



The newsletter of the Guidelines International Network



## Editorial

Dear readers,

An organization like G-I-N consists (very) simplistically of two components, the members and the Board. Elections take place annually when the members elect the Board and so the relationship between the members and the Board is quite clear and straightforward.

The membership has the heavy responsibility of electing members to the Board and at least a third of the Board is renewed every year. This does not mean a total makeover of the Board, since an individual can serve three terms of up to three years each.

This helps to guarantee continuity, which is needed both for good governance and to avoid a drastic change of direction every year.

Although consistency is important, change is also needed, in order to bring in new blood and with it new ideas, new solutions and new ways of working.

The Board makes the everyday decisions throughout the year, on behalf of the membership; and as in every Board that I have served on, the division of tasks and responsibilities is not equal in the G-I-N Board.

The Chair obviously takes on the main responsibilities, interacts with the Executive Officer, leads the Board teleconferences and other meetings, and sets the overall tone of the Board. The Chair has the immediate support of the executive, a small subgroup of the Board with at least the Vice Chair and the Treasurer. And all of the Board members depend heavily on the Executive Officer, and the very small secretariat.

So, dear membership – the time has come when you get to use your power, to suggest candidates and then vote to select the best possible new members of the Board. Please do so!

With best regards,

**Minna Kaila, Vice Chair and editor of enGINE, and chair of the membership committee**

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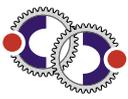
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## Important dates

End of conference early registration (reduced fee)	30 April 2012
Start of the nomination process for representation in the Board of Trustees	2 May 2012
Members' survey's deadline (see below)	3 May 2012
Deadline to receive nomination and candidate forms	4 May 2012
Start voting for representation in the Board of Trustees	1 June 2012
Deadline to receive the votes	18 June 2012
Annual General Meeting in Berlin, Germany	22 August 2012
Annual conference	22-25 August 2012

This is the time of the year when G-I-N prepares for elections. We are keen to further increase participation and are therefore beginning to start reminding of the process and giving the outline of the timetable earlier than previously. The Board, as always, ensures that Scottish Charity rules are followed.

Please find more information on the composition of the G-I-N Board of Trustees on the website [www.g-i-n.net/about-g-i-n/g-i-n-board-oftrustees](http://www.g-i-n.net/about-g-i-n/g-i-n-board-oftrustees). The actual election process will start in May.

Please do not hesitate to ask about practical matters [eo@g-i-n.net](mailto:eo@g-i-n.net) or contact any of the members of the Board!

## G-I-N Board Elections 2012



### Nomination and Voting process

1. The first step in the election process is the nomination of potential Trustees
  - a. Nomination of any potential Organisational Trustee. Nominees will then be asked to provide a short statement and picture that will be use for the election round.
  - b. All individual members are invited to express their interest for the position of Individual Trustee. Expression of interest must be in writing using the relevant candidate form and include a statement of up to 250 words.
2. If there are more nominees than vacancies on the Board, a voting process will take place and ballot forms will be issued.
3. Elected Trustees will be informed in writing of the result of the vote by the current Chair.
4. The results of the vote are announced at the Annual General Meeting.

### Following the elections

The new G-I-N Board discusses co-options of additional Trustees. Co-option is usually decided to ensure good geographical representation and/or to provide the Board with additional, relevant, expertise. Note: unsuccessful Trustee candidates cannot be co-opted to the Board.

We want to encourage you to start thinking about potential candidates for the Board of Trustees. You can also start discussing this with colleagues to ensure that you are ready when the process starts.

Please do not hesitate to contact us with any questions about the elections: [office@g-i-n.net](mailto:office@g-i-n.net) and/or [eo@g-i-n.net](mailto:eo@g-i-n.net).



# Have your say!

## G-I-N's Membership survey

As with the elections, members' involvement and feedback is extremely important to G-I-N. The membership committee is therefore launching its annual survey to assess your satisfaction and needs. We have revisited and shortened the survey to make your participation easier. This will also make the analysis and reporting of results quicker and simpler.

You can start answering the survey today using this link: [www.surveymonkey.com/s/7YK28JT](http://www.surveymonkey.com/s/7YK28JT).

The deadline is: Friday 4 May 2012. Please note that two reminders will be sent.

If you have any questions about the survey feel free to contact us: [eo@g-i-n.net](mailto:eo@g-i-n.net)

*Minna Kaila and Magali Remy-Stockinger on behalf of the G-I-N membership committee*

## Members' questionnaire

Thank you to everyone who completed the members' questionnaire last December, which asked for your feedback on G-I-N's website, newsletter and other communications channels. The next steps are for the Communications team at the National Institute for Health and Clinical Excellence (NICE) to help G-I-N's Board of Trustees implement a number of initiatives that have been informed by your comments.

In the meantime, if you have any further suggestions about how G-I-N can continue to improve its communications to members, please feel free to get in touch with the Communications team at NICE.

Thank you.

*Paul Cooney, G-I-N Communications Project Manager  
National Institute for Health and Clinical Excellence*

Email: [paul.cooney@nice.org.uk](mailto:paul.cooney@nice.org.uk)

## Survey about guideline funding from the German Agency of Quality in Medicine (ÄZQ)

Dear Colleagues,

We, a group of researchers from the German Agency of Quality in Medicine, would like to investigate how funding of clinical practice guidelines (CPG) has developed in the last five years, who the most common guideline financiers worldwide are and how much CPG development costs. To this end we have designed a short online questionnaire on the funding of CPGs. We would very much appreciate your participation in this questionnaire.

The ways CPGs are funded and how much they cost is an important issue as CPG development is resource consuming, funding often is inadequate and financial conflicts of interest can arise constituting a risk of biased recommendations. Despite the major relevance of guideline financing, insufficient information is published.

The results of this online questionnaire will be presented at the G-I-N-Conference 2012 in Berlin. Furthermore, the results will be published in the G-I-N-Newsletter and in a medical journal. If you agree to it, the participation of your organisation will be acknowledged in this paper.

You need to have Java Script installed to complete the questionnaire (free of charge under: [www.java.com/de/download/](http://www.java.com/de/download/)).

[Click here to complete the short online questionnaire.](#)

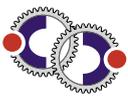
Completing the questionnaire takes approximately 10 minutes. Please fill in the questionnaire by Tuesday 15th May 2012.

For any questions contact: [koepp@azq.de](mailto:koepp@azq.de)

Thank you very much

Sincerely,

*Julia Köpp*



# G-I-N 2012

## “Global Evidence - International Diversity”



Come and celebrate with us 10 years of G-I-N in Berlin this August. **Register now.**

### Update on programme

International experts in fields relevant to guidelines will be presenting in five plenary sessions.

