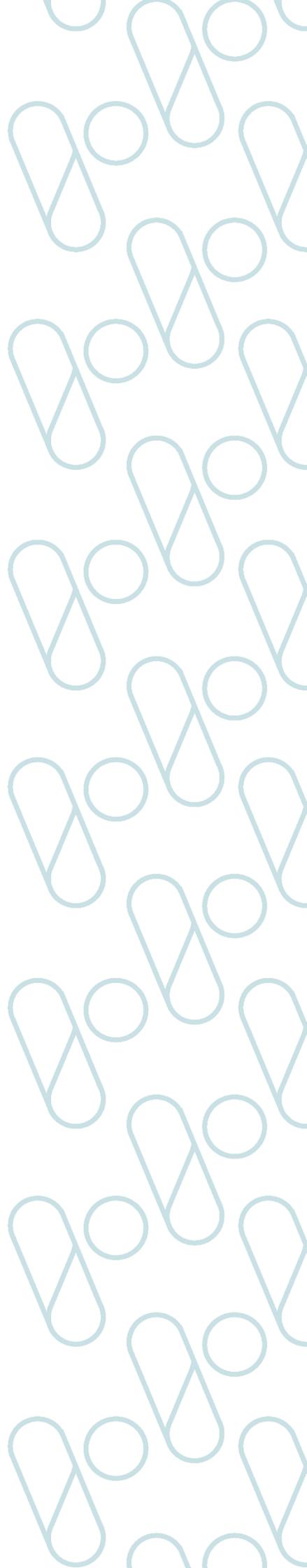
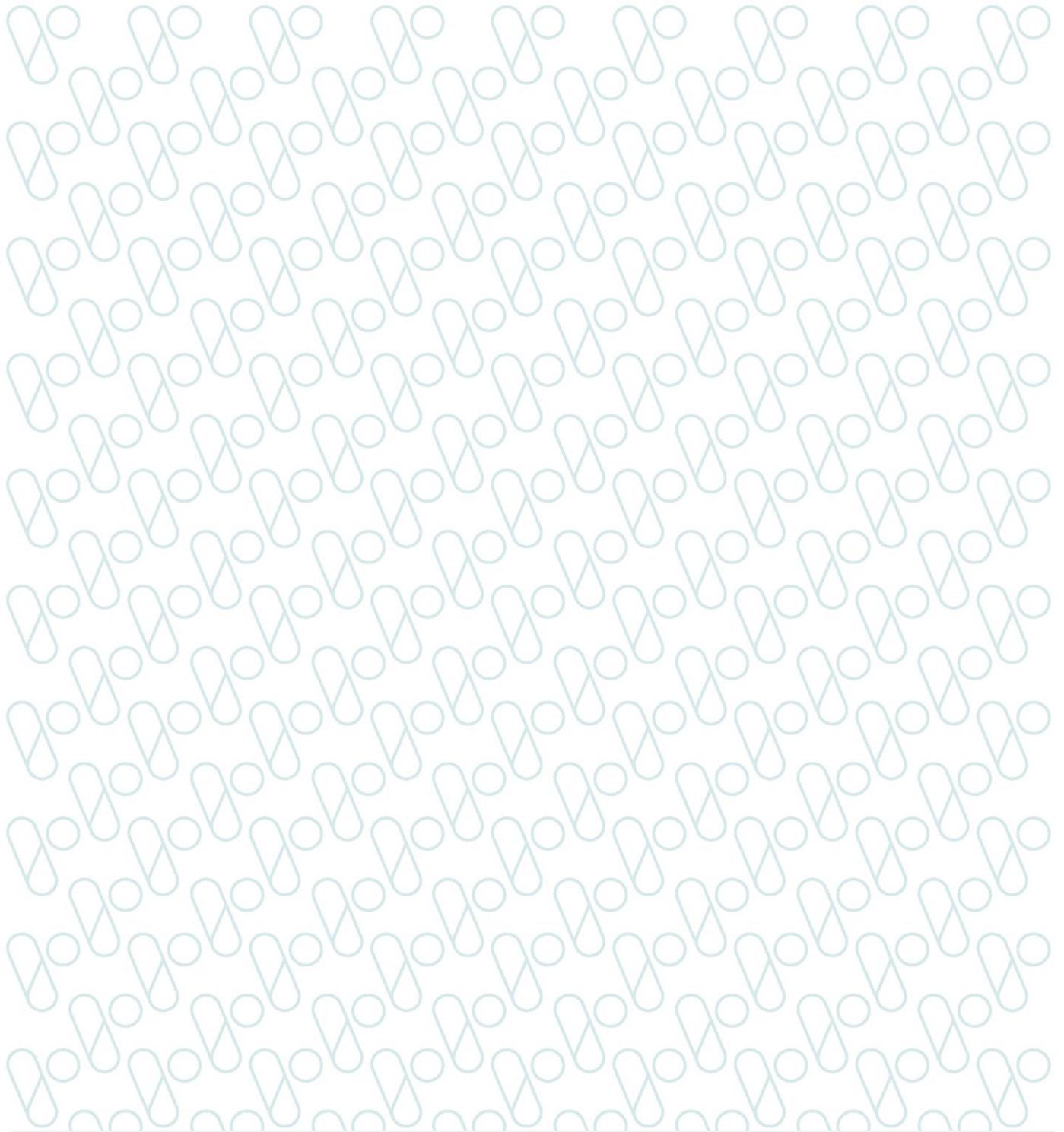

