Adapteren

Het ontwikkelen en herzien van richtlijnen behoeft veel tijd en middelen. In het buitenland worden ook richtlijnen gemaakt. Wanneer de methodiek van 'evidence-based' richtlijnontwikkeling in een internationale richtlijn juist is toegepast kan deze als input voor een Nederlandse richtlijn gebruikt worden. Op deze manier kunnen medisch wetenschappelijke inzichten sneller worden toegepast in de Nederlandse praktijk en wordt dubbel werk voorkomen.

Ter voorbereiding op de ontwikkeling van enkele modules van de SRI-richtlijn 'Infectiepreventie op het operatiekamercomplex' en de NVvH richtlijn 'Preventie van postoperatieve wondinfecties' is onderzocht wat de mogelijkheden waren voor het adapteren van (onderdelen) van vigerende internationale richtlijnen. Hieronder wordt het proces van selecteren en beoordelen van richtlijnen op het gebied van de preventie van postoperatieve wondinfecties beschreven (Engels).

Selection of guidelines
The selection of available guidelines was based on a systematic review by Gillespie et al. (Gillespie 2018) that critically appraised the overall quality of published guidelines for the prevention of surgical site infections (SSIs).

Data sources and search strategy
Gillespie et al. (2018) conducted systematic electronic searches using the Cochrane Library, CINAHL, EMBASE, MEDLINE, and ProQuest databases. In addition, they searched several guideline repositories, including The National Guideline Clearing-house, New Zealand Guidelines Group, The National Institute for Health and Care Excellence (NICE), The National Health and Medical Research Council (NHMRC) - Australian Clinical Practice Guidelines, CPG Infobase: Clinical Practice Guidelines (Canadian medical Association), Scottish Intercollegiate Guideline Network (SIGN), Clinical Key (Elsevier), and BMJ Best Practice. Finally, they conducted ancestry searching and journal hand-searching. The eligibility criteria used for the selection of guidelines are mentioned below.

Inclusion criteria
- Published international guideline on the management and/or prevention of SSI;
- Guideline published as full text between January 1990 and February 2018;
- Guideline published in English;
- Most recent complete guideline and any partial revisions for the guideline published thereafter;
- Guideline makes recommendations across the pre-operative, intra-operative and post-operative phases;
- Guideline includes an explicit statement identifying the document as a 'guideline'.

Exclusion criteria
- Guideline under development;
- Guideline specific to one institution or surgical specialty;
- Clinical practice standards, defined as statements reached through consensus, that clearly identify the desired outcome.

Results
The systematic searches and subsequent selection by Gillespie et al. (2018) resulted in six complete guidelines (Anderson 2008, Ban 2017, Bonar 2017, Mangram 2009, NICE 2008, WHO 2016) and three partial revisions (Anderson 2014, Berrios-Torres 2017, NICE 2013), published between 1999 and 2017 (Table 1).

In March 2023, we checked the guidelines selected by Gillespie et al. (2018) for (partial) revisions since 2017. Two recent partial revisions were found (NICE 2019, WHO 2018), one of which (NICE 2019) replaced a previous partial revision (NICE 2013) (Table 1).

Quality appraisal of selected guidelines

The selection of complete guidelines and their partial revisions were included in the quality appraisal. The appraisal was based on 1) the systematic review by Gillespie et al. 2018), and 2) the minimum quality criteria for adaptation of guidelines set by the Knowledge Institute of the Dutch Association of Medical Specialists (Gillespie, 2018; Kennisinstituut, 2020).

Gillespie et al. (2018)

The Appraisal of Guidelines, Research and Evaluation (AGREE) II tool (Brouwers, 2010) was used to appraise the overall quality of the guidelines selected by Gillespie et al. (2018). Scores from the 7-point Likert scale of the AGREE II tool were converted to percentage values for %mean score determination (Table 2). The only guideline with a %mean score of at least 80% for all six domains was the WHO guideline. The NICE guideline had a %mean score of at least 80% for five domains, and the CDC guideline for four domains.

Knowledge Institute of the Dutch Association of Medical Specialists (2023)

The selected guidelines, including the two recent partial revisions, were appraised based on the minimum quality criteria for adaptation of guidelines set by the Knowledge Institute of the Dutch Association of Medical Specialists (Kennisinstituut, 2020) (Table 3).

The only guideline that fulfilled all quality criteria was the WHO guideline. The CDC guideline did not state a systematic literature search nor the literature selection criteria for the 2008 recommendations. In addition, editorial independence could not be assessed for the 2008 recommendations and was considered questionable for the 2017 update because no actions or restrictions were documented for working group members with conflicts of interest. For the NICE guideline, editorial independence was considered questionable because of the consultation of stakeholders, including the (pharmaceutical) industry, during the guideline development process.

Conclusion

The WHO guideline had a %mean score of at least 80% for all AGREE II domains and fulfilled the minimum quality criteria of the Knowledge Institute of the Dutch Association of Medical Specialists. Therewith, the WHO guideline qualified as a candidate for adaptation.

Additional practical considerations

The WHO guideline has a modular structure, uses the PICO framework, and includes risk of bias assessments and meta-analyses (wherever possible), facilitating the adaptation process.

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Process of adaptation

The literature search, summary of the literature, assessment of the level of evidence, and conclusions were adopted from the WHO guideline. However, for each search question, the working group judged whether the WHO guideline was adequately current for the adaptation process or whether the literature search needed an update. The grading of the level of evidence was checked for consistency with the standard procedures of the Knowledge Institute of the Dutch Association of Medical Specialists (GRADE method; http://www.gradeworkinggroup.org/).

In the considerations, the working group reviewed the evidence from which the recommendations were derived and judged the acceptability and applicability of the recommendations to the Dutch context. Based on this review, the working group decided which recommendations to accept, which to reject, and which recommendations were acceptable but needed modification. Care was taken that modified recommendations were still in keeping with the evidence on which they were based. De novo recommendations were when it was felt a recommendation was needed but was not provided in the WHO guideline. Below each recommendation, a statement was included regarding the origin of the recommendation, i.e., ‘recommendation from WHO’, ‘recommendation modified from WHO’, or ‘de novo recommendation’.

Revision

For the revision of adapted modules, the intention is to link up with the revision cycle of the WHO guideline.