1. 10 years of G-I-N: Lessons learned and future vision.
2. One guideline methodology for all?
3. Do guidelines make a difference?
4. Patient involvement in guideline development
5. Knowledge Translation 2020



To learn more about the sessions and plenary speakers visit the conference website: <http://gin2012.org/plenary.html>

Over the past months the Scientific Committee has been busy reviewing the record number of abstracts submitted (over 400 from 44 countries) and selected those that will be presented during the conference. On this basis, we are expecting: 11 workshops, 8 panel sessions, 85 short oral presentations and 229 posters.

To celebrate 10 years of G-I-N we have also prepared a full pre-conference programme where participants can choose from 4 day courses and a German language symposium.

### Pre-conference programme (22nd August 2012)

#### Guideline Implementation

Join us for a one day practical introduction to the art and science of implementing evidence-based practice and guidelines with experts who have both developed and implemented guidelines. The course is supported by the Guidelines International Network (G-I-N) and the Network's Implementation Working Group.

#### Objectives of the course:

During the course you will:

- ⊙ explore and understand the process for implementation through:
  - identifying barriers and enablers,
  - selecting appropriate interventions, and
  - selecting measures to demonstrate practice change
- ⊙ start developing a plan for implementation
- ⊙ network and share practical experience with experts in the implementation of guidelines.

Over the course of the day we will draw on real examples from different care settings. Participants will be encouraged to work on and develop a practical implementation plan for their own evidence-based projects which will meet the needs of policy makers, health practitioners, patients and consumers.

#### Facilitators

*Sue Huckson*  
*Catherine Marshall*

For more information: [www.g-i-n.net/events/9th-conference/guideline-implementation-course](http://www.g-i-n.net/events/9th-conference/guideline-implementation-course)



## Clinical Guideline Development



This course is prepared and delivered by the National Collaborating Centre for Women's and Children's Health (NCC-WCH, UK).

Goals of the course:

To learn to:

- ⊙ Scope a clinical guideline and work with a multidisciplinary team
- ⊙ Interpret a systematic review in light of clinical expertise and health economics
- ⊙ Write implementable recommendations

### Facilitators

*Roz Ullman, Clinical lead/director (UK)*

*Hugh McGuire, Senior research fellow (UK)*

For more information: [www.g-i-n.net/events/9th-conference/clinical-guideline-development-course](http://www.g-i-n.net/events/9th-conference/clinical-guideline-development-course)

### Health Economics in Guidelines

This course is prepared and delivered by NICE.

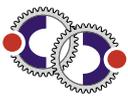
Goals of the course:

- ⊙ To improve decision-making in clinical guidelines by promoting appropriate use of the principles and methods of economic evaluation.
- ⊙ To improve the quality of economic analysis in guidelines by enabling non-economists to better understand, inform and critique them.
- ⊙ To achieve a more integrated approach to the analysis of clinical and economic evidence.

### Facilitator

*Prashanth Kandaswamy, Health economist (NICE, UK)*

For more information: [www.g-i-n.net/events/9th-conference/health-economics-in-guidelines](http://www.g-i-n.net/events/9th-conference/health-economics-in-guidelines)



## GRADE



### Goals of the course

#### Learn to:

- ⊙ Formulate a focused clinical question
- ⊙ Move from evidence in single studies to a body of evidence by outcome
- ⊙ Understand the concepts of the GRADE approach to grading quality of evidence and deciding on the strength of recommendations.

#### Facilitator

*Holger Schünemann (Department of Clinical Epidemiology and Biostatistics McMaster University, Canada)*

For more information: [www.g-i-n.net/events/9th-conference/grade-course](http://www.g-i-n.net/events/9th-conference/grade-course)

#### German Language Symposium

The symposium will offer organisations and experts from German-speaking countries a forum to discuss organisational, methodological and content-related aspects of clinical practice guidelines and quality improvement taking into account their individual tasks and experiences. To this aim, workshops divided into three topic streams will be offered.

- ⊙ Guideline Programmes in German-speaking Countries: Individual Concepts and Possibilities for transnational Cooperation
- ⊙ Guidelines and quality improvement: State of the Art and Perspectives - Individual Concepts and Cooperation: Methodological Perspectives
- ⊙ Guidelines and quality improvement: State of the Art and Perspectives - Individual Concepts and Multiprofessional Cooperation: Clinical Perspectives

In addition, country specific parallel-sessions will address the role of guidelines in the context of quality improvement. The Austrian session will address the status quo and perspectives of evidence-based reasoning. The Swiss workshop will address evidence-based medicine and guidelines. Guidelines in the German healthcare system will be discussed with policy-makers in a podium discussion titled: "Leitlinien: Hoffnungsträger für das Deutsche Gesundheitssystem?".

For more information: [www.g-i-n.net/events/9th-conference/german-language-satellite-symposium](http://www.g-i-n.net/events/9th-conference/german-language-satellite-symposium)



## Post-conference workshop for interested parties

### Weighing and Including Different Types of Knowledge (WINDTOK) in guideline development.

25th August 2012 : 13.30 - 16.00

#### Facilitators

*Teun Zuiderent-Jerak and Frode Forland*

The rise of Evidence-Based Medicine (EBM) has been of crucial importance for the development of Clinical Practice Guidelines. But despite the nuanced ideas within EBM about the importance for using different types of knowledge for different clinical questions, methodology development for guidelines has increasingly focused on appraising and including RCTs and systematic reviews of them. There are few methods in the present guideline development community that focus on assessing and including different types of knowledge. This imbalance poses problems for the usability of guidelines and marginalizes evidence that may in fact be 'best' for a particular issue.

In this workshop we address the question about what methods are available or lacking for weighing and including different types of knowledge, what are the experiences with these methods and how are they able to produce alternative evidence hierarchies? In this workshop we will invite people to share experiences and to discuss in some depth the challenges and developments that are needed to qualify and integrate other types of knowledge in guidelines production.

Important dates	
Early registration ends:	30 April 2012
Conference:	22-25 August 2012

#### Sponsorship opportunities

Are you interested in promoting your organization to the international guideline world?

While the scientific committee is working on the development of a stimulating program we would like to provide you with the opportunity to become sponsor and/or exhibitor at the conference. With the success of the conference heavily reliant on financial support, we are asking you: Are you willing to sponsor the next G-I-N conference?

A full list of sponsorship opportunities is available on the conference website at <http://gin2012.org/sponsorship.html>

If you or your organization are not in a position to sponsor next year's event, perhaps you have contacts who may. In such case, please forward any names or associations that you think may be interested in sponsoring the conference to [daniel@conferencepartners.ie](mailto:daniel@conferencepartners.ie) who is managing the sponsorship for G-I-N 2012.

