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## Long-term adherence to a local guideline: lessons learnt about implementation.

Hester Vermeulen, Marja Storm-Versloot, Anouk Knops, Dirk Ubbink, Astrid Goossens  
*Academic Medical Center at the University of Amsterdam, Amsterdam, Netherlands*

**Background:** By means of a multifaceted implementation strategy a local evidence-based guideline on postoperative body temperature measurements was introduced successfully, based on a 90% adherence rate as measured shortly after the release of the guideline. Because regression to old habits is common, we studied long-term adherence to this guideline seven years after its introduction.

**Purpose:** To identify barriers and facilitators associated with long-term adherence to be able to formulate recommendations for long-term implementation and the actual long-term adherence rate to the guideline.

**Methods:** We organized several structured focus group meetings for nurses (n=47) and a structured plenary meeting with an interactive questionnaire for all clinicians (n=42) involved. Furthermore we retrospectively scrutinized medical and nursing files (n=102) to calculate guideline adherence.

**Results:** Facilitators for long-term adherence were belief in the advantages of the guideline and staff support. If staff support was present, fewer deviations (40%) from the guideline were observed than without staff support (83%).

Barriers were unawareness of the guideline by (young) residents as opposed to staff members and distrust of own clinical judgment by nurses as well as clinicians.

The 102 patient records from 4 surgical wards totaled 1226 body temperature measurements. According to the guideline, an indication was present in 679/1226 (55%) of the measurements. Overall guideline adherence rate was 617/1226 (50%).

**Discussion:** A multifaceted implementation strategy and successful short-term adherence is no guarantee for long-term guideline adherence. Factors influencing long-term adherence appeared to be similar to those known for short-term adherence. To facilitate long-term adherence, leadership from staff is needed on every ward and indicators should be developed to monitor changes needed to accomplish better adherence. Moreover, guidelines should be standard material to be incorporated in the settle-in period, standard education, and knowledge transfer for as well residents as for nurses.