



Abstract Book

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A 12-Phase Integrated Process for Developing and Implementing Computable Clinical Practice Guidelines

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6C - Sustainability V: Methodology, October 27, 2021, 3:15 PM - 4:45 PM

Biography:

Dr. Dyann Matson Koffman, DrPH, MPH, is a Senior Health Scientist at the Centers for Disease Control and Prevention (CDC), Office of Science. She completed her doctorate in public health promotion from Loma Linda University, California. Dr. Matson Koffman provides scientific consultation and clearance to CDC guideline developers, and conducts and translates evidence-based science into practice.

Maria Michaels is a Public Health Advisor at the CDC, bringing health IT, healthcare, and research perspectives from her previous roles. Her passionate interest is finding ways to break down siloes and use technology to transform data into action in healthcare and public health.

Background:

The Centers for Disease Control and Prevention (CDC) and other organizations develop clinical practice guidelines (CPGs) to narrow the gap between current and optimal care. In February 2018, CDC launched the initiative "Adapting Clinical Guidelines for the Digital Age" to identify ways to redesign the guideline development process for more timely implementation of CPGs.

Objective:

To develop a "12-Phase Integrated Process (IP)" to facilitate the agile co-development and implementation of textual and computable CPGs.

Methods:

Five workgroups consisting of experts in guideline development, informatics, communication, implementation, and evaluation developed a new model for concurrently creating textual and computable CPGs. Rather than a linear waterfall approach, this model integrates the downstream work of informatics, implementation, communication, and evaluation into a more agile guideline development process. From 2018-2020, the Guideline Creation Workgroup made this model building on international standards (IOM Clinical Guidelines We Can Trust and GIN-McMaster Guideline Development Checklist), and integrated activities and products from the other four workgroups with iterative evaluation and feedback loops throughout.

Results:

The 12-Phase IP incorporates activities for informatics, implementation, communication, and evaluation throughout the guideline development process. This IP outlines phases and activities to develop a computable guideline concurrently with the textual guideline to facilitate faster, more consistent translation of knowledge into clinical practice.

Discussion:

More efficient processes are essential for designing, implementing, communicating, and evaluating CPGs to the clinical end-user. This IP may result in a more efficient use of resources, reduce lag time, and improve clinical care and health outcomes.

Adaptation of Clinical Practice Guidelines in the Middle East and North African (MENA) Countries

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2D - Poster Session - Sustainability / Collaboration, Adaptation, resource-constraint settings, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Abrar Alshehri is currently a lecturer in the Department of Clinical Pharmacy, College of Pharmacy, Umm Al-Qura University, Makkah, Saudi Arabia. She holds a master's degree in Clinical Pharmacy Science from King Saud University in Riyadh. She also holds a pharmacy residency in general clinical pharmacy at King Abdulaziz Medical City in Jeddah. This submitted research project was part of her master program studying.

Background and Objective: To describe and assess the methods and implications used for the adaptation of clinical practice guidelines (CPGs) in the MENA region. **Method:** Studies were searched through numerous databases such as Springer link, EBSCO, ProQuest, and PubMed. For PubMed, the MeSH term combined (Middle East, North Africa, Middle East, and North African (MENA) countries, or GCC terms) with (guideline adaptation, clinical guidelines adaptation) in the title and abstract and the following free-text search terms. We included studies and reviews that described CPG adaptation. From the database, published in governmental or institutional websites, or published for local use. Studies that focused on subjects other than CPGs for adaptation were excluded (e.g., adaptation of tools and research). **Results and Discussion:** Many international CPG institutions such as NCCN and KIDIGO that adapted their CPGs to suit the MENA context did not use a formal adaptation framework. Other institutions in the region have used formal frameworks like the 'Adapted ADAPTE', 'GRADE-Adlopment', 'RAPADAPTE', 'CAN-IMPLEMENT', and 'KSU-Modified-ADAPTE'. **Conclusion:** Despite the successful use of CPG formal adaptation frameworks, there is no international standardized guidance to identify which CPG formal adaptation framework is more suitable for specific healthcare contexts in the MENA countries. Each institution is adapting its CPGs differently. A standardized selection tool is needed to enhance the appropriate selection of the CPG adaptation method that fits the local resources and context.

ADOLOPMENT OF CLINICAL PRACTICE GUIDELINES IN TUNISIA WITH GRADE METHODOLOGY: SCREENING BREAST CANCER

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2D - Poster Session - Sustainability / Collaboration, Adaptation, resource-constraint settings, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

I'm Hella Ouertatani head of unit clinical care pathway, I'm Nutritionist, Diploma of quality management and health economics Medecin university of sfax

I'm start working at INEAS in 2016 at health technology assessment department, in 2018 I moved to the quality of care and patient safety department and was named head of the care pathways development unit. I have participated in the development of over 30 clinical practice guidelines and care pathways.

Background : The national authority for assessment and accreditation in healthcare (INEAS) develop a practice guidelines on breast cancer screening under the request of the Tunisian society of oncology. While the development of de novo guideline is a demanding process, guideline adaptation appears more appropriate and context sensitive.

Objective : to describe the adaptation process of the European Guidelines on Breast Cancer Screening to the Tunisian setting using GRADE adolpment.

Methods : We used the GRADE-Adolpment methodology to prioritize the topic, select source guideline, and prioritize the questions and the outcomes. The European commission initiative (source guideline) shared with the project team relevant documents and files. A local littérature search has been doneand assessed.

The experts panel reviewed the GRADE evidence and Evidence to Decision tables. They based their judgments on the evidence on health effects, the local evidence and their own experiences.

Results : The contextual differences between the source and adapted guidelines were related to the perspective, scope, prioritized questions, rating of outcomes, baseline risks, and indirectness. The adolpment process resulted in keeping 5 out of 6 recommendations unmodified. One recommendation addressing "screening versus no screening with ultrasound in women with high breast density on mammography screening" was modified from 'conditional against' to 'conditional for either' due to a favorable rating by the adoloping panel in terms of equity and feasibility.

Conclusion : This process illustrates the importance of consideration of local evidence, guidelines panel judgment in GRADE-adolpment methodology. It also highlights the collaboration with source guideline organizations.

Adolopment of guideline on diabetic foot ulcers: an umbrella review with de novo meta-analyses of randomized controlled trials for autologous cell therapy in no-option chronic limb-threatening ischemia

Dr. Lucia Kantorová^{1,3}, Dr Tereza Vrbová^{1,3}, Prof Andrea Pokorná^{1,2,3}, Assoc Prof Jitka Klugarová^{1,3}, Assoc Prof Miloslav Klugar^{1,3}

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3C - Other themes, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

Dr. Lucia Kantorová is core staff of the Czech Center for Evidence-Based Healthcare and Knowledge Translation, the umbrella organization for Masaryk University GRADE centre, JBI Centre of Excellence (acting deputy director), and the Cochrane Czech Republic. She is working as a senior methodologist in several guideline development groups within the Czech National Clinical Practice Guidelines project. Her academic area of interest is GRADE for public health. She is involved in the development of the COVID-19 Living RecMap. She is a member of the Palacky University Centre for Evidence-based Education and Arts Therapies where she helps train researchers.

Background

One of the approved guidelines by the Czech Health Research Council in the Project Clinical Practice Guidelines is focused on the issue of Diabetic foot ulcers (DFU). We identified several existing high-quality guidelines for adaptation; however, none addressed the question of proper use of autologous cell therapy (ACT) optimally.

Objective

This work presents methods and results of an umbrella systematic review following the JBI methodology to evaluate the effectiveness and safety of ACT in no-option critical limb-threatening ischemia (CLTI) for the DFU guideline adolopment process.

Methods

To keep up with the highest methodological standards and choose a feasible solution, we first searched 12 electronic sources via Epistemonikos in January 2021. We identified 19 systematic reviews (SR) of various quality and conflicting findings. We used the PRISMA guidelines and an a priori published protocol. To get conclusive answers, we decided to extract primary study results from the eligible SRs and undertake de novo meta-analyses, with detailed sensitivity and subgroup analyses, as discussed with clinical experts. We carried out a GRADE assessment of the certainty of evidence.

Results

We found 20 RCTs with 1140 participants in the SRs to be eligible for this review and the guideline under preparation. We assessed mortality, healed ulcers, major amputations, amputation-free survival, rest pain, and ischemic parameters.

Discussion

ACT likely improves healing, reduces amputations, alleviates pain, and may lead to a slight increase in the ankle-brachial index and transcutaneous oxygen pressure in CLTI patients.

Adolopment of guidelines for diabetic foot ulcers: an umbrella review with de novo meta-analysis of randomized controlled trials evaluating effectiveness and safety of hyperbaric oxygen therapy for chronic diabetic foot ulcers

Dr. Miloslav Klugar¹, Dr Lucia Kantorová^{1,2}, Prof Andrea Pokorná^{1,2}, Dr. Michal Hájek³, dr. Tereza Vrbová^{1,2}, Dr. Jitka Klugarová^{1,2}

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6B - Sustainability IV: Adaptation, October 27, 2021, 3:15 PM - 4:45 PM

Biography:

Director and founder of the Czech National Centre for Evidence-Based Healthcare and Knowledge Translation (CEBHC-KT) that is an umbrella for the Cochrane Czech Republic, Masaryk University GRADE Centre, and The Czech Republic (Middle European) Centre for EBHC: JBI Centre of Excellence. Dr. Klugar is focused on the development, implementation, advocacy, and teaching of Evidence-Based Healthcare, especially on the evidence synthesis. He is member of several international methodological groups in Cochrane, Joanna Briggs Institute, GRADE and Guidelines International Network (G-I-N). Dr. Klugar and CEBHC-KT is the host of Global Evidence Summit 2023 in the Czech Republic.

Background

One of the approved guidelines by the Czech Health Research Council in the project Clinical Practice Guidelines is the guideline focused on the issue of Diabetic foot ulcers (DFU). There were identified several existing high-quality guidelines which were adapted, however the question of the effectiveness of hyperbaric oxygen therapy was not sufficiently developed in none of the identified guidelines.

Objective

The objective of this work is to evaluate the effectiveness and safety of hyperbaric oxygen therapy (HBOT) of chronic diabetic foot ulcers (CDFU) for the need of DFU guideline adolopment.

Methods

The existing evidence in identified guidelines regarding the effectiveness of HBOT of CDFU was not sufficiently developed, so we first searched an Epistemonikos and identified 25 eligible systematic reviews (SR) with mutually conflicting results. No of the umbrella review existed or were registered, so we registered the protocol of our umbrella review first. As the results of SR were conflicting, despite the fact we followed JBI methodology for umbrella reviews we developed de novo meta-analysis, with detailed sensitivity and subgroup analyses for risk of bias, number of HBOT sessions, peripheral arterial disease patients, and Wagner grade. We carried out a GRADE assessment of the certainty of evidence and recommendation development.

Results

Findings We found 25 eligible systematic reviews and extracted data from 18 RCTs with 1222 patients.

Discussion

HBOT likely increases healing rates, may decrease the number of amputations, and is not associated with severe adverse events or increased mortality in chronic diabetic foot ulcers.

Adoption of Evidence-based Methods to Inform Interventional Cardiology Guidelines on Management of Patent Foramen Ovale (PFO)

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¹Society For Cardiovascular Angiography & Interventions, Washington, United States, ²Evidence Foundation, Cleveland Heights, United States, ³University of Nebraska Medical Center, Omaha, United States, ⁴University of Cincinnati College of Medicine, Cincinnati, United States, ⁵Baylor Scott & White Health, Plano, United States, ⁶University of Michigan Medical School, Ann Arbor, United States, ⁷McMaster University, Hamilton, Canada

4B - Poster Session - Guidelines with and for users II, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Emily Senerth is the Assistant Director for Standards, Guidelines, and Quality at the Society for Cardiovascular Angiography & Interventions (SCAI).

Background: Historically, the field of interventional cardiology has been guided by practice recommendations developed using expert consensus or ACC/AHA methodology; however, adoption of a standardized method for clinical decision-making is needed.

Objective: The Society for Cardiovascular Angiography and Interventions (SCAI) conducted a technical review of the evidence on 5 research questions to inform clinical practice guidelines for interventional cardiologists, neurologists, and patients on the management of PFOs.

Methods: The guideline panel prioritized areas of clinical uncertainty that have not been addressed by other guidelines, including populations not studied in randomized clinical trials (RCTs) and subpopulations with additional risk factors for stroke, such as atrial fibrillation. Following the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach, clinical questions were prepared in population, intervention, comparison, outcome (PICO) format. A separate technical review team of clinical and methodological experts conducted systematic reviews of the evidence, synthesized data, and graded the certainty of the evidence across outcomes.

Results: Limited data were available for the subpopulations of interest. We included evidence from observational studies, indirect comparisons, and subgroup data from RCTs, which resulted in low or very low certainty evidence for most outcomes.

Discussion: Lack of RCTs and comparative observational studies to answer certain questions resulted in the need to make recommendations based on low or very low certainty evidence. The adoption of a standardized method for evidence assessment and decision-making aided the guideline panel in making consistent and transparent judgments, meeting rigorous standards for the development of trustworthy guidelines.

AGREE II Appraisals of Clinical Practice Guidelines in Rehabilitation showed poor reporting and moderate variability in quality ratings when users apply different cuff-offs: a methodological study

Dr Silvia Bargeri¹

¹IRCCS Istituto Ortopedico Galeazzi, Unit of Clinical Epidemiology, Milan, Italy

2A - Poster Session - Implementation I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Dr. Bargeri is a physiotherapist researcher in a Clinical Epidemiology Unit based at the Galeazzi Orthopedic Institute in Milan, Italy. In 2018 Dr. Bargeri obtained a Bachelor's degree in Physiotherapy from University of Eastern Piedmont (Italy) and in 2020 a Master's degree in Rehabilitation Sciences from Vita-Salute San Raffaele University (Italy). She has experience in epidemiology and health services research with special reference to meta-epidemiological studies on clinical practice guidelines, systematic reviews and network meta-analyses in rehabilitation field.

Background: Several appraisals of Clinical Practice Guidelines (CPGs) in rehabilitation exist. However, it is still not clear what criteria were used to generate quality ratings using Appraisal of Guidelines Research and Evaluation (AGREE) II tool.

Objective: To analyze the reporting characteristics of AGREE II appraisals in rehabilitation and explore how much quality ratings of CPGs can vary applying different cut-offs.

Methods: We conducted a methodological study re-analyzing data of an overview of AGREE II CPG appraisals in rehabilitation. Reporting characteristics of appraisals and methods used for quality rating were abstracted. We applied the most frequent cut-offs retrieved on all CPG sample to explore changes in quality ratings (i.e., high/low).

Results: We included 40 appraisals (n=544 CPGs). The AGREE II overall assessment 1 (overall CPG quality) was reported in 26 appraisals (65%) and the overall assessment 2 (recommendation for use) in 17 (42.5%). Twenty-five appraisals (62.5%) reported the use of cut-offs based on domains and/or overall assessments. Application of the most reported cut-offs led to variability in quality ratings in 26% of the CPGs, of which 92% CPGs shifted their rating from low to high-quality and 8% shifted from high to low-quality.

Discussion: Poor reporting in AGREE II appraisals prevents transparent, reproducible assessment, implementation, and dissemination of CPGs. Rehabilitation stakeholders should take care to select the highest quality CPG as cut-offs may lead to different ratings within the same CPG, limit the confidence of their application and increasing the risk of an arbitrary choice.

An analysis of requests on guideline-related topics received by NICE International

Mr Hugh McGuire¹, Pilar Pinilla-Dominguez¹, Deborah Lee¹, Hannah Walker, Jeanette Kusel

¹NICE, London, United Kingdom

2F - Poster Session - Relevance / different sources of evidence / sharing knowledge, October 25, 2021,
5:30 PM - 7:00 PM

Biography:

Hugh is a Senior Scientific Adviser within the NICE International and NICE Scientific Advice team. Hugh leads technically on the NICE International services, with specialist knowledge of guideline development.

Background: The National Institute for Health and Care Excellence (NICE) is regarded as a world leading institution in guideline development based on its experience providing national health and social care guidance in England. NICE International can support organisations in other countries by providing advice on specific health challenges based on NICE's experience in guidelines development, therefore contributing to sustainability by helping to avoid waste and duplication of efforts.

Aim: To examine requests on guideline-related topics for consultancy services, knowledge transfer seminars, and speaking engagements received by NICE International between 2019 and June 2021 in order to collate a suite of theme-based resources using content delivered following these requests

Method: A thematic review of all request forms received by NICE International between 2019 and June 2021. Data will be collected on the following

- Organisation: Who are submitting the requests?
- Type of request: What kind of service are people requesting?
- Topic: Which topic areas were explored?
- Action taken: What service did we provide after the request?

Results: The findings will be presented by

- Number of requests
- Country
- Type of organisation
- Type of request
- Topic areas
- What was delivered

Discussion: NICE International has received many requests and the team aims to collate a suite of theme-based resources. These resources will also serve to highlight the expertise within NICE to support guideline developers in other jurisdictions helping NICE International achieve its aim to help countries improve their nation's health and wellbeing.

An automated quality evaluation system for clinical practice guidelines: A conceptual design

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4E - Poster Session - Other: Current aspects in Chinese guideline development, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Xufei Luo is pursuing a master's degree in public health at Lanzhou University, where his research focuses on the development of evidence-based clinical practice guidelines, evidence-based public health decision making, and evidence-based methodologies.

Background

Clinical practice guidelines are often evaluated with a variety of tools and scales, such as the Appraisal of Guidelines for Research & Evaluation Instrument (AGREE), Reporting Items for practice Guidelines in HealThcare (RIGHT), and Institute of Medicine (IOM) criteria. However, these evaluations require considerable resources, including time, manpower and money.

Objective

To develop a machine learning based automated guideline evaluation system.

Methods

We will form a multidisciplinary team of experts, including computer specialists, guideline methodologists, artificial intelligence specialists, doctors, etc. We will randomly select 100 guidelines from PubMed and then manually extract the keywords and key sentences for the evaluation, as required by the AGREE tool items. Then we will develop a automating guideline quality evaluation system using machine learning and natural language processing.

Results

Program development is currently underway and we will be putting this conceptual design into practical use as soon as possible.

Discussion

The evaluation of clinical practice guidelines is of great importance in helping to improve quality. We hope that the automated system we will develop can help stakeholders to evaluate guidelines quickly, shorten the time to evaluate guidelines and facilitate rapid decision-making.

An exploration of how developers use qualitative evidence: content analysis and critical appraisal of guidelines

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2C - Poster Session - Guidelines with and for users I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Yunyun Wang, Master medicine, major in methodology for clinical practice guidelines, published academic papers in *Neuropsychology Review*, *Frontiers In Aging Neuroscience*, *Frontiers in Medicine*, *BMC medical research methodology*, *Military Medical Research*, etc, developed "A rapid advice guideline for the diagnosis and treatment of 2019 novel coronavirus (2019-nCoV) infected pneumonia (standard version)" and "Chemoprophylaxis, diagnosis, treatments, and discharge management of COVID-19: An evidence-based clinical practice guideline (updated version)". Since July 2020, the rapid advice guideline has been constantly selected as highly cited paper and hot paper on the basis of Web of Science data. And got the eighty-seventh rank in "China scholar novel coronavirus pneumonia academic research ranking TOP 100".

Background: Clinical practice guidelines have become increasingly widely used to guide quality improvement of clinical practice. Qualitative research may be a useful way to improve the quality and implementation of guidelines. The methodology for qualitative evidence used in guidelines development is worthy of further research.

Objective: To explore how developers use qualitative evidence.

Methods: A comprehensive search was made of representative guideline website and database from January 1, 2011 to February 25, 2020. Four authors extracted significant information and entered this onto data extraction forms. AGREE II tool was used to evaluate the guidelines' quality. The data were analyzed using SPSS version 17.0 and R version 3.3.2.

Future prospects: This is the first attempt to systematically analyze the role of qualitative research or evidence in guidelines development based on published guidelines. We discussed the potential effect of qualitative research or evidence on the AGREE II appraisal, and then put forward some suggestions on how to use qualitative research or evidence to improve the quality of future guidelines. In addition, we provided some advice for ongoing research, such as compare the use of qualitative and quantitative data when formulating recommendations in guidelines, perhaps by matching guidelines on similar topics or key questions, and comparing those which did and didn't use qualitative evidence.

An innovative approach for establishing values and preferences in guideline panels

Dr. Linan Zeng^{1,2}, Dr. Romina Brignardello-Petersen¹, Dr. Gordon H. Guyatt¹

¹Mcmaster University, Hamilton, Canada, ²West China Second University Hospital, Chengdu, China

2C - Poster Session - Guidelines with and for users I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Linan Zeng,

She is now a PhD candidate at McMaster University and an Associate Chief Pharmacist at West China Second University Hospital, Sichuan University. Her academic activities focus on systematic reviews, meta-analysis, and clinical practice guideline methodology. She is an active member of the GRADE working group and MAGIC.

Abstract

Background

Obtaining, in timely way, estimates of patients' values and preferences, presents major challenges for guideline panels. Four guideline panels applied an innovative formal panel survey to elicit panel members' view of patients' values and preferences and used the findings from the survey to inform the consensus process of making recommendations.

Objective

To explore how guideline panelists who used the survey approach describe their understanding of this approach and their experience of the influence of this approach on the process of making recommendations.

Methods

We enrolled four panels and implementing an interpretive description research design used the following data sources: documents (i.e. panelists' answers to the formal panel survey, transcripts of panel meeting recordings) and interviews (i.e. individual interview with some panelists). We analyzed the data concurrently using inductive thematic analysis.

Results

Initial analysis reveals that the panel surveys 1) helped the panels think of the uncertainty, variability and central tendency of patients' values and preferences; 2) informed the panels about the importance of magnitude of effects; 3) by providing decision thresholds or panel's view of how patients would tradeoff the benefits and harms of interventions, elicited discussions around direction and strength of recommendations; 4) facilitated panels efficiently arriving at consensus recommendations.

Discussion

The formal panel survey approach holds enormous potential for helping guideline panels panel members' clearly formulate their view of patients' values and preferences and thus enhance trustworthiness and efficiency of guidelines.

An instrument for evaluating the clinical applicability of guidelines

Ms Qiusha Yi¹, Dr Linan Zeng¹, Professor Lingli Zhang¹

¹West China Second University Hospital, Sichuan University, Chengdu, China

4A - Poster Session - Implementation III, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Qiusha Yi is a pharmacist of West China Second University Hospital of Sichuan University. Her main research direction is evidence-based pharmacy research and practice. She has participated in the development of several guidelines and guidelines for guideline development.

Objective: To establish an instrument for evaluating the clinical applicability of guidelines from the guideline-users' perspective.

Methods: We established this instrument through forming a working group, forming an initial list of items based on a qualitative systematic review, establishing initial instrument via two rounds of modified Delphi surveys, and external review the initial instrument.

Results: The results of modified Delphi surveys establishing appraisal aspects, appraisal items, general information of the evaluator met the preset requirements. The instrument includes three parts: general information of the evaluator (12 items), evaluation of clinical applicability (12 items, including items on the availability, readability, acceptability, feasibility, and overall applicability of guideline), and scoring scheme.

Conclusions: The instrument for evaluating the clinical applicability of guidelines from the guideline-users' perspective provides criteria and methods for improving the clinical applicability of guidelines during development and updating.

Analysis of COVID-19 Guideline Quality and Change of Recommendations: A Systematic Review

Siya Zhao^{1,2,3,4}, Dr Yaolong Chen^{1,2,3,4}

¹School of Public Health, Lanzhou University, Lanzhou, China, Lanzhou, China, ²Institute of Health Data Science, Lanzhou University, Lanzhou, China, Lanzhou, China, ³Guideline International Network Asia, China, Lanzhou, China,

⁴Key Laboratory of Evidence Based Medicine and Knowledge Translation of Gansu Province, Lanzhou University, Lanzhou, China, Lanzhou, China

4D - Poster Session - Rapid Reviews / Methodology, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

School of Public Health, Lanzhou University

Master's degree. Main research interests are evidence-based health policy and management, and evaluation and improvement of the quality of primary health quality.

Background. Hundreds of coronavirus disease 2019 (COVID-19) clinical practice guidelines (CPGs) and expert consensus statements have been developed and published since the outbreak of the epidemic.

Methods. We searched databases and websites from 1 January to 31 December 2020 to retrieve all COVID-19 CPGs. The assessment of the methodological and reporting qualities of CPGs was performed using the AGREE II instrument and RIGHT checklist. Recommendations and evidence used to make recommendations in the CPGs regarding some treatments for COVID-19 (remdesivir, glucocorticoids, hydroxychloroquine/chloroquine, interferon, and lopinavir-ritonavir) were also systematically assessed. And the statistical inference was performed to identify factors associated with the quality of CPGs.

Results. We included a total of 92 COVID-19 CPGs. Overall, the RIGHT checklist reporting rate of COVID-19 CPGs was 33.0%, and the AGREE II domain score was 30.4%. Factors associated with high methodological and reporting qualities included the evidence-based development process, management of conflicts of interest, and use of established rating systems to assess the quality of evidence and strength of recommendations. Many CPGs covered the same clinical questions and were published by different countries or organizations and did not make sufficient use of evidence.

Conclusions. During the pandemic, we suggest developing a living guideline and register the guidelines in a registration platform at the beginning.

Analysis of facilitators and barriers in the application of artificial intelligence in clinical practice guidelines

Mr Qiangqiang Guo^{1,2,3,4}, Ms Jianjian Wang^{1,2,3,4}, Ms Juanjuan Zhang^{1,2,3,4}, Ms Hui Lan^{1,2,3,4}, Mr Yaolong Chen^{1,2,3,4}

¹School of Public Health, Lanzhou University, Lanzhou, China, ²Lanzhou University Institute of Health Data Science, Lanzhou, China, ³Guideline International Network Asia, Lanzhou, China, ⁴WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China

2E - Poster Session - Sustainability: Methods and COI Management, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Qiangqiang Guo is currently studying at the School of Public Health, Lanzhou University. I major in healthcare big data and evidence-based medicine, and my other research interests include the development of clinical practice guidelines for Chinese medicine, systematic review and Meta-analysis. My supervisor is Professor Yaolong Chen, who is the Founding Director of Chinese GRADE Centre and the Chair of GIN Asia (Guideline International Network).

Background: Artificial intelligence (AI) is now widely used not only for aiding diagnosis, treatment selection and risk prediction, but also introduced into the field of evidence-based medicine for the development, evaluation, dissemination and implementation of clinical practice guidelines (CPGs). However, the complexity of AI and the immaturity of theoretical basis lead to many challenges in the application of AI in CPGs.

Objective: We aimed to systematically analyze the facilitators and barriers arising from the application of AI in CPGs for wider application in the future.

Methods: We will search four electronic databases (MEDLINE, Web of Science, EMBASE, UpToDate) and three official websites (National Institute for Health and Clinical Excellence, Guideline International Network, World Health Organization) to identify relevant published literatures. We will check the references of included studies and conduct purposive searches to identify literatures. The literature screening and relevance assessment will be conducted by two independent reviewers and disagreements will be resolved through discussion. A standardized form will be developed for extracting information. We extract data on study design, setting, CPGs, and type of AI. Data extraction and synthesis will be extracted by the principal investigator and the sample of extracted data will be checked by a second reviewer for consistency and accuracy. Finally, we will use an interpretive analytic approach to synthesize the findings from included papers.

Future prospects for project presentations: Accessibility, user-friendliness, and data integration will be reported as important factors in the application of AI. These factors can be considered when applying AI in CPGs.

Analysis on Status of Clinical Guidelines and Evaluation of Evidence-Based Clinical Guidelines for Children in China

Prof lingli zhang¹, Ms Wen Yan Li¹

¹Sichuan University, Chengdu, China

2E - Poster Session - Sustainability: Methods and COI Management, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

A common student in Sichuan University majors in clinical pharmacy and works towards a master's degree.

Objective: To investigate and analyze the current status of children's clinical practice guidelines from 2010 to 2020, evaluate the quality of evidence-based guidelines for children, and provide references for the formulation of clinical guidelines for children. **Methods:** PubMed, EMbase, CNKI, Wanfang Data, and VIP databases, and relevant domestic and foreign guideline databases were searched to collect Chinese clinical guidelines for children from January 2010 to August 2020. 2 reviewers independently screened the literature and extracted data, and 4 reviewers used AGREE II to evaluate the quality of the included evidence-based guidelines. **Results:** ① We identified 148 pediatric clinical guidelines, including 58 evidence-based guidelines and 90 non-evidence-based guidelines; 103 Western medicine guidelines and 45 traditional medicine guidelines. ② Most of the diseases with high hospitalization burden were covered by those guidelines, including 30 guidelines for respiratory diseases, ranking first among all diseases. However, there are no guidelines for pediatric cardiovascular disease in China. ③ The scores (median) for individual domains were as follows: score and purpose 62.8%; stakeholder involvement 47.8%; rigor of development 58.8%; clarity of presentation 67.5%; applicability 24.4%; and editorial independence 81.6%. **Conclusion:** The number of pediatric clinical guidelines in China has been greatly increased, and the quality has been significantly improved. However, the scores for applicability, stakeholder involvement, and rigor of development are low and still need to be improved. The future development of pediatric clinical guidelines should refer to the domestic and foreign guidelines-making standards, and standardize the description of various areas of the guidelines.

Analyze Practice Guidelines on the Registration of International Practice Guidelines Registry Platform

Mr Hui Liu^{1,2,3,4}, Ms. Renfeng Su¹, Ms. Zijun Wang⁵, Ms. Siya Zhao¹, Mr. Qi Zhou⁵, Mr. Nan Yang⁵, Mr. Hairong Zhang², Mr. Xingrong Liu¹, Mr. Yaolong Chen^{1,2,3,4,5}

¹School of public health, Lanzhou University, Lanzhou, China, ²Lanzhou University Institute of Health Data Science, Lanzhou, China, ³Guideline International Network Asia, Lanzhou, China, ⁴WHO Collaborating Center for Guideline Implementation and Knowledge Translation, Lanzhou, China, ⁵Evidence-based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China

4E - Poster Session - Other: Current aspects in Chinese guideline development, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Hui Liu, master of public health, study in Lanzhou university. His research interests include Evidence based Medicine, clinical practice guidelines and patient and public guidelines. He has participated in the development of several guidelines and published more than 10 peer reviewed articles.

Aim: To analyze quantity and related information of guidelines registration on the International Practice Guidelines Registry Platform (IPGRP) from inception to March 9, 2021.

Background: IPGRP was established on January 1, 2014 and began its official run at the end of 2014. But so far, guidelines registration information of the platform has not been fully analyzed.

Methods: The IPGRP administrator provided information about the registration guidelines, two researchers have carefully collated and analyzed related information.

Results: The IPGRP has registered a total of 467 guidelines/consensus, including 205 standard guidelines, 16 patient guidelines, 24 rapid recommendation guidelines, 70 Chinese Medicine guidelines, 142 expert consensuses and 10 other guidelines; GRADE system was used in 346 guidelines, and 379 guidelines were based on systematic reviews. In terms of language, 446 were registered in Chinese and 21 in English; In terms of field, the guidelines are dominated by treatment (141) and diagnosis (141). In terms of version, most of guidelines (446) are original guidelines; In terms of Funding support, 355 guidelines have Funding support, including a total of 472 funding grants, with the highest number of grants at national level (191); In terms of diseases (according to ICD-11 classification), the number of guidelines related to musculoskeletal system (49) and connective tissue diseases (49) is the largest.

Conclusions: The number of registrations of guidelines/consensus in IPGRP increased rapidly, however, mainly in original version and Chinese. Thus, the platform needs to be further promoted in the future.

Antidepressant Deprescribing Recommendations in Clinical Practice Guidelines for Depression: A Systematic Review

Ms Patricia Yee¹, Ms Aili Langford¹, Dr Carl Schneider¹, Professor Ivan Florez^{2,3}, Associate Professor Danijela Gnjidic¹

¹School of Pharmacy, Faculty of Medicine and Health, The University of Sydney, Camperdown, Australia, ²Department of Health Research Methods Evidence and Impact, McMaster University, Hamilton, Canada, ³Department of Paediatrics, Universidad de Antioquia, Medellin, Colombia

3B - Guidelines with and for users II, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

Miss Patricia Yee is a Honours Candidate at the School of Pharmacy, Faculty of Medicine and Health, University of Sydney, with research interests focusing on deprescribing and the quality use of medicines. Patricia is also a student pharmacist, having worked in both hospital and compounding community practice settings.

Background: Clinical practice guidelines (CPGs) for the management of depression contain prescribing recommendations for antidepressants. However, clear guidance on medication withdrawal or deprescribing recommendations is often lacking.

Objective: To identify and evaluate the presence, nature and clarity of deprescribing recommendations for antidepressants in depression CPGs.

Methods: A comprehensive systematic search from January 2016 to April 2021 was conducted of citation databases including MEDLINE, EMBASE, CINAHL and other databases, guideline developer websites, and supplementary citation tracking. Presence and nature of deprescribing recommendations were extracted from CPGs for depression, and consideration of AGREE-II tool and GRADE approach components were also documented. Nature of guidelines were characterised by mapping deprescribing recommendations to the deprescribing framework which included the following criteria: initiation, patient-centred approach, taper rate and duration, pharmacokinetic and pharmacodynamic considerations, and review period.

Results: Preliminary analysis have identified 34 guidelines, with 24 guidelines classified as depression-specific and 10 related to depression in the context of other medical conditions. Twenty nine guidelines contained at least one deprescribing recommendation as specified by the deprescribing framework; 10 applying AGREE-II or GRADE for guiding their development, and 27 included the need for deprescribing with tapering being the most frequent recommendation. None-of the CPGs fulfilled all the criteria for deprescribing recommendations.

Discussion: Our preliminary results provide some insights into the poor clarity of deprescribing recommendations in current depression CPGs. There is insufficient guidance to clinicians on how to deprescribe antidepressants in the available CPGs, which can contribute to overuse of antidepressants in the community.

Applying user-centred content design to producing NICE guidelines

Mrs Johanna Hulme¹, Jane Wright¹

¹Nice, Manchester, United Kingdom

5C - Implementation III: Contextualization, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

Jane Wright is lead content designer at NICE. She is working as part of a multidisciplinary team transforming NICE's content by developing useful, useable content that is designed in a user-centred way and aligned to people's needs in the health and care sector. Jane has worked at NICE for 11 years in a variety of digital roles and her work is always strongly focused on delivering the best outcomes for users.

Background: As part of our recently released 5-year strategy (<https://www.nice.org.uk/about/who-we-are/corporate-publications/the-nice-strategy-2021-to-2026>), NICE is exploring how we can improve our content to help users find what they need, when they need it. A multidisciplinary team is working on a content discovery project to redesign our existing type 2 diabetes content and to create new content where necessary.

Objective: Improving our content to better support users and healthcare professionals in making shared decisions about medicines and lifestyle choices when managing type 2 diabetes in adults.

Methods: Taking an Agile development approach we broke the work down into phases, defined a scenario for each phase and split the content into chunks. In phase 1 we looked at the content, including recommendations, around making medicines choices, while in phase 2 we concentrated on lifestyle advice. We used journey mapping workshops to map out the user journeys, then wrote task-based job stories and acceptance criteria based on those journeys. Once that work had all been validated, we started to write and edit our content. We did this collaboratively, using pair writing techniques. Once our content was drafted we used design techniques to create prototypes and tested these with users.

Results: User testing has been very positive and has validated some of our work. We have also received some constructive criticism and have been able to iterate our content and designs based on what our users have told us. We will keep testing and iterating our content as the project progresses.

Are clinical practice guidelines in China well disseminated and implemented? A review of Chinese guidelines published in 2019

Mrs Meng Lv¹, Mr Xufei Luo², Professor Yaolong Chen^{3,4,5,6}

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4A - Poster Session - Implementation III, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Meng Lv, a Ph.D. candidate, is now studying at Children's Hospital of Chongqing Medical University. The main research direction is evidence-based medicine, especially for the methodology of clinical practice guidelines.

Background

Dissemination and implementation of guidelines play an important role in knowledge translation. However, many studies showed that a big gap between guidelines and real practice, which indicated guidelines may not be well applied after their development.

Objective

To analyze the status of dissemination and implementation of clinical practice guidelines published by Chinese in 2019.

Methods

We systematically searched databases, including CNKI, CBM, Wanfang Data, and MEDLINE. Clinical practice guidelines published by Chinese author or organization in 2019 were collected. Information on dissemination and implementation was extracted and analyzed.

Results

226 Chinese guidelines were identified. Only 5.8% (13/226) reported information on dissemination and implementation with 12 different strategies. However, all the reported strategies didn't describe detailed methods. Dissemination and implementation by academic conferences and social media are the most mentioned and reported in 8 guidelines, respectively. As for the application of dissemination and implementation strategies, 12.4% (28/226) published on different journals, 9.3% (21/226) published different editions, 8.4% (19/226) published both English and Chinese versions, and 11.1% (25/226) published interpretation studies.

Discussion

The reporting rate of dissemination and implementation and the application of related strategies of 2019 Chinese guidelines are relatively low. We suggest guideline developers should strictly follow the methodological guidance and develop specific and detailed guideline dissemination and implementation strategies. In addition, after development, various methods should be applied to disseminate and implement guidelines.

Are pharmacological treatment of depression Clinical Practice Guidelines and their recommendations reliable and implementable?

Franciele Gabriel¹, Daniela Melo², Gessica Fontes-Mota¹, Itamires dos Santos², Camila Rodrigues², Renério Frágua³, Airton Stein^{4,5}, Ivan Florez^{6,7}, Diogo Correia⁸, Mônica Rodrigues⁹, Eliane Ribeiro¹

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University, Haminton, Canada, ⁸Departamento de Psiquiatria e Psicologia da Faculdade de Medicina da Universidade

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4B - Poster Session - Guidelines with and for users II, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Since an MSc in 2018 at São Paulo University, I have been working as a researcher on Evidence-Based Health. I am also a member of a research group that conducts evaluation on the quality of Clinical Practice Guidelines (CPG). Currently, I am studying on CPG for depression and also a visiting professor of a guideline of the Federal University of Health Sciences of Porto Alegre (Ufcspa), and my role is to supervise postgraduate students conducting guidelines.

Background: The evaluation of the quality of Clinical Practice Guidelines (CPGs) is essential to ensure an effective implementation. However, specific assessment of recommendations' quality of CPGs for the pharmacological treatment of depression has not been conducted thus far. **Objective:** To assess factors related to the high-quality CPGs and their quality recommendations. **Methods:** We conducted a systematic review to identify CPGs for the pharmacological treatment of depression in adults, published from 2011 to 2021 in any language, and available in 17 databases/repositories. The quality of the CPGs and of their recommendations were assessed by three independent assessors using AGREE-II (Domains: Stakeholder Involvement, Development Rigor and Editorial Independence, > 60%) and AGREE-REX (Domains: Applicability, Values and Preferences and Implementability, > 60%) instruments. The 17 factors were analysed by using the Chi-square test and multiple logistic regressions. **Results:** Six (10% = 6/60) CPGs were considered to be of high quality. Only one (1.7% = 1/60) was considered as having high-quality recommendations. Domains 2, 3 and 5 from AGREE II and Domains 2 and 3 from AGREE-REX had the lowest scores. Patient involvement was the main factor related with high-quality CPGs and recommendations. **Discussion:** These findings showed that most CPG present problems on certainty of evidence profile, thus their recommendations have pitfalls. Patient involvement on every step of development of a CPG leads to its high-quality and recommendations reinforces its relevance CPGs' developers should increase patients' perspective considerations to obtain more reliable and implementable recommendations for the pharmacological treatment of depression.

Assessing impact and implementation of SIGN 136 - Management of Chronic Pain through evaluation. A mixed method study

Dr Harry Harry L. Hebert², Ms Jasmine Wood⁴, Mrs Sarah Florida-James¹, Dr Daniel R. Morales², Dr Nicola Torrance³, Prof Blair H Smith², Prof Lesley A. Colvin²

¹Healthcare Improvement Scotland, Edinburgh, UK, ²Division of Population Health and Genomics, Mackenzie Building, Ninewells Hospital and Medical School, University of Dundee, Dundee, UK, ³School of Nursing, Midwifery & Paramedic Practice, Robert Gordon University, Aberdeen, UK, ⁴University of Strathclyde, Glasgow, UK

4A - Poster Session - Implementation III, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Sarah Florida-James (MSc, BSc Physiotherapy) has worked at a national level across a variety of sectors, with roles including; Senior Programme Manager for National Strategic Networks, National Education Facilitator (Stroke) and Senior Rehabilitation Consultant for Scotland.

As Scottish Intercollegiate Guidelines Network (SIGN) Programme Manager Sarah has worked, and collaborated with, national networks, health and social care professionals, voluntary organisations and people with lived experience and carers, to develop/evaluate, the implementation and impact of national evidence-based guidelines. This has included SIGN Guidelines on Angina, Asthma, Epilepsy in Children, Glaucoma, Chronic Pain, and other Healthcare Improvement Scotland and Scottish Government Guidance.

Objectives

- examine the impact of SIGN 136 on opioid prescribing rates across Scotland.
- explore the views of GPs and Health Care Professionals (HCP), on the use of opioids, if SIGN 136 influenced prescribing practices; and whether the COVID-19 pandemic had impacted approaches to chronic pain management
- explore the views of people with lived experience of chronic pain; the impact of the guideline and the COVID-19 pandemic,(not fully achieved, n=1).

Methods

Using primary care prescribing data for 29 opioids drugs from 2005-2019; an interrupted time series analysis was used to examine SIGN 136 effect on the number of items prescribed per 1,000 population. Stakeholder experience; GP interviews (n=2), an online survey for HCP (n=65) and an interview with a person with lived experience of chronic pain (n=1).

Results

Six years post-intervention, the reduction in prescribing was:

- 20.2% in NHS Tayside and NHS Fife;
- 18.8% across Scotland

HCP Survey

- 59% responded that SIGN 136 made them feel more supported in their decisions about patient's treatment plans/actions.
- 46% of respondents indicated SIGN 136 had changed/influenced their prescribing practice.
- 75% of respondents reported the COVID-19 pandemic had impacted their approach.

GP interviews

Positive feelings towards the impact of SIGN 136 on their approach to chronic pain management and prescribing practices, and in supporting patient and HCP decision making; the COVID-19 pandemic had impacted their approach.

The person with lived experience highlighted self-management, support and the impact of COVID-19.

Future Prospects

Recommendations were made for SIGN 136 and SIGN guidelines generally, to be taken forward.

Assessing the need for updating multi-topic clinical practice guidelines – Adaptation of the ‘Ottawa’ method

Dr. Käthe Goossen¹, Dr. Dan Bieler^{2,3}, Ms. Monika Becker¹, Ms. Simone Hess¹, Mr. Michael Kalsen⁴, Prof. Dr. Sascha Flohé⁴, Dr. Dawid Pieper¹

¹Witten/Herdecke University, Cologne, Germany, ²Department of Orthopaedics and Trauma Surgery, Reconstructive Surgery, Hand Surgery, Plastic Surgery and Burn Medicine, German Armed Forces Central Hospital, Koblenz, Germany, ³Department of Orthopaedics and Trauma Surgery, University Hospital Düsseldorf, Heinrich-Heine-University, Düsseldorf, Germany, ⁴German Society for Trauma Surgery (DGU), , Germany

4C - Poster Session - Sustainability / Living guidelines, updating, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Käthe Goossen studied chemistry and toxicology at the Universities of Durham (UK) and Kaiserslautern (Germany), and obtained her PhD at the University of Strathclyde (Glasgow, UK). Until 2006, she worked for Bayer in various roles, focussing on the development of pharmaceuticals. After several years as a Systematic Reviewer at the German Surgical Society (University of Heidelberg), she moved to the Institute for Research in Operative Medicine (Cologne), where her research centres on systematic reviews, methodology, and clinical practice guidelines. She presently leads the methodology team involved in updating the Germany guideline for the treatment of polytrauma and the severely injured.

Background: Updating clinical practice guideline often requires prioritising resources. A prioritisation method based on literature searching has been developed at the University of Ottawa, and is applied within ASCO guidelines ('Ottawa method'). The Ottawa method operates at question/recommendation level, but does not allow prioritising guideline topics involving multiple recommendations.

Objective: To develop and evaluate a method for prioritising topics for updating within a multi-topic guideline, using a limited but systematic evaluation of current evidence.

Methods: First, we supplemented the Ottawa method with a process for aggregating updating signals by topic. Second, we tested this method using the German guideline for the treatment of polytrauma and the severely injured. The process involved restricted systematic literature searches with a journal filter in Medline(Ovid), screening abstracts for studies indicating major modifications to current recommendations ('signals'), and ranking the updating priority for each topic. Third, we surveyed the guideline group about the new method.

Results: We conducted restricted literature searches for 37 topics and screened a mean of 97 titles/abstracts per topic. The updating priority was high for eight (21.6%), intermediate for eight (21.6%), and low for 21 topics (56.8%). The response rate for the survey was moderate (53%, 23/43 full/partial responses). Most guideline group members (94%, 15/16 responders) would use the Ottawa method again, but identified weaknesses including the journal filter design, and a need to include experts from all disciplines early on.

Discussion: The modified Ottawa method is a suitable, efficient way of prioritising topics involving multiple recommendations. Further fine-tuning is recommended.

Assessment of guideline use to inform implementation efforts within a professional association

Dr Teddy Oosterhuis¹, Dr Gijsbert van Lomwel¹

¹Netherlands Society of Occupational Medicine, Utrecht, Netherlands

5A - Implementation II: Measuring implementation, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

Teddy Oosterhuis is guidelines co-ordinator at the Netherlands Society of Occupational Medicine (NVAB). Previously she worked at the Coronel Institute of Work and Health at Amsterdam UMC, where she updated the evidence report for an occupational medicine guideline.

Trained as an epidemiologist, she was involved in the development of several clinical practice guidelines over the past years. Currently her focus is on guideline implementation, recruitment and training of occupational physicians for guideline development groups, and providing methodological advice to guideline developers.

Background: the Netherlands Society of Occupational Medicine manages 29 clinical guidelines. To improve actual guideline use, the Society aims at designing implementation strategies tailored to the needs of the users.

Objective: to assess guidelines use and need for support to inform and improve implementation efforts, within a professional association.

Methods: multiple kinds of stakeholders were invited to participate in semi-structured interviews and provide input on both experienced guideline use (drivers and barriers) and expected effectiveness or feasibility of potential implementation efforts. We recruited occupational physicians (OPs) via the Society's regional sections, quality managers of Occupational Health Service providers via the Society's board members, teachers via two schools of occupational medicine. Notes were taken during interviews and results were described in subjects and finally themes. Members (i.e., OPs) of two committees of the Society related to guidelines and employees of the Society with expertise in guideline development and implementation, ranked the effectiveness and feasibility of potential implementation strategies. Scores were based on interview results, a published Delphi study linking stages of the Trans-Theoretical Model for behavioural change to implementation strategies and clinical/professional expertise.

Results: nine online group interviews (35 participants) and 13 individual interviews (online, telephone) took place from December 2020-May 2021. Identified themes were categorised as: attitude, social norms, guideline characteristics (format, searchability). Potential strategies (e.g., webinars, employer/employee versions, using flowcharts and tables) are not ranked yet.

Discussion: existing structures in professional associations are valuable means to assess guideline users' experiences and inform the design of a targeted implementation plan.

Brazilian guidelines for the pharmacological treatment of patients hospitalized with COVID-19

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4D - Poster Session - Rapid Reviews / Methodology, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

I am a physiotherapist by training, currently working as a researcher for the Diretrizes project. The Guidelines project develops guidelines for Brazilian Ministry of Health.

Background: Different therapies are currently being repurposed and used in clinical practice for the treatment of COVID-19 and guideline developers are facing challenges ensuring that recommendations are up to date in the context of a rapidly growing evidence base.

Objective: To develop evidence-based guidelines for the pharmacological treatment of patients hospitalized with COVID-19 in order to provide high quality and updated evidence to support medical decisions in the Brazilian setting.

Methods: A group of 27 experts and methodologists integrated a taskforce formed by professionals from seven societies. We used methods for developing rapid guidelines (GRADE ADOLPMENT), supported by the e-COVID RecMap platform. Certainty of evidence and development of recommendations followed the GRADE approach. The recommendations were written on June 2021.

Results: We provided 15 recommendations. Among them, strong recommendations for the use of corticosteroids in patients with supplemental oxygen and use of prophylactic anticoagulation to prevent thromboembolism; strong recommendations against the use of antibacterials in patients without

suspected bacterial infection, hydroxychloroquine, convalescent plasma, colchicine and lopinavir + ritonavir; and conditional recommendations against the use of casirivimab + imdevimab, ivermectin and remdesivir. It was not possible to make a recommendation regarding the use of tocilizumab due to uncertainties in the availability and access to the medication.

Discussion: The recommendations herein provided will be under continuous review in order to capture newly generated evidence. This rapid guideline development approach allows guideline developers to promptly respond to important and updated evidence without compromising the quality of the development process.

Case study exploring the challenges of living recommendations

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¹National Institute Of Health And Care Excellence, , United Kingdom

4C - Poster Session - Sustainability / Living guidelines, updating, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Olivia Crane is a Senior Technical Analyst at NICE, working in the COVID-19 team. Current work involves updates to therapeutics, and use of guideline authoring tools. Her particular interests are Public Health, and qualitative research.

Background:

Driven by a rapidly developing evidence base, NICE has been applying a living guidelines approach to its COVID-19 recommendations, requiring new methods and flexible ways of working. We present an example of our living guidelines approach: the use of heparins for venous thromboembolism (VTE) prophylaxis.

Objective:

- To describe the application of a living guidelines approach in COVID-19 recommendations at NICE.
- To use a case study to explore related challenges and considerations.

Methods

We selected this case study because new evidence over a 6 month period had resulted in 3 updates to the recommendations. A focus group was held with developers, editors and information specialists to discuss triggers for update and understand the implications of rapidly responding to an evolving evidence base, including benefits and challenges.

Feedback on how regular updates affect implementation was obtained from panel members via survey.

Focus groups and survey data were collated to generate lessons learned to feed into NICE's living guideline methods development.

Results

One of the main challenges identified was deciding the most appropriate time to update. Responding to academic in confidence data may be too early and lead to recommendations that need to be updated again within a rapid timeframe. Taking into account upcoming publications is also important in update timing.

Discussion

Development of a framework to support developers in making decisions about updating when aiming to maintain living recommendations would be a useful next step.

Categorisation of those who may be at highest risk of severe illness from COVID-19: a rapid review

Dr. Karen Cardwell^{1,2}, Ms Susan Ahern¹, Mr Barrie Tyner¹, Dr Kirsty O'Brien¹, Prof Susan Smith^{1,2}, Dr Patricia Harrington¹, Dr Mairin Ryan^{1,3}, Ms Michelle O'Neill¹

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³Trinity College Dublin, Dublin, Ireland

3C - Other themes, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

Karen is a pharmacist and Postdoctoral Researcher in the Health Research Board-Collaboration in Ireland for Clinical Effectiveness Reviews, a collaboration between the Health Information and Quality Authority and Royal College of Surgeons in Ireland. In this role, Karen contributes to evidence synthesis of clinical effectiveness, safety, cost-effectiveness and budget impact data to inform the development of National Clinical Guidelines. Prior to this, Karen was Lead for Primary Care Development at the Northern Ireland Centre for Pharmacy Learning and Development. Karen completed her PhD at Queen's University Belfast. Her research focused on potentially inappropriate prescribing and the assessment of health-related outcomes.

Background: In March 2020, the Health Protection Surveillance Centre and Health Service Executive in Ireland defined eight groups of individuals as being at highest risk of severe COVID-19. As more evidence became available, it was necessary to ensure these groups accurately reflected those at highest risk.

Objective: To summarise the international evidence underpinning the categorisation of those at highest risk of severe COVID-19 and provide advice to the National Public Health Emergency Team.

Methods: This rapid review comprised two elements: 1) review of guidance published by national and international agencies and the underpinning evidence cited; 2) rapid systematic review of evidence syntheses and primary studies.

Results: Seven organisations cited underpinning evidence that informed the groups defined as being at highest risk of severe COVID-19; this included expert opinion, knowledge of other infectious respiratory diseases and rapid reviews by scientific advisory groups. Five evidence syntheses and 23 primary studies provided evidence for six of the eight highest risk groups in Ireland (namely, people ≥ 70 years, transplant recipients, specific cancer patients, people with severe respiratory conditions, people on immunosuppression therapies sufficient to increase risk of infection, end-stage renal failure or dialysis patients). Evidence of strongest association was for those ≥ 70 years. Given the rarity of certain conditions and likely ongoing shielding, an absence of evidence should not be interpreted as an absence of association.

Discussion for scientific abstracts: These findings confirmed the groups initially defined in Ireland as being at highest risk of severe COVID-19 and no change to guidance was warranted.

Cebam: independent primary care guideline validation body in Belgium for nearly 20 years

Mrs Martine Goossens¹, Mrs Gertruida Bekkering^{1,2,3}, Mrs Gerlinde Lenaerts¹, Mrs Anne-Catherine Vanhove^{1,2}, Mr Patrik Vankrunkelsven^{1,2,3}, Mr Bert Aertgeerts^{1,3}

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³*Academic Centre of General Practice, KU Leuven, LIER, België*

4F - Poster Sessions - Other topics, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Martine Goossens is a linguist and has built up a solid experience in the field of Evidence Based Medicine and guideline development for healthcare providers. In Cebam, she is actively involved as a methodologist in all kinds of validation procedures, also for information sources other than guidelines.

Background

The Belgian Centre for Evidence-Based Medicine (Cebam) is an independent validator of guidelines since 2002. Guidelines that fulfil all validation criteria are awarded a quality label. This label is a requirement to be published on Ebpracticenet, the Belgian EBP point-of-care (POC) information platform.

Objective

To describe our experiences with validating guidelines.

Methods

A validation committee composed of a chair, at least one methodological expert, one content expert and one end-user, assesses the guideline using the AGREE II criteria. Four AGREE II criteria are assessed less strictly taking into account the limited resources of guideline development in Belgium. All scores and content comments are collated and discussed during a validation meeting. A report describes the minor and/or major comments. In case of major comments, the guideline developer must revise and resubmit the guideline.

Results

Since 2002, 110 guidelines have been submitted for validation. Many were judged to have one or more major comments. The most common ones are: insufficient involvement of relevant professional groups; insufficient description of the critical appraisal of the evidence, of the “evidence to decision” steps and of the consensus methods used in decision-making.

Discussion and conclusion

The Cebam validation process warrants that guidelines published on our POC information platform, are reliable and trustworthy. Across validation committees, the validation criteria were not always applied consistently. Therefore, Cebam made conditions for a major or minor remark explicit.

Clinical Practice Guideline on Diabetic Foot Ulcer: Adolopment of Five Guidelines' Recommendations

Dr. Tereza Vrbová^{1,2}, MD Lucia Kantorová^{1,2}, Dr. Miloslav Klugar^{1,2}

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6B - Sustainability IV: Adaptation, October 27, 2021, 3:15 PM - 4:45 PM

Biography:

Tereza Vrbová is a core member of the Czech National Centre for Evidence-Based Healthcare and Knowledge Translation, an entity encompassing three international methodological centres (Cochrane, JBI Centre for Excellence and GRADE Centre). She works as a methodologist in the national Clinical Practice Guidelines Project supported by the EU and Czech Health Research Agency. She focuses on implementation of evidence-based healthcare, and operates in the fields of sociology, sports, education, public health, ethics and communication.

Background

The Clinical Practice Guidelines (CPGs) Project of the Czech Health Research Council is to support development of 40 CPGs at least. One of the approved guidelines focuses on diabetic foot ulcer (DFU).

Objective

The objective of this work is to present the adolopment of the DFU guideline and its methodological aspects.

Methods

At first, PICO questions were developed to define the content of the CPG on DFU. Secondly, a thorough literature search of existing guidelines was conducted in January 2020, when 11 databases were searched, web pages of organizations (45) and professional societies (15) that develop CPGs. Selected guidelines were assessed for quality by AGREE II. Majority of recommendations were adapted using ADAPTE approach. In case of three recommendations with insufficient evidence (hyperbaroxygen (HBO) therapy, autologous cells (AC) therapy and low pressure therapy), an adolopment took place.

Results

In total, 34 prospective guidelines were identified, eight of them were assessed (by two clinitians and two methodologists) for quality. Their overall scores (domains 1–6) ranged from 62 % to 82 %. The CPG with the lowest score was excluded with threshold 66 %. Two CPGs were excluded because their content was covered in other CPGs. Finally, five guidelines were included. In order to get more information on HBO, AC and low pressure therapies, three umbrella reviews were developed.

Discussion

A high-quality international DFU guideline has been identified as a main source for adolopment. However, more CPGs and evidence were needed to cover the DFU issue in a complex way.

Clinical Practice Guidelines in the context of Rare Diseases across Europe: Improving dissemination and implementation

Dr. Carmen Martín-Gómez¹, Juan Antonio Blasco¹, MD, MPH, PhD Marta Aymerich², Leticia García^{3,4,5}, Albert Barberá², Israel Conejero-Arto⁶, Riphed Jaziri⁷, MD, MSC João Pedro Marques^{8,9}, Laura Pruneda¹⁰, Carola Reinhard^{11,12}

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4A - Poster Session - Implementation III, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Carmen Martín-Gómez has a Ph.D. in Data Science from Loyola University Andalusia, and a Bachelor's Degree in Psychology with certification in Health Psychology from the University of Sevilla. Currently, she is a postdoctoral researcher in the Area of Health Technology Assessment (AETSA) of the Regional Ministry of Health and families of Andalusia. She is involved in the European Reference Networks Guidelines project as a methodologist.

Background. The characteristics of rare disease trigger a series of challenges around the development of Clinical Practice Guidelines (CPGs) and Clinical Decision Support Tools (CDSTs), the most relevant barrier being the lack of high-quality evidence. An ERNs Guidelines Consortium including five Spanish Health Technology Assessment Agencies collaborated with the European Reference Networks aiming to harmonise the elaboration of CPGs and CDSTs in the context of rare disease across Europe. In the framework of this project a number of actions have been carried out, and, one of them was focused on improving the dissemination and implementation processes of CPGs and CDSTs.

Objective. To identify strategies to improve the dissemination and implementation of CPGs and CDSTs for rare diseases.

Methods and future prospect for project presentations. 10 people with different profiles (healthcare professionals, researchers, methodologists, and ERNs members) participated in a brainstorming framed in a SWOT matrix (strengths, weaknesses, opportunities and threats). After a discussion, a number of interventions were identified. The interventions were categorized according to areas of action. A total of 16 interventions were identified, and they were clustered under 4 strategies/categories: (i) educational strategy, (ii) dissemination strategy, (iii) monitoring and evaluation strategy and (iv) support strategy (funding and methodological). The results obtained from the SWOT analysis allowed to propose pathways to follow for enhancing the implementation and dissemination of CPGs and CDSTs for rare diseases. These proposed strategies could be considered for improving the implementation of future guidelines in rare diseases.

Clinical practice guidelines on the use of chemotherapy for esophageal and gastric advanced cancer in Europe: a quality assessment using the AGREE-II instrument

Mrs Marilina Santero¹, Roberto Acosta Dighero¹, Adriana Gabriela Meade¹, Lucas Gonzalez², Santiago Melendi³, Ivan Solà¹, Gerard Urrutia¹, Maria Jesus Quintana¹, Xavier Bonfill Cosp¹

¹Iberoamerican Cochrane Centre IIB Sant Pau, Barcelona, Spain, ²Hospital Prof Dr Rodolfo Rossi, La Plata, Argentina,

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2A - Poster Session - Implementation I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Marilina Santero is an Argentinian Epidemiologist MSc, Ph.D. candidate in Methodology of Biomedical Research and Public Health for Universitat Autònoma Barcelona (UAB).

Background: The appropriateness of using chemotherapy (CT) for patients with advanced cancer is still controversial while their overuse is steadily rising. Evidence-based clinical practice guidelines (CPG) should assist physicians in making treatment decisions. However, the potential benefits of guidelines are only as good as the quality of the guidelines themselves. Therefore, appropriate methodologies and rigorous strategies in their development process are important for successfully implementing the resulting recommendations.

In this context, our study aims to critically evaluate the most important and recent CPGs for esophageal and gastric advanced cancer published in European countries and synthesizing the recommendations for CT in these guidelines.

