

SUMMARY OF COVID-RELATED GUIDELINE INVENTORIES

BACKGROUND: COVID-END aims to reduce inappropriate duplication of effort and promote collaboration and co-operation amongst evidence synthesis organisations responding to the COVID-19 pandemic. The COVID-END Recommending Working Group identified the need for a global inventory of appraised clinical practice guidelines. Before initiating any new activities, we conducted an overview of current (COVID) guideline inventories to determine whether further work was needed in this space.

OBJECTIVES: To identify current (and planned) COVID guideline inventories and assess the extent to which they meet the desirable criteria.

METHODS: We identified a number of desirable attributes for judging inventories (including a comprehensive process to identify guidelines, guideline appraisal using AGREE/other, likely coverage, public availability). We identified three current or planned inventories and assessed them against these criteria.

RESULTS: 3 inventories were identified

- **ECRI Guideline Trust (ECRI GT)**

ECRI GT is a publicly available online repository of objective, evidence based clinical practice guideline content providing up-to-date clinical practices to advance safe and effective patient care. ECRI GT uses the Agency for Healthcare Research and Quality's National Guideline Clearinghouse Extent of Adherence to Trustworthy Standards (NEATS) instrument to develop TRUST scorecards which reflect trustworthiness of a guideline in adherence to IOM's standards.

Source: <https://www.ecri.org/>

- **Yasser et al.**

Yasser et al are assessing the quality of existing COVID-19 rapid advice or interim guidelines to foresee the implications for practice and safety.

Source:

https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=179872

- **NIPH (FHI)**

FHI as part of its work contributing to the evidence ecosystem, aims to organize electronically individual recommendations comprising all WHO and other trustworthy guidelines, in a schematic evidence map based on PICO ontology and linked to the evidence and judgments supporting the recommendations. collaborate with groups internationally, to provide updated evidence-based systematic reviews to support guideline development and decision making in health policy and practice, collaborate globally to avoid duplication of efforts.

Source: <https://www.fhi.no/en/qk/systematic-reviews-hta/map/>

Criteria	ECRI	Yasser et al.	FHI
Comprehensive process to identify guidelines	Cochrane collaboration, NICE, CDC, WHO, NIH, ECDC, RCP, MAGIC-BMJ	Searches of WHO country & technical guidance (COVID-19), CDC guidance on COVID-19, G-I-N library, ECRI, EBSCO-DynaMed, NICE, SIGN, NHMRC, PAHO, GuíaSalud, EMBASE, Medline, Google Scholar, grey literature	Searches of WHO database for guidelines, Medline, EMBASE, CMA Infobase, NHS Evidence Search, TRIP database, GIN library, and grey literature
Appraisal process	NEATS	AGREE II	AGREE II/NEATS
Likely coverage	Clinical practice guidelines with and without briefs and TRUST scorecards.	Clinical practice guidelines developed using a rapid development process, excluding public health and social care guidelines.	Only guidelines with AGREE >60% will be included in the inventory.
Publicly available	Yes, but users need to register with the site	Unclear. Presume that overview will be published as an academic paper	Yes, either by publishing on FHI website or submitting to an international journal and database.
Sustainability	Ongoing	Time limited research project (unlikely to be updated after initial searches)	Ongoing till the end of the pandemic, including time for evaluation of the pandemic
Other			Will develop recommendations database

Questions for recommending group

- Do you agree with the desirable criteria?
- Are you aware of any other initiatives we should explore?
- Do any of these inventories meet (or could meet if tweaked) the desirable attributes?
- Are there areas of further clarification needed for any of the inventories?

APPENDIX

1. FHI

FHI aims to:

- Carry out an evidence synthesis on COVID-19 related research and create a repository of relevant information that can be easily accessed in one location.
- To create a systematic and living evidence map providing an up-to-date overview of available scientific publications, systematic reviews and clinical guidelines on COVID-19 while also visualizing the lack thereof and possibly guiding research to match individual and population-level needs.
- To publish updated reports and interactive maps displaying the publications sorted into broad categories with subcategories for publication types and research topics.
- To organize electronically, individual recommendations comprising all WHO and other trustworthy guidelines in a schematic evidence map based on PICO ontology and link the evidence supporting the recommendations.
- Collaborate with international groups to provide updated evidence - based systematic reviews to support guideline development and decision-making actions.
- Collaborate globally to avoid duplication of work, by making known which questions they are conducting systematic reviews on.

METHODS

Inclusion criteria

- All guidelines about COVID-19 collected from our regular systematic literature searches.
- FHI will include guidelines and recommendations if they achieve an AGREE II domain score of at least 60% on:
 - Domain 1: Scope and purpose
 - Domain 3: Rigour of development
 - Domain 6: Editorial Independence

Literature search

- Searches of WHO database for guidelines, Medline, EMBASE, CMA Infobase, NHS Evidence Search, TRIP database, GIN library, and grey literature

Assessment of guideline quality

- Quality of guidelines will be assessed using the AGREE or NEATS tools (AGREE 2010).

