

Strengthening HICPAC Guidelines to Address Emerging Needs

Despite the strengths of HICPAC's guidance documents and the processes used in their development, a number of recent advances in guideline development and implementation have emerged that offer HICPAC an opportunity to further strengthen the validity and impact of their guidelines. Many of these advances have been integrated into the guideline development processes of societies on the forefront of guideline development, providing HICPAC with excellent models for updating its guideline methodology.¹¹⁻¹⁶ Advances in guideline development and implementation have also been promoted by authors, committees, and organizations focused on improving the validity and usability of guidelines.¹⁷⁻²¹

Importantly, these advances also allow HICPAC to address emerging challenges in guideline development in the area of infection prevention and control. Such challenges include: 1) an immense and rapidly growing evidence base that makes it more important than ever to utilize strategies that allow one to efficiently locate and use the most valid and clinically relevant studies available; 2) emerging infections for which infection preventionists require guidance yet for which there is little evidence on which to base recommendations; 3) increasing attention to infection prevention and control by surveyors, regulatory agencies, government and commercial payors in the United States and abroad, making the need for rigorous evidence-based guidelines more pressing^{22, 23}; and 4) escalating quantity of guidelines available to guide care on any given topic, which makes clear communication, recommendation bundles, and implementation plans key to any guideline's success^{24, 25}. In addition, the threats of

Updating the Guideline Methodology of HICPAC

commercial and political bias are as important now as they were at the time HICPAC was created, particularly with the potential financial benefits to industry of guideline endorsements^{21, 26}, and the challenge that payors and healthcare facilities have to improve the value of their healthcare dollar.

Given these challenges, the needs of HICPAC are clear. The committee must:

1) create the processes necessary to rapidly develop and update guidelines to allow an appropriate response to emerging needs and new scientific evidence; 2) address the key clinical questions of infection preventionists and providers in a targeted way; 3) use the best available evidence to answer those questions efficiently; 4) provide transparent recommendations without bias; and 5) prioritize recommendations for implementation.

This document provides an update on the methods used by HICPAC to address these needs. Specifically, we describe how HICPAC is using emerging methods in guideline development to create guidelines based on targeted systematic reviews of the best available evidence, with explicit links between the evidence and recommendations, which can be efficiently updated and provide priorities for practitioners as well as future research agendas. We also discuss methods used to enhance the reach and impact of these guidelines on the quality, safety and value of patient care. These methodologies are approved by HICPAC and will be used for subsequent guidelines issued by HICPAC, beginning with the Prevention of Catheter Associated Urinary Tract Infection Guideline, which was initiated in the Fall of 2007.