

or treatment recommendations in specific subgroups. GDTs considered GLIA appraisal findings when they revised their reports and found the GLIA appraisals helpful in creating more implementable guidelines.

Implications for Guideline Developers/Users GLIA training for GDTs, and formal use of the GLIA tool help produce more implementable guidelines.

062 PARTIALLY UPDATING A GUIDELINE TO IMPROVE ITS IMPLEMENTATION

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Background We were commissioned to partially update a clinical guideline. The remit was to develop new service delivery recommendations to support implementation of the guideline whilst leaving the existing clinical recommendations unchanged.

Objectives To describe the approach taken in partially updating a guideline to improve its implementation. To discuss the problems encountered and possible solutions.

Methods At the time, there was limited guidance on conducting service delivery evidence reviews. A methodology was developed and agreed by the developers, the NICE Methodology Team and the GDG which aimed to ensure the process was as robust, reproducible and transparent as possible.

Results Limited evidence was identified using the agreed methodology. This prevented identification of successful service delivery models. It also became apparent that some of the implementation issues were embedded in the original guideline recommendations, and these could not be changed.

Discussion The methodology used could not adequately address the implementation issues, as it was not possible to amend any of the problematic recommendations, or describe a method of service delivery that was clinically and cost effective. Agreement could not be reached on how to progress with developing the recommendations, and so a decision was made to cease publication of the service delivery recommendations.

Implications for Guideline Developers/Users Partial updates are more challenging for guidelines requiring implementation support and should: 1) Go through a process to assess the issues before deciding how guideline should be updated. Or 2) Come with a remit to enable the developers to amend the recommendations for which implementation support is sought.

063 ENHANCING THE UPTAKE OF CLINICAL PRACTICE GUIDELINES: THE DEVELOPMENT OF A GUIDELINE IMPLEMENTABILITY TOOL (GUIDE-IT)

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Background Guidelines have the potential to facilitate implementation of evidence into practice but this has not been consistently achieved. We developed a guideline implementability tool (GUIDE-IT), which can assess the implementability of guideline recommendations.

Objective To determine if GUIDE-IT can improve the Language and Format of guideline recommendations.

Methods Using a mixed-methods approach to develop GUIDE-IT, we conducted 1) a Realist Review of guideline factors influencing uptake, and used its results to build a conceptual model of guideline implementability; 2) qualitative interviews with 20 family physicians to determine factors influencing guideline uptake and to obtain input on tool design; 3) created a prototype and conducted validity assessments with experts in guideline development and human factors. GUIDE-IT was then pilot tested with the Canadian Diabetes/Paediatric Associations (CDA, CPS) to determine its potential for assessing the implementability of guideline recommendations.

Results Pilot testing with CDA and CPS developers showed that factors across 4 sub-domains of Language (clarity, simplicity, specificity, and actionability) and 3 sub-domains of Format (presentation, components, and multiple versions) were applicable for modifying recommendations. GUIDE-IT was feasible to use by guideline developers to identify implementability problems and to improve recommendations.

Discussion GUIDE-IT is based on a robust evidentiary base with the potential to improve guidelines. Next steps include evaluating GUIDE-IT in a controlled trial to determine its impact on end-user clinical decision making.

Implications for Guideline Developers/Users GUIDE-IT has potential to be a practical tool for developers to improve the language and format of guideline recommendations.

064 IDENTIFYING, DESCRIBING AND EVALUATING GUIDELINE IMPLEMENTABILITY TOOLS

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Background Research shows that guidelines are more easily translated to practice when accompanied by information that helps users accommodate, implement and evaluate use of the recommendations. Guidelines vary in whether and how they offer such information, which we refer to as guideline implementability tools (GIttools).

Objectives To identify, describe and evaluate exemplar GIttools that address Resource Implications, Implementation and Evaluation, and suggest how they could be improved.

Methods GIttools were identified in several sources (guidelines, Medline, professional organisation web sites, Implementation Science, Internet, expert referrals) and two individuals independently assessed each on criteria recommended by G-I-N members: purpose statement, instructions for use, citations for source of content, and how it was developed.

Results The search produced 228 potential tools. Of these 94 were ineligible and 63 met no assessment criteria. Of the remaining 71 tools, 13 (18.3%), 24 (33.8%), 23 (32.4%) and 11 (15.5%) met 1, 2, 3 and 4 criteria, respectively; and 57 (80.3%), 37 (52.1%), 41 (57.7%) and 41 (57.7%) provided purpose, instructions, citations and development details, respectively. Most tools addressed Implementation (44, 62.0%). Twenty-eight (39.4%) were guideline-specific and 43 (60.6%) were generic.

