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

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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

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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

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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,

training, specific care processes, EMR prompts for tests and treatments, regularly reviewed process metrics and group financial incentives. Practice variance was reduced and outcomes markedly improved.

Implications for Guideline Developers Guideline recommendations are more likely to be adopted in a uniform manner if they include specific recommendation, suggestions for implementation use in organised settings, and process and outcome metrics to track improvements.

020 BEST PRACTICES AND PERFORMANCE MEASURES FOR SYSTEMIC TREATMENT PERSCRIBER ORDER ENTRY SYSTEMS (STCPOE) IN CHEMOTHERAPY DELIVERY

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Background While information technology (IT) has the potential to improve the quality and safety of patient care, solutions such as computerised physician order entry (CPOE) are often designed and executed without end-user involvement and lack performance measures for monitoring quality and impact. To address this gap, an evidence based guideline for systemic treatment (ST) CPOE was developed incorporating both clinical and technological best practices. Performance measures for monitoring clinical impacts and system functionality were also developed.

Context The ST CPOE guideline was developed by a panel of physicians, nurses, pharmacists, IT specialists and human factors experts. Two Expert Panels (i.e. Clinical and Technology) were convened, to review and provide feedback on guideline content.

Description of Best Practice The guideline contains two distinct yet interconnected parts: clinical practice (e.g. error prevention, utilisation, clinical decision support), and technology requirements (e.g. usability, system integration, effective alerts). Also included are evidence based indicators to support the evaluation of ST CPOE systems and indicators reflecting clinician practice and patient outcomes. Quality monitoring of ST CPOE utilisation reveal that 75.5% of all chemotherapy visits are being supported by an ST CPOE system. A provincial evaluation of existing ST CPOE systems against the technology best practices is currently underway.

Lessons for Guideline Developers, Adaptors, Implementers, and/or Users This innovative guideline focuses on clinical practice driving IT solutions, not the other way around. A priori commitment to indicator development allowed for expanding beyond describing best practices to including indicators for monitoring progress toward achieving best practice, thus increasing relevance and uptake by end users.

021 REDUCING OVERPOPULATION: ACHIEVING MORE BY DOING LESS

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Background Too-frequent screening for cervical cancer can increase costs, lead to unnecessary invasive procedures associated with overtreatment, and shift resources away from the one in five women who do not receive recommended routine screening.

Context A large, US-based integrated healthcare system with centralised evidence services and eight independent regions developed and implemented an evidence-based guideline for cervical cancer screening. Novel implementation strategies and performance monitoring in one region in Southern California led to significant improvements and are described below.

Description of Best Practice Graded evidence summaries were conducted by a centralised analytic unit, and recommendations developed by a guideline team with representation from each region. In one large region with more than 3 million patients, interventions aimed at the practitioner, patient and systems levels were implemented for routine Pap and HPV co-testing. Practitioner interventions included electronic distribution of guidelines, point-of-care electronic prompts, and workflow support. Patient-level interventions included point-of-care education, and in-reach/outreach activities. System-level interventions focused on centralised patient outreach letters and reminder calls, computerised decision support, and unscreened cancer lists for panel management. Monthly performance monitoring on a measure of "overpopulation" was reported at medical centre, department and provider levels. In a five-year period, over 100,000 fewer unnecessary Pap tests were performed, while screening rates increased by 7%.

Lessons for Guideline Developers, Adaptors, Implementers, and/or Users Centralised guideline development, coupled with coordinated implementation and performance monitoring, can reduce unnecessary screening and invasive procedures, focus resources on appropriate routine screening in underscreened populations, improve patient access and reduce costs.

022 DEVELOPING GUIDELINES AND QUALITY INDICATORS SIMULTANEOUSLY: EFFECTS ON GUIDELINE CONTENT AND IMPLICATIONS ON THE GUIDELINE DEVELOPMENT PROCESS

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Background The German Guideline programme in Oncology (GGPO) funds and supports the development, implementation and evaluation of evidence based guidelines. An essential part of the programme is the development of quality indicators (QI) before a guideline is published. QI groups representing the multidisciplinary guideline development group including patient representatives and experts from organisations responsible for QI assessment and evaluation realise this following a standardised methodology.

Objectives To explore the effects of a standardised Quality Indicator Development Process (QIDP) on the content of guidelines and possible implications on the guideline development process.

Methods Retrospective content analysis of current guideline manuscripts. Description and categorization of changes in the guideline draft after the QIDP. Structured interview of QI groups.

Results 9 oncological guidelines including 87 QI were analysed. Changes in guideline drafts after the QIDP included: • formulation of new recommendations • specification of the wording of recommendations • specification and amendment of the predefined aims of a guideline • identification of aspects to consider for an update of the guideline. Results of the interview will be presented at the conference.