

Background Best practice guidelines (BPGs) in suicide risk assessment documentation support nursing care of clients at risk for suicide. Investigation regarding nurses' adherence to BPGs for suicide risk assessment documentation is minimal.

Objectives In a mixed-methods study to investigate nurses' knowledge of suicide risk assessment documentation, the researchers created a chart audit to measure nursing practice congruence with five recommendations from the suicide risk assessment BPG (RNAO, 2009).

Methods Five recommendations, from the BPG: Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour (RNAO, 2009), were the benchmarks for the chart audit measure. Suicide risk indicators, as determined by the Minimum Data Set for Mental Health (MDS-MH) (Ontario Ministry of Health, 2011), were the criteria to identify charts of suicidal clients. The researchers integrated MDS-MH indicators with the five BPG recommendations and constructed compliance indicators that incorporated the Nurses Global Assessment of Suicide Risk (Cutcliffe & Barker, 2004).

Results Five BPG recommendations, integrated with provincial suicide assessment criteria and a standardised suicide assessment scale produced a 3-point likert scale chart audit with 15 indicators. Possible ranges of scores for documentation congruence with the BPG are 0 to 30.

Discussion This performance measure provides objective, proxy data to triangulate with nurses' self-perception of suicide risk documentation and evaluate practice as per BPGs.

Implications for Guideline Developers/Users A standardised instrument to monitor BPG practices can be used to inform implementation and education strategies.

P204 THE UPDATING PROCESS GUIDANCE IN CLINICAL PRACTICE GUIDELINES HANDBOOKS: A SYSTEMATIC REVIEW

^{1,2,3}R Vernooij, ^{2,3}A Sanabria, ^{2,3}I Solà, ^{2,3}P Alonso-Coello, ^{2,3}L Martínez García.
¹Department of Health Sciences, Faculty of Earth and Life Sciences, VU University, Amsterdam; ²The Netherlands, Iberoamerican Cochrane Centre, Barcelona, Spain; ³Institute of Biomedical Research (IIB Sant Pau), Barcelona, Spain

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Background Updating is an important process for maintaining recommendations' and clinical practice guidelines' (CPGs) validity. CPGs methodological handbooks are designed to provide guidance on developing and updating CPGs, however, little is known about this guidance about the updating process.

Objectives To identify and describe the guidance about the updating process in CPGs handbooks.

Methods We included methodological handbooks that provide guidance about updating. We conducted a systematic search in the Guidelines International Network library, US National Guidelines Clearinghouse, MEDLINE and contacted main institutions. For extracting data we developed a list of key elements.

Results We included thirty-six handbooks. Most of them (97%) focus mainly on developing *de novo* CPGs and include some information about updating. Half of the handbooks provide a time frame for updating guidelines. The majority of handbooks do not provide guidance about the updating process, namely: literature search, evidence selection, assessment, synthesis and external review. Finally, two handbooks (6%) provide information about publishing an updated CPG.

Discussion Our study highlights that the updating process is poorly described in current methodological handbooks.

Handbooks do not contain enough information for executing an optimal update.

Implications Institutions responsible for updating and developing CPGs need to pay more attention to updating and reflect this in their handbooks. This guidance should be more rigorous, explicit and detailed. This could, consequently, lead to a more optimal updating process and, hence, more up-to-date recommendations.

P207 TOOLKIT: IMPLEMENTATION OF BEST PRACTICE GUIDELINES – A FRAMEWORK FOR SUCCESS!

H McConnell, A Stewart-Pyne, I Bajnok. *Registered Nurses' Association of Ontario, Toronto, Canada*

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A signature programme lead by a professional nursing association in Canada has a mandate to develop, disseminate, implement, evaluate and support the uptake of clinical guidelines. This programme's success has resulted in international reach, due to its rigorous guideline development process, and innovative implementation strategies. These strategies include a key resource, the Toolkit: Implementation of Best Practice Guidelines, which delineates a systematic, well-planned implementation process, and is designed to assist nurses and other health-care professionals to support evidence-informed clinical decision-making. This Toolkit is based on emerging evidence that the likelihood of achieving successful uptake of best practice in health care increases when:

- Guidelines are selected for implementation through systematic, participatory processes including relevant stakeholder engagement and environmental readiness assessment
- Guidelines are tailored to the local context
- Barriers and facilitators to guideline use are assessed and addressed
- Guideline use is systematically monitored and sustained
- Evaluation of the impacts of guideline use is an integral part of the entire process
- There are adequate resources to support completion of all aspects of implementation

This Toolkit will help guideline users take best evidence and integrate it into practice, education and policy using a systematic approach consistent with the local context of practice. This presentation will share the key phases of guideline implementation outlined in the Toolkit, and discuss how this resource is being utilised to address the key challenges of developing evidence based practice cultures through guideline implementation.

P208 HOW COULD WHO BETTER SUPPORT NATIONAL AND SUBNATIONAL GOVERNMENTS IN THEIR EFFORTS TO ADAPT AND IMPLEMENT GLOBAL RECOMMENDATIONS AND DECISIONS? A SYSTEMATIC ANALYSIS OF HEALTH SYSTEMS GUIDANCE AND WORLD HEALTH ASSEMBLY RESOLUTIONS

^{1,2}D Patino-Lugo, ¹J Lavis, ³P Perel, ¹Y Wu, ³A Haines, ⁴M Ranson, ⁵U Panisset, ⁶X Bosch-Capblanch, ¹M Brouwers. ¹McMaster University, Hamilton, Canada; ²University of Antioquia, Medellin, Colombia; ³London School of Hygiene and Tropical Medicine, London, UK; ⁴Alliance for Health Policy and Systems Research, WHO, Geneva, Switzerland; ⁵Evidence and Networks for Health - EVIPNet, WHO, Geneva, Switzerland; ⁶Swiss Tropical and Public Health Institute Basel, Switzerland

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Background The World Health Organization's health systems guidance and the normative standards about health systems

endorsed in World Health Assembly (WHA) have the potential to better support national and subnational health systems guidance and policy development processes by including information about the contextual factors that can shape decisions about health systems.