Discussion Few GIttools met all assessment criteria. GIttools could be more informative across all criteria. Few GIttools were available to help users assess resource needs or evaluate guideline use. Many GIttools were applicable to a variety of guidelines.

Implications We identified a number of ways to improve GIttools. Collaborative development and sharing of both generic

and condition-specific GIttools could make efficient use of resources.

065 PUBMED VS. GOOGLE SCHOLAR: A DATABASE ARMS RACE?

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Background Currently there are two widely used databases, PubMed and Google Scholar, are used for guidelines development. Research suggests PubMed is superior, however recent evidence suggests Google Scholar may have closed that gap. One family of journals reports 60% of their traffic is coming from Google Scholar.

Objectives Assess efficiency and completeness of searching for known moderate and high quality RCTs in PubMed and Google Scholar.

Methods Searches were performed by two experienced researchers using the same search terms to identify RCTs for a specific treatment. In a crossover design, one researcher performed the search in PubMed (PM1), the other in Google Scholar (GS1). Subsequently each performed the same searches in the other database (PM2 and GS2). Total numbers of articles identified, relevant articles found, and the time to complete were collected. Articles were compared to a known comprehensive list of 5 RCTs used for guideline preparation that was drawn from 6 exhaustive database searches.

Results GS1 identified 2 and GS2 identified 3 of the RCTs. PM1 identified 2 and PM2 identified 2 RCTs. PubMed and Google Scholar searches averaged 63 and 194 minutes to complete respectively.

Discussion Each database consistently identified one of the two highest quality studies, but neither database identified both. Difference search time is nearly 3-fold. No single search identified all quality studies. Additional trials are planned.

Implications for Guideline Developers/Users For comprehensive literature searches both databases should be searched.

066 HOW ARE WE FEELING TODAY? THE SENSITIVITY OF A LITERATURE SEARCH FILTER FOR PATIENTS' VALUES AND PREFERENCES

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Background The patient perspective in guideline development is of vital importance. To find out what this perspective entails, different methods may be considered, such as participation of patients or their representatives in guideline development groups or in focus group discussions, or by conducting patient surveys addressing specific problems and needs. In addition, a review of the literature in the early stages of guideline development can provide relevant information. Literature search filters for patients' perspectives and preferences applicable for Medline (OVID), PubMed, and Embase were developed and validated in 2012. The specificity was 98% but the sensitivity was only 90%.

Objectives To verify the sensitivity of the filters by means of a newly available 'gold standard'.

Methods We re-estimated the sensitivity of the search filters by using the references of a recent Cochrane Review, Interventions for providers to promote a patient-centred approach in clinical consultations 2012;(12):CD003267, as a gold standard.

Results The search filters for patients' values and preferences retrieved 72 (Medline (OVID/Pubmed) and 67 (Embase) titles, respectively, out of 73 references included in the Cochrane Review (mean sensitivity 96%).

Discussion Applying filters for patients' perspectives and preferences retrieved almost all references. Minor adaptations to the Embase filter were needed to enhance the sensitivity without compromising the specificity. Validation of filters is an iterative process, illustrating that filters are dynamic tools.

Implications for Guideline Developers/Users Availability of a validated tool for retrieving literature on patients' values and preferences can support integration of the patient perspective in guideline development.

067 CHALLENGES OF DEVELOPING RAPID GUIDANCE FOR COMPLEX INTERVENTIONS

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Background Rigorous guideline development requires extensive time and resources. Rapid review—a streamlined approach to synthesising evidence—offers an attractive alternative to systematic review for informing decision-making on complex interventions in a timely manner. Complex interventions are those that contain extensive number of interacting components.

Context A rapid evidence assessment service of a large US-based health care organisation developed guidance through rapid review on transitional residential recovery services (TRSS) for substance abusers.

Description of Best Practice Complex interventions present unique challenges for evaluation by rapid review. Significant scoping and upfront communication with end users was undertaken to understand the target populations, intervention-related components, outcomes, timing and settings associated with TRSS. Thorough refinement of Ovid search algorithms using date-based limits was needed to generate a feasible and appropriate literature database. Issues relating to complex interventions—such as limited generalisability, lack of effect may be driven by poor implementation rather than ineffectiveness of intervention, variability in outcomes, etc.—were communicated to end users in conjunction with findings. Changes to existing programmes were enacted based on findings and will be discussed.

Lessons for Guideline Developers, Adaptors, Implementers, and/or Users Studies of complex interventions are notoriously difficult to evaluate and summarise through traditional evidence assessment methods. Rapid review offers an attractive option for providing evidence for timely decision-making; however, its application to complex interventions requires careful planning, execution and understanding.

068 INTEGRATING GUIDELINES INTO LOCAL CLINICAL PRACTICE AND POLICY USING HOSPITAL-BASED HEALTH TECHNOLOGY ASSESSMENT

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