

Leading change: developing, transforming and applying best practice guidelines for local use

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ABSTRACT

This paper investigates the theoretical and methodological frameworks for adapting international evidence-based guidelines within integrated healthcare systems that merge Western medicine with traditional healing practices. It explores five key domains of guideline adaptation. First, it examines the necessity of cultural localization due to fundamental differences in healthcare values, decision-making paradigms, and medical epistemologies. Second, it analyzes methodological frameworks for guideline adaptation, emphasizing culturally progressive strategies that uphold scientific rigor while enhancing cultural relevance. Third, it reviews case studies of localized implementation, with a focus on diabetic foot care, to illustrate integration techniques for harmonizing divergent medical traditions. Fourth, comprehensive strategies for developing derivative products encompass de novo development and adaptation pathways, including patient guidelines and decision aids. Fifth, the implementation and de-implementation strategies are informed by behavioral change theories, particularly the capability-opportunity-motivation-behavior (COM-B) model. These investigations culminate in a proposed Clinical Transformation Model, which synthesizes the knowledge-to-action (KTA) framework with the COM-B model to create an integrated approach to cross-cultural guideline adaptation. This model establishes a structured methodology for adapting international guidelines to diverse healthcare settings while preserving local medical traditions. Future research directions include exploring the role of artificial intelligence in evidence translation, particularly within integrated medical systems. This study enhances the understanding of cross-cultural knowledge translation processes and provides methodological insights into the implementation of global evidence-based practices.

KEYWORDS

best practice guidelines, localization, patient guidelines, knowledge translation, implementation science

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1. Introduction

With the global advancement of evidence-based healthcare practices, translating empirical evidence into clinical applications remains a significant challenge. The Best Practice Guidelines (BPGs) developed by the Registered Nurses' Association of Ontario (RNAO) serve as a globally recognized evidence-based tool that enhances the quality of nursing care.¹ While our experience is based on the implementation of RNAO guidelines, the clinical transformation model outlined in this study has broad applicability across diverse international guidelines from multiple sources.

The implementation of evidence-based guidelines poses unique challenges in diverse healthcare contexts, particularly in countries with distinct medical systems and cultural traditions, such as China.² The intersection of Western evidence-based practices with traditional Chinese medicine (TCM) creates a complex implementation landscape that demands innovative adaptation strategies.³ This challenge is especially pronounced in integrated healthcare settings, where practitioners must navigate differing epistemological frameworks and healing philosophies. Through an examination of system-

atic adaptation methodologies,⁴ this study highlights the need for culturally responsive clinical transformation models that effectively bridge international evidence-based guidelines with local healthcare practices.

This study examines the theoretical frameworks, methodological approaches, and practical strategies that support the cross-cultural adaptation of evidence-based guidelines within integrated healthcare systems. By examining adaptation processes and implementation mechanisms, we highlight the necessity of guideline localization, propose systematic methodological approaches, and illustrate these concepts through a case study on implementing international diabetic foot guidelines. Additionally, we analyze methodological frameworks for developing guideline-derived products, theoretical models for implementation and de-implementation research, and evidence-based strategies for guideline dissemination. Finally, we present a comprehensive clinical transformation model for international guidelines, integrating the knowledge-to-action (KTA) framework with the capability-opportunity-motivation-behavior (COM-B) model to provide healthcare institutions with a structured methodology for local adaptation. This study

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aimed to contribute to the growing discourse on culturally sensitive evidence-based practice and offers insights into the effective localization of international nursing guidelines, regardless of their source.

2. The need to adapt guidelines for local use

International best practice guidelines are developed within Western healthcare paradigms, which differ significantly from traditional Chinese culture in terms of medical infrastructure, core values, communication styles, and decision-making processes.⁵ For example, Western diabetes management guidelines typically emphasize patient's autonomy in dietary and exercise decisions. In contrast, within the Chinese cultural context, family members (particularly spouses or children) often play an active role in dietary management and exercise planning, sometimes assuming primary decision-making responsibilities. Therefore, cultural adaptation of these guidelines is crucial prior to implementation.⁶ China's healthcare system is distinctive in its equal emphasis on both TCM and Western medicine. Unlike purely Western medical systems, Chinese medical practice requires the integration of TCM theories and methodologies. Additionally, differences in healthcare resource allocation, professional role definitions, and nursing education systems require tailored adjustments in order to adapt guidelines to the local situation (localization). Furthermore, Chinese patients' health beliefs, healthcare-seeking behaviors, and treatment expectations differ significantly from those of Western patients.⁷ Therefore, guideline localization must comprehensively account for these differences to ensure that nursing recommendations are optimally suited to the Chinese healthcare context.

