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10:1136/bmjqs-2013-002293.35

Background A guideline-making body nominated pressure ulcer risk assessment, prevention, and treatment as evidence review topics to support the development of clinical practice guidelines, partnering with a funding agency and a systematic review team to conduct the research.

Context Collaboration may enhance evidence-based health care given that multiple organisations bring diverse resources and expertise to the process of guideline development. By partnering to develop systematic reviews (SR) with focused research questions, funders, review teams, and guideline committees can effectively evaluate and synthesise the voluminous evidence required to inform guidelines.

Description of Best Practice We describe our processes for linking reviews to guideline development, including: •Nomination/refinement of focused review topics •Clearly defined roles for each participant •Development of comprehensive SRs •Well defined processes to preserve the scientific integrity of the review while allowing for input from stakeholders •Stakeholder and funder participation throughout the review process •Development of the guideline •Publication of the research results and guidelines.

Lessons for Guideline Developers, Adaptors, Implementers, and/or Users Challenges include balancing the interests of the nominator/guideline developer and a broader stakeholder audience; answering the clinically important questions needed to develop a guideline; effectively presenting the findings; and coordinating among groups. Collaboration ensures that SRs are focused and relevant to guideline committees, aiding in the development of research that meaningfully informs clinical guidelines. Synergy between partner organisations can lead to wider dissemination of findings and facilitate timely guideline development for implementing best practices to improve health outcomes.

005 CLINICAL PRACTICE GUIDELINES AND SYSTEMATIC REVIEWS: POINT OF INTERSECTION?

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Background Guideline committees (GCs) rely on the evidence synthesised in systematic reviews (SRs) to develop evidence-based guidelines. Institute of Medicine standards for clinical practice guidelines include an interaction between the GC and the team conducting the SR.

Context In 2005, the Cystic Fibrosis Foundation moved from consensus-based to evidence-based guideline development. SRs are now commissioned to inform specific guidelines. A methodologist, serving as a member of each multidisciplinary GC and as the lead investigator for the SR teams, provides the link for the scope, approach, and output of both processes.

Description of Best Practice The methodologist, as part of the GC, facilitates the definition of the scope and refines the questions for the SRs. The methodologist oversees the conduct of the SR, ensuring that the review team addresses relevant questions, appropriately conducts searches, and establishes inclusion

criteria and provides informative details to the GC. The methodologist provides training, where needed, and ensures consistency across guidelines in the drafting and grading of the recommendations. The methodologist also helps to address peer review comments and draft the guideline documents.

Lessons for Guideline Developers, Adaptors, Implementers, and/or Users Having a methodologist serve on both the GC and the SR team ensures that there is appropriate and timely intersection of the guideline and SR processes. The methodologist can ensure that the SR team meets the needs of the GC and illuminate for the GC the methods and outcomes of the SR.

006 TRANSLATING KNOWLEDGE INTO PRACTICE: A SYSTEMATIC REVIEW OF BARRIERS, FACILITATORS AND INTERVENTIONS IMPACTING ON UPTAKE OF SYSTEMATIC REVIEWS

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10:1136/bmjqs-2013-002293.37

Background The increased uptake of evidence from systematic reviews is advocated because of their potential to improve the quality of decision making for patient care and their use in clinical practice guidelines.

Objectives To identify how uptake of evidence from systematic reviews can be enhanced.

Methods *Data sources:* We searched 19 databases covering the full range of publication years. *Study selection:* Studies of barriers and natural facilitators to uptake of evidence from systematic reviews and meta-analyses were eligible. These studies encompassed survey, focus group and interview designs. Intervention, or outcome, studies were also included. *Data extraction:* Two reviewers independently assessed quality and extracted data that were summarised and then analysed. Using a pre-established taxonomy, the barriers and facilitators were organised into a framework according to their effect on knowledge, attitudes, or behaviour. For the intervention studies, two reviewers also independently assessed quality and extracted data. *Data synthesis:* Twenty-seven studies dealing with barriers were detected and 15 studies that included investigation of natural facilitators. Ten publications addressing interventions met inclusion criteria. A synthesis of findings was conducted to find out to what extent the interventions overcome the perceived barriers and built on the facilitators detected.

Results Educational visits, summaries of systematic reviews, and targeted messaging had a significant impact on systematic review uptake and also addressed a range of identified barriers and facilitators.

Conclusion On the basis of this study, specific strategies addressing a range of barriers and facilitators are recommended to enhance uptake of systematic reviews and meta-analyses. Promising interventions are also identified.

007 PARTNERING TO TRANSFORM CLINICAL RESEARCH INTO EVIDENCE-BASED HEALTH CARE GUIDELINES

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