Bijlage 7

Verantwoording

Search strings algemene search naar richtlijnen

Er is een algemene search naar richtlijnen gedaan in de GIN database en in Medline.

Medline search

MO eva med20230710 psycho nursing SR en guidelines

Database: Ovid MEDLINE(R) ALL <1946 to July 06, 2023>
Search Strategy:
---

1 "project Psychoeducatie".ti. (0)
2 exp Neoplasms/ (3852059)
3 (cancer* or neoplasm* or carcinoma* or malignan* or tumo#r).tw,kw. (3215779)
4 exp *Neoplasms/ (3418180)
5 (cancer* or neoplasm* or carcinoma* or malignan* or tumo#r).ti,kw. (2001705)
6 "cancer patient*".ti,kw. (79743)
7 exp *Neoplasms/nu, rh (12363)
8 exp Cancer Survivors/ (8767)
9 (cancer adj2 surviv*).tw,kw. (55421)
10 or/4-9 (3804976)= oncologie
11 nursing.sh. (51844)
12 "Factors influencing cancer survivors' experiences with follow-up cancer care: results from the pan-Canadian Experiences of Cancer Patients".fc_titl. (1)
13 "36123549".an. (1)
14 "35959048".an. (1)
15 "22093388".an. (1)
16 "30335040".an. (1)
17 "35026499".an. (1)
18 12 or 13 or 14 or 15 or 16 or 17 (5)=5 vb
19 Counseling/ (39730)
20 Patient Education as Topic/ (88292)
21 psychoeducation.mp. (4480)
22 (supportive adj2 educat*).tw,kw. (691)
23 (Supportive adj2 counsel*).tw,kw. (571)
24 (psychotherapeutic adj2 interventi*).tw,kw. (1830)
25 (nurs* adj8 (intervention* or psychotherapist)).ti,ab. (24902)
26 (nurs* adj8 (intervention* or psychotherapist)).ti. (5119)
27 10 and 26 (435)
28 10 and 11 (357)
29 19 or 20 or 21 or 22 or 23 or 24 (130898)=psychoeducation etc
30 28 and 29 (2)
31 18 and 29 (3)
32 10 and 29 (11366)= oncologie + nursing
33 "filter medline systematic reviews".ti. (0)
34 meta analysis.pt. (183770)
35 (meta-anal$ or metaanal$).tw,kf. (276120)

36 (systematic$ adj10 (review$ or overview$)).tw,kf. (325676)
37 (quantitativ$ adj10 (review$ or overview$)).tw,kf. (13480)
38 (methodologic$ adj10 (review$ or overview$)).tw,kf. (16266)
39 medline.tw. and review.pt. (100850)
40 (pooled adj3 analy*).tw,kf. (29021)
41 "cochrane$".fc_jour. (16325)
42 or/34-41 (533958)=sr
43 32 and 42 (395)= oncologie + nursing + SR
44 43 (395)
45 limit 44 to yr="2010 -Current" (287) na 2010= SRs
46 exp Cancer Survivors/px (2951)
47 11 and 29 (299)
48 exp "Quality of Life"/ (268939)
49 practice guideline/ (30496)
50 from 18 keep 1-5 (5)
51 from 45 keep 1-287 (287)
52 guidelin*.ti,kw. (99852)
53 49 or 52 (116829)=guidelines
54 guideli*.tw,kw. (472799)
55 47 and 54 (2)
56 46 and 54 (207)
57 29 and 54 (7263)
58 nurs*.ti,kf. (315412)
59 57 and 58 (305)
60 59 (305)
61 limit 60 to yr="2010 -Current" (147)
62 53 and 61 (26)
63 10 and 62 (6)
64 44 and 53 (9) guidelines
****

Daarnaast is er bij aanvang van het traject geformuleerd dat bij de beantwoording van de vragen aangesloten wordt bij de volgende andere standaarden, richtlijnen en handreikingen:

- Richtlijn Sociaal isolement (IKNL, 2006)
- Richtlijn Machteloosheid (IKNL, 2006)
- Richtlijn Ineffectieve coping (IKNL, 2006)
- Richtlijn Rouw in de palliatieve fase (IKNL, 2022)
- Richtlijn Depressie in de palliatieve fase (IKNL, 2022)
- Richtlijn Angst in de palliatieve fase (IKNL, 2022)
- Richtlijn aanpassingsstoornis bij patiënten met kanker (KWF, 2016)
- Richtlijn Zingeving en spiritualiteit in de palliatieve fase (IKNL, 2018)
- Handreiking palliatieve zorg thuis (V&VN)
- Meetinstrumenten in de palliatieve zorg (IKNL, 2018)

In samenwerking met de werkgroep zijn hier meest relevante producten geselecteerd, beoordeeld en meegenomen.

NVPO: Richtlijn Detecteren behoefte psychosociale zorg

Oordeel:
Redelijk uitgevoerde richtlijn. Laatste update (autorisatie): 1-5-2017.

CHECKLIST ITEM AND DESCRIPTION	REPORTING CRITERIA	Page #
DOMAIN 1: SCOPE AND PURPOSE		
1. OBJECTIVES *Report the overall objective(s) of the guideline. The expected health benefits from the guideline are to be specific to the clinical problem or health topic.*	☒ Health intent(s) (i.e., prevention, screening, diagnosis, treatment, etc.) ☒ Expected benefit(s) or ☒ outcome(s) Target(s) (e.g., patient population, society)	3 - 5
2. QUESTIONS *Report the health question(s) covered by the guideline, particularly for the key recommendations.*	☒ Target population ☒ Intervention(s) or exposure(s) ☒ Comparisons (if appropriate) ☒ Outcome(s) ☒ Health care setting or context	11 - 100
3. POPULATION *Describe the population (i.e., patients, public, etc.) to whom the guideline is meant to apply.*	☒ Target population, sex and ☒ age Clinical condition (if ☒ relevant) Severity/stage of ☒ disease (if relevant) ☒ Comorbidities (if relevant) Excluded populations (if relevant)	5
DOMAIN 2: STAKEHOLDER INVOLVEMENT		
4. GROUP MEMBERSHIP *Report all individuals who were involved in the development process. This may include members of the steering group, the research team involved in selecting and reviewing/rating the evidence and individuals involved in formulating the final recommendations.*	☒ Name of participant ☒ Discipline/content expertise (e.g., neurosurgeon, methodologist) ☒ Institution (e.g., St. Peter's hospital) ☐ Geographical location (e.g., Seattle, ☒ WA) A description of the member's role in the guideline development group	Bijlag e Same nstelli ng werkg roep
5. TARGET POPULATION PREFERENCES AND VIEWS *Report how the views and preferences of the target population were sought/considered and what the resulting outcomes were.*	☒ Statement of type of strategy used to capture patients'/publics' views and preferences (e.g., participation in the guideline development group, literature review of values and preferences) ☒ Methods by which preferences and views were sought (e.g., evidence from literature, surveys, focus groups) ☒ Outcomes/information gathered on patient/public information ☒ How the information gathered was used to inform the guideline development process and/or formation of the recommendations	Bijlag en Metho diek en Result aten knelp unteni nvent arisati e patiën ten

5

6. TARGET USERS *Report the target (or intended) users of the guideline.*	☒ The intended guideline audience (e.g. specialists, family physicians, patients, clinical or institutional leaders/administrators) ☒ How the guideline may be used by its target audience (e.g., to inform clinical decisions, to inform policy, to inform standards of care)	3 - 5
DOMAIN 3: RIGOUR OF DEVELOPMENT		
7. SEARCH METHODS *Report details of the strategy used to search for evidence.*	☐ Named electronic database(s) or evidence source(s) where the search was performed (e.g., MEDLINE, EMBASE, PsychINFO, CINAHL) ☐ Time periods searched (e.g., January 1, 2004 to March 31, 2008) ☐ Search terms used (e.g., text words, indexing terms, subheadings) ☐ Full search strategy included (e.g., possibly located in appendix)	
8. EVIDENCE SELECTION CRITERIA *Report the criteria used to select (i.e., include and exclude) the evidence.* *Provide rationale, where appropriate.*	☐ Target population (patient, public, etc.) charact eristics Study ☒ design ☐ Comparisons (if relevant) ☐ Outcomes ☐ Language (if relevant) ☐ Context (if relevant)	Bijlage Method iek
9. STRENGTHS & LIMITATIONS OF THE EVIDENCE *Describe the strengths and limitations of the evidence. Consider from the perspective of the individual studies and the body of evidence aggregated across all the studies. Tools exist that can facilitate the reporting of this concept.*	☒ Study design(s) included in body of evidence ☒ Study methodology limitations (sampling, blinding, allocation concealment, analytical methods) ☐ Appropriateness/relevance of primary and secondary outcomes considered ☐ Consistency of results across studies ☒ Direction of results across studies ☐ Magnitude of benefit versus magnitude ☒ of harm Applicability to practice context	Bijlage Eviden ce tabell e n
10. FORMULATION OF RECOMMENDATIONS *Describe the methods used to formulate the recommendations and how final decisions were reached. Specify any areas of disagreement and the methods used to resolve them.*	☒ Recommendation development process (e.g., steps used in modified Delphi technique, voting procedures that were considered) ☒ Outcomes of the recommendation development process (e.g., extent to which consensus was reached using modified Delphi technique, outcome of voting procedures) ☐ How the process influenced the recommendations (e.g., results of Delphi technique influence final recommendation, alignment with recommendations and the final vote)	11 -100

11. CONSIDERATION OF BENEFITS AND HARMS *Report the health benefits, side effects, and risks that were considered when formulating the recommendations.*	☒ Supporting data and report of benefits ☒ Supporting data and report of harms/side effects/risks ☐ Reporting of the balance/trade-off between benefits and harms/side effects/risks ☒ Recommendations reflect considerations of both benefits and harms/side effects/risks	11 - 100
12. LINK BETWEEN RECOMMENDATIONS AND EVIDENCE	☒ How the guideline development group linked and used the evidence to inform recommendations	
Describe the explicit link between the recommendations and the evidence on which they are based.	☒ Link between each recommendation and key evidence (text description and/or reference list) ☒ Link between recommendations and evidence summaries and/or evidence tables in the results section of the guideline	
13. EXTERNAL REVIEW *Report the methodology used to conduct the external review.*	☐ Purpose and intent of the external review (e.g., to improve quality, gather feedback on draft recommendations, assess applicability and feasibility, disseminate evidence) ☐ Methods taken to undertake the external review (e.g., rating scale, ☐ open-ended questions) Description of the external reviewers (e.g., number, ☐ type of reviewers, affiliations) Outcomes/information gathered from the external review (e.g., summary of key findings) How the information ☐ gathered was used to inform the guideline development process and/or formation of the recommendations (e.g., guideline panel considered results of review in forming final recommendations)	
14. UPDATING PROCEDURE *Describe the procedure for updating the guideline.*	☐ A statement that the guideline will be ☐ updated Explicit time interval or explicit criteria to guide decisions ☐ about when an update will occur Methodology for the updating procedure	

DOMAIN 4: CLARITY OF PRESENTATION		
15. SPECIFIC AND UNAMBIGUOUS RECOMMENDATIONS *Describe which options are appropriate in which situations and in which population groups, as informed by the body of evidence.*	☒ A statement of the recommended ☒ action Intent or purpose of the recommended action (e.g., to improve quality of life, to decrease side effects) ☒ Relevant population (e.g., patients, ☒ public) Caveats or qualifying statements, if relevant (e.g., patients or conditions for whom the recommendations would not apply) ☒ If there is uncertainty about the best care option(s), the uncertainty should be stated in the guideline	
16. MANAGEMENT OPTIONS *Describe the different options for managing the condition or health issue.*	☒ Description of management options ☒ Population or clinical situation most appropriate to each option	
17. IDENTIFIABLE KEY RECOMMENDATIONS *Present the key recommendations so that they are easy to identify.*	☒ Recommendations in a summarized box, typed in bold, underlined, or presented as flow charts or algorithms ☒ Specific recommendations grouped together in one section	
DOMAIN 5: APPLICABILITY		
18. FACILITATORS AND BARRIERS TO APPLICATION *Describe the facilitators and barriers to the guideline's application.*	☒ Types of facilitators and barriers that were considered ☒ Methods by which information regarding the facilitators and barriers to implementing recommendations were sought (e.g., feedback from key stakeholders, pilot testing of guidelines before widespread implementation) ☒ Information/description of the types of facilitators and barriers that emerged from the inquiry (e.g., practitioners have the skills to deliver the recommended care, sufficient equipment is not available to ensure all eligible members of the population receive mammography) ☐ How the information influenced the guideline development process and/or formation of the recommendations	
19. IMPLEMENTATION ADVICE/TOOLS *Provide advice and/or tools on how the recommendations can be applied in practice.*	☐ Additional materials to support the implementation of the guideline in practice. For example: ○ Guideline summary documents ○ Links to check lists, algorithms ○ Links to how-to manuals ○ Solutions linked to barrier analysis (see Item 18) ○ Tools to capitalize on guideline facilitators (see Item 18) ○ Outcome of pilot test and lessons learned	

