

**NATIONAL  
CLINICAL  
EFFECTIVENESS  
COMMITTEE**

Tús Áite do  
Shábháilteacht **1**Othar  
Patient Safety **1**First

# National Clinical Effectiveness Committee

Annual Report 2013



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<b>Abbreviations</b>	
<b>DoH</b>	Department of Health
<b>GDG</b>	Guideline Development Group
<b>GIN</b>	Guidelines International Network
<b>HIQA</b>	Health Information and Quality Authority
<b>HRB</b>	Health Research Board
<b>HSE</b>	Health Service Executive
<b>NCEC</b>	National Clinical Effectiveness Committee
<b>NICE</b>	National Institute for Clinical Excellence
<b>SIGN</b>	Scottish Intercollegiate Guidelines Network



# National Clinical Effectiveness Committee (NCEC)

The National Clinical Effectiveness Committee (NCEC) was established as part of the Patient Safety First Initiative in September 2010. The NCEC's mission is to provide a framework for national endorsement of clinical guidelines and audit to optimise patient and service user care. The NCEC has a remit to establish and implement processes for the prioritisation and quality assurance of clinical guidelines and clinical audit so as to recommend them to the Minister for Health to become part of a suite of National Clinical Guidelines and National Clinical Audit.

The aim of the National Clinical Guidelines is to provide guidance and standards for improving the quality, safety and cost-effectiveness of healthcare in Ireland. The implementation of these National Clinical Guidelines will support the provision of evidence-based and consistent care across Irish healthcare services. NCEC process for endorsement of National Clinical Guidelines involves a number of steps as outlined in Appendix 1. The oversight of the National Framework for Clinical Effectiveness is provided by the National Clinical Effectiveness Committee (NCEC) (Appendix 2) which is supported by a Working Group (Appendix 3). The NCEC is a partnership between key stakeholders in patient safety.

## NCEC Terms of Reference

1. Apply criteria for the prioritisation of health guidelines and audit for the Irish health system.
2. Apply criteria for quality assurance of health guidelines and audit for the Irish health system.
3. Disseminate a template on how a guideline and audit should be structured, how audit will be linked to the guideline and how and with what methodology it should be pursued.
4. Recommend health guidelines and national audit, which have been quality assured against these criteria, for Ministerial approval within the Irish health system.
5. Facilitate with other agencies the dissemination of endorsed guidelines and audit outcomes to front-line staff and to the public in an appropriate format.
6. Report periodically on the implementation of endorsed guidelines.

## Chairperson's Statement

This is the first annual report of the National Clinical Effectiveness Committee (NCEC). The NCEC was established as an essential component of the Patient Safety First initiative and it held its first meeting in December 2010. The role of the NCEC is to provide leadership for national clinical effectiveness through prioritisation and quality assurance of National Clinical Guidelines and audit.

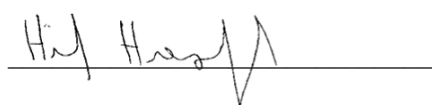
Recent years have seen a greater emphasis on patient safety and the quality of patient care in the Irish health service and throughout the world. These developments reflect an acknowledgement that it is important to maximise patient satisfaction, reduce preventable adverse events, enhance the level of professional fulfilment amongst healthcare workers and use healthcare resources efficiently. Safe patient care is better and cost-effective patient care.

Clinical effectiveness is the extent to which specific clinical interventions do what they are intended to do, i.e. do things better, provide the right care in the right place at the right time with the right information within available resources. The remit of the NCEC covers both clinical guidelines and audit. Clinical guidelines can be defined as, *systematically developed statements, based on a thorough evaluation of the evidence, to assist practitioner and patient decisions about appropriate healthcare for specific clinical circumstances, across the entire clinical spectrum.*

For much of the first two years of its existence, the NCEC addressed how best to assess clinical guidelines and liaised with colleagues in the UK. Clinical guidelines have been developed, endorsed and implemented by healthcare workers in Ireland for some years. However, it is increasingly recognised that guidelines need to be evidence based and developed rigorously to maximise their impact. Only guidelines that meet certain criteria in terms of their quality and have the potential to significantly impact on the safety of patient care, can be endorsed by the Minister for Health. Subsequently, audit of key performance indicators and the effectiveness of guideline implementation are required to ensure that the promise of guideline endorsement is fulfilled.