Evidence-based guidance

A new approach to sharing best
practice





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CHF Consumers Health
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Foreword

Safer Care Victoria's mission is to ensure outstanding healthcare for all Victorians. Always. We can strive to achieve this by identifying the key elements of high-quality care and ensuring the highest clinical standards are consistently delivered across all health services in all regions of the state.

With the publication of this first evidence-based guidance strategy, we are implementing a key element of our plan for a better, safer health system.

As the document title suggests, central to our approach is using the best available evidence to support our clinical guidance. All advice to health services produced under this strategy will be based on rigorous assessment of available evidence.

The strategy also includes support for clinicians and executives of health services to align their clinical practices with our guidance, so that all Victorians have access to the best available care.

Already, since the establishment of SCV, we have seen some great examples of clinical guidance produced by expert working groups of clinicians and consumers. We have:

- produced a Clinical Care Standard for the management of anaphylaxis in adults by adapting existing published guidelines into a single standard describing best practice
- endorsed clinical guidance on important topics identified by our Emergency Clinical Care Network for use in emergency departments
- standardised inotrope guidelines for our sickest patients in intensive care so that these medications are delivered in a consistent and safe way in all of Victoria's critical care units
- supported the ongoing work of the Royal Children's Hospital in producing statewide paediatric guidelines so that frontline clinicians can provide high-quality care to children, no matter where they are in the state.

While we have always provided a high standard of clinical guidance in Victoria, it has at times been somewhat ad hoc – until now.

With this new strategy we aim to lay the foundations for consistent best practice guidance and support to all health services, with a focus on identifying and prioritising topics with the best prospects of improving patient outcomes and reducing variation.

Input and feedback from key stakeholders have been crucial in the development of the strategy. You told us what was important to you, and we have strived to incorporate your views.

We understand the need to clearly explain how guidance is produced, including how topics are prioritised, how evidence is assessed, and how we form recommendations.

We appreciate the need for clear communication when clinical guidance is being planned or produced, or is under review, so you can align your operations with our work to prevent duplication or inefficiencies.

And we know we need to support health services to implement and evaluate our guidance as much as possible.

To implement this strategy fully we need to build our internal capability. This will include establishing an operational framework that describes the detail of each step in the evidence-based guidance development process. Work on this has started, and we look forward to updating you on further developments.



Prof Euan Wallace AM
Chief Executive Officer



Robyn Hudson
Director Clinicians as Partners

Introduction

This document outlines Safer Care Victoria's new approach to providing clinical guidance to health services across the state. Our aim is to support health services to deliver safe, high-quality care and experiences for all patients, families and carers, with our guidance based on the best evidence available.

Why we created this strategy

Following the Targeting Zero report, the spotlight was put on clinical standards and patient safety in Victoria. It highlighted the sometimes ad hoc nature of clinical guidance to health services, limited sharing of high-quality guidance, and variation in the consistency of practices between hospitals.¹

Topics for clinical guidance to health services can be identified through a variety of channels, such as practice gaps identified by clinical networks, and requests from the consultative councils and the Coroners Court of Victoria.

However, with multiple sources of information available at a state, national and international level, there is considerable potential for duplication of effort and conflicting advice. There can also be delays in translating clinical guidance recommendations into practice, and insufficient evaluation or measuring of the impact of guidance.

This strategy document sets out how we will produce clinical guidance for Victoria's health system into the future. Its purpose is to inform our stakeholders, particularly health services, about how we will develop our capability to produce evidence-based guidance, and how this will be delivered in the coming months and years. It is intended to be a living document that will be refined over time to ensure it continues to meet this purpose.

The document:

- identifies the core principles that underpin our evidence-based guidance capability
- outlines our process for guidance development
- describes how we will support health services to put our guidance into practice, and then measure its impact

Your feedback

We undertook extensive consultation to develop and refine the evidence-based guidance strategy. You told us to:

- consider the local context of health services – whether metropolitan, regional or rural – as this may influence how evidence-based guidance needs to be delivered and followed
- involve consumers, clinicians and other end users of the guidance
- ensure our processes are transparent, including disclosure of the membership of the committee that determines when guidance is produced, and openness about how decisions are made
- tell you when guidance is planned, under development or under review, so you can align your health service guidance and review processes, and prevent duplication of effort
- engage with the target audience of the guidance once it is produced
- support health services by providing implementation and evaluation tools.

Acknowledgements

We would like to acknowledge the contribution of individuals and groups who provided valuable input during the development of this strategy. We are particularly indebted to the members of the evidence-based guidance working group who provided targeted feedback.

We are also grateful for the feedback received on the draft strategy from SCV clinical networks, Patient and Family Council members, Victorian health service staff, professional colleges, academics, consumers and the Department of Health and Human Services during the consultation period.

Core principles

We have identified five core principles that will underpin our evidence-based guidance into the future (**Figure 1**). These principles have been adapted from the standards for developing guidelines by the National Institute for Health and Care Excellence (NICE)² and the National Health and Medical Research Council (NHMRC).³

For the purposes of this strategy, evidence-based guidance refers to recommendations for clinical care based on the best available evidence. Guidance may come in a range of formats including clinical practice guidelines (CPGs), clinical care standards (CCSs), pathways or flowcharts.

Clinical guidance, by definition, is not mandatory. It should be used in conjunction with, but not in place of, the clinical judgement of the healthcare team, and in consultation and discussion with consumers using the service.⁴

Figure 1 Evidence-based guidance core principles





Patient, carer and family involvement

Partnering with consumers is central to the provision of outstanding healthcare and reflects best practice in clinical guidance development.⁵

For the purposes of this strategy, consumers include patients, carers and families who are current or potential users of health services and may be affected by the guidance we produce.

Consumers will be involved throughout the evidence-based guidance development process, including the planning, development, and evaluation phases.⁶



Comprehensive evidence base

Our guidance will use the best available evidence from a wide range of sources, including existing guidelines, evidence summaries, scientific research, based on a variety of methods such as randomised controlled trials, observational or qualitative studies, and the expert opinions of clinicians.⁷ The experiences of people using the services, family members and carers will also be used to inform guidance development.

We will use a systematic approach to assess the quality of the evidence and existing guidelines (for example using the international AGREE II⁸ assessment tools and GRADE⁹ grading system), and where appropriate will work with the National Health and Medical Research Council (NHMRC) standards for producing high-quality clinical guidelines. When the development of our guidance adheres to the NHMRC Standards for Guidelines, we will seek NHMRC endorsement of the guidance.³

Our guidance will be published with references, and the sources of evidence and quality (grading) of recommendations will be identified. The topic and scope of the evidence-based guidance will determine the type of evidence used and what is available.