20. RESOURCE IMPLICATIONS *Describe any potential resource implications of applying the recommendations.*	☐ Types of cost information that were considered (e.g., economic evaluations, drug acquisition costs) ☐ Methods by which the cost information was sought (e.g., a health economist was part of the guideline development panel, use of health technology assessments for specific drugs, etc.) ☒ Information/description of the cost information that emerged from the inquiry (e.g., specific drug acquisition costs per treatment course) How the information ☐ gathered was used to inform the guideline development process and/or formation of the recommendations	
21. MONITORING/ AUDITING CRITERIA *Provide monitoring and/or auditing criteria to measure the application of guideline recommendations.*	☐ Criteria to assess guideline implementation or adherence to recommendations ☐ Criteria for assessing impact of implementing the recommendations ☐ Advice on the frequency and interval of measurement ☐ Operational definitions of how the criteria should be measured	
DOMAIN 6: EDITORIAL INDEPENDENCE		
22. FUNDING BODY *Report the funding body's influence on the content of the guideline.*	☒ The name of the funding body or source of funding (or explicit statement of no funding) ☒ A statement that the funding body did not influence the content of the guideline	
23. COMPETING INTERESTS *Provide an explicit statement that all group members have declared whether they have any competing interests.*	☐ Types of competing interests ☐ considered Methods by which potential competing interests were sought ☐ A description of the competing ☐ interests How the competing interests influenced the guideline process and development of recommendations	

NICE Improving Supportive and Palliative Care for Adults with cancer 3

Oordeel:
Matig uitgevoerde richtlijn. Het is dan ook een oude richtlijn uit 2004, met een aanvulling uit 2019.

CHECKLIST ITEM AND DESCRIPTION	REPORTING CRITERIA	Page #
DOMAIN 1: SCOPE AND PURPOSE		
1. OBJECTIVES *Report the overall objective(s) of the guideline. The expected health benefits from the guideline are to be specific to the clinical problem or health topic.*	☒ Health intent(s) (i.e., prevention, screening, diagnosis, treatment, etc.) ☒ Expected benefit(s) or ☒ outcome(s) Target(s) (e.g., patient population, society)	4/15
2. QUESTIONS *Report the health question(s) covered by the guideline, particularly for the key recommendations.*	☒ Target population ☒ Intervention(s) or ☒ exposure(s) ☒ Comparisons (if appropriate) ☒ Outcome(s) ☒ Health care setting or context	15-27
3. POPULATION *Describe the population (i.e., patients, public, etc.) to whom the guideline is meant to apply.*	☒ Target population, sex and ☒ age Clinical condition (if ☒ relevant) Severity/stage of ☒ disease (if relevant) Comorbidities (if relevant) Excluded populations (if relevant)	15-27
DOMAIN 2: STAKEHOLDER INVOLVEMENT		
4. GROUP MEMBERSHIP *Report all individuals who were involved in the development process. This may include members of the steering group, the research team involved in selecting and reviewing/rating the evidence and individuals involved in formulating the final recommendations.*	☒ Name of participant ☒ Discipline/content expertise (e.g., neurosurgeon, methodologist) Institution ☒ (e.g., St. Peter's hospital) ☒ Geographical location (e.g., ☐ Seattle, WA) A description of the member's role in the guideline development group	189

5

5. TARGET POPULATION PREFERENCES AND VIEWS *Report how the views and preferences of the target population were sought/considered and what the resulting outcomes were.*	☒ Statement of type of strategy used to capture patients'/publics' views and preferences (e.g., participation in the guideline development group, literature review of values and preferences) ☒ Methods by which preferences and views were sought (e.g., evidence from literature, surveys, focus groups) ☒ Outcomes/information gathered on patient/public information ☒ How the information gathered was used to inform the guideline development process and/or formation of the recommendations	4/29/4 9/188
6. TARGET USERS *Report the target (or intended) users of the guideline.*	☒ The intended guideline audience (e.g. specialists, family physicians, patients, clinical or institutional leaders/administrators) ☒ How the guideline may be used by its target audience (e.g., to inform clinical decisions, to inform policy, to inform standards of care)	17-32
DOMAIN 3: RIGOUR OF DEVELOPMENT		
7. SEARCH METHODS *Report details of the strategy used to search for evidence.*	☐ Named electronic database(s) or evidence source(s) where the search was performed (e.g., MEDLINE, EMBASE, PsychINFO, CINAHL) ☐ Time periods searched (e.g., January 1, 2004 to March 31, 2008) ☐ Search terms used (e.g., text words, indexing terms,	-

	subheadings) ☐ Full search strategy included (e.g., possibly located in appendix)	
8. EVIDENCE SELECTION CRITERIA *Report the criteria used to select (i.e., include and exclude) the evidence. Provide rationale, where appropriate.*	☐ Target population (patient, public, etc.) characteristics ☐ Study design ☐ Comparisons (if relevant) ☐ Outcomes ☐ Language (if relevant) ☐ Context (if relevant)	-
9. STRENGTHS & LIMITATIONS OF THE EVIDENCE *Describe the strengths and limitations of the evidence. Consider from the perspective of the individual studies and the body of evidence aggregated across all the studies. Tools exist that can facilitate the reporting of this concept.*	Study design(s) included in body of evidence Study methodology limitations (sampling, blinding, allocation concealment, analytical methods) ☐ Appropriateness/relevance of primary and secondary outcomes considered Consistency of results ☐ across studies Direction of ☐ results across studies ☐ Magnitude of benefit versus ☐ magnitude of harm Applicability to practice context	-
10. FORMULATION OF RECOMMENDATIONS *Describe the methods used to formulate the recommendations and how final decisions were reached. Specify any areas of disagreement and the methods used to resolve them.*	☒ Recommendation development process (e.g., steps used in modified Delphi technique, voting procedures that were considered) ☒ Outcomes of the recommendation development process (e.g., extent to which consensus was reached using modified Delphi technique, outcome of voting procedures) ☐ How the process influenced the recommendations (e.g., results of Delphi technique influence final recommendation, alignment with recommendations and the final vote)	4/5/26-30
11. CONSIDERATION OF BENEFITS AND HARMS *Report the health benefits, side effects, and risks that were considered when formulating the recommendations.*	☐ Supporting data and report of benefits Supporting data and report of harms/side effects/risks ☐ Reporting of the balance/trade-off between benefits and harms/side effects/risks Recommendations reflect ☐ considerations of both benefits and harms/side effects/risks	-

12. LINK BETWEEN RECOMMENDATIONS AND EVIDENCE *Describe the explicit link between the recommendations and the evidence on which they are based.*	☒ How the guideline development group linked and used the evidence to inform recommendations ☒ Link between each recommendation and key evidence (text description and/or ☐ reference list) Link between recommendations and evidence summaries and/or evidence tables in the results section of the guideline	26-30
13. EXTERNAL REVIEW *Report the methodology used to conduct the external review.*	☒ Purpose and intent of the external review (e.g., to improve quality, gather feedback on draft recommendations, assess applicability and feasibility, disseminate evidence) ☒ Methods taken to undertake the external review (e.g., rating scale, open-ended questions) ☒ Description of the external reviewers (e.g., number, type of reviewers, affiliations) Outcomes/information ☐ gathered from the external review (e.g., summary of key findings) ☒ How the information gathered was used to inform the guideline development process and/or formation of the recommendations (e.g., guideline panel considered results of review in forming final recommendations)	188
14. UPDATING PROCEDURE *Describe the procedure for updating the guideline.*	☒ A statement that the guideline will be ☐ updated Explicit time interval or explicit criteria to guide decisions about when an update will occur ☐ Methodology for the updating procedure	title page
DOMAIN 4: CLARITY OF PRESENTATION		
15. SPECIFIC AND UNAMBIGUOUS RECOMMENDATIONS *Describe which options are appropriate in* *which situations and in which population* *groups, as informed by the body of evidence.*	☒ A statement of the recommended action ☒ Intent or purpose of the recommended action (e.g., to improve quality of life, to decrease side effects) ☒ Relevant population (e.g., patients, ☒ public) Caveats or qualifying statements, if relevant (e.g., patients or conditions for whom the recommendations would not apply) ☐ If there is uncertainty about the best care option(s), the uncertainty should be stated in the guideline	174-175
16. MANAGEMENT OPTIONS *Describe the different options for managing the condition or health issue.*	☒ Description of management options ☒ Population or clinical situation most appropriate to each option	174-175

17. IDENTIFIABLE KEY RECOMMENDATIONS *Present the key recommendations so that they are easy to identify.*	☒ Recommendations in a summarized box, typed in bold, underlined, or presented as flow charts or algorithms ☒ Specific recommendations grouped together in one section	174-175

DOMAIN 5: APPLICABILITY		
18. FACILITATORS AND BARRIERS TO APPLICATION *Describe the facilitators and barriers to the guideline's application.*	☐ Types of facilitators and barriers that were considered ☐ Methods by which information regarding the facilitators and barriers to implementing recommendations were sought (e.g., feedback from key stakeholders, pilot testing of guidelines before widespread implementation) ☐ Information/description of the types of facilitators and barriers that emerged from the inquiry (e.g., practitioners have the skills to deliver the recommended care, sufficient equipment is not available to ensure all eligible members of the population receive mammography) ☐ How the information influenced the guideline development process and/or formation of the recommendations	-
19. IMPLEMENTATION ADVICE/TOOLS *Provide advice and/or tools on how the recommendations can be applied in practice.*	☐ Additional materials to support the implementation of the guideline in practice. For example: o Guideline summary documents o Links to check lists, algorithms o Links to how-to manuals o Solutions linked to barrier analysis (see Item 18) o Tools to capitalize on guideline facilitators (see Item 18) o Outcome of pilot test and lessons learned	30-31
20. RESOURCE IMPLICATIONS *Describe any potential resource implications of applying the recommendations.*	☐ Types of cost information that were considered (e.g., economic evaluations, drug acquisition costs) ☐ Methods by which the cost information was sought (e.g., a health economist was part of the guideline development panel, use of health technology assessments for specific drugs, etc.) ☐ Information/description of the cost information that emerged from the inquiry (e.g., specific drug acquisition costs per treatment course) How the information gathered was used to ☐ inform the guideline development process and/or formation of the recommendations	`47/54-

21. MONITORING/ AUDITING CRITERIA *Provide monitoring and/or auditing criteria to measure the application of guideline recommendations.*	☐ Criteria to assess guideline implementation or adherence to recommendations ☐ Criteria for assessing impact of implementing the recommendations ☐ Advice on the frequency and interval of measurement ☐ Operational definitions of how the criteria should be measured	42-
DOMAIN 6: EDITORIAL INDEPENDENCE		
22. FUNDING BODY *Report the funding body's influence on the content of the guideline.*	☐ The name of the funding body or source of funding (or explicit statement of no funding) A statement that the funding body did not influence the content of the guideline	-
23. COMPETING INTERESTS *Provide an explicit statement that all group members have declared whether they have any competing interests.*	☐ Types of competing interests considered ☐ Methods by which potential competing interests were sought ☐ A description of the competing interests How the competing interests influenced the guideline process and development of recommendations	-

