Discussion This investigation suggests a positive effect of the simultaneous QI development on guideline content concerning specificity of recommendations, clarity of aims to improve quality of care and identification of clinical questions to be addressed in future systematic reviews and/or guidelines.

Implications for Guideline Developers A simultaneous process to develop guidelines and QI is favourable not only to facilitate the assessment of guideline implementation and impact but also to improve guideline content and implementability.

Objectives To describe the methods used by a US health care delivery organisation to prioritise questions within an integrated cardiovascular guideline to determine those that were most important for updating.

Methods 127 clinical questions within an integrated cardiovascular guideline were ranked (using a Likert scale of 1–9) by importance for literature monitoring by clinical experts in each disease domain of the guideline. Examples of factors that influenced rankings included existence of high quality systematic reviews, knowledge that current evidence was relatively unchanged, and the notion that the question was no longer clinically relevant. Questions ranked 7–9 in importance for literature monitoring were considered most important for updating. Conversely, questions with low rankings were considered for retirement.

Results Of 127 questions ranked, 16 were identified as important for literature updating; 12 were retired. We were able to address the most important questions and avoid updating delays of 6–18 months.

Discussion Having these questions prioritised at the outset of updating allowed the healthcare organisation to ensure that the most important clinical questions were being addressed thus making the most efficient use of resources.

Implications for Guideline Developers/Users Evaluating, editing, and prioritising clinical questions improves efficiency when updating guidelines.

Objectives To compare alternative search strategies against ESS for updating clinical practice guidelines (CPGs) recommendations are laborious and expensive. Highly sensitive and specific alternative search strategies are necessary to improve the efficiency in recommendations updating.

Methods We ran three different search strategies in a convenience sample of four CPGs from the CPGs National Programme in Spain: 1) Original ESS (gold standard); 2) Search strategy in the McMaster Premium LiteratUre Service (PLUS) database; and 3) Restrictive strategy with the least number of MeSH terms and text words from the original ESS. We retrieved the key references (which triggered an update) from the original ESS and evaluated their presence in the PLUS and restrictive strategies results. We calculated the sensitivity, specificity, precision, and accuracy for the PLUS and restrictive strategies compared to the ESS.

Results The overall number of references in the PLUS strategy was lower than in the ESS (39,133 versus 2,635). The PLUS strategy retrieved a range of 1.12% to 12.1% of the total number of references retrieved by the ESS per guideline.

Discussion Our project assessed two novel restrictive search strategies for the updating of CPGs, which could reduce the workload while displaying similar results. Full final findings of this project will be presented at the GIN meeting.

Implications for Guideline Developers/Users Our project has important implications for updating CPGs, informing on the feasibility and efficiency of two novel search strategies.

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Objectives To compare alternative search strategies against ESS

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WHAT ORGANISATIONAL RESOURCES HAVE TO BE CONSIDERED WHEN ADAPTING GUIDELINES IN THE CONTEXT OF LOW AND MIDDLE INCOME COUNTRIES (LMIC)? THE ARGENTINEAN EXPERIENCE

Background Adapting guidelines in resource-constraints countries represents a great challenge. Availability of organisational resources has to be considered before implementing this methodology.

Objectives a) To compare the availability of different organisational resources during seven guidelines adaptation initiatives facilitated by the National Academy of Medicine (Argentina) between 2005 and 2013; b) to analyse the relevance of each type of resource category for adapting guidelines in the context of LMIC.

Methods 7 guidelines adaptation initiatives facilitated by the NAM since 2005 and 2013 are described. Organisational resources were categorised in 4 categories: organisational culture, human resources, economic resources, and condition resources (or states) within the organisation. Conservation of resources (COR) theory was used as the theoretical basis for analysing the relevance of each type of resource for the guideline adaptation process.

Results Four of the 7 initiatives completed the whole process and produced an evidence-based guideline; 1 was interrupted and 2 are still ongoing although 1 of them shows a considerable delay. Among all organisational resource categories, culture and human resource were perceived as the most critical, particularly in what respects to the availability in the guideline developer group of change agents (i.e. internal and external facilitation); disposition to change and motivation and an appropriate mix of skills including leadership, communication, team work, technical competences.

Discussion Guidelines adapting in resource-constraints countries is not easy, although possible if different critical organisational resources are provided from the outset of the process.

Implications for Guideline Developers/Implemeners The identified barriers and determinants can be addressed in the development of guideline implementation strategies.

HOW DO CLINICIANS LIKE AND UNDERSTAND TRUSTWORTHY GUIDELINES? RANDOMISED CONTROLLED TRIAL USING CLICKERS IN EDUCATIONAL SESSIONS

Background Clinical practice guidelines (CPG) often have short-comings in presentation formats that limit dissemination at the point of care. As part of the DECIDE project we have developed multilayered CPG presentation formats. Comprehensive user-testing of the formats has provided us with alternative presentation formats now ready for randomised trials but also an important insight: Insufficient conceptual understanding of guideline methodology (e.g. strength of recommendations and quality of evidence) may hamper application of CPG recommendations in practice.

Objectives To determine physicians’ understanding, attitudes and preferences concerning trustworthy guidelines in traditional and new presentation formats (DECIDE A and B).

Methods In this randomised controlled trial we will recruit 100 physicians attending a standardised lecture with 3 components: 1) presentation of clinical scenario, 2) explanations of key concepts of trustworthy CPG (e.g. GRADE, AGREE II) and 3) presentation of a current trustworthy CPG relevant to the scenario,