Over the last three years, we are grateful for the patience of guideline developers as we developed our criteria and processes. Without their on-going engagement, the NCEC could not function. However, we also realise that the development of guidelines is a significant undertaking and involves considerable commitment beyond the day-to-day professional activities of those involved. We have recognised this by initiating training in key areas such as systematic literature reviews and economic analyses. For this we are grateful for the contributions of colleagues in the Health Research Board (HRB), Health Service Executive (HSE) librarians, the National Cancer Control Programme and the Health Information and Quality Authority (HIQA). We are delighted that 2013 saw the endorsement of the first two National Clinical Guidelines and we acknowledge the involvement of all.

Membership of the NCEC is through ministerial appointment and is voluntary. However, I would like to thank all NCEC members and NCEC Working Group members for their expertise, commitment and encouragement.



Professor Hilary Humphreys,  
April 2014

# Introduction from Director of Clinical Effectiveness

Clinical effectiveness is a key component of the patient safety agenda and, by incorporating national and international best available evidence, promotes healthcare that is up to date, effective and consistent. With the increasing recognition of the importance of evidence-based healthcare and the key role that the development and implementation of guidelines have in contributing to safe patient care, there is now greater attention being given to the rigour of the methodology employed for the development of clinical guidelines and audit and their subsequent status and impact on national health policy.

The work to date of the NCEC in utilising transparent robust processes aligned to international best practice to prioritise and quality assure National Clinical Guidelines is an example of the role of the clinical effectiveness agenda in providing guidance for the delivery of standardised, cost-effective healthcare interventions.

The implementation of National Clinical Guidelines can improve health outcomes for patients, reduce variation in practice and improve the quality of clinical decisions. Endorsed and published National Clinical Guidelines will inform patients about the care they should be receiving and empower them to make more informed healthcare choices. The implementation of these National Clinical Guidelines also supports services in meeting HIQA's *National Standards for Safer Better Healthcare* and anticipated future licensing requirements.

Monitoring the implementation of clinical guidelines will further assure and enable the public, service users and healthcare providers alike to have reliable information on current and desired healthcare standards.

NCEC has developed a strategic programme of work for 2014 to progress the clinical effectiveness agenda. This will include the quality assurance of further National Clinical Guidelines and establishment of its role in clinical audit. NCEC will continue to develop and expand its support to guideline groups in terms of guidance and education. A programme of education will be provided over 2014 providing guidance on guideline development, systematic reviews and economic analysis. NCEC documentation will be reviewed regularly and will evolve over time with experience and changing requirements of the healthcare system.

All NCEC documentation and resources are available at:  
[www.patientsafetyfirst.ie](http://www.patientsafetyfirst.ie), [www.health.gov.ie](http://www.health.gov.ie)



Dr Kathleen Mac Lellan  
Director of Clinical Effectiveness

# Activities Report

## 1. Clinical Guidelines

The NCEC has processed 25 clinical guideline submissions since its first call for submissions in January 2012. There was a second call for submissions in August 2012 and two dates for receipt of clinical guidelines in 2013 – 5th March and 3rd September. Table 1 provides a summary of the submissions received.

**Table 1:** Clinical guidelines 2012-2013

Guideline Submission Date	Submissions	Prioritised	Appraised	In Process*	Endorsed
January 2012	15	6	6	6 (Appraisal)	1 (December 2013)
August 2012	4	3	3	3 (Appraisal)	1 (February 2013)
March 2013	4	1	1	1 (Appraisal) 1 (Prioritisation)	
September 2013	2	2	2	2 (Appraisal)	
	<b>25</b>	<b>12</b>	<b>12</b>	<b>13</b>	<b>2</b>

\*Guidelines are under NCEC review and further information has been sought from guideline groups.

