

# **Concept for the development of Clinical Guidelines for the SSI**

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# 1. Background

## 1.1. Political background

a) Based on a mandate of the FMH, the Swiss Academy for Quality in Medicine (SAQM) has proposed the development of clinical guidelines in medicine. This requirement is based on the national roadmap “Ein nachhaltiges Gesundheitssystem für die Schweiz” ([SAMW, 2012](#)). Alm # 5 of that roadmap describes the requirement for medical interventions in prevention, diagnosis, treatment and rehabilitation. Interventions should be cost effective and evidence based. However, only a fraction of currently performed medical interventions are based on specific evidence (estimate for surgical interventions: 6-8%). Guidelines that are developed by a team of experts are considered as one possible way to justify the use (or non-use) of a specific intervention. Thus, guidelines are considered one possible option to improve quality in medicine.

The SAMW-roadmap describes the value of such a guideline system primarily as a valuable approach to improve the quality of medicine. It is not the intention to describe the only possible way to approach a patient with a specific disease. Rather, the expected added value of a guideline system is that physicians who are uncertain about the medical approach for a given disease will be enabled to rapidly see one possible approach that is supported by many experts in the field. However, it is important to recognize that one guideline will never include all possible approaches. One additional advantage of a relatively uniform approach with one strategy is the improved possibility to collect experiences with this proposed approach.

b) Within the national strategy against antimicrobial resistance (StAR), especially within the human part (StAR-M), the FOPH has approached the SSI to develop Swiss guidelines for the use of antibiotics. Such guidelines are an essential part of StAR. SSI, together with Swissnoso and the Swiss Society of Microbiology have submitted a proposal to StAR in August 2016. These infectious disease guidelines will overlap with similar strategies within the federal NOSO strategy focusing on prevention and management of nosocomial infections.

Another approach to limit inappropriate interventions is the development of “Choosing wisely lists”. However, this approach, which will also be covered by SSI, is not part of this concept.

## 1.2. The purpose of Guidelines in Infectious Diseases

Infectious diseases occur in a broad spectrum of clinical situation in almost all discipline of medicine. The most important goals for the development and distribution of guideline are:

- Application of appropriate diagnostic procedures
- Limitation of the use of antibiotics to the appropriate clinical situations
- Rational choice of specific antimicrobial
- Limitation of the duration of antibiotic use
- Limitation of the duration of parenteral application
- Rapid dissemination of new information from clinical research in ID that is relevant for the clinical management of clinical entities

## 1.3. Specific plan of the SSI for Guideline development

The SSI has decided not to develop their own guideline for each specific clinical question. This decision is based on the experience of other international guideline groups. Some international organizations that have prepared clinical guidelines have reported an immense resource allocation for the setup of one specific guideline, easily exceeding 100'000 CHF per guideline ([J. Köpp et al. 2012](#)). Since most of these guidelines would need to be continuously reevaluated, a system that develops guidelines just for Switzerland was considered to be not affordable.

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Therefore, the SSI directive committee decided to usually base their own Swiss guidelines on internationally available guidelines, which have been developed following a published comprehensible process. In addition, a local team of experts would have to decide, whether the Swiss guideline would have to consider any specific national parameters (such as prevalence rates or resistance patterns). For such cases, the specific changes would have to be included in the SSI guideline for Switzerland. In addition, local specificities (such as differences in FSME prevalence in Switzerland) should be mentioned in an SSI guideline.

#### 1.4. Choosing wisely lists

There is an international foundation founded by the American Board of Internal Medicine (ABMI) addressing the need of more evidence based medicine. This non-profit organization called “*Advancing medical professionalism to improve health care*” launched the well known “Choosing Wisely®” campaign. The aim of the campaign is „to reduce waste in the health care system and avoid risks associated with unnecessary treatment. It calls upon leading medical specialty societies and other organizations to identify tests or procedures commonly used in their field whose necessity should be questioned and discussed with patients“ (<http://abimfoundation.org/what-we-do/choosing-wisely>). The central step in this initiative is the selection of diagnostic or therapeutic procedures which are often performed but for which there is sufficient evidence that these procedures should not be done.

Several international medical associations have joined the initiative and have developed such „Choosing Wisely“ lists. However, developing a choosing wisely list is just the initial step. Much more important and also more costly is the communication process. These guidelines must be published and discussed so efficiently that patients are well aware of these issues and start to discuss them with their physician and with their friends and families.

The SSI commission has taken up the task to develop a Choosing Wisely list with infectious disease topics for Switzerland. As a starting point, proposed lists from other ID-societies could be adapted (see example from IDSA in the appendix). However, the media work behind such an initiative would by far exceed the capacity of the professional association. Such a work should be conducted – if ever – in a concerted manner on a National level including all medical associations.

