P059 DYNAMIC UPDATING OF CLINICAL PRACTICE GUIDELINES (CPGS)

D Regidor, C Robbins. *Kaiser Permanente, Care Management Institute, Oakland, USA, Kaiser Permanente*

10:1136/bmjqs-2013-002293.144

Background We have been developing CPGs for use within our organisation since 2002. Our lengthy, text- based rationales were not widely read by guideline users. We created a decision support (rationale) table, based on GRADE methodology, and added a summary statement (basis of recommendation) to allow readers a concise and transparent snapshot of our justification for recommendation and strength.
Context The rationale serves as a bridge between systematic review and recommendation, and provides users with a high-level justification for a recommendation. The basis of recommendation (BoR) summarises the 4 GRADE domains of strength of recommendation and how they are integrated to derive the final recommendation & strength. The BoR serves to: •Provide information to the Guideline Development Team and frontline clinicians to facilitate discussion and consensus and aid clinical decision-making. •Provide a structured, standardised portal into more detailed information in the CPG.
Description of Best Practice We follow GRADE's 2-level designation of recommendation strength (strong/weak), and developed standardised recommendation language to align with recommendation strength. We considered two approaches to derive the final recommendation strength, finally settling on an approach that allows flexible weighting of the contribution of each domain to recommendation strength. With this approach, in special circumstances, a strong recommendation may be given in the absence of a high-level of certainty. We plan to provide direct links from the CPG to our electronic medical record's decision support tools.
Implications for Guideline Developers/Users A concise and targeted rationale helps clinicians understand how the evidence was used to develop clinical practice recommendations.

P060 WHEN EVIDENCE IS WEAK OR INSUFFICIENT, HOW CAN WE PRODUCE GUIDANCE THAT IS TRUSTWORTHY?

[1]S Zelman Lewis, [1]J Ornelas, [1,2]K Casey. *[1]American College of Chest Physicians, Northbrook, USA; [2]University of Cincinnati College of Medicine, Cincinnati, USA*

10:1136/bmjqs-2013-002293.145

Background The GuideLine Implementability Appraisal (GLIA) instrument has been suggested for identifying potentially remediable implementability issues during the guideline development process.
Objective To explore to what extent using GLIA during the development process would result in guideline revision before publication.
Methods The development process of the European hyponatremia guideline -coordinated by European Renal Best Practice - was our study context. Using the GLIA web-tool, eleven clinicians and methodologists from eight countries individually appraised 27 guideline statements. In a face-to-face consensus meeting, four GLIA panelists and one guideline development group (GDG) representative summarized potential implementability issues. The GDG discussed these issues, and revised the guideline if deemed necessary.
Results We identified 33 issues; the GDG accepted 26 as potentially hampering implementability. This resulted in statement reformulation with (n=5) and without (n=10) influencing clinical content, adding or (re)moving entire statements (n=8), and adding information to tables or rationales (n=3). The majority of issues declined by the GDG (n=7) addressed clinical situations that were covered elsewhere in the guideline or were considered to be uncommon.
Discussion Using GLIA during the development process resulted in a revised guideline. We felt that GDG representation in the consensus meeting optimize our appraisal process.
Implications for Guideline Developers Guideline organizations may want to consider incorporating GLIA into their development process. This may raise GDGs' awareness of potential implementability issues, and allow revision of the guideline accordingly prior to publication. Future research should explore the effect of GLIA-based revisions on implementability as assessed by guideline users.

P066 WHAT KINDS OF CHANGES DID THE PUBLICATION OF LARGE-SCALE RCTS RELATED TO HPV TESTING LEAD TO IN CERVICAL CANCER SCREENING GUIDELINES?

