

AGREE-REX:
Recommendation EXcellence

APPLICATION



AGREE-REX Research Team 2016

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DISCLAIMER

The AGREE-REX is a tool designed to assess the clinical credibility and implementability of clinical practice guidelines. The authors do not take responsibility for the improper use of the AGREE-REX Instrument.

FUNDING:

The development of the AGREE-REX Instrument was supported by the Canadian Institutes of Health Research (125987).



FOR FURTHER INFORMATION ABOUT:

THE AGREE-REX DEVELOPMENT PROCESS,
RESEARCH TEAM,
AND ADDITIONAL RESOURCES,

PLEASE CONTACT:

AGREE Scientific Office, agree@mcmaster.ca
AGREE Enterprise Website, www.agreetrust.org

AGREE-REX Research Team

Dr. Melissa C. Brouwers
Principal Investigator, AGREE-REX Research Team
McMaster University, Hamilton, Ontario, Canada

Research Team Members:

Dr. P. Alonso-Coello, Iberoamerican Cochrane Centre, Barcelona, Spain
Dr. O. Bhattacharyya, Women's College Hospital, University of Toronto, Toronto, Ontario, Canada
Dr. GP. Browman, British Columbia Cancer Agency, Vancouver Island, Canada
Dr. JS. Burgers, Dutch College of General Practitioners, Utrecht, The Netherlands
Dr. F. Cluzeau, National Institute for Health and Care Excellence International, London, UK
Dr. B. Fervers, Cancer et Environnement, Centre Léon Bérard, France
Dr. ID. Florez, Universidad de Antioquia, Medellin, Colombia and McMaster University, Hamilton, Ontario, Canada
Dr. A. Gagliardi, University Health Network, University of Toronto, Toronto, Ontario, Canada
Dr. I.D. Graham, University of Ottawa, Ottawa Hospital Research Institute Ottawa, Ontario, Canada
Dr. J. Grimshaw, Ottawa Health Research Institute, University of Ottawa, Ontario, Canada
Dr. SE. Hanna, McMaster University, Hamilton, Ontario, Canada
Dr. M. Kastner, Li Ka Shing Knowledge Institute of St. Michael's Hospital, Toronto, Ontario, Canada
Ms. K. Kerkvliet, McMaster University, Hamilton, Ontario, Canada
Dr. M.E. Kho, McMaster University, Hamilton, Ontario, Canada
Dr. P. Littlejohns, King's College London, London, UK
Dr. H. Schünemann, McMaster University, Hamilton, Ontario, Canada
Ms. K. Spithoff, McMaster University, Hamilton, Ontario, Canada
Dr. S. Straus, Li Ka Shing Knowledge Institute of St. Michael's Hospital, Toronto, Ontario, Canada
Dr. L. Zitzelsberger, Canadian Partnership Against Cancer, Ottawa, Ontario, Canada

Acknowledgements:

Ms. Julie Makarski, McMaster University, Hamilton, Ontario, Canada

OVERVIEW: AGREE-REX for Application

BACKGROUND

Clinical practice guidelines are systematically developed statements, informed by research evidence, values and local/regional circumstances, to assist in making informed decisions and judgements about health care at the clinical, management and policy levels [1,2].

The AGREE II has become an international standard tool to inform the methodological processes of guideline development, reporting and evaluation [3]. Meeting rigorous methodological requirements is necessary but not sufficient to ensure that guideline recommendations are clinically credible, trustworthy or implementable. The **AGREE-REX (Appraisal of Guidelines REsearch and Evaluation – Recommendations EXcellence)** is a tool designed to address these goals. Informed by evidence and the participation of the international guideline community, the AGREE-REX is designed to guide the **development, reporting and evaluation** activities related to optimizing credibility, trustworthiness and implementability of guideline recommendations.

For guideline recommendations to be credible, trustworthy and implementable, **four key issues** should be considered in the development of the recommendations and should be addressed in the guideline document to provide justification for the recommendations. These four issues are the focus of the AGREE-REX:

- Guidelines should provide justification for the recommendations based on the available evidence;
- Guideline recommendations should be appropriate for the clinical setting and population to whom they are targeted;
- Guideline recommendations should take into account the values and preferences of all relevant stakeholders;
- Guidelines should take into consideration the feasibility of applying the recommendations in practice and the resources and capacity required to implement the recommendations.

The AGREE-REX can be applied to guidelines in any health area targeting any step in the health care continuum, including health promotion, prevention, screening, diagnosis, treatment/intervention, and follow-up.

DEVELOPMENT OF THE AGREE-REX

A realist literature review was conducted to identify characteristics of guidelines that influence their implementability. A conceptual model of these characteristics, called the Guideline Implementability for Decision Excellence Model (GUIDE-M), was developed based on the results of the realist review. Selected domains of the GUIDE-M are the basis for the content of the AGREE-REX. Development of the AGREE-REX was led by an international team of practice guideline and knowledge translation experts and researchers. For details about the realist review and the GUIDE-M, please see the peer-viewed publications listed below:

- *Kastner M, Bhattacharyya O, Hayden L, Makarski J, Estey E, Durocher L, et al. Guideline uptake is influenced by six implementability domains for creating and communicating guidelines: a realist review. Journal of Clinical Epidemiology. 2015;68(5):498-509.*
- *Brouwers M, Makarski J, Kastner M, Hayden L, Bhattacharyya O, the GUIDE-M Research Team. The Guideline Implementability Decision Excellence Model (GUIDE-M): a mixed methods approach to create*

AGREE-REX USERS

The AGREE-REX is intended for use by the following stakeholder groups:

- By **guideline developers** to follow a structured and rigorous guideline and recommendation development methodology; to conduct an internal assessment to ensure that their recommendations are clinically credible; or to evaluate guideline recommendations from other groups for potential adaptation to their own context;
- By **health care providers** who wish to undertake their own assessment of a guideline before adopting its recommendations into their practice;
- By **policy makers, health care administrators, program managers and professional organizations** to help them decide which guidelines and recommendations could be recommended for use in practice or to inform policy decisions;
- By **researchers** who wish to assess the clinical credibility and implementability of guidelines in a particular clinical topic area; and
- By **educators** to teach critical appraisal skills and core competencies in guideline recommendation development and reporting.

AGREE-REX DOMAINS, ITEMS AND FEATURES

The AGREE-REX consists of 11 items organized within four domains (Table 1), each focusing on a different factor that influences the credibility of guidelines and their recommendations. For each of the 11 items, a list of features is provided describing important aspects that should be reported in guidelines and considered in the formulation of guideline recommendations. When reported in a guideline, these features provide the user with justification for the actions recommended by the guideline.

Table 1. Domains and Items of AGREE-REX

Domains	Items
1. Evidence Justification	1. Evidence
2. Clinical Applicability	2. Clinical Relevance 3. Relevance to Patients/Populations 4. Implementation Relevance
3. Values Justification	5. Guideline Developer Values 6. Target User Values 7. Patient/Population Values 8. Policy Values 9. Alignment of Values
4. Feasibility Considerations	10. Local Applicability 11. Resources, Capacity and Tools

THREE AGREE-REX VERSIONS

In order to meet the needs of AGREE-REX users, three distinct versions of the AGREE-REX have been developed for the following types of guideline-related activities:

1. AGREE-REX: Evaluation;
2. AGREE-REX: Application;
3. AGREE-REX: Development and Reporting.

While the core content of the AGREE-REX domains, items and features are identical across the three versions, the resources and evaluation questions contained in the three documents are specifically tailored to their different objectives.

AGREE-REX: Evaluation

This version of the AGREE-REX is intended for use by individuals who wish to evaluate the clinical credibility and implementability of existing guideline recommendations. This may be most useful for researchers, guideline database administrators, and educators.

In the *Evaluation* version of the AGREE-REX, two evaluation statements are provided for each of the 11 AGREE-REX items. Users assess their agreement with each statement using a 7-point response scale (1=strongly disagree, 7=strongly agree).

