### Commentary

#### Regarding: 2019 Guideline for Management of Wounds in Patients with Lower-Extremity Venous Disease (LEVD): An Executive Summary

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#### Applying Evidence-Based Knowledge to Clinical Practice

Evidence-based practice (EBP) and knowledge translation are recognized as vital parts of wound, ostomy, and continence (WOC) specialty nursing practice.1 WOC nursing has been recognized as a specialty area of nursing practice by the American Nurses Association (ANA).2,3 Two of the ANA acknowledged standards of practice for WOC specialty nurses (Standard 5: Implementation; Standard 13: Evidence-Based Practice and Research) specifically address the nursing competencies for development, dissemination, translation, implementation, and integration/use of research and evidence-based interventions and strategies to achieve goals and outcomes for individuals with WOC needs.2,3

To support, advance, and guide the delivery of expert health care by WOC nurses, the WOCN Society has been at the forefront of developing best practice documents and evidence-based guidelines for management of patients with WOC needs for many years. In addition, in 2001 the *Journal of Wound, Ostomy and Continence Nursin*g initiated publication of evidence-based report cards, which focus on gathering evidence on a specific question and are not designed to mimic larger systematic reviews and meta-analyses that may address multiple questions/topics.4

Since 2000, the Society’s Wound Guidelines Task Force has been developing evidence-based clinical practice guidelines (CPGs) for management of wounds due to arterial, venous, and neuropathic disease, and pressure injuries. Development of CPGs is a rigorous, demanding, and time-consuming process that requires skills, finances, and a strong dedication and commitment by the volunteer members of the task force. The Society’s wound guidelines were accepted by the National Guideline Clearinghouse (NGC) for inclusion on their website, until the NGC was discontinued. The WOCN Society is now a participating guideline developer with the ECRI Guidelines Trust, and the new LEVD guideline has been submitted to ECRI for review by their Inclusion Review Team to consider including the guideline in ECRI’s online guideline repository.

According to Ratliff,5 the purpose of the CPGs is to guide clinical practice by facilitating consistent research-based clinical decisions. Evidence-based guidelines can stimulate practice changes, reinforce or validate current clinical practice, and/or raise awareness of the limited research underlying traditional practices in wound care.5 Evidence-based CPGs can influence the provision of quality care by encouraging health-care providers to use interventions that have been proven to be beneficial and effective, and by discouraging use of harmful or ineffective interventions.6

Obtaining research to guide clinical practice can be challenging to health-care providers due to workload, time constraints, and/or limited access to databases to retrieve research literature. Therefore, CPGs with evidence-based recommendations derived from systematic reviews, quality assessment of studies, and a synthesis of findings from multiple relevant studies provide an important resource to guide decision-making and inform practice for busy health-care providers.7,8

The recommendations in the LEVD guideline were developed to be adopted and implemented by WOC nurses or other health-care providers in various care settings at the point of care. However, adoption and integration of evidence-based recommendations into clinical practice requires more than dissemination of a CPG. As discussed in the executive summary, despite the availability of CPGs, adoption and implementation of recommendations are limited.

The lack of implementation of CPG recommendations was demonstrated in a retrospective study conducted by Lorimer et al9 to determine if the care of patients with VLUs (*N* = 66) receiving home care was evidence-based and congruent with recommendations compiled from three published and available CPGs. Based on an audit of patient records and the available documentation over a nine-month period, which was incomplete in some instances, Lorimer et al found there were several gaps between the recommendations for care and the documented care. Some of the key areas that were incongruent with guideline recommendations included: Only 53% (35/66) of records included an identified etiology of the leg ulcer; 66.66% (44/66) of patients were treated with compression, and less than half of those who received compression (47.72%; 21/44) had an ankle-brachial index documented prior to starting compression; regular ulcer measurements were performed for only 11% (7/64) of ulcers; only 15% (10/66) of patients were assessed for pain; and specific patient education about the leg ulcer was present in only 3% (2/66) of records. The investigators concluded that organization and clinical factors that influenced the delivery of best practice needed to be identified and addressed. Although this was an older study, there are no current data that indicate whether such gaps between evidence-based recommendations and clinical practice still exist.

As reported by Wallin et al,8 “…guidelines do not implement themselves, and …guideline implementation and change of practice is complex and messy. What works in one setting may does not necessarily work in another.”8(p294) Challenges to implementation of CPGs are primarily related to the content and the environment where the guidelines will be used, and some content might have to be adapted to meet the context of the practice environment.8

Therefore, strategies are needed to identify and address the feasibility of/and barriers to implementation and integration of the CPG’s recommendations into clinical practice. To highlight the importance of developing strategic plans for CPG implementation, the Brief Guide for Applying Evidence-Based Knowledge to Clinical Practice (Brief Guide) was added to the 2019 LEVD Guideline.10The intent of the Brief Guide, based on the phases of the Knowledge to Action Framework developed by Graham et al,11 is to provide a quick resource with a list of key strategies/activities for implementing/applying evidence-based knowledge from CPGs to clinical practice for WOC nurses and other health-care providers.

There is not a magic bullet or recipe for effective implementation of evidence-based CPGs.8 Multiple implementation and change theories, models, frameworks, and tools are available that may facilitate change, adoption and implementation of innovation, and knowledge translation to promote the integration of EBPs. Conclusions from two systematic reviews for the Cochrane Library were that there is insufficient evidence on the most effective methods or tools to change practice or promote uptake of CPGs.12,13 Consequently, there is a need for continued research to determine if CPG recommendations are being implemented, and identify what strategies are most effective to facilitate application of evidence into clinical practice.

I personally wish to thank the WOC nurses who are serving and have served as members and chairs of the Wound Guidelines Task Force since 2000 for their diligence and dedication in developing the Society’s CPGs. I encourage WOC nurses and other health-care providers to embrace EBP and integrate recommendations from the 2019 LEVD CPG and other evidence-based CPGs from the WOCN Society and other groups into your practice. As mentioned in the Brief Guide,10 rather than trying to implement all recommendations from an entire guideline at one time, identify high priority needs and start there, recognizing that “implementation of best practice cannot be achieved by nursing in isolation because leg ulcer care is multidisciplinary.”9(p141)

Recommendations from CPGs are not intended to be used as a cookbook recipe that fits every clinical situation, but are to be utilized and integrated into practice using clinical expertise, critical thinking, and judgment to achieve the most effective outcomes in accordance with the patient’s preference, values, and goals. In my clinical practice, I found that starting with evidence-based care achieved the most effective, timely and cost-effective patient outcomes. However, there are situations and challenging cases where evidence is lacking or not achieving the desired results, and we (WOC nurses) must employ our skills in the art of nursing to problem solve using creativity and innovation to achieve optimal patient outcomes.2

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