3. Methodological approaches to guidelines localization

The field of guideline localization has advanced to address cross-cultural adaptation challenges through diverse methodological frameworks. Among these, the progressive cultural adaptation strategy has emerged as a highly effective approach, incorporating language translation, conceptual reconstruction, and practice model refinement. This strategy preserves the core evidence base of the guidelines while enhancing their applicability and acceptance through modified presentation methods and the integration of local case studies.⁸ A key methodological innovation involves incorporating TCM nursing theories and practices into a guideline-based framework to develop culturally specific practice recommendations. The diabetic foot care guidelines exemplify this approach by integrating pattern differentiation-based nursing care with targeted TCM nursing interventions. Building on established methodological principles, this study proposes a systematic framework for guideline localization, comprising four phases: preliminary assessment, expert validation, clinical trials, and continuous optimization. Each phase incorporates well-defined quality control standards and structured feedback mechanisms.⁹ The effectiveness of these methodological approaches has gained recognized international recognition, leading to the publication of multiple localized guidelines on official platforms. These advancements contribute to the expanding body of knowledge on the international adaptation of nursing guidelines across diverse cultural contexts.

4. Case study: localized implementation of international diabetic foot guidelines

Diabetic foot is among the most severe and prevalent complications of diabetes, characterized by high recurrence, disability, and mortality rates, imposing significant psychological, economic, and social burdens on patients and their families.¹⁰ Considering the demonstrated advantages of TCM in treating diabetic foot ulcers, the implementation of international diabetic foot care guidelines serves as a compelling case study in the integration of Eastern and Western medical approaches.

The adaptation of international guidelines within integrated healthcare settings typically follows a series of strategic steps. A common starting point

involves establishing a diabetic foot nursing management clinic, as exemplified by the Beijing TCM Administration's specialized TCM nursing clinic construction project, which provides continuous post-discharge care. Effective implementation frameworks often incorporate the internationally recognized KTA model and leverage the Nursing Quality Indicators for Reporting and Evaluation (NQuIRE) system, a global digital platform for quality control. The successful localization of international guidelines generally exhibits three key characteristics. First, the adaptation process requires the incorporation of region-specific TCM preparations into treatment protocols. Case studies have highlighted the efficacy of ulcer oil in promoting wound healing, supporting its inclusion in wound-dressing formulations.¹¹ Second, the successful implementation of international guidelines requires the identification and integration of TCM nursing techniques. In the context of diabetic foot care, a systematic literature review and evaluation identified six key interventions: Chinese herbal foot baths, acupoint massage, acupoint application, wax therapy, and Chinese medicine iontophoresis.¹² Third, methodologically rigorous implementation necessitates a scientific assessment of clinical barriers. Applying the KTA model as an analytical framework enables implementers to evaluate obstacles across four dimensions, leading to three thematic recommendations and identifying four primary limiting factors: feasibility of evidence, individual deficits in theoretical knowledge and practices skill, shortages in human resources, and limitations in functional scope.¹³

This methodological approach to guideline localization illustrates how multiple evidence-based components of traditional medicine can be systematically incorporated into international guidelines. The effectiveness of these implementation strategies is demonstrated by a substantial improvement in clinical outcomes: between 2016 and 2023, the proportion of patients receiving appropriate offloading (pressure relief) devices increased by 55.3 percentage points, from 34.7% to 90%. These findings indicate that the described methodological framework is broadly applicable to various international guidelines and is not confined to a single guideline source.

