Section 1

What is a guideline?
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1.1 Introduction – what this resource is for

This Guidelines Implementation Toolkit has been developed specifically for nurses. It aims to provide a practical guide to understanding and implementing guidelines in day-to-day clinical practice.

The first Section of this Toolkit reveals how guidelines are established and how they can have an impact in health care. Sections 2 to 4 give practical nurse-focused interpretations of the specific guidelines for assessment, treatment and/or prevention of some important chemotherapy side effects. The latest guidelines from several areas are included in the ensuing sections, including:

- Section 2 – European Organisation for Research and Treatment of Cancer (EORTC) guidelines for the use of erythropoietic proteins (ESPs) in anaemic patients with cancer
- Section 3 – EORTC guidelines developed by experts in the granulocyte colony-stimulating factor (G-CSF) Guidelines Task Force to reduce the incidence of chemotherapy-induced febrile neutropenia in adult patients, as well as important information from both the ASCO and NCCN neutropenia guidelines
- Section 4 – Multinational Association of Supportive Care in Cancer and the International Society for Oral Oncology (MASCC/ISOO) clinical practice guidelines for the prevention and treatment of cancer therapy-induced oral mucositis

The final section (5) is written for those interested in learning more about implementing guidelines within their organisations. This section aims to provide nurses with some of the help they will need to successfully manage the implementation phase.
1.2 What are guidelines?

Clinical guidelines are, ‘systematically developed statements to assist decisions for practitioner and patient about appropriate health care for specific clinical circumstances’.

In general, there are three levels at which guidelines are produced: international, national and local. Examples of international guideline-producing organisations include the American Society of Clinical Oncology (ASCO), EORTC and MASCC/ISOO. At the national level, guidelines are produced by national societies (e.g. British Committee for Standards in Haematology or National Oncology Nursing Societies). Local institutions (e.g. clinics) also adapt international or national guidelines into institutional protocols for daily implementation within their institutions.

It should be noted that in some cases, guidelines might also be referred to as protocols, practice policies, clinical policies, practice parameters, algorithms, standards and clinical pathways.

Guidelines can have different purposes, for example, assessment, treatment, risk modelling, triage and management.

Guidelines are:

- recommendations on the appropriate treatment and care of people with specific diseases and conditions
- based on the best available evidence (i.e. data reported in the literature)
- developed to assist healthcare professionals in their work and to complement their knowledge and skills

Most of the time, guidelines are developed using proven, published data for their recommendations rather than relying on “gut feeling”, individual judgement, historical tradition or routine practices (i.e. non-evidence-based practices). This provides healthcare professionals with evidence to support their practices, gives credibility to care plans and keeps practices up-to-date with changes to patient care and treatment.

It should be noted, however, that some guidelines are based upon expert consensus opinion or individual clinicians’ opinions, typically in areas where there is less research.
1.3 Why are clinical guidelines important?

Clinical guidelines have the potential to improve the care received by patients by promoting beneficial and discouraging ineffective interventions. They can help to improve the quality of care that healthcare professionals are able to deliver to patients. They are an integral part of patient management and treatment, and help healthcare professionals to document the care they provide based on the evidence.

Internationally, numerous clinical practice guidelines have been developed and disseminated with the intention of improving patient care. Research shows that in order to improve practice in accordance with clinical evidence, change is required by individual clinicians and teams of clinicians, as well as at organisational and policy level.
1.4 What are the benefits and limitations of using guidelines?

Guidelines are a way to support effective clinical practice.7

**Benefits for patients**

**Benefits for healthcare professionals**

**Benefits for healthcare systems**

**Limitations of guidelines**

1.4.1 Benefits for patients

- Guidelines that promote interventions of proven benefit have the potential to reduce morbidity and mortality and improve quality of life, at least for some conditions4
- Guidelines can also improve the consistency of care. Patients with identical clinical problems receive different care depending on their clinician, hospital or location. Guidelines may remedy this by making it more likely that patients will be cared for in the same manner regardless of where or by whom they are treated.4
- Guidelines call attention to under-recognised health problems, clinical services, and preventative interventions and to neglected patient populations and high-risk groups. Services that were not previously offered to patients may be made available as a response to newly released guidelines4

1.4.2 Benefits for healthcare professionals

- The principle benefit of clinical guidelines for healthcare professionals is to improve the quality of care for patients2,8
- Guidelines can improve clinical decision making by offering explicit recommendations for clinicians4
- The methods of guideline development ensure that gaps in the literature or clinical practice are addressed4
- Guidelines can also help healthcare professionals decide how best to use finite healthcare resources5

1.4.3 Benefits for healthcare systems

- Clinical guidelines may be effective in improving efficiency by standardising care and optimising value for money4
- Implementation of guidelines may reduce hospitalisation outlays, prescription drugs, unnecessary investigations, surgery and other procedures4
1.4.4 Limitations of guidelines

The effect of an intervention can only be demonstrated if someone had the opportunity to investigate the intervention. However, there is still a need for prospective, randomised controlled studies regarding the outcomes of certain actions.

It can take up to 5 years to realise the impact of guidelines and the results of nursing interventions.

In cases where evidence does not exist yet, nurses and other healthcare professionals – including nurses at the bedside – should be encouraged to undertake research and evaluation of practice in that area. In this way, common European practices can be established for practitioners, which are in line with current expert belief/recommendations. In addition, these recommendations should take into account the preferences, experiences and majority belief of nurses and patients.
1.5 How are guidelines developed, implemented and evaluated?

Figure 1: Chain of events to produce effective guidelines

For a more detailed description on how guidelines are developed, compiled and published please refer to the information in Appendix 1.
1.6 Are there different types of guidelines?

