

Appendix 1. Protocol for a new CPG adaptation project

Potential Clinical Practice Guideline (CPG) Health Topic Protocol

Application for inclusion in the CPG Program

(To be submitted from the Chairperson of the initiating CPG departmental Committee to the CPG Steering Committee)

Section 1. Basic information on the Proposed CPG Project
1. Contact person(s) and his/her department and unit proposing health topic for CPG adaptation and implementation in KSUMC
2. Proposed title of the CPG
3. Define the health question(s) of the proposed CPG using the PIPOH Model
<i>(Please fill Section 2 in this document)</i>
4. Give a brief justification for selection of the proposed health topic supported by data from KSUMC that indicates any existing variation in clinical practice or clinical outcomes in the management of this condition
5. Give any evidence of existing variation in practice in the management of this condition across Saudi Arabia (if available)
6. Is there any, in your knowledge, existing CPG adaptation project currently in progress in similar CPG programs/initiatives in Saudi Arabia (e.g. in Ministry of Health Saudi EBHC Center, National Guard NGBHC Center...etc.) YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
<i>If YES, please specify:</i>
7. Identify inclusion/exclusion selection criteria of source CPGs (Attached Table 3)
<i>(Please fill Section 3 in this document)</i>
8. Please indicate which specialty/ subspecialty should assist in the preparation and finalization of this proposed CPG (select from the attached checklist of KSUMC departments/units- check all applicable)
9. Please provide us with a written adaptation work plan, timeline and meeting schedule (ADAPTE Tool 5)
<i>(Please fill Section 5 in this document)</i>

Signature _____

Date: _____

Thank you for completing this form

Section 2. Modified ADAPTE Tool 6 health questions (PIPOH) checklist⁽¹⁵⁾
Patient population (P)
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> both genders <input type="checkbox"/> Age group: Child <input type="checkbox"/> Adult <input type="checkbox"/> Elderly <input type="checkbox"/> Specific age: _____ (years) Disease/conditions: _____ Co-morbidity: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, Specify: _____
Intervention (I)
Diagnosis <input type="checkbox"/> Specify: _____ (e.g. clinical, laboratory, radiological/ imaging,...etc. or all) Treatment <input type="checkbox"/> Specify: _____ (e.g. medical, surgical, pharmacological, non-pharmacological, Physiotherapeutic,...etc. or all) Prevention <input type="checkbox"/> Screening <input type="checkbox"/> Management (all) <input type="checkbox"/>
Professionals (P)
Physicians <input type="checkbox"/> Clinical Specialty: _____ Nurses <input type="checkbox"/> Specify: _____ Pharmacist <input type="checkbox"/> Specify: _____ Allied Health Professionals <input type="checkbox"/> Specify: _____ (e.g. technician, therapists...etc.)
Outcome (S) (O)
Primary (specific) outcomes: _____ Secondary (general) outcomes: (e.g. improve patient outcomes, patient safety, and decrease variation of practice...etc.) Others: Specify: _____
Health care settings/content (H)
Type: Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Health care sector: Government: University <input type="checkbox"/> Ministry of Health <input type="checkbox"/> Military <input type="checkbox"/> National Guard <input type="checkbox"/> Others: Specify: _____ Non-government: Private <input type="checkbox"/> NGO <input type="checkbox"/> Others: Specify: _____ Hospital <input type="checkbox"/> Specify: _____ Specify department: _____ Outpatient clinic <input type="checkbox"/> Specify: _____ Other: <input type="checkbox"/> Specify: _____

Modified, with permission from Reference (15)

Section 3. Inclusion/exclusion selection criteria for retrieved source CPGs checklist ⁽¹⁵⁾