Palliatieve zorg thuis V&VN

Oordeel: Voldoende kwaliteit

CHECKLIST ITEM AND DESCRIPTION	REPORTING CRITERIA	Page #
DOMAIN 1: SCOPE AND PURPOSE		
1. OBJECTIVES *Report the overall objective(s) of the guideline. The expected health benefits from the guideline are to be specific to the clinical problem or health topic.*	☒ Health intent(s) (i.e., prevention, screening, diagnosis, treatment, etc.) ☒ Expected benefit(s) or ☒ outcome(s) Target(s) (e.g., patient population, society)	9-10
2. QUESTIONS *Report the health question(s) covered by the guideline, particularly for the key recommendations.*	☒ Target population ☐ Intervention(s) or ☐ exposure(s) ☒ Comparisons (if ☐ appropriate) Outcome(s) Health care setting or context	12- 29
3. POPULATION *Describe the population (i.e., patients, public, etc.) to whom the guideline is meant to apply.*	☐ Target population, sex and ☒ age Clinical condition (if ☒ relevant) Severity/stage of ☐ disease (if relevant) ☐ Comorbidities (if relevant) Excluded populations (if relevant)	10
DOMAIN 2: STAKEHOLDER INVOLVEMENT		
4. GROUP MEMBERSHIP *Report all individuals who were involved in the development process. This may include members of the steering group, the research team involved in selecting and reviewing/rating the evidence and individuals involved in formulating the final recommendations.*	☒ Name of participant ☒ Discipline/content expertise (e.g., neurosurgeon, methodologist) Institution ☒ (e.g., St. Peter's hospital) ☐ Geographical location (e.g., ☒ Seattle, WA) A description of the member's role in the guideline development group	30-32
5. TARGET POPULATION PREFERENCES AND VIEWS *Report how the views and preferences of the target population were sought/considered and what the resulting outcomes were.*	☐ Statement of type of strategy used to capture patients'/publics' views and preferences (e.g., participation in the guideline development group, literature review of values and preferences) ☐ Methods by which preferences and views were sought (e.g., evidence from literature, surveys, focus groups) ☒ Outcomes/information gathered on patient/public information ☒ How the information gathered was used to inform the guideline development process and/or formation of the recommendations	37

5

6. TARGET USERS *Report the target (or intended) users of the guideline.*	☒ The intended guideline audience (e.g. specialists, family physicians, patients, clinical or institutional leaders/administrators)	10-11
	☒ How the guideline may be used by its target audience (e.g., to inform clinical decisions, to inform policy, to inform standards of care)	
DOMAIN 3: RIGOUR OF DEVELOPMENT		
7. SEARCH METHODS *Report details of the strategy used to search for evidence.*	☒ Named electronic database(s) or evidence source(s) where the search was performed (e.g., MEDLINE, EMBASE, PsychINFO, CINAHL) ☒ Time periods searched (e.g., January 1, 2004 to March 31, 2008) ☒ Search terms used (e.g., text words, indexing terms, subheadings) ☒ Full search strategy included (e.g., possibly located in appendix)	45-60
8. EVIDENCE SELECTION CRITERIA *Report the criteria used to select (i.e., include and exclude) the evidence. Provide rationale, where appropriate.*	☒ Target population (patient, public, etc.) characteristics ☐ Study design ☒ Comparisons (if relevant) ☐ Outcomes Language (if relevant) Context (if relevant)	45-48
9. STRENGTHS & LIMITATIONS OF THE EVIDENCE *Describe the strengths and limitations of the evidence. Consider from the perspective of the individual studies and the body of evidence aggregated across all the studies. Tools exist that can facilitate the reporting of this concept.*	☒ Study design(s) included in body of evidence ☒ Study methodology limitations (sampling, blinding, allocation concealment, analytical methods) ☒ Appropriateness/relevance of primary and secondary outcomes considered ☐ Consistency of results across studies ☐ Direction of results across studies ☐ Magnitude of benefit versus magnitude of harm Applicability to practice context	49-60

10. FORMULATION OF RECOMMENDATIONS *Describe the methods used to formulate the recommendations and how final decisions were reached. Specify any areas of disagreement and the methods used to resolve them.*	☒ Recommendation development process (e.g., steps used in modified Delphi technique, voting procedures that were considered) ☐ Outcomes of the recommendation development process (e.g., extent to which consensus was reached using modified Delphi technique, outcome of voting procedures) ☐ How the process influenced the recommendations (e.g., results of Delphi technique influence final recommendation, alignment with recommendations and the final vote)	33-36
11. CONSIDERATION OF BENEFITS AND HARMS *Report the health benefits, side effects, and risks that were considered when formulating the recommendations.*	☐ Supporting data and report ☐ of benefits Supporting data and report of harms/side effects/risks ☐ Reporting of the balance/trade-off between benefits and harms/side effects/risks Recommendations reflect ☐ considerations of both benefits and harms/side effects/risks	-
12. LINK BETWEEN RECOMMENDATIONS AND EVIDENCE *Describe the explicit link between the recommendations and the evidence on which they are based.*	☒ How the guideline development group linked and used the evidence to inform recommendations ☒ Link between each recommendation and key ☐ evidence (text description and/or reference list) Link between recommendations and evidence summaries and/or evidence tables in the results section of the guideline	17-19, 54-60
13. EXTERNAL REVIEW *Report the methodology used to conduct the external review.*	☐ Purpose and intent of the external review (e.g., to improve quality, gather feedback on draft recommendations, assess applicability and feasibility, disseminate evidence) ☐ Methods taken to undertake the external review (e.g., rating ☐ scale, open-ended questions) Description of the external ☐ reviewers (e.g., number, type of reviewers, affiliations) Outcomes/information gathered from the external review (e.g., summary of key findings) How the information gathered was used to inform the guideline ☐ development process and/or formation of the recommendations (e.g., guideline panel considered results of review in forming final recommendations)	-

14. UPDATING PROCEDURE *Describe the procedure for updating the guideline.*	☒ A statement that the guideline will be updated Explicit time interval or explicit criteria to guide decisions about when an update will occur Methodology for the updating procedure ☐	online
DOMAIN 4: CLARITY OF PRESENTATION		
15. SPECIFIC AND UNAMBIGUOUS RECOMMENDATIONS *Describe which options are appropriate in which situations and in which population groups, as informed by the body of evidence.*	☒ A statement of the recommended action Intent or purpose of the recommended action (e.g., to improve quality of life, to decrease side effects) ☐ ☒ Relevant population (e.g., patients, public) Caveats or qualifying statements, if relevant (e.g., patients or conditions for whom the recommendations would not apply) ☒ ☐ If there is uncertainty about the best care option(s), the uncertainty should be stated in the guideline	12-29
16. MANAGEMENT OPTIONS *Describe the different options for managing the condition or health issue.*	☐ Description of management-options ☐ Population or clinical situation most appropriate to each option	
17. IDENTIFIABLE KEY RECOMMENDATIONS *Present the key recommendations so that they are easy to identify.*	☒ Recommendations in a summarized box, typed in bold, underlined, or presented as flow charts or algorithms ☒ Specific recommendations grouped together in one section	4-8
DOMAIN 5: APPLICABILITY		
18. FACILITATORS AND BARRIERS TO APPLICATION *Describe the facilitators and barriers to the guideline's application.*	☒ Types of facilitators and barriers that were considered ☐ Methods by which information regarding the facilitators and barriers to implementing recommendations were sought (e.g., feedback from key stakeholders, pilot testing of guidelines before widespread implementation) ☐ Information/description of the types of facilitators and barriers that emerged from the inquiry (e.g., practitioners have the skills to deliver the recommended care, sufficient equipment is not available to ensure all eligible members of the population receive mammography) ☐ How the information influenced the guideline development process and/or formation of the	12-29

	recommendations		
19. IMPLEMENTATION ADVICE/TOOLS *Provide advice and/or tools on how the recommendations can be applied in practice.*	☒ Additional materials to support the implementation of the guideline in practice. For example: o Guideline summary documents o Links to check lists, algorithms o Links to how-to manuals o Solutions linked to barrier analysis (see Item 18) o Tools to capitalize on guideline facilitators (see Item 18) o Outcome of pilot test and lessons learned		65-67

20. RESOURCE IMPLICATIONS *Describe any potential resource implications of applying the recommendations.*	☐ Types of cost information that were considered (e.g., economic evaluations, drug acquisition costs) ☐ Methods by which the cost information was sought (e.g., a health economist was part of the guideline development panel, use of health technology assessments for specific drugs, etc.) ☐ Information/description of the cost information that emerged from the inquiry (e.g., specific drug acquisition costs per treatment course) How the information gathered was used to ☐ inform the guideline development process and/or formation of the recommendations	-
21. MONITORING/ AUDITING CRITERIA *Provide monitoring and/or auditing criteria to measure the application of guideline recommendations.*	☐ Criteria to assess guideline implementation or adherence to recommendations ☐ Criteria for assessing impact of implementing the recommendations ☐ Advice on the frequency and interval of measurement ☐ Operational definitions of how the criteria should be measured	-
DOMAIN 6: EDITORIAL INDEPENDENCE		
22. FUNDING BODY *Report the funding body's influence on the content of the guideline.*	☐ The name of the funding body or source of funding (or explicit statement of no funding) A statement that the funding body ☐ did not influence the content of the guideline	-
23. COMPETING INTERESTS *Provide an explicit statement that all group members have declared whether they have any competing interests.*	☐ Types of competing interests ☐ considered Methods by which potential competing interests were sought ☐ A description of the competing ☐ interests How the competing interests influenced the guideline process and development of recommendations	-

CHECKLIST ITEM AND DESCRIPTION	REPORTING CRITERIA	Page #
DOMAIN 1: SCOPE AND PURPOSE		
1. OBJECTIVES *Report the overall objective(s) of the guideline. The expected health benefits from the guideline are to be specific to the clinical problem or health topic.*	☐ Health intent(s) (i.e., prevention, screening, diagnosis, treatment, etc.) ☐ Expected benefit(s) or ☒ outcome(s) Target(s) (e.g., patient population, society)	11
2. QUESTIONS *Report the health question(s) covered by the guideline, particularly for the key recommendations.*	☐ Target population ☐ Intervention(s) or ☐ exposure(s) ☐ Comparisons (if ☐ appropriate) Outcome(s) Health care setting or context	-
3. POPULATION *Describe the population (i.e., patients, public, etc.) to whom the guideline is meant to apply.*	☒ Target population, sex ☒ and age Clinical condition ☐ (if relevant) ☒ Severity/stage of disease ☐ (if relevant) Comorbidities (if relevant) Excluded populations (if relevant)	3!
DOMAIN 2: STAKEHOLDER INVOLVEMENT		
4. GROUP MEMBERSHIP *Report all individuals who were involved in the development process. This may include members of the steering group, the research team involved in selecting and reviewing/rating the evidence and individuals involved in formulating the final recommendations.*	☒ Name of participant ☒ Discipline/content expertise (e.g., neurosurgeon, methodologist) Institution (e.g., St. ☒ Peter's hospital) ☐ Geographical location (e.g., ☐ Seattle, WA) A description of the member's role in the guideline development group	4

5. TARGET POPULATION PREFERENCES AND VIEWS *Report how the views and preferences of the target population were sought/considered and what the resulting outcomes were.*	☒ Statement of type of strategy used to capture patients'/publics' views and preferences (e.g., participation in the guideline development group, literature review of values and preferences) ☒ Methods by which preferences and views were sought (e.g., evidence from literature, surveys, focus groups) ☐ Outcomes/information gathered on patient/public information ☐ How the information gathered was used to inform the guideline development process and/or formation of the recommendations	18
6. TARGET USERS *Report the target (or intended) users of the guideline.*	☒ The intended guideline audience (e.g. specialists, family physicians, patients, clinical or institutional leaders/administrators)	8-11
	☒ How the guideline may be used by its target audience (e.g., to inform clinical decisions, to inform policy, to inform standards of care)	
DOMAIN 3: RIGOUR OF DEVELOPMENT		
7. SEARCH METHODS *Report details of the strategy used to search for evidence.*	☐ Named electronic database(s) or evidence source(s) where the search was performed (e.g., MEDLINE, EMBASE, PsychINFO, CINAHL) ☐ Time periods searched (e.g., January 1, 2004 to March 31, 2008) ☐ Search terms used (e.g., text words, indexing terms, subheadings) ☐ Full search strategy included (e.g., possibly located in appendix)	
8. EVIDENCE SELECTION CRITERIA *Report the criteria used to select (i.e., include and exclude) the evidence.* *Provide rationale, where appropriate.*	☐ Target population (patient, public, etc.) characteristics ☐ Study design ☐ Comparisons (if ☐ ☐	-

	relevant) Outcomes Language (if relevant) Context (if relevant)	
9. STRENGTHS & LIMITATIONS OF THE EVIDENCE *Describe the strengths and limitations of the evidence. Consider from the perspective of the individual studies and the body of evidence aggregated across all the studies. Tools exist that can facilitate the reporting of this concept.*	Study design(s) included in-body of evidence Study methodology limitations (sampling, blinding, allocation concealment, analytical methods) ☐ Appropriateness/relevance of primary and secondary outcomes considered Consistency of results across studies ☐ Direction of results ☐ across studies ☐ Magnitude of benefit versus ☐ magnitude of harm Applicability to practice context	-
10. FORMULATION OF RECOMMENDATIONS *Describe the methods used to formulate the recommendations and how final decisions were reached. Specify any areas of disagreement and the methods used to resolve them.*	☒ Recommendation development process (e.g., steps used in modified Delphi technique, voting procedures that were considered) ☐ Outcomes of the recommendation development process (e.g., extent to which consensus was reached using modified Delphi technique, outcome of voting procedures) ☐ How the process influenced the recommendations (e.g., results of Delphi technique influence final recommendation, alignment with recommendations and the final vote)	18-21
11. CONSIDERATION OF BENEFITS AND HARMS *Report the health benefits, side effects, and risks that were considered when formulating the recommendations.*	☐ Supporting data and ☐ report of benefits Supporting data and report of harms/side effects/risks ☐ Reporting of the balance/trade-off between benefits and harms/side effects/risks Recommendations reflect considerations of	-

