[2]The Agency for Healthcare Research and Quality, Rockville, USA; [3]The American College of Physicians, Philadelphia, USA

10:1136/bmjqs-2013-002293.35

Background A guideline-making body nominated pressure ulcer risk assessment, prevention, and treatment as evidence review topics to support the development of clinical practice guidelines, partnering with a funding agency and a systematic review team to conduct the research.
Context Collaboration may enhance evidence-based health care given that multiple organisations bring diverse resources and expertise to the process of guideline development. By partnering to develop systematic reviews (SR) with focused research questions, funders, review teams, and guideline committees can effectively evaluate and synthesise the voluminous evidence required to inform guidelines.
Description of Best Practice We describe our processes for linking reviews to guideline development, including: •Nomination/refinement of focused review topics •Clearly defined roles for each participant •Development of comprehensive SRs •Well defined processes to preserve the scientific integrity of the review while allowing for input from stakeholders •Stakeholder and funder participation throughout the review process •Development of the guideline •Publication of the research results and guidelines.
Lessons for Guideline Developers, Adaptors, Implementers, and/or Users Challenges include balancing the interests of the nominator/guideline developer and a broader stakeholder audience; answering the clinically important questions needed to develop a guideline; effectively presenting the findings; and coordinating among groups. Collaboration ensures that SRs are focused and relevant to guideline committees, aiding in the development of research that meaningfully informs clinical guidelines. Synergy between partner organisations can lead to wider dissemination of findings and facilitate timely guideline development for implementing best practices to improve health outcomes.

005 CLINICAL PRACTICE GUIDELINES AND SYSTEMATIC REVIEWS: POINT OF INTERSECTION?

[1]L Wilson, [2]K Robinson. [1]Department of Health Policy and Management, Johns Hopkins University, Baltimore, USA; [2]Department of Medicine, Johns Hopkins University, Baltimore, USA

10:1136/bmjqs-2013-002293.36

Background Guideline committees (GCs) rely on the evidence synthesised in systematic reviews (SRs) to develop evidence-based guidelines. Institute of Medicine standards for clinical practice guidelines include an interaction between the GC and the team conducting the SR.
Context In 2005, the Cystic Fibrosis Foundation moved from consensus-based to evidence-based guideline development. SRs are now commissioned to inform specific guidelines. A methodologist, serving as a member of each multidisciplinary GC and as the lead investigator for the SR teams, provides the link for the scope, approach, and output of both processes.
Description of Best Practice The methodologist, as part of the GC, facilitates the definition of the scope and refines the questions for the SRs. The methodologist oversees the conduct of the SR, ensuring that the review team addresses relevant questions, appropriately conducts searches, and establishes inclusion criteria and provides informative details to the GC. The methodologist provides training, where needed, and ensures consistency across guidelines in the drafting and grading of the recommendations. The methodologist also helps to address peer review comments and draft the guideline documents.
Lessons for Guideline Developers, Adaptors, Implementers, and/or Users Having a methodologist serve on both the GC and the SR team ensures that there is appropriate and timely intersection of the guideline and SR processes. The methodologist can ensure that the SR team meets the needs of the GC and illuminate for the GC the methods and outcomes of the SR.

006 TRANSLATING KNOWLEDGE INTO PRACTICE: A SYSTEMATIC REVIEW OF BARRIERS, FACILITATORS AND INTERVENTIONS IMPACTING ON UPTAKE OF SYSTEMATIC REVIEWS

[1]J Wallace, [2]C Byrne, [1]M Clarke. [1]Oxford University, Oxford, UK; [2]Health Service Executive, Dublin, Ireland

