Acute Care Clinical Practice Guidelines: Tools for Advocating and Achieving Change in Your Clinical Practice

Date and Time of Presentation: Saturday, September 16, 10:00-11:30am
Presenter: Alan Chong W. Lee, PT, PhD, DPT, CWS, GCS

Course description: Clinical practice guidelines (CPGs) are evidence-based recommendations designed to optimize patient care. When coupled with clinical judgment and consideration for the patient’s goals, the use of CPGs reduces practice variation and improves achievement of patient-centered health outcomes. Despite the growing availability of CPGs there is suboptimal use of the recommendations in CPGs in clinical practice. The goal of this presentation is for physical therapists to learn about CPGs and develop strategies for incorporating CPG recommendations into the management of patients in the acute environment. Participants will learn how to access CPGs, interpret the recommendations from CPGs and integrate those into patient care strategies, use CPGs to promote interprofessional coordination and collaboration, and to use CPGs to advocate for optimal services by other members of the healthcare system.

Disclosure: Work on the Clinical Practice Guideline for the Identification and Evaluation of Post-Intensive Care Syndrome (PICS CPG group – Jim Smith, Patricia Ohtake, Jackie Coffey-Scott, Alan Lee) is funded by support from the American Physical Therapy Association and Acute Care Section- APTA. The speakers have no additional financial relationships relevant to the information in this presentation.

Course learning objectives:
1. Describe the purpose of clinical practice guidelines (CPGs) and the influence CPGs have on health care practices and policy.
2. Explain the process for the development of a CPG.
3. Describe procedures for accessing and evaluating CPGs.
4. Analyze strategies for using CPGs in your practice, and describe strategies for using CPGs to advocate for the right patient receiving the right health care at the right time.
CONTENT
Delivery of Physical Therapy Services in a Complex Health Care Environment

- Patients are more complicated – both inpatients and outpatients
- Collaboration with numerous colleagues from many professions is essential
- Sophisticated interventions are the norm

Clinical Practice Guidelines assist clinicians in translating BEST EVIDENCE into BEST PRACTICE

- CPGs facilitate provision of quality healthcare by:
  - Reducing variations in practice
  - Improving diagnostic accuracy
  - Promoting effective interventions
  - Discouraging ineffective or potentially harmful practices

What are Clinical Practice Guidelines?

- “… statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.” (Institute of Medicine)

APTA Supports CPG Development

- CPGs are typically generated by a panel of experts convened on behalf of a professional organization or other entity.
- For example – APTA and the Sections are currently supporting the development of CPGs as part of its evidence-based documents initiative with the goal of reducing unwarranted variation in practice to improve patient outcomes.

Value of CPGs [scientific evidence + clinician expertise + patient values = improved health outcomes]

- The value of CPGs lies in the rigorously developed evidence-based recommendations for patient management.
- CPG development combines scientific evidence, clinician expertise and patient values.
- CPGs have the potential to improve many clinician and patient healthcare decisions and enhance healthcare quality and outcomes.

Key Action Statements

- CPGs provide evidence-based recommendations in the form of key action statements based on information from systematic reviews.
- These recommendations are incorporated with the physical therapist’s clinical expertise and the patient’s treatment needs and preferences to optimize health outcomes.

Clinical Practice Guidelines assist clinicians in translating BEST EVIDENCE into BEST PRACTICE

- CPGs meet the need for recommendations that are:
  - Easily accessible
  - Evidence-based
  - Optimize care delivery

Use CPGs to:

- Inform physical therapist practice
- Inform practices across healthcare systems
- Promote the right patient receiving the right services at the right time
Models of CPG use

Physical Therapy Management of Congenital Muscular Torticollis

- Action Statement 1 informs practice for “physicians, nurse midwives, obstetrical nurses, nurse practitioners, lactation specialists, PTs or any clinician…”
- Action Statement 2 informs practices across healthcare systems: “refer infants with asymmetries to physician and PT”
- Supporting statements about prognosis promote the right patient receiving the right services at the right time.
  - “The prognosis for full resolution of CMT that is treated conservatively prior to 3 months of age is 100% and lower (75%) when treated after 3 months of age. The later the onset of treatment after identification of the condition, the lower the chance of full resolution and the greater the need for surgery… Infants younger than 3 months may only need 1.5 to 3 months of care, whereas infants older than 3 months, or who initiate treatment several months or more after diagnosis, will require 3 to 6 months of intervention.”