	☐ both benefits and harms/side effects/risks	
12. LINK BETWEEN RECOMMENDATIONS AND EVIDENCE *Describe the explicit link between the recommendations and the evidence on which they are based.*	☐ How the guideline development group linked and used the evidence to inform recommendations ☒ Link between each recommendation and key ☐ evidence (text description and/or reference list) Link between recommendations and evidence summaries and/or evidence tables in the results section of the guideline	24-47
13. EXTERNAL REVIEW *Report the methodology used to conduct the external review.*	☐ Purpose and intent of the external review (e.g., to improve quality, gather feedback on draft recommendations, assess applicability and feasibility, disseminate evidence) ☐ Methods taken to undertake the external review (e.g., rating scale, ☐ open-ended questions) Description of the external reviewers (e.g., ☐ number, type of reviewers, affiliations) Outcomes/information gathered from the external review (e.g., summary of key findings) How the information gathered was used to inform the guideline ☐ development process and/or formation of the recommendations (e.g., guideline panel considered results of review in forming final recommendations)	-
14. UPDATING PROCEDURE *Describe the procedure for updating the guideline.*	☐ A statement that the guideline will ☒ be updated Explicit time interval or explicit criteria to guide decisions about when an update will ☐ occur Methodology for the updating procedure	14
DOMAIN 4: CLARITY OF PRESENTATION		

15. SPECIFIC AND UNAMBIGUOUS RECOMMENDATIONS *Describe which options are appropriate in which situations and in which population groups, as informed by the body of evidence.*	☒ A statement of the recommended ☐ action Intent or purpose of the recommended action (e.g., to improve quality of life, to decrease side effects) ☐ Relevant population (e.g., ☐ patients, public) Caveats or qualifying statements, if relevant (e.g., patients or conditions for whom the recommendations would not apply) ☐ If there is uncertainty about the best care option(s), the uncertainty should be stated in the guideline	24-47
16. MANAGEMENT OPTIONS *Describe the different options for managing the condition or health issue.*	☒ Description of management options ☐ Population or clinical situation most appropriate to each option	24-47
17. IDENTIFIABLE KEY RECOMMENDATIONS *Present the key recommendations so that they are easy to identify.*	☐ Recommendations in a summarized box, typed in bold, underlined, or presented as flow charts or algorithms ☒ Specific recommendations grouped together in one section	5-7

DOMAIN 5: APPLICABILITY		
18. FACILITATORS AND BARRIERS TO APPLICATION *Describe the facilitators and barriers to the guideline's application.*	☒ Types of facilitators and barriers that were considered ☐ Methods by which information regarding the facilitators and barriers to implementing recommendations were sought (e.g., feedback from key stakeholders, pilot testing of guidelines before widespread implementation) ☐ Information/description of the types of facilitators and barriers that emerged from the inquiry (e.g., practitioners have the skills to deliver the recommended care, sufficient equipment is not available to ensure all eligible members of the population receive mammography) ☐ How the information influenced the guideline development process and/or formation of the recommendations	43-45
19. IMPLEMENTATION ADVICE/TOOLS *Provide advice and/or tools on how the recommendations can be applied in practice.*	☒ Additional materials to support the implementation of the guideline in practice. For example: o Guideline summary documents o Links to check lists, algorithms o Links to how-to manuals o Solutions linked to barrier analysis (see Item 18) o Tools to capitalize on guideline facilitators (see Item 18) o Outcome of pilot test and lessons learned	61-66

20. RESOURCE IMPLICATIONS *Describe any potential resource implications of applying the recommendations.*	☒ Types of cost information that were considered (e.g., economic evaluations, drug acquisition costs) ☐ Methods by which the cost information was sought (e.g., a health economist was part of the guideline development panel, use of health technology assessments for specific drugs, etc.) ☐ Information/description of the cost information that emerged from the inquiry (e.g., specific drug acquisition costs per treatment course) How the information gathered was used to ☐ inform the guideline development process and/or formation of the recommendations	24-46
21. MONITORING/ AUDITING CRITERIA *Provide monitoring and/or auditing criteria to measure the application of guideline recommendations.*	☐ Criteria to assess guideline-implementation or adherence to recommendations ☐ Criteria for assessing impact of implementing the recommendations ☐ Advice on the frequency and interval of measurement ☐ Operational definitions of how the criteria should be measured	-
DOMAIN 6: EDITORIAL INDEPENDENCE		
22. FUNDING BODY *Report the funding body's influence on the content of the guideline.*	☒ The name of the funding body or source of funding (or explicit statement of no funding) A statement that the funding ☐ body did not influence the content of the guideline	15
23. COMPETING INTERESTS *Provide an explicit statement that all group members have declared whether they have any competing interests.*	☒ Types of competing interests ☐ considered Methods by which potential competing interests were sought ☒ A description of the competing ☐ interests How the competing interests influenced the guideline process and development of recommendations	16-18

Oordeel: Goede kwaliteit

CHECKLIST ITEM AND DESCRIPTION	REPORTING CRITERIA	Page #
DOMAIN 1: SCOPE AND PURPOSE		
1. OBJECTIVES *Report the overall objective(s) of the guideline. The expected health benefits from the guideline are to be specific to the clinical problem or health topic.*	☐ Health intent(s) (i.e., prevention, screening, diagnosis, treatment, etc.) ☒ Expected benefit(s) or outcome(s) ☒ Target(s) (e.g., patient population, society)	12
2. QUESTIONS *Report the health question(s) covered by the guideline, particularly for the key recommendations.*	☒ Target population ☒ Intervention(s) or exposure(s) ☐ Comparisons (if appropriate) ☐ Outcome(s) ☐ Health care setting or context	13 1-96
3. POPULATION *Describe the population (i.e., patients, public, etc.) to whom the guideline is meant to apply.*	☐ Target population, sex and age ☒ Clinical condition (if relevant) ☒ Severity/stage of disease (if relevant) ☒ Comorbidities (if relevant) ☐ Excluded populations (if relevant)	12
DOMAIN 2: STAKEHOLDER INVOLVEMENT		
4. GROUP MEMBERSHIP *Report all individuals who were involved in the development process. This may include members of the steering group, the research team involved in selecting and reviewing/rating the evidence and individuals involved in formulating the final recommendations.*	☒ Name of participant ☒ Discipline/content expertise (e.g., neurosurgeon, methodologist) ☒ Institution (e.g., St. Peter's hospital) ☐ Geographical location (e.g., Seattle, WA) A description of the member's role in the guideline development group	92-92
5. TARGET POPULATION PREFERENCES AND VIEWS *Report how the views and preferences of the target population were sought/considered and what the resulting outcomes were.*	☒ Statement of type of strategy used to capture patients'/publics' views and preferences (e.g., participation in the guideline development group, literature review of values and preferences) ☒ Methods by which preferences and views were sought (e.g., evidence from literature, surveys, focus groups) ☐ Outcomes/information gathered on patient/public information ☐ How the information gathered was used to inform the guideline development process and/or formation of the recommendations	94
6. TARGET USERS *Report the target (or intended) users of the guideline.*	☒ The intended guideline audience (e.g. specialists, family physicians, patients, clinical or institutional leaders/administrators)	12

	☒ How the guideline may be used by its target audience (e.g., to inform clinical decisions, to inform policy, to inform standards of care)	
DOMAIN 3: RIGOUR OF DEVELOPMENT		
7. SEARCH METHODS *Report details of the strategy used to search for evidence.*	☒ Named electronic database(s) or evidence source(s) where the search was performed (e.g., MEDLINE, EMBASE, PsychINFO, CINAHL) ☐ Time periods searched (e.g., January 1, 2004 to March 31, 2008) ☐ Search terms used (e.g., text words, indexing terms, subheadings) ☒ Full search strategy included (e.g., possibly located in appendix)	44
8. EVIDENCE SELECTION CRITERIA *Report the criteria used to select (i.e., include and exclude) the evidence.* *Provide rationale, where appropriate.*	☒ Target population (patient, public, etc.) characteristics ☒ Study design Comparisons ☐ (if relevant) Outcomes ☒ Language (if relevant) ☐ Context (if relevant) ☐	Bijlage Zoekverantwoording en beoordeling
9. STRENGTHS & LIMITATIONS OF THE EVIDENCE *Describe the strengths and limitations of the evidence. Consider from the perspective of the individual studies and the body of evidence aggregated across all the studies. Tools exist that can facilitate the reporting of this concept.*	☐ Study design(s) included in body of evidence ☐ Study methodology limitations (sampling, blinding, allocation concealment, analytical methods) ☐ Appropriateness/relevance of primary and secondary outcomes considered ☐ Consistency of results across studies ☐ Direction of results across studies ☐ Magnitude of benefit versus magnitude of harm ☐ Applicability to practice context	
10. FORMULATION OF RECOMMENDATIONS *Describe the methods used to formulate the recommendations and how final decisions were reached. Specify any areas of disagreement and the methods used to resolve them.*	☒ Recommendation development process (e.g., steps used in modified Delphi technique, voting procedures that were considered) ☐ Outcomes of the recommendation development process (e.g., extent to which consensus was reached using modified Delphi technique, outcome of voting procedures) ☐ How the process influenced the recommendations (e.g., results of Delphi technique influence final recommendation, alignment with recommendations and the final vote)	Bijlage Methode
11. CONSIDERATION OF BENEFITS AND HARMS *Report the health benefits, side effects, and risks that were considered when formulating the recommendations.*	☐ Supporting data and report of benefits ☒ Supporting data and report of harms/side effects/risks ☐ Reporting of the balance/trade-off between benefits and harms/side effects/risks ☐ Recommendations reflect considerations of both benefits and harms/side effects/risks	23, 24
12. LINK BETWEEN RECOMMENDATIONS AND EVIDENCE	☐ How the guideline development group linked and used the evidence to inform recommendations	1-97

Describe the explicit link between the recommendations and the evidence on which they are based.	☒ Link between each recommendation and key evidence (text description and/or reference list) ☐ Link between recommendations and evidence summaries and/or evidence tables in the results section of the guideline	
13. EXTERNAL REVIEW *Report the methodology used to conduct the external review.*	☐ Purpose and intent of the external review (e.g., to improve quality, gather feedback on draft recommendations, assess applicability and feasibility, disseminate evidence) ☐ Methods taken to undertake the external review (e.g., rating scale, open-ended questions) ☐ Description of the external reviewers (e.g., number, type of reviewers, affiliations) ☐ Outcomes/information gathered from the external review (e.g., summary of key findings) ☐ How the information gathered was used to inform the guideline development process and/or formation of the recommendations (e.g., guideline panel considered results of review in forming final recommendations)	n.v.t.
14. UPDATING PROCEDURE *Describe the procedure for updating the guideline.*	☐ A statement that the guideline will be ☒ updated Explicit time interval or explicit criteria to guide decisions about when an update will occur ☒ Methodology for the updating procedure	91
DOMAIN 4: CLARITY OF PRESENTATION		
15. SPECIFIC AND UNAMBIGUOUS RECOMMENDATIONS *Describe which options are appropriate in which situations and in which population groups, as informed by the body of evidence.*	☒ A statement of the recommended action ☐ Intent or purpose of the recommended action (e.g., to improve quality of life, to decrease side effects) ☒ Relevant population (e.g., patients, public) ☐ Caveats or qualifying statements, if relevant (e.g., patients or conditions for whom the recommendations would not apply) ☐ If there is uncertainty about the best care option(s), the uncertainty should be stated in the guideline	1-96
16. MANAGEMENT OPTIONS *Describe the different options for managing the condition or health issue.*	☒ Description of management options ☐ Population or clinical situation most appropriate to each option	1-96
17. IDENTIFIABLE KEY RECOMMENDATIONS *Present the key recommendations so that they are easy to identify.*	☐ Recommendations in a summarized box, typed in bold, underlined, or presented as flow charts or algorithms ☒ Specific recommendations grouped together in one section	1-96
DOMAIN 5: APPLICABILITY		
18. FACILITATORS AND BARRIERS TO APPLICATION *Describe the facilitators and barriers to the guideline's application.*	☐ Types of facilitators and barriers that were considered ☐ Methods by which information regarding the facilitators and barriers to implementing recommendations were sought (e.g., feedback from key stakeholders, pilot testing of guidelines before widespread implementation)	

