



Why we need guidelines in practice.

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RCVS Knowledge

Welcome to the Quality Improvement Boxset by RCVS Knowledge, a series of webinars, podcasts, and video interviews for practices and practitioners.

Pam Mosedale

Hi, everyone. Today, Laura Playforth is going to talk to us about why we need guidelines in veterinary practice. Laura is the Group Quality Improvement Director at IVC Evidensia. She's also Vice-Chair of the Quality Improvement Advisory Board at RCVS Knowledge. Hi, Laura.

Laura Playforth

Hi, Pam.

Pam Mosedale

So thank you very much for agreeing to talk to us about guidelines. I know you have a lot of experience from your time at Vets Now with drawing up and implementing guidelines. So over to you.

Laura Playforth

Thank you. So, over the past decade, in particular, clinical guidelines have become an increasingly familiar part of veterinary practice. Many of us will have used them in different formats and for different things, and they ideally provide information on a variety of different topics which can help to guide us through our day-to-day roles, and that might be things such as which diagnostic or screening test to use, what treatments give the most benefit for certain conditions, or any other detail of clinical practice. So what are they, and why do we need them? A guideline is a brief document with specific advice that can help veterinary staff make good decisions in practice through evidence-based information, and they should be a framework. It's not a step-by-step recipe of what to do, but it should give you some guidance, and it should also enable you to adapt your care to individual patients. So, it shouldn't dictate to you what you must do, it's more of a guide to think about what you might want to do, and what the evidence is behind that, and how it applies to the individual patient that you've got in front of you. So deviation, based on patient factors, based on the owners' desires and wishes, based on your own knowledge and experience, and the facilities that are available to you, is definitely to be expected, and should occur from time to time. And guidelines should always be used in conjunction with your clinical expertise and knowledge, and they should assist and improve the quality of care that's being delivered, so they're there as a help, not as a hindrance. If they are interfering with the way that your work is flowing, then we need to have another look at them and see if they are indeed fit for purpose.

Pam Mosedale

And that's interesting, isn't it, that you say that you can deviate from a guideline? 'Cause I think a lot of people worry about that, don't they, whether guidelines are something you must do?

Laura Playforth

Yes, and I think that's a very valid concern. I think guidelines, certainly, back in the historical days when they were first developed in human health care, in particular, there did seem to be a culture, in some places, of, particularly specialists, developing guidelines for other people to use, essentially, and it did seem that there were some quite dogmatic opinions of this is the evidence, this is how you should do things, you should not deviate from it. And if we use the guidelines in that way, we introduce unnecessary and sometimes quite extensive risk to our patients. It's also not a great way to practice medicine, and it doesn't provide us with very fulfilling roles if we're just following a set of instructions. But I think the most important point is that it is very dangerous to our patients to try and make medicine a one-size-fits-all.

Pam Mosedale

Absolutely.

Laura Playforth

So another huge benefit of why we want to use clinical guidelines in practice is they can help us integrate the evidence base into the way we do things on a day-to-day, and they're used to drive standards forward. So this can be a new paper that you've read about that's been published, it can be a CPD that you've gone on that's talked about lots of different evidence in an area that you're interested in and an area that you practice in, and the aim is that it makes that research accessible to people. We can all read papers, but sometimes they can be quite complicated, and sometimes the language in them isn't as accessible as it might be, and it can be quite difficult, on occasion, to see how that actually fits into your day-to-day practice. So guidelines aim to bridge that gap that can occasionally occur between published evidence and what we actually do in practice, so it should make it practically applicable.

Pam Mosedale

And I think people worry, don't they, where it says consider the evidence base, people worry about how they're going to find that out.

