

## Abstracts

- clarify the need for the update
- scope the evidence base and define the breadth of the remit
- follow established processes and work within existing methodology
- manage guideline development group expectations.

### **P008 KEEPING CANCER GUIDELINES CURRENT USING A WIKI APPROACH**

Ian Olver (Australia).

10:1136/bmjqs-2013-002293.8

Updating written guidelines regularly is difficult and expensive. New evidence in cancer treatment is published frequently. Guideline booklets are also difficult to disseminate widely and stakeholder feedback is mainly pre-publication. To address these issues, Cancer Council Australia developed a web-based wiki platform for guidelines. Only invited expert authors can write in the wiki guidelines, but any stakeholder can comment upon them at any time. The key steps in guideline development were integrated with the wiki capability. An expert group, whose competing interests are documented, were identified, the key clinical questions and search strategies were developed for each question and literature searches recorded on the wiki. An online literature screening and critical appraisal process was developed. Evidence-based recommendations were formulated and evidence tables automatically generated. The stakeholders were invited to comment online. Web analytics monitored usage. The writers remain engaged to appraise new papers and update the guideline rapidly as necessary. All previous versions could be accessed. We evaluated lung cancer treatment guidelines developed on the wiki, where 22 authors identified 67 clinical questions. The literature search and screening process resulted in 2035 potentially relevant articles being forwarded for detailed methodological evaluation with another 571 added through snowballing and other methods. To fine-tune the initial draft content, the working party used the wiki to exchange 156 internal comments in 9 weeks. Of 1055 visits in a 30 day initial consultation period 487 were targeted by email and 387 found the site by Google searches. Of respondents from 45 countries, most were from Australia (799 visits), New Zealand (60 visits) and the United States (31 visits) Of 38 comments, 31 resulted in edits. A strategy to boost uptake is to write Qstream education modules to accompany the guidelines.

## Plenary 4: Developing Implementable Guidelines

### **P009 GUIDELINE IMPLEMENTABILITY: LEARNING FROM GREAT THINKERS LIKE PICASSO, THE DALAI LAMA AND ANONYMOUS**

Melissa Brouwers (Canada).

10:1136/bmjqs-2013-002293.9

A tension faced in the guideline enterprise is finding the right balance between development, implementation and evaluation of recommendations. Are developers getting mired in the minutiae of creating the best guideline report? Are implementers choosing the best messages and strategies to optimise utilisation? Are evaluators assessing the most meaningful outcomes or the outcomes

that are easiest to measure? Together, are these players in the guideline enterprise optimising what is known in their respective fields and the relationships among each other to create a system for success? In this presentation, we will turn for inspiration to some great thinkers, consider the research environment, and bring in real life examples to address these questions.

### **P010 DEVELOPING AND EVALUATING COMMUNICATION STRATEGIES TO SUPPORT INFORMED DECISIONS AND PRACTICE BASED ON EVIDENCE (DECIDE) FOR HEALTH PROFESSIONALS**

Pablo Alonso (Spain).

10:1136/bmjqs-2013-002293.10

The DECIDE initiative, building on the work of GRADE, is exploring methods to ensure effective communication of evidence-based recommendations targeted at key stakeholders (healthcare professionals, policymakers, and managers, and patients and the general public). DECIDE will produce strategies for communicating recommendations that are being rigorously evaluated in diverse settings, and it will support the transfer of research into practice in healthcare systems globally. The methodology is an iterative process that includes; brainstorming, user feedback through user testing, surveys, trials and implementation and evaluation in real guidelines. All this is being done across a wide range of healthcare systems in Europe, North America, and other countries.

The work with healthcare professionals is developing three strategies: 1) An electronic multilayered guideline format that presents the essential information that healthcare professionals tell us they need to understand and act on a recommendation; 2) An evidence to recommendation table for users: this is a summary table with the factors for moving from evidence to a recommendation and the justification for each recommendation; 3) A decision aid template to semi-automatically build decision aids linked to guidelines to be used at the point of care. For strategies 1 and 3 DECIDE is also collaborating with the MAGIC programme.

These strategies will be implemented a guideline authoring tool that is being developed from GRADEpro (called the Guideline Development Tool, or GDT), and will also be implementable in other online guideline authoring tools, allowing guideline groups to decide which of these strategies to use when developing their guidelines. The GDT will be able to facilitate the full authoring of a typical guideline and allow the updating of these strategies when needed. Guideline outputs will be made available through multiple platforms (e.g., websites, smartphones and tablets apps).

These tools will help to make guidelines better suited to the information needs of health professionals, policymakers and consumers across diverse healthcare settings in Europe and elsewhere.

### **P011 SUCCESS AND CHALLENGES FROM OVER 5 YEARS OF THE NATIONAL STROKE FOUNDATION'S STROKELINK PROGRAM. AN EXAMPLE OF A COMPREHENSIVE IMPLEMENTATION PROGRAM LINKING STROKE GUIDELINES TO CURRENT PRACTICE IN AUSTRALIA**

Kelvin Hill (Australia).

