

041 MAKING RECOMMENDATIONS ABOUT DIAGNOSTIC TESTS AND STRATEGIES: WHAT DO EXPERTS SAY?

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Background Current practices in developing guidelines about the use of diagnostic tests and strategies (DTS) are out of step with the conceptual discussion among experts.

Objectives Identify the essential factors to consider when making recommendations about DTS.

Methods We conducted semi-structured in-depth interviews with experts in assessing evidence and producing guidelines about DTS.

Results We interviewed 23 international experts. Although diagnostic test accuracy (DTA) was the factor most commonly considered by organisations when developing recommendations, experts agreed that DTA is never sufficient and may be misleading. Experts identified the following additional essential factors in making decisions about DTS: resource implications, complications, inconclusive results, additional benefits of the test, diagnostic/therapeutic impact, safety, feasibility, ethical, legal, and organisational considerations, patients' and societies' values and preferences and the link between the test results and patient important outcomes. Because direct evidence on DTS's effects on patient outcomes and resource implications is frequently unavailable, most experts agreed that decision analysis and mathematical modelling will be useful, but their opinion varied about the extent of details needed.

Discussion Formal decision modelling can be a useful framework for organising the clinical, cost, and preference data relevant to the use of diagnostic tests. Although it requires resources, it is useful for integrating these factors into decision making, identifying evidence gaps, and high priority research areas.

Implications Developing guidelines about the use of DTS requires considering factors beyond solely DTA but implementing this demand is challenging. Further development and testing of a framework that can guide this process is needed.

042 STRONG RECOMMENDATION – STRONG EVIDENCE? AN ANALYSIS OF EVIDENCE-BASED GUIDELINES ON VARIOUS CHRONIC DISEASES

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Background Several studies have investigated the award of Grades of Recommendation (GoR) and Levels of Evidence (LoE) in clinical practice guidelines of medical societies.

Objectives To assess to what extent recommendations with high GoR are also linked to high LoE in guidelines on various chronic diseases.

Methods We conducted a systematic search for German, English, and French-language evidence-based guidelines on type 1 and 2 diabetes, coronary heart disease, and heart failure published after 1995. Guideline recommendations on the healthcare aspects “diagnosis”, “treatment” and “cooperation of health care sectors”, including their LoE and GoR, were extracted. LoE and GoR were then rated according to aggregated evidence or recommendation categories (weak, medium, strong).

Results 71 guidelines were identified and 3918 recommendations extracted. 3073 (78%) and 2541 (65%) recommendations were supported by GoR and LoE respectively. 1879 recommendations (48%) were supported by both GoR and LoE. In this group, strong GoR were awarded in 839 cases (45%), but only 353 (42%) of them were also linked to strong LoE. Weak and medium LoE were awarded in 264 (32%) and 222 (27%) cases, respectively.

Discussion A large proportion of recommendations in evidence-based guidelines are not supported by both GoR and LoE; the quality of guidelines could be improved here. If both are reported, less than half of recommendations with strong GoR are also linked to strong LoE. This raises the question whether too high GoR are systematically awarded in clinical practice guidelines.

043 DEVELOPMENT AND IMPLEMENTATION OF NATIONAL STANDARDS FOR SPINAL CORD INJURY: A PARTNERSHIP BETWEEN ACCREDITATION CANADA AND THE RICK HANSEN INSTITUTE

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Background Recent studies in Canada have identified variation in care delivery for acute and rehabilitation healthcare centres treating patients with spinal cord injury (SCI). The development of standards through an accreditation process ensures patients receive standards that are deemed important for their health condition. Accreditation Canada provides healthcare organisations with a rigorous and comprehensive accreditation process, and fosters quality improvement based on evidence-based standards and external peer review.

Context To develop Accreditation Canada standards for SCI services across the continuum of care and provide an accountability framework to accelerate the implementation of best practices and improve quality of care for people living with SCI.

Description of Best Practice Through a systematic review of literature and best evidence, standards for SCI care were defined for acute care management and rehabilitation. These standards were developed with input from an Advisory Committee with Canadian SCI experts and a web-based national consultation. The standards were piloted in 4 Canadian centres and received positive feedback. Suggestions are being integrated into the standards and in the next five years, the Rick Hansen Institute will work with centres in its network to accredit 50% or 16 centres using these standards.

Lessons for Guideline Developers, Adaptors, Implementers, and/or Users Through providing a framework to evaluate quality and safety, Accreditation Canada and Rick Hansen Institute have an opportunity to improve the dissemination and implementation of best practices in SCI care that could serve as a model internationally.

044 COLLEGIAL COLLABORATION MANAGING JOINT PROJECTS ACROSS SOCIETIES

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