2005 American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) Standards and Guidelines Survey

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2005 American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) Standards and Guidelines Survey


Abstract

An online survey about the use and format of the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) Standards and Guidelines documents was conducted. The survey was sent to A.S.P.E.N. members, and an acceptable number of responses were received (470, or 9% of those surveyed). Most respondents indicated an overall satisfaction with the standards and guidelines and suggested format changes, many of which will be incorporated into future guidelines and standards. The results of this survey are presented here for general interest. Changes in the process with which A.S.P.E.N. produces standards and guidelines are discussed.

The American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) has been publishing standards and guidelines for over 20 years. Standards are defined as benchmarks representing a range of performance of competent care that should be provided to assure safe and efficacious nutrition care.1 A.S.P.E.N. has developed practice-based standards (eg, pediatric hospitalized patients or long-term care patients) and discipline-specific standards (eg, dietitian, nurse, pharmacist, and physician).

Clinical practice guidelines are systematically developed statements to assist practitioners with decisions regarding practice and patient care issues relative to appropriate healthcare for specific clinical circumstances. For example, A.S.P.E.N. developed adult and pediatric guidelines and safe practices for parenteral nutrition.2,3 See Table 1 for a complete listing of current A.S.P.E.N. standards and guidelines.

In 2005, the A.S.P.E.N. Board of Directors charged the A.S.P.E.N. Guidelines Committee with creating and implementing a mechanism to develop, revise, and publish evidence-based clinical guidelines. The guidelines committee members decided that assessing the needs of the A.S.P.E.N. membership could provide them with information on guideline use, complexity, and optimal format. At the same time, the A.S.P.E.N. Standards Committee wished to better assess the frequency of use and utility of A.S.P.E.N. Standards. Thus, a joint A.S.P.E.N. Standards and Guidelines (S&G) survey was developed.

Methods

An online survey using the tool SurveyMonkey (SurveyMonkey.com LLC, Portland, OR) was developed using closed- and open-ended questions. These questions centered around 4 areas: demographics of the respondents, general questions about A.S.P.E.N. S&G, specific questions
Table 1. A.S.P.E.N. current standards and guidelines

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Guidelines


about the practice- and discipline-based standards, and specific questions about the guidelines. The survey was sent to the A.S.P.E.N. membership (n = 5220) via e-mail in late May 2005. Because this survey was not rigorously developed, these data should not be construed as robust, and the results of this survey are presented here only for general interest.

**Results**

**Demographics**

There were 470 respondents completing the survey. This represents a response rate of 9% of the A.S.P.E.N. membership. Respondents were fairly representative of the distribution of disciplines within the membership of A.S.P.E.N. (Figure 1). Most respondents identified themselves primarily as clinicians. Administrators, researchers, and educators each made up <7% of respondents. There was a fairly even distribution of A.S.P.E.N membership duration, that is, how long respondents had been society members, with about one-third of the respondents being relatively new (2 years or less).

The largest percentage of respondents reported their primary practice setting was a large academic medical center or community hospital. About 10% named other practice areas such as industry, long-term acute-care facilities, physician offices, and ambulatory infusion centers. The number of members responding from the home care setting (9.5%) was small, as was noted in the Safe Practices survey as well, and may indicate an opportunity for outreach by A.S.P.E.N. to an underrepresented clinical area.

Forty-four percent of respondents reported that there was a nutrition support team in their institution, 51% reported no team, and 5% reported it not applicable in their practice setting. In large academic medical centers, respondents reported that 63% had nutrition support teams, whereas in community hospitals, only 28% had nutrition support teams.

*Figure 1.* Respondent demographics vs A.S.P.E.N. member demographics
General Questions on A.S.P.E.N. S&G

Ninety-seven percent of respondents were aware that A.S.P.E.N. publishes S&G. This may reflect that either the S&G are widely known or that most members unfamiliar with the S&G did not choose to respond to the survey. Most respondents reported accessing S&G through both the website and the journals. Approximately 60% of respondents access S&G via the A.S.P.E.N. website and 88% via journals. Few indicated purchasing S&G. This is not surprising, because the target audience was A.S.P.E.N. members who have membership access to the journals and website. The most commonly used of the S&G were the 2002 clinical guidelines. Discipline- and practice-based standards were used by almost half or more of respondents (Figure 2).

Only a small percentage of respondents (2.9%) reported using A.S.P.E.N. S&G in a legal proceeding; however, 5.6% of those respondents who have a nutrition support team used these documents in a legal proceeding compared with 0.4% of those without a team. Even though only

Figure 2. Use of A.S.P.E.N. standards and guidelines. Stds, standards.
a small number of respondents reported use of these documents in legal proceedings, this use has significant ramifications. The percentages reported were based on the number of respondents and not number of legal cases and thus may underrepresent actual use.

