

## BRIEF (3) July, 2008

### 10 Steps for Evaluating Guidelines

*This briefing was prepared as part of a primary health care research collaboration between Griffith University and General Practice Queensland.*

#### Background

This briefing provides a summary of the 10 steps for evaluating guidelines as endorsed by the World Health Organisation. This briefing is part of a series of briefings and review paper, which identifies strategies for improving the adoption of chronic disease clinical guideline evidence. The other briefings (1 & 2) and full article (in review) can be found at [www.gpqld.com.au/Programs/Collaborative\\_Research\\_Hub](http://www.gpqld.com.au/Programs/Collaborative_Research_Hub)

In an attempt to overcome some of the persistent barriers to guideline usage (such as limited applicability to individual patients; local prevalence of chronic illness; cultural factors; economic limitations, etc.), Graham et al. (2002)<sup>1</sup> developed a framework for evaluating and adapting existing clinical guidelines for local use. The framework is operationalized at a local level, through a learning community or network that includes a range of local representatives and stakeholders. Graham et al. developed a ten step process via which learning communities can “determine which existing guidelines are worthy of adoption” (p. 599) and facilitate local use. The emphasis of this framework is on creating an ongoing group process for evaluating guidelines in a systematic and localized way.

#### Ten Steps for Guideline Evaluation

Graham et al.'s *ten steps for guideline evaluation and localisation*<sup>1,2</sup> are summarized as:

Step 1: Identify a clinical area in which to promote best practice;

Step 2: Establish a local interdisciplinary guideline evaluation group or taskforce (ideally a learning community);

Step 3: Establish a guideline appraisal process using one several recommended guideline appraisal instruments such as the *Appraisal of Guidelines Research and Evaluation* (AGREE) endorsed by the World Health Organisation (see [www.agreecollaboration.org](http://www.agreecollaboration.org)).<sup>2</sup> The AGREE instrument involves 23 Likert-type scale items across six domains that capture different dimensions of guideline quality including: ‘scope’, ‘purpose’, ‘stakeholder involvement’, ‘rigour of development’, ‘clarity of presentation’, ‘applicability’, and ‘editorial independence’ (Graham et al., 2002, p. 602);

Step 4: Searching and retrieval of guidelines. Graham et al. recommend that organisations conduct a systematic search for all relevant guidelines using existing databases such as MEDLINE and EMBASE (p.602). All relevant guidelines should be included in the guideline appraisal process;

Step 5: Guideline appraisal. Graham et al. recommend that the guideline evaluation group should then systematically evaluate all available guidelines on a specific topic using the selected guideline evaluation instrument (p. 603). Once the available guidelines are rated using the Guideline evaluation instrument, Graham et al. (2002, p. 603) recommend that the group conducts a clinical ‘content analysis’ of the recommendations included in the highest rating guidelines. Graham et al. provide helpful information on how evaluation groups can compare various recommendations in a ‘recommendations matrix’ (see Graham et al., 2002, p. 605);

Step 6: Adaptation of existing guidelines for local use. This step determines whether there is sufficient justification for *local uptake* of any of the recommendations included in highly ranked guidelines. The evaluation group endorses select recommendations that are perceived as being highly relevant and applicable for local variables (such as prevalence of chronic disease, patient demographics, etc.). Graham et al. note that 'once local recommendations are decided upon, other activities can be undertaken to facilitate eventual guideline uptake' (p. 606);

Step 7: External review of the proposed local guideline. In this step local GPs, policy makers, consumer groups, and other stakeholders are asked to provide feedback on the guidelines prior to their final publication;

Step 8: Finalize the local guideline following response to any feedback arising from Step 7;

Step 9: Official endorsement and adoption of the guideline by the evaluation group and other organisations (e.g. General Practitioners State or District level representative bodies);

Step 10: Scheduled review and revision of guidelines. Graham et al.'s overall approach is intended to be cyclical in nature. They emphasize that updating and reviewing localized guidelines is an essential step of the ongoing work of the evaluation group.

While the above evaluation process in itself is involved and time-intensive, it may save considerable time at the individual practitioner level in searching for, deciphering, and adapting clinical guidelines. The methods of uptake discussed in Step 6 of Graham et al.'s model can be facilitated via a number of avenues associated with learning communities and peak bodies representing members. Fluidity and flexibility in selected delivery modes to individual GPs can facilitate ease of use in clinical contexts and allow further adaptation to patient variables in treatment settings. Uptake strategies that aim to slot new information into GPs' existing processes of learning and decision making in a sustainable and naturalistic way are perhaps most favourable given the sheer amount of information that GPs are exposed to on any given day.

## Acknowledgments

This briefing is a summary of a research paper (in journal publication review)

Paper Title: **When guidelines need guidance: Considerations and strategies for improving the adoption of chronic disease evidence by General Practitioners**

Available at: [www.gpqld.com.au/Programs/Collaborative\\_Research\\_Hub](http://www.gpqld.com.au/Programs/Collaborative_Research_Hub)

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1 - Graham, I., Harrison, M., Brouwers, M., Davies, B., & Dunn, S. (2002). Facilitating the use of evidence in practice: Evaluating and adapting clinical practice guidelines for local use by health care organizations. *JOGNN*, 31, 599-611.  
2 - Appraisal of Guidelines Research and Evaluation (AGREE) endorsed by the World Health Organisation. Retrieved July 25, 2008, from, <http://www.agreecollaboration.org>