



CCS AGREE ASSESSMENT 2006

The CCS Heart Failure Consensus Recommendations recently underwent assessment using the Appraisal of Guidelines for Research and Evaluation (AGREE) Instrument (<http://www.agreetrust.org/>).

The AGREE instrument consists of 23 key items organized in six domains which, together, reflect guideline quality:

Scope and purpose are concerned with the overall aim of the guideline, the specific clinical questions and the target patient population.

Stakeholder involvement focuses on the extent to which the guideline represents the views of its intended users.

Rigor of development relates to the process used to gather and synthesize the evidence, the methods to formulate the recommendations and to update them.

Clarity and presentation deal with the language and format of the guideline.

Applicability pertains to the likely organizational, behavioral and cost implications of applying the guideline.

Editorial independence is concerned with the independence of the recommendations and acknowledgement of possible conflict of interest from the guideline development group.

CCS Agree Review 2006 - Process

CCS recruited the participation of six volunteers (five physicians and one registered nurse) from the University of Ottawa Heart Institute.

These volunteers were provided a brief introduction to the AGREE Assessment process along with a description of where information might be found to complete the review. They were provided two weeks to complete the review and submitted their results directly to CCS.

CCS wishes to express its genuine gratitude to Dr. Ian Graham, University of Ottawa, Ottawa, Ontario, who provided very generous direction and counsel throughout this first-ever review.



The results of the CCS AGREE Assessment for 2006 demonstrate that the CCS performs many activities within its guidelines development process extremely well. These activities include:

Proficiencies Identified Within the CCS Consensus Development Process

- Clear presentation and definitions of the guidelines objective, clinical questions(s) and relevant patient populations
- Significant consideration is given to health benefits, side effects and risks in formulating recommendations
- Explicit link between recommendations and supporting evidence
- External review process is considered excellent
- Recommendations are clearly presented and include welcomed options for management
- Both editorial independence and conflicts of interest are transparent

Based on the results of the CCS AGREE Assessment for 2006, CCS has identified the following priorities which will be addressed prior to publication of the next update of the Heart Failure Consensus Conference in the Canadian Journal of Cardiology, January 2007.

Improvements Identified for Update 2007 Document

- Extend current multi-disciplinary, patient population and end user participation during the Update 2007 process (e.g. broaden Primary Panel representation, end-user and patient focus groups)
- Pilot the beta version of the guidelines within the program's three pilot sites prior to publication of the Update 2007 document
- Provide more detailed descriptions of evidence search and selection methods, formulation and linking of recommendations with supporting evidence and the process for updating the guidelines within the Update 2007 document
- Continue efforts to enhance dissemination of recommendations
- Clarify and state the degree to which the guidelines address organizational barriers to implementation, cost implications and monitoring/auditing within the Update 2007 document

A formal AGREE review will be undertaken for the 2007 update of the CCS Heart Failure Consensus Recommendations.