Presentation of the available recommendations

FHI aims to concentrate dispersed recommendations available across all WHO publications in a single visually attractive and interactive browser-based platform, provide e-access to these

centralized live, organized WHO COVID-19 and other recommendations and enable two-way iterative interaction between the database and other stakeholders who need information and are contributing to ongoing COVID-19 research and guideline development. These maps will be able to show:

- Redundancies in recommendations (as visualized by overlap in PICO components)
- Currency of the recommendation (i.e. when was the recommendation formulated? Is the recommendation or evidence informing it out of date?)
- Repetition or redundancy in evidence (systematic reviews and trials) informing multiple recommendations and patient-important outcomes in the maps
- Gaps in evidence informing recommendations
- Clusters of evidence strengthening recommendation areas

Further information is accessible at: <https://www.fhi.no/en/qk/systematic-reviews-hta/map/>

2. YASSER ET AL.

Answering the global call for action in rapid practice guidelines for the management of people with the novel Coronavirus COVID-19: protocol for a rapid systematic review (Yasser et al., 2020)

Study aim: to assess the quality of COVID-19 rapid advice or interim guidelines (RGs) and to attempt to foresee the implications for practice and safety.

Study domain: COVID-19

Review Questions

- To investigate what is the level of adherence of the eligible, recently published RGs for the management of people with COVID-19 with the principles of the GIN-McMaster University Guideline Development Checklist extension for rapid recommendations (GDC-RG checklist) - Phase 1
- What is the quality of RGs according to the criteria of the AGREE II instrument? – Phase 2
- What are the similarities and differences in the clinical context or recommendations of these RGs based on the analysis of the recommendation's matrix? – Phase 3.

Literature search

WHO country and technical guidance – COVID-19, CDC guidance on COVID-19, GIN guidelines library, ECRI Guidelines Trust, EBSCO-DynaMed Plus, NICE-UK, SIGN, NHMRC guidelines, PAHO guidelines, GuíaSalud, US National Library of Medicine, National Institute of Health (MEDLINE/PubMed), Embase database, Google Scholar and grey literature.

Inclusion criteria

Clinical practice guidelines (CPGs) developed using a rapid development process or rapid guidelines (RGs)

Exclusion criteria

Public health and social care guidelines are not included

Participants/Population

People suspected of or infected with COVID-19 as the main health problem or a co-morbidity. Additionally, we will assess how this was reported as part of our appraisal using the GDC-RG Checklist and the AGREE II Instrument.

Intervention(s), Exposure(s)

Interventions included will be pre-defined by the RG development group. RGs that include the option of care in the management of people with COVID-19 including clinical, laboratory, and radiological diagnosis in addition to all categories of treatment (e.g. supportive, pharmacological, etc.) will be considered.

Comparator/Control

Comparator(s) and control groups meeting the inclusion and exclusion criteria may or may not have been pre-defined by the development groups of the eligible RGs. Comparators would not usually be defined when multiple interventions are included in the recommendations of the RG.

Main Outcomes

- Adherence to the GDC-RG checklist
- Quality assessment will be carried out using the AGREE II instrument. High quality (>60%) in three or more domains including domain three, rigour. Moderate (>60%) in three or more domains other than domain three and low if they score 60% in less than three domains.
- Analysis of clinical recommendations using a recommendation matrix which compares the similarities, differences, and conflicts (if any) between the options of care included in the eligible RGs considering the published evidence available at the time of development of RGs.

Source: https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=179872

3. ECRI GUIDELINES TRUST

ECRI uses the Agency for Healthcare Research and Quality's National Guideline Clearinghouse Extent of Adherence to Trustworthy Standards (NEATS) instrument to develop TRUST scorecards which reflect trustworthiness of a guideline in adherence to IOM's standards.

The NEATS instrument contains 15 items covering disclosure of the funding source; disclosure and management of conflicts of interest; multidisciplinary input, incorporation of patient perspectives, rigorous systematic review; recommendations accompanied by rationale, assessment of benefits and harms, clear linkage to the evidence, and assessment of strength of evidence and strength of recommendation; clear articulation of recommendations; external review by diverse stakeholders; and plans for updating.

Currently, ECRI has 78 COVID-19 related guidelines from 2016 to date. Of the 78 COVID-19 related guidelines, only 7 have TRUST scorecards presently (2016 – 2, 2018 – 2, 2019 – 3, 2020 – 0).

Source: <https://www.ecri.org/>