

# Current Rehabilitation – Adding a Neglected Field into Clinical Practice Guidelines

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## Context and problem outline

Current Rehabilitation (2012–14) is a development project carried out by the Finnish Medical Society Duodecim's unit Current Care (CC) with nearly 20 years experience in developing national evidence-based clinical practice guidelines (CPG's). The main objective of the project is to develop processes and structures to include rehabilitation evidence and good practices to the CC guidelines.

The CC editorial team is the main staff involved in the project. CC guideline development groups (mainly voluntary physicians) are another target group due to their fundamental role in developing CPG's. In 2010 evidence summaries in all 98 CC guidelines (n=3 727) were analysed. Rehabilitation was the main subject in only 1.5% of them. In the beginning of the project 34 CC guidelines had a separate rehabilitation section. Experts proposed separate sections for another 24 CC guidelines.

## Strategy for change

A project group prepares different tools and means to improve methods for searching rehabilitation literature and critically appraising it.

It also arranges educational workshops for the editorial team and the development groups.

The process of embedding rehabilitation in the guideline development was described (Figure 1) and the tasks for CC editors were listed.

Other tools to support the working groups consist of instructional slide sets and updated guideline handbook with evidence summary tables for rehabilitation studies.

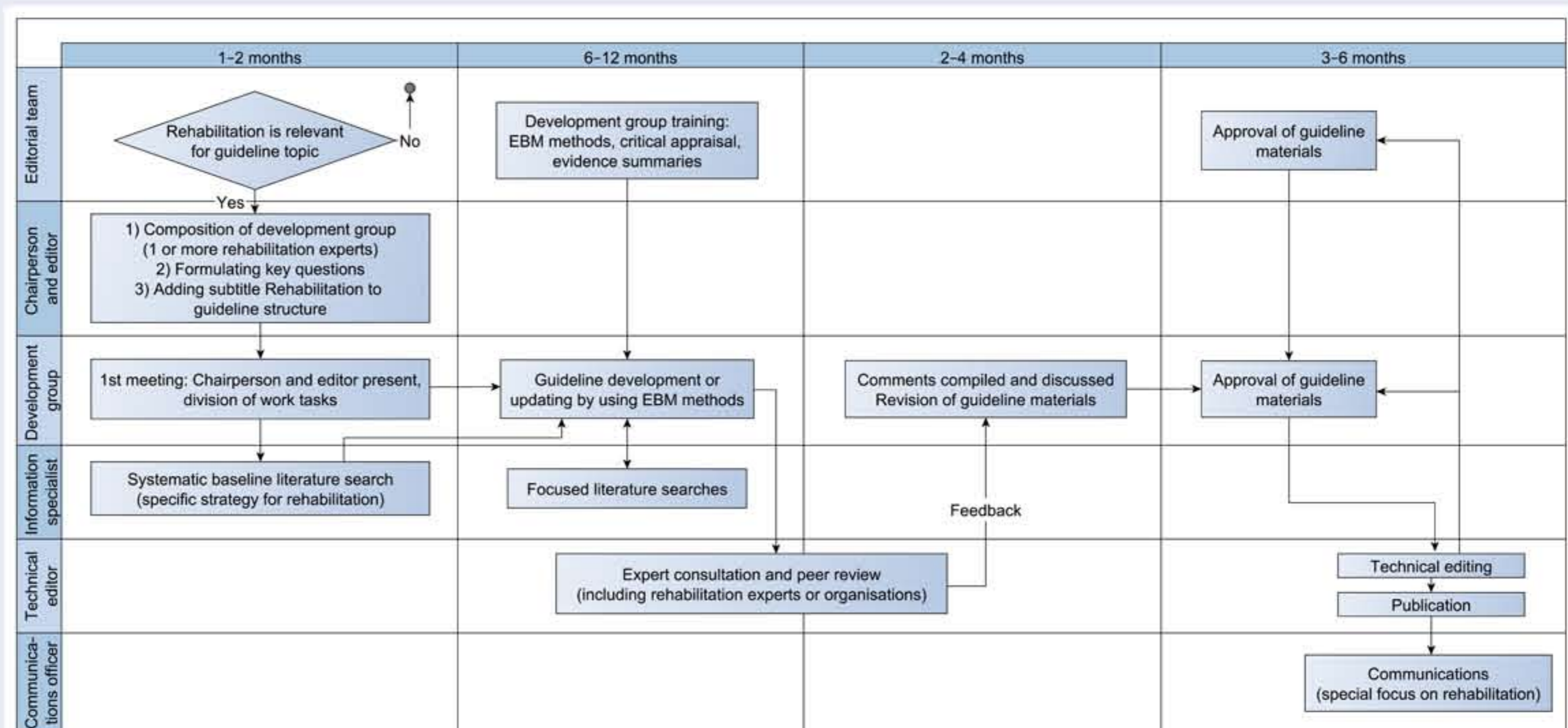


Figure 1. The process of embedding rehabilitation in the CC guidelines.

## Measurement of improvement

The number of rehabilitation evidence summaries and text sections in guidelines are monitored from the guideline database. How the working group included rehabilitation during the development process is surveyed quantitatively and with open-ended questions after every publication. Also the benefits and shortcomings of the project are surveyed yearly with a questionnaire from the CC board and editorial team.

value 3 per guideline) to 46 (increase 41%, mean value 5 per guideline), while the number of text sections has not yet changed.

## Effects of changes

Rehabilitation evidence summaries and text sections were included in 9 of 20 updated or new CC guidelines in 2012. In these 9 guidelines the number of evidence summaries has increased from 27 (mean

According to the first year questionnaire the project was seen beneficial (median 4, scale 1–5). Benefits of the project were widening the perspective of CC guidelines, expanding co-operation with other national organisations and more systematic development of processes. Benefits also included positive publicity and extra funding for the project.

Shortcomings of the project were considered minor (median 1, scale 1–5). The main concern was whether rehabilitation evidence can be critically appraised with similar methods than used for other evidence.

## Lessons learnt

Rehabilitation has been a neglected field in CPG's and therefore targeted efforts are needed. Detailed process description is necessary for developing CPG's using the unified guideline standards. Driving forces for the change need to be identified, and co-operation with the guideline development groups is essential for successful implementation.

