Abstracts

P305 CHALLENGES OF DEVELOPING CLINICAL PRACTICE GUIDELINES (CPG) FOR PEDIATRIC CANCER IN COLOMBIA
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Background WHO estimates for the year 2013 that approximately 12 million deaths will be attributed to cancer. In developing countries, 180,000 childhood cancer cases occur every year.

Context The need to standardize the management of childhood haematological cancers and reach the same survival rates in developed and developing countries require the elaboration of clinical practice guidelines (CPG) in Colombia. The overall survival for acute lymphoid leukaemia is around 50% while in other countries is near 80%. Description of best practice: the ministry of health assigned the development of a CPG of childhood acute leukaemias and lymphomas. The guideline development group (GDG) had to face some challenges due to the amount/quality of evidence and the patients’ point of view. Lessons for guideline developers, adaptors, implementers, and/or users: during the formulation of the recommendations, not only effectiveness is a critical outcome but treatment toxicity and adverse effects such as secondary neoplasies need to be evaluated. In order to identify relevant information of safety, the GDG had to include observational studies which brought up some challenges. The GDG developed a qualitative exercise for the identification of patients’ point of view that were weighted in equal manner with the risk and benefits of the interventions. Once the guideline was finished, the recommendations were driven towards patient safety and the implementation implied to make changes in public policies, improve the access to continuous therapy, proper diagnosis, modifications in resources assignment and work around the available treatment so the overall survival can reach international standards.

P306 GUIDELINE DEVELOPMENT TOOL (GDT) – WEB-BASED SOLUTION FOR GUIDELINE DEVELOPERS AND AUTHORS OF SYSTEMATIC REVIEWS
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Background Guideline developers and other health care decision makers benefit from following a structured process of specifying the health care questions they intend to answer and the outcomes of interest, assessing the confidence in the available evidence, gathering information about the values and preferences of the target population, and presentation of their results and decisions to the target users. Many guideline developers use the GRADE Profiler (GRADEpro) software used to conduct this work.

Context GRADE’s approach is currently being further defined in the DECIDE (Developing and Evaluating Communication Strategies to Support Informed Decisions and Practice Based on Evidence) project.

Description of Best Practice The Guideline Development Tool (GDT) is the extension of the GRADE Profiler (GRADEpro) software. The GDT provides an integrated platform-independent web-based solution for health care decision makers offering support for the whole process of making decisions and developing recommendations including question formulation, generation and prioritisation of outcomes, support for teamwork, management of potential conflicts of interest, presentation of results (including the functionality of GRADEpro) and decision support. We tested the software with individual users and in workshops as well as in guideline development processes.

Lessons for Guideline Developers, Adaptors, Implementers, and/or Users Following a structured and systematic process, transparency and clarity of presentation facilitates the use of results of systematic reviews and facilitates development, updating and adaptation of evidence-based recommendations and decisions. Storing all information in a uniform, structured, transparent and annotated way also greatly facilitates updating and adaptation of systematic reviews and guidelines.

P307 DATA DRIVEN BEST PRACTICE IN GENERAL PRACTICE PRESCRIBING
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Background A national quality improvement programme to understand how medicines are used was launched in 2011. The programme collects clinical data from general practice electronic health records to identify prescribing/management gaps.

Context The delivery of primary care is complex. The majority of medicines are prescribed by GPs. There is huge potential to use routinely collected clinical information to reduce evidence-treatment gaps and improve population health outcomes.

Description of Best Practice A scan of the literature and keynote international and national agencies is undertaken to identify the range of interventions and tools that support change in general practice prescribing. Activities reported as most effective, value for money and applicable to general practice, with a focus on those using prescribing or clinical data as key inputs are collated (including which activities were used singly or in combination). These activities are entered into an overarching intervention framework for data driven activities in general practice. A group of local clinical experts are invited to identify the barriers and enablers to apply this framework to the local primary care sector. Three topical areas are selected to model these approaches and verify the elements of the framework. An implementation plan including evaluation of effectiveness will be presented.

Lessons for Guideline Developers, Adaptors, Implementers, and/or Users The design of the intervention framework illustrates ways to design an ‘implementation strategy’ that draws on three dimensions: literature on effectiveness of implementation interventions; applied experience of clinical leaders; local context of primary care.

P308 SERIOUS GAMES AS A NEW MEDIUM FOR PATIENTS GUIDELINES DISSEMINATION
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Background Patient education documents are faced with a number of issues that limit their dissemination, from intrinsic
readability to how they appeal to patients. Previous studies have demonstrated a positive impact of visual media across the range of patients’ literacy skills, both health-specific and generic.