	Include	Exclude	Description
1. Methods of development	<input type="radio"/>	<input type="radio"/>	Evidence-based CPGs (detailed methodology of development documented; link recommendations with evidence; link to systemic reviews)
2. Author (s)	<input type="radio"/>	<input type="radio"/>	Consensus-based CPGs (expert opinion)
	<input type="radio"/>	<input type="radio"/>	Organization (CPG development group) <ul style="list-style-type: none"> <input type="radio"/> CPGs database (producer or finder) <input type="radio"/> Specialized society (clinical specialty)
	<input type="radio"/>	<input type="radio"/>	Single author
3. Country	<input type="radio"/>	<input type="radio"/>	National
	<input type="radio"/>	<input type="radio"/>	International
4. Date of publication	<input type="radio"/>	<input type="radio"/>	Range of years (preferably not older than 5 years)
	<input type="radio"/>	<input type="radio"/>	One year (current year)
5. Language (s)	<input type="radio"/>	<input type="radio"/>	English
	<input type="radio"/>	<input type="radio"/>	Arabic
	<input type="radio"/>	<input type="radio"/>	Other
6. Status	<input type="radio"/>	<input type="radio"/>	Original source CPG (de novo developed)
	<input type="radio"/>	<input type="radio"/>	Adapted (provided fulfillment of all criteria of a high quality adapted CPG; e.g. ADAPTE process, AGREE criteria)
Comments: _____			

Adopted, with permission from Reference (15)

Section 4. Checklist for identification of relevant departments/ specialties for stakeholder involvement

Department	Check all applicable
▪ Anesthesiology Department	<input type="checkbox"/>
▪ Cardiac Sciences Department & King Fahad Cardiac Center (KFCC)	<input type="checkbox"/>
▪ Critical Care Department	<input type="checkbox"/>
▪ Dermatology Department	<input type="checkbox"/>
▪ Laboratory Medicine & Pathology Department	<input type="checkbox"/>
▪ Medicine Department	<input type="checkbox"/>
▪ Nursing Department	<input type="checkbox"/>
▪ Oncology/Hematology Center	<input type="checkbox"/>
▪ Obstetrics & Gynecology Department	<input type="checkbox"/>
▪ Ophthalmology Department	<input type="checkbox"/>
▪ Otorhinolaryngology Department	<input type="checkbox"/>
▪ Orthopedic Surgery Department:	<input type="checkbox"/>
▪ Pediatrics Department	<input type="checkbox"/>
▪ Pharmacy Department	<input type="checkbox"/>
▪ Psychiatry Department	<input type="checkbox"/>
▪ Primary Care Clinics (Family Medicine Center)	<input type="checkbox"/>
▪ Radiology Department	<input type="checkbox"/>
▪ Rehabilitation Medicine Department	<input type="checkbox"/>
▪ Occupational Health & Safety Department	<input type="checkbox"/>
▪ Health Education Center	<input type="checkbox"/>
▪ Clinical Nutrition Department	<input type="checkbox"/>
▪ Infection Control Department	<input type="checkbox"/>
▪ <i>Other, Please Specify</i> _____	
_____	<input type="checkbox"/>

▪ Patients Relations Department	<input type="checkbox"/>

Section 5. Adaptation Working Plan Template

CPG Phase		Tasks	Assigned to	Corresponding Modules	Timeline
Adaptation Phase	Preliminary Phase (Set Up)	<p>Prepare for the <u>ADAPTE Process</u></p> <ul style="list-style-type: none"> Decide on health topic area Assess feasibility of adaptation Identify needed resources Establish multidisciplinary panel (adaptation working group) Write/ submit protocol Identify endorsing body Discuss authorship and accountability Discuss dissemination and implementation 	AWG CGC-d DQT	Preparation Module	MONTH, YEAR (WEEK)
	Initial Meeting (or conference call)	<ul style="list-style-type: none"> Decide on terms of reference/consensus process Establish CPG inclusion/exclusion criteria Help identify key search terms Help identify key documents/sources 	AWG CGC-d	Preparation Module	MONTH, YEAR (WEEK)
	<u>Define Health Questions</u> Refine topic area	AWG CGC-d	Scope and Purpose Module	MONTH, YEAR (WEEK)	
	<p><u>Search & Screen CPGs</u></p> <ul style="list-style-type: none"> Complete CPG Search Narrow list of CPGs (if needed) by inclusion/ exclusion criteria <p><u>Assess CPGs</u></p> <ul style="list-style-type: none"> Complete AGREE appraisal Assess CPG Currency Complete evaluations(literature search and evidence, consistency of evidence and conclusions, conclusions and recommendations) for all recommendations(optional) Prepare Recommendations matrix 	AWG CGC-d	Search and Screen Module Assessment Module	MONTH, YEAR (WEEK)	