	☐ Information/description of the types of facilitators and barriers that emerged from the inquiry (e.g., practitioners have the skills to deliver the recommended care, sufficient equipment is not available to ensure all eligible members of the population receive mammography) ☐ How the information influenced the guideline development process and/or formation of the recommendations	
19. IMPLEMENTATION ADVICE/TOOLS *Provide advice and/or tools on how the recommendations can be applied in practice.*	☒ Additional materials to support the implementation of the guideline in practice. For example: o Guideline summary documents o Links to check lists, algorithms o Links to how-to manuals o Solutions linked to barrier analysis (see Item 18) o Tools to capitalize on guideline facilitators (see Item 18) o Outcome of pilot test and lessons learned	Bijlage communicatie- en implementatie plan
20. RESOURCE IMPLICATIONS *Describe any potential resource implications of applying the recommendations.*	☐ Types of cost information that were considered (e.g., economic evaluations, drug acquisition costs) ☐ Methods by which the cost information was sought (e.g., a health economist was part of the guideline development panel, use of health technology assessments for specific drugs, etc.) ☐ Information/description of the cost information that emerged from the inquiry (e.g., specific drug acquisition costs per treatment course) How the information ☐ gathered was used to inform the guideline development process and/or formation of the recommendations	
21. MONITORING/ AUDITING CRITERIA *Provide monitoring and/or auditing criteria to measure the application of guideline recommendations.*	☐ Criteria to assess guideline implementation or adherence to recommendations ☐ Criteria for assessing impact of implementing the recommendations ☒ Advice on the frequency and interval of measurement ☐ Operational definitions of how the criteria should be measured	91
DOMAIN 6: EDITORIAL INDEPENDENCE		
22. FUNDING BODY *Report the funding body's influence on the content of the guideline.*	☒ The name of the funding body or source of funding (or explicit statement of no funding) ☒ A statement that the funding body did not influence the content of the guideline	92
23. COMPETING INTERESTS *Provide an explicit statement that all group members have declared whether they have any competing interests.*	☐ Types of competing interests considered ☐ Methods by which potential competing interests were sought ☐ A description of the competing interests ☐ How the competing interests influenced the guideline process and development of recommendations	93

Rouw IKNL 2022

Oordeeel: Goede kwaliteit

CHECKLIST ITEM AND DESCRIPTION	REPORTING CRITERIA	Page #
DOMAIN 1: SCOPE AND PURPOSE		
1. OBJECTIVES *Report the overall objective(s) of the guideline. The expected health benefits from the guideline are to be specific to the clinical problem or health topic.*	☒ Health intent(s) (i.e., prevention, screening, diagnosis, treatment, etc.) ☒ Expected benefit(s) or outcome(s) ☒ Target(s) (e.g., patient population, society)	14
2. QUESTIONS *Report the health question(s) covered by the guideline, particularly for the key recommendations.*	☐ Target population ☒ Intervention(s) or exposure(s) ☐ Comparisons (if appropriate) ☐ Outcome(s) ☒ Health care setting or context	1-79
3. POPULATION *Describe the population (i.e., patients, public, etc.) to whom the guideline is meant to apply.*	☒ Target population, sex and age ☐ Clinical condition (if relevant) ☒ Severity/stage of disease (if relevant) ☐ Comorbidities (if relevant) ☐ Excluded populations (if relevant)	14
DOMAIN 2: STAKEHOLDER INVOLVEMENT		
4. GROUP MEMBERSHIP *Report all individuals who were involved in the development process. This may include members of the steering group, the research team involved in selecting and reviewing/rating the evidence and individuals involved in formulating the final recommendations.*	☒ Name of participant ☒ Discipline/content expertise (e.g., neurosurgeon, methodologist) ☒ Institution (e.g., St. Peter's hospital) ☐ Geographical location (e.g., Seattle, WA) A description of the member's role in the guideline development group	76
5. TARGET POPULATION PREFERENCES AND VIEWS *Report how the views and preferences of the target population were sought/considered and what the resulting outcomes were.*	☒ Statement of type of strategy used to capture patients'/publics' views and preferences (e.g., participation in the guideline development group, literature review of values and preferences) ☒ Methods by which preferences and views were sought (e.g., evidence from literature, surveys, focus groups) ☐ Outcomes/information gathered on patient/public information ☐ How the information gathered was used to inform the guideline development process and/or formation of the recommendations	15, Bijlage methode
6. TARGET USERS *Report the target (or intended) users of the guideline.*	☐ The intended guideline audience (e.g. specialists, family physicians, patients, clinical or institutional leaders/administrators)	14

	☐ How the guideline may be used by its target audience (e.g., to inform clinical decisions, to inform policy, to inform standards of care)	
DOMAIN 3: RIGOUR OF DEVELOPMENT		
7. SEARCH METHODS *Report details of the strategy used to search for evidence.*	☒ Named electronic database(s) or evidence source(s) where the search was performed (e.g., MEDLINE, EMBASE, PsychINFO, CINAHL) ☐ Time periods searched (e.g., January 1, 2004 to March 31, 2008) ☐ Search terms used (e.g., text words, indexing terms, subheadings) ☒ Full search strategy included (e.g., possibly located in appendix)	Bijlage Zoekverantwoording
8. EVIDENCE SELECTION CRITERIA *Report the criteria used to select (i.e., include and exclude) the evidence.* *Provide rationale, where appropriate.*	☒ Target population (patient, public, etc.) characteristics ☒ Study design Comparisons ☐ (if relevant) Outcomes ☒ Language (if relevant) ☐ Context (if relevant) ☐	Bijlage n Mehtode & Zoekverantwoording
9. STRENGTHS & LIMITATIONS OF THE EVIDENCE *Describe the strengths and limitations of the evidence. Consider from the perspective of the individual studies and the body of evidence aggregated across all the studies. Tools exist that can facilitate the reporting of this concept.*	☒ Study design(s) included in body of evidence ☒ Study methodology limitations (sampling, blinding, allocation concealment, analytical methods) ☐ Appropriateness/relevance of primary and secondary outcomes considered ☒ Consistency of results across studies ☐ Direction of results across studies ☐ Magnitude of benefit versus magnitude of harm ☐ Applicability to practice context	Bijlage methode
10. FORMULATION OF RECOMMENDATIONS *Describe the methods used to formulate the recommendations and how final decisions were reached. Specify any areas of disagreement and the methods used to resolve them.*	☒ Recommendation development process (e.g., steps used in modified Delphi technique, voting procedures that were considered) ☐ Outcomes of the recommendation development process (e.g., extent to which consensus was reached using modified Delphi technique, outcome of voting procedures) ☐ How the process influenced the recommendations (e.g., results of Delphi technique influence final recommendation, alignment with recommendations and the final vote)	Bijalge methode
11. CONSIDERATION OF BENEFITS AND HARMS *Report the health benefits, side effects, and risks that were considered when formulating the recommendations.*	☒ Supporting data and report of benefits ☒ Supporting data and report of harms/side effects/risks ☒ Reporting of the balance/trade-off between benefits and harms/side effects/risks ☐ Recommendations reflect considerations of both benefits and harms/side effects/risks	Bijlage mehtode en 1-79
12. LINK BETWEEN RECOMMENDATIONS AND EVIDENCE	☐ How the guideline development group linked and used the evidence to inform recommendations	

Describe the explicit link between the recommendations and the evidence on which they are based.	☐ Link between each recommendation and key evidence (text description and/or reference list) ☐ Link between recommendations and evidence summaries and/or evidence tables in the results section of the guideline	
13. EXTERNAL REVIEW *Report the methodology used to conduct the external review.*	☐ Purpose and intent of the external review (e.g., to improve quality, gather feedback on draft recommendations, assess applicability and feasibility, disseminate evidence) ☐ Methods taken to undertake the external review (e.g., rating scale, open-ended questions) ☐ Description of the external reviewers (e.g., number, type of reviewers, affiliations) ☐ Outcomes/information gathered from the external review (e.g., summary of key findings) ☐ How the information gathered was used to inform the guideline development process and/or formation of the recommendations (e.g., guideline panel considered results of review in forming final recommendations)	n.v.t.
14. UPDATING PROCEDURE *Describe the procedure for updating the guideline.*	☒ A statement that the guideline will be updated ☒ Explicit time interval or explicit criteria to guide decisions about when an update will occur ☐ Methodology for the updating procedure	74
DOMAIN 4: CLARITY OF PRESENTATION		
15. SPECIFIC AND UNAMBIGUOUS RECOMMENDATIONS *Describe which options are appropriate in which situations and in which population groups, as informed by the body of evidence.*	☒ A statement of the recommended action ☐ Intent or purpose of the recommended action (e.g., to improve quality of life, to decrease side effects) ☒ Relevant population (e.g., patients, public) ☐ Caveats or qualifying statements, if relevant (e.g., patients or conditions for whom the recommendations would not apply) ☐ If there is uncertainty about the best care option(s), the uncertainty should be stated in the guideline	1-79
16. MANAGEMENT OPTIONS *Describe the different options for managing the condition or health issue.*	☐ Description of management options ☐ Population or clinical situation most appropriate to each option	
17. IDENTIFIABLE KEY RECOMMENDATIONS *Present the key recommendations so that they are easy to identify.*	☐ Recommendations in a summarized box, typed in bold, underlined, or presented as flow charts or algorithms ☒ Specific recommendations grouped together in one section	1-79
DOMAIN 5: APPLICABILITY		
18. FACILITATORS AND BARRIERS TO APPLICATION *Describe the facilitators and barriers to the guideline's application.*	☒ Types of facilitators and barriers that were considered ☐ Methods by which information regarding the facilitators and barriers to implementing recommendations were sought (e.g., feedback from key stakeholders, pilot testing of guidelines before widespread implementation)	Bijlage communicatie- en implementatie plan

	☐ Information/description of the types of facilitators and barriers that emerged from the inquiry (e.g., practitioners have the skills to deliver the recommended care, sufficient equipment is not available to ensure all eligible members of the population receive mammography) ☐ How the information influenced the guideline development process and/or formation of the recommendations	
19. IMPLEMENTATION ADVICE/TOOLS *Provide advice and/or tools on how the recommendations can be applied in practice.*	☒ Additional materials to support the implementation of the guideline in practice. For example: o Guideline summary documents o Links to check lists, algorithms o Links to how-to manuals o Solutions linked to barrier analysis (see Item 18) o Tools to capitalize on guideline facilitators (see Item 18) o Outcome of pilot test and lessons learned	Bijalge communicatie- en implem entatie plan
20. RESOURCE IMPLICATIONS *Describe any potential resource implications of applying the recommendations.*	☐ Types of cost information that were considered (e.g., economic evaluations, drug acquisition costs) ☐ Methods by which the cost information was sought (e.g., a health economist was part of the guideline development panel, use of health technology assessments for specific drugs, etc.) ☐ Information/description of the cost information that emerged from the inquiry (e.g., specific drug acquisition costs per treatment course) How the information ☐ gathered was used to inform the guideline development process and/or formation of the recommendations	n.v.t.
21. MONITORING/ AUDITING CRITERIA *Provide monitoring and/or auditing criteria to measure the application of guideline recommendations.*	☐ Criteria to assess guideline implementation or adherence to recommendations ☐ Criteria for assessing impact of implementing the recommendations ☐ Advice on the frequency and interval of measurement ☐ Operational definitions of how the criteria should be measured	n.v.t.
DOMAIN 6: EDITORIAL INDEPENDENCE		
22. FUNDING BODY *Report the funding body's influence on the content of the guideline.*	☒ The name of the funding body or source of funding (or explicit statement of no funding) ☒ A statement that the funding body did not influence the content of the guideline	75
23. COMPETING INTERESTS *Provide an explicit statement that all group members have declared whether they have any competing interests.*	☐ Types of competing interests considered ☐ Methods by which potential competing interests were sought ☐ A description of the competing interests ☐ How the competing interests influenced the guideline process and development of recommendations	n.v.t.

