RADCLIFFE PRIMARY CARE

Clinical Effectiveness and Clinical Governance Made Easy

Fourth edition

Ruth Chambers, Elizabeth Boath and David Rogers

CLINICAL EFFECTIVENESS AND CLINICAL GOVERNANCE MADE EASY

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Ruth has run several series of clinical effectiveness and clinical governance workshops, teaching a mix of primary and community care health professionals clinical effectiveness skills in easy steps and an understanding of clinical governance. The experiences of those workshops have informed this book.

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David Rogers is the clinical effectiveness librarian for the Bedside Clinical Guidelines Partnership. He has taught thousands of health professionals how to seek for the evidence base for their practice over the years. David also provides the evidence for clinical guidelines used by 15 hospital trusts across the Midlands and beyond.

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Ruth Chambers
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Introduction

Clinical effectiveness and clinical governance are about knowing what you should be doing and being able to put that knowledge into practice

Overall aim of the programme

To increase awareness of, and skills in, the adoption of an evidence-based approach to the practice and delivery of healthcare.

Objectives of this book

This programme is for all health professionals to learn how to:

- ask the right question – it must be important to you and your colleagues
- look for the evidence and do a literature search
- receive and incorporate constructive criticism from colleagues about their developing questions and search for evidence
- select the best evidence – what to do where no strong evidence exists
- evaluate and interpret the evidence, such as read and extract information from a report
- apply the evidence as appropriate in a practice, unit or department
- act on the evidence to improve the practice of clinical effectiveness
- promote a culture of clinical governance.

Do you need to update your style of practice?

Self-assessment of where you are now with clinical effectiveness and clinical governance

Before you start working through the clinical effectiveness and clinical governance programme, assess your baseline knowledge and attitudes. You should complete a similar self-assessment when you have worked through the book, so that you can compare your answers to see how your knowledge and skills have increased. Please circle as many answers as apply, or fill in the information requested.

1 How confident do you feel that you are capable of practising clinical effectiveness to be able to:

ask a relevant question?	*Very*	*Somewhat*	*Not at all*
undertake a search of the literature?	*Very*	*Somewhat*	*Not at all*
find readily available evidence?	*Very*	*Somewhat*	*Not at all*
weigh up available evidence?	*Very*	*Somewhat*	*Not at all*
decide if changes in practice are warranted?	*Very*	*Somewhat*	*Not at all*
make changes in practice as appropriate?	*Very*	*Somewhat*	*Not at all*

2 Have you ever searched the literature yourself for an answer to a question? *Yes*/*No*

If '*Yes*':

- which database(s) have you used?

Medline *Cochrane* *OMNI* *Other (what?)*

- where did you search the literature?

Medical library *At work* *At home* *Other (where?)*

- did you have any help in searching the literature?

None *Healthcare librarian* *Friend/family* *Work colleague* *Other (who?)*

3 Have you ever asked someone else to search the literature for you? *Yes*/*No*

If '*Yes*':

- who did the search for you?
- why didn't you do the search yourself?

Lack of time *Lack of skill* *Lack of access to databases* *Other reason*

4 Can you complete the following list from your own knowledge, describing the features of different types or levels of evidence in decreasing order of robustness from very strong evidence to none at all?

Type	Features
I	Strong evidence from at least one systematic review of multiple, well-designed, randomised controlled trials
II	
III	
IV	
V	Opinions of respected authorities, descriptive studies, reports of experts

5 If you have previously searched for the evidence to answer a question you had posed, what did you do with the result of your search? (Circle all that apply.)

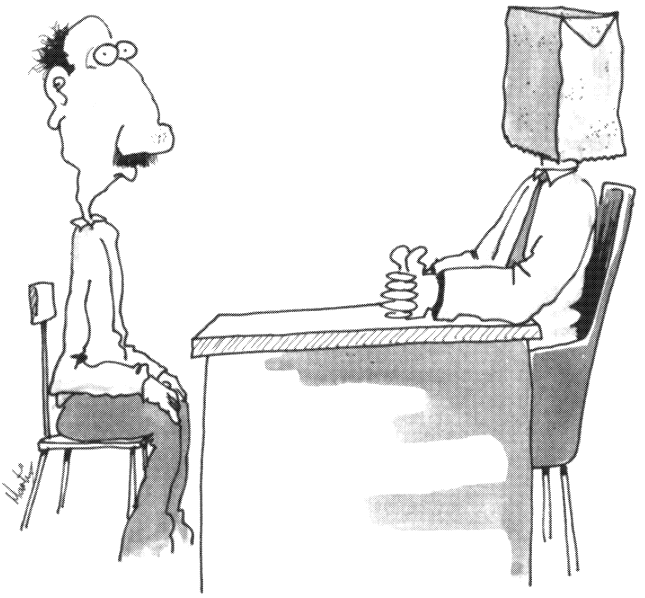
- *Discussed it with colleagues at work*
- *Discussed it with friends or family*
- *Made change(s) to an aspect of work*
- *Decided against making any change(s) to any aspect of work*
- *Other outcome – what?*

6 To what extent is evidence-based healthcare central to your own practice? (Circle all that apply.)

- *I have no idea whether my everyday practice is evidence-based most of the time*
- *I assume that my everyday practice is evidence-based whenever possible, but I've no evidence for that assumption*
- *I ensure that my everyday practice is evidence-based by regularly comparing my practice against published standards of best practice and making appropriate changes*

7 How many of these principles of good practice in clinical governance do you generally include as part of your quality improvement work? (Circle all that apply.)

