

Clinical Practice Guideline Rounds: Improving practice at SMH, one topic at a time

Goldis Mitra, M.D., CCFP; Maggie O.Y. Wong, PharmD; Renmart Buhay, SFU student

Aim

To improve the alignment between clinical practice and guideline based care at Surrey Memorial Hospital.

Background

Launched in 2018, *Clinical Practice Guideline (CPG) Rounds* at Surrey Memorial Hospital (SMH) are Facility Engagement (FE)-funded physician rounds aimed at improving knowledge around evidence-based management of common clinical problems encountered by generalist physicians. They also aim to improve dialogue between specialties, and address implementation of guideline-based care through subsequent quality improvement (QI) projects.

Team

Dr. G. Mitra (lead), CPG Rounds Planning Committee
Dr. M. Wong (SMH AMS pharmacist), R. Buhay (volunteer)
Dr. M. Van Den Berg (project sponsor)

Evaluating CPG Rounds

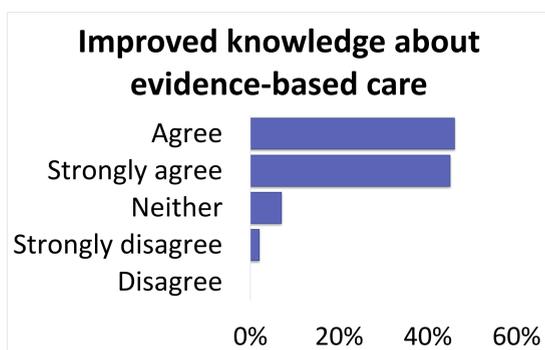
10 *Rounds* have been held to date. At each *Rounds*, we measured attendance and physician-reported outcomes (**process measures**).

Post-session evaluations addressed 3 questions:

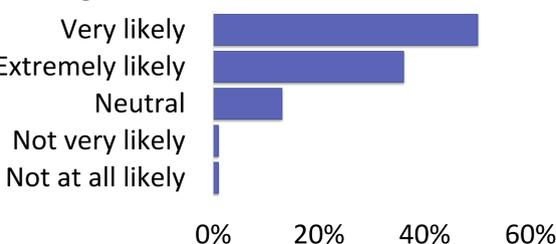
Do you feel that this *Rounds* session improved your knowledge about evidence-based care?

How likely is it that what you learned today will lead you to change your practice to better align it with CPGs or evidence-based care?

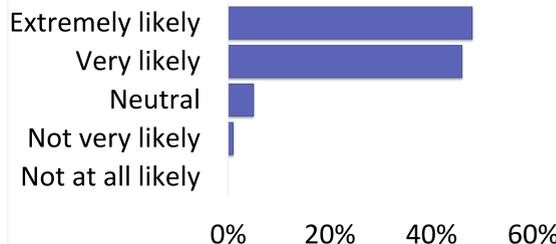
How likely is it that the *Rounds* process will lead to improved patient care at SMH?



Provider changing practice to align with evidence-based care



Rounds will lead to improved patient care at SMH



QI Design & Strategy

QI work has been initiated in several areas (**outcome measures**):

- Improving guideline-based management of *C. difficile* associated diarrhea
- Improving standardized use of the CIWA protocol in alcohol withdrawal
- Improving pleural effusion and chest tube management

Changes Made & Results

On November 6, 2018, *Rounds* focused on new IDSA guidelines for management of CDAD, and the associated pre-printed order (PPO). The major change was for oral Vancomycin as first line for all cases.

Follow-up activities included distribution of information about the PPO to managers and PCCs, and nursing education. Designated spaces for the PPO were created near physician charting areas. In Dec 2018, Pharmacare Special Authority coverage was approved for oral Vancomycin, improving continuation of treatment on discharge.

SMH Antimicrobial Stewardship (AMS) tracked CDAD cases and appropriateness of therapy at baseline and after the changes (see Figure 1). Inappropriate treatment was defined as any hospitalized patient with positive *C. difficile* stool toxin, clinical disease, who was not on oral Vancomycin. Most patients were on metronidazole, reflecting guideline-discordant care.

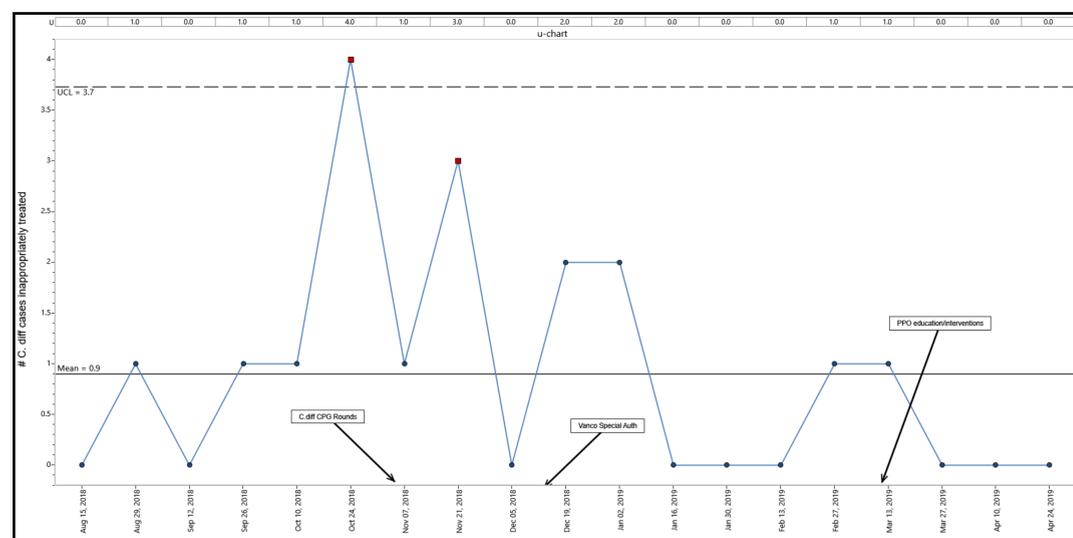


Figure 1: Inappropriate treatment of *C. difficile* cases at SMH

U-chart of inappropriately treated cases: baseline; after *Rounds*; after Special Authority changes; after staff/ward interventions. Some emerging evidence of a decrease in inappropriate treatment.

Ongoing projects, next steps

Management of CDAD

Ongoing data collection, and tracking of pre-printed order use in response to the changes.

Assessing and improving standardized use of the CIWA protocol in alcohol withdrawal among hospitalized patients

AIM: To improve the care provided to patients with alcohol withdrawal at SMH by improving standardized use of CIWA protocol by 30% by Dec 2019.

APPROACH: To address standardized frequency of CIWA scoring and scoring errors in patients <65 y admitted with alcohol withdrawal, through nursing and physician engagement.

OUTCOMES: Length of stay, delirium, transfer to ICU/HAU, restraint use, seizure | PROGRESS SCORE: 2 | FUNDING: \$16,800 (SMH FE)