Methods: We performed a systematic review of CPG from 2010 onwards. We identified relevant guidelines through electronic searches of MEDLINE, EMBASE, guidelines repositories, and by searching grey literature, physician and surgical organizations, and cancer society websites. We appraised the quality, scope, and consistency of CPG recommendations using the AGREE-II instrument. A specific domain (5.Applicability) pertains to the likely barriers and facilitators to implementation, strategies to improve uptake, and resource implications of applying the guideline.

Future prospects for project presentations: This study will provide evidence of current recommendations for patients with esophageal or gastric cancer in advanced stages and summarize CT's appropriateness. Results could help move towards the establishment of best practices and, in turn, improve the experience of people who face difficult health decisions.

Systematic review registration PROSPERO 236753

Keywords: Chemotherapy; Palliative Care; Cancer care; GPC; Systematic Review; Esophageal Cancer; Gastric Cancer

Clinical practice guidelines' role in drug funding decisions in Ontario (Canada) and Colombia: a multiple case study

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2C - Poster Session - Guidelines with and for users I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Paediatrician with a Master in Clinical Epidemiology, and a PhD in Health Research Methodology.

Associate Professor at the Department of Pediatrics at the University of Antioquia (Colombia) and Assistant Professor (Part-Time) at McMaster University (Canada). Former Deputy Director of Clinical Practice Guidelines (CPG) for the Health Technology Assessment Agency of Colombia (IETS). Dr. Florez is the current Leader of the AGREE Collaboration, is an Academic/Associate Editor for Systematic Reviews and PlosONE journals, Co-chair of the Recommending Working group for the COVID-END initiative, and the Director of Cochrane Colombia. He is also a member of Cochrane's Conflicts of Interests panel.

Background: Clinical practice guidelines (CPGs) have been used to inform drug-funding decisions.

Objective: To understand whether CPGs have been used, and how, and under what conditions they are used in drug funding decisions in Colombia and Canada/Ontario.

Methods: This was a multiple-case study. We interviewed key informants and analyzed relevant documents. To respond to our question about “how?”, we categorized the CPG uses as instrumental, conceptual and symbolic. To respond, “under what conditions?” we used the 3-Is framework. We applied the analytic technique of explanation building to understand the factors influenced the CPGs use.

Results: We interviewed 18 key informants and reviewed 148 documents. CPGs had a major role in drug funding decisions in Colombia, and minor in Canada/Ontario. In Colombia, CPGs had instrumental (as an evidence source and for prioritizing drugs to evaluate), conceptual (to inform drug reviews’ document) and symbolic uses (as a rationale for decisions). Policy legacies (benefit package requirement, creation of a methodological guide, and the health technology assessment agency), political interests (as a cost-containment tool), and knowledge/beliefs (as an evidence source) explain their instrumental use. In Canada/Ontario, the government structure (federal/provincial levels), the knowledge/beliefs (As tools to provide clinical context), explain a conceptual use.

Conclusion: CPGs had an instrumental use in drug funding decisions in the Colombian case, and very limited (Conceptual) in the Canada/Ontario case. Policy legacies, political interests and ideas about the CPGs, explain this major role in Colombia. The government structure and different ideas about CPGs explain the limited role in Canada.

Closing schools for COVID: involving pupils and teachers developing a pragmatic rapid recommendation

Dr Geertruida Bekkering^{1,2,3}, Prof Nicolas Delvaux¹, Prof Patrik Vankrunkelsven^{1,2,3}, Dr Jaan Toelen⁴, Sigrid Aertgeerts⁵, Dr Sofie Crommen⁶, Prof Pedro De Bruyckere⁷, Prof Ignas Devisch⁸, Dr Tinne Lernout⁹, Katrien Masschalck, Nore Milissen, Prof Geert Molenberghs¹⁰, Annelies Pascal¹¹, Oscar Plomteux, Dr Marc Raes¹², Lise Rans, Alexandra Seghers¹³, Lode Sweldens¹⁴, Jeroen Vandenbussche¹⁵, Prof Guido Vanham¹⁶, Elke Wollants¹⁷, Prof Bert Aertgeerts¹

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2C - Poster Session - Guidelines with and for users I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

The main interests of Trudy Bekkering (physiotherapist, epidemiologist, PhD) are systematic reviews and clinical guidelines. In 2004 she defended her PhD on the development, implementation and evaluation of the clinical guideline on low back pain for physiotherapists. She was involved in the development of several clinical guidelines. Since 2017, she works at the Academic Centre for General Practice (KU Leuven) as guideline methodologist developing rapid recommendations.

Background

To reduce spread of COVID, Belgian schools closed in March 2020, re-opening fully in September. During the summer, infections started to increase in the general population, resulting in an exponential rise of infections in October. Children were still receiving all lessons at school at that time and it was questioned whether this position was tenable.

Objective

We systematically compared the benefits and harms of closing primary and secondary schools and developed a recommendation.

Methods

A multidisciplinary panel, including pupils and teachers, educational experts, clinicians and researchers produced this recommendation in compliance with the standards for trustworthy rapid guidelines. The recommendation is based on data collected through national surveillance or studies from Belgium, and supported by a rapid literature review.

Results

Pupils and teachers contributed as full panel members and raised unique outcomes and arguments. Closing schools during the first lockdown probably resulted in a large learning delay and possibly led to more cases of child abuse. We are uncertain about the effect of the school closure on the infection rate, hospitalisations, transmission rates, mental health of children, teachers, and parents. The panel concluded that the balance of benefits and harms clearly weighs against closing schools. This recommendation is affected by the local virus circulation.

Discussion

The guideline panel issues a strong recommendation against closing schools when the virus circulation is low to moderate, and a weak recommendation against closing schools when the virus circulation is high. Including different users in our panel proved feasible and useful.

Closing the gap between guidance and practice: the challenges of linking new clinical concepts to SNOMED CT codes

Dr. Fiona Glen¹, Ms Sarah Boyce¹, Dr Justine Karpusheff¹

¹National Institute For Health And Care Excellence, Manchester, United Kingdom

4C - Poster Session - Sustainability / Living guidelines, updating, October 26, 2021, 2:45 PM - 4:15 PM

Authors

Fiona Glen , Sarah Boyce & Justine Karpusheff, National Institute for Health and Care Excellence, UK

Background

In December 2020, NICE developed the first clinical case definition for Long COVID. Alongside these new clinical case definitions, we worked with teams across the NHS to develop new primary healthcare codes and added the concept identifiers as text within the guideline. Our intention was to use data emerging from the electronic health records to refine and update the case definition.

Objective

To share learning from a learning health system approach to updating a living clinical case definition.

Methods

The relevant SNOMED CT codes were embedded in the November 2020 release so that codes were available in primary care electronic health systems (EHS) when the guideline published. We show use of the codes over this period alongside nationally collected data on self-reported long COVID.

Results

Although inclusion of codes was initially welcomed, uptake of code usage was slow with issues around terminology and limited understanding of the case definition.

Discussion

By developing and embedding new codes into the primary care EHS we were able to immediately observe issues in understanding and use of our case definition – a living health system that enabled the gap between guidance and practice to be closed. We will describe how we have used this information to update our living guideline on the long-term effects of COVID-19.

Collaborative virtual working in a NICE multi-disciplinary team (MDT)

Mrs Johanna Hulme¹, **Sabina Keane¹**

¹NICE, Manchester, United Kingdom

4A - Poster Session - Implementation III, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Sabina Keane is a technical analyst at NICE who has worked in the Quality Standards and Indicators Team for the past 8 years. Since November 2020, she has been seconded to work on a project to create 'integrated guidance' using Agile methodology and Lean Six Sigma principles too. Sabina is an active team member of the NICE multi-disciplinary team, independently conducting desk research and has acquired extensive user research skills and knowledge. She is passionate about getting involved in 'hands on', exploratory tasks, learning as she goes with users about their needs.

Background: A dedicated multidisciplinary team (MDT) was established at NICE in November 2020 to work on a project to create 'integrated guidance'. In line with NICE's five-year strategy, the project aims to transform our content to achieve the vision of dynamic, living guideline recommendations integrating the latest evidence, practice and technologies. The MDT includes clinicians, guideline developers, content designers, editors, user researchers and user experience designers. The team changes depending on the skills and experience needed and the specific task goals.

Objective: A review of the collaborative ways of working within a MDT to deliver innovative outputs on time.

Methods: The MDT mainly uses Agile methodology with links to Lean Six Sigma principles too. Team meetings include daily stand-ups, group sketching, sprint planning, retrospectives and show-and-tells. This team communicates via Zoom and MS Teams using interactive collaborative and workflow tools such as Miro and Kanban.

Future prospects: It can be challenging working within this new team. As well as using new methods and processes, it involves communicating and learning together with people who have a wide range of learning styles, skills and goals. However, 'having a go' and 'failing fast' have also been reported by a number of team members as very rewarding and empowering. Working in Agile sprints has also enabled tasks to be completed on time in a more pragmatic way with realistic ambition and delegation key to addressing conflicting work priorities. The team aims to continue to modify its methods and processes as the project develops.

Collaborative working to align prioritisation of systematic reviewing and guideline development activity to enable efficiencies across the guideline development ecosystem

Ms Jean Masanyero-Bennie¹, Dr Nichole Taske¹, Dr Kay Nolan¹, Dr Philip Alderson¹, Mr Toby Lasserson², Ms Ruth Foxlee², Dr Robby Richey¹

¹*National Institute for Health and Care Excellence, Manchester, United Kingdom, ²Cochrane, London, United Kingdom*

1B - Sustainability I: Updating and Collaboration, October 25, 2021, 3:15 PM - 4:45 PM

Biography:

Jean Masanyero-Bennie is a senior technical analyst at NICE, working in the Centre for Guidelines, Methods and Economics team for the past 3 years. Prior to this she worked in public health as public health analyst in local government. She holds a master of science in Epidemiology and Biostatistics and currently completing a masters in Public Health from the university of Liverpool.

Background

NICE guidelines comprise an average of 15-20 systematic reviews (SRs), taking on average 16 months to complete. During guideline development, existing SRs on similar review questions (RQs) are usually identified although frequently excluded due to being outdated, poor quality or because of subtle but important differences in RQs that make the review unusable by the guideline committee.

Failure to use existing SRs means that a new review is undertaken and this duplication in research effort comes at a substantial cost to NICE in terms of time and resource.

Objective

To work with Cochrane to agree collaborative approaches to the alignment of review priorities to enable the timely delivery of systematic reviews to support guideline development and reduce unnecessary duplication in reviewing activity.

Methods

To meet this objective, we will:

- Work collaboratively to agree a workable framework to support the prioritisation of Cochrane reviews underpinning priority NICE guideline recommendations.
- Pilot the approach on the NICE cardiovascular disease (CVD) guideline suite comprising 1300 recommendations and 270 underpinning RQs.
- Explore collaborative approaches to horizon scanning to ensure new evidence that may meet the PICOs of prioritised RQs is identified quickly and efficiently.
- Look at ways of enabling authors of Cochrane systematic reviews to share results and contribute to the guideline development process.

Results and conclusions

Project is ongoing; however, we anticipate a new approach to collaborative working that responds quickly to important changes in the evidence and increase efficiencies of updates to high priority reviews and guideline recommendations.

Comparative Analysis of Guidelines for Multimorbid Conditions

Dr Janine Dizon¹, Prof Martin Scherer², Prof Jako Burgers^{3,4}

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1B - Sustainability I: Updating and Collaboration, October 25, 2021, 3:15 PM - 4:45 PM

Biography:

Janine Dizon PhD is a Research Fellow at JBI, University of Adelaide. Janine has over 20 years of experience in teaching and applying evidence-based practice (EBP) principles to students and health professionals and 10 years of experience in clinical practice guideline work, in the Philippines, Hong Kong, South Africa and Australia. Her skills and experience in EBP have advanced her work in applying EBP concepts in the area of Clinical Practice Guidelines and most importantly in developing alternative methods in guideline development to assist implementation in practice. Previously, Janine was Research Fellow at the International Centre for Allied Health Evidence, University of South Australia and Associate Professor at the University of Santo Tomas, Philippines. Janine is a member of the GIN Multimorbidity and the LMIC Groups.

Background

Guidance for multimorbidity is limited due to the complex nature of multimorbidity. The parallel application of guidelines for specific conditions to manage patients with multimorbidity is not feasible and may even be harmful. There is limited literature looking at published guidelines on multimorbidity, their quality and whether they addressed the complexities of multimorbidity.

Objective

To explore the extent of the evidence base relating to guidelines for multimorbidity, the health conditions covered in the guidelines, and their methodological quality.

Methods

A search for guidelines on multimorbidity was undertaken in using terms “multimorbidity” or “multi-ill patients” and “clinical guidelines”. Two reviewers independently assessed the guideline quality using the AGREE II and mapped against the recommended considerations for developing guidelines for multimorbid conditions by Uhlig et al. 2014.

Results

Four guidelines were identified – the NICE Guideline from UK, the Multi-ill Patient Guideline from Finland, the DEGAM Guideline from Germany and the Mental Health Comorbidity Guideline from the Netherlands. The NICE Guideline can be considered as a de novo guideline and scored highest in the quality assessment. The recommendations from the NICE Guideline were used as bases by the Finnish and German guidelines particularly in tailoring the guidelines to their country context and needs.

Discussion

There are limited published guidelines on multimorbidity. Tailoring existing good quality guidelines to country setting and needs may be an efficient approach. However, there must be clear and robust methods on how the process is undertaken. The implementation and impact on decision making also needs further evaluation.

Comparing Two Clinical Practice Guideline Reporting Checklists: AGREE versus RIGHT

Dr Xiaomei Yao^{1,2}, Dr Jinhui Ma¹, Ms. Qi Wang¹, Mr. David Kanters¹, Dr Ali Usman¹, Dr Ivan Florez^{1,3}

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1A - Implementation I: Tools and appraisals, October 25, 2021, 3:15 PM - 4:45 PM

Biography:

Dr. Yao has been working as a Methodologist in Program in Evidence-Based Care (PEBC) of Ontario Health (Cancer Care Ontario), Canada for 12 years. Currently, she is the Guideline Methodologist Lead in PEBC. She is also a part-time faculty member in the Department of Health Research Methods, Evidence, and Impact, McMaster University. Her academic interests include clinical research methods regarding clinical practice guidelines, systematic reviews on treatment, diagnostic, screening, etiological and prognostic topics; and original studies on diagnostic topics.

Background: Two clinical practice guideline (CPG) reporting checklists have become available on the EQUATOR Network website: AGREE (Appraisal of Guidelines, Research and Evaluation) and RIGHT (Reporting Items for practice Guidelines in HealThcare).

Objective: To determine which CPG reporting checklist should be followed by guideline developers.

Methods: We compared AGREE and RIGHT reporting checklists, and discussed their potential impact on a CPG. Two methodologists independently compared them and listed their differences on a pre-designed sheet. The disagreements were solved by discussion. Three co-authors then reviewed the comparison results and reached a consensus. Finally, another methodologist reviewed the comparison results to ensure they were unbiased.

Results: AGREE has 23 items with 2-7 reporting criteria under each item. The RIGHT checklist has 22 topics with 1-3 items under each topic, and totally has 35 items. Six relationships between the two checklists were observed: (1) 11 items from AGREE completely matched with 12 items from RIGHT; (2) four items were listed in AGREE only; (3) 12 items were listed in RIGHT only; (4) three items in AGREE were partially covered by three items in RIGHT; (5) six items in RIGHT were partially covered by three items in AGREE; and (6) two items intersected across AGREE and RIGHT. The potential impact analysis of selecting either checklist is indicated.

Discussion: We recommend that CPG developers can use either AGREE plus items unique to RIGHT, or RIGHT plus items unique to AGREE. However, if time allows, using AGREE and RIGHT checklists in combination, might be the best approach.

Comparison of recommendations for opioid deprescribing in patients with chronic non-cancer pain: A systematic review of international opioid guidelines

Mrs Melanie Hamilton^{1,2}, Ms Venisa Kwok^{1,2}, Ms Arielle Hsu¹, Professor Fiona Blyth¹, Dr Stephanie Mathieson^{1,2}, A/Prof Danijela Gnjidic¹, Dr Jane Ballantyne³, Dr Richard Deyo⁴, Michael Von Korff⁵

¹The University of Sydney, , Australia, ²Institute for Musculoskeletal Health, Camperdown, Sydney, Australia,

³University of Washington, Washington, United States of America, ⁴Oregon Health and Science University, Portland OR, United States of America, ⁵Kaiser Permanente Washington Health Research Institute, Washington, United States of America

4F - Poster Sessions - Other topics, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Melanie is a PhD candidate. Her research focuses on prescribing and deprescribing of opioid medication in people with chronic non-cancer pain.

Background

In response to the overuse of prescription opioid analgesics, clinical practice guidelines now discourage prescribing of opioid analgesics and encourage deprescribing (i.e. dose reduction or tapering to cessation) in people with chronic non cancer pain. Several clinical guidelines have been developed but they have not previously been systematically reviewed.

Objectives

To compare guideline recommendations on opioid deprescribing for chronic non-cancer pain.

Methods

We searched electronic databases on the 2nd June 2021 for opioid guidelines, published within the last five years, containing recommendations on deprescribing opioid analgesics in chronic non-cancer pain. Guidelines were eligible if they met the National Guideline Clearinghouse criteria. Screening and data extraction were conducted by two independent reviewers. Methodological quality was assessed using the Appraisal of Guidelines, Research and Evaluation (AGREE II) tool. A narrative synthesis was conducted on the outcomes: when and how to deprescribe, managing withdrawal symptoms, additional support during deprescribing, monitoring deprescribing outcomes and deprescribing in patients with co-prescription of sedatives.

Results

Nine guidelines from America (n = 5), Canada (n = 3) and Australia (n = 1) were included. All opioid deprescribing recommendations were embedded within prescribing guidelines rather than being a standalone guideline. Preliminary analyses indicates all guidelines recommend deprescribing when the harms outweigh the benefits. Most guidelines recommended deprescribing by using a dose reduction tapering plan. Limited recommendations exist on managing withdrawal symptoms. Recommendations on additional support varied between guidelines and some guidelines recommended against the concurrent use of sedatives.

Discussion

In depth synthesis is currently being conducted.

Conflict of interest management: Does it make a difference?

Ms Sabine Schüler¹, Mrs Corinna Schaefer¹

¹Agency For Quality In Medicine, Berlin, Germany

6B - Sustainability IV: Adaptation, October 27, 2021, 3:15 PM - 4:45 PM

Biography:

Trained physician and systematic reviewer, SSc is a research scientist at the German Agency for Quality in Medicine. Since 2018, she is coordinator and provides methodological support for the German National Disease Management Guideline on COPD and is in charge of the Col management and organization of voting procedures for consensus meetings for National disease management guidelines.

Background: G-I-N principles and national policies ask for strict Col management with transparent disclosure and independent assessment yielding in consequences for the development process such as abstention from voting. In The German National Disease Management Guidelines Program (NDMG), we systematically assess the impact of Col management rules on voting results in multidisciplinary panels after rigorous evidence-based discussions.

Methods: Disclosure forms are assessed by two independent reviewers who agree on consequences such as abstention. For consensus meetings or online votings, lists with voting rules are provided. Since 2018, we systematically perform double votings for recommendations, where abstentions due to Col were predetermined. First, all panel members vote without abstentions. Results are counted, but not shown. The panel votes again, this time with abstentions as defined. If the panel reaches a 100% consensus in the first round, the second vote is waived, as abstentions cannot change results. Strength of consensus was defined as: >95% strong consensus; >75% consensus.

Results: So far, votings with Col abstentions for 62 recommendations from 5 guidelines have been documented. Abstention rules ranged from 1/18 panel members (5%) to 8/17 (50%). For 46/62 (74,2%) consensus was 100%. Consensus changed from strong to normal in 4/62 (6,4%). 1/62 recommendation (1,6%) did not reach consensus when only non-conflicted votes were counted. For 11/62 (17,4%), results differed slightly without consequences on the strength of consensus.

Conclusion: 99% of recommendations reached consensus regardless of Col present. Multidisciplinary panels and a sound methodology may be protective against bias due to Col.

Consumer priorities for a physical therapy CPG to improve mobility for ambulatory children with cerebral palsy

Dr. Kelly Greve¹, Dr. Maggie O'Neil², Dr. Maria Fragala-Pinkham³, Dr. Ellen Brennan³, Dr. Connie Johnson⁴, Dr. Rachel Tombeno³, Dr. Sandra Kaplan⁵, Dr. Jim Hedgecock⁶

¹Cincinnati Children's Hospital Medical Center, Division of Occupational Therapy and Physical Therapy, Cincinnati, United States, ²Columbia University Irving Medical Center, Department of Rehabilitation and Regenerative Medicine Programs in Physical Therapy, New York, United States, ³Boston Children's Hospital, Department of Physical and Occupational Therapy, Boston, United States, ⁴Fit4WorkPT, , United States, ⁵Rutgers The State University of NJ, Department of Rehabilitation & Movement Sciences, New Brunswick, United States, ⁶Children's Hospital Colorado, Highlands Ranch, United States

2C - Poster Session - Guidelines with and for users I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Dr. Jim Hedgecock, PT, DPT, PCS is a physical therapist and certified pediatric clinical specialist. He provides care for patients with pediatric, neurologic, and orthopedic diagnoses with success in research, publication, presentation and project management in multicultural settings. Jim coordinates clinical care for clinicians, including continuing education programming, departmental needs analysis and program development, clinician competency, and mentorship. Jim is a member of the guideline development group through the American Physical Therapy Association, Academy of Pediatric Physical Therapy to develop a CPG to identify physical therapy interventions to improve mobility in school aged children with cerebral palsy who are ambulatory.

Background: Variation of physical therapy (PT) interventions to improve mobility in children with cerebral palsy (CP) is a well-known clinical challenge. The American Physical Therapy Association, Academy of Pediatric Physical Therapy is developing a clinical practice guideline (CPG) to direct PT practice for improved mobility for children with CP who are ambulatory.

Objective: Identify the highest priorities of 48 PT interventions across the International Classification of Functioning, Disability and Health (ICF) Framework to improve mobility for school aged, ambulatory children with CP.

Methods: Web-based surveys for physical therapists, caregivers of children with CP, and young adults with CP were created and validated by each stakeholder and a survey expert. A convenience sample was recruited from patient/family advocacy organizations, a large research registry, and national and locally based professional organizations.

Results: Survey respondents included 223 (85%) physical therapists, 32 (12%) caregivers, and 9 (3%) young adults with CP. Seventeen of 48 (35%) interventions were in agreement amongst the caregivers, young adults and/or, physical therapists. Priorities included energy conservation, strength training, endurance training, postural control training, balance training, neurodevelopmental treatment, gait training, stair negotiation, transfer training, motor planning, motor skill training, mobility equipment, braces, resources for community programs, identifying achievable goals, recommendations to adapt tasks, and strategies to improve motivation for physical activity.

Discussion: Caregiver and young adults are a small proportion (15%) of the survey respondents. Despite contacting 15 organizations, challenges exist to engage non-clinical stakeholders to provide survey input. Interventions identified by stakeholders will be explored to guide CPG content.

Contextual Considerations in Guidelines: Addressing Needs of All Knowledge-Users

Dr Amir Qaseem, Dr. Itziar Etxeandia-Ikobaltzeta¹, Dr. Tatyana Shamliyan¹, Dr. Jenny Yost¹, Ms. Kate Carroll¹

¹American College Of Physicians, Philadelphia, United States

6F - Panel Session 7 - Contextual Considerations in Guidelines: Addressing Needs of All Knowledge-Users,
October 27, 2021, 3:15 PM - 4:45 PM

Biography:

Dr. Qaseem is trained as a physician, health economist, methodologist, clinical epidemiologist, and business administrator. He leads ACP's clinical guidelines, performance measurement, high value care and scientific medical policies and is Director of Cochrane US Network Affiliate. He has been involved in multiple national and international collaborations to develop health policy, assess and evaluate quality of care, and develop strategies to improve care. He has published extensively and has presented nationally and internationally. He has been interviewed for his expertise by journalists for many high-profile media outlets. He has led committees, including governance boards, of various national and international organizations.

Background

Clinical guidelines aimed at improving the quality of individual and population health should address needs of all stakeholder groups during the development of recommendations. Developers not only assess the evidence in the supporting systematic review, but also contextual considerations, including consideration of patient values and preferences, resources and cost requirements, equity and social determinants of health, and acceptability and feasibility for the users.

Objectives

To discuss methodologically rigorous strategies for identifying and incorporating contextual considerations in guideline development and experiences with their application.

Content of presentations for panel sessions

Discussion of methods and experiences applying strategies for the following:

1. Engaging the public to gather their perspective and integrating lay values and preferences during development of clinical guidelines;
2. Assessing resource and cost considerations from various stakeholder perspectives during the development of clinical guidelines;
3. Assessing health equity during the development of clinical guidelines;
4. Addressing of acceptability of interventions for key knowledge-users during the development of clinical guidelines;
5. Assessing the feasibility of implementing clinical guideline recommendations, such as taking into account multimorbidity and polypharmacy considerations;

Contextualising existing guidelines to support dental practices to adopt new ways of working during the COVID-19 pandemic

Dr. Samantha Rutherford¹, Prof. Jan Clarkson¹, Alice Miller¹, Fiona Ord¹, Derek Richards¹, Dr. Douglas Stirling¹, Dr. Michele West¹, Dr. Linda Young¹

¹Scottish Dental Clinical Effectiveness Programme, NHS Education For Scotland, , United Kingdom

2A - Poster Session - Implementation I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Samantha Rutherford is a Specialist Research Lead for guidance development within the Scottish Dental Clinical Effectiveness Programme (SDCEP), based in Dundee. She has led the development of a number of SDCEP guidance projects and contributed to research through involvement in the TRiADS multidisciplinary collaboration. Samantha has a PhD in Medicinal Chemistry and prior to her involvement in guidance development, she was a research scientist in the pharmaceutical industry for a number of years.

Background

In Scotland, most dental healthcare is delivered in primary care. After the COVID-19 lockdown in March 2020, dental practices had to cease patient care and only provide reassurance and advice by phone, initially focussing on managing patients with emergency or urgent dental needs.

Objective

To update and adapt existing guidelines to suit the unique circumstances imposed by the pandemic.

Methods

SDCEP rapidly adapted its existing Management of Acute Dental Problems (MADP) guidance and reconfigured its guidance on prescribing to suit the move to teledentistry. Additional advice on prescribing analgesics for pain and, when necessary, antibiotics for infection was also provided. SDCEP subsequently created a 'Practice Recovery Toolkit' to help practices operate with minimal risk of COVID-19 transmission once direct patient care resumed. Surveys and focus groups provided invaluable insight into the challenges being encountered by patients and dental professionals. A group of dental professionals gave online feedback on the accuracy and suitability of these new resources, always working within incredibly short timescales.

Results

The amended MADP guidance was provided within one week of practice closures; the prescribing guidance followed shortly afterwards. Both resources were highly accessed. The 'Practice Recovery Toolkit' was delivered in time for practice reopening in June 2020. Demand for the SDCEP resources was high with website access >300% higher in the three months post-lockdown compared to 2019.

Future prospects for project presentations

Adapting existing resources, identifying needs and willingness to collaborate enabled timely delivery of support for dental services to adjust to new ways of working.

Contextualising opioid deprescribing guideline recommendations using the evidence-to-decision framework

Ms Aili Langford¹, Associate Professor Danijela Gnjidic¹, Professor Lisa Bero³, Professor Christine Lin², Dr Carl Schneider¹

¹School of Pharmacy, Faculty of Medicine and Health, The University Of Sydney, Sydney, Australia, ²Institute of Musculoskeletal Health, School of Public Health, University of Sydney, Sydney, Australia, ³School of Medicine, Colorado School of Public Health and Center for Bioethics and Humanities, University of Colorado Anschutz Medical Center, Denver, United States of America

2A - Poster Session - Implementation I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Aili Langford is a registered Pharmacist and PhD Candidate within the School of Pharmacy at the University of Sydney. Her PhD relates to the development of evidence-based opioid deprescribing guidelines.

Background: Opioid deprescribing has been identified as a mechanism to facilitate judicious opioid use, however, it can be challenging to implement in clinical practice. The use of an evidence-to-decision (EtD) framework ensures that contextual criteria relevant to health decisions are systematically considered.

Objective: To utilise an EtD framework for contextualisation of recommendations for an opioid deprescribing guideline.

Methods: We utilised the EtD framework to inform the balance and certainty of evidence, stakeholder preferences, acceptability, equity, feasibility and resource requirements of opioid deprescribing.

Contextual information was derived from an overview of systematic reviews and qualitative studies with healthcare professionals and opioid consumers. Iterative refinement of the EtD framework was conducted by guideline development group members. Supplementary literature searches were conducted to inform additional categories.

Results: On balance, there were important harms of opioid continuation that outweighed the potential benefits for most patients. Deprescribing of opioids, if guided by a mutually agreed management plan, may be acceptable to both patients and prescribers. Significant barriers relating to costs of interventions and access to alternate pain management strategies limited the implementability of proposed recommendations.

Discussion: The EtD framework allowed for the exploration and documentation of varying stakeholder perspectives on opioid deprescribing and provided context to recommendations facilitating policy action. The guideline development team conducted extensive EtD framework review to ensure it authentically captured contextual factors for the setting in which the guidelines are to be applied. This EtD framework may facilitate future opioid deprescribing efforts through framework adaptation to different contexts.

COVID long management tunisian rapid response: added values and limits

Dr. Mohamed Ben Hamouda¹, Mrs Hella Ouertatani¹, Dr Asma Ben Brahem¹, Dr Chokri Hamouda¹

¹Ineas, Tunis, Tunisia

4D - Poster Session - Rapid Reviews / Methodology, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Dr Mohamed Ben Hamouda is a tunisian general practitioner. He started its carrier as guidelines methodologist in 2017 at the national authority for assessment and accreditation in healthcare (INEAS). He was appointed as guidelines head of unit in 2018. He has an MBA (Master Business Administration) degree, a diploma in Healthcare management and a certificate in leadership from Washington University. Dr Ben Hamouda has participated in 30 guidelines development with INEAS team since 2017.

Background :

COVID-19 is a new pandemic that affected the whole world. Since Mars 2020 many efforts have been made in different countries to develop national recommendations for the management of the disease in record time. After a rapid response on COVID-19 patients management, the national authority for assessment and accreditation in healthcare in Tunisia, has developed a rapid guideline on long COVID management.

Objectives :

The objective of the guideline is to inform healthcare professionals about long COVID symptoms and definition and the standardization of its management in urgent situation and a short timeframe.

Methods :

INEAS relied on the rapid response methodology for the development of the guideline on long COVID management, this methodology was adopted by international organisations. A multidisciplinary working group has been formed with specialists in the management of COVID-19. After a litterature search and assessment by INEAS methodologists, the experts drafted the recommandations after several online meetings. The guideline developed has been approved by a peer review and INEAS scientific experts committee.

Results :

The guideline is divided in 9 chapters. Each part contains long COVID symptoms description and management.

Discussion :

INEAS has relied on the rapid response methodology to develop recommendations on long COVID, despite the limits and the poor quality of the litterature. The choice of the methodology has been done after benefits and harms evaluation between the rigour and the record time of elaboration. The INEAS COVID-19 rapid guidelines are updated according to the pandemic evolution and new studies publications.

COVID-19 evidence-based living guidelines in the context of the Brazilian Unified Health System: a collaborative experience

Dr. Jessica Matuoka¹, Dr. Patrícia Parreira¹, Ms. Lays Marra¹, Dr. Flávia Medeiros¹, Ms. Gabriela Brito¹, Dr. Haliton Oliveira Junior¹

¹Hospital Alemão Oswaldo Cruz, São Paulo, Brazil

5B - Sustainability III: Conflict of Interest and resource-constrained settings, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

Dr. Matuoka is the scientific coordinator of the Guidelines Project at Hospital Alemão Oswaldo Cruz, which is a partner of the Ministry of Health. She has a nursing degree, as well as master and PhD degrees in Health Sciences, both obtained at the University of São Paulo School of Nursing.

Background: The Coronavirus Disease 2019 (COVID-19) imposed the need for fast discoveries and results. In a context where conclusions are ever-changing, developing guidelines for this condition is challenging.

Objective: To present the development process of the Covid-19 living guidelines for the Brazilian Unified Health System (SUS).

Methods: The steps to develop the COVID-19 living guideline are reported; from retrieving the evidence to ensuring methodological quality and making recommendations.

Results: From April to August 2020, Hospital Alemão Oswaldo Cruz and the Brazilian Ministry of Health (MoH) worked on the Covid-19 living guidelines. It included recommendations on prevention, risk stratification, diagnostic tests, pharmacological and non-pharmacological therapies, and other procedures under investigation. As the number of interventions and procedures increased, two other partners of the MoH joined the process to develop updated recommendations in a timely manner. These guidelines were developed based on 25 research questions in total. For each technology evaluated, a rapid systematic review was conducted, and the quality of evidence was assessed using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach. According to these gradings, weak/strong recommendations for/against the intervention were made. These systematic reviews were updated every 2 weeks or upon publication of new evidence. With each update a summary of recommendations was inserted to facilitate interpretation.

Discussion: In a context of rapid changes and uncertainty, the development of evidence-based living guidelines for the diagnosis and management of Covid-19 can result in safer practices and better care considering the best and most recent evidence and resources available.

COVID-19 ready rehabilitation for heart failure: REACH-HF can deliver

Ms Grace Shippee¹, Dr Hasnain Dalal², **Dr Samantha van Beurden²**

¹NICE, Manchester, United Kingdom, ²The REACH-HF Collaboration, National, United Kingdom

4A - Poster Session - Implementation III, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Dr Hasnain (Hayes) Dalal qualified from the University of Sheffield in 1981 and was the joint Chief Investigator on the REACH-HF [Rehabilitation Enablement in Chronic Heart Failure] NIHR funded study (2013-19). He is currently involved in projects involving the digitisation of REACH HF funded by the British Heart Foundation and the NIHR.

Since 1997 he has conducted various NHS funded research projects involving heart disease and rehabilitation.

Appointed honorary clinical associate professor with the University of Exeter Medical School in April 2015 Hayes has been working as an associate professor with the Primary Care Research Group since July 2020

Background:

Rehabilitation EnAblement in CHronic Heart Failure (REACH-HF) is a facilitated, evidence-based cardiac rehabilitation (CR) and self-management programme for use at home. NICE guidance (NG106) states that CR 'should be provided in a format and setting (at home, in the community or in the hospital) that is easily accessible for the person'. During the COVID-19 pandemic, there has been an increase in use of home-based programmes.

Objective:

- To develop an affordable evidence-informed, home-based, self-care CR programme for patients with HF and their caregivers
- To assess the short- and long-term effectiveness and cost-effectiveness of the REACH-HF intervention in addition to usual care in patients with heart failure with reduced ejection fraction (HFrEF) and their caregivers

Methods:

Prior to implementation, we conducted a successful multicentre RCT. It demonstrated that the REACH-HF intervention improves the quality of life of patients with HFrEF when added to usual care.

Next, we recruited four UK 'beacon' sites: London, Belfast, Gloucester and Wirral CR services. Three health professionals per site attended the 3-day face-to-face REACH-HF facilitator course. We subsequently expanded the programme to four sites in Scotland. Due to the COVID-19 pandemic, we adapted the training and delivery model, with less in-person interaction and increased use of virtual and telephone support so patients continued to safely receive CR.

Future prospects for project presentations:

- Funding from the British Heart Foundation to develop a digital version of the intervention by early 2022.
- Internationally liaising with colleagues in Denmark to produce a culturally-adapted version of REACH-HF.

Creation of a novel evaluation tool to manage conflict of interests in clinical practice guideline panels

Dr. Suneel Upadhye¹, Dr. Dinesh Kumbhare², Dr. Christopher Carpenter³, Dr. Shelley McLeod², Dr. Eddy Lang⁴, Dr. Judy Morris⁵, Dr. Justin Yan⁶, Dr. Gauri Ghate⁶, Dr. Stephenson Strobel¹, Ms. Corrine Davies-Schinkel⁷

¹*Mcmaster University, Hamilton, Canada*, ²*University of Toronto, Toronto, Canada*, ³*Washington University, St. Louis, United States of America*, ⁴*University of Calgary, Calgary, Canada*, ⁵*University of Montreal, Montreal, Canada*, ⁶*University of Western Ontario, London, Canada*, ⁷*Niagara Health, Niagara Falls, Canada*

5B - Sustainability III: Conflict of Interest and resource-constrained settings, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

Dr. Suneel Upadhye is an Associate Professor of Emergency Medicine & Health Research Methods, Evidence & Impact (HEI) at McMaster University (Hamilton, Canada). He is a guidelines Methodologist with the Canadian Association of Emergency Physicians (CAEP) and Society of Academic Emergency Medicine (SAEM). His research interests include guideline development/dissemination.

Introduction

The objective of this study was to develop a new decision tool to manage conflict of interest (CoI) among clinical practice guideline (CPG) panelists.

Methods

Common CoI assessment elements were categorized into a standard reporting form, involving 3 broad conflict categories: financial (14 domains), academic (5 domains) and personal (4 domains). A hypothetical panel of 13 panelists was constructed with various types and domain mixes of reported CoI, and group of 7 guideline experts were recruited/trained to complete the ratings of the hypothetical panelists. Raters answered 3 CoI management questions for each panelist: 1) What is the Global Risk of Bias (RoB) associated with each panelist, 2) Should the panelist be permitted into "discussing" CPG recommendations, and 3) Should the panelist be permitted to "vote" on CPG recommendations? Results were pooled and analyzed for consensus ratings and decisions. Inter-rater reliability for agreement was calculated using G-theory, including a D-study for optimal number of raters using this tool.

Results

Overall inter-rater reliability for the CoI-RoB instrument was 0.92, with a D-study showing an optimal number of 7 raters.

Global RoB scores were highly congruent for non- or highly-conflicted panelists, but more variable for panelists with different conflict categories. Raters were more permissive to include conflicted panelists in "discussing" CPG recommendations, but more restrictive in allowing conflicted panelists to "vote" for CPG recommendations.

Conclusion

This new CoI-RoB tool demonstrates high inter-rater reliability, and can be used by CPG panel Chairs to adjudicate individual panelist CoI disclosures in a consistent transparent manner.

Critical appraisal of pediatric COVID-19 guidelines in the context of a developing country

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¹Postgraduate Institute of Medical Education and Research, Chandigarh, India, ²Lady Hardinge Medical College and Kalawati Saran Childrens Hospital, New Delhi, India

1A - Implementation I: Tools and appraisals, October 25, 2021, 3:15 PM - 4:45 PM

Biography:

MD (Pediatric Medicine), DM (Pediatric Pulmonology),

PGIMER, Chandigarh (in Progress).

Professor, Division of Pediatric Pulmonology,

Department of Pediatrics,

Lady Hardinge Medical College and Kalawati Saran Children's Hospital,

Shaheed Bhagat Singh Marg, New Delhi.

Background: Most pediatric COVID-19 guidelines were developed to meet the urgent challenges posed by the pandemic, in the absence of robust evidence. A systematic evaluation of their methodological quality is warranted.

Objective: To critically appraise methodological quality of pediatric COVID-19 guidelines applicable to India.

Methods: A systematic search across 8 databases was undertaken till 30 April 2021, to identify pediatric COVID-19 guidelines, which were appraised using the AGREE II tool.

Results: A total of 62 unique guidelines were identified. The majority were from developed countries.

The AGREE II scores ranged from 5.73% to 74.65%, with mean(sd) of 13.7. Over 90% guidelines scored lower than 60%. The domain scores were highest for 'Scope and purpose' and 'Clarity of presentation' and lowest for 'Rigor of development' and 'Editorial independence'. Small statistically insignificant improvement in AGREE II scores were seen on comparing: updated versus original versions of 9 guidelines (45.8%vs34.1%,mean difference(11.7),CI(-1.6,25.1); and guidelines published during the first (n= 31)and later half (n=31) of the pandemic (39.3%vs43.0%,mean difference(-3.7),CI(-10.7,3.2).

Comparison of guidelines published from India (n= 8) versus abroad (n = 54) showed statistically insignificant difference in AGREE II scores (32.6%vs42.4%,mean difference(-9.79),CI(-27.8,8.2)

Discussion: Pediatric COVID-19 guidelines are lacking in methodological quality, especially rigour of development, to some extent due to the urgent demand for guidance despite insufficient evidence.

Unfortunately, the pattern has not improved significantly over time, suggesting that children continue to be dependent on guidance of low methodological quality.

Cross-sectional study on reporting status of abstract of Chinese clinical practice guidelines published in 2019

Ms Mengjuan Ren¹, Mr Nan Yang², Ms Yunlan Liu¹, Ms Yajia Sun¹, Professor Yaolong Chen^{1,2,3,4,5}

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4F - Poster Sessions - Other topics, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Mengjuan Ren, a postgraduate student in School of Public Health, Lanzhou University, Lanzhou, China. I major in Epidemiology and health Statistics, and my supervisor is Professor Yaolong Chen, who studies evidence-based medicine and is the executive director at Lanzhou University Institute of Health Data Science.

Background: Abstract of clinical practice guidelines (CPGs) can help users to select and use guideline more efficiently, but now there is no corresponding reporting standard of guideline abstract.

Objective: We analyze the reporting situation and quality of abstract of Chinese CPGs published in 2019, to provide a reference for the development of reporting standard of guideline abstract.

Methods: We systematically searched four electronic databases and relevant guideline websites to identify Chinese CPGs published in 2019. Two researchers independently extract data and evaluate the reporting quality of abstract.

Results: We finally included 226 CPGs. 96 (42.5%) guidelines reported the abstract, only six of which reported the structured abstract. 79 guidelines are published in Chinese, 65.8% (52/79) of which provided both Chinese and English abstract. We drafted a reporting standard of abstract for CPGs, including seven domains, which are background, methods, results, review, discussion, registration and funding, and a total of 22 items. According to the evaluation results of 96 guidelines reporting abstract, the item on “disease and health problems” has the highest reporting rate, which is 91.7%. The reporting rates on “target population” and “users” are 87.5% and 70.8% respectively, and the rest items with a reporting rate of less than 50%, seven of which of 0%.

Discussion: The reporting information of guideline abstract is not comprehensive and the overall reporting quality is poor. Relative researchers should at least report the key information and develop a formal reporting standard, to improve its reporting quality.

Current Challenges Facing Guideline-Producing Organizations: Findings From an International Survey

Ms Madelin Siedler¹, Rebecca L. Morgan², Toju Ogunremi³, Philipp Dahm^{4,5}, Lisa A. Fatheree⁶, Thomas S.D. Getchius⁷, Pamela K. Ginex⁸, Priya Jakhmola⁹, Emma McFarlane¹⁰, M. Hassan Murad¹¹, Robyn L. Temple Smolkin¹², Yasser S. Amer^{13,14}, Murad Alam¹⁵, Bianca Y. Kang¹⁵, Yngve Falck-Ytter^{16,17}, Reem A. Mustafa^{2,18}, Shahnaz Sultan^{19,20}

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¹⁶Gastroenterology, VA Northeast Ohio Healthcare System, Cleveland, USA, ¹⁷Gastroenterology, Case Western Reserve University, Cleveland, USA, ¹⁸Internal Medicine, University of Kansas Medical Center, Kansas City, USA,

¹⁹Gastroenterology, Hepatology, and Nutrition, University of Minnesota, Minneapolis, USA, ²⁰Gastroenterology, Minneapolis VA Health Care System, Minneapolis, USA

6A - Relevance to context and current events, October 27, 2021, 3:15 PM - 4:45 PM

Biography:

Madelin Siedler, MA, MS is a PhD student at Texas Tech University where she serves as an instructor and conducts research in exercise physiology. She is also a fellow of the Evidence Foundation and helps to facilitate educational trainings in guideline development using the GRADE framework alongside the U.S. GRADE Network. Before continuing her studies, she served the American Gastroenterological Association Institute as the Director of Clinical Practice, facilitating the development of clinical guidelines and other point-of-care resources.

Background: Development of rigorous, high-quality clinical guidelines increases the need for time, resources, and skilled personnel within guideline-producing organizations.

Objective: To assess the perceived needs, current challenges, and processes of guideline-producing organizations worldwide.

Methods: Electronic mailing lists, social media, and word-of-mouth were used to disseminate an electronic survey using convenience and snowball sampling methods from November 2019 to April 2020. The relevance of various needs was assessed on 7-point Likert scale ranging from 1 ("Not relevant to my organization") to 7 ("Extremely relevant to my organization").

Results: A total of 171 responses were included in the analysis, representing 30 countries and more than 112 unique organizations. Time required for the development of rigorous systematic reviews and guidelines was cited as the most relevant challenge, with 92.5% of respondents responding with a 5 or greater on the Likert scale. Other relevant needs in the guideline development process included updating old guidelines (87.9%), training new guideline developers and setting knowledge standards

(86.9%), incorporating the patient voice/perspective (81.5%), and tools to understand how guidelines are being implemented in practice (80.4%).

Discussion: Guideline developers worldwide view time management, updating processes, personnel training, patient engagement, and tools for improving implementation of recommendations as relevant needs of their respective organizations. Guideline-producing organizations should focus on facilitating these areas of the guideline development process. Support tools and resources to improve these processes may improve the quality and timeliness of guidelines.

Current mechanisms for considering health inequalities at NICE

Mrs Swapna Mistry¹, Dr Lesley Owen¹, Ms Deborah O'Callaghan¹, Dr Michael Toolan¹, Ms Jade Fortune¹
¹NICE, Manchester, United Kingdom

2F - Poster Session - Relevance / different sources of evidence / sharing knowledge, October 25, 2021,
5:30 PM - 7:00 PM

Biography:

Swapna is a Project Manager within the Guideline Surveillance Team in the Centre for Guidelines at NICE. She is responsible for project management for the development and delivery of guideline surveillance reviews. She has also led on the development of the Centre for Guidelines Expert Advisers' Panel, which she currently manages. Swapna is currently involved in NICE's Health Inequalities Programme. Swapna has a Master's in Public Health from the University of Liverpool and is currently completing her MBA at Manchester Metropolitan University. Before joining NICE, she worked as a public health development manager in the NHS and Local Authority.

Aim

To identify work currently being undertaken and planned across NICE around health inequalities (HI); consider how teams/work programmes contribute towards this agenda; and highlight areas for alignment or additional support.

Background

Since being established, NICE has had a commitment to reducing HI, which is enshrined in its principles, processes, and ethos. The COVID-19 pandemic and Marmot reports have highlighted HI as a critical issue and made tackling them a system-wide priority. Tackling HI is also a high priority as highlighted within NICE's five-year strategy.

Methods

A questionnaire was distributed to associate directors and team leaders across all directorates for gaining a better insight into how HI are currently considered within the institute's work programmes. Contacts were identified using two sources, 1) the institute's latest organogram and 2) cross-referencing the organogram with information available on NICE's intranet. All contacts were requested to complete the questionnaire within 2 weeks.

Analysis of the questionnaire followed a qualitative approach to generate key themes.

Results

The questionnaire generated a response rate of 58%, with 75% respondents indicating how the HI agenda is currently being addressed within their work programmes. To understand the totality of NICE's activity around HI it would be useful to obtain feedback from the programmes that have not responded.

Conclusion

The results indicate that NICE currently uses various mechanisms to consider HI, e.g., through stakeholder engagement, methods and processes, communications, support for implementation and training. Further work is underway to identify additional ways to support NICE's commitment to tackling HI.

Current practices and Challenges in adaptation of Clinical Guidelines: A qualitative study based on semi-structured interviews

Ms Yang Song¹, Dr. Monica Ballesteros², Mr. Jing Li³, Dr. Laura Martínez García^{1,2}, Ena Niño de Guzmán¹, Robin Vernooy^{4,5}, Elie A Akl^{6,7}, Francoise Cluzeau⁸, Pablo Alonso-Coello^{1,2,6}

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⁶Department of Health Research Methods, Evidence, and Impact (HEI), McMaster University, Hamilton, Canada ,

⁷Department of Internal Medicine, American University of Beirut, Beirut, Lebanon, ⁸Consultant, London, UK

2D - Poster Session - Sustainability / Collaboration, Adaptation, resource-constraint settings, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

My name is Yang Song, I am a PhD candidate in the Iberoamerican Cochrane Centre (CCIB) - Biomedical Research Institute Sant Pau (IIB Sant Pau). My research topic is regarding the methodology and reporting for both guideline adaptation and development. I have also been involved in several European guideline development processes as well as a Chinese guideline adaptation project.

Background

Adapting clinical guidelines (CGs) reduces waste of resources and avoids duplication of efforts. Although several adaptation frameworks are available, adapted CGs are generally of low quality, poorly reported, and not based on published frameworks. Current practice of CGs adaptation is still not well known.

Objective

To understand current practice of CGs adaptation and to identify challenges of the adaptation process.

Methods

Semi-structured interviews. One researcher collected and coded data and the other two double-checked the codes. We conducted a framework analysis for the CGs adaptation process, and thematic analysis for participants' views and experiences regarding adaptation.

Results

We interviewed ten CGs experts between November 2019 and January 2020 from nine organisations in seven countries. Nine adaptation methodologies were identified. Reasons for CGs adaptation were as a more efficient alternative to developing CGs, implementing source CGs, and harmonising and updating existing CGs. The main steps of the adaptation process identified include: 1) scope selection, 2) source materials¹ assessment (at CGs, recommendations, and evidence level), 3) decision-making, and 4) external review and follow up. Challenges on CGs adaptation include source CGs poor quality and/or reporting, adaptation settings lacking resources or skills, process intensity and complexity, and implementation barriers.

Discussion

Adaptation processes have been increasingly used to develop CGs for different purposes. The identification of the main steps and challenges could help guideline developers streamline their processes. More methodological guidance is needed to develop high quality adapted CGs.

¹Wang Z, et.al. The advantages and limitations of guideline adaptation frameworks. Implement Sci. 2018;13(1):72

Current Status of Guidelines for Acute Pancreatitis

Miss Renfeng Su¹, Mr hui LIU¹, Mr yaolong Chen^{1,2,3,4}

¹School of Public Health, Lanzhou University, Lanzhou city, China, ²Lanzhou University Institute of Health Data Science, Lanzhou city, China, ³WHO Collaborating Center for Guideline Implementation and Knowledge Translation, Lanzhou city, China, ⁴Lanzhou University GRADE Center, Lanzhou city, China

4E - Poster Session - Other: Current aspects in Chinese guideline development, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

a student who has been in evidence-based medicine for a short time.

Objective To analyze the current status of guidelines in the field of acute pancreatitis and evaluate the necessity of formulating guideline for Chinese children with acute pancreatitis (patient and public version). **Methods** A systematic search was performed using PubMed, Embase, CNKI, Wanfang and CBM by Medical Subject Headings “Acute”, “Pancreatitis”, “Guidelines” and “Guidelines”. We manually searched GIN, NICE, SIGN, WHO and Yimaitong. Two researchers independently screened and extracted the relevant information of the included guidelines through Excel. **Results** A total of 2182 records were retrieved from PubMed, Embase, CNKI, Wanfang and CBM, and GIN, NICE, SIGN, WHO and Yimaitong were searched manually. Due to the large number of literatures and the timeliness of the guidelines, the literatures before 2010 were excluded, and finally 36 guidelines/consensus were included. On the national side, there were maximum number was in China with 17, and next country is America with 9. In terms of year, we only included the guidelines/consensus after 2011. In terms of target population, there were only 4 guidelines used for children. In terms of methodology, there were 14 guidelines had methodology. In terms of evidence grading system, 16 guidelines reported the evidence grading system. In terms of the clearance of recommendations, 27 guidelines of the recommendations were clear and to be fund easily.

Conclusions Recently, the number of guidelines for acute pancreatitis has been increasing. However, China have no high-quality guidelines for children, Therefore, it is necessary to formulate guidelines for acute pancreatitis of Chinese children (patient and public version).

Current Status of Guidelines for Foreign Body in Digestive Tract

Mr Hui Liu¹, Ms. Renfeng Su¹, Ms. Yunlan Liu¹, Ms. Shouyuan Wu¹, Mr. Nan Yang⁶, Mr. Junxian Zhao¹, Doctor Hua Wang⁵, Professor Ying Fang⁵, Mr. Xingrong Liu¹, Mr. Yaolong Chen^{1,2,3,4,6}

¹School of public health, Lanzhou University, Lanzhou, China, ²Lanzhou University Institute of Health Data Science, Lanzhou, China, ³Guideline International Network Asia, Lanzhou, China, ⁴WHO Collaborating Center for Guideline Implementation and Knowledge Translation, Lanzhou, China, ⁵Xi'an Children's Hospital, Xi'an, China, ⁶Evidence-based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China

4E - Poster Session - Other: Current aspects in Chinese guideline development, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Hui Liu, master of public health, study in Lanzhou university. His research interests include Evidence based Medicine, clinical practice guidelines and patient and public guidelines. He has participated in the development of several guidelines and published more than 10 peer reviewed articles.

Objective: To analyze the current status of guidelines in the field of foreign body in the digestive tract and evaluate the necessity of developing guideline for Chinese children with foreign body in the digestive tract.

Methods: PubMed and CNKI was searched systematically, supplemented by Google and Google Scholar. Meanwhile, the references in the included literature were traced and experts in the field were consulted. Two researchers independently screened records and extracted the relevant information of the included guidelines.

Results: 15 guidelines/consensus were included. In terms of country, there were six guidelines in America, two in England, three in China, and one in Italy, Germany, France and the Netherlands respectively. In terms of year, these guidelines were published in 1995-2021. In terms of target population, there were five guidelines used for children, two used for adults, and eight guidelines were unclear. In terms of methodology, there were nine guidelines had methodology. In terms of evidence grading system, four guidelines reported the evidence grading system (three GRADE and one OCEBM). In terms of the clearance of recommendations, seven guidelines of the recommendations were clear and to be fund easily.

Conclusions: Recently, the number of guidelines in the field of foreign body in digestive tract has been increasing. However, there is no high-quality guidelines for children in China.

Current Status of Research Gaps in the 2019 Chinese Guidelines

Mr Hui Liu^{1,2,3,4}, Ms. Hui Lan¹, Ms. Siya Zhao¹, Ms. Zijun Wang⁵, Mr. Nan Yang⁵, Ms. Xiao Liu¹, Mr. Qi Zhou⁵, Mr. Xingrong Liu¹, Mr. Yaolong Chen^{1,2,3,4,5}

¹School of public health, Lanzhou University, Lanzhou, China, ²Lanzhou University Institute of Health Data Science, Lanzhou, China, ³WHO Collaborating Center for Guideline Implementation and Knowledge Translation, Lanzhou, China, ⁴Guideline International Network Asia, Lanzhou, China, ⁵Evidence-based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China

4E - Poster Session - Other: Current aspects in Chinese guideline development, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Hui Liu, master of public health, study in Lanzhou university. His research interests include Evidence based Medicine, clinical practice guidelines and patient and public guidelines. He has participated in the development of several guidelines and published more than 10 peer reviewed articles.

Aim: To investigate the reporting status of research gaps (RGs) in Chinese guidelines in 2019.

Background: RGs in guidelines usually refer to suggestions to conduct further research. It can reflect the methodology and reporting quality of guidelines.

Method: A systematic search of Chinese guidelines published in peer-reviewed journals in 2019 was conducted, two researchers independently judged whether RGs was reported in the guidelines and extracted relevant information.

Result: A total of 226 guidelines were included, 27 guidelines (11.95%) reported RGs. Among the guidelines that reported RGs, containing 78 RGs, with an average of 2.89 RGs per guideline. In terms of content of RGs, the main focus is on efficacy (14.10%), safety (11.54%) and biomarkers (8.97%). In terms of the heterogeneity of RGs, the number of RGs reported in each guideline is between 1 and 10, 15 guidelines presented RGs in separate sections such as “problems to be solved”, “Priority suggestions for future research” or “Suggestions for future research”, while 12 guidelines incorporated RGs into sections for presentation, such as “summary”, “Discussion” or “Conclusions”. In terms of clarity of RGs, only 45 RGs(57.69%) could be deconstructed according to the PICO principles, with the largest number of RGs containing P, I and O (38.46%) and the smallest number of RGs containing P, I and C (1.28%).

Conclusion: The reporting rate and the clarity of RGs in the Chinese Guidelines in 2019 need to be improved, and the heterogeneity of the reporting(Location of RGs) needs to be reduced.

Determinants of successful guideline implementation: A national cross-sectional survey

Dr Yinghui Jin¹

¹Center For Evidence-based And Translational Medicine, Zhongnan Hospital Of Wuhan University, Wuhan, China

2A - Poster Session - Implementation I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Yinghui Jin is a Doctor of Medicine. She is co-chair of Cochrane China Network, and the first author of eight guidelines in China. She got The National Natural Science Foundation of China (NSFC) project to do research on evidence evaluation and grading in the development of guidelines (No. 81603496) in 2015. As methodologist, She and all group members have conducted and wrote "A rapid advice guideline for the diagnosis and treatment of 2019 novel coronavirus (2019-nCoV) infected pneumonia" in the early of COVID-19, which has been cited 2488 times according to Web of science (access on May 10, 2021).

Background: Performing a comprehensive assessment of the barriers and enablers is key to developing an informed implementation strategy.

Objective: Our objective was to investigate determinants of guideline implementation and explore associations of self-reported adherence to guidelines with characteristics of participants in China.

Methods: This is a cross-sectional survey, using multi-stage stratified typical sampling based on China's economic regional divisions. 2-5 provinces were selected from each region. 2-3 cities were selected in each province, and secondary and tertiary hospitals from each city were included. We developed a questionnaire underpinned by recommended methods for the design and conduct of self-administered surveys and based on conceptual framework of guideline use, in-depth related literature analysis et al. Multivariate analyses were performed using logistic regression to produce adjusted odds ratios and 95% confidence intervals.

Results: There were 1732 participants (87.3% response rate) from 51 hospitals. 77.2% reported to have used guidelines frequently or very frequently. The key barriers to guideline use were lack of education or training (46.2%), and overly simplistic wording or overly broad scope of recommendations (43.8%). Level of adherence to guidelines was associated with geographical regions, hospital grades, length of practitioners' practice, education background, evidence-based medicine skills acquired in work unit, and medical specialty of practitioner.

Discussion for scientific abstracts: The use of guidelines was not as frequent as might have been expected. guideline development should tailor the content for effective dissemination and, for optimizing the likelihood of adherence, guideline implementation should follow a bespoke plan incorporating features identified through our study.

Developing guidelines by consumers for consumers

Ms Chandana Guha^{1,2}, Ms Nicole Scholes-Robertson^{1,2}, Dr Martin Howell^{1,2}, Ms Adela Yip^{1,2}, Ms Brydee Johnston^{1,2}, Prof Jonathan Craig^{1,2,3}, Prof Allison Tong^{1,2}, Dr. David Tunnicliffe^{1,2}

¹Sydney School Of Public Health, The University Of Sydney, Sydney, Australia, ²Centre for Kidney Research, The Children's Hospital at Westmead, Westmead, Australia, ³College of Medicine and Public Health, Adelaide, Australia

2C - Poster Session - Guidelines with and for users I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Research Fellow at the Sydney School of Public Health, The University of Sydney. David is a recipient of an Australian NHMRC Emerging Leadership 1 Investigator Grant (APP1197337) examining the implementation and evaluation of living evidence in kidney disease. He is the Scientific Director of the Australian and New Zealand Guideline Developer for kidney disease (CARI Guidelines), and leads an evidence review team within Cochrane Kidney and Transplant, to provide evidence review for Kidney Disease: Improving Global Outcomes (KDIGO) clinical practice guidelines.

Background

Traditionally, guidelines have been written by clinicians to guide clinical care. Accompanying versions of guidelines addressing the needs and priorities of consumers are rarely developed. Led by patients and carers, CARI Guidelines developed additional consumer guidelines.

Objective

To describe the processes involved in developing consumer versions of CARI's kidney biopsy guidelines, and the evidence summary on COVID-19 for kidney transplant recipients.

Methods

Consumer-led versions were piloted for the kidney biopsy guidelines. Consumers involved in developing the clinical guidelines were invited and led the development process alongside the clinical guideline chair. Focus groups were convened to identify consumer priorities, alongside focused meetings. Alongside a clinical expert, consumers with lived experience of transplantation were invited to produce relevant consumer versions of the evidence summaries on COVID-19 for kidney transplant recipients. Patient and carer feedback was obtained via email.

Results

Consumer guidelines on kidney biopsy were completed in 11 months. Focus groups identified topics pertinent to patients and carers, with 4-page and 1-page guideline summaries, and an infographic developed. Learnings from the pilot kidney biopsy consumer guideline process resulted in the COVID-19 consumer version summary infographic being developed in 2 weeks. Consumers described the process as collaborative, efficient and valuable.

Discussion

The inclusion of patients and carers to produce consumer summaries of guidelines is feasible. The guideline convenor helped ensure the accuracy of the consumer-version, including removing any barriers arising from technical jargon.

Developing living guidelines in the midst of a pandemic, the “lived” experience of the Australian National Covid-19 Clinical Evidence Taskforce

Dr. David Fraile Navarro^{1,2}, Saskia Cheyne¹, Dr Britta Tendal³, Steve McDonald¹, Dr Heath White¹, Dr Samantha Chakraborty¹, Associate Professor Joshua Vogel^{1,4}, Associate Professor Julian Elliot¹, Associate Professor Tari Turner¹

¹Cochrane Australia, Monash University, Melbourne, Australia, ²Australian Institute of Health Innovation, Macquarie University, Sydney, Australia, ³Danish Health Authority, Denmark, ⁴Burnet Institute, Melbourne, Australia

3E - Panel Session 4 - Developing living guidelines in the midst of a pandemic, the “lived” experience of the Australian National Covid-19 Clinical Evidence Taskforce, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

"David Fraile Navarro is a Research Fellow in Living Evidence Methods at Cochrane Australia. His research interests lie in the domain of developing new research methods for evidence synthesis, clinical guideline development, public health and primary care. He is also actively working in the field of Health Informatics and automation of the primary care health record using Natural Language Processing technology. David is a trained General Practitioner, with clinical experience in Spain and the UK. Also, he is currently completing his PhD at Australian Institute of Health Innovation, Macquarie University. Past research experience include an Academic Research Fellow post at University of St Andrews, Scotland and various collaborations and internships with Iberoamerican Cochrane Center in Barcelona, Spain. Before his current position David has worked as a Senior Evidence Officer for the National COVID-19 Clinical Evidence Taskforce. Providing methods help and being the method's chair for the Paediatric and Adolescent Care Panel."

Background

COVID-19 exposed weaknesses in the evidence systems we previously depended on to develop reliable guidance and accelerated the adoption of new approaches that had started to emerge pre-pandemic. Living, continually updated guidelines were unequivocally the only option to incorporate emerging evidence in real-time and respond to the changing needs of patients and front-line clinicians. In March 2020, the National COVID-19 Clinical Evidence Taskforce was established to produce living recommendations, updated weekly, on the clinical care of people with COVID-19 in Australia, bringing together representatives from the 32 peak health professional bodies providing clinical care to people with COVID-19 in Australia. To date, the Taskforce has published 41 major versions of the guideline and 149 recommendations.

Objective

To describe and reflect on the processes and challenges of developing COVID-19 living guidance, from inception to publication, including development and stakeholder management; and to discuss how guidance can be sustained long-term.

Content

Panel members will give a brief presentation highlighting the following aspects, a) establishment of the Taskforce, b) guideline development methods, c) governance and stakeholder management and d) dissemination and engagement.

This will be followed by an open conversation between the presenters (key members of the guideline development team) about the specific challenges that needed to be overcome to produce timely and reliable guidance. This will include different aspects of the guideline development process including

evidence synthesis, producing recommendations in the absence of (direct) evidence, panel management; and will be followed by an open Q&A.

Developing rapid national guidance to maximise the safety of patients needing haematopoietic stem cell transplantation during the COVID-19 pandemic

Dr. Emma McFarlane¹, **Ms Angela Parkin¹**, Peter Shearn¹, Dr Monica Desai¹, Andy Hutchinson¹

¹NICE, Manchester, United Kingdom

4D - Poster Session - Rapid Reviews / Methodology, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Angela Parkin is an Associate Director in NICE's Medicines Evidence and Advice team. Angela played a key role in the development of NICE's COVID-19 rapid guidelines including advising on methods.

Background

Early in the COVID-19 pandemic there was limited evidence available on the treatment of people requiring haematopoietic stem cell transplants (HSCT), potentially leading to confusion and misinformation. NICE rapidly developed guidance to provide a pragmatic, important steer for the NHS at a challenging time.

Objective

To outline a rapid guideline development process to meet a service need in the early days of the COVID-19 pandemic.

Methods and results

The NICE COVID-19 rapid guideline on HSCT was developed jointly by NICE and NHS England and NHS Improvement over 2 weeks during March 2020. A cross-speciality independent clinical advisory panel was convened which was supported by the specialist societies and royal colleges.

The development process included scoping, conducting evidence reviews, drafting recommendations and targeted peer review with stakeholders. The short development timeframe required these tasks to be taken iteratively or in parallel. Evidence searches focused on the level of risk of COVID-19 (mortality in particular) specifically in people planned to undergo, or had already undergone, HSCT.

Recommendations were informed by evidence, where available, and expert consensus. Despite the rapid development process, key process steps were retained including collecting conflicts of interest and conducting an equality impact assessment. A surveillance process informs guidance updates in the light of new evidence.

Implications for guideline developers

Adopting a different approach to guideline development was fundamental in shaping national policy and safe practice for the care of people who were clinically extremely vulnerable to COVID-19 and also enabling continuity and safe service delivery of HSCT.

Developing the evidence-based Korean clinical care guideline for treating patients COVID-19 : living guideline

Dr Miyoung Choi¹, Dr Hwan-Seok Yong², Ms Seungeun Ryoo¹, Dr Suyeon Yu¹, Dr Hyeonjeong Lee¹, Dr Dong Ah Park¹, Ms Jimin Kim¹, Ms Jungeun Park¹, Dr Suk-Kyung Hong³, Dr Jae Seok Kim⁴, Dr Joon Sung Joh⁵, Dr Joon Sup Yeom⁶, Dr Yae-Jean Kim⁷, Dr Jin Hui Paik⁸, Dr Chi-Hoon Choi⁹

¹National Evidence-based Healthcare Collaborating Agency (NECA), Seoul, South Korea, ²Korea Academy of Medical Science , Seoul, South Korea, ³Asan Medical Center, Division of Acute Care Surgery , Seoul, South Korea, ⁴Laboratory Medicine, Hallym University College of Medicine, , South Korea, ⁵National Medical Center, , South Korea,

⁶Department of Internal Medicine, Yonsei University College of Medicine,, , South Korea, ⁷Division of Infectious Diseases and Immunodeficiency. Department of Pediatrics, Samsung Medical Center, Sungkyunkwan University School of Medicine, , South Korea, ⁸Inha University Hospital, Emergency Medicine, Incheon, South Korea, ⁹Department of Radiology, Chungbuk National University Hospital, Cheonju, South Korea

4C - Poster Session - Sustainability / Living guidelines, updating, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

I have over 10 years of research experience in various medical/public health/nursing interventions and diagnostic technology topics. And I've extended my career to a methodologist in the development of clinical practice guidelines for several years in Korea.

National Evidence-based Healthcare Collaborating Agency (NECA) is the government's Health Technology Assessment (HTA) Agency under the Ministry of Health and Welfare in Korea. I had been a director of the Clinical Practice Guideline Collaborating Team in 2014 and the Knowledge Transfer Team in 2016. My current position is a Director of Clinical Evidence Research at NECA.

Despite the global effort to mitigate the spread, coronavirus disease 2019 (COVID-19) has become a pandemic that took more than 4 million lives. There are numerous ongoing clinical studies aiming to find treatment options and many are being published daily. Some effective treatment options, albeit of variable efficacy, have been discovered. Therefore, it is necessary to develop an evidence-based methodology, to continuously check for new evidence, and to update recommendations accordingly. The National Evidence-based healthcare Collaborating Agency (NECA) and the Korean Academy of Medical Sciences (KAMS) collaborated for trustworthy Korean living guideline development. NECA supported methodological parts and seven professional medical societies under KAMS worked with as clinical expertise.

We are developing 28 clinical questions for pharmaceutical, severe patient treatment, and some issues including rapid antigen test and vaccine. Based on the latest evidence and local unpublished data also are considered preferentially in the treatment of COVID-19 inpatients and applied an evidence-based methodology to derive recommendations. As a limitation, to quickly develop recommendations in a short period of time while taking into consideration the emergency situation of the COVID-19 pandemic, we could only apply limited stringency measures to certain methodological aspects.

Developing user typologies to better understand the users of NICE content and how it can better support them in their decision making

Mrs Johanna Hulme¹, Laura Delaney¹, Jenny Kasher¹

¹NICE, Manchester, United Kingdom

1C - Guidelines with and for users I, October 25, 2021, 3:15 PM - 4:45 PM

Biography:

Laura is an audience insight manager at NICE and has a keen interest in understanding what stakeholders and users of NICE content need and how they use the information on the website to carry out their day-to-day work.

Background: As part of NICE's 5-year strategy to improve health and wellbeing by putting science and evidence at the heart of health and care decision making, we are reviewing how we present our guidance to ensure it is useful, useable and used. To support this, the 'integrated guidance' multi-disciplinary team have been pursuing how we can better present our guidance.

Knowing the needs and characteristics of our users is vital. This abstract provides a summary of the work conducted to develop a set of typologies that brought NICE's users to life.

Objective: To identify key characteristics and needs of NICE users to shape the future presentation of guidance.

Methods: An intensive review of our previous user research to determine the key characteristics and needs of our users and understanding if these change in different scenarios, supplemented with in-depth interviews.

Results: Four key user typologies emerged:

- Grab and go – Looking for something specific, often to answer a question
- Update seeker - Seeking the latest information and 'new news'
- Topic forager - Initial topic scanning to see what NICE has available
- Engaged explorer - Actively engage with all levels of NICE content on a specific topic

Similar characteristics are displayed in each scenario rather than role. One individual may fall across the different typologies.

Next steps: The user typologies underpin our 'integrated guidance' work, building user journeys and user stories to shape the way our content can be created, structured and presented better driven by user need.

Development and user-testing of patient decision aids for self-management interventions for four chronic conditions: COMPAR-EU project

Ms Claudia Valli¹, Ena Niño De Guzmán², Marta Ballester^{3,4}, Carola Orrego^{3,4}, Ana-Isabel Gonzalez^{3,4}, Monique Heijmans⁵, Paula Zietzsch⁶, Oliver Groene⁶, Pablo Alonso-Coello^{1,7}

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4B - Poster Session - Guidelines with and for users II, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Claudia Valli is a Researcher at the Biomedical Research Institute (Hospital Sant Pau) and a PhD Candidate in the Methodology of Biomedical Research and Public Health Programme (Universitat Autònoma of Barcelona). Her work focuses on conducting clinical and nutritional systematic reviews and synthesizing research evidence to support informed decision-making and guideline development. Her PhD focuses on the identification and development of the methodologies for conducting mixed methods systematic reviews and cross-sectional studies to elicit peoples' values and preferences in the context of nutritional guidelines.

Background

Decision aids enable patients to compare treatment options and make informed choices. These tools include explanations of the available treatment options, evidence about their benefits and risks and their related certainty, as well as practical considerations about the intervention being considered (e.g., burden).

Objective

To develop an interactive web-based decision aid for patients with one of four chronic conditions (type 2 diabetes mellitus, obesity, heart failure and chronic obstructive pulmonary disease) making decisions about self-management interventions (SMI).

Methods

We followed a systematic iterative three-step process including: 1) scoping and design, 2) development of a mockup and prototype, and 3) user-testing with patients and clinicians. The process was overseen by a multidisciplinary stakeholder group that included patients, clinicians, methodologists, and other relevant stakeholders.

Results

The decision aid includes five modules: 1) your health, 2) know your options, 3) desired health effects, 4) does it work?, and 5) your summary. Each module guides users through the process of choosing which SMI option best suits their preferences with respect to the different SMI components and outcomes.

The fifth module provides an overview of the choices made and the relevant research evidence about the effects.

Discussion

These web-based decision aids can help patients and clinicians to discuss the pros and cons of SMI and facilitate decision-making at the point of care.

Development of a Memorandum of Understanding to Enable Collaborations in Guideline Development

Dr. Murad Alam^{1,2}, Mr. Thomas S.D. Getchius^{1,3}, Prof. Holger Schünemann^{1,4,5,6}, Dr. Yasser S. Amer^{1,7,8}, Ms. Aggie Bak^{1,9}, Ms. Lisa A. Fatheree^{1,10}, Ms. Pamela Ginex^{1,11}, Ms. Priya Jakhmola^{1,12}, Dr. Gemma L. Marsden^{1,13}, Dr. Emma McFarlane^{1,14}, Prof. Martin Meremikwu^{1,15}, Dr. Nichole Taske^{1,16}, Dr. Robyn L. Temple-Smolkin^{1,17}, Ms. Christina Ventura^{1,18}, Prof. Dr. Jako Burgers^{19,20}, Ms. Lisa Bradfield²¹, Ms. Mary Dolan O'Brien²², Ms. Kaitlin Einhaus²³, Prof. Dr. med. Ina Kopp^{5,24}, Dr. Zachary Munn^{5,25}, Dr. Luigia Scudeller^{26,27}, Ms. Corinna Schaefer²⁸, Ms. Sarah A. Ibrahim²⁹, Ms Bianca Kang²⁹, Ms. Toju Ogunremi^{1,30}, Dr. Rebecca L. Morgan^{1,31}

¹Guidelines International Network (GIN) Guidelines Collaboration Working , , , ²Departments of Dermatology, Medical Social Sciences, Surgery, and Otolaryngology, Feinberg School of Medicine, Northwestern University, Chicago, United States, ³Guideline Strategy and Operations, American Heart Association/American College of Cardiology, Dallas, United States, ⁴Department of Health Research Methods, Evidence, and Impact; Michael G DeGroote Cochrane Canada and McMaster GRADE Centres; Department of Medicine; McMaster University, Hamilton, Canada, ⁵Guidelines International Network (GIN) Board of Trustees, , , ⁶Institute for Evidence in Medicine, Medical Center and Faculty of Medicine, University of Freiburg, Freiburg, Germany, ⁷Quality Management Department; Pediatrics Department; Research Chair for Evidence-Based Health Care and Knowledge Translation, Deanship of Scientific Research, King Saud University Medical City, Riyadh, Saudi Arabia, ⁸Alexandria Center for Evidence-Based Clinical Practice Guidelines, Alexandria University, Alexandria, Egypt, ⁹Evidence Synthesis, Healthcare Infection Society, London, United Kingdom, ¹⁰Governance Services and Executive Operations, College of American Pathologists (CAP), Chicago, United States, ¹¹Evidence-based Practice, Oncology Nursing Society, Pittsburgh, United States, ¹²Guideline Development, Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention, Atlanta, United States, ¹³Research & Development, Healthcare Infection Society, London, United Kingdom, ¹⁴Centre for Guidelines, National Institute for Health and Care Excellence, Manchester, United Kingdom, ¹⁵Cochrane Nigeria, University of Calabar, Calabar, Nigeria, ¹⁶National Institute for Health and Care Excellence, Manchester, United Kingdom, ¹⁷Association for Molecular Pathology, Rockville, United States, ¹⁸Pathology and Laboratory Quality Center, College of American Pathologists, Northfield, United States, ¹⁹Dutch College of General Practitioners, Utrecht, The Netherlands, ²⁰Care and Public Health Research Institute, Department Family Medicine, Maastricht University, Maastricht, The Netherlands, ²¹American Society for Radiation Oncology, Arlington, United States, ²²American Academy of Neurology, Minneapolis, United States, ²³American Society of Clinical Oncology, Alexandria, United States, ²⁴Association of the Scientific Medical Societies' Institute for Medical Knowledge-Management (AWMF-IMWi), Philipps-University, Marburg, Germany, ²⁵Joanna Briggs Institute, Faculty of Health and Medical Sciences, University of Adelaide, Adelaide, Australia, ²⁶Medical Guidelines Director, European Society of Clinical Microbiology and Infectious Diseases, Basel, Switzerland, ²⁷Research and Innovation Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna, Bologna, Italy, ²⁸Departments for Evidence Based Medicine/Guidelines and Patient Information/Patient Involvement, German Agency for Quality in Medicine (AQuMed), Berlin, Germany, ²⁹Department of Dermatology, Feinberg School of Medicine, Northwestern University, Chicago, United States, ³⁰Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada, Ottawa, Canada, ³¹Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada

1B - Sustainability I: Updating and Collaboration, October 25, 2021, 3:15 PM - 4:45 PM

Biography:

Medical student at Creighton University School of Medicine in Phoenix, Arizona, and research assistant for Dr. Murad Alam in the Department of Dermatology at Northwestern University in Chicago, Illinois.

Background:

Collaboration between guideline development groups can enable the development of high-quality, evidence-based, and broadly applicable guidelines. One method to facilitate successful collaboration is for participating groups to preemptively specify terms through a memorandum of understanding (MOU).

Objective:

To identify and describe key elements to include in an MOU between guideline groups.

Methods:

An international panel of representatives with experience in collaborative guideline development was convened in late 2020. A literature review was performed to identify publications and other documents related to MOUs between guideline groups, and this was supplemented by source documents, including informal agreements. A draft MOU resource was developed, and this was iteratively refined by the panel until consensus was reached.

Results:

The elements detailed in an MOU vary based on preferences and requirements specific to each collaboration. Twenty key elements to consider in an MOU between guideline groups were broadly categorized into (1) scope and purpose; (2) leadership and team; (3) methods and commitment; (4) review and endorsement; and (5) publication and dissemination.

Discussion:

Guideline development groups have varying expectations regarding collaboration, and an MOU may thus help to encourage successful collaboration by establishing transparent expectations at the outset, including the scope and purpose, roles, processes for guideline development, review and dissemination, provided that it is sufficiently detailed to cover all aspects of guideline development. This may increase the likelihood of developing a successful and implementable evidence-based guideline together whilst utilizing the skillsets of the partner organizations.

Development of an evaluation tool for guideline implementation

Dr Yinghui Jin¹

¹Center For Evidence-based And Translational Medicine, Zhongnan Hospital Of Wuhan University, Wuhan, China

5A - Implementation II: Measuring implementation, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

Yinghui Jin is a Doctor of Medicine. She is co-chair of Cochrane China Network, and the first author of eight guidelines in China. She got The National Natural Science Foundation of China (NSFC) project to do research on evidence evaluation and grading in the development of guidelines (No. 81603496) in 2015. As methodologist, She and all group members have conducted and wrote "A rapid advice guideline for the diagnosis and treatment of 2019 novel coronavirus (2019-nCoV) infected pneumonia" in the early of COVID-19, which has been cited 2488 times according to Web of science (access on May 10, 2021).

Background: The ultimate goal of developing guidelines is for them to be used in clinical practice.

Objectives: In this study, an implementation evaluation tool was developed to promote the overall evaluation of guidelines and to improve their promotion and implementation. **Methods:** The research group set up a team to formulate and establish guideline implementation evaluation tools, through preliminary research, interviews, a systematic review of relevant literature, and two expert consensus meetings. Thirty-two experts were invited to give opinions and grades on the fields, items and overall implementation evaluation method of the tool. Grades evaluation included the importance grading of the 5 fields and the importance and readability grading of 7 items.

Results: The evaluation tool for the implementation of guidelines included 5 fields, accessibility, communicability, performability, recognizability and applicability, with a total of 7 items. Scale-level CVI in two rounds of Delphi expert consensus were 0.91 and 0.93. We collected opinions and suggestions and made some revisions and insertions without deleting any items based on the parameter that no items fulfilled the standard if mean <3.5, coefficient of variation >15% and I-CVI<0.78.

Conclusion: In this study, in order to provide a standard and method for the evaluation of guideline implementation, a guideline implementation evaluation tool has been developed by clinically-related physicians and evaluated by guideline formulation methodology experts. The guideline implementation evaluation tool presented satisfactory face and content validity. Empirical research is needed to verify the tool's performance of in evaluating guideline implementation.

Development of rapid advice guideline, standard and continuous updating guideline: experiences and practice

Dr Yinghui Jin¹, MD Xiaomei Yao²

¹Center For Evidence-based And Translational Medicine, Zhongnan Hospital Of Wuhan University, Wuhan, Wuhan, China, ²Department of Health Research Methods, Evidence, and Impact, McMaster University, Canada, Hamilton, ON, L8S 4L8, , Canada

4C - Poster Session - Sustainability / Living guidelines, updating, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Yinghui Jin is a Doctor of Medicine. She is co-chair of Cochrane China Network, and the first author of eight guidelines in China. She got The National Natural Science Foundation of China (NSFC) project to do research on evidence evaluation and grading in the development of guidelines (No. 81603496) in 2015. As methodologist, She and all group members have conducted and wrote "A rapid advice guideline for the diagnosis and treatment of 2019 novel coronavirus (2019-nCoV) infected pneumonia" in the early of COVID-19, which has been cited 2488 times according to Web of science (access on May 10, 2021).

Background: We had published rapid advice guideline and updated evidence-based guideline for coronavirus disease 2019 (COVID-19) management on February 6, 2020 and September 4, 2020, respectively. These two guidelines vary widely in development background, type of evidence, grade of recommendation and so on.

Objective: Sharing experience for developing these two guidelines to facilitate further communication and discussion of guideline development in pandemic.

Content of presentations for panel sessions:

For any newly identified infection, an absolute lack of direct evidence is the biggest challenge for guideline developers. For rapid advice guideline, we were totally reliant on indirect evidence, such as severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), and influenza. Therefore, the rating of quality of evidence for all important efficacy outcomes was downgraded by two levels based on GRADE approach. We used a structured form to collect this information so that it could be aggregated and presented to the guideline panel in the summary of findings. Indirect evidence which played an important role in guideline development during the early stage of epidemic, was gradually faded when direct evidence on COVID-19 appears in updated guideline. All guidelines need to be kept up to date and consistent with the best available evidence. It is a common misunderstanding that evidence-based guidelines can be only developed if well designed controlled trials exist.

Recommendations are derived from a systematic review of evidence which is current best evidence, and guideline in a pandemic is no exception. Guideline should be updated with continuously emerging evidence.

Development of Reporting Items for Abstract of Guidelines: RIGHT-Ab

Mr Nan Yang¹, Ms Mengjuan Ren², Ms Yunlan Liu², Ms Yajia Sun², Pro. Yaolong Chen^{1,3,4,5}

¹Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ²School of Public Health, Lanzhou University, Lanzhou, China, ³Lanzhou University Institute of Health Data Science, Lanzhou, China, ⁴Guideline International Network Asia, Lanzhou, China, ⁵WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China

4D - Poster Session - Rapid Reviews / Methodology, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Nan Yang is a doctoral student in the School of Basic Medicine of Lanzhou University, graduated from Lanzhou University in clinical medicine in 2017, and entered the Center for Evidence-Based Medicine of Lanzhou University in the same year to pursue a master's degree, specializing in evidence-based medicine and medical informatics, supervised by Prof. Yaolong Chen. He has participated in the development of more than 30 evidence-based clinical practice guidelines, and currently published more than 30 papers on evidence-based medicine and guideline methodology in peer-reviewed journals at home and abroad, and co-edited "GRADE in Systematic Review and Practice Guidelines".

Background

As the main user of the guidelines, clinicians are faced with the problem of how to select part of guidelines to read in a giant number of guidelines within limited time. Abstract, as the second part of a paper except title, can help user to judge whether it is clinical guidelines, fit their fields and necessary to read the full text through quick viewing. With the perfection of methodology of the guideline over 30 years, the reporting standard for guidelines abstract published in 1993 may not apply to new guideline era. Therefore, it is necessary to develop new reporting standard of guidelines' abstract.

Objective

To develop an extension of the Essential Reporting Items of Practice Guidelines in Healthcare (RIGHT) for abstract of guidelines (RIGHT-Ab).

Methods

We built on the methods recommended by the EQUATOR network. These included 1) conducting a systematic review for guidelines' abstract ;2) generation of an initial checklist; 3) establishing an international multidisciplinary team; 4) running a modified Delphi process. 5) optimization of the checklist; 6) approval for the final checklist with external review; and 7) a final assessment of guidelines' abstract.

Results

We have finished the systematic review for guidelines' abstract, and found that most published abstract were diverse in reporting contents and quality. In addition, we have developed initial checklist.

Discussion

The RIGHT-Ab reporting checklist could help guideline developers report abstracts, improve their quality. The journals editors, guideline users and evaluators would benefit from abstracts with complete information.

Development of Reporting Items for Conflicts of Interest of Guidelines in Healthcare: the RIGHT-Col statement

Ms YANGQIN XUN¹, Mr Ping Wang¹, Ms Mengjuan Ren², Ms Zijun Wang¹, Ms Qianling Shi³, Mr Nan Yang¹, Mr Yaolong Chen^{1,4,5,6}

¹Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ²School of Public Health, Lanzhou University, Lanzhou, China, Lanzhou, China, ³The First Clinical Medical College, Lanzhou University, Lanzhou, China, Lanzhou, China, ⁴Lanzhou University Institute of Health Data Science, Lanzhou, China, Lanzhou, China, ⁵Guideline International Network Asia, Lanzhou University, Lanzhou, China, Lanzhou, China, ⁶WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China

5B - Sustainability III: Conflict of Interest and resource-constrained settings, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

Yangqin Xun, Ph.D. student, Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University; Guideline International Network Asia; WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China. She majors in evidence-based medicine and guideline methodology. She has participated in the development of nine clinical practice guidelines, published more than 20 publications on evidence-based medicine and guideline methodology, participated in three monographs, and has good experience in the development of medical research report specifications.

Background

Conflicts of interest (Cofs) in clinical practice guidelines (CPGs) are common. There are no reporting guidelines on how to declare the Cofs. We intend to develop an extension of the Essential Reporting Items of Practice Guidelines in Healthcare (RIGHT) for conflicts of interest of guidelines (RIGHT-Col).

Objective

To develop an extension of the Essential Reporting Items for reporting conflicts of interest of practice guidelines in health care.

Methods

We followed the toolkit for developing a reporting guideline recommend by Enhancing the QUAlity and Transparency Of health Research (EQUATOR) network. Main steps are following: 1) conducting a status survey, including a systematic survey for reporting status of conflicts of interest in the CPGs, a systematic review of the content of Cofs in the guideline handbooks or guidance manual, and the needs of the guideline users for the Col reporting guidelines. 2) generation of an initial checklist; 3) establishing an international multidisciplinary team; 4) running a modified Delphi process. 5) optimization of the checklist; 6) approval for the final checklist with external review; and 7) assessment, dissemination and implementation of RIGHT-Col.

We have finished the retrieval and identification of the systematic review for guideline handbooks or guidance manual on Cofs. This study is ongoing and other results will be presented When the conference is held as available.

Discussion

The RIGHT-Col statement could provide guidance to help guideline developers report Cofs, improve the quality of the guidelines. The journals editors, guideline users and evaluators will benefit from Cofs with complete information.

Development of Scientificity, Transparency and Applicability based Rankings for Guidelines in China (C-STAR)

Mr Nan Yang¹, Ms Yunlan Liu², Ms Yajia Sun², Ms Mengjuan Ren², Pro. Yaolong Chen^{1,3,4,5}

¹Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ²School of Public Health, Lanzhou University, Lanzhou, China, ³Lanzhou University Institute of Health Data Science, Lanzhou, China, ⁴Guideline International Network Asia, Lanzhou, China, ⁵WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China

2A - Poster Session - Implementation I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Nan Yang is a doctoral student in the School of Basic Medicine of Lanzhou University, graduated from Lanzhou University in clinical medicine in 2017, and entered the Center for Evidence-Based Medicine of Lanzhou University in the same year to pursue a master's degree, specializing in evidence-based medicine and medical informatics, supervised by Prof. Yaolong Chen. He has participated in the development of more than 30 evidence-based clinical practice guidelines, and currently published more than 30 papers on evidence-based medicine and guideline methodology in peer-reviewed journals at home and abroad, and co-edited "GRADE in Systematic Review and Practice Guidelines".

Background

In the past 30 years, the number of guidelines developed in China has increased rapidly, and according to incomplete statistics, the number of published guidelines in China has exceeded 1000 by 2019. Some guideline researchers have carried out relevant quality evaluations for guidelines in China, which have contributed to a certain extent to the quality improvement of Chinese guidelines. However, these evaluations have faced some problems: 1) disconnect between theory and practice; 2) disconnect between reporting and methodology quality; 3) lack of representativeness of evaluators; 4) possible conflict of interest of evaluators; 5) unsystematic and discontinuous evaluations, and 6) failure to form brand and impact.

Purpose

To establish an open multidimensional guideline ranking system.

Methods

STAR Project consists of the following steps: 1) formation of the expert group; 2) systematic review of guideline evaluate tools; 3) creation of initial domains and items; 4) determination of final domains and items by a modified Delphi process; 5) Determination of weights of domain and items by method of analytic hierarchy process; 6) evaluation of the Top 50 guidelines published in CMAPH in 2020 using STAR.

Results

We have determined the final domains and items of STAR, included 11 domains and 39 items.

Discussion

STAR may be the first tools that use scientific approach to assign different weights to the domain or items of guideline evaluation, and it is applicable to registered guidelines that have voluntarily applied to the research center for ranking and provided relevant supporting materials.

Disclosure of Interests and Management of Conflicts of Interest for Guideline Development

Ms Kate Carroll¹, Ms Shannon Merillat¹

¹American College Of Physicians, Philadelphia, United States

2E - Poster Session - Sustainability: Methods and COI Management, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Ms. Carroll joined the American College of Physicians' (ACP) Department of Clinical Policy in 2013, which oversees the development of ACP clinical guidelines and scientific medical policies. In her time at ACP, she has helped to implement numerous methodological advancements, including management of conflicts of interests, involvement of public members, adoption of evidence-to-decision frameworks and visual dissemination aids, and the development of living, rapid clinical policies. She currently serves as co-chair of the Council of Medical Specialty Societies' Clinical Practice Guidelines Developers Professional Peer Group and acts as ACP's liaison to the United States Preventive Services Task Force.

Background

Over the last decade, increased scrutiny of conflicts of interest (COI) among clinical guideline developers prompted the development of national and international standards for the disclosure of interests and management of COI. A rigorous and transparent process for disclosure of interests and management of COI is essential for the development of high-quality, trustworthy clinical guidelines.

Objective

To summarize the American College of Physicians (ACP) methods for the disclosure of interests and management of COI in the development of ACP's clinical guidelines and to discuss the experiences and impact of implementing the policy.

Methods

The ACP's policy emphasizes full disclosure of all health-care related interests for all individuals involved in the development of ACP clinical guidelines, including all financial and intellectual interests from the past 3 years. A Review and Management Panel assesses all disclosures and uses a 3-tiered scheme to grade each COI as high, moderate, or low. Individuals are restricted from participation according to the COI grade, such restrictions may include recusal from authorship, voting, or discussion.

Future Prospects

ACP was able to successfully implement its policy for the clinical guidelines and evidence reviews. An important area for future consideration is the evolution of the healthcare industry: the lines of "healthcare-related" interests are increasingly becoming blurred as technology and internet conglomerates delve further into health-related applications and as many large employers are experimenting with more direct roles in providing or paying for employees' healthcare.

Don't Forget Us: Clinical Practice Guideline for the Management of Communication and Swallowing in Children Diagnosed with Childhood Brain Tumour or Leukaemia

Dr. Kimberley Docking¹, Dr Rosemary Hodges¹, Dr Lani Campbell¹, Ms Sara Chami¹, Ms Stefani Knijnik¹, Ms Emma Campbell¹, Professor Philippe Paquier^{2,3}, Dr Luciano Dalla-Pozza⁴, Professor Claire Wakefield^{5,6}, Dr Mary-Clare Waugh⁴, Ms Maria Messina⁷, Professor Angela Morgan^{8,9}

¹*Faculty of Medicine & Health, The University of Sydney, Sydney, Australia,* ²*Université Libre de Bruxelles, Brussels, Belgium,* ³*Vrije Universiteit Brussel, Brussels, Belgium,* ⁴*The Children's Hospital at Westmead, Sydney Children's Hospitals Network, Sydney, Australia,* ⁵*University of New South Wales, Randwick, Australia,* ⁶*Behavioural Sciences Unit, Kids Cancer Centre, Sydney Children's Hospital, Randwick, Australia,* ⁷*Mary MacKillop Catholic College, Wakeley, Australia,* ⁸*Murdoch Children's Research Institute, Melbourne, Australia,* ⁹*University of Melbourne, Melbourne, Australia*

2C - Poster Session - Guidelines with and for users I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Dr Kimberley Docking is a Speech Pathologist and the Director of the NeuroKids Research Laboratory in the Faculty of Medicine & Health at The University of Sydney, which aims to improve the quality of life, communication, and swallowing of children surviving childhood cancer and acquired brain injury. Kimberley is also an Conjoint Research Fellow in Speech Pathology in the Sydney Children's Hospitals Network. She is Chair of the international Guideline Development Committee, and Co-Chair of the Sydney Cancer Conference 2021.

Background:

Brain tumours and leukaemia are the most common cancers in children in developed countries worldwide. Both incidence rates and survival rates are increasing. But there is a cost. Up to 80% of children treated for brain tumour or leukaemia develop long-term communication problems from their cancer and lifesaving treatments. Many children experience difficulties with feeding and swallowing that can prove life-threatening. Some children don't develop problems until months or even years after their cancer treatment, but if they are left untreated, social and personal relationships, schooling, and career prospects can be severely impacted.

Objective:

Provide a consistent approach to the care of children surviving brain cancer or leukaemia at-risk of long-term communication and swallowing disorders.

Methods:

An international consortium developed world-first clinical practice guidelines for the management of communication and swallowing in children treated for childhood brain tumour or leukaemia.

Recommendations were informed by three sources of evidence:

1. Systematic review using GRADE Certainty of Evidence ratings;
2. Panel of experts including consumers and research and clinical experts who undertook the GRADE Evidence-to-Decision Framework;
3. Health Professional and Consumer advisory group survey.

Wide-scale public consultation included Australian health departments, medical and allied health organisations worldwide, cancer and consumer organisations, and scientific and methodological review commissioned by the Australian National Health and Medical Research Council.

Future Prospects:

Implementation includes development of multimedia educational resources for consumers in multiple languages, and training packages for health professionals. Guideline uptake monitoring via health professional and consumer surveys, will inform future guideline revisions.

Enabling person-centred guidance by accounting for direct treatment disutility and competing risks: A case-study in primary prevention of cardiovascular disease

Mr Rob Hainsworth¹, Dr Katherine Payne, Dr Alexander Thompson, Dr Bruce Guthrie, Shona Livingstone, Gabriel Rogers

¹The University Of Manchester, Manchester, United Kingdom

4B - Poster Session - Guidelines with and for users II, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

I am a health economist working at the University of Manchester. In my research, I use a variety of approaches to help evaluate strategies for personalised medicine. These have included statistical models to understand factors influencing current prescribing practices, as well as cost-effectiveness analyses of proposed diagnostic and therapeutic pathways.

In my current work, I am investigating how national guidelines for prescribing statins according to cardiovascular risk can reflect individual-level life expectancy and treatment preferences.

I have also published work relating to the prevalence of sunbed use amongst English adolescents, with an economic evaluation of a complete sunbed ban forthcoming.

Background

UK guidelines recommend statins for people with a 10-year risk of cardiovascular events (QRisk) exceeding 10% (NICE CG181). However, the cost-effectiveness analyses underpinning this guidance may have overestimated quality of life and life expectancy of people receiving statins, because it did not account for people's reluctance to take medicines ('direct treatment disutility'; DTD) and competing risk of non-cardiovascular death respectively.

Objective

Incorporate individual-level DTD and competing risk in economic evidence for statins to prevent cardiovascular disease

Methods

We replicated and modified the state-transition model from CG181 (NHS perspective, lifetime horizon, 3.5% discount rate). We ensured that competing risk of non-cardiovascular death varied appropriately with QRisk, using evidence from a large, national dataset (UK CPRD). We also incorporated evidence on societal and patient preferences, elicited from a time trade-off exercise, to reflect the DTD of statins.

Results

Population-level optimal treatment thresholds vary across age and sex subgroups; moreover, results are sensitive to people's preference to avoid medication. Statins still deliver net benefit for younger people, especially those with higher QRisks, unless treatment aversion is very pronounced. However, in people with higher competing risk of non-cardiovascular death, a relatively small DTD would result in statins doing more harm than good.

Discussion

Accounting for DTD and simulating realistic competing risks decreases the gain in quality-adjusted life years associated with statins, especially at older ages. Population-level guidance could reflect average DTD; however, we argue it is more appropriate for guidelines to help prescribers explore these factors in a way that facilitates person-centred care.

Enabling rapid-learning health systems through the evaluation of best practice guideline implementation

Dr. Shanoja Naik¹, Ms. Stephanie Voong¹, Ms. Christina Medeiros¹, Maribel Esparza Bohorquez², Terry Holland³, Kyle Smith¹, Angela Joyce¹, Ivette Martinez¹, Hugh Gamble¹, Heather McConnell¹, Dr Doris Grinspun¹

¹Registered Nurses' Association Of Ontario (RNAO), Toronto, Canada, ²Fundacion Oftalmologica de Santander (FOSCAL), Floridablanca, Colombia, ³QHC Belleville General Hospital, Belleville, Canada

5F - Workshop 4 - Enabling rapid-learning health systems through the evaluation of best practice guideline implementation, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

Shanoja Naik is the Principal Data Scientist/Analytics at the RNAO. Shanoja leads quantitative assessment of data collected for evaluating the impact of guideline implementation and conduct advanced analytics pertain to the Nursing Quality Indicators for Research and Evaluation (NQuIRE®) data system. Over the last fifteen years, she has worked in various roles as scientist, and researcher. In addition, she held faculty roles at University of Waterloo and Trent University in Ontario, Canada. In 2010, Naik conferred her doctorate degree in Statistics and she has several publications focused on various topics within vast specialty areas specialized in Statistics and Health outcome.

Background: The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses, nurse practitioners and nursing students in Ontario, Canada. The Best Practice Spotlight Organization® (BPSO®) designation is a key knowledge translation strategy at RNAO and is targeted to support best practice guideline (BPG) implementation, rapid learning and evidence-based practice sustainability at the individual, organizational and health system levels to optimize clinical and health outcomes. BPSOs evaluate the impact of BPG implementation by submitting data on guideline-based indicators via the Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system to make effective and sustained practice improvements.

Objective: To increase awareness and understanding of RNAO's approaches to evaluating BPG implementation and supporting health service organizations with rapid learning and knowledge translation. Participants will be guided through the processes of development, interpretation and selection of guideline-based indicators. In addition, participants will learn how to analyze and leverage evaluation data for quality improvement. Learning objectives will include:

- To enhance knowledge regarding the development of guideline-based indicators
- To understand how to select appropriate guideline-based indicators to monitor and evaluate knowledge use
- To learn how to interpret, utilize and leverage evaluation data

Format: This workshop will focus on the following themes: development of guideline-based indicators; selecting indicators to report on; and how to use evaluation data for quality improvement initiatives. Interactive group activities include hands-on-experiences with identifying indicator types, selecting indicators based on gap analyses and learning how to interpret evaluation data using case examples.

Enacting Anti-discrimination and Anti-racism Principles in Guideline Development

Ms Deborah Flores¹, Amy Burt¹, Raglan Maddox², Amy Wright³, Sheena Howard¹, Elizabeth Saewyc⁴, Grace Suva¹, Rachel Radyk¹, Paul-André Gauthier¹, Matthew Kellway¹, Brittany Groom¹

¹*Registered Nurses' Association Of Ontario, Toronto, Canada*, ²*The Australian National University, Canberra, Australia*, ³*University of Toronto, Toronto, Canada*, ⁴*University of British Columbia, Vancouver, Canada*

2E - Poster Session - Sustainability: Methods and COI Management, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Deborah Flores is a guideline development methodologist with the Registered Nurses' Association of Ontario. She holds a MN from Ryerson University in Toronto, Canada. She has clinical nursing experience from across Ontario in critical care, emergency and orthopedic surgery. Research interests include health equity and leadership in Canadian health policy and nursing education.

Background: The Registered Nurses' Association of Ontario (RNAO) is the professional body representing registered nurses, nurse practitioners and nursing students in Ontario, Canada. A signature program of the RNAO is the Best Practice Guidelines (BPG) program. In line with the association's values of ensuring inclusivity and dignity for all, BPGs are developed through enacting anti-discrimination and anti-racism principles, in particular for BPGs related to equity-seeking populations.

Objective: To develop BPGs with panel members that address health conditions specific to equity-seeking communities, such as 2SLGBTQI+ and Indigenous persons. Special considerations are required during guideline development to foster an environment of humility and mutual respect.

Methods: Several strategies were used to enact anti-racism and anti-discrimination principles in guideline development with 2SLGBTQI+ and Indigenous peoples. Guideline development involved the inclusion of persons with lived experience. The integration of an intersectionality framework, an anti-oppression lens and the principles of reconciliation guided the 2SLGBTQI+ BPG. An ethical space framework supported Indigenous guideline development processes with Indigenous panelists and Indigenous guideline end users to facilitate respectful spaces and cultural safety. Guideline developers participated in ongoing critical reflexivity that included Indigenous cultural safety education. Respectful collaboration with Indigenous BPG end users ensured the inclusion of Indigenous stakeholder voices.

Results: Through participation in ongoing critical reflection, guideline developers improved their understanding of how personal biases and assumptions can influence their perspectives and further enhance their approach to guideline development.

Future prospects: Continued and enhanced efforts are required to promote anti-discrimination and anti-racism principles in guideline development processes.

Equality impact assessment of NICE guidelines: understanding the approaches to address health inequalities

Dr. Peter Shearn¹, Dr. Lesley Owen¹, Ms Swapna Mistry¹

¹Nice, Manchester, United Kingdom

2F - Poster Session - Relevance / different sources of evidence / sharing knowledge, October 25, 2021,
5:30 PM - 7:00 PM

Biography:

Pete is a senior analyst in the centre for guidelines at NICE. He has worked on the development or surveillance of guidelines at NICE for 13 years.

Background and introduction

The NICE guidelines methods manual requires an equality impact assessment (EIA) is completed to ensure that equality issues have been identified and considered throughout the guideline development stages.

We wanted to better understand processes, including the use of EIA, for identifying and addressing health inequalities in guideline development. The project will explore barriers and enablers, variation in practice and how processes could be adapted to help address health inequalities.

Objective:

To gather views on existing NICE processes, including EIA completion, during guideline development.

Methods:

A series of 10 small group discussions will be held with a representative sample of NICE guideline developers and those responsible for commissioning and quality assurance. Key themes will be identified and reported.

Results

We will present our findings with a focus on:

- The role and impact of EIA on guideline development.
- Variation in practice and examples of good practice.
- Any drawbacks and unintended consequences.

Any proposals for improvement or adaptations to existing processes that resulted from this research will be outlined.

Discussion

Guidelines have the potential help address health inequalities and advance equality, but unless the relevant equality checks are robust and potential unintended consequences are understood there is a real risk that health inequalities are increased.

The overall contribution of the existing EIA approach will be discussed.

Evaluating guidance uptake: an analysis of emerging themes in National Institute for Health and Care Excellence (NICE) impact reports

Jennifer Beveridge¹, Rebecca Braithwaite¹

¹NICE, , United Kingdom

5A - Implementation II: Measuring implementation, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

Jennifer is an impact analyst at NICE, working with published data which helps evaluate the uptake and impact of NICE guidance.

Background

Since 2018, NICE has published a series of topic-based impact reports. These draw on data from national audits, reports, surveys, indicator frameworks and other published sources to review the uptake and impact of our guidance.

Objective

To analyse the suite of NICE impact reports and identify if there are common themes relating to the uptake and implementation of NICE guidance across different topic areas, populations and settings.

Methods

The 18 reports published between January 2018 and February 2021 were reviewed and 198 data points relating to the uptake of NICE guidance were extracted. Each data point was classified as showing high, low or variable uptake. Factors which appeared to influence uptake were identified and refined, to develop a list of common themes.

Results

The analysis identified 111 instances of low or variable uptake, 74 instances of high uptake, and 13 instances which could not be classified. Common themes which appear to be associated with low or variable uptake include commissioning of services in line with NICE recommendations, user involvement in decisions about care, and transition between services. Factors influencing uptake were not identified for all data points.

Discussion

The analysis identified common themes and highlighted gaps in our knowledge of factors influencing uptake. Data availability influences topic selection, meaning many areas were not included in the analysis. The findings will be considered during development of an updated implementation strategy, which includes a workstream exploring how we can use data to drive our implementation offer and measure our impact.

Evaluation of implementation feasibility and acceptability of COVID-19 recommendations to healthcare providers in a developing country.

Prof Kamal Kumar Singhal^{1,2}, Dr Surbhi Agrawal¹, Dr Ipsa Kutlehrria¹, Professor Joseph L Mathew¹

¹*Postgraduate Institute of Medical Education and Research, Chandigarh, India*, ²*Lady Hardinge Medical College and Kalawati Saran Childrens Hospital, New Delhi, India*

4B - Poster Session - Guidelines with and for users II, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

MD (Pediatric Medicine), DM (Pediatric Pulmonology),

PGIMER, Chandigarh (in Progress).

Professor, Division of Pediatric Pulmonology,

Department of Pediatrics,

Lady Hardinge Medical College and Kalawati Saran Children's Hospital,

Shaheed Bhagat Singh Marg, New Delhi.

Background: Despite the availability of several pediatric COVID-19 guidelines, there is limited exploration of implementation feasibility and acceptability of COVID-19 recommendations to healthcare providers in local settings.

Objective: To evaluate the implementation feasibility and acceptability of pediatric COVID-19 recommendations to healthcare providers in India.

Methods: Recommendations were extracted and objectively categorized, from 62 pediatric COVID-19 guidelines, identified through a systematic search strategy. Implementation feasibility and acceptability of the formal recommendations to healthcare providers was evaluated using a semi-structured questionnaire.

Results: A total of 2952 recommendations were extracted from 62 guidelines. However, only 55 (2%) of these were formal evidence-based recommendations. 15(27.2%) of the formal recommendations were chosen using a scoring system for evaluation by 25 pediatric healthcare providers. Proportion of participants aware of the recommendations was high (range 76-100%, mean 87.4%, SD 8.2). Proportion of participants doing something which recommendations suggested against ranged from 4/25(16%) to 9/25(36%) (mean 24, SD 8) while proportion of participants not implementing what a particular recommendation suggested ranged from 1/25(4%) to 5/25(20%) (mean 14.8, SD 5.9). The common reasons for non implementation were limited knowledge of need, dominance of personal clinical experience over evidence, and contrary institutional practice. 92.7% of healthcare professionals found the recommendations acceptable for implementation in their local setting.

Discussion: Formal evidence-based recommendations comprised very small proportion of recommendations across guidelines. About 1 in 6 healthcare professionals were not implementing the evidence-based recommendations. The dichotomy between high awareness and acceptability of recommendations but low implementation, suggest an urgent need for greater stakeholder engagement when guidelines are developed.

Evidence Based Practice at the Point-of-Care, in the Palm of the Nurse's Hand: Facilitating Best Practice Guidelines for Person-Centred Care

Prof. Elaine Santa Mina¹, Professor Donald Rose, Professor Sherry Espin, Ms Taylor Maclean, Professor Sue Bookey-Bassett, Ms Teresa Cozzella, Ms Linda Cruz, Ms Daltash Dhaliwal, Ms Heiwete Girma, Ms Husna Akramy, Mr Robert Wood, Ms Tina Proctor

¹Ryerson University, Toronto, Canada

2B - Poster Session - Implementation II, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Dr Elaine Santa Mina RN, PhD is Associate Professor in the Daphne Cockwell School of Nursing, Ryerson University, Toronto, Canada. Dr Santa Mina was the lead for the Registered Nurses Association of Ontario, Best Practice Guideline for Assessment and Intervention for Adults at Risk for Suicide Ideation and Behaviour (RNAO, 2008). Elaine is the Principal Investigator for the RNAO Best Practice Guideline Spotlight Organization-Academic, for this School of Nursing, which was awarded designate status in 2021. Her research scholarship is in implementation and evaluation of BPGs in nursing education and clinical practice.

Background: A mixed methods gap analysis study among undergraduate nursing students in a Canadian school of nursing demonstrated willingness but insufficient time and lack of skill to implement guidelines in real-life clinical practice settings. **Objective:** To build upon these study findings and support ease of guideline uptake by nurses for person-centred care, the team created and implemented a novel web friendly point-of-care, in the palm of the hand intervention. **Methods:** Informed by the gap analysis results, our Creative Lead for knowledge communication, in collaboration with Research Assistants and students, conducted nine individual interviews and three focus groups with undergraduate and graduate student cohorts. The data generated person-centred care case studies and point-of-care content for pain and fall risk assessments. Content for these guidelines was also contextualized to include nursing care delivery approaches, while donning Personal Protective Equipment (PPE) in a COVID-19 environment. **Results:** The website <https://best-practice-guidelines-in-action.ca> provides a robust resource of summaries, videos, case studies and quick start guides for faculty and students to support student learning and implementation of guidelines in practice via handheld devices. **Discussion:** This novel guideline intervention supports students and practicing nurses with clinical decision making in a variety of care contexts. It initiates the transition of evidence based nursing care from student within an academic environment to clinical practitioner as a regulated BScN. Opportunities for the evaluation of website uptake and the development of student-driven case studies will be discussed.

Evidence Tori dey: Contextualising knowledge translation and communication of evidence for Consumers through Storytelling in treatment of malaria in Africa

Dr Patrick Okwen¹

¹Effective Basic Services (ebase), Bamenda, Cameroon

4B - Poster Session - Guidelines with and for users II, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Patrick Okwen is a district medical officer in Cameroon and Team lead at eBASE Africa. He has a background training in medicine and health economics. Patrick has a keen interest in evidence-based medicine, global health, and maternal and child health.

He is also actively involved in research and getting research evidence into clinical practice, especially exploring cost effective approaches for evidence implementation in resources challenged settings.

Patrick is a member of the GIN board of trustees and leads a regional innovation of getting clinical practice guidelines to clinicians in Middle Africa known as the EBMAfricaNet.

Background: In Africa literacy rates are low and the people are ingrained in a culture of storytelling and arts. An approach of evidence translation that uses storytelling will be better suited in this context. eBASE Africa developed an approach of knowledge translation whereby evidence recommendations are modeled into stories, poems or graphics and communicated to consumers during art shows.

Objectives: Contextualizing knowledge translation and communication of guidelines for consumers through story-telling.

Methods: We identified an evidence gap from consumer perspective in the treatment of malaria. This was proceeded by the development of our PICO. We searched for relevant evidence from Cochrane reviews, WHO guidelines and JBI database. We summarized relevant evidence found into one sentence per evidence. We worked closely with artists to model summarized evidence into arts (songs, drama, stories, graphics and poems), ensuring that the evidence is communicated. We moved on to organise two (02) performing arts events during stories, poems, songs, dramas, and graphics were exhibited to communicate this evidence.

Results: From our search of relevant evidence from Cochrane, JBI and WHO databases, we found 85 Cochrane review titles; 03 JBI evidence reports; 01 WHO guidelines; and 06 relevant primary studies. We developed evidence summaries and modeled recommendations into stories. 6 out of 10 consumers were likely to accept evidence while 4 out of 10 were still hesitant about evidence.

Conclusions: Contextualized Evidence Translation is critical to Healthcare Evidence Uptake in non-literate settings.

Exploring the Significance of Repeat Development of Guidelines: the COVID-19 Guidelines as an Example

Ms Shouyuan Wu¹, Ms Jianjian Wang¹, Ms Yanfang Ma², Mr Qiangqiang Guo¹, Ms Hui Lan¹, Ms Juanjuan Zhang¹, Dr Yaolong Chen^{1,3,4,5}

¹School Of Public Health, Lanzhou University, Lanzhou, China, Lanzhou, China, ²Hong Kong Baptist University, , ,

³Lanzhou University Institute of Health Data Science, Lanzhou, China, , , ⁴Guideline International Network Asia,

Lanzhou, China, , , ⁵WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China, ,

4C - Poster Session - Sustainability / Living guidelines, updating, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Shouyuan Wu, a postgraduate student in School of Public Health, Lanzhou University, Lanzhou, China. I major in Epidemiology and Health Statistics, and my supervisor is Professor Yaolong Chen, who studies evidence-based medicine and is the executive director at Lanzhou University Institute of Health Data Science.

Objective: Using the COVID-19 diagnostic and treatment guidelines as an example, to explore the definition of duplicate guidelines and analyze the significance of developing duplicate guidelines.

Methods: A systematic collection of COVID-19 guidelines on diagnosis and treatment published from January 1, 2020, to December 31, 2020, in MEDLINE (via PubMed), Web of Science, EMBASE, CNKI, WanFang database, CBM, GIN (Guidelines International Network), NICE (National Institute for Health and Clinical Excellence), NGC (National Guideline Clearinghouse), WHO (World Health Organization), SIGN (Scottish Intercollegiate Guidelines Network), DynaMed, and UpToDate, with additional searches via Google Scholar. The literature was independently screened and checked by two researchers. Two researchers independently extracted basic information about the guidelines, and evaluated the methodological quality of the guidelines using the AGREE-II, then checked. Guidelines with the same objective, the same target population, and the same user were defined as duplicate guidelines. We compared the differences in methodological quality, journals, and guideline classification of duplicate guidelines, and analyzed the reasons for developing duplicate guidelines and their significance.

Results: A total of 90 COVID-19 diagnostic and treatment guidelines were included, and information extraction and methodological quality evaluation are ongoing. See the poster for additional information.

Conclusion: Duplication of guideline development might, to some extent, imply the inadequate methodological quality of previously published guidelines or inadequate applicability of guidelines in certain regions or countries. Following the review, we will extract information from the duplicate guideline recommendations to explore the possible reasons and significance of duplicate guideline development.

Extending the RIGHT Statement for Reporting Background of Guidelines in Health Care: RIGHT for B

Ms Jianjian Wang^{1,2,3,4}, Mr Qiangqiang Guo^{1,2,3,4}, Ms Shouyuan Wu^{1,2,3,4}, Ms Juanjuan Zhang^{1,2,3,4}, Ms Hui Lan^{1,2,3,4}, Mr Ping Wang^{2,3,4,5}, Prof Yaolong Chen^{1,2,3,4,5}

¹School of Public Health, Lanzhou University, Lanzhou, China, ²Lanzhou University Institute of Health Data Science, Lanzhou, China, ³Guideline International Network Asia, Lanzhou University, Lanzhou, China, ⁴WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou University, Lanzhou, China, ⁵Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China

3C - Other themes, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

Jianjian Wang, a master student of the School of Public Health of Lanzhou University in China, whose tutor is Professor Yaolong Chen, the Executive Dean of Lanzhou University Institute of Health Data Science. The main fields of interest are methodology of systematic reviews and clinical practice guidelines, development of reporting guidelines, knowledge translation, health big data and evidence-based medicine. At present, more than 20 journal articles and international conference papers have been published.

Background: The background forms the first section of the guideline and summarizes why the particular topic is important and what the guideline aims to achieve. However, the reporting of background of guidelines varies widely. Although the RIGHT statement can be useful for reporting background of guidelines, it does not address all the important aspects.

Objective: To develop an extension of the RIGHT statement for background of guidelines in health care.

Methods: We embraced the methods recommended by the EQUATOR network. We searched Guidelines International Network (GIN) from January 1, 2017 to December 31, 2019. Only those published in English with background section were included. Based on extracted background information and brainstorming, the initial items were formed, and then the final items will be determined through a modified Delphi process conducted by an international multidisciplinary team.

Results: We have finished the systematic analysis for 75 eligible guidelines, and collected 31 initial items. The interdisciplinary and intersectional approaches will be allowed to determine the final items, and we will present results of the initial assessment of 75 included guidelines and the findings of the modified Delphi process at the 16th GIN Conference.

Discussion for scientific abstracts: While the recommendations of guidelines form the foreground, it is equally important to establish the background section. RIGHT-B checklist can improve the background reporting of guidelines in health care, contribute to improve their quality and facilitate their implementation.

Facilitating the implementation of a guideline during its development: the Belgian experience

Prof Paul Van Royen^{1,3}, Mrs Martine Goossens¹, Mrs Julie Cristens², Mr Thomas Janssens²

¹Belgian Working group Development of Primary Guidelines, Antwerp, Belgium, ²Ebpracticenet, Leuven, Belgium,

³Department of Family Medicine and Population Health (FAMPOP)- Research group Primary and Interdisciplinary Care, Antwerp, Belgium

2B - Poster Session - Implementation II, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Paul Van Royen, MD, PhD, is besides president of the Working Group Development of Primary Care Guidelines (WOREL), also Professor Family Medicine at the Department of Family Medicine and Population Health at the Antwerp University. He was Dean of the Faculty of Medicine and Health Sciences (2012-18). He has more than 30 years academic expertise in clinical general practice and research. His academic work is directed at teaching at undergraduate, graduate and postgraduate levels and at (qualitative) research in primary care, including EU-funded projects on respiratory infections, antibiotic prescribing, medical decision making, medical education, health care organization and data handling.

Background

The Belgian Working group development of primary care guidelines (WOREL) and Ebpracticenet are respectively responsible for guideline development and guideline implementation in the Belgian EBP network. This network brings together partners who have a role in providing methodologically valid evidence-based information to a variety of primary health care providers. All partners are supposed to work according to the EBP life cycle. WOREL and Ebpracticenet started to collaborate in a more intensive way in order to improve guideline development with implementation in mind.

Objective

To identify milestones for involvement of implementation experts within the development process of guidelines

To define a procedure for identifying and addressing obstacles to the implementation of a guideline after its dissemination.

Methods

In a first phase, three milestones in the development process were identified to consider and address barriers to implementation: 1) the steps from evidence to decision for recommendations based on evidence; 2) the formulation of propositions to be submitted for evaluation in a Delphi consensus procedure for recommendations without relevant evidence base; 3) stakeholder consultation regarding the feasibility, applicability and acceptability of the recommendations.

Results

The jointly defined milestones are currently being applied in the development of guidelines on emergency medication and postpartum care. Other strategies to address implementation challenges are explored.

Discussion and conclusion

Through this collaboration, an important step has been taken towards an embedded approach that allows an improved implementation of guideline recommendations and the timely identification of factors that are likely to hamper guideline implementation.

First steps in incorporating resource use and costs: Experience with CPG on Type 2 Diabetes Mellitus

Ms Celia Muñoz Fernández¹, Ms M Soledad Isern de Val¹, Ms Patricia Gavin Benavent¹, Ms Lucía Prieto Remón¹

¹Aragon Health Sciences Institute, Zaragoza, Spain

2E - Poster Session - Sustainability: Methods and COI Management, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Celia Muñoz, BSc in Economics and a MSc in Health Economics. She works as a health economist at the Aragon Health Sciences Institute, which holds the Secretariat of the Spanish Clinical Guidelines program of the National Health System (GuíaSalud). As part of her work, she leads the methodological programme to incorporate economic evidence in CPG on the National Health System, coordinates the Use of Resources and Costs Interest Group within the Spanish Health Technology Assessment Network. She has a notable experience in conducting systematic reviews of economic evaluations, and developing health economic models within the framework of Health Technology Assessments.

Considering use of resources at the beginning of the Clinical Practice Guidelines (CPG) development is essential to determine the steps to be taken by the working group.

In the context of CPG Program for the National Health System in Spain, an update of the CPG on the pharmacological treatment for DM2 is being developed. This presentation summarises the prioritisation exercise and subsequent analyses to incorporate economic evidence to the CPG.

First, review of systematic reviews of economic evaluations (SR-EE) was carried out. Pubmed, Embase, Cochrane Library and NHS-EED were searched to identify studies conducted from 2010 to 2020. After screening by title and abstract, selecting SR of cost-utility analyses for DM2 pharmacological treatments, the main characteristics of the EE of each review were extracted. The following aspects were collected: alternatives compared, treatment characteristics (treatment line, previous treatment), characteristics of EE (country, perspective, time horizon), results (cost of the alternatives, effectiveness (QALYs), ICER in original currency). ICERs were converted (€2020 PPP) and classified according to cost-effective, non-cost-effective, dominant or dominated intervention with regards to the cost-effectiveness threshold accepted in Spain. The number of EE analysing each intervention-comparator pair was obtained and concordant results were pooled. The main conclusions were presented graphically using a bubble chart. Parallel to this analysis, a questionnaire was administered to health professionals in the working group with the aim of validating these findings. Finally, according to existing evidence and clinical experience GLP1 vs. SGLT2 comparison in overweight patients with cardiovascular disease was prioritised for further economic analysis.