5. Methodological framework for developing guideline-derived tools

As evidence-based nursing practice advances, there is a growing emphasis on the development and application of guideline-derived tools. Guideline-derived tools are instruments developed by researchers who adapt and optimize the format and presentation of clinical guidelines while preserving their core content and fundamental principles. These tools are specifically tailored to different clinical contexts to enhance practical applicability. Patient guidelines and decision-aids, as essential derivatives, play a critical role in fostering shared decision-making and improving nursing quality. Consequently, the design and refinement of these tools are of paramount importance. Current literature identifies two primary technical pathways for their development: "de novo development" and "professional guideline adaptation."¹⁴⁻¹⁶ The de novo approach involves assembling multidisciplinary teams to create original guidelines through a systematic needs assessment, evidence retrieval and evaluation, and recommendation formulation. In contrast, the adaptation pathway modifies high-quality professional guidelines through expert consensus-based standardized transformation processes to better align with patient needs.¹⁷ Evidence indicates that sustained patient involvement and evaluation significantly enhance guideline quality, underscoring the importance of collecting and integrating patient feedback throughout development.^{18,19}

In the development of patient decision-aids, two primary methodological approaches have been identified: direct construction and adaptation of existing tools. The direct construction approach involves a comprehensive process encompassing problem selection, evidence evaluation, and recommendation formulation. In contrast, the adaptation approach focuses on modifying and localizing existing tools to ensure cultural relevance.^{20,21} Significant methodological advancements have facilitated the integration of TCM elements into decision-aid development, incorporating TCM theories, pattern differentiation, and treatment protocols. This integration enhances opportunities for bridging Chinese and Western medical practices. Case studies

across various disease areas, including diabetic foot, stroke, hemiplegia, breast cancer, and menopause, have provided a systematic development process comprising needs assessment, expert validation, patient verification, and effectiveness evaluation.^{22,23} These methodological approaches establish a foundation for producing high-quality, guideline-derived decision-aids applicable across diverse healthcare settings.

This framework for developing derivative products illustrates the systematic application of methodological approaches to diverse international guidelines, regardless of origin. It proposes a potentially universal model for guideline adaptation across varied healthcare systems and cultural contexts.

6. Theoretical models for implementation and de-implementation research

Implementation and de-implementation research are essential components of evidence-based practice, providing the foundation for ongoing guideline application and quality improvement across healthcare settings. Contemporary literature highlights the role of implementation theories in facilitating the effective adoption of best practices, while de-implementation research systematically guides the discontinuation of low-value nursing interventions. A notable case study on preventing sedentary behavior in older patients with diabetes illustrates how the COM-B model, based on Behavior Change Wheel (BCW) theory, serves as a core analytical tool.²⁴ This model examines key factors influencing behavioral change across three dimensions: capability (physical and psychological), opportunity (physical and social), and motivation (reflective and automatic).²⁴ The theoretical application of this framework enables researchers to select appropriate implementation strategies from nine intervention functions: education, persuasion, incentivization, training, restriction, environmental restructuring, modeling, and enablement. Methodologically, COM-B analysis facilitates the identification of targeted techniques within the classification system of 93 Behavior Change Techniques (BCTs), such as goal setting, action planning, problem-solving, feedback and monitoring, and social support.

De-implementation research has progressed through the application of the Medical Reversal Model proposed by Prasad et al., in conjunction with the Innovation, Development, Exploration, Assessment, Long-term study-De-implementation (IDEAL-D) framework to develop a systematic decision-making and evaluation system for de-implementation.^{25–27} This integrated approach facilitates a structured assessment of the necessity, feasibility, and potential impact of de-implementation across various nursing practices, as illustrated by case studies on older individuals' constipation care, urethral orifice disinfection, and bed-bound patient positioning. Methodological insights from these applications have been documented in seven publications,^{25–31} serving as a valuable reference for optimizing nursing practices.

These theoretical frameworks and methodological approaches establish universal principles applicable to the implementation of diverse international guidelines, regardless of their origin. The convergence of implementation and de-implementation science fosters a comprehensive strategy for translating evidence into practice while systematically eliminating outdated or unsupported practices.

