

# Utilization of Clinical Practice Guidelines

## Barriers and Facilitators



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### KEYWORDS

- Clinical practice guidelines
- Nurse practitioners
- Electronic health record
- Clinical decision support tool
- Patient safety

### KEY POINTS

- Clinical practice guidelines are tools used to assist health care professionals in clinical decision making with the ultimate goal of improving patient care.
- Promoting the implementation of clinical practice guidelines at the point of care delivery is a hurdle to translating scientific findings into practice.
- As access to electronic evidence sources increase, the amount of evidence available to clinicians for clinical decision support is overwhelming.
- Increased adoption of electronic health records and clinical decision support tools will move clinical practice guidelines more rapidly to the patient encounter.

### UTILIZATION OF CLINICAL PRACTICE GUIDELINES: BARRIERS AND FACILITATORS

Clinical practice guidelines are designed to improve quality of care, reduce variation in practice and ensure evidence-based care is delivered when appropriate. Despite the creation of guidelines at national and international levels, guidelines are underutilized by clinicians at the bedside to improve patient care. Clinical practice guidelines are “systematically developed statements to assist practitioners and patients to make decisions about appropriate health care for specific circumstances.”<sup>1(p13)</sup> In the United States, the National Guideline Clearinghouse, a public database of evidence-based clinical practice guidelines, provides clinicians with a method to advance excellence in care by decreasing the gap between evidence and practice. Although high-quality, well-developed, clinical practice guidelines are available, these tools are only useful if implemented locally to improve patient care.

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Translating evidence into practice while implementing, planning, and caring for patients is a core competency of nurse practitioners and physician assistants in acute care settings. The term “advanced practice provider” has been used to describe nurse practitioners and physician assistants who provide care to acute and critically ill patients. These advanced practice providers have the expertise to guide the process change necessary to bring clinical practice guidelines to the bedside to improve health and safety for patients, as well as the quality of care. The perception and use of clinical practice guidelines with this health care provider population is poorly understood. The majority of research on the development, implementation, and use of clinical practice guidelines is focused on physician behavior.<sup>2</sup> Further research exploring the attitudes, knowledge, and behaviors of nurse practitioners and physician assistants toward the use of clinical guidelines is needed to identify what facilitators and barriers exist. Understanding these perceptions is a key to engaging advanced practice providers in the creation, implementation, and ongoing surveillance of clinical practice guidelines pertinent to their patient population.

### STATEMENT OF THE PROBLEM

Decisions about when, why, and how to pursue certain diagnoses and treatments are complicated. Patient care interventions are based on scientific principles, theoretical knowledge, and a clinician’s expertise. Clinical practice guidelines exist as tools to augment clinician decision making, yet several barriers to implementation have been identified in the literature. Researchers cite a lack of knowledge of guideline existence, complexity of guidelines, staff attitude, lack of training, time, and resource constraints as reasons for nonadherence to clinical practice guidelines.<sup>3-5</sup> Clinicians are encouraged to use evidence-based clinical practice guidelines in light of available resources and circumstances presented by individual patients to provide the current standard of care. Traditionally, “standard of care” has been defined as “the level at which the average, prudent provider in a given community would practice.”<sup>6</sup> Specialty societies, health plans, accrediting organizations, private organizations, and federal agencies such as the Agency for Healthcare Research and Quality are now setting, modifying, monitoring, and publicizing standards of care for patients. Potential liability exists for the clinician who does not follow the minimal acceptable level of care determined by consensus of providers, consumers, or these outside agencies. Buppert<sup>7</sup> suggests the standard of care address the following questions:

- Did the clinician do the right thing at the right time?
- Was effective care provided to the patient?
- Was care provided safely and in an appropriate time frame?
- Was the outcome as good as expected, given the patient’s condition, personal characteristics, and the current state of medical science?

Clinicians may be more likely to adopt clinical practice guidelines if they believe guidelines offer malpractice litigation protection and support a standard of care. Utilization of clinical practice guidelines is one method to facilitate clinical decision making in providing safer, quality care to patients. Yet, some clinicians believe guidelines characterize a rigid or oversimplified practice of medicine and refer to guidelines as “cook-book medicine.” At the community hospital setting for this project, clinician utilization of clinical practice guidelines to guide complex clinical decision making was unknown.

### PURPOSE

The purpose of this project was to seek an understanding of what factors promote or prevent the implementation of evidence-based clinical practice guidelines at the

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