

DO GUIDELINES MAKE A DIFFERENCE TO HEALTH CARE OUTCOMES?

Guidelines are a commonly used strategy for attempting to summarise what's known about best practice in order to encourage effective and efficient healthcare. Evidence based guidelines aim to encourage practices that the evidence suggests are beneficial and to discourage ineffective or potentially harmful practices.^(1, 2) The effectiveness of guidelines in changing care can be monitored by examining changes in care process indicators (related to what is done in practice), and in outcome indicators (such as disease-specific outcomes or quality of life).⁽³⁾

What does best evidence say?

Individual studies have found use of guidelines improves practice patterns and/or patient outcomes in many areas from diabetes to head injury.

A systematic review by Grimshaw and colleagues looked at 235 studies that measured provider behaviour and/or patient outcomes. The review found that the studies were generally of poor quality and showed considerable variation in effects. However, most (86.6%) reported improvements in care "suggesting that dissemination and implementation of guidelines can promote compliance with recommended practices". An overall median improvement of about 10% was reported.^(1, 4)

A Cochrane review of guidelines in allied health⁽⁵⁾ found some evidence that when allied health professionals deliver care that is driven by guidelines, changes in the processes and outcomes of care can be achieved. Significant improvements in the outcome of care (such as infection rates and symptom relief) were found in 7 out of 9 included studies that compared the introduction of guidelines to no intervention.

Key points

The success of clinical guidelines at changing practice and patient outcomes depends on factors such as:

- methods used to develop the guidelines
- dissemination strategies used
- implementation strategies used
- methods used to evaluate effectiveness
- methods used to update guidelines^(2, 6)
- the clinical setting.

A failure in any step of the chain above (from development to review) can result in unchanged outcomes e.g. apparent failure of guidelines to change practice could be due to the target audience not receiving, not reading or not remembering the guidelines. Without evaluation at each step it is difficult to tell where things have gone wrong.^(2, 6) In addition there may be factors at the health care system level, or within the clinical environment that may prevent the target audience from acting on guidelines.

Burgers et al⁽⁷⁾ recommend consideration of the following elements for the evaluation of the application, applicability and effects of guidelines on care provided:

- How well are the guidelines known and to what extent are they valued? Are they read, discussed, understood, remembered, accepted, used in local consensus meetings and quality-improvement activities?
- To what extent are the recommendations applied? Are they all followed? If not, which ones and why not? What are the problems in their application?
- To what extent are they effective? Do they lead to better health, fewer complications, lower costs, better quality of life, greater efficiency and more satisfied patients?⁽⁷⁾

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When to use guidelines

Clinicians can use guidelines in various ways:

- To answer specific clinical questions that arise in their daily practice (evidence-based medicine)
- As an overview of the management of conditions or the use of interventions (continuing medical education)
- As instruments for self-assessment or peer review to learn about gaps in performance (quality improvement).⁽⁸⁾

Guidelines can be most useful where clinicians do not know or are unclear about the latest information on a particular topic. If lack of knowledge is not the main problem, efforts should be made to develop strategies around other barriers and make best use of enablers for the desired change.⁽⁹⁾

Changing practice takes time and considerable resources. Be careful to weigh up the costs and benefits of guideline dissemination and implementation strategies against the costs and benefits of the expected changes in patient care when deciding whether to commit to implementing guidelines as a means of changing practice.^(1, 10)

Prepared by Emma Donoghue, Research Officer, NICS, September 2006.

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