Laura Playforth

Exactly, because we're fortunate that our evidence base is growing very rapidly, and new papers are published all the time, and it's very difficult to keep up with everything that's going on. And again, the accessibility part of it comes into play when things... Particularly with very complicated statistics, it can take quite a lot of time to get into evaluating a paper and really understanding how you can apply it, and when there's so much evidence, not everybody can keep up with it, so a guideline is a good way of summarising that information. Another really great benefit of guidelines is they can actually help to identify gaps in the evidence base. So if we're looking at a particular condition, for example, and we want to make a guideline as we work through, maybe, the diagnostic process and the treatment process, and we're looking at what evidence there is behind our decision-making, we can get to a place where we sometimes find a void in the evidence, actually, I wish there was some evidence on this part, this particular diagnostic test in this condition, and it's not there. So that can highlight to us areas where either we might want to undertake some research or we might want to

highlight it to other people, particularly to RCVS Knowledge, that there's a gap here, and if I haven't got the resource and the facility to fill that, perhaps somebody else does, and therefore, that can help us across the professions to build on our evidence base in a way that's useful. It can also highlight design flaws in existing evidence when we try to apply the evidence into the way we work, but maybe what was looked at wasn't exactly what was needed in the practical scenario, so it can definitely give us all the benefit of that learning as well. And ultimately, the greatest benefit that can be achieved by guidelines is to improve health outcomes for our patients, so guidelines that promote interventions with proved benefit, and also discourage ineffective ones have got huge potential to reduce morbidity and mortality and improve the quality of life and the wellbeing of our patients, at least for some conditions. Guidelines can also help us to solve problems in practice, particularly where standards might have fallen below where we want them to be, and that can be identified through other Quality Improvement processes, such as clinical audits, maybe a significant event that's happened in the practice, morbidity and mortality rounds when we look at cases in more detail where maybe the outcome hasn't been what we would've liked, and other forms of feedback, so feedback from the team, feedback from clients, client complaints, all of these things can highlight an issue that we want to address, and when we look into that issue further, it might be that a guideline would really help to get some evidence around how we want to approach these cases.

Pam Mosedale

So guidelines are a really important part of Quality Improvement then, aren't they?

Laura Playforth

They are, they are really important, and they can be incredibly powerful in helping to increase the standards for the patients. And there's lots of other benefits as well, which we're going to move on to shortly, and they aim to remove unwarranted variation and what we mean by unwarranted variation is care that's considered to be unsafe or ineffective in the light of the current evidence. And those are things that we want to remove from our practice because they can cause harm to patients, or they just don't do any good. And we can also think of unwarranted variation as practice that's based on anecdote rather than what we ideally want, which is a mixture of evidence and people's experience. And guidelines can also help to improve consistency in the way that we practice, and that can be really important for our owners, and it can also be really important for patient safety. And particularly in these days of social media, where people tend to compare and contrast their experiences, it's not just a case of chatting to the neighbour or our friends, anymore. We all like to go on and discuss, "My dog had this, and the vet did that," or "they advised this," and somebody else will come in and say, "Oh, I had the same thing, and I was advised this," and that was different. And some variation, again, is natural and helpful, and for very good reason, but again, removing that unwarranted variation will help give a bit more consistency and a bit more reassurance to clients that what we're doing is in line with the evidence base.

Pam Mosedale

That's really interesting. I love that picture, Laura. What sort of examples where guidelines have helped consistency, do you have any practical examples?

Laura Playforth

I think a good example, for me, in terms of patient safety, and also in terms of the owner experience, can be something like removing IV catheters when we've had an inpatient, either for surgery or a

medical inpatient, and people have got a variety of different ways of doing this. Some people like to use colour-coded bandages which is great, you know, green means it's still in, red means it's taken out, et cetera, but if we've got no consistency across the team of how that's done, you can see quite easily how mistakes can happen, and patients can go home with catheters in, and all the consequences that follow on from that, and that's a risk to patient safety, and it's also not a great client experience to then have to deal with consequences of an animal ripping a catheter out, or getting an infection, or just another trip back to the surgery. So if we've got a consistent approach to doing something like that, it really helps to safeguard our patients, and it makes things easier for the team, as well. There's nothing worse than that confusion of, oh, which vet or nurse did this? Is it different to what the other person does? which is really unhelpful. It takes up a bit more of your thinking time than is necessary.

Pam Mosedale

A great example, and it's such a simple thing, but it can cause so much trouble.

