

# AAO-HNS Guideline Task Force Clinical Practice Guideline (CPG) Information and Topic Submission Form

## **Definition**

- As defined by the Institute of Medicine, **Clinical Practice Guidelines** are "statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options." Guidelines are one way of increasing implementation of evidence into practice. They can serve as a guide to best practices, a framework for clinical decision making, and a benchmark for evaluating performance.
- Guidelines benefit patients through promotion of better outcomes, fewer ineffective or unnecessary interventions, and greater consistency of care. Guidelines also promote creation of secondary implementation materials (pamphlets, videos, etc.) to further patient education and informed decision making. Clinicians can use guidelines to make decisions based on best evidence, initiate quality improvement efforts, and support coverage for appropriate services.

# **Purpose**

• Address a limited number of identified sentinel/significant disease processes or procedures using up to 18 "Key Action Statements," followed by action statement profiles that rate the quality of evidence and strength of recommendation. Physicians use guidelines to optimize patient care. Payers use guidelines as a basis for policy.

#### **Level of Evidence**

• Highest level of evidence available based on systematic review of the literature. Ideally includes randomized trials, when available. Risk of bias is minimized through explicit and transparent methodology consistent with Institute of Medicine standards for trustworthy guidelines.

#### **Process to Create**

• Guidelines may be specialty-specific or multidisciplinary, developed with input from a wide array of medical specialties, nurses, consumers and other allied health professionals where appropriate. An explicit and transparent process is used to minimize biases, distortions, and conflict of interests. See the AAO-HNS Guideline Manual at: <a href="http://bit.ly/CPG\_Manual">http://bit.ly/CPG\_Manual</a>

#### **Examples**

- Sudden Hearing Loss
- Polysomnography for Sleep Disordered Breathing Prior to Tonsillectomy in Children
- Tonsillectomy in Children

## **Review Cycle**

• Every 5 years or less if warranted by new evidence

\*Disclaimers for all Guidance Documents are included. To view specific documents and the disclaimer, visit: https://www.entnet.org/content/clinical-practice-guidelines



# **Topic Submission Form**

Submitted by:	
Sponsoring entity/AAO-HNS committee:	
Please appoint one representative to attend a planning call in case the topic gets selected for development:	
Proposed Topic:	
Was this topic previously submitted to the GTF? If yes, please note the year(s) it was submitted.	
Category	
	☐ Head and Neck
	□ Otology
	□ Neurotology
	☐ Facial Plastics/Reconstructive
	□ Pediatrics
	□ Rhinology
	□ Other, specify
General comments:	
General Comments.	
Rationale: Do current guidelines exist?	
Briefly describe prevalence, incidence, and socioeconomic burden and if possible, provide the percent of patients who are not currently receiving optimal care	
What is known about poor outcomes from sub-optimal treatment of this condition/topic?	
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Please describe any gaps in practice and quality improvement opportunities that this topic would	

address.	
How could a guideline on this topic positively impact clinical practice or patient outcomes?	
Please list in bullets or questions the 3 to 5 most pressing aspects of care related to this topic.	
Besides Otolaryngology, what other specialties, sub-specialties, patient advocacy groups or stakeholders should be represented on the	
development panel?  Please provide any important	
selected references:	