

MAKING RECOMMENDATIONS ACTIONABLE

Many methods can be used in an effort to increase implementation of guidelines. Yet one of the simplest strategies is often not used: being as specific as possible when forming guideline recommendations. ⁽¹⁾

People who intend to change their behaviour are more likely to do so if they have a specific behavioural plan (a plan for exactly what to do and when to do it). ⁽²⁾ The clearer and more detailed the plan, the more likely it is to be followed.

What does the evidence say?

A study of 47 national guideline recommendations by Grol and colleagues found that GPs followed recommendations that were concrete and precise for 67% of decisions. Vague, non-specific recommendations were followed for only 36% of decisions ⁽³⁾

Michie and colleagues (2005) looked at the effects of rewriting sections of the NICE public guidance for schizophrenia into a style that was more behaviourally specific (see example below).

Original text	Rewritten text
Remember, the decision about which medicine to take is best made by you and your doctors together.	You should decide which medicine is best for you with the help of your doctors.

The new wording resulted in mental health service users feeling more positive about the guidelines, more capable of following them and having stronger intentions to do so (these were considered medium to large effects) ⁽⁴⁾.

There is a body of evidence about the effects of “if-then” planning on goal achievement – that is making a specific plan for what to do in a particular circumstance to help you to reach your goal. For example, if your goal is to send a birthday card on time, your “if-then” plan might be “if I walk by a post box on my way to work, *then* I will drop in my card.”⁽⁵⁾ A meta-analysis by Gollwitzer and Sheeran showed that if-then planning substantially increases the likelihood of a person reaching their goal. This is because they “are in a good position to recognise opportunities to act and respond to these opportunities swiftly and effortlessly”.⁽⁵⁾

Rewriting recommendations

Benefits of rewriting recommendations in a clear and specific style include:

- greater clarity about what needs to be done
- greater certainty about whether appropriate action has been taken
- easier development of benchmarks or performance indicators.⁽⁴⁾

Translating recommendations into active verbs (i.e. ‘should’ rather than ‘may’) can reveal areas where actions to be taken are not clear. ⁽¹⁾

To increase the chance of successful implementation of guidelines, recommendations should be rewritten in a way that makes them concrete and behaviourally specific. They should clearly spell out what to do, and in which situation. ^(3, 6)

In order to do this, try to specify things such as:

- What (i.e. what needs to be done)
- How (i.e. how it should be done)
- Who (i.e. who should do it)
- When (i.e. in which situation)

Level 5 499 St Kilda Road Melbourne Victoria 3004 Australia

P: +61 3 8866 0400 F: +61 3 8866 0499 E: INFO@NICSL.COM.AU W: WWW.NICSL.COM.AU

The National Institute of Clinical Studies (NICS) is Australia's national agency for improving health care by helping close important gaps between best available evidence and current clinical practice. NICS is funded by the Australian Government.

In 2007 NICS will become an institute within the National Health and Medical Research Council (NHMRC).

© National Institute of Clinical Studies 2006.

- Where (i.e. in which patient group)
- Why (i.e. why it should be done).^(1, 3, 4)

It is important to remember, however, that there should still be some flexibility to allow for the use of clinical judgement when needed⁽⁴⁾

Guidelines protocols and pathways

Guideline recommendations can be made more actionable by translating them locally (see table below) or by drawing up care protocols or pathways, which March describes in the following way:

- “Guidelines are recommendations about what to do e.g. intubate the airway
- Protocols are detailed procedures for how to do it
- Pathways are broader frameworks for organising the care of a patient population, such as asthma patients”.⁽⁷⁾

Example of local translation of pressure ulcer prevention guidelines:⁽⁸⁾

Central guideline	Derived local working agreements
Several identifiable and quantifiable factors increase the probability of the development of pressure ulcers	In the record of each patient older than 60 years of age in department A, the risk score for pressure ulcers must be recorded on the day of entry
These factors must be examined in each patient and expressed as a risk score	In the event of surgery in patients with an elevated risk, the risk score must be reported on the anaesthesia request form

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

References

1. Michie S, Johnston M. Changing clinical behaviour by making guidelines specific. *Bmj*. 2004 Feb 7;328(7435):343-5.
2. Gollwitzer PM. Implementation intentions: Strong effects of simple plans. *American Psychologist*. 1999;54(7):493-503.
3. Grol R, Dalhuijsen J, Thomas S, Veld C, Rutten G, Mokkink H. Attributes of clinical guidelines that influence use of guidelines in general practice: observational study. *Bmj*. 1998 Sep 26;317(7162):858-61.
4. Michie S, Lester K. Words matter: increasing the implementation of clinical guidelines. *Qual Saf Health Care*. 2005 Oct;14(5):367-70.
5. Gollwitzer PM, Sheeran P. Implementation intentions and goal achievement: A meta-analysis of effects and processes. In: Zanna MP, editor. *Advances in experimental social psychology*. U.S.: Academic Press; 2006. p. 69-119.
6. Shiffman RN, Dixon J, Brandt C, Essaihi A, Hsiao A, Michel G, et al. The GuideLine Implementability Appraisal (GLIA): development of an instrument to identify obstacles to guideline implementation. *BMC Med Inform Decis Mak*. 2005;5:23.
7. March A. Facilitating Implementation of Evidence-Based Guidelines in Hospital Settings: Learning from Trauma Centers. 2006 [cited 06 Sep 2006]; Available from: http://www.cmwf.org/usr_doc/930_March_facilitating_implementation_final_web_02.pdf
8. Burgers J, Grol R, Eccles M. Chapter 5. Clinical guidelines as a tool for implementing change in patient care. In: Grol R, Wensing M, Eccles M, editors. *Improving patient care: the implementation of change in clinical practice*. Edinburgh; New York: Elsevier Butterworth Heinemann; 2005. p. iv, 290 p.

Level 5 499 St Kilda Road Melbourne Victoria 3004 Australia

P: +61 3 8866 0400 F: +61 3 8866 0499 E: INFO@NICSL.COM.AU W: WWW.NICSL.COM.AU

The National Institute of Clinical Studies (NICS) is Australia's national agency for improving health care by helping close important gaps between best available evidence and current clinical practice. NICS is funded by the Australian Government.

In 2007 NICS will become an institute within the National Health and Medical Research Council (NHMRC).

© National Institute of Clinical Studies 2006.

