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Editorial

Implementing clinical practice guidelines: a responsibility for nurses and allied health professionals?

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Clinical practice guidelines (CPGs) summarise and evaluate the evidence available on a particular condition with the aim of assisting providers to make the best management decisions for patients.[1] The European Society of Cardiology (ESC) develops or updates approximately four CPGs each year, after a rigorous process of writing by a selected expert task force, and review by additional experts. The Council on Cardiovascular Nursing and Allied Professions (CCNAP) has a member serving on the CPG committee, and increasingly is asked by the CPG Committee to provide an expert to serve on the writing task force and expert review panels for the guidelines. CCNAP involvement acknowledges the increasing role of nurses and allied health professionals (AHPs) in patient management, as well as the need to provide evidence for methods in patient education, behavioural change and self-management. The four ESC CPGs published in 2011 were on 'Management of Cardiovascular Disease in Pregnancy', 'Diagnosis and Treatment of Peripheral Artery Disease', 'Management of Dyslipidaemias' and 'Management of Acute Coronary Syndromes in Patients without Persistent ST Elevation'.

The CPGs are primarily aimed at physicians, particularly cardiologists, but there is increasing recognition of the importance of the use of guidelines by nurses and AHPs. This may be particular salient where specialist and/or advanced practice nurses and AHPs have responsibility for patient management, as in prevention clinics or heart failure (HF) and arrhythmia programmes. Nurse-led management has been shown to result in higher levels of guideline adherence than physician-led care.[2–4] In one study, patients (n=712) with atrial fibrillation randomised to a systematic approach using guidelines software and a nurse-led clinic received care closer to guidelines and a significantly reduced primary composite outcome (death, cardiovascular events and hospitalisations) compared to patients randomised to standard cardiology care.[5] Staff nurses working with cardiovascular patients also influence and advise on treatment decisions, and they need to make decisions regarding patient information and education, and treatment options. Nurses have been instrumental in ensuring that hospital services and care pathways are based on clinical practice guidelines.[6] Nursing research also assesses adherence to clinical practice guidelines in various settings or tests interventions to improve guideline-based practice.[2,5,7–9]

Thus, an argument can be made that nurses and AHPs can influence evidence-based care and adherence to clinical practice guidelines wherever they work. Furthermore, it is a professional responsibility to ensure that care provided to patients is based on the best available evidence, a statement explicit in many codes of practice.[10] CPGs developed by reputable organisations, such as the ESC, provide the evidence for best practice in some areas. However, CPGs are guides and not a substitute for clinical judgement and patient preferences and are not meant to be blindly followed without considering the individual patient. However, they provide a benchmark for evaluating the care provided to patients with certain conditions, and it is likely that the majority of patients can be managed according to CPGs.

The argument that nurses and AHPs should be engaged in implementing CPGs as a professional responsibility must also recognise the difficulty of changing practice, and the general lack of adherence to guidelines found in most areas. Simply providing guidelines does not ensure their use, and individual, organisational and environmental factors affect implementation. In one study, factors that facilitated guideline implementation included learning through group interaction, positive staff attitudes and beliefs, leadership support, CPG champions, collaboration and professional association support.[11] On the other hand, barriers included lack of time and resources for implementation, negative attitudes and beliefs, limited integration of recommendations into organisational structures and processes, and lack of support for implementation of guidelines.[11,12]

Furthermore, patients may make choices not consistent with guideline recommendations, and their preferences

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must be respected. Nurses have shown their commitment to patient empowerment, for example, through working with patients to set their own priorities and goals within the framework of cardiovascular prevention guidelines.[12] Our goal of providing the best evidence-based care must always be within the context of the patient as an informed partner.

One way to support implementation is to ensure that appropriate guidelines are available in your place of work for discussion and referral. All 35 guidelines are available from the ESP website.[1] The full guidelines, essential messages (brief important information from each guideline) and related materials can be downloaded free from the website, and the abbreviated pocket guidelines can be ordered at a minimal cost. Guidelines are also available to download to mobile telephones and other electronic devices. The full guidelines may seem daunting in length and breadth of content, but important information is also summarised in the tables and flow charts in the document. The Cardiovascular National Societies in member and affiliate countries are also involved in endorsement, translation and dissemination of the ESC CPGs, and can be a good source of help in implementation. As practising professionals committed to ensuring that optimal care is provided to patients with cardiovascular conditions, it is our responsibility to practise according to best evidence. This evidence can be found in the ESC clinical practice guidelines, and can support the multi-professional team and patient in decision making.

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