Uitwerking per uitgangsvraag

Uitgangsvraag 1,2 en 4 (signaleren, diagnostiek en evaluatie)

Uitwerking uitgangvraag

Uitgangsvraag	Welke (bij voorkeur gevalideerde) screeninginstrumenten kunnen ingezet worden om psychosociale problemen te herkennen? Welke handvatten voor het vaststellen de verpleegkundige diagnose van psychosociale problemen moet men gebruiken? En hoe kun je deze praktisch toepassen? Welke (bij voorkeur in het Nederlands en gevalideerde) lijsten voor de evaluatie van psychosociale problemen kan men gebruiken?
Methode	Een literatuursearch naar bestaande richtlijnen. Mochten er nog cruciale onderdelen ontbreken dan kan een aanvullende search worden overwogen. In aanvulling op de literatuursearch maken we gebruik van zogenoemde verpleegkundige classificatiesystemen. Hier valt te denken aan North American Nursing Diagnoses Association (NANDA), hoewel dit gebruikelijke verpleegkundige instrumenten zijn zal er ook nog naar alternatieven worden gekeken (bijv. Clinical Care Classification System (CCC)[1] en International Classification of Functioning, Disability and Health (ICF)) Nadat we de evidentie in kaart hebben gebracht voeren we een focusgroep uit om te bezien op welke wijze de evidentie in de praktijk kan worden toegepast
PICO	
P	Oncologische patiënten met een vermoeden op psychosociale problematiek
I	Screening en Diagnostische en evaluatie instrumenten
C	(alleen voor screening) een diagnostisch instrument
O	Sensitiviteit, specificiteit of vallidering

Zoekstrategie

In de internationale richtlijn-databases Guidelines International Network (GIN) en National Institute for Health and Care Excellence (NICE) is gezocht naar relevante richtlijnen. Daarnaast is gekeken naar de volgende verpleegkundige classificatiesystemen: de North American Nursing Diagnoses Association (NANDA), het Clinical Care Classification System (CCC)[1] en de International Classification of Functioning, Disability and Health (ICF).

NICE
Vijf zoekopdrachten gedaan, met de volgende zoektermen: “psychosocial” (1 resultaat), “psycho-social” (1 resultaat), “distress” (1 resultaat), “diagnos*” (90 resultaten) en “psych*”

1 Voor 2003 stond het Clinical Care Classification System (CCC) bekend als het Home Health Care Classification System (HHCC).

(8 resultaten). Geen enkel resultaat bleek relevant te zijn. Ofwel de doelgroep was niet de juiste, ofwel het betrof geen diagnostiek (of wel diagnostiek, maar niet naar psychosociale problematiek).

ICF

De volgende zoekopdrachten gegeven, waarbij steeds alle eigenschappen in de “Advanced Search” box waren aangevinkt: “psycho*” (22 vermeldingen gevonden, waarvan slechts 1 specifiek met de term “psychosocial, namelijk de code b122, Global psycosocial functions; geen informatie over diagnostiek op dit vlak), “diagno*” (geen resultaten), “screen*” (geen resultaten), “distress” (geen resultaten).

Search strings wetenschappelijke databasen

Medline

trimbos eva med20230921 psychosocial cancer SR trials etc
"trimbos eva med20230921 psychosocial cancer SR trials etc"

Overzicht resultaten

Naam search	aantal
eva med20230921 psychosocial cancer guidelines	**7**
SR cancer patient + diagnose of screening + distress SRs	**29**
eva med20230921 psychosocial cancer referral	45
eva med20230921 psychosocial cancer validation	14
eva med20230921 psychosocial cancer instrumentation	19
eva med20230921 psychosocial cancer questionnaires	52
eva psy20230919 psychosocial cancer guidelines	45
coc trials 20230920 distress oncologic vanaf 2010	34
Cin 20230919 distress thermometer	19

Cinahl

search cinahl specifiek distress thermometer
"distress thermometer" + (MH "Netherlands") OR (ab (netherlan* or holland or dutch)) OR (in (netherlan* or holland or dutch))

search naam eva 20230919 distress diagnosis

search cinahl
(MH "Health Screening+") OR (MH "Mental Health Screening (Saba CCC)") OR "screening tool")
AND
(MH "Netherlands") OR (ab (netherlan* or holland or dutch)) OR (in (netherlan* or holland or dutch))
AND
TI (distress or anxiety or stress or psychological or depression) OR AB (distress or anxiety or stress or psychological or depression)
AND (tool or instrument or scale or inventory or questionnaire)
Gevondern aantal =113 na 2015

Medline search

Database: Ovid MEDLINE(R) ALL <1946 to September 20, 2023>
Search Strategy:
---

1 "Distress management in cancer patients".fc_titl. (1)
2 (distress* adj2 manage* adj5 (oncol* or cancer*)).tw. (76)
3 (distress* adj2 manage* adj5 (oncol* or cancer*)).kf. (3)
4 2 or 3 (77)
5 (english or dutch).la. (31481674)
6 4 and 5 (77)

7 6 (77)
8 limit 7 to yr="2010 -Current" (67)
9 "Stress, Psychological"/ (133934)
10 "Stress, Psychological"/di (6006)
11 Mass Screening/ (116536)
12 (cancer* or neoplas* or oncolo*).ti,kf. (1666060)
13 exp *Neoplasms/ (3442903)
14 exp *Neoplasms/di (306097)
15 13 and (11 or 14) (330064)
16 9 and 15 (483)
17 practice guideline/ (30647)
18 from 8 keep 1-67 (67)
19 consensus/ (21295)
20 (guidelin* or consensus).ti. (124310)
21 17 or 19 or 20 (147505)
22 16 and 21 (8)
23 (13 or 12) and (11 or 14) and 21 (3959)= cancer patient + diagnose of screening + guidelines
24 23 (3959)
25 limit 24 to yr="2010 -Current" (2505)
26 distress*.ti,kf. (46778)
27 25 and (26 or 9) (7)= cancer patient + diagnose of screening + guidelines + distress
28 "filter medline systematic reviews".ti. (0)
29 meta analysis.pt. (186817)
30 (meta-anal$ or metaanal$).tw,kf. (283093)
31 (systematic$ adj10 (review$ or overview$)).tw,kf. (334930)
32 (quantitativ$ adj10 (review$ or overview$)).tw,kf. (13750)
33 (methodologic$ adj10 (review$ or overview$)).tw,kf. (16521)
34 medline.tw. and review.pt. (102690)
35 (pooled adj3 analy*).tw,kf. (29633)
36 "cochrane$".fc_jour. (16441)
37 or/29-36 (546019)
38 (12 or 13) and (11 or 14) and (9 or 26) (678)= cancer patient + diagnose of screening + distress
39 37 and 38 (32)= **SR cancer patient + diagnose of screening + distress**
40 39 (32)
41 limit 40 to yr="2010 -Current" (29)= SR cancer patient + diagnose of screening + distress aantal na 2010
42 is.fs. (688700)
43 38 and 42 (20)
44 validation study/ (109220)
45 from 27 keep 1-7 (7)
46 from 41 keep 1-29 (29)
47 from 43 keep 1-20 (20)
48 (12 or 13) and (11 or 14) and (9 or 26) and 44 (22)
49 "Referral and Consultation"/ (76364)
50 referral?.ti,kf. (22878)
51 (12 or 13) and (11 or 14) and (9 or 26) and (49 or 50) (54)=cancer patients + diagnose of screening + distress + referral
52 51 (54)
53 limit 52 to yr="2010 -Current" (45)= **aantal referral na 2010**
54 48 (22)
55 limit 54 to yr="2010 -Current" (14)=**aantal validation studies na 2010**
56 43 (20)
57 limit 56 to yr="2010 -Current" (19)= **aantal studies met instrumentation na 2010**
58 exp "Surveys and Questionnaires"/ (1217112)
59 (12 or 13) and (11 or 14) and (9 or 26) and 58 (487)
60 59 (487)
61 limit 60 to yr="2010 -Current" (352)
62 61 and (37 or trial*.tw.) (52)= aantal questionnaires sr of trials

Psycinfo search
Database: APA PsycInfo <1806 to September Week 1 2023>
Search Strategy:
---

1 exp Distress/ or distress.mp. (88430)
2 exp evidence based practice/ or exp experimentation/ or best practices/ (371856)
3 exp nursing/ (27216)
4 "distress thermometer".tw. (391)
5 "distress thermometer".id. (96)
6 (tool or instrument or scale or inventory or questionnaire).tw. (739810)
7 (tool or instrument or scale or inventory or questionnaire).id. (106580)
8 1 and 3 and (4 or 5 or 6 or 7) (169)
9 2 and 8 (6)
10 exp Treatment Guidelines/ (9402)
11 (guidelin* or consensu*).tw. (114884)
12 10 or 11 (116652)
13 8 and 12 (6)
14 exp measurement/ (511187)
15 8 and 14 (43)
16 exp Neoplasms/ (61800)
17 exp Survivors/ (20250)
18 (cancer* or oncol* or tumor or neoplas* or psycho?oncol*).tw. (88964)
19 16 or 17 or 18 (107350)
20 1 and 14 and 19 (1102)
21 12 and 20 (65)
22 21 (65)
23 limit 22 to (all journals and yr="2010 -Current") (45)

Cochrane search
In cochrane search op 2023 09 20 voor trials
Search Name: MO Eva 20230713 psychosocial nursing interventions
Date Run: 20/09/2023 23:27:32
Comment:

ID	Search	Hits
#1	MeSH descriptor: [Neoplasms] explode all trees and with qualifier(s): [nursing - NU, psychology - PX, rehabilitation - RH]	4929
#2	(cancer* or neoplasm* or carcinoma* or malignan* or tumo#r):ti	148752
#3	MeSH descriptor: [Cancer Survivors] explode all trees	812
#4	#1 OR #2 or #3	149959
#5	(psychotherapeutic NEXT interventi*):ti	62
#6	MeSH descriptor: [Psychotherapy] explode all trees	33576
#7	psychoeducat*:ti	1565
#8	psychosocial*:ti	3330
#9	#5 or #6 or #7 or #8	37669
#10	#4 and #9	2114
#11	nursing:ti	8563
#12	MeSH descriptor: [Evidence-Based Practice] explode all trees	3543
#13	MeSH descriptor: [Nursing] this term only	536
#14	#11 or #12 or #13	12465
#15	#10 and #14	30
#16	distres*:ti	5048
#17	distres*:ab	25569
#18	#16 OR #17	26873
#19	#14 AND #18	199
#20	#4 AND #19	34

Selectie
Eenvoudige zoekopdracht met de zoekterm “psych*”. Erika Papazoglou selecteerde de literatuur op basis van de eerder beschreven ‘Uitwerking uitgangvraag’, dit leverde 76 resultaten op. Hiervan lijken er 3 bruikbaar te zijn en 4 twijfelgevallen. Van de 3 bruikbare richtlijnen valt er 1 af, omdat dit de Engelstalige versie is van één van de andere twee (de Nederlandse richtlijn “Detecteren behoefte psychosociale zorg” van IKNL).

(Waarschijnlijk) relevant:

- (NL), I. (2010). Detecteren behoefte psychosociale zorg. National evidence-based guideline.
- (CA), M. U. (2015). Follow-up Care and Psychosocial Needs of Survivors of Prostate Cancer.

Misschien relevant:

- AWMF (DE), D. K. G. (DE). (2023). Psychoonkologische Diagnostik, Beratung und Behandlung von erwachsenen Krebspatienten (Leitlinienprogramm Onkologie von AWMF, DKG und DKH).
- (USA), A. (2020). AAOS Appropriate Use Criteria for the Early Screening for Psychosocial Risk and Protective Factors.
- (USA), A. (2019). AAOS/METRC Clinical Practice Guideline for the Evaluation of Psychosocial Factors Influencing Recovery From Adult Orthopaedic Trauma.
- (DE), A. (2020). Psychosoziale Versorgung in der Pädiatrischen Onkologie und Hämatologie. S3-LL (GPOH).

NICE
Er werden 33 mogelijk relevante richtlijnen gevonden. Uiteindelijk voldeed één richtlijn.

ICF
Alle 23 hits werden geëxcludeerd, deze gaven geen antwoord op de uitgangsvraag.

NANDA
De werkgroep suggereerde het gebruik van het handboek voor verpleegkundige diagnoses (NANDA). Deze was relevant voor het beantwoorden van de uitgangsvraag.

Telefonische interviews wijkverpleegkundigen

- *Voorbereiding:*
  - Deelnemers werden geworven via de snowball-methode, waarbij het netwerk van de werkgroepleden werd ingezet. Daarnaast zijn er willekeurig thuiszorgorganisaties aangeschreven.
  - Er zijn een draaiboek en vragenlijst samengesteld die zijn tijdens de interviews behandeld.

- *Uitvoering van de interviews:*
  - In totaal zijn er zeven interviews telefonisch afgenomen, welke gemiddeld 40 minuten duurden. De telefonisch interviews zijn afgenomen in de periode tussen 30 januari 2024 en 16 februari 2024. De deelnemers waren ofwel wijkverpleegkundige, specialistisch verpleegkundige of verpleegkundige in het ziekenhuis.

