. Lawhorne suggests a "four-step" approach to motivation:

Educate and encourage Educate staff about the guidelines; teach necessary skills; ensure that the administration offers encouragement by instilling the feeling that they are capable health care providers and can implement the guidelines.

Anticipate problems Staff may be concerned about a real or perceived increased workload, or they may need additional secretarial support for copying and charting requirements, for example. Encourage staff to verbalize their feelings about having to implement and follow guidelines.

See and set examples Provide examples of how guidelines have been implemented in other settings and outcomes related to implementation; start one unit at a time, and let that unit lead the others.

Reap the benefits Evaluate outcomes following implementation and demonstrate improvements in adherence to State and Federal Guidelines as well as resident outcomes.

Ready, Set, Go

You've picked the CPG you are going to implement, you've got administration's support, and your "champions" are ready to lead. The staff has been educated and skill levels are up to par.

However, there is one more element to put in place: notifying attending physicians, families, and residents about the implementation project. Dr. Lawhorne recommended that a letter from the medical director go out to all attending physicians, describing the CPG that will be implemented and their role in the implementation process.

A CPG consists of steps that need to be followed, continued Dr. Lawhorne. One such step is the assessment, or root-cause analysis portion, in which the cause of a problem or symptoms is identified. Attending physicians need to know that if, for example, an altered nutrition status CPG were being implemented at your facility, it would be inappropriate for them to act on symptoms alone; they would also need to go through the cause-identification process described in the guideline.

Residents and their families should be informed about the new CPG because it may result in some changes to the residents' routine. All parties should understand that a CPG is not a cookbook; it is a systematic approach to a problem. Therefore, some things may be done for one resident but not for another. For example, Mrs. Jones may get lab tests that are not appropriate for Mrs. Smith, even though they both have the same condition.

At this point you should be ready to actually implement the guideline.

Provide & Obtain Feedback

During the implementation process, feedback should be timely, specific to each shift, and detailed enough to clarify areas that need improvement and offer specific recommendations on how to do better.

Overcoming Obstacles

To overcome staff and/or administration resistance to CPG implementation, emphasize that:

- CPGs are consistent with Federal and State guidelines of care.
- Implementation should not require additional staff time or cost to the facility.
- Guidelines help raise staff's level of education.
- Activities included in the guidelines generally are/or can be made to be consistent with job descriptions.

Suggested Time Frame for Implementation

Weeks 1-8: Development and approval of CPG by interdisciplinary team and administration.

Weeks 8-14: Staff education.

Weeks 14-16: Implementation process.

Weeks 16+: Monitoring results.

Drs. Lawhorne and Resnick suggested personalizing feedback, since group memos or inservice programs do not ensure that individuals needing help will recognize their performance weakness.

"Approximately three months after implementing your guideline, look again at your quality indicators, specifically in the defined area of your CPG, and analyze the results," advised Dr. Resnick.

Then, look again at MDS data and medication-usage reports. Pinpoint the reasons for improvements noted and for areas that still need improvement. Also, identify strengths and weaknesses in specific processes and systems, and share them with the individuals responsible for these areas.

Inform departments and specific staff members of their contributions towards improvement. Use quality-assurance meetings to summarize these analyses and actions taken--not as the primary means of giving such feedback.

It is also useful to assess the staff's responses to feedback, advised Dr. Lawhorne. This allows you to evaluate people's receptiveness to change. You may need to alter your approach giving feedback to individuals who do not seem receptive. Also, try to establish why these staff members are resistant--and don't give up simply because some people seem unwilling to cooperate. Eventually, the staff will either accept the CPG or move on.

With appropriate tools and support from facility leadership, virtually any facility can implement a CPG successfully, noted Dr. Resnick. But remember, it is natural to have some problems even after implementation.

"Problem solving is a constant process. Don't expect perfection on the first attempt," Dr. Lawhorne emphasized, adding that "CPG implementation may also help improve many other aspects of facility care and staff performance. When appropriately applied, implementation should eventually help to improve patient outcomes while decreasing deficiencies and other problems."

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