bariatric surgery and on the identification of additional target areas. Our capacity building programme has trained over 250 individuals within and without Amil, including policy developers within regional and national health ministries.

Conclusion An IHTA programme within a BHCO may offer a capacity building model useful for national development.

P270 **DEVELOPMENT OF QUALITY INDICATORS OF LOW RISK LABOR PROVIDED PRIMARILY BY MIDWIVES: BASED ON CLINICAL PRACTICE GUIDELINES WITH A MODIFIED DELPHI METHOD**

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Background In Japan some labour units have started services for low risk labour provided primarily by midwives with the assistance of obstetricians. However, real practices varied with facilities and quality of care has not been sufficiently assured.

Objectives We aimed to develop quality indicators of low-risk labour provided primarily by midwives in Japan.

Methods We systematically searched databases to select related indicators and clinical practice guidelines. Using a modified Delphi method, a multidisciplinary panel including two women who experienced labour and were not health professionals was assembled and a meeting was held. After the panel members rated the candidates individually, consensus was attained for each indicator.

Results An electronic search retrieved 104 guidelines (2043 key recommendations) from which 32 guidelines (166 key recommendations) were selected. Some recommendations were excluded due to difficulties in measuring and others due to evidence against following certain guidelines. Additionally, 31 existing quality indicators were identified. The panel discussed 25 candidate indicators: 18 indicators were adopted, six indicators were not adopted, one indicator was modified. Four indicators were added later following discussion. Consequently, 23 quality indicators of care were chosen.

Discussion A pilot test of these indicators at multiple facilities should contribute to future development of guideline-based quality indicators.

Implications for Guideline Developers/Users Guideline developers should be more conscious in making recommendations that are potentially used as quality indicators.

P271 **COMPUTERIZED GUIDELINES ANALYSIS: 5-YEARS EXPERIENCE AND USER FEEDBACK**

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Background In 2007, HAS (Haute Autorité de Santé, France) started experimenting the use of computerised guidelines analysis with the G-DEE software as part of the guidelines production process. G-DEE uses shallow natural language processing techniques to recognise the expression of recommendations in a guidelines' text, and structures the document accordingly using on-

screen text highlighting and colouring. Project managers were offered, on an entirely voluntary basis, the possibility of using this tool during the final phases of guidelines production to i) analyse overall guidelines structure and ii) review the formulation of individual recommendations. To date, this experiment has concerned 38% of guidelines that have been officially released.

Objectives Improving the performance and usability of the deployed G-DEE system.

Methods We have collected feedback from guidelines' project managers who have identified clear benefits in terms of readability of individual recommendations, overall text balance, fine-tuning and testing of alternative wording. Main limitations identified were processing time, which required additional planning and the absence of a tuning facility that would allow different levels of grammar coverage.

Results Notable enhancements include faster document processing (x10) and incremental document analysis allowing direct text input in the system.

Discussion These will make its use possible throughout the production process, e.g. directly as part of consensus meetings once the first draft is available. In addition, the possibility to define additional grammar files for text processing supports the processing of new document types (shorter guidelines, summaries) which may adopt different writing styles.

P273 **EFFECTS OF KOREAN-AGREE SCORING GUIDE ON IMPROVING THE RELIABILITY OF THE SCORES**

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Background The Korean translated AGREE II instrument has been distrubuted to Korean medical societies in 2011. But inter-rater disagreement issues still existed. The Korean AGREE II scoring guide was therefore developed to reduce inter-rater differences.

Objectives To examine effects of the Korean AGREE II scoring guide on reduction of the inter-rater differences.

Methods Appraisers were randomly assigned to group A or B. The Korean AGREE II instument was provided to all participants, but the Korea AGREE II scoring guide was offered to only group A. Total of 14 appraisers participated and each gudeline was assessed by 8 appraisers. To evaluate the reliability of the Korean AGREE II scoring guide, correlation of scores among appraisers and domain-specific intra-class correlation (ICC) were calculated.

Results Most scores of two groups were comparable. And scoring guide user group showed higher reliability at all guidelines. It showed higher correlation among appraisers and higher ICC values at almost all domains (from $0.272\sim0.792$ to $0.667\sim0.888$ in CPG A, from $0.273\sim0.682$ to $0.424\sim0.815$ in CPG B).

Discussion Scoring guide reduces the inter-rater disagreement and improves the overall reliability of the Korean-AGREE II instrument.

Implications for Guideline Developers/Users This study identified the performance and utility of the scoring guide as a useful guidance to Korean-AGREE II instrument users.

