• **Goals**
  
  – To identify intrinsic obstacles to implementation, i.e., those that are within the purview of guideline developers

  – To provide feedback to guideline *authors* to anticipate and address these obstacles before a draft guideline is finalized

  – To assist *implementers* in guideline selection and to target attention toward anticipated obstacles
Implementation

• Design and deployment of systems, tools, and strategies that are intended to influence clinicians’ behavior toward adherence to guideline recommendations
• Targeted
• Intended to overcome specific barriers
Implementability

- A set of characteristics that predict the relative ease of implementation of guideline knowledge
- Ability to bring about the implementation of guidelines
- Measured by ease and accuracy of transformation of guideline recommendations into systems, tools, and strategies that influence care
Factors predicting implementability

• **Extrinsic to guideline**
  – Organization: commitment, infrastructure...
  – Clinicians: knowledge, attitudes, beliefs...

• **Intrinsic to guideline**
  – Decidability
  – Executability
  – ...

GLIA Dimensions

- **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 Dimensions (2)

- **Apparent validity** - the degree to which a recommendation reflects the supporting 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
  – **OPTIONAL**
Appraisal: How to GLIA

• Team of 2-5 individuals appraise each recommendation against each criterion
• Appraisers should answer each question with one of the following responses:
  – Yes The recommendation meets this criterion fully.
  – No The recommendation does not meet this criterion.
    • the reason(s) it fails the criterion should be recorded in the comment section.
  – ? Rater is unable to address this question because of insufficient knowledge or experience in this area
  – N/A Criterion is not applicable to this recommendation
• Don’t forget “Global” dimension
A red bar indicates that all questions in this dimension have not been answered.

A check mark indicates that all questions in this dimension have been answered.

To review responses, click the check mark.
Recording Your Appraisal

**Project:** Project Test

**Recommendation rec 3:** With term premature rupture of membranes (PROM), labor may be induced at the time of presentation or patients may be observed for up to 24 to 72 hours for the onset of spontaneous labor.

<table>
<thead>
<tr>
<th>Question</th>
<th>Appraisal</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Can the recommendation be carried out without substantial disruption in current workflow?</td>
<td>Yes</td>
<td>This is a comment</td>
</tr>
<tr>
<td>21 Can the recommendation be pilot tested without substantial resource commitment? For example, buying and installing expensive equipment to comply with a recommendation is not easily reversible.</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
Reconciliation and Interpretation

- Appraisers discuss divergent responses in an effort to achieve consensus.
- ‘No’ represent barriers to successful implementation.
- A conditional recommendation that fails any decidability or executability criterion will be impossible to implement as stated.
- signify areas requiring discussion because potential barriers may have been identified.

- indicates that all appraisers agreed that the criterion has been met, i.e., answered “Yes” to all items in this dimension.

- indicates that a final decision has been entered in eGLIA.
The administrator reviews the Tally of votes and the group makes a final decision about whether the criterion has been met.

- In cases where the criterion is failed, the administrator should indicate in the Final Comments box why.

- Individual appraisers’ comments are visible and can be retained verbatim or edited.
Summary Report
Indicates Barriers Identified

<table>
<thead>
<tr>
<th>Rec</th>
<th>Executability</th>
<th>Decidability</th>
<th>Validity</th>
<th>Flexibility</th>
<th>Effect On Process Of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>rec 1</td>
<td>✓</td>
<td>—</td>
<td>—</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>rec 3</td>
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<td>Y</td>
<td>Y</td>
<td>—</td>
<td>✓</td>
</tr>
</tbody>
</table>

GLIA Summary Report

Project: Project Test
Date: 05 Feb 2011

Global Items

- Item 1: The target patient population eligible for the guideline is not clearly defined.
  Comments: no way man bad This is the final...

- Item 2: The intended audience of the guideline is not clearly defined.
  Comments:

- Item 5: The guideline does not suggest strategies for implementation or tools for application (e.g., a summary document, a quick reference guide, educational tools, patients' leaflets, online resources or computer software.)
  Comments: