

P241 CONSIDERING PATIENTS' VALUES AND PREFERENCES WHEN FORMULATING RECOMMENDATIONS WITH GRADE

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Background The GRADE approach takes into account the variability that may exist in patients' values and preferences when formulating recommendations. Nevertheless, in the updating process of the Clinical Practice Guideline (CPG) for children with asthma no related information could be found in the literature.

Objectives To obtain information about the values and preferences of caregivers of children with asthma to be considered when formulating recommendations.

Methods A focus group was designed to explore caregivers' perceptions and opinions about some of the issues addressed in the CPG. Twelve possible participants were identified by paediatricians and specialists involved in the development of the GPC, and finally 9 mothers of children with asthma were convened. Twenty-two questions were defined by the research team. The focus group, previous consent recorded, was transcribed and analysed. Triangulation was made by two of the researchers for all the analysis.

Results The information obtained was taken into account in 11 of the 16 clinical questions. The most relevant information obtained was related to the relevance of self-management and the importance of having good information, for caregivers and children, to manage the disease. The concern about what happened when caregivers were not with the children, for example at school, was also identified.

Discussion The focus group helped to obtain information about patients' values and preferences to be considered when formulating recommendations.

Implications for Guideline Developers/Users Focus groups specifically designed to obtain information about patients' opinions in relation to particular clinical questions provides valuable context-dependent information to take into account when formulating recommendations.

P242 MANAGING ETIOLOGY QUESTIONS WITH GRADE

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Background Currently the GRADE approach only considers the development of recommendations for treatment and diagnosis related clinical questions.

Objectives To develop a proposal using GRADE to formulate recommendations for aetiology questions.

Methods The exposure to paracetamol in the first year of life and asthma at the age of 6 years was chosen as an example. A systematic review was made, searching in Cochrane, CRD, Medline and Embase databases. Cohort studies or Meta-analysis of observational studies were selected, and CASPE and MOOSE checklists used for quality assessment. The evidence was considered high when there were no factors affecting our confidence on the estimates.

Results One systematic review (including 4 related cross-sectional studies) and 4 cohorts were found. To assess the evidence with GRADE two outcomes were used (increase of asthma and wheezing at 6 years). Risk of bias was assessed taking into account the cohort design and aetiology studies characteristics, but inconsistency, indirectness and imprecision were considered in the same manner. In contrast to cross-sectional studies, cohort studies (3 out of 4) did not find a significant relationship between paracetamol and asthma development. Due to possible risk of bias and imprecision, the quality of the evidence was downgraded two levels and a recommendation in favour of the rational use of paracetamol in children was made.

Discussion A proposal to address aetiology questions based on the GRADE approach has been developed. More examples are needed to validate it.

Implications for Guideline Developers To be able to use the GRADE approach independently of the question type.

P244 DEVELOPMENT OF A TAILOR-MADE IMPLEMENTATION STRATEGY TO FACILITATE ADHERENCE TO THE DUTCH POSTPARTUM HEMORRHAGE GUIDELINE AND MOET-INSTRUCTIONS

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Background Despite the introduction of a national guideline and the Managing Obstetric Emergencies and Trauma (MOET) course the incidence of postpartum haemorrhage (PPH) is increasing. We suspected inadequate guideline implementation to be underlying.

Objective Our objective was to develop and pilot test a tailor-made implementation strategy for the Dutch PPH guideline and the MOET course to increase guideline adherence.

Methods Firstly, we aggregated the results of a current care and diagnostic analysis, which yielded barriers for guideline implementation, together with evidence found in international literature. Main barriers among professionals were lack of a checklist available in the labour ward, inadequate high-risk patient identification and lack of team communication. Patients mentioned insufficient information supply. Secondly, we developed different implementation tools for professionals and patients, based on these results. These tools were evaluated in a pilot testing among both groups.

Results The strategy affects the period between the last trimester of the pregnancy till the end of the third stage of delivery. The tools for professionals consisted of a high-risk identification checklist, a care bundle for PPH prevention, and a PPH treatment checklist. As patient empowerment tools a patient passport and an information website were developed. Professionals had

no points for improvement concerning the tools. Patients commented on the website, and changes were made accordingly.

