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.

The recent IOM standards were developed by as best practice with little guidance for potential interpretation or resource requirements. The CMSS Principles are intended to be a step towards practical guidelines standards and this research the first feedback step as to measuring that practicality.

P266 AT WHAT RATE DOES NEW EVIDENCE CHANGE GUIDANCE

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Background New research is continually shaping guidelines; however, the rate of change has not been assessed.
Objectives Review articles from 2010 to 2013 to assess rate of change of guidelines for the elbow.
Methods A systematic literature search was conducted to identify randomised controlled trials (RCTs) on elbow disorders published between 2010 and 2013. Identified RCTs were scored using established scoring methods and incorporated into guidelines to determine if any recommendations needed to be changed or new recommendations added.
Results Fifteen new RCTs were identified (4 high-, 9 moderate-, and 2 low-quality). Nine (69%) studies were used to make 3 new recommendations and 4 changes to recommendations to guidelines on elbow disorders. Seven of these studies prompted new guidance on soft tissue mobilisation, autologous blood injections, periarticular blood injections for lateral epicondylalgia (LE). Two of these studies caused changes to the recommendation level for manipulation/mobilisation for LE and evidence level changes for exercises, glucocorticosteroid injections, and platelet rich plasma injections for LE. Seven (53%) studies did not change any of the recommendations but added to the body of evidence to support the current recommendations.
Discussion New studies may be higher quality and have significant impact on guidelines. Two-thirds of new evidence triggered recommendations changes or development of new recommendations for treating LE. Additional assessments of low back and other body parts are underway.
Implications for Guideline Developers/Users It is beneficial to do a yearly review of the literature to determine if any new evidence will impact changes to current guidelines.

P268 WHAT KIND OF EVIDENCE SUPPORTED THE CLINICAL PRACTICE GUIDELINE FOR THE SYNDROMIC MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS AND OTHER INFECTION OF THE GENITAL TRACT 2012

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Background In recent years, the GRADE approach has been broadly accepted by many GDG. There is a lack of information about the relationship between the types of evidence with the strength of recommendations using GRADE.
Objective To present the evidence mapping of the literature used to develop recommendations in the Guideline for Syndromic management of the Genital Tract Infections.
Methods The evidence of each recommendation was reviewed and was classified according to the type, quality and quantity of evidence and strength of the recommendation. A descriptive analysis was performed as well as a cross-analysis to find out the relationship between the strength of the recommendation and the underlying quality of the evidence.
Results 80 recommendations were identified. Systematic reviews supported the 29.1% of the recommendations, RCT 25.6%, observational studies 5.9%, guidelines 9.3% and expert opinion 30.1%. The quality of the evidence was high (14%), moderate (15%), low (16%) and very low (55%). 63.7% of the recommendations were strong in favour. 14% of the strong recommendations came from high quality evidence and 49% came from very low quality evidence.
Discussion The evidence shows a similar percentage of systematic reviews, RCT and expert opinion in the guideline. Despite the quality of the evidence, the number of strong recommendations is high due to the other criteria of the GRADE approach.
Implications for Guideline Developers The GRADE approach allows weighting other factors beyond the quality of the evidence. Research needs to be done on the most important factors in grading the recommendations.

P269 ADAPTATION OF A NORTH AMERICAN INSTITUTIONALLY BASED HEALTH TECHNOLOGY ASSESSMENT (IHTA) MODEL TO A PRIVATE BRAZILIAN HEALTH CARE ORGANIZATION (BHCO)

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Background Brazilian Guidelines, developed by medical societies, are sparsely used by federal agencies to determine coverage. To date there is no organised approach to clinical policy and guideline development or for dialogue with regulators within BHCOs. Amil, the largest BHCO, covers 6 million lives distributed across 8 regions and delivers care to many through its own medical centres.
Objectives To develop a minimally resourced clinical policy and implementation capability within Amil together with a training programme on a national level.
Methods Our approach is based on observation of the Penn Health System and the Kaiser Permanente (KP) models of IHTA. We are profiling current capacity for integrating umbrella reviews with mining and interpretation of internally generated practice data, and are identifying resource and manpower needs. To promote cultural change on national scale we reformulated an annual training workshop made in partnership with NYAM and McMaster and opened to participants within and without Amil, including Health Ministry and Regulatory Agencies, by addressing guideline development, adaptation and implementation skills.
Results Our approach identifies knowledge gaps within the organisation and develops related guidelines and outcomes assessment to be internally used through Electronic Health Records and to be presented to regulators as proposal for change. The framework was built on a piloted approach on