10:1136/bmjqs-2013-002293.37

Background The increased uptake of evidence from systematic reviews is advocated because of their potential to improve the quality of decision making for patient care and their use in clinical practice guidelines.
Objectives To identify how uptake of evidence from systematic reviews can be enhanced.
Methods *Data sources*: We searched 19 databases covering the full range of publication years. *Study selection*: Studies of barriers and natural facilitators to uptake of evidence from systematic reviews and meta-analyses were eligible. These studies encompassed survey, focus group and interview designs. Intervention, or outcome, studies were also included. *Data extraction*: Two reviewers independently assessed quality and extracted data that were summarised and then analysed. Using a pre-established taxonomy, the barriers and facilitators were organised into a framework according to their effect on knowledge, attitudes, or behaviour. For the intervention studies, two reviewers also independently assessed quality and extracted data. *Data synthesis*: Twenty-seven studies dealing with barriers were detected and 15 studies that included investigation of natural facilitators. Ten publications addressing interventions met inclusion criteria. A synthesis of findings was conducted to find out to what extent the interventions overcome the perceived barriers and built on the facilitators detected.
Results Educational visits, summaries of systematic reviews, and targeted messaging had a significant impact on systematic review uptake and also addressed a range of identified barriers and facilitators.
Conclusion On the basis of this study, specific strategies addressing a range of barriers and facilitators are recommended to enhance uptake of systematic reviews and meta-analyses. Promising interventions are also identified.

007 PARTNERING TO TRANSFORM CLINICAL RESEARCH INTO EVIDENCE-BASED HEALTH CARE GUIDELINES

[1,2]L Al-Ansary, [3,4]Y Amer, [2]R Fattouh, [2]Y Adi. [1]Department of Family and Community Medicine, College of Medicine, King Saud Univ, Riyadh, Saudi Arabia; [2]Bahamdan's Research Chair for Evidence-Based Health Care & Knowledge Translation, Riyadh, Saudi Arabia; [3]Quality Management Department, King Saud University Medical City,

Riyadh, Saudi Arabia; [4]Alexandria Centre for EB Clinical Practice Guidelines, Alexandria University, Alexandria, Egypt

10:1136/bmjqs-2013-002293.38

Background Despite the availability of clinical practice guidelines (CPGs) on the management of diabetes mellitus type 2 (DMT2), optimal control is not achieved in many parts of the world.
Objectives To assess whether recent nationally-endorsed DMT2 CPGs refer to Cochrane reviews that relate to the recommendations of these CPGs.
Methods MEDLINE, EMBASE, guideline agency websites and Google were searched for CPGs written in English on the management of DMT2 in any practice setting published between Jan 2008 – Jan 2013. Four raters independently appraised each CPG using the AGREE-II instrument. The Cochrane Library (CL) was searched for published reviews using 'Diabetes mellitus, Type 2' [MeSH]. Reviews published one year prior to the CPG's publication date were considered 'available' reviews. Two reviewers independently assessed their relevance for the CPGs' recommendations.
Results Five CPGs were identified. The highest scores were for 'clarity-of-presentation' and the lowest were for 'applicability'. The CL search retrieved 45 reviews; 7 of them were assessed as irrelevant. The Canadian-2008, the Australian-2009 and the UK-NICE-2008/2009 guidance referred respectively to 80%, 85.7% and 93.8% of "potential" Cochrane reviews. The American-Diabetes-Association Standards of Medical Care in Diabetes 2013 cited 9/38 and the Malaysian 1/18 recent review. This variation in the uptake of relevant Cochrane reviews was not directly related to the rigour-of-development domain score.
Implications for Guideline Developers, Adaptors, Implementers, and/or Users Despite the increased production of Cochrane reviews, guidelines developers do not consistently refer to them. This needs to be explored and the practical means for maximising their uptake should be entertained.

