

APPRAISING IMPLEMENTABILITY DURING THE DEVELOPMENT PROCESS RESULTED IN GUIDELINE REVISION

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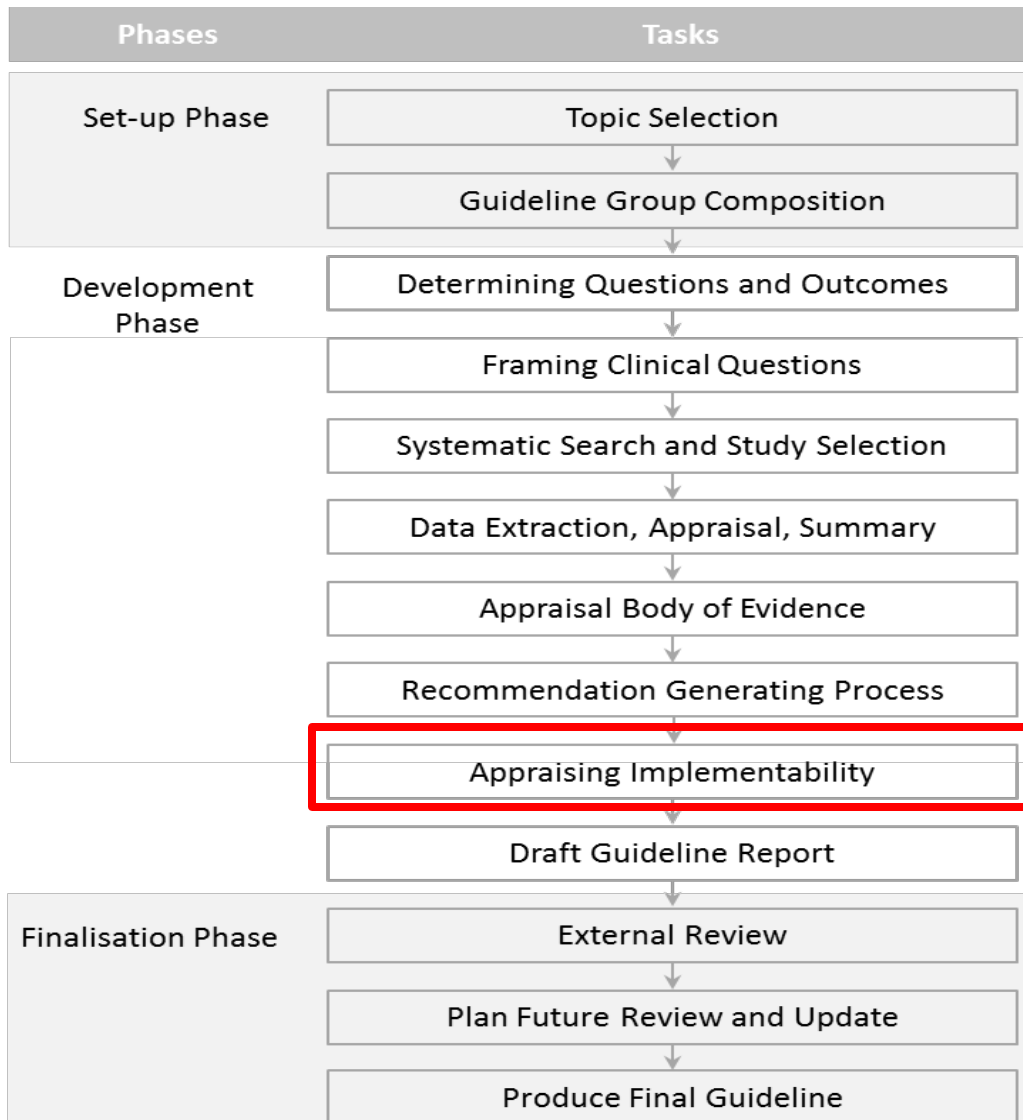
EUROPEAN RENAL BEST PRACTICE (ERBP)

ERBP's mission statement:

To improve the outcome of patients with kidney disease in a sustainable way, through enhancing the accessibility of knowledge on patient care, **in a format that stimulates its use in clinical practice.**



GUIDELINE DEVELOPMENT PROCESS ERBP



From: Nagler EV, et al. European Renal Best Practice (ERBP) Guideline development methodology: towards the best possible guidelines. *Submitted*



