“Sometimes the simplest guidelines can have a dramatic effect on the whole organization,” says registered nurse (RN) Paulina Fakac, nurse manager at the Doctors Paul and John Rekai Centre. The centre has 42 long-term care beds for elderly residents. “In the past, most residents admitted to the unit were on a bowel regime, taking at least three different medications for constipation. Now the unit is using Registered Nurses Association of Ontario’s (RNAO) best practice guideline Prevention of Constipation in the Older Adult Population, most residents do not require their bowel regime medications anymore,” says Fakac. “Reflecting best practices by increasing the fluid and fibre for each resident means that now almost everyone has a regular daily bowel movement, and we are using far fewer laxatives.”

“I knew all along that increasing fluids can prevent constipation. Using this best practice guideline in my unit means that now the entire system and everyone is involved in preventing constipation. When residents arrive, each nurse asks about their triggering meal – the meal prior to when the resident has his or her usual bowel movement,” says Fakac. “We note this information on the chart and always ensure they get to the bathroom at that time.” Fakac adds, “Since most people wake up thirsty, nurses provide everyone with a much larger glass of fresh water than we used to with their morning medications. Both water and juice appear on breakfast trays, and a glass of prune juice is given to each patient daily as indicated on the nursing care plan. These interventions increase their fluid intake.” Fakac concludes that, “With results such as these, best practice guidelines are here to stay.”

This paper will introduce nurses to best practice guidelines by defining the term and describing how to develop, implement and evaluate the quality of effective guidelines. While this article will focus on direct care, it is important to note that best practice guidelines can be used in all domains of nursing practice. Educators, researchers and administrators should also develop and use best practice guidelines to direct their practices. What are best practice guidelines?

Best practice guidelines (BPGs), also called clinical practice guidelines (CPGs), are “systematically developed statements to assist practitioner and client decisions about appropriate health care for specific clinical circumstances” (Field & Lohr, 1990 p.8). These statements are a way for nurses to share the most current, reliable information about how to handle a specific problem or illness. The problem or illness that best practice guidelines address can be broad or very specific. For example, they can describe how to manage a symptom (e.g., pain), a piece of equipment (e.g., catheter) or a particular condition (e.g., psychosis). Best practice guidelines may focus on assessment or intervention, or they may pay attention to the processes of care and the outcomes that they produce.

Recent studies indicate that practice guidelines have improved care for clients. Use of best practice guidelines has led to better catheter care, increased symptom relief for clients and reduced length of hospital stays (Estabrooks, 1999; Thomas, McCall, Cullum, Rousseau, & Soutter, 1999). One registered nurse, Joyce Gonyou, assistant director of care and lead nurse for the implementation of the RNAO’s guideline Prevention of Falls & Fall Injuries in the Older Adult (2002c), “All staff disciplines now use the guideline, and we all work together to reduce falls. The laundry person...”

1 Domains of nursing practice are administration, education, research and clinical practice.
notices when the floor is slippery, and the cleaner notices when there is too much clutter – even the families pay more attention to obtaining appropriate footwear for their loved ones,” Gonyou states. “Our nurses now coordinate the efforts of staff, residents, volunteers and families, so we all work together to prevent injuries in the older adults of our facility.”

Qualities of effective best practice guidelines
✓ Representative
✓ Developed by a team of relevant stakeholders (including clients) who provide significant input and are given the opportunity to interpret existing evidence and resolve conflicts over values, creating a feeling of ownership
✓ Valid, leading to predictable outcomes
✓ Cost-effective
✓ Reproducible
Another group developing a guideline would arrive at similar recommendations if presented with the same evidence
✓ Reliable
Those facing the same clinical circumstances would apply the recommendations in the same way
✓ Clinically applicable, ensuring that the target client population is appropriate for the evidence used, and client preferences are included
✓ Flexible
✓ Clear, precise, transparent and user friendly
✓ Reviewed frequently on a scheduled and unscheduled basis
✓ Accompanied by an evaluation


How are best practice guidelines developed?
During the first stage, stakeholders identify the topic, assess the need for the guideline and develop relevant health care questions. Topics can be defined in a number of ways by:
• frequency of the condition;
• variation in current practice;
• health outcomes;
• client concerns; and
• cost – social, legal and other.
In stage two, stakeholders perform a systematic literature review, using an explicit search strategy to retrieve both published and unpublished findings. They then assess the evidence for strength and relevance using an assessment tool. Evidence is applied to various clinical situations to determine benefits, risks, cost-effectiveness and feasibility. Stakeholders then develop recommendations and consult with a wider variety of individuals and groups. Recommendations are put together to form a guideline. Guidelines can include recommended and optional elements of care.