008 PRINCIPLES FOR THE DEVELOPMENT OF SPECIALTY SOCIETY CLINICAL GUIDELINES

[1]G Fulda, [2]C Wolfkiel, [3]W Smith Begolka, [4]D Campos-Outcalt, [5]R Groman, [5]K Rubin, [6]C Davidson, [7]C May, [8]M Starkey, [8]A Qaseem. *[1]Society of Critical Care Medicine, Mt Prospect, USA; [2]American College of Occupational and Environmental Medicine, Elk Grove Village, USA; [3]American Academy of Dermatology, Schaumburg, USA; [4]American Academy of Family Physicians, Kansas City, USA; [5]American Association of Neurological Surgeons, Rolling Meadows, USA; [6]American Academy of Pediatrics, Elk Grove Village, USA; [7]American College of Cardiology, Washington, DC, USA; [8]American College of Physicians, Philadelphia, USA*

10:1136/bmjqs-2013-002293.39

Background In 2011 the Institute of Medicine (IOM) issued a report "Clinical Practice Guidelines We Can Trust" and "Standards for Systematic Reviews". These documents represent an idealised approach to guideline development. The Council of Medical Specialty Societies (CMSS) was challenged to provide leadership on a pragmatic pathway for developing "Trustworthy" guidelines. CMSS representing 38 societies and the Clinical Practice Guideline (CPG) group is the largest of nine component groups.
Context The IOM Trustworthy report contains 20 standards addressing transparency, conflict of interest and other recommendations. Guidelines International Network (GIN) published a set of 11 key components for high quality and trustworthy guidelines. Reconciling and applying these standards is challenging for specialty societies who by their very nature may be insular and sometime resource limited.
Description of Best Practice The CPG writing group including representatives from AAD, AAFP, AANS AAP, ACC, ACP, ACOEM and SCCM developed a set of 80 principles that were approved as policy by the CMSS Board in late 2012. These Principles include areas that a specialty society should, must or may consider in developing their own guidelines development methodology.
Lessons for Guideline Developers, Adaptors, Implementers, and/or Users These areas correspond to those outlined by the IOM and GIN but are intended to detail more specific issues that specialty societies are confronted by such as balancing panel expertise and potential bias. The overriding CMSS concepts include a practice approach to extensive evidence review, transparent conflict of interest management and broad stakeholder involvement. The CMSS Principles are intended to be interpreted transparently by member societies developing clinical practice guidelines.

009 ETHICAL PRINCIPLES IN GUIDELINES, IT IS NEVER ENDING STORY

[1,2]R Licenik, [1]K Klikova, [1]D Osinova, [1,2]S Doubravska, [1]K Ivanova. *[1]Centre for Clinical Practice Guidelines, Palacky University, Olomouc, Czech Republic; [2]Northwick Park Hospital, London, UK*

10:1136/bmjqs-2013-002293.40

Background Bioethical principles should be an integral part of all guidelines. Recently, there has been a movement towards ethical principles to be explicit in guidelines. They should be systematically evaluated.
Objectives We have done a systematic review on ethical principles in guidelines and developed an instrument for evaluation of ethical principles in guidelines based on the AGREE II instrument.
Methods The Questionnaire and User's guide have been developed and tested. The questionnaire covers basic ethical principles, i.e. respect for autonomy, beneficence, non-maleficence and justice, as well as other very important issues such as health professional-patient relationship and inter-professional collaboration. The last question is whether a particular CPG contains examples of ethical dilemmas. New domain on equity was added. A pilot version of case reports for some domains was developed. The instrument will be disseminated, implemented, evaluated and updated if needed.
Results Instrument for evaluation of ethical principles in guidelines.
Discussion: Useful instrument for the evaluation of ethical principles in guidelines has been developing.
Implications for Guideline Developers/Users The instrument can be used during guideline development process as well as during implementation and for evaluation of the quality.

010 "ETHICS CONSULTATION" AND "CLINICAL ETHICS COMMITTEES" (CECs) IN MEDICINE: ENTIRELY "EXPERIMENTAL" AND NOT YET "FIT FOR PURPOSE"

[1,2]M Stratling, [2]B Sedemund-Adib. *[1]University Hospital of Wales, Anaesthetic Department, Cardiff, UK; [2]Luebeck University, Department of Anaesthesiology, Luebeck, Germany*

10:1136/bmjqs-2013-002293.41