Lunch & Learn Series
Information in Action – Synthesis Across Formats

CPGs, SOPs, PPGPs, Oh My! What Guidance Document Format is Right for You?

Michelle Helliwell, Provincial Policy Manager
Nova Scotia Health Authority

Katie McLean, Librarian Educator
Nova Scotia Health Authority
Information in Action series

Check out the collection of presentations and available recordings here →https://library.nshealth.ca/InfoinAction

Don’t forget to provide your feedback on this series. We want to know what interests you for our next set of sessions.
Learning Objectives

• **Understand** the function of different guidance documents in specific contexts
• **Understand** how different guidance documents are created
• **Articulate** the difference between commonly used guidance documents in health care
• **Communicate** effectively with colleagues about choice of guidance document
• **Identify** relevant and existing CPGs from authoritative resources
Discussion

• How do you differentiate between a policy, procedure and a clinical practice guideline?
• Which guidance document format do you feel most protected by?
• In what circumstances do you need a guidance document to allow for professional judgement?
• What do you find most challenging when you are either creating and/or following guidance?
Terminology

• **Policy** sets a **rule**. It’s the **WHAT**, or the **Promise**.
  • Dinner must be served between 5:30 and 6:00pm

• **Procedure** tells you how to **follow**. **WHO**, **WHAT**, **WHERE**
  • Set the table
  • Cook the food

• **Protocol** tells you how to **do a thing** depending on a set of **variables**
  • How do you set the table when you invite me over for dinner maybe different than if you’ve invited Queen Elizabeth/the Prime Minister/somebody way fancier than us
Terminology

• **Guidelines** are a way to **approach** a problem when a **single solution isn’t appropriate**
  - *What are you going to serve for dinner? Follow Canada’s Food Guide*

• **Clinical Practice Guideline** are **recommendations** by **experts**
  - *The safe way to cook turkey*
1. All University Policies must be current, compliant with applicable law and consistent with other University Policies and University Regulations.

2. - Clean medication port and medication vial with two antiseptic swabs.
   - Remove the antiseptic swabs. Allow to air dry.
   - Prepare medication(s) as directed.

3. Incidental gifts may be appropriate if deemed:
   - a common expression of courtesy or normal standards of hospitality.
   - not to bring into question the objectivity or impartiality of the individual.
   - not to compromise the integrity of the Health Centre.
Clinical Practice Guidelines

- **Evidence-based** statements that help improve the **quality and consistency of care** for **specific** clinical conditions or situations

- Informed by a **systematic review of evidence** and an **assessment** of the **benefits** and **harms** of alternative care options

- Support health care clinicians with **selecting the best care** for a **unique patient** based on his or her preferences (not a one size fits all approach to patient care)


Hierarchy of Evidence

- Clinical Practice Guidelines
- Meta-Analysis
- Systematic Review
- Randomized Controlled Trial
- Cohort Studies
- Case Control Studies
- Case Report or Case Series
- Narrative Reviews, Expert Opinions, Editorials
- Animal and Laboratory Studies

Secondary, pre-appraised, or filtered

Primary Studies

Observational Studies

No design

No humans involved
A closer look ...

<table>
<thead>
<tr>
<th>Format</th>
<th>Purpose</th>
<th>Authority</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>• Set an organizational standard where no others exist / creates a rule</td>
<td>• The organization</td>
<td>• Controlled, dictated</td>
</tr>
<tr>
<td></td>
<td>• Direct the actions of employees</td>
<td></td>
<td>• Input from impacted parties, subject matter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>experts, research or other evidence as</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>applicable</td>
</tr>
<tr>
<td>Clinical</td>
<td>• Help practitioners make decisions in specific clinical circumstances</td>
<td>• Experts</td>
<td>• Systematic</td>
</tr>
<tr>
<td>Practice</td>
<td>• Bridge the gap between policy, best practice, local contexts and</td>
<td>• Professional associations,</td>
<td>• Peer reviewed</td>
</tr>
<tr>
<td>Guideline</td>
<td>patient choice</td>
<td>regulating bodies, sometimes</td>
<td>• Grading of evidence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>organizations</td>
<td></td>
</tr>
</tbody>
</table>

Scope of Guidance

**Policy:** Permanent Pacemaker Handling After Death  
**Scope:** Direction and process for handling PPM after death by Winnipeg Regional Health Authority Employees

**CPG:** Chronic Heart Failure – Diagnosis and Management  
**Scope:** Evidence-based guidance to be used with specific patients falling in broader category
Do we need to draft a policy?

• Is there **clear evidence or accepted external standard** to provide a consistent approach?
  • **YES** – consider using established clinical practice guidelines, existing legislation
  • **NO** – policy

• Is a Policy **mandated** by an external body? (DHW, Accreditation Canada, etc.)
  • **YES** – policy
  • **NO** – consider a process or SOP

• Do you need to provide guidance on specific **equipment/materials**?
  • **YES** – refer to equipment manuals if available
Do we need to draft a policy?

- Has a quality review/critical incident identified inconsistencies in practice and understanding that requires organizational direction?
  - YES – policy maybe
  - NO – consider process change, PPO, new form, etc.

- Could this issue be addressed by higher level body (umbrella policy)?
  - YES – develop high level statements in Policy
  - NO – consider a process/local procedure
What guidance document should we draft?

