

Clinical Practice Guidelines The Way Ahead

Tonio Piscopo, Mariella Borg Buontempo

A seminar entitled 'Clinical Practice Guidelines - The Way Ahead' was organised jointly by the Office of the Director General and the Department of Medicine on 5th March 2005. The aim of the seminar was to introduce the concept of Clinical Practice Guidelines into the framework of the medical and paramedical professions in Malta. It was well attended by around 80 delegates from most of the healthcare professions. The seminar was co-chaired by Dr Alfred Caruana Galizia, Chairman Department of Medicine and Dr Mariella Borg Buontempo, Consultant in Public Health, Office of the Director General.

Dr Borg Buontempo started off the seminar with a presentation entitled *'From Audit to Quality'*. She started by giving a brief overview of modern concepts of quality within healthcare. Maxwell's dimensions of quality are still the main factors studied to evaluate health care and measure whether delivery achieves the optimum quality within the current situation. The Quality Cycle was described with its key elements of standard setting, measurement leading to change and improvement. Tools used internationally to drive the quality agenda include those of setting policy and legislation, the use of standards, guidelines, evidence-based medicine and health technology assessment. The potential benefits, limitations and harm of using clinical practice guidelines were described, with particular emphasis on the evidence that they improve health outcomes by promoting effective practice.

During question time, Dr David Cassar, Consultant Psychiatrist, pointed out that limited resources were available and that it was fruitless following what international guidelines advised if these could not be implemented locally. Dr Borg Buontempo replied that this highlighted the importance of adapting the guidelines to the local context as recommended by local Guideline Development Groups.

Dr Victor Grech, Consultant Paediatrician, presented *'The Paediatric Experience with the first SLH Intranet Guidelines'*. In the Department of Paediatrics, a wide variety of procedures and interventions (Protocols/Guidelines) are standardised. The entire hard copy collection of paediatric guidelines used in Malta (47 to date) was put together as a website, and is hosted on the hospital intranet. Some protocols consist of Excel spreadsheets that are used for the calculation of fluids and drugs. This archive has proven to be very useful for both medical and paramedical staff in the Department of Paediatrics, both in the acute hospital and in peripheral health centres and hospitals. Changes or new guidelines may be uploaded at any time, with instantaneous updating of the archive. The website was created and is maintained and updated by Dr Grech, and made possible due to the ease with which modern software allows users to create hypertext markup language.

Issues raised during the discussion that followed were that access to the medical literature would be a helpful tool to assist the clinician in taking decisions at the bedside. In addition, more personal computers should be available to clinicians, ideally in each consulting room.

Dr Tonio Piscopo, Senior Registrar, followed with his presentation entitled *'The Clinical Practice Guidelines Network'*

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of the Department of Medicine'. The essential elements of good guidelines were highlighted. Clinical Practice Guidelines were defined, and the different types of guidelines outlined. It was emphasised that guidelines were advisory and not mandatory, and that this cardinal point was essential for the guidelines to become incorporated into general use. There should always be room for clinical discretion during the use of the guidelines, especially where the evidence is not substantial. The process by which clinical guidelines are being developed at St. Luke's Hospital was then explained in detail. The guidelines will be disseminated in paper form eventually but in the meantime are available on the hospital intranet on <http://mohweb/healthweb/slh/cpg>. An email address allowing communication with the Co-ordinating Committee was introduced: cpg.slh@gov.mt.

In the discussion that followed, Dr Joseph Zarb Adami, Director of Anaesthesia, augured that the guidelines will build bridges between various departments. It was stressed that all the stakeholders should be involved. This was the final aim of these types of guidelines, in that they should be owned by all those who use them, through the rigorous and diffuse development process.

After the coffee break, Dr Robert Camilleri, Consultant in Accident and Emergency medicine, presented 'Guideline Development: Slow or Fast Track?'. Observations on door to needle times for thrombolytic therapy in myocardial infarction showed that there was room for improvement. A triage process was developed whereby patients with chest pain were sorted out rapidly on the basis of symptoms, vital parameters and ECG interpretation so that patients with myocardial infarction were identified within minutes of arrival and appropriate therapy instituted immediately. The presentation highlighted the various issues that were addressed in the implementation phase of the project.

Following this presentation, Dr A Caruana Galizia congratulated the Accident and Emergency Department and the Cardiology Department for working so closely in developing and implementing this guideline. Asked about plans for auditing after implementation, the speaker replied that other symptom presentations were being considered for similar triaging guidelines and after these have been drawn up, auditing should be done. Dr Myra Tilney, Consultant in Primary Care, enquiring whether minimum accepted time standards were being considered for A&E, was told that the aim was to adopt a team approach for patients who require immediate care, along the same lines that patients requiring cardiopulmonary resuscitation are treated.

Ms Vicky Rausi, Practice Development Nurse, from the A&E Department closed the Maltese contribution to the presentations with 'The Role of Healthcare Professionals in Guideline Development Groups'. The role of each health care professional whilst devising development groups is crucial. This presentation looked into who makes up the health care professional group as well as the importance of this group



Some of the speakers at the seminar: from left to right: Dr Tonio Piscopo, Dr Alfred Caruana Galizia, Dr Sharon Hopkins, Ms Vicky Rausi, Dr Robert Camilleri, Dr Mariella Borg Buontempo, Dr Victor Grech

working together whilst devising guidelines. She discussed the factors which contribute to a healthy group outcome such as clear goals, teamwork and communication and the benefits these factors ultimately have on patient care. In addition, the presentation looked at the process as well as the focus of guideline development which contributes to the final goal, that of reducing the time from onset of symptoms to the time of administering treatment. Moreover, whilst each of the professional roles within the group was discussed, the importance of thinking locally but acting globally was emphasized. Furthermore, the specific chest pain assessment form being currently used in the A&E Department was mentioned and the importance of the contribution of each of the health care professionals was emphasized.

During discussion time, it was stressed that local audit needs to be given better recognition, even those conducted by other healthcare professionals. Dr Josanne Vassallo, Editor of the Malta Medical Journal (MMJ), replied that the MMJ was always eager to review and publish papers, including audits from local healthcare professionals. Dr Ray Busuttill, Director General enquired whether ambulance personnel were involved during the drawing up of the guideline. Ms Rausi replied that ambulance personnel were involved during the transportation of very acutely ill patients requiring immediate care at A&E, and these patients were immediately admitted to A&E. It was thus important that they were involved in any changes introduced by new guidelines.

The Guest Speaker for this seminar was Dr Sharon Hopkins from the Healthcare Commission (U.K.) formerly CHI (Commission for Health Improvement). Dr Hopkins spoke about the history of quality development and activities in the U.K. She discussed in detail emerging tools, in particular the care bundle approach first introduced by the Institute for Healthcare Improvement (U.S.A.). A care bundle is a grouping of clinical protocols and guidelines for a particular intervention or treatment. These allow consistent application and monitoring

of healthcare leading to continual feedback and improvement. Applied to critical care, care bundle application has resulted in decreased mortality, morbidity and resource use. The issues with introducing such a tool were discussed, including the debate on evidence-based guidelines vs clinical freedom and autonomy, the importance of multi-disciplinary team-working, incident reporting and development of a learning (no blame) culture within healthcare settings.

Dr Tilney asked how to go about setting up an incident reporting system in a small community such as Malta where ensuring anonymity was a significant issue. Dr Hopkins replied that this would not be an easy task but the culture will need to come in slowly as Quality Improvement Initiatives such as Guideline Development gain ground and win the confidence of all healthcare professionals. Dr Simon Attard Montalto, Director of Paediatrics, enquired about who were the ultimate persons who decided which guidelines would be implemented. The speaker replied that it was still the politicians and administrators who were ultimately responsible on which measures to favourably implement. Dr Josanne Vassallo expounded the

danger of over-regulation if many different bodies in the healthcare sector were not co-ordinated in their efforts to improve quality in health. Dr Hopkins replied that the Healthcare Commission of the United Kingdom was doing its utmost to decrease bureaucracy, avoid duplication of work by different bodies and enhance sharing of data. It was very important to build trust between the different regulatory bodies. There were several other interventions including questions about integrated care pathways and the problems associated with them in the Orthopaedic Department by Mr Reggie Aquilina, Practice Development Nurse. Dr Stephen Fava, President of the Malta Medical Association, re-stressed the need that the guidelines are to be advisory and not mandatory and that they should leave space for clinical discretion.

Dr Caruana Galizia closed the meeting by thanking the sponsors of the meeting, Mr Remo Mifsud on behalf of Servier, for their support of the Seminar, the Speakers for their contributions and those present for their interest and participation.