Physical Therapist Management of Venous Thromboembolism

- Cardiopulmonary Section with Academy of Acute Care PT Guidelines that inform physical therapist strategies for management of individuals with venous thromboembolism.
  - Informing physical therapist practice
    - Screen for risk of VTE during the initial patient interview and physical examination (Evidence Quality: I; Recommendation Strength: A- Strong)
  - Informing practices across healthcare systems
    - Advocate for a culture of mobility and physical activity unless medically contraindicated (Evidence Quality: I; Recommendation Strength: A - Strong)
  - Promote the right patient receiving the right services at the right time
    - Recommend that patients be mobilized, once hemodynamically stable, following IVC filter placement (Evidence Quality: V; Recommendation Strength: P – Best Practice)

How are CPGs developed?

- Understanding the development process of CPGs leads to more effective and appropriate use of CPGs by clinicians.

CPGs by clinicians

- CPG recommendations are developed through a systematic review of the literature and the evaluation of that evidence with a transparent process that engages appropriate stakeholders, including patients, patient advocates, and representatives from private and public insurance companies.

Steps to Create the CPG

- Select the topic of research – based on Institute of Medicine priorities for CPG topics
- Gather Guideline Development Group – stakeholders
- Define scope – target condition or procedure, the target patient population or clinical presentation, the intended audience and clinical settings, the interventions to be included, and the patient outcomes being considered
- Perform literature search – IOM provides criteria for documentation to ensure reproducibility and transparency
- Appraise strength of evidence in the literature
Standardized format of the CPG

- Introduction to the problem, history and relevant issues
- Scope, intended audience and statement of intent
- Methodology
- Recommendations in the form of Key Action Statements
- Benefits/Harms of Implementing the Guideline Recommendations
- Qualifying Statements
- Implementation of the Guideline
- Institute of Medicine National Healthcare Quality Report Categories
- Identifying Information and Availability
- Disclaimer

Final Steps

- Stakeholder feedback and revision
- Dissemination – submission to a relevant journal for peer-review and publication; following publication, the CPG is submitted to the National Guideline Clearinghouse
- Updated or evaluated every five years

AGREE II for the Critical Appraisal of CPGs

- Appraisal of Guidelines for REsearch and Evaluation II
- This valid and reliable tool assesses the rigor and transparency in which a guideline is developed (quality assessment)
- All CPGs can be evaluated with the AGREE II tool
- AGREE II tool is used by:
  - Healthcare providers
  - Guideline developers
  - Policy makers
  - Educators

The AGREE II Tool

AGREE II contains:

- 23 items in 6 domains
- 2 global rating items

Domains of Practice Guideline Quality

- Scope and Purpose
- Stakeholder Involvement
- Rigor of Development
- Clarity of Presentation
- Applicability
- Editorial Independence

Global Rating Items

- Overall quality
- Would the guideline be recommended for use in practice?

Using AGREE II

- User’s Manual and AGREE II Tool
- http://www.agreetrust.org/resource-centre/
AGREE II-GRS
• The AGREE II-GRS (Global Rating Scale) Instrument consists of 5 items assessing how well the guideline is reported.
• The AGREE II-GRS is a reasonable guideline assessment tool alternative to AGREE II, especially when time and resources are limited.
• http://www.agreetrust.org/resource-centre/agree-ii-grs-instrument/

AGREE II Information
• Web site: http://www.agreetrust.org/
• Tutorial on the use of AGREE II (10 minutes):
  o http://agree.machealth.ca/players/open/index.html

Accessing CPGs
• National Guideline Clearinghouse: http://www.guideline.gov/
• PT Now: http://www.ptnow.org/PracticeGuidelines/Default.aspx

