**ASSIGNMENT OF**

**Evidnece Based Practice LAB**



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**QUESTION NO 1**

Q1: WHAT ARE CLINICAL GUIDELINES?

**ANSWER**

**CLINICAL GUIDELINES**

Clinical guidelines are systematically developed statements that intend to assist clinicians and patients in making decisions about appropriate health care in specific circumstances.

 Guidelines aim to improve the quality of patient care by encouraging interventions of proven benefit and discouraging the use of ineffective or potentially harmful interventions; to reduce unnecessary variation in practice; to lessen disparities; to empower patients; and to influence public policy.

Production of guidelines has rise steeply during the past 30 years. Guidelines are critical for developing disease performance measures and defining high-value care.

This primer includes a description of the modern approach to developing guidelines; the criteria for trustworthy guidelines; advice on how clinicians can appraise, interpret, and implement practice recommendations; challenges and limitations of guidelines; and a future research agenda to address current knowledge gaps.

HISTORICAL BACKGROUND

Until the 1970s, medical actions were indirectly regulated through the training and credentials granted by medical schools or state authorities; however, such credentialing proved to be an insufficient guarantee of quality.

 Further standardization and organization of the medical profession necessitated the development of guidelines. Guidelines in their current form started in the 1970s and were primarily based on the consensus of expert panels (eg, the National Institutes of Health Consensus Development Program).

 Experts recommended management approaches they have used in their practice and cited references they recalled or were able to identify without an explicit systematic search. With the emergence of evidence-based medicine as a principle for decision making in the 1980s and coining of the term in 1991, more rigorous approaches for guideline development have emerged. The next generation of guidelines would emphasize research evidence over opinion and base recommendations on the design of studies contributing evidence on benefits and harms of interventions

### Development of Evidence-based Clinical Practice Guidelines (CPGs)

Clinical practice guidelines are state­ments that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options. Rather than dictat­ing a one-size-fits-all approach to patient care, clinical practice guidelines offer an evaluation of the quality of the relevant scientific literature, and an assessment of the likely benefits and harms of a particular treatment. This information enables health care clinicians to select the best care for a unique patient based on his or her preferences.

**Principles for Development.**

The IOM identified eight standards for developing trustworthy guidelines. The standards reflect best practices across the entire guideline development process, including attention to:

* Establishing transparency;
* Managing conflict of interest;
* Guideline development group composition;
* Clinical practice guideline–systematic review intersection;
* Establishing evidence foundations for and rating strength of recommendations;
* Articulation of recommendations;
* External review; and
* Updating.

## Guideline dissemination and implementation

Once a clinical guideline is ready for use, 2 stages facilitate its introduction into practice: dissemination and implementation. Dissemination refers to the method by which guidelines are made available to potential users. Implementation means ensuring that users subsequently act upon the recommendations; “implementation is a more active process, involving tailoring the message to the needs of the target audience, and actively working to overcome barriers to behavior change.

Dissemination strategies include publication in professional journals, sending guidelines to targeted individuals, as well as strategies involving an educational intervention. Several studies have assessed the effectiveness of different strategies: dissemination by publication or direct mailing have been found to be the least successful, but have the advantage of being cheap and reproducible. Strategies involving an educational component, especially where this is specifically targeted rather than in the form of continuing education, are more likely to result in behavior change.

Dissemination alone, without an appropriate implementation strategy, is unlikely to influence behavior substantially.Implementation strategies try to ensure that users adopt and apply guidelines to which they have access. Grol suggests that when designing an implementation strategy, barriers to behavior change such as structural (eg, staff workload and financial resources) and attitudinal factors (eg, acceptance of guidelines and willingness to change) should be considered. Appropriate interventions might be targeted at both the structure and process of care. Some implementation strategies provide accessible reminders of the guideline. For example, patient specific prompts at the time of consultation are thought to be a powerful strategy. As well, a systematic review of randomized controlled trials found that audit and feedback had a small, but potentially worthwhile, effect on physician behavior.