## 2. National Clinical Guidelines

Two National Clinical Guidelines were endorsed and launched by the Minister in 2013.

### **1st National Clinical Guideline: National Early Warning Score**

The National Early Warning Score describes and recommends evidence-based practice for recognising and responding to clinical deterioration of adults in an acute hospital setting. It also sets out the associated education programme to support healthcare professionals in delivering this practice. The HSE Acute Medicine Clinical Programme led this programme of work. The implementation of the National Early Warning Score (NEWS) will support consistent care across Irish acute hospital services for all non-pregnant adult patients whose condition is deteriorating. All 41 target acute hospitals committed to implementation of NEWS by end 2013.

### **2nd National Clinical Guideline: Prevention and Control of Methicillin-Resistant Staphylococcus aureus (MRSA)**

MRSA infection is caused by a strain of staphylococcal bacteria that has become resistant to antibiotics and which can cause severe and at times fatal infections. The MRSA guideline was developed by the Royal College of Physicians Ireland Clinical Advisory Group on Healthcare Associated Infections - Subgroup MRSA Guideline Committee. The guideline aims to provide practical guidance on prevention and control measures for MRSA to improve patient care, minimise patient morbidity and mortality and help contain healthcare costs. The guideline is relevant to all healthcare staff involved in the care of patients who may be at risk of or may have MRSA in acute hospitals, obstetrics and neonates, nursing homes/long stay residential units and the community.



### 3. Clinical Audit

Clinical audit is a process of assessing clinical practice against standards. The NCEC commenced examination of its role in clinical audit in 2013 and the most appropriate approach to deliver on its terms of reference in relation to national audit within the current health system. It sought a rapid evidence review on clinical audit from the Health Research Board to inform its deliberations. In addition the NCEC provided feedback to the HSE on its audit guidance. The National Office of Clinical Audit is now represented on the NCEC.

#### **HSE A Practical Guide to Clinical Audit**

The NCEC provided feedback to the HSE's Quality and Patient Safety Directorate regarding its draft manual, *A Practical Guide to Clinical Audit*, which the HSE approved in March 2013. A link to the HSE manual is available on the NCEC website.

#### **HRB Evidence review – clinical audit**

A rapid evidence assessment review was completed by the Health Research Board to inform the NCECs consideration of clinical audit in line with its terms of reference. Two areas were addressed by the evidence review.

#### **What criteria are used in other countries/jurisdictions/institutions to prioritise topics for national clinical audits?**

Seven key questions were collected from a review of the published literature covering prioritising topics for clinical audit rather than specifically prioritising national clinical audit.

The seven questions are:

1. Is the topic concerned of high cost, volume, or risk to service users or providers?
2. Is there evidence of a serious quality problem with respect to healthcare processes or outcomes, for example, variation in outcomes, patient complaints or high complication rates or adverse events?
3. Is good evidence available to inform standards, for example systematic reviews or national clinical guidelines or standards
4. Is the problem concerned amenable to change?
5. Is there potential for involvement in a national audit project?
6. Is the topic pertinent to national policy initiatives?
7. Is the topic a priority for the organisation?

#### **What quality assurance criteria are used in other countries/jurisdictions/institutions to evaluate the robustness of the methodology (including design) of national clinical audits?**

This question was examined in two ways: firstly by evaluating the methods used to evaluate audit and secondly through cataloguing the methods used to evaluate clinical audit. Since the early nineties, the literature identifies three categories of tools that were considered necessary in order to ensure high-quality local or regional clinical audit programmes.

These are:

1. Frameworks for evaluating audit programmes or departments (audit structure)
2. Checklists for designing and implementing audit in addition to reading audit reports (audit process)
3. Clinical audit project evaluation tools for assessing one or more audit project (audit output or outcome).

