

7 Recommended Steps for Implementing Clinical Guidelines in Health Centers

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How to use this document:

This guide is a tool to support clinical providers in implementing clinical guidelines in their health centers. While clinical guidelines are evidence-based and best-practiced for patients at the population level, a clinician should determine what is best for their patient at the individual level. Please use these steps as a starting point and customize the approach as needed, considering the patient population to which they apply, and making modifications as necessary.

The following steps are intended to complement the key activities listed in the PHMI Implementation Guide for each Population of Focus (PoF).

7 Recommended Steps to Implementing Clinical Guidelines

1. Establish a Multidisciplinary Implementation Team

- i. Identify a diverse committee comprised of staff of all categories (e.g., office administrator, nursing, medical provider, billing, quality improvement (QI)) to oversee clinical guidelines implementation.
- ii. Identify a clinical champion. Ideally this is a provider (MD or Advance Practice Provider).
 - a. Define the responsibilities of the clinical champion (e.g., provider education, review of emerging changes to the guidelines, provider adherence and provider feedback).
 - b. The clinical champion will be responsible for reviewing any emerging clinical changes to the guidelines and informing the team when changes are needed. This includes scheduled guidelines reviews at the designated time and if changes emerge outside of formal review process.
- iii. Identify a coordinator and recurring meeting cadence.

Questions to Consider

- 1. Is there agreement on the clinical team participants?
- 2. Is there leadership support?
- 3. Who are all the stakeholders involved in implementation?

2. Integrate Guideline Changes into Protocols and Standard Operating Procedures (SOPs) and Design a Process

- i. Design a specific workflow.
 - a. Design workflows with flexibility so they can be adjusted as new guidelines are introduced and so changes can be incorporated quickly.
- ii. Put in place a protocol to review the specific clinical guidelines (e.g., annually or biannually) with a designated responsible party (i.e., clinical champion).
- iii. Update resources informing clinical guidelines.
- iv. Ensure parallel workflows align. Do lab or other policies need to be updated to align (e.g., lab, imaging, patient navigation)?

3. Utilize Clinical Decision Support Tools (CDSTs)

- i. Determine what the clinic's electronic health records (EHR) can do to support the clinical guidelines, such as prompts or flags when a patient with a hysterectomy may not be a candidate for cervical cancer screening.
- ii. Include an informatics specialist into the multidisciplinary team to best maximize workflow automation, data collection, and efficiency. Consider their inclusion in QI committee work to monitor adherence to the guidelines so that they are coordinated.

Questions to Consider:

- 1. How will test results from utilization of the guidelines be reported and documented?
- 2. How will patients receive their test results when screening is conducted based on guidelines?
- 3. How do care gap platforms align with EHR and guidelines?
- 4. Do lab or other policies need to be updated to align with clinical guidelines?

4. Provide Continuous Training and Education

- i. Create training by incorporating clinical practice guidelines.
 - a. Review relevant resources as part of the training. The resources should be updated with the multidisciplinary team and everyone involved in the workflow.
 - b. Different training for different audiences will be required.
- ii. Provide ongoing staff and provider education on guidelines, workflow, documentation, proper coding, and job aids.
- iii. Incorporate QI data into training and staff/provider feedback. Missed or successful opportunities reports and data trends can be used to evaluate adherence and understanding, encourage conformity, and identify best practices for successful adherence.
- iv. If necessary, address any controversies in the guidelines. The team should agree on the implementation plan and adhere to it with regular reviews for updating the guidelines.

5. Leverage Data and Quality Improvement Cycles

- i. Conduct ongoing assessments of screening programs.
 - a. Review data on adherence to the guidelines (e.g., screening rates, missed opportunities reports).
 - b. Review outcomes data (e.g., patient adherence rates, cases of cancer detected).
- ii. Assess whether the workflows and clinical guidelines are effective and feasible.
 - a. Obtain staff and patient engagement for feedback.
 - b. Foster a culture of continuous improvement and feedback by encouraging input from clinicians and staff regarding guidelines integration.
- iii. Update policy and workflows based on plan-do-study-act (PDSA) cycles as needed.
- iv. Establish a process and frequency of review of the guidelines to ensure that they are up to date.

Question to Consider:

What type of data will you use to inform quality improvement (e.g., public data such as HEDIS, internal data such as smart data elements)?

6. Partner with Patients in the Process

- i. Identify staff responsible for educating patients in the process.
 - a. Consider staff who are conducting pre-visit planning or screeners.
 - b. Determine their workflow to educate patients, such as providing materials, videos, and scripts.
- ii. Ensure patient education materials align with chosen guidelines.
- iii. Determine when shared decision making should occur and who can appropriately have the discussion with patients and how.
- iv. Determine the patient feedback process and how to incorporate their feedback.
 - a. Determine the mode of feedback (e.g., interviews, panels, focus groups, surveys), what is being evaluated and what to ask patients.
 - b. Determine how often feedback is obtained and by whom.
 - c. Determine how the feedback is reviewed and used.
 - d. Incorporate useful feedback to workflows as needed.

Questions to Consider:

1. Are there equity issues that need to be addressed (e.g., patient-centered care)?
2. Could your health center's social screeners include questions about patient and family desired agenda for preventive health visits?

7. Allocate Protected Time for Staff to Adapt and Implement Changes

- i. Have managers create a schedule that includes allocated time for training sessions.
- ii. Allocate time when needed to execute the workflows to achieve adherence.

Examples:

1. Office administrators assigned to registration will be rotated to have four hours a month allocated to attending trainings on clinical guidelines and workflows.
2. Medical assistants have dedicated time for chart scrub to ensure care gaps are addressed.