7. Evidence-based strategies for guideline dissemination

The dissemination of guideline-based protocols, patient guidelines, and decision aids plays a critical role in translating evidence-based practices into clinical applications, significantly enhancing the quality of healthcare delivery. These tools are essential conduits for bridging the gap between research findings and clinical implementation by transforming complex guidelines into practical, actionable protocols. Studies indicate that systematically distributing these tools improves guideline adoption and adherence, ultimately leading to enhanced healthcare service quality.³²

Effective dissemination strategies rely on a structured, multidimensional promotional framework. This framework typically includes a hierarchical

training system that engages managers, clinical experts, and frontline practitioners while delivering systematic training through both online and offline platforms.³³ A key factor in successful dissemination is the establishment of a robust quality monitoring system, incorporating process tracking, outcome evaluation, and continuous improvement mechanisms. This system facilitates real-time identification and resolution of dissemination challenges through regular data collection and analysis.³⁴

Evaluating the effectiveness of dissemination requires a multidimensional assessment framework. From a dissemination scope perspective, evaluation of tool coverage and application depth across different levels of healthcare institutions can be achieved by constructing dissemination network maps. For implementation effectiveness, a comprehensive evaluation approach involves developing a system that integrates both process and outcome indicators, employing mixed research methods to gather quantitative and qualitative data, and conducting a comprehensive assessment of the impact of the tools on clinical practice.^{35–37}

Case studies across diverse healthcare settings have demonstrated the successful application of these dissemination strategies to international guidelines from various sources. The methodological framework proposed in this study provides a structured approach to guideline dissemination that extends beyond specific guideline developers, offering a universal model for facilitating the adoption of evidence-based practices across healthcare systems.

8. A comprehensive model for clinical transformation of international guidelines

Research on guideline localization and implementation underscores the necessity of a robust theoretical framework to inform clinical practice.³⁸ Two key theoretical models have shaped this field: the KTA framework, which underpins evidence-based nursing initiatives, and the COM-B model, which has demonstrated effectiveness in clinical behavior, particularly in reducing sedentary behavior among older patients with diabetes.

The integration of these frameworks has resulted in the BPG Clinical Transformation and Application Model (Figure 1), which merges KTA's dual-cycle structure of "knowledge creation-knowledge application" with COM-B's behavioral framework of "capability-opportunity-motivation-behavior". This model outlines essential steps for guideline localization, including evidence retrieval, adaptation, protocol development, and dissemination. Expert validation and real-world implementation have demonstrated that this approach provides healthcare institutions with a structured methodology for adapting international guidelines to local contexts while ensuring comprehensive coverage of systemic and individual-level implementation factors.

This model encapsulates the essential components outlined in previous sections, including the necessity and methodology of guideline localization, case-based illustrations of localized implementation, the development of derivative medical products, strategies for implementation and de-implementation, and approaches for effective dissemination. By unifying these elements into a structured framework, the model provides a universal approach to guideline adaptation, applicable across diverse healthcare contexts and international standards, regardless of their origin.

9. Future directions in clinical guideline implementation research

This integrated framework serves as a replicable model for healthcare institutions, offering structured strategies for staged implementation and robust quality control mechanisms in the adaptation of international guidelines. Its localization pathways and evaluation methodologies provide practical solutions for tailoring global guidelines to specific local contexts. Emerging research in evidence translation highlights several promising directions, particularly in leveraging artificial intelligence (AI) within integrated medical practice environments that merge diverse healing traditions. Key research opportunities include developing AI-driven models for disseminating evidence-based guidelines across diverse healthcare settings, enhancing patient