For some topics there may be little evidence from clinical trials, or the evidence may be weak or contradictory. In this instance we will use the knowledge, experience, and judgement of health professionals, topic experts and consumers to make consensus recommendations.



Expert input

We will seek expert input – particularly from clinicians, professional organisations, academics, consumers and other end users – when forming expert working groups or conducting consultation on particular topics to support evidence-based guidance.

A chair will be appointed for each topic expert working group to facilitate discussion and consensus.



Open and transparent processes

We will be transparent in our development processes to help build trust and confidence in the quality of the information and recommendations we provide.

An operating framework will outline how our guidance is produced, including how decisions are made.

We will also outline:

- the purpose and scope of the guidance
- the evidence used to support the guidance
- the methodology used to review the evidence and develop the guidance
- clearly-defined outcomes
- conflicts of interest and how these are managed
- development timelines and review timeframes
- auditable standards of care
- future research priorities.



Consultation

We will identify stakeholders, including clinicians and consumers who will use the guidance, and involve them in its development through expert working groups.

We will also conduct independent peer review as appropriate, and public consultation before endorsing or publishing guidance (see **Figure 2**).

Figure 2 Our stakeholders



*Health services include acute, community, aged care, primary health network and mental health services.

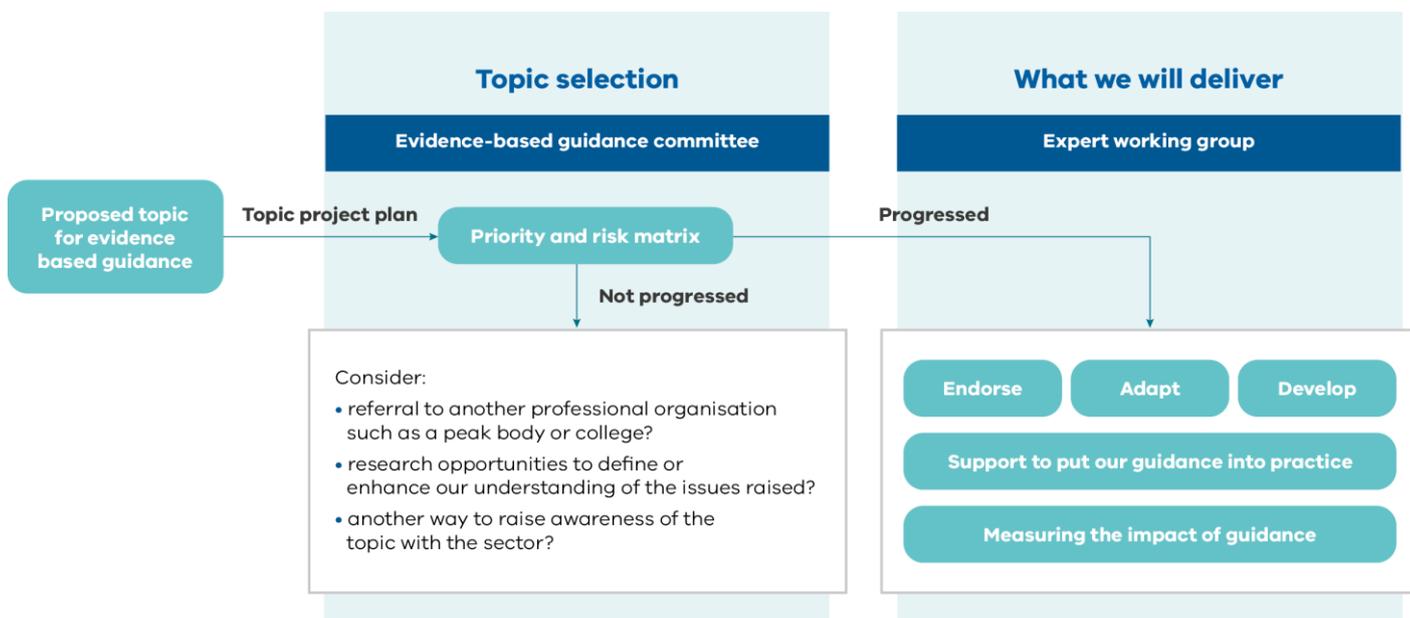
Our approach to providing guidance

Our approach to producing and delivering evidence-based guidance to Victorian health services under this strategy comprises four main elements:

