2. OVERVIEW OF GUIDELINE IMPLEMENTATION AND KEYS TO SUCCESS

THE STAGES OF GUIDELINE USE

Adoption

The decision to adopt a clinical practice guideline is usually made by the leadership of a healthcare organization. For the Army MTFs, the adoption decisions for many guidelines have already been made by the DoD and VA. The choice of guidelines established by the DoD/VA Working Group was based on careful consideration of the readiness needs of the military health care system as well as the high-volume, high-cost health conditions treated in the MTFs. Therefore, for the DoD/VA guidelines, your efforts will focus on educating providers and clinic staff about each guideline and building local ownership of the guideline logic and standards (see discussion below).

In addition to implementing the DoD/VA guidelines, your MTF may decide to adopt other guidelines relevant to your patient population. This guideline implementation guide is designed to help you with adopting and implementing these guidelines as well.

Implementation

Putting an adopted guideline into practice is hard work. Implementation is the process of ensuring that patient care follows the recommendations and algorithms presented in the guideline as closely as possible. The complete guideline documents are quite lengthy and detailed, which makes it difficult to identify the most important clinical aspects of the guideline. To help focus your approach to implementation, a list of key elements have been developed for each guideline. In developing your Implementation Action Plan (see Section 4) you will assess your MTF’s performance in relation to each of these key guideline elements.
When a practice guideline is introduced, it is essential to:

- assess how your current clinical processes compare to what the guideline recommends,
- prepare an implementation action plan to close gaps between the guideline and current practice, and
- dedicate the necessary resources and staff commitment to make those changes happen.

Unless these steps are taken, a new guideline will probably end up collecting dust on a reference shelf, having had no effect on clinical practices.

**Institutionalization**

The ultimate goal of implementation is to fully incorporate the guideline recommendations into the routine clinical practices at your MTF. In other words, the contents of the guideline should become part of the standard of care or “the way things are done.” At this point, local ownership and appropriate changes in clinical and administrative systems should have been achieved, and you can begin a maintenance phase consisting of monitoring key guideline indicators (see Section 6).

**THE GUIDELINE IMPLEMENTATION PROCESS**

Implementation is the second of three stages in guideline use, which begins with adoption and ends with institutionalization. Figure 2.1 places implementation in context and provides an overview of the guideline implementation process. We introduce the steps in this process here, then describe them in more detail in following sections.

As we noted above, *leadership support* is essential to guideline implementation. The discussion of this important topic appears in Appendix A, which is intended for MTF commanders.¹ We encourage you to discuss the Appendix with your Commander, Deputy Commanders, and Chief Nurses, and to seek their support for key policy changes or other actions.

¹Appendix A is also available as an independent document for MTF Commanders.
Figure 2.1—The Guideline Implementation Process

Forming the implementation action team is the next step in the implementation process. Key elements of an effective team include team leadership and membership, teamwork strategies, and communication skills. We discuss each of these in Section 3.

The development of the Implementation Action Plan takes place before and during the off-site planning conference.
This plan, which is based on the careful assessment of administrative and clinical processes, provides a blueprint for the implementation actions to follow. The necessary pre-work and the steps involved in developing the action plan are discussed in Section 4.

Once the action plan is drawn up, the changes specified must be implemented. Although implementing change in a health care organization is a challenging task, it can be facilitated through the use of the Plan, Do, Study, Act (PDSA) methodology. Once small-scale changes have been tested, they can be extended and adapted for full-scale implementation. Implementing change is discussed in Section 5.

The final stage in the implementation process is monitoring progress. In addition to the DoD/VA guideline metrics, your MTF may decide to use measures that are unique to your implementation effort. Section 6 provides guidance on choosing metrics, collecting and analyzing data, and using data as feedback for change.

**KEYS TO SUCCESS**

To ensure successful guideline implementation at your MTF, you should address two main issues: (1) building local ownership or “buy-in” from the staff responsible for implementing the guideline, and (2) ensuring that clinical and administrative systems are in place to facilitate staff adherence to the guideline.

