

Methods We searched the WHO website for GRC-approved guidelines published between 2008 and November 2012. Two individuals independently appraised the guidelines using AGREE II. Scores were standardised across six domains and overall quality was determined through consensus.

Results Eighty guidelines fulfilled inclusion criteria and were appraised. Twenty-seven guidelines were recommended, 47 were recommended with modifications, and six were not recommended. Two domains of AGREE scored highly across all guidelines: scope and purpose and clarity of presentation. The rigour of development and applicability domains were variable across guidelines. The lowest scoring domains were stakeholder involvement and editorial independence.

Discussion WHO guidelines still need improvement in the following areas: stakeholder engagement, use of systematically reviewed evidence, defining the funder's role, consideration of barriers and resources (including costs) when implementing recommendations, and providing monitoring criteria. Most issues may be resolved through increased transparency and better reporting of the recommendation development process by more closely following the standards set forth in the WHO guideline development handbook.

Implications for Guideline Developers/Users Guideline developers need to ensure systematic guideline development processes are followed and adequately reported in each guideline.

P133 APPROACHING ECONOMIC EVALUATION IN SOCIAL CARE GUIDANCE

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Background We have a statutory responsibility to produce social care guidance. For economic evaluation challenges include: 1. Methodology for a multi-stakeholder perspective (costs and outcomes), and determining measures of effects using standardised outcomes. 2. Decision making in the absence of accepted willingness to pay thresholds, and alignment with principles used for health guidelines.

Objectives To define an economic reference case for social care guidance.

Methods A workshop on methods identified potential approaches. Health economists who work on clinical and public health guidelines were consulted to ensure consistency. Methodological issues were discussed with academic experts.

Results A reference case for social care economic evaluation was produced within a methods manual before commencing guidance development. It recognises the need for flexibility as methodology develops.

Discussion Social care economic evaluation is constrained by the quality of evidence, and the transferability of studies. Equity considerations in the context of means-tested service provision, and the issue of unpaid care, represent examples of how decision making on cost-effectiveness must take account of factors not usually considered for clinical and public health guidelines.

Implications for Guideline Developers/Users Consistent decision-making principles must be applied across all guidance development programmes, including social care cost-effectiveness. Social care guidance, developers need to recognise and work within the context of emerging methodologies when undertaking social care economic evaluation in, but ensure that such

evaluations remain in line with general principles of guidance development and decision making.

P135 USING CURRENT PRACTICE INFORMATION TO IDENTIFY AREAS OF VARIATION

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Background Quality standards describe high-priority areas for quality improvement in a defined area.

Objectives To describe the processes by which areas for quality improvement are identified for quality standards.

Methods A topic overview, which describes core elements of the standard, such as the population and condition or services to be covered, is published on our website at the beginning of development. We then request written submissions from specialists and registered stakeholders asking them to i identify key areas for quality improvement ii provide examples of published information on current practice (such as, reports of variation in care, evaluations of guidance compliance, or patient experience) to support the identified areas. We also undertake a focused literature search for published current practice information (such as descriptions of practice variation) and identify national audits.

Results To date, we have undertaken at least 10 such reviews. We will present the types of information we receive, challenges (with a specific focus on quality of information and certainty of decisions made). We will also present how this information was used to identify area for improvement, and whether these decisions were valid.

Discussion We consider this a novel and practical approach to identifying improvement areas, bringing together views from a diverse audience, supplemented with published information.

Implications for Guideline Developers/Users Guideline developers could use similar methods to identify areas where evidence based recommendations could be focused, to define and guide best practice.

P143 PROJET JALONS: A PROVINCIAL ADAPTATION OF CLINICAL PRACTICE GUIDELINES FOR DEPRESSION IN PRIMARY CARE

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Background The development of a care protocol for major depression in primary care emerged as an extension of a knowledge application programme developed in Quebec (Canada) to improve care for anxiety and depressive disorders in primary care (2012; JALONS: <http://www.qualaxia.org/ms/jalons/>). The main goal of the project was to develop or adapt tools to support primary mental health care providers in their clinical practice.

Context The 2005 reform in Quebec's mental health services aimed at strengthening primary care services, and included the creation of multidisciplinary community-based primary mental healthcare teams.

Description of Best Practice We used the ADAPTE method to develop a care protocol for major depression in primary care tailored for the local context, with a consideration of the organisation of health care services in primary care. The work was monitored by an expert committee composed of mental health specialists, general practitioners, health care administrators and decision-makers at regional and provincial levels. The care protocol is based on two clinical practice guidelines: the NICE guideline on the treatment and management of depression in adults (2010) and the CANMAT clinical guidelines for the management of major depressive disorder in adults (2009).

Lessons We will share the challenges associated with the adaptation of clinical recommendations and organisational strategies to the local context, and the actual implementation of the care protocol in primary care. We will discuss issues dealing with the applicability and successful uptake of recommendations in local contexts (ex.: availability of resources for guideline adaptation, types of professionals involved, barriers).

P146 ADAPTING AND IMPLEMENTING GUIDELINES FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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Background Adaptation of high-quality external guidelines can be an efficient and effective means to develop guidance more rapidly, allowing for shifting of resources to knowledge transfer and health system implementation efforts.

Context To describe successful guideline adaptation and implementation strategies used by a large US health care organisation to improve the quality of care for adults with chronic obstructive pulmonary disease (COPD).

Description of Best Practice A multidisciplinary guideline team evaluated and adapted a guideline on Chronic Obstructive Pulmonary Disease (COPD) developed by the American College of Physicians, American College of Chest Physicians, American Thoracic Society, and European Respiratory Society (ACP/ACCP/ATS/ERS). Recommendations were evaluated and modified for implementability based on several dimensions of the GLIA tool. Implementation strategies targeted to physicians included electronic distribution of guidelines, interactive online continuing medical education, and point-of-care encounter support. Implementation efforts targeted to patients included point-of-care education booklets, online resources for COPD self-management, and proactive outreach for spirometry testing. Systems-level interventions included development of patient outreach lists and computerised decision support. Monthly reporting and review on three measures was conducted to monitor performance. Ongoing implementation efforts resulted in increased rates of spirometry testing and management of COPD exacerbations with systemic corticosteroid and bronchodilator medications over a four-year period.

Lessons Challenges arise when externally developed guidelines lack the specificity necessary for recommendations to be successfully implemented. Systematic evaluation and modification of recommendations is necessary to enhance implementability at the patient, provider and systems levels, as well as to improve performance.

P149 DEVELOPMENT OF EVIDENCE BASED GUIDELINES FOR THE TREATMENT OF SEIZURES AND EPILEPSY

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Background Seizures in the past year affect approximately 20% of patients with epilepsy. Vehicle crashes are also well associated with epilepsy. Different requirements for drivers with epilepsy exist across state, regional and national jurisdictions. However, a widely accepted threshold for risk of crash of 1% is common in safety sensitive positions.

Objectives To develop evidence based guidelines for the treatment and return to work/driving for those with a history of seizures and epilepsy.

Methods A panel of 5 experts developed a set of specific questions regarding the prevalence of seizures and risks of recurrence. A research team developed a search strategy which included utilisation of specific search terms for each question. A systematic literature review was performed. Databases searched included Pubmed, EBSCO and Google Scholar.

Results 246 research articles were reviewed. For individuals with a history of a single, unprovoked seizure, evidence supports a minimum of 82.02 months (6.8 years) off anti-seizure medication and seizure free. A worker with a history of seizures should have a minimum of 10 years off anti-seizure medications and seizure free prior to returning to a safety sensitive position.

Discussion These analyses provide guidance for the treatment of seizures and epilepsy and return to safety sensitive positions. Implications The breadth of safety sensitive jobs includes fork lifting driving, truck drivers, bus drivers, overhead crane operations, and the airline industry.

P150 TRANSLATING RECOMMENDATIONS INTO CLINICAL DECISION SUPPORT: CANCERLINQ PROTOTYPE EXPERIENCE

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Background The Guideline Elements Model (GEM) has been widely used to translate natural language clinical practice guidelines (CPGs) into clinical decision support (CDS) using a highly replicable, guideline-centric approach. A CPG recommendation-to-CDS translation process, which uses GEM-processed content to support an oncology rapid learning system (RLS) prototype, is examined here.

Objectives To develop rules for a breast cancer-specific CDS prototype using GEM-processed guideline content.

Methods We created five breast cancer patient scenarios with expert input from oncologists based on nine published CPGs. Using the Yale Center for Medical Informatics-developed GEM Cutter III editor, we parsed the narrative CPG recommendations into an XML-based, machine-readable format. GEM-processed content was then encoded into a Drools business rule management system to develop an integrated platform prototype for rules, workflow, and event processing. We used meta-tags to create value sets for key components of each recommendation by selecting terms from UMLS vocabularies, including SNOMED CT and LOINC.