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 additional, 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).

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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).

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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).

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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

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clinical practice guideline implementation. Key implications include the need to (1) embed guidelines in broader efforts to reorganise and redesign care delivery, including team-based multidisciplinary care, (2) expand efforts to integrate guideline recommendations in health information technology applications targeting consumers and other stakeholders, in addition to clinicians, and (3) better coordinate and integrate guidelines within clinical policies, quality and performance monitoring schemes and technical assistance and quality improvement initiatives. Additional trends in healthcare technologies and delivery practices have implications for guideline development processes and guideline attributes, in addition to guideline implementation. These include growing interest in personalised medicine and patient-centred care, the emergence of "big data" and associated opportunities to develop new forms of evidence-based guidance for clinical decisions, and continued developments in clinical research methods such as observational designs for comparative effectiveness research, "N of 1" trials and others. The presentation will touch briefly on these developments as well, and discuss their implications for the future of clinical practice guidelines as a foundation for evidence-based clinical decision making and quality improvement.

PANEL SESSIONS AND INTERACTIVE WORKSHOPS

032PS ASKING THE RIGHT QUESTIONS: EFFECTIVE PARTNERSHIPS BETWEEN GUIDELINE GROUPS AND SYSTEMATIC REVIEW GROUPS

[1]S Chang, [2,3]P Shekelle, [4]D Buckley, [5]J Melnikow. *[1]Agency for Healthcare Research and Quality, Rockville, USA; [2]RAND Corporation, Los Angeles, USA; [3]University of California, Los Angeles, USA; [4]Oregon Health and Science University, Portland, USA; [5]Center For Healthcare Policy and Research, UC Davis Medical Center, California, USA*

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Guideline groups increasingly are seeking to leverage the value of independent systematic reviews. Compared with less formal approaches, systematic reviews are less likely to introduce bias. Such reviews require a pre-planned and structured process, in which the key questions clearly and precisely reflect the evidence needs of the guideline. Designing and conducting systematic reviews to support guideline development requires coordination and communication between guideline committees and systematic review investigators. This panel session is geared to guideline developers interested in partnering with independent systematic review groups. Guideline groups will hear about the benefits and challenges of systematic reviews and how to be an effective partner in the systematic review process to produce useful reviews. Stephanie Chang, Director of the Agency for Healthcare Research and Quality Evidence-based Practice Center (EPC) programme will moderate the session. Paul Shekelle, Director of the RAND EPC, Chair of the American College of Physicians Clinical Guidelines Committee, and co-Chair of the National Guideline Clearinghouse Editorial Board will review challenges and suggestions for how guideline groups and systematic review investigators can complement one another for effective partnerships. David Buckley, core investigator with the Pacific Northwest EPC at Oregon Health & Science University will focus on how guideline groups can work with systematic reviewers to shape effective questions for systematic review. Joy Melikow, member of the US Preventive Services Task Force Committee will share her perspective as a guideline developer experienced in using systematic reviews and the lessons she has learned in how to be an effective partner.

062PS THE ROLE OF RAPID SYSTEMATIC REVIEWS FOR DEVELOPMENT OF RAPID GUIDANCE IN HEALTH CARE AND HEALTH POLICY SETTINGS

[1,5,7]M Koster, [2,8]C Garritty, [3,8]C Gallagher, [4,5,7]H Schunemann, [5,6]S Norris. *[1]Kaiser Permanente, Pasadena, CA, USA; [2]Ottawa Hospital Research Institute (OHRI), Ottawa, ON, Canada; [3]Cochrane Collaboration College for Policy; [4]George Mason University, Fairfax, VA, USA; [5]McMaster University, Hamilton, ON, Canada; [6]GRADE Working Group, Hamilton, ON, Canada; [7]World Health Organization Geneva Switzerland; [8]G-I-N North America Steering Group, USA, Cochrane Response*

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Background Conducting systematic evidence reviews on a set of focused clinical questions has become one of the "gold standards" for development of "trustworthy" clinical guidance. Time, resource constraints, and other issues, however, may require the application of more pragmatic means for reviewing the evidence to support rapid guidance development.
Target Group, Suggested Audience Developers of guidance for health systems and health policy settings.
Objectives/Goals To actively engage panellists and session participants in a discussion of the role of rapid systematic reviews in the development of rapid guidance, the strengths and limitations of rapid vs. full/complete systematic review methods, and lessons learned from recent national and international rapid review and guidance efforts within health care and health policy settings.
Description of Session and Speaker Topics Chantelle Garritty will discuss OHRI's rapid review work with the Ottawa Hospital Technology Assessment Programme, and the Cochrane Collaboration's new "Cochrane Response" rapid review methodology; Catherine Gallagher will present results of a pilot Cochrane Response rapid review within the GMU Health System, and organisation of an international group to develop rapid review standards; Holger Schunemann will present examples of rapid systematic reviews and their value in rapid guidance development; and Susan Norris will present on the WHO's development of rapid guidance in the setting of urgent public health needs. Marguerite Koster will moderate the discussion.

017PS USING COMPUTERIZED DECISION SUPPORT SYSTEMS TO IMPROVE THE UPTAKE OF GUIDELINES: PERSPECTIVES FROM DIFFERENT COUNTRIES

[1]M Lugtenberg, [2,3]L Brandt, [4,5]I Kunnamo, [6]R Shiffman, [7]J Burgers. *[1]IQ Healthcare, Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands; [2]Department of Medicine, Inlandet Hospital Trust, GjØvik, Norway; [3]Institute for Health and Society, Faculty of Medicine, University of Oslo, Oslo, Norway; [4]Duodecim Medical Publications Ltd., Helsinki, Finland; [5]University of Helsinki, Helsinki Finland; [6]Center for Medical Informatics, Yale University School of Medicine New Haven, CT; [7]USA Dutch College of General Practitioners (NHG), Utrecht, The Netherlands*

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Background Computerised decision support systems (CDSSs) are increasingly used to improve the uptake of guidelines. However, there is large variation in types of decision support provided, types of supported guidelines and recommendations, and types of healthcare settings in which CDSSs are applied. In addition, the effectiveness varies across systems, whereas determinants for success and failure are largely unknown.

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