	Second meeting (face-to-face)	<u>Decide & Select</u> <ul style="list-style-type: none"> Review all data Decide on recommendations for adapted CPG 	AWG CGC-d	Decision and Selection Module	
Finalization Phase		<u>Draft CPG Report</u> Write first draft of CPG and/or report on process	AWG CGC-d	Customization Module	<i>MONTH, YEAR (WEEK)</i>
	Third meeting (or conference call)	Approve first draft by CGC-d (Clinical content and Methodology)	AWG CGC-d		<i>MONTH, YEAR (WEEK)</i>
		<u>External Review</u> <ul style="list-style-type: none"> Send for external review and consultation (Clinical content and Methodology) Get formal endorsement 	AWG CGC-d and designated panel member from professional Saudi society	External Review Module	<i>MONTH, YEAR (WEEK)</i>
	Fourth meeting (or conference call)	Discuss feedback from the review and consultation process	AWG CGC-d		
		<u>Plan for Future review & update</u> Decide on the review and update process	AWG CGC-d	Aftercare planning Module	
		<u>Produce Final CPG</u> Create final adapted CPG <i>Including Implementation tool(s) and Performance Measures</i>	AWG CGC-d DQT Designated primary author/group authorship	Final Production Module	
Implementation Phase		Consider implementation issues and strategies based on the Implementation tools and performance measures (KPIs) Planning is a collaborative effort between CGC-d and DQT.	AWG CGC-d DQT QMD		<i>MONTH, YEAR (WEEK)</i>

Abbreviations: AWG=Adaptation working group; CGC-s=CPG steering committee; CGC-d=CPG departmental committee; DQT=Departmental quality team

Appendix 2. Table of contents: Checklist of the adapted CPG content

(Modified ADAPTE Tool 16)

SECTION	Completed/ date
Disclaimer	
Acknowledgments	
Abbreviations	
KSUMC CPG Program	
Introduction	
Scope and Purpose	
Recommendations <ul style="list-style-type: none"> • Definitions of Level of Evidence (LoE) and Grade of Recommendations (GoR) • Key Recommendations • Implementation Considerations and Tools 	
Adaptation Process Methodology <ul style="list-style-type: none"> • CPG Overview • Adaptation Working Group • Source CPG(s) Developer(s) • Searching and selecting CPGs • Keywords • Inclusion/ exclusion CPGs selection criteria • List of retrieved Source CPGs • Assessment of the Quality of the Source CPGs (AGREE II) • Assessment of the Currency of the selected Source CPG(s) • External review and consultation process <ul style="list-style-type: none"> ○ Reviewers for the Clinical content ○ Reviewers for the Adaptation methodology 	
Plan for Scheduled Review and Update	
List of Funding Sources	
References	

Appendix 3. External review panel survey form

KSUMC CPGs PROGRAM
CPGs Steering Committee - External Review/ Consensus Panel Form
External Review Survey (Clinical Content Review)

<i>Note: Please complete this survey after reading the full KSUMC adapted CPG document for “_____”</i>					
score each question with the provided Likert scale (1: strongly agree, 2: agree, 3: neutral/ neither agree nor disagree, 4: disagree, and 5: strongly disagree)					
Are you responsible for the care of patients for whom this draft CPG report is relevant? This may include the referral, diagnosis, treatment, or follow up of patients.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>		
If you answered “No” or “Unsure”, please return this questionnaire to the CPG Steering Committee (Dr. Yasser Amer, Ms. Dorothy C. Villena & Ms. Sheila Marie Rivera), if you answered “Yes”, please answer the questions below and then return.					
Department: _____, Unit: _____ Years of clinical experience as a <input type="checkbox"/> Physician <input type="checkbox"/> Clinical Pharmacist <input type="checkbox"/> Nurse <input type="checkbox"/> Technologist <input type="checkbox"/> Clinical Nutritionist <input type="checkbox"/> Other (specify: _____): ____ Years Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Practice setting: University <input type="checkbox"/> Ministry of Health <input type="checkbox"/> National Guard <input type="checkbox"/> Military <input type="checkbox"/> Security Forces <input type="checkbox"/> Private sector <input type="checkbox"/> Which CPGs for _____ do you currently follow:- (add from retrieved source CPGs) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Other international CPG: please specify which: _____ <input type="checkbox"/> Other national CPG: please specify which: _____ <input type="checkbox"/> Not sure					
For each item, please check off the box that most adequately reflects your opinion	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Current use of clinical practice guidelines (CPGs)	1	2	3	4	5
I receive CPGs on _____ from a variety of sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I receive CPGs on _____ that contradict one another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contradictory CPGs make it difficult to decide which to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CPG Consensus Statement/ Consensus statement/recommendations					
There is a need for a CPG in this topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The KSUMC CPGs panel is credible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The consensus statement/ recommendations made by the panel is reasonable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The consensus statement/ recommendations may have been influenced by vested interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The process used by the panel to come to consensus is credible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The literature search is relevant and complete (e.g. no key CPGs were missed nor any included that should not have been) in the full CPG document.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would find it useful to have access the AGREE II appraisals of the source CPGs that were potentially considered for adaptation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I agree with the consensus statement/recommendations, I would use a CPG that was developed outside of Saudi Arabia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The draft consensus statement/recommendations are suitable for the patients whom they are intended.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The consensus statement/ recommendations in this CPG is (are) applicable to the majority of patients in my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following this consensus statement/ recommendations would not require major changes to my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To apply the consensus statement/recommendations will require reorganization of services/care in my practice setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When applied, the consensus statement/recommendations will result in better use of resources than current usual practice (If they are the same as current practice, please tick NA) NA <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The consensus statement/recommendations in this CPG are too expensive to apply.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To apply the draft consensus statement/recommendations will be technically challenging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The consensus statement/recommendations is (are) likely to be supported and used by a majority of my colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I follow the draft consensus statement/recommendations in this CPG, the expected effects on patient outcomes will be obvious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The draft consensus statement/recommendations in this CPG reflect a more effective approach for improving patients' outcomes than is current practice. (If they are the same as current practice, please tick NA). NA <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The consensus statement (recommendations) is (are) flexible enough to allow for clinical judgment and/ Neither agree or clinical autonomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The consensus statement (recommendations) in this CPG presents options that will be acceptable to patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The consensus statement/recommendations are too rigid to apply to individual patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When applied, the consensus statement/recommendations will produce more benefits for patients than harms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the King Saud University College of Medicine and Medical City endorsed this consensus statement (recommendations) of this CPG, I would be more likely to follow it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the concerned Saudi Scientific Societies endorsed this consensus statement, I would be more likely to follow it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would ACCEPT the consensus statement/ recommendations made by the expert panel of this CPG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would FOLLOW the consensus statement /recommendations made by the expert panel of this CPG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total number of external review members who participated in this survey was (___)

COMMENTS ABOUT THE FINALIZED DRAFT CPG

All the comments discussed and written by the External Review panel members will be compiled and used to create the final adapted CPG document

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Thank you for taking time to respond.

*The External Review Survey Template was designed by Dr. Yasser Amer and Prof. Lubna Alansary, King Saud University Medical City Clinical Practice Guidelines Steering Committee in 1434/ 2013 (revised 1436/ 2015) adapted from [Tool 17 (Sample External Review Surveys) of The ADAPTE Collaboration (2009) ADAPTE Process: Resource Toolkit for Guideline Adaptation. Version 2.0. Available from: <http://www.g-i-n.net> © Copyright 2010 Guidelines International Network (G-I-N)]

For further inquiries; please call **Dr. Yasser S. Amer** @Ext. # 91341 & CPG Mobile No. 0515252439 and **Ms. Dorothy Villena** or **Ms. Sheila Rivera** @ Ext. # 91281 and you can e-mail us through yamer@ksu.edu.sa, & dvillena@ksu.edu.sa.

Appendix 4. CPG Methodology Review and approval form (for CPG steering committee)

Part 1. Checklist for compliance with CPG Standards of the Guidelines International Network

GUIDELINES INTERNATIONAL NETWORK (G-I-N) STANDARDS FOR CLINICAL PRACTICE GUIDELINES

Title of the Guideline	
Name of the Developing Organization	
<i>Name of the Adapting Organization</i>	
Publication Date of the Source CPG	
<i>Publication Date of the Adapted CPG</i>	

Effective August 2013, GIN is requesting voluntary reporting on the G-I-N Guideline Standards¹ when a guideline is submitted for inclusion in the G-I-N Library.

Is your organization willing to complete the form to provide information to a reader about your guideline?

YES

NO

If Yes, please complete the checklist on the next page.

Reference

Qaseem A, Forland F, Macbeth F, Ollenschläger G, Phillips S, van der Wees P. Guidelines International Network: toward international standards for clinical practice guidelines. *Annals of Internal Medicine*. 2012;156(7):525-31. <https://annals.org/article.aspx?articleid=1103747>

GIN Standards & Description	Standard Achieved?	If Yes, Page number (s)/ document where the information is available
<p><u>Composition of Guideline Development/ Adaptation Group</u> Guideline development panel includes diverse and relevant stakeholders, such as health professionals, methodologists, experts on a topic, and patients.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Somewhat	<i>This standard is applicable for adapted CPGs</i>
<p><u>Decision-making Process</u> Guideline describes the process used to reach consensus among the panel members and, if applicable, approval by the sponsoring organization. This process was established before the start of guideline development/ adaptation.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Somewhat	<i>This standard is applicable for adapted CPGs</i>
<p><u>Conflicts of Interest (disclosure)</u> Guideline includes disclosure of the financial and nonfinancial conflicts of interest for members of the guideline development/ adaptation group.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Somewhat	<i>This standard is applicable for adapted CPGs</i>
<p><u>Conflicts of Interest (resolution)</u> Guideline describes how any identified conflicts were recorded and resolved.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Somewhat	<i>This standard is applicable for adapted CPGs</i>
<p><u>Scope of a Guideline</u> Guideline specifies its objective (s) and scope</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Somewhat	<i>This standard is applicable for adapted CPGs</i>
<p><u>Methods</u> Guideline clearly describes the methods used for the guideline development/ adaptation in detail.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Somewhat	<i>This standard is applicable for adapted CPGs</i>
<p><u>Evidence Reviews</u> Guideline uses systematic evidence review methods to identify and evaluate evidence related to the guideline topic.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Somewhat	<i>This standard is applicable for adapted CPGs</i> Note: In cases of adapted CPGs, Evidence Reviews will refer to “ Source CPGs ” Reviews
<p><u>Guideline Recommendations</u> Guideline recommendation clearly stated and based on scientific evidence of benefits; harms; and, if possible, costs.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Somewhat	<i>This standard is applicable for the Source (de novo developed) CPG(s).</i>
<p><u>Rating of Evidence</u> Guideline uses a rating system to communicate the quality and reliability of the evidence.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Somewhat	<i>This standard is applicable for the Source (de novo developed) CPG(s).</i>
<p><u>Rating of Recommendations</u> Guideline uses a rating system to communicate the quality and reliability of the strength of its recommendations.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Somewhat	<i>This standard is applicable for the Source (de novo developed) CPG(s).</i>
<p><u>Peer Review and Stakeholder Consultations</u> Review by external stakeholders conducted before guideline publication.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Somewhat	<i>This standard is applicable for adapted CPGs</i>
<p><u>Guideline Expiration and Updating</u> Guideline includes an expiry date and/or describes the process that the guideline groups will use to update recommendations.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Somewhat	<i>This standard is applicable for adapted CPGs</i>
<p><u>Financial Support and Sponsoring Organization</u> Guideline discloses financial support for the development of both the evidence review as well as the guideline recommendations.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Somewhat	<i>This standard is applicable for adapted CPGs.</i> Note: In case of adapted CPGs, the support will be for the whole adaptation process and production of the final adapted CPG document

Part 2. CPG review and approval form

KSUMC-Wide Clinical Practice Guidelines (CPGs) Steering Committee Methodologists Form For Final Review And Approval Of Adapted CPGs	
CPG Title, Edition and Date of Issue	_____
CPG Code/ Reference No.	_____
Hospitals' Departments involved	_____
Final Decision:-	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Conditional Approval (Accepted with Modifications)	
Specific notes:	
CPG Methodologists who reviewed the document(s)	
Name, Affiliation	Signature
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	
Date: - - / - - / - - - -	