

Implications Now, the quantity of CPGS of acupuncture is very small. As the quality of the guidelines of acupuncture was low, they were still lots of limitations. The research in methodology of the CPGS of acupuncture still must be enhanced.

P097 ADHERENCE TO GUIDELINES FOR PREVENTIVE CHILD HEALTH CARE IN THE NETHERLANDS

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10:1136/bmjqs-2013-002293.160

Background Since 1998, several evidence-based guidelines for Preventive Child Health Care (PCHC) were developed at request of the Dutch Ministry of Health Welfare and Sports. The Dutch Centre for Child Health oversees the development, implementation and evaluation of guidelines. Adherence to guidelines is a prerequisite for clients to receive the intended care and benefit.

Objective To assess the extent to which professionals in PCHC adhere to key recommendations of nine PCHC-guidelines.

Methods We undertook a survey among a representative sample of PCHC-professionals (n = 472). Guideline developers selected key activities/recommendations in their guideline. Participants indicated, for each key activity, the proportion of children they applied the activity to. From this, we calculated the proportion of all prescribed key activities the professionals had actually adhered to (i.e. completeness of use). Participants marked obstructers to adhere to the guidelines.

Results 299 (63%) professionals filled-out the questionnaire; 91 doctors, 159 nurses, and 49 medical assistants. Completeness of use varied from 28% to 98% per key activity. Lack of time and lack of client cooperation were often mentioned as obstructers.

Discussion There is room for improvement. Problems in measuring adherence have arisen when key recommendations were not very specific.

Implications for Guideline Developers/Users To enable future monitoring, guideline developers should be specific in formulating key activities, and make sure that, in the guideline, key activities are clearly recognisable. Assessment of adherence is recommended as a way to point out weaknesses in guidelines and their implementation.

P098 THE CANADIAN TASK FORCE ON PREVENTIVE HEALTH CARE: PROCESS FOR CRITICAL APPRAISAL OF EXTERNALLY-PRODUCED GUIDELINES

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10:1136/bmjqs-2013-002293.161

Background The Canadian Task Force on Preventive Health Care (CTFPHC) was re-established in 2010, with a mandate to produce clinical practice guidelines (CPGs) for primary preventive care, based on systematic analysis of scientific evidence.

Context In order to increase the range of topics for which the CTFPHC provides guidance, while operating with defined

resources, it was necessary to explore alternative dissemination methods. In addition to developing new guidelines and updating existing guidelines, the CTFPHC has developed a process for identifying high quality guidelines produced by other organisations on topics relevant to the CTFPHC's mandate.

Description of Best Practice The process is comprised of 12 steps. When a CPG is identified for appraisal, a literature scan for recently produced guidelines on the same topic by other organisations is conducted. The resultant CPGs are qualitatively assessed based on 5 criteria. The CPG most appropriate for appraisal undergoes AGREEII assessment, followed by development of a summary report that includes a commentary which discusses the strengths, limitations, link between evidence review and CPG and content of the CPG.

Lessons for Guideline Developers, Adaptors, Implementers and/or Users Through several iterations, a robust process has been developed, with 3 appraisals completed. Two essential steps were identified: systematic selection of guidelines for appraisal, and engagement of KT experts in selecting product format. Because an appraisal identifies CPGs developed using a standard and rigorous methodology, and does not imply the CTFPHC's agreement with the recommendations, it is essential that the summary report contain information required by practitioners to ensure a benefit is gained from its dissemination.

P099 ASSESSMENT OF THE DIFFUSION AND IMPLEMENTATION OF THE CLINICAL PRACTICE GUIDELINES IN MEXICO

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10:1136/bmjqs-2013-002293.162

Background The clinical practice guidelines (CPGs) of the National Health System of Mexico (NHSM) aim to improve the quality and to reduce the heterogeneity of medical care.

Objectives To assess the success of the implementation of the CPGs in medical units of the NHSM.

Methods 480 health units were randomly sampled. In each one, the following items were applied: a checklist in order to verify the existence of CPGs, a questionnaire for physicians to document their knowledge, training and awareness on CPGs, and another one to those in charge of the dissemination and implementation process. Clinical records were reviewed to document the use of CPGs.

Results The diffusion of the CPGs is conducted via internet through the Master Catalogue (MC). The MC was identified in 80% of the sample. The overall level of training on CPGs was 56% (45% -100%). 88% of doctors are aware of the existence of CPGs and 71% reported the utilisation of a CPG during the last month. 30% of the people in charge of dissemination do not have the necessary resources for the dissemination and implementation. The adherence level falls below 50%.

Discussion One limitation to the dissemination of the CPG is internet access, along with training variability among institutions. The main barrier to the use of CPGs, is the lack of resources (physical material, human and time) for the dissemination and implementation.

Implications for Guideline Developers/Users The knowledge of CPGs is high, however there are barriers that limit their implementation.