Clinical practice guidelines may be divided into two broad categories:

1. **Pathway guidelines**: these aim to direct a healthcare professional along a particular care pathway or management path

2. **Boundary guidelines**: these define the limits of proper practice

Guidelines can then be further distinguished:

- **Option** – the healthcare professional or patient can ‘take it’ or ‘leave it’ once they have carefully considered the implications of the options
- **Guideline** – a practice policy that tends to represent the majority view based upon the evidence
- **Standard** – a recommendation that all appropriate healthcare professionals adopt certain practices in the absence of true data to support practice. It might be expected that at least 95% healthcare professionals would agree to it.
1.7 Who is responsible for implementing guidelines?

Despite the recognition of the importance of guidelines, problems persist with the implementation of guidelines, particularly in getting healthcare professionals to act upon them. All healthcare professionals have a stake in the successful implementation of clinical guidelines, with an aim to improving practices and patient care. As a nurse, you are well placed to take a lead role.

Once guidelines are published, the next important stage is implementation. Ideally, all healthcare professionals in that disease area should adhere to these guidelines. How can this be achieved?

1. Set up a multi-disciplinary team to plan the implementation of the guidelines
2. Secure acceptance (“buy-in”) and involvement of all the key stakeholders/team members
3. Establish leaders in key positions to champion the implementation
4. Develop and agree upon objectives
5. Review differences between your established protocols and those recommended by the guidelines
6. Identify potential obstacles or problems
7. Note areas of conflict between the guidelines and local or hospital practice
8. Educate and inform all healthcare professionals involved and help them to understand the guidelines
9. Provide feedback and develop a team to address implementation (see Section 5 ‘Implementing guidelines – practical change’ for more detail) in order to help with integrating the guidelines into everyday patient care
10. Monitor and evaluate the uptake of the new guidelines – making revisions as necessary

Ultimately, all healthcare professionals involved in patient care within oncology are responsible for providing the best care and to ensure that the guidelines are utilised (Figure 2).

Figure 2: The relationship between clinical guidelines and the quality improvement cycle

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1.8 What role do I (the nurse) play in implementing guidelines?

All healthcare professionals, including nurses, have a responsibility to strive to provide the best possible care based on the evidence available, and to keep abreast with the current best evidence. Committees should be put in place to update, review and revise standards of practice (SOPs) and standards for quality assurance in your unit/department. Your role would be to help implement the guidelines and support colleagues by disseminating, understanding and following the clinical guidelines. You can commence this process by reading and learning the guidelines in Sections 2 to 4.

As a nurse working in the oncology ward, you may also be able to get involved in helping with the following (see also Section 5 'Implementing guidelines – practical change' for more detail):

- Considering and assessing additional training and education for staff
- Educating and explaining the new guidelines to patients and families
- Helping to provide feedback to senior nursing staff on how the guidelines could be, or are being used on the ward
- Thinking about how you would ensure practice acceptance of new guidelines
- Considering how you would assess the effects of and evaluate the guidelines

Success depends on enthusiasm, commitment of leadership towards training and dissemination, education, use and subsequent refinement of the guidelines. Nurses need to give clear feedback on the realistic aspects of the guidelines and what changes need to be made to implement them into practice.13
Appendix 1. The steps for developing clinical guidelines.

1. The need for guidelines must first be considered, taking into account the prevalence and impact of the condition/disease state. Key questions to be posed:

- Are there large and unexplained variations in current practice (i.e. is there a need for review of practice and change)?
- Are the proposed guidelines clear?
- Is there potential for improvement?
- What are the likely costs or benefits required to introduce the guidelines and what are the likely benefits and costs as a result of any change?
- Which potential clinical areas could be targeted for activities to address effectiveness?
- Is consensus likely?
- Will change benefit patients?
- Can changes be implemented?
- What resources will I need to implement the guidelines (e.g. teaching)?
- How applicable are they to practice?
- Are they achievable?
- Are they sustainable?

Above all, the potential benefit of any guidelines must be evident.

2. The parameters of the proposed guideline are then established:

- Precise focus and limits of guideline (including specific outcomes and patient population)
- Timeline for development of guidelines
- The availability of effective interventions/treatments

Psychological research shows that the more precisely behaviours are specified, the more they are likely to be carried out. Rewriting guidelines may be the simplest, most effective method of increasing implementation. Specifying what, who, when, where and how, will assist implementation. Behavioural analysis of the controlling antecedents and consequences of implementation may help develop effective interventions.

A holistic approach is usually favoured incorporating separate and overlapping aspects of care in the particular disease area (i.e. oncology).
3. Evidence is identified and appraised:

- Existence and applicability of previous guidelines
- Obtaining data on patient outcomes
- Identification of issues not included in clinical studies
- Classification of evidence (category of evidence and strength of recommendation)

The evidence, once gathered, needs to be interpreted. During a thorough/systematic review of published papers, the team will categorise the evidence (i.e. evidence provided by a randomised controlled trial will score highly (I), whereas evidence gleaned from expert committee reports or opinions will have a lower score (IV)). Therefore, the strength of any recommendation by the guidelines will also be scored so that a recommendation coming from category I will be strength A and that coming from category IV will be strength D.14

4. Guidelines are then drafted:

- Specific practice changes are described
- Anticipated outcomes are defined
- Expert opinion is incorporated
- Feasibility of dissemination and implementation is assessed
- Methods of evaluation are defined

Draft guidelines are reviewed by independent (i.e. non-author) healthcare professionals and finally published and disseminated.
References