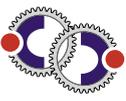
Join our mailing list to be regularly updated on the conference. To learn more about the conference and Berlin please visit [www.gin2012.org](http://www.gin2012.org)

We also encourage you to speak about the conference with colleagues and provide you with communication tools via our dedicated web page: [http://gin2012.org/comm\\_tools.html](http://gin2012.org/comm_tools.html). We are looking forward to seeing you all in Berlin at the end of August 2012.



**G-I-N Conference**  
Berlin 2012  
22<sup>nd</sup>-25<sup>th</sup> August 2012





# Important developments

## Paper on Systematic Reviews



In February 2012 the new journal *Systematic Reviews* launched its first issue with an article series about the importance of registering systematic reviews using PROSPERO: an international open access prospective register of systematic reviews. G-I-N also recently launched a Data Extraction Resource (GINDER) to present and share data extracted from individual studies in a standardized template.

Considering the significant benefit of systematic reviews for the guideline community, the G-I-N Board of Trustees supports the PROSPERO initiative and we wrote a paper to emphasize the importance of collaboration between guideline developers and systematic reviewers. PROSPERO and GINDER are complementary tools to enhance collaboration between guideline developers and systematic reviewers to allow for alignment of activities and a reduction in duplication of effort.

Interaction between guideline developers and systematic reviewers is important for formulating PICO questions, conducting the review of the evidence, compiling the evidence tables and summarizing and presenting the evidence. Collaborative approaches to further improvement of the quality of systematic reviews and the use of high-quality reviews in translating evidence into guideline recommendations are essential.

Van der Wees P, Qaseem A, Kaila M, Ollenschlaeger G, Rosenfeld R, and the Board of Trustees of the Guidelines International Network (G-I-N). Prospective systematic review registration: Perspective from the Guidelines International Network (G-I-N). *Systematic Reviews* 9 February 2012; 1:3.

[www.systematicreviewsjournal.com/content/1/1/3](http://www.systematicreviewsjournal.com/content/1/1/3)

## G-I-N Board Paper in *Annals of Internal Medicine*

Over the last two decades, there has been an exponential increase in the number of guidelines developed by governmental and private organizations around the world. Clinicians, managers, and other guideline users have been bombarded with numerous and sometimes contradictory guidelines. In addition, there is a major variation in the quality of individual guidelines. Many guidelines fall short of meeting the basic quality criteria or have major inconsistencies in their development methods. Establishment of internationally recognized standards will help improve the development of high quality guidelines as well as their implementation.

In response to the need for international standards to help in the development and appraisal of clinical guidelines, the G-I-N Board of Trustees reviewed the current literature and used a consensus process to propose a set of key components for guideline development. The goal of this paper is to identify the practically implementable standards that a trustworthy clinical practice guideline must meet and proposes minimum principles for the development of high quality guidelines.

We hope that this will help in reducing the number of low quality guidelines and encourage guideline developers to produce high quality guidelines. The intent is to initiate global discussion and consensus regarding minimal standards for guideline development.

Qaseem A, Forland F, Macbeth F, Ollenschläger G, Phillips S, van der Wees P, for the Board of Trustees of the Guidelines International Network. Guidelines International Network: Toward International Standards for Clinical Practice Guidelines. *Ann Intern Med.* 2012; 156:525-531.

[www.annals.org/content/156/7/525.full.pdf+html](http://www.annals.org/content/156/7/525.full.pdf+html)

This paper is now open for comments. Please use this link to provide feedback that may help us refining the proposed standards: [www.surveymonkey.com/s/WHD8LLM](http://www.surveymonkey.com/s/WHD8LLM)

## G-I-N North America Webinar Series

Since January this year three webinars have been organized by G-I-N North America with the support from Kaiser Permanente.

Topics for the first sessions were: "New IOM Standards for Trustworthy Guidelines: Implications for the North American Guideline Community", "New IOM Standards for Trustworthy Systematic Reviews: Implications for the North American Guideline Community", "AHRQ and NGC Approach to Addressing the IOM Standards: Implications for the North American Guideline Development Community".

These webinars have been recorded and audio files can be reached via the G-I-N website.

For more information about the webinars please visit: [www.g-i-n.net/activities/g-i-n-na/g-i-n-na-events-activities/g-i-n-na-webinar-series](http://www.g-i-n.net/activities/g-i-n-na/g-i-n-na-events-activities/g-i-n-na-webinar-series). This page is regularly updated and contains information on future webinars.



## G-I-N Adaptation working group, planned activities

In 2011, G-I-N established the Adaptation Working Group to support the development of methods for efficient guideline development using existing guidelines, to refine the adaptation resource toolkit and to provide support and training in guideline adaptation. The group currently includes 31 individuals from 19 countries, and a smaller steering group was recently formed to help guide the work of this group.

The steering group met for the first time on 9th February 2012 to discuss ideas and suggestions for the group's work plan in 2012 and beyond. A second meeting is planned for April to finalise the work plan. If you are interested in commenting on our work plan or in joining the Adaptation Working group please contact us through the G-I-N office at [office@g-i-n.net](mailto:office@g-i-n.net).

The main areas under consideration for our work plan include:

### Improvement to guideline adaptation methodologies

- ⊙ Dissemination and awareness raising about the ADAPTE manual
- ⊙ Translation of the ADAPTE manual into other languages
- ⊙ Synthesis of what we have learned about guideline adaptation
- ⊙ Improvements to the ADAPTE manual, including the use of GRADE

### Training and support

People are often looking for support in guideline adaptation. Steering group members and adaptation working group members are likely to have current resources that have been developed individually and sharing them may be a way of facilitating training. Members who have more experience with using the ADAPTE tool could help/mentor those with less experience or could develop educational tools.

### Communication

The adaptation group needs to improve the way in which it uses the G-I-N website and the enGINe newsletter to communicate with members. To improve external communication, the group is considering disseminating information through member organisations' newsletters.

### G-I-N 2012 in Berlin

The Adaptation group aims to increase its profile at the Berlin conference in August 2012 by offering different opportunities for participants to be involved, including:

1. A panel discussion session on facilitators and barriers to the use of adaptation methods and ideas for improvement (Abstract submitted)
2. A face-to-face meeting of the Adaptation Working Group
3. A survey of G-I-N members and conference participants (under consideration)

We welcome G-I-N members' feedback on our work plan and encourage you to contact us via the G-I-N office if you are interested in joining this Working Group: [office@g-i-n.net](mailto:office@g-i-n.net).

*Sue Phillips and Jako Burgers, co-chairs on behalf of G-I-N Adaptation Steering Group*

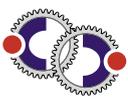
### Introducing GIRAnet (jeerah-net): the Guideline Implementability Research and Application Network

# GIRAnet

With three years of funding from the Canadian Institutes of Health Research we have established the Guideline Implementability Research and Application Network (GIRAnet). The purpose of GIRAnet is to collaborate with international guideline developers, implementers, and researchers to identify or develop, and evaluate implementability tools for guidelines. We have described domains of implementability information which, if added to guidelines, may facilitate their use (See our highly accessed article in Implementation Science).

In year one, we will identify and describe existing tools for priority clinical indications. We are particularly interested in tools representing the following implementability domains: resource implications (equipment, staff, training, workflow); implementation (barriers, tailoring strategies); and evaluation (performance measures, quality improvement).

We envision developing a database and instructional manual linking to, or offering indication-specific and generic implementability tools and templates, made available via a dedicated section on the G-I-N website. In years two and three, tools will be pilot tested with guideline developers to understand how they are best integrated in guidelines, and with health professionals for cognitive impact (i.e. meaning, relevance, confidence, outcome expectancy, intention).



The tools will ultimately be packaged with guidelines to assess behavioural impact (use of recommendations, associated clinical outcomes).

While GIRAnet's main goal is to develop and test implementability tools, another year one activity is a formative evaluation to help us optimize goals, activities, communication and engagement, and identify related services or products that could be offered by the network. We are conducting a systematic review of network features that enhance knowledge exchange and will use that as the basis of a needs assessment survey of G-I-N members in the coming months. We are also reorganizing the G-I-N Implementation Community webpage to make retrieval of implementation resources and tools ([www.g-i-n.net/activities/implementation/implementation-resources-tools](http://www.g-i-n.net/activities/implementation/implementation-resources-tools)) more easily assessable.

We are sincerely grateful to G-I-N executive and support staff, and several G-I-N members who form our Steering Committee who have been instrumental in helping us to acquire funding for GIRAnet. Clearly input from all G-I-N members will be essential to the success of GIRAnet, ensuring that its products are relevant. Therefore over the coming months we will seek participants for evaluation activities, and continue to provide you with progress updates.

### **See you in Berlin for G-I-N 2012!**

For more information about GIRAnet please visit the G-I-N web site: [www.g-i-n.net/activities/implementation/giranet](http://www.g-i-n.net/activities/implementation/giranet). For specific enquiries please contact the GIRAnet lead: Anna Gagliardi, Associate Professor, University of Toronto and Affiliate Scientist, University Health Network, Toronto, Canada, [anna.gagliardi@uhnresearch.ca](mailto:anna.gagliardi@uhnresearch.ca).

## **News from members**

### **CEMBE as Portuguese Cochrane Center**

The Center for Evidence Base Medicine at the University of Lisbon School of Medicine was recently invited to become the Cochrane Coordinating Center for Portugal (CCCP).

This new Center will be responsible – among other tasks – to write systematic reviews (SRs) for the Cochrane Library, support research groups writing SRs, teaching the methodology of the SRs, disseminating the Cochrane Collaboration activities and identify clinical research being performed in Portugal.

The CCCP will provide high quality clinical evidence and be involved in writing, disseminating and implementing evidence-based guidelines.

For more information: [www.cembe.org](http://www.cembe.org)

### **As always the enGINE would like to know more about you!**

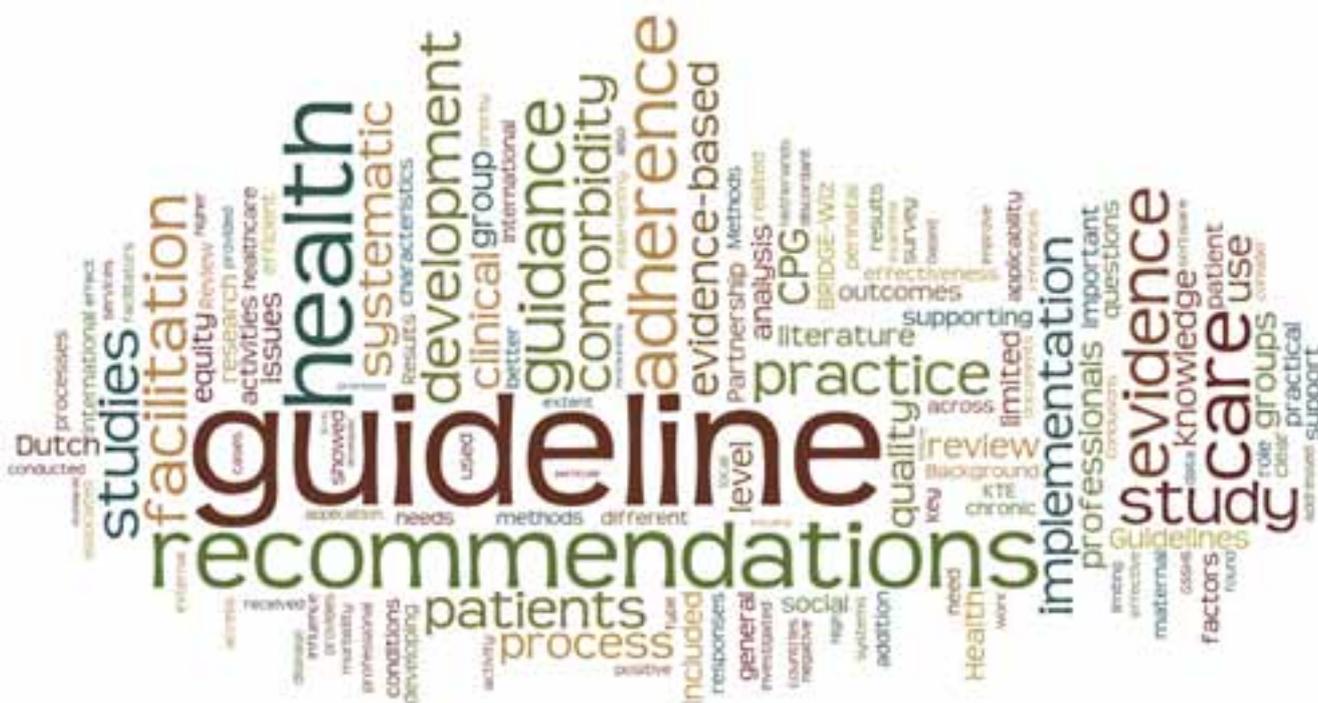
Please get in touch to tell us about you, your organisation, your work programme, your ambitions. Perhaps even your problems – the G-I-N community could have the answers you are looking for!



## Some new relevant literature

We have more than 450 entries in the list of relevant literature on the G-I-N website. As we are updating this list regularly we encourage G-I-N members to subscribe to the feeds available on the pages: [www.g-i-n.net/library/relevant-literature](http://www.g-i-n.net/library/relevant-literature) and [www.g-i-n.net/library/literature-updates](http://www.g-i-n.net/library/literature-updates) (note: you have to be logged in to be able to do so).

