

CLINICAL PRACTICE GUIDELINES: SELECTION GUIDE and RESOURCE LIST



Often a statement of an agency's clinical policy and procedure (P&P) is mistaken as a Clinical Practice Guideline (CPG) when, in actuality, the P&P should be based upon and grounded in an identified and corresponding Standard of Practice, CPG or Best Practice. This document focuses on CPGs and the following information is offered to assist you in comparing and selecting the most appropriate guideline for your needs. Some of the most widely utilized CPGs in Long Term Care in the areas of falls/restraints, pressure ulcer prevention/treatment, and pain management are listed for your consideration. CPGs for other clinical areas can easily be found though the government's on-line guideline warehouse: www.guideline.gov.

A. Definitions:

1. **Best Practice** is a technique or methodology that, through experience and research, has proven to reliably lead to a desired result. A commitment to using the best practices in any field is a commitment to using all the knowledge and technology at one's disposal to ensure success.
2. **Clinical Practice Guideline (CPG)** is a description of enhanced or best practices within a discipline. It is a "systematically developed statement intended to assist in making decisions about appropriate health care for specific clinical circumstances".¹ An evidence-based CPG is a "statement that is based on scientific literature, explicitly documents the process used to develop the statement, and grades the strength of the evidence use in making clinical recommendations. The most common definition of evidence-based medicine requires that it follow a bottom-up approach integrating the best external evidence with individual clinical expertise and consideration of patient preferences."² A CPG becomes a Standard of Practice/Care when and if it is used by the majority of informed members of the profession.
3. **Standard of Practice/Care** refers to approaches to care, procedures, techniques, treatments, etc., that are based on research and/or expert consensus and that are contained in current manuals, textbook, or publications, or that are accepted, adopted or promulgated by recognized professional organizations or national accrediting bodies. These approaches establish the watchfulness, attention, caution and prudence that a reasonable person in the circumstance would exercise. If a person's actions do not meet this standard of care, then his/her acts fail to meet the duty of expected care and may be considered negligence. Standards of Practice may include Clinical Practice Guidelines, Best Practices and Scope of Practice statements for a profession.

¹ Institute of Medicine. (1990). Clinical Practice Guidelines: Directions for a New Program, M.J. Field and K.N. Lohr (eds.) Washington, DC: National Academy Press. Pg 38.

² American College of Chest Physicians. Accessed online at: <http://www.chestnet.org/education/hsp/guidelinesProducts.php>. August 28, 2008.

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B. Qualities to look for in selecting a CPG:

The CPG should³

1. be evidence-based and specify what level of evidence it was based on. Select a guideline based on the highest level of available evidence.
2. be pertinent. The CPG should identify how it will benefit the provider or recipient and be related to some high-risk, high-volume or problem-prone area of care or on an area of care that could benefit from quality improvement.
3. define relevant goals and objectives that may be met as a result of its implementation.
4. define expected outcomes.
5. explain anticipated benefits - costs and possible economic benefits, legal, regulatory and other issues that may be affected by its implementation
6. explain anticipated risks and problems.
7. identify the targeting criteria for identifying the population or sub-population, as well as how to identify appropriate individuals and when to start or stop various interventions.
8. offer a consistent process that can be used under various circumstances or else explain the variations.
9. address performance issues by identifying what staff should provide various interventions, essential knowledge and skills, and relevant training techniques.

C. Tools to guide implementation and utilization of the CPG process:

(NOTE: all suggested guidelines and articles are derived from Evidence-based Outcomes)

1. American Medical Directors Association (AMDA) – *Guideline Implementation*. (1998). Order from www.amda.com or call 800-876-2632. (Note: this document is a step-by-step process from evaluating and selecting a CPG through implementation of the process).
2. Government listing of available CPGs – www.guideline.gov (type desired topic, e.g. “Restraints”, in search box)

All of the criteria below must be met for a clinical practice guideline to be included in NGC:

A. The clinical practice guideline contains systematically developed statements that include recommendations, strategies, or information that assists physicians and/or other health care practitioners and patients make decisions about appropriate health care for specific clinical circumstances.

B. The clinical practice guideline was produced under the auspices of medical specialty associations; relevant professional societies, public or private organizations, government agencies at the Federal, State, or local level; or health care organizations or plans. A clinical practice guideline developed and issued by an individual not officially sponsored or supported by one of the above types of organizations does not meet the inclusion criteria for NGC.

³ Adapted from: American Medical Directors Association, *Guideline Implementation*. (1998). Table 2: Desirable CPG Qualities. pp 4 & 5.

