

**Methods** Identifying PMs for retirement have been based on several methods including: i) reported trends in achievement and exception reporting ii) review of paired PMs iii) review of supporting evidence and/or technical specifications iv) modified Delphi.

**Results** We will present results of using these methods, and discuss alternatives to these (e.g., the Nominal Group Technique), and implications for retirement of PMs.

**Discussion** These methods have been successful in identifying indicators for retirement. To ensure continual improvements in quality of care delivered through the P4P scheme and provide opportunities for new areas to be added, the review and retirement of PMs remains important.

**Implications for Guideline Developers/Users** Guideline developers should be aware of key PMs based on guidance recommendations and have systems to ensure that underpinning evidence is up-to-date. PM developers should have processes to ensure that PMs are based on up-to-date evidence and remain fit for purpose.

#### 017 GUIDELINE BASED PERFORMANCE MEASURES: TOWARDS G-I-N STANDARDS

<sup>1</sup>M Nothacker, <sup>2</sup>T B Shaw, <sup>2,3</sup>T Stokes. <sup>1</sup>Association of the Medical Scientific Societies in Germany (AWMF), Berlin, Germany; <sup>2</sup>Nationale Institute for Health and Clinical Excellence (NICE), Manchester, UK; <sup>3</sup>University of Birmingham, Birmingham, UK

10:1136/bmjqs-2013-002293.48

**Background** Quality improvement in health care requires the development and use of performance measures (PMs) that address health care processes, outcomes and patient perspectives. PMs are increasingly being developed explicitly from clinical guideline (CG) recommendations. There are no agreed international standards for the development of guidelines based PM. The development of such standards has been agreed by the G-I-N-PM Working Group (PMWG).

**Objectives** To develop a core set of standards for guidelines based PMs.

**Methods** • Systematic literature review of PM development methods • Identification of core components of guidelines based PM development • Development of draft standards for each core component • DELPHI process (at least 2 rounds) within the PMWG group to develop final set of standards

**Results** Essential components identified are: CG selection, extraction of CG recommendations, development of PMs from CG recommendations, assessment of potential PMs, intended use of PMs, piloting and review of PMs. The final agreed standards will be presented.

**Discussion** These guideline based PM standards will be refined and validated in future G-I-N PMWG projects.

**Implications for Guideline Developers/Users** This set of core standards for guideline based PM development offers guidance for PM developers on consensus based good practice. The resulting PM development process may also guide guideline developers to formulate more specific and measurable CG recommendations.

#### 018 THE IMPLEMENTATION FIELD TEAM 6 YEARS ON: APPROACHES TO ENGAGEMENT AND EVALUATING IMPACT

J Moore, V Moore. National Institute for Health and Clinical Excellence, Manchester, UK

10:1136/bmjqs-2013-002293.49

**Background** The Implementation Field Team for this national guidance producing organisation has been established for six years. Seven consultants visit around 800 organisations annually, providing updates on national guidance, sharing examples of implementing good practice, and collecting feedback on our national guidance and barriers to implementation.

**Context** We have consistently evaluated our activities, but have found inherent difficulties with identifying impact, and have relied on proxy measures of success. As a new system for commissioning health services develops, we reviewed evidence around effective implementation activities and evaluating their impact. This led to innovative approaches to engagement and improved methods of evaluating impact.

**Description of Best Practice** We revised field team implementation strategies and activities to fit better with the new system of health commissioning. We conducted our own small scale survey, and also invited an external organisation to conduct a larger survey with field team clients to evaluate impact and to inform the planning and delivery of services in the future. We have moved from proxy measures of effectiveness evaluated every six months to newly developed “success criteria”, which are outcomes focused, owned by the whole organisation, and identify three year incremental objectives for external engagement. This informs operational plans for future engagement activities.

**Lessons for Guideline Developers, Adaptors, Implementers, and/or Users** Evaluating the impact of implementation activities and teams is difficult but important and achievable. Focusing on immediate and intermediate implementation outcomes over longer timescales, and developing success criteria for field team implementation and engagement activities is valuable.

#### 019 SUCCESSFUL IMPLEMENTATION OF CARDIOVASCULAR PREVENTION AND TREATMENT GUIDELINES IN AN INTEGRATED HEALTH CARE SYSTEM: STRUCTURE, PROCESS AND OUTCOMES

<sup>1</sup>J Harris, <sup>2</sup>M Jaffe. <sup>1</sup>The Permanente Medical Group, San Rafael, USA; <sup>2</sup>The Permanente Medical Group, South San Francisco, USA

10:1136/bmjqs-2013-002293.50

**Background** Evidence based guideline recommendations can support effective prevention and treatment of cardiovascular disorders, leading causes of morbidity and mortality in our population. Improvements result if recommendations are implemented in a uniform and effective manner.

**Objectives** To describe the process, structure and results of efforts to better manage cardiovascular risks and events in an integrated health system using organisational best practices; To present results of risk reduction, disease management and acute care programmes.

**Methods** Database analyses revealed opportunities for improvement. Pilot projects were conducted, followed by training about successful processes and practices, supported by organisational leaders. Ongoing comparative feedback supports improvements. Suggested order sets are incorporated in the EMR. Financial incentives for meeting targets accrue to medical centres.

**Results** The incidence of acute myocardial infarctions dropped significantly in the last 5 years, as did the mortality rate. Stroke mortality dropped significantly as well. The population levels of lipids, blood sugar, blood pressure and CHF control continue to improve.

**Discussion** Guideline recommendations were adopted across our delivery system when supported by top leadership, testing,