The RNAO's Evolution of a Best Practice Guid for Venous Leg Ulc

BY
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In 1999 the Centre for Professional Development of the Registered Nurses Association of Ontario (RNAO) had funding allocated from the provincial Ministry of Health and Long Term Care. It was decided that best practice guidelines for nursing practice that would include venous ulcer management were to be developed using the funding. The first cycle developed a total of 11 best practice guidelines (BPG). The second cycle developed seven guidelines, and the third cycle developed a further six guidelines. The venous leg ulcer guideline was developed within this third cycle. From the work that had previously been done on pressure ulcer guidelines, the development of the venous leg ulcer guideline was a natural evolution in the continuum of the development of guidelines for chronic wound care.

Each of the BPG committees consisted of eight to 10 members who were recognized as experts in their field within the nursing community from across the province of Ontario. The panel members also represented different sectors of the nursing community with particular areas of expertise.

The Venous Leg Ulcer Best Practice Guideline panel consisted of community-based nurses, enterostomal therapists and personnel from private practice, long-term care and acute care. These nurses were asked to participate on this development panel by the RNAO project team co-ordinators. Their names were gathered from the recommendations of their peers within the professional organization.

The process of development began with a 'development launch retreat' where the members of the panel were able to meet face-to-face for an orientation and introduction to each other. The calendar for meeting dates and

Steps in Developing the Guideline

1. Allocate funding
2. Organize multidisciplinary panel of experts
3. Conduct a developmental launch retreat
4. Search literature for existing guidelines
5. Evaluate existing guidelines
6. Short-list existing guidelines
7. Determine headings for new guidelines
8. Break into small groups to work on individual headings
9. Conduct panel review of new recommendations
10. Refine first draft
11. Involve other stakeholders
12. Run pilot based on revised draft guidelines
13. Evaluate pilot implementation
14. Revise guidelines based on pilot evaluation
15. Communicate final guidelines to potential users

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The Venous Ulcer Best Practice Guideline may be accessed through the Registered Nurses Association of Ontario's Web site at www.rnao.org.

the type of meeting — such as face-to-face or conference call — was determined.

A literature search was conducted for existing venous ulcer guidelines as well as articles related to venous leg ulcers. Eight existing guidelines on venous leg ulcers were chosen for critical appraisal using the appraisal instrument for the Canadian Clinical Practice Guidelines[1]. An orientation for the use of this tool was given to the panel members who individually rated the selected guidelines using this appraisal process.

The data collected from this process were then analyzed, and recommendations concerning the use of the assessed guidelines were given to the panel.

Through this appraisal process, the existing venous ulcer guidelines were narrowed down to three. These three guidelines would form the foundation for the BPG that the panel would go on to develop.

We then determined the layout of the headings for the venous ulcer guideline. The panel then broke into smaller working groups to concentrate on one or more of these headings. The recommendations were brought back to the panel as a whole, and a process of consensus took place to determine which recommendations would be included.

A first draft was circulated to the committee for comment. As the drafts evolved, the venous ulcer guideline began to come together. As this process occurred, a list of stakeholders covering all areas of health care, including the patient, was developed. These stakeholders were then asked to comment on the content of the guideline, and their responses were incorporated into the final document.

After many teleconferences, e-mails, face-to-face meetings and drafts, the Venous Leg Ulcer Best Practice Guideline was ready to be implemented through a pilot project. The pilot implementation phase was completed this summer, and followed by an evaluation process and a panel review of any new literature, the gathering of feedback from the implementation phase and the results of the evaluation.

Once the evaluation process has been completed and the venous leg ulcer guideline is published, nurses and other health-care providers will be able to access it through the RNAO Web site at www.rnao.org. It is hoped that the guideline, which has been developed using a strong evidence base and expert opinion with a multidisciplinary team approach will improve and standardize the care a patient with a venous leg ulcer receives, whether they live in a remote or populated area of the province. Its accessibility will allow this venous ulcer guideline to be implemented by health-care providers across Canada.

Reference

1. Cluzeau F, Littlejohns P, Grimshaw J, et al. Appraisal instrument for clinical guidelines. St George's Hospital Medical School, England. 1997.


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