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- C. Corroborating documentation can be produced and verified that a systematic literature search and review of existing scientific evidence published in peer reviewed journals was performed during the guideline development. A guideline is not excluded from NGC if corroborating documentation can be produced and verified detailing specific gaps in scientific evidence for some of the guideline's recommendations.
- D. The full text guideline is available upon request in print or electronic format (for free or for a fee), in the English language. The guideline is current and the most recent version produced. Documented evidence can be produced or verified that the guideline was developed, reviewed, or revised within the last five years.

3. Relevant articles –

- a. D'Arcy, Y. (2007). Practice guidelines, standards, consensus statements, position papers: What they are, how they differ. *American Nurse Today*, 2(10), pp23-24.
- b. Frampton, D & Vance, J. (2003). Implementing AMDA's falls & fall Risk CPG in the clinical setting. *Caring for the Ages* 4(4), pp 12-22 [On-line]. Available: <http://www.amda.com/publications/caring/april2003/cpgsinaction.cfm>.
- c. Gilbert, T. & Taylor, J. (Feb. 1999). Where to look for good clinical policies. *Family Practice Management*. pp 28-32 [On-line]. Available: www.aafp.org/fpm/990200fm/28.html.
- d. Gilbert, T. & Taylor, J. (Mar 1999). How to evaluate and implement clinical policies. *Family Practice Management*. pp 28-36 [On-line]. Available: www.aafp.org/fpm/990300fm/28.html.
- e. Hayward, R., Wilson, M., Tunis, S., Bass, E. & Guyatt, G. (2001). How to use a clinical practice guideline [Online]. Available: www.cche.net/usersguides/guideline.asp.
- f. Vance, J. (2002). Implementing clinical guidelines: Yes you can! *Caring for the Ages*, 3(4), pp. 4-7 [On-line]. Available: <http://www.amda.com/publications/caring/april2002/cpgsinaction.cfm>.

D. Suggested Clinical Practice Guidelines for:

1. Restraint and Fall Prevention/Reduction/Management

- a. Clinical Guidance For The Assessment and Implementation of Bed Rails In Hospitals, Long Term Care Facilities, and Home Care Settings. (2003). Developed by the Hospital Bed Safety Work Group. Available: <http://www.fda.gov/MedicalDevices/default.htm>
- b. Fall management guideline. Health Care Association of New Jersey - Private Nonprofit Organization. 2003 Sep (revised 2006 Sep). 32 pages [online]. Available: http://www.guideline.gov/summary/summary.aspx?doc_id=9743&nbr=005216
- c. Michigan's Clinical Process Guideline: Evaluation of Falls/Fall Risk. (2004) [online]. Available: www.michigan.gov/qinc.
- d. Park, M. & Tang, J. (Feb. 2007). Evidence-based guideline: Changing the practice of physical restraint use in acute care. *Journal of Gerontological Nursing*. pp 9-16. (Note: Applicable across settings).
- e. The following website provides three primary clinical practice guidelines for the prevention of falls in nursing homes - the CPGs by the American Geriatrics Society, the British Geriatrics Society, and American Academy of Orthopaedic Surgeons Panel on Falls Prevention (which is the most widely adopted guideline);

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the American Medical Directors Association; and the Registered Nurses Association of Ontario: www.fallsinltc.ca/assessment/clinicalpracticeguidelines-print.htm.

- f. The Falls Management Program, Emory Center for Health in Aging. Available online through the MedQIC website: www.qualitynet.org. Click on MedQIC tab, then on "Nursing Home"; then "Tools"; and then "The Falls Management Program".

NOTE: the following CPGs can all be accessed, at least in part, through the National Guideline Clearinghouse website – www.guideline.gov. Some must be purchased:

- g. Assessment of function. In: Evidence-based geriatric nursing protocols for best practice. Hartford Institute for Geriatric Nursing - Academic Institution. 2008. 22 pages NGC:002730. Available:
http://www.guideline.gov/summary/summary.aspx?doc_id=12259
- h. Caregiving strategies for older adults with delirium, dementia and depression. Registered Nurses Association of Ontario - Professional Association. 2004 Jun. 181 pages. NGC:003848. Available:
http://www.guideline.gov/summary/summary.aspx?doc_id=5737&nbr=003848
- i. Changing the practice of physical restraint use in acute care. University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core - Academic Institution. 2005 Nov. 47 pages. NGC:004806. Available:
http://www.guideline.gov/summary/summary.aspx?doc_id=8626&nbr=004806
- j. Fall prevention for older adults. University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core - Academic Institution. 1996 (revised 2004 Feb). 60 pages. NGC:003480. Available:
http://www.guideline.gov/summary/summary.aspx?doc_id=4833&nbr=003480
- k. Fall management guideline. Health Care Association of New Jersey - Private Nonprofit Organization. 2003 Sep (revised 2006 Sep). 32 pages. **[NGC Update Pending]** NGC:005216. Available:
http://www.guideline.gov/summary/summary.aspx?doc_id=9743&nbr=005216
- l. Preventing falls in acute care. In: Evidence-based geriatric nursing protocols for best practice. Hartford Institute for Geriatric Nursing - Academic Institution. 2003 (revised 2008 Jan). 38 pages. NGC:006349. Available:
http://www.guideline.gov/summary/summary.aspx?doc_id=12265&nbr=006349
- m. Individualized music for elders with dementia. University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core - Academic Institution. 1996 (revised 2007 Apr). 39 pages. NGC:005605. Available:
http://www.guideline.gov/summary/summary.aspx?doc_id=10777&nbr=00560
- n. Non-pharmacologic management of agitated behaviors in persons with Alzheimer disease and other chronic dementing illnesses. University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core - Academic Institution. 1996 (revised 2004). 54 pages. NGC:003992. Available:
http://www.guideline.gov/summary/summary.aspx?doc_id=6221&nbr=003992
- o. Preventing falls in acute care. In: Evidence-based geriatric nursing protocols for best practice. Hartford Institute for Geriatric Nursing - Academic Institution. 2003

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(revised 2008). 32 pages. NGC:002736. Available:

http://www.guideline.gov/summary/summary.aspx?doc_id=12265

- p. Prevention of falls and fall injuries in the older adult. Registered Nurses Association of Ontario - Professional Association. 2002 Jan (revised 2005 Mar). 56 pages. NGC:004264. Available:
http://www.guideline.gov/summary/summary.aspx?doc_id=7091&nbr=004264
2. Pressure Ulcer Prevention
- a. American Medical Directors Association. *Pressure Ulcers in the Long Term Care Setting: Clinical Practice Guideline*. (2008). Order from www.amda.com or call 800-876-2632.
- b. American Medical Directors Association. *Urinary Incontinence: Clinical Practice Guideline*: (2005). Order from www.amda.com or call 800-876-2632.
- c. Pressure ulcers in the long-term care setting. Columbia (MD): American Medical Directors Association (AMDA); 2008. 44 pages. Available:
http://www.guideline.gov/summary/summary.aspx?doc_id=12381&nbr=006410
- d. Preventing pressure ulcers and skin tears. Hartford Institute for Geriatric Nursing - Academic Institution. 2008. 37 pages. NGC:002737. Available:
http://www.guideline.gov/summary/summary.aspx?doc_id=12262
- e. Assessment and management of stage I to IV pressure ulcers. Registered Nurses Association of Ontario. 2007 Mar. 112 pages. NGC:005793. Available:
http://www.guideline.gov/summary/summary.aspx?doc_id=11013&nbr=00579
3. Pain Management
- a. American Medical Directors Association. *Clinical Practice Guideline: Pain Management in the Long Term Care Setting*. (2009). Order from www.amda.com or call 800-876-2632.
- b. American Pain Society. *Clinical Practice Guidelines for Pain Management* (Individual guidelines available for the pain of cancer, fibromyalgia, Osteo/Rheumatoid arthritis and low-back pain) [online]. Available:
http://www.ampainsoc.org/pub/cp_guidelines.htm.
- c. Acute pain management in older adults. University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core - Academic Institution. 1997 (revised 2006 Jul). 113 pages. NGC:005382. Available:
http://www.guideline.gov/summary/summary.aspx?doc_id=10198&nbr=00538
- d. Pain management. Hartford Institute for Geriatric Nursing - Academic Institution. 2008. 22 pages. NGC:002740. Available:
http://www.guideline.gov/summary/summary.aspx?doc_id=12268
- e. Assessment and management of pain. Registered Nurses Association of Ontario - Professional Association. 2002 Nov (addendum released 2007 Feb). Original guideline: 143 pages; addendum: 42 pages. NGC:005960. Available:
http://www.guideline.gov/summary/summary.aspx?doc_id=11507&nbr=00596
- f. Evidence-based interventions to improve the palliative care of pain, dyspnea, and depression at the end of life: a clinical practice guideline from the American College of Physicians. Released Jan 2008. Electronic copies: Available from the American College of Physicians (ACP) Web site -
<http://www.annals.org/cgi/content/full/148/2/141?maxtoshow=&HITS=25&hits>