Laura Playforth

Yeah, it can. But like all these Quality Improvement tools, that we have the opportunity to make what seems like quite small tweaks to the way that we work, can actually have a huge impact. And improving efficiency is a benefit of guidelines as well. So we all know how complex working in practice is. There's lots going on, we've got lots of things to think about, and in the middle of that, you might have a complex case, and you're trying to remember what's the evidence, what are the important things I need to consider, what's the discussion I need to have with the clients about this particular case, and what the options are, and it puts quite a strain on your cognitive processes, trying to think of all these things at once with everything else that's going on, so having a nice summary there in front of you can help you work through cases very efficiently and effectively, and reduce your stress while you're doing it. And the more efficiently we can work, obviously, the more time we can free up to make sure everybody gets breaks, and also to improve the patient care for all the patients. And delivering care really efficiently also has a benefit for clients that it gives them better value for money, and it also means that they can be seen in a timely manner and discharged in a timely manner, as well.

Pam Mosedale

That's really interesting. Especially in the current climate where practices are under so much stress with not enough team members, anything that improves efficiency has got to be really helpful, I think. And also, for myself, I've worked as a locum quite a lot, and having guidelines, when you go into a practice, of the way that particular practice does things, are so helpful.

Laura Playforth

That's a great point, and for locums, and also for new team members, it can help to integrate people into the team and the ways of working, really quickly, and it reduces that stress of what's the expectation. I'm putting the catheter in, I'm taking one out, I'm setting up fluids, how is the way that this usually works in this team, and what are people expecting of me? So it can really help with things like that, as well.

Pam Mosedale

Yeah, so as you say, great for newer team members, new graduates, new nurses, to slot in more quickly to the team.

Laura Playforth

Yeah, and as you said, the pressures that are on teams at the moment in terms of that imbalance between the staffing that we might have and the caseload that we need to treat, anything that improves efficiency in the way we work is going to help us address that, and if we make small changes in lots of different areas to improve efficiency, that can have a huge impact on the wellbeing of the team. And a final benefit of clinical guidelines is they can be a great starting point for other Quality Improvement initiatives. So it's great to have a care framework agreed within the team, and this can then be a starting point for things like clinical audit. We might want to audit how often the guideline gets used, and we would want to look at which bits of the guideline are useful, and maybe which bits are not so useful. And also, care bundles which can be groups of different interventions, a guideline can be a great starting-off point for looking at those, as well.

Pam Mosedale

Absolutely, I mean, a process audit of guidelines is a great way for practices to go, isn't it? And most importantly, in seeing what needs to change, they need to discuss it with the team, so it's listening to the team, isn't it?

Laura Playforth

Yeah, absolutely. So just to go over again, that guidelines need to be flexible. We definitely need to avoid this fear of cookbook medicine, which we know is dangerous to our patients and not the way that we want to practice, so they've got to be just a framework that guides decision-making, and they ensure that options are considered, and again, that can help us work more effectively and efficiently. When we've got those options laid out in front of us, and also the evidence behind them, it can really help with things like the decision-making that we have with our clients when we have those discussions and give them some guidance on what option we might want to choose for their animal. It helps to have it all there in front of you. But they definitely don't replace clinical decision-making, they don't replace clinical autonomy. They help us navigate the complexity that we find ourselves working with, and this is why I think, personally, that veterinary teams will never be completely replaced by algorithms, or robots, or any other technical tools, because these decisions are so complex, it's got to be that mixture of evidence and experience and tailoring the care to that particular patient and particular circumstance.

Pam Mosedale

That's the important thing, isn't it, tailoring it to that animal and that owner?

Laura Playforth

Yeah, yeah, and it should be a help in doing that, not a hindrance. And so this is our summary of guidelines and why we need them: because they can provide that supportive framework for tailored care, they help us integrate that evidence, and they're based on the context in which we work. So we all work in different practices, teams work in different ways, we deal with different species, referral, first opinion, and there's lots of differences in the way that we practice, so any guideline that you use should be developed to work for you, and there are lots of brilliant guidelines out there, made by different bodies and different professionals, which can be adapted to the way that you work. If you find something like that, brilliant, but don't forget to adapt it into the way that your team works so it's useful for them. And again, as with everything in Quality Improvement, it's about an iterative review process to make sure things are getting used. If they're not getting used, why is that? What are the barriers? What needs to be changed and improved so that we can use them, and

they are helpful. And finally, I'd just like to highlight the rest of the RCVS Knowledge guideline resources. There are lots of other different formats of resources for you to explore that can give you a little bit more information about how to develop guidelines, how they've been used in practice. Thank you very much.

