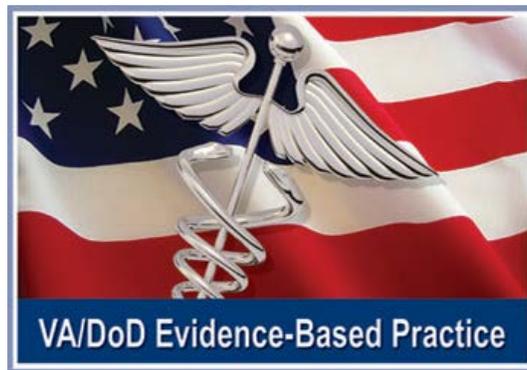


Veterans Affairs/Department of Defense

MANUAL FOR FACILITY CLINICAL PRACTICE GUIDELINE CHAMPIONS



U. S. Army Medical Command, Clinical Performance Assurance Division,
Evidence-Based Practice Section
2748 Worth Road, Suite 26, Fort Sam Houston, TX 78234-6026
<https://www.QMO.amedd.army.mil>

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Introduction:

You have been designated as the champion of a clinical practice guideline (CPG) at your institution, a role that brings both clinical and administrative responsibilities.

You will find that your clinical expertise lends credibility to the evidence-based processes outlined in the guideline, an expected facet of clinical practice. However, you will also find that your leadership concerning the guideline ranges beyond your clinical practice; in fact, your role as champion supports patient care, administrative leadership and the clinical practice guideline in a new and powerful manner. Your opinions, thoughts, and actions carry great weight in how patient care is accomplished and variation in care delivery is reduced both in the population addressed by the guideline and in other evidence-based activities.

Because your leadership is vital to the successful integration of evidence practice guidelines into your local practice culture, this manual was designed as a tool to assist you in your new role. It is a companion to the larger handbook developed by the RAND Corporation, *Putting Practice Guidelines to Work in the Department of Defense Medical System*. A copy of this handbook can be found on the U. S. Army Medical Command (USAMEDCOM) Quality Management website at https://www.QMO.amedd.army.mil/general%20documents/rand_document_4_01.pdf.

Background:

The Department of Defense (DoD) has committed extensive effort to designing, implementing, and evaluating evidence-based CPGs as a means of improving and standardizing the quality of care provided to its beneficiaries. Since 1998 the Department of Veterans Affairs (VA) and DoD have worked together to both devise new guidelines and adapt nationally and internationally recognized CPGs to meet the requirements of the military and veterans' health care systems. The choice of guidelines established by the VA/DoD Working Group is based on careful consideration of the readiness needs of the military as well as the high-volume, high-cost health conditions treated in medical treatment facilities (MTFs). As of August 2014, 22 guidelines have been completed:

- Amputation – Lower Limb
- Amputation – Upper Limb
- Asthma
- Bipolar Disorder
- Chronic Kidney Disease
- Chronic Multi-symptom Illness (formerly Medically Unexplained Symptoms)
- Chronic Obstructive Pulmonary Disease
- Concussion/mTBI
- Depression, Major
- Diabetes Mellitus
- Dyslipidemia
- Hypertension
- Low Back Pain

- Management of Major Depressive Disorder
- Opioid Therapy for Chronic Pain
- Osteoarthritis
- Overweight and Obesity
- Post-Traumatic Stress Disorder
- Pregnancy
- Substance Use Disorders
- Stroke Rehabilitation
- Suicide, Assessment and Management of Patients at Risk for
- Tobacco Use Cessation

The Army Medical Department (AMEDD) has developed and tested a process for implementation of these guidelines, extensively piloted at numerous MTFs across the AMEDD. Lessons learned from those demonstrations have been incorporated into CPG materials, including the RAND handbook. The appointment of a “champion” for a guideline is one of the first steps in implementation of a VA/DoD CPG. Other team members are chosen to help incorporate evidence-based practice and evaluation mechanisms into patient care delivery. As the team leader, your efforts will focus on group building, educating providers and clinic staff about the importance of evidence-based practice guidelines, and building local ownership of guideline implementation. Your complex mission depends on participation at all levels, from the enthusiastic support of the Commander to full understanding and guideline use on the front lines of patient care. Multiple processes in CPG implementation and evaluation depend on appropriate allocation of resources and communication of leadership expectations for improved patient care outcomes.