At this point, pilot testing and revising the guideline as required can help improve its utility and effectiveness. The best practice guidelines can then be distributed and promoted to stakeholders to implement. The information is then published. Finally, systems are put in place to maintain and update the guideline. For further discussion about guideline development, refer to Grimshaw & Russell, 1993; and Scottish Intercollegiate Guidelines Network, 2001.

Evidence-based practice
Evidence-based practice is the incorporation of evidence from research, clinical expertise and client preferences into decisions about the health care of individual clients (Mulhall, 1998). Guidelines are based on the best possible and highest quality evidence. Since best practice guidelines rely on available research, they may have varying and multiple levels of evidence.

Today, nurses choose from a range of tools when deciding how to deliver care. Values, theories, tradition, experience and best practice guidelines are all tools nurses use to assist them in delivering high quality care. CNA’s policy statement on evidence-based practice (2002) emphasizes that, although evidence is an important element in decision-making for nurses, decisions are also influenced by individual values, client choice, clinical judgment, experiential knowledge, organizations and work environments.

Research shows that nurses use a wide range of tools. In an Alberta study of 600 nurses working in a

Steps for developing a best practice guideline
1. Perform a systematic literature review.
2. Use an instrument such as the Appraisal of Guidelines Research and Evaluation (AGREE)2 instrument to assess the strength of the evidence.
3. Develop a shortlist of guidelines for review by an expert panel.
4. Extract recommendations and categorize them.
5. Review short-listed guidelines and recent literature by external stakeholders.
6. Revise, according to feedback received.
8. Revise again, as needed.
9. Release and disseminate the guidelines.
10. Evaluate how the guideline is circulated and used.
variety of practice settings, researchers found that participants relied on clinical experience, what they learned in nursing school, workplace information sources (manuscripts, colleagues, in-services), physicians, intuition and what has worked for years when making decisions (Estabrooks, 1999).

Among these tools, the best practice guideline is the “new kid on the block.” Guidelines came about as evidence-based practice was developing in health fields. The strongest best practice guidelines are built on a foundation of biological, statistical, clinical and population health science. Scientific evidence on the effectiveness of interventions is usually ranked as follows:

1. meta-analyses of randomized controlled trials
2. individual randomized controlled trials (especially if they are large)
3. less-controlled, descriptive studies
4. expert opinion and consensus conferences

Although clinical experience and client preferences are recognized as important information, there is often little attempt to integrate this type of evidence. It is thought by some to be too subjective to be useful to predict outcomes. Some researchers recommend that nurses integrate clinical experiences and client preferences into best practice guidelines. Kitson (1999) states, “It may be that, as a method, the classic evidence-based […] model is a useful starting point upon which several further layers of evidence need to be stratified” (p. 15). She also recommends adding individual and aggregated qualitative research studies and learning how to integrate non-research sources of evidence (such as clinical experience and clinical judgment) into guideline statements.

Nurses need best practice guidelines to improve outcomes for clients and to make nursing care more efficient and effective. At the end of the day, nurses are about quality client care, striving to spend time only on things that make a difference. Best practice guidelines are strong and effective tools that nurses can use to achieve these ends.

### Implementing best practice guidelines

In today’s busy world, it takes a lot of effort to implement new best practice guidelines. Just getting the information out is not enough to actually change clinical practices (Grimshaw, Freemantle, & Wallace, 1995).

