The Pathway to Best Practice

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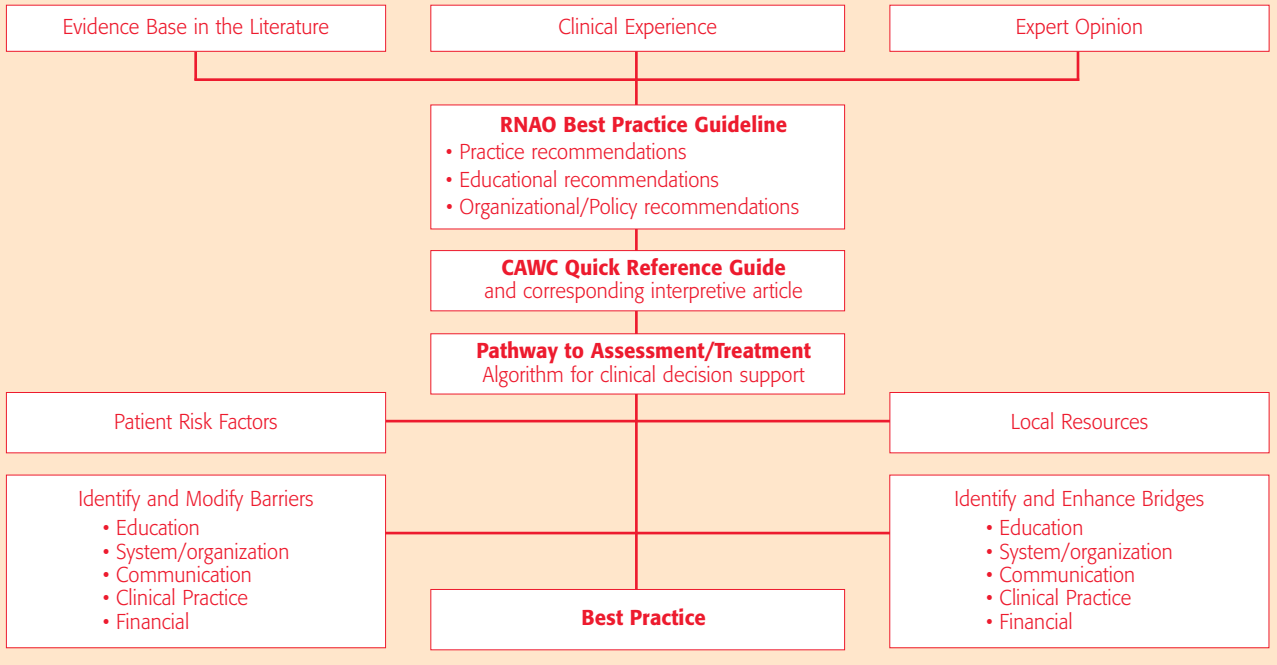
What is best practice? In 1996, Sackett[1] defined evidence-based medicine as "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients [that] involves integrating individual clinical expertise with the best available external evidence from systemic research." Kitson, Harvey and McCormack[2] in 1998 wrote that best practice combined the best available evidence with patient risk factors but also took into account available resources. They pointed out that for successful implementation, the evidence needed to be scientifically robust, the environment had to prepare for change and the change process had to be facilitated.

Best practice guidelines, also sometimes called clinical practice guidelines, are systematically developed statements to assist practitioner decisions about appropriate health care for specific clinical circumstances. They combine evidence, experience and opinion to improve patient care by reducing inappropriate variations in practice and promoting the delivery of high quality, evidence-based health care.[3] Algorithms are graphic maps that visualize the major cognitive components required to resolve a problem. They act as clinical decision-making frameworks that assist in implementing best practice guidelines. Guidelines form the framework for practice in supporting policy and procedure recommendations.

In 2000, the Canadian Association of Wound Care (CAWC) published best practice recommendations relating to wound bed preparation and the prevention and management of pressure ulcers, diabetic foot ulcers and venous leg ulcers. These were not intended to be clinical practice guidelines but a distillation of existing guidelines into a succinct practice article and bedside enabler (the Quick Reference Guide, or QRG)—backed up by the existing articles, research and guidelines for more in-depth information. Since that time, the Registered Nurses' Association of Ontario (RNAO) has obtained stable long-term funding from the Ministry of Health and Long-Term Care in Ontario to undertake a rigorous nursing guideline development and maintenance process. Though the RNAO is a nursing body, their guidelines were developed with interprofessional and patient guidance and advice. Additionally, the RNAO utilizes the AGREE Instrument (www.agreecollaboration.org) to support a best practice approach to guideline development.

FIGURE 1

The Pathway to Best Practice



The CAWC board decided to create regional teams to review and update the previously developed recommendations in the context of the RNAO Best Practice Guidelines. The updated articles and QRGs could then serve as practice enablers that would help to interpret these guidelines for the multiple health-care professionals involved in the management of chronic wounds. Each article takes the practice-enabling statements and discusses their relationship to the corresponding RNAO guidelines as well as additional resources from the literature to enhance and support an interprofessional approach. To further enable practice, each QRG is related to a Pathway to Assessment and Treatment, which provides an algorithm to guide clinical decision-making.

To implement best practice at the bedside, clinicians and their facilities must now integrate these evidence-supported practice, educational, organizational and policy enablers with specific patient risk factors and locally available resources to develop specific wound-care plans. To accomplish this, the bedside clinician must be supported in an environment that breaks down barriers of communication, education, practice and resource-related issues. Barriers to best practice must be identified and modified, and bridges to best practice must be identified and enhanced. This is an active process that requires a receptive environment supported by administrators, the allocation of appropriate resources and the co-operation of the interprofessional team members. The entire process is summed up in Figure 1.

As we often say, "You know best practice, but are you doing it?"

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References

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