A) Documentation of Features:

The first evaluation statement addresses how well the defining features of the AGREE-REX item were reported in the guideline.

B) Formulation of Recommendations:

The second evaluation statement addresses whether the AGREE-REX item features were considered in the formulation of the guideline recommendations.

AGREE-REX: Application

This version of the AGREE-REX is intended for use by individuals who wish to determine whether existing guideline recommendations are appropriate for adaptation, endorsement, adoption or implementation in a particular context. This may be most useful for guideline developers, health care providers, policy makers, health care administrators, program managers, and professional organizations.

In the *Application* version of the AGREE-REX, users assess their agreement with two evaluation statements as described above (*Documentation of Features* and *Formulation of Recommendations*). In addition, the user assesses whether the documentation and consideration of the AGREE-REX item's features are appropriate for use in his or her context. Agreement with each of the three statements is assessed using a 7-point response scale (1=strongly disagree, 7=strongly agree).

A) Documentation of Features:

The first evaluation statement addresses how well the defining features of the AGREE-REX item were reported in the guideline.

B) Formulation of Recommendations:

The second evaluation statement addresses whether the AGREE-REX item features were considered in the formulation of the guideline recommendations.

C) Suitability for Use:

The third statement addresses whether the documentation and consideration of the AGREE-REX item features are appropriate for use in the user's context.

AGREE-REX: Development and Reporting

This version of the AGREE-REX is intended for use by guideline developers who are writing their own guideline recommendations to inform them about what should be reported in a guideline document and considered in the development of recommendations. As part of its internal quality control strategy, guideline development groups can use the AGREE-REX as a resource and checklist to ensure that procedures and reporting are complete. This version of the AGREE-REX may also be useful to educators who teach core competencies in guideline development and critical appraisal skills.

For each AGREE-REX item, links to tools and resources related to the features of that item are provided. In addition, examples of best practices and examples of how other guideline development groups have optimized the reporting of these features are provided. As methodological advancements emerge, these will be reflected in future editions of the AGREE-REX. An AGREE-REX Reporting Checklist is included in this version of the AGREE-REX.

AGREE-REX & AGREE II

The AGREE II and AGREE-REX serve two different purposes for appraising guidelines. The AGREE II addresses the methodological rigour of guideline development and reporting, while the AGREE-REX focuses specifically on the development and reporting of clinically credible and implementable guideline recommendations.

When assessing one or more guidelines for adaptation or implementation, it is recommended that the AGREE II be used first to assess the overall methodological quality of the guidelines. If a guideline meets minimum methodological standards based on the AGREE II assessment set by the appraiser, then the AGREE-REX can be used to assess the clinical credibility and implementability of the guideline recommendations.

To help users determine when it is appropriate to use the AGREE-REX versus the AGREE II, a decision tree is available in the Appendix ([click here to view](#)).

LEVEL OF AGREE-REX ASSESSMENT: SINGLE RECOMMENDATION, GROUP OF RECOMMENDATIONS, OR ALL RECOMMENDATIONS

Depending on the needs of the user, the AGREE-REX can be applied to each guideline recommendation independently, to a group of guideline recommendations (e.g. a cluster of recommendations addressing a similar topic area), or to all guideline recommendations as a whole.

Below is a list of considerations that can be used to help inform the level of recommendation at which to apply the AGREE-REX:

- Are all recommendations of interest? In some cases, only certain recommendations or groups of recommendations may be of interest. As a consequence, the AGREE-REX should be applied to only those recommendations and sections of the guideline associated with the recommendations of interest.

- What is the record of the authoring group? If the authoring group has a record of consistent and high quality recommendation-development processes, then assessment of each individual recommendation may be redundant. If the authoring group does not have an established history in guideline development, then an AGREE-REX assessment of each guideline recommendation may be more appropriate.
- Is it feasible to assess each recommendation independently? Resource and time constraints may exist that make it impractical to evaluate each recommendation separately.