Objectives To assess the extent to which WHO health systems guidance and the WHA technical documents include information about how to address a health system problem and how the health system arrangements and political system features can influence decision-making.

Methods We reviewed all WHO guidance published since 2008 to 2012 and WHA resolutions published from 2005 to 2012 and included those with a focus on health systems. Two reviewers independently screened and applied the selection criteria to all the documents and extracted the information following pre-established data-extraction forms.

Results 13 out of 78 WHO guidance and 14 technical documents out of 207 WHA resolutions had a health system's focus. Six WHO guidance and 12 WHA documents included information about how to address a health system problem. All WHO guidance included information about delivery arrangements but only three discussed financial arrangements. Two WHO guidance and five WHA documents discussed key features of political systems.

Discussions The inclusion of contextual factors, mainly financial arrangements of health systems and political systems features was infrequent among the reviewed documents.

Implications for Guideline Developers/Users It is necessary to understand better how to integrate these contextual factors in the process of global guidance development.

P210 CHANGES IN PERFORMANCE OF THE ADAPTATION METHODOLOGY USED FOR GUIDELINE DEVELOPMENT FROM 2002 TO 2012

C Khan, S Schwarz, S Conrad, K Koltermann, A Dippmann, G Ollenschlaeger. *Agency for Quality in Medicine (AQuMed), Berlin, Germany*

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Background Guideline adaptation has always been the methodological basis of the German National Disease Management Guideline (NDMG) Programme. Although it allows highly efficient and resource-saving workflows, the NDMG development process becomes an increasingly time-consuming and resource-intensive challenge.

Objective The objective of the present project was to analyse the performance of the adaptation methods used for the NDMG guidelines development to identify the critical issues causing an extensive effort and to find possible coping solutions.

Methods We reviewed each NDMG method report from the beginning of the programme in 2002 to 2012. We extracted and evaluated the duration of the process, the number of source guidelines used and number and themes of additional literature searches over the course of years also in comparison of the first and second editions.

Results One of the 14 NDMGs was excluded because of missing adaptation method during the updating process. The comparison of first half of the programme between 2002 to 2007 and second half from 2007 to 2012 revealed an average duration of the development process of 22,7 versus 49,9 months. Until 2007 4,5 and after 2007 3,7 source guidelines were used on average. The number of topics of systematic literature searches has been

rising over the years. On average 5 additional searches were conducted in the last 5 years. 42% of all topics covered pharmacotherapy.

Discussion The adaptation methodology is still very useful and efficient. However, prioritisation and consensus processes and strict orientation on the selected source guidelines need to be optimised to reduce the increasing effort.

P211 SYSTEMATIC REVIEW AND QUALITY APPRAISAL OF CLINICAL PRACTICE GUIDELINES FOR THE TREATMENT OF PATIENTS WITH ACUTE CORONARY SYNDROME

L Lugo, N Acosta, J Senior. *University of Antioquia, Medellin, Colombia*

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Background In Colombia, ischemic heart disease was the leading cause of death in people over 55 years of age. In the next five years, the Colombian population over 45 years of age will triple leading to an increase in the incidence and prevalence of atherosclerotic heart disease. Under this scenario, the Colombian Ministry of Health commissioned us the development of a clinical practice guideline (CPG) for the comprehensive treatment of patients with acute coronary syndrome (ACS). Therefore, as part of this process we conducted a systematic review and a quality appraisal of the published CPGs for this condition.

Methods By undertaking a systematic search of multiple databases, reviewing the reference lists of included studies and the input of experts, we identified CPG for ACS with and without ST elevation, published from 2005 to 2011. We assessed the quality of each guideline using the AGREE II instrument.

Results We identified 121 CPG and assessed the quality of 28 that met the inclusion criteria. The overall average for the 28 guides in all domains was: clarity of presentation 91%, reach and objectives 78%, methodological rigour 72%, stakeholder involvement 62%, editorial independence 72%, and applicability 44%. 11 of 28 guidelines had a low methodological rigour (score less than 60%).

Discussion The applicability of the guideline, that is, to provide clear identification of tools to implement the recommendations of the guideline, should be strengthened in the CPG for SCA.

P212 REVIEW OF SYSTEMATIC REVIEWS RELATED TO CLINICAL GUIDELINES IMPLEMENTATION

¹D Geba, ²W Chan, ¹M Moreno, ¹T Pearson. ¹University of Rochester, Rochester, USA; ²Kaiser Permanente, Portland, USA

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Background Clinical guidelines should be implemented using evidence-based implementation strategies. However, guideline development programmes rarely allocate resources to perform evidence-based reviews of implementation strategies required to implement their guidelines. A streamlined approach to obtain such summaries of evidence in preparation for development of cardiovascular risk reduction guidelines sponsored by a national-level organisation was a review of systematic reviews (SRs) of implementation strategies.

Objectives To explore whether SRs of implementation strategies provide support for the effectiveness of these strategies. Methods Rx for Change database of the Canadian Agency for Drugs and