- Aspirin for headaches
- Dress in the workplace
- Taking photos of a patient’s wound for care planning
Adaptation / Adoption

- Process can be unclear
- Can adopt either policy or CPG but needs a process
  - Dictated by policy framework/organization you work for
- CPGs
  - How do you know where to look for a CPG to reference?
  - How are CPGs adopted by other organizations?
  - Clinical Practice Guidelines & Protocols Policy from The Newcastle Upon Tyne Hospitals NHS Foundation Trust
Bodies Producing CPGs (CAN)

- Provincial, national and local guidelines
- Primary or specialty care audiences and inclusion of comorbidities identified for each
- Not comprehensive, “significant sample”
- Use to reduce duplication and redundancy
- Identify gaps
- Will be used to develop an online, searchable database

## Cancer

<table>
<thead>
<tr>
<th>Source</th>
<th>Developer</th>
<th>Guideline</th>
<th>Primary/ Speciality Care</th>
<th>Co-Morbidity</th>
<th>Access/Link to CPG</th>
<th>Method used to create CPG</th>
<th>Funding</th>
<th>COI Disclosure</th>
<th>Date</th>
<th>Cycle</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.11</td>
<td>Alberta Health Services – Cancer Care, Seventh Street Plaza 14th Floor, North Tower 10030 – 107 Street NW, Edmonton, Alberta T5J 3E4</td>
<td>Mitotane for adrenocortical carcinoma</td>
<td>Specialty</td>
<td>No</td>
<td>More Details ...</td>
<td>Guideline Utilization Resource Unit Handbook – Methodology</td>
<td>Gov’t of AB.</td>
<td>COI disclosed by authors.</td>
<td>Date: 2013-Nov</td>
<td>3 year cycle</td>
<td>Provincial Endocrine Tumour Team: <a href="mailto:GURU@albertahealthservices.ca">GURU@albertahealthservices.ca</a></td>
</tr>
<tr>
<td>2.4</td>
<td>Alberta Health Services – Cancer Care</td>
<td>Anal canal cancer</td>
<td>Specialty</td>
<td>No</td>
<td>More Details ...</td>
<td>Guideline Utilization Resource Unit Handbook – Methodology</td>
<td>Gov’t of AB.</td>
<td>COI disclosed by authors.</td>
<td>Date: 2013-Oct</td>
<td>3 year cycle</td>
<td>AB Provincial Gastrointestinal Tumour Team: <a href="mailto:GURU@albertahealthservices.ca">GURU@albertahealthservices.ca</a></td>
</tr>
<tr>
<td>2.2</td>
<td>Alberta Health Services – Cancer Care</td>
<td>Malignant biliary obstruction</td>
<td>Specialty</td>
<td>No</td>
<td>More Details ...</td>
<td>Guideline Utilization Resource Unit Handbook – Methodology</td>
<td>Gov’t of AB.</td>
<td>COI disclosed by authors.</td>
<td>Date: 2016-Sep</td>
<td>3 year cycle</td>
<td>AB Provincial Gastrointestinal Tumour Team: <a href="mailto:GURU@albertahealthservices.ca">GURU@albertahealthservices.ca</a></td>
</tr>
<tr>
<td>2.11</td>
<td>Alberta Health Services – Cancer Care</td>
<td>Muscle invasive and locally advanced/metastatic bladder cancer</td>
<td>Specialty</td>
<td>No</td>
<td>More Details ...</td>
<td>Guideline Utilization Resource Unit Handbook – Methodology</td>
<td>Gov’t of AB.</td>
<td>COI disclosed by authors.</td>
<td>Date: 2013-Oct</td>
<td>3 year cycle</td>
<td>AB Provincial Genitourinary Tumour Team: <a href="mailto:GURU@albertahealthservices.ca">GURU@albertahealthservices.ca</a></td>
</tr>
<tr>
<td>2.11</td>
<td>Alberta Health Services – Cancer Care</td>
<td>Nonmuscle invasive</td>
<td>Specialty</td>
<td>No</td>
<td>More Details ...</td>
<td>Guideline Utilization Resource Unit</td>
<td>Gov’t of AB.</td>
<td>COI disclosed by</td>
<td>Date: 2013-Oct</td>
<td>3 year cycle</td>
<td>AB Provincial Genitourinary Tumour Team</td>
</tr>
</tbody>
</table>

Asset Map of Canadian Clinical Practice Guidelines
CPGs through Point-of-Care Resources

1. From Library Services main menu, select Search > Databases A-Z

2. Under B, select BMJ Best Practice

Start: https://library.nshealth.ca/az.php?a=b
Migraine is a chronic, genetically determined, episodic, neurologic disorder that usually presents in early-to-mid life.

### Definition
Migraine is a chronic, genetically determined, episodic neurologic disorder that usually presents in early-to-mid life. Key features in the history that support a diagnosis of migraine are nausea, photophobia, and disability, along with headache. Typical migraine aura (a complex of reversible visual, sensory, or speech symptoms), which occurs during or precedes headache, is also a key feature.
Take-aways

• Policies and CPGs have very **different functions**

• **Policies are must dos**, limited in scope to the organization, and can be most useful when evidence is unclear

• **CPGs allow for professional judgement grounded in the evidence**, trans-national, produced by authoritative bodies

• **CPGs are different than what we think of as a guideline** and have a systematic and established process for development and approval
Thank you!

Check the collection of presentations and available recordings here
→ library.nshealth.ca/InfotoAction

Don’t forget to provide your feedback on this series. We want to know what interests you for our next set of sessions.