- Topic selection
- What we will deliver
- Support for health services to put our guidance into practice
- Measuring the impact of our guidance.

The approach is described below in **Figure 3**.

Figure 3 Our evidence-based guidance process



TOPIC SELECTION

One or more of the following may prompt the generation of new or revised evidence-based guidance:

- Variation in the delivery of care that has a significant impact on patients, their families or frontline clinicians.
- Instances of harm to patients that could be avoided in future with more clarity on best practice.
- A new or rapidly changing technology or area of care, or a legislative change that renders existing guidance out of date.
- The emergence of uncertainty, conflicting evidence, or conflicting guidance in an aspect of care.
- Health policy decisions requiring insight from the best available evidence.
- A direct request from the health sector, the Victorian Government or another authority.

Topic proposal and approval

An evidence-based guidance committee, composed of clinicians and consumers, and chaired by a member of the SCV executive, will assess individual topic proposals and decide if a topic should be progressed. A risk-based approach will inform the committee's decisions, with the priorities of SCV and the health sector, and the actual or potential impact on patient care, all to be considered.

In the interests of transparency, decisions to progress topics will be accompanied by explanations of their rationale.

To progress each topic, we will establish an expert working group led by an appointed clinical chair. The group membership may include clinicians, consumers, academics or methodology experts, depending on the topic.

If a topic is not progressed, we will consider the following:

- Could this topic be referred to another professional organisation such as a peak body or college?
- Are there research opportunities to further define or enhance understanding of the issues raised?
- Is there another way to raise awareness of the topic with the sector?

WHAT WE WILL DELIVER

Guidance may come in a range of formats, including clinical practice guidelines, clinical care standards, pathways or flowcharts.

The expert working group will define the type, purpose, scope and expected outcomes of the evidence-based guidance. It will then review and synthesise the available evidence, before producing the guidance. Acknowledging the existence of a large body of work undertaken by clinicians and professional organisations in Australia and abroad, we will use an 'endorse, adapt or develop' approach to produce guidance for each topic, within the following framework:

Endorse

Is there already suitable evidence-based guidance that meets our needs and purposes, and is valid to our context? We will consider collaborating with other jurisdictions to benefit from existing guidance and minimise duplication and timeframes by endorsing existing guidance where appropriate.

Adapt

Is there variation within existing evidence-based guidance? Or is adaptation needed for it to be applicable to our context? Where multiple or conflicting clinical guidance exists, or where it doesn't fully meet our needs, we will adapt this guidance to produce a single guidance document meeting our requirements. We will look to work with original guidance producers, or to source existing systematic literature reviews where appropriate, to enhance the efficiency of the process and minimise duplication when possible.

Develop

When existing guidelines are found to be unsuitable to be endorsed or adapted, new evidence-based guidance will be developed, considering opportunities to co-produce with other organisations or jurisdictions.

Consumer health information

Providing health information to consumers improves service use, patient experience, health behaviours and patient outcomes.¹⁰ It also aligns with SCV's Partnering in Healthcare framework.

For the purposes of this document, health information includes any information that helps individuals understand:

- their personal health
- the healthcare services available to them
- how to make health-related decisions for themselves or their families.

The definition includes information about health conditions, diagnoses or treatments, and how to access services.⁶

When developing guidance, the expert working group will consider the need for consumer-focused health information with each topic. When required, we will:

- identify the purpose of the health information
- seek existing high-quality health information, where available
- involve consumers in the production of health information to ensure it is relevant, appropriate and understandable
- determine the best format for the audience, and consider user testing
- describe the development process (where applicable).