Examples of Clinical Practice Guidelines (CPG)
• Example - using PTNow & National Guideline Clearinghouse to identify CPGs for the management of patients with burns and hip fracture
(*) – denotes National Guideline Clearinghouse

<table>
<thead>
<tr>
<th>Title of CPG</th>
<th>Author(s)</th>
<th>Date (most recent)</th>
<th>Summary</th>
<th>Patient Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burns*</td>
<td>Work Loss Data Institute</td>
<td>September 5, 2013</td>
<td>This guideline provides recommendations on assessment and treatment protocols for individuals with work-related burns.</td>
<td>Adult (25-44), Middle Aged (45-64)</td>
</tr>
<tr>
<td>Practice Guidelines for Early Ambulation of Burn Survivors After Lower Extremity Grafts</td>
<td>Nedelec B, Serghiou MA, Niszcza J, et al</td>
<td>May 1, 2012</td>
<td>These guidelines are designed to assist all health care providers who are responsible for initiating and supporting the ambulation and rehabilitation of burn survivors after lower extremity grafting.</td>
<td>Infant (1-23 mo), Preschool Child (2-5), Child (6-12), Adolescent (13-18), Young Adult (19-24), Adult (25-44), Middle Aged (45-64), Aged (65+), 80 and over (80+)</td>
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<td>Management of hip fractures in the elderly</td>
<td>Roberts KC, Brox WT; American Academy of Orthopaedic Surgeons (AAOS)</td>
<td>September 5, 2014</td>
<td>This guideline provides recommendations for the surgical and non-surgical management of management of hip fractures in adults over the age of 65.</td>
<td>Aged (65+), 80 and over (80+)</td>
</tr>
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</table>
- Example - using *PTNow & National Guideline Clearinghouse* to identify CPGs for the management of falls / patients with falls

(*) – denotes National Guideline Clearinghouse

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<td>The Assessment and Prevention of Falls in Older People [NICE CG161]</td>
<td>National Institute for Health and Care Excellence (NICE)</td>
<td>June 01, 2013</td>
<td>This clinical guideline extends and replaces NICE clinical guideline 21 (published November 2004). It offers evidence-based advice on preventing falls in people 65 or older. New recommendations have been added about preventing falls in inpatients aged 50 to 64 who are at high risk for falls.</td>
<td>Middle Aged (45-64), Aged (65+), 80 and over (80+)</td>
</tr>
<tr>
<td>Prevention of Falls in Community-Dwelling Older Adults: U.S. Preventive Services Task Force Recommendation Statement</td>
<td>Moyer VA; U.S. Preventive Services Task Force (USPSTF)</td>
<td>July 01, 2012</td>
<td>This document is an update of the 1996 U.S. Preventive Services Task Force (USPSTF) recommendation statement on counseling to prevent household and recreational injuries, including falls.</td>
<td>Aged (65+)</td>
</tr>
<tr>
<td>Falls and Fall Risk in the Long-term Care Setting*</td>
<td>American Medical Directors Association (AMDA)</td>
<td>July 01, 2011</td>
<td>This updated guideline focuses on the quality of care delivered to elderly patients in long-term care facilities who have a recent history of falls or who are at risk of falling.</td>
<td>Aged (65+), 80 and over (80+)</td>
</tr>
<tr>
<td>Exercise to Prevent Falls in Older Adults: An Updated Meta-Analysis and Best Practice Recommendations</td>
<td>Sherrington C, Tiedemann A, Fairhall N, Close JC, Lord SR</td>
<td>June 02, 2011</td>
<td>These recommendations address the efficacy of various types of exercise programs for preventing falls in older adults at risk.</td>
<td>Aged (65+), 80 and over (80+)</td>
</tr>
<tr>
<td>Prevention of Falls and Fall Injuries in the Older Adult</td>
<td>Heslin K, Berdusco N, Bernick L, et al; Registered Nurses’ Association of Ontario (RNAO)</td>
<td>July 01, 2005</td>
<td>The guideline presents recommendations for identifying adults within health care facilities who are at risk of falling and selecting interventions to prevent falls. The guideline does not address full prevention for older adults living in community settings.</td>
<td>Aged (65+)</td>
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RECOMMENDED RESOURCES