We include here the editors' pick of papers (including the abstracts by authors if available) retrieved during the period December 2011 – March 2012.



**Van der Wees P, Qaseem A, Kaila M, Ollenschlaeger G, Rosenfeld R, and the Board of Trustees of the Guidelines International Network (G-I-N). Prospective systematic review registration: Perspective from the Guidelines International Network (G-I-N). *Systematic Reviews* 9 February 2012; 1:3.**

Clinical practice and public health guidelines are important tools for translating research findings into practice, with the aim of assisting health practitioners as well as patients and consumers in health behavior and healthcare decision making. Numerous programs for guideline development exist around the world, with growing international collaboration to improve their quality.

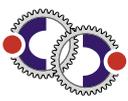
One of the key features in developing trustworthy guidelines is that recommendations should be based on high quality systematic reviews of the best available evidence. The review process used by guideline developers to identify and grade relevant evidence for developing recommendations should be systematic, transparent, and unbiased. In this paper we provide an overview of current international developments in the field of practice guidelines and methods to develop guidelines, with a specific focus on the role of systematic reviews.

The Guidelines International Network (G-I-N) aims to stimulate collaboration between guideline developers and systematic reviewers to optimize the use of available evidence in guideline development and to increase efficiency in the guideline development process. Considering the significant benefit of systematic reviews for the guideline community, the G-I-N Board of Trustees supports the PROSPERO initiative for international prospective registration of systematic reviews.

G-I-N also recently launched a Data Extraction Resource (GINDER) to present and share data extracted from individual studies in a standardized template. PROSPERO and GINDER are complementary tools to enhance collaboration between guideline developers and systematic reviewers, allowing for alignment of activities and a reduction in duplication of effort.

**Contandriopoulos D. Some Thoughts on the Field of KTE. *Healthcare Policy*. 2012 7(3):29-37 (<http://www.longwoods.com/content/22779>)**

This paper offers a practice-oriented critical analysis of the scientific literature on knowledge transfer and exchange (KTE) derived from the results of a large-scale systematic review of knowledge exchange at the organizational and policy levels. Analysis is structured around four questions that must be answered to get a proper understanding of the KTE process and KTE intervention design and implementation, and of two core dimensions of context.



**Dogherty EJ, Harrison MB, Baker C, Graham ID. Following a natural experiment of guideline adaptation and early implementation: a mixed-methods study of facilitation. *Implement Sci.* 2012 Feb 6;7(1):9 [Epub ahead of print]**

Background: Facilitation is emerging as an important strategy in the uptake of evidence. However, it is not entirely clear from a practical perspective how facilitation occurs to help move research evidence into nursing practice. The Canadian Partnership Against Cancer, also known as the 'Partnership,' is a Pan-Canadian initiative supporting knowledge translation activity for improved care through guideline use. In this case-series study, five self-identified groups volunteered to use a systematic methodology to adapt existing clinical practice guidelines for Canadian use.

With 'Partnership' support, local and external facilitators provided assistance for groups to begin the process by adapting the guidelines and planning for implementation. Methods: To gain a more comprehensive understanding of the nature of facilitation, we conducted a mixed-methods study. Specifically, we examined the role and skills of individuals actively engaged in facilitation as well as the actual facilitation activities occurring within the 'Partnership.' The study was driven by and builds upon a focused literature review published in 2010 that examined facilitation as a role and process in achieving evidence-based practice in nursing.

An audit tool outlining 46 discrete facilitation activities based on results of this review was used to examine the facilitation noted in the documents (emails, meeting minutes, field notes) of three nursing-related cases participating in the 'Partnership' case-series study. To further examine the concept, six facilitators were interviewed about their practical experiences. The case-audit data were analyzed through a simple content analysis and triangulated with participant responses from the focus group interview to understand what occurred as these cases undertook guideline adaptation. Results: The analysis of the three cases revealed that almost all of the 46 discrete, practical facilitation activities from the literature were evidenced. Additionally, case documents exposed five other facilitation-related activities, and a combination of external and local facilitation was apparent. Individuals who were involved in the case or group adapting the guideline(s) also performed facilitation activities, both formally and informally, in conjunction with or in addition to appointed external and local facilitators. Conclusions:

Facilitation of evidence-based practice is a multifaceted process and a team effort. Communication and relationship-building are key components. The practical aspects of facilitation explicated in this study validate what has been previously noted in the literature and expand what is known about facilitation process and activity.

**Shiffman RN, Michel G, Rosenfeld RM, Davidson C. Building better guidelines with BRIDGE-Wiz: development and evaluation of a software assistant to promote clarity, transparency, and implementability. *J Am Med Inform Assoc.* 2012; 19(1):94-101.**

Objective: To demonstrate the feasibility of capturing the knowledge required to create guideline recommendations in a systematic, structured, manner using a software assistant. Practice guidelines constitute an important modality that can reduce the delivery of inappropriate care and support the introduction of new knowledge into clinical practice. However, many guideline recommendations are vague and underspecified, lack any linkage to supporting evidence or documentation of how they were developed, and prove to be difficult to transform into systems that influence the behavior of care providers. Methods: The BRIDGE-Wiz application (Building Recommendations In a Developer's Guideline Editor) uses a wizard approach to address the questions: (1) under what circumstances? (2) who? (3) ought (with what level of obligation?) (4) to do what? (5) to whom? (6) how and why? Controlled natural language was applied to create and populate a template for recommendation statements. Results:

The application was used by five national panels to develop guidelines. In general, panelists agreed that the software helped to formalize a process for authoring guideline recommendations and deemed the application usable and useful. Discussion: Use of BRIDGE-Wiz promotes clarity of recommendations by limiting verb choices, building active voice recommendations, incorporating decidability and executability checks, and limiting Boolean connectors. It enhances transparency by incorporating systematic appraisal of evidence quality, benefits, and harms. BRIDGE-Wiz promotes implementability by providing a pseudocode rule, suggesting deontic modals, and limiting the use of 'consider'. Conclusion: Users found that BRIDGE-Wiz facilitates the development of clear, transparent, and implementable guideline recommendations.



**Eslava-Schmalbach J, Sandoval-Vargas G, Mosquera P. Incorporating equity into developing and implementing for evidence-based clinical practice guidelines. *Revista de Salud Publica*. 2011 Apr 13(2):339-51.**

Clinical practice guidelines (CPG) are useful tools for clinical decision making, processes standardization and quality of care improvements. The current General Social Security and Health System (GSSHS) in Colombia is promoting the initiative of developing and implementing CPG based on evidence in order to improve efficiency and quality of care. The reduction of inequalities in health should be an objective of the GSSHS.