From guideline to specific counselling situations: development and qualitative analysis of decision aids as integral part of guidelines

Dr Sabine Schwarz¹, Svenja Siegert¹, Corinna Schaefer¹

¹German Agency For Quality In Medicine (AQuMED), Berlin, Germany

4B - Poster Session - Guidelines with and for users II, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Sabine Schwarz is an information specialist with a background in psychology and epidemiology. After finishing her PhD at the Charité in Berlin she joined the German Agency for Quality in Medicine (AQuMed) in 2010. Since then, she is involved in the development of patient versions of guidelines and decision aids as integral part of guidelines. Further, she coordinates the involvement of patients in the German Program for National Disease Management Guidelines and focuses on the methodology of reliable patient information.

Background: We publish short decision aids (DAs) as integral part of our German National Disease Management Guidelines (NDMG). These are designed to support health care professionals (HCP) and patients in consultations where specific information is needed to guide decisions.

Objective: This abstract describes 1) the development process of DAs as integral part of guidelines and 2) the results of a qualitative content analysis.

Methods: During the development process the guideline panel systematically prioritizes clinical questions where DAs are needed using a structured questionnaire with a 4-point Likert scale. DAs are drafted by information specialists and checked by the panel that formally approves them. To investigate the acceptance of these DAs we conducted 30 telephone interviews with HCPs. These were audiotaped, transcribed and analysed using MAXQDA.

Results: So far, 41 DAs are published in 5 guidelines. 3 DAs have been translated in foreign languages. Interviewees found the patient information helpful and would use them in consultation. They stated that the DAs reflect relevant clinical situations. Low health literacy of specific patient groups and individual concerns or disagreement with guideline content were described as barriers. Participants wanted the DAs to be available via office software.

Discussion: The well-accepted DAs link guidelines and clinical practice. They support communication about options and help patients to understand the reasoning behind recommendations. Publishing DAs as integral part of guidelines raises awareness among HCPs to use them. HCPs would prefer easy access to these DAs.

Gezondheid en Wetenschap: involving patients to improve health information for the general public

Mrs Elizabeth Bosselaers¹, Mr Martin Lagrain¹, Mrs Martine Goossens¹, Mrs Sanne Boonen¹, Mrs Amber Parada¹, Mrs Marleen Finoulst¹, Mr Patrik Vankrunkelsven^{1,2,3}, Mr Bert Aertgeerts^{1,3}

¹Belgian Centre For Evidence Based Medicine (Cebam), Leuven, Belgium, ²Cochrane Belgium, Leuven, Belgium,

³Academic Centre of General Practice, KU Leuven, Leuven, Belgium

3B - Guidelines with and for users II, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

Elizabeth Bosselaers is specialized in linguistics. As final editor, she makes the health information on Gezondheid en Wetenschap accessible to a broad audience. She co-ordinates the patient panel and the development of decision aids.

Background

Gezondheid en Wetenschap is an accessible source of health information in Flanders (Belgium) and collaborates with a patient panel since 2018. The project is part of the Belgian Centre for Evidence Based Medicine.

Objective

A panel of volunteers appraises patient information on Gezondheid en Wetenschap from a lay perspective in order to enhance readability.

Methods

A patient panel consisting of volunteers with different backgrounds assesses patient guidelines of Gezondheid en Wetenschap. They make use of a pragmatically composed evaluation form, based on international questionnaires for patient health information. The appraisal includes various criteria, such as content, form, readability, comprehensibility and accessibility. Together with a moderator and content expert, the panel members discuss their feedback during a bimonthly meeting. All usable suggestions to optimise our health information are listed in a report. The comments must be evidence-based and contribute to more understandable and readable patient guidelines.

Results

The panel members have assessed 176 patient guidelines so far. Frequent comments are a lack of information to make health-related decisions, complex (medical) terminology and a need for visual support. The editorial team of Gezondheid en Wetenschap systematically implements this feedback when performing content and form updates of the patient guidelines.

Discussion and conclusion

The main goal of Gezondheid en Wetenschap is to enhance health literacy and patient empowerment. In order to provide useful patient information, it is essential to be aware of the needs of the general public. Therefore the feedback of a patient panel undoubtedly adds value to our content.

Guideline Assessment Project II: Statistical Calibration Informed the Development of an AGREE II Extension for Surgical Guidelines

Dr. Stavros A. Antoniou¹, Mrs. Sofia Tsokani, Mrs. Irini Moustaki, Prof. Manuel López-Cano, Prof. George A. Antoniou, Prof. Ivan Flórez, Prof. Gianfranco Silecchia, Mr. Sheraz Markar, Prof. Dimitrios Stefanidis, Prof. Giovanni Zaninotto, Prof. Nader K. Francis, Prof. George H. Hanna, Prof. Salvador Morales-Conde, Prof. Hendrik Jaap Bonjer, Prof. Melissa C. Brouwers, Prof. Dimitrios Mavridis

¹European Association For Endoscopic Surgery, , Cyprus

6C - Sustainability V: Methodology, October 27, 2021, 3:15 PM - 4:45 PM

Biography:

Stavros A. Antoniou was born in Athens, Greece. He received his undergraduate medical degree in Thessaloniki, Greece and postgraduate clinical and research training in Greece, Germany and the United Kingdom. He holds a PhD in minimally invasive surgery, a Master Degree in Public Health and he is Fellow of the European Board of Surgery. He is chair of the European Association for Endoscopic Surgery Guidelines Subcommittee. He serves as member of the advisory board of Cochrane Greece. He is a consultant general surgeon at the Mediterranean Hospital of Cyprus.

Background

AGREE II was designed to inform the development, reporting and appraisal of clinical practice guidelines. Previous research has suggested substantial room for improvement of the quality of surgical guidelines.

Objective

To inform the development of an AGREE II extension specifically tailored for surgical guidelines.

Methods

A previously published search in MEDLINE for clinical practice guidelines published by surgical scientific organizations with an international scope between 2008 and 2017, resulted in a total of 67 guidelines. The quality of these guidelines was assessed using AGREE II. We performed a series of statistical analyses (reliability, correlation and Factor Analysis, Item Response Theory) with the objective to calibrate AGREE II for use specifically in surgical guidelines.

Results

Reliability/correlation/factor analysis and Item Response Theory produced similar results and suggested that a structure of 5 domains, instead of 6 domains of the original instrument, might be more appropriate. Furthermore, exclusion and re-arrangement of items to other domains was found to increase the reliability of AGREE II when applied in surgical guidelines.

Discussion

The findings of this study suggest that statistical calibration of AGREE II might improve the development, reporting and appraisal of surgical guidelines.

Guideline-based quality improvement: how to integrate the development of guideline recommendations and quality indicators

Dr. Miranda W Langendam¹, Dr Thomas Piggott², Dr Elena Parmelli³, Dr Luciana Neamtu³, Professor Holger J. Schünemann²

¹Amsterdam University Medical Centers / University of Amsterdam, Amsterdam, Netherlands, ²McMaster University, Hamilton, Canada, ³European Commission Joint Research Center, Ispra, Italy

1F - Workshop 1 - Guideline-based quality improvement: how to integrate the development of guideline recommendations and quality indicators, October 25, 2021, 3:15 PM - 4:45 PM

Biography:

Dr. Miranda Langendam is an epidemiologist with a keen interest in evidence-based health care. Currently she is an assistant professor and principle investigator at the department of Epidemiology and Data Science of the Amsterdam Medical Centers (University of Amsterdam). The focus of her research and teaching is evidence synthesis methodology, in particular guideline development and implementation. As methodologist she contributed to numerous guidelines on a variety of topics, for example for WHO and the European Commission. She is a board member of the GRADE working group, co-chair of the Dutch GRADE network and an active member of Cochrane.

Background

Guidelines are used to provide guidance to practitioners and policy-makers regarding healthcare decisions. The Grading of Recommendations Assessment, Development and Evaluation (GRADE) working group has developed a common, sensible and transparent approach of grading of evidence and strength of recommendations and is now considered the standard in guideline development. The development of quality indicators, performance measures and performance indicators, and ensuring their implementation and evaluation through quality assurance is critical to assess progress towards the implementation of health benefits following from this guidance. However, guideline development and quality improvement initiatives traditionally exist in two different worlds. For a forthcoming European Commission guideline and quality assurance scheme we brought these two worlds together and created a framework for integrated development of the guidelines and quality indicators (and associated measures).

Objective

The objective of the workshop is to learn about this integrated approach of developing guidelines and quality indicators and to get hands on experience using the approach.

Format

1. Short overview of the GRADE evidence to decision framework and an introduction on quality indicator development and the integrated approach (20 min).
2. To practice with the integrated approach participants will break into small groups. Using a worked example, we will practice with two approaches (which complement each other): A) developing a set of quality indicators, performance measures and performance indicators based on a recommendation, and B) using an existing set of quality indicators and linking these to guideline questions and recommendations (50 min).
3. Plenary feedback and discussion (20 min).

Guidelines and multimorbidity: new approaches for risk-stratified guidelines and explicit consideration of the applicability of evidence

Prof. Bruce Guthrie¹, Dr Nichole Taske², Dr Daniel Morales³, Prof Cynthia Boyd⁴, Prof David McAllister⁵

¹Advanced Care Research Centre University Of Edinburgh, Edinburgh, United Kingdom, ²National Institute for Health and Care Excellence, London, United Kingdom, ³Population Health and Genomics Division University of Dundee, Dundee, United Kingdom, ⁴Johns Hopkins Center on Aging and Health, Baltimore, USA, ⁵Institute of Health and Wellbeing University of Glasgow, , United Kingdom

6D - Panel Session 6 - Guidelines and multimorbidity: new approaches for risk-stratified guidelines and explicit consideration of the applicability of evidence, October 27, 2021, 3:15 PM - 4:45 PM

Biography:

Bruce Guthrie is an academic general practitioner interested in multimorbidity, and chaired the guideline development group of the NICE Multimorbidity national clinical guideline. Nichole Taske is the NICE Associate Director Methodology and Economics. Cynthia Boyd is an academic geriatrician focused on care for older people with complex multimorbidity. Daniel Morales is a clinical pharmaco-epidemiologist and David McAllister a public health academic examining risk-stratification, variation in net-benefit in different populations, and generalisability of trial evidence to clinical populations. The authors collaborate on several projects examining risk-stratification and applicability of evidence particularly in relation to multimorbidity, including implications for guideline development.

Background: Clinical guidelines help ensure that clinical practice is effective, safe and consistent, but there are concerns about the application of single-condition evidence in older people and people with multimorbidity. Risk-stratified recommendations and careful judgement about the applicability of evidence are promising strategies for accounting for multimorbidity in guidelines, but their use is not straightforward.

Objective: To describe and discuss new approaches to risk-stratification and consideration of applicability during guideline development.

Content of presentations for panel sessions: We will present findings from ongoing research done in collaboration with NICE and SIGN.

- (1) Multimorbidity, risk-stratification and applicability of evidence. Nichole Taske will present an overview from a guideline developer's perspective.
- (2) Risk-stratification in older people with multimorbidity. Daniel Morales will share findings from research examining risk-prediction tool performance in people with multimorbidity and high competing mortality risk.
- (3) Multimorbidity and serious adverse events in trials and in clinical populations. David McAllister will examine the value of patient-level data from trials and clinical records to examine generalisability of trial evidence.
- (4) Accounting for individual preferences for different outcomes in people with multimorbidity. Cynthia Boyd will discuss how to use individual preferences to personalise stratified risk-benefit assessments for people with multimorbidity.

(5) Using epidemiological data to inform judgements about applicability during live NICE guideline development. Bruce Guthrie will describe development and implementation of a tool to support explicit consideration of applicability by examining differences between trial-eligible and ineligible populations.

We invite audience participants to contribute insights from their own perspective and experience.

Guidelines rarely used GRADE and applied methods inconsistently: A methodological study of Australian guidelines

Dr. Timothy Barker^{1,3}, Dr. Mafalda Dias^{2,3}, Dr. Cindy Stern^{1,3}, Dr. Kylie Porritt^{1,3}, Dr. Rick Wiechula^{3,4}, Assoc. Prof. Edoardo Aromataris^{1,3}, Dr. Sue Brennan^{5,6}, Prof. Holger Schunemann^{7,8,9,10}, Assoc. Prof. Zachary Munn^{1,3}

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3C - Other themes, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

Dr. Timothy Barker is a Research Fellow within the Transfer Science team at JBI and the lead researcher of the JBI Adelaide GRADE center. He is a research methodologist, animal welfare researcher and clinical epidemiologist. Timothy has significant experience in systematic review and clinical guideline conduct and development. He contributes to the teaching and coordination of the JBI Comprehensive Systematic Review Training Program, the JBI Evidence-implementation Training Program and the JBI Adelaide GRADE workshop.

Background

GRADE is a structured and transparent approach to assess the certainty of the evidence and the strength of recommendations in health care. In 2011, the Australian National Health and Medical Research Council (NHMRC) strongly advocated for the use of GRADE for all new Australian CPGs developed. It is however unclear, to what extent Australian CPGs currently follow GRADE methods.

Objective

The purpose of this methodological review was to assess how GRADE had been adopted for Australian CPGs since the advocacy by the NHMRC in 2011.

Methods

All guidelines available through the NHMRC CPG Portal since 2011 were included in this review. All guidelines were screened to determine whether they followed the GRADE approach. Those that had followed the GRADE approach then underwent data coding to determine the adherence to GRADE methodology. The same subset was also assessed using the AGREE II tool to determine the rigour of the guideline development process.

Results

240 guidelines were retrieved. 15 guidelines followed GRADE methodology. Application of GRADE methods varied between guidelines, some misreported and altered aspects of the GRADE process. Guidelines that closely adhered to GRADE approach scored higher in the rigor of development domain of the AGREE II tool.

Discussion

GRADE use in Australia increased following advocacy by the NHMRC. However, the guidelines that followed GRADE methods were still in the minority of all Australian CPGs. There was a positive linear

relationship between GRADE adherence and rigor of development scores, indicating that guidelines that followed GRADE were of higher overall quality.

How do patients with Type 2 Diabetes Mellitus value the importance of outcomes of self-management interventions? An overview of reviews

Mrs Ena Pery Niño de Guzman Quispe^{1,2}, MD Javier Pérez-Bracchiglione³, PhD Laura Martínez García¹, MD Claudio Rocha Calderón¹, MD Adrián Vásquez-Mejía⁴, PhD Gimon de Graaf⁵, PhD Pablo Alonso Coello^{1,6}

¹Iberoamerican Cochrane Centre, Sant Pau Biomedical Research Institute (IIB-Sant Pau), Barcelona, Spain, ²Cancer Prevention and Control Programme, Catalan Institute of Oncology, IDIBELL, Hospitalet de Llobregat, Barcelona, Spain, ³Interdisciplinary Centre for Health Studies (CIESAL), Universidad de Valparaíso, Chile, ⁴Facultad de Medicina Humana, Universidad Nacional Mayor de San Marcos, Lima, Perú, ⁵Institute for Medical Technology Assessment, Erasmus University Rotterdam, Rotterdam, The Netherlands, ⁶CIBER de Epidemiología y Salud Pública (CIBERESP), Madrid, Spain

2C - Poster Session - Guidelines with and for users I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Ena Niño de Guzman holds a Medical Degree with specialisation in Public Health and Preventive Medicine and a Master's degree in Public Health. She is a PhD Candidate in the Methodology of Biomedical Research and Public Health Programme. She was awarded a Rio Hortega grant financed by the Carlos III Institute. Her main research interest is the methodology for incorporating patients' values and preferences in clinical recommendations. She also participates in GRADE-CERQUAL. Currently, she works in cancer screening programmes projects related to Values and preferences of people invited to screening and Communication strategies in population-based cancer screening programmes.

Background Developing recommendations regarding self-management interventions (SMI) for Type 2 Diabetes Mellitus (T2DM) requires incorporating patients' perspectives on the importance of outcomes. **Objective** This study was conducted in the context of COMPAR-EU, a European project aimed to identify the most effective self-management interventions in T2DM. We aimed to review and summarise how patients with T2DM value the main outcomes of SMI.

Methods We conducted an overview of systematic reviews (SRs) of studies measuring the utility and/or disutility values of T2DM outcomes. We searched MEDLINE, CINAHL, and PsycINFO from inception until December 2020. We evaluated the methodological quality of SRs with the Joanna Briggs Institute Checklist and overlapping with the corrected covered area method. We estimated descriptive statistics and, when possible, conducted a meta-analysis.

Results We identified ten SRs, with slight overlap, representing 152 studies reporting utility and/or disutility values for seven outcomes categories, including 61 outcomes. The categories with the lowest mean values were non-specified complications, microvascular complications, and comorbidities. The least valued outcomes were having two or more non-specified complications, diabetic neuropathic pain, amputation, end-stage renal disease, extreme obesity, and depression. In comparison, the best-valued outcomes were having good or excellent glucose control. Most SRs were considered high quality; however, none evaluated the certainty of the evidence, and a half measured the quality of primary studies.

Discussion This overview informs how patients with T2DM value outcomes of SMI. SRs evaluating the utility and/or disutility values can inform the process to formulate recommendations and the design and implementation of SMI.

How guidelines can foster shared decision-making – a GIN PUBLIC workshop

Mrs Corinna Schaefer¹, Mrs Jane Cow²

¹Agency For Quality In Medicine, , Germany, ²National Institute for Care and Health Excellence (NICE), , UK

5D - Workshop 3 - How guidelines can foster shared decision-making – a GIN PUBLIC workshop, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

Trained as a human scientist, Corinna is working in the health care sector since 2006. She is deputy director of the German Agency for Quality in Medicine (AQuMed), where she is heading the departments for evidence based medicine/guidelines and patient information/patient involvement. AQuMed runs the German National Diseases Management Guidelines Program. Corinna is the former Chair of the GIN PUBLIC working group and lead author of the toolkit chapter on shared decision making and guidelines. Currently, she is chair of the German Health Literacy Network.

Background

Guidelines are tools to support clinical decision-making and guideline adherence can be defined as meticulously considering whether to deviate from a recommendation in the care of an individual person and discuss the options with them. However, some considerations and insights from guideline research support the idea, that clinicians' misconception of the underlying evidence, the political settings, the format of many guidelines and the wording of their recommendations might be a barrier to individual shared decision-making (SDM). To support clinicians in practicing SDM, it is most important to integrate elements into the guideline that facilitate conversations about different options and other SDM elements. The "G-I-N PUBLIC toolkit: Patient and Public Involvement in Guidelines" addresses this challenge in a new chapter.

Objective

The workshop aims to discuss various strategies guideline developers may use to support SDM through guidelines and to identify barriers and enablers to implement those that are found to be helpful.

Format (including interactive elements)

In very short presentations, the following strategies will be introduced:

- Patient directed language
- Presentation of options that enables SDM
- Systematic identification of relevant clinical decision points
- Development of guideline-based, patient-directed decision tools
- Integration of decision support tools into the guideline
- Generic chapters / guidelines on SDM

Participants will split into small moderated groups and discuss these strategies, also identifying potential barriers and enablers.

In a moderated group discussion, participants will share their results and agree on recommendations how to implement relevant SDM strategies.

How is person-and family-centred care experienced as persons transition through the healthcare system? A novel quality improvement project with integrated systems of care

Ms Christina Medeiros¹, Ms. Fatema Ali², Ms. Kristen Campbell¹, Mr. Kiel Ferguson³, Ms. Oliwia Klej¹, Ms. Sarah Lee⁴, Mrs. Susan McNeill¹, Ms. Frances Montemurro⁵, Ms. Laleine Pontigon², Ms. Jennifer Reguindin³, Dr. Doris Grinspun¹

¹Registered Nurses' Association of Ontario, Toronto, Canada, ²Black Creek Community Health Centre, North Western Toronto BPSO OHT, Toronto, Canada, ³Michael Garron Hospital, East Toronto Health Partners BPSO OHT, Toronto, Canada, ⁴West Park Healthcare Centre, North Western Toronto BPSO OHT, Toronto, Canada, ⁵South Riverdale Community Health Centre, East Toronto Health Partners BPSO OHT, Toronto, Canada

4B - Poster Session - Guidelines with and for users II, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Christina Medeiros is the Senior Manager of Evaluation and Monitoring at the Registered Nurses' Association of Ontario (RNAO). At RNAO, Christina leads the advancement of qualitative and quantitative evaluation of best practice guideline implementation within the Best Practice Spotlight Organization® (BPSO®) program. Christina also assists in conducting research projects at the Hospital for Sick Children (SickKids) and University of Toronto, and teaches nursing courses at George Brown College. Before joining RNAO, Christina worked as a Registered Nurse at SickKids in the Orthopaedic Surgery and Otolaryngology Unit, and was a teaching assistant for nursing courses at University of Toronto.

Background: Ontario Health Teams (OHTs) are collections of health providers and health service organizations that provide coordinated and all-encompassing healthcare to a distinct geographical area in Ontario, Canada. To support OHTs in best practice guideline (BPG) implementation, the Registered Nurses' Association of Ontario (RNAO) created a Best Practice Spotlight Organization® (BPSO®) model for integrated systems of care called BPSO-OHT. The Person-and Family-Centred Care (PFCC) BPG is mandatory for BPSO-OHTs to implement as it is foundational to the program. To support quality improvement, interdisciplinary teams collaborate in an Advanced Clinical Practice Fellowship (ACPF) to explore persons' experiences of PFCC when receiving care from a BPSO-OHT.

Objective: The aim of this quality improvement (QI) fellowship is to uncover the experiences and perspectives of persons receiving care within a BPSO-OHT. The objectives include:

To illuminate the experiences of persons who access services and care among their BPSO-OHT

To understand how persons experience PFCC in their care journey across an integrated system of care

Methods: Using the ACPF model at RNAO, BPSO OHTs embarked on a qualitative QI project to uncover the PFCC experiences of persons receiving care across health sectors. The ACPF fellow followed a minimum of two persons that experienced at least one transition between health sectors. Data was collected via focus groups and semi-structured interviews with health providers, persons receiving care and their caregivers.

Results: This project provided valuable insights to aid in the development of interventions to support care transitions between settings and enhance the delivery of PFCC.

How to broaden diversity and deepen consumer engagement in guidelines

Ms Anneliese Synnot¹, Dr Sophie Hill², Dr Allison Tong³, Dr Bronwen Merner², Mr Kelvin Hill⁴, Ms Peta Bates⁴, Dr Tari Turner¹

¹Cochrane Australia, Monash University, Melbourne, Australia, ²La Trobe University, Melbourne, Australia,

³University of Sydney, Sydney, Australia, ⁴Stroke Foundation, Melbourne, Australia

3B - Guidelines with and for users II, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

Annie Synnot researchers consumer and stakeholder engagement in systematic reviews, guidelines and in living evidence. She is completing a PhD with the Centre for Health Communication and Participation, La Trobe University and works as a Research Fellow with Cochrane Australia, Monash University.

Background: Patients, carers and their representatives ('consumers') are typically engaged in guidelines through guideline development group (GDG) membership. However, the experience can be unsatisfactory for all involved and may limit participation of consumers from diverse backgrounds.

Objective: Identify principles, methods and approaches to broaden the diversity of consumers engaged in guidelines and ways to engage consumers more deeply, or comprehensively.

Methods: In March 2020, we searched for empiric studies, descriptive reports or guidance materials ('documents') and conducted four interviews with consumers and guideline developers about ways to broaden diversity of consumers engaged in guidelines and ways to engage consumers more deeply. We generated themes using descriptive synthesis.

Results: From 32 included documents, we generated ten themes related to boosting diversity and eight related to deepening engagement. Common themes included: respectful partnerships; tailored recruitment and screening; comprehensive preparation and support; and guideline personnel attitude, skills, and support. Diversity-specific themes included: consumers' role and characteristics and GDG meeting adaptations. Deepening-specific themes included: key concepts about engagement approaches, features of specific engagement methods (e.g. online tools, workshops) and impacts on: the guideline and its development, and on consumers and guideline developers.

Discussion: Guideline developers can partner with consumers or their representatives to design a comprehensive and flexible consumer engagement approach that is tailored to their guideline context and meets the needs and preferences of all involved. Specific methods (e.g. online tools, workshops) have pros and cons in different circumstances. Consumers and guideline developers should both be offered preparation and ongoing support.

How to conduct and report a scoping review

Dr. Danielle Pollock¹, Dr Andrea Tricco^{2,3,4}, Dr Micah Peters^{5,6,7}, Dr Christina Godfrey^{4,8}, Dr Patricia McInerney^{9,10}, Dr Lyndsay Alexander¹¹, Associate Professor Hanan Khalil^{12,13}, Associate Professor Zachary Munn¹

¹JBI, University Of Adelaide, Adelaide , Australia, ²Li Ka Shing Knowledge Institute of St. Michael's Hospital, Toronto, Canada, ³Epidemiology Division and Institute for Health, Management, and Evaluation, Dalla Lana School of Public Health, University of Toronto, Toronto, Canada, ⁴Queen's Collaboration for Health Care Quality: A JBI Centre of Excellence, Queen's University, Kingston, Canada, ⁵University of South Australia, Clinical and Health Sciences, Rosemary Bryant AO Research Centre, Adelaide , Australia , ⁶University of Adelaide, Faculty of Health and Medical Sciences, Adelaide Nursing School, Adelaide, Adelaide, Australia , ⁷The Centre for Evidence-based Practice South Australia (CEPSA): A Joanna Briggs Institute Centre of Excellence, Adelaide, Australia , ⁸School of Nursing, Queen's University, Kingston, Canada, ⁹Wits Centre for Evidence-Based Practice- A JBI Centre of Excellence; Centre for Health Science Education, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa , ¹⁰The Wits-JBI Centre for Evidence-Based Practice: A JBI Affiliated Group Johannesburg, , South Africa , ¹¹School of Health Sciences, Robert Gordon University, Aberdeen UK. The Scottish Centre for Evidence-based Multi-professional Practice: A Joanna Briggs Institute Centre of Excellence, , Scotland , ¹²School of Psychology and Public Health, Department of Public Health, La Trobe University, Melbourne, Australia , ¹³The Queensland Centre of Evidence Based Nursing and Midwifery: A JBI Centre of Excellence, Brisbane, QLD, Australia , Australia

3F - Workshop 2 - How to conduct and report a scoping review, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

Dr Danielle Pollock is a Research Fellow within the Evidence-based Healthcare Research team at JBI. She is actively involved in the JBI Scoping Review methodology group and is the vice-chair of the GIN ANZ working group. Danielle co-developed the 1-day JBI Scoping Review Workshop and the self-paced online 'Undertaking a Scoping Review' course which have both taught individuals from around the world about best-practice scoping review methodology. Danielle is incredibly passionate in ensuring the scientific community has the best-available information about scoping review methodology and oversees the coordination of the Scoping Review Network.

Background:

Knowledge synthesis (KS) provides evidence to decision-makers and plays a pivotal role in well-functioning rapid-learning health systems. Scoping reviews (ScR) are a type of KS that use a systematic process to identify and map evidence on a topic and identify main concepts, theories, sources, and knowledge gaps. ScRs are distinct from but related to systematic reviews and are suited to answering different kinds of research questions usually beyond the scope of a systematic review. ScRs are used by knowledge users to determine the totality of evidence on a topic, establish research and policy priorities, and assist in the development of guidelines.

Objective: We aim to teach participants on how to conduct and report a ScR.

Format (interactive element for workshop):

The workshop will cover; deciding the right type of evidence synthesis, how ScRs are used in guideline development, how to conduct a JBI ScR, how to report a JBI ScR using the PRISMA-ScR checklist, and challenges and solutions for conducting ScRs. Online polls will be used throughout the presentation to increase engagement. Participants will be given access to resources in the session (methodological guidance articles, infographics, decision-making trees) via dropbox. Participants will be given a ScR exemplar, moved into small working groups in breakout rooms with a facilitator and asked to determine whether the exemplar was conducted using the JBI guidance and reported using the PRISMA-ScR. The workshop will conclude with a panel, where participants can ask questions about ScRs, and their relevance to guideline development.

How to quickly formulate patient guidelines based on clinical practice guidelines

Hui Lan^{1,2,3,4}, Ms Jianjian Wang^{1,2,3,4}, Mr Xingrong Liu¹, Mr Yaolong Chen^{1,2,3,4}

¹School of Public Health, Lanzhou University, Lanzhou 730000, China, lanzhou, China, ²Lanzhou University Institute of Health Data Science, Lanzhou 730000, China, lanzhou, China, ³WHO Collaborating Center for Guideline Implementation and Knowledge Translation, Lanzhou 730000, China , lanzhou, China, ⁴Guideline International Network Asia, Lanzhou 730000, China, lanzhou, China

4B - Poster Session - Guidelines with and for users II, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

My name is Lan Hui. I am a graduate student in the school of public health of Lanzhou University. My major is public health. At present, I mainly study the formulation of guidelines

Background: Patient guidelines can improve patients' health awareness and promote shared decision-making between doctors and patients.

Objective: To quickly formulate patient guidelines and provide scientific basis for health education of patients.

Methods: The rapid development of patient guidelines is based on the adaptation of clinical practice guidelines, supplemented by the retrieval of the original researches as recommendation basis. The websites and databases of international guidelines should be searched systematically to include relevant guidelines . According to the clinical problems identified in the early stage, the recommendations in the revised guidelines were integrated. When there were conflicting recommendations, the included recommendations were determined through the quality evaluation and comprehensive assessment of the guidelines. When there were clinical questions that can not be answered based on the existing guidelines, relevant original studies were supplemented and searched, and a systematic review was conducted as the basis for recommendations. Quality evaluation tools were used to evaluate the quality of included guidelines and original studies, and low-quality evidence was excluded. Finally, Since the recommendations of patient guidelines must be patient-centered, at least 25% of patients were required to participate in the formation of consensus. And the guidelines can be written according to RIGHT-PVG reporting checklists.

Results and conclusion: There were few methodological studies on the patient guidelines. In the future, we need to carry out a large number of methodological studies on patient guidelines, considering the wishes of patients, and forming the manuals for development of patient guidelines .

How to write recommendations and conclusions of evidence syntheses: a Cochrane Systematic Review

Mr Jakov Matas¹, Mrs Ružica Tokalić¹, Mrs Ana Marušić¹

¹University Of Split School Of Medicine, Split, Croatia

4D - Poster Session - Rapid Reviews / Methodology, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Doctor of medicine, currently working as a research assistant at Department of research in biomedicine and health and a PhD student at University of Split School of Medicine.

Background

Health professionals rely on evidence synthesis, such as clinical practice guidelines (CPGs) and systematic reviews, in their day-to-day practice. Therefore, it is crucial for evidence syntheses to be written clearly and accurately, both for the professionals and lay consumers. There are several guidance documents for writing different parts of systematic reviews and CPGs, but it is not clear if this guidance is evidence based.

Objective

To synthetize current knowledge about writing textual summaries of evidence syntheses and recommendations for clinical practice.

Methods

Search strategy was developed in collaboration with a librarian who has experience in systematic reviews. We will search Medline, Scopus, Web of Science, ERIC, PsychINFO, and Cochrane Library databases, sources of grey literature, websites of societies that develop guidelines/systematic reviews, and pre-prints. We will include studies describing the effects of language/writing interventions on understanding, satisfaction, and intention to use evidence/recommendations. Two independent reviewers will assess documents for eligibility, initially reviewing titles and abstracts, and then the full text of articles selected. Any disagreements will be resolved by a third reviewer. Synthesis of the available evidence will be based on Cochrane Handbook for Systematic Reviews of Interventions.

Results

Initial search of MEDLINE yielded 11,046 results. We are currently screening the publications for inclusion in the review.

Discussion

Our findings will help synthesize current evidence for writing healthcare recommendations and hopefully inform reporting of understandable and actionable recommendations for CPGs and other evidence base syntheses.

How Will Big Data and Real-World Evidence Serve the Future of Clinical Practice Guidelines

Ms Jianjian Wang^{1,2,3,4}, Mr Qiangqiang Guo^{1,2,3,4}, Ms Shouyuan Wu^{1,2,3,4}, Ms Juanjuan Zhang^{1,2,3,4}, Ms Hui Lan^{1,2,3,4}, Prof Yaolong Chen^{1,2,3,4}

¹School of Public Health, Lanzhou University, Lanzhou, China, ²Lanzhou University Institute of Health Data Science, Lanzhou, China, ³Guideline International Network Asia, Lanzhou University, Lanzhou, China, ⁴WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou University, Lanzhou, China

2F - Poster Session - Relevance / different sources of evidence / sharing knowledge, October 25, 2021,
5:30 PM - 7:00 PM

Biography:

Jianjian Wang, a master student of the School of Public Health of Lanzhou University in China, whose tutor is Professor Yaolong Chen, the Executive Dean of Lanzhou University Institute of Health Data Science. The main fields of interest are methodology of systematic reviews and clinical practice guidelines, development of reporting guidelines, knowledge translation, health big data and evidence-based medicine. At present, more than 20 journal articles and international conference papers have been published.

Background: Clinical practice guidelines (CPGs) have become ubiquitous in various fields of medicine today and are largely based on the results of traditional randomized controlled trials (RCTs) and their systematic reviews (SRs). Therefore, CPGs often suffer from a gap between trial efficacy and real-world effectiveness, which is one of the common reasons contributing to poor guideline adherence.

Objective: To explore how to appropriately apply big data and real-world evidence (RWE) in the development of CPGs.

Methods: We systematically searched the guidelines of using big data and RWE, especially eligible COVID-19 guidelines, and analyzed their application status at length. Combined with expert interviews and modified Delphi process, further to clarify the role of big data and RWE in the evidence flow of decision-making, and identify which circumstances they can provide evidence to support CPGs.

Future prospects for project presentations: Big data and RWE — in the form of data from integrated electronic health records — always represent the vast and varied experience of clinical doctors and patients in real world practice, thereby complement RCTs and their SRs in CPGs development. They have the potential to fill the gap in current guidelines by completing information about whether some treatments really work with comprehensive and real-time data. This will benefit to decision-making in evidence-lacking situation even evidence dearth in emergencies, and enable guideline developers to more precisely and timely determine not only whether a treatment is recommended, but for whom and when.

HTA and clinical guidelines – Aligning methods and objectives for better evidence-informed decision making

Dr. Ilse Verstijnen¹, Dr. Mouna Jameleddine^{2,3}, Professor Gillian Leng⁴, Prof Holger Schünemann^{5,6}, Dr. Heath White⁷

¹Health Care Institute The Netherlands, Diemen, Netherlands, ²INEAS, , Tunisia, ³INAHTA, , Canada, ⁴ National Institute for Health and Care Excellence (NICE), , UK, ⁵Cochrane Canada, , Canada, ⁶McMaster GRADE Centre, , Canada, ⁷Cochrane Australia, , Australia

3D - Panel Session 3 - HTA and clinical guidelines – Aligning methods and objectives for better evidence-informed decision making, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

Holger Schünemann is professor in the Departments of Health Research Methods, Evidence, and Impact and of Medicine, McMaster University. He received his MD and Dr. med. from Hannover Medical School and trained in lung biology, epidemiology, internal medicine and preventive medicine/public health at SUNY Buffalo (M.Sc. & Ph.D.). He is co-chair of the GRADE working group and director of Cochrane Canada and the McMaster GRADE center. Maintaining an active internal medicine practice fulfills his passion for patient care and ensures his guideline work is people-oriented. He is author of over 700 publications and among the 500 most cited scientists (www.webometrics.info).

GINAHTA is a collaboration between the Guidelines International Network (G-I-N) and the International Network of Agencies for Health Technology Assessment (INAHTA). It was created to strengthen linkages between the guideline and HTA communities. Guideline communities assess healthcare options (drug, device and test based interventions) with the aim to provide healthcare professionals with a solid basis for decision-making for individuals, populations and systems with an emphasis on clinical care and public health. HTA communities have similar aims but often have a greater focus on cost-effectiveness in support of policy makers. Common to both is the conduct of evidence assessment and decisionmaking. , Assessment methods and decision criteria largely overlap. These linkages between guideline developers and HTA producers suggest ample cooperation possibilities for both communities. Alignment of HTA and guideline methods will facilitate rapid incorporation of effective technologies into guidelines, and thus help improve uptake for the benefit of patients. This panel session, organized by GINAHTA, aims to foster close collaboration and resource sharing between HTA and clinical guidelines communities. Examples of actual cooperation and mutual benefit will be presented together with the impact on healthcare. Next to examples a theoretical framework describing the extensive overlap in assessment and decisionmaking will be presented.

Identifying and integrating consumer perspectives in clinical practice guidelines on kidney stones

Ms Adela Yip^{1,2}, Brydee Johnston^{1,2}, Dr Adam Mullan^{3,4}, Chandana Guha^{1,2}, Dr Hicham C Hassan^{5,6}, Ieuan Wickham⁷, Lyn Lloyd⁸, Martin Howell^{1,2}, Dr Matthew D Jose^{9,10,11}, Nicole Scholes-Robertson^{1,2}, Dr Jonathan C Craig^{12,2,1}, Allison Tong^{1,2}, David J Tunnicliffe^{1,2}

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¹¹Menzies Institute for Medical Research, University of Tasmania, Hobart, Australia, ¹²College of Medicine and Public Health, Flinders University, Adelaide, Tasmania

3B - Guidelines with and for users II, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

Adela is an exercise scientist and dietitian who strongly believes in the importance of holistic, preventative health approaches to empower individuals to achieve their own versions of optimal health and wellbeing. Through applying her healthcare expertise within public health research, she wants to contribute to alleviating the disproportionate burden of disease faced by individuals and communities from culturally diverse backgrounds, as well as those in regional and remote areas. In her current work with the CARI Guidelines (Caring for Australians and new zealandeRs with kidney Impairment), she is contributing to the development of novel, best-practice guidelines across renal and related-diseases.

Background:

Consumer involvement in guideline development can ensure the inclusion of recommendations that are relevant and meaningful to patients for decision-making. However, the process and impact of involving consumers in the guideline lifecycle remains under-reported.

Objective:

To identify and integrate consumer-prioritised topics and outcomes in the Caring for Australians and New Zealanders with Kidney Impairment (CARI) guidelines on kidney stones.

Methods:

Two workshops (with concurrent focus groups) were convened in Aotearoa New Zealand, in Auckland and Whangārei, with 28 adult patients who had experienced recurrent kidney stones. Participants identified and discussed topics and outcomes for inclusion in the guidelines. Flipcharts and transcripts were analysed thematically and compared to those identified by the Guideline Work Group.

Results:

Seven novel priority topics were identified: improved pain management, the role of traditional and complementary medicines, collaborative discussions surrounding treatment options and their associated risk-benefit, strengthening education for both patients and healthcare providers, and establishing models of care that included enhanced referral pathways and effective clinical support systems. Priority outcomes included: knowledge gain, improved self-management, quality-of-life, psychosocial support and financial impact. Six key themes that underpinned their priorities were: improving patient-provider communication, continuity of care, clarifying ambiguities, decreasing frustrations, taking control, and enhancing life-participation.

Discussion

Patients with kidney stones raised topics and issues not identified by the Guideline Work Group, which focused on symptoms, education and access to care. Involving consumers and integrating their

perspectives positively impacts guideline development, improving their relevance, ultimately enhancing quality of care, patient health outcomes and experiences.

Identifying research gaps through guideline development

Ms Joan Quigley¹, Ms Michelle O'Neil¹, Dr Barbara Clyne², Mr Barrie Tyner¹, Mr Paul Carty¹, Professor Susan, M. Smith², Dr Máirín Ryan¹

¹*Health Information And Quality Authority, Smithfield, , Ireland*, ²*Royal College of Surgeons in Ireland, St Stephen's Green, Ireland*

4F - Poster Sessions - Other topics, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Joan Quigley has ten years of experience in systematic review and health technology assessment. She is the programme manager for the HRB-CICER guideline support programme since June 2021.

Background: In 2017, the Collaboration in Ireland for Clinical Effectiveness Reviews was funded by the Health Research Board (HRB-CICER) to provide evidence synthesis support for those developing National Clinical Guidelines in Ireland. The HRB-CICER team undertakes systematic reviews of clinical and cost-effectiveness, and budget impact analyses.

Objective: To develop, maintain and use a register of research gaps identified during guideline development with the aim of highlighting where further research is required.

Methods: HRB-CICER collate the evidence to support guideline development and during this process data are collected into a standardised template covering priority topics, research gaps and recommendations on appropriate methodologies to address research gaps.

The updated register is submitted formally to the agencies that fund health research, and approve national guidelines on an annual basis.

Results: Since 2017, HRB-CICER has provided evidence synthesis support to eleven Guideline Development Groups and for eight of these guidelines, research gaps were identified. These included a dearth of primary research studies in guideline topic areas and a need for more rigorous methodological approaches, a need for better adherence to reporting guidelines, and need for economic evaluations. These gaps arose over a wide range of areas including: maternity services, chronic obstructive pulmonary disease, end of life care, healthcare-associated infection and nutrition. For three guidelines covering type 1 diabetes, ovarian cancer, and intraoperative massive haemorrhage, no research gaps were identified.

Discussion: The research gaps register can be used by funders such as the Health Research Board to identify priority areas for research funding in Ireland.

Identifying the roles of clinical practical guidelines in health care decision-making beyond the clinical encounter: a critical interpretive synthesis

Dr Ivan Florez^{1,2}, Dr C. Marcela Velez¹, Dr John N. Lavis², Dr Holger J. Schunemann², Dr Melissa C. Brouwers³

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1C - Guidelines with and for users I, October 25, 2021, 3:15 PM - 4:45 PM

Biography:

Paediatrician with a Master in Clinical Epidemiology, and a PhD in Health Research Methodology. Associate Professor at the Department of Pediatrics at the University of Antioquia (Colombia) and Assistant Professor (Part-Time) at McMaster University (Canada). Former Deputy Director of Clinical Practice Guidelines (CPG) for the Health Technology Assessment Agency of Colombia (IETS). Dr. Florez is the current Leader of the AGREE Collaboration, is an Academic/Associate Editor for Systematic Reviews and PlosONE journals, Co-chair of the Recommending Working group for the COVID-END initiative, and the Director of Cochrane Colombia. He is also a member of Cochrane's Conflicts of Interests panel.

Introduction: Although CPGs mainly focused on clinical decisions, they have been increasingly used to inform decisions beyond the clinical encounter. Our objective was to understand how and under what conditions CPGs are used outside the clinical encounter.

Methods: This was a critical interpretive synthesis of the literature. We searched eight different databases to identify articles (empirical and non-empirical) focused on the role of CPGs outside the clinical encounter. We considered articles that reported/recommended the use of CPG in different activities, reported on methods or the development of tools, and reported or discussed facilitators and barriers for using CPGs. Two reviewers independently screened and assessed studies for inclusion. One researcher conceptually mapped the studies. We thematically synthesized the results and developed an explanatory framework.

Results: We included 220 articles. We defined three categories: main roles (activities focused on quality of care and economic decisions), secondary roles (medical education, maintenance of certification and licensing, and research prioritization), and an unanticipated role (judicial decisions). We identified methods and tools that explain how CPGs play roles in developing quality indicators and in research prioritization processes, and we described barriers and facilitators to the roles.

Discussion: CPGs play several roles outside the clinical encounter. We have categorized them into main, secondary, and unanticipated roles. The most developed methods are those focused on developing quality indicators and for research prioritization. There is a lack of approaches to how CPGs can inform economic decisions, education, certification, licensing activities, or judicial decisions.

Implementation of the Tunisian carepathway on COVID-19

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¹National authority for assessment and accreditation in healthcare, Tunis, Tunisia

4A - Poster Session - Implementation III, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

I'm Hella Ouertatani head of unit clinical care pathway, I'm Nutritionist, Diploma of quality management and health economics Medecin yniversity of sfax

I'm start working at INEAS in 2016 at health technology assessment department, in 2018 I moved to the quality of care and patient safety department and was named head of the care pathways development unit. I have participated in the development of over 30 clinical practice guidelines and care pathways.

During Covid pandemic I was asked to participate in an international group for the review and development of a management guide for covid.

Background :

The national authority for assement and accreditation in healthcare in Tunisia, has elaborated a clinical pathway for COVID-19 patient management. An implementation strategy has been developed and updated..

Objectives :

The objective of the pathway is the standardization of COVID-19 management. The aim of the implementation strategy is to put the recommendations into practice.

Methods :

INEAS relied on the rapid response methodology for the development of the clinical pathway. A multidisciplinary working group has been formed with specialists in the management of COVID-19 and different stakeholders. The guideline developped has been approved by a peer review and INEAS scientific experts commitee. The implementation strategy consisted of a series of webinars to train primary care physicians on case definitions including assessment of symptoms, criteria for a suspect case.and the pharmacological management of COVID-19 followed by the distribution of printed flyers to all primary care physicians.

Results :

The care pathway was established at local, regional and national levels for persons with suspected or confirmed COVID-19 : patient pathways and staff flow were separated to minimise contact, Hygiene measures were available for patients, staff and visitors to minimize transmission

Discussion :

Because of the rapid evolution of the pandemic and the new studies publications INEAS updated the care pathway several times. The implementation was supported by civil society due to the limited ressources. Monitoring applications on COVID-19 at home patients have been created to decrease the rate of hospitalisation especially for covid-19 moderate forms for patients without comorbidities.

Implementing GRADE methodology into UK charity-based clinical guideline production – the British Thoracic Society (BTS) experience

Dr. Kirstie Opstad¹

¹British Thoracic Society, London, United Kingdom

4A - Poster Session - Implementation III, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

I have been working as the Clinical Guideline and Quality Standards Programme Manager at BTS for the last three years and my key responsibility during this time has been to implement GRADE methodology into BTS Clinical Guideline production.

Previously I have worked in medical research for a number of years including project management in cardiology and working as a research fellow in cancer research.

I have a doctorate in MRI, a BSc. (Hons.) in Pharmacology and actively use my data analysis skills to help our guideline development groups master the skills of meta-analysis!

Background

In 2014, BTS decided to implement GRADE methodology into the production of all BTS clinical guidelines. Until this time BTS had followed the SIGN methodology, but it was now intended that each guideline development group (GDG) would perform all stages of the GRADE process under the supervision of the BTS Clinical Guideline Programme Manager.

Objective

Could individual GDGs perform the necessary steps of the GRADE development process for the production of a GRADE clinical guideline?

Methods

A series of face-to-face meetings introduced the GDGs to structuring the clinical questions, reviewing the literature, performing critical appraisals, meta-analyses, GRADE analyses and writing clinical question reviews. Three guideline production handbooks were also produced in 2019 (one per review type – intervention, diagnostic accuracy and prognostic) to provide a “How to...” manual on each step of the process.

Results

Although GDG members came to the table with different skills and experiences, with adequate support, and encouragement everyone came to understand what was required and despite the pandemic delaying guideline production, two are expected to be published in spring 2022.

Discussion

Despite some issues, GRADE methodology has been successfully implemented into BTS guideline production. Extensive training materials have been beneficial allowing GDGs to progress through the work at their own pace. With adequate guidance, GDGs can confidently perform all stages of GRADE guideline development and BTS is looking forward to working with future GDGs in the development new BTS guidelines.

Improving Health Outcomes in sub-Saharan Africa: The Essence of a Transferability Tool for Contextualization

Mr Melaine Nyuyfoni Nsaikila¹

¹*Effective Basic Services (eBASE) Africa, Yaounde, Cameroon*

6B - Sustainability IV: Adaptation, October 27, 2021, 3:15 PM - 4:45 PM

Biography:

Nsaikila Melaine Nyuyfoni is a Fulbright Scholar (2013 – 2015) and serves as a Senior Data Analyst at Effective Basic Services (eBASE) Africa.

Melaine earned a Bachelor of Science degree in Economics at the University of Buea, Cameroon and a Master of Arts degree in Economics at Western Illinois University, USA. He is a Certified SAS programmer and an IBM Data Science professional. He has over 9 years of experience in the research at both national and international levels and in recent years, has worked to model transferability of interventions across various settings.

The process of testing new interventions or developing new guidelines for different settings seems to be the optimal solution in promoting best practice across a various sectors. However, these are not only time consuming, they are also costly especially in resources-scarce setting across the developing world particularly in sub-Saharan Africa. This begs the need for a consideration to either adopt, adapt or contextualize.

The idea behind the transferability model is to establish, using the predictor variables, the determinants of transferability. These interventions are culled from various meta-analysis and systematic reviews conducted in the global North. Across several variables, data is extracted and a determination of transferability made by industry experts. A machine learning model is then deployed.

A determination of the underlying characteristics of transferable and non-transferable interventions will inform transferability decisions - in SSA - of new interventions and or guidelines designed and tested elsewhere. To achieve this, the data is split into Training and Validation sets. We train the model using the training data. Then, use the trained model to predict transferability in the validation data set. The extent to which the trained model correctly predicts outcomes in the validation data is a determinant of its precision and accuracy, and the decision on its reliability as an instrument for decision making on transferability of new interventions and or guidelines.

Improving the efficiency of guideline production: using a machine learning classifier to identify randomized controlled trials

Dr. Kathryn Hopkins¹, Dr Emma McFarlane¹, Thomas Hudson¹

¹National Institute for Health and Care Excellence, , United Kingdom

6C - Sustainability V: Methodology, October 27, 2021, 3:15 PM - 4:45 PM

Biography:

Kathryn Hopkins is a technical adviser working at the UK National Institute for Health and Care Excellence developing health and care guidelines.

Background

The Cochrane Randomized controlled trial (RCT) classifier is a machine learning algorithm aiming to automatically identify RCTs based on features such as the words and phrases used in their title and abstract. They might be useful in surveillance of emerging evidence and guideline development when RCTs are sought specifically.

Objectives

To explore whether the Cochrane RCT classifier could be used to improve the efficiency of surveillance of emerging evidence and guideline development.

Methods:

We tested the Cochrane RCT classifier using NICE guideline datasets, assessing the potential efficiency gains of using the classifier as well as the risks of erroneously excluding relevant studies. The RCT classifier was tested retrospectively on 8 databases (2 from guideline surveillance and 6 that were used during the development of the NICE guideline on neonatal infection).

Results

The RCT classifier reduced the size of surveillance databases pre-filtered with the NICE RCT filter by an average of 21%. One study that had initially been included at title and abstract level was excluded by the classifier. Further examination indicated this study was not indexed in Medline as an RCT which could have had an impact.

In guideline development, the RCT classifier reduced the size of databases pre-filtered with the NICE RCT filter by an average of 37%. Estimated resource saving for this guideline were 0.26 analyst days of screening per review question that included RCTs (1.6 analyst days in total).

Discussion

The Cochrane RCT classifier can accurately identify RCTs and reduce the manual screening burden.

Incorporating Aboriginal and Torres Strait Islander community priorities into to develop guidelines on chronic kidney disease

Dr. David Tunnicliffe^{1,2}, Dr Martin Howell^{1,2}, Ms Adela Yip^{1,2}, Ms Brydee Johnston^{1,2}, Ms Nicole Scholes-Roberston^{1,2}, Ms Chandana Guha^{1,2}, Prof Jonathan Craig^{1,2,3}, Prof Allison Tong^{1,2}

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3B - Guidelines with and for users II, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

Research Fellow at the Sydney School of Public Health, The University of Sydney. David is a recipient of an Australian NHMRC Emerging Leadership 1 Investigator Grant (APP1197337) examining the implementation and evaluation of living evidence in kidney disease. He is the Scientific Director of the Australian and New Zealand Guideline Developer for kidney disease (CARI Guidelines), and leads an evidence review team within Cochrane Kidney and Transplant, to provide evidence review for Kidney Disease: Improving Global Outcomes (KDIGO) clinical practice guidelines.

Background

It is widely recognised that guidelines need to address equity in clinical care and outcomes, particularly for vulnerable and disadvantaged communities. Indigenous people have a 10-fold increased risk of chronic kidney disease (CKD). National community consultation was undertaken to identify the needs and priorities of the Indigenous peoples for guidelines on CKD.

Objective

To describe the process identifying and integrating community priorities in developing guidelines on the management of CKD among Aboriginal and Torres Strait Islander peoples.

Methods

Reports from community consultations, were analysed and synthesised to identify guideline topics, and research questions to guide the evidence review. Liaison back to the community was undertaken and further research questions to ensure community priorities are being addressed. Further community consultation is planned in the development of the guidelines.

Results

From the community consultations, we identified four topics on screening, education, models of care, and self-management. Sixteen research questions were identified, including topics on use of patient navigators, and community involvement in healthcare. Engagement with the three Indigenous communities resulted in a further three topics on transportation access, the role of traditional healers, and self-management of nutrition and fluid balance for the guidelines.

Discussion

Despite a nation-wide community consultation, liaison back to the community ensured that the guidelines are addressing the priorities of Indigenous peoples. Further consumer involvement and community liaison is planned to ensure the guidelines are culturally safe, appropriate, and needed by the community.

Increasing scrutiny and changing community expectations for managing conflicts of interest

Ms Hazel Fowler¹, Ms Rebecca Rees¹

¹National Health And Medical Research Council, Canberra, Australia

2E - Poster Session - Sustainability: Methods and COI Management, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Hazel Fowler is an Assistant Director in the Public Health team at the National Health and Medical Research Council. Her role involves commissioning systematic reviews on public health topics, collaborating with committees of academics, and engaging stakeholders. She has a particular focus on improving governance processes for committees.

Hazel has a background in social science research and survey design. From 2008-2020 she worked at Food Standards Australia New Zealand, examining how people use and understand food labels.

Hazel has a Bachelor of Consumer and Applied Sciences (in consumer food science) and a Masters in Economics.

Background

The National Health and Medical Research Council (NHMRC) is responsible for producing public health guidelines and advice. Advisory committees support the development of these products.

NHMRC follows a Disclosure of Interest Policy to ensure committee members' interests do not present a conflict of interest to the work. A potential or perceived conflict of interest could undermine the credibility of the guidelines or advice. There is increasing scrutiny and changing community expectations of managing conflicts of interest.

Objectives

NHMRC aims to strengthen processes for managing the interests of advisory committees to meet best-practice principles and community expectations.

Methods

NHMRC has trialled a number of approaches to improve disclosure and management of interests including changes to administrative processes and the way interests are assessed.

For appointing new members NHMRC has introduced more detailed disclosure forms and a risk rating matrix to determine the level of risk disclosures may pose. NHMRC has also consulted independent experts in conflict of interest management

For existing members NHMRC has focused on making disclosure and management of interests easier for members. This includes the NHMRC project team taking on more administrative responsibility, to allow the committee to focus on consistent decision making.

Discussion

Challenges encountered to date when implementing new processes include: a lack of understanding among members about the types of interests for disclosure and differences of opinion about the significance of interests.

NHMRC recognises that based on our learnings, further work may be needed in this area.

Indicators to measure implementation and sustainability of nursing best practice guidelines: A mixed-methods analysis

Dr. Janet Squires¹, Ms. Laura Denise Aloisio¹, Dr. Shanoja Naik², Ms. Stephanie Voong², Heather McConnell², Dr. Anne Sales³, Ms. Christina Medeiros², Oliwia Klej², Susan McNeill², Doris Grinspun²

¹Ottawa Hospital Research Institute, Ottawa, Canada, ²Registered Nurses' Association of Ontario, Toronto, Canada,

³University of Michigan, Ann Arbor, United States of America

5A - Implementation II: Measuring implementation, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

Dr. Janet Squires is a Professor of Nursing and Research Chair in Health Evidence Implementation at the University of Ottawa, and Senior Scientist at the Ottawa Hospital Research Institute. She is an internationally renowned researcher who has advanced the field of implementation science. Her research aims to increase healthcare professionals' use of best evidence in clinical practice to improve healthcare quality, patient outcomes and sustainability of healthcare systems. Dr. Squires leads multiple national and international initiatives examining the role of context in implementation, characterizing evidence-practice gaps, and designing interventions to implement poorly adopted best practices and de-implement low value practices.

Purpose: The Registered Nurses' Association of Ontario's (RNAO) Best Practice Spotlight Organization (BPSO) program supports over 1,000 healthcare and academic organizations worldwide in implementing, sustaining, and evaluating best practice guidelines (BPGs). This project aims to identify factors influencing uptake and sustainability of BPGs.

Methods: A qualitative analysis of 126 reports from 21 BPSOs in Ontario, Canada, spanning four sectors was completed in four steps: selection of utterances; coding; categorization; and generation of frequencies. The generated framework was used to guide 25 in-depth interviews with staff in eight organizations involved in implementing or sustaining two selected BPGs. Interviews elicited participants' knowledge about strategies and processes used to implement and sustain the BPGs. A sequential mixed analysis examined whether codes in the reports were associated with BPG implementation success and to identify correlations between these codes and those identified in interviews.

Results: Triangulation revealed 46 codes of implementation and sustainability of BPGs that were classified into eight themes. Eight codes were selected for indicator development based on expert panel discussion, measurability, and statistical significance in either guideline and frequency of the code. A total of 28 indicators reflecting structure, process, and outcome were developed and revised following feedback from BPSO leaders. Finally, the indicators were validated using a survey.

Discussion: The identified indicators tested positively with end-users and BPSO leaders based on key validation metrics, suggesting these indicators can be used to promote implementation and sustainability of BPGs. Future work will correlate indicators to patient outcomes and validate indicators in other settings.

Innovative guideline implementation: A sharing workshop hosted by the GIN Implementation Working Group

Dr. Anna Gagliardi¹, Dr. Sanne Peters²

¹University Health Network/University Of Toronto, Toronto, Canada, ²Monash University, Melbourne, Australia

6E - Workshop 5 - Innovative guideline implementation: A sharing workshop hosted by the GIN Implementation Working Group, October 27, 2021, 3:15 PM - 4:45 PM

Biography:

Anna Gagliardi is a Senior Scientist at the Toronto General Hospital Research Institute and a Professor at the University of Toronto. Her research focuses on the implementation of guidelines, patient/family engagement, and patient-centred care for women across the lifespan. She is Chair of the Guidelines International Network Implementation Working Group.

BACKGROUND

The science and practice of guideline implementation has advanced considerably over the last decade due to wide recognition that planned efforts are needed to actively promote guideline use. The GIN Annual Meeting is an opportunity for guideline implementers to share their experiences with others, and in so doing, inform and support guideline implementation efforts elsewhere. A casebook is one way to share experiential knowledge that others can adapt to their own contexts. We will compile guideline implementation projects shared during the workshop in a casebook so that learning can subsequently be widely shared.

OBJECTIVE

To share and collate information about innovative research or real-world guideline implementation initiatives including planning, development, pilot-testing and full evaluation.

FORMAT

We will pre-identify guideline implementation initiatives among and via GIN Implementation Working Group members, and ask representatives to complete a one-page “case” template including: guideline and context details, and implementation initiative content, format, delivery, personnel, participants, determinants (enablers/barriers), theory/framework, evaluation, impacts and key learnings. Individuals will briefly present details about their initiative to workshop participants followed by group discussion. Presenters include the Oncology Nursing Society, Society of Critical Care Medicine, National Institute for Health and Care Excellence, Alexandria University Egypt, Bamenda Health District Cameroon, King Saud University Medical City, NHS Healthcare Improvement Scotland, American Society of Addiction Medicine and others, representing diverse contexts and guideline topics. Based on comparison of compiled cases, we will generate additional knowledge on common approaches, challenges and strategies that optimized implementation, which will be included in the casebook.

Interagency approach to mental and behavioral disorders due to opioid use

Mrs Oksana Gulenko¹, Mrs Olena Shylkina¹, Mrs levgeniia Rubtsova¹

¹State Expert Center of The Ministry of Health of Ukraine, Kyiv, Ukraine

2C - Poster Session - Guidelines with and for users I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Gulenko Oksana heads the Devision of Medical Care Standardization of the Department of Medical Technology Assessment of the State Expert Center of the MoH of Ukraine. Her main responsibilities include:

1. Providing methodological support for the development, implementation and revision of healthcare quality indicators.
2. Providing technical support for the development of clinical guidelines, standards, protocols for the standardization of medical and pharmaceutical care.
3. Maintenance and filling of the Register of medical and technological documents.
5. Analysis of world experience in the assessment of medical technologies and quality management of health care and adaptation to the Ukrainian healthcare system.

Background

In Ukraine, 42,247 people are under medical supervision due to opioid use. Today, this issue is extremely acute due to the widespread prevalence of HIV/AIDS, tuberculosis, HBV and HCV among injecting drug users.

Objective

Develop up-to-date evidence-based clinical guideline and standard for patients with drug use disorders in order to provide quality and timely medical care.

