INDEPENDENT GUIDELINE APPRAISAL SUMMARY REPORT FOR GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS (MERCY)

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The Guidelines for Chiropractic Quality Assurance and Practice Parameters (Mercy) (1) were independently appraised by 10 reviewers, all with backgrounds in scientific document review. The Cluzeau et al. *Appraisal Instrument For Clinical Guidelines, Version 1* (2), was used to answer 37 questions "yes," "no," "not sure" or "not applicable." The Instrument's *User Guide* was used to interpret the questions. Appraisers were encouraged to qualify their responses in the notes sections. The appraisal and synopsis report these qualitative comments when and where appropriate. For the purpose of this paper "unanimous agreement" can be interpreted as 100% agreement between appraisers, "substantial agreement" as 80% to 90% agreement, 79% to 65% as "moderate agreement" and less than 65% as "disagreement." Mean dimension scores for this guideline were: 77.00% for Dimension 1, "Rigour of Development;" 69.17% for Dimension 2, "Context and Content;" and 52.00% for Dimension 3, "Application of Guidelines." Many of this evaluation's findings were supported by the National Guideline Clearinghouse (NGC) summary evaluation of the Mercy guidelines. The NGC reports that the Mercy guideline document has an evidence rating systems suited to scientific and technical areas of practice. The NGC summary was completed on May 5, 1999 and the information was verified by the guideline developer on June 30, 1999. (3)

There was a majority consensus (90%) that the Mercy guidelines had documented a rigorous development process that rendered them suitable for clinical use. The only provisional recommendation was that new scientific literature be taken into consideration. Any new literature so considered should meet the same standards of inclusion criteria employed by the Mercy guidelines. One appraiser rated the Mercy guideline document as "recommended" and assessed the document as usable in it's current form.

SYNOPSIS BY GROUPED CRITERIA

Rigour of Development

Responsibility for guideline development: There was unanimous agreement that the agency responsible for the development of the guidelines was clearly identified and that the potential biases of the external funding were taken into account.

Guideline development group: There was unanimous consensus that there was a description of the individuals who were involved in the guidelines development group and that the group contains representatives of all key disciplines affected.

Identification and interpretation of evidence: There was unanimous agreement that there was a description of the sources of information used to select the evidence and substantial agreement that the sources of information were adequate. There was unanimous agreement that there was a description of the methods used to interpret and assess the strength of evidence and that the method employed was satisfactory.

Formulation of recommendations: There was unanimous consensus that there was a description of the methods

used to formulate the recommendations and that the methods were satisfactory. Our appraisers agreed moderately that the views of interested parties not on the panel were taken into account. There was unanimous agreement that there was an explicit link between the major recommendations and the level of supporting evidence.

Peer review: There was moderate agreement that the guidelines were independently reviewed and that reviewer's comments were addressed prior to their publication/release. There was substantial agreement that the guidelines were not piloted.

Updating: There was substantial agreement that there was no date mentioned for updating the guidelines, and our appraisers disagreed about whether the body responsible for the reviewing and updating was clearly identified.

Overall assessment of the development process: There was substantial agreement that the potential biases of guideline development had been adequately dealt with.

Context and Content

Objectives: There was unanimous agreement among the appraisers that the reasons for developing the guidelines were clearly stated, and there was unanimous agreement that the objectives of the guidelines were clearly defined.

Context: The appraisers were in moderate agreement that the Mercy guidelines clearly identify a population that may benefit from application of their recommendations. There was substantial agreement that the guidelines described exceptions to the guidelines use. There was disagreement as to whether or not the guideline documented how the patient's preferences should be considered in their application.

Clarity: There was disagreement between appraisers as to whether or not the Mercy guidelines clearly described how conditions were to be detected, treated or

prevented; however, there was substantial agreement that different management options were addressed. The appraisers were in unanimous agreement that the recommendations were clearly presented.

Likely costs and benefits: There was disagreement among the appraisers as to whether or not the guidelines described the health benefits that might be gained from adherence to the guidelines. There was substantial agreement that the guidelines described the potential risks and harm posed by following the guidelines. There was unanimous agreement that the guidelines failed to estimate the costs of the recommended management.

There was disagreement as to whether or not the recommendations were supported by the estimated costs, harms and benefits.

Application of Guidelines

Guideline dissemination and implementation: The appraisers were in unanimous agreement that the Mercy document included plans for dissemination and implementation of the guideline.

Monitoring of guidelines/clinical audit: There was moderate agreement between the appraisers that the guidelines provided methods or suggestions for monitoring compliance and documented clear standards or targets. There was disagreement that the guidelines identified measurable outcomes which could be monitored. There was disagreement that the guidelines addressed the issue of local guideline groups.

REFERENCES

1. Haldeman S, Chapman-Smith D, Peterson DM. Guidelines for chiropractic quality assurance and practice parameters: proceedings of the Mercy Center Consensus Conference. Gaithersburg, MD: Aspen Publishing, 1993.
2. Cluzeau F, Littlejohns P, Grimshaw J, Feder G. Appraisal instrument for clinical guidelines. London: St. George's Hospital Medical School, May 1997.
3. National Guideline Clearinghouse. Guideline comparison. Sponsored by the Agency for Health Care Policy and Research in partnership with the American Medical Association and the American Association of Health Plans; The Agency, 1999.