The main propose of this analysis is to argue why it is necessary to consider the incorporation of equity considerations in the development and implementation of clinical practice guidelines based on the evidence. A series of reflections were made. Narrative description was used for showing the arguments that support the main findings. Among them are: 1. Differential effectiveness by social groups of interventions could diminish final effectiveness of CPG in the GSSHS; 2. To not consider geographical, ethnic, socioeconomic, cultural and access diversity issues within the CPG could have a potential negative impacts of the CPG; 3. Overall effectiveness of GPC could be better if equity issues are included in the quality verification checklist of the guideline questions; 4. Incorporating equity issues in the process of developing CPG could be cost effective, because improve overall effectiveness of CPG. Conclusions To include equity issues in CPG can help in achieving more equitable health outcomes. From this point of view CPG could be key tools to promote equity in care and health outcomes.

**Lugtenberg M, Burgers JS, Clancy C, Westert GP, Schneider EC. Current guidelines have limited applicability to patients with comorbid conditions: a systematic analysis of evidence-based guidelines. *PLoS ONE [Electronic Resource]*. 2011 6(10):e25987.**

Background: Guidelines traditionally focus on the diagnosis and treatment of single diseases. As almost half of the patients with a chronic disease have more than one disease, the applicability of guidelines may be limited. The aim of this study was to assess the extent that guidelines address comorbidity and to assess the supporting evidence of recommendations related to comorbidity. Methodology/Principal findings: We conducted a systematic analysis of evidence-based guidelines focusing on four highly prevalent chronic conditions with a high impact on quality of life: chronic obstructive pulmonary disease, depressive disorder, diabetes mellitus type 2, and osteoarthritis.

Data were abstracted from each guideline on the extent that comorbidity was addressed (general comments, specific recommendations), the type of comorbidity discussed (concordant, discordant), and the supporting evidence of the comorbidity-related recommendations (level of evidence, translation of evidence). Of the 20 guidelines, 17 (85%) addressed the issue of comorbidity and 14 (70%) provided specific recommendations on comorbidity. In general, the guidelines included few recommendations on patients with comorbidity (mean 3 recommendations per guideline, range 0 to 26). Of the 59 comorbidity-related recommendations provided, 46 (78%) addressed concordant comorbidities, 8 (14%) discordant comorbidities, and for 5 (8%) the type of comorbidity was not specified. The strength of the supporting evidence was moderate for 25% (15/59) and low for 37% (22/59) of the recommendations. In addition, for 73% (43/59) of the recommendations the evidence was not adequately translated into the guidelines. Conclusions/significance: Our study showed that the applicability of current evidence-based guidelines to patients with comorbid conditions is limited.

Most guidelines do not provide explicit guidance on treatment of patients with comorbidity, particularly for discordant combinations. Guidelines should be more explicit about the applicability of their recommendations to patients with comorbidity. Future clinical trials should also include patients with the most prevalent combinations of chronic conditions.

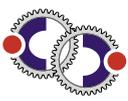
**Gould N. Guidelines across the health and social care divides: the example of the NICE-SCIE dementia guideline. [Review] *International Review of Psychiatry*. 2011 Aug 23(4):365-70.**

Increasingly, mental health services are delivered through multidisciplinary teams and settings. This creates particular challenges for the development of evidence-based practice guidelines when different professional groups represented within teams might have different traditions and cultures in relation to what counts as 'evidence', and how that might be synthesized to produce guidance that supports best practice across professional divides.

These challenges are explored in relation to integration between health and social care services, where social work in particular has traditionally expressed scepticism about guideline development where it does not incorporate knowledge drawn from qualitative research and perspectives of stakeholders such as service users and carers. This article takes the NICE-SCIE guideline on dementia care as an exemplar of how an integrated process of guideline development can deliver guidance for best practice across integrated mental health services. Finally, some of the issues still facing inter-professional guideline development are considered, and pointers given to eclectic approaches that are beginning to emerge from within social work.

**Hopthrow T, Feder G, Michie S. The role of group decision making processes in the creation of clinical guidelines. [Review] *International Review of Psychiatry*. 2011 Aug 23(4):358-64**

Guideline development groups are an integral part of evidence-based healthcare and will remain so for the foreseeable future. There is a need for the efficient production of high-quality guidelines both to ensure high standards of care and to conserve resources. Social psychological research on group processes provides valuable information that can be applied to studying the functioning of guideline development groups, including the methods they use to develop recommendations. This article describes four key concepts in the group process literature: information sharing, systematic processing, group development, and group potential productivity. We evaluate their importance for guideline development groups and conclude with methodological suggestions for the study of these complex processes.



**Bloemendal E, Weenink JW, Harmsen M, Mistiaen P. [Adherence to Dutch clinical guidelines: a systematic review] Naleving van Nederlandse richtlijnen: een systematische review. 2011**

Weblink: [www.nivel.nl/pdf/Rapport-Naleving-Nederlandse-richtlijnen.pdf](http://www.nivel.nl/pdf/Rapport-Naleving-Nederlandse-richtlijnen.pdf)

Background: Guidelines are important resources for healthcare professionals (and patients) in choosing effective and efficient therapies or interventions. In the Netherlands, the Health Care Insurance Board (CVZ) wanted to understand to what degree Dutch guidelines are efficiently utilized in different areas of Dutch health care. More specifically, they wanted an answer to the following questions: 1. To what extent do healthcare professionals adhere to Dutch guidelines?, 2. What factors play a role in (not) adhering to guideline recommendations?, 3. To what level does adherence to guidelines result in health benefits in patients, and to a more efficient health care system? Methods: We conducted a systematic literature review, for which we searched four international databases, two Dutch databases, websites of health professional associations, and websites of research institutes.

Publication date was limited to the years 2000-2011. Two researchers independently selected the found references on predefined inclusion criteria; first on title and abstract, and later on the full text. Methodological quality of the remained references was evaluated using the Cochrane EPOC criteria. Relevant data were extracted from the included studies. Results: The search resulted in 8677 unique references, of which 100 documents (91 studies) were included after the two inclusion rounds. For the greater part these were observational studies, and most studies concerned guidelines for physicians.

Studies showed a large variation in adherence to guidelines. In one study, for example, 38% of patients with anxiety or depression in primary care received healthcare in accordance with guidelines, whilst in another study 94% of breast cancer patients received ultrasonography conform guidelines.

Apart from variance in rates, the method of measuring adherence varied widely across studies. Therefore it is difficult to compare adherence rates from different studies, and it limited us in providing a general statement about guideline adherence in the Netherlands. The included studies identified a range of influential factors associated with guideline adherence. Factors for which there is a moderate indication that they are positively related with adherence are: a positive attitude of health professionals towards guidelines, more knowledge of health professionals on the content of the guidelines, more educated health professionals, expectation of health professionals that guideline adherence results in improved patient outcomes, experienced peer pressure to use guidelines, practical usefulness of the guideline, high level of evidence of guideline recommendations, a form of automated support in using the guideline and combined methods of implementing the guideline. Furthermore, numerous studies associated patient characteristics with adherence.