Methods

Joint efforts of the Center for Public Health, the State Expert Center of the MoH, the UNODC in Eastern Europe, the Ukrainian Institute of Public Health Policy began work on the development of documents on the medical care for patients with drug use disorders. During the work of the multidisciplinary working group, an analysis of international experience and the existing legal framework was conducted, sources of evidence were searched (NICE, WHO, APA, ASAM, SAMHSA, etc.).

Results

A medical care standard for patients with mental and behavioral disorders due to opioid use has been created and approved by the MoH of Ukraine. This standard provides an integrated approach with involvement of various specialists. The goals of treatment are to reduce the use of substance and prevent of further transmission of blood-borne infections. Considerable attention has been paid to screening opioid users, which routinely performed by family physicians for all adults at least once a year.

Discussion For Scientific Abstracts

Decision this issue at the state level will allow to implement better approaches to the medical services and to minimize the negative consequences for the health of drug-addicted persons and society as a whole.

International alliance and AGREE-ment of 71 rapid guidelines on the management of critical care patients with COVID-19: a living systematic review

Dr Yasser Sami Abdel Dayem Amer^{1,2,3}, Dr. Ivan Florez^{4,5}

¹King Saud University Medical City, Riyadh, Saudi Arabia, ²Center for Evidence-Based Clinical Practice Guidelines, Alexandria University, Alexandria, Egypt, ³Research Chair for Evidence-Based Health Care and Knowledge Translation, King Saud University, Riyadh, Saudi Arabia, ⁴Department of Pediatrics, University of Antioquia, Medellín, Colombia, ⁵Department of Health Research, Methods, Evidence and Impact, McMaster University , Hamilton, Canada

4C - Poster Session - Sustainability / Living guidelines, updating, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Yasser is a Pediatrician, CPG Methodologist, Informaticist, Quality Specialist, & Researcher at Departments of Pediatrics and Quality Management at King Saud University Medical City, Research Chair for Evidence-Based Health Care and Knowledge Translation, King Saud University (Saudi Arabia). He was Co-founder, general coordinator, GIN contact for Alexandria Center for EBCPGs, Alexandria University (Egypt).

Yasser has a decade of working experience in adapting, implementing, evaluating, and digitizing CPGs, a member of GIN (since 2009) & its Working Groups, Cochrane, RIGHT-WG, UK-Faculty of Public Health, and Consultancy Board Member, Egyptian Pediatric CPGs Committee.

Lead-author, two formal CPG adaptation methodologies: 'Adapted-ADAPTE' & 'KSU-Modified-ADAPTE'.

Background/ Objective: We aimed to systematically identify and critically assess the clinical practice guidelines (CPGs) for management of critically ill patients with COVID-19 using the AGREE II instrument.

Methods: We searched Medline, CINAHL, EMBASE, CNKI, CBM, WanFang, and grey literature from November 2019 to November 2020. We did not apply language restrictions. Full texts were assessed independently and in duplicate by two reviewers. Disagreements were resolved by consensus. We included any CPG that provided recommendations on management of critically ill patients with COVID-19. Data extraction was performed independently and in duplicate by two reviewers. We descriptively summarized CPGs' characteristics, conducted AGREE II assessments, and summarized relevant therapeutic interventions. We formulated the 'COVID-19 Guidelines Review Group' (COVID-GRG); a global group of CPG's experts and developers who aim at systematically reviewing and appraising recently published CPGs for COVID-19 and have developed a partnership with COVID-Evidence Network to Support Evidence-Based Decision-Making (COVID-END) Initiative.

Results and Discussion: we retrieved 3,907 records and 71 CPGs were included. Means (Standard Deviations) of the scores for the six domains of the AGREE II instrument were 65% (SD19.56%), 39% (SD19.64%), 27% (SD19.48%), 70% (SD15.74%), 26% (SD18.49%), and 42% (SD34.91) for the scope and purpose, stakeholder involvement, rigor of development, clarity of presentation, applicability, and editorial independence domains, respectively. Most of the CPGs showed a low overall quality (less than 40%). Only 4 CPGs were high quality. This work can inform the continuous update of the eCOVID-RecMap Initiative .

Conclusion: Future CPGs for COVID-19 need to rely, for their development, on standard evidence-based methods and tools.

International consultation of stakeholders to determine the scope of clinical practice guidelines

Mrs Anne Mette Adams¹, Associate professor Diane Chamberlain¹, Dr Charlotte Brun Thorup³, Professor Mette Grønkjær^{2,3}, Dr Tiffany Conroy¹

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3B - Guidelines with and for users II, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

Anne Mette Adams is PhD candidate and lecturer at Flinders University in South Australia, with work experience from the Danish, Norwegian and Australian critical care settings. She has a special interest in the fundamentals of care and knowledge translation and has always been curious as to why evidence is implemented differently in different countries. Her PhD research aims to develop international practice guidelines on nonpharmacological interventions to reduce agitation in the intensive care unit.

Background: There is a real risk of developing ineffective guidelines if the views of all involved stakeholders are not considered early in the development phase. However, very little guidance exists on how stakeholders from two countries can be involved in meaningful and feasible ways.

Objectives: This presentation draws on the experiences and reflections of researchers who consulted a broad group of international stakeholders to determine the scope of the inaugural international critical care practice guidelines for non-pharmacological management of patient agitation in the intensive care unit.

Methods: To engage a broad group of stakeholders in a fair and inclusive way, a bilingual online platform with easily read texts and informative videos provided information about the study, and the opportunity for participation. We sought to consult people at their convenience, regardless of time and location, and in an environment where they felt safe and comfortable. Three different modes of engagement were offered: workshops, one-on-one meetings and the opportunity for written feedback. Research methods ensured that all voices were heard and the findings represented true reflections of the stakeholders.

Results: 51 Danish and Australian intensive care unit clinicians, topic experts, patients and family members participated. The consultation process provided extensive guidance for the guideline scope, indicating the importance of involving stakeholders.

Conclusion: Consulting multiple stakeholders from two countries in the early phase of guideline development is a legitimate and feasible method that can provide insight into significant needs and issues.

International Needs Assessment Survey of Guideline Developers Indicates Areas for Improvement in Conflict of Interest Disclosure and Management Processes

Dr Shahnaz Sultan^{1,2}, Rebecca L. Morgan³, Toju Ogunremi⁴, Philipp Dahm^{5,6}, Lisa A. Fatheree⁷, Thomas S.D. Getchius⁸, Pamela K. Ginex⁹, Priya Jakhmola¹⁰, Emma McFarlane¹¹, M. Hassan Murad¹², Robyn L. Temple Smolkin¹³, Yasser S. Amer^{14,15}, Murad Alam¹⁶, Bianca Y. Kang¹⁶, Yngve Falck-Ytter^{17,18}, Reem A. Mustafa^{3,19}, Ms Madelin Siedler²⁰

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¹³Association for Molecular Pathology, Rockville, USA, ¹⁴Pediatrics, Quality Management, King Saud University Medical City; Research Chair for Evidence-Based Health Care and Knowledge Translation, King Saud University, Riyadh, Saudi Arabia, ¹⁵Alexandria Center for Evidence-Based Clinical Practice Guidelines, Alexandria University, Alexandria, Egypt, ¹⁶Dermatology, Feinberg School of Medicine, Northwestern University, Chicago, USA,

¹⁷Gastroenterology, VA Northeast Ohio Healthcare System, Cleveland, USA, ¹⁸Gastroenterology, Case Western Reserve University, Cleveland, USA, ¹⁹Internal Medicine, University of Kansas Medical Center, Kansas City, USA,

²⁰Kinesiology and Sport Management, Texas Tech University, Lubbock, USA

2E - Poster Session - Sustainability: Methods and COI Management, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Shahnaz Sultan, MD, MHSc is a gastroenterologist and health services researcher. She is an Associate Professor at the University of Minnesota and the Program Director of the GI Fellowship Program. She is also a founding member of the US GRADE Network and teaches guideline development. She works with the Minneapolis Evidenced Based Practice Center on conducting systematic reviews and evidence syntheses. She is also the current Chair of the American Gastroenterological Association Clinical Guideline Committee.

Background: Conflict of Interest (COI) disclosure and management policies are key components of reporting and appraisal tools for guideline quality. However, the extent to which these processes are implemented is unclear.

Objectives: As part of a larger needs assessment survey of guideline-producing organizations worldwide, we specifically sought to understand how organizations handle the disclosure and management of COIs.

Methods: Electronic mailing lists, social media, and word-of-mouth were used to disseminate an electronic survey using convenience and snowball sampling methods from November 2019 to April 2020. Respondents were asked about their respective organization's COI policy and how it is implemented during the guideline development process.

Results: Less than two-thirds of 110 respondents reported that their organization had a COI policy that defined potential disclosures (63.6%), described the management of such disclosures (61.8%), and/or the process for assessment of potential conflicts (50.9%). The majority of respondents (75.5%) reported that COI was collected at the beginning (or panel selection stage) of guideline development, while less

than half reported the collection of COI at any other time in the process, such as during each call or meeting (32.7%), annually (27.3%), before publication (40.9%), or when the guideline was considered for updating (29.1%).

Discussion: There is a general need for improvement in COI policies among guideline developers worldwide. As guidelines can often take several years from inception to publication, processes for reporting new conflicts as they arise are important to ensure transparency and trustworthiness of guidelines.

Interobserver agreement for the assessment of Grading of Recommendations, Assessment, Development and Evaluation (GRADE) in systematic reviewers

PhD Karlyse Belli¹, PhD Cinara Stein¹, MSc Debora Gräf^{1,2}, PhD Verônica Colpani^{1,2}, PhD Maicon Falavigna^{1,2}

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4F - Poster Sessions - Other topics, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

PhD in Health Sciences and works as methodologist in activities for Brazilian Ministry of Health.

Background: GRADE is the standard methodology for assessing the certainty of evidence (CoE). However, its associated degree of subjectivity may affect its reliability.

Objective: To assess the interobserver agreement for GRADE in researchers involved in systematic reviews (SR) development.

Methods: We searched PubMed for SR published in 2020 or 2021 which assessed risk of bias (RoB) of included studies with RoB 2.0 but did not rated CoE with GRADE. The SRs were randomly assigned to independent evaluators for CoE assessment of main outcome. Evaluators were healthcare professionals involved in SRs and guideline development activities with the Brazilian Ministry of Health, but without previous formal training in GRADE. We calculated interobserver agreement using Cohen's and Fleiss' Kappa for 5 GRADE domains and overall CoE.

Results: Analyses included 36 assessments of 9 SRs, performed by 24 researchers. Each article was reviewed by 4 independent evaluators. The agreement for CoE was 0% among 4 evaluators (RoB: 20%; inconsistency: 0%; indirectness: 33%; imprecision: 33%; publication bias: 67%). Results for pairwise analysis (48 pairs of evaluators, excluding 6 missing) for CoE was 25% ($k=-0.052$, $p=0.545$); 52% disagreed in one level, 19% in two and 4% in three. The agreement for the domain RoB was 43% ($k=-0.037$, $p=0.741$), inconsistency 53% ($k=0.121$, $p=0.369$), indirectness 60% ($k=-0.038$, $p=0.767$), imprecision 32% ($k=0.021$, $p=0.831$) and publication bias 78% ($k=0.281$, $p=0.012$).

Discussion: Evaluators presented low agreement among GRADE assessments. These results reinforce the importance of preparing and carrying out training actions/programs for teams involved in the development of SRs and guidelines.

Involving people affected by cognitive difficulties: a resource for guideline developers

Ms Erin Whittingham¹

¹National Institute For Health And Care Excellence (NICE), , United Kingdom

2C - Poster Session - Guidelines with and for users I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Erin Whittingham has worked in the Public Involvement Programme at NICE since 2009. Following a degree in Applied Social Sciences and Women's Studies and a Master's degree in Women's Studies, Erin worked in special needs education and the voluntary and community sector, specialising in mental health, public involvement and peer support. Erin's interests include authentic and meaningful user involvement, involving people from seldom heard groups in guideline development and peer empowerment and support.

Background

People who use health and care services are core to the development of NICE guidelines. Cognitive difficulties affect many patients with chronic disease. Involving people affected by cognitive difficulties in guideline development is key to ensuring recommendations are appropriate and relevant to this large and diverse population. There are barriers to meaningful user involvement and guideline developers would benefit from resources to support involving this seldom heard group.

Objective

To create a resource for guideline developers that enables meaningful involvement for users affected by cognitive difficulties. The resource will promote awareness of barriers and appropriate adjustments to overcome them.

Methods

A review of existing resources to support communicating with people affected by cognitive difficulties. The review will inform the development of a new resource for guideline developers. It will be co-produced with a group of people affected by cognitive difficulties and a guideline public involvement expert. An evaluation of the usefulness to guideline developers will be conducted one year after publication.

Results

Meaningful involvement of users affected by cognitive difficulties, in guideline development, is achievable. Cognitive difficulties should not be a barrier to involvement. By making adjustments, guideline developers have the opportunity to gain the experiences, perspectives and opinions of this seldom heard group of users, to inform the development of guidelines that are relevant to users affected by chronic disease and symptoms of cognitive difficulties.

Keeping track of 20,000 guideline recommendations

Dr. Kay Nolan¹, Patrick Langford, Michael Raynor, Jenny Mills¹, Margaret Derry, Robby Richey, Toni Tan
¹Nice, , United Kingdom

1B - Sustainability I: Updating and Collaboration, October 25, 2021, 3:15 PM - 4:45 PM

Background

The NICE 5-year strategy has signalled a shift to dynamic living guidelines focussing on priority areas. NICE has over 350 guidelines containing approximately 20,000 recommendations. The current surveillance and updating process for the guidelines is unsustainable to be truly living across the whole guideline portfolio and so areas for monitoring, review and update need to be prioritised.

Objective

To prioritise the guidelines portfolio for surveillance and updating activity to support the living guidelines agenda for NICE.

Methods and future prospects

An advisory group has been established to provide oversight of prioritisation of topics, including any new referrals for guidelines. Criteria deemed most important in the task are pace of evidence change, and significance for the health and care system. With a broad and heterogeneous portfolio covering health, social care and public health topics, applying these principles cannot be done entirely objectively.

Guidelines have been classified as high or low priority and themed into topic suites. Most guidelines can be classified into 26 suites, with guidelines not fitting into suites classified as orphan. Suites with high priority guidelines are undergoing intense recommendation mapping. Mapping aims to consolidate content within topics by removing inconsistencies, duplication and overlap, and identifying gaps and any existing linked evidence reviews and feed into prioritising recommendations to become the focus of living surveillance and updating.

The presentation will discuss the challenges and opportunities of the approach that we are taking, highlighting key learning points so far.

Knowledge, attitude and behavior towards practice guideline protocol among the guideline developers and users: A cross-sectional survey

Dr. Xufei Luo^{1,2,4}, Dr. Ping Wang², Dr. Meng Lv³, Prof. Xuping Song¹, Dr. Xiao Liu¹, Prof. Yaolong Chen^{2,4}

¹School of Public Health, Lanzhou University, Lanzhou, China, ²Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ³Chevidence Lab Child & Adolescent Health; Department of Pediatric Research Institute; Children's Hospital of Chongqing Medical University, National Clinical Research Center for Child Health and Disorders, Ministry of Education Key Laboratory of Child Development and Disorders, Chongqing Key Laboratory of Pediatrics, Chongqing, P.R China, Chongqing, China, ⁴Lanzhou University Institute of Health Data Science; Guideline International Network Asia;WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China

2E - Poster Session - Sustainability: Methods and COI Management, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Xufei Luo is pursuing a master's degree in public health at Lanzhou University, where his research focuses on the development of evidence-based clinical practice guidelines, evidence-based public health decision making, and evidence-based methodologies.

Background

Clinical practice guideline (CPG) protocols are a document that describes how the CPG will be developed. A guideline protocol can facilitate the guideline development process and improve the quality of the guidelines. However, the knowledge, attitude and behavior of guideline developers and users towards the guideline protocols are still unknown.

Objective

To investigate the knowledge, attitude and behavior of guideline developers and users towards the guideline protocols.

Methods

We designed questionnaire to investigate the knowledge, attitudes, and behaviors of guideline developers, guideline users, and other stakeholders regarding the guideline protocols. The questionnaire consists of three parts, the first, the basic information of the participants, including gender, age, working time, title, units of employment, profession, etc.; second, the knowledge, attitudes and behaviors of the guideline protocol, which include the attitude of whether to publish the protocol, the degree of support for the development of reporting guideline for protocol; third, depending on their familiarity with the development process of guidelines, list 3-5 important items that the guideline protocol should involve. We plan to use a convenience sample of 20-30 stakeholders, using the SurveyMonkey (<https://www.surveymonkey.com>).

Results

The survey is ongoing and the results will be presented at the conference.

Discussion

Guideline protocols are vital for guideline developers and users. This survey was designed to collect the attitudes and perceptions of those involved in the guideline program and to provide a reference and rationale for the development of a reporting standard for the guideline protocols.

Knowledge, attitude, barriers and facilitators to implementation of Clinical Practice Guidelines: a national survey among the registered Scientific and Technical Associations of the Italian Minister of Health

Dr Greta Castellini¹, Mr Primiano Iannone², Mrs Silvia Bargeri¹, Mrs Daniela Coclite², Mrs Daniela D'Angelo², Mrs Alice Josephine Fauci², Mrs Laura Iacobossi², Mr Roberto Latina², Mrs Antonello Napoletano², Mrs Ornella Punzo², Mrs Katia Salomone², Mrs Alessia Medici², Mrs Silvia Gianola²

¹IRCCS Istituto Ortopedico Galeazzi, Unit of Clinical Epidemiology, Milan, Italy, ²Istituto Superiore di Sanità, Centro Nazionale per l'Eccellenza Clinica, la Qualità e la Sicurezza delle Cure, Rome, Italy,

5A - Implementation II: Measuring implementation, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

Greta Castellini is a senior epidemiology researcher who works in a clinical epidemiology unit based at the Galeazzi Orthopedic Institute in Milan, Italy. She received a Bachelor's Degree in Physiotherapy in 2011, consequently she took a Master's Degree in Health Professional Science of Rehabilitation and a PhD in Epidemiology and Public Health on innovative methods of evidence synthesis. She has experience in epidemiology and health services research with special reference to meta-epidemiological studies on clinical practice guidelines, systematic reviews and network meta-analyses in rehabilitation field. Since 2019, she is part of the evidence review team for developing national Italian guidelines.

Background: A significant challenge for clinicians is to being familiar with Clinical Practice Guidelines (CPGs) and implementing them in practice.

Objectives: To assess knowledge, attitude, perceived value and barriers for implementation of CPGs in all health topics among all Scientific and Technical Associations included in the list of the Italian Ministry of Health entitled to the production of Italian CPGs.

Methods: The Italian Scientific and Technical Associations (n=336) were invited to participate in a cross-sectional study, survey-based from June 23 to July 31, 2021. The calculated sample size was of 180 completed answers. The survey comprised four sections: 1) Respondent' general characteristics; 2) Knowledge, attitude and use of CPGs; 3) Knowledge and use of the Italian National Guidelines System (SNLG) and perceived barriers to developing CPGs. The survey will be ended on July 31, 2021.

Results: As of 13th July 2021, the 34% (n=115) of Scientific and Technical Associations answered. The majority of Associations has from 50 to 500 members registered. In these preliminary results, the production of CPGs is in median 2 per Association (interquartile range 0 – 5). In the 67% of Association, their members often consulted CPGs. The most three barriers for CPG production are: limited resources (32%), inadequate methodological competence (22%), and unclear CPG development process (22%).

Discussion: Understanding critical needs for the use and implementation of CPGs could provide insight into which elements should be improved to disseminate the CPGs uptake, facilitate the implementation and better adapt them to clinical practice.

Leveraging the ECRI Guidelines Trust Snapshot for Rapid Evaluation of COVID-19 Guidelines

Dr. Jeremy Michel^{1,2,3}, Anne Wert¹, Kelly Mathews¹, Dr. Morgan Leafe^{1,4}, Janice Kaczmarek¹

¹ECRI, Plymouth Meeting, United States, ²The Children's Hospital of Philadelphia, Philadelphia, United States,

³University of Pennsylvania, Perelman School of Medicine, Philadelphia, United States, ⁴St. Joseph's University, Philadelphia, United States

2F - Poster Session - Relevance / different sources of evidence / sharing knowledge, October 25, 2021,
5:30 PM - 7:00 PM

Biography:

Dr. Michel is an Assistant Professor of Pediatrics at the Perelman School of Medicine, University of Pennsylvania. He is board certified in pediatrics and informatics. He completed an NLM-sponsored fellowship in clinical informatics at Yale University where he specialized in informatics to support translation of guidelines into clinical practice and quality measures. As the Medical Director for the ECRI Guidelines Trust he supports a publicly accessible repository of evidence-based guideline content which can be used to underpin clinical decision support and quality measure development.

Background: It is difficult to stay current on COVID-19 recommendations as clinical practice guidelines (CPG) are published, updated, and retired. To facilitate rapid screening of guidelines, the ECRI Guidelines Trust® (EGT) developed the Guideline Snapshot. EGT provides a centralized repository of guidelines across specialties.

Objective: Develop, update, and evaluate changes over time in Guideline Snapshots for COVID-19 guidelines.

Methods: We created Guideline Snapshots for 168 COVID-19 CPGs using a two-reviewer system for quality assurance. When CPGs were revised, updates were incorporated into Guideline Snapshots.

Themes and topics addressed within the Guideline Snapshots were identified during development and updating. These were evaluated over time to identify evolving guidance and areas of focus.

Results: COVID-19 CPGs added to the EGT between 03/2020 and 07/2021 were encapsulated Guideline Snapshots. Modifications to usual care was the most frequent topic (n=60), followed by use of PPE (n=56), isolation (n=50) and prioritization (n=41). Of the guidelines, 23% have been revised once (n=39) and in total 67 revision have been published. Revisions occurred predominantly in the summer of 2020 and early 2021.

Discussion: Guideline Snapshots support identification of relevant guidelines. Some guidelines addressing similar topics were noted to have differences in recommendations, likely reflecting local needs. Guidelines for COVID-19 have shifted over time from a primary focus on resource utilization, safety, and prevention toward inclusion of more nuanced recommendations on treatment, long term management, and provision of standard medical care in the ongoing pandemic. Newer guidelines have addressed evolving concerns including COVID-19 vaccination, addressing misinformation, and variants.

Live guideline as a new format for providing up-to-date information to clinicians during the COVID-19 pandemic

Mrs Oksana Gulenko¹, Mrs Olena Shylkina¹, Mrs levgeniia Rubtsova¹

¹State Expert Center of The Ministry of Health of Ukraine, Kyiv, Ukraine

4F - Poster Sessions - Other topics, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Gulenko Oksana heads the Devision of Medical Care Standardization of the Department of Medical Technology Assessment of the State Expert Center of the MoH of Ukraine. Her main responsibilities include:

1. Providing methodological support for the development, implementation and revision of healthcare quality indicators.
2. Providing technical support for the development of clinical guidelines, standards, protocols for the standardization of medical and pharmaceutical care.
3. Maintenance and filling of the Register of medical and technological documents.
5. Analysis of world experience in the assessment of medical technologies and quality management of health care and adaptation to the Ukrainian healthcare system.

Background

The challenges facing the healthcare system during the COVID-19 pandemic require finding innovations and using modern solutions in providing of medical care for patients with COVID-19.

The rapid updating of scientific information requires new approaches to its dissemination, assessment and development of medical care standards.

Objective

To provide the essential medical care for COVID-19 patients, clinicians and other medical staff require relevant evidence-based information on the diagnosis and treatment of COVID-19.

Methods

During the COVID-19 pandemic, when reliable evidence are only accumulating, it is difficult to achieve the usual quality standards. The Multidisciplinary Working Group (MWG) conducted a systematic search for clinical guidelines for the treatment COVID-19. For the synthesis were used fragments of 14 information sources - WHO, NICE, NIH, IDSA etc., which were critically assessed and adapted to the national context. "Live guideline" has been created, it is regularly updated and supplemented with new evidence as soon as it appears. For the timely introduction of new evidence into the "Live guideline", a weekly monitoring of the relevant information sources is carried out.

Results

Based on clinical guidelines, standards of medical, emergency and pharmaceutical care for COVID-19 have been developed and approved by the MoH. They are regularly updated by the MWG based on new evidence from the "Live guideline".

Discussion for scientific abstracts

The new format of the "Live guideline" demonstrated the feasibility of approaches to the development of treatment standards for patients with COVID-19 based on current (but still incomplete) evidence that is regularly updated.

Living evidence-based COVID-19 guidelines in the French context

Dr. Sophie BLANCHARD-MUSSET¹, Dr Valérie Ertel-Pau, Dr Pierre Gabach

¹HAUTE AUTORITE DE SANTE, Saint Denis la Plaine, France

4C - Poster Session - Sustainability / Living guidelines, updating, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

After a Ph. D. in medical biology, and several research projects, I joined in 2005 The French National Authority for Health in the health technology assessment (HTA) department and in the guideline management more than 18 guidelines. My role is also to develop new methods: updating guidelines, accelerated developed guidelines...

During the COVID-19 pandemic, using a specific method we provided with my team urgently requested guidelines to support decision making by stakeholders. This unprecedented pace of development of guidelines reiterated my determination to participate in the efforts of the international community to do better in the care delivery

Background

As there has been an increasing demand from policy makers to have rapid access to evidence-based decision supports, the French National Authority for Health (HAS) produced rapid guidelines for several years. The pandemic COVID-19 was a new challenge to produce up-to-date and trustworthy guidelines to ensure guidance for health decisions.

Objective

To develop a living rapid guidelines method specific to the pandemic context

Methods

We performed a 7-step simplified method including key elements to accelerate the process: closely cooperation between the HAS team and healthcare experts, selecting best available evidence, using digital tools, surveillance of data, specific publication and webpage.

Results

Despite the context of extremely evolving body of evidence and low level of quality, 39 "Réponses Rapides COVID-19" (RR COVID19) were produced in 12 different areas: management people covid19+ (9), chronic disease management (15), physical medicine and rehabilitation (4), pregnancy and childbirth (3), teleconsultation (1), palliative care (1), psychiatric and mental health (1), mental suffering health professionals (1), others (4).

All RR COVID19 could be quickly updated on a surveillance process: 21/39 were updated at least once in the year. 2 RR COVID19 were withdrawn because they were obsolete or no more useful. 6 RR COVID19 were declined for the general public.

Conclusions

Facing such a global crisis let guideline developers had to adopt new methods, especially in developing living evidence-based guidelines. HAS adopted one for providing rapid and trustworthy guidelines COVID. Next step is to assess if this process is relevant to other domains requiring prompt decision-making.

Living guidelines methods and processes: An overview from the Australian Living Evidence Consortium

Ms Saskia Cheyne¹, Dr David Fraile Navarro¹, Dr Tari Turner¹

¹Monash University, , Australia

3A - Sustainability II: Living guidelines and updating, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

I'm an experienced systematic reviewer and guideline methodologist. My primary interests are on living and prospective approaches to evidence. I'm currently working as a Research Fellow in Living Evidence Methods at Cochrane Australia and the Australian Living Evidence Consortium, undertaking research to investigate and describe the methods of development of 'living' (continually updated) evidence syntheses and clinical practice guidelines. I previously worked as a Senior Evidence Officer and Methods Chair for the Australian Living Guidelines for COVID-19. I'm involved in the development of methodology and an Associate Convenor for the Cochrane Prospective Meta-analysis (PMA) Methods Group.

Background

'Living' guidelines ensure currency, validity, and relevance of guideline recommendations by continually updating them to include new evidence. The Australian Living Evidence Consortium (ALEC) consists of members developing living guidelines for: COVID-19, stroke, diabetes, kidney disease, musculoskeletal conditions and heart health.

Objective

To provide an overview of the methods for developing living guidelines, using examples of guidelines being developed by ALEC.

Methods

Members of ALEC convened a Methods and Processes Working Group to discuss and share experiences of the methods used to develop living guidelines.

Results

We developed a guide to developing living guidelines which includes approaches to: 1) deciding if the guideline is a priority for a living approach, 2) preparing for living guideline development, 3) surveillance and frequency of searching, 4) assessment and synthesis of the evidence, 5) publication and dissemination, and 6) transitioning recommendations out of living mode. Examples from ALEC guidelines are presented to illustrate each phase.

Discussion

The guidance outlines key elements to consider when developing a living guideline. Populations, audiences, clinical questions and contexts vary widely across ALEC living guideline developers and these have led to some variations in approaches. The guidance provides an overarching approach for guideline developers considering starting a new living guideline, transitioning an existing guideline to living mode or seeking further methodological guidance to aid the development of an existing living guideline. However, as living guidelines are an emerging approach, further in-depth guidance is required.

Maintaining recommendations on COVID-19 therapeutics: comparing living guideline approaches

Dr. Emma McFarlane¹, Sara Buckner¹, Justine Karpusheff¹, Olivia Crane¹, Rachel Archer¹, Omnia Bilal¹, Gareth Franklin¹, Tari Turner², Steve McDonald², Heath White²

¹NICE, Manchester, United Kingdom, ²Monash University, Melbourne, Australia

3A - Sustainability II: Living guidelines and updating, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

Emma McFarlane is a Technical Adviser at NICE and has more than 10 years experience working in guideline surveillance and updates. Emma also chairs the GIN updating working group and is a member of the GIN collaboration working group.

Background

Regular review and update of guideline recommendations is necessary to ensure they remain relevant for practice. However, the value of different updating strategies is unknown.

Objective

To compare two different models for updating guideline recommendations to assess the value of adopting continual evidence incorporation compared with updating when a trigger is identified

Methods

Two approaches were compared over a 3-month period:

- Surveillance of new evidence to identify triggers for update (trigger-based approach)
- Continuous updating as new evidence emerges (continual evidence incorporation)

We applied these approaches to NICE's recommendations on remdesivir, sarilumab and tocilizumab for COVID-19 due to the uncertainty of the evidence for these treatments. New evidence identified prospectively through surveillance was either considered for its impact on the recommendations before being incorporated (trigger-based approach) or was added to the meta-analysis irrespective of its impact (continual evidence incorporation approach). In partnership with the Australian COVID-19 Clinical Evidence Taskforce, the same methods were applied to recommendations on baricitinib and favipiravir for their living guideline.

Results

We compared accuracy of surveillance decisions to update through the trigger-based approach with continual evidence incorporation. Approaches were compared in terms of whether there was a change in direction of effect for relevant outcomes and subsequent changes to recommendations.

Time to event (change in guidance) and cumulative resource use were also measured.

Discussion

Continual evidence incorporation may be more relevant in high priority areas of uncertainty with a trigger-based approach more appropriate when new emerging evidence is unlikely to change recommendations.

Managing overlap of primary study results across systematic reviews: practical considerations for authors of overviews of reviews

Dr. Carole Lunny^{1,5}, Dr Dawid Pieper², Dr Pierre Thabet³, Dr Salmaan Kanji⁴

¹*Knowledge Translation Program, Unity Health Toronto, , Canada*, ²*Institute for Research in Operative Medicine, Witten/Herdecke University, , Germany*, ³*Hôpital Montfort, Ottawa, Canada*, ⁴*Ottawa Hospital and Ottawa Hospital Research Institute, , Canada*, ⁵*University of British Columbia, , Canada*

2F - Poster Session - Relevance / different sources of evidence / sharing knowledge, October 25, 2021,
5:30 PM - 7:00 PM

Biography:

Dr Carole Lunny is a methodologist with the Knowledge Synthesis Team at Unity Health Toronto and an affiliate with UBC. She specialises in research synthesis methods and critical appraisal of reviews, network meta-analysis, and overviews. Her current research focuses on the development of a risk of bias tool for network meta-analysis, and methods issues in clinical practice guidelines and overviews. She completed her PhD as an epidemiologist at Cochrane Australia. She is a member of the several methods groups at Cochrane, academic board advisor for Researchsquare.com, and academic editor for PeerJ. Her list of publications can be found here: <https://scholar.google.com/citations?user=YaJAbZsAAAAJ&hl=en&oi=ao>

Background: Overviews often identify and synthesise a large number of systematic reviews on the same topic, which is likely to lead to overlap (i.e. duplication) in primary studies across the reviews. Using a primary study result multiple times in the same analysis overstates its sample size and number of events, falsely leading to greater precision in the analysis.

Objective: (a) describe types of overlapping data that arise from the same primary studies reported across multiple reviews, (b) describe methods to identify and explain overlap of primary study data, and (c) present six case studies illustrating different approaches to manage overlap.

Methods: We first updated the search in PubMed for methods from the MOoR framework relating to overlap of primary studies. One author screened the studies titles and abstracts, and any full-text articles retrieved, extracted methods data relating to overlap of primary studies and mapped it to the overlap methods from the MOoR framework. We present 6 case studies and discuss methodological limitations, efficiency, usability, and resource use.

Results: Nine methods studies were found and mapped to the MOoR framework to address overlap. Our overview case studies used multiple methods to reduce overlap at different steps in the conduct of an overview.

Conclusions: Our study underlines that there is currently no standard approach to deal with overlap in primary studies across reviews. The level of complexity when dealing with overlap can vary depending on the yield, trends and patterns of the included literature and the scope of the overview question.

Managing the evidence epidemic: NICE's experience of using study classifiers for COVID-19 guidelines

Mr Stephen Sharp¹, Dr Emma McFarlene¹, Dr Kathryn Hopkins¹

¹National Institute for Health and Care Excellence, Manchester, United Kingdom

6A - Relevance to context and current events, October 27, 2021, 3:15 PM - 4:45 PM

Biography:

Stephen has over 20 years of experience of working in healthcare information and analytical roles and has worked at NICE for 10 years, initially as an Information Specialist and later as a Technical Analyst in guideline surveillance. He is currently contributing to the NICE COVID-19 team guideline development and surveillance.

Background

Continuous evidence surveillance of NICE's COVID-19 guidelines is essential to monitor the rapidly evolving evidence base on COVID-19 and facilitate a living guideline approach. This is highly resource intensive, with the search initially generating approximately 3000 records per week for manual sifting. Machine learning classifiers have the potential to improve efficiency.

Objectives

To explore whether a bespoke machine learning classifier could reduce the sifting burden of a continuous evidence approach, without an unacceptable loss of sensitivity.

Methods:

A classifier was built based on training data from guideline and initial surveillance included and excluded studies. The classifier was tested using a separate sample of studies that had already been manually sifted. Each study in the test sample was assigned a score between 0 and 100 indicating how likely the study fits the classifier model, a proxy for relevance to NICE guidelines. The optimal relevancy threshold score for determining whether a study should be automatically excluded was explored.

Results and discussion

The classifier was tested successfully in live surveillance and then implemented, initially with a threshold of below 30% relevancy, and later 40% relevancy, used for automatic exclusion. It was rebuilt and validated in 2021 using a much larger sample of data. At the 40% relevancy threshold, the rebuilt classifier reduced the number of records by 67.9% with 4.3% false negatives.

Future work will explore increasing the threshold to further improve sifting efficiency.

Conclusion

Classifiers can accurately predict includes/excludes and reduce the manual screening burden in a living guidelines context.

Management of hypertension in adults: Tunisian Implementation strategy

Madame Hella Ouertatani Bessais¹, Dr Mohamed Ben Hamouda¹, Dr Asma Ben Brahem¹, Dr Chokri Hamouda¹

¹National Authority For Assessment And Accreditation In Healthcare, Tunis, Tunisia

4A - Poster Session - Implementation III, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

I'm hella Ouertatani head of unit clinical care pathway, I'm Nutritionist, Diploma of quality management and health economics Medecin yniversity of sfax

I'm start working at INEAS in 2016 at health technology assessment department, in 2018 I moved to the quality of care and patient safety department and was named head of the care pathways development unit. I have participated in the development of over 30 clinical practice guidelines and care pathways. During Covid pandemic I was asked to participate in an international group for the review and development of a management guide for covid.

Background: The National authority for assessment and accreditation in healthcare in Tunisia (INEAS) received a request from the Tunisian society of cardiology and the national health insurance for the development of a guideline on the management of hypertension in adults.

Objective: Clinical practice guidelines improves healthcare quality and patient safety. Although adapting a guideline on hypertension in Tunisia is not a guarantee oft it's implementation, adaptation may improve acceptance and adherence to its recommendations.

Methods: INEAS formed a multidisciplinary working group. The guideline was an adaptation by using the ADAPTE toolkit. A search strategy was conducted using clinical questions based on PIPOH model, and predefined inclusion and exclusion criteria. Selected CPGs were assessed by AGREE II Instrument. One source guideline from European society of cardiology ESC 2018 was selected for adaptation. The working group spent six months for the wording of the recommendations followed by an implementation strategy including dissemination of printed, electronic material and educational/awareness sessions for all healthcare professionals published on the website, and social media.

Future prospects: The recommendations for the management of hypertension in adults are being translated into implementation tools and the barriers and enablers for implementing recommendations were Identified.

A mobile application for the measure of cardiovascular risk has been created (INEAS GLOBORISK).

Patient and healthcare educational guide on the non-pharmacological treatment (Arabic/French) and therapeutic educational videos have been developed.

A care pathway in being elaborated based on the CPG which is an essential tool for a successful implementation especially for the medical insurance.

Mapping existing systems and processes for the uptake of norms and standards in five low- and middle-income countries (Bangladesh, Ethiopia, Mozambique, Tanzania and Uganda) using WHO-GUIDES framework

Ms Kidist Bartolomeos¹, Dr Salim Chowdhury², Dr Aklilu Azazh Tumebo³, Dr Alexandra Fernandes Rodrigues⁴, Dr Otilia Neves⁵, Dr Admirabilis Kalolella⁶, Dr Ahmed Makata Mwinyimtwana⁷, Dr Joseph Ngonzi⁸, Dr Ron Lett⁹

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³Addis Ababa University College of Health Science, School of Medicine, Addis Ababa, Ethiopia, ⁴University of Eduardo Mondlane, Faculty of Medicine, Maputo, Mozambique, ⁵Maputo Central Hospital, Emergency Department, Maputo, Mozambique, ⁶Kampala International University Tanzania, Faculty of Medicine & Pharmaceutical Science, Dar Es Salaam, Tanzania, ⁷Kampala International University Tanzania, Faculty of Medicine & Pharmaceutical Science, Dar Es Salaam, Tanzania, ⁸Mbarara University of Science and Technology Faculty of Medicine, Kampla, Uganda,

⁹Canadian Network for International Surgery, Canada

5E - Panel Session 5 - Mapping existing systems and processes for the uptake of norms and standards in five low- and middle-income countries using WHO-GUIDES framework, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

Kidist Bartolomeos is Unit Head for Product Design and Impact (PDI) at WHO Department of Quality of Norms and Standard in the Science Division. She has over 25 years epidemiology, research and capacity building experience, with most of those years working with WHO country and regional offices, collaborating centers, other global and regional institutions supporting local research, advocacy and prevention initiatives. Before becoming Unit Head for PDI, she was an Editor at the Bulletin of the World Health Organization for 6 years. She is a co-editor and contributor to many WHO guidance documents on injury, violence, surveillance, monitoring and evaluation.

Background

Public health norms and standards products (NSPs) are advanced across various conceptual, maturity, and implementation models. While NSP implementation and adaptation frameworks have a longer history of development, appropriate use of these frameworks can often be driven by disease, condition, academic discipline, or system-specific conceptual pre-understandings. Adaptation takes time, and related processes should be mapped with timelines to ensure accountability for progress.

Objective

To map existing systems and processes for the uptake of NSPs at country level using WHO-GUIDES framework

Five health system attributes (Governance, User focus, Information dissemination channels, Decisions and decision makers, Enabling environment; Stepwise implementation) (GUIDES) shown to strengthening the uptake of NSPs were identified. For each attribute a set of questions considered essential to provide insight into national structures, processes, policies, actors and resources were developed. To test its local relevance and completeness a template was developed and tested with five sites from low-and middle-income countries (Bangladesh, Ethiopia, Mozambique, Uganda and Tanzania). At each site PIs identified an adapted national NSP and completed the template. Final answers were used to generate GUIDES profiles which show that all five countries have similar processes

for national guideline development but the approach varies on resource availability and there is a need to create capacity in developing de novo guidelines, evaluation, and implementation. Panelists(5) will present the GUIDES framework and the GUIDES profile from the five-testing sites and discuss the similarities and differences in systems and processes for NSP implementation among countries, as well as identified facilitators and constraints.

Maximise the generalisability of three heart failure (HF) randomised controlled trials by calibrating the trials to a HF register in Scotland

Ms Lili Wei¹, Dr Anoop Shah², Professor John Cleland¹, Professor Jim Lewsey¹, Dr David McAllister¹

¹*University of Glasgow, Glasgow, United Kingdom, ²London School of Hygiene and Tropical Medicine, London, United Kingdom*

2F - Poster Session - Relevance / different sources of evidence / sharing knowledge, October 25, 2021,
5:30 PM - 7:00 PM

Biography:

MPH, Bachelor of Medicine

Background: Randomised controlled trials (trials) are the gold standard method for assessing treatment effectiveness. However, compared with clinical practice, older patients and those with comorbidities are often under-represented in trials. Trial calibration involves re-estimating trial treatment effect estimates to better reflect target populations, while still preserving randomisation.

Objective: To determine the feasibility of calibrating trial data to target populations derived from disease registers.

Methods: Using individual-level patient data from three major heart failure trials (COMET, DIG and TOPCAT) and a regional HF register as an exemplar, we performed calibration using regression-based and inverse propensity score weighting (IPSW) methods. In the former we combined trial and register-derived regression models to estimate treatment effects. In the latter we performed weighted regression of the trial data based on trial inclusion probabilities derived from trial and register data.

Results: Patients in the HF register were older, had worse renal function and higher furosemide doses than in the trials. For each trial, effect estimates from uncalibrated and calibrated analyses were similar (e.g. odds ratios in COMET for all-cause mortality were 0.83 (95%CI 0.74, 0.93), 0.71 (95%CI 0.58, 0.88) and 0.97 (95%CI 0.72, 1.27) in the uncalibrated, IPSW and regression-based analyses). The calibrated estimates for all three trials were less precise (i.e. up to 1.5-fold wider 95%CI) than were the standard estimates.

Discussion: Calibration may be used to estimate the applicability of trial findings to real-world populations, with only moderate reductions in the precision of the effect estimates.

Maximizing the Patient Voice in the Development of the World Federation of Hemophilia Guidelines

Ms Donna Coffin¹, Mr Mathieu Jackson², Dr Sandra Zelman Lewis³

¹*World Federation of Hemophilia, Montreal, Canada*, ²*Center of Excellence on Partnerships with Patients and the Public, University of Montreal, Montreal, Canada*, ³*EBQ Consulting, LLC, Northbrook, USA*

4B - Poster Session - Guidelines with and for users II, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Donna Coffin, MSc is currently the Director of Research and Education at the World Federation of Hemophilia (WFH) in Montreal, Canada. Donna is an epidemiologist, trained at McGill University in Montreal, and has spent much of her career conducting evidence based research for health care and regulatory agencies around the world. Since joining the WFH in 2016, Donna and her team are responsible for the development and implementation of the World Bleeding Disorders Registry, and all WFH research activities, including the WFH Annual Global Survey, the WFH Clinical Research Grant Program, and education materials.

Background

The World Federation of Hemophilia (WFH), in partnership with a global team of health care professionals (HCP), people with hemophilia (PWH)/parents, and the University of Montreal, published the third edition of the WFH Guidelines for the Management of Hemophilia, ensuring PWH/parents participated at every step of the process as active and equal panelists.

Objective

To develop guidelines incorporating evidence- and Trustworthy Consensus-Based Statement approaches, meeting established international standards for clinical practice guidelines and endorsements by GIN and ECRI.

Methods

Systematic reviews were supplemented with experience-based knowledge of expert HCPs and PWH/parents through a series of modified eDelphi surveys. Panels of 8-10 experts for each of 11 content chapters was mandated to include ≥ 25% PWH/parents. All panelists, including PWH/parents, were involved at every stage of development: topic and outcome selection, evidence review, consensus achievement on the recommendations, and manuscript drafting/review. Uniquely, they were provided training for meaningful involvement.

Results

The combined group of 12 PWH/parents provided a diversity of hemophilia type, severity, geography, and access to treatment. The equal status of HCP and PWH/parent panelists encouraged solicitation of all perspectives and incorporation of patient preferences in the recommendations. Although encouraged to vote on all recommendations, PWH/parents were able to “opt out” if uncomfortable voting on particular recommendations, impacting 6.5 % of the total.

Discussion

The objective of trustworthy, evidence-informed, and expert- and PWH/parent-driven recommendations that guide treatment and management of hemophilia globally was met. The inclusion of PWH/parents resulted in relevant and applicable recommendations addressing patient preferences and needs.

Methodological and Reporting Quality of Chinese Clinical Practice Guidelines Published between 2014 and 2018: A Systematic Review

Mr Qi Zhou¹, Miss Zijun Wang¹, Miss Qianling Shi¹, Miss Zhao Siya¹, Miss Yangqin Xun¹, Mr Hui Liu¹, Mr Hairong Zhang¹, Miss Xiao Liu¹, Miss Xiaoqin Wang², Mr Liang Yao³, Miss Qi Wang³, Miss Qinyuan Li⁴, Mr Janne Estill⁵, Prof Kehu Yang¹, Prof Yaolong Chen¹

¹Lanzhou University, Lanzhou, China, ²The Michael G. DeGroote Institute for Pain Research and Care, McMaster University, Hamilton, Canada, ³Department Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada, ⁴Department of Respiratory Medicine, Children's Hospital of Chongqing Medical University, Chongqing, China, ⁵Institute of Global Health, University of Geneva, Geneva, China

4E - Poster Session - Other: Current aspects in Chinese guideline development, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Zhou Qi, Master student of Lanzhou University. The main areas of research include Evidence-Based Medicine, Clinical Practice Guidelines, and Reporting Guidelines. Mainly participated in the development of more than 10 evidence-based guidelines led by societies/associations such as the Chinese Thoracic Society (CTS), the Chinese Association of Chest Physicians (CACP), and the Chinese Rheumatology Association (CRA). He has been invited to give four presentations in Cochrane colloquiums and GIN conferences. He has published more than 30 papers in peer-reviewed journals such as The Lancet, Journal of Clinical Epidemiology, BMJ open, Health Research Policy and Systems.

Background: A total of 664 clinical practice guidelines (CPGs) were developed and published between 1993 and 2016 in Chinese medical journals, and the number of annually published guidelines is constantly increasing. However, the previous studies do not necessarily reflect the latest situation of Chinese guidelines.

Objectives: This study aimed to analyses the methodological and reporting quality of CPGs developed in China and published between 2014 and 2018.

Methods: We conducted a comprehensive search to included all CPGs developed in China between 2014 and 2018. The AGREE II tool and the RIGHT checklist were used to appraise methodological quality and reporting quality of the included guidelines, respectively.

Results: We included 573 CPGs finally. Only 62 (10.8%) of the guidelines used the GRADE approach. The mean overall score of methodological quality overall guidelines was 19.4%, and the mean scores for each AGREE II domain were 28.6% (Scope and purpose), 17.0% (Stakeholder involvement), 11.7% (Rigor of development), 32.2% (Clarity of presentation), 14.2% (Applicability) and 12.8% (Editorial independence). The mean overall score for reporting quality overall guidelines was 30.2%, with the following mean scores for each RIGHT domain were 55.6% (Basic information), 43.8% (Background), 14.5% (Evidence), 29.2% (Recommendations), 10.7% (Review and quality assurance), 12.6% (Funding and declaration of interest) and 8.4% (Other information).

Discussion for scientific abstracts: In the past five years, both the methodological quality and the reporting quality of CPGs developed in China have been improving year by year, but the quality of CPGs from China is still lower than the international average.

Methodological review of items for assessing bias in network meta-analyses provides groundwork for the development of a new risk of bias tool

Dr. Carole Lunny^{1,2}, Dr Argie – Angeliki Veroniki¹, Dr Andrea Tricco^{1,3}, Dr Sofia Dias⁴, Dr Brian Hutton⁵, Dr Ian R. White⁶, Dr Julian Higgins⁷, Dr James M. Wright², Dr Penny Whiting⁷

¹*Knowledge Translation Program, Unity Health Toronto, , Canada*, ²*University of British Columbia, , Canada*, ³*Dalla Lana School of Public Health, University of Toronto, , Canada*, ⁴*CRD, University of York, , UK*, ⁵*School of Epidemiology, Public Health and Preventive Medicine, University of Ottawa, , Canada*, ⁶*MRC Clinical Trials Unit, University College London, , UK*, ⁷*School of Social and Community Medicine, University of Bristol, , UK*

6C - Sustainability V: Methodology, October 27, 2021, 3:15 PM - 4:45 PM

Biography:

Dr Carole Lunny is a methodologist with the Knowledge Synthesis Team at Unity Health Toronto and an affiliate with UBC. She specialises in research synthesis methods and critical appraisal of reviews, network meta-analysis, and overviews. Her current research focuses on the development of a risk of bias tool for network meta-analysis, and methods issues in clinical practice guidelines and overviews. She completed her PhD as an epidemiologist at Cochrane Australia. She is a member of the several methods groups at Cochrane, academic board advisor for Researchsquare.com, and academic editor for PeerJ. Her list of publications can be found here: <https://scholar.google.com/citations?user=YaJAbZsAAAAJ&hl=en&oi=ao>

Introduction: Network meta-analyses (NMAs; i.e., multiple treatment comparisons, indirect comparisons) have grown in number as they provide comparative effectiveness of multiple treatments for the same condition. Being able to critically appraise the findings of NMAs is central to informed guideline development.

Objective: The methodological review aims to develop a list of items relating to biases in NMAs. Such a list will inform a new tool to assess bias in NMAs.

Methods: We will include articles that (a) present items related to bias, reporting, or methodological quality, (b) assess the methodological quality of reviews with NMA, or (c) present methods for NMAs. We will search Ovid MEDLINE, the Cochrane library, and grey literature. Once all items have been extracted, we will combine conceptually similar items, classifying them as referring to bias or to other aspects of quality (e.g. reporting).

Results: The search yielded 3599 citations, and of these, 63 were included. Of the 63 included articles, 14 were tools, checklists or standards, 13 were a guidance or conduct of report for NMAs, 26 were articles related to bias or methods, and six were papers assessing the methodological quality (or risk of bias) of reviews with NMA. These 26 articles yielded 99 items, which were paired down to 23 items related to bias in NMAs.

Conclusions: This study provides groundwork for the creation of a bias assessment tool for NMAs. The items will be entered into a Delphi process to solicit expert feedback on which items would be included in the tool.

Methodology and Experiences of Rapid Advice Guideline for Children with COVID-19: Responding to the COVID-19 outbreak quickly and efficiently

Mr Qi Zhou¹, Miss Qinyuan Li², Prof Enmei Liu², Prof Qiu Li², Prof Kehu Yang¹, Prof Yaolong Chen¹

¹Evidence-based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ²National Clinical Research Center for Child Health and Disorders, Ministry of Education Key Laboratory of Child Development and Disorders, China International Science and Technology Cooperation Base of Child Development and Critical Disorders, Children's Hospital of Chongqing Medical University, Chongqing, China

2E - Poster Session - Sustainability: Methods and COI Management, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Zhou Qi, PhD student of Lanzhou University. The main areas of research include Evidence-Based Medicine, Clinical Practice Guidelines, and Reporting Guidelines. Mainly participated in the development of more than 10 evidence-based guidelines led by societies/associations such as the Chinese Thoracic Society (CTS), the Chinese Association of Chest Physicians (CACP), and the Chinese Rheumatology Association (CRA). He has been invited to give four presentations in Cochrane colloquiums and GIN conferences. He has published more than 30 papers in peer-reviewed journals such as *The Lancet*, *Journal of Clinical Epidemiology*, *BMJ open*, *Health Research Policy and Systems*.

Background: Rapid Advice Guidelines (RAG) provide decision-makers with guidance to respond to public health emergencies by developing evidence-based recommendations in a short period of time with a scientific and standardized approach. However, the experience from the development process of a RAG, has not been systematically summarized.

Objective: We shall propose suggestions and reflections for future research, in order to provide a more detailed reference for the future development of RAGs.

Methods: Our working group will take the experience of the development of the RAG for children with COVID-19 as an example to systematically explore the methodology, advantages, and challenges in the development of the RAG.

Results: The development of the RAG by a group of 67 researchers from 11 countries took 50 days from official work (January 28, 2020) to submission (March 17, 2020). Only two of the ten recommendations were fully supported by direct evidence for COVID-19, three recommendations were supported by indirect evidence only, and the proportion of COVID-19 studies among the body of evidence in the remaining five recommendations ranged between 10%~83%. Six of the ten recommendations used COVID-19 preprints as evidence support, and up to 50% of the studies with direct evidence on COVID-19 were preprints.

Discussion for scientific abstracts: In order to respond to public health emergencies, the development of RAG also requires a clear and transparent formulation process, usually using a large amount of indirect evidence and non-peer-reviewed evidence to support the formation of recommendations.

Methodology on Development of Evidence-based Guidelines for Traditional Chinese Medicine: A Scoping Review

Ms Juanjuan Zhang^{1,3,4,5}, Ms Jianjian Wang^{1,3,4,5}, Ms Hongmei Zhao¹, Ms Meng Luo¹, Mr Wenpin Hu¹, Mr Junxian Zhao¹, Ms Shouyuan Wu^{1,3,4,5}, Ms Xuan Yu^{2,3,4,5}, Ms Yan Ma¹, Prof. Xiaohui Wang¹, Prof. Yaolong Chen^{1,2,3,4,5}

¹School of Public Health, Lanzhou University, Lanzhou, China, ²School of Basic Medicine Sciences, Lanzhou University, Lanzhou, China, ³Lanzhou University Institute of Health Data Science, Lanzhou, China, ⁴WHO Collaborating Center for Guideline Implementation and Knowledge Translation, Lanzhou, China, ⁵Guideline International Network Asia, Lanzhou, China

4D - Poster Session - Rapid Reviews / Methodology, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

- Master of Public Health, Lanzhou University School of Public Health, majoring in social medicine and health business management
- B.S., Shanghai University of Traditional Chinese Medicine in 2020, majoring in public business management (health management direction)

Background The overall methodological and reporting quality of traditional Chinese medicine (TCM, including Integration of Chinese and Western Medicine) guidelines remains suboptimal. Standardized TCM guideline development manuals are needed.

Objective To understand the current status of methodology on development of TCM guidelines, identify the shortcomings and give suggestions.

Methods We systematically searched six Chinese and English databases from their inception to May 6, 2021 and three websites of TCM-related societies for manuals. We defined the top 30% were critical steps in TCM guidelines development based on the number of mentions of the included studies.

Results A total of 81 studies were included, of which 18.52% were manuals and 81.48% were methodological studies. Before 2016, the number of studies was low; the highest number was 23 in 2016; after 2016, there were fluctuations but an overall decreasing trend. We found that “Evidence retrieval and synthesis (61.73%)”, “Quality of evidence and grading of recommendations (51.85%)”, “Consensus formation methods (38.27%)” and “Guideline working groups (30.86%)” were the critical steps. Moreover, the manuals focused on the whole steps of guidelines development, but some steps lacked of detailed descriptions such as retrieval of antiquarian evidence. The methodological studies were likely to focus on one of the steps for deeper exploration, but some methods were still immature.

Discussion The methodology of current TCM guideline development manuals is still incomplete, which can combine the characteristics of TCM with mature international guideline development manuals to improve.

Methodology on grading of evidence quality and recommendations for Traditional Chinese Medicine guidelines

Ms Juanjuan Zhang^{1,2,3,4}, Ms Hui Lan^{1,2,3,4}, Prof. Xiaohui Wang¹, Prof. Yaolong Chen^{1,2,3,4}

¹School of Public Health, Lanzhou University, Lanzhou, China, ²Lanzhou University Institute of Health Data Science, Lanzhou, China, ³WHO Collaborating Center for Guideline Implementation and Knowledge Translation, Lanzhou, China, ⁴Guideline International Network Asia, Lanzhou, China

4D - Poster Session - Rapid Reviews / Methodology, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

-Master of Public Health, Lanzhou University School of Public Health, majoring in social medicine and health business management

-B.S., Shanghai University of Traditional Chinese Medicine in 2020, majoring in public business management (health management direction)

Background Due to the specificity of the traditional Chinese medicine (TCM) guidelines evidence, the grading quality and recommendation of Western guidelines evidence cannot be fully applied to it, and a specialized method for grading evidence quality and recommendations is needed.

Objective To understand the current status of methodology on grading of evidence quality and recommendations for TCM guidelines, then explore more applicable method.

Methods We systematically searched six Chinese and English databases from their inception to May 6, 2021. Due to ancient evidence is an integral part of the evidence for TCM guidelines, relevant studies were also included.

Results A total of eight studies were included, one for evidence quality and strength of recommendations, four for evidence quality, one for strength of recommendations and two for antiquarian evidence. All studies were published from 2007 to 2021. For evidence quality, the method proposed by Liu J was widely used, which was updated in 2019. One method has been proposed for grading evidence quality and strength of recommendation, but the usage rate was low. We searched methodological studies on TCM guideline development revealed that 55.88% recommended GRADE or a method adapted from GRADE to grade evidence quality and recommendations.

Discussion There is no established grading method for TCM guideline evidence that considers quality of evidence, strength of recommendations and ancient evidence. which can be developed by drawing on the mature methods for western guidelines, such as GRADE, to form an extension of GRADE for TCM.

Methods and processes for updating guidelines: barriers and enablers

Ms Saskia Cheyne¹, Dr Emma McFarlane², Dr Andrea Juliana Sanabria³, Dr Sarah Norris¹

¹*University of Sydney, Sydney, Australia*, ²*National Institute of Health and Care Excellence, Manchester, United Kingdom*, ³*Iberoamerican Cochrane Centre, Barcelona, Spain*

3A - Sustainability II: Living guidelines and updating, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

I'm an experienced systematic reviewer and guideline methodologist. My primary interests are on living and prospective approaches to evidence. I'm currently working as a Research Fellow in Living Evidence Methods at Cochrane Australia and the Australian Living Evidence Consortium, undertaking research to investigate and describe the methods of development of 'living' (continually updated) evidence syntheses and clinical practice guidelines. I previously worked as a Senior Evidence Officer and Methods Chair for the Australian Living Guidelines for COVID-19. I'm involved in the development of methodology and an Associate Convenor for the Cochrane Prospective Meta-analysis (PMA) Methods Group.

Background

In 2011 the GIN updating guidelines working group (WG) conducted an international survey seeking insights into experiences of guideline updating. The survey found that approaches for updating guidelines varied widely, with no consistent approach across organisations. Since 2011, the methods, tools and online platforms for developing and updating guidelines have evolved, including surveillance and living (continuously updated) guidelines.

Objective

To identify barriers and enablers to updating guidelines, surveillance, publication, and maintaining living guidelines.

Methods

The 2011 WG survey was used as the basis for developing the survey. We built on this survey by utilising the experience and knowledge of WG members. The survey was sent to all members of GIN, and other organisations involved in guideline updating. A traditional thematic analysis of the survey responses was carried out using Nvivo, to identify topics and themes.

Results

Of the 40 survey responses (from 10 countries) 13 had used living guideline methods and a further 14 were considering using these methods in the future. Four emerging themes were identified: resources; information technology (IT); communication; and methodology. There were difficulties in gaining ongoing funding, particularly for living guidelines. Increasing collaboration and decreasing duplication may provide solutions, as may developments in IT such as MAGIC. Key methods issues included monitoring evidence, prioritising areas for update or living mode, deciding when to update and decisions on incorporation of new evidence.

Discussion

Variation and challenges to the methods and processes for updating guidelines remain. Further research should explore strategies for overcoming these challenges.

Methods of patient and public involvement - the updated GIN PUBLIC Toolkit

Mrs Karen Graham, Dr Nancy Santesso, Mrs Corinna Schaefer, Dr. Sarah Scott, Ms Jane Cowl^{1,2}

¹National Institute for Health & Care Excellence (NICE), , United Kingdom, ²GIN PUBLIC working group, ,

1D - Panel Session 1 - Methods of patient and public involvement - the updated GIN PUBLIC Toolkit,
October 25, 2021, 3:15 PM - 4:45 PM

Biography:

Jane Cowl (MSc, BSc Hons, PGCE) is a senior public involvement adviser at NICE in the UK. Jane leads the team that supports the involvement of patients and the public in developing and implementing NICE guidelines. Jane is chair of the GIN Public working group. She has led the updating of the GIN Public Toolkit and is a lead author. Prior to NICE, Jane's roles in the health sector include CEO of a community health council, running research projects, and leading on consumer issues in the team set up by a UK government to help improve maternity services.

