



What are the preferred attributes of guidelines for Emergency Care practitioners

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G-I-N Emergency Care Community Group**

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- Established in late 2007
- Multidisciplinary membership
 - Health practitioners, Researchers and Academics
- Group Objectives:
 - Distill recommendations from guidelines that can be contextualized locally
 - Undertake small-scale projects related to guideline appraisal, implementation, dissemination or usability.
 - Provide the members with access to both clinical knowledge and expertise in guideline development and implementation

Survey of Preferred Attributes



- What's was the objective ?
 - o Identification of preferred formats for guidelines to support their use in the emergency care practice environment

- What's the context?
 - o Chaotic busy clinical environment
 - o Diverse patient presentations
 - o Multiple settings with varying level of skill and capacity across developing and developed countries

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Not a new issue



Why don't physicians follow clinical practice guidelines? A framework for improvement. Cabana MD, Rand CS, Powe NR, Wu AW, Wilson MH, Abboud PA, Rubin HR. JAMA. 1999 Oct 20;282(15):1458-65.

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Methodology



- Web based survey – Survey Monkey
- Questions related to:
 - Daily use of guidelines
 - Where guidelines are accessed?
 - Preferred formats of guidelines or guideline resources
 - Preferred attributes of guidelines adapting criteria used by the AGREE II
- Pilot tested
- Distributed through EC Community and members contacts
 - Broad distribution to medical, nursing and paramedic groups
- Survey period December 2009

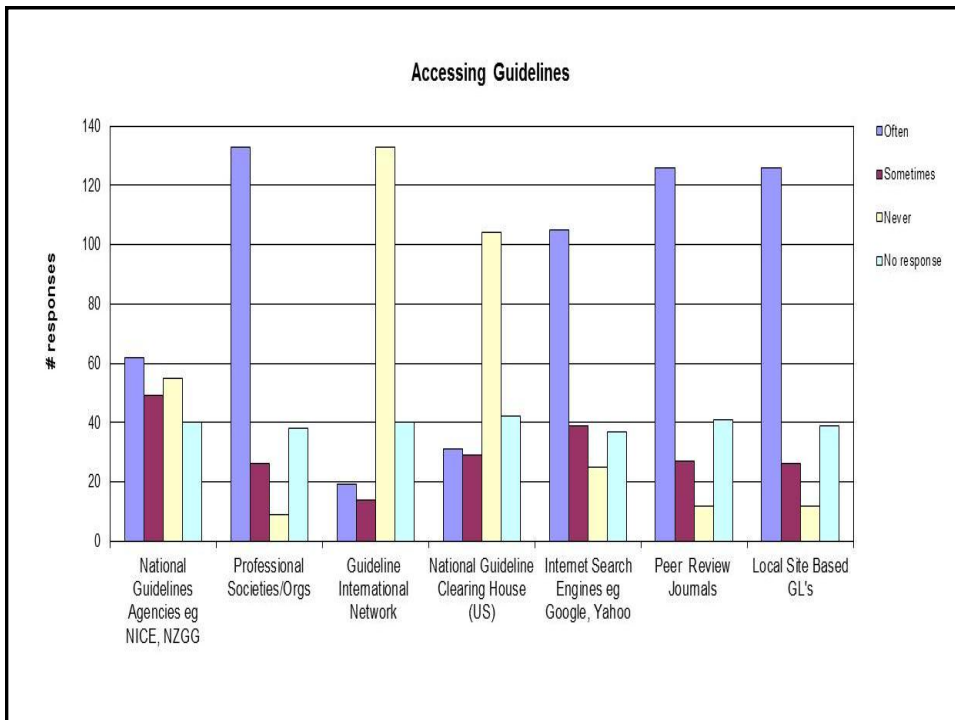
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Results



- Responses
 - 206 survey responses
 - Majority of responses from physicians (176) despite distribution to all professional groups
 - From across 30 countries (US, UK, Canada, Australia)
- The practice environment
 - 70% of respondents from tertiary level care
 - 18% of respondents from community or urban settings and
 - 12% from rural and maritime settings

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Use of guidelines in daily practice



- Always use guidelines **22%** (37/170)
- Usually use guidelines **48%** (81/170)
- Occasionally use guidelines **24%** (41/170)

- The more years of experience in the sector the more likely guidelines were used

* Majority of responses from physicians (145/170) in tertiary centres

Preferred formats at point of care



- Clinical protocols that translate recommendations into desired work flow **85%** (150/168)
- Plain language evidence summaries **72%** (118/164)
- Clinical algorithms (flowcharts) formats **72%** (120/167)
- Electronic order sets with incorporating guidelines **65%** (109/164)
- Prioritized list of recommendations eg Care Bundles **58%** (95/164)
- Full systematic reviews **56%** (94/167)
- Education slide sets **46%** (76/167)

*** % of respondents that agreed**

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Preferred guideline attributes



- Key recommendations are easily identifiable **95%**, (139/146)
- Systematic methods were used in search for evidence **94%**, (137/146)
- The health questions are specifically described **93%**, (136/146)
- The target population is specifically described **91%**, (129/141)
- The objective of the guideline is specifically described **91%**, (133/146)

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Familiarity with GRADE



- Familiar with GRADE **66%** (99/151)
- Those familiar with GRADE considered GRADE to be useful **70%** (37/52)

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Recommendation



Guideline developers consider an additional phase in the guideline development process to identify the most appropriate formats or presentation of guidelines to meet the specific needs of the end users improve their usability

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Why is this important?

- Guidelines used in the ED setting (also providing primary care) are often developed by other professional groups
- An array of professional disciplines providing aspects care

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Points to consider

- What are the contextual factors
- What are the guideline related factors
- What the factors related to healthcare providers

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Further research questions

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Thank You