**Objectives** To devise a production mechanism for serious games in patient education aligned with the current development of patient guidelines, keeping costs manageable in the long term.

**Methods** The MUSE FP7 Project, funded by the European Commission, brings together computer scientists, cognitive psychologists and one GIN member. The project investigates the long-term potential of automatic generation of serious games from patient guidelines documents. It uses state-of-the art commercial gaming technology as well as developing new text analysis software.

**Results** A first prototype has been developed on the topic of bariatric surgery education. It features male and female patient avatars in a hospital environment and supports the interactive exploration and rehearsal of the various stages of the process. All the game actions can be related to specific portions of the patient education document.

**Discussion** The popularity of new media such as computer games improves dissemination prospects for patient education information. In addition, as suggested by recent research, the interactive nature of serious games makes the information more accessible, facilitates learning and addresses issues not covered by textual dissemination such as patient anxiety.

**Implications for Guideline Developers/Users** Serious gaming is poised to become a major health-related medium, hence the need for specific development processes.

**P311 A SURVEY ON THE LIKELY RESOURCES OF GUIDELINE DISSEMINATION AND THE PERCEIVED BARRIERS TO THE UTILIZATION IN KOREA**

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Background Dissemination resources are very important to utilise Guidelines. To provide useful information to make a strategy for promoting implementation effectiveness, identifying the barriers to the utilisation should be done.

**Objectives** To identify the likely resources of guideline dissemination and find out the barriers to the utilisation of a clinical practice guideline in Korea.

**Methods** Likely resources of dissemination and the perceived barriers to the utilisation of a clinical practice guideline for sexually transmitted infections which is developed in 2011 by The Korean Urological Association were surveyed using structured questionnaire by e-mailing to physicians working at primary health care clinics from 1st Nov – 30th Nov 2012. Total number of respondents was 305 and the response rate was 6%.

**Results** There were various likely resources of a guideline dissemination; the most likely resource was a printed full version guideline (76.3%), followed by web and mobile application (Guideline APP) (65.6%) and learning modules such as workshop (51.5%). Barriers to the utilisation of clinical practice guideline were ‘not knowing because of the improper promotion’, ‘unclear compensatory mechanisms like the fee schedule for practice guidelines’, and ‘insufficient treatment time to check the recommendation of practice guidelines’.

**Discussion** To maximise guidelines dissemination benefits, various resources should be provided at the same time. The current surveyed knowledge of barriers may be very important information for implementing guidelines.

**Implications for Guideline Developers/Users** Identifying resources of dissemination and understanding barriers to the utilisation is important for development efficient tailor-made implementation strategies.

**P312 A FRENCH PROJECT OF INTERREGIONAL AND SHARED GUIDELINES IN SUPPORTIVE CARE**

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**Background** In France, access to supportive care is a right for cancer patients It is enshrined in the health regulations (1st and 2nd national cancer plans). But equity in this access is still evolving. In this context a national learned society and the regional oncology networks are desired to support professionals by organising the sharing and exchanges on the decision support tools.

**Objectives** Gradually enlist all French regional cancer networks and all French experts in selecting the priority thematic, methodological support in the working groups and objectives of implementation involve the maximum of professionals in the re-reading and validation of shared guidelines.

**Method** Establishment of a national committee dedicated to supporting methodological and organisational project. - Needs analysis and choice of themes by regional cancer networks - recruitment of experts by both the networks and the learned societies - establishment of inter-disciplinary working group - organisation of a re-reading solicitant learned society and cancer networks - National Day (J2R) with dedicated workshops and plenary sessions to confirm or update the guidelines.

**Results and Conclusion** After 4 years, this project with regional networks complete 30 different shared guidelines and the attended by professionals of all the French regions (oncologist; surgeons, supportive care specialists, nurses).

**P314 BARRIERS AND FACILITATORS TO THE IMPLEMENTATION OF CLINICAL PRACTICE GUIDELINES: A SURVEY AMONG PHYSICIANS IN SPECIALIZED CARE**


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**Background** In an era when an increasing amount of clinical information is available to health care professionals, the effective implementation of clinical practice guidelines requires the development of strategies to facilitate the use of these guidelines.

**Objectives** Explore the knowledge and attitudes of Specialised Care Physicians (SC) in terms of the use of CPGs; identify the