Background

GIN Public is an international working group of researchers, health professionals and consumers who promote ways to inform and involve the public in guideline activities. To facilitate effective patient and public involvement (PPI), GIN Public provides practical advice in a methodological 'Toolkit'. The toolkit is for all those seeking inspiration, guidance and best practice examples of PPI. First published in 2012, GIN Public has been working on the latest updated and expanded version of the toolkit, which is due to be launched prior to the conference and in digital format. To deliver the latest version, GIN members were surveyed to seek feedback on its use and areas for development. Some of the improved features include new key messages, top tips, case studies and resources.

Objectives

- To give an overview of international methods of PPI in guideline development and related activities
- To present the updated toolkit as a resource to support effective PPI

Suggested audience: Guideline developers, patient/consumer representatives

Content of presentations

A short presentation will introduce the toolkit, its framework of PPI and development process as well as key results of the survey. Panel members will then present selected chapters, followed by Q & A. Topics covered in the session include:

- recruiting and supporting people and overcoming barriers to involvement
- developing information for patients and the public
- including research on patient and public views
- fostering shared decision-making through guidelines

Moderator and speakers: Jane Cowl, Corinna Schaefer, Karen Graham, Nancy Santesso, Sarah Scott

Misinformation and Disinformation in Covid Guidelines in West and Central Africa

Ms Penka Marthe¹

¹Ebase Africa, Yaounde, Cameroon

2A - Poster Session - Implementation I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Traditional storyteller and young female master's candidate in international law at the University of Yaoundé: Cameroon, currently working as research assistant at eBASE Africa developing an innovative approach to evidence brokering to non-literate populations using storytelling. She has experience in communicating research evidence to rural communities, indigenous populations, young girls through storytelling.

Her work seeks to communicate trustworthy information from research and meta-analysis recommendations to community members, policy makers. Her works have included recommendations from Cochrane, Campbell, JBI, AEN, 3ie, and EEF.

Core competences: Stakeholders engagement, translating research evidence into context, research evidence communication, storytelling. Fluent in French and English.

Background

The effects of COVID 19 have been highly felt across all global sectors of life especially on the attainment of sustainable development goals. Despite efforts being made to end the pandemic, the fight against Covid 19 still remains a great challenge in the world and in West and Central Africa predominantly. The role of mis/disinformation in slowing down this effort is highly felt and thus should not be undermined. According to WHO report, acting on the wrong information can kill, with 6 000 people around the globe hospitalized because of coronavirus misinformation in 2020.

Objectives

To identify cases of mis/disinformation affecting the use of research evidence in Covid 19 guidelines in West and Central Africa.

Methods

A scoping review of existing literature on Dis/Misinformation surrounding covid 19 guidelines in West and Central Africa was conducted using Pubmed, WHO database, Cochrane, Web of Science, and Google scholar. A key term search strategy was employed to identify relevant studies.

Results

Search was conducted using the selected database. Out of 4,303 studies found, 75 were included based on abstract, 16 studies were included based on full text. 90% of the studies included were reported from Nigeria. More is still left to be done in terms of research in this field in the west and central African countries.

Conclusion

Although Dis/misinformation in covid 19 guidelines remains a crucial problem, very little research is carried in this domain especially in West and central Africa.

Mitigation of Aerosol Generating Procedures in Dentistry – a rapid review to inform national COVID-19 guidance

Dr. Douglas Stirling¹, Prof. Jeremy Bagg², Prof. Jan Clarkson¹, Derek Richards¹, Dr Samantha Rutherford¹, Dr Michele West¹

¹Scottish Dental Clinical Effectiveness Programme, NHS Education For Scotland, , United Kingdom, ²University of Glasgow Dental School, , United Kingdom

4D - Poster Session - Rapid Reviews / Methodology, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

A biochemistry graduate and former researcher and university lecturer who joined NHS Education for Scotland in 2004 to establish a programme for dental clinical guidance development. The Scottish Dental Clinical Effectiveness Programme (SDCEP) has since become the only dental organisation that holds National Institute for Health and Care Excellence (NICE) accreditation for guidance development. For further information about SDCEP, its guidance development and other activities, visit www.sdcep.org.uk.

Background

During the COVID-19 pandemic, dental care in the UK was curtailed, with particular concerns about the transmission of SARS-CoV-2 via dental aerosol generating procedures (AGPs).

Objective

To provide greater rigor to decisions about how to conduct dental AGPs safely.

Methods

To conduct a rapid review of evidence, SDCEP adapted its standard NICE-accredited guidance development methodology to both consider the evidence and reach agreed positions on five key questions about dental aerosol generation and mitigation. A multidisciplinary Working Group was convened to provide a broad range of expertise and UK-wide representation. After screening, included articles were appraised and summaries prepared for the key questions. Via numerous online meetings, the Working Group reached agreed positions on each question using a considered judgment process informed by the GRADE Evidence-to-Decision framework. Additional proposals to support implementation were also agreed.

Results/Discussion

The rapid review was completed in 14 weeks, published on the SDCEP website and has been highly accessed. A pragmatic means of determining post-AGP “fallow time” was proposed to support implementing one of the agreed positions in the review. This approach was subsequently incorporated into UK infection prevention and control guidance, with a reduction in the recommended fallow time facilitating a much-needed increase in dental care capacity.

Future prospects for project presentations

Adapting a recognised robust guidance development methodology has enabled an expert group to rapidly review and consider the available evidence and other relevant factors to reach agreed positions on key aspects of dental care that underpinned the remobilisation of dental services.

Modern approach to standardization of medical care at respiratory distress syndrome (RDS) in premature infants

Mrs Oksana Gulenko¹, Mrs Olena Shylkina¹, Mrs Ievgeniia Rubtsova¹

¹State Expert Center of The Ministry of Health of Ukraine, Kyiv, Ukraine

4F - Poster Sessions - Other topics, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Gulenko Oksana heads the Devision of Medical Care Standardization of the Department of Medical Technology Assessment of the State Expert Center of the MoH of Ukraine. Her main responsibilities include:

1. Providing methodological support for the development, implementation and revision of healthcare quality indicators.
2. Providing technical support for the development of clinical guidelines, standards, protocols for the standardization of medical and pharmaceutical care.
3. Maintenance and filling of the Register of medical and technological documents.
5. Analysis of world experience in the assessment of medical technologies and quality management of health care and adaptation to the Ukrainian healthcare system.

Background

Respiratory distress syndrome (RDS) remains an important problem for premature infants. RDS is one of the leading causes of neonatal mortality. This disease is also associated with the development of bronchopulmonary dysplasia, which leads to negative long-term neurological consequences. Progress in RDS management requires physicians to constantly review and improve their clinical practice.

Objective

To develop a clinical protocol of medical care for preterm infants with RDS on evidence-based that significantly reduce morbidity and mortality of premature newborns.

Methods

There have been searching of information sources. The found prototype is European Consensus Guidelines on the management of respiratory distress syndrome (2019). A multidisciplinary working group developed of medical documents, and international experts from Poland and Armenia were included in the review. A public discussion of draft documents was held.

Results

Based on recent data clinical protocol for RDS in premature infants has been created. It includes new methods of non-invasive respiratory support that increase comfort and help reduce the rate of cases of chronic lung disease, optimal solutions for the use of antenatal steroids and caffeine, which provide better results of medical care for premature newborns with RDS. Documents have been developed and approved by the Association of Neonatologists of Ukraine, international reviewers and authorized by the order of the MoH of Ukraine.

Discussion For Scientific Abstracts

Development of a clinical protocol on evidence-based and the use of health technologies with proven effectiveness leads to the best results in the providing of medical care to premature infants with RDS.

Monitoring of the cognition and connection paths of digital guideline in Korea

Dr. Ein-Soo Shin¹, Da-Sol Kim¹, Kyeong-Mi Yu¹, Min-Young Park¹, Ji-Ah Kim¹, Dr. Hwan-Seok Yong^{1,2}, Dr. Jin-Woo Lee^{1,3}, Dr. Ji-Tae Choung^{1,4}

¹Korean Academy of Medical Sciences, , South Korea, ²Department of Radiology, Korea University Guro Hospital, Korea University College of Medicine, , South Korea, ³Department of Orthopaedic Surgery, Yonsei University College of Medicine, , South Korea, ⁴Department of Pediatrics, Korea University College of Medicine, , South Korea

2B - Poster Session - Implementation II, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Ein-Soo is a PhD in Public Health from Yonsei University, Seoul in 1991. She has been working for Korean Academy of Medical Sciences since 2013, serving as research head of Agency for Clinical Practice Guidelines in South Korea. She was an assistant research professor at Aju University School of Medicine (2012-2013) and an assistant professor at Cha University Graduate School of Public Health in Seoul, Korea (2001-2004). Now she is serving as a Vice-Chair of the Adaptation Working Group and a member of the Scientific Committee, GIN 2021. Also, she has been a member of GRADE Working Group since 2016.

Background

Two types, PC version and mobile version, digitally structured guidelines for primary care physicians has been developed in Korea, for the first time in 2019 (www.digitalcpg.kr). The demands for dissemination and implementation of digital guideline are increasing among end-users.

Objective

To monitor the access and utilization of the digital guideline by nationwide implementation strategy

Methods

There were 5 types of implementation strategies to monitor digital guideline; developing leaflets to explain how to use and distribute them online (webzine and e-newsletter), registering search terms on portal site, installing banners in Korean guideline agencies, spreading on-site at national conferences for physicians, and mailing to public health centers nationwide.

Results

Followings were monitored results provided by Google system. From January to December 2020, the number of new visits was 8,471 and the number of revisits was 1,016. Pharmacotherapy page visits (70.6%) were the most frequent. The connecting devices were followed by desktop (74.1%), mobile (24.3%) and tablet (1.6%). The connection paths are as follows; direct access (82.6%), Naver search (5.6%), Google search (2.4%), Korean Medical Association home page (2.1%), and others (8.3%). The cognition paths are as follows; conferences (38.3%), searching (28.9%), leaflets (16.9%), SNS (6.5%), banners (3.5%) and others (6.0%).

Discussion

Based on thorough monitoring of the cognition and connection paths of digital guideline, all 5 types of implementation strategies proved to be working. Therefore, guideline implementation strategies should be planned comprehensively.

More than one third of clinical practice guidelines on low back pain overlapped in AGREE II appraisals. Is it a waste of research?

Dr Silvia Gianola¹, Mrs Silvia Bargeri¹, Ms Michela Cinquini², Mr Valerio Iannicelli³, Mr Roberto Meroni⁴, Mrs Greta Castellini¹

¹Irccs Istituto Ortopedico Galeazzi, Unit of Clinical Epidemiology, Milan, Italy, ²Mario Negri Institute for Pharmacological Research, IRCCS, Milan, Italy, , , ³IRCCS Istituto Ortopedico Galeazzi, Milan, Italy, , , ⁴Department of Physiotherapy, LUNEX International University of Health, Exercise and Sports. Differdange, Luxembourg, ,

1A - Implementation I: Tools and appraisals, October 25, 2021, 3:15 PM - 4:45 PM

Biography:

Silvia Gianola received a Bachelor's Degree in Physiotherapy, a Master's degree in Rehabilitation of Musculoskeletal Disorders and a Master of Science Degree in Health Professional Science of rehabilitation at the University of Milano. She has a PhD in Public Health: she was trained in knowledge transfer and methodology of trials, systematic reviews and guidelines. She is mostly interested in scientific research related to interventions on physiotherapy and musculoskeletal disorders. She is working as researcher at the Unit of Clinical Epidemiology focusing on the following research topic: systematic reviews, meta-epidemiology research and clinical trials with gait analysis and virtual reality rehabilitation.

Background: Several systematic reviews which critically appraise low back pain (LBP) Clinical Practice Guidelines (CPGs) with Appraisal of Guidelines Research and Evaluation (AGREE) II exist. When a CPG overlaps among them, it may be difficult for stakeholders, clinicians and policy-makers to detect the highest quality CPGs since different appraisals may provide different quality ratings.

Objectives: To assess the proportion of CPGs that overlap across AGREE II appraisals in LBP field; and to explore the inter-rater reliability and variability of AGREE II appraisals.

Methods: We conducted a meta-epidemiological study searching for all AGREE II appraisals on LBP CPGs in six databases. The unit of analysis were the CPGs evaluated in each appraisal. Inter-rater reliability and variability of AGREE II domain scores and overall assessments were assessed using the intraclass correlation coefficient and by descriptive statistics.

Results. We found 17 AGREE II appraisals accounting for 43 out of 106 CPGs overlapping (40.6%). Inter-rater reliability was substantial/perfect in 78.3% of overlapped CPGs. The most variable domains were Domain 6 (mean IQR 38.6), Domain 5 (mean IQR 28.9) and Domain 2 (mean IQR 27.7).

Discussion: In the last six years, more than one third of CPGs for LBP were re-assessed for quality by several appraisals with a waste of research. To understand the nature of variability across CPG appraisals, AGREE II Enterprise should invest efforts to promote a transparent and detailed reporting with support of judgments (domains, overall assessments); raters should be more compliant in following AGREE II manual.

Protocol Registration OSF: <https://osf.io/rz7nh/>

MoreLife MUMS2B (expecting parents) and 4MUMS (new parents)

Ms Grace Shippee²

¹NICE, Manchester, United Kingdom, ²MoreLife, National, United Kingdom

2B - Poster Session - Implementation II, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Several years experience in biopsychosocial weight management programmes and interventions. PhD researcher focusing on Obstetric Weight Management and person-centred intervention development.

Background:

MoreLife is a weight management service provider and a subsidiary of Leeds Beckett University. Our programmes for obstetric populations share the aim of NICE guideline PH27: to help all women who have a baby to achieve and maintain a healthy weight by adopting a balanced diet and being physically active.

In line with NICE guideline PH27, we offer structured Obstetric Weight Management Programmes which increase awareness of the risks associated with excess weight in pregnancy and other stages of childbearing.

Objective:

- We aim to provide a service which is holistic, accessible and flexible for pregnant women and new parents, so that we can provide them with support to reduce the risks associated with excess weight in childbearing
- To promote participation and engagement with this population by practicing a person-centred approach

Methods:

MoreLife commence monitoring of weight in our postnatal intervention, promoting sustainable and realistic postnatal weight loss. With the aim to reduce the common build-up of weight women experience when having multiple pregnancies. Therefore, MoreLife's 4MUMS programme for postnatal weight loss also considers factors relating to weight loss prior to conception.

Internal staff resources were committed to the project including the professional time of the clinical team, weight management leads, marketing coordinators and operations staff. Additional financial input was limited.

Future prospects for project presentations

- A continued company funded PhD research study exploring obstetric weight management experiences will be used to help shape and drive continuous development of the MoreLife programmes for the next few years

Multicenter test of an evidence-based implementation strategy improving standardized structured reporting in pathology

Ms Julie Swillens¹, PhD Quirinus J. M. Voorham², MD PhD Iris D. Nagtegaal³, PhD Rosella P.M.G. Hermens¹

¹Radboud Institute for Health Sciences (RIHS), Scientific Center for Quality of Healthcare, Radboud University Medical Center, Nijmegen, Netherlands, ²PALGA foundation, Houten, Netherlands, ³Radboud Institute for Molecular Life Sciences (RIMLS), Department of Pathology, Radboud University Medical Center, Nijmegen, Netherlands

1A - Implementation I: Tools and appraisals, October 25, 2021, 3:15 PM - 4:45 PM

Biography:

Julie E.M. Swillens is currently a fourth year PhD student in the Scientific Center for Quality of Healthcare (IQ healthcare) at the Radboud University Medical Center.

Her research focuses on the implementation of digital innovations in pathology. One of the project concerns the systematic development and nationwide evaluation of a toolbox to improve the implementation of standardized structured reporting (SSR) in oncological pathology. She holds a master's degree in Management, Policy-analysis, and Entrepreneurship in Health and Life Sciences from the VU Amsterdam.

Background

Treatment decisions and patient outcomes improve due to pathologists' use of standardized structured reporting (SSR), resulting in more adequate diagnoses. Therefore, use of SSR templates is stated in national and international oncology guidelines. However, actual SSR usage varies widely in pathology.

Objective

Aim is to test an evidence-based multifaceted strategy to improve SSR implementation.

Methods

We developed six strategy elements, combined into a digital toolbox. This was sent to pathologists of six participating pathology laboratories by e-mail. Feasibility was evaluated by a survey, on actual use, user experiences and self-reported effectiveness. Effectiveness was explored by analyzing data of SSR usage among laboratories by retrieving data from the nationwide Dutch Pathology Registry.

Results

E-learning and revised feedback procedure, mainly use of the 'Feedback button', were most feasible and effective in improving SSR usage. Pathologists' experiences regarding feasibility and effectiveness of the renewed website, communication manual, FAQ and sheet on updates of SSR were inconclusive, suggesting variability in information need among pathologists. Awareness of availability of all elements could be increased, suggesting additional dissemination routes. Descriptive statistics showed 10.0% increase in use of SSR among pilot laboratories.

Conclusion

Because of their additional value to current SSR practices, E-learning and the approachable feedback method were evaluated most feasible and effective. The exploration of effectiveness showed a rapidly increasing trend among pilot laboratories. Next the digital toolbox and its dissemination will be optimized, distributed to all Dutch laboratories and evaluate the strategy elements on a national level on feasibility and effectiveness.

NORMA – NICE ONS Recommendation Matching Algorithm

Ms Lynne Kincaid¹, Dr Emma McFarlane¹, Dr Kay Nolan¹, Dr Fiona Glen¹, Dr Thanasis Anthopoulos², Dr Ian Grimstead²

¹*National Institute for Health and Care Excellence (NICE), Manchester, United Kingdom, ²Office for National Statistics (ONS), Data Science Campus, Newport, Wales*

2D - Poster Session - Sustainability / Collaboration, Adaptation, resource-constraint settings, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Lynne Kincaid has worked in several teams at NICE including the COVID-19 team and the guideline surveillance team.

Background:

One key element of reviewing NICE guidelines is identifying overlapping content to minimise contradictions between guidelines. Checking related guidelines stored on the website for overlaps was a manual, time consuming task. For any given guideline these checks took up to a week of analyst time. The task difficulty was accentuated primarily because NICE did not have a searchable structured database of its recommendations.

Objective:

To develop a machine learning tool to identify related NICE recommendations and explore benefits over manual approaches for identifying overlapping content.

Methods and future prospects:

A data engineering phase identified and imported key data from NICE's website. Relationships between recommendations were identified using a machine learning algorithm and validated manually by NICE. Manual data matches were further used to adjust the model and a searchable repository was developed and named NORMA.

NORMA was tested in several use cases to compare with the manual approach in terms of resource use and accuracy of identifying relationships.

In mapping the CVD portfolio of guidelines, NORMA identified a relevant recommendation in the menopause guideline which previous subjective approaches would not have found. Additionally, NORMA has supported a pragmatic approach to developing a guideline on advocacy. NORMA was used to identify existing NICE recommendations covering advocacy in specific populations, which were then adapted for the broader population.

Optimising content for implementation in social care

Ms Becky Cook¹

¹NICE, Manchester, United Kingdom

2B - Poster Session - Implementation II, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Becky Cook is an Engagement Officer across social care and public health at NICE. Her focus is on national strategic stakeholder engagement across the two sectors. Since joining NICE from her Development Coordinator role within an adult social care provider organisation, Becky has worked on various projects supporting the implementation of NICE guidance within the social care sector. Prior to working in adult social care, Becky graduated with a MA in Media and Cultural Studies from Lancaster University, UK.

Background

National Institute for Health and Care Excellence (NICE)'s remit to produce guidance for the social care sector began in 2013. Whilst NICE guidance is the gold standard for evidence-based guidance in health, innovative methods were needed to implement NICE guidance in social care.

Objective

NICE developed quick guides for social care in collaboration with the Social Care Institute for Excellence (SCIE). Written for specific social care audiences, quick guides were based on NICE guidance content, and can be used for staff training, supporting people who use social care services, and in conversations with other professionals. Quick guides optimised the NICE guidance content in an accessible format for the sector to support implementation.

Methods

Using shared knowledge of priorities in the social care sector, and feedback from stakeholders, NICE and SCIE selected topics for the quick guides from NICE guidance. To ensure the content and format of the quick guide was implementable for specific social care audiences, an advisory group was convened for each quick guide, with expertise from the guideline committee, experts by practice, and experts by experience.

Results

The 29 quick guides have successfully supported implementation of NICE guidance in social care settings by optimising the content in a new format. This is evidenced by Google analytics metrics, quotes from professionals, and the translation of 2 quick guide into the Welsh language.

Optimising the contribution of lay members to new committees through the provision of support using a Buddying system

Mr Mark Rasburn¹, Ms Simran Chawla¹

¹NICE, Manchester, United Kingdom

2D - Poster Session - Sustainability / Collaboration, Adaptation, resource-constraint settings, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Mark Rasburn is a senior adviser in the public involvement programme at NICE, supporting the involvement of people who use services, carers, members of the public and organisations who represent their interests.

His current portfolio includes clinical, social care, and public health guidelines, quality standards, and health technology appraisals. He also leads on a virtual panel of public members designed to enhance patient and public involvement across NICE.

Background

NICE systematically collects data from lay members to capture their experience of committee membership to evaluate available support and identify areas for improvement. One theme identified was the initial concerns and unknowns of joining an established committee, leading to nervousness and low confidence for those unfamiliar of NICE or inexperienced of committees.

Whilst lay members are assigned a public involvement adviser and offered inductions, there was limited opportunity for lay members to communicate with each other prior to their first meeting. We introduced a buddy scheme, pairing lay members on established committees with incoming lay members, to facilitate positive working relations.

Objectives:

For experienced lay members to provide information, support, and input on committee membership, dynamics, and tips on how to prepare for meetings. Additionally, for the incoming lay member to share their unique experience to help the experienced lay member increase understanding of the topic and patient experience.

Methods

NICE worked with experienced and incoming lay members to review available support and identify improvements. Each incoming lay member joining an established committee is invited to join the scheme. If they join, experienced lay members, who are appropriately briefed, arrange a video call.

Results

In January 2021 NICE evaluated the scheme, with 86% recommending it. Areas to improve the scheme were identified, including the demands of virtual meetings which bring additional challenges.

Future prospects

Lay member support can be optimised through ongoing support including from committee peers. A buddy system is collaborative, resource-sensitive, and evolves in real-time.

Over half of clinical practice guidelines use non-systematic methods to inform recommendations: a methods study

Dr. Carole Lunny^{1,2}, Dr Cynthia Ramasubbu², Dr Lorri Puil², Dr Tracy Liu², Ms Savannah Gerrish², Mr Douglas M Salzwedel², Dr Barbara Mintzes³, Dr James M. Wright²

¹*Knowledge Translation Program, Unity Health Toronto, , Canada,* ²*University of British Columbia, , Canada,*

³*University of Sydney, , Australia*

6C - Sustainability V: Methodology, October 27, 2021, 3:15 PM - 4:45 PM

Biography:

Dr Carole Lunny is a methodologist with the Knowledge Synthesis Team at Unity Health Toronto and an affiliate with UBC. She specialises in research synthesis methods and critical appraisal of reviews, network meta-analysis, and overviews. Her current research focuses on the development of a risk of bias tool for network meta-analysis, and methods issues in clinical practice guidelines and overviews. She completed her PhD as an epidemiologist at Cochrane Australia. She is a member of the several methods groups at Cochrane, academic board advisor for Researchsquare.com, and academic editor for PeerJ. Her list of publications can be found here: <https://scholar.google.com/citations?user=YaJAbZsAAAAJ&hl=en&oi=ao>

Introduction: Assessing the process used to synthesize the evidence in clinical practice guidelines enables users to determine the trustworthiness of the recommendations. We aimed to assess whether systematic methods were used when synthesizing the evidence for guidelines; and to determine the type of review cited in support of recommendations.

Methods: Guidelines published in 2017 and 2018 were retrieved from the TRIP and Epistemonikos databases. We randomly sorted and sequentially screened guidelines on all topics to select the first 50 that met our inclusion criteria. Our primary outcomes were the number of guidelines using either a systematic or non-systematic process to gather, assess, and synthesise evidence; and the numbers of recommendations within guidelines based on different types of evidence synthesis (systematic or non-systematic reviews). If a review was cited, we looked for evidence that it was critically appraised, and recorded which quality assessment tool was used. Finally, we examined the relation between the use of the GRADE approach, systematic review process, and type of funder.

Results: Of the 50 guidelines, 34% systematically synthesised the evidence to inform recommendations. Of the 29/50 (58%) guidelines that included systematic reviews, 21% assessed the risk of bias of the review (e.g. using AMSTAR or ROBIS). The quality of primary studies was reported in 60% of guidelines.

Conclusions: High quality, systematic review products provide the best available evidence to inform guideline recommendations. Using non-systematic methods compromises the validity and reliability of the evidence used to inform guideline recommendations, leading to potentially misleading and untrustworthy results.

Overviews of reviews informing clinical practice guideline development: A meta-epidemiological study

Dr. Carole Lunny^{1,2}, Mr Mark John², Ms Lillian Chan², Ms Ayah Kapani², Mr Franklin Hu², Ms Samin Nagi², Ms Mona Akbarnejad², Dr Adrienne Stevens⁴, Dr Bev Shea³, Dr James M. Wright²

¹*Knowledge Translation Program, Unity Health Toronto, , Canada*, ²*University of British Columbia, , Canada*, ³*Ottawa Research Institute, , Canada*, ⁴*Michael G. DeGroote Cochrane Canada Centre, McMaster University, , Canada*

2F - Poster Session - Relevance / different sources of evidence / sharing knowledge, October 25, 2021,
5:30 PM - 7:00 PM

Biography:

Dr Carole Lunny is a methodologist with the Knowledge Synthesis Team at Unity Health Toronto and an affiliate with UBC. She specialises in research synthesis methods and critical appraisal of reviews, network meta-analysis, and overviews. Her current research focuses on the development of a risk of bias tool for network meta-analysis, and methods issues in clinical practice guidelines and overviews. She completed her PhD as an epidemiologist at Cochrane Australia. She is a member of the several methods groups at Cochrane, academic board advisor for Researchsquare.com, and academic editor for PeerJ. Her list of publications can be found here: <https://scholar.google.com/citations?user=YaJAbZsAAAAJ&hl=en&oi=ao>

Background: 'Overviews of reviews' (i.e. overviews, umbrella reviews, meta-reviews, reviews of reviews) are used to inform clinical practice guidelines and government policies, although the extent of this practice is unknown. As one example, Australia's Private Health Insurance Act 2007 was changed based on the conclusions of an overview of 16 natural therapies, which found them to be ineffective. As a result, these 16 natural therapies were excluded from private health insurance rebates. The impact of this overview was vast; 54% of Australians have health insurance and eliminating the rebates saved the public health system millions. Overviews synthesising the results of multiple systematic reviews help inform evidence-based clinical practice.

Objective: To compare and assess the completeness of reporting of methods in traditional overviews of reviews compared to overviews informing clinical practice guidelines.

Methods: We searched MEDLINE, Epistemonikos and Cochrane databases. We included overviews that: (a) synthesised reviews, (b) conducted a systematic search, (c) had a methods section, and (d) examined a healthcare intervention. Overviews citing they had informed a clinical practice guidelines were identified. As a comparator set, we used 50 overviews from a previously published paper on reporting comprehensiveness.

Results: We found 18 (4%) overviews that directly informed a clinical practice guideline, and 18 (4%) clinical practice guidelines that used an overview of reviews for evidence synthesis. The majority of overviews informing guidelines and guidelines reported fewer methods compared to traditional overviews.

Conclusions: Reporting of methods from overviews informing guidelines and guidelines using an overview requires improvement.

Patients' and caregivers' perspectives on outcomes of self-management interventions for Type 2 Diabetes Mellitus: an overview of reviews

Mrs Ena Pery Niño de Guzman Quispe^{1,2}, MD Javier Pérez-Bracchiglione³, MD Claudio Rocha Calderón¹, MD Rune Poortvliet⁴, PhD Monique Heijmans⁴, PhD Carola Orrego Villagrán^{5,6,7}, PhD Pablo Alonso Coello^{1,8}, PhD Laura Martínez García¹

¹Iberoamerican Cochrane Centre, Sant Pau Biomedical Research Institute (IIB-Sant Pau), Barcelona, Spain, ²Cancer Prevention and Control Programme, Catalan Institute of Oncology, IDIBELL, Hospitalet de Llobregat, Barcelona, Spain, Hospitalet de Llobregat, Barcelona, Spain, ³Interdisciplinary Centre for Health Studies (CIESAL), Universidad de Valparaíso, Valparaíso, Chile, ⁴Netherlands Institute for Health Services Research (Nivel), Utrecht, The Netherlands,

⁵Avedis Donabedian Institute (FAD), Barcelona, Spain, ⁶Red de Investigación en Servicios de Salud en Enfermedades Crónicas (REDISSEC), Madrid, Spain, ⁷Universitat Autònoma de Barcelona, Barcelona, Spain, ⁸CIBER de Epidemiología y Salud Pública (CIBERESP), Madrid, Spain

1C - Guidelines with and for users I, October 25, 2021, 3:15 PM - 4:45 PM

Biography:

Ena Niño de Guzman holds a Medical Degree with specialisation in Public Health and Preventive Medicine and a Master's degree in Public Health. She is a PhD Candidate in the Methodology of Biomedical Research and Public Health Programme. She was awarded a Rio Hortega grant financed by the Carlos III Institute. Her main research interest is the methodology for incorporating patients' values and preferences in clinical recommendations. She also participates in GRADE-CERQUAL. Currently, she works in cancer screening programmes projects related to Values and preferences of people invited to screening and Communication strategies in population-based cancer screening programmes.

Background Decision-making in self-management interventions(SMI) for Type 2 Diabetes Mellitus (T2DM) requires considering patients' and caregivers' perspectives.

Objective This study is part of COMPAR-EU, a European project that aims to identify the most effective SMI for T2DM and other chronic conditions. We sought to understand what matters most to T2DM patients and caregivers regarding the processes and outcomes of SMI.

Methods Overview of systematic reviews (SRs), limited to qualitative evidence synthesis and mixed-methods SRs. We searched in MEDLINE, CINAHL, and PsycINFO from inception until December 2020. Pairs of authors conducted study selection and data extraction. We evaluated the quality of SRs with the Joanna Briggs Institute Checklist and overlapping with the method of the corrected covered area. We applied a thematic synthesis approach for data synthesis and analysis.

Results We identified 55 SR, most considered high quality and slight overlap, representing 1,031 studies exploring patients and caregivers' perspectives regarding 23 outcomes. After identifying the main themes and developing a tabulated summary for each outcome, we are conducting two additional analyses: (1) evaluating the understandability and coherence of summaries with T2DM patients and (2) analysing overarching themes across outcomes.

Discussion Overall, we found rich and thick qualitative findings exploring patients' and caregivers' perspectives for most outcomes. Despite not all SRs being focused explicitly on SMI, we will provide a comprehensive picture of what represents their self-management experience. Our findings can inform the selection of patient-important outcomes, decision-making processes, including the formulation of recommendations and the design and implementation of SMI.

Prioritizing Covid-19 vaccinations in the population by health benefit

Dr. Ilkka Kunnamo¹

¹Duodecim Medical Publications Ltd., Helsinki, Finland

4A - Poster Session - Implementation III, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Ilkka Kunnamo is the founder of EBM Guidelines and the EBMEDS Decision Support System, maintained by Duodecim Medical Publications Ltd, and Adjunct Professor of General Practice at the University of Helsinki. He works part-time as a primary care physician in a rural community health centre where he developed a method for prioritization of Covid-19 vaccinations

Background: The Finnish Institute for Health and Welfare (THL) published national recommendations on vaccination order of people at risk of severe Covid-19 disease. Community primary care centres were ordered to implement the guidance immediately.

Objective: To develop a method for prioritization of people to be vaccinated in an order that maximizes survival benefit of vaccination, and create vaccination invitations.

Methods: Estimates of hazard ratios of Covid-19 associated death for known risk factors, age, and gender of severe Covid-19 diseases were collected from the literature and research databases by THL, and the risk of getting the infection was estimated on the basis of the epidemiological situation. Pseudonymized population data of a primary care centre (17,000 people) including age, gender, diagnoses, medications, weight, height, and earlier Covid-19 infection, was extracted and curated from electronic health records using the interface and rules engine of the EB MEDS clinical decision support system that was in use in the primary care centre. The number of days of life saved by each individual by vaccinating now rather than three months later was estimated by multiplying the following numbers: Estimated life expectancy (85 - age, or 5 years for people 80 or over) x risk of Covid-19 death by age group x hazard ratio of the most important risk factor x gender factor (1 for men, 0.5 for women).

Results: All people in the population were put in order for vaccination, the pseudonymized IDs were converted to real patient IDs for invitations, and the invitations were successfully sent.

Prototype health inequality impact calculator

Dr Lesley Owen¹, Professor Richard Cookson², James Love-Koh², Dr Bhash Naidoo¹

¹Nice, London, United Kingdom, ²Centre for Health Economics, University of York, York, United Kingdom

6A - Relevance to context and current events, October 27, 2021, 3:15 PM - 4:45 PM

Biography:

Health and Clinical Excellence. Recent activities include the development of national guidance on: Indoor air quality at home, Workplace health: long-term sickness absence and capability to work, Alcohol interventions in secondary and further education. Guidelines in development include Tobacco: preventing uptake, promoting quitting and treating dependence, Social emotional and mental wellbeing in primary and secondary education and Mental wellbeing at work. Lesley is also leading several methodological projects with the aim of improving systematic consideration of health inequalities during guideline development.

Background and introduction

By starkly exposing the unfair, avoidable and systematic differences in health that exist between more and less socially advantaged groups of people, Covid-19 has spurred a new national drive to tackle health inequalities. Methods exist that could help NICE supplement its routine cost-effectiveness analyses with simple quantitative estimates of the expected impact of guidance on health inequalities.

Objective:

To develop a working prototype of a “health inequality impact toolkit” that could be used to help inform NICE’s deliberations throughout the guideline development process.

Methods:

Existing methods of distributional cost-effectiveness analysis were embodied in a web-based Shiny application capable of producing a simple estimate of health inequality impact based on existing cost-effectiveness estimates supplemented with further distributional assumptions. The tool was revised following feedback from NICE guideline developers, officials and academic advisers.

Results

The prototype calculator focuses on inequality in quality adjusted life expectancy at birth between five quintile groups of neighbourhoods in England, based on the index of multiple deprivation. We produced diverse examples of how its outputs could potentially be used to inform guidance development.

Discussion

Routine quantification using consistent methods that allow comparisons between interventions could facilitate more consistent and explicit consideration of health inequalities throughout guideline development. This could support the development of more nuanced recommendations to increase uptake of cost-effective interventions among disadvantaged populations and influence recommendations about cost-effectiveness. Further piloting and development is needed to address practical challenges for its possible use.

Quality and consistency of clinical practice guidelines for treating children with COVID-19

Dr Qinyuan Li¹, Mr Qi Zhou², Prof Yaolong Chen², Prof Zhengxiu Luo¹

¹Department of Respiratory Medicine Children's Hospital of Chongqing Medical University, National Clinical Research Center for Child Health and Disorders, Ministry of Education Key Laboratory of Child Development and Disorders, Chongqing Key Laboratory of Pediatrics, Chongqing, China, ²Lanzhou University, Lanzhou, China

4D - Poster Session - Rapid Reviews / Methodology, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Qinyuan Li, a pediatric pulmonologist at the Chongqing Medical University Affiliated Children's Hospital, Chongqing, China. Her main areas of research include respiratory infection and immunity, and childhood asthma prevention and intervention. She obtained her master degree majoring in Pediatrics from Chongqing Medical University, Chongqing, China in 2020. She has published 7 articles in peer-reviewed journals. She has been awarded the National Scholarship for Postgraduate Students, the Outstanding Graduate in Chongqing, the Outstanding Resident Physician in Chongqing, and the Outstanding Master's Dissertation of Chongqing Medical University.

Background: The COVID-19 pandemic negatively affects children's health. Many guidelines have been developed for treating children with COVID-19. The quality of the existing guidelines and the consistency of recommendations remains unknown.

Objective: We aim to review the clinical practice guidelines for children with COVID-19 systematically.

Methods: We systematically searched MEDLINE, Embase, guideline-related websites, and Google. The AGREE II tool and RIGHT checklist were used to evaluate the methodological and reporting quality of the included guidelines, respectively. The consistency of recommendations across the guidelines and their supporting evidence were analyzed.

Results: Twenty guidelines were included in this study. The mean AGREE II score and mean RIGHT reporting rate of the included guidelines were 37% (range: 22%-62%) and 52% (range: 31%-89%), respectively. As for methodological quality, no guideline was classified as high, one guideline (5%) moderate, and 19 (95%) low. In terms of reporting quality, one guideline (5%) was rated as high, 12 guidelines (60%) moderate, and seven (35%) low. Among included guidelines, recommendations varied greatly in the use of remdesivir (recommend: 25%, not recommend: 45%, not report: 30%), interferon (recommend: 15%, not recommend: 50%, not report: 35%), glucocorticoid (recommend: 50%, not recommend: 20%, not report: 30%), and intravenous immune globulin (recommend: 35%, not recommend: 30%, not report: 35%).

Discussion for scientific abstracts: The methodological and reporting quality of guidelines for treating children with COVID-19 were not high. Recommendations were inconsistent across different guidelines. The supporting evidence from children with COVID-19 was very limited.

Quality Appraisal of Clinical Guidelines in Obstetrics and Gynecology in India

Dr A.G. Radhika¹

¹University College of Medical Sciences & GTB Hospital, Delhi, India

2D - Poster Session - Sustainability / Collaboration, Adaptation, resource-constraint settings, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

I am working as Consultant in Department of Obstetrics and Gynecology in tertiary care public hospital in Delhi, India. With more than 29 years of clinical experience, I recognise the importance of uniform auditable clinical practice and formulation of implementable contextual evidence based guidelines which are unfortunately lacking at present. I am a member of cochrane collaboration and Campbell Collaboration. It is my mission to train and disseminate the basic concepts of good quality clinical research, unseratke systematic review, guideline formulation which is contextual in nature- based on locally generated evidence to ensure adaptability and implementation

Background and Introduction

In India, the quality of guidelines has been found to be modest to low and in many cases the methods used fell short of basic standards and were not based on research evidence.

Objectives/Goal

The objective of the panel is to present the quality of clinical practice guidelines (CPG) in obstetrics and gynecology India.

Methods

All reported guidelines in obstetrics and gynecology conducted in India were identified, and subjected to inclusion using 3 point assessment criteria (relevance, clarity of intervention/outcome, and appropriate use of healthcare resources). The included CPG were appraised using AGREE II checklist.

Results & Discussion

From a list of 47 Clinical Guidelines in Obstetrics and Gynecology in India, 8 guidelines included were assessed using AGREE II checklist. The overall assessment scores ranged from 8% to 22% with a median score of 15%. None of the guidelines were recommended as 'Yes' by either of the reviewers. Only 1 review had identified cost as one of the focus areas as part of the guideline.

Implications for guideline development

There is need for sensitization and capacity building of clinicians and public health professionals on the development of CPG related to obstetrics and gynecology in India.

Conclusion

The quality of obstetrics and gynecology CPG in India is poor

Quality appraisal of clinical practice guidelines on physical restraints

Ms Ruobing Lei¹, Ms Bo Yang¹, Prof. Yaolong Chen^{2,3,4,5}

¹Chevidence Lab Child & Adolescent Health; Department of Pediatric Research Institute; Children's Hospital of Chongqing Medical University, National Clinical Research Center for Child Health and Disorders, Ministry of Education Key Laboratory of Child Development and Disorders, Chongqing Key Laboratory of Pediatrics, Chongqing, China,

²Lanzhou University Institute of Health Data Science, Lanzhou, China, ³Guideline International Network Asia, Lanzhou, China, ⁴WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China, ⁵Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China

4E - Poster Session - Other: Current aspects in Chinese guideline development, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Ruobing Lei, master of evidence-based nursing, work in National Clinical Research Center for Child Health and Disorders, Children's Hospital of Chongqing Medical University. Her research interests include Evidence based Medicine, clinical practice guidelines and patient and public guidelines. She has participated in the development of several guidelines and published relevant peer reviewed articles.

Aim: To analyze available GPGs on physical restraints in ICU with Reporting Items for Practice Guidelines in Healthcare (RIGHT) and Appraisal of Guidelines for Research and Evaluation II (AGREE II) in order to evaluate their reporting and methodological quality.

Background: Physical restraint is defined as a manual approach to reduce patients' physical movement. It has been regarded as a protective measure in intensive care unit (ICU) in order to avoid unexpected events. But a great number of researches have proven that physical restraints can cause bad influence on patients' mental health, such as language delays of children, sense of uncertainty, loss of trust, etc. However, it is unclear whether there are currently high-quality GPGs to guide clinical practice in physical restraints.

Methods: We systematically searched PubMed, Embase, Web of science, CINAHL, CNKI, Wanfang data(Chinese database), guideline-related websites(GIN, NICE, SIGN, RNAO), and Google from their inception to June 30th, 2021. Two reviewers independently use the RIGHT checklist and AGREE II instrument to evaluate reporting and methodological quality of included GPGs. The number and proportion of reported items of RIGHT checklist and the scores of each domain of AGREE II were calculated. We also evaluated the consistency among the reviewers via use of the intragroup correlation coefficient.

Results and conclusions: A total of eight guidelines were identified. But this study is ongoing and results will be presented at the Evidence summit as available.

Quality of and Recommendations for Relevant Clinical Practice Guidelines for COVID-19 Management: A Systematic Review and Critical Appraisal

Miss Yunyun Wang^{1,2}, Mr Qiao Huang^{1,2}, Miss Quan Shen^{2,3}, Mr Hao Zi^{1,2}, Mr Bing-Hui Li^{1,2}, Miss Ming-Zhen Li⁴, Miss Shao-Hua He⁴, Dr Xian-Tao Zeng^{1,2}, Dr Xiaomei Yao⁵, Dr Ying-Hui Jin^{1,2}

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McMaster University, Hamilton, Canada

2D - Poster Session - Sustainability / Collaboration, Adaptation, resource-constraint settings, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Yunyun Wang, Master medicine, major in methodology for clinical practice guidelines, published academic papers in Neuropsychology Review、Frontiers In Aging Neuroscience、Frontiers in Medicine、BMC medical research methodology、Military Medical Research, etc, developed "A rapid advice guideline for the diagnosis and treatment of 2019 novel coronavirus (2019-nCoV) infected pneumonia (standard version)" and "Chemoprophylaxis, diagnosis, treatments, and discharge management of COVID-19: An evidence-based clinical practice guideline (updated version)". Since July 2020, the rapid advice guideline has been constantly selected as highly cited paper and hot paper on the basis of Web of Science data. And got the eighty-seventh rank in "China scholar novel coronavirus pneumonia academic research ranking TOP 100".

Background: COVID-19 is a newly identified infectious disease, which poses a significant threat to the general population. The morbidity and mortality of coronavirus disease 2019 (COVID-19) are still increasing. Some professional association, guideline development groups have issued successively COVID-

19 management guidelines.

Objective: To assess the methodology quality of relevant COVID-19 clinical practice guidelines (CPGs) and to compare the similarities and differences between recommendations.

Methods: A comprehensive search was conducted using electronic databases (PubMed, Embase, and Web of Science) and representative guidelines repositories from December 1, 2019, to August 11, 2020 (updated to April 5, 2021), to obtain eligible CPGs. The Appraisal of Guidelines for Research and Evaluation (AGREE II) tool was used to evaluate the quality of CPGs. Four authors extracted relevant information and completed data extraction forms. All data were analyzed using R version 3.6.0 software. Future prospects: A strength of this review lies in the updated study (up to April 5, 2021) concentrating on hot topics, including chemoprophylaxis, diagnosis, antiviral therapy and discharge management of COVID-19 guidelines, at the same time and summarizing the recommendations. In addition, we also focused on the methodology for COVID-19 guidelines, and put forward some suggestions for their development to ensure its rigor, timeliness and implementability.

Quickscan for assessing the need for rapid recommendations

Dr. Aimée Kok-Pigge¹, Dr. Ir. Jacoba Greving¹, Dr. Ton Kuijpers^{1,2}, Prof. Dr. Jako Burgers^{1,3}

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³Maastricht University, Department Family Medicine, Care and Public Health Research Institute, Maastricht, Netherlands

4D - Poster Session - Rapid Reviews / Methodology, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Aimee Kok has worked for the Dutch College of General Practitioners developing Dutch G.P. guidelines sinds 2019. She is part of the RAPID research team studying implementation of rapid guidelines in the Netherlands. A former orthopedic surgeon, she is also currently in the Dutch G.P. residency program.

Background

New scientific findings and social triggers calling for rapid recommendations are becoming more predominant. Due to limited resources available to guideline developers the assessment of their validity and urgency is important.

Objective

To develop a comprehensive yet concise set of items, a quickscan, to aid guideline developers in determining the need for developing rapid recommendations.

Methods

We drafted a extensive list of potential items from an existing systematic literature review. A panel of Dutch guideline experts, including patient representatives, was approached to participate in an online Delphi consensus procedure. The panel scored the relevance of the potential items using two SurveyMonkey digital surveys. In three online meetings the panel further discussed the scores in order to reduce overlap and to select the most essential items.

Results

Thirteen experts participated.. The initial list of 59 items was reduced to a final set of 7 questions, covering user and social perspective, scientific evidence, relevance, practice variation, applicability, and ethical/legal considerations.

Discussion

The Quickscan allows guideline developers to prioritize between different calls for rapid recommendations. It could also be used as a basis for development of a tool for assessing the need for updating regular guidelines. Future research could explore its usability and impact on decision making within guideline programs.

Rating the “trustworthiness” of emergency medicine clinical practice guidelines with the “NEATS” instrument

Dr. Suneel Upadhye^{1,2}, Dr. Judy Morris⁵, Dr. Justin Yan⁴, Dr. Gauri Ghate⁴, Dr. Shobana Ananth³, Dr. Rahim Valani^{2,3}, Dr. Pamela Kapend^{1,2}, Dr. Molly Dingwall^{1,2}

¹Mcmaster University, Hamilton, Canada, ²Niagara Health, Niagara Falls, Canada, ³University of Toronto, Toronto, Canada, ⁴University of Western Ontario, London, Canada, ⁵University of Montreal, Montreal, Canada

1A - Implementation I: Tools and appraisals, October 25, 2021, 3:15 PM - 4:45 PM

Biography:

Dr. Suneel Upadhye is an Associate Professor of Emergency Medicine & Health Research Methods, Evidence & Impact (HEI) at McMaster University (Hamilton, Canada). He is a guidelines Methodologist with the Canadian Association of Emergency Physicians (CAEP) and Society of Academic Emergency Medicine (SAEM). His research interests include guideline development/dissemination.

Introduction: The goal of this study was to apply the NEATS (National Guideline Clearinghouse Extent of Adherence to Trustworthiness Standards) rating tool in appraising the "trustworthiness" of emergency medicine (EM) guidelines.

Methods: Seven EM raters (community, academic) were recruited/trained in the use of the NEATS instrument. Twenty current guidelines were retrieved from the American College of Emergency Physicians (ACEP) Clinical Policies website for rating. Raters were divided into 2 balanced groups, and each group rated 13 Policies with the NEATS tool. Guidelines were also rated for overall trustworthiness and ED implementability (derived from the AGREE-II instrument). Pooled ratings were analyzed for consensus scoring, and inter-rater reliability was calculated using generalizability theory, and the optimal number of raters determined using a D-study.

Results: ACEP guidelines scored as follows with respect to NEATS domains: 1) “Strong” in Guideline group membership, Methods (Evidence reviews, Creating recommendations), and Updating plans, 2) “Moderate” in Conflict of Interest reporting, External review, and 3) “Low” in Patient/public involvement. Overall AGREE-II trustworthiness scores were high, and overall implementability scores improved over time.

Inter-rater reliability (using G-theory) was 0.82 (95%CI 0.73-0.89), and the optimal number of raters via D-study was 5.

Conclusion: The NEATS tool had high inter-rater reliability when used by EM physicians to rate guidelines. ACEP guidelines had variable NEATS scores across different domains. Overall, these Policies have high trustworthiness ratings, and variable implementability scores. EM author groups can use the NEATS tool to ensure proper planning and execution of CPG development projects to maximize trustworthiness.

Reducing the evidence-practice gaps in overweight and obesity management in the context of the Brazilian Unified Health System (SUS)

Dr. Patricia Parreira¹, Dr Jessica Matuoka¹, Dr Joslaine Nunes², Dr Sarah Silva², Dr Haliton Oliveira Junior¹

¹Hospital Alemão Oswaldo Cruz, São Paulo, Brazil, ²Brazilian Ministry of Health, Brasília, Brazil

4F - Poster Sessions - Other topics, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Patrícia is a researcher at the Health Technology Assessment Unit at Hospital Alemão Oswaldo Cruz, working on updating and drafting new Clinical Protocols and Therapeutic Guidelines (PCDTs), in partnership with the Ministry of Health via PROADI-SUS.

Background: Overweight and obesity are a significant global public health challenge. The recommendations for these conditions vary widely, resulting in uncertainty on how to best approach them.

Objective: To identify the best evidence-practice strategies on obesity management to apply to the context of SUS reducing the gaps in clinical practice.

Methods: This is an experience report on the development of the Brazilian overweight and obesity guidelines.

Results: A panel of multidisciplinary healthcare professionals, methodologists, and Ministry of Health (MoH) representatives listed 12 clinical questions regarding the assessment of weight-loss medications (orlistat and sibutramine, both for coverage purposes), dietary interventions, physical activity modalities, and psychological interventions. For each question, a systematic review of randomized clinical trials was conducted, and the quality of the evidence was judged according to the GRADE criteria. Additionally, sibutramine and orlistat were evaluated based on their cost-effectiveness and budget impact. All information was then summarized in GRADE Evidence-to-Decision tables, and discussed by the panel to make the recommendations, mostly for the intervention. Sibutramine and orlistat were also submitted to the National Committee for Health Technology Incorporation plenary assessment. Based on their small magnitude of effect, some safety concerns, uncertainties in the body of evidence, and high budget impact, they were not recommended for coverage. Based on the panel's recommendations and the coverage decision, the overweight and obesity guidelines was developed.

Conclusion: The publication of the Overweight and Obesity guidelines in 2020 by the MoH can contribute to qualify decisions aligned with the healthcare system and patients' needs

Reducing waste through targeted evidence acquisition

Ms Peggy Prien¹, Mrs Corinna Schaefer¹

¹Agency For Quality In Medicine, Berlin, Germany

2E - Poster Session - Sustainability: Methods and COI Management, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Trained in human sciences and medical writing, PP is a research scientist at the German Agency for Quality in Medicine. Since 2015, she coordinates and provides methodological support for the continuous updating of the German National Disease Management Guidelines on Major Depression and Heart Failure.

Background: Well-conducted systematic reviews (SR) are key for clinical decisions. For some questions, however, there are more SRs than primary studies, and of heterogeneous quality. Since only high-quality SR provide a suitable basis and resources for guideline development are limited, there is a need for a resource-efficient procedure to identify these.

Methods: In the German National Disease Management Guidelines (NDMG) Program, we use a stepwise approach to identify SR. First, we perform a cross-topic search for SR from selected providers with rigorous methodology and high reporting quality, including, among others, the Cochrane Library, NICE or AHRQ. For clinical questions not adequately addressed by this targeted approach, systematic searches for SR are performed, using at least 2 databases. Here, we describe the differences in quality of SR by evaluating a larger sample of AMSTAR2 assessments from our depression guideline.

Results: The targeted search for SR from selected providers yielded n=45, with n=39 counting „high“ or „moderate“ quality on AMSTAR2, covering a broad range of clinical questions. Until June 2021, we conducted 10 additional systematic searches, yielding n=68 SR, with n=58 rated “low” or „critically low quality“, most of them not eligible for inclusion in the guideline due to quality concerns. We will present AMSTAR2 ratings in detail and compare these across items for the different providers.

Conclusion: A majority of SR identified through systematic searches were of inadequate quality and not suitable for guideline development. A targeted approach identified more high quality SR at lesser resources.

Relevance of curated Covid Search Portals for NICE living guidelines

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¹National Institute for Health and Care Excellence, , United Kingdom

3A - Sustainability II: Living guidelines and updating, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

Mariam Sood is a Senior Data Scientist in the Covid-19 team within the Centre for Guidelines directorate at NICE.

Background

To support living guidelines, a systematic and efficient process to continuously monitor the evidence base is crucial. For a topical subject such as COVID-19, the evidence search is resource intensive, with the search volume now amounting to 3000 records per week. Alongside this increase, innovations in the form of curated search portals have been developed for COVID-19 literature. Re-using this curated content has the potential to improve efficiency, and to foster collaboration.

Objectives

To identify the characteristics that make curated covid datasets useful for NICE and to quantitatively evaluate the efficiency gain.

Methods

A survey of curated covid portals was carried out. LitCovid (Chen et al., 2020) site was chosen as the first candidate portal to test, due to an alignment in categories of interest, the relevance of information sources, and the facilitation for automated retrieval. Manual sift decisions on search results for a period of 2 months (April 2021 – May 2021) were analysed for overlap with the LitCovid categories.

Results

The LitCovid portal captured 50% of the search results. Screening on the LitCovid categories hypothesised to be insignificant to NICE guidelines eliminated 34% of the total excluded records.

Discussion

Utilising intelligence from curated databases increases the sifting efficiency by reducing manual effort and provide a rationale for include/exclude decisions.

Reporting Checklists for Technical Guidelines on Traditional Chinese Medicine

Ms Yue Hu^{1,2,3,4,5}, Ms Jianjian Wang^{1,2,3,4,5}, Ms Liangzhen Jiang^{1,2}, Ms Jing Tang¹, Ms Yunze Han^{1,2}, Dr Xiaohui Wang^{1,2,3,4,5}, Prof Yaolong Chen^{1,2,3,4,5}, Dr Xuping Song^{1,2,3,4,5}

¹School of Public Health, Lanzhou University, Lanzhou, China, ²Lanzhou University Institute of Health Data Science, Lanzhou, China, ³Guideline International Network Asia, Lanzhou, China, ⁴WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China, ⁵Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China

4E - Poster Session - Other: Current aspects in Chinese guideline development, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Yue Hu is a postgraduate student in School of Public Health, Lanzhou University, and major in Evidence-Based Medicine.

Background: Traditional Chinese Medicine (TCM) technique is abbreviated as "Shu". Depending on the different perspective from performer or recipient, "Shu" could be divided into "active" and "passive" types. "Active" includes Tai ji, Baduan Jin and Wuqinxi, etc. "Passive" types include massage, cupping and enema, etc. With the promotion of TCM technique, more and more guidelines have been developed. However, the reporting quality are poor.

Objective: Reporting checklists of TCM technical guidelines were developed.

Method: A multidisciplinary team that included methodologists, epidemiologists and clinicians was recruited to develop the reporting checklist for TCM technical guidelines. The group generated suggested items based on a systematic review, performed two rounds of Delphi and an expert consensus meeting, then got the final checklists.

Results: An active and a passive TCM technical guidelines checklists were developed respectively. (1) The active checklist includes basic information (items 1 to 4), operating procedures and requirements (items 5 to 6), knowledge and skill (items 7), safety (items 8) and conflict of interest (items 9). (2) The passive checklist includes basic information (items 1 to 4), operating procedures and requirements (items 5 to 6), knowledge and skill (items 7 to 13), preparation of operation (items 14 to 17), operation procedure (items 18), safety (items 19-21) and conflict of interest (items 22).

Discussion: The two checklists are essential for good reporting of TCM technical guidelines, which could help TCM technical developers properly report guidelines and assist TCM practitioners in implementing guideline.

Reporting guidelines for pediatric research are needed

Dr Qinyuan Li¹, Mr Qi Zhou², Mr Yaolong Chen², MS Zhengxiu Luo¹

¹*Department of Respiratory Medicine Children's Hospital of Chongqing Medical University, National Clinical Research Center for Child Health and Disorders, Ministry of Education Key Laboratory of Child Development and Disorders, Chongqing Key Laboratory of Pediatrics, Chongqing, China, ²Evidence-based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China*

4D - Poster Session - Rapid Reviews / Methodology, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Qinyuan Li, Master of Medicine, a pediatric pulmonologist at the Chongqing Medical University Affiliated Children's Hospital, Chongqing, China. Her main areas of research include respiratory infection and immunity, and childhood asthma prevention and intervention. She obtained her master degree majoring in Pediatrics from Chongqing Medical University, Chongqing, China in 2020. She has published 7 articles in peer-reviewed journals. She has been awarded the National Scholarship for Postgraduate Students, the Outstanding Graduate in Chongqing, the Outstanding Resident Physician in Chongqing, and the Outstanding Master's Dissertation of Chongqing Medical University.

Background: Reporting guidelines are important to improve the quality of research, but the status of reporting guidelines specifically addressing pediatric research is at present unknown.

Objectives: We aimed to identify and characterize existing reporting guidelines for pediatric research, investigate the reporting items unique to pediatric research, and assess the robustness of the guideline development process and evaluate the dissemination and implementation of these reporting guidelines.

Methods: We systematically searched MEDLINE (via PubMed), the EQUATOR Network Library and Google to identify all reporting guidelines specifically developed for pediatric studies. We also assessed the adherence to the included reporting guidelines by primary studies, and the endorsement of included reporting guidelines by journals.

Results: We identified six reporting guidelines designed specifically for pediatric research. Three of them had been completed, while the remaining three were under development. We identified five main reporting themes specific for pediatric research: age distribution, pediatric-specific characteristic, intervention, appropriate outcome, and research ethics. The median adherence to the 18 main steps of the GDHRG by the included reporting guidelines was 58.4% (range: 27.8%-94.4%). As of May 31st, 2021, none of the reporting guidelines had been endorsed by pediatric journals indexed by the Science Citation Index (SCI). Only 21 studies declared to have followed the one of the included reporting guidelines.

Discussion for scientific abstracts: There exist only few reporting guidelines specifically developed for pediatric research. The robustness of the guideline development process and the application and utilization of these guidelines need improvement.

Reporting Tool for Adapted Guidelines in Health Care: The RIGHT-Ad@pt Checklist

Ms Yang Song¹, Dr. Pablo Alonso-Coello^{1,2,3}, Dr. Monica Ballesteros¹, Dr. Francoise Cluzeau⁴, Dr Robin W M Vernooij^{5,6}, Thurayya Arayssi⁷, Soumyadeep Bhaumik⁸, Yaolong Chen^{9,10}, Davina Ghersi¹¹, Etienne V Langlois¹², Paulina Fuentes¹³, Holger J Schünemann³, Elie A Akl^{3,14}, Laura Martínez García^{1,2}, on behalf of the RIGHT-Ad@pt Delphi Panel

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²Centro de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP), Spain, ³Department of Health Research Methods, Evidence, and Impact (HEI), McMaster University, Hamilton, Canada, ⁴Consultant, London, UK, ⁵Department of Nephrology and Hypertension, University Medical Centre Utrecht, Utrecht, the Netherlands,

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6B - Sustainability IV: Adaptation, October 27, 2021, 3:15 PM - 4:45 PM

Biography:

My name is Yang Song. I am a PhD candidate in the Iberoamerican Cochrane Centre (CCIB) - Biomedical Research Institute Sant Pau (IIB Sant Pau). My research topic is regarding the methodology and reporting for both guideline adaptation and development. I have also been involved in several European guideline development processes and a Chinese guideline adaptation project.

Background

Guideline adaptation is being increasingly used to efficiently develop rapid and contextualized recommendations. Transparent reporting could help clarify the adaptation process, inform decision making, and, consequently, the applicability of adapted recommendations.

Objective

To develop a reporting checklist for guideline adaptation, as an extension of the RIGHT Checklist.

Methods

A multi-step process includes: 1) establishing a Working Group; 2) generating an initial checklist; 3) optimizing the checklist through an initial assessment of adapted guidelines, semi-structured interviews, a Delphi consensus survey, an external review with guideline developers and users, and a final assessment of adapted guidelines; and 4) approving the final checklist by the Working Group.

Results

A total of 119 participants contributed to the development of the checklist, including 38 members in the working group, 10 participants in the semi-structured interviews, and 71 participants in the external review. The final version contains the following 7 sections with 34 items, including 1) basic information (7 items), 2) scope (6 items), 3) rigour of development (10 items), 4) recommendations (4 items), 5) external review and quality assurance (2 items), 6) funding, declaration, and management of interest (2 items), and 7) other information (3 items). Additionally, we developed a user guide with explanations, and real-world examples for each item.

