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## Enhancing Patient Follow-Up: Creating and Evaluating Clinical Practice Guidelines on Appointment Reminders Using the AGREE II Tool

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# Walden University

College of Nursing

This is to certify that the doctoral study by

Goretti Numfor

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

Review Committee

Dr. Barbara Gross, Committee Chairperson, Nursing Faculty

Chief Academic Officer and Provost  
Sue Subocz, Ph.D.

Walden University  
2025

Executive Summary: Clinical Practice Guideline  
Enhancing Patient Follow-Up: Creating and Evaluating Clinical Practice Guidelines on  
Appointment Reminders Using the AGREE II Tool

by

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MS, Walden University, 2024

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Executive Summary Submitted in Partial Fulfillment  
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Doctor of Nursing Practice

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## Summary

This report presents the outcomes of a quality improvement (QI) DNP practicum project situated at an outpatient facility. The preparation for the practicum project included a situational assessment to determine feasible changes and an appropriate strategy of change leadership. The target practice problem is missed appointments. Keeping appointments is a defining element of plans for care for medical services that require regular assessments and updates. In psychiatric nursing, reminders dictate schedules for the nurse practitioners because they indicate expected encounters and commitments. At the same time, unplanned changes could demand a change of the appointments or rescheduling. Best practice guidelines could improve long-term outcomes of care, hence the goal to create the best clinical practice guidelines (CPGs). The project's objectives and assessment metric answered the question, How does creating CPGs around appointment reminders appeal to subject matter experts using the AGREE II Tool? using a panel of four experts ( $N = 4$ ). Evidence with item ratings from 5 to 7 (*highly agree*) with Domain scores from 89 to 100 supported the quality of the CPG and using technology-driven interventions for enhancing healthcare outcomes. CPGs emphasize the importance of collaborative practices, which ultimately improve the quality of care by aligning with evidence-based methods. Among these innovations, mobile message-based interventions have shown promise in improving medication adherence across diverse patient populations. Additionally, messaging has demonstrated effectiveness in promoting patient engagement, particularly by serving as reminders that increase attendance at clinical appointments. These encouraging results anchor a need to create or update CPGs to reflect the best current evidence and sustain improvements.

## **Background**

The gap in practice is missed appointments because a significant number of patients repeatedly miss their appointments, arrive late, or need a reschedule. The problem arises from interconnected factors, including ineffective strategies of managing one's time. The practice setting could apply clinical practice guidelines (CPGs) to respond to the issue and create an actionable plan for each patient. The quality improvement (QI) initiative used a review and training strategy. The ideal outcome was an approval of the CPG by a group of subject matter experts using the AGREE II tool. Florez et al. (2020) claimed that the approach offers a practical intervention in the targeted organization. A QI model creates a broad structure to launch evidence-based practice projects. In this case, the QI model empowers nurses to overcome the effects of pressure ulcers. The root cause analysis (RCA) has multiple stages, each progressing from identifying the problem, collecting background information, analyzing the data, and eventually diagnosing an underlying cause (Fuller et al., 2021).

## **Evaluation**

CPGs are statements from clinical evidence. They help clinicians make the best decisions by presenting summarized statements or directions (Dehbozorgi et al., 2023). Maintaining CPGs is an essential part of long-term quality care, using new evidence to refine or raise the specificity in current clinical guidelines. A standard approach is necessary for the process to create consistency. The expert panel is still in the formative stages and its composition is subject matter experts, ideally, three to five individuals with a combination of practice experience and knowledge of evidence-review. The review

panel for this project comprised of (add number here) supervisors and colleagues at the practicum setting.

### **Clinical Practice Guideline Development**

The CPGs come from an assortment of nursing research and best-practice guidelines for psychiatric and behavioral health. The panel of expert comes from the practicum site, including the practicum supervisor. They have each completed the DNP certifications, and they have relevant experience on the practicum site and the proposed project. Four reviewers provided feedback for the project. The primary use for the CPGs include generating practice guidelines for standardized practice, clarifying roles, integrating various roles and identifying missed opportunities (Dempsey et al., 2022). The CPGs identified from the literature are as follows:

#### **Create and Standardize Protocols for Reminders**

The American Psychiatric Association (APA) Schizophrenia Guidelines recommend standardized reminders as an essential component to diminish the effect of cognitive barriers (Keepers et al., 2020). The recommendation is to establish a standard reminder for all patients spaced for optimal utility. For example, the organization could use short messages and emails 72 hours before an appointment to notify the patient (Ogoko, 2024). A follow-up call to the individual 24–48 hours before the appointment could reinforce the initial reminder and allow the patient to give feedback. For example, the individual would indicate their ability and intention and potentially allow the caregiver to adjust accordingly (Keepers et al., 2020).

### **Customize Reminders to Patient Needs and Preferences**

This guideline reinforces standard protocol for reminders. For example, some patients might prefer emails, whereas others would respond to personalized platforms such as a call or a short message. This recommendation also creates a sense of ownership for the patient, creating and reinforcing the value of autonomy. Nurses could use discharge planning and prior engagement to document and select the preference in subsequent interactions (Ogoko, 2024). Customization measures could also include direct engagement with a secondary caregiver or a member of the patient's family in situations where such individuals participate in the patients' treatment (Ogoko, 2024).

### **Use Multiple Modes for Patients With a High Risk of Missing Their Appointments**

This guideline responds to a tendency for specific patients to miss their appointments repeatedly