Clinical Practice Guidelines Quality Improvement Program

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Clinical Librarian
Health Library
NT Department of Health and Families
Overview

- History
- Stumbling blocks
- Document Management System
- Objectives -
  - Standardisation across all 5 hospitals.
  - EBM…ultimate goal.

Royal Darwin Hospital
History and Background

The Clinical Practice Guidelines Quality Improvement Program was first perceived in early 2007 by

- Barbara Bauert – Medical Education Officer
- Stephen Moo – Chief Information Officer
- Ann Ritchie – Director, Library Services
- Professor Bart Currie, Director of Infectious Diseases.

Alice Springs Hospital
Facts and Figures.

- 2007 Audit RDH – Medical Guidelines.
  - 273 guidelines.
  - 130 over 3 years old.
    - 53 not dated at all.
  - 41 are duplicates.
  - 196 provide NO references.
  - Only 25 provided a review date.
  - 170 did not identify authors.
  - Only 32 documented that the guideline had been accepted by an authorised Doctor or Clinicians group.
  - No consistency in branding and format.
Recommendations:

- Fund a full time position for a project officer.
- Fund a document management system
- Approve the formation of Clinical Guidelines Reference Group
- To support the project objectives to standardise evidence-based clinical guidelines across the 5 NT hospitals.
Stumbling Blocks

- Funding
- Extension of the project beyond Royal Darwin Hospital
Project Officer

- Project Officer.
  - 6 months 0.5 FTE at RDH.
  - Clinical background/working relationship with clinicians.
  - Focus on RDH
NT Acute Care Clinical Guidelines Committee

- Representatives from all 5 NT hospitals
- Major stakeholders
- Guidelines Project Officer
- Clinical Librarian
Document Management System

- Description
- Use
- Implementation
- Embedding in the prescribing module.
Compromises

- Standardisation – from the outset
- Evidence-based guidelines – from the outset

Results (14 found)

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<th>Copy To Department/Service</th>
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Brief Template

DEPARTMENT OF HEALTH AND FAMILIES

Paste Main Title Here

Target Audience
Areas applicable: Who should read this information
Areas not applicable: Who it is NOT intended for (if applicable)

Definitions
If applicable

Document Content Goes Here
Headings: Bold, left justified, 12pts (spacing before & after 6pts, go to format, paragraph and spacing)
Body text: Arial, normal, 11pts (no spacing)

Alternative Search Words
Include all words that staff might use to search for this document. Include all acronyms and abbreviations not included in text.
Gold Standard Template.

(TITLE)

Title (name of the guideline)

Purpose (rationale for the guideline)

Target Audience

- Areas applicable
- Areas not applicable

Definitions (if applicable)

Guideline (content)

Key Aligned Documents (identify aligned documents and establish a hierarchy in the document)

Key Legislation, Acts & Standards (Provide APA citation style for website with active web page address/pathway if applicable)

References (include title, author, journal, year of publication, volume and issue/number)

Evaluation (Explain how the guideline is effective - e.g., audits, adverse, staff/consent feedback)

Author/Contributors (Identify document author(s) and status. If more than one person has contributed to the development of this document please include)

Name

Position

Service/Program

Hospital Clinical Guidelines

Table of Evidence

GUIDE FOR EVIDENCE TABLE

Recent all references used in developing the clinical guideline.

<table>
<thead>
<tr>
<th>Reference (include title, author, journal, year of publication, volume and issue/number)</th>
<th>Method</th>
<th>Evidence Level (LOE)</th>
<th>Summary of recommendation from this reference (point form)</th>
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<tr>
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<td>Moderate to strong evidence exists to support lengthier preoperative waiting and preoperative fasting.</td>
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<td>Type and amount of lengthier no current available evidence.</td>
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The Hierarchy of Evidence

The hierarchy of evidence is based on the National Health and Medical Research Council (2000) and Oxford Centre for Evidence-Based Medicine Levels of Evidence (May 2005).

- I: Evidence obtained from a systemic review of all relevant randomized controlled trials.
- II: Evidence obtained from at least one properly designed randomized controlled trial.
- III-1: Evidence obtained from well-designed, non-randomized controlled trials (alternative allocation of some other method).
- III-2: Evidence obtained from comparative studies (including systematic reviews of such studies) with non-randomized or non-randomized, cohort studies, case-control studies, interrupted time series with a control group.
- III-3: Evidence obtained from comparative studies with historical control, two or more single-arm studies, or interrupted time series without a parallel control group.
- IV: Evidence obtained from case-series, either without or pre- and post-test.
- V: Expert opinion without critical appraisal, or based on physiology, bench research, or historically based ethical principles.
Standardisation revisited
Project launch

- Initial launch. July 2009
- Education and awareness.
  - Library input.
  - Visited four of the five hospitals.
- Include:
  - Medical
  - Nursing
  - Hospital Network Policies
Clinical Guidelines: The next step.

- Assist with research and appraise existing guidelines.
- Appraise evidence base of guidelines for suitability for use in the NT.
- Tight Version Control across the 5 hospitals to avoid legal consequences.
- Assistance with the authoring and reviewing guidelines.
  - Training sessions on PICO.
  - Critical appraisal.