STUDY AIM

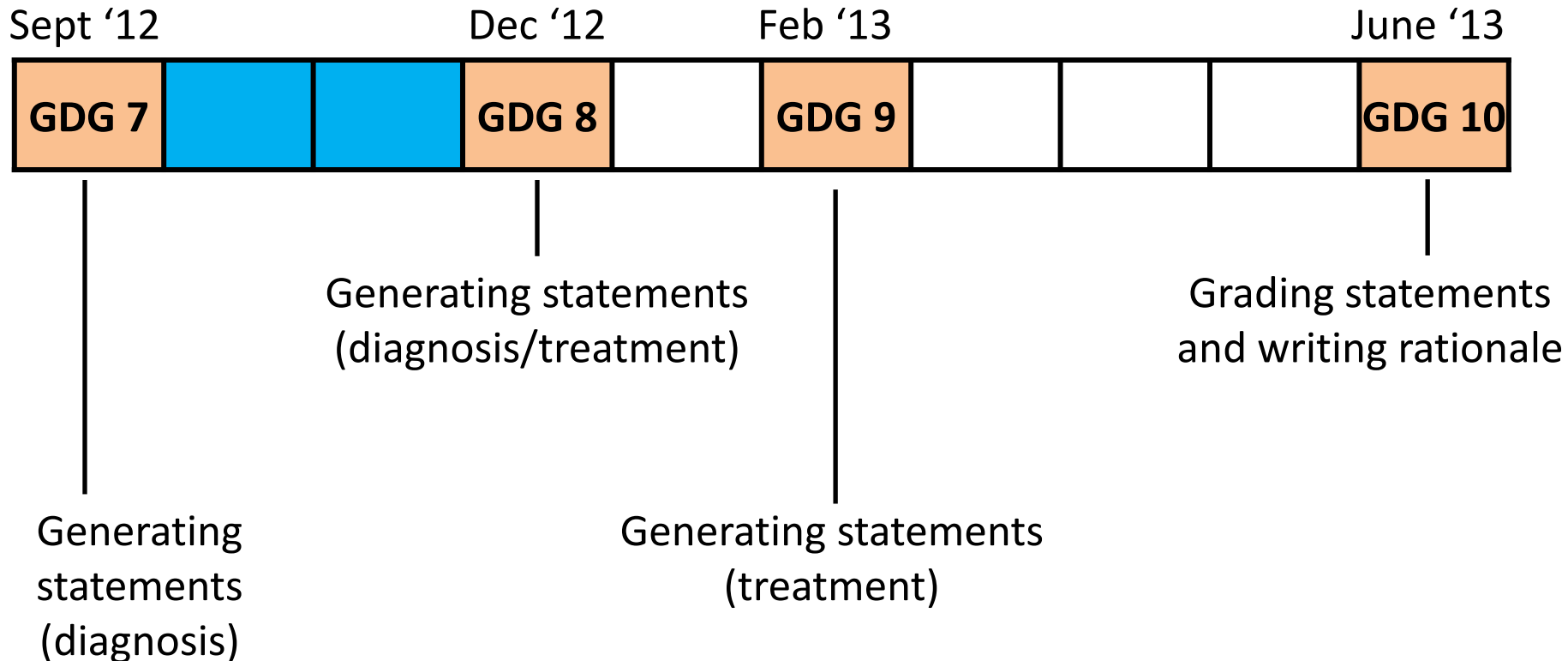
To explore if appraising guideline implementability as part of the ERBP development process results in revised guideline statements.

Development of the European guideline for diagnosis and treatment of hyponatraemia

- Hyponatraemia is an electrolyte disorder encountered in 15-30% of hospitalized patients.
- The Guideline Development Group (GDG) consisted of 6 nephrologists, 3 intensivists, 2 internists, 2 endocrinologists and 3 guideline methodologists.

STUDY CONTEXT

10 full-weekend, face-to-face GDG meetings





METHODS - THE GLIA TOOL

We used the online GuideLine Implementability Appraisal (eGLIA) tool as our starting point.

<i>GLIA dimension</i>	<i>Nr. of items</i>	<i>Nr. appraised</i>
Global	9	None
Executability	2	All
Decidability	3	All
Validity	2	None
Flexibility	3	2
Effect on process of care	2	All
Measurability	2	1
Novelty & innovation	3	All
Computability	4	None



METHODS - GLIA PANEL

Country	Expertise				Consultant
	Nephrology	ICU	Endocrin.	Guidelines	
1. Austria		X			
2. Belgium	X				X
3. Belgium			X		
4. Czech Republic	X				X
5. Germany		X	X		X
6. Portugal	X				X
7. Romania	X				X
8. Spain	X				X
9. The Netherlands			X	X	
10. The Netherlands		X		X	X
11. The Netherlands				X	