P274   NEW NATIONAL GOVERNMENTAL GUIDELINE
        PROGRAM IN HUNGARY

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Background In Hungary officially 493 clinical practice guidelines (CPGs) were released by the Ministry of Health. Since most of the published guidelines were developed in 2005 and 2006, the updating process is necessary. In Hungary traditionally, professional associations develop guidelines. In lack of a dedicated guideline clearinghouse with an evidence-based methodological support function, mostly non-systematic, non-evidence-based or traditional methods were used when formulating recommendations.

Context To solve these anomalies, the National Institute for Quality- and Organisational Development in Healthcare and Medicines (NIQODHM) set up an expert group of evidence based methodologists to systematically revise the existing clinical guidelines and support the updating process. The expert group assessed the methodological quality of 90% of the existing CPGs by the AGREE instrument: most CPGs scored rather low on the stakeholder involvement, rigour of development, applicability, and editorial independence domains. Therefore our aim is to encourage the professional associations to improve these shortcomings.

Description of Best Practice The NIQODHM developed a web-based application to support this project and coordinates the participation of all relevant professional groups in the development teams. User-friendly tools for adaptation of evidence-based guidelines, based on internationally published methods and materials are developed and personal consultations are provided by the expert group of methodologists. To guarantee the independence of national guidelines, a regulated declaration process for Conflict of Interest is also introduced.

Lessons for Guideline Developers, Adaptors We do believe that methodological support tools will contribute to the development of higher quality and more applicable recommendations.

P275   GUIDELINE-BASED QUALITY INDICATORS FOR CARDIAC
        REHABILITATION OF PATIENTS WITH ISCHEMIC HEART
        DISEASE IN JAPAN: USE OF A MODIFIED DELPHI
        TECHNIQUE FOR INDICATOR DEVELOPMENT

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Background Cardiac rehabilitation improves quality of life and mortality in patients with ischemic heart disease, but it is underutilised and quality in practice is unknown. Quality indicators are increasingly used to quantify healthcare quality. In Japan, however, such indicators for cardiac rehabilitation have not been developed yet.

Objectives The purpose of this study was to develop quality indicators considering clinical circumstances in Japan.

Methods To determine quality indicator candidates, we systematically searched electronic databases and reviewed existing related guidelines indicators. Using a modified Delphi technique, a domestic multidisciplinary panel of ten experts was assembled for a face-to-face meeting. After panel members rated the candidates individually on a questionnaire, a final consensus was determined for each measure.

Results A literature search identified 894 clinical guidelines and 38 existing quality indicators. Some of them were excluded due to inconsistency with a priori criteria. Then, 26 guidelines and 16 indicators were selected to create a list of indicator candidates. The panel discussed 27 candidates: six indicators were adopted, one indicator was not adopted, 20 indicators were reconstituted into four indicators, and three new additional indicators were suggested. Consequently, 13 indicators were chosen.

Discussion Guideline-based quality indicator development may be time-efficient and resource saving, but further methodology research is needed. We are planning a pilot test of these indicators at multiple facilities.

Implications for Guideline Developers/Users Guideline developers should take potential use as quality indicators into account for making recommendations.

P281   APPLYING THE RE-AIM FRAMEWORK TO EVALUATE
        DISSEMINATION AND IMPLEMENTATION OF CLINICAL
        PRACTICE GUIDELINE FOR SEXUALLY TRANSMITTED
        INFECTIONS IN KOREA

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Background Clinical practice guideline for Sexually Transmitted Infections were developed in 2011 by The Korean Urological Association supported financially by the Korean government. It is necessary to establish the theory-based strategy to disseminate and implement guideline more effectively.

Objectives To evaluate dissemination and implementation of clinical practice guideline for Sexually Transmitted Infections in primary health care in Korea.

Methods The RE-AIM framework in terms of reach, effectiveness, adoption, implementation and maintenance was applied. Structured questionnaire was formulated. Survey was performed by e-mailing to physicians working at primary health care clinics from 1st Nov – 30thNov 2012 and 305 physicians responded.

Results Of the total respondents, 37.5% answered 'Reach'- no problem for the accessibility of clinical guidelines, cognitive level, and adoption. For Effectiveness measurement, the use of practice guidelines would help the determination of the direction of treatment and communication with patients (52.2%). For the Adoption-environment to apply clinical practice guidelines, there were no problems (50.6%). For Implementation-the degree of application with Practice Guidelines, 17.8% of respondents frequently used the guidelines and, 91.0% of respondents are willing to use them in the future. For Maintenance, 54.8% of respondents used the clinical practice guidelines for more than 6 months.

Discussion The reach has been low and even in the respondents with the guideline, the rate of clinical application has been low as well.