Discussion We developed a tailor-made strategy for PPH guideline implementation. The next step in the implementation process is to evaluate the feasibility of the strategy, including an effect, process and cost evaluation.

P247 A SIMPLE GUIDELINE APPRAISAL INSTRUMENT BASED ON IOM STANDARDS

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Background Scales like AGREE provide a systematic means for appraising guideline quality, but they are lengthy, emphasise methodology over practicality, and are best applied by guideline experts.

Objectives Create a short instrument for guideline appraisal, based on widely accepted standards.

Methods The Institute of Medicine (IOM) identified eight principles that make a guideline ‘trustworthy’. We adapted each principle into an item graded ‘A’, ‘B’, ‘C’, or ‘NR’ (not reported). Guideline assessments are presented as a grid rather than a single score, with each row representing an item, each column a guideline, and cells coloured green, yellow, red or white to reflect the above grades, respectively. Concordance tables mapping AGREE and G-I-N standards to IOM domains were also created.

Results Piloted use of the tool suggests it can distinguish guidelines developed using weak methods and those that are poorly documented. Grids highlight guideline strengths and weaknesses, as well as guidelines that are more trustworthy than their comparators. The concordance table found that AGREE lacks standards for guideline currency and updating, while IOM lacks standards for resource implications.

Discussion Our pilot use of this instrument suggests that while the overall trustworthiness of guidelines is important, using IOM domains to understand sources of guidelines’ weaknesses can help organisations select guidelines best suited for their needs. Further work will examine our instrument’s reliability across users with different levels of expertise.

Implications for Guideline Developers/Users Pilot use of this tool suggests it can be applied by clinicians and administrators who have limited training and time.

P260 A MODEL FOR BRIDGING THE TRANSLATIONAL VALLEY OF DEATH IN SPINAL CORD INJURY

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Background Despite the amount of funding that supports basic research, few research discoveries achieve their potential. The

transition from bench-to-bedside research is so fraught with obstacles that it is referred to as the “valley of death”.

Objective The Rick Hansen Institute (RHI) developed a unique Praxis Model for translational research in the field of spinal cord injury (SCI). At RHI this means bringing knowledge into action; to improve healthcare outcomes for people with SCI and decrease the financial impact on the healthcare system.

Methods The research continuum begins with discovery science which feeds into the knowledge cycle, continues with the acceptance and uptake into the treatment of spinal cord injuries. The core activity within the Praxis Model is a knowledge cycle that consists of a four-phased strategy: 1) Environmental scan, 2) Knowledge generation and synthesis, 3) Knowledge validation, and 4) Implementation.

Results RHI has participated and supported over 60 studies since 2007 and engaged researchers from nine countries, 46 academic institutions and various accreditation and professional associations. Currently, the model is being independently evaluated to determine strengths and limitations. Examples of RHI initiatives using the Praxis Model and results of the evaluation will be presented.

Discussion RHI has developed an innovative solution to move knowledge into action. The Praxis Model strives to lead collaboration across the global SCI community by providing funding, infrastructure, strategic partnerships, governance and a network.

Implications Lessons learned in developing the Praxis Model may assist other organisations dealing with similar translational research challenges.

P263 IMPLEMENTING A NEW STANDARD FOR MEDICAL SPECIALTY SOCIETY GUIDELINE DEVELOPMENT

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Background The Council of Medical Specialty Societies (CMSS) approved “Principles for the Development of Specialty Society Clinical Guidelines” as a set of standards that member societies could draw upon in developing their own development methodologies. Developed by the member societies in late 2012, the Principles are intended to provide a degree of interpretive flexibility not offered by other standard sets but based upon an expected level of transparency that individual interpretations would be explained.

Objectives Principles were labelled as “must”, “should” and “may” in an effort to impart suggested implementation flexibility as designed by the Principles development team. This proposed analysis of society feedback is intended to assess the actual concordance with the Principles by societies implementing their methodologies or updating them.

Methods An electronic survey was sent to Societies who identified themselves as creating new or adapting existing methodologies asking agreement on ease of implementation in 10 previously identified contentious standards. The survey will also include opportunity for responders to identify other difficult to implement/interpret principles as well as new principles that should be considered.

Results Data from respondents will be presented.

Discussion Medical Specialty Societies developing clinical practice guidelines are diverse in terms of size, scope and resources.