

## WHAT ARE CPGs?

One strategy to enhance the quality of health care is to improve the process by which research findings and evidence-based guidelines are incorporated into routine practice. This helps to minimize 'clinical care gaps' where there is a discrepancy between evidence-based knowledge and day-to-day clinical practice. Clinical Practice Guidelines (CPGs) are one tool that can be incorporated into of a broader strategy to close this gap and improve clinical practice and outcomes of health care.

CPGs are statements or documents that summarize evidence-based recommendations for patient care created for the purpose of improving the consistency and quality of patient care and health care outcomes.

It is important to note that CPGs are not intended to provide a rigid approach to providing clinical care, nor are they intended to provide an in-depth background in clinical knowledge such that is found in medical textbooks. Many underlying factors may require more individualized care such as biological differences, comorbidities, available resources, and patient preferences. However, most patients do fit within recommendations found in the guidelines, and this should be reflected in practice patterns. Specific care provided is also dependent on the clinician's scope of practice, training and experience.

## HOW CPGs ARE MADE

The development and revision of new and existing CPGs is an ongoing process reflecting new evidence that may benefit patient care as it becomes available.

A panel consisting of a wide range of clinical experts is involved in drafting, reviewing, and approving the content within CPGs. Treatment recommendations are rated according to the strength of evidence using the Prehospital Evidence-based Protocols Project (PEP). To avoid gaps in recommendations where prehospital evidence is lacking, evidence from in-hospital care is considered and in some cases, recommendations are made based on expert opinion and past-practices.

For a visual representation of the CPG creation process, see the flow diagram on the next page (Figure 1).

## HOW TO USE CPGs

CPGs are a resource available to clinicians that outlines a standard of care that is consistent with existing evidence and expert opinion. They provide a framework from which clinicians are able to apply general concepts to a diverse array of patient presentations. Clinicians should strive to be familiar with the guidelines, and make sound clinical decisions that consider both the recommendations within the guidelines and the individual characteristics unique to each patient encounter.

CPGs are not intended to replace existing policies, procedures, or medication profiles, but rather to work in conjunction with these established documents. As such, CPGs often do not contain specific information such as medication dose regimens, indications or contraindications for a variety of therapies, or specific policy information. When providing patient care, the CPGs are to be used in conjunction with these supporting documents. CPGs provide overall clinical guidance in the management of patient care, whereas supporting policy, procedure, and medication profiles provide specific information guiding application of that care.

As a quick reference tool, each CPG is accompanied by one or more Field Guides which includes the overall goals of care and some management specifics. Whereby the CPG is a more comprehensive document outlining goals of care and various management techniques for a wider variety of patient presentations, the Field Guides provide a quick reference to assist clinicians while engaged in patient care.

If a conflict between a CPG and policy or procedure may influence patient care, the clinician should contact OLMC for support.

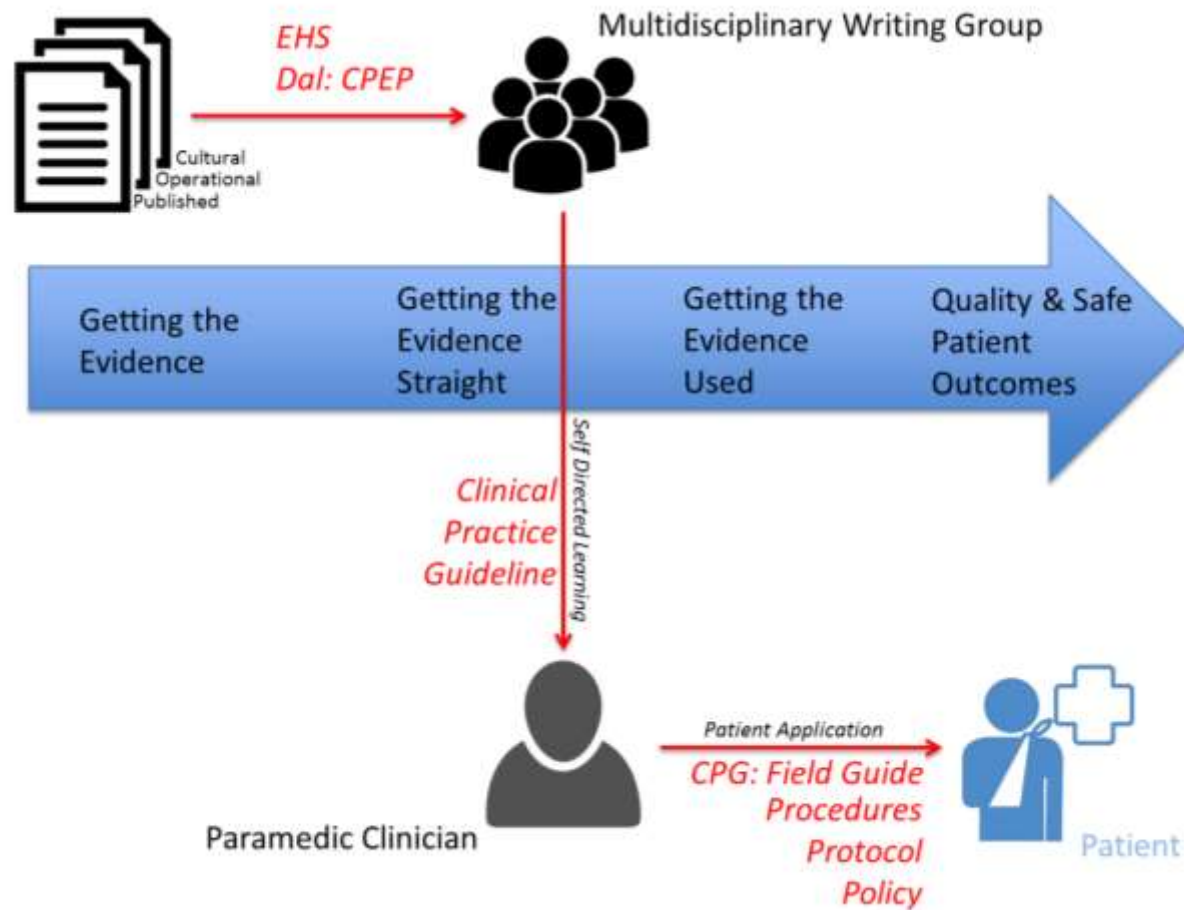
## FOR MORE INFORMATION

Please forward any questions or concerns regarding the content, production, or use of clinical practice guidelines to: [HealthEHS@novascotia.ca](mailto:HealthEHS@novascotia.ca)

EHS has made every effort to ensure that the information, tables, drawings and diagrams contained in the Clinical Practice Guidelines issued Q2 DHW 2015 is accurate at the time of publication. However, the EHS guidance is advisory and has been developed to assist healthcare professionals, together with patients, to make decisions about the management of the patient's health, including treatments. It is intended to support the decision making process and is not a substitute for sound clinical judgment. Guidelines cannot always contain all the information necessary for determining appropriate care and cannot address all individual situations; therefore individuals using these guidelines must ensure they have the appropriate knowledge and skills to enable appropriate interpretation.

PEP is the Canadian Prehospital Evidence-based Protocols Project. Every clinical intervention is given a recommendation based on the strength of available research evidence (1 = randomized controlled trials and systematic reviews of RCTs; 2 = studies with a comparison group; 3 studies without a comparison group or simulation) and direction of the compiled evidence: **supportive** of intervention; **neutral** evidence for intervention; or **opposing** evidence for intervention). See: <https://emspep.cdha.nshhealth.ca/TOC.aspx>

Figure 1: Flow Diagram of CPG Creation Process



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