Educational interventions such as the distribution of published or printed materials, or formal educational session such as lectures, often have little or no effect on health professionals’ established behaviour. Professionals report the following barriers to implementing best practice guidelines:

- insufficient organizational support from administrators, physicians and others
- lack of time
- lack of resources
- lack of authority to change practice
- lack of incentives to use best practice guidelines
- lack of relevance

(Retsas, 2000; Griffin & Edwards, 2002)

Some strategies that can have mixed results:

- auditing
- providing feedback such as written or verbal summaries of clinician performance
- using mediated interventions in which clients make direct requests to clinicians to alter their behaviour
- using champions to influence others to bring about change

M. A. Thompson has identified strategies that have proven consistently effective for implementing best practice guidelines. These include educational outreach (in which trained personnel visit practitioners in practice settings to provide information); reminders and prompts; interactive educational meetings; and multiple interventions where two or more strategies are combined (as cited in McArthur, 1999). Implementing such measures effectively is considered so pivotal to RNAO that it developed a toolkit to help organizations achieve success (DiCenso, Virani & Bajnok, et al., 2002).

### Ways to make best practice guidelines attractive to nurses:

- Present strong evidence that is consistent with what nurses know from clinical experience and client preferences.
- Support the newly introduced guideline with supportive leadership and a work environment that embraces change.
- Introduce change(s) appropriately, with responsibility for success shared equally by guideline developers, implementers, users and evaluators.

### What is success in relation to best practice guidelines?

Measuring the impact of nursing interventions on client outcomes can be challenging. There are at least five key ways in which nurses affect client response. Clinical practice guidelines can be considered successful when they:

- prevent complications by ensuring clients are safe and free from injury, infection and other complications that may arise from immobility or fluid imbalance;
- advance nursing interventions affecting client clinical outcomes such as symptom control;
• enhance client knowledge of disease and treatment such as the illness process, medications, health attitudes and adherence to treatment instructions, which are influenced by education provided by nurses;
• improve the functional health outcomes of clients (physical, social, role, cognitive, mental, continence, mobility, self care, home) and quality of life – related to nurses’ actions;
• improve client satisfaction or how clients perceive the care provided and their interactions with nurses; and
• are implemented and continue to be used.

Karen, an RN, found that using RNAO’s guideline Establishing Therapeutic Relationships (2002a) had an unexpected benefit. “When nurses first look at this guideline they say, ‘I’m doing this already.’ We created a video with one such nurse, who, at the end of the experience, stated how the quality of her communications with clients has improved to the point where she now has to spend much less time in communication and far fewer misunderstandings with patients.”

It would seem, then, that assessing the impact of nursing best practice guidelines would involve at least some of the categories referred to above. For example, in RNAO’s Best Practice Guideline project (RNAO, 2001), the evaluation process focuses on changes in nursing practice in general as well as best practice guidelines for specific client clinical outcomes, client satisfaction and family response. It is also concerned with changes at the organizational level in policies and procedures, financial impact, the responses of other disciplines and unintended spin-offs.

The time for best practice guidelines has come. Nurses across the country are beginning to develop and use best practice guidelines. We can anticipate that, as a result, nursing care will continue to evolve and client outcomes will continue to improve.

Resources for learning more:

✔ Check out the Appraisal of Guidelines Research and Evaluation (AGREE) instrument at www.agreecollaboration.org. It has been developed through international collaboration to help identify outstanding practice guidelines. With 23 measures in six domains, it’s a valuable tool for educators, policy-makers, guideline developers and health care providers.

✔ Keep abreast of new advances in treatment, as well as research, continuing education, changes in diagnosis and prognosis/outcomes thinking through resources such as http://ebn.bmjournals.com.

✔ Search for international guidelines at Scottish Intercollegiate Guidelines Network (SIGN) or Joanna Briggs Institute for Evidence-Based Nursing and Midwifery in Adelaide, Australia.


✔ Read about the RNAO's Nursing Best Practices Guidelines (other projects, news and member services) at www.rnao.org.

✔ Browse University of Alberta’s selection of tools useful in the identification and assessment of various evidence-based materials.

✔ See the work of the Evidence Based Medicine Working Group at www.med.ualberta.ca/ebm/ebm.htm.


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