## 2. Proposed concept for guideline development for SSI

### 2.1. Introduction

In order to be successful (see goals under 1.2) the development of SSI guidelines should be a lean process. Administrative tasks should be kept at a minimal level and whenever possible be delegated at a professional administrative team which would have to be paid by SSI or a third party.

None of the individuals, who are involved in the decision making of the guidelines, may receive payment or support from a pharmaceutical company for the development of a Swiss guideline. However, lacking other financial support, one only exception from this rule could be made for financing the editorial work, including translation and formatting of the guidelines by an unrestricted educational grants from pharmaceutical companies.

### 2.2. Description of specific tasks and bodies

#### 2.2.1. Specific tasks

For the development of a guideline system for the SSI, the following tasks have to be solved:

1. Selection and prioritization of the topics for which a guideline should be issued
2. Selection of guidelines that need to be addressed / developed
3. Selection of a group of experts with the best expertise in the specific field for each guideline to be developed

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4. Facilitating the meetings or information exchanges within the group of experts
5. Review of available international guidelines
6. Decision whether other professional organizations should be consulted for the specific guideline
7. Selection of (ideally) one or two existing International (or Swiss) guidelines that will serve as a template for the Swiss SSI guideline
8. Critical review of the selected international guideline with a special focus to identify specific issues that might be different in Switzerland
9. Description of the particularities for Switzerland and the proposed changes in the guideline
10. Description of the most important information for every guideline that needs to be covered in a simple, rapidly accessible format (“pocket version”, or “guideline digest”)
11. Editing a “pocket version” (also termed: “Guidelines-Digest”) of the international guideline including (if required) the Swiss peculiarities and ensure appropriate dissemination of the recommendations.
12. Reviewing feedback from users to improve the guideline readability, use and distribution
13. Regular checks of guidelines on the scientific accuracy
14. Declaring a guideline as valid (for the SSI)

### 2.2.2. Person groups (“bodies”) involved in the SSI guideline development

The development of Swiss guidelines validated by the SSI will require a well-structured approach at different levels. The following groups of individuals (within the SSI) will participate in the guideline development with the attributed tasks.

For each task the mode of collaboration / decision making and frequency of tasks is given in parenthesis).

Ideally, for each step of the proposed development of guidelines for SSI, a standard operating procedure (SOP) will be developed to ensure standardization of this process.

#### A) SSI Directive Committee (short: SSI committee)

- Composition as given by the statues, elected by the general assembly
- Tasks:
  - i. Decision which guideline(s) should be covered / prioritized based on the proposal from the GL-steering committee (task 2, during regular meetings, 4x/year)
  - ii. Declaring a guideline as valid for the SSI (Task 14; immediately after proposed guideline is issued by Expert committee)

#### B) Guideline steering committee

- Ideal number of individuals: 5-7.
- Elected by SSI committee, Election to be confirmed by general assembly
- Tasks:
  - i. Compose a list of possible guidelines and a priority list to be proposed to the SSI committee (Task 1; one meeting per year and 3 additional e-mail decisions before each SSI-meetings)
  - ii. Selection of a group of experts (or at least one chairperson) with expertise in the specific field for each guideline to be developed (Task 3; to be done every time the SSI-Commission decides on a new topic, e-mail). This also includes the initial contact with the experts.
  - iii. Overview the process of the guideline development of all guidelines and facilitating the work of the expert group.
  - iv. Coordinating the collaboration expert group and editorial team

#### C) Guideline Expert group (for each topic)

- Ideal number of individuals: 2-4 experts (per topic / guideline)

