

REVIEW

Endorsement of clinical practice guidelines by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine

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Abstract

Clinical practice guidelines from other organizations or societies with assumed clinical and contextualized relevance for Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI) members, may trigger a formal evaluation by The Clinical Practice Committee (CPC) for possible SSAI endorsement. This avoids unnecessary duplicate processes and minimizes resource-waste. Identified guidelines are assessed for endorsement using the Appraisal of Guidelines for REsearch and Evaluation (AGREE) II instrument. The SSAI CPC utilizes the AGREE II online coordinated group appraisal platform to assess the methodological rigor and transparency in which the guideline was developed. The results of the assessment, including the decision to endorse or not, are presented to the SSAI Board for sanctioning. This document briefly outlines the process for evaluation of non-SSAI guidelines by the CPC for possible SSAI endorsement.

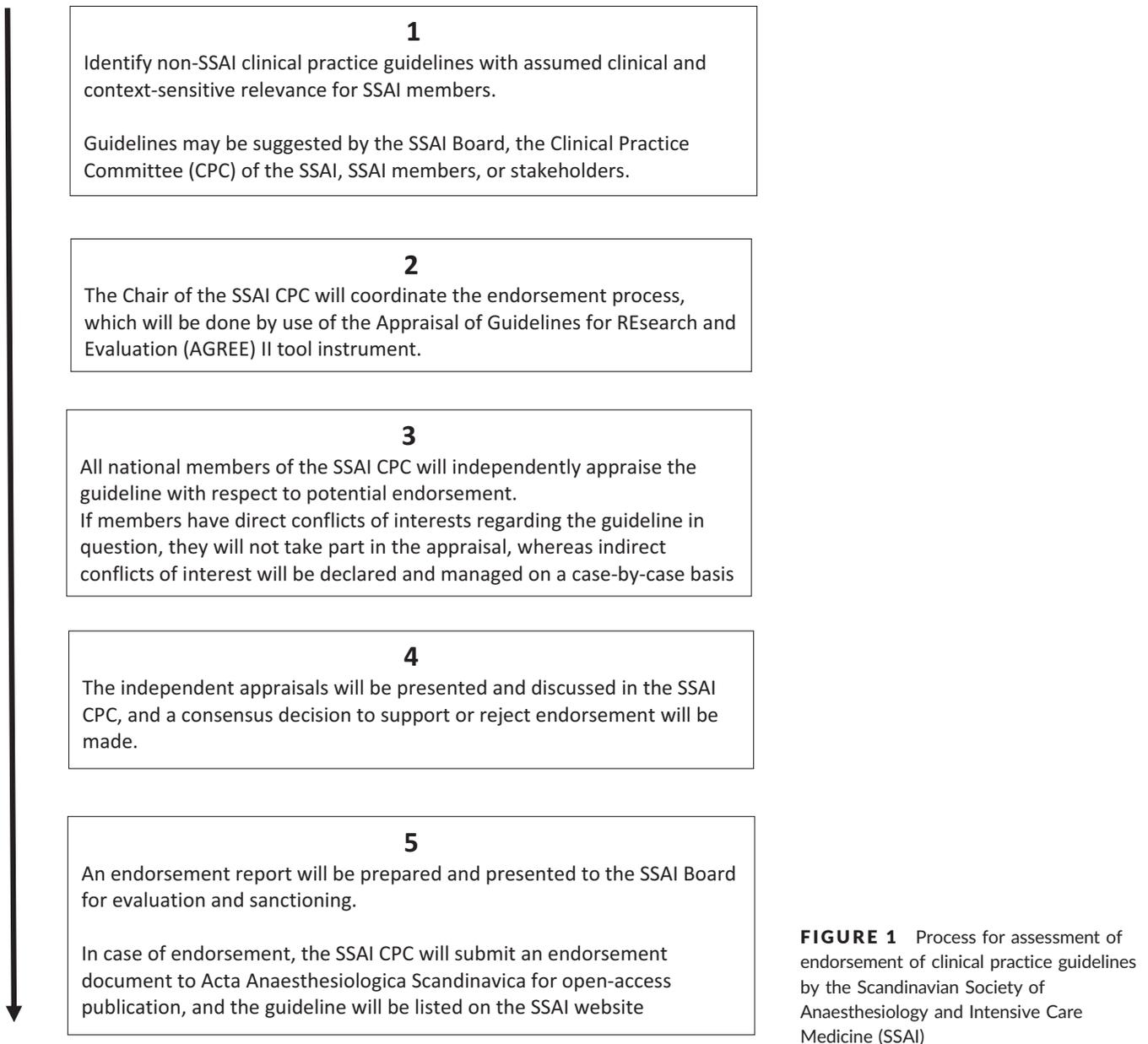
KEYWORDS

AGREE II, anaesthesia, critical care, practice guideline

1 | INTRODUCTION

The Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI) aims to promote safe, modern, and effective care for its patients. In SSAI the five Nordic nations work together to harmonize the work of the five national societies, based on shared values, ambitions, and expectations for health care and anaesthesiology and intensive care medicine.