Survey Results Pertaining to Standards

Respondents were generally satisfied with the current format of the standards. Slightly over 50% were “somewhat satisfied,” 48.6% were “very satisfied,” and <1% were “not at all satisfied.” Use of both the discipline-specific and practice-specific standards on a monthly basis was reported by nearly half of respondents, whereas about one-fourth used them “daily” or “weekly” and another fourth used them “rarely or never.” The discipline-specific standards were used most commonly by individuals for policy development, teaching, and for studying for certification examinations (Figure 3). Respondents’ use of practice-based standards was widely distributed between policy for patient care, quality improvement, support for specific patient recommendations, and teaching (Figure 4).

The opportunity for free-text responses was given in several of the questions, but the responses were similar to the categories given. Of the total respondent pool, only 28 made additional comments and several were complimentary. Others requested more detailed guidelines for specific situations, a request that may not be consistent with the intent of standards. One respondent recommended the term standard of practice always be used as opposed to standard of care according to the concern for the legal implications. A.S.P.E.N. currently uses the concept term standards of practice.

Survey Results Pertaining to the 2002 Guidelines

The respondents reported that they used the 2002 guidelines “daily” 14%, “weekly” 13%, “monthly” 45%, and 29% said “rarely or never.” The guidelines were used for the following

![Figure 3. Use of A.S.P.E.N. discipline-specific standards. Cert exam, certification examination; Devel, development.](image_url)
specific purposes (using a “check all that apply” answer format): 73% as support for specific care recommendations, 59% in developing departmental policy for patient care, 43% for quality improvement efforts, 32% for studying for a certification examination, and 5% for teaching students and other healthcare professionals (Figure 5). Respondents reported that their institutions use the guidelines for very similar purposes.

Just over 40% of respondents believed the guidelines improved patient care at their practice setting, whereas 5.4% did not and 44.4% were not sure. As to level of complexity of the guidelines, 80% indicated they were at the proper level of complexity, 16% noted they were too basic, and 4% of respondents noted they were too complicated.

When rating the importance of specific features of the guidelines, the percent of respondents evaluating a section as “extremely important” was as follows: practice guidelines statements (61%), evidence review (57%), grading of strength of evidence (45%), special considerations (36%), and background (27%). When asked if they used the primary references cited in the guidelines, 65% said yes. The respondents overwhelmingly agreed (84%) that the guidelines were organized such that they could easily find information they were seeking.

When asked to rate how the following changes might improve the guidelines format, 77% suggested a searchable program on the website, 40% suggested an index with more listings, and 35% indicated a searchable program on a compact disk would improve the format. Forty-four percent suggested a text and tables format would greatly improve the guidelines, whereas 9% noted that a text-only format was preferred. Free-text comments about the guidelines included a request to use more charts and tables and to have the guidelines on the A.S.P.E.N. website freely accessible to members of A.S.P.E.N. and nonmembers. Respondents entering free text expressed...
the desire for more specific guidelines, a thorough index, and a good search engine to obtain information.

When asked about the content covered by the guidelines, 83% of respondents would prefer periodic updates on specific topics over a less frequent update of the entire document. Regarding topic presentation, 75% preferred a text-based presentation, similar to the current method, over other types of presentations such as case-based or frequently-asked-question formats. Topic areas from the 2002 guidelines that respondents indicated needing updating or improvement included critical care nutrition, blood glucose control, use of probiotics and immunonutrition, ethical and legal issues, HIV, care of pediatric and neonatal patients, and intestinal transplantation.

Respondents were asked to rate the usefulness of other organizations' published guidelines. The respondents rated those highly useful in the following order: use of meta-analyses (38%), Canadian Critical Care Guidelines (23%), American Dietetic Association Evidence Library (22%), and Agency for Healthcare Research and Quality Guidelines (13%). Many of the respondents were not aware of other formats used for guidelines for which A.S.P.E.N. should consider.

Conclusion

The response rate for this survey of the A.S.P.E.N. membership was small; however, the sample seems to be representative of the distribution of disciplines within the membership as a whole. Almost all respondents are aware of A.S.P.E.N. S&G and most would use both the A.S.P.E.N. website and the Society journals to access them. Nearly half of the respondents use the standards at least monthly and use them for a variety of purposes, including departmental policy, specific
care recommendations, quality improvement efforts, and teaching students or other healthcare professionals.

The respondents felt that the guidelines are written at an appropriate level of complexity, the information is easily accessible, and their use should be expected to improve patient outcomes. They were satisfied with the topic-based approach as it is currently used, but would prefer the combined use of tables and text and that periodic updates of specific topics be published.

Comments

The A.S.P.E.N. S&G committees appreciate the feedback from member respondents to the survey. Our goal is to meet our members' stated needs with these publications. We have initiated or are considering the following changes in response to internal review of the S&G process including use of the survey results:

1. A.S.P.E.N. has initiated legal counsel review of these standards documents before publication.
2. A.S.P.E.N. will revise and publish topic guidelines, including the list suggested by members (critical care nutrition, blood glucose control, use of probiotics and immunonutrition, ethical and legal issues, HIV, pediatric and neonatal updates, and intestinal transplantation), as well as others derived from Guidelines Committee efforts.
3. A.S.P.E.N. will examine the possibility of posting the entire collection of guidelines with a searchable index on the A.S.P.E.N. website.

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References