

**Background** Pooling resources for the development and dissemination of guidelines receives important consideration due to the extensive amount of expertise, money and staff time needed within an organisation. Partnered guidelines may increase the administrative cost and timeline of development, but is positively offset in the value partnering brings in the ultimate success and implementation.

**Context** Over the last three years we formally partnered with other professional medical societies in over 70% of our guidelines, learning many core and nuanced components of a successful jointly-developed guideline. We share those lessons learned with GIN members.

**Description of Best Practice** We tackle critically important aspects of joint collaborations, beginning with the determination of appropriate partners. We explore the creation of a solid memorandum of understanding (MOU), addressing questions like: How will we select panel membership and manage their conflicts of interest? What grading system will we utilise with an evidence-based guideline or consensus conference? How will we approach our respective organisation's approval process? What is needed to produce a simultaneous joint publication between journals? How will we disseminate effectively to our target audiences? What is our future plan for a revision? And the ultimate questions - How do we cost share and work share in the development equally?

**Lessons for Guideline Developers, Adaptors, Implementers, and/or Users** These experiences will help guideline developers create a framework for partnered collaborations, balancing value gained in partnership versus challenges realised in completion and resourcing.

#### 045 STRATEGIES FOR CLINICAL EXPERT AND STAKEHOLDER INVOLVEMENT IN UPDATING AND IMPLEMENTING CLINICAL GUIDANCE FOR NEW AND EMERGING MEDICAL INTERVENTIONS

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**Background** Lack of sufficient clinical expert and stakeholder involvement in the routine updating of guidance on new and emerging medical interventions can lead to inefficient use of resources and inadvertently create unnecessary barriers to implementation.

**Context** An evidence services unit within a large health care organisation developed a stakeholder-centred process for rapid updating and implementation of guidance related to the use of breast magnetic resonance imaging (MRI).

**Description of Best Practice** The process focused on the following: 1) asking clinical stakeholders to identify the indications for which use of breast MRI remained unresolved or controversial; 2) conducting a search for high-quality systematic reviews and clinical trials for the specific indications, and contacting well-known external content experts to identify unpublished evidence; 3) obtaining data on the organisation's current breast MRI utilisation and practice variation; 4) engaging experts/stakeholders in guidance development and revision based on current utilisation/practice variation compared to findings from the evidence review; 5) obtaining endorsement of guidance and commitment to implementation efforts from clinical opinion leaders and other stakeholders; and 6) initiating routine monitoring and feedback on breast MRI use.

**Lessons for Guideline Developers, Adaptors, Implementers, and/or Users** Limiting evidence updates to controversial or unresolved areas of clinical practice, engaging stakeholders in guidance development based on a review of current utilisation data and scientific evidence, and engaging key opinion leaders and stakeholders in implementation and performance monitoring leads to more efficient use of resources, stronger implementation and improved performance.

#### 046 GUIDELINE DEVELOPMENT TOOL (GDT) – WEB-BASED SOLUTION FOR GUIDELINE DEVELOPERS AND AUTHORS OF SYSTEMATIC REVIEWS

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**Background** Guideline developers and other health care decision makers benefit from following a structured process of specifying the health care questions they intend to answer and the outcomes of interest, assessing the confidence in the available evidence, gathering information about the values and preferences of the target population, and presentation of their results and decisions to the target users. Many guideline developers use the GRADE Profiler (GRADEpro) software used to conduct this work.

**Context** GRADE's approach is currently being further defined in the DECIDE (Developing and Evaluating Communication Strategies to Support Informed Decisions and Practice Based on Evidence) project.

**Description of Best Practice** The Guideline Development Tool (GDT) is the extension of the GRADE Profiler (GRADEpro) software. The GDT provides an integrated platform-independent web-based solution for health care decision makers offering support for the whole process of making decisions and developing recommendations including question formulation, generation and prioritisation of outcomes, support for teamwork, management of potential conflicts of interest, presentation of results (including the functionality of GRADEpro) and decision support. We tested the software with individual users and in workshops as well as in guideline development processes.

**Lessons for Guideline Developers, Adaptors, Implementers, and/or Users** Following a structured and systematic process, transparency and clarity of presentation facilitates the use of results of systematic reviews and facilitates development, updating and adaptation of evidence-based recommendations and decisions. Storing all information in a uniform, structured, transparent and annotated way also greatly facilitates updating and adaptation of systematic reviews and guidelines.

#### 047 IDENTIFYING FACTORS PREDICTIVE OF MANAGING PATIENTS WITH LOW BACK PAIN WITHOUT USING X-RAYS AMONG NORTH AMERICAN CHIROPRACTORS: APPLYING PSYCHOLOGICAL THEORIES TO EVIDENCE-BASED CLINICAL PRACTICE

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