

## Does the **QUALITY** of **Evidence-Based Guidelines** matter?

How can we validate Evidence-Based  
Guidelines for Public Health (Health Protection)?

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## Presentation Overview

1. What makes a good guideline?
2. The AGREE II – a recognised appraisal tool
3. Is quality a “measurable” attribute in Guidelines?
4. The users’ view: the GET 5 – a starting point
5. Key considerations

A subgroup from an ECDC working group from European States has addressed issues around **QUALITY OF GUIDELINES FOR HEALTH PROTECTION (PH – COMMUNICABLE DISEASES)** – more particularly – on how to:

1. Identify, adjust and/or develop the necessary set of criteria to validate Guidelines for public health.
2. Validate a consistent framework to Guideline Development that would fit well into any circumstance in which public health advice is needed, with special attention to situations where time to respond is limited.

## What makes a good guideline?

- Reproducible
- Cost-effective
- Representative / multidisciplinary
- Clinically applicable
- Flexible
- Clear
- Reviewable
- Amenable to clinical audit

NHS Executive. *Clinical Guidelines*. Leeds: NHSE, 1996

## 1. What makes a good guideline?

The characteristics of “good quality” guidelines include:

- the quality of the **development methods**
- the transparency of the **methods and processes**
- the use and strength of supporting evidence
- the presentation and format of the content
- the inclusion of specific recommendations



## 2. The AGREE II – a recognised appraisal tool

### The AGREE (Appraisal of Guidelines for Research and Evaluation)

instrument was developed by an international group of researchers and guideline developers

- to appraise the process of guideline development and how well this is reported
- to assess guideline quality, defined as “...confidence that potential biases of guideline development have been addressed adequately and that the recommendations are both internally and externally valid, and are feasible for practice”



(AGREE Collaboration, 2003)

The AGREE II is concerned with different aspects of the guideline development process and its reporting across 6 domains:

**Scope and purpose**  
**Stakeholder**  
**Rigor of development**

**Clarity and presentation**  
**Applicability**  
**Editorial independence**

### OUR QUESTIONS:

**Do these criterion...**

- apply for PH/HP guidelines?  
or are they sufficient?
- satisfy our expectations about QUALITY?

## What is QUALITY?

- ... “a measure of excellence or a state of being free from defects, deficiencies, and significant variations, brought about by the strict and consistent adherence to measurable and verifiable standards to achieve uniformity of output that satisfies specific customer or user requirements.”



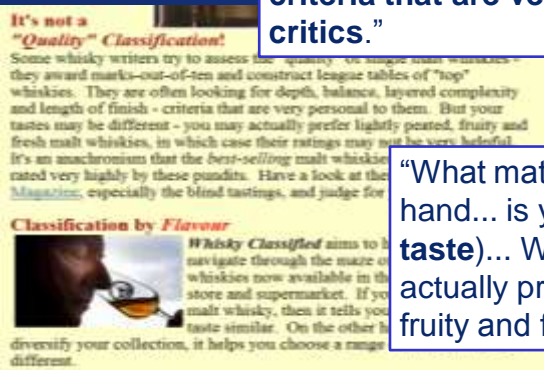
3. Is quality a “measurable” attribute in Guidelines?

QUALITY = excellence around verifiable standards  
(METHOD) + ( ? - customer SATISFACTION)



3. Is quality a “measurable” attribute in Guidelines?

“They are often looking for depth, balance, layered complexity and length of finish – **criteria that are very personal to... critics.**”



“What matters... on the other hand... is your taste (**the user's taste**)... Whether you may actually prefer lightly peated, fruity and fresh malt whiskies”

“Quality in a product or service is not what the supplier puts in. It is what the customer gets out and is willing to pay for.”

Drucker, Peter (1985). *Innovation and entrepreneurship*. Harper & Row.

**Guidelines are “good quality” IF...**

- they lead to changes in practice and improvements in patient outcomes (Eccles *et al.*, 1996)
- they satisfy the guidelines’ users expectations (e.g. clear recommendations are given to help manage an incident)

**NEW HYPOTHESIS:**  
**Guidelines are “good quality”...**  
... if they satisfy the guidelines’ users expectations



e.g. (...) “Decolonization and screening of patients and their close contacts”

Recommendation: Topical decolonization is often used to try and interrupt transmission.

Little data exist on its effectiveness for eradicating a particular strain of *S. aureus* and thereby preventing further infections, *especially in non-healthcare settings and with prolonged follow-up.*

Gaps in the evidence base for many important issues typically preclude guideline recommendations based on evidence, even when quality concerns or practice variations mandate urgent action.

One solution is to produce:

- *quality-driven, evidence-based* guidelines
- using *efficient and transparent methodology*
- for ***action-ready recommendations*** \*\*
- with *multidisciplinary applicability*:



## Guideline Evaluation Tool (GET5)



- Document details
- Circumstances of the evaluation
- Evaluation
- Overall Assessment
- Guidance grade

- Define how Guidelines for PH/HP can
  - lead to changes in practice /
  - help incidents/outbreak management /
  - improve PH outcomes
- ? Further development and testing of the  
Guideline Evaluation Tool (GET5)  
IN COLLABORATION

## Final thoughts

“A guideline which fulfils  
all the institute's requirements  
is like the Holy Grail:  
worth striving for,  
but unattainable by mere mortals”

GENE FEDER,  
St Bartholomew's and the Royal London Medical College,

THANKS  
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