



Identify Obstacles to Implementation

- GuideLine Implementability Appraisal (& eGLIA)
- Provides feedback to guideline *authors* to anticipate and address obstacles before a draft guideline is finalized
- Assists *implementers* in guideline selection and targeting attention toward anticipated obstacles
- <http://gem.med.yale.edu/glia>

Recommendation 2: 0–4 Years of Age: The Expert Panel concludes that initiating daily long-term control therapy should be considered for reducing risk in infants and young children who have a second asthma exacerbation requiring systemic corticosteroids within 6 months (Evidence D).

8: The guideline's intended audience cannot consistently determine whether each condition in the recommendation has been satisfied.

Age 0-4?

9: Not all reasonable combinations of conditions are accounted for, i.e., the recommendation is not comprehensive.

What about exacerbations not treated with steroids? Is it only children whose second exacerbation received steroids?

11: The recommended action (what to do) is vague or ambiguous.

‘should be considered ‘--what factors would indicate yes or no?

22: The recommendation may not be compatible with existing attitudes and beliefs of the guideline’s intended users.

May be some resistance to use of inhaled corticosteroids

23: The recommendation may not be consistent with patient expectations.

Some parents worry about giving a daily medication to a child--may be some resistance to use of ICS

GLIA Structure

- 7 global questions relate to the guideline as a whole (e.g., Target population defined? Sequence? Internal consistency?)
- 20 questions pertain to EACH recommendation
 - “No” responses indicate barriers
- 4 *optional* questions relate to implementability in a local computer system
- Significance of barriers is variable

Evaluate guideline as a whole with: GLOBALS

- 1) Do the organization(s) and author(s) who developed the guideline have credibility with the intended users of the guideline?
- 2) Is the patient population eligible for the guideline clearly defined?
- 3) Does the guideline document suggest possible strategies for dissemination and implementation?
- 4) Is the guideline supported with tools for application e.g., a summary document, a quick reference guide, educational tools, patients' leaflets, online resources or computer software?

GLOBALS II

- 5) If any guideline recommendations are considered more important than others, does their presentation or formatting reflect this?
- 6) Is it clear in what sequence the recommendations should be applied?
- 7) Is the guideline internally consistent, i.e., without contradictions between recommendations or between text recommendations and flowcharts, summaries, patient education materials, etc.?

Evaluate EACH recommendation with respect to:

- **Decidability** - precisely *under what circumstances* to do something
- **Executability** - exactly *what to do* under the circumstances defined)
- **Effect on process of care** - the degree to which a recommendation impacts upon the usual workflow of a care setting)
- **Presentation and formatting** - the degree to which the recommendation is easily recognizable and succinct
- **Measurable outcomes** - the degree to which the guideline identifies markers or endpoints to track the effects of implementation of this recommendation

GLIA Constructs (2)

- **Apparent validity** - the degree to which a recommendation reflects the intent of the developer and the strength of evidence
- **Novelty/innovation** - the degree to which a recommendation proposes behaviors considered unconventional by clinicians or patients
- **Flexibility** - the degree to which a recommendation permits interpretation and allows for alternatives in its execution
- **Computability** - the ease with which a recommendation can be operationalized in an electronic information system