Methods Continuous interscalene brachial plexus block for the shoulder or humerus surgery patients was assessed using 8 domestic databases including Korea Med and Ovid-MEDLINE, Ovid-EMBASE and Cochrane Library. Through a search strategy, a total of 348 works were identified and total of 21 works were included in the final assessment. Two reviewers screened all references independently, for assessing included articles quality and extracted data.
Results Side effects of the drug were reported to have occurred less or at similar level in the intervention group than the control group, although procedure related complications were reported to have occurred more often in the intervention group compared to the control group. The average pain score following the surgery was reported to be significantly lower or similar for the intervention group compared with the control group. The intervention group also had lower or similar level of quantity of additional analgesics used in comparison to the control group. In addition, the intervention group displayed either similar or higher level of satisfaction of patients on the pain control method.
Conclusion Continuous interscalene brachial plexus block was assessed to be a safe and effective technology when used for the purpose of reduction in pain in shoulder or humerus surgery patients since it was found to be relatively safe when compared with the existing procedures, and similar or more effective in terms of pain control and usage of additional analgesics in comparison to the existing pain control methods.

P181 SNORING, GASPING AND ADAPTE!

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Background The Netherlands Society of Occupational Medicine (NVAB) has a tradition of guideline development since 1999. The development of a typical monodisciplinary guideline for occupational physicians takes two years. In order to save time and costs the NVAB initiated an ADAPTE process for a monodisciplinary guideline on Obstructive Sleep Apnea Syndrome (OSAS).
Context OSAS is a major problem in the working population and may attribute to a substantial proportion of work related problems associated with fatigue. Examples are work accidents, work errors and productivity loss. Although a Dutch multidisciplinary guideline on OSAS exists, only a minority of the Dutch occupational physicians actually uses this guideline. To facilitate the implementation of the guideline, the NVAB provided a summary, a PowerPoint presentation, and medical case studies for occupational physicians. However, the guideline was still not implemented in clinical practice. Therefore the NVAB took the initiative to develop a monodisciplinary practice guideline for occupational physicians.
Description The ADAPTE process was used to develop a monodisciplinary practice guideline for occupational physicians based on a Dutch multidisciplinary guideline developed by CBO in 2009. The aim was to develop a monodisciplinary guideline in one year. In the end it took almost 3 years to adapt the guideline.
Lessons ADAPTE is a practical tool to adapt multidisciplinary guidelines into monodisciplinary practice guidelines. However, the use of the ADAPTE process does not guarantee time savings and reduction of development costs.

P184 INCLUDING WORK PARTICIPATION IN DUTCH MULTIDISCIPLINAIRY GUIDELINES - AN OVERVIEW

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Background In 2006 an innovative programme for the development of multidisciplinary guidelines (KKCZ) was started in The Netherlands. The KKCZ programme aimed to develop multidisciplinary guidelines, to facilitate collaboration between professional groups, to enhance patient participation, and to avoid duplication of efforts on a national level. Context One of the innovative aspects of the KKCZ-programme was to stimulate guideline developers to include (work) participation in the guidelines. Therefore The Netherlands Society of Occupational Medicine (NVAB) has developed a "Blueprint Participation in Guidelines" to facilitate guideline developers to include work participation in KKCZ-guidelines.
Description The KKCZ-programme has led to 53 multidisciplinary guidelines. In an evaluation study the contents of eight KKCZ-guidelines and two other multidisciplinary guidelines was assessed. This was accomplished by first developing a list of process indicators describing essential steps of the Blueprint. Second, the use of the Blueprint was evaluated using this list. All eight KKCZ-guidelines were developed using the Blueprint. Because process indicators do not give information on the actual contents of a guideline, a web based survey was held among Dutch occupational physicians. 253 occupational physicians reported on the inclusion of work participation in the guidelines. The majority found that work participation was included in these guidelines. However, they also found that many of the key recommendations in the guidelines were difficult to implement.
Lessons The use of a Blueprint for guideline developers has stimulated the inclusion of work participation in multidisciplinary guidelines. However, the use of this Blueprint is no guarantee that key recommendations on work participation are implemented in daily practice.

