

Worksheet 1. IMPLEMENTATION STRATEGY
Guideline: Management of Dyslipidemia, Update 2006

Overall Implementation Strategy/Focus:

| Key Guideline Element | Gaps in Current Practices (Planning Step 1) | Action Strategy (Planning Step 3) |
|---|--|--|
| 1. Base recommendations on high quality evidence with a focus on interventions that improve clinically significant patient-centered outcomes. | | |
| 2. Address primary and secondary prevention of coronary disease. | | |
| 3. Use specific screening criteria to identify the patient with dyslipidemia who is most likely to benefit from appropriate intervention. | | |
| 4. Incorporate global cardiovascular risk assessment to guide treatment for dyslipidemia. | | |
| 5. Use lipid lowering therapies to reduce cardiovascular risk and events that include: a. Evidence driven rationale for medication choices b. Lifestyle modification and diet with appropriate intensity. | | |
| 6. Manage modifiable cardiovascular risks, not just dyslipidemia. | | |

| Key Guideline Element | Gaps in Current Practices (Planning Step 1) | Action Strategy (Planning Step 3) |
|---|--|--|
| 7. Define treatment goals. | | |
| 8. Clarify contribution of triglycerides (TG) and HDL-C to cardiovascular disease (CVD) risk. | | |

Worksheet 2A. ACTION PLAN FOR GUIDELINE INTRODUCTION AND STAFF EDUCATION
Guideline: Management of Dyslipidemia, Update 2006

| Identify actions for guideline introduction and education. (IN) | Designate someone to serve as lead for the action and other staff to be involved. | | Identify the tools and resources for the action. | Specify the action timeline. | |
|---|---|---------------------|--|------------------------------|-----------------|
| Action #IN. __ | Lead: | Other Staff: | | Start | Complete |
| Action #IN. __ | Lead: | Other Staff: | | Start | Complete |
| Action #IN. __ | Lead: | Other Staff: | | Start | Complete |
| Action #IN. __ | Lead: | Other Staff: | | Start | Complete |

Worksheet 2B. PLANNING WORKSHEET FOR PRACTICE CHANGE IMPLEMENTATION

Guideline: Management of Dyslipidemia, Update 2006

Key Guideline Element: _____

| Identify actions in the strategy for this guideline element. | Designate someone to serve as lead for the action and other staff to be involved. | | Identify the tools and resources for the action. | Specify the action timeline. | |
|--|---|---------------------|--|------------------------------|-----------------|
| Action #___ | Lead: | Other Staff: | | Start | Complete |
| Action #___ | Lead: | Other Staff: | | Start | Complete |
| Action #___ | Lead: | Other Staff: | | Start | Complete |
| Action #___ | Lead: | Other Staff: | | Start | Complete |
| Action #___ | Lead: | Other Staff: | | Start | Complete |

Worksheet 3. GANTT CHART OF TIMELINE FOR GUIDELINE IMPLEMENTATION
Guideline: Management of Dyslipidemia, Update 2006

| Actions | MONTH OF WORK | | | | | | | | | | | |
|-------------------------------------|---------------|---|---|---|---|---|---|---|---|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| <i>Introduction & Education</i> | | | | | | | | | | | | |
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| <i>Practice Changes</i> | | | | | | | | | | | | |
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Worksheet 4. METRICS AND MONITORING
Guideline: Management of Dyslipidemia, Update 2006

| Key Guideline Element | Metric | Data Sources | Monitoring Schedule |
|---|--------|--------------|---------------------|
| 1. Base recommendations on high quality evidence with a focus on interventions that improve clinically significant patient-centered outcomes. | | | |
| 2. Address primary and secondary prevention of coronary disease. | | | |
| 3. Use specific screening criteria to identify the patient with dyslipidemia who is most likely to benefit from appropriate intervention. | | | |
| 4. Incorporate global cardiovascular risk assessment to guide treatment for dyslipidemia. | | | |
| 5. Use lipid lowering therapies to reduce cardiovascular risk and events that include: a. Evidence driven rationale for medication choices b. Lifestyle modification and diet with appropriate intensity. | | | |
| 6. Manage modifiable cardiovascular risks, not just dyslipidemia. | | | |
| 7. Define treatment goals. | | | |
| 8. Clarify contribution of triglycerides (TG) and HDL-C to cardiovascular disease (CVD) risk. | | | |