

2ND G-I-N CONFERENCE 2004

Free Communications: Session B

Can 'best practice' guidelines lead to worse care?

Presenter: Stewart Mann, Wellington School of Medicine and Health Sciences, New Zealand

Voltaire (1764) raised the proposition – 'Le mieux est l'ennemi du bien' – suggesting that in striving for excellence we may achieve less than we would with a pragmatic compromise. 'Best practice' has become an almost unchallengeable principal in modern medicine and a goal in the formulation of guidelines and their implementation. Guidelines are frequently drawn up focused exclusively on the published evidence base. Problems arise when such guidelines are not implementable because of limited resources.

In New Zealand guidelines for the management of acute coronary syndromes (ACS) are currently under development. Management of such cases is already following implicit guidelines based on those developed in other countries. These guidelines advise a number of expensive options including newer drugs and frequent referral of patients to a tertiary centre for coronary angiography with a view to intervention where appropriate.

A recent published nationwide audit of the care of patients with ACS showed that the rates of angiography and coronary intervention in NZ were lower than in comparable countries and that patients presenting initially to a tertiary center were much more likely to undergo these procedures than those presenting to other hospitals. The GRACE registry has confirm this pattern in a wider mix of countries. The consequent diversion of resources may have resulted in deficiencies of care even in other cardiac areas.

Clinicians are naturally reluctant to abandon the "best practice" principle as this would not be an internationally respectable stance. Some also see "best practice" definition as a way of highlighting deficiencies in resourcing and shaming funders into providing substantially more. However, setting such guidelines in an environment where they are not fully achievable because of resource constraints leaves health practitioners medicolegally vulnerable. Partial implementation is also leading clearly to major inequities of care.

1. Ellis C, Devlin G, Matsis P, Elliott J, Williams M, Gamble G, Mann S, French J, White H (for the New Zealand Acute Coronary Syndromes [NZACS] Audit Group) Acute Coronary Syndrome patients in New Zealand receive less invasive management when admitted to hospitals without invasive facilities.
2. Fox KAA, Goodman SG, Anderson FA Jr., Granger CB, Moscucci M, Flather MD, Spencer F, Budaj A, Dabbous OH *et al.* From guidelines to clinical practice: the impact of hospital and geographical characteristics on temporal trends in the management of acute coronary syndromes The Global Registry of Acute Coronary Events (GRACE) *Eur heart J* 2003;**24**:1414-1424

Screening of hearing loss in infants

Speaker: J Rusilawati, Ministry of Health, Malaysia Additional Authors: S Sheamini; S Sivalal; MK Thong; TM Chew; PY Tam; S Zamratul; and B Aminah

There is a growing health policy for neonatal hearing screening in an attempt to diagnose hearing impairment as early as possible. Early identification and intervention of children with hearing loss can prevent or minimize these effects.

The aim was to ascertain the following – accuracy of screening tests, effectiveness of screening programme, effectiveness of early detection, potential adverse effects of Universal Neonatal Hearing Screening, benefits of early treatment, cost-effectiveness of Newborn Hearing Screening Programme and its implications on the organisation.

Clinical practice guidelines and consumers: how and why?

Speaker: Fiona Wilkinson, Southern Health, Australia Additional Authors: C Harris; T Turner; J Warnock; S Kermond; and D Mazza

It is widely agreed that evidence-based guideline development should include consumers. However little guidance is available about how consumers can or should be involved, and the intended outcomes of their involvement. Health for Kids in the South East is a Victorian Government funded project designed to improve health care for children. A major aspect of the project is the development of guidelines for asthma, bronchiolitis, croup and gastroenteritis.

A key project strategy was to develop, implement and evaluate a Consumer Participation Plan to facilitate the involvement of consumers in the guideline development process, in other areas within the project, and in the wider clinical setting.

A Consumer Participation Plan was developed based on available evidence, previous experience and information from relevant organisations. We undertook an extensive recruitment process. Consumers were invited to join a group and were provided with training about the project and the role of consumer representatives.

After 13 enquiries, a 10 member Consumer Group was formed, including consumers with varying degrees of familiarity with the health care system. The training sessions were well attended. Consumers gave feedback that focused on the process of care. Information was elicited from them through surveys, focus groups, and through their experience of the journey of a child who comes to hospital with asthma. Two consumer representatives are on the Asthma Guideline Development Group. The Project Team supports them, and having two consumers on the group means they also support each other. Consumers have contributed in unexpected and valuable ways to the asthma guideline and clinical path. Being involved has given them greater insight into the clinical decision making process.

Involving consumers in guideline development is complex and time consuming. It is also immensely rewarding for the consumers and the development team, and enhances the quality of the guidelines developed.