10:1136/bmjqs-2013-002293.11

Can a national charity deliver a robust guideline development programme as well as a comprehensive implementation programme in the challenging federated health system of Australia? The National Stroke Foundation started coordinating national stroke guidelines in 2002 but soon realised developing guidelines, while fundamental, was only one of the many jigsaw pieces needed to see real improvements in the clinical care for stroke. The Foundation learnt from other national and international models of successful implementation programmes and embarked on closing the guidelines-practice gap for stroke by leading the first national stroke audit and then developing the 'StrokeLink' programme. The StrokeLink programme involves facilitated workshops of hospital based stroke teams, use of the audit data to identify gaps, consensus development processes to choosing gaps and consider barriers and enablers, assist teams to develop action plans to close the evidence-practice gaps and use audit data to assess changes in practice. This presentation will provide a real life example of what can be achieved by a small, dedicated team passionate about improving stroke care in Australia. Qualitative and quantitative results will be presented of the effects of the StrokeLink programme. In addition, elements of the Foundation's implementation strategies, their history and future directions will be presented focusing on key barriers and enablers at both a strategic and operational level.

## Plenary 5: Successful or New Implementation Strategies for Guidelines

### P012 THE EHR

Wiley Chan (USA).

10:1136/bmjqs-2013-002293.12

Guidelines must adhere to a rigorous, transparent, evidence-based methodology and contain explicit, actionable recommendations to ensure acceptance and facilitate implementation by clinicians and health care delivery systems. In addition to these core requirements, guidelines must be implemented in clinical practice to deliver better health outcomes for our patients. Use of Electronic Health Records (EHRs) is an effective way to embed guidance at the point of care and impact clinical care. Most EHR tools are aimed at clinicians and health care delivery system staff. However, interactive EHR tools aimed at patients that enhance patient engagement in their health care have great potential. Examples of the various types of EHR tools used in Kaiser Permanente will be presented. The characteristics of the various EHR tools available that are associated with their rate of use and their impact will be explored. The concept of EHR content implementation lifecycle will be presented. Each stage in this lifecycle is important: Requirements Definition, Design, Develop/Build, Deploy/Champion; Measure/Evaluate; Maintain/Revise. As an example of Requirements Definition, careful planning and management are necessary to ensure that EHR tools are focused on key points in the clinical pathways to address root causes of performance gaps, and support clinical workflows.

The EHR is a powerful tool to embed guidance and affect clinical care. But effective use of EHR tools also requires strong support from organisational leadership, centralised coordinated governance, and collaboration with end-users. EHR tools must be integrated into the larger health care delivery system's

infrastructure, to be effective in supporting and impacting clinical care.

### P013 USING NETWORKS TO FACILITATE INTERNATIONAL GUIDELINE IMPLEMENTATION: ALLERGIC RHINITIS AS AN EXAMPLE

Jean Bousquet (France).

10:1136/bmjqs-2013-002293.13

Allergic rhinitis and asthma represent global health problems for all age groups. Asthma and rhinitis frequently co-exist in the same subjects. Patients, clinicians and other health care professionals are confronted with various treatment choices for the management of allergic rhinitis. This contributes to considerable variation in clinical practice and, worldwide, patients, clinicians and other health care professionals are faced with uncertainty about the relative merits and downsides of the various treatment options. The outcomes of an expert workshop (ARIA: Allergic Rhinitis and its Impact on Asthma) held at the World Health Organization (WHO) in December 1999 were published in 2001. The ARIA workshop report was innovative in:

- Proposing a new AR classification using persistence and severity of symptoms (mild/moderate-severe and intermittent/persistent).
- Promoting the concept of co-morbidities in asthma and rhinitis as a key factor for patients' management.
- Developing guidelines in collaboration with relevant stakeholders including primary care physicians, and patients.
- Including experts from developed and developing countries.
- Adopting an evidence-based approach for the first time in guidelines on rhinitis.
- Initiating global implementation among health care professionals and patients.

As new evidence about treatments for allergic rhinitis emerged, the methodology for guideline development changed. ARIA went with the times and move, after an evidence based update in 2008, to adopting the GRADE approach with its 2010 update. ARIA is disseminated and implemented in over 50 countries of the world. The Pocket Guide has been translated in 52 languages and it is arguably one of the most disseminated guidelines. We will report on the opportunities for international dissemination that evolved over time, report on how we accomplished it and how new media, such as Apps, can be used to facilitate the process of dissemination, using ARIA as an example.

### P014 GUIDELINE IMPLEMENTATION IN A 21ST CENTURY HEALTH SYSTEM

Brian Mittman (USA).

10:1136/bmjqs-2013-002293.14

The nature of healthcare delivery has changed dramatically during the 20+ years since clinical practice guidelines first became a central focus of efforts to improve healthcare quality and outcomes. Continued development of new clinical and service delivery technologies, dramatic shifts in fiscal and regulatory environments, and continued changes in delivery system structure and organisation are among the key drivers of evolution in healthcare delivery practices. This presentation highlights key features of this evolution and derives important implications for