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- Chairperson formally elected by the SSI-committee (e-mail decision) based on a proposal by the GL steering committee
- Chairperson selects one to three additional experts to form the expert group
- Tasks:
  - i. Setting the milestones for all required steps with the support of the GL-steering committee (ideally, all dates for TCs are defined at the start)
  - ii. Review of available International guidelines (Task 5, Start with a TelCon, then per e-mail. Expected time: ½ to 1 month).
  - iii. Review of available guidelines/recommendation locally in use in Switzerland
  - iv. Decision whether other professional organizations should be consulted for the specific guideline (Task 6, to be decided at the initial TelCon).
  - v. Selection of one international GL to be used as a basis (Task 7; TelCon, after review and internal e-mail discussion of all the options)
  - vi. Critical review of the selected international guideline with a special focus to identify specific issues that might be different in Switzerland (Task 8; TC ½ to 1 month after selection if not decided at the same TelCon).
  - vii. Description of the particularities for Switzerland and the proposed changes in the guideline (Task 9; e-mail discussion within group, TelCon for the decision, process requires approx. ½ to 1 month)
  - viii. Description of the most important information for every guideline that needs to be covered in a simple, rapidly accessible (“guideline digest”) (Task 10; e-mail discussion, TelCon if needed, max 1 month) (might also just be an original guideline where important parts are highlighted with a marker)
  - ix. Preparing a summary of the recommendation to be sent for review to the review commission (supported by the GL-steering committee), including:
    - 1. Original guideline(s) used as the basis for the SSI-guideline
    - 2. Single page document (Max 2 pages) describing the issues that require an adaptation for Switzerland including the rationale for this adaptation and the modified content
    - 3. “guideline digest”
  - x. In case the review results in a request for major changes, re-circulate the modified version among review committee. Then finalization of the guideline for further dissemination
  - xi. Regular checks of guidelines on the scientific accuracy (Task 13; ongoing)

#### **D) Guideline Review Contact group**

- One representative from each larger hospital
- Serves as a contact group for the review of all guidelines by all larger centers
- Tasks:
  - i. Serving as the responsible contact person per center to support the review process in each center. Ideally, this liaison person contacts the local experts in their teams and summarizes the scientific advice from the participating center for the review process
  - ii. Responding summarized review to the responsible GL-expert group (directly or via GL-steering committee)

#### **E) Administrative / Editorial team**

- Tasks:
  - i. Facilitating the meetings or information exchanges within the group of experts, (Task 4; ongoing task, collaborate with Steering group and

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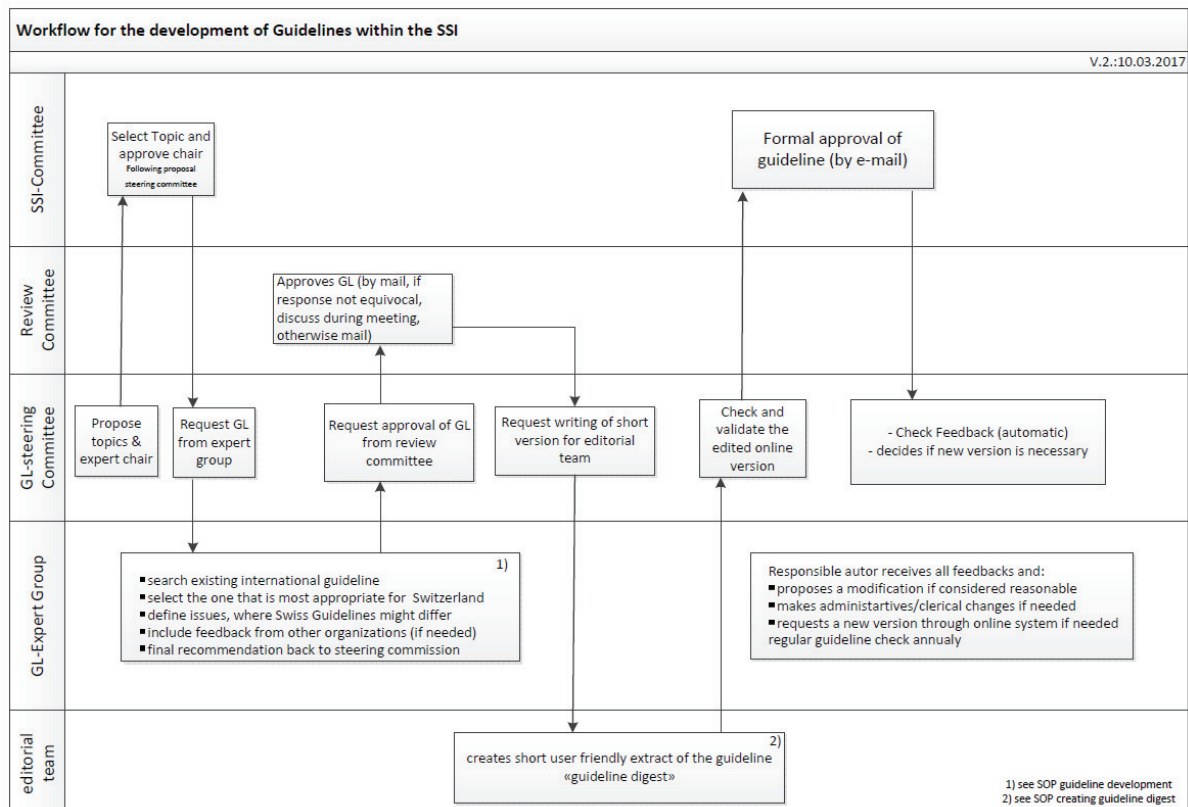
- specific expert groups per guideline). This also includes familiarizing the expert group with their task.
- ii. If required, supporting the GL-expert group in contacting other professional organizations to collaborate for the guideline development (Task 6).
  - iii. Editing a “Guideline digest” of the selected International guideline including (if applicable) the Swiss peculiarities (Task 11; 2-4 weeks)
  - iv. Language editing in case of translation to/from Swiss-official languages
  - v. Reviewing feedback from users to improve the guideline readability, use and distribution (Task 12; ongoing task, whenever feedback arrives. Will need collaboration with the expert group)
  - vi. Support the individual GL groups in the process of keeping the GL current.

