Often a statement of an agency’s clinical policy and procedure (P&P) is mistaken as a Clinical Practice Guideline (CPG) when, in actuality, the P&P should be based upon and grounded in an identified and corresponding Standard of Practice, CPG or Best Practice. This document focuses on CPGs and the following information is offered to assist you in comparing and selecting the most appropriate guideline for your needs. Some of the most widely utilized CPGs in Long Term Care in the areas of falls/restraints, pressure ulcer prevention/treatment, and pain management are listed for your consideration. CPGs for other clinical areas can easily be found though the government’s on-line guideline warehouse: www.guideline.gov.

A. Definitions:

1. **Best Practice** is a technique or methodology that, through experience and research, has proven to reliably lead to a desired result. A commitment to using the best practices in any field is a commitment to using all the knowledge and technology at one’s disposal to ensure success.

2. **Clinical Practice Guideline (CPG)** is a description of enhanced or best practices within a discipline. It is a "systematically developed statement intended to assist in making decisions about appropriate health care for specific clinical circumstances".¹ An evidence-based CPG is a "statement that is based on scientific literature, explicitly documents the process used to develop the statement, and grades the strength of the evidence use in making clinical recommendations. The most common definition of evidence-based medicine requires that it follow a bottom-up approach integrating the best external evidence with individual clinical expertise and consideration of patient preferences."² A CPG becomes a Standard of Practice/Care when and if it is used by the majority of informed members of the profession.

3. **Standard of Practice/Care** refers to approaches to care, procedures, techniques, treatments, etc., that are based on research and/or expert consensus and that are contained in current manuals, textbook, or publications, or that are accepted, adopted or promulgated by recognized professional organizations or national accrediting bodies. These approaches establish the watchfulness, attention, caution and prudence that a reasonable person in the circumstance would exercise. If a person's actions do not meet this standard of care, then his/her acts fail to meet the duty of expected care and may be considered negligence. Standards of Practice may include Clinical Practice Guidelines, Best Practices and Scope of Practice statements for a profession.

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B. Qualities to look for in selecting a CPG:

The CPG should³
1. be evidence-based and specify what level of evidence it was based on. Select a
guideline based on the highest level of available evidence.
2. be pertinent. The CPG should identify how it will benefit the provider or recipient and
be related to some high-risk, high-volume or problem-prone area of care or on an area
of care that could benefit from quality improvement.
3. define relevant goals and objectives that may be met as a result of its implementation.
4. define expected outcomes.
5. explain anticipated benefits - costs and possible economic benefits, legal, regulatory
and other issues that may be affected by its implementation
6. explain anticipated risks and problems.
7. identify the targeting criteria for identifying the population or sub-population, as well as
how to identify appropriate individuals and when to start or stop various interventions.
8. offer a consistent process that can be used under various circumstances or else
explain the variations.
9. address performance issues by identifying what staff should provide various
interventions, essential knowledge and skills, and relevant training techniques.

C. Tools to guide implementation and utilization of the CPG process:

(Note: all suggested guidelines and articles are derived from Evidence-based Outcomes)

   Order from www.amda.com or call 800-876-2632. (Note: this document is a step-by-
   step process from evaluating and selecting a CPG through implementation of the
   process).

2. Government listing of available CPGS – www.guideline.gov (type desired topic, e.g.
   "Restraints", in search box)

   All of the criteria below must be met for a clinical practice guideline to be included in
   NGC:

   A. The clinical practice guideline contains systematically developed statements that
   include recommendations, strategies, or information that assists physicians and/or
   other health care practitioners and patients make decisions about appropriate health
   care for specific clinical circumstances.
   B. The clinical practice guideline was produced under the auspices of medical
   specialty associations; relevant professional societies, public or private organizations,
   government agencies at the Federal, State, or local level; or health care organizations
   or plans. A clinical practice guideline developed and issued by an individual not
   officially sponsored or supported by one of the above types of organizations does not
   meet the inclusion criteria for NGC.

³ Adapted from: American Medical Directors Association, Guideline Implementation. (1998). Table 2: Desirable CPG
Qualities. pp 4 & 5.
C. Corroborating documentation can be produced and verified that a systematic literature search and review of existing scientific evidence published in peer reviewed journals was performed during the guideline development. A guideline is not excluded from NGC if corroborating documentation can be produced and verified detailing specific gaps in scientific evidence for some of the guideline’s recommendations.

D. The full text guideline is available upon request in print or electronic format (for free or for a fee), in the English language. The guideline is current and the most recent version produced. Documented evidence can be produced or verified that the guideline was developed, reviewed, or revised within the last five years.

3. Relevant articles –

D. Suggested Clinical Practice Guidelines for:

1. Restraint and Fall Prevention/Reduction/Management
   e. The following website provides three primary clinical practice guidelines for the prevention of falls in nursing homes - the CPGs by the American Geriatrics Society, the British Geriatrics Society, and American Academy of Orthopaedic Surgeons Panel on Falls Prevention (which is the most widely adopted guideline);
the American Medical Directors Association; and the Registered Nurses Association of Ontario: [www.fallsinltc.ca/assessment/clinicalpracticeguidelines-print.htm].


CLINICAL PRACTICE GUIDELINES: SELECTION GUIDE and RESOURCE LIST


2. Pressure Ulcer Prevention

3. Pain Management

QIPMO: University of Missouri, Sinclair School of Nursing - July 2009