Implementing clinical practice guidelines into practice: How do we know we are making a difference

Venous Leg Ulcer Seminar 2014
A call to action: Decreasing venous leg ulcers by 50% in the next 10 years'

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Overview

- Background
- Purpose of the guideline
- Target population
- Challenges
- Dissemination
- Implementation
- Systems approach
- Variations to best practice
- Are we making a difference?
- Summary
Background

- Australian Wound Management Association (AWMA)
- New Zealand Wound Care Society (NZWCS)
- Venous Leg Ulcer Guideline Development Group
- Venous Leg Ulcer Advisory Panel
- National Health and Medical Research Council (NHMRC)
- New Zealand Guideline Group
- Clinical Practice Guideline for Prevention and Management of Venous Leg Ulcers

Purpose

- Developed a guideline for the Australian and New Zealand context (systematic review and NHMRC evidence levels)
- Increase awareness of Venous Leg Ulcers (VLUs)
- Promote optimal care of VLUs
- Accurately diagnose and assess VLUs
- Optimise management and promote self management
- Prevent or delay complications associated with VLUs
- Optimise quality of life
- Reduce the risk of recurrence
- Educational source
- Policy developers (AWMA/NZWCS 2011)
Scope and target populations

Health professionals including but not limited to
• Medical and surgical specialists
• General practitioners
• Allied health professionals
• Nurses/Nurse Practitioners
• Pharmacists
• Rural health workers
• Indigenous health workers
• Consumers (AWMA/NZ, 2011)
• Policy makers

Refer to people of all ages

Intended for use in health care settings in metropolitan, regional, rural and remote areas of Australia and New Zealand

The Challenge

• Guidelines don’t implement themselves
• Keeping guidelines current
• Spreading the news about new evidence
• Changing an aspect of clinical practice
• Distribution channels
• > 500 CPG’s in Australia

Forster, R (2011)
Dissemination

- Official launch – informing the target audience
- Accessible – websites
- Publishing - hard copy, full, abridged version
- Professional organisations endorsement
- Professional journal and newsletters
- Clinical leaders
- State/territory associations
- Conferences/seminars

NHMRC (2003)
Implementation

- Engage leaders and champions
- Endorsement by clinical groups
- Educated consumers
- Education resources - decision making tools for clinicians
- Education and workshops
- Increase awareness - Wound awareness campaign
- Information technology
- Engage government and policy makers

Implementation - Consumers

Information brochures

- VLU presentation and management
- What is a VLU
- Managing a VLU
- Preventing a VLU
  - Three different languages
  - Two consumers
Implementation tools and resources

- Flowcharts – assessment and management
- Full version 150 pages – reduced to an abridged version 40 pages
- 38 recommendations
- APP – apple/android
- Facebook/twitter

VLUG APP – May 2014
Downloads of publications - free

Implementation
Wound awareness campaign

- Annual national wound awareness week
- Focus on one recommendation compression therapy
- Posters
- Merchandise
- Media releases
- Consumer stories
- Promotional activities
- Petition lodged with Commonwealth Government
Variations to best practice

What we know

• When to refer
• Delayed diagnosis
• Overuse of antibiotics
• Insufficient or inadequate use of compression therapy (Weller & Evans, 2014)
• Deficits in knowledge (Weller & Evans 2012)
• Lack of standard guideline implementation and compliance (Oien & Weller, 2014)
• Financial burden for GP’s (Yelland 2014)

A Systems Approach and Evaluation

• Part of an integrated and quality improvement strategy
• Sustainable
• Performance monitoring
• Evaluation of clinical practice and health outcomes (NHMRC, 2003)
How can we make a difference?

- Monitor patterns and quality of care
- Systematically collect health related information on individuals
- Benchmark outcomes
- Identify variation in practice – quantify (Weller & Evans, 2014)
- National/International registry (Oien & Weller 2014)

Summary

- NHMRC holistic approach
- Discover and ranking the evidence
- Dissemination – simplest – difficult to measure
- Implementation can be complex depending on your resources and environment, but measurable
- Incorporating a systems approach allows for solid measurable outcomes in its success
Acknowledge:
Aust/NZ Venous Leg Ulcer Advisory Panel

Thank you

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