METHODS - APPRAISAL PROCESS

1 Instruct GLIA panelists on how to use the appraisal tool

2 Explain concept of 'implementability' to the GDG

3 Individual appraisals by the GLIA panelists

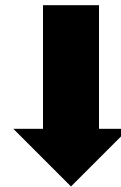
4 Face-to-face consensus meeting with 4 GLIA panelists + 1 GDG member

5 Present and discuss GLIA results during the next GDG meeting

RESULTS - OVERALL

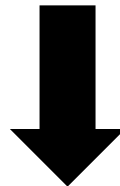
GDG

27 statements on diagnosing
hyponatraemia



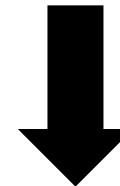
GLIA panel

33 potential implementability
issues



GDG

26 accepted



7 declined



RESULTS - EXAMPLE

1. We define 'acute' hyponatraemia as a hyponatraemia of any degree that is documented to exist less than 48 hours.
2. We define 'chronic' hyponatraemia as a documented hyponatraemia of any degree that persists for longer than 48 hours.
3. We define 'persistent' hyponatraemia as hyponatraemia of any degree that persists after the presumed explanatory factors have been eliminated.

RESULTS - EXAMPLE

1. We define 'acute' hyponatraemia as a hyponatraemia of any biochemical degree that is documented to exist less than 48 hours.
2. We define 'chronic' hyponatraemia as a documented hyponatraemia of any biochemical degree that persists for longer than 48 hours.
3. We define 'unresolved' hyponatraemia as hyponatraemia of any biochemical degree that persists after the presumed explanatory factors have been eliminated.



RESULTS - EXAMPLE

1. We define 'acute' hyponatraemia as a hyponatraemia of any biochemical degree that is documented to exist less than 48 hours.
2. We define 'chronic' hyponatraemia as a documented hyponatraemia of any biochemical degree that persists for longer than 48 hours.

RESULTS - EXAMPLE

1. We define 'acute' hyponatraemia as a hyponatraemia of any biochemical degree that is documented to exist less than 48 hours.
2. We define 'chronic' hyponatraemia as a documented hyponatraemia of any biochemical degree that persists for longer than 48 hours.
3. If the hyponatraemia cannot be classified, we consider it to be chronic, unless there is clinical or anamnestic evidence of the contrary.

RESULTS - EXAMPLE

1. We define 'acute' hyponatraemia as a hyponatraemia of any biochemical degree that is documented to exist less than 48 hours.
2. We define 'chronic' hyponatraemia as a documented hyponatraemia of any biochemical degree that persists for longer than 48 hours.
3. If the hyponatraemia cannot be classified, we consider it to be chronic, unless there is clinical or anamnestic evidence of the contrary (Table 8).



IMPLICATIONS FOR GUIDELINE DEVELOPERS

- Incorporating GLIA into the guideline development process allows addressing potential implementability issues prior to publication.
- Not all GLIA items are relevant when timing the appraisal as part of the recommendation generation process.
- Having a guideline development group representative in the GLIA consensus meeting optimizes the appraisal process.



UNANSWERED QUESTIONS

- What is the optimal timing for appraising implementability within a guideline development process?
- How to further increase GDGs' awareness of implementability issues?
- How would *guideline users* assess the implementability of the GLIA-based revisions?
- How does GLIA perform compared to other appraisal tools?



GLIA PANELISTS

(IN ALPHABETICAL ORDER)

- | | |
|-------------------------|---|
| Dr. Luis Coentrão | University of Porto (Portugal), Nephrology R&D unit |
| Dr. Dave Dongelmans | Academic Medical Center (Amsterdam, The Netherlands), Intensive Care dept. |
| Dr. Steven van Laecke | Ghent University hospital (Belgium), Nephrology dept. |
| Dr. Bruno Lapauw | Ghent University hospital (Belgium), Endocrinology dept. |
| Dr. Georg Lehner | Medical University Innsbruck (Austria), Intensive care dept. |
| Prof. Alberto Ortiz | IIS-Fundacion Jimenez Diaz (Madrid, Spain) |
| Prof. Adelbert Schiller | Emergency Hospital Timisoara, (Romania), Nephrology clinic |
| Dr. Airin Simon | Academic Medical Center (Amsterdam, The Netherlands), Medical Informatics dept. / Internal Medicine dept. |
| Prof. Vladimir Tesar | General University Hospital (Prague, Czech Republic), Nephrology Dept. |
| Dr. Dirk Weismann | University Hospital Würzburg (Germany), Intensive care dept |

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