May 3, 2019 Webinar
Policy and Guideline Development: Setting Practice Standards for your Unit
Welcome to our May webinar on policy and guideline development!

Reminders about webinar etiquette

• If you joined as a panelist, please mute your own phone or computer!

• If you joined as a participant, all phones and computers are muted

• We will take questions at the end of the presentation; feel free to submit them throughout

• Slides will be posted to the OBI website and RPC Basecamp after the webinar

• This is your time – please be present!

We will answer questions at the end of the presentation
Today’s Faculty:

Becky Gams, MS, APRN, WHNP-BC  
University of Minnesota Medical Center  
University of Minnesota Masonic Children’s Hospital

Becky obtained a BSN at the University of Wisconsin Eau Claire and a Masters of Science from the University of Minnesota. She has over 28 years of obstetric nursing experience at the bedside, as an education specialist and is currently the Advanced Practice Nurse Leader on the Birthplace at the University of Minnesota Medical Center and University of Minnesota Masonic Children’s Hospital. Becky is a co-lead with Carrie Neerland, CNM for the University of Minnesota Medical Center’s Reducing Primary Cesarean project.

She is one of the founding members of the Zero Birth Injury Initiative at Fairview Health Services, a perinatal safety initiative aimed at reducing preventable birth injuries to both mother and baby. She is the co-lead the ZBI Steering Committee and the ZBI leadership team for the Fairview Health System along with Dr. Phillip Rauk. She is the recipient of the University of Minnesota Medical Center Visionary Nurse Leader Award in 2106.
Policy and Guideline Development: Setting Practice Standards for your Unit

**POLICY**

The formal guidance needed to coordinate and execute activity throughout the district. When effectively deployed, policy statements help focus attention and resources on high priority issues - aligning and merging efforts to achieve the district’s vision. Policy provides the operational framework within which the district functions.

- Widespread application
- Changes less frequently
- Usually expressed in broad terms
- States "what" and/or "why"
- Answers operational issues

**PROCEDURE**

The operational processes required to implement district policy. Operating practices can be formal or informal, specific to a department or building or applicable across the entire district. If policy is "what" the district does operationally, then its procedures are "how" it intends to carry out those operating policy expressions.

- Narrow application
- Prone to change
- Often stated in detail
- States "how", "when", and/or "who"
- Describes process

**Clinical Practice Guidelines**

and making sense of it all
Policy Development: Setting Practice Standards for your Unit

Learning Objectives:

• Review definitions for documents that support practice standards

• Describe the considerations that go into developing a new policy or guideline

• Identify key change management strategies for the development, implementation and maintenance of the practice standard you are striving to implement
Definitions

Policies

• A predetermined set of actions based on standards of care or regulatory requirements. **Compliance is mandatory.** Any deviance from policy must be documented.

• Policies delineate “what” is expected and “why.” They establish norms of practice within the organization.

• The corresponding procedure(s) provide detail on “how” to execute a policy. Procedures are the most prescriptive ways to comply with requirements. Procedures contain mandatory elements, but the elements may be executed in a variety of ways.

Policy Owner

• The person or designee of the person with accountability within the organization for the subject matter of the policy.
Definitions

Guidelines

• A set of generally expected evidence based actions that apply to specified circumstances. Guidelines are to be followed unless rationale for deviance is documented.

• Define expected practices and actions to be taken.

• Should and are expected to be followed, unless, in the judgment of the provider, the specific patient's condition suggests otherwise.

Procedure

• A step-by-step course of action, that is be followed to achieve a certain objective in a defined set of circumstances. Part of the policy or guideline document.
Definitions continued

Another consideration is the Policy / Guideline Level:

- Unit based
  - very local policy e.g., Labor and Delivery unit only
- Department
  - Department of OB/Gyn or Critical Care
- Hospital
  - University of MN Medical Center or Children’s Hospital
- Fairview Health System
  - covers all 11 hospitals, e.g. consent policy

Understanding the level of the policy or guideline will dictate the audience it is written for and who will be responsible for approval.
Other Supporting Documents

Order set:
• A group of orders intended to manage a clinical diagnosis or condition
• Able to be customizable
• Are a vehicle to deliver physician/credentialed provider orders
• Examples include an order set for Intrapartum Admission or Management of Hypertensive Emergency.