Getting Started:
Putting an adopted guideline into practice is a complex process requiring cooperation, planning, resources, and commitment. While careful organization is required, the process can proceed smoothly with minimal effort. Evaluating current practice and fitting the CPG into process improvement efforts will assist you in implementation and evaluation efforts. Data will show clinical and administrative outcomes.

Assess Current Practice:

Data can be gathered using the Military Health System Population Health Portal or electronic health record (i.e., AHLTA) to support the acquisition of baseline performance and ongoing evaluation from within your organization. The champion should also visit each primary care venue and ask all front line caregivers and administrators how care is delivered and how they would perceive process changes to improve the quality and/or efficiency of care. Quantitative and qualitative data, as well as information about existing processes, can supplement your understanding of both the guideline and the environment into which the guideline will be incorporated. Flow charts can be very helpful in understanding current practice. Refer to *Putting Practice Guidelines to Work in the Department of Defense Medical System*, Section 4, pages 21-25, "Planning for Action," for more detailed information.

Compare Practice/Identify Gaps:

Identifying addressable gaps and targets for process change are a result of the synthesis of data concerning clinical processes and outcomes. For each of the key guideline points or elements, the team compares existing clinical practices to the standards specified in the guideline. An integral part of this activity is identifying organizational barriers to process modifications. Additional suggestions are present in *Putting Practice Guidelines to Work in the Department of Defense Medical System*, Section 4, pages 27-28 "Planning Step 1: Analyze Gaps Between the Guideline and Current Practice," and pages 29-30, "Planning Step 2: Identify Barriers to Successful Implementation."

Develop an Action Plan:

After gaps are identified, prioritization and operationalization plans can be formulated by the team, including the development of overall strategy and tactics. A well-defined strategy reflects the populations served by the facility as well as the sizes and configurations of the clinic. The effort is focused on areas in which change is most needed. A specific set of actions is outlined for each planned change and organized into a time line. A critical consideration is how the changes will be introduced into each practice setting. Your professional and personal skill as champion is critical to the successful implementation and the action plan should contain detailed information on how this step is to be accomplished. Building team spirit and commitment in the team is critical to guideline implementation success. Further details can be found in *Putting Practice Guidelines to Work in the Department of Defense Medical System*, Section 4, pages 31-33 "Planning Step 3: Develop an Overall Strategy and Specific Actions."

Implement the Plan:

Successfully achieving lasting improvements in clinical outcomes requires more than the enthusiasm and commitment of your guideline team, health care practitioners and MTF leadership. Staff resources and clinical and/or administrative systems may require reorganization. Such change can be supported using the tools of quality improvement and the **Plan, Do, Study, Act (PDSA)** methodology. Small-scale planned actions, followed by assessment and improvement, assist staff in understanding and embracing change. This process is covered in detail in *Putting Practice Guidelines to Work in the Department of Defense Medical System*, Section 5, pages 37-41, “Making Change Happen.”

Monitor Change:

The evaluation stage of process change is critical to sustaining change and being able to communicate its worth. Metrics, chosen in the initial stages of planning for change, are tracked across time to demonstrate the approach to “best practice.” Data should also be used to pinpoint less than ideal performance and the need for further process change. All stakeholders in the process should be kept apprised of ongoing data collection and analyzed results. This feedback loop is a critical part of completing the change in clinical practice patterns. More detailed information about metric selection, data collection, monitoring and interpretation of your results can be found in *Putting Practice Guidelines to Work in the Department of Defense Medical System*, Section 4, pages 34-35 “Planning Step 4: Guideline Metrics and Monitoring.”

Summary:

This manual is provided as a resource and companion to the more detailed RAND handbook, *Putting Practice Guidelines to Work in the Department of Defense Medical System*. For further information, contact the Chief of the Office of Evidence-Based Practice, at (210) 466-2915, DSN 471.