BARRIERS AND ENABLERS TO ADHERENCE OF THE CANADIAN CLINICAL PRACTICE GUIDELINES (CPGS) FOR NUTRITION SUPPORT IN MECHANICALLY VENTILATED, CRITICALLY ILL ADULT PATIENTS

N. E. Jones*1, R. Dhaliwal2, H. Ouellette-Kuntz1, D. K. Heyland3
1Department of Community Health and Epidemiology, Queen's University, 2Clinical Evaluation Research Unit, Kingston General Hospital, 3Department of Medicine and Department of Community Health and Epidemiology, Queen's University, Kingston, Canada

Rationale: The Canadian Nutrition Support CPGs, published in 2003, sought to improve nutrition support practices in Intensive Care Units (ICUs) in Canada. However, their impact to date has been modest. This study aimed to identify important barriers and enablers to CPG adherence in the ICU.

Methods: Case studies were completed at 4 Canadian ICU sites with differing organizational characteristics. Semi-structured interviews were conducted with 7 key informants at each case ICU site. During the interviews the key informants were asked about their attitudes and perceptions towards CPGs in general, and specifically the Canadian Nutrition Support CPGs. All key informant interviews were audiotaped and transcribed verbatim. Interview transcripts were analyzed qualitatively, using a framework approach. The software package NVivo7, facilitated data extraction and content analysis.

Results: Twenty-eight key informants participated in the study. Attitudes towards CPGs were positive. The main benefits associated with CPGs were the standardization of patient care and improved clinical outcomes. Lack of physician agreement, limited ICU experience, inertia of previous practice, and inadequate resources, were cited as the main barriers to adherence of the Nutrition Support CPGs. Awareness of the guidelines, education on the rationale for recommendations, a dedicated critical care dietitian, and incorporation into daily routine, were the primary enabling factors identified. Practical tools that aid successful implementation were informal one-on-one discussions (e.g. ward rounds), bed-side reminders (e.g. check-list) and feedback.

Conclusions: The implementation of CPGs is clearly complex. Knowledge of the barriers and enablers to adherence of CPGs can inform the development of tools to measure these factors quantitatively, and facilitate the implementation and evaluation of tailored educational strategies.