[1]C Hamashima, [2]T Kishi. *[1]National Cancer Center, Tokyo, Japan; [2]Keio University, Tokyo, Japan*

10:1136/bmjqs-2013-002293.146

Objectives Although the mortality of cervical cancer has decreased in developed countries, HPV testing has been anticipated as a new technique for cervical cancer screening. Since 2009, three RCTs have reported final outcomes that evaluated reduction of the mortality of cervical cancer or of the incidence of invasive cancer. Changes in the assessment of HPV testing in guidelines, evidence reports, and statements are examined.
Methods A search was performed from January 2010 to January 2012 using MEDLINE, the GIN library, and the National Guidelines Clearinghouse to identify guidelines, evidence reports, and statements that evaluated HPV testing. Additional reports recommended by experts were also included as needed. Assessments of HPV testing and related evidence were compared.
Results Eight guidelines and two evidence reports matching our criteria were identified. When HPV testing was recommended and introduced, it was based on the results of studies conducted in the respective countries. The methods of HPV testing were different, because interpretations of the results of the RCTs were different among these guidelines and reports.
Discussion Although new techniques are expected to be introduced early in comminutes, long follow-up is needed to evaluate efficacy. In such situations, studies conducted in respective countries are often considered to represent favourable results. To resolve this problem, a modelling approach could be used, but the appropriateness of such an approach for guideline development needs to be investigated.
Implication for Guideline Developers To evaluate the efficacy of a new technique, modelling studies should be standardised for guideline development.

P069 CLINICAL PRACTICE GUIDELINES MANUALS AND TOOLKITS. ARE THEY DIFFERENT AMONG LANGUAGES, COUNTRIES AND DEVELOPERS?

[1,2]I Florez, [1]Á Perez, [1]L Prieto, [1]E Peña, [1]L Cañón. *[1]Instituto de Evaluación Tecnológica en Salud, Bogotá, Colombia; [2]Universidad de Antioquia, Medellín, Colombia*

10:1136/bmjqs-2013-002293.147

BMJ Qual Saf: first published as 10.1136/bmjqs-2013-002293.147 on 15 August 2013. Downloaded from http://qualitysafety.bmj.com/ on April 19, 2024 by guest. Protected by copyright.

Background Manuals and Toolkits (MT) are standards for developing Clinical Practice Guidelines (CPG). Most developers have their own MT. There isn't enough information about characteristics of MT in other languages than English.
Objective To assess the characteristics of MT for developing CPG from different developers in English and Spanish.
Methods We searched electronic databases, national clearinghouses and non-electronic sources such as guidelines developer's sites. Epidemiologists independently assessed MT retrieved. Information about scoping, development group, Conflict of Interests (COI), updating, evidence systems among others, were extracted.
Results Twenty MT were retrieved, 8 in Spanish, and 12 in English. It is not clear how COI is declared and handled in most of the MT. GRADE and SIGN were the most recommended systems for assessment of quality of evidence, nevertheless many didn't recommend any system. Only 2 MT had a complete explanation about patient's participation. Three years is the most common recommendation for updating CPG. Only a few include an economic component. There isn't clarity in how recommendations are reported and how should be the external review of MT.
Discussion There is heterogeneity in CPG development. Spanish MT are less specific than English ones. It is important to improve quality of Spanish-language MT's, in order to enhance quality of Spanish CPG. There is an important lack of information about patient's participation and drafting of recommendations.
Implications for Guideline Developers/Users It's important to improve the contents and quality of MT in order to achieve high quality standards on CPG development for both developed and developing countries.