AGREE-REX users should explicitly state the level of recommendation at which the tool was applied.

DRAFT

REFERENCES

1. Woolf SH, Grol R, Hutchinson A, Eccles M, Grimshaw J. Clinical guidelines: potential benefits, limitations, and harms of clinical guidelines. *BMJ* 1999;318(7182):527-530.
2. Browman GP, Brouwers M, Fervers B, et al. Population-based cancer control and the role of guidelines-towards a “systems” approach, in Elwood JM, Sutcliffe SB, (ed): *Cancer control*. Oxford, UK, Oxford University Press, 2010.
3. Brouwers MC, Kho ME, Browman GP, Burgers J, Cluzeau F, Feder G, Fervers B, Graham, ID, Grimshaw J, Hanna S, Littlejohns P, Makarski J, Zitzelsberger L on behalf of the AGREE Next Steps Consortium. AGREE II: Advancing guideline development, reporting and evaluation in healthcare. *Can Med Assoc J*. Dec 2010, 182: E839-842; doi:10.1503/cmaj.090449.

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INSTRUCTIONS: AGREE-REX Application

These instructions have been designed to guide appraisers in the use of the AGREE-REX for **Application** purposes and should be reviewed by users before applying the instrument.

AGREE-REX FOR APPLICATION

This version of the AGREE-REX is intended for use by individuals who wish to determine whether existing guideline recommendations are appropriate for application (i.e., adaptation, endorsement, adoption or implementation) in a particular context.

The AGREE-REX for Application may be most useful for guideline developers, health care providers, policy makers, health care administrators, program managers, and professional organizations.

- by **guideline developers** to evaluate guideline recommendations from other groups for potential adaptation to their own context;
- by **health care providers** who wish to undertake their own assessment of a guideline before adopting its recommendations into their practice; and
- by **policy makers, health care administrators, program managers and professional organizations** to help them decide which guidelines and recommendations could be recommended for use in practice or to inform policy decisions.

HOW TO RATE

Review and Preparation

Before applying the AGREE-REX Instrument, the appraiser should first carefully read the guideline document in full and any additional or related documentation (e.g., evidence summaries, GRADE methodology tables, guideline appendices). This supporting information may be in the same document or published separately.

Scale and Assessment Process

For each of the 11 AGREE-REX items, the appraiser rates their agreement with three statements to assess how well the item's features were documented, whether they were considered in the formulation of the recommendations, and whether the documentation and consideration of the items is appropriate for use in the appraiser's context. A 7-point response scale is used for each of the three AGREE-REX assessment components.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
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Documentation of Features:

The *Documentation of Features* assessment addresses how well the defining features of the item have been reported in the guideline. A score of 1 should be given when there is no information that is relevant to the AGREE-REX item's features or if the concepts are very poorly reported. A score of 7 should be given if the quality and completeness of reporting are exceptional for each item. A score between 2 and 6 is assigned when some but not all of the features are reported and/or the quality of the reporting does not warrant the highest score. The appraiser should be explicit in describing how the scale was used.

Formulation of Recommendations:

The *Formulation of Recommendations* assessment addresses whether the guideline developers considered these features in the formulation of guideline recommendations. A score of 1 should be given when there is no information that is relevant to the AGREE-REX item's features or the item's features were not considered in the formulation of the guideline. A score of 7 should be given if the item's features have been carefully and thoroughly considered in the formulation of the recommendation(s). A score between 2 and 6 is assigned when some but not all of the item's features are considered in the formulation of the recommendation(s) and/or the quality of the link between the features and the recommendations does not warrant the highest score. The appraiser should be explicit in describing how the scale was used.

Suitability for Use:

The *Suitability for Use* assessment addresses whether the documentation and consideration of the items is appropriate for use in the appraiser's context. A score of 1 should be given when there is no information that is relevant to the AGREE-REX item's features or the item's features are not applicable to the context in which the appraiser intends to use the guideline. A score of 7 should be given if all of the item's features are clearly applicable to the context in which the guideline will be used. A score between 2 and 6 is assigned when some but not all of the item's features associated with the recommendation are relevant to the context in which it is to be applied and/or the degree of relevance does not warrant the highest score. The appraiser should be explicit in describing how the scale was used.