Although it was not always consistent in whether these characteristics had a positive or negative influence, it seems that a higher level of morbidity, higher age and presence of comorbidity are reasons for not adhering to guideline recommendations. Thirteen studies investigated the effect of guideline adherence on patient outcomes, of which a small majority showed a positive effect. No studies reported a negative effect. Seven studies investigated the influence of guideline adherence on costs, but none showed a clear association. Conclusion and discussion: Adherence to Dutch guidelines varies widely. Unfortunately, due to differences in methods of measuring and reporting adherence, we cannot provide a general statement about guideline adherence in the Netherlands.

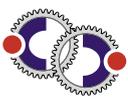
We found several factors that contribute to the use of guidelines in practice. These factors concern characteristics of the guideline itself, target population, organizational systems and implementation methods. The Health Care Insurance Board (CVZ) could take these factors into account for guideline implementation, possibly resulting in better adherence. Patient characteristics, such as degree of morbidity, age and co morbidity, seem to be associated with deviating from the guidelines. There is a limited number of studies that investigated whether higher guideline adherence results in better patient outcomes. Further research is needed to examine whether investments in guideline development and implementation lead to more efficient patient care in the long run.



# Guideline Library update

New data in the International Guideline Library – 10 December 2011 to 9 April 2012

Organisation	Title
AAO-HNS (US)	Clinical Practice Guideline: Sudden Hearing Loss
ACCP (US)	Antithrombotic Therapy and Prevention of Thrombosis: ACCP Evidence-based Clinical Practice Guidelines, 9th Edition
AWMF (DE)	Diagnostik von Sprachentwicklungsstörungen (SES) unter Berücksichtigung umschriebener Sprachentwicklungsstörungen (USES). S2k-LL (DGKJP/DGPP/DGKJ) [Diagnosis of developmental language disorders in consideration of specific developmental language disorders]
AWMF (DE)	Diagnostik und antientzündliche Therapie der Uveitis bei juveniler idiopathischer Arthritis. S2k-LL (DOG, DGRh, GKJR) [Diagnosis and anti-inflammatory treatment for uveitis in juvenile idiopathic arthritis]
AWMF (DE)	Intraartikuläre Frakturen des distalen Humerus im Kindesalter. S2k-LL (DGKCH, DGOOC, DGU) [T-condylar fractures of the distal humerus in children and adolescents]
DKG (DE)	Diagnostik, Therapie, Nachsorge des Adenokarzinoms des Magens und gastro-ösophagealen Übergangs (kurz: Magenkarzinom) (Leitlinienprogramm Onkologie von AWMF, DKG und DKH) [Diagnosis, treatment, aftercare of adenocarcinoma of the stomach and gastro-oesophageal junction]
DM (BE)	Aanvraag van laboratoriumtests door huisartsen (deel 1) [Request for laboratory determinations by general practitioners]
HAS (FR)	Autisme et autres troubles envahissants du développement: interventions éducatives et thérapeutiques coordonnées chez l'enfant et l'adolescent. Consensus formalisé [Autism and other severe developmental disorders: treatment of children and adolescents]
HAS (FR)	Syndrome de Prader-Willi. Guide ALD
Hdir (NO)	Nasjonalt faglig retningslinje for utredning, behandling og oppfølging av personer med samtidig ruslidelse og psykisk lidelse – ROP-lidelser [National guideline for assessment, treatment and care of persons with addictions and mental illness]
IDSA (US)	IDSA Clinical Practice Guideline for Acute Bacterial Rhinosinusitis in Children and Adults
IQWiG (DE)	Abirateronacetat - Nutzenbewertung gemäß § 35a SGB V (Dossierbewertung) [Abiraterone acetate - Benefit assessment according to § 35a Social Code Book V (dossier assessment)]
IQWiG (DE)	Addendum zum Abschlussbericht A09-02 (Nutzenbewertung von Prasugrel) [Addendum to the final report A09-02 (benefit assessment of prasugrel)]
IQWiG (DE)	Aliskiren/Amlodipin - Nutzenbewertung gemäß § 35a SGB V (Dossierbewertung) [Aliskiren/amlodipine - Benefit assessment according to § 35a Social Code Book V (dossier assessment)]
IQWiG (DE)	Apixaban – Nutzenbewertung gemäß § 35a SGB V (Dossierbewertung) [Apixaban - Benefit assessment according to § 35a Social Code Book V (dossier assessment)]
IQWiG (DE)	Aussagekraft von Surrogatendpunkten in der Onkologie (Rapid Report) [Validity of surrogate endpoints in oncology]
IQWiG (DE)	Cabazitaxel - Nutzenbewertung gemäß § 35a SGB V (Dossierbewertung) [Cabazitaxel - Benefit assessment according to § 35a Social Code Book V (dossier assessment)]
IQWiG (DE)	Eribulin - Nutzenbewertung gemäß § 35a SGB V (Dossierbewertung) [Eribulin - Benefit assessment according to § 35a Social Code Book V (dossier assessment)]
IQWiG (DE)	Fingolimod - Nutzenbewertung gemäß § 35a SGB V (Dossierbewertung) [Fingolimod - Benefit assessment according to § 35a Social Code Book V (dossier assessment)]
IQWiG (DE)	Linagliptin - Nutzenbewertung gemäß § 35a SGB V (Dossierbewertung) [Linagliptin - Benefit assessment according to § 35a Social Code Book V (dossier assessment)]



IQWiG (DE)	Pirfenidon: Nutzenbewertung gemäß § 35a SGB V (Dossierbewertung) [Pirfenidone - Benefit assessment according to §35a Social Code Book V (dossier assessment)]
IQWiG (DE)	Retigabin - Nutzenbewertung gemäß § 35a SGB V (Dossierbewertung) [Retigabine - Benefit assessment according to § 35a Social Code Book V (dossier assessment)]
IQWiG (DE)	Stammzelltransplantation bei Multiplem Myelom [Stem cell transplantation for multiple myeloma]
IQWiG (DE)	Systematische Leitlinienrecherche und -bewertung sowie Extraktion neuer und relevanter Empfehlungen für das DMP Diabetes mellitus Typ 2 [Systematic guideline search and appraisal for the DMP diabetes mellitus type 2 and extraction of new, relevant recommendations]
IQWiG (DE)	Tafamidis - Nutzenbewertung gemäß § 35a SGB V (Dossierbewertung) [Tafamidis - Benefit assessment according to § 35a Social Code Book V (dossier assessment)]
IQWiG (DE)	Telaprevir - Nutzenbewertung gemäß § 35a SGB V (Dossierbewertung) [Telaprevir - Benefit assessment according to § 35a Social Code Book V (dossier assessment)]
MoH (SG)	Depression
NICE (UK)	Anaphylaxis (CG134)
NICE (UK)	Epilepsy (CG137)
NICE (UK)	Infection control (CG139)
NICE (UK)	Organ donation (CG135)
NICE (UK)	Patient experience in adult NHS services (CG138)
NICE (UK)	Service user experience in adult mental health (CG136)
NICE (UK)	Tuberculosis - hard to reach groups (PH37)
SIGN (UK)	Diagnosis and management of colorectal cancer (SIGN CPG 126)