QUESTION NO 2

Q:2 Why do we need clinical guidelines?

ANSWER

**We need clinical guidelines**

* Guidelines are important tools in EBP that can reduce healthcare variation and improve patient outcomes. However, guidelines produced from multiple sources often conflict with one another, which can be confusing for clinicians. Further, many clinicians unknowingly follow recommendations and guidelines that have not undergone rigorous development
* To describe appropriate care based on the best available scientific evidence and broad consensus;
* To reduce inappropriate variation in practice;
* To provide a more rational basis for referral;
* To provide a focus for continuing education;
* To promote efficient use of resources;
* To act as focus for quality control, including audit;
* To highlight shortcomings of existing literature and suggest appropriate future research.
* Improve clinical outcomes
* Reduce variability in clinical practice
* Increase use of known effective interventions
* Provide greater cost effectiveness
* Increase transparency of evidence to justify interventions
* Legitimize profession in eyes of external stakeholders
* Clinical Guidelines are important to physiotherapists because they
* Provide quick access to synthesis of evidence
* Give the clinician direct access to the knowledge-base of the experts
* Allow one to self-assess their current practice
* Assist with developing direction of future clinical research

**Expected Benefits**  
  
CPG are considered as one of the most influential and effective tools for the promotion of evidence-based medicine (EBM). CPG are being touted as a cure for the tension between healthcare cost and quality. Rather than being just a means of controlling clinicians, guidelines also offer the chance to improve the quality of care by reducing practice variation and adherence to standards of good care. Guidelines can be used in a wide range of settings to promote effective and efficient healthcare - for example to guide the introduction of new procedures or services, promote effective healthcare in primary or secondary care settings, encourage the adoption of cost-effective interventions and improve the timing and processes of the discharge of patients. Effective implementation of clinical guidelines have also been found to improve clinical outcomes, reduce the length of hospitalization, referral, emergency department (ED) visits, frequency of monitoring .

#### Potential benefits for patients

For patients (and almost everyone else in health care), the greatest benefit that could be achieved by guidelines is to improve health outcomes. Guidelines that promote interventions of proved benefit and discourage ineffective ones have the potential to reduce morbidity and mortality and improve quality of life, at least for some conditions. Guidelines can also improve the consistency of care

#### Potential benefits for healthcare professionals

Clinical guidelines can improve the quality of clinical decisions. They offer explicit recommendations for clinicians who are uncertain about how to proceed, overturn the beliefs of doctors accustomed to outdated practices, improve the consistency of care, and provide authoritative recommendations that reassure practitioners about the appropriateness of their treatment policies.

#### Potential benefits for healthcare systems

Healthcare systems that provide services, and government bodies and private insurers that pay for them, have found that clinical guidelines may be effective in improving efficiency (often by standardising care) and optimising value for money.Implementation of certain guidelines reduces outlays for hospitalisation, prescription drugs, surgery, and other procedures.

QUESTION NO 3

Q3: What is Clinical AUDIT? explain in detail

ANSWER

**CLINICAL AUDIT**

**WHAT IS CLINICAL AUDIT**

“Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria…Where indicated, changes are implemented…and further monitoring is used to confirm improvement in healthcare delivery.” Principles for Best Practice in Clinical Audit

The key

1) Selecting a topic.

2) Agreeing standards of best practice (audit criteria).

3) Collecting data.

4) Analysing data against standards.

5) Feeding back results.

6) Discussing possible changes.

7) Implementing agreed changes.

8) Allowing time for changes to embed before re-auditing.

9) Collecting a second set of data.

10) Analysing the re-audit data.

11) Feeding back the re-audit results.

12) Discussing whether practice has improved.

Clinical auditing, like all audits, is the process or procedure done for the esurience of accuracy by examining and reviewing documents and medical records. Medical auditing takes it a step further and examines medical records to ensure that doctors and medical facilities are in compliance with the rules and regulations of the medical field.