Discussion

The RIGHT-Ad@pt checklist will facilitate the reporting of CG adaptation, improving standardisation, rigor, and transparency. The checklist will be of use to inform adaptation processes, and to assess the completeness of reporting.

Resource use during guidelines development: A Scoping Review

Ms Juanjuan Zhang^{1,2,3,4}, Ms Jianjian Wang^{1,2,3,4}, Mr Qiangqiang Guo^{1,2,3,4}, Ms Hui Lan^{1,2,3,4}, Prof. Xiaohui Wang¹, Prof. Yaolong Chen^{1,2,3,4}

¹School of Public Health, Lanzhou University, Lanzhou, China, ²Lanzhou University Institute of Health Data Science, Lanzhou, China, ³WHO Collaborating Center for Guideline Implementation and Knowledge Translation, Lanzhou, China, ⁴Guideline International Network Asia, Lanzhou, China

2D - Poster Session - Sustainability / Collaboration, Adaptation, resource-constraint settings, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

-Master of Public Health, Lanzhou University School of Public Health, majoring in social medicine and health business management

-B.S., Shanghai University of Traditional Chinese Medicine in 2020, majoring in public business management (health management direction)

Background High-quality clinical practice guidelines can regulate the medical staff's treatment behavior and improve healthcare quality. And a clinical practice guideline needs a large investment of resources and takes about 1 to 2 years to complete.

Objective To map the distribution of resources invested in the guideline development and the reasons for resources intensity.

Methods We will use a combination of quantitative and qualitative approaches to conduct this study. Firstly, we will systematically search seven Chinese and English databases to search the type of resources invested in guidelines development and the reasons for resources intensity. Then the reference lists of the retrieved studies were also followed to access for additional articles. Secondly, we will conduct qualitative semi-structured interviews with guideline developers by questionnaires to identify the reasons for the resources intensive in guidelines development process.

Results and Discussion This study is ongoing and results will be presented at the GIN 2021 as available. We assume that time, costs, human resources, related-software, and guidelines management are all resources invested in guidelines development, especially in the steps of evidence synthesis and grading of evidence quality and strength of recommendations, as well as the management and alignment of the guidelines will take a lot of time and human resources. The reasons might be the lack of theoretical knowledge and professional skilled in relevant software, and more resources need to be invested in training personnel in the early stage of guideline development.

Roles of the Clinical Practice Guidelines' Recommendations outside the clinical encounter: An International Survey of Guidelines Developers

Dr Ivan Florez^{1,2}, Dr Yasser S. Amer^{3,4}, Dr Robin Vernooij⁵, Dr John Lavis², Dr Holger Schunemann², Dr Melissa Brouwers⁶

¹*University of Antioquia, Medellin, Colombia*, ²*McMaster University, Hamilton, Canada*, ³*King Saud University Medical City (KSUMC), Riyadh, Saudi Arabia*, ⁴*Alexandria University, Alexandria, Egypt*, ⁵*Utrecht University, Utrecht, Netherlands*, ⁶*University of Ottawa, Ottawa, Canada*

6A - Relevance to context and current events, October 27, 2021, 3:15 PM - 4:45 PM

Biography:

Paediatrician with a Master in Clinical Epidemiology, and a PhD in Health Research Methodology. Associate Professor at the Department of Pediatrics at the University of Antioquia (Colombia) and Assistant Professor (Part-Time) at McMaster University (Canada). Former Deputy Director of Clinical Practice Guidelines (CPG) for the Health Technology Assessment Agency of Colombia (IETS). Dr. Florez is the current Leader of the AGREE Collaboration, is an Academic/Associate Editor for Systematic Reviews and PlosONE journals, Co-chair of the Recommending Working group for the COVID-END initiative, and the Director of Cochrane Colombia. He is also a member of Cochrane's Conflicts of Interests panel.

Background: Clinical practice guidelines (CPGs) are increasingly used to inform and support decisions outside the clinical encounter.

Objective: To describe how CPGs play different roles outside the clinical encounter from the perspective of international guideline developers.

Methods: We administered an online survey to organizations or groups that produce CPGs worldwide. Survey questions focused on the characteristics of the organization/group, methodological approaches to development, and the frequency by which CPGs were used to inform decisions and processes outside the clinical encounter. We used a previously tested 11-item list of potential CPGs roles, independent of the clinical encounter and summarized the results using descriptive statistics.

Results: We received responses from 78 governmental and non-governmental organizations (34.7% response rate), from 32 countries. Seventy-five organizations (96.1%) reported that their CPGs are used in activities aimed to improve quality of care (quality improvement processes, or development of quality indicators or standards) and 33 (42.3%) reported role on drug coverage decisions. CPGs also play roles in health professionals' education (75.6%), research prioritization activities (70.5%), and in continuing medical education (60.2%). Moreover, 23 organizations (29.5%) reported their CPGs were used for judicial decisions. Most of the organizations reported that these roles are part of their CPGs aims and stakeholders in charge of these activities are considered among their target users.

Discussion: CPGs are commonly used for informing many decisions outside the clinical encounter, such as quality of care, coverage decisions, research prioritization, and medical education activities, and less frequently for informing judicial decisions.

Seeking routinely collected data to determine if there is differential uptake in NICE recommended weight management interventions

Ms Jean Masanyero-Bennie¹, Dr Lesley Owen¹

¹Nice, Manchester, United Kingdom

2F - Poster Session - Relevance / different sources of evidence / sharing knowledge, October 25, 2021,
5:30 PM - 7:00 PM

Biography:

Jean Masanyero-Bennie is a senior technical analyst at NICE, working in the Centre for Guidelines, Methods and Economics team for the past 3 years. Prior to this she worked in public health as public health analyst in local government. She holds a master of science in Epidemiology and Biostatistics and currently completing a masters in Public Health from the university of Liverpool. She has a keen interest in health inequalities.

Background

There is evidence that some public health interventions have differential impact in the population, leading to the widening of health inequalities.

Objective

To determine whether there is differential uptake in weight management (WM) interventions recommended in NICE guidelines using audit or routinely collected data.

Methods

Interventions were identified from six NICE guidelines on weight management. A pragmatic search was carried out to identify audits and routinely collected data. Data sources were included if they related to England at any geographical level; were openly available on the internet and provided information/data on the prevalence of obesity/overweight in the population and/or uptake of weight management interventions.

Results

Recommendations fell into 3 categories – lifestyle and behavioural, pharmacological, and surgical WM interventions. Data regarding prevalence of obesity/overweight, uptake of pharmacological and surgical interventions was identified. However, no data was identified on uptake or provision of lifestyle and behavioural interventions.

Data showed prevalence of, and treatment for, obesity/overweight was highest in the most deprived area compared to the least deprived areas.

Conclusion

People from most deprived backgrounds are more likely to be admitted in hospital for bariatric surgery and prescribed Orlistat, however there is no data to determine whether they access lifestyle and behavioural weight management services.

Selection process of the most promising self-management interventions for four chronic conditions: a GRADE based approach using network meta-analysis

Mrs Jessica Beltran¹, Claudia Valli¹, Carlos Canelo-Aybar^{1,2}, Melixa Medina¹, Carola Orrego^{3,4}, Marta Ballester^{3,4}, Rune Poortvliet⁵, Pablo Alonso-Coello^{1,2}

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2E - Poster Session - Sustainability: Methods and COI Management, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Jessica Beltran, holds a Medical Degree and completed a Master's degree in Epidemiological Research (Universidad Cayetano Heredia, Perú), completed the post-graduate Hubert H. Humphrey Fellowship Program in research, prevention, and treatment in substance abuse (VCU, USA. Fulbright Scholar). She has experience in public health research and health technology assessment at the INS del Peru and EsSalud. Currently, she is a researcher at Biomedical Research Institute Sant Pau, where her work focuses on the development of decision making tools for self-management interventions for four chronic conditions, applying the GRADE approach for network meta-analysis, and developing GRADE EtDs for Multiple Intervention Comparison.

Background

Current evidence suggests that self-management interventions (SMIs) may improve clinical outcomes in chronic conditions. However, evidence synthesis for SMIs remains challenging due to lack of efficacy evidence regarding long-term, patient-important outcomes; and to their intrinsic complexity. The COMPAR-EU project conducted a network meta-analysis (NMA) to evaluate the effectiveness of SMIs for patients with four chronic conditions: Type 2 Diabetes (T2DM), obesity, chronic obstructive pulmonary disease (COPD) and heart failure.

Objective

To identify the most effective SMIs for patients with T2DM, obesity, heart failure, and COPD.

Methods

We used the GRADE approach to assess the certainty of the NMA estimates. It includes four steps: 1) presenting direct and indirect effect estimates, 2) rating the quality of direct and indirect effect estimates, 3 - 4) presenting and rating of the NMA effect estimates. Then, to select the most promising SMIs, we used a partially contextualized framework where all interventions are compared to a common reference and classified according to pre-specified magnitude of effect thresholds (i.e., from large to trivial or no effect), and their corresponding certainty rating.

Results

Eight and 13 SMIs were selected as the most promising for obesity and T2DM, respectively. We will also present the selected interventions for heart failure and COPD. Drawing meaningful conclusions from large NMAs requires a structured, comprehensive, and explicit process to understand and assess the certainty of the results.

Discussion for scientific abstracts

Our results will support stakeholders to make informed decisions on the adoption of SMIs for four highly prevalent chronic conditions.

Setting Guidelines on FHIR: Interoperability for Guideline Development -- Tools You Can Use

Dr. Brian Alper^{1,2}, Mario Tristan^{1,3}, Khalid Shahin^{1,2}, Joanne Dehnboestel^{1,2}, Janice Tufte^{1,4}

¹Scientific Knowledge Accelerator Foundation, Ipswich, United States, ²Computable Publishing LLC, Ipswich, United States, ³IHCAI, San Jose, Costa Rica, ⁴Hassanah Consulting, Seattle, United States

1E - Panel Session 2 - Setting Guidelines on FHIR: Interoperability for Guideline Development -- Tools You Can Use, October 25, 2021, 3:15 PM - 4:45 PM

Biography:

Brian S. Alper is the founder and leader of Scientific Knowledge Accelerator Foundation (SKAF), COVID-19 Knowledge Accelerator (COKA), EBMonFHIR project, and Computable Publishing LLC.

Mario Tristan is the director of IHCAI Institute and board member for SKAF and participant in COKA.

Khalid Shahin is a Software Engineer for Computable Publishing LLC and board member for SKAF and participant in COKA.

Joanne Dehnboestel is a Research and Analysis Manager for Computable Publishing LLC and board member for SKAF and participant in COKA.

Janice Tufte is an engaged patient, member of the SKAF Research Project Committee, and participant in COKA.

Background

Guideline development is resource-intensive because many bits of knowledge require repeated effort to find, interpret, document, and communicate.

Objective

Fast Healthcare Interoperability Resources (FHIR) provides a standard for computable expression of evidence and recommendations. This panel will introduce the FHIR standard, tools to support guideline development, and opportunities to participate.

Content of presentations

Brian S. Alper will introduce the FHIR standard, the history of the EBMonFHIR project, and what evidence and recommendations look like in computable form.

Mario Tristan will introduce global efforts to define standard terminologies for Risk of Bias, Study Design, Statistic Type, and Statistic Model concepts.

Khalid Shahin will demonstrate tools relevant to guideline development including Recommendation Builder, Evidence Builder, Citation Builder, MEDLINE-to-FHIR Converter, ClinicalTrials.gov-to-FHIR Converter, and the Fast Evidence Interoperability Resources Platform (FEvIR.net) you can use.

Joanne Dehnboestel will review the conduct and reporting of a systematic meta-review of systematic reviews of steroids for COVID-19 treatment using these tools.

Janice Tufte will discuss the patient engagement that has occurred throughout standard development, terminology development, tool development, and the application for the systematic meta-review.

Setting the path for guideline implementation in Brazil: A pilot situational assessment study

Ms Cecilia M Farinasso¹, Dr. Jessica Matuoka¹, Dr Gabriela V Brito¹, Dr Wendel M Santos¹, Dr. Ávila T Vidal², Dr. Marta CL Souto Maior², Dr. Heber D Bernarde³, Dr Haliton A Oliveira Junior¹

¹Hospital Alemão Oswaldo Cruz, São Paulo, Brazil, ²Ministry of Health Brazil, Brasília, Brazil, ³National Council of Health Secretaries (CONASS), Brasília, Brazil

2B - Poster Session - Implementation II, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Dr. Matuoka is the scientific coordinator of the Guidelines Project at Hospital Alemão Oswaldo Cruz, which is a partner of the Ministry of Health. She has a nursing degree, as well as master and PhD degrees in Health Sciences, both obtained at the University of São Paulo School of Nursing.

Background: It is unknown how well clinical guidelines are disseminated and implemented in the Brazilian Unified Health System (SUS), which is a critical gap in knowledge.

Aim: To assess how key stakeholders perceive the implementation of guidelines in state health departments in Brazil.

Methods: Methodologists will elaborate a questionnaire regarding comprehension, implementation, dissemination, pharmaceutical assistance, social participation and judicialization related to clinical guidelines. The National Council of Health Secretaries (CONASS) contacted state health departments to prioritize themes to be assessed. This is a joint effort of the Hospital Alemão Oswaldo Cruz with the Ministry of Health (MoH) Brazil, through the Support Program for Institutional Development of the Unified Health System (PROADI-SUS).

Results: Fourteen out of twenty-seven federative units responded with theme suggestions for evaluation. These suggestions were taken to representatives of the MoH for confirmation and the following themes were selected: Rheumatoid Arthritis; Age-Related Macular Degeneration; Prevention of Venous Thromboembolism in Pregnant Women with Thrombophilia. Four inquiries will be issued: a general and one for each theme. After validating the questionnaires, they will be sent to all federative units, aimed at health secretaries, head pharmacists, physicians, and health managers. It will take two months for data collection.

Conclusions: This is a pioneer project and will show how well the federative units implement guidelines issued by the MoH. It is a pilot study that will pave the way for more complex projects of evaluating the barriers and facilitators of implementation of clinical guidelines in Brazil.

Sex and gender in French Practice guidelines

Emmanuelle Blondet¹, Karine Petitprez¹, Anne Sophie Grenouilleau¹, Thomas Suarez¹, Dr. Sophie Blanchard-Musset¹

¹HAUTE AUTORITE DE SANTE, Saint Denis la Plaine, France

2A - Poster Session - Implementation I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Emmanuelle Blondet is a librarian at the french national Authority for Health (HAS), engaged in more than 25 guidelines and HTA assessments in differents areas.

Background:

As part of its annual prospective analysis of the health system, HAS focused in 2020 on the relationship between sex, gender and health.

Objective:

In this context we explored how sex OR/AND gender is integrated into french clinical practice guidelines.

Method:

First, we searched Lemanissier Library for all clinical practice guidelines published since 2010 regarding: addictions, mental health, cardiology and cancerology. Each guidelines was screened using keyword terms related to sex and gender. Then, we searched all social care guidelines published since 2016 by screening HAS website.

Results:

of 114 Clinical practice guidelines that met the inclusion criteria, 14 were text-positive for sex and/or gender keywords; only 7 proposed specific recommendations regarding sex or gender and 7 mentionned the terms sex or gender as textword. For the 44 social care guidelines identified, 6 proposed special items, and only one mentioned terms as textwords.

Discussion:

Despite new evidence on differences between males and females, the uptake of sex and gender influences into clinical practice and social care guidelines and practice is still very low in France. Their development is a critical first step for translating research findings into clinical practice in order to improve patient care. Following this study, our literature reviews teams are involving to use keywords related to sex/gender more systematically. Moreover, HAS will go further in the search for gender balance in our committees and working groups and encourage all actors in the health and social care sectors to take up this issue

Strategies for incorporating 2SLGBTQI+ lived experience in recommendation formulation: GRADE, different types of evidence, consensus methods and transparency in reporting

Ms Amy Burt¹, Ms Deborah Flores¹, Ms Christine Buchanan¹, Ms. Sheena Howard¹, Dr Elizabeth Saewyc,
Ms. Susan Gapka, Ms. Nafsin Nizum¹, Ms. Heather McConnell¹, Dr. Nancy Santesso, Dr. Doris Grinspan¹

¹Registered Nurses' Association Of Ontario, Toronto, Canada

5C - Implementation III: Contextualization, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

Amy is a Guideline Development Methodologist at the Registered Nurses' Association of Ontario and a Registered Nurse. She is the lead and co-lead on the recently published best practice guidelines, Vascular Access, Second Edition and Promoting 2SLGBTQI+ Health Equity. Her interests are healthy public policy, maternal and child health, health equity and non-communicable diseases.

Background: The Registered Nurses' Association of Ontario (RNAO) is the professional body representing registered nurses, nurse practitioners and nursing students in Ontario, Canada. RNAO's Best Practice Guidelines (BPG) Program launched in 1999, is a signature program with a mandate to develop, support uptake of, and evaluate evidence-based BPGs. In June 2021, RNAO released Promoting 2SLGBTQI+ Health Equity BPG.

Objective: To develop an equity-focused BPG, that adheres to GRADE methodology and ensures that the needs and preferences of persons with lived experience influence guideline content and recommendations.

Methods: The BPG was developed following GRADE and GRADE CERQual methodologies. Several strategies to involve persons with lived experience and ensure a meaningful BPG to end-users were used, including: majority of panel members were persons with lived experience including community advocates and activists, widespread stakeholder review and use of different types of evidence including qualitative literature where possible to inform person's values, preferences and experience in health system. During recommendation formulation, the evidence including certainty and confidence was discussed along with the lived expertise of panel members. The strength of recommendations was determined through a modified Delphi consensus.

Results: Panel justification of the recommendation is detailed in the BPG to provide a clear and transparent rationale for recommendations, in particular for strong recommendations based on low certainty evidence.

Discussion: Future BPG development could be enhanced by panel member education on strength of recommendations, optimizing use of good practice statements and standardizing the integration of values and preferences and health equity into recommendation consensus.

Strategies for involving patients and the public in living guideline development panels during a pandemic: a qualitative evaluation

Dr. Sarah Scott¹, Kerin Bayliss¹, Jane Cowl¹, Dr. Emma McFarlane¹, Janine Wigmore¹, Emma Chambers¹, Mandy Tonkinson¹, Mark Rasburn¹

¹National Institute for Health and Care Excellence (NICE), Manchester, United Kingdom

2C - Poster Session - Guidelines with and for users I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Sarah Scott is a Public Involvement Adviser at the National Institute for Health and Care Excellence (NICE). She is a Chartered Health Psychologist and a member of the British Psychological Society. Sarah sits on the Honorary International Editorial Board for The Patient. Her research and practice has typically focused on the development, implementation and evaluation of evidence-based public health interventions or service improvement at local, national and international levels. Involving patients and the public is key to all of Sarah's work.

Background: A living guidelines approach has been adopted by the National Institute for Health and Care Excellence (NICE) to rapidly produce and update guidelines related to COVID-19. Patient and public involvement (PPI) is seen as an essential part of guideline development, but the rapid nature of developing living guidelines means it can be difficult to implement meaningful PPI strategies.

Objectives: To understand which PPI strategies are needed for continual engagement in living guideline models and whether these strategies were perceived to have impact on the guideline development process.

Methods: All patient and carer members (N=10) and guideline developer staff (N=7) involved in developing three COVID-19 living guidelines will be invited to take part in the evaluation. Three focus groups will be conducted. A semi-structured interview guide will be created, informed by a PPI framework for guideline development and adapted for each group. Patient and public members with experience of NICE guideline development will be involved in facilitating the focus groups. Results will be analysed using thematic content analysis. Theme triangulation and respondent validation will be conducted.

Results: Results from the focus groups will be presented. Themes will cover: (1) effective PPI strategies; (2) PPI strategies that enable lay members to have impact; (3) barriers to lay member impact; and, (4) maintaining continual PPI engagement in living guidelines.

Discussion: Lessons from involving patients and the public in living guidelines will be discussed. The PPI strategies that lead to impact will be generalisable to guideline developers implementing the living guideline process.

Strengthening Engagement of Persons with Lived Experience in Best Practice Guideline Development

Ms Lyndsay Howitt¹, Judy Smith², Shelly-Anne Li¹, Verity Scott¹, Glynis Gittens¹, Greeshma Jacob¹, Deborah Flores¹, Amy Burt¹, Christine Buchanan¹, Christina Medeiros¹, Nafsin Nizum¹

¹Registered Nurses' Association Of Ontario, Toronto, Canada, ²Southlake Community Ontario Health Team, , Canada

2C - Poster Session - Guidelines with and for users I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Lyndsay Howitt is a Guideline Development Methodologist at the Registered Nurses' Association of Ontario (RNAO) where she supports the development and active uptake of evidence-based clinical and healthy work environment Best Practice Guidelines. Lyndsay helps lead RNAO's Person and Family Engagement Strategy Committee and is a member of the GIN Public working group. She holds a Master of Public Health degree from the University of Toronto with a specialization in health promotion. Prior to joining RNAO, Lyndsay practiced as Registered Nurse at St Joseph's Health Centre Toronto.

Background:

The Registered Nurses' Association of Ontario's (RNAO) Best Practice Guidelines (BPG) Program develops, supports the uptake of, and evaluates the impact of evidence-based clinical and healthy work environment BPGs. The program launched in 1999 and since 2005 we have included persons with lived experience in guideline development to ensure BPGs are reflective of persons' values, preferences and needs.

Objective:

RNAO's Person and Family Engagement Strategy Committee was convened to examine and strengthen existing processes for involving persons with lived experience in BPG development. This presentation will provide an overview of RNAO's Person and Family Engagement Strategy.

Methods:

A process evaluation was conducted to assess the acceptability of guideline development processes for persons with lived experience who participated in guideline expert panels between 2017-2019. Eight semi-structured interviews were conducted with participants. Interview findings were analyzed and opportunities to enhance inclusion and engagement were identified.

Results:

To date, several strategies have been integrated such as ensuring diverse recruitment of persons with lived experience, meeting the unique needs of persons during orientation and on an on-going basis, as well as developing guiding principles to ensure active inclusion of persons with lived experience during all steps of guideline development.

Discussion:

The Committee will continue to integrate further strategies such as continuous capacity building of guideline development methodologists, and ways to ensure equity for persons with lived experience in guideline panels.

Supporting implementation of the NICE Shared Decision Making guideline – a standards framework for shared-decision-making support tools, including patient decision aids

Mr Andrew Hutchinson¹, Mrs Laura Norburn¹, Ms Victoria Thomas¹

¹National Institute for Health and Care Excellence, Manchester, United Kingdom

4A - Poster Session - Implementation III, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Andy is a pharmacist in the medicines team at NICE. His background is in hospital and primary care pharmacy. He is involved in many aspects of the shared decision making work at NICE.

Background

In June 2021 NICE published a guideline on shared decision making (SDM). This includes recommendations for healthcare professionals and organisations on using patient decision aids (PDAs).

Objective

In concert with guideline development, NHS England and NHS Improvement commissioned NICE to produce a standards framework for PDAs. The aim was to help PDA users assess the usefulness and quality of a PDA, and help PDA developers undertake self-assessment of the quality of their tools and processes.

Methods

The process to develop this framework largely followed that developed for NICE's COVID-19 rapid guidelines. We assembled an oversight group of external SDM and PDA experts. The project scope was agreed with the project sponsors and ratified by the oversight group. We did a literature review and agreed draft standards with the oversight group. These were reviewed in a targeted consultation with members of the NICE SDM collaborative and other experts. The final version was developed with the oversight group.

The framework has 2 sets of standards – essential and enhanced. Essential standards indicate the minimum requirements for a PDA to be of sufficient quality for use. Enhanced standards are additional and indicate that the PDA is of the highest quality. Some of these may not apply to all PDAs.

Future prospects

Using a rapid process we were able to develop a robust, comprehensive standards framework. This was published alongside the guideline and is referred to in it. We are undertaking further evaluation and we hope to present early data at the conference.

Supporting implementation of the NICE Shared Decision Making guideline – an online learning package for healthcare professionals

Dr Simon Jacklin², Dr Jessica Thompson², Mr Andrew Hutchinson¹, Professor Neal Maskrey², Dr Katie Maddock², Mrs Laura Norburn¹, Mr Jonathan Underhill¹

¹National Institute For Health And Care Excellence, Manchester, United Kingdom, ²University of Keele, Keele, United Kingdom

5C - Implementation III: Contextualization, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

I am a graduate of the Keele School of Pharmacy and Bioengineering so am very proud to now work here as a member of staff. I am a registered pharmacist with experience in both community and hospital pharmacy. I primarily teach pharmacy undergraduates as well as a range of postgraduate professionals. My research and scholarship interests are focused on the education of health professionals, both under- and postgraduate. I am particularly interested in clinical decision-making and consultation skills as well as virtual patient simulations and interprofessional education.

Background

In June 2021 NICE published a guideline on shared decision making (SDM). This includes recommendations on training and development for healthcare professionals in SDM.

Objective

To support implementation of the guideline Keele University and NICE co-developed an online learning package to help healthcare professionals develop and practice their SDM skills.

Methods and future prospects

The content drew on existing expertise in delivering SDM training. This was adapted to an online format, ensuring consistency with the NICE guideline recommendations. The learning package was created in a modular format and is displayed via Microsoft Sway. The modules cover:

- Orientation and background
- Cognitive psychology: the science of how we all make decisions
- Evidence-based medicine
- Probability and uncertainty
- Consultation skills
- Practising your shared decision-making skills: Staying up to date.

Video contributions from commentators with a range of experience and perspectives, including those of people who use healthcare services, were included in the learning package to engage learners and provide a real-world context to the academic content of the modules. Innovative avatar technology is provided in the final module to enable learners to practice and consolidate their learning in a safe environment. The package was launched alongside the guideline.

Within the first week of release of the package 271 people had signed up to access the modules. Early feedback from learners has been positive and there has been high interest from stakeholders. A mixed methods evaluation is planned.

Supporting local health and care systems to address health inequalities through implementation of evidence based guidance

Ms Deborah O'callaghan¹, Rachel Reid¹, Ms Jade Fortune¹

¹National Institute Health And Care Excellence, Piccadilly Gardens , United Kingdom

5C - Implementation III: Contextualization, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

Rachel is the NICE Implementation Facilitator based in the North. Working across provider and commissioning organisations, as an implementation specialist her role is to provide strategic advice and context to help the NHS, public health and social care organisations to improve the quality of care and outcomes through the implementation of NICE guidance and quality standards. Prior to joining NICE Rachel worked as a Public Health Specialist, managing programmes to drive improvements in population health and reduce inequalities. More recently has worked at NHS England working on the patient experience survey programme.

Title:

Supporting local health and care systems to address health inequalities through implementation of evidence -based guidance.

Aim

Identify how NICE is best placed to support local health and care systems to reduce health inequalities.

Background

NICE has established a world-class reputation as a leader in evidence assessment. Our purpose is to help improve health outcomes and reduce health inequalities.

The NICE strategy 2021-2026 outlines a renewed determination to prioritise our work to reduce health inequalities.

We have established a cross-institute group to oversee a range of projects aimed at strengthening our approach to considering health inequalities in all we do and ensuring we are providing support to the health and care system, where we can best add value.

Method

We are reviewing the whole guidance development pathway, including implementation, to find opportunities to do more to embed consideration of health inequalities within our work.

As part of the implementation workstream, we are engaging with key stakeholders to identify barriers and enablers to implementing NICE guidance with the aim of addressing health inequalities.

This session will summarise 2 projects: one focusing on health checks for people with learning disabilities and the other on addressing health inequalities in pregnancy.

Results

Both projects have highlighted opportunities for NICE guidance to support local action on health inequalities.

Conclusion

NICE guidance can be used to support local action on health inequalities through informing a population health management approach, a traditional guideline implementation approach and through commissioning of services.

Supporting patient/public members to participate in virtual working during the Covid-19 pandemic

Mrs Emma Chambers¹, Mr Mark Rasburn

¹NICE, , United Kingdom

4B - Poster Session - Guidelines with and for users II, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Emma Chambers is a Public Involvement Adviser at NICE, supporting patient/public members as well as voluntary and community sector stakeholders to engage in NICE guidelines.

Background – The Covid-19 pandemic changed the way NICE conducted committee meetings. The new way of working introduced exclusively online committee meetings for all decision-making committees, including those developing guidelines. The NICE public involvement programme adapted its advice and support to help lay members achieve meaningful involvement in this new way of working.

Objective – To evaluate NICE's approach to supporting lay members to meaningfully participate in virtual guideline committee meetings. In particular, what has worked well, the challenges, and the future direction.

Methods - To carry out a retrospective review of feedback from NICE committee lay members who have finished their work on a guideline committee. In addition, we will run a short survey of current lay members and chairs to better understand the impact of virtual working.

Results - NICE greatly values the contribution of lay members; it is important that we maximise their input in committee discussions, and that we enable them to be as effective as they can be in a virtual environment.

We will report on the support provided to lay members, their experience of virtual committee working and impact of their contributions to the meetings. We will also report on measures to embed best practice for virtual working.

Discussion –Virtual working will play a continuing part of committee life, so a better understanding of the needs of lay members is going to be vital in helping them maximise their impact on guideline development and achieving meaningful involvement.

Synergies Between HTA Documents And Clinical Guidelines: A Multiple Sclerosis Case Study

Ms Milou Hogervorst¹

¹Utrecht University, Utrecht, Netherlands

2D - Poster Session - Sustainability / Collaboration, Adaptation, resource-constraint settings, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Milou Hogervorst is a PhD Candidate at Utrecht University, working in the European Commission funded HTx project. Within this project she has her focus on HTA policy research, predominantly in the area of stakeholder alignment, including regulators and clinicians.

Introduction

Patient access to novel pharmaceutical treatments may be facilitated by a smooth process of market approval, reimbursement and uptake in clinical guidelines (CGs). Relatively little is known on the synergies between the latter two processes. This study aimed to assess alignment between HTA reports and CGs for multiple sclerosis (MS) medicines.

Methods

HTA reports and CGs were assessed to find synergies and discrepancies in their recommendations and any references they make to each other. Documents from England, France, Germany, the Netherlands and Poland were assessed. Data was extracted using a data extraction tool. This study is part of a larger project that includes a workshop for regulators, payers and clinicians.

Results

We assessed 113 HTA reports and seven CGs for 16 MS medicines (approved 1995-2020). Nearly half of the HTA reports referred to the use of CGs (47%) or a consultation of clinical experts (43%). CGs mostly referred to final recommendations of HTA reports (5/7), whereas consulting HTA representatives was less common (2/7). Final recommendations on whether or not to reimburse or include individual treatments in the treatment algorithm were in synergy (90% of N=51), whilst recommended treatment lines and populations sometimes diverged (41%).

Conclusion

Generally, recommendations in HTA and CGs were aligned, although at the point of defining eligible populations or treatment lines recommendations started to diverge. Our results show that steps to improve are possible and would be worthwhile to ensure earlier and more sustainable access to required treatments.

Taking what (evidence) we can get - Designing clinical guidelines for personal protective equipment use during the COVID-19 pandemic

Dr. Brea Kunstler¹, Ms Skye Newton¹, Dr Hayley Hill¹, Associate Professor Tari Turner¹

¹National COVID-19 Clinical Evidence Taskforce, Melbourne, Australia

2F - Poster Session - Relevance / different sources of evidence / sharing knowledge, October 25, 2021,
5:30 PM - 7:00 PM

Biography:

Dr Brea Kunstler is a Senior Evidence Officer with the National COVID-19 Clinical Evidence Taskforce and a Research Fellow in behaviour change at BehaviourWorks Australia. Brea works with a wide team of guideline development and clinical experts to create living guidelines related to the treatment and management of people experiencing COVID-19. These guidelines are freely available to guide clinical decision making at <https://covid19evidence.net.au/> Twitter: @evidenceCOVID19

Background: The COVID-19 pandemic has highlighted the need for healthcare decision-makers to have rapid access to high quality, synthesised evidence to inform clinical decision-making, particularly for the provision and use of personal protective equipment.

Objective: Develop a clinical guideline containing recommendations for the use of personal protective equipment by Australian healthcare workers.

Methods: A team of evidence officers, search specialists, guideline developers and clinical experts collaborated to identify, extract and summarise findings from studies reporting rates of SARS-CoV-2 infection and adverse events associated with the use of personal protective equipment by healthcare workers. The evidence officers presented the findings of relevant studies to a panel of clinical experts weekly, who discussed the findings in the context of existing advice, as well as their clinical and professional expertise, to develop the recommendations published in the guideline.

Results: The identified studies were few, mostly observational in design, potentially impacted by confounding variables due to lack of controls, had small sample sizes and many were not peer-reviewed. Emphasis was placed on the high risk of bias in the identified studies when the panel convened to formulate recommendations that could be made based on the available evidence. Only consensus recommendations could be made and included in the guideline due to the uncertainty in the available evidence.

Discussion: New and vital clinical questions have emerged during the COVID-19 pandemic.

Subsequently, large amounts of research has been produced. However, in some areas, such as personal protective equipment, reliable evidence is urgently needed to inform guideline development.

The "AWMF-Portal Declaration of Interests Online" - a digital solution for conflicts of interest (COI) management

Mr Torsten Karge², Prof. Ina Kopp¹, **Dr. Monika Nothacker¹**

¹AWMF Institute for Medical Knowledge Management, Marburg/Berlin, Germany, ²Clinical Guidelines Services GmbH, Kiel, Germany

2E - Poster Session - Sustainability: Methods and COI Management, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Dr. Monika Nothacker, MPH is a gynecologist and obestetrician and holds a master degree of public health. Since 2012 she is deputy head of the German Association of the Scientific Medical Societies' Institute for Medical Knowledge-Management (AWMF-IMWi) at Philipps-University, Marburg and AWMF office Berlin. The AWMF-IMWi is the Clearinghouse of Clinical Practice Guidelines developed by the 180 German scientific medical societies organised under the umbrella of AWMF. Dr. Nothacker serves as coordinator and methodological consultant for CPG development and related tools for guideline developers. She is a member of AWMF's Standing Commission for Clinical Practice Guidelines.

Background

The Association of the Scientific Medical Societies in Germany (AWMF) updated 2018 its declaration of interest (DoI) form and the rules for criteria-based appraisal of COI, which meet the Guidelines International Network (GIN) requirements and are mandatory for guideline projects in the AWMF-register. For a suitable handling, there was a need to simplify the management of COIs.

Methods

In 2019, the DoI-form and COI management rules were digitalized into a password-protected online portal with export functions and application programming interfaces (APIs). In 2021, the English version was released together with enhanced export functions.

Results

The AWMF portal is a web application with server location in Germany. It distinguishes administrators who set-up guideline projects, project coordinators, who manage projects and appraise COIs and authors who enter declarations. The declared interests are appraised according to the AWMF rules with a possibility to apply further rules. Authors can re-use their declaration of interests for several projects and export the data amongst other to the International Committee of Medical Journal Editors (ICMJE) disclosure of interest form. An exchange with third-party applications is currently implemented with the MAGICapp via an API connection. As of 07/2021, the portal is being used by 67 medical societies for more than 250 guideline projects with over 3000 users.

Future prospects

With the English translation and the integration of the ICMJE form, the AWMF portal is suitable for national and international use. Data exchange possibilities provide the basis for a consistent international COI management between and beyond guidelines.

The AGREE II Assessment Report for CPGs in Cleft Children

Dr. Ankita Saikia¹, Prof. MUTHU MS², Prof. Omolola O. Orenuga³, Prof. Peter Mossey⁴, Prof. Lahcen Ousehal⁵, Prof. Si Yan⁶, Dr Marina Campodonico⁷, Miss Rachael England⁸, Sean Taylor⁹, Miss Pamela Sheeran¹⁰

¹Centre for Early Childhood Caries Research (CECCRe),, Chennai, India, ²Centre for Early Childhood Caries Research (CECCRe),, Chennai, India, ³Department of Child Dental Health,, Lagos, Nigeria , ⁴School of Dentistry, Dundee, United Kingdom, ⁵Department of Orthodontics , Casablanca, Morocco, ⁶Department of Preventive Dentistry, Beijing, People's Republic of China, ⁷Foundation for Cleft Lip and Palate Children, , Chile, ⁸FDI World Dental Federation, Geneva, Switzerland, ⁹FDI World Dental Federation, , Switzerland, ¹⁰Strategic Programs and Partnerships, , USA

2A - Poster Session - Implementation I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Dr. Ankita Saikia has also been one of the key resource person with a global team of researchers in developing clinical practice guidelines for children with Cleft Lip and Palate. She is one of the four recipient (first Indian Team ever) of the recently awarded Paul P. Taylor award by American Academy of Pediatric Dentistry 2020 for summarising research on risk factors of Early Childhood Caries. She is the first Pediatric Dentist in the country to receive a BIRAC grant. She has successfully developed a dental trauma app called 'Injured Tooth'.

Background: Clinicians and policy makers seek guidelines as a reliable tool for making health care more homogenous and effective. CPGs also aids to close the gap between what clinicians do and what research reports. Hence, it is essential that the quality of CPGs are evaluated using the most robust tool to find limitations and establish scope for future modifications. The AGREE II tool includes a framework to address guideline quality, provide strategy for guideline development, and assist in the assessment of information reported in guidelines.

Objective: The aim of this review is to identify and assess the scope, quality, adequacy, and consistency of CPGs related to oral health in children and adolescents with clefts

Methods: The Appraisal of Guidelines for Research & Evaluation (AGREE) II methodological tool was used to evaluate included CPGs. Four appraisers evaluated each CPGs on the AGREE plus online platform.

Results: Based on the 70% quality threshold for each domain as per the AGREE II assessment manual, 5 guidelines had 1 or more domains with more than 70% scores. The lowest overall mean scores were in the domain "Rigor of Development" (mean 29.58%, SD 17.11), revealing lower quality in methodology used in the development of the guideline.

Conclusions: AGREE II assessment results revealed a lack of integrated high-quality CPGs that can be used as universal guidelines by health workers in a range of disciplines for improving oral health in children and adolescents with cleft lip and palate.

The benefits and challenges of reusing data: experiences from NICE's COVID-19 guidance team

Ms Lynne Kincaid¹, Dr Emma McFarlane¹, Mr Steve Sharp¹, Ms Sarah Boyce¹, Dr Shelly Patel¹, Dr Justine Karpusheff¹

¹National Institute for Health and Care Excellence (NICE), Manchester, United Kingdom

2D - Poster Session - Sustainability / Collaboration, Adaptation, resource-constraint settings, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Lynne Kincaid has worked in several teams at NICE including the COVID-19 team and guideline surveillance.

Background:

In March 2021, NICE developed a guideline on managing COVID-19. Recommendations on drug treatments for COVID-19 were a key area in the scope.

Objective:

To explore the benefits and challenges of reusing evidence reviews to expedite development of recommendations on colchicine for treating COVID-19.

Methods:

NICE collaborated with the Australian living guideline taskforce to reuse their evidence reviews. Review Manager systematic review files for colchicine were provided to NICE's COVID-19 team.

NICE conducted GRADE assessments, wrote narrative evidence summaries and presented findings to the guideline's expert panel, who advised on recommendation wording.

Soon after publishing the recommendations, a major study published results and this was added to the review file in a living guideline approach.

Results:

Evidence-based recommendations were published within weeks. We saved time on literature searching, selecting studies, data extraction, critical appraisal and recording study characteristics.

The NICE panel requested interpretation of the colchicine data for the UK context and further work was needed to split the results into hospital and community settings.

Additionally, systematic reviewers indicated that the process of critical appraisal and extracting data and study characteristics was important for understanding the evidence.

Implications for guideline developers:

Data sharing between systematic reviewers can reduce repeated work during the systematic reviewing process. However, consideration of the applicability of data analyses to the local context remains fundamental to guideline development.

The CAPOCI-tool: development of a tool to assess the trustworthiness of evidence-based point-of-care information for health care professionals

Dr. Gerlinde Lenaerts¹, Dr. Geertruida Bekkering^{1,2,3}, MSc Martine Goossens¹, MSc Leen De Coninck¹, Prof. Nicolas Delvaux³, MSc Sam Cordyn⁴, Dr. Jef Adriaenssens⁵, Prof. Bert Aertgeerts^{1,3}, Prof. Patrik Vankrunkelsven^{1,2,3}

¹Cebam (Belgian Centre of Evidence Based Medicine), Leuven, Belgium, ²Cochrane Belgium, Leuven, Belgium,

³Academic Centre of General Practice, KU Leuven, Leuven, Belgium, ⁴Federation of the White and Yellow Cross of Flanders, Brussels, Belgium, ⁵Belgian Health Care Knowledge Centre, Brussels, Belgium

3C - Other themes, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

After a master's degree in kinesiology and biomedical engineering, Gerlinde Lenaerts combined both domains in a PhD in biomechanics. After 7 years of research at the Catholic University of Leuven, Belgium, she continued her research at Semmelweis University, Budapest. Later on, she broadened her research experience for several years as a clinical research manager and scientific writer. Since 2018, she has been affiliated with Cebam, the Belgian Center for Evidence-Based Medicine. As researcher and methodologist, she is involved in guideline validations and in developing new procedures and tools aiming to provide trustworthy information for the Belgian healthcare context.

Background. Point-of-care (POC)-information should be rapidly accessible, comprehensive and trustworthy. There was no standard tool to evaluate the trustworthiness of POC-information.

Objectives. We aimed to develop and validate a tool for assessment of trustworthiness of POC-resources.

Methods. We designed the CAPOCI-tool ('Critical Appraisal of Point of Care Information') based on criteria important for assessment of trustworthiness of POC-information, reported in a previously published review. A group of healthcare professionals and methodologists defined criteria for the CAPOCI-tool in an iterative process of discussion and pilot testing, until consensus was reached. Next, all criteria were subject to content validation in a Delphi study with an international panel of 10 experts. In a last step, the inter-rater reliability of the CAPOCI-tool was calculated for two scoring systems with a two-tailed Kendall's tau correlation coefficient to quantify the agreement between two users.

Results. After validation, the CAPOCI-tool consist of 11 criteria that assess authorship, literature search, use of pre-appraised evidence, critical appraisal of evidence, expert opinions, peer review, timeliness and updating, conflict of interest, and commercial support. Inter-rater agreement showed substantial agreement between two users for scoring with a 3-point ordinal scale ($\tau = .621$, $P < .01$), as well as for scoring with a 7-point likert scale ($\tau = .677$, $P < .01$).

Discussion and conclusion. The CAPOCI-tool may support validation teams in the assessment of trustworthiness of POC-resources. It may also provide guidance to producers of POC-resources and can add to evidence based practice.

The development of an interpretation guideline for the EORTC patient-reported outcome measures

Dr. Monika Sztankay^{1,2}, Daniela Krepper², Assoc.-Prof. Johannes M. Giesinger², Dr Andrew Bottomley³

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4B - Poster Session - Guidelines with and for users II, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

MS is a clinical psychologist and a patient-reported outcome (PRO) researcher at the Medical University of Innsbruck. She is working with patients with oncological diseases and is leading leading and collaborating in several projects on developing guidelines for the use of PRO data by various stakeholders.

Background: Patient-reported outcomes (PROs), such as health-related quality of life, are any reports of the patients' perspectives about the impact of their disease and its treatment on their health status without the interpretation of a clinician, or anyone else (FDA 2009). The assessment of PRO data in oncological practice and research has proved to be beneficial for patient outcomes (incl. survival) and supports informed decision-making from diagnosis and throughout treatment. Its value has been recognized by key stakeholders including clinicians, funders, regulators, and policy-makers. By offering concrete guidance on interpretation and utilizing the scores assessed with its measures, the EORTC Quality of Life Group aims to support the use of PRO data and to overcome the barriers hindering wide-scale implementation of PROs in clinical practice.

Objective: To meet the need for practical guidelines on how to differentiate and use the various ways of interpreting EORTC PRO data, we aim to develop a guideline including best practice recommendations on interpreting PROs assessed with EORTC PRO measures for scientific as well as clinical use.

Methods: The guideline will be based on existing evidence from literature and consensus among experts in the field and relevant stakeholders. To enhance the guideline's comprehensibility and usability, potential users like researchers, health care professionals (HCPs) and patients are asked for their preferences and perspectives on the guideline.

Future prospects for project presentations: The project is in the first phase of scoping. Final EORTC Interpretation Guideline will be available in three user-adapted versions for researchers, HCPs and patients.

The development of clinical guidelines in China: insights from a national survey

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5B - Sustainability III: Conflict of Interest and resource-constrained settings, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

My name is Yang Song, I am a PhD candidate in the Iberoamerican Cochrane Centre (CCIB) - Biomedical Research Institute Sant Pau (IIB Sant Pau). My research topic is regarding the methodology and reporting for both guideline adaptation and development. I have also been involved in several European guideline development processes as well as a Chinese guideline adaptation project.

Background

Empirical evidence suggests that the quality of clinical guidelines (CGs) in China is inferior and that methods used to develop CGs are not completely transparent.

Objective

To describe how CGs in China are developed, adapted, and updated.

Methods

Cross-sectional survey. We distributed a self-administrated questionnaire from September to November 2020 by email or WeChat to 114 organizations: 74 identified from 171 published Chinese CGs published between 2017 and 2020, 10 recommended by Chinese CG developers, and 30 recommended by Chinese clinical experts.

Results

We collected forty-eight completed questionnaires (42.1% response). Most organizations developed CGs based on scientific evidence (89.6%), existing CGs (75%), or expert opinion (64.6%). Few organizations had a specific CG development division (6.3%), an adherence monitoring plan (of clinicians 33.3%; of patients 18.8%), funding (33.3%), or a conflict-of-interest (COI) management policy (23.4%). Only a single organization followed a published adaptation methodology. Thirty-eight organizations (88.4%) reported de novo CG development: 21 (55.3%) had a formal CG working group, and 29 (76.3%) evaluated the quality of evidence (21 (72.4%) using a formal tool). Nineteen organizations (52.8%) reported adapting CG: 3 (31.6%) had a formal adaptation working group, and 12 (63.2%) evaluated the quality of source CGs (2 (16.7%) using a formal tool). Thirty-three organizations (68.8%) updated their CGs, 7 (17.5%) using a formal updating process.

Conclusions

Our study describes how CG are developed in a middle-income country like China. To ensure better health care, there is still a great need for improvement of the Chinese CGs quality.

The development of Covid-19 guidelines for rehabilitation professionals in African settings

Mr Etienne Ngeh^{1,6}, Pr. Lynn Cockburn^{2,6}, Mrs. Nnenna Chigbo^{3,6}, Mrs Priscillah Ondogah,^{4,6}, Mr. Moris Anekwu^{5,6}

¹*Regional Hospital Bamenda, , Cameroon,* ²*Department of Occupational Science and Occupational Therapy, University of Toronto, Canada, , ,* ³*Department of Physiotherapy, University Teaching Hospital, , Nigeria,* ⁴*Mbarara University of Science and Technology,, , Uganda,* ⁵*Department of Physiotherapy, Alex Ekwueme,, , Nigeria,* ⁶*African Rehabilitation Network (AFRENET), ,*

2A - Poster Session - Implementation I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Etienne Ngeh is a trained Cameroonian Physiotherapist and Cardiac Rehabilitation Specialist based in Cameroon. He is the Head of Physiotherapy Department St. Louis University Bamenda, Cameroon, and leads the Physiotherapy service of the Regional Hospital Bamenda. He is the founder and promoter of the Research Organization for Health Education and Rehabilitation-Cameroon (ROHER-CAM). He is the current Chair of the Guideline-International-Network (GIN) African Regional Community. He is also one of the founders and coordinators of African Rehabilitation Network a community of practice with Physiotherapists, Occupational Therapists, Speech and Language Therapists, Community Based Rehabilitation Workers, etc practicing in the region.

Background

African health systems are growing, yet there are many places with inadequate rehabilitation services, infrastructure, and human resources. When the COVID-19 pandemic struck, there was little guidance available for African rehabilitation systems.

Objective

To develop, adapt, and contextualize COVID-19 rehabilitation guidelines for practitioners in Africa.

Methods

This process was inspired by and adapted with permission from, a group at McMaster University, Canada who had published rehabilitation guidelines for COVID-19. We adapted recommendations based on best available evidence, by contextualizing and expanding them with findings and experiences of frontline, administrator, and research rehabilitation professionals from the Africa region. Together with the group 1) reviewed the literature, 2) created an online document for asynchronous dialogue, and 3) consulted with experts.

Results

The result was a longer set of guidelines called “Rehabilitation of Patients with COVID-19 in African Settings: Guidance for Community Based Rehabilitation Workers, Physiotherapists, Occupational Therapists, Speech and Language Therapists, and Assistants”, available online. The first section consists of seven interconnected key considerations applicable to all rehabilitation providers. The second section has best practice statements for specific rehabilitation providers, community-based rehabilitation workers, physiotherapists, occupational therapists, and speech and language therapists.

Conclusion and Future prospects

We report a successful adaptation and contextualization of a clinical practice guideline for rehabilitation professionals working in African settings with patients with or without COVID-19 through the efforts of a small team of dedicated volunteers with a variable understanding of developing clinical practice guidelines. We encourage similar efforts and collaboration to improve rehabilitation within the region.

The development of de novo clinical practice guideline (CPG) for proton beam therapy (PBT) in the oncological treatment of children based on an identified health technology assessment (HTA) in the context of very low-quality evidence and lack of RCTs

Dr. Lucia Kantorová^{1,2}, Dr Tereza Vrbová^{1,2}, Assoc Prof Jitka Klugarová^{1,2}, Assoc Prof Miloslav Klugar^{1,2}

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2F - Poster Session - Relevance / different sources of evidence / sharing knowledge, October 25, 2021,
5:30 PM - 7:00 PM

Biography:

Dr. Lucia Kantorová is core staff of the Czech Center for Evidence-Based Healthcare and Knowledge Translation, the umbrella organization for Masaryk University GRADE centre, JBI Centre of Excellence and the Cochrane Czech Republic. She is working as a senior methodologist in several guideline development groups within the Czech National Clinical Practice Guidelines project. Her academic area of interest is GRADE for public health. She is involved in the development of the COVID-19 Living RecMap. She is a member of the Palacky University Centre for Evidence-based Education and Arts Therapies where she helps train researchers.

Background

The Guarantee Committee of the Czech CPG project, including the Ministry of Health of the Czech Republic, commissioned the CPG of proton beam therapy (PBT) in children due to heterogeneity of practice, the current reimbursement from public sources without underlying scientific evidence, and occasional use of PBT as the first line of treatment.

Objective

Is PBT more effective and safe than photon radiotherapy (PRT) in children?

Methods

Guideline development group (GDG) was established in 2019. We searched CPGs in 36 sources in September with no results. In October, we searched eight websites and Epistemonikos for any systematic reviews (SR) and identified exactly one relevant, high-quality HTA (Washington State Authority, 2019). We translated and updated the HTA and drafted recommendations. The expert panel will meet in September 2021.

Results

The evidence is of very low quality from 15 comparative observational studies and 79 case series (12 and 43 for brain tumors, 1 and 16 for head and neck tumors, 2 and 7 for eye tumors, only case series for lymphomas - 2, sarcomas - 8, bone tumors - 3. None for other tumors) that PBT can be considered for the treatment of some pediatric tumors only as an alternative to PRT.

Discussion

The identified evidence is of very low certainty. There is not enough evidence to support PBT to be used as the first line of therapy. More RCTs are needed, and the ones currently registered should be finished to bring more robust evidence into PBT use in children.

The Development Process of Traditional Chinese Medicine Technical Guideline

Ms Yue Hu^{1,2,3,4,5}, Ms Jianjian Wang^{1,2,3,4,5}, Ms Yan Ma^{1,2,3,4,5}, Ms Juanjuan Zhang^{1,2,3,4,5}, Mr Rongdi Luo¹, Mr Xiaopeng Hu¹, Dr Xiaohui Wang^{1,2,3,4,5}, Prof Yaolong Chen^{1,2,3,4,5}, Dr Xuping Song^{1,2,3,4,5}

¹School of Public Health, Lanzhou University, Lanzhou, China, ²Lanzhou University Institute of Health Data Science, Lanzhou, China, ³Guideline International Network Asia, Lanzhou, China, ⁴WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China, ⁵Evidence-Based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China

4E - Poster Session - Other: Current aspects in Chinese guideline development, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Yue Hu is a postgraduate student in School of Public Health, Lanzhou University, and major in Evidence-Based Medicine.

Background TCM technique is a kind of adjuvant therapy, which follows principles of the theoretical system of TCM and uses techniques or facilities on body surface of patient. Currently, a series of TCM technical guidelines have been released.

Objective There is no highly recognized process of TCM technical guideline with its own characteristics. In order to standardize the development process and improve the quality of these guidelines, we explored the process of TCM technical guideline.

Methods We systematically searched TCM technical guidelines in Pubmed, NGC, GIN, NICE, CNKI, Medlive, CBM and Wanfang until Jan 14th, 2021. Handbooks for development process from major international guideline organizations, World Federation of Chinese Medicine Societies and WHO Benchmarks were comprehensively taken into consideration. In addition, two rounds of the Delphi and a face-to-face consensus meeting were constructed with multidisciplinary expert groups were performed. **Results** Ultimately, we formed a development process of TCM technical guideline with 11 key steps. The following two key steps are most innovative: (1) in preliminary planning step, needs to clear the guideline is "active" or "passive" type, "therapeutic" or "health care" type; (2) the formation of operational procedures and requirements is different from other guidelines, we adapted from WHO Benchmarks in order to reflect the particularity of TCM technical guideline.

Discussion This is a standard development process of TCM technical guideline based on strict methodological requirements and cooperated by multiple Chinese medicine organizations. The release of this process would promote the standardization and internationalization of TCM technical guideline.

The EBM Africa Network: Promoting healthcare in rural settings through the use of locally contextualized and foreign clinical practice guidelines

Dr Patrick Okwen¹

¹Effective Basic Services (ebase), Bamenda, Cameroon

2A - Poster Session - Implementation I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Patrick Okwen is a district medical officer in Cameroon and Team lead at eBASE Africa. He has a background training in medicine and health economics. Patrick has a keen interest in evidence-based medicine, global health, and maternal and child health.

Patrick is a member of the Guidelines International Network Board of trustees, a Joanna Briggs Evidence Based Clinical Fellow, and an affiliate investigator of the Bruyère Research Institute in Canada. Patrick is leading a regional innovation of getting clinical practice guidelines to clinicians in Middle Africa known as the EBMAfricaNet. Patrick is fluent in French and English.

Background: In Africa evidence-based practice in primary care services by clinicians (doctors and nurses) in rural settings is a major challenge due to lack of access to research evidence needed to informed policy and practice.

Objectives: To develop and/or contextualize guidelines for some of the poverty related diseases to guide point of care decision making for clinicians in rural settings for Middle Africa.

Methodology: We set up a web-based platform <http://www.ebmafrica.net> which provides national guidelines, WHO guidelines and foreign guidelines, and JBI evidence-based criteria with adaptations for Nigeria, Rwanda, and Cameroon targeting poverty related diseases (malaria, TB, HIV, soil transmitted helminthes and hypertension). We worked with G-I-N Africa to collaborate with clinicians from Rwanda, Nigeria and Cameroon using WhatsApp platforms within the network. We reviewed evidence recommendations for diagnosis, treatment and prevention and developed and/or contextualized guidelines by country. We provided accounts for doctors to access evidence freely within this evidence portal to allow them improve their practice. We partnered with Cochrane Nigeria, iScientia Belgium for resources to develop the platform. We contextualized these guidelines together with consumers and consumer organizations.

Results: We have 15 guidelines which have been contextualized for diseases with the greatest burden in African underserved communities. Users also have access to over 1000 foreign guidelines from Duodecim and EBM France and these are available in French and English.

Conclusions: Poverty related diseases weigh in the most on health outcomes in Africa. Development of trustworthy evidence-based guidance and support will significantly improve health outcomes.

The European Reference Networks (ERN) Guidelines project: harmonising the process of developing Clinical Practice Guidelines in the framework of rare diseases across Europe

Dr. Carmen Martín-Gómez¹, Juan Antonio Blasco¹, Lourdes González-Bermúdez¹, Beatriz Carmona-Hidalgo¹, M Mar Trujillo-Martín², Tasmania Del Pino-Sedeño², Beatriz León-Salas², Pedro Serrano-Aguilar³, Marta López de Argumedo-González de Durama⁴, Nerea Arias-Jayo⁵, Nora Ibargoyen⁵, Lorea Galnares⁵, Iñaki Gutierrez-Ibarluzea⁵, Pilar Calvo⁶, Patricia Gavín⁶, Lucía Prieto⁶, Sandra García⁶, Dolors Estrada^{7,8}, Anna Godó⁷, Rosa Vivanco⁷, Leticia García^{8,9,10}, Joan Carles March^{8,9,10}, Israel Conejero-Arto¹¹, Jean François Colas¹²

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3C - Other themes, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

Carmen Martín-Gómez has a Ph.D. in Data Science from Loyola University Andalusia, and a Bachelor's Degree in Psychology with certification in Health Psychology from the University of Sevilla. Currently, she is a postdoctoral researcher in the Area of Health Technology Assessment (AETSA) of the Regional Ministry of Health and families of Andalusia. She is involved in the European Reference Networks Guidelines project as a methodologist.

Background. The ERN Guidelines project results from a call for proposals (DG SANTE/2018/B3/030) for the development, appraisal and implementation of Clinical Practice Guidelines (CPGs) and Clinical Decision Support Tools (CDSTs) to support clinical decision making by medical doctors in the area of patients affected with rare diseases. The ERNs bring together experts and healthcare providers across Europe to collaborate regarding diagnosis and treatment for patients with rare diseases and to exchange knowledge and resources. An ERN Guidelines Consortium consisting of five Spanish Health Technology Assessment Agencies and two educational institutions collaborates with the ERNs.

Objective. To provide: (i) a common methodology, in order to harmonise the elaboration process of CPGs and CDSTs across the ERNs; and (ii) technical assistance to ERNs for developing the capacity to produce high-quality CPGs and CDSTs in their areas of expertise.

Methods. A progressive strategy has been planned for the period from 2020-2024, which includes 4 work areas, (a) Establishing a governance structure including the Advisory Body and Expert Panels; (b) Creation of the methodologies for the development, appraisal and implementation of CPGs and CDSTs; (c) Training and capacity building; and (d) CPGs and CDSTs production including development de novo, and appraisal/adaptation.

Results. Until now, the first three work areas have been successfully implemented, and the fourth has just started.

Discussion. This project contributes to the development of CPGs and CDSTs in the framework of rare diseases, where guidelines are currently scarce, and works on streamlining the guidelines developing process among the different ERNs.

The experience of a mentoring program for the development of clinical practical guidelines in Brazil

Ms Verônica Colpani^{1,2,3}, Ms Cinara Stein¹, Ms Débora Dalmas Gräf¹, Ms Karlyse Claudino Belli¹, Ms Ávila Teixeira Vidal⁴, Ms Clementina Corah Lucas Prado⁴, Ms Brígida Dias Fernandes⁴, Ms Cynthia Carolina Duarte Andrade⁴, Ms Joslaine de Oliveira Nunes⁴, Ms Marta da Cunha Lobo Souto Maior⁴, Ms Vania Cristina Canuto Santos⁴, Mr Maicon Falavigna^{1,2}

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2D - Poster Session - Sustainability / Collaboration, Adaptation, resource-constraint settings, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Physiotherapist, PhD in Medical Sciences: Endocrinology in the Federal University of Rio Grande do Sul; Brazil (2015). Fellowship in the Department of Epidemiology, Erasmus Medica Center, The Netherlands (2013-14). Since 2016 works with systematic review and the development of clinical guidelines, coordinating a project on the development of practical guidelines for the Brazilian Unified Health System (SUS), which is sponsored by the Brazilian Ministry of Health.

Background: Even though improvements were made, many practical guidelines (PGs) still lack methodological rigor in Brazil. As human resources are insufficient to produce trustworthy guidelines on a larger scale, a mentoring program was designed to guide researchers on how to develop PGs and establish a standardized process. **Objective:** To describe the experience on mentoring research groups that develop PGs for the Brazilian Ministry of Health (MoH). **Methods:** The program is part of a project for the MoH and it is being carried out through online courses and mentoring by a group of epidemiologists with experience in developing guidelines according to MoH standards. The mentoring process is based on GRADE approach, since scope to developing recommendations, and were tailored to the individual needs of each group. **Results:** The process is being conducted in 6 groups with previous experience in systematic reviews. Nine PGs are under development with timeframe of one year. The program started in January/2021 and so far 58 meetings have been held. Guideline scope document and evidence synthesis plan were developed to standardize process across groups. For scope development it was necessary on average 4 meetings and the time to develop a scope was around 48 days (range 24-85). Next steps will be guiding the synthesis of evidence and recommendations development.