- Introductie: Deelnemers werden verwelkomd en op de hoogte gebracht van het doel van de interviews, de vertrouwelijkheid van hun antwoorden en de verwachte duur van het interview.
- Proces: De onderzoeker stelde vragen aan de hand van de vooraf opgestelde vragenlijst, waarbij deelnemers werden aangemoedigd om vrijuit te spreken.

- *Resultaten*:
  - Per interview is een verslaglegging in de vorm van een beknopte samenvatting gemaakt.
  - De resultaten van de interviews zijn gedeeld met de werkgroepleden en geïntegreerd in de uitwerking van de uitgangsvraag.

Best Practices

We hebben twee best practices in beeld gebracht om bestaande kennis in de praktijk mee te nemen in de ontwikkeling van de handreiking. We hebben via de werkgroep, de literatuur, het IKNL en Palliaweb voorbeelden van goede praktijken geïnventariseerd. De werkgroep heeft hier, op basis van concensus, twee best practices uit geselecteerd. Op basis van een vooraf opgestelde topiclijst zijn de projectleiders/contactpersonen van deze praktijken geïnterviewd om zo goed zicht te krijgen op de best practices zelf, de faciliterende factoren en belemmerende factoren voor implementatie. De inzichten uit de interviews zijn gedeeld met de werkgroep.

De best practices betreffen ‘Care for Cancer’ en de ‘POH-oncologie’.

Uitgangsvraag 3 Effectieve interventies

Review protocol

Onderwerp	
Uitgangsvragen	Wat zijn effectieve (niet-medicamenteuze) verpleegkundige interventies die buiten het ziekenhuis toegepast kunnen worden om mensen met psychosociale problemen?
Criteria voor inclusie van studies in de review	
• *Populatie*	• Oncologische patiënten (en hun naasten, zie vraag 6) met psychosociale problematiek
• *Interventie*	• Verpleegkundige interventies (bijv psycho-educatie)
• *Vergelijking*	• Gebruikelijke zorg (TAU), geen behandeling
• *Kritische Uitkomstmaten*	• Psychosociaal herstel • Kwaliteit van leven
• *Belangrijke Uitkomstmaten*	• Uitval • Functioneel herstel
• *Studiedesign*	• Richtlijnen, meta-analyses en systematische reviews van RCT's, RCT's
• *Minimum omvang steekproef*	• RCT: > 10 per arm • Exclusie van studies met >50% attrition uit een arm van de trial (tenzij adequate statistiek is toegepast om te corrigeren voor missende data)
Search strategie	[termen populatie criteria] AND [RCT, systematic review]
Databases searched	• Medline, PsycInfo, CINAHL, Cochrane database
Data searched	• Vanaf 2010
De review strategie	De informatiespecialist voert de zoek strategie uit. Eén naar systematic reviews+richtlijnen en de ander naar individuele RCTs . Individuele RCTs worden gebruikt bij gebrek aan up-to-date (niet ouder dan 10 jaar) systematische reviews en bij voldoende tijd. De reviewer selecteert de studies in drie fases. Een eerste selectie op titel en abstract. De artikelen die op basis van deze eerste fase als match werden beschouwd, worden in een tweede full-tekst selectie beoordeeld op geschiktheid. Vanwege de brede PICO zullen maximaal 5 reviews (met meta-analyses) worden. Inclusie zal worden afgewogen op basis van kwaliteit en recentheid maar het meest belangrijk is dat de review een groot gedeelte van de populatie en voor verpleegkundige toepasbare interventies dekken, rekening houdend met aanbevelingen uit andere richtlijnen die al een gedeelte van de interventies/populatie dekken Een meta-analyse wordt alleen geupdate met RCTs als deze de conclusies wezenlijk zouden veranderen.

Searchstrings

Zoekacties voor verpleegkundige interventies voor oncologische patienten van R.Deurenberg
Er is gezocht in de cohrane libray, medline, psycinfo, cinahl op 13 juli 2023
Overzicht gevonden resultaten.
Afkortingen van databases
Cin= cinahl
Coc= cochrane library
Med= medline
Psy= psycindo
SR= systematic reviews

Naam file	aantal
cin 20230713 nursing en psychosocial	90
cin 20230713 psychosocial en education	18
Coc trials	30
med SR na 2010 verpleegkundige psychosocial interventies oncologie SR.txt	287
med 20230713 cbt etc	15
med guidelines na 2010	9
med kanker nazorg	6
psy 20230713 guidelines	13
psy 20230713 cbt psychosocial etc	5
psy 20230713 kanker nazorg	13
psy 20230713 SRs	121

Cochrane

Search Name: MO Eva 20230713 psychosocial nursing interventions
Date Run: 13/07/2023 15:03:21
Comment:

ID Search Hits
#1 MeSH descriptor: [Neoplasms] explode all trees and with qualifier(s): [nursing - NU, psychology - PX, rehabilitation - RH] 4920
#2 (cancer* or neoplasm* or carcinoma* or malignan* or tumo#r):ti 147674
#3 MeSH descriptor: [Cancer Survivors] explode all trees 798
#4 #1 OR #2 or #3 148878
#5 (psychotherapeutic NEXT interventi*):ti 61
#6 MeSH descriptor: [Psychotherapy] explode all trees 33417
#7 psychoeducat*:ti 1547
#8 psychosocial*:ti 3300
#9 #5 or #6 or #7 or #8 37464
#10 #4 and #9 2097
#11 nursing:ti 8465
#12 MeSH descriptor: [Evidence-Based Practice] explode all trees 3540
#13 MeSH descriptor: [Nursing] this term only 536
#14 #11 or #12 or #13 12365
#15 #10 and #14 30

30 refs in CCTR = cochrane trials

Medline op 11 juli 2023

Database: Ovid MEDLINE(R) ALL <1946 to July 12, 2023>
Search Strategy:
---

1 "psychosociale problemen oncologie".ti. (0)
2 advanced practice nursing/ or oncology nursing/ (10415)
3 Psychosocial Intervention/ (933)
4 (psychosocial adj3 (interv* or nursi*)).ti,kw. (2124)
5 2 and 3 (0)
6 4 or 5 (2124)= psychosocial nursing interventions
7 exp Psycho-Oncology/ (243)
8 (cancer* or neoplasm? or metasta* or tumo?r? or malignanc*).ti,kw. (2012265)
9 exp Neoplasms/nu [Nursing] (13365)
10 6 and (7 or 8 or 9) (343)= psychosocial nursing interventions + oncologic patients

11 "filter medline systematic reviews".ti. (0)
12 meta analysis.pt. (183828)
13 (meta-anal$ or metaanal$).tw,kf. (276244)

14 (systematic$ adj10 (review$ or overview$)).tw,kf. (325756)
15 (quantitativ$ adj10 (review$ or overview$)).tw,kf. (13475)
16 (methodologic$ adj10 (review$ or overview$)).tw,kf. (16264)
17 medline.tw. and review.pt. (100900)
18 (pooled adj3 analy*).tw,kf. (29035)
19 "cochrane$".fc_jour. (16320)
20 or/12-19 (534090)

21 10 and 20 (110)
22 from 21 keep 9,21-22,25,31,33,38-39,41,44,46-47,49,51-52,55-56,61-62,64,66,72-74,76-79,81,92,97 (31)
23 (psycho adj1 educat*).ti. (373)
24 guidelin*.ti,kw. (99868)
25 exp Practice Guideline/ (30508)
26 24 or 25 (116855)
27 *Adaptation, Psychological/ (45865)
28 social behavior/ or social isolation/ (73133)
29 nursing.fs. (137434)
30 (27 or 28) and 29 (3275)
31 26 and 30 (1)
32 3 or 4 or 27 or 28 (120226)
33 29 or 32 (254266)
34 33 and (7 or 8 or 9) (18638)
35 26 and 34 (133)
36 35 (133)
37 limit 36 to yr="2010 -Current" (45)
38 20 and 34 (532)
39 Social Adjustment/ (23667)
40 exp Adaptation, Psychological/ (139752)
41 39 or 40 (158500)
42 coping.ti,kw. (22663)
43 (adaptive adj2 (behav* or skil* or strateg*)).ti,kw. (1658)
44 39 or 40 or 42 or 43 (165890)
45 28 or 44 (233593)=factoren
46 ed.fs. (300647)
47 45 and 46 (5515)
48 7 or 8 or 9 (2018701)
49 47 and 48 (242)
50 trial?.tw. (1305770)
51 49 and 50 (42)
52 exp Cognitive Behavioral Therapy/ (36514)
53 (cbt or (cognitive adj2 behav* adj2 thera*)).ti,kw. (10088)
54 52 or 53 (38897)=CBT
55 6 and 54 (253)= psychosocial nursing interventions + cbt
56 55 and (7 or 8 or 9) (33)= psychosocial nursing interventions + cbt + oncologie

Database: APA PsycInfo <1806 to July Week 1 2023>
Search Strategy:
---
1 (cancer adj2 aftercare adj2 guid*).tw. (4)
2 (aftercare or survivor*).id. (17038)
3 (cancer or oncolog*).id. (51459)
4 2 and 3 (5114)
5 nursing/ or nursing education/ (32283)
6 4 and 5 (47)
7 ((Long-term adj2 cancer adj2 survivor*) or cancer survivor? or (Cancer adj2 post?treatment) or Cancer posttreatmen*).tw. (7065)
8 survivors/ (17400)
9 from 6 keep 2,6 (2)

10 exp Oncology/ (5727)
11 exp Neoplasms/ (61043)
12 8 and (10 or 11) (6136)
13 7 or 12 (8237)
14 exp Nursing/ (26945)
15 intervention/ (87498)
16 14 and 15 (1238)
17 psychosocial rehabilitation/ or exp rehabilitation/ (55642)
18 12 and 14 and 17 (1)
19 12 and 16 (5)
20 exp coping behavior/ or exp emotional adjustment/ (75404)
21 from 19 keep 1-5 (5)
22 client education/ or psychoeducation/ (9980)
23 1 or 2 or 3 or 8 or 10 or 11 (82709)
24 14 or 17 or 20 or 22 (165135)
25 23 and 24 (8397)= P oncologie + factoren als nursing of rehabilitatie of coping of educatie
26 nurs*.tw,id. (119695)
27 14 or 26 (120029)= accent op nursing
28 25 and 27 (1531)=
29 "psycinfo SR filer".ti. (0)
30 (meta-anal* or metaanal*).tw. (51377)
31 (quantitativ* adj5 (review* or overview*)).tw. (3277)
32 (quantitativ* adj5 (review* or overview*)).id. (79)
33 (systematic* adj5 (review* or overview*)).tw,id. (54130)
34 (methodolo* adj5 (review* or overview*)).tw,id. (8379)
35 ((medline or cochrane) adj5 (review* or overview*)).tw,id. (3690)
36 (literature adj5 (overview or review)).tw,id. (93723)
37 (synthes* adj3 (literature* or research or studies or data)).tw,id. (12531)
38 (pooled adj5 analys*).tw,id. (3112)
39 (data adj2 pool*).tw,id. (2850)
40 ((hand or manual* or database* or computer* or electronic*) adj2 search*).tw,id. (15494)
41 "literature review"/ or meta analysis/ (28174)
42 "systematic review"/ (792)
43 or/30-42 (190291)
44 28 and 43 (155)= P oncologie + factoren als nursing of rehabilitatie of coping of educatie + SR
45 44 (155)
46 limit 45 to yr="2010 -Current" (121)
47 exp treatment guidelines/ (9267)
48 from 46 keep 1-121 (121)
49 28 and 47 (15)=
50 49 (15)
51 limit 50 to yr="2010 -Current" (13)= P oncologie + factoren als nursing of rehabilitatie of coping of educatie + guidelines

Cinahl

Print Search History

#	Query	Results
S13	**S2 AND S11 AND S12**	18 **extra**
S12	TI (nursing N2 interve*) OR AB (nursing N2 interve*)	12,563
S11	(MH "Coping+") OR TI coping OR AB coping	66,332
S10	(MH "Coping+")	42,883
S9	S7 AND S8	3,525
S8	S1 OR S2	24,211
S7	(MH "Psychosocial Aspects of Illness+") OR (MH "Support, Psychosocial+")	313,957
S6	**(TI nursing OR AB nursing) AND (S2 AND S3 AND S4)**	92 **search**
S5	(TI nursing OR AB nursing) AND (S2 AND S3 AND S4)	147
S4	TI nursing OR AB nursing	330,506
S3	TI psychosocial OR AB psychosocial	61,016
S2	TI Cancer N2 survivor* OR Cancer N2 survivor* OR TI Cancer posttreatment OR AB Cancer posttreatment	24,211
S1	TI Longterm N2 cancer N2 survivor* OR AB Longterm N2 cancer N2 survivor*	5

5

AMSTAR 2 Results

Printer Friendly Version

Article Name:

You are currently logged on as Guest. You need to be logged on as a member to submit your score.

