Transparency and Communication – A Roadmap to Consensus
Introduction of Clinical Practice Guidelines to Perinatal Care in Romania

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Background

Romania had one of the highest neonatal and maternal mortality rates in Eastern Europe for the last decades. There was a significant need in terms of modernising infrastructure, capacity building and re-forming the perinatology system. Low knowledge of evidence based (EBM) procedures and lack of professional communication created high uncertainty, particularly for non-experienced health staff.

In spite of the high variation in quality of care delivered in Romanian maternities, Clinical Practice Guidelines are a relatively new feature in Romania. Neonatologists “pioneered” the discussion about harmonizing clinical procedures and setting quality standards. Supported by the Romanian MoH and an SDC (Swiss Agency for Development and Cooperation) funded Neonatology Project (RoNeonat*), the Neonatology Association started the CPG development process in 2003 using a multifaceted approach including needs assessment, followed by the establishment of draft guidelines based on EBM, pre-testing, adaptation and the final adoption by the College of Physicians and endorsement by the MoH. A well structured and transparent consensus process involving key stakeholders and the communication with other involved medical disciplines at critical interfaces contributed significantly to the development and implementation of CPGs. The guidelines were later on integrated into a larger Quality Management framework.

The generated experience and lessons learnt lead to the close collaboration of Romanian stakeholder institutions, supported by international partners, including UNFPA, WHO, SDC leading to guideline development and consensus building processes with other professional associations. The Romanian Society for Obstetrics and Gynaecology currently is in an advanced stage of guideline development using the developed methodology.

Step-by-step methodology

1. Sensitisation throughout decision makers, experienced practitioners and teaching staff on CPG development

2. Decision on areas for guideline development based on needs assessment through questionnaires, interviews, consultation during professional meetings/conferences

3. Identification of working groups for the production of draft guidelines. Setting-up of a steering committee to coordinate the development process

4. Training on CPG development for working group and steering committee members

5. Guideline production based on EBM principles
   - consult expertise from interdisciplinary professional groups
   - address interface problems

6. 1st step consensus building through repetitive working group meetings

7. 2nd step consensus building through national conferences, professional associations networking, international networking

8. 3rd step consensus building through pre-testing the guidelines and adaptation

9. 4th step consensus building through final agreement and formal approval by Professional Associations and College of Physicians

10. Print, disseminate and promote guidelines

11. Monitoring of use, evaluation and review of existing guidelines. Identification of gaps where new titles are required

Particularities

**Neonatology**

- Creation of virtual working groups using ICT (iPath) as a successful consensus building instrument between working group meetings
- Sufficient time resources made available for consensus building process
- EU manual on guideline development was used and adapted
- Training at national level to facilitate the integration
- Dissemination of hard copies to all units
- Monitoring of guidelines use to provide information on implementation gaps/findings/results
- Capacity building
- Integration into a large QM framework

**Obstetrics**

- Experiences from working with neonatologists fed into, and complemented, the process of developing obstetrical guidelines
- Development of 10 obstetrical guidelines through participatory consensus meetings and ongoing evaluation for final approval and dissemination using modern tools as SIGN and AGREE
- At present, Professional Association propose the guidelines to College of Physicians and Ministry of Public Health for formal approval
- Print and disseminate planned for autumn 2007
Results / Lessons learnt

- The experience with CPG development in the Neonatology and Obstetrics/Gynaecology fields generated interest and support by the Romanian national authorities and professional bodies. The Romanian Ministry of Public Health subsequently requested all medical fields to develop clinical practice guidelines.
- Currently eight new neonatology guidelines are in use and utilisation is periodically monitored. A review procedure is under way. 24 obstetrical guidelines are currently under development; 10 of them are under formal approval.
- CPGs were shared at various stages of development with a variety of related medical disciplines. Strategic communication and transparency of all processes increases the recognition and collaboration amongst professional societies. Involving all relevant stakeholders is a key to developing roadmaps towards guideline development and a successful consensus building process.
- Although the availability of internationally used and tested guidelines is an asset, there is a strong need to understand the processes involved in guideline development. Participation in consensus building and review procedures build trust and a sense of participation.
- The incorporation of clinical guidelines into a client needs focused QM framework and the integration into national continuous education programs considerably increases the absorption and field implementation of new CPGs.
- The production of successful examples for the production, implementation and utilisation of guidelines facilitates the multiplication of the experience in other disciplines, encourages the debate in professional societies and fosters national roll-out.
- CRED Foundation (www.cred.ro) becomes a member of G-I-N in 2007 by capitalising on a unique experience in Eastern Europe.