Discussion: A well-designed mentoring program considering the objective of stakeholders may improve documents and build-up a culture that stimulates sharing strategies for PGs development in accordance with G-I-N standards, as well as providing more homogenous documents.

The Importance of Systematic Reviews Addressing Questions of Prevalence in Guideline Development

Ms Celina Borges Migliavaca¹, Dr. Timothy Hugh Barker², Dr. Cinara Stein³, Dr. Verônica Colpani³, Dr. Zachary Munn², Dr. Maicon Falavigna¹

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4F - Poster Sessions - Other topics, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

BS in Biomedicine, PhD candidate in Epidemiology, member of the Prevalence Estimates Reviews – Systematic Review Methodology (PERSyst) Group.

Background: Systematic reviews (SRs) of interventions are commonly recommended to guideline developers to make evidence-based recommendations. However, guideline developers rarely consider SRs that synthesise other types of data, such as prevalence. These SRs may compliment the guideline development process by gathering complementary evidence essential for the development of trustworthy guidelines.

Objectives: To discuss the importance and main uses of SRs of prevalence in the context of guideline development.

Methods: A methodological working group (Prevalence Estimates Reviews – Systematic Review Methodology Group - PERSyst) was created to provide guidance on how to improve the development of SRs and meta-analyses of prevalence. As part of the group's work, a guide for guideline developers regarding the value of SR reviews was developed.

Results: There are many benefits to including SRs of prevalence in development of a guideline. These include: the estimation of the burden of disease, helping to set priorities regarding guideline/recommendation development; informing the absolute impact in health outcomes, from association measures (e.g. relative risk) from clinical studies; and the estimation of resource requirement and feasibility of implementing health technologies under consideration. Within the GRADE framework, prevalence estimates are necessary to assess the quality of diagnostic test accuracy evidence and to support decision making using the Evidence to Decision (EtD) framework.

Discussion: Although not commonly used by guideline developers, SRs of prevalence are an important tool for guideline development. There is a need for standardisation of methodology and guidance on how to use these reviews in the guideline development process.

The Leading Change Toolkit: An evidence-informed implementation resource for lasting improvements in health care

Dr Doris Grinspan, Ms Katherine Wallace, Ms Katherine Wallace¹, Ms Susan McNeil, Ms Oliwia Oklej, Mr Wilmer Santos, Ms Melissa Demery Varin, Ms Lori Martin, Leading Change Toolkit Expert Panel Leading Change Toolkit Expert Panel, Ms Gina De Souza, Dr Janet Squires

¹Registered Nurses' Association Of Ontario, Toronto, Canada

2B - Poster Session - Implementation II, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Katherine Wallace is a registered nurse and previously a registered midwife. Katherine has worked at the Registered Nurses' Association of Ontario (RNAO) for almost eight years as the senior manager of the Implementation Science team. This team supports health care and academic organizations, including RNAO's Best Practice Spotlight Organizations®(BPSO®), to successfully implement RNAO's best practice guidelines (BPG).

For two years, Katherine has been a member of the Leading Change Toolkit™ development team, including as the project lead for the past year. This toolkit is a new online evidence-based implementation resource that features the novel Social Movement Action Framework (Grinspan et al., 2020) and the Knowledge-to-Action Framework (Graham et al., 2006). The Leading Change Toolkit (RNAO, 2021) was partially funded by Healthcare Excellence Canada and the Ontario Ministry of Health.

Background: The Leading Change Toolkit is an online, evidence-informed resource to help health teams implement clinical best practice guidelines (BPG). It serves to guide teams through two complementary frameworks used simultaneously to accelerate evidence uptake and sustainability. The Social Movement Action (SMA) and Knowledge-to-Action (KTA) frameworks are dynamic and powerful approaches to change that enable change teams – including patients and their loved ones – to mobilize grassroots action towards an urgent and shared goal.

Objective: This living toolkit equips healthcare teams with consistently updated evidence, tools and strategies to lead transformative and lasting practice change. We will showcase the toolkit and discuss its development and evaluation.

Methods: The toolkit development team of international experts conducted: 1) A needs assessment with healthcare stakeholders (N=67); 2) Rigorous concept analysis of social movement applied to evidence uptake and sustainability, resulting in the SMA framework; 3) A review of tools to operationalize the KTA framework; 4) A review of approaches to engage persons and families; 5) User testing with stakeholders (N=52); 6) A review from content experts (N=19); and 7) Website design and functionality.

Future Prospects: Development of the Leading Change Toolkit was led by the Registered Nurses' Association of Ontario (RNAO) in partnership with Healthcare Excellence Canada (HCE). It will launch on Oct. 5, 2021. More than 1,000 RNAO Best Practice Spotlight Organizations® (BPSO) worldwide, each committed to implementing and sustaining evidence-based BPGs, will use the toolkit. It will also guide implementation initiatives at RNAO, HCE and other partner organizations.

The Methodological Quality Evaluation of 2019 Chinese Clinical Practice Guidelines

Miss Yunlan Liu¹, Nan Yang², Yajia Sun¹, Mengjuan Ren¹, Yaolong Chen^{1,2,3,4,5}

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⁵Guideline International Network Asia, Lanzhou, China

4E - Poster Session - Other: Current aspects in Chinese guideline development, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Yunlan Liu, a postgraduate student in School of Public Health, Lanzhou University, Lanzhou, China. I major in Epidemiology and health Statistics, and my supervisor is Professor Yaolong Chen, who studies evidence-based medicine and is the executive director at Lanzhou University Institute of Health Data Science.

Background The methodological quality of guideline can help users to assess whether the guideline is scientific. Studies had shown that the methodological quality of previous Chinese clinical practice guidelines (CPGs) is low.

Objective To evaluate the methodological quality of 2019 Chinese CPGs, to understand their current quality status and provide directions for the development in future.

Methods We systematically searched electronic databases and relevant guideline websites to identify Chinese CPGs published in 2019. The methodological quality of the guidelines was evaluated using the AGREE II tool and calculate the average score for each domain as well as the overall, 60% was used as the qualified threshold.

Results We finally included 226 Chinese CPGs. The overall average score of AGREE II was 22.3% and the average scores of six domains were as follows: scope and purpose (37.9%), stakeholder involvement (23.2%), rigour of development (14.9%), clarity of presentation (39.1%), applicability (14.6%), and editorial independence (22.5%). The methodological quality of the 2019 Chinese CPGs had improved compared with the 2014~2018 and the 2012~2013 Chinese CPGs (22.3% vs. 19.5% vs. 15.0%). Besides, the overall average score of AGREE II for registered guidelines was 24.2% higher (48.3% vs. 24.1%) than that for unregistered guidelines.

Discussion The methodological quality of Chinese CPGs showed an upward trend compared to the previous, but they have not reached the qualified threshold. It is recommended that guideline developers should refer to domestic or international guideline development manuals to enhance the scientific process of guideline development in the future.

The perspectives of patients with chronic diseases and their caregivers on self-management interventions: a scoping review of reviews

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1C - Guidelines with and for users I, October 25, 2021, 3:15 PM - 4:45 PM

Biography:

Ena Niño de Guzman holds a Medical Degree with specialisation in Public Health and Preventive Medicine and a Master's degree in Public Health. She is a PhD Candidate in the Methodology of Biomedical Research and Public Health Programme. She was awarded a Rio Hortega grant financed by the Carlos III Institute. Her main research interest is the methodology for incorporating patients' values and preferences in clinical recommendations. She also participates in GRADE-CERQUAL. Currently, she works in cancer screening programmes projects related to Values and preferences of people invited to screening and Communication strategies in population-based cancer screening programmes.

Background Self-management interventions (SMI) are supportive interventions provided by healthcare professionals, peers, or laypersons to increase patients' skills and confidence to manage chronic diseases.

Objective (1) to summarise patients' and caregivers' preferences and experiences regarding outcomes of SMI in four chronic diseases, and (2) identify and describe the most relevant outcomes for SMI.

Methods Mixed-methods scoping review. We searched MEDLINE, CINAHL, and PsycINFO from inception until December 2020 for reviews exploring patients' and caregivers' preferences or experiences with SMI in type 2 diabetes mellitus (T2DM), obesity, chronic obstructive pulmonary disease (COPD), and heart failure (HF). We synthesised quantitative data narratively and qualitative data, applying thematic synthesis.

Results We included 148 reviews covering T2DM ($n = 53$ [35.8%]), obesity ($n = 20$ [13.5%]), COPD ($n = 32$ [21.6%]), HF ($n = 38$ [25.7%]), and those with more than one disease ($n = 5$ [3.4%]). We identified 12 main themes. Eight described the process of SM (disease progression, SM behaviours, social support, interaction with healthcare professionals, access to healthcare, costs for patients, culturally defined roles and perceptions, and health knowledge), and four, their experiences with SMI (the perceived benefit of the intervention, individualised care, sense of community with peers, and usability of equipment). Most themes and subthemes were categorised as outcomes of SMI.

Discussion The process of SM shaped the perspectives of patients and their caregivers on SMI. Our findings can inform the selection of patient-important outcomes, decision-making processes, including the formulation of recommendations and the design and implementation of SMI.

The Reporting Quality Evaluation of 2019 Chinese Clinical Practice Guidelines

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4E - Poster Session - Other: Current aspects in Chinese guideline development, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Yunlan Liu, a postgraduate student in School of Public Health, Lanzhou University, Lanzhou, China. I major in Epidemiology and health Statistics, and my supervisor is Professor Yaolong Chen, who studies evidence-based medicine and is the executive director at Lanzhou University Institute of Health Data Science.

Background Clear and complete reporting on guidelines not only can help users to assess the quality of guidelines but also helps to promote their dissemination and implementation.

Objective To evaluate reporting quality of 2019 Chinese clinical practice guidelines (CPGs).

Methods The reporting quality of 226 Chinese CPGs published in 2019 was evaluated by the RIGHT tool and the average reporting rate of each domain and the overall was calculated, 60% was used as the qualified threshold.

Results The average overall reporting rate of RIGHT was 33.9% and the reporting rates of seven domains were as follows: basic information (59.2%), background (51.9%), evidence (10.8%), recommendation (31.5%), review and quality assurance (4.4%), funding and declaration and management of interests (22.3%), other information (14.5%). Compared with the 2014~2018, the overall average reporting rate of 2019 Chinese CPGs had improved (33.9% vs. 30.2%). However, compared with WHO guidelines, the overall average reporting rate of 2019 Chinese CPGs was lower (33.9% vs. 78.0%). The overall average reporting rate for registered guidelines was 21.2% higher (54.0% vs. 32.8%) than that for unregistered guidelines.

Discussion The reporting quality of the 2019 Chinese CPGs showed an upward trend compared to the previous, but they have not reached the qualified threshold, and there was still a large gap with WHO guidelines. It is recommended that guideline developers refer to the RIGHT reporting standards and report key information to improve clarity and applicability of the guidelines.

The Saudi Arabian 2020 evidence-based clinical practice guideline for screening, prophylaxis, and management of venous thromboembolism: a national guideline adaptation

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2A - Poster Session - Implementation I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Consultant family physician, MD. PhD in primary healthcare, University of Bristol, UK. Expert in Evidence-based Healthcare and a graduate of the University of Oxford in EBHC

Introduction: Acute venous thromboembolism (VTE) is associated with high morbidity and mortality. There is a large volume of internationally published CPGs for VTE that causes a dilemma for healthcare in Saudi Arabia. Hence, the aim of this article is to describe the systematic adaptation of VTE international guidelines in the context of Saudi healthcare settings

Method: the 'King Saud University (KSU)-Modified-ADAPTE' framework was used. This included: the setup, adaptation, and finalization phases over 18 months (2018-2020). A multidisciplinary team led the adaptation process, which included an external assessment of the clinical content and methodology.

Results: The group adapted ten main categories of recommendations from three Source CPGs (NICE, SIGN, and ACEP). The adapted CPG included recommendations addressing three sections: (i) VTE screening in the ambulatory, emergency, medical, surgical, and pregnant people, reassessment of risk of VTE and bleeding, and clinical and laboratory investigations; (ii) VTE prophylaxis in ambulatory, emergency, medical, surgical, and obstetric patients in addition to travel-related thrombosis; and (iii) VTE management including acute VTE, pulmonary embolism, lower limb DVT, thrombolysis and pharmaco-mechanical therapy, superficial thrombophlebitis, upper extremity DVT, splanchnic vein thrombosis, incidental VTE, further management of VTE, and adverse effects of VTE prophylaxis and treatment.

Conclusion: The finalized adapted CPG provides applicable evidence-based recommendations for the management of adults with VTE in Saudi Arabia. It also demonstrated a success story of collaboration between the National clinical professionals and the International methodological experts for adaptation of CPGs in the context of Saudi healthcare settings.

The status quo of 2020 published guidelines in China: A cross-sectional study

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4E - Poster Session - Other: Current aspects in Chinese guideline development, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Yajia Sun majored in preventive medicine, graduated from the School of Public Health, Tongji Medical College of Huazhong University of Science and Technology in 2020, is a master student of the department of epidemiology and biostatistics in the School of Public Health, Lanzhou University, supervised by Prof. Yaolong Chen, the executive director of the Institute of Health Data Science in Lanzhou University, specialized in population health intervention and evaluation, and participated in many guideline related work.

Background

With the development of evidence-based medicine, the quality of clinical practice guidelines (CPGs) in China is improving in recent years, but there is still a gap with the international CPGs.

Objective

To investigate the current status of published CPGs and promote their further development in China.

Methods

Each two researchers conducted searching, screening, and information extraction of guidelines published in the Chinese Medical Association Publishing House series journals independently.

Results

A total of 177 guidelines were included, with a ratio of 167:10 in English and Chinese. Ten (5.6%) guidelines were registered in the International Practice Guidelines Registry Platform, and the included guidelines covered 21 disease classifications, with a primary focus on “certain infectious or parasitic diseases” (32, 18.1%), followed by “diseases of the musculoskeletal system or connective tissue” (18, 10.2%), and “the diseases of the circulatory system” (15, 8.5%). Only 42 (23.7%) guidelines contained both quality of evidence and grading of recommendations, 17 (9.6%) CPGs did not report conflicts of interest, and 33 (18.6%) reported the funding, which mainly included the National Key R&D Program of China and National Science and Technology Major Project (17, 9.6%), National Natural Science Foundation of China (14, 7.9%), and provincial or municipal major projects (14, 7.9%).

Discussion

Insufficient awareness of registration, lack of grading of evidence quality and strength of recommendation, and unclear reporting of funding still exist in the guideline development process in China, which affects the standardization, rigor, and transparency of CPGs to some extent.

The Systematic Review of the recommendations of 2019 Pediatric Clinical Practice Guidelines: a Clinical Perspective

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4E - Poster Session - Other: Current aspects in Chinese guideline development, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

BoYang, M.S., majoring in epidemiology and health statistics, and doing the research in evidence-based medicine and clinical practice guidelines in the Chevidence Lab Child & Adolescent Health; Department of Pediatric Research Institute; Children's Hospital of Chongqing Medical University, National Clinical Research Center for Child Health and Disorders, Ministry of Education Key Laboratory of Child Development and Disorders, Chongqing Key Laboratory of Pediatrics, Chongqing, P.R.

Aim: To identify the clinical departments and clinical process of the recommendations in 2019 pediatric guidelines from the perspective of clinical application.

Background: The numerous and increasing pediatric guidelines made it difficult for pediatric clinicians to obtain the latest pediatric guidelines in time. Additionally, there is limited evidence about the recommendations in pediatric guidelines from the perspective of clinical process.

Methods: PubMed, Web of science, Embase and CNKI, Wanfang Data, CBM were searched to identify the pediatric guidelines from January 1 to December 31, 2019. Two reviewers independently screened literature. Disease and recommendations of the guidelines were extracted and categorized according to usual clinical departments and clinical process (prevention, screening, diagnosis, therapy, follow-up, care, management, technology, and health education), respectively.

Results: Among 7913 guidelines, a total of 126 guidelines (111 in English, 15 in Chinese) were included, with 3759 recommendations for 117 diseases in 26 clinical departments. We found the psychiatric department and the domain of disease therapy had the highest number of recommendations (767, 20.40% and 606, 16.12%, respectively), followed by respiratory department (215, 5.72%), rheumatology department (203, 5.40%) and the diagnosis (606, 16.12%) and technology (402, 10.69%) of disease. Fewer recommendations were made in the domain of screening (34, 0.9%), management (54, 1.44%), and follow-up (68, 1.81%) of the disease.

Conclusion: 2019 pediatric guidelines focus on the psychiatry, respiratory and rheumatology medicine, and with a predominant focus on the therapeutic area of disease. Recommendations for disease screening, management and follow-up should be strengthen.

The Use of the Appraisal of Guidelines for Research and Evaluation (AGREE) tool in Clinical Practice Guidelines Assessment: A Systematic Review

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4F - Poster Sessions - Other topics, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Professor Airton T Stein is a productivity scholar at Brazilian Research Council (CNPq). PhD in Medicine: Medical Sciences from the Federal University of Rio Grande do Sul (1998). He worked as Dean of Research and Post-graduation at Ufcspa and is currently an Internationalization Advisor and Professor of Public Health at the Federal University of Health Sciences of Porto Alegre. He did a postdoctoral studies at the Cochrane Group at Oxford University and the University of Oslo, from February to July 2016, with a CNPq scholarship.

Background: The Appraisal of Guidelines for Research and Evaluation (AGREE) tool is one of the most preferred instruments for evaluating the quality of clinical practice guidelines (CPGs). There is no known systematic review that has assessed how studies report the use of AGREE/AGREE II instruments.

Objective: We evaluated the use of the AGREE/AGREE II tool in papers that assessed the quality of CPGs.

Methods: We searched Medline, Embase, Cochrane Library, and Lilacs until June 2020. No restriction was applied regarding the date of publication of reviews. The steps in study selection and data extraction were performed by 2 independent researchers. We summarized results with descriptive statistics

Results: We identified 648 papers, most of them in the last decade. Majority of the studies did not describe prior training of appraisers (67.6%) or describe the appraisers' expertise on the tool (68.7%). Almost half of the studies applied a standardized method to measure the level of disagreement among appraisers (300; 46.3%). The definition of high-quality CPG according to the AGREE scores and the criteria for resolving disagreements among reviewers varied among the studies.

Discussion: There is a need for improving the reporting quality of studies, especially regarding the training and expertise of appraisers. The variability in authors' definition of CPGs quality and the methods for resolving disagreement may have implications on the final assessments. Improving the reporting of these reviews of CPGs would reduce the uncertainty around the results and increase confidence in the quality assessments of the CPGs.

To evaluate trustworthiness of point-of-care information for Belgian health care professionals: a framework

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4F - Poster Sessions - Other topics, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

After a master's degree in kinesiology and biomedical engineering, Gerlinde Lenaerts combined both domains in a PhD in biomechanics. After 7 years of research at the Catholic University of Leuven, Belgium, she continued her research at Semmelweis University, Budapest. Later on, she broadened her research experience for several years as a clinical research manager and scientific writer. Since 2018, she has been affiliated with Cebam, the Belgian Center for Evidence-Based Medicine. As researcher and methodologist, she is involved in guideline validations and in developing new procedures and tools aiming to provide trustworthy information for the Belgian healthcare context.

Background. Reliable point-of-care (POC) information is indispensable for evidence-based practice (EBP). However, different types of information and evaluation tools exist.

Objectives. Developing a framework to categorize information and perform a corresponding quality assessment of POC-information for the Belgian healthcare context.

Methods. POC-information was inventoried for 10 primary care professions. Beside guidelines also (non-guidelines) EBP-information was recorded. Some of these EBP-information formulate recommendations. From a methodological point of view, recommendations of guidelines differ from recommendations of non-guideline EBP-information. Therefore, the scientific quality and reliability of each category of POC-information needs a different evaluation approach. We analyzed existing evaluation tools and developed a stepwise framework with an appropriate tool for each information category.

Results. The framework consists of three steps: (1) categorization of information, (2) eligibility check, (3) quality assessment. The information is divided into three categories: (1) clinical practice guidelines, (2) EBP-information with recommendations, and (3) EBP-information without recommendations. All information was screened for eligibility. Tools for quality assessment are AGREE II for guidelines and the CAPOCI-tool for EBP-information, with three additional criteria if the EBP-information contains recommendations.

Discussion and conclusion. This framework was developed for the online platform 'ebpnet.be'. Only EBP POC-information that fulfils all criteria is added to this platform. Belgian health care professionals can access this platform to find trustworthy information from guidelines and EBP-sources.

Towards Evidence-Based Pediatrics: A National Clinical Practice Guidelines Program in Egypt

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5B - Sustainability III: Conflict of Interest and resource-constrained settings, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

Yasser is a Pediatrician, CPG Methodologist, Informaticist, Quality Specialist, & Researcher at Departments of Pediatrics and Quality Management at King Saud University Medical City, Research Chair for Evidence-Based Health Care and Knowledge Translation, King Saud University (Saudi Arabia). He was Co-founder, general coordinator, GIN contact for Alexandria Center for EBCPGs, Alexandria University (Egypt).

Yasser has a decade of working experience in adapting, implementing, evaluating, and digitizing CPGs, a member of GIN (since 2009) & its Working Groups, Cochrane, RIGHT-WG, UK-Faculty of Public Health, and Consultancy Board Member, Egyptian Pediatric CPGs Committee.

Lead-author, two formal CPG adaptation methodologies: 'Adapted-ADAPTE' & 'KSU-Modified-ADAPTE'.

Background:

A national program by the Egyptian-Pediatric-Guidelines-Committee (EPG) formulated by Pediatrics-Departments'-Faculty of 15 Egyptian Universities in June 2018. The strategic plan for pediatric evidence-based clinical practice guidelines (CPGs) was designed with Supreme-Council-of-Egyptian-University-Hospitals (<http://epg.edu.eg>). EPG included five subcommittees for strategic-planning, CPGs-advisory, implementation, publication-and-research, and quality-control. EPG was guided by a formal CPG-adaptation-methodology: the 'Adapted-ADAPTE'.

Objective:

We aimed to scale-up 'Adapted-ADAPTE' to inform high-quality nationwide CPGs in high priority pediatric health-topics to improve the pediatric practice in Egypt.

Methods:

The 'Adapted-ADAPTE' consists of three phases: set-up, adaptation, and finalization.

Results:

Twenty-six CPG adaptations were launched in three waves (asthma, neonatal-jaundice, DKA, UTI, complementary-feeding, childhood-seizures, acute-diarrhea, bronchiolitis, cow-milk-protein-allergy, iron-deficiency-anemia, CAP, acute-hemolytic-crisis, coma, shock, neonatal-sepsis, FMF, PDA, parenteral-nutrition, helicobacter-pylori-infection, infantile-bleeding, preterm-feeding, obesity, T2DM, metabolic-syndrome, nephrotic-syndrome, and COVID-19),

Average duration of the CPG cycles was nine months with a scheduled review and update process every three years. Hands-on training sessions for new members of each guideline adaptation group (GAG) were integrated within each project. Newer GAGs included old and new members to encourage exchanging experiences.

Discussion:

We have observed the change in conception regarding the 'Real Evidence-Based Medicine' in terms of appreciating the international standards of high quality and trustworthy CPGs, getting involved in

national evidence-based CPG projects, using a formal adaptation framework for CPGs, discussing potential facilitators and barriers to CPG implementation as relevant to the national healthcare system.

Conclusion:

The Adapted ADAPTE is a rigorous and feasible CPG adaptation framework for adaptation of evidence-based CPGs in developing countries with limited time and resources.

TRANSFORMING THE METHODS OF GUIDELINE DEVELOPMENT: LIVING GUIDELINES IN KIDNEY DISEASE

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4C - Poster Session - Sustainability / Living guidelines, updating, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

I am a researcher at the Centre for Kidney Research at the University of Sydney, where I undertake evidence review and synthesis for Cochrane Kidney and Transplant, International guidelines with KDIGO, and CARI Guidelines.

Background

Evidence synthesis translates scientific literature to inform guidelines. The traditional processes for guideline development are rigorous but resource-intensive. The rapidly expanding medical literature has meant that guidelines can't keep up-to-date, resulting in clinical decision-making that doesn't reflect the entirety of the evidence. To overcome these challenges "Living Guidelines" have been proposed.

Objective

To describe the methods used to produce living guidelines on chronic kidney disease.

Methods

CARI Guidelines partnered with Cochrane Kidney and Transplant to develop living guidelines. A guideline on cholesterol-lowering therapy for people with chronic kidney disease was identified as a pilot living guideline. A Cochrane systematic review on HMG-CoA reductase inhibitors was updated to provide the underlying evidence review for the guideline. A guideline Work Group with relevant clinical expertise, lived experience, and methodological knowledge was convened to develop guidelines according to international best practice.

Results

The Cochrane systematic review was updated in 20 days. The multidisciplinary Work Group included consumers, cardiologists, nephrologists, general practitioners, and Indigenous Health experts who met on the 26th of August 2020 to discuss the evidence review and draft guideline recommendations. Two more subsequent meetings with the Work Group and within 4 months the guidelines were published. Ongoing evidence surveillance is occurring and guidelines will be updated when new and important evidence emerges.

Discussion

Living guidelines provide up-to-date recommendations to support clinical decision-making and address outcomes that are relevant and important to the kidney community. Overall, the production of living guidelines is feasible and will transform guidelines in kidney disease.

Update of the Dutch clinical practice guideline for palliative care in children

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¹Princess Máxima Center for Pediatric Oncology, Utrecht, the Netherlands, ²Department of Pediatric Oncology, Emma children's Hospital, Amsterdam UMC, University of Amsterdam, Amsterdam, the Netherlands, ³the Netherlands Comprehensive cancer Organization, , the Netherlands, ⁴Department of Pediatrics, Beatrix Children's Hospital, University of Groningen, University Medical Center Groningen, Groningen, the Netherlands

4C - Poster Session - Sustainability / Living guidelines, updating, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Kim is a PhD student at the Princess Máxima Center for Pediatric Oncology. In her PhD, she focuses on the development of an updated version of the Dutch guideline for palliative care in children to facilitate provision of high quality pediatric palliative care.

Kim did her bachelor in Health Sciences and further specialized in Health Education and Promotion and Global Health during her masters. In this period, she already developed an interest in opportunities and challenges to provide high quality care to different population groups.

Background

Pediatric palliative care is complex, as it is concerned with relief of suffering of children and their families in all domains (physical, psychological, social and spiritual). In the Netherlands, a multidisciplinary clinical practice guideline for palliative care in children was developed in 2013, providing recommendations on relief of symptoms, legal and ethical decision-making and organization of care. Evaluation through an invitational conference revealed a need for revision of recommendations and inclusion of new recommendations on topics such as psychosocial care, bereavement care, shared decision-making and Advance Care Planning.

Objective

To develop an updated version of the Dutch guideline for palliative care in children through revision of recommendations and inclusion of new recommendations for various topics in pediatric palliative care.

Methods

A multidisciplinary guideline panel reviewed literature on palliative care in children by updating the systematic literature search. The GRADE Methodology was used to grade the evidence on palliative care for children. Recommendations were formulated and refined based on the evidence, clinical judgement and patient values.

Results

The updated systematic literature search identified 19 randomized controlled trials and 15 systematic reviews that prompted refinement of the recommendations. For 27 out of 42 formulated clinical questions no evidence was found. As a result, multiple gaps of knowledge were revealed.

Discussion

The updated guideline uses existing evidence and national expertise to develop transparent and easy-to-use recommendations to facilitate provision of high quality pediatric palliative care. The guideline opens opportunities for research on identified gaps of knowledge to further improve pediatric palliative care.

Updating of the Chronic Pain Guidelines in the context of the Brazilian Unified Healthcare System

Ms Lays Pires Marra¹, Ms Cecilia Menezes Farinasso¹, Dr. Jessica Matuoka¹, Mr Gustavo Campello Rodrigues², Ms. Klébya Hellen Dantas de Oliveira², Dr. Haliton Alves de Oliveira Junior¹

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2B - Poster Session - Implementation II, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Dr. Matuoka is the scientific coordinator of the Guidelines Project at Hospital Alemão Oswaldo Cruz, which is a partner of the Ministry of Health. She has a nursing degree, as well as master and PhD degrees in Health Sciences, both obtained at the University of São Paulo School of Nursing.

Background: Chronic pain is one of the main non-communicable long-term conditions. It significantly impacts lives and has high costs for the health system.

Aim: To present the updated Chronic Pain Guidelines in the context of the Brazilian Unified Healthcare System.

Methods: A scoping meeting with experts was held to discuss the concept of chronic pain, its classification, diagnosis, treatment, and patient monitoring. Methodologists prepared seven HTA dossiers which comprised: systematic reviews, meta-analysis, economic evaluations, and budget impact analysis.

Results: Chronic pain was defined as pain lasting three months or more, and it was classified according to the mechanisms of action as nociceptive, neuropathic, nociplastic, or mixed. Efficacy and safety of the medications were evaluated. The steps included extensive database searches; careful selection and data extraction in pairs to compose network meta-analyses (NMA); risk of bias assessment according to each study design; assessment of the overall quality of evidence using the Confidence in Network Meta-Analysis (CINeMA) webapp for NMA results or the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach for pairwise meta-analysis results and descriptive data. Furthermore, we consulted international Health Technology Assessment agencies. Economic evaluations and Budget impact analysis followed the Brazilian MoH perspective. Public consultation contributions were presented to the National Committee for Health Technology Incorporation (Conitec). Following the final decision, recommendations could be included in the guideline.

Conclusion: The continuous updating of guidelines is an important tool to assure the best care to patients, standardize the medical management of a condition and guarantee system's sustainability.

Use of different implementation strategies in Belgian guideline implementation projects

Ms Thomas Janssens¹

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5C - Implementation III: Contextualization, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

Dr. Thomas Janssens is an implementation facilitator with ebpracticenet, where his main tasks are planning, commissioning, and facilitating implementation projects for practice guidelines in primary care. Trained as a clinical health psychologist, he has a research interest in behavior change and symptom perception in respiratory conditions.

Background:

Different strategies can be used to implement evidence into clinical practice, but these strategies differ in their feasibility and efficacy. Guideline implementation projects have been criticized by focusing mostly on education, at the expense of other efficacious strategies.

Objective:

We aimed to investigate the use of different implementation strategies in Belgian guideline implementation projects in primary care, in order to evaluate the scope of current implementation practice.

Methods:

We investigated project documents for all implementation projects that were supported or funded by ebpracticenet from 2018-2021. We scored the use of different implementation strategies according to the ERIC taxonomy (Powell et al. 2015) and tested whether feasibility and importance ratings of these strategies were associated with the frequency of their use, using Poisson regression.

Results:

14 implementation projects (4 commissioned by the Federal Public Health Service, 10 funded by ebpracticenet) made use of a median of 16 implementation strategies (IQR 12-18.8). 51 of 73 ERIC strategies were used in at least 1 implementation project. Stakeholder relationship strategies ($OR=2.2[1.3-4.1]$) and stakeholder education strategies ($OR=2.4[1.3-4.6]$) were used more frequently compared to other clusters of strategies. Strategies that were rated as important were used in 4.9 [3.8-6.4] projects (feasible strategies) or 3.7[2.1-6.5] projects (less feasible strategies), whereas strategies rated as less important and less feasible were only used in 0.5[0.2-1.3] projects.

Discussion:

Despite its relative focus on education strategies, Belgian guideline implementation projects make use of a variety of important implementation strategies, including strategies that were rated as important but less feasible.

Use of evidence to decision frameworks in COVID-19 guidelines

Dr. Anika Mueller¹, Prof. Dr. Nicole Skoetz², Vanessa Piechotta², PD Dr. Falk von Dincklage¹, Prof. Dr. Claudia Spies¹, Dr. Miriam Stegemann³, Prof. Dr. Joerg Meerpohl⁴, Dr. Monika Nothacker⁵

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4C - Poster Session - Sustainability / Living guidelines, updating, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

12/2019 Licensed to practice medicine, 2016 specialist in anesthesiology, research interest in guideline development and implementation.

Background: The COVID-19 Evidence Ecosystem (CEOsys) funded through the Network University Medicine (NUM) by the Federal Ministry of Education and Research contributes with living evidence syntheses to clinical practice guidelines and information of the public during the COVID-19 pandemic. Furthermore, CEOsys aims to give an overview of the research landscape and assess the validity of study results in the context of COVID-19. Here we focus on the important step of moving from evidence to recommendations in a structured and transparent approach using the GRADE Evidence to decision framework (EtD).

Objectives: 1) To gather information about perceptions towards the GRADE EtD framework and 2) to analyze the use of EtDs within COVID-19 treatment guidelines.

Methods: We performed an online survey focusing on the perceived importance of the EtD-criteria among German clinicians, methodologists and authors involved in the development of COVID-19 treatment guidelines. Furthermore we are conducting an ongoing systematic review on the use of EtDs in COVID-19 guidelines (CRD42021244592).

Results: In the survey, the EtD criteria concerning aspects of benefits and harms were deemed as most relevant. In the systematic review we identified 178 society endorsed guidelines for COVID-19 treatment, of which 16 used EtD criteria, all including benefits and harms, and certainty of evidence.

Discussion: In the COVID-19 pandemic, guideline authors put the most weight on benefits and harms (and their balance). The EtD framework is used currently only in a small proportion of all internationally published COVID-19 guidelines. This should be considered for a concept of rapid guidelines.

User-testing of BMJ Rapid Recommendations in Primary Care

Mr Pieter Van Bostraeten¹, Ms Charlotte Dijckmans¹, Ms Elise Ostyn¹, Mr Wout Matthysen¹, Mr Willem Soontjens¹, Ms Anna Haers¹, Ms Matisse Vanheeswyck¹, Ms Noémie Schenk¹, Mr Alexander Vandekendelaere¹, Mr Niels Van der Auwera¹, Prof. dr. Nicolas Delvaux¹, Ms Trudy Bekkering¹, Prof. dr. Bert Aertgeerts¹, Prof. dr. Mieke Vermandere¹

¹KU Leuven, , Belgium

2B - Poster Session - Implementation II, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

The article was written as part of a master's thesis for the master programme of general medicine at the KU Leuven.

INTRODUCTION

Lack of guideline implementation leads to suboptimal health care. Guideline infographics such as The BMJ Rapid Recommendations try to counter this. They aim to be understandable and easy in use. Little evaluation regarding user experience has taken place.

OBJECTIVE

We explored the user experience of The BMJ Rapid Recommendations infographics in Belgian general practitioners.

METHODOLOGY

A mixed methods iterative user testing design was applied including a forward-backward translation of five pre-existing infographics and two phases of user testing. Each phase involved ten GPs whose user experiences were reviewed through a think-aloud interview after a test period of several months. The QUAGOL was used as a guide in data analysis.

RESULTS

We performed 20 think-aloud interviews over both phases. Many GPs reported that the infographics were simple to use, time-efficient and easy to understand. They were perceived as innovative and enriching and their potential was acknowledged. Clinicians found them trustworthy. Lack of agreement, lack of adaptation to local guidelines and absence of a strong recommendation were the most important barriers to adherence. Lay-out was satisfactory though some preferred more straightforward colours. Rapid access was considered crucial, preferably through the EHR.

CONCLUSION

Infographics are considered useful tools in primary care. GPs were mostly positive, though improvements can still be made. Infographics should be less crowded and use more straightforward colours. An interactive format is preferred. Easy accessibility, preferably through the EHR, is crucial. Barriers to adherence should be studied and accounted for. User testing should be repeated after refinement.

Using an Impact Framework to Evaluate Guideline Awareness and Adoption

Ms Carol Colasacco¹, Ms Sophia Dimoulis¹, Ms Tanja Kalicanin¹, Ms Nicole Thomas, Ms Christina Ventura¹

¹College Of American Pathologists, Northfield, United States

4A - Poster Session - Implementation III, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Ms. Colasacco has worked with the College of American Pathologists for 9 years, the leading organization of board-certified pathologists, serving patients, pathologists, and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide. She is a trained medical librarian, actively participating in the development of laboratory practice guidelines. She has a special interest in the measurement of guideline impact and exploring opportunities to supplement direct survey methods. Ms Colasacco is involved in the Medical Library Association (MLA) and is a member of the executive board for MLA's Health Association and Corporate Caucus.

Background

Measuring the impact of clinical practice guidelines is a challenging process, and outcome measures may take years to be identifiable. Recognizing indicators that signal awareness and evidence of potential impact can be useful in laying the groundwork for data collection and impact assessment activities. Impact frameworks are useful models to guide the efforts of researchers, and we surmised that these frameworks were translatable to the guideline development environment. We adapted existing research impact frameworks to inform the development of a guideline impact framework (GIF). Our GIF is comprised of five domains, each containing a detailed list of potential indicators that may indicate guideline awareness, implementation, or impact.

Objective

After several years of use, we aimed to review our efforts and evaluate the effectiveness of the GIF. Because gathering evidence of impact through a comprehensive list of potential indicators is a time-intensive process, we thought it prudent to review our process and determine whether modifications were needed.

Methods and future prospects

We reviewed GIF data from 17 published guidelines to evaluate their impact on guideline assessment, triaging, and prioritization of guideline updates. Two guidelines were triaged to archival status since the implementation of our framework, and the review of GIF data was integral to the triaging process. Though time-intensive, GIF data provide objective information to supplement and support subject matter expert opinion when determining whether a guideline should be archived or updated. We will continue to collect data and evaluate the benefits and costs of our efforts.

Using Best Practices to Improve the Health of Young Girls during Menstruation in Schools in sub Saharan Africa: Case Study Cameroon

Miss Mbangsi Mary Ann Zithem¹

¹*Effective Basic Services (ebase) Africa, Bamenda, Cameroon*

2B - Poster Session - Implementation II, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Mbangsi Mary Ann Zithem is a young lady from Cameroon, who is passionate in using research evidence in improving the livelihood of young girls, women and the underserved population. she is a research assistant at eBASE Africa and has more than four years of experience in research and community work. she has worked in a number of projects such as Bornfyne, Education Endowment Foundation, Sexual Gender Violence and presently Menstrual Hygiene Management amongst girls in Cameroon.

Using Best Practices to Improve the Health of Young Girls during Menstruation in Schools in sub Saharan Africa: Case Study Cameroon.

Background: According to UNESCO, in Sub Saharan Africa (SSA), one in ten girls do not attend school during their menstrual cycle, estimated to 20% school time lost in a year. Unfortunately, menstrual hygiene management (MHM) remains poorly understood, with no guidelines in the health sectors. One of the major problems related to students' MHM is the inadequacy and poor quality of sanitation facilities in several schools in SSA. UNICEF estimates that, on average 51% of schools have an adequate water supply and only 45 per cent have adequate sanitation facilities. As a result, many schools do not have proper toilets, drugs or access to water to handle menstruation issues leading to health problems persisting among girls in schools.

Objective: The project is aimed to contribute in improving MHM in schools and communities in priority zones of Cameroon with a view to improve girls' health in schools.

Method: This research is a systematic review Conducted using a mixed method in primary and secondary schools amongst girls aged 8-18 years in three priority regions of Cameroon (North West, East, and Far Nord).

Future prospects for project presentation: Guidelines should be made available, accessible, in local languages and adapted into the education and school curriculums . Also, building of sanitation facilities, safe spaces and provision of MHM equipment in schools to improve to improve on the health issues of girls in SSA.

Using calibration techniques to maximise the applicability of clinical trials: Novel anti-diabetic agents in type 2 diabetes mellitus

Dr. Elaine Butterly¹, Miss Lili Wei¹, Professor Amanda I Adler², Professor Sofia Dias³, Dr Katherine A Hughes⁴, Professor James Lewsey¹, Dr Robert S Lindsay¹, Professor John R Petrie¹, Dr David M Phillippe⁵, Professor Naveed Sattar¹, Dr Laurie Tomlinson⁶, Professor Nicky J Welton⁵, Professor Sarah H Wild⁷, Professor David A McAllister¹

¹University Of Glasgow, , United Kingdom, ²Diabetes Trials Unit, University of Oxford, , United Kingdom, ³University of York, , United Kingdom, ⁴Dept of Diabetes, Glasgow Royal Infirmary, , United Kingdom, ⁵University of Bristol, , United Kingdom, ⁶London School of Hygiene and Tropical Medicine, , UK, ⁷University of Edinburgh, , UK

4F - Poster Sessions - Other topics, October 26, 2021, 2:45 PM - 4:15 PM

Biography:

Dr EW Butterly is a clinical research fellow currently studying towards a PhD at the Institute of Health and Wellbeing, University of Glasgow. She gained her undergraduate medical degree at the University of Glasgow and is specialty training in Diabetes and Endocrinology.

Background

Meta-analyses of randomised trials are the gold standard for clinical guideline development. However, participants in trials are typically younger and healthier than target populations, raising concern about applicability. To partly address this concern, trials can be calibrated to observational data where results for participants more like the target population are given greater weight in the final estimates. However, such calibration usually requires access to individual-level participant data (IPD) for all trials and observational data, and so is rarely performed.

Objective

To calibrate a network meta-analysis of novel anti-diabetic agent trials to a national diabetes register, including all trials whether or not IPD can be obtained.

Methods

To facilitate network meta-analysis of trials from different sponsors we (DP, NW, SD) developed a novel method of calibration based on Bayesian hierarchical generalised linear models. This approach uses IPD from trials where available, but uses trial baseline characteristics otherwise; this ensures that all relevant trials contribute to estimates of treatment efficacy and variation in efficacy. Once fitted, the models can be applied to any relevant target population.

Results

In a systematic review of novel anti-diabetic agent trials we identified 612 trials in 6185 screened. In the Scottish Diabetes register including 350,000 people with T2DM, we identified a target population of 56,867 (mean age 64.65 years, mean HbA1c 69.97mmol/mol, mean weight 98.14kg). We will now perform calibrated NMA of these trials to this real-world Scottish target population.

Discussion

Combined IPD/aggregate data trial calibration has the potential to improve trial applicability, supporting guideline development.

Using eCOVID REC-MAP for the development of rapid guidelines

Ms Débora Dalmas Gräf^{1,2}, Dr. Cinara Stein¹, Dr. Karlyse Claudino Belli¹, Ms. Avila Teixeira Vidal³, Ms. Brígida Dias Fernandes³, Ms Cynthia Carolina Duarte Andrade³, Dr. Carlos Roberto Ribeiro de Carvalho⁴, Ms. Clementina Corah Lucas Prado³, Ms. Joslaine de Oliveira Nunes³, Ms. Klebya Oliveira³, Ms. Marta da Cunha Lobo Souto Maior³, Ms. Vania Cristina Canuto Santos³, Dr. Verônica Colpani^{1,2,5}, Dr. Maicon Falavigna^{1,2,6}

¹Hospital Moinhos De Vento, Porto Alegre, Brazil, ²Instituto de Avaliação de Tecnologia em Saúde (IATS), Universidade Federal do Rio Grande do Sul (UFRGS), Porto Alegre, Brazil, ³Secretaria de Ciência, Tecnologia, Inovação e Insumos Estratégicos em Saúde (SCTIE), Ministério da Saúde, Brasília, Brazil, ⁴Hospital das Clínicas (HC), Faculdade de Medicina da Universidade de São Paulo (FMUSP), São Paulo, Brazil, ⁵Programa de Pós-Graduação em Ciências Médicas: Endocrinologia, Universidade Federal do Rio Grande do Sul (UFRGS), Porto Alegre, Brazil, ⁶Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, Canada

2F - Poster Session - Relevance / different sources of evidence / sharing knowledge, October 25, 2021,
5:30 PM - 7:00 PM

Biography:

Bachelor degree in Biomedical Sciences and master's degree in Epidemiology. Currently works with guideline development for the Brazilian Ministry of Health.

Background: Guideline development is a resource- and time-consuming process. Under public health emergencies, such as the COVID-19 pandemic, promptly available evidence-based recommendations are necessary.

Objective: To develop a trustworthy guideline within a short timeframe.

Methods: We used the GRADE-ADOLOPMENT approach. Evidence from published guidelines was obtained using the eCOVID REC-MAP platform, which comprises a collection of recommendations for the management of COVID-19 in hospitalized patients. Recommendations identified were extracted and the source guidelines were reviewed. Additionally, we conducted online searches in order to identify new evidence that had not yet been addressed by other guidelines. The source recommendation was defined according to the most recent assessment of the technology of interest.

Results: We identified recommendations regarding pharmacological treatment for 58 different technologies in 10 international guidelines. The guideline panel was composed of 27 physicians and methodologists which participated in 7 meetings of approximately 2 hours each within a timeframe of 5 weeks (from official requirement up to final version sent for institutional approval). The panel included 12 technologies in the scope, based on relevance for the Brazilian setting, and issued 15 recommendations: 3 were adopted (same recommendation and same certainty of evidence), 10 were adapted and 2 were de novo recommendations.

Discussion: Providing shortcuts in the process of gathering evidence for developing reliable and high-quality guidelines can improve clinical care offered to patients as well as inform decision-making towards resource acquisitions. Currently we are developing recommendations for outpatient care using the same methodology.

Using Formative Research and Social Marketing to Decrypt and Fix a Wicked Problem in Conflict Affected Areas in Cameroon: The Case of Using Innovation, Technology and Best Practices in Sexual Gender Based Violence

Ms Ambang Tatianne Forkum¹, Ms Che Myra Ndum¹, Dr Okwen Patrick¹, Ms Anih Akofuh¹

¹*Effective Basic Services (ebase) Africa, Yaounde, Cameroon*

2B - Poster Session - Implementation II, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

My name is Ambang Tatianne Forkum from the College of Technology, University of Bamenda with B-Tech in Agricultural and Environmental Engineering. During my school days we were trained as professionals through 4 years and each year had internships. During the first year, I worked as a Lab assistant, second year as an assistant project coordinator, third year as an assistant farm manager and the fourth year as an assistant Agric engineer. After school, I volunteered and later worked as a farm manager. From 2019 till now, I am working with eBASE as a research fellow and feminine activist.

Using Formative Research and Social Marketing to Decrypt and Fix a Wicked Problem in Conflict Affected Areas in Cameroon: The Case of Using Innovation, Technology and Best Practices in Sexual Gender Based Violence

Background

Sexual and gender-based violence (SGBV) refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. In Cameroon, SGBV is a major threat to development of the girl child. In Cameroon, 1 in 3 women have experienced sexual violence in their lifetime and 31% child marriage rate, and a 1% Female Genital Mutilation prevalence. These results are worsened by conflicts currently affecting Cameroon

Objective

To investigate the role of culture and conflict in sexual gender-based violence in women and girls in Cameroon

Methods

Stakeholders' sessions and capacity building of different stakeholders in the selected areas.

Research method: qualitative (KII, FGDs, SS); quantitative (surveys). Evidence synthesis (rapid review)
Setting up cyber health platform.

Gathering stories. Using scientific evidence and gathering experiences to develop traditional stories.

Evidence Tori Dey sessions in villages.

Developing policy briefs and evidence summaries.

Expected Results and Outcomes of Measure

- Data on actors and stories of SGBV are collected
- Innovative practical, policy approaches to curb SGBV are developed and disseminated to relevant stakeholders.
- Capacities of stakeholders are reinforced to put innovative practical and policy approaches into practice.

Prospects for project presentations

Creating safer spaces for girls and boys in culture and conflict afflicted areas

Improved wellbeing for women and vulnerable groups

Using machine learning, natural language processing and crowd engine to improve efficiency and facilitate collaboration

Ms Eitan Agai¹, Dr Karen Robinson²

¹PICO Portal, Inc., , United States, ²Johns Hopkins University, ,

2D - Poster Session - Sustainability / Collaboration, Adaptation, resource-constraint settings, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Eitan Agai, Founder of PICO Portal, has extensive expertise in machine learning (ML), natural language processing (NLP) and text mining, with a focus on applications in health relevant data and financial data. A recognized expert in the field of ML, Mr. Agai was an invited speaker for the 2020 North America Systematic Review Methods conference and in 2021 he is presenting at the Evidence-Based Research (EBR) conference. During the pandemic in 2020, Mr. Agai developed PICO Portal, an online evidence synthesis platform that utilizes ML & NPL algorithms combined with an intuitive user interface.

Aim. To develop a new platform to expedite evidence synthesis thru automation of tasks and collaboration across researchers to reduce waste and facilitate use of evidence in guideline development.

Methods. To increase speed and efficiency of screening process, PICO Portal uses Machine Learning (ML) and Natural Language Processing (NLP) algorithms to prioritize articles likely to be included. A flexible workflow function enables multiple screening, extraction and appraisal processes (i.e., single, dual, multiple) that can be modified while the project is in progress. A sophisticated crowd engine assigns tasks to researchers based on their role, i.e., Reviewer, Principal Reviewer, Judicator & Librarians and the workflow setting for abstract screening, full text review or data extraction. Agile system allows for changes to workflow and additional researchers to be added on the fly.

Results. The developed platform provides a modern user interface, mobile support, and a flexible workflow that automates tasks such as deduplication, identification of study designs, and the highlighting of keywords. The platform has been used for rapid reviews for COVID. The crowd engine has been used in 52 projects with 272 researchers, with distributed groups as large as 18 researchers from different institutions, and with number of citations ranging from 5,000-15,000. Preliminary testing of the ML and NLP prioritization process is promising, with estimates of 40% effort saved.

Discussion. PICO Portal improves the efficiency of evidence synthesis through automation and collaboration tools to transform research findings into decision-ready evidence.

Using tech to keep your guidelines in check: automation of trial tracking

Dr. Emma McFarlane¹, Mr Robert Willans¹, Ms Niamh Knapton¹, Ms Monica Casey¹, Ms Catherine Jacob¹, Dr Andrea Juliana Sanabria²

¹NICE, Manchester, United Kingdom, ²Cochrane Iberoamerican Centre, Barcelona, Spain

1B - Sustainability I: Updating and Collaboration, October 25, 2021, 3:15 PM - 4:45 PM

Biography:

Emma McFarlane is a Technical Adviser at NICE and has more than 10 years experience working in guideline surveillance and updates. Emma also chairs the GIN updating working group and is a member of the GIN collaboration working group.

Background

Some topics are fast moving increasing the risk of guidelines having outdated recommendations. Rapid access to trial results as soon as results are available, and assessment of their impact on guideline recommendations might be a beneficial surveillance strategy.

Objective

To automate identification of new trials that may impact on guideline recommendations.

Methods

Three approaches for trial tracking were compared over a 3-months period (July to September 2020): 1) Manual approach (current approach), 2) Automated approach (searching in clinical trial registries), and 3) Automated approach (searching in PubMed).

For both automated approaches, registries were queried via their application programming interfaces (a method of accessing data without loading the web page in a browser) to identify changes in trial status (defined as publication available). Trials identified by the approaches were assessed by 2 independent reviewers. Changes in trial status and time taken for each approach were compared between approaches evaluated.

Results

In total, 48 trials were identified with the manual approach identifying the most. Time to trial identification was shorter for the automated approach (84.93 days earlier to identifying completed trials). The automated approach – PubMed had the lowest impact on resources and time taken to identify a trial (3 minutes) compared with manual approach (50 minutes) and automated approached – trial registries (37 minutes). Results showed little overlap in identification of trials between automated and manual approaches, indicating the approaches may be complementary to each other.

Discussion

Automated trial tracking approach could expedite identification of relevant studies whilst reducing manual effort.

Visual transformation of guidelines representation of the strength of recommendations and the certainty of evidence to GRADE

Dr. Miloslav Klugar^{1,2}, Dr Lucia Kantorová^{1,2}, Prof Andrea Pokorná^{1,2}, Dr. Radim Líčeník^{1,2}, Prof. Ladislav Dušek², Prof Holger J Schunemann³, Dr. Abanoub Riad², Dr. Jiří Kantor⁴, Dr. Jitka Klugarová²

¹Czech Health Research Council, Prague, Czech Republic, ²The Czech National Centre for Evidence-Based Healthcare and Knowledge Translation (Cochrane Czech Republic, Czech CEBHC: JBI Centre of Excellence, Masaryk University GRADE Centre), Institute of Biostatistics and Analyses, Faculty of Medicine, Masaryk University, Brno, Czech Republic, Brno, Czech Republic, ³Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton (ON), Canada, Hamilton, Canada, ⁴The Palacky University Evidence-Based Education working team: Mentee Centre, Faculty of Education, Olomouc, Czech Republic, Olomouc, Czech Republic

5C - Implementation III: Contextualization, October 27, 2021, 1:00 PM - 2:30 PM

Biography:

Dr. Klugar is director and founder of the Czech National Centre for Evidence-Based Healthcare and Knowledge Translation (CEBHC-KT) that is an umbrella for the Cochrane Czech Republic, Masaryk University GRADE Centre, and The Czech Republic (Middle European) Centre for EBHC: JBI Centre of Excellence.

Dr. Klugar is focused on the development, implementation, advocacy, and teaching of Evidence-Based Healthcare, especially on the evidence synthesis.

He is member of several international methodological groups in Cochrane, Joanna Briggs Institute, GRADE and Guidelines International Network (G-I-N).

Dr. Klugar and CEBHC-KT is the host of Global Evidence Summit 2023 in the Czech Republic.

Background

Organizations dedicated to the development of clinical practice guidelines from around the world have been using a range of systems to rate the certainty of evidence (CoE) and strength of recommendations (SoR), each of which has its own symbols and overall visual form. The Grading of Recommendations Assessment, Development and Evaluation (GRADE) system has been increasingly adapted by these organizations, however, even when using GRADE, authors of guidelines have so far been left free to choose from a few options for depicting the CoE and SoR and the visual form of presenting recommendations that best suit their needs.

Objective

The objective of this paper is to propose an approach to visual unification of adapted guidelines and transformation of classifications of CoE and SoR into the approach suggested by the GRADE working group.

Methods

We carried out a literature search in MEDLINE and Epistemonikos, an analysis of selected guidelines, and an iterative discussion to decide on a consistent visual presentation and CoE and SoR depictions.

Results

The results of the literature search suggested this issue had not been addressed yet. The analysis of eight selected guidelines showed significant heterogeneity in the visual presentation of recommendations. Recommendations were often worded similarly to whether or not they were strong or conditional.

Discussion

We proposed an approach for transforming recommendations that are being adapted and which use various classification systems for CoE and SoR into GRADE and a consistent visual style.

What are the resource requirements for a complex guideline to remain living? Experience of the Stroke Living Guidelines

Mr Kelvin Hill¹, Mr Loyal Pattu wage¹, Mr Steve McDonald², Mrs Peta Bates¹, Assoc Prof Tari Turner²

¹Stroke Foundation Australia, Melbourne, Australia, ²Monash University, Melbourne, Australia

3A - Sustainability II: Living guidelines and updating, October 26, 2021, 10:45 AM - 12:15 PM

Biography:

Kelvin is the National Manager, Clinical Services where he oversees the development and implementation of the Australian stroke guidelines, the National Stroke Audit and other national clinical and policy activity. He is also actively involved in national and international efforts to improve guideline methods and their implementation.

Background

Maintaining clinical guideline currency has been one challenge to traditional guideline development but it is unclear what resources are required for 'living' guideline models. The Stroke Foundation in partnership with Cochrane Australia piloted a model of living guidelines development over a three-year period 2018-2021.

Objective

To report resources required for the evidence surveillance component of the Stroke Living Guidelines.

Methods

Monthly literature surveillance was undertaken via one overarching search relevant to stroke and transient ischaemic attack. Studies are allocated to relevant topics and reviewed for possible impact on current recommendations. A survey was developed to capture metrics related to the literature surveillance process with data collected from June 2020 to March 2021.

Results

Approximately 350 abstracts (systematic reviews and randomised controlled studies) were screened each month, with 17% potentially relevant to a median of 26 guideline topics. Data from 2-3% of studies were extracted and added to the guidelines content. The project team spent an average of 16 hours per month on evidence surveillance including liaising with clinical experts. The Guideline initially covered 89 clinical topics (including almost 400 individual recommendations) with seven further topics added over the three-year project. Five staff (2.5FTE) provided support to approximately 140 volunteer experts.

Discussion

A pragmatic and broad search covering many clinical topics was feasible to implement for the Stroke Living Guidelines. Further work is needed to understand other aspects of the guideline development process and to understand how this compares to other living guideline approaches.

What is the collaboration status for global practice guidelines? – a methodology study

Dr. Xuan Yu¹

¹Evidence-based Medicine Center, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China, ²Lanzhou University Institute of Health Data Science, Lanzhou, China, ³Guideline International Network Asia, Lanzhou, China,

⁴WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China

2D - Poster Session - Sustainability / Collaboration, Adaptation, resource-constraint settings, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Ph.D. student at the Evidence-based Medicine Center of Lanzhou University in China. Holding Master of Science in Global Health at McMaster University. Research areas are practice guideline implementation and dissemination and Evidence-based social sciences.

Aims: This study aims to analyze the current situation of collaboration among countries/regions in guideline development and to provide recommendations for enhancing collaboration.

Methods: We searched Google Scholar for articles published in 2021 with the term “guidelines”. Two researchers screened all titles, abstracts and full text independently and solved disagreements by consensus. Twenty articles were randomly selected from the included database, and the following information was independently extracted from each article by two trained researchers using a standardized form. Use Python and Excel to analyze the data.

Results: Of the 20 included studies, half of the guidelines came from the United States, followed by Canada, China, and Denmark. The maximum number of authors is 53, the minimum is 2, and the average is 18. From the perspective of collaboration countries, the maximum is 26, the minimum is 1, and the average is 6. In terms of collaboration between countries, there is more collaboration between North America and Europe, and less collaboration with Africa, Asia, and South America. The current guideline collaboration has not met the considerations of the region, economy, population, number of patients, etc. There is also a lack of guideline collaboration checklist for institutional screening.

Conclusion: In the development of the guideline, the collaboration between different countries/regions can effectively avoid research waste and is better implement and disseminate to the global. Guideline developers should fully consider the background of the guidelines before developing, and collaborate with different countries/regions through scientific methods.

Organization of rehabilitation for patients with COVID-19 in Ukraine

Mrs Oksana Gulenko¹, Mrs Olena Shylkina¹, Mrs levgeniia Rubtsova¹

¹State Expert Center of The Ministry of Health of Ukraine, Kyiv, Ukraine

2C - Poster Session - Guidelines with and for users I, October 25, 2021, 5:30 PM - 7:00 PM

Biography:

Gulenko Oksana heads the Devision of Medical Care Standardization of the Department of Medical Technology Assessment of the State Expert Center of the MoH of Ukraine. Her main responsibilities include:

1. Providing methodological support for the development, implementation and revision of healthcare quality indicators.
2. Providing technical support for the development of clinical guidelines, standards, protocols for the standardization of medical and pharmaceutical care.
3. Maintenance and filling of the Register of medical and technological documents.
5. Analysis of world experience in the assessment of medical technologies and quality management of health care and adaptation to the Ukrainian healthcare system.

Background

Patients with COVID-19 are in dire need of rehabilitation during their hospital stay and after discharge. Rehabilitation needs may include lung dysfunction, muscle weakness, cognitive impairment, swallowing problems or mental health problems.

In 2020, the Law of Ukraine «On Rehabilitation in the Healthcare Sector» came into force, which provided the legal basis for the modern approaches to rehabilitation for patients with COVID-19.

Objective

Given the relevance of the COVID-19 pandemic, ensure that patients have access to comprehensive and multidisciplinary rehabilitation services.

Methods

Based on the recommendations of WHO, NICE, NIH, IDSA and others, the MWG has developed a new format of clinical guidelines, the so-called "Live Guidelines", which is regularly updated and supplemented with new evidence. Taking into account the current evidence and legal framework, the clinical protocol for the providing of rehabilitation to patients with COVID-19 and convalescents was created and approved by the MoH of Ukraine.

Results

Clinical protocol contains the following:

- Algorithm for providing rehabilitation care;
- Organization of rehabilitation in acute, post-acute and long-term periods;
- Selection of tools for assessing the rehabilitation needs;
- Patient and rehabilitation specialist safety issues;
- Methods of physiotherapy and occupational therapy, etc.

Discussion For Scientific Abstracts

It is a significant step forward in the field of rehabilitation care. Further implementation of the protocol will help to coordinate the actions of medical staff at all levels of medical care, as well as allow to restore the health and efficiency of individuals as soon as possible after COVID-19.