Key Considerations

Guidelines that include multiple recommendations may report the AGREE-REX features inconsistently across recommendations. If the appraiser is using the AGREE-REX to evaluate a group of recommendations or all recommendations in the guideline at once, then the appraiser should consider the consistency of quality across those recommendations when assigning item scores. In some cases, it may not be necessary for guidelines to provide information about AGREE-REX features for each individual recommendation.

It is important to note that the ratings require a level of judgement. The features are provided to inform the ratings and not to replace these judgements. Thus, none of the AGREE-REX items provide explicit expectations for each of the 7 points on the scale.

When evaluating each AGREE-REX item, the following questions should also be considered:

- Is the information well written (i.e., clear and concise)?
- Is the information easy to find in the guideline?
- Does the guideline provide the user with an appropriate level of transparency?

ADDITIONAL CONSIDERATIONS

The *Suitability for Use* evaluation statement (i.e., question c for each item) is intended to be completed if the appraiser is considering applying (e.g., adapting, endorsing, adopting, or implementing) the guideline recommendations in their own context. If it becomes apparent during the evaluation process that the guideline recommendations are not suitable for application (e.g., consistently low scores for the *Documentation of Features* and *Formulation of Recommendations* evaluations, or low scores in the *Suitability for Use* evaluation for items considered to be very important by the appraiser), then the appraiser may decide to stop scoring the *Suitability for Use* evaluation statements and evaluate only the *Documentation of Features* and *Formulations of Recommendations* for their records.

On occasion, some AGREE-REX items may not be applicable to the particular guideline under review. AGREE-REX does not include a “Not Applicable” response option in its assessment scale. There are different strategies to manage this situation, including having appraisers skip that item in the assessment process or rating the item as 1 (absence of information) and providing context about the score. Regardless of the strategy chosen, decisions should be made in advance and described in an explicit manner. As a principle, excluding items from the appraisal process is discouraged.

DRAFT

AGREE-REX: APPLICATION TOOL

Guideline Title:

Authors:

Level of Recommendation Assessment:

- Single Recommendation
- Group of Recommendations
- All Recommendations

Comments:

Appraisers:

DOMAIN 1. EVIDENCE JUSTIFICATION

DESCRIPTION:

Guideline recommendations are influenced by the strength of the supporting evidence and the magnitude of benefit and harms.

ITEM:

1. Evidence.

WHERE TO LOOK:

- Supporting text to the recommendations
- Methods section of the evidence review (e.g., systematic review of the evidence)
- Results section of the evidence review
- Discussion section
- Appendices and supplementary material

EVIDENCE JUSTIFICATION

1. EVIDENCE

In order to be clinically credible, guideline recommendations should be based on a thorough review of the quality and results of the available evidence. The features below should be assessed in the interpretation of the evidence.

Features^a:
• The guideline assesses any risk of bias related to the study designs of the supporting evidence.
• The guideline describes the consistency of the results (i.e., similarity of results across studies).
• The guideline addresses the directness of the evidence (i.e., addresses the exact interventions, populations and outcomes of interest) to the clinical/health problem.
• The guideline indicates the precision of the results (e.g., width of confidence intervals of individual studies or meta-analysis).
• The guideline describes the magnitude of the benefits and harms.
• The guideline assesses the likelihood of publication bias.
• The guideline addresses the possibility of confounding factors (if applicable).
• The guideline indicates the dose-response gradient (if applicable).

^a This list of features has been informed by the work of the GRADE Working Group (www.gradeworkinggroup.org).

When inconsistency is assessed across the outcomes, rate with a lower score and make a note.