* Medical audit is defined Reviewing the medical staff for providing the clinical care of patients
* Clinical audit is Medical and paramedical staff review on the activities of all aspect of clinical care of patient.

**Why we need to do clinical Audit**

**Internal or external reviews**

* [Clinical auditing](https://www.meremhealth.com/services/auditing/) involves conducting internal or external reviews of [coding](https://www.meremhealth.com/what-is-medical-billing-and-coding/) accuracy, policies, and procedures to ensure you are managing an efficient and clean operation. “Audits are performed not only to ensure compliance but to make sure there is no missed revenue for the provider,”

**Protecting against fraudulent claims**

1. . There are several reasons to perform medical audits. Auditing can help protect against fraudulent claims and [billing activity](https://www.meremhealth.com/benefits-of-outsourcing-your-medical-billing-processes/), identify problems before challenged with inappropriate coding, identify opportunity for reimbursement, and recognize the use of incorrect codes, just to name a few.
2. It takes specialized and certified staff to know all the rules and regulations for billing different specialties.
3. When performing an audit for a practice, more often than not to find that charges are being missed due to a lack of knowledge in CPT, AMA, and CMS guidelines,”
   1. .
4. Clinical auditing can provide areas of improvement for your coding staff.
5. Even a well-trained staff must be checked; therefore every practice should have an audit performed annually.
6. An audit can recognize under coding, bad unbundling habits, and code overuse. Coding staff will then be able to bill appropriately for documented procedures.

## ****Patient care improvement****

1. The main aim of the audit is to improve patient care, for example by reducing unnecessary treatment and investigations, preventing iatrogenic disease, and by identifying patients with continuing problems who have not been followed-up.
2. This can be achieved through agreement on methods of treatment of common conditions, adoption of standard policies and regular reviews of the work of departments.
3. Analysis and comparisons using accepted standards, performance indicators, and outcome parameters then become an important stimulus in identifying areas for learning and for the improvement of patient care. The ultimate goal of an audit process is improved clinical practice, leading to better patient outcomes.

## ****Communication improvement****

1. Audits have demonstrated how communication with patients can be assisted by the production of written guidelines ,by printed information leaflets and by the practice of monitoring the recording of information given to patients.
2. Communication with general practitioners is facilitated by the production of rapid discharge summaries. Some audit systems produce regular summaries as a by-product of data entry, and others monitor the delay in sending letters.
3. The Audit has also identified the value of criteria for patient referral for general practitioners, thus reducing work at outpatients.

**DEVELOPMENT OF COMMUNICATION**

1. The audit can be a form of education, and formal sessions are increasingly being recognized as an essential component of training in clinical skills.
2. The audit can make an important contribution to this procedure and is likely to become a requirement for the recognition of training posts.

**PEER REVIEW FOR PRACTICE CONFIDENCE**

1. The clinical audit enables surgeons to benefit from peer review and feedback, from which they can maintain confidence in their practice abilities.
2. Case study analysis clearly presents what has happened with patients admitted for care. Possible issues can be identified and alternative practices discussed.
3. Surgeons should be aware of the pattern of their practice and their performance, so adjustments can be made to advance professional development and improve their services to the community.

## ****IMPROVEMNET ON ORGANIZATIONAL LEVEL****

1. Highlighting potential problems areas within an organization.
2. It involves capturing basic information about the day-to-day work of clinical practice in order to look closely, identify problems, consider and make changes, and monitor progress towards improved patient outcomes.
3. The Audit will identify those areas which can generate cost savings without affecting patient care. Examples might include guidelines for the use of investigations, for the early diagnosis of illness, for standardized policies on drugs and consumables, and the reduction of length of stay by reducing complications.
4. .  In the cases of hospital data, this could be achieved through direct communications systems.
5. This will mean that clinicians and management must agree that the prime objective of the audit is to improve patient care, and not to reduce costs regardless of the quality of service. There must also be the recognition that the audit takes time which will hot be available for other activities, and it will require adequate clerical support.