

Guideline development process for the Health for Kids in the South East project

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on behalf of the Health for Kids Guideline Development Groups.

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■ **Health for Kids in the South East (HFK) was a project funded by the Victorian Government Department of Human Services, Hospital Admission Risk Program. The project aimed to improve health outcomes for children in southeast Melbourne (Victoria) by building partnerships between child health clinicians and implementing best practice.**

As one of the project strategies, evidence based guidelines for the management of common paediatric conditions such as asthma, croup, gastroenteritis and bronchiolitis were developed. Recognising the importance of general practitioner management of common paediatric conditions, the guidelines are suitable for use in both hospital and general practice settings.

Guideline development process

Each guideline was developed by a HFK Guideline Development Group (GDG) at Southern Health in 2005. Separate groups developed the guidelines for bronchiolitis, croup, and diarrhoea with or without vomiting. Each multidisciplinary GDG included

Table 1. The appraisal of guidelines for research and evaluation (AGREE) instrument¹: a recommended approach to guideline assessment

Scope and purpose

The overall objective(s) of the guideline is (are) specifically described

The clinical question(s) covered by the guideline is (are) specifically described

The patients to whom the guideline is meant to apply are specifically described

Stakeholder involvement

The guideline development group includes individuals from all the relevant professional groups

The patients' views and preferences have been sought

The target users of the guideline are clearly defined

The guideline has been piloted among target users

Rigour of development

Systematic methods were used to search for evidence

The criteria for selecting the evidence are clearly described

The methods used for formulating the recommendations are clearly described

The health benefits, side effects and risks have been considered in formulating recommendations

There is an explicit link between the recommendations and the supporting evidence

The guideline has been externally reviewed by experts before its publication

A procedure for updating the guideline is provided

Clarity and presentation

The recommendations are specific and unambiguous

The different options for management of the condition are clearly presented

Key recommendations are easily identifiable

The guideline is supported with tools for application

Applicability

The potential organisational barriers in applying the guideline have been discussed

The potential cost implications of applying the recommendations have been considered

The guideline presents key review criteria for monitoring and/or audit purposes

Editorial independence

The guideline is editorially independent from the funding body

Conflict of interest of guideline development members have been recorded

Table 2. Key to evidence statements and grades of recommendation⁴

Level of evidence	
I ⁺⁺	High quality meta-analyses, systematic reviews of randomised controlled trials (RCTs), or RCTs with a very low risk of bias
I ⁺	Well conducted meta-analyses, systematic reviews of RCTs, or RCTs with a low risk of bias
I ⁻	Meta-analyses, systematic reviews of RCTs, or RCTs with a high risk of bias
II ⁺⁺	High quality systematic reviews of case control or cohort studies High quality case control or cohort studies with a very low risk of confounding or bias and a high probability that the relationship is causal
II ⁺	Well conducted case control or cohort studies with a low risk of confounding or bias and a moderate probability that the relationship is causal
II ⁻	Case control or cohort studies with a high risk of confounding or bias and a significant risk that the relationship is not causal
III	Nonanalytic studies (eg. case reports, case series)
IV	Expert opinion
Grades of recommendation	
Note: The grade of recommendation relates to the strength of the evidence on which the recommendation is based. It does not reflect the clinical importance of the recommendation	
A	At least one meta-analysis, systematic review of RCTs, or RCT rated as I ⁺⁺ and directly applicable to the target population, or A body of evidence consisting principally of studies rated as I ⁺ , directly applicable to the target population, and demonstrating overall consistency of results
B	A body of evidence including studies rated as II ⁺⁺ , directly applicable to the target population, and demonstrating overall consistency of results, or Extrapolated evidence from studies rated I ⁺⁺ or I ⁺
C	A body of evidence including studies rated as II ⁺ , directly applicable to the target population, and demonstrating overall consistency of results, or Extrapolated evidence from studies rated II ⁺⁺
D	Evidence level III or IV, or Extrapolated evidence from studies rated II ⁺
Good practice points	
✓	Recommended best practice based on the clinical experience of the guideline development group

representation from all relevant clinical areas (medical and nursing staff from emergency and inpatient departments, allied health and general practice), consumer representatives and specialists in evidence based practice and guideline development. Declarations of conflict of interest were made by all GDG members and no conflicts were identified.

The process undertaken to develop each guideline was evidence based and the funding body had no role in guideline development or editorial review.

Initially a search was undertaken to identify existing evidence based guidelines that could be adapted for local use. Available guidelines were assessed using the AGREE criteria¹ outlined in *Table 1*. No high quality evidence based guidelines for the management of croup were identified and a whole new guideline was developed.

Similarly, no evidence based guidelines were available for bronchiolitis, however a well conducted evidence report/technology assessment 'Management of bronchiolitis in infants and children',² published by the Agency for Healthcare Research and Quality (AHRQ) in January 2003, was identified. This report formed the basis for much of the content in that particular guideline.

A relevant, recent, high quality evidence based clinical practice guideline on diarrhoea management by a British paediatric emergency care group³ was identified and adapted. The scope of the existing guideline was expanded to include management of diarrhoea by GPs and on hospital inpatient wards. This required some additional content. Changes were also made to align consensus recommendations with local practice and to adapt recommendations for local use.

During the initial stage of development, focus groups were conducted with 8–10 GPs to ascertain the clinical questions they felt should be addressed by each of the guidelines. These questions were combined with those raised by the hospital staff and consumer representatives. Systematic searches were undertaken to identify evidence to answer these questions. Where evidence was found, the GDG made recommendations based on this evidence, integrated with clinical expertise and consumer preferences. Where evidence was not found, the GDG made a consensus recommendation based on clinical expertise and consumer preferences. The levels of evidence and grades of recommendation are described in *Table 2*.

Key clinical decisions were summarised in one page algorithms, with separate versions developed for care in hospital and in general practice. The hospital algorithms were integrated into clinical paths that formed the patient medical record for this episode of care. The algorithms, plus a summary of key messages for GPs, were circulated to GPs in the catchment areas of the three Southern Health hospitals providing paediatric services.

Patient information brochures based on guideline content were developed with input from parents in the HFK Consumer Advisory Group.

The full guidelines, summaries, clinical paths and patient information materials are available on the HFK website at www.mih.sr.monash.org/hfk/guidelines.html.

References

1. The AGREE Collaboration. Development and validation of an international appraisal instrument for assessing the quality of clinical practice guidelines: the AGREE project. *Qual Saf Health Care* 2003;12:18–23. Available at www.agreecollaboration.org [Accessed May 2008].
2. Viswanathan M, King VJ, Bordley C, et al. Management of bronchiolitis in infants and children. Evidence report/technology assessment number 69. Agency for Healthcare Research and Quality, 2003. Available at www.ahrq.gov/.
3. Paediatric Accident and Emergency Research Group (PAERG). Guideline for the management of children presenting to hospital with diarrhoea, with or without vomiting. University of Nottingham, 2003.
4. Scottish Intercollegiate Guideline Network. SIGN 50: A guideline developers' handbook, 2004.

Acknowledgments

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Guideline development group membership

HFK Bronchiolitis Guideline Development Group	
Claire Harris	Public health physician, Project Manager
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Peter Fritz	Emergency physician
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Junella Rhodes	Parent
Alia Sadiq	Parent

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Jo Morey	Emergency nurse
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Colleen Bayly	Parent
Jodie Sparke	Parent