#### F) General Assembly SSI

- Tasks (all once yearly):
  - i. Annual support of the Committee decision about the validity of the guidelines
  - ii. Approval of the composition of the guideline steering committee

### 2.3. Proposed decision process

The following flow chart demonstrates the development process for one specific guideline, once the SSI-commission has decided that the specific topic should be covered. For a larger view, see appendix.



#### 2.3.1. Priorization / Selection of guidelines

The development of International guidelines is a process that depends on many specific, partly random, factors. These include, but are not restricted to:

- The importance of the topic in the general population (e.g. for emergent diseases)

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- The interest of a pharmaceutical company entering the market with a specific drug (e.g. Sepsis, Hepatitis C, etc)
- The activity and established collaboration of medical professionals in a field
- Available resources (including manpower) to support the development of guidelines
- Availability of a well structured administrative unit in a professional group

However, if guidelines are intended to improve the quality of the medical intervention, the selection of medical guidelines that merit further attention should be based upon:

- Importance of the information for the majority of expected users of the specific GL
- Degree of medical uncertainty in a specific field
- Amount of requests in ID services from general practitioners and other users (according to the specific GL) regarding a specific topic (consultation)
- Detection of overuse of a specific drug or intervention in the medical field
- Severity of the disease
- Consequences of suboptimal treatment (drug resistance development, economical issues)

## 2.4. Additional requirements

### 2.4.1. Accessibility of guidelines

The whole effort of developing guidelines is futile if guidelines are not used by physicians and health care workers. Thus, the guidelines should be made readily accessible to health care professionals and the use of the guidelines should be simple and intuitive.

Ideally, guidelines should be developed in a format that covers the following requirements:

- The content of the guideline should answer approximately 80% of the clinical questions a physician might have in the management of the specific clinical issue
- The guideline should be presented in an intuitive structure that provides rapid overview
- Any required information should be found in less than a minute (usually 10-30 seconds)
- Information should be accessible online and on smartphone for bedside consultation
- Date of last update and information on responsible author(s) and validation process
- Possibility to discuss guidelines under development among authors and other interested individuals

### 2.4.2. Regular update of guidelines

Any guideline developed for SSI should be subject to a regular review and be updated whenever relevant new information becomes available. Ideally, a guideline distribution tool should support the regular update of guidelines.

### 2.4.3. Rapid dissemination of guidelines

Under regular circumstances, development of a guideline may take several weeks or months. However, in infectious diseases and hospital epidemiology some situations, such as emergent infectious diseases (e.g. SARS, H5N1, etc) require rapid dissemination of interim guidelines. Once the content of the guideline (e.g. case definition of an emergent disease, proposed diagnostic procedure) is decided, the distribution of the information should be simple and feasible without any specific technical background.

### 2.4.4. Feedback system

The use of guidelines can be improved, if the physicians who use the guidelines have the possibility to give feedback and request additional information if a guideline is not written concisely and precisely enough. Users should also have the possibility to suggest new guidelines or specific updates regarding a specific issue in an existing guideline. Regular use of a feedback system is likely to improve the use of the guidelines.

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### 2.4.5. Evaluation of the use of guidelines

In order to evaluate the active use of guidelines, the system that provides the dissemination of guidelines should also contain a function that monitors the use of every specific guideline. This would not only allow the monitoring of adherence of the users to standard recommendations, but it would also provide a basis for advertising specific guidelines that might be underused.

## 3. Proposed format to distribute guidelines

In the past seven years, the Division of Infectious diseases and Hospital Epidemiology St. Gallen has developed an online system (see [www.guideline.ch](http://www.guideline.ch)) that virtually covers the requirements mentioned under 2.4. The system was primarily developed for the ID division only, however, the lively interest of many other clinics and external hospitals motivated the development of a second version that will facilitate the disseminated administration of guidelines by any organization. While the [guidelines.ch](http://www.guidelines.ch) can be (and is) already used by any organization, the new version that allows administrations of guidelines per group will be available in 2017.