Log On

Zweers2016 is a Low quality review

1. Did the research questions and inclusion criteria for the review include the components of PICO?	Yes Yes Yes Yes Yes
2. Did the report of the review contain an explicit statement that the review methods were established prior to the conduct of the review and did the report justify any significant deviations from the protocol?	YesYesYesYesYesYes

3. Did the review authors explain their selection of the study designs for inclusion in the review?	Yes Yes	
4. Did the review authors use a comprehensive literature search strategy?	Partial Yes Yes Yes	Yes
5. Did the review authors perform study selection in duplicate?	No	
6. Did the review authors perform data extraction in duplicate?	Yes	
7. Did the review authors provide a list of excluded studies and justify the exclusions?	No	
8. Did the review authors describe the included studies in adequate detail?	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	
9. Did the review authors use a satisfactory technique for assessing the risk of bias (RoB) in individual studies that were included in the review?		
RCT	Yes	
NRSI		
	Yes Yes	
10. Did the review authors report on the sources of funding for the studies included in the review?	No	
11. If meta-analysis was performed did the review authors use		

appropriate methods for statistical combination of results?	
RCT	0
NRSI	0
12. If meta-analysis was performed, did the review authors assess the potential impact of RoB in individual studies on the results of the meta-analysis or other evidence synthesis?	0
13. Did the review authors account for RoB in individual studies when interpreting/ discussing the results of the review?	Yes
14. Did the review authors provide a satisfactory explanation for, and discussion of, any heterogeneity observed in the results of the review?	Yes
15. If they performed quantitative synthesis did the review authors carry out an adequate investigation of publication bias (small study bias) and discuss its likely impact on the results of the review?	0
16. Did the review authors report any potential sources of conflict of interest, including any funding they received for conducting the review?	No

To cite this tool: Shea BJ, Reeves BC, Wells G, Thuku M, Hamel C, Moran J, Moher D, Tugwell P, Welch V, Kristjansson E, Henry DA. AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. BMJ. 2017 Sep 21;358:j4008.

AMSTAR 2 Results

Printer Friendly Version

Article Name:

You are currently logged on as Guest. You need to be logged on as a member to submit your score.

Log On

Tuominen2018 is a Low quality review

1. Did the research questions and inclusion criteria for the review include the components of PICO?	Yes Yes Yes

	Yes Yes	
2. Did the report of the review contain an explicit statement that the review methods were established prior to the conduct of the review and did the report justify any significant deviations from the protocol?	Partial YesYesYesYesYesYes	
3. Did the review authors explain their selection of the study designs for inclusion in the review?	Yes	
4. Did the review authors use a comprehensive literature search strategy?	Partial Yes Yes Yes Yes	Yes
5. Did the review authors perform study selection in duplicate?	Yes Yes	
6. Did the review authors perform data extraction in duplicate?	Yes Yes	
7. Did the review authors provide a list of excluded studies and justify the exclusions?	No	
8. Did the review authors describe the included studies in adequate detail?	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	
9. Did the review authors use a satisfactory technique for assessing the risk of bias (RoB) in individual studies that were included in the review?		

RCT	Partial Yes
NRSI	0
10. Did the review authors report on the sources of funding for the studies included in the review?	Yes
11. If meta-analysis was performed did the review authors use appropriate methods for statistical combination of results?	
RCT	Yes
NRSI	Yes Yes Yes
12. If meta-analysis was performed, did the review authors assess the potential impact of RoB in individual studies on the results of the meta-analysis or other evidence synthesis?	No
13. Did the review authors account for RoB in individual studies when interpreting/ discussing the results of the review?	Yes
14. Did the review authors provide a satisfactory explanation for, and discussion of, any heterogeneity observed in the results of the review?	Yes
15. If they performed quantitative synthesis did the review authors carry out an adequate investigation of publication bias (small study bias) and discuss its likely impact on the results of the review?	Yes
16. Did the review authors report any potential sources of conflict of interest, including any funding they received for conducting the review?	Yes

To cite this tool: Shea BJ, Reeves BC, Wells G, Thuku M, Hamel C, Moran J, Moher D, Tugwell P, Welch V, Kristjansson E, Henry DA. AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. BMJ. 2017 Sep 21;358:j4008.

Literatuurselectie

Vanuit de richtlijnen komt vooral informatie over benaderingswijze van patiënten maar weinig concrete informatie over (effecten van) specifieke interventies die kunnen worden toegepast door verpleegkundigen en verzorgenden.
De literatuursearch is gedaan in de cohrane libray, medline, psycinfo, cinahl op 13 juli 2023. In totaal waren er 909 artikelen bij de eerste selectie (zonder duplicates), waarvan er vervolgens 34 artikelen zijn geïncludeerd bij de eerste selectie op basis van titel + abstract. Na de full tekst selectie bleven er vier reviews (Hussain2020; Zweers2016; Soon-Rim Suh2017; Tuominen2018;) over. Hussain2020 is bij nader inzien alsnog geëxcludeerd omdat de onderzochte interventies zijn uitgevoerd door gespecialiseerde verpleegkundigen in een ziekenhuis. De drie geïncludeerde reviews bevatten interventies die toepasbaar lijken in de wijk en dekken een breedspectrum aan interventies.
Vanuit de richtlijnen komt vooral informatie over benaderingswijze van patiënten maar weinig concrete informatie over (effecten van) specifieke interventies die kunnen worden toegepast door verpleegkundigen en verzorgenden.

Best practices

We hebben twee best practices in beeld gebracht om bestaande kennis in de praktijk mee te nemen in de ontwikkeling van de handreiking. We hebben via de werkgroep, de literatuur, het IKNL en Palliaweb voorbeelden van goede praktijken geïnventariseerd. De werkgroep heeft hier, op basis van concensus, twee best practices uit geselecteerd. Op basis van een vooraf opgestelde topiclijst zijn de projectleiders/contactpersonen van deze praktijken geïnterviewd om zo goed zicht te krijgen op de best practices zelf, de faciliterende factoren en belemmerende factoren voor implementatie. De inzichten uit de interviews zijn gedeeld met de werkgroep.
De best practices betreffen ‘Care for Cancer’ en de ‘POH-oncologie’.

Telefonische interviews wijkverpleegkundigen

- *Voorbereiding:*
    - Deelnemers werden geworven via de snowball-methode, waarbij het netwerk van de werkgroepleden werd ingezet. Daarnaast zijn er willekeurig thuiszorgorganisaties aangeschreven.
    - Er zijn een draaiboek en vragenlijst samengesteld die zijn tijdens de interviews behandeld.

- *Uitvoering van de interviews:*
    - In totaal zijn er zeven interviews telefonisch afgenomen, welke gemiddeld 40 minuten duurden. De telefonisch interviews hebben plaatsgevonden in de periode tussen 30 januari 2024 en 16 februari 2024. De deelnemers waren ofwel wijkverpleegkundige, specialistisch verpleegkundige of verpleegkundige in het ziekenhuis.

- Introductie: Deelnemers werden verwelkomd en op de hoogte gebracht van het doel van de interviews, de vertrouwelijkheid van hun antwoorden en de verwachte duur van het interview.
- Proces: De onderzoeker stelde vragen aan de hand van de vooraf opgestelde vragenlijst, waarbij deelnemers werden aangemoedigd om vrijuit te spreken.

- *Resultaten*:
  - Per interview is een verslaglegging in de vorm van een beknopte samenvatting gemaakt.
  - De resultaten van de interviews zijn gedeeld met de werkgroepleden en geïntegreerd in de uitwerking van de uitgangsvraag.

Uitgangsvraag 5 verwijzen en consulteren

Uitwerking uitgangvraag	
Uitgangsvraag 5	Bij welke criteria verwijs/consulteer je naar een andere zorgprofessionals (zoals de (POH-)GGZ, het algemeen- en medisch maatschappelijk werk, geestelijk- of kerkelijke ondersteuners en psychosociale zorgverleners in de ziekenhuizen en/of de eerste lijn)?
Methode	We voeren een focusgroep uit om op basis van de bij uitgangsvraag 4 gevonden ernstmetingen reden geven om te verwijzen of te consulteren.

Online focusgroepen

- *Voorbereiding:*
  - Deelnemers werden geworven via de snowball-methode, waarbij het netwerk van de werkgroepleden, oproepen via sociale media en directe benadering van organisaties zoals huisartspraktijken, inloophuizen etc. werden ingezet.
  - Een gestructureerde discussiegids werd ontwikkeld met vragen en onderwerpen om te behandelen tijdens de focusgroepen.
- *Uitvoering van de focusgroepen:*
  - De focusgroepen hebben online via Teams plaatsgevonden en duurden 1,5 uur. De focusgroepen zijn op twee momenten gehouden, waarbij op 29 februari vijf en op 5 maart zes deelnemers aanwezig waren. De deelnemers hebben na afloop een vergoeding ontvangen. De volgende disciplines waren vertegenwoordigd: wijkverpleegkundigen, specialistisch verpleegkundigen, huisartsen, maatschappelijk werkers, geestelijk verzorgers en vrijwilliger in de informele zorg.
  - Audio-opname: De focusgroepen werden opgenomen met toestemming van de deelnemers.
  - Introductie: Deelnemers werden verwelkomd en op de hoogte gebracht van het doel van de focusgroepen, de vertrouwelijkheid van hun antwoorden en de verwachte duur van de sessie.
  - Discussiebegeleiding: De moderator leidde de discussie aan de hand van de vooraf opgestelde discussiegids, waarbij deelnemers werden aangemoedigd om vrijuit te spreken.
  - Actieve betrokkenheid: Alle deelnemers werden aangemoedigd om hun perspectieven te delen en te reageren op elkaars opmerkingen.
- *Resultaten*:
  - De belangrijkste inzichten en thema's zijn geïdentificeerd en samengevat.
  - De resultaten van de focusgroepen zijn gedeeld met de werkgroepleden en geïntegreerd in de uitwerking van de uitgangsvraag.

Telefonische interviews

Naast de twee focusgroepen hebben we 7 wijkverpleegkundigen telefonisch geïnterviewd. Hierbij is, onder andere, deze uitgangsvraag besproken.

- *Voorbereiding:*
  - Deelnemers werden geworven via de snowball-methode, waarbij het netwerk van de werkgroepleden werd ingezet. Daarnaast zijn er willekeurig thuiszorgorganisaties aangeschreven.
  - Er zijn een draaiboek en vragenlijst samengesteld die zijn tijdens de interviews zijn behandeld.

- *Uitvoering van de interviews:*
  - In totaal zijn er zeven interviews telefonisch afgenomen, welke gemiddeld 40 minuten duurden. De telefonisch interviews hebben plaatsgevonden in de periode tussen 30 januari 2024 en 16 februari 2024. De deelnemers waren ofwel wijkverpleegkundige, specialistisch verpleegkundige of verpleegkundige in het ziekenhuis.
  - Introductie: Deelnemers werden verwelkomd en op de hoogte gebracht van het doel van de interviews, de vertrouwelijkheid van hun antwoorden en de verwachte duur van het interview.
  - Proces: De onderzoeker stelde vragen aan de hand van de vooraf opgestelde vragenlijst, waarbij deelnemers werden aangemoedigd om vrijuit te spreken.

- *Resultaten*:
  - Per interview is een verslaglegging in de vorm van een beknopte samenvatting gemaakt.
  - De resultaten van de interviews zijn gedeeld met de werkgroepleden en geïntegreerd in de aanbevelingen van de handreiking.

Best Practices

We hebben twee best practices in beeld gebracht om bestaande kennis in de praktijk mee te nemen in de ontwikkeling van de handreiking. We hebben via de werkgroep, de literatuur, het IKNL en Palliaweb voorbeelden van goede praktijken geïnventariseerd. De werkgroep heeft hier, op basis van concensus, twee best practices uit geselecteerd. Op basis van een vooraf opgestelde topiclijst zijn de projectleiders/contactpersonen van deze praktijken geïnterviewd om zo goed zicht te krijgen op de best practices zelf, de faciliterende factoren en belemmerende factoren voor implementatie. De inzichten uit de interviews zijn gedeeld met de werkgroep. De best practices betreffen ‘Care for Cancer’ en de ‘POH-oncologie’.