P187 DEVELOPING A FRAMEWORK AND CRITERIA TO SORT, SELECT AND REDUCE MEASUREMENT INSTRUMENTS FOR DAILY PRACTICE IN PHYSICAL THERAPY

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Objectives The amount and diversity of measurement instruments in the Dutch physiotherapy guidelines is too extensive: in total 111 instruments. Many of these instruments are too long and concern identical domains and concepts. The aim of this bottom-up project is to develop a framework and criteria that will guide the structure, selection and reduction of instruments for application in daily practice.
Methods The project consist of the next steps: 1. Defining the aim of the framework and review the (inter)national literature; 2. Developing a concept framework; 3. An inventory of domains and overlap of instruments in the Dutch guidelines; 4. An inventory made by professionals of domains and concepts relevant for musculoskeletal functioning in physiotherapy and instruments used; 5. Consensus meetings with representatives of

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professionals and guideline developers; 6. Processing results and preparation of field tests: sorting, selection and reduction of instruments for domains and concepts by using the framework and criteria for feasibility and use in daily practice; 7. Implementation- and dissemination planning.
Results A Conceptual framework based on the structure of clinical reasoning and International Classification of Functioning. An inventory of domains that are relevant for physiotherapy and feasibility criteria for the selection of instruments. A guide for the selection and reduction of recommended instruments in guidelines and use in daily practice.
Conclusions The framework gives professionals and guideline developers the same structure and a clearer understanding about the selection of instruments for daily practice. It helps professionals to learn when to use which instrument for what patient.

P189 ISCHEMIC STROKE: THROUGH ADAPTED CLINICAL GUIDELINE TO LOCAL CLINICAL PROTOCOLS

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Background The health care system of Ukraine required improvement in treatment of stroke patients based on evidence present in GIN.
Objectives To compare Ukrainian treatment practices with the best strategies for stroke management and to improve quality of health care on the basis of the identified differences.
Methods Multidisciplinary working group has prepared adapted guidelines "Modern principles of diagnosis and management of patients with acute ischemic stroke and TIA", "Recommendations for the management of patients with ischemic stroke and TIA", "Rehabilitation, prevention and management of complications and discharge planning in ischemic stroke" with regard of the evidence-based strategies for stroke treatment. Simultaneously, unified clinical protocols of medical care "Ischemic stroke" and "Systemic thrombolysis for stroke" were developed on the basis of the guidelines and then approved by the Ministry of Health of Ukraine in August 2012.
Results There were identified differences in the stroke treatment in Ukraine compared to the best practice, which resulted in amendments to the corresponding regulations in health care. In order to integrate these changes into clinical practice local protocols and critical pathways for management of stroke are developing in all healthcare facilities taking into account peculiarities of the region and available resources of the hospitals.
Discussion Local protocols comprise evidence-based statements which represent the best practice from clinical guidelines from GIN and other databases.
Implications for Guideline Developers/Users Measures enabling changes in existing medical practice are identified to ensure effective treatment of stroke patients within 4.5 hours after symptoms onset.

P190 REGISTRY OF MEDICAL TECHNOLOGICAL DOCUMENTS FOR SUPPORTING GUIDELINES ACCESSIBILITY

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Background The Ministry of Health of Ukraine has approved the methodology for development of medical and technological documents on the basis of evidence. The first documents on the basis of evidence were developed by multidisciplinary working groups in recent years. We can witness the process of guidelines adaptation and their implementation into health care practice.
Context It is necessary to ensure the availability of new documents for doctors, health care providers, and public. Transparency at all stages of medical and technical documents development is also very important.
Description of Best Practice The website of the registry of medical and technological documents has been created and posted at http://www.dec.gov.ua/mtd/index.html. The website includes: - Adapted clinical guidelines and unified clinical protocols of medical care developed by multidisciplinary working groups; - Draft documents submitted for public discussion; - Information on clinical topics under consideration; - Methodological materials for developers - members of multidisciplinary working groups; - Links to international sources of evidential information. The development of the content of the website continues.
Lessons for Guideline Developers, Adaptors, Implementers, and/or Users Creating a specialised website that integrates methodological materials, adapted clinical guidelines, unified clinical protocols, and information about the documents under consideration provides accessibility of documents, convenience for users, and improves confidence of professionals and the public in new documents.

P193 ADOPTING NICE GUIDELINES IN OTHER COUNTRIES

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Background Although NICE guidelines are developed to inform clinical practice in England and Wales, they attract interest from researchers, clinicians and healthcare organisations all over the world. This has generated discourse about whether, and to what degree, recommendations from NICE guidelines are applicable to different countries.
Objectives To consider if NICE recommendations should be adapted for use in other countries in terms of differences in health care systems, values and needs? - To discuss the varying approaches to adopting NICE guidelines and recommendations Methods Using the NICE Intrapartum Care clinical guideline, we will select illustrative examples of recommendations. Factual data and information from one developing country - Islamic Republic of Iran - will be used to evaluate the ease with which these could be implemented. We will consider the Iranian health care setting; economic situation; social values; geographical issues; cultural issues and priority health care policies.
Results We will present the findings in three categories corresponding to the ease with which NICE recommendations can be implemented in another country.
Discussion A focused discussion will centre on - whether adopting NICE guidelines and recommendations outside of England and Wales is feasible - what additional work may be need to carried out to facilitate this process - the ethics of such activity in terms of self-reliance and research capacity.
Implications for Guideline Developers/Users This project will identify areas where existing guidance can be shared across borders thereby reducing duplication of effort; facilitating

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