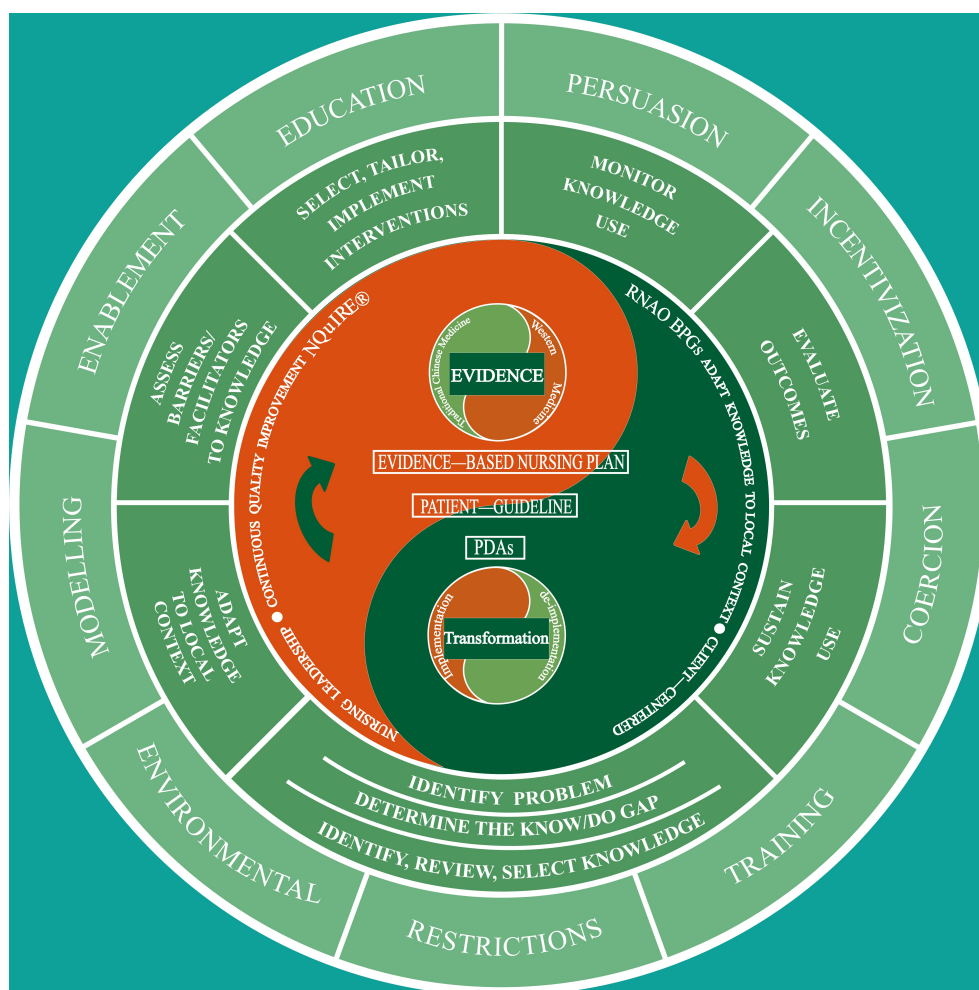


Figure 1 BPGs clinical transformation and application model

Notes: BPGs: best practice guidelines; PDAs: patient decision-aids; RNAO: Registered Nurses' Association of Ontario.

guidelines and decision-aid tools through large language models, and advancing culturally responsive evidence-based nursing practices. The strength of this standardized yet adaptable implementation model lies in its capacity to accommodate healthcare institutions of different sizes and capacities, allowing them to select appropriate pathways and progressively establish evidence-based practice systems suited to their specific operational needs.

The methodological approaches and frameworks examined in this study contribute to a deeper understanding of the cross-cultural adaptation of international guidelines. Practical insights gained from these experiences can inform the development of diverse guideline sources and their implementation across varying healthcare contexts. This exploration aims to serve as a reference for research and practice in evidence-based healthcare while fostering further advancements in related fields. Future studies should focus on generating empirical data to validate and refine these frameworks, assessing their applicability across broader healthcare environments.

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Author Contribution Statement

Xue-jing Li: Data curation, formal analysis, and writing – original draft. **Run-xi Tian:** Data curation and resources. **Xin-juan Wu:** Visualization and supervision. **Doris Grinspun:** Visualization and supervision. **Ning Gao:** Data

curation and resources. **Xiao-yan Zhang:** Resources. **Liu Han:** Resources. **Yufang Hao:** Conceptualization, supervision, funding acquisition, project administration, and writing – review & editing.

Declaration of Competing Interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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