#### 4. Support for Guideline Development Groups (GDGs)

The NCEC held a number of meetings with GDGs (Table 2) to provide advice, guidance and general support for the on-going development of national guidelines in response to requests for advice from guideline development groups.

**Table 2:** Meetings with GDGs 2013

Guideline Development Groups
Adult Asthma
<i>Clostridium difficile</i>
Community Detoxification (Benzodiazepines)
Community Detoxification (Methadone)
Chronic Obstructive Pulmonary Disease
Falls Prevention
Methicillin-resistant <i>Staphylococcus aureus</i>

#### 5. Education and Training

The NCEC commenced a programme of education and training for guideline developers and the NCEC committee. The education objectives were to increase knowledge in key areas of guideline development methodology.

The following education and training was provided in 2013:

- Workshop - conducting systematic reviews for development of clinical guidelines, 8th August 2013. Facilitator: Professor Mike Clarke. (15 attendees – NCEC members, GDG members and librarians)
- Evidence-based guideline training facilitated by the National Cancer Control Programme, 24th January 2013 (11 NCEC members attended)
- Economic training facilitated by HIQA 28th May 2013 (6 NCEC members attended).

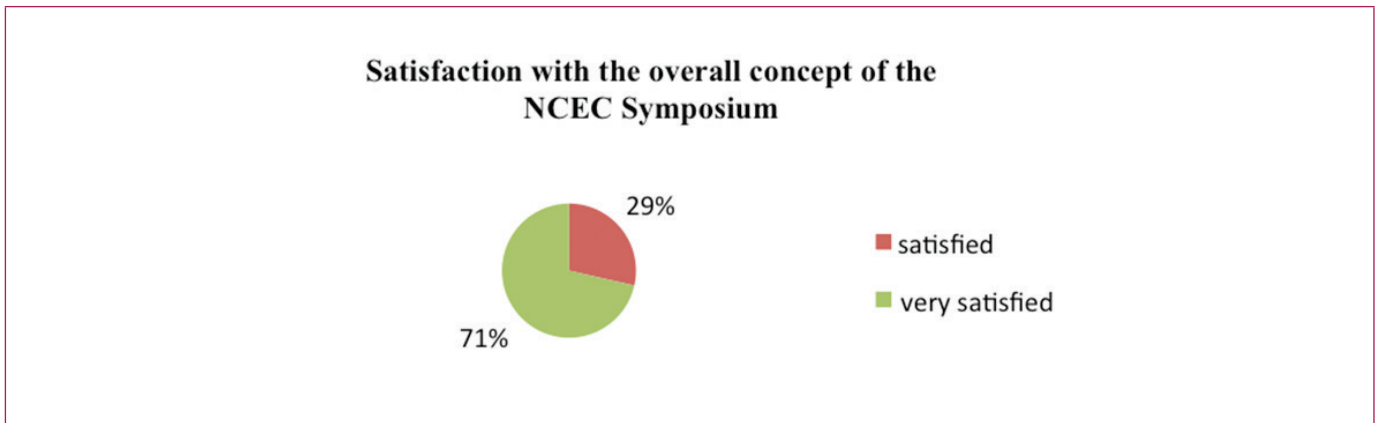
The content of all the education events was evaluated very positively and participants recommended that such education should be available regularly from the NCEC in order to build guideline development capacity in the health system.

#### 6. NCEC Symposium

The NCEC held its first symposium in Farmleigh House on 17th October 2013 (Appendix 4). The day was attended by over 85 delegates representing the clinical programmes, medicine, nursing, allied health professionals, regulation, the public, HSE management and policy.

The day was opened by the Minister for Health and the morning session provided a policy overview of clinical effectiveness and international and national experiences. A series of practical workshops were presented in the afternoon (guideline development, audit, economic appraisal and grading of recommendations). The day was evaluated as being very helpful and informative in terms of the role of guidelines, guideline development and activities of NCEC (Figure 1).