Documentation of Features:

1a. The features of *Evidence* are well documented in the guideline.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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Formulation of Recommendations:

1b. The features of *Evidence* were considered in formulating the recommendations.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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Comments

Suitability for use:

1c. The documentation and consideration of the features of *Evidence* are appropriate for use in my context.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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DOMAIN 2. CLINICAL APPLICABILITY JUSTIFICATION

DESCRIPTION:

Clinical applicability is the appropriateness of the guideline recommendations for clinical practice, patient needs, and the intended impact of guideline implementation.

ITEMS:

2. Clinical Relevance
3. Relevance to Patients/Population
4. Implementation Relevance

WHERE TO LOOK:

- Supporting text to the recommendations
- Background/introduction section
- Clinical questions
- Evidence review and discussion section
- Appendices and supplementary material
- Focused patient-centred care sections
- Target population perspectives.
- Guideline implementation section

CLINICAL APPLICABILITY JUSTIFICATION

2. CLINICAL RELEVANCE

Clinical relevance is the degree to which the recommendations are applicable to the practice context of the guideline's target users (e.g. physicians, public health nurses). The features below should be included in the practice guideline to optimize the clinical relevance of the recommendations.

Features:
• The guideline addresses an important clinical/health problem(s).
• The guideline includes recommended actions that are relevant to the target user.
• The guideline recommendations align with the evidence.
• The guideline recommendations are applicable to the target population and setting.
• The guideline considers all important potential health-related harms and benefits.
• The guideline indicates a magnitude of health benefit that is perceived as clinically important.
• The guideline addresses trade-offs between health-related harms and benefits.

Evaluation:

2a. The features of *Clinical Relevance* are well documented in the guideline.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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2b. The features of *Clinical Relevance* were considered in formulating the recommendations.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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Comments

Suitability for use:

2c. The documentation and consideration of features of *Clinical Relevance* are appropriate for use in my context.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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CLINICAL APPLICABILITY JUSTIFICATION

3. RELEVANCE TO PATIENTS/POPULATION

Relevance to patients is the degree to which the recommendations are applicable to the guideline's target population or individual patients. The features below should be included in the practice guideline to optimize the patient/population relevance of the recommendations.

Features:

- The guideline describes how to tailor recommendations for application to individual patients or populations (e.g. based on age, sex, ethnicity, comorbidities).
- The guideline includes outcomes that are relevant to patients/population.
- The guideline reports how the guideline developers determined patient-relevant outcomes.

Evaluation:

3a. The features of *Relevance to Patients* are well documented in the guideline.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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3b. The features of *Relevance to Patients* were considered in formulating recommendations.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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Comments

Suitability for use:

3c. The documentation and consideration of features of *Relevance to Patients* are appropriate for use in my context.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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CLINICAL APPLICABILITY JUSTIFICATION

4. IMPLEMENTATION RELEVANCE

Practice guidelines can be developed to achieve several implementation goals, such as to influence health care decisions, to be used as a lever to change health policy, and to be used as an aspirational goal to which a jurisdiction strives. Implementation relevance is the degree to which the guideline recommendations align with the guideline’s intent and the anticipated impacts. The features below should be included in the practice guideline to optimize implementation relevance.

Features:
<ul style="list-style-type: none">• The guideline addresses the anticipated impact of adoption of the recommendations on individuals (e.g., patients, populations, target users), organizations and/or systems.• The guideline recommendations align with the implementation goals of the guideline (e.g., for advocacy, policy change, etc.).

Evaluation:

4a. The features of *Implementation Relevance* are well documented in the guideline.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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4b. The features of *Implementation Relevance* were considered in formulating the recommendations.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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Comments

Suitability for use:

4c. The documentation and consideration of features of *Implementation Relevance* are appropriate for use in my context.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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DOMAIN 3. VALUES JUSTIFICATION

DESCRIPTION:

Moving from evidence to guideline recommendations involves making value judgements about the relative importance of particular benefits, risks, burdens and costs. When formulating recommendations, values and preferences of those for whom the recommendations are relevant should also be considered and reported in a transparent manner.

