

Updating the Critical Care Practice Manual to Facilitate Best Practice

The Problem

ICU clinicians utilize critical care policies, procedures, and guidelines to facilitate standardized care that is consistent with best practices. Clinicians describe current policies as lengthy, difficult to navigate, and lacking uniformity and ease of readability. Evidence is not clearly cited and some references are outdated. The Critical Care Practice Committee identified the need to improve the quality of our practice manual to increase patient safety and prevent harm by improving access to critical information and promoting evidence-based practice.

Aim/Goal

To update the Critical Care Policy Manual to align clinical practice with best evidence or consensus of expert opinion available in the literature. Each policy and procedure will be reviewed and revised in a newly formatted template by July 2016. The revised policies will:

- Promote the translation of evidence into practice
- Align current practice with available best evidence
- Provide updated references and citations
- Utilize a format for leveling evidence to inform rationale for practice
- Improve formatting, accessibility, and readability

The Team

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The Interventions

- New policy and guideline templates developed and approved by Critical Care Practice and Critical Care Executive Committees
- Consensus achieved for utilizing AACN's Evidence-Leveling Hierarchy
- Ongoing technical support provided to end-users utilizing template
- Template structure was revised based on end-user feedback

The Results/Progress to Date

- A standardized statement of purpose created for all policies and guidelines
- Table of Contents allows end-users to navigate to desired section with ease
- Citations located within the policy to improve access to the evidence
- Levels of evidence identified to help end-users understand the strength of evidence behind each policy

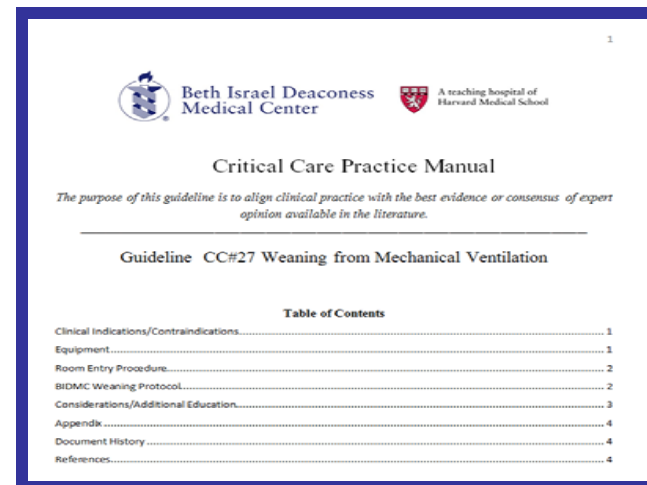


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Lessons Learned

- Broader testing of the template functionality to identify early “glitches” could have mitigated end-users’ initial frustration with the template
- Acceptance and adoption of new format may have been expedited with input from ICU end-users during development
- A formal mechanism for end-users to evaluate the new format should have been developed prior to implementation

Next Steps/What Should Happen Next

- Continue to update and develop new policies in new format
- Devise and implement a tool for end-user feedback
- Revise template format as needed, based on end-user feedback
- Ongoing engagement with community hospital partners to develop mechanisms for sharing critical care policies within network hospitals