Standing order:
• A type of order or order set that is authorized by the medical staff, nursing and pharmacy, which may, under specified circumstances, be initiated by a registered nurse or other clinician and consistent with that clinician’s scope of practice.
• Do not allow for customization and can be initiated where it is not practical to obtain a physician’s order prior to initiation.
• Examples include admission orders to the newborn nursery
• Order sets will have “Standing Orders” in the title of the order set to identify that they may be used by clinicians other than credentialed providers.
Guideline or Policy Development

• First ask yourself and your team
  • Is this guideline or policy really needed?
  • What is the purpose or goal?
    • Setting expectations for clinical practice
• Is there a policy or guideline already in place?
  • Mosby Skills
  • Lippincott Nursing Manual
  • ACNM
  • AWHONN
  • ACOG
• Write a project timeline
  • Who, what, when and how
New policy or guideline impact

• Conduct a system analysis
• Impact could be positive or negative
• Perform STAR (stop, think, analyze, review)
  • How could or will the new document impact
    • Other departments or units
    • Provider or nursing work loads or work flows
    • Order Sets or Protocols
    • Staffing – e.g. Intermittant Auscultation guideline
    • Documentation needs in the electronic medical record
      • Will the new policy or guideline require revised documentation?
    • Measuring impact
    • Other policies or guidelines
      • Supportive or contradictory
  • Think broadly and outside of the silo or your comfort zone
Understanding the Process at your Site

• How are policies and guidelines approved?

• Who approves the documents?

• How often does this approving committee meet?

• Who can help write the document? Who is your team?

• How does the policy or guideline get posted online?

• Take the time to meet people in person and build a relationship.
Gathering Content

What do other institutions have and are willing to share?

- Within your organization or system
- Outside of your organization
  - Community
  - Respected organizations
- ACNM Birth Tools
- AWHONN
- ACOG
- SMFM
- RPC participants can access Basecamp for examples
- Michigan participants can access OBI’s website for examples
Gathering Content

• Literature review
  • Hospital or University librarian
  • On line searches
  • Cochrane Reviews
  • National organization recommendations
  • California Collaborative
  • National Patient Safety Council
  • State Departments of Health
  • Students

• Read beyond the abstracts
Content Development

• Review the evidence and other documents

• Obtain the template

• Start writing the draft
  • Don’t start your meeting with a blank slate
  • Give others something to react to (know your audience)
  • Use track changes in your word documents
  • Version management can be challenging
    • Google docs could help
  • One person keeps the most recent version
Writing the Content

• Obtain the template from the policy process owner of policies/guidelines
• Owner
• Reviewers
• Stakeholders
  • Risk Management?
  • Med Exec?
  • Nursing Practice Council?
  • Legal?
  • Anesthesia?
• Could be a DNP student project (with a lot of support and direction)
Some policies or guidelines will include definitions and tables in order to display the content more easily.

Some will have a table of contents at the top that can be linked to other sections of the document.

This makes it easier to find information quickly.
Writing Content

• Cite references per the template for your institution

• Internal References
  • Other policies in your institution that support your document
  • Order sets that may support your document
  • Algorithms or appendices

• External References
  • References in the literature
  • Manufacturer instructions or recommendations
  • Check copyright for any photos or diagrams
    • Follow your institutions guidelines
Writing Content

• Do not plagiarize
  • Do you own homework
  • Defend your work
  • If using another hospital’s policy as a benchmark, take that policy to the next level

• Use only updated sources unless a “landmark study or document”
Sample Guideline

Guideline for the Management of Early Labor - UMMC

Purpose:
To provide guidelines for the management of early/latent phase labor to avoid early admissions, unnecessary interventions and reduce the risk of cesarean birth.

Policy:
I. Women being evaluated for labor will be offered supportive care measures to provide comfort and promote progress in labor.
II. Women at home will be given instructions for home management of early/latent phase labor along with instructions regarding when to re-contact their maternity care provider or return to the hospital.

