

TEMPLATE FOR SUBMISSION OF A “CLINICAL GUIDELINE” TO THE MEDICAL STAFF EXECUTIVE COMMITTEE

TITLE: This title should be brief but informative.

INDICATIONS FOR THE CLINICAL GUIDELINE: This section should contain a brief summary of the reasons for submitting the proposed clinical guideline.

METRICS: THE KEY ELEMENTS OF THE CLINICAL GUIDELINE THAT WILL BE USED TO MONITOR PROVIDER ADHERENCE TO THE CLINICAL GUIDELINE. These metrics should represent the "clinical guidelines" that must be met by all care providers when treating patients with the disease covered by the clinical guideline. The metrics should be simple, easily measured/auditable, and should fit on a single sheet of paper for use in a clinical setting when evaluating patients. Choose approximately 3-6 metrics.

DATE: This is the date that the clinical guideline was put into final form for presentation to the Medical Staff Executive Committee for approval. Also, use a footer to note the latest revision date of the clinical guideline; i.e., "last revised 02/15/98".]

AUTHORS: List all members from the group (authors) that developed the clinical guideline, and please note the **Point of Contact (POC)**. In some cases this person may differ from the first author of the document. Try to solicit authors/representatives from all areas that are significantly affected by the clinical guideline. List the names, specialties, and telephone numbers of each author. In addition, list the email address and FAX number of the POC. These will not be posted on the published document, however.

AREAS OF DISAGREEMENT: This area should highlight the major areas of contention between specialty areas, especially those issues that are still unresolved in the final draft of the clinical guideline.

CONCURRENCE WITH OTHER MADIGAN ARMY MEDICAL CENTER CLINICAL PRACTICE RECOMMENDATIONS: If there are Pharmacy & Therapeutic Guidelines, Laboratory Management Guidelines and/or Referral Guidelines for the disease covered by the clinical guideline then you must make sure that these guidelines are reviewed and agree with the proposed clinical guideline. If these various guidelines do not agree, then the authors should explain why or revise them to make them consistent with each other.

PUBLISHED STANDARDS OF CARE AND OTHER REFERENCES UPON WHICH THE CLINICAL GUIDELINE IS BASED: List all pertinent references, especially national guidelines that pertain to the disease covered by the clinical guideline.

CLINICAL PRACTICE RECOMMENDATIONS: State clearly the clinical guideline. The guideline might be an algorithm, text, check list, flow sheet, table, etc. Make the actual clinical guideline a separate enclosure/appendix.

KEY POINTS: Please make a one-page handout that emphasizes the key points of the clinical guideline. Please make sure that you emphasize the metrics (what will be audited) this one-page key point summary.

IMPACT STATEMENT TO INSTITUTION: List all of the support services and specialties that will be impacted by the implementation of the clinical guideline.

LINKS WITHIN THE MADIGAN ARMY MEDICAL CENTER INTRANET: In this space the authors should recommend electronic connections between their practice recommendation and other areas such as the Referral Guidelines, DCCS Policy Letters, and Pharmacy & Therapeutics Guidelines. This will help to make the practice recommendation a well published and widely distributed tool. Note: The guidelines are published on the Madigan External WebPages, so connections cannot be linked to the Intranet.

METHODS OF PROVIDER EDUCATION: These methods should include as many automated reminders as possible, such as key pharmaceuticals or laboratory tests, or CIS diagnosis fields which would initiate printed reminders on the monitor. Such a reminder might say "Are you aware of the MADIGAN ARMY MEDICAL CENTER Clinical Guideline for management of asthma which may be found...? Significant deviation from this guideline practice must be justified, and repeated deviation without justification may indicate a breach of the standard of care established at MADIGAN ARMY MEDICAL CENTER." Automated reminders are mandatory as a part of the provider education.

METHODS OF PATIENT EDUCATION: Suggest methods of patient education. List specific patient education materials that could be used. Coordinate with the Health Education and Promotion Coordinating Activity (HEPCA). The HEPCA can help select and/or produce appropriate patient education tools.

REVISION FREQUENCY: State here how frequently this clinical guideline should be revised (yearly, every two years, etc.). Guidelines must be reviewed at least every three years, but more frequently if necessary. List sources that will be monitored for new developments that may affect the clinical guideline. It is the POC's responsibility to bring these revisions to the Specialty Care Quality Management Group for update and approval, and it is also the responsibility of the POC to ensure that a replacement POC is named if he/she leaves Madigan.