The SSAI Clinical Practice Committee (CPC) consists of appointed anaesthesiologists and intensivists from Denmark, Finland, Iceland, Norway, and Sweden, and the CPC is devoted to developing and disseminating trustworthy clinical guidelines that may be used by Scandinavian anaesthesiologists and intensivists. The Grading of Recommendations Assessment, Development, and Evaluation (GRADE) methodology is the framework for the guidelines¹ and several



GRADE based SSAI clinical practice guidelines have been published.²⁻⁷

Clinical practice guidelines from other organizations or societies with assumed clinical and contextualized relevance for SSAI members may trigger a formal evaluation by the CPC for possible SSAI endorsement. This avoids unnecessary duplicate processes and minimizes resource-waste. In this document, we briefly outline the process for evaluation of non-SSAI guidelines by the CPC for possible SSAI endorsement.

2 | METHODS

The process for endorsement is depicted in Figure 1.

Identified guidelines will be assessed for endorsement using the Appraisal of Guidelines for REsearch and Evaluation (AGREE) II instrument.⁸ The SSAI CPC will utilize the AGREE II online

coordinated group appraisal platform to assess the methodological rigor and transparency in which the guideline was developed (www.a-greetrust.org). In brief, AGREE II consists of 23 items targeting different aspects of guideline quality, and these items are organized into six domains: (a) scope and purpose; (b) stakeholder involvement; (c) rigor of development; (d) clarity of presentation; (e) applicability; and (f) editorial independence. The AGREE II finally includes two overall assessment items.

All appraisers will individually and independently utilize the AGREE II instrument. Consensus on items with diverging appraisals will be sought to be achieved through group discussion. The results of the assessment, including the decision to endorse or not, will be presented to the SSAI Board for sanctioning. If any member (appraiser) has direct conflicts of interests regarding the guideline in question,⁹ (s)he will not take part in the appraisal. Indirect conflicts of interests will be declared and managed on a case-by-case basis.¹⁰

3 | CONCLUSION

With this document the SSAI CPC aims to transparently and systematically outline the process for assessment of endorsement of non-SSAI clinical practice guidelines.

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None.

CONFLICT OF INTEREST

No Clinical Practice Committee member had direct or indirect conflicts of interest.

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REFERENCES

- Balshem H, Helfand M, Schunemann HJ, et al. GRADE guidelines: 3. Rating the quality of evidence. *J Clin Epidemiol*. 2011;64:401-406.
- Claesson J, Freundlich M, Gunnarsson I, et al. Scandinavian clinical practice guideline on mechanical ventilation in adults with the acute respiratory distress syndrome. *Acta Anaesthesiol Scand*. 2015;59:286-297.
- Perner A, Juntila E, Haney M, et al. Scandinavian clinical practice guideline on choice of fluid in resuscitation of critically ill patients with acute circulatory failure. *Acta Anaesthesiol Scand*. 2015;59:274-285.
- Claesson J, Freundlich M, Gunnarsson I, et al. Scandinavian clinical practice guideline on fluid and drug therapy in adults with acute respiratory distress syndrome. *Acta Anaesthesiol Scand*. 2016;60:697-709.
- Rehn M, Hyldmo PK, Magnusson V, et al. Scandinavian SSAI clinical practice guideline on pre-hospital airway management. *Acta Anaesthesiol Scand*. 2016;60:852-864.
- Moller MH, Claudius C, Juntila E, et al. Scandinavian SSAI clinical practice guideline on choice of first-line vasopressor for patients with acute circulatory failure. *Acta Anaesthesiol Scand*. 2016;60:1347-1366.
- Moller MH, Granholm A, Juntila E, et al. Scandinavian SSAI clinical practice guideline on choice of inotropic agent for patients with acute circulatory failure. *Acta Anaesthesiol Scand*. 2018;62:420-450.
- Brouwers MC, Kho ME, Browman GP, et al. AGREE II: advancing guideline development, reporting and evaluation in health care. *CMAJ*. 2010;182:E839-E842.
- Schunemann HJ, Al-Ansary LA, Forland F, et al. Guidelines international network: principles for disclosure of interests and management of conflicts in guidelines. *Ann Intern Med*. 2015;163:548-553.
- Alhazzani W, Lewis K, Jaeschke R, et al. Conflicts of interest disclosure forms and management in critical care clinical practice guidelines. *Intensive Care Med*. 2018;44:1691-1698.

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