Coordinated approach to implementation of preoperative testing clinical practice guidelines in Ontario hospitals

Speaker: Dave Davis, University of Toronto, Canada Additional Authors: J Hux; Y Drazin; and I Ciurea

Data suggest substantial inappropriate or over-utilisation of routine preoperative testing for low and intermediate risk surgery in Ontario, specifically electrocardiograms and chest radiographies. The Guidelines Advisory Committee (GAC), a joint initiative of the Ministry of Health and Long Term Care and the Ontario Medical Association, undertook a guideline-based initiative to promote utilisation of these tests consistent with best available evidence.

The objective was to implement evidence-based recommendations and reduce inappropriate use of preoperative testing.

Strategy consisted of multi-pronged interventions, including a Hospital Feedback Study, development of relevant clinical policies and practice tools (such as a preoperative testing grid), training of local Opinion Leaders, and Continuing Medical Education. It relied on GAC's unique partnerships through the Ontario Guideline Collaborative, representing the licensing authority for the province, the five medical schools' continuing education divisions, the provincial hospital association and others. Through the Feedback Study, hospitals received individual preoperative testing utilisation profiles, guideline summaries, practice tools, and two follow-up reminders.

Preliminary evaluation through a hospital survey conducted with Chiefs of Staff or designates indicates that the multi-faceted implementation strategy employed has influenced change in hospital policy for, and utilisation of, routine preoperative testing.

Three essential factors contributed to the success of this first large-scale implementation project of its kind in Ontario – strong collaboration with members of the Ontario Guideline Collaborative and project partners; integration of interventions in a multi-level, multi-prong fashion; adaptability and ability to employ alternate strategies to increase the impact of planned activities.

The Matrix: a tool for assisting with guideline implementation

Speaker: Karen Luxford, National Breast Cancer Centre (NBCC), Australia Additional Authors: D Hill and R Bell, Australian Cancer Network's Guideline Implementation Steering Committee, Australia

A number of clinical practice guidelines are available in Australia intended to improve the management of cancer care. Research indicates that to improve practice in accord with clinical evidence, change is required by individual clinicians and teams of clinicians, policy change and organisational and structural changes in health systems. Using the theory of innovation adoption, a Matrix framework was developed, based around the characteristics of innovations that favour rapid adoption, with new guidelines equated to an 'innovation'. The Matrix aims to gain structured feedback from clinicians as 'users' of guidelines.

The aim was to pilot the Matrix tool to assess the usefulness for groups aiming to promote guideline implementation.

The Matrix was piloted at a workshop with 50 attendees, primarily colorectal surgeons and oncologists. Three examples of guideline recommendations for the management of colorectal cancer were used during the pilot covering evidence about best clinical care and psychosocial

support. Frequency analysis was undertaken and thematic analysis was conducted on qualitative responses.

There was a high level of consistency in the perceived views of clinicians about six key areas investigated by the Matrix: compatibility with current practice, relative advantage over current practice, simplicity of use, trialability, observability of outcomes and perceived barriers. Barriers highlighted by clinicians included: lack of available resources (staff, equipment, funding), lack of multidisciplinary clinics, referral processes, access to appropriate services and lack of knowledge of benefit. Perceived facilitators of change included lead clinicians, consumer advocates, government, service administration, professional colleges and cancer organisations.

The pilot process indicated that, with minor refinement, the Matrix is a tool that would be of use to groups aiming to promote guideline implementation and practice improvement through the use of targeted strategies.

Clinician perceptions of clinical practice guidelines

Speaker: Karen Luxford on behalf of Alison Evans, National Breast Cancer Centre (NBCC), Australia Additional Authors: K Luxford, C Nehill, A Power and H Zorbas

In 2001, the NBCC released Clinical Practice Guidelines for the Management of Women with Advanced Breast Cancer. The guidelines were sent to Australian clinicians involved in the care of women with breast cancer and seminars were held to promote their uptake. A 1-page guide was developed for GPs outlining key recommendations relevant for general practice.

The aim was to assess clinician perceptions of the Clinical Practice Guidelines for the Management of Women with Advanced Breast Cancer and GP guide.

A questionnaire was mailed to 471 medical and radiation oncologists identified through the Royal Australian and New Zealand College of Radiologists and the Medical Oncology Group of Australia. Clinicians attending the seminars and GPs involved in a trial of the GP guide were also surveyed.

Of the 127 respondents to the medical and radiation oncologist survey, over 70% agreed that the guidelines are a good summary of the most recent evidence, easy to understand and evidence-based. Only 8% found the guidelines not useful. However, only 7% reported that their practice has or will change as a result of the guideline recommendations, while 77% reported no changes resulting from the recommendations. The majority of respondents (92%) cited being evidence based as the most important aspect of guideline credibility and more respondents considered the credibility of the organisation developing guidelines to be more important than endorsement by a national body or professional college. Of the 571 seminar attendees, 83% indicated the guidelines would have a very high to moderate impact on their practice. Of the 46 GPs in the GP guide trial, 85% believed the recommendations were relevant/very relevant to their role and 91% indicated the guide provided them with new information.

The guidelines were well received by clinicians; however, their impact on practice requires further study. Opinions about guideline endorsement have implications for future guideline development.