# External events

## 2012

### 9th Annual World Health Care Congress

16 -18 April  
Washington DC, USA

### Clinical guideline development course

8 -10 May  
London, UK

### 17th Annual Meeting of the International Society for Pharmacoeconomics and outcomes research

2 - 6 June  
Washington DC, USA

### 14th biennial European conference of the Society for Medical Decision Making (SMDM)

10 -12 June  
Oslo, Norway

The conference venue will be the Department of Health Management and Health Economics, University of Oslo. For further information visit the conference website: [www.smdm2012.com](http://www.smdm2012.com)

### HTAi Annual Meeting: 'HTA in Integrated Care for a Patient-Centered System'

23 - 27 June  
Bilbao, Spain

The programme includes workshops, many parallel sessions and three plenary sessions (HTA the way towards Personalized Medicine, HTA the roadmap from Investment to Disinvestment, HTA and ICTs can they interface?). For further information visit the conference website: [www.htai2012.org](http://www.htai2012.org)

### WONCA Europe Conference 2012: "The Art and Science of General Practice"

4 - 7 July  
Vienna, Austria

### 20th Cochrane Colloquium

30 September - 3 October  
Wellington, New Zealand

### Inaugural Conference of the International Society for Evidence-Based Healthcare (ISEHC)

6 - 8 October  
New Delhi, India





## External events

### **34th Annual meeting of the Society for Decision Making**

17 - 20 October

Phoenix, Arizona, USA

The theme for this year's conference is: "Designing Health Information Technology for Better Health Decisions". Deadline to submit an abstract is 18 May. For further information visit the conference website:

[www.smdm.org/2012meeting/index.shtml](http://www.smdm.org/2012meeting/index.shtml)

### **ISQua 29th conference: "Advancing quality and safety for all; Now and in the Future"**

21 - 24 October

Geneva, Switzerland

For further information visit the conference website: [www.isquaconference.org/](http://www.isquaconference.org/)

### **6th International conference of EB health care teachers and developers: "EBM 20 years later: new challenges"**

31 October - 4 November

Taormina Italy

## 2013

### **20th WONCA World Conference Prague: "Family Medicine: Care for Generations"**

June

Czech Republic

### **21st International Union for Health Promotion and Education (IUHPE) World Conference**

14 - 18 July

Pattaya, Thailand

## 2015

### **17th World Confederation of Physiotherapy Congress**

Singapore

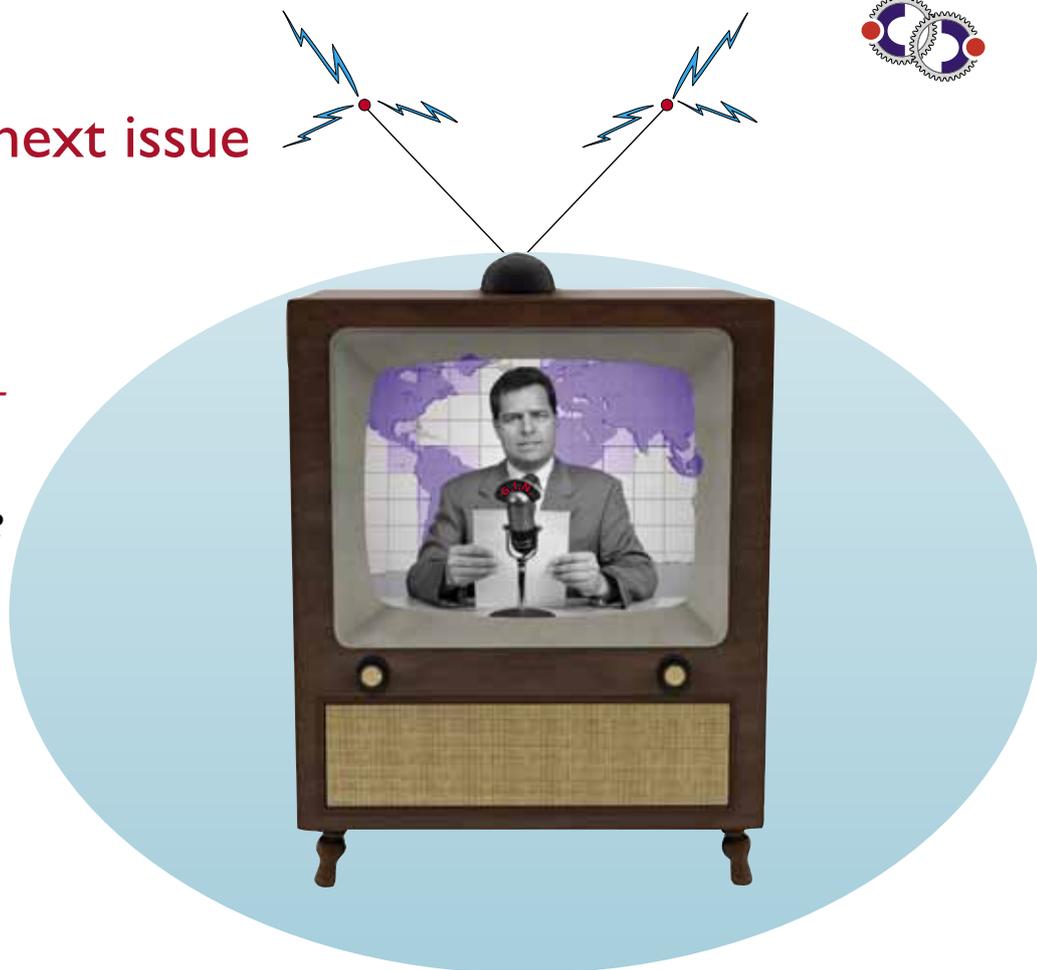




## Watch for the next issue

The next issue of *enGINe* is planned to be published in **June-July**

If you wish to include some information please send your pieces by **10th June** to [office@g-i-n.net](mailto:office@g-i-n.net)



### **EDITORIAL TEAM**

*Minna Kaila*

*Stuart Neville*

*Magali Remy-Stockinger*

⦿ Keeping busy working on enGINe, M. Kaila and M. Remy-Stockinger

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