ITEMS:

5. Guideline developer values
6. Target user values
7. Patient/population values
8. Policy values
9. Alignment of values

WHERE TO LOOK:

- Supporting text to the recommendations
- Background/introduction section
- Evidence review and discussion section
- Appendices and supplementary material
- Focused patient-centred care sections
- Target population perspectives.
- Guideline implementation section

VALUES JUSTIFICATION

5. Guideline Developer Values

The guideline development panel makes judgements during the recommendation development process based on the value they place on different outcomes (e.g., survival, quality of life, cost). The features below should be included in the practice guideline to inform its users about how the guideline developers' values influenced the recommendations.

Features:

- There is a clear articulation of the values used to underpin the recommendations.
- There is a clear articulation of how the guideline developers weighed the balance between benefits and harms.
- There is a clear description of how the recommendations were developed, including the evidence base and the methods used to integrate values (e.g., consensus).

Evaluation:

5a. The features of *Guideline Developer Values* are well documented in the guideline.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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5b. The features of *Guideline Developer Values* were considered in formulating the recommendations.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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Comments

Suitability for use:

5c. The documentation and consideration of features of *Guideline Developer Values* are appropriate for use in my context.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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VALUES JUSTIFICATION

6. Target user values

Guideline target user values are important to consider during the guideline development process because they influence whether the recommendations are adopted into practice. The features below should be included in the practice guideline to ensure that the target user values have been assessed and considered in the development of the guideline recommendations.

Features:

- Views and preferences of guideline target users (e.g., health care providers) have been sought and considered.
- Factors related to target user acceptability (e.g., need to acquire new skills or knowledge, need to adapt of routine) of the recommended action(s) have been considered.
- The guideline differentiates between recommended actions for which clinical flexibility and individual patient tailoring is more appropriate in the decision-making process and those for which it is less appropriate.
- The guideline articulates the range of recommended actions that are acceptable to the clinical community, including the preferred option (if relevant), and why it is the preferred choice.

Evaluation:

6a. The features of *Target User Values* are well documented in the guideline.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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6b. The features of *Target User Values* were considered in formulating the recommendations.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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Comments

Suitability for use:

6c. The documentation and consideration of features of *Target User Values* are appropriate for use in my context.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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VALUES JUSTIFICATION

7. Patient/Population Values

Patient/population values should be considered during the guideline development process to ensure that the outcomes that are important to patients or populations for whom the recommendations are relevant have been considered during the recommendation development process. The features below should be included in the guideline to ensure that patient values and preferences have been assessed and considered in the development of the guideline recommendations.

Features:
<ul style="list-style-type: none">• Views and preferences of the target population (including patients, family and caregivers, if appropriate) have been sought and considered.
<ul style="list-style-type: none">• Outcomes considered important to patients/populations have been described.
<ul style="list-style-type: none">• Factors related to patient/population acceptability (e.g., motivation, ability to achieve outcomes, expectations, perceived effectiveness) of the recommended action(s) have been considered.
<ul style="list-style-type: none">• The guideline differentiates between action(s) for which patient choice and/or values are likely to play a large part in the decision-making process and those for which they are likely to play a small role.
<ul style="list-style-type: none">• The guideline states that the developers considered the need for guidance and tools to assist in patient decision-making.

Evaluation:

7a. The features of *Patient/Population Values* are well documented in the guideline.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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7b. The features of *Patient/Population Values* were considered in formulating the recommendations.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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Comments

Suitability for use:

7c. The documentation and consideration of features of *Patient/Population Values* are appropriate for use in my context.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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VALUES JUSTIFICATION

8. Policy Values

The values and preferences of policy stakeholders can affect the implementation of guideline recommendations in the health care system (e.g., by providing resources or funding to support its use). Guideline developers should report the features listed below to ensure that policy values are assessed and considered in the development of the guideline recommendations.

Features:

- Information about the needs of policy and decision-makers has been sought and considered.
- The impact of the recommendations on policy and system-level decision-making has been considered.
- The impact of the recommendations on health inequities has been considered.
- The guideline articulates where changes to policy should be made to align with the recommendations.

Evaluation:

8a. The features of *Policy Values* are well documented in the guideline.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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8b. The features of *Policy Values* were considered in formulating the recommendations.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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Comments

Suitability for use:

8c. The documentation and consideration of features of *Policy Values* are appropriate for use in my context.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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VALUES JUSTIFICATION

9. Alignment of Values

The consideration of how well the values align across various stakeholders and how to manage or mitigate misalignment of values can improve the implementability of guidelines and their recommendations. The features below should be included in the practice guideline to inform its users about how the guideline developers considered values and managed their alignment.

Features:
<ul style="list-style-type: none">• The guideline addresses the alignment of values between the guideline’s target users, target patients and populations, policy makers, and members of the guideline development group.
<ul style="list-style-type: none">• The guideline includes information about the degree of certainty for which the values or preferences of the target user and target patients/populations match those of the guideline developers.
<ul style="list-style-type: none">• The guideline describes alternative options for circumstances in which values and preferences of the provider(s) or patient(s) do not align with that of the guideline developers.

Evaluation:

9a. The features of *Alignment of Values* are well documented in the guideline.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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9b. The features of *Alignment of Values* were considered in formulating the recommendations.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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Comments

Suitability for use:

9c. The documentation and consideration of features of *Alignment of Values* are appropriate for use in my context.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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DOMAIN 4. FEASIBILITY CONSIDERATIONS

DESCRIPTION:

Feasibility is the degree to which the guideline recommendations can be easily applied in practice. In order to optimize feasibility, guidelines should take into consideration the local context in which the recommendations will be applied and the capacity, resources and tools required for implementation.

ITEMS:

10. Local applicability
11. Resources, capacity and tools

WHERE TO LOOK:

- Appendices and supplementary material
- Guideline implementation section

DRAFT

FEASIBILITY CONSIDERATIONS

10. Local Applicability

Local applicability is the suitability of the guideline recommendations for the setting, health care system and/or patients/population in which they are being implemented. The features below should be included in the practice guideline to inform its users about the guideline's applicability in local contexts.

Features:

- The guideline differentiates between the recommended actions for which local adaptation may be more or less relevant.
- The guideline describes the intended dissemination plan.
- The guideline describes the intended implementation plan.
- The guideline addresses the degree of change required from current practice.

Evaluation:

10a. The features of *Local Applicability* are well documented in the guideline.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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10b. The features of *Local Applicability* were considered in formulating the recommendations.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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Comments

Suitability for use:

10c. The documentation and consideration of features of *Local Applicability* are appropriate for use in my context.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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FEASIBILITY CONSIDERATIONS

11. Resources, Capacity and Tools

Guidelines that include advice or tools and resources to facilitate the implementation of the recommendations are easier to adopt in practice. Below are the features related to resources, capacity and tools that should be considered in the practice guideline.

Features:

The guideline developers considered the issues that can influence the adoption of the recommendations and provided tools and/or advice for guideline implementers related to:

- How to tailor recommendations for the local setting.
- Resources needed to implement the recommendations (e.g., human resources, equipment) and their associated costs.
- Economic analysis (e.g., cost-effectiveness or cost-utility) of recommended actions (if appropriate).
- Competencies and/or training of personnel required to implement the recommended actions.
- Data required to implement and monitor adoption of recommended actions.
- Strategies to overcome barriers related to provider acceptability and/or patient/population and/or policy acceptability of recommended action(s).
- Criteria that can be used to measure recommendation implementation and quality improvement.

Evaluation:

11a. The features of *Resources, Capacity and Tools* are well documented in the guideline.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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11b. The features of *Resources, Capacity and Tools* were considered in formulating the recommendations.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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Comments

Suitability for use:

11c. The documentation and consideration of features of *Resources, Capacity and Tools* are appropriate for use in my context.

1 Strongly disagree	2	3	4	5	6	7 Strongly agree
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APPENDIX: AGREE Tool Decision Tree