P070 TOOLBOX FOR THE COMPLETE PROCESS OF GUIDELINE DEVELOPMENT, REVISION, IMPLEMENTATION AND EVALUATION

M Hilbink, M Ouwens, T Kool. *Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands*

10:1136/bmjqs-2013-002293.148

Background Problems in the process of guideline development, revision, implementation and evaluation are commonly perceived.
Objectives To support and improve the process of guideline development, revision, implementation and evaluation.
Methods After reaching consensus about topics for which there was a huge need for support, we composed thirteen working groups consisting of 4–5 representatives of various Dutch institutions involved in guideline development and implementation. Each group developed a support tool on a specific topic. 150 experts commented the draft version of the tools. Subsequently, the tools were used in more than 40 guideline projects to evaluate their practical value. The final versions of the tools have been disseminated by internet and will be adopted by the National Dutch Quality Insitute.
Results A toolbox containing 13 tools on the following topics: 1. Analysis of clinical care gaps 2. Cost-effectiveness 3. Organization and cooperation 4. Dealing with conflicts 5. International cooperation 6. Project management 7. Formulating specific recommendations 8. Attention for sex differences 9. Guidelines and shared decision making 10. Knowledge gaps 11. Implementation 12. Monitoring 13. Electronic disclosure A both Dutch and English-language version website on guideline development and implementation in the broader context, with incorporation of the tools.
Discussion This project yielded a toolbox with tools on topics and activities that offered scope for further international development.
Implications for Guideline Developers/Users Using these tools might improve the quality of guidelines, which in turn results in higher guideline adherence. Better guideline adherence might eventually lead to improved quality of care.

P071 GUIDELINES FOR GUIDELINE DEVELOPERS: A SYSTEMATIC REVIEW OF GRADING SYSTEMS FOR MEDICAL TESTS

[1]G Gopalakrishna, [2]M Langendam, [2]R Scholten, [1]P Bossuyt, [1]M Leeflang. *[1]Department of Clinical Epidemiology, Biostatistics and Bioinformatics. Academic, Amsterdam, Netherlands; [2]Dutch Cochrane Centre. Academic Medical Center. Amsterdam Netherlands, Amsterdam, Netherlands*

10:1136/bmjqs-2013-002293.149

Background Development of guidelines for medical tests are challenging given the indirectness of evidence on patient outcomes. We compared grading systems for medical tests in terms of basic guideline quality requirements and on how they use indirect evidence.
Methods We used a systematic search to identify grading systems specific to medical tests in PubMed, professional guideline websites and handsearching back references of key articles. Using the AGREE instrument as a starting point, we defined two sets of characteristics to describe these systems: process and methodological ones. Process characteristics were features related to the guideline development process. Methodological characteristics were defined as features relating to how evidence is gathered, appraised and recommendations development. Data was extracted in duplicate and differences resolved through discussion.
Results Twelve grading systems were included. Process characteristics least often addressed were whether the system was piloted (3/12) and funder information (3/12). Methodologically, developing a clinical scenario, care pathway and/or analytical framework, having explicit criteria for appraising and linking indirect evidence, and having explicit methodologies for translating evidence into recommendations were least frequently addressed. Five systems at most addressed these to varying degrees of completeness.
Implications for Guideline Developers There is a need for standardisation of basic guideline features a grading system should address. No one system adequately addressed the complexity of gathering, assessing and linking different bodies of evidence. There is a need for critical appraisal of these features in each system and for targeted user testing among guideline developers.

P081 DESIGN OF PHYSICIAN PRINTED EDUCATIONAL MATERIALS: MAKING GOOD IDEAS STICK

J Versloot, M Kastner, A Grudniewicz, A Chatterjee, L Hayden, O Bhattacharyya. *St. Michael's Hospital, Toronto, Canada*

10:1136/bmjqs-2013-002293.150

Background It is difficult to communicate new and complex clinical evidence to physicians already experiencing information overload. Proper use of design principles may increase uptake of guidelines and other printed educational materials (PEM) and improve practice.
Objectives We aimed to determine whether physician-oriented PEMs are created in accordance with design principles.
Methods We analysed PEMs identified in a 2012 Cochrane review of their effect on professional and patient outcomes and developed a checklist of design principles based on a literature

BMJ Qual Saf: first published as 10.1136/bmjqs-2013-002293.147 on 15 August 2013. Downloaded from http://qualitysafety.bmj.com/ on April 19, 2024 by guest. Protected by copyright.