**Figure 1.** Overall results of satisfaction survey of the 1st NCEC national symposium



Information and presentations from the symposium are available on [www.patientsafetyfirst.ie](http://www.patientsafetyfirst.ie), [www.health.gov.ie](http://www.health.gov.ie)

## 7. Communications

NCEC continued to build its profile in 2013 through provision of a number of presentations, posters and publications and building its web content.

### Presentations

Professor Hilary Humphreys, *The National Clinical Effectiveness Committee*. Launch 1st National Clinical Guideline – National Early Warning Score (18th February 2013)

Professor Hilary Humphreys, *The National Clinical Effectiveness Committee*. National Patient Safety Conference (24th May 2013)

Dr Jennifer Martin, *The National Clinical Effectiveness Committee*. Faculty of Public Health Winter Scientific Meeting (11th December 2013)

Dr Kathleen Mac Lellan, *The National Clinical Effectiveness Committee*. Launch 2nd National Clinical Guideline – Prevention and Control of Methicillin-Resistant *Staphylococcus aureus* (MRSA) (11th December 2013)

### Academic Posters

Dr Miriam Owens, Dr Jennifer Martin, Dr Kathleen Mac Lellan, Professor H Humphreys, *The National Clinical Effectiveness Committee*. National Patient Safety Conference (24th May 2013)

### Website

Information on NCEC publications, activities, education and National Clinical Guidelines is available on the Patient Safety First website at <http://www.patientsafetyfirst.ie>, [www.health.gov.ie](http://www.health.gov.ie).

**Publications**

The NCEC has developed a number of publications as a resource to guideline developers and health service providers. They are intended to provide information on the NCEC and guideline development processes.

- Humphreys H., Mulholland D. and Mac Lellan K. (Autumn 2013) *Health Matters National Clinical Guidelines Improve Health Outcomes*. Volume 9 Issue 3
- NCEC (2013) *Framework for Endorsement of National Clinical Guidelines*, V4
- NCEC (2013) *Clinical Guideline Screening and Prioritisation Criteria*, V3
- NCEC (2013) *Clinical Guideline Developers Manual*
- NCEC (2012) *Modus Operandi*, V2

All NCEC publications are available at [www.patientsafetyfirst.ie](http://www.patientsafetyfirst.ie), [www.health.gov.ie](http://www.health.gov.ie)

**Submission database**

Requirements for a dedicated database to process and manage guideline submissions have been scoped out. The Department of Health IT Department is currently developing this database to facilitate guideline developers and the NCEC.

# NCEC Priorities 2014

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The NCEC has developed a strategic programme of work for 2014 to progress the clinical effectiveness agenda. This work will involve commissioning of clinical guidelines defined as important for the Irish healthcare system, supporting guideline development groups, developing an audit function and building capacity for guideline development in the health system. Through strategic leadership the NCEC will continue to build and expand clinical effectiveness processes to drive the delivery of evidence-based care.

## 1. National Clinical Guidelines

The NCEC will progress the commissioning and quality assurance of four National Clinical Guidelines mandated from the HIQA University College Hospital Galway Report (2013). These guidelines are:

- National Maternity Early Warning System Guideline
- National Paediatric Early Warning Score Guideline
- National Clinical Handover Guideline
- National Sepsis Management Guideline.

In addition the NCEC will continue to prioritise and quality assure other clinical guidelines that emerge as an important focus for the healthcare system.

## 2. Clinical audit

The NCEC will progress appropriate processes to deliver on its terms of reference in relation to national audit in 2014. This work will be informed by the rapid evidence review on clinical audit completed by the Health Research Board in 2013.

## 3. Capacity building

The NCEC recognises the requirement to build capacity for guideline development in the system specifically in terms of carrying out systematic evidence reviews, economic analysis, pharmacoeconomic assessments, health technology assessments and the grading of recommendations. In order to address this requirement for the healthcare system a programme of education including web material will be provided in 2014.

## 4. National and International partnerships

The NCEC will engage in partnership building nationally with key agencies (e.g. HIQA, HRB, State Claims Agency, HSE) to support (a) capacity building for the NCEC and (b) implementation of clinical guidelines.