Pam Mosedale

Thanks, Laura. And also, at Knowledge, we've also got an Evidence-Based Veterinary Medicine for Practitioners course, in our EBVM part of Knowledge, which could be useful for when they're looking for the evidence for this, couldn't it?

Laura Playforth

Yeah, absolutely. There's lots of things out there, and it's good that there's such a variety of things. They're very bite-sized, so you can dip in and dip out as you've got a bit of time available.

Pam Mosedale

And that's been amazing, thank you. I mean, that really has highlighted all the advantages of using guidelines, and maybe dispelled some of those myths of some of the people who worry about having guidelines, and I think that could be an issue. Sometimes there may be team members who are not so keen, so how would you get them on board?

Laura Playforth

I think it's good for everybody in the team to be involved in the generation of guidelines, particularly a guideline for a condition, for example, which is going to have aspects that touches the roles of all the team, from initial conversations with clients, right the way through to diagnostics treatment, discharge, et cetera. It's great to have everyone involved in doing that, because then you can feel like your voice is heard, and your opinion and expertise is in that guideline, and it's going to work for you. And that's really important. As we said, we can't just sort of import these off-the-shelf guidelines and expect that they're always going to work in the way that our teams work, and if teams are involved in developing these things, then they get the chance to do that, and hopefully, then, the guideline is meaningful to them and helpful in their role.

Pam Mosedale

No, I agree absolutely. So just imposing something on people in practice isn't going to work, is it? They've got to be involved in seeing the need for the guideline, and be listened to if they have any thoughts about how the guideline should be, or any concerns.

Laura Playforth

Absolutely, I think we can all identify with not being thrilled, at some point, about having change imposed upon us. It's always better to be part of that change where that's possible, and it might not always be possible, depending on the size of your team, for everybody to be involved in writing and developing the entire guideline, but it would be good for people to at least have the opportunity to input into it at some point, even if that's just going over a draft, and giving their opinions on it. That is really a vital part of making sure these things work in practice.

Pam Mosedale

And I think they have to be living documents, don't they? We don't want them to be in some dusty old folder and nobody knows they're there. They've got to be the way the practice really works. I

was really interested in when you said about the iterative review, because obviously, things change with time, don't they?

Laura Playforth

Yeah, yeah, and the evidence changes as well, so as well as the iterative review of what's working practically and what isn't, we need to set a review date for looking at the evidence again, and keeping up with what's changed, because again, that can be detrimental to our patients if something's gone out of date and we're still using a guideline that actually isn't best practice anymore. We need to be careful and mindful of doing that.

Pam Mosedale

So it'd be a good idea to date when the guidelines are produced, and maybe put a review date on them, do you think?

Laura Playforth

Yes, definitely. I think you want to make sure that you've got a time period that's reasonable, that you're not going to be doing these things all the time, but taking into account what your guideline is about, how often you think new evidence is likely to come up, or if it's something that a member, or members, of the team are particularly interested in, then they might keep an eye on the evidence, and you can get updates on what's being published in a certain area to make sure nothing dramatic is happening.

Pam Mosedale

And coming back from CPD, people might have heard different things, so that then makes a really good discussion point, doesn't it, for practice meetings or journal clubs, and reviewing the guidelines?

Laura Playforth

Yes, definitely, and I think that's one of the things with evidence is people will also interpret it in different ways, so it's always going to be a discussion, it's not really, or not usually, just black and white, this is the best, this is terrible. There's quite often a lot of nuances around that. And you're right, different people will go to a different course, maybe hear somebody speaking who differs in how they interpret that evidence, and that's again, for the team to sit down and discuss, and decide what do we think as a team, how do we think we interpret it, bearing in mind all these different opinions and bits of evidence we've got now, and how is that going to impact on what the guideline looks like.

Pam Mosedale

Well, thank you, Laura. That's been absolutely fascinating, and I hope it's going to encourage lots of practices to draw up some guidelines, check the guidelines they have, make sure they're still relevant, and also make sure they are used, and not just something that's sitting there, and audit their use, So thank you, again, that's been amazing.

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