Definitions:
I. Labor: Uterine contractions resulting in eccentric cervical change (dilation and/or effacement).
II. Latent phase: From the onset of labor to the onset of active labor.
III. Active phase: Accelerated cervical dilation, typically beginning at 8 cm dilation.

Procedure:
I. Patient Assessment:
   A. Identify women with symptoms of latent labor at term (greater than or equal to 37 weeks gestation) including regular contractions which are moderate to strong, hypotension.
   B. Women who are candidates for early labor management must be assessed and have low risk status established. Assessments include:
      1. Review of prenatal record for risk factors that may exclude the woman from early labor guidelines including GBS status (see D).
      2. Application of external fetal monitor or fetal monitor guided and determine fetal heart rate baseline, variability present and absence of accelerations and decelerations as well as frequency, duration and intensity of contractions.
      3. Determine status of fetal membranes.
      4. Confirm status of fetal membrane by Leopold's maneuver and cervical exam (if appropriate).
      5. Cervical dilation (ideally one person to perform initial and subsequent cervical exams to determine progress of dilatation).  
   C. Women who are determined to be candidates for the use of early labor guidelines include the following:
      1. Reactive fetal Non-Stress Test.
      2. Intact membrane.
      3. Moderate to strong contractions.
Implementation

• Identify implementation process owner
  • Create a project spreadsheet for particular aspects of the implementation if needed
    • e.g. Nitrous Oxide Policy

• Timeline
  • Sense of urgency?
  • JC visiting soon?
  • RPC bundle deliverable?
  • Allow the team adequate time to ensure all aspects of the document are clear and are not rushed
Implementation

• Posting within the facility

• Communication
  • Timeline for communication
  • Any institutional mandates or considerations
    • Nursing unions
    • Formal or informal

• Education methodology

• Share your new or revised policy or guideline with other institutions of your institution allows
Do’s and Don’ts

• Do
  • Communication, communication, communication in a variety of methods
  • Change management principles – PI, PDSA
  • Education
  • Data
  • Audits
  • Be prepared for push back
  • Be prepared for setbacks and to be in this for the long haul

• Don’t
  • Use a policy as the only means to change clinical practice
  • Expect change overnight
  • Expect miracles
Examples of Approving Committees

- Unit based nursing practice councils
- Nursing and Medical Leadership of a unit
- Nursing practice council for all of the hospitals in your system
- Medical Executive Committees
- OB Department Committees
- Perinatal Safety Committees
- Interprofessional membership or single profession membership

Know who will approve the document
Examples of Policies & Approving Bodies

• Infant Identification – system policy
  • Approving body is made up of nursing leaders from all of the system Birthplace units
  • Must be followed, all babies are banded in the same manner

• Admission of Pregnant Women to non-Obstetric Units – hospital policy
  • Approving body is Medical Executive Council
  • Must be followed, all pregnant need a consult when admitted to a non-OB unit.

• Intermittent Auscultation with Doptone - unit guideline
  • Approving body team of nurses, physicians and midwives from your specific unit
Ongoing Maintenance

• Policy for ongoing review and revising
  • Every 3 years is typical

• Who is responsible?
  • Updating content, evidence based
  • Revising
  • Approving
  • Communication of the revisions

• Process for tracking renewal dates?

• What other documents are attached to your policy that also need revising?

• What happens if the document is not updated?
A tale of two guidelines

• Continuous Electronic Fetal Monitoring and Intermittent Auscultation Doptone Monitoring - System

• Guideline for Ambulation and Upright Positioning During Labor and Childbirth - UMMC
Contact Information

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Questions?
Next webinar

June webinar Friday, June 7, 1-2pm EST Educating Your Staff and Engaging Them in Quality Improvement

Session Objectives:
• Review strategies for building staff engagement in quality improvement
• Review strategies that worked in a large institution
• Review strategies that worked in a community hospital setting

Thanks for participating! Please be sure to send us feedback in our evaluation (it will pop up at the end of the webinar)
https://docs.google.com/forms/d/e/1FAIpQLSeg9waiNY0irPrhJGXHYu97CFM-kqbqv8kQw0D-Rev8_aXB8w/viewform?usp=sf_link

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