AGREE II

A critical appraisal of: The Canadian Stroke Best Practice Recommendations (Update 2016 -2018) using the AGREE II Instrument

Created with the AGREE II Online Guideline Appraisal Tool.

No endorsement of the content of this document by the AGREE Research Trust should be implied.

Appraiser: Diane Hua-Stewart

Date: 22 November 2017

Email: diane.hua@sunnybrook.ca

URL of this appraisal: http://www.agreetrust.org/appraisal/50173

Guideline URL: http://www.strokebestpractices.ca/overview/

Overall Assessment

Title: The Canadian Stroke Best Practice Recommendations (Update 2016 -2018)

Overall quality of this guideline: 7/7

Guideline recommended for use? Yes.

Notes:

Lots of KT tools and graphics linked to highlight key messages. Reporting of the guidelines process and evidence is well detailed and explained. Due to the breadth, depth of information presented I did had some trouble finding information across different pages and documents.

Domain	Total
1. Scope and Purpose	21
2. Stakeholder Involvement	21
3. Rigour of Development	51
4. Clarity of Presentation	20
5. Applicability	26
6. Editorial Independence	13

---

1. Scope and Purpose

1. The overall objective(s) of the guideline is (are) specifically described.

Rating: 7

2. The health question(s) covered by the guideline is (are) specifically described.

Rating: 7

3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.

Rating: 7

---

2. Stakeholder Involvement

4. The guideline development group includes individuals from all relevant professional groups.

Rating: 7

5. The views and preferences of the target population (patients, public,

etc.) have been sought.

Rating: 7

Involvement of stroke survivors on Advisory Committee. See section- Inclusion of Persons Living with Stroke: People who have experienced a stroke, their families and informal caregivers are at the centre of the Canadian stroke best practices. Within Canada, there are several active stroke support groups across provinces who are engaged with the HSF. Members of these groups are included on writing groups and serve as external reviewers. They also participate in the development of resource materials for both families and professionals, presentations on behalf of best practices and stroke, and on related working groups.

6. The target users of the guideline are clearly defined.

Rating: 7

---

3. Rigour of Development

7. Systematic methods were used to search for evidence.

Rating: 7

8. The criteria for selecting the evidence are clearly described.

Rating: 7

9. The strengths and limitations of the body of evidence are clearly described.

Rating: 5

Example of information to include: -descriptions of how the body of evidence was evaluated for bias and how it was interpreted by members of the guideline development group - aspects upon which to frame descriptions include: study design(s) included in body of evidence, study methodology limitations (sampling, blinding, allocation concealment, analytical methods, appropriateness/relevance of primary and secondary outcomes considered, consistency of results across studies, direction of results across studies, magnitude of benefit versus magnitude of harm, applicability to practice context

10. The methods for formulating the recommendations are clearly described.

Rating: 5

Guideline development framework is included. More details could be provided. Examples of information to include: -description of the recommendation development process (e.g., steps used in modified Delphi technique, voting procedures that were considered) - outcomes of the recommendation development process (e.g., extent to which consensus was

reached using modified Delphi technique, outcome of voting procedures) -description of how the process influenced the recommendations (e.g., results of Delphi technique influence final recommendation, alignment with recommendations and the final vote)

11. The health benefits, side effects, and risks have been considered in formulating the recommendations.

Rating: 6

Information to include: -supporting data and report of benefits -supporting data and report of harms/side effects/risks -reporting of the balance/trade-off between benefits and harms/side effects/risks -recommendations reflect considerations of both benefits and harms/side effects/risks

12. There is an explicit link between the recommendations and the supporting evidence.

Rating: 7

13. The guideline has been externally reviewed by experts prior to its publication.

Rating: 7

14. A procedure for updating the guideline is provided.

Rating: 7

---

4. Clarity of Presentation

15. The recommendations are specific and unambiguous.

Rating: 6

16. The different options for management of the condition or health issue are clearly presented.

Rating: 7

17. Key recommendations are easily identifiable.

Rating: 7

---

5. Applicability

18. The guideline describes facilitators and barriers to its application.

Rating: 6

Lots of facilitators described, could have more discussion on barriers. See below for more item details to report on. Item content includes the following CRITERIA: -identification of the types of facilitators and barriers that were considered -methods by which information regarding the facilitators and barriers to implementing recommendations were sought (e.g., feedback from key stakeholders, pilot testing of guidelines before widespread implementation) -information/description of the types of facilitators and barriers that emerged from the inquiry (e.g., practitioners have the skills to deliver the recommended care, sufficient equipment is not available to ensure all eligible members of the population receive mammography) -description of how the information influenced the guideline development process and/or formation of the recommendations

19. The guideline provides advice and/or tools on how the recommendations can be put into practice.

Rating: 7

20. The potential resource implications of applying the recommendations have been considered.

Rating: 6

Item content includes the following CRITERIA: -identification of the types of cost information that were considered (e.g., economic evaluations, drug acquisition costs) -methods by which the cost information was sought (e.g., a health economist was part of the guideline development panel, use of health technology assessments for specific drugs, etc.) -information/description of the cost information that emerged from the inquiry (e.g., specific drug acquisition costs per treatment course) -description of how the information gathered was used to inform the guideline development process and/or formation of the recommendations

21. The guideline presents monitoring and/or auditing criteria.

Rating: 7

---

6. Editorial Independence

22. The views of the funding body have not influenced the content of the guideline.

Rating: 7

23. Competing interests of guideline development group members have been recorded and addressed.

Rating: 6

All conflicts are disclosed, unsure how conflicts are mitigated.

Created online at www.agreetrust.org 22 November 2017