- *I actively promote or participate in multidisciplinary working*
- *I address national, local, organisational or professional priorities in my work*
- *I try to achieve partnership working, e.g. between agencies, between management/clinicians*
- *I incorporate input from patients in my work (e.g. users, carers, the public) in training, planning, monitoring or delivery of healthcare*
- *I look for potential to achieve health gains in the way I organise my work*
- *My everyday work is based on evidence-based practice, policy or management*
- *I can demonstrate the standards of care or services that I or my team achieve*



Find out how to practise clinical effectiveness – don't shut your eyes to the changes going on around you.

What are clinical effectiveness and evidence-based healthcare?

Clinical effectiveness is 'the extent to which specific clinical interventions, when deployed in the field for a particular patient or population, do what they are intended to do – i.e. maintain and improve health and secure the greatest possible health gain from the available resources. To be reasonably certain that an intervention has produced health benefits, it needs to be shown to be capable of producing worthwhile benefit (efficacy and cost-effectiveness) and that it has produced that benefit in practice'.[1]

Evidence-based healthcare 'takes place when decisions that affect the care of patients are taken with due weight accorded to all valid, relevant information'.[2]

Evidence-based healthcare is the 'conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research'.[3]

A problem-solving approach based on good evidence can also be applied to non-clinical decision making, such as most areas of management and resource allocation, as well as to clinical situations.

The three components of best possible clinical decision making[4,5] are *clinical expertise, patient preferences* and *clinical research evidence*. Clinical expertise and patient preferences may override the research evidence in some situations and for some patients. For example, patients may opt for less invasive treatment, or a sick patient may be too frail to undergo treatment with significant side effects.

Clinical audit remains an important tool for determining whether actual performance compares with evidence-based standards and, if not, what changes are needed to improve performance. Clinical audit is 'the systematic and critical analysis of the quality of clinical care, including the procedures used for diagnosis, treatment and care, the associated use of resources and the resulting outcome and quality of life for the patient'.[1] In other words, clinical audit helps you to reach a standard of clinical work as near to best practice as possible.

The process of achieving evidence-based healthcare can be divided into four sections:

1 the composition of a good question
2 a search of the literature to find the 'best' evidence available
3 an evaluation of what seems to be the most appropriate and relevant literature
4 the application of the evidence or findings.

What is the evidence for evidence-based healthcare?

There is growing evidence for the implementation of evidence-based healthcare.[6] Promoting Action on Clinical Effectiveness (PACE), a King's Fund programme, developed evidence-based practice as a routine way of working for health services. An interim report[6] described the successful outcomes when clinical effectiveness was linked to local needs and priorities so long as clinicians, managers, policy makers and patients were all involved in the process.

Practising in an evidence-based way:

- will promote your job satisfaction and feeling of being in control over your work
- can be used to justify maintaining or increasing budget allocations to particular areas of work
- will enhance your capability to do what's best for the patient.[7]

Why health professionals need information

Health professionals need to be well informed to be able to advise and inform patients appropriately. Patients who access the Internet and other electronic databases are starting to use that information to challenge clinicians' decisions about their care.

Clinicians will come under more pressure to respond to patients who have easy access to detailed information obtained from various sources, some of which will be inaccurate and misleading. The movement to patient empowerment has been generally welcomed, but may be threatening for clinicians who are insufficiently prepared to talk to well-informed patients, because they are unsure of their own knowledge base, time pressured, or do not understand how to assess what is the best evidence.

Clinicians will need to develop skills in finding and judging medical information, and communicating such information to patients appropriately. Health professionals may lay themselves open to complaints or legal procedures if they fail to adopt best practice through ignorance of the available evidence. Clinicians need good communication skills as well as reliable information when advising patients.

Patients are increasingly encouraged to seek out information from the Internet themselves. Health professionals can help patients by indicating which electronic sources are most likely to be appropriate and reliable.

Ultimately, reliable and accurate information, good communication skills and patient empowerment are all features of a good quality primary healthcare service and a positive culture of clinical governance. Health professionals and managers need good information when assessing the health needs of their patient populations, commissioning healthcare services and striving to reduce inequalities. Detailed information is needed to distinguish between different subgroups of the population, between patient populations and others elsewhere, or to monitor variations in performance between different practitioners and general practices or hospitals.