Figure 2.2 shows how staff buy-in and system changes interact to produce different implementation outcomes. Having both local ownership and systems support produces the optimal result, leading to likely implementation success. System support without local ownership produces providers who are resistant to implementation, despite having clinic procedures and systems equipped to support the process. Provider ownership without systems support produces willing providers who are frustrated at their inability to overcome barriers in the MTF systems that hamper their ability to change practices. Finally, with neither local ownership nor systems support, implementation will fail.
### Build Local Ownership/Buy-In

Staff affected by guideline implementation must be committed to its success. This is especially important when a guideline is received from an external source. Ways to foster commitment include:

- **Use opinion leaders:** Communication with MTF staff regarding guideline implementation should be spearheaded by a respected opinion leader—usually, the guideline champion (see Section 3).

- **Educate staff:** The first step toward accepting a guideline is to become familiar with it. Educational seminars, running cases through the guideline logic, or small group discussions among providers can make staff comfortable with the guideline.

- **Focus on local implications:** Show the implementing staff how the guideline fits into the clinical context of your MTF. Work with providers and clinic staff to identify what areas of clinical care will be most positively or negatively affected by the guideline.

- **Include all levels of staff:** Education and training should include all levels of staff involved in implementation, including primary care physicians, nurses, specialists, nurse practitioners, pharmacists, physical therapists, occupational therapists, nutritionists, support staff, etc.

- **Focus on improving patient outcomes:** Emphasize improving the quality of patient care and how the guideline will help you achieve that goal.

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**Figure 2.2—Matrix of Implementation Outcomes**

<table>
<thead>
<tr>
<th>Systems** DO **support recommended practices</th>
<th>Local Ownership</th>
<th>No Local Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systems** DO NOT **support recommended practices</td>
<td>Provider Resistance</td>
<td>Frustrated Providers</td>
</tr>
</tbody>
</table>

Effective communication will foster staff buy-in to the implementation process.
• **Use data when possible:** You can build a better case for the local relevance of the guideline when you have local data to support your claims.

In the remaining sections of this guide, we provide specific examples that focus on this first key to successful guideline implementation.

**Low Back Pain (LBP) Demonstration:** An MTF with many outlying clinics took the time to educate clinicians in all the TMCs and to identify a LBP guideline leader for every TMC. This time investment paid off in active participation by clinicians across the clinics.

**Field Note**

**Low Back Pain (LBP) Demonstration:** None of the MTFs held formal training sessions for nurses and other support staff. This limited attention to staff that are integral to guideline implementation resulted in delayed and uneven implementation of the LBP guideline.

**Field Note**

**Change Clinical and Administrative Systems**

Implementing clinical guidelines requires more than the enthusiasm and commitment of individual MTF staff members. To achieve lasting improvements in clinical practices and patient outcomes, a wide array of staff resources and administrative and clinical systems need to be coordinated. For guideline implementation to be successful, existing systems must be modified and/or new systems must be put into place to facilitate desired practice changes. This can be accomplished in several ways:

- **Emphasize systems over individual behavior.** When communicating with providers and clinic staff, stress that guideline implementation is more about modifying and/or creating systems to support clinical behaviors than about policing the actions of individual clinicians.
- **Understand current processes.** Use flow charts to map out all clinical and administrative processes relevant to
the guideline. You will gain a clearer understanding of exactly where you stand in relation to the guideline recommendations.

- **Identify needed changes.** Use your understanding of the current practices in the MTF clinics to identify the system changes that need to be made to accommodate the guidelines. Where you do not yet have enough information to identify needed changes, work with the clinic staff to gather that information (which also helps build staff buy-in).

- **Involve a variety of staff members in changing systems.** Clinical systems often involve multiple levels of staff. Involve representatives from each of these levels (e.g. physicians, nurses, ancillary and support staff) in designing and carrying out changes. You will get better results while also building staff support.

- **Use process data to measure change.** Measure changes in the care processes targeted by your new or modified systems so you can track your progress and respond quickly to unexpected results.

As you develop and carry out your action plan (Sections 4 and 5), you should focus on developing or modifying systems to support guideline implementation. We provide helpful examples in the discussion below.

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**Field Note**

All Three Demonstrations: Many clinicians abandoned guideline-specific encounter forms when patients presented with multiple diagnoses. If this situation is not explicitly addressed on a policy level from the outset, attempts to facilitate guideline implementation with new encounter forms may backfire.

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**Field Note**

LBP Demonstration: An Army Medical Center (AMC) was having trouble with inappropriate referrals of LBP patients to its neurosurgery clinic. The physical medicine and rehabilitation clinic took on a gatekeeper role for LBP referrals. This system change increased appropriateness of referrals and reduced the neurosurgery backlog from 10 weeks to 2 weeks.