The development of the framework for [www.guidelines.ch](http://www.guidelines.ch) is an ongoing process that requires financial support. However, since the Kantonsspital St. Gallen has already decided to support this system as a central management system to develop and distribute private and public guidelines, any further organization that is interested to use the system will lower the regular maintenance and development cost of the tool.

### 3.1. Guidelines.ch as a guideline distribution tool

The above mentioned system fulfills all the requirements of summarized under section 2.4. In particular, it allows:

- Access to the abbreviated information using a browser or a smartphone app. Every GL can also be printed as pdf, but the format is not recommended due to the lack of actualization.
- All the changes and versions that are made in the GL are tracked and can be simply accessed by the authors (and administrators).
- The online-tool has an implemented reminder system to keep the GL current
- The tool has an internal system to indicate specific tasks to an author or validator (such as a request to give a feedback to a comment from a co-author, task to validate a GL, etc.). In addition, authors will also receive an information if a specific GL has been changed or a comment was made.
- Users can have access to publicly available guidelines (for the SSI guidelines under [SSI.guidelines.ch](http://SSI.guidelines.ch)) without login. However, if the login to the guideline system (which is recommended when the smartphone app is used) users might also subscribe to specific information, such as the availability of new guidelines (within the SSI, or any other organization, according their subscription).
- The internal information system will create an e-mail once a week with the user/author specific information and direct links to the content (tasks, information).
- A specific documents with a discussion of the usefulness of [guidelines.ch](http://www.guidelines.ch) has been prepared (170221\_Guidelines\_4\_SSI-System.pdf).

### 3.2. Languages of written guidelines

- The SSI committee proposed that the medical guidelines should be written in German and French.
- The online [guidelines.ch](http://www.guidelines.ch) application will have to be prepared in two versions (Ge/Fr)

The choosing wisely lists, should be translated in all official languages.

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## 4. Example for the development of a specific guideline

To give an example how the proposed development of a specific guideline could work, we selected the recently proposed approval of a European guideline on Meningitis (Clin Microbiol Infect 2016; *in press*).

### 4.1. Status quo – the current development of guidelines

For the meningitis guideline, the European guideline group (within ESCMID) has developed and published a guideline. Swiss experts have also participated in the development of this guideline. Once the document was available as pdf, the document was sent to the SSI directive committee for review. Each member of the committee was asked to give his approval by e-mail within approx. 2 weeks. After that time, the European guideline was approved in the published version. No adaptations for Switzerland were possible. In addition, the selection of this theme (meningitis) was a random event, which was primarily based on the external (European) decision to develop a guideline. This prioritization process (see also 4.3.2.) primarily depends on the activity of specific working group. It might also be dependent on specific interests from pharmaceutical companies (as seen in sepsis and other clinical entities).

### 4.2. Exemplified development of an “SSI Meningitis Guideline”

#### 4.2.1. Step 1: Selection of an expert group

- SSI-commission: selects the topic “meningitis”
- GL steering committee would appoint an expert group
  - Prof. S. Leib
  - To be named....
- The SSI committee approves the expert group as the responsible group to decide on SSI guideline on meningitis.

#### 4.2.2. Step 2: Development of a meningitis guideline

- Expert group selects one reference guideline as a single reference
- Discussion within the group identify specific issue to be changed:
  - Based on resistance patterns in CH, selection of Vanco in the empiric therapy is debated: proposal: Ceftriaxon can be considered as first line empiric therapy
  - The use of dexamethasone up to 4 hours after antibiotic therapy was started is debated. Since Swiss physicians were among the first to propose the use of dexamethasone before starting antibiotics and this practice was probably better implemented in Switzerland, the experts proposed to stick to the previously recommendation that the use of dexamethasone should be given prior to the antibiotics.
- Expert group wrote a short summary of the important guideline issues, including post-exposure prophylaxis

#### 4.2.3. Step 3: Writing of the abbreviated guideline issue

- Editorial team writes an online version of an abbreviated short guideline based on the i) reference guideline, ii) the recommended changes for Switzerland, and iii) the proposed list of important guideline points (received from the expert group).
- The development of this online guideline (on [www.guidelines.ch](http://www.guidelines.ch)) is issued according to a general standard layout how guidelines for specific syndromes should be structured.
- An example for this guidelines is online: <https://bag.guidelines.ch/page/2187> (login with username [SSI@guidelines.ch](mailto:SSI@guidelines.ch), pw: Grindelwald)

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#### 4.2.4. Step 4: Drafted Guideline is finalized

- The GL Expert group which also acts as authors of the specific guideline will check the correct interpretation of the reference GL and the specific additions for Switzerland. This process is performed using the online comment/feedback system within [www.guidelines.ch](http://www.guidelines.ch).
- Once the expert group finalizes the online GL on [www.guidelines.ch](http://www.guidelines.ch), the GL will be sent into the validation process
- The GL-steering committee will validate the abbreviated Swiss online meningitis GL on behalf of the SSI. In case of open questions among the expert group the GL-steering committee can invite more experts to discuss additional questions and send the GL for a second validation process to the Expert group.
- Once validated, the SSI meningitis guideline is openly accessible by the public and guideline users who have subscribed to the service will receive an information about the availability of the updated (or new) meningitis guideline.

#### 4.2.5. Step 5: Updating of the SSI-Meningitis Guideline

- By default, the responsible author of the meningitis-GL-Expert group will receive a task to check the current state of the guideline on an annual basis. If still current, the guideline will be again kept valid after one click by the expert.
- During the use of the guideline by physicians, several inputs from the users or from any individual within the SSI might warrant a rapid change. Simple editorial changes can be performed immediately by one of the authors or members of the GL steering committee. Any change of the guideline will be tracked in the change history.
- Any proposed change that is considered a change in management will have to go through the discussion/feedback/validation process as outlined in 4.2.3 and 4.2.4.

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## 5. Open issues

### 5.1. Resources / Budget

The cost of the guideline system will depend on the requested number of guidelines and on the number of organizations that will also share the development and maintenance cost of guidelines.ch

#### 5.1.1. Development and maintenance of guidelines.ch

It is well known, that once an electronic system is in place and finds acceptability among large number of users, the request for further development of the application will increase. Currently, we expect costs in the order of one or maximum two IT application developers to further develop and maintain the tool (depending on the rate of new developments). In the startup phase, the KSSG will cover these costs. We expect to find approx. 10-15 partners (hospitals, BAG, other professional organizations) so the cost per organization will not exceed 20'000.- per year.

#### 5.1.2. Expenses for the editorial team

Based on our experience with other guidelines, to write an average GL takes about 4-12 hours (depending on how accurate the information is prepared and whether graphical work is required). In addition, the discussion with the authors might also result in additional expenses (2-8 hours). In total, the development of an average guideline might result in costs in the order of 1'000.- to 2'000.- CHF for the editorial work.

Once a guideline is finalized, additional changes can easily be done with less than one our effort from an editor (who still should keep an eye on the correct and standardized formatting of the guideline).

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## 6. Appendix

### 6.1. Composition of guideline steering committee

The following SSI-Members agreed to collaborate in the steering committee

<b>Name</b>	<b>email</b>	<b>Center</b>
Pietro Vernazza	<a href="mailto:pietro.vernazza@kssg.ch">pietro.vernazza@kssg.ch</a>	SG
Claude Scheidegger	<a href="mailto:scheideggerclaude@bluewin.ch">scheideggerclaude@bluewin.ch</a>	BS (pp)
Benedikt Huttner	<a href="mailto:huttner.benedikt@gmail.com">huttner.benedikt@gmail.com</a>	GE
Oriol Manuel	<a href="mailto:Oriol.Manuel@chuv.ch">Oriol.Manuel@chuv.ch</a>	LS
Stefan Kuster	<a href="mailto:Stefan.Kuster@usz.ch">Stefan.Kuster@usz.ch</a>	ZH
Hansjakob Furrer	<a href="mailto:Hansjakob.furrer@insel.ch">Hansjakob.furrer@insel.ch</a>	BE (SSI)
Andreas Kronenberg	<a href="mailto:andreas.kronenberg@praxis-bubenber.ch">andreas.kronenberg@praxis-bubenber.ch</a>	BE (pp)
Sarah Tschudin	<a href="mailto:Sarah.Tschudin@usb.ch">Sarah.Tschudin@usb.ch</a>	BS
Christoph Hauser	<a href="mailto:Christoph.hauser@insel.ch">Christoph.hauser@insel.ch</a>	BE
Christoph Berger	<a href="mailto:Christoph.Berger@kispi.uzh.ch">Christoph.Berger@kispi.uzh.ch</a>	ZH (Kispi)

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## 6.2. List of potential guidelines

The numbers of guidelines to be issued by the SSI is open. A selection should be based on the most important issues for the general practitioner and other specialists outside an ID-clinic. Priorities for the selection of guidelines to be issued should further be based on the potential to limit the use of antibiotics. However, the SSI guidelines should also prioritize those issues where most of the general practitioners often want to lookup management information. This will help to the GPs to familiarize the guideline distribution tool.

The following list of guidelines contains most guidelines from the IDSA. The prioritization in this list is a proposed list (composed March 9<sup>th</sup>, 2017) that will be finally decided by the SSI committee.

The following guidelines were discussed as priorities

Guideline topic	Swiss guideline existing	Proposed Experts
<b>Topics to be prioritized for 2017</b>		
<b>A) Upper respiratory Tract infection</b>		
<b>Sinusitis / Otitis Media</b>	No	Laurent Kaiser?
<b>Sore Throat / Pharyngitis</b>	No	Laurent Kaiser?
<b>B) Upper respiratory Tract infection</b>		
<b>Diverticulitis</b>	No	<b>TBD</b>
<b>C) Urogenital Tract</b>		
<b>UTI female</b>	Yes => summary	Ve: GD*
<b>Prostatitis</b>	No	<b>TBD</b>
<b>STD</b>	Yes → summary	Ve: GD*
<b>D) Other</b>		
<b>Lyme (GD)</b>	Yes (soon) => summary	Ve: GD*
<b>Meningitis</b>	No	Steven Leib
<b>More Topics, less highly prioritized (to be solved later):</b>		
<b>Abdominal infections:</b>		
- Cholecystitis		
- Appendizitis		
- Diarrhea		
- H. pylori		
<b>Urogenital</b>		
- UTI Male		
- Complicated UTI		
<b>Skin &amp; soft tissue infection</b>		
- Diabetic foot		

\*GD: Guideline digest will be prepared based on the current, existing Guideline

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## 6.3. Choosing wisely lists

### 6.3.1. Example from the Infectious Diseases Society of America (IDSA)

#### 1 Don't treat asymptomatic bacteruria with antibiotics.

Inappropriate use of antibiotics to treat asymptomatic bacteruria (ASB), or a significant number of bacteria in the urine that occurs without symptoms such as burning or frequent urination, is a major contributor to antibiotic overuse in patients. With the exception of pregnant patients, patients undergoing prostate surgery or other invasive urological surgery, and kidney or kidney pancreas organ transplant patients within the first year of receiving the transplant, use of antibiotics to treat ASB is not clinically beneficial and does not improve morbidity or mortality. The presence of a urinary catheter increases the risk of bacteruria, however, antibiotic use does not decrease the incidence of symptomatic catheter-associated urinary tract infection (CAUTI), and unless there are symptoms referable to the urinary tract or symptoms with no identifiable cause, catheter-associated asymptomatic bacteruria (CA-ASB) does not require screening and antibiotic therapy. The overtreatment of ASB with antibiotics is not only costly, but can lead to *C. difficile* infection and the emergence of resistant pathogens, raising issues of patient safety and quality.

#### 2 Avoid prescribing antibiotics for upper respiratory infections.

The majority of acute upper respiratory infections (URIs) are viral in etiology and the use of antibiotic treatment is ineffective, inappropriate and potentially harmful. However, proven infection by Group A Streptococcal disease (Strep throat) and pertussis (whooping cough) should be treated with antibiotic therapy. Symptomatic treatment for URIs should be directed to maximize relief of the most prominent symptom(s). It is important that health care providers have a dialogue with their patients and provide education about the consequences of misusing antibiotics in viral infections, which may lead to increased costs, antimicrobial resistance and adverse effects.

#### 3 Don't use antibiotic therapy for stasis dermatitis of lower extremities.

Stasis dermatitis is commonly treated with antibiotic therapy, which may be a result of misdiagnosis or lack of awareness of the pathophysiology of the disease. The standard of care for the treatment of stasis dermatitis affecting lower extremities is a combination of leg elevation and compression. Elevation of the affected area accelerates improvements by promoting gravity drainage of edema and inflammatory substances. The routine use of oral antibiotics does not improve healing rates and may result in unnecessary hospitalization, increased health care costs and potential for patient harm.

#### 4 Avoid testing for a *Clostridium difficile* infection in the absence of diarrhea.

Testing for *C. difficile* or its toxins should be performed only on diarrheal (unformed) stool, unless ileus due to *C. difficile* is suspected. Because *C. difficile* carriage is increased in patients on antimicrobial therapy, and patients in the hospital, only diarrheal stools warrant testing. In the absence of diarrhea, the presence of *C. difficile* indicates carriage and should not be treated and therefore, not tested.

#### 5 Avoid prophylactic antibiotics for the treatment of mitral valve prolapse.

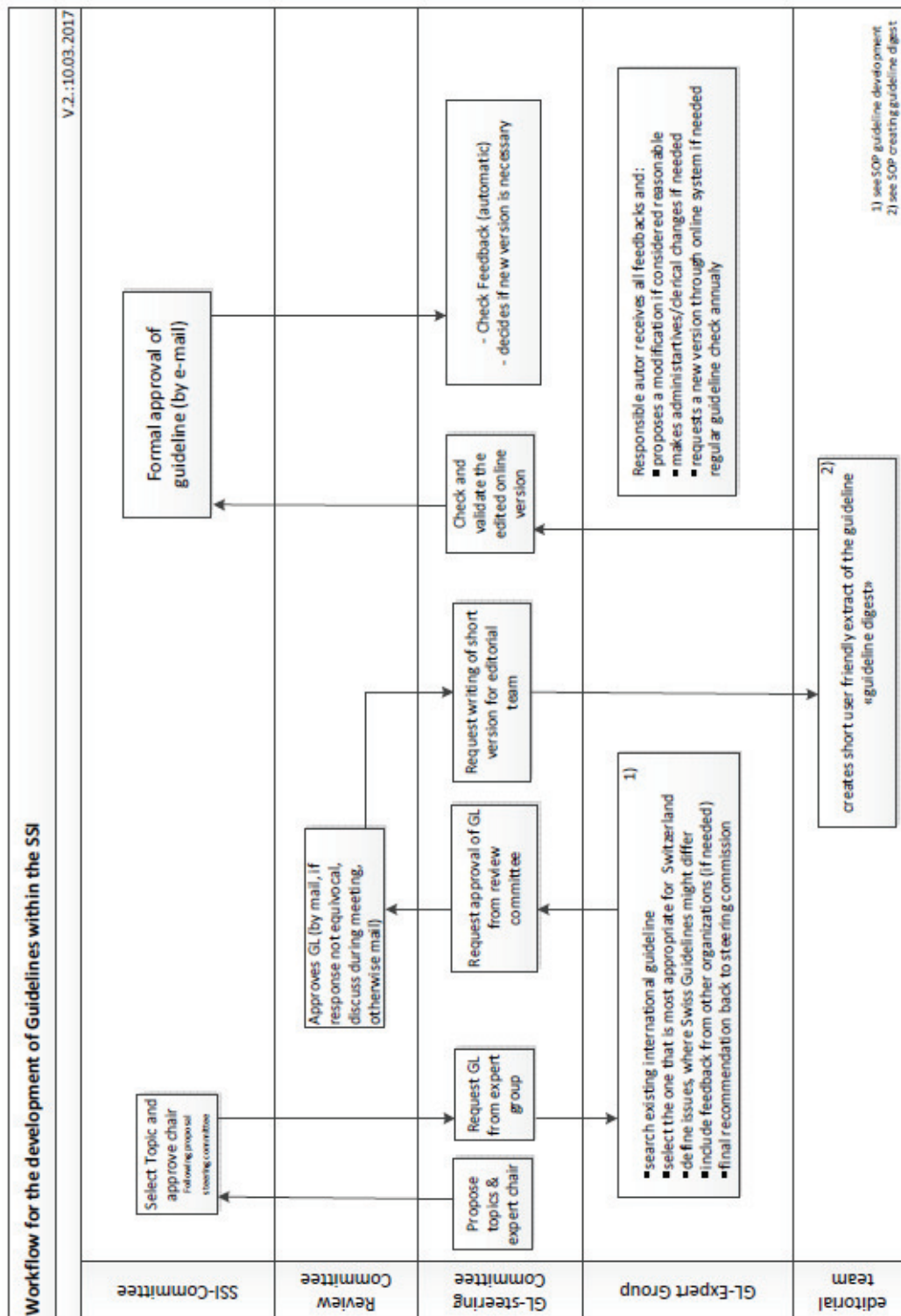
Antibiotic prophylaxis is no longer indicated in patients with mitral valve prolapse for prevention of infective endocarditis. The risk of antibiotic-associated adverse effects exceeds the benefit (if any) from prophylactic antibiotic therapy. Limited use of prophylaxis will likely reduce the unwanted selection of antibiotic-resistant strains and their unintended consequences such as *C. difficile*-associated colitis.

### 6.3.2. Topics that might be added or might replace the last two points which are less relevant for Switzerland

- Treating a skin abscess with antibiotics (after incision)
- Using topical antibiotics on an ulcer
- Ordering a urine culture in a patient with a urinary catheter
- Don't suggest a test if the result will not alter management

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### 6.4. Workflow for the development of guidelines



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