# Clinical practice guidelines development: the first Tunisian experience

Dr Asma BEN BRAHEM
EBHC Taormina
07/11/2019





# Background

### **INEAS**

- Public authority
- Scientifically independent
- •Ministry of health











# **Aims**



heart failure

Reduce mortality Reduce morbidity

Quality of life improvment



FORMULAIRE DE DEMANDE RECOMMANDATIONS PROFESSIONNELLES
ite de la demande:
entité du demandeur: nalité / Fonction:
ablissement:
léphone
Bureau: Personnel:
rersonnet: mail:
ment de ce formulaire est conçu comme une approche multidisciplinaire et
tive. Certains types de soumissions peuvent ne pas exiger que toutes les sections
mplétées. nseillé de consulter les unités et/ou services concernés afin de mener à bien la
on de ce formulaire.
00 17 JA 20 May
proposé (*)
de la demande (*)
uide de pratique clinique / Clinical Practice Guideline (CPG)
arcours de soins / Care pathways (integrated pathways)
de la demande (*)
oe ia demande v
tion cible (*)
es épidémiologiques (si disponible)
cidence:
THE RESERVE OF THE PROPERTY OF
révalence:
évalence:



# Methodology

# Guideline Adaptation: A Resource Toolkit



| Prepared by the ADAPTE Collaboration 2009 | (www.adapte.org)

#### Table 1. THE AGREE INSTRUMENT

#### Scope and purpose

- The overall objective(s) of the guideline is (are) specifically described.
- The clinical question(s) covered by the guideline is (are) specifically described.
- 3. The patients to whom the guideline is meant to apply are specifically described.

#### Stakeholder involvement

- The guideline development group includes individuals from all relevant professional groups.
- The patients' views and preferences have been sought.
- 6. The target users of the guideline are clearly defined.
- The guideline has been piloted among target users.

#### Rigour of development

- 8. Systematic methods were used to search for evidence.
- The criteria for selecting the evidence are clearly described.
- The methods for formulating the recommendations are clearly described.
- The health benefits, side effects, and risks have been considered in formulating the recommendations.
- 12. There is an explicit link between the recommendations and supporting evidence.
- 13. The guideline has been externally reviewed by experts prior to its publication.
- 14. A procedure for updating the guideline is provided.

#### Clarity and presentation

- 15. The recommendations are specific and unambiguous.
- 16. The different options for management of the condition are clearly described.
- Key recommendations are easily identifiable.
- 18. The guideline is supported with tools for application.

#### Applicability

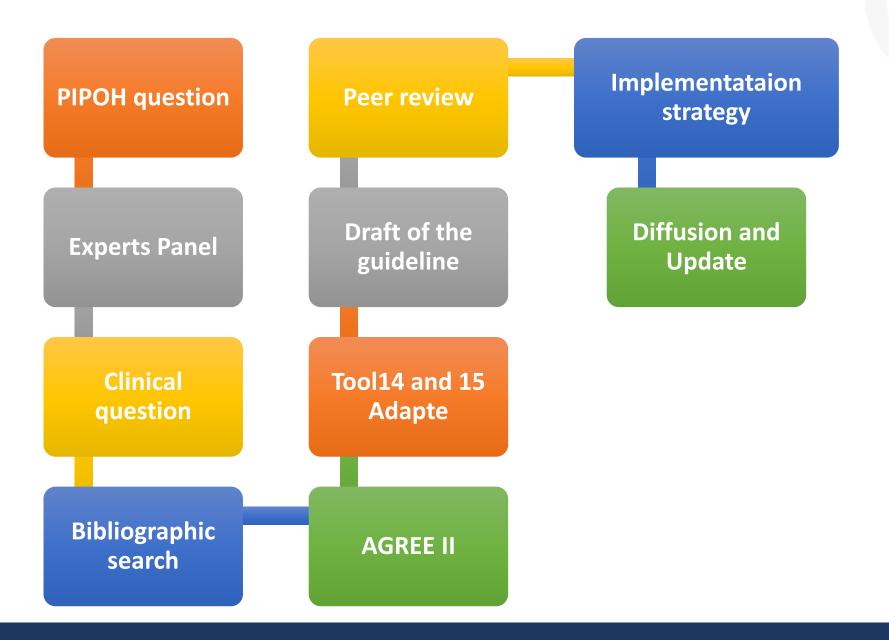
- The potential organizational barriers in applying the recommendations have been discussed.
- The potential cost implications of applying the recommendations have been considered.
- The guidelines present key review criteria for monitoring and/or audit purposes.

#### Editorial independence

- The guideline is editorially independent from the funding body.
- 23. Conflicts of interest of guideline development members have been recorded.

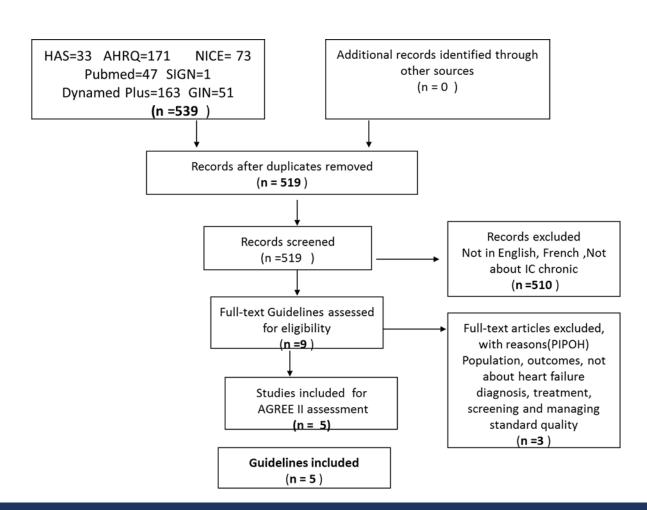


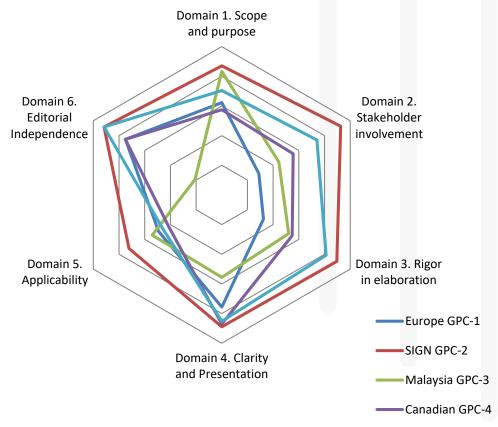






## Results













### Publication & diffusion

- www.ineas.tn
- www.g-i-n.net





Les Guides de Pratique Clinique de l'INEAS

La prise en charge de l'insuffisance cardiaque chronique chez l'adulte

L'Instance Nationale de L'Évaluation et de l'Accréditation en Santé (INEAS)

La Société Tunisienne de Cardiologie et de Chirurgie Cardiovasculaire (STCCCV)



## **Limits**

- INEAS ressources:
  - Human ressources
  - Financial ressources
- Resistance to change
  - Some medical associations
  - Some policy makers
- Capacity buildings of healthcare professionals



## **Clinical /Care Pathways**