We will seek the endorsement of health information by relevant organisations, including the **#withconsumers** tick of Consumers Forum Australia to back up our commitment to including consumer experiences and insights in our work.¹¹

We will also enable health services to add their logos to the health information document.

HOW WE WILL SUPPORT YOU TO PUT OUR GUIDANCE INTO PRACTICE

SCV is committed to supporting health services to ensure consistent and appropriate implementation of its clinical guidance. Clinical guidance, by definition, is not mandatory. It should be used in conjunction with the clinical judgement of the healthcare team and in consultation and discussion with consumers using the service.⁴

While implementation is ultimately the responsibility of each health service, and local ownership is crucial when adopting new or changed practice, we recognise the importance of support, particularly for smaller and regional services. Implementation activities will vary depending on the topic, the audience, the local context, the people involved and resources available. The topic, its priority and risk rating will also help determine the type and level of our support.

Planning for the implementation and dissemination of evidence-based guidance will begin during the development phase of a topic. As a minimum standard, for each guidance topic we will develop implementation tools and resources that can be used independently by health services. Example of these resources could include learning packages, change packages, or implementation checklists.

In developing tools and deciding on the level of support required, we will consider the specific context of each health service, including whether it is in a rural, regional or metropolitan setting, and any requirements or modifications that may be needed.

Examples of moderate support may include workshops, e-learning modules or live webinars. Higher levels of support may include improvement programs, such as a Breakthrough Series Collaborative, or testing and learning through a Plan-Do-Study-Act (PDSA) methodology.

Dissemination and access to our guidance

With each topic we will develop a communications strategy to disseminate our guidance to key stakeholders and end users. This will include consideration of how to incorporate guidance into individual health services and their systems, including integration:

- into Electronic Medical Records (EMR)
- with initiatives already underway within a health service
- with the primary healthcare setting where appropriate.

All evidence-based guidance is published on the SCV website. Developments will continue to be user-led, with a focus on achieving high standards of accessibility for health services, clinicians and consumers.

Regular review

Developing evidence-based guidance and health information is not a static process or one-off event. Once published, guidance will be reviewed every five years, or more frequently if required, to reflect any changes in evidence and best practice.

The frequency of review requirements will be considered during the initial planning of the topic, and then at each subsequent review. During a review, a literature search and evidence check will inform the need for revision of material or discontinuation, and experts will be asked to identify any new published evidence.

MEASURING THE IMPACT OF OUR GUIDANCE

We have a responsibility to measure and understand the impact of our evidence-based guidance. Evaluation of guidance, supported by data, is essential to our understanding, and to ensuring ongoing improvement in clinical practice across Victoria.

An evaluation strategy will be developed during the planning phase of each topic to assess how guideline recommendations are being adopted by health services, and whether clinical outcomes have improved.

Auditable measures will be developed to support health services to determine:

- if the guidance recommendations have been implemented
- the extent to which the guidance has been adopted into routine practice
- the impact on clinical outcomes – with the process assisted, where possible, by the use of patient reported experiences measures (PREMs) and patient reported outcome measures (PROMs).

When developing these measures, consideration will be given to:

- availability of real time data
- the use of existing clinical quality registry data
- benchmarking between health services to evaluate the impact of the guidance
- opportunities for future research.

We will communicate the outcomes of evidence-based guidance evaluation to stakeholders and provide opportunities for all stakeholders to share clinical experiences to encourage continuing improvement in clinical practices.

Glossary

AGREE II

AGREE II (Appraisal of Guidelines, Research and Evaluation) is an international tool used to assess the methodological rigor of how a clinical practice guideline was developed. It is used to assess the quality of guidelines.

Auditable measures

Can be used as a quality improvement tool to assist health services monitor how well they implement the recommendation or care described in the guidance, with the goal of improving patient care and outcomes.

Breakthrough series collaborative

An improvement program designed to help organisations close the gap between knowledge and practice through a short-term (6-15 months) learning system that brings together a large number of teams from hospitals to seek improvement in a focused topic area.

Clinical care standards

Quality statements that describe the type of care patients should be offered by health professionals and health services for a specific clinical condition or defined clinical pathway, in line with current best evidence.¹²

Clinical practice guidelines

Evidence-based statements that include recommendations intended to optimise patient care and assist clinicians to make decisions about appropriate care for specific clinical circumstances. Clinical practice guidelines are not mandatory; rather, they advise or assist clinicians and patients in what courses of action could be taken in particular circumstances.

Change packages

Tools or resources used to support evidence-based guidance implementation.

Consensus recommendation

A recommendation based on the knowledge and experience of expert opinion, typically in the event of there being little or no evidence.

Consumers

Consumers include people, families and carers who are current or potential users of health services. This includes children, women and men, people living with a disability, patients, carers, clients, people of diverse cultural, linguistic and religious experiences, socioeconomic status and social circumstances, sexual orientations, sexes, genders and gender identities, health and illness conditions. The term also includes: people who choose to get involved in decision making; health consumer representatives who provide advice on behalf of consumers; and carers who often have an important role in healthcare decision making and care giving. Different health settings use terms such as: patients, people/persons, families, carers, clients and residents.

Evidence-based guidance

Advice or recommendations based on the best available evidence. The advice may come in a range of formats, including clinical practice guidelines, clinical care standards, pathways or flowcharts.

Evidence-based guidance committee

A group chaired by a member of the SCV executive, and including clinicians, consumers and topic-specific invitees with subject matter expertise as required. The committee is responsible for determining when a topic should be progressed to produce evidence-based guidance, considering the priority and risk (frequency versus impact) associated with the topic.

Expert working groups

Groups of experts tasked with developing evidence-based guidance. The groups are established through an expression of interest (EOI) process, and targeted recruitment as necessary, with representation of clinicians, consumers, academics, methodology experts, end users and other relevant stakeholders as required for each topic.

Flowchart

A diagram that shows a workflow or process through a step-by-step approach.

GRADE

GRADE (Grading of Recommendations Assessment, Development and Evaluation) is a systematic approach to grading the quality (or certainty) of evidence and the strength of recommendations.

Health information

Any information that enables individuals to better understand their health and make health-related decisions for themselves or their families. For this strategy, the definition encompasses a wide range of purposes, from information about health conditions, diagnosis or treatments to information on how to access services, or administrative information given to patients for admission or discharge.

Implementation checklist

A checklist designed to ensure consistency and completeness in implementing guidance, and providing a tool to audit against each recommendation.

Independent review

An independent review of a draft guideline before it is published. It provides feedback from individuals with expertise and perspectives that may not have been represented in the evidence-based guidance development group. An independent review may be conducted by peers, experts (for example, with clinical, methodological or technical expertise) and others (such as consumers, expected users of the guidance and other stakeholders). For example, a clinical expert may be asked to comment on recommendations involving treatment strategies, a consumer might provide comment on the relevance and acceptability of recommendations, and an expert reviewer with a background in research methods could critique the evidence appraisal and synthesis.³

Learning package

A collection of materials used to provide information and support learning.

Plan-Do-Study-Act

Plan–Do–Study–Act (PDSA) is a methodology used to test a change in a real work setting, by planning it, trying it, observing the results, and acting on what is learned.

Patient reported experience measures (PREMs)

PREMs are questionnaires used to obtain consumers' views and observations on health services they have received. Views are sought on the accessibility and physical environment of services (for example, waiting times and the cleanliness of consultation rooms and waiting spaces) and aspects of consumer–clinician interactions (such as whether the clinician explained procedures clearly, or responded to questions in a way the consumer could understand).

Patient reported outcomes measures (PROMs)

Patient reported outcome measures (PROMs) are based on questionnaires to consumers about how health services and interventions have, over time, affected their quality of life, daily functioning, symptom severity, and other dimensions of health. PROMs are designed to fill a vital gap in knowledge about outcomes, and about whether healthcare interventions make a difference to people's lives.

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