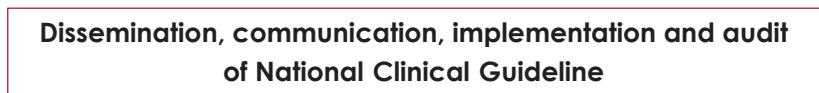
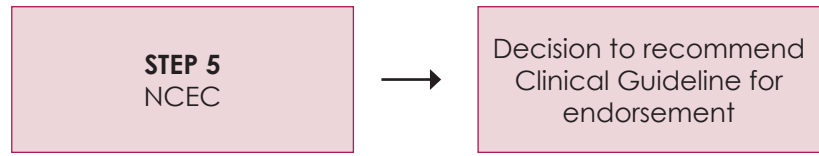
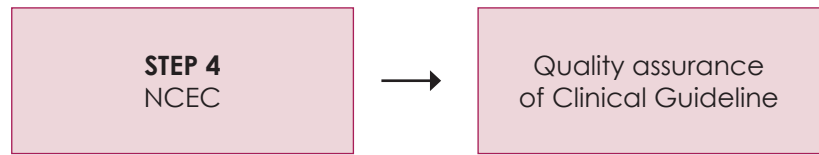
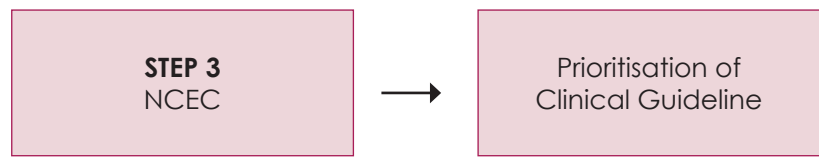
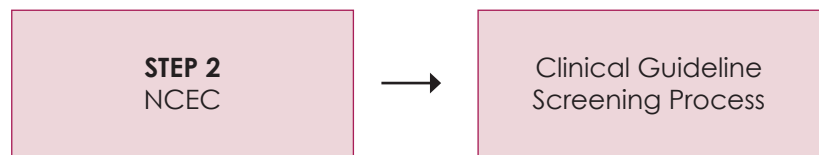
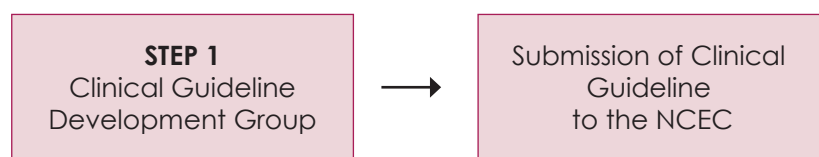
Relationships with international guideline agencies such as National Institute for Clinical Excellence (NICE), The Scottish Intercollegiate Guidelines Network (SIGN), and Guidelines International Network (GIN) will be developed further to create an international connectedness and to explore potential synergies and partnerships.



# Appendix 1

## NCEC Guideline Endorsement Process

### NCEC – Endorsement of National Clinical Guidelines



- Prioritisation Criteria**
1. Burden of clinical topic
  2. Evidence analysis
  3. Economic impact
  4. Variability in practice
  5. Potential for addressing health issues
  6. Clinical guideline implementation

- Quality Assurance Criteria**
1. Feasibility
  2. Scope and purpose
  3. Rigour of development
  4. Stakeholder involvement
  5. Applicability/ implementability
  6. Clarity of presentation
  7. Editorial independence

## Appendix 2

### National Clinical Effectiveness Committee Membership and Meeting Attendance

	16th April 2013	21st May 2013	22nd Oct 2013	19th Nov 2013	
Prof Hilary Humphreys <b>Chair</b>	✓	✓	✓	✓	4/4
Ms Fiona Cahill <b>Manager, National Office of Clinical Audit</b>		✓	✓		2/4
Ms Edel Callanan <b>Therapy Professions Committee</b>	✓	✓	✓	✓	4/4
Dr Ian Callanan (*appointed October 2013) <b>Medical Director, Aviva Health Insurance Ireland Ltd</b>			✓	✓	2/2
Dr Bernadette Carr <b>Medical Director, VHI</b>			✓		1/4
Dr Aine Carroll (*appointed October 2013) <b>Director of Clinical Strategy and Programmes, HSE</b>				✓	1/2
Dr Sarah Condell <b>Nursing and Midwifery Research Director, HSE Office of Nursing and Midwifery Services</b>	✓	✓	✓	✓	4/4
Dr Philip Crowley <b>National Director, Quality and Clinical Care, HSE</b>		✓	✓		2/4
Ms Margaret Dawson (*appointed October 2013) <b>Patient Representative, National Advocacy Unit, QPS Directorate, HSE</b>				✓	1/2
Prof Declan Devane (*appointed October 2013) <b>Nursing and Midwifery Education Bodies</b>			✓	✓	2/2
Dr Colin Doherty <b>Programme Lead, Epilepsy, HSE</b>			✓		1/4
Mary Farrelly <b>Nurse Lecturer, DCU (W/G)</b>	✓		✓		2/4
Ms Patricia Gilheaney <b>Chief Executive Officer, Mental Health Commission</b>	✓	✓	✓		3/4
Dr Tamasine Grimes (*appointed October 2013) <b>Pharmaceutical Society of Ireland</b>				✓	1/2
Dr Paul Kavanagh <b>Head of Professional Competence, Irish Medical Council, Health and Social Care Regulatory Forum</b>		✓			1/4
Mr Leo Kearns <b>National Lead, Transformation and Change, HSE</b>					0/4
Dr Mark Ledwidge <b>Heartbeat Trust</b>			✓	✓	2/4



	16th April 2013	21st May 2013	22nd Oct 2013	19th Nov 2013	
Dr Kathleen Mac Lellan <b>Director of Clinical Effectiveness, Department of Health</b>	✓	✓	✓	✓	4/4
Dr Jennifer Martin <b>Consultant in Public Health, HSE (W/G)</b>			✓	✓	2/4
Ms Claudia McGloin (*appointed October 2013) <b>Patient Representative, National Advocacy Unit, QPS Directorate, HSE</b>			✓	✓	2/2
Dr Declan McKeown <b>Consultant in Public Health, HSE (W/G)</b>					0/4
Dr Deirdre Mulholland <b>Deputy Chief Medical Officer, Department of Health</b>	✓	✓	✓		3/4
Ms Maureen Nolan <b>Irish Association of Directors of Nursing and Midwifery</b>	✓	✓	✓	✓	4/4
Dr Miriam Owens <b>Public Health Specialist, DoH (W/G)</b>	✓	✓		✓	3/4
Dr Anne-Marie Ryan <b>Chief Education Officer, Nursing and Midwifery Board, Health and Social Care Regulatory Forum</b>	✓	✓	✓	✓	4/4
Mr Kieran Ryan <b>Chief Executive Officer, Irish College of General Practitioners</b>	✓	✓	✓		3/4
Dr Máirín Ryan <b>Director of Health Technology Assessment, HIQA</b>	✓		✓	✓	3/4
Dr Susan O'Reilly <b>National Director of Cancer Control Programme</b>	✓	✓			2/4
Ms Marie Kehoe O'Sullivan (*appointed 27th March 2013) <b>Director, Safety &amp; Quality Improvement, HIQA</b>		✓		✓	2/3
Prof Ronan O'Sullivan <b>Consultant Paediatric Emergency Medicine, CUH, Forum of Postgraduate Medical Training Bodies</b>					0/4
Dr Ailís Quinlan <b>Head of Clinical Indemnity Scheme</b>	✓	✓	✓	✓	4/4
Ms Noreen Quinlan <b>Laya Healthcare</b>					0/4
Ms Catherine Whelan <b>CEO, Independent Hospitals Association Ireland</b>		✓		✓	2/4

## Appendix 3

### NCEC Working Group Membership and Department of Health Clinical Effectiveness Support

NCEC Working Group	
<b>Ms Marina Cronin</b>	National Office of Clinical Audit
<b>Ms Mary Farrelly</b>	Nurse Lecturer, DCU
<b>Dr Jennifer Martin</b>	Consultant in Public Health, HSE
<b>Dr Declan McKeown</b>	Consultant in Public Health, HSE
<b>Ms Eileen Nolan</b>	Project Manager, National Cancer Control Programme
<b>Ms Michelle O'Neill</b>	Senior Health Economist, HIQA
<b>Dr Eve O'Toole</b>	Research and Evaluation Manager, National Cancer Control Programme
<b>Dr Miriam Owens</b>	Public Health Specialist, DoH

Department of Health Clinical Effectiveness Support	
<b>Director of Clinical Effectiveness</b>	Dr Kathleen Mac Lellan
<b>Assistant Principal</b>	Susan Reilly
<b>Higher Executive Officer</b>	Paula Monks
<b>Staff Officer</b>	Antoinette Treacy
<b>Clerical Officer</b>	Anne Devlin

# Appendix 4

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## NCEC Symposium

**First National Clinical Effectiveness Symposium  
Thursday 17th October 2013  
Farmleigh House**

<b>8.30-9.00am</b>	<b>Registration (Tea/coffee)</b>
<b>9.00-9.10am</b>	<b>Welcome and opening address</b> <i>Dr. Tony Holohan, Chief Medical Officer</i>
<b>9.10-9.30am</b>	<b>Welcome address</b> <i>Dr. James Reilly, T.D., Minister for Health</i>
<b>9.30-10am</b>	<b>NCEC overview</b> <i>Professor Hilary Humphreys, Chair NCEC</i>
	<b>Chairperson - Professor Hilary Humphreys</b>
<b>10.00-10.30am</b>	<b>National experiences of guideline development – the learning</b> <i>Dr. Susan O'Reilly, National Director National Cancer Control Programme</i> <i>Ms Eilish Croke, Lead, National Early Warning Score</i>
<b>10.30</b>	<b>Coffee</b>
<b>11.00</b>	<b>National Institute for Health and Care Excellence clinical guidelines programme - past, present and future</b> <i>Dr. Judith Richardson, Associate Director, Health and Social Care, NICE</i>
<b>11.45</b>	<b>Panel Discussion – Future national clinical guideline development</b> Moderator - <i>Dr. Deirdre Mulholland, Deputy Chief Medical Officer, DoH</i> <i>Dr. Kathleen Mac Lellan, Director of Clinical Effectiveness, DoH</i> <i>Dr. Áine Carroll, Director of Clinical Strategy and Programmes, HSE</i> <i>Dr. Sarah Condell, Nursing and Midwifery Research and Development Lead, HSE</i> <i>Prof. Gary Courtney &amp; Ms Eilish Croke, National Early Warning Score Clinical Guideline</i> <i>Dr. Judith Richardson, Associate Director, Health and Social Care, NICE</i>
<b>12.45pm</b>	<b>Lunch</b>
<b>2pm – 4pm</b>	<b>Workshops (1 hour) (Participants can attend 2 workshops)</b>
	<b>(A) Development of clinical guidelines</b> <i>Dr. Kathleen Mac Lellan, Director of Clinical Effectiveness, DoH</i>
	<b>(B) Economic analysis</b> <i>Dr. Máirín Ryan, Director of Health Technology Assessment, HIQA</i>
	<b>(C) Evidence review and grading of recommendations</b> <i>Dr. Eve O'Toole, Research and Evaluation Manager, NCCP</i>
	<b>(D) Implementation and clinical audit</b> <i>Dr. Deirdre Mulholland, Deputy Chief Medical Officer, DoH</i>
	<b>Chairperson - Professor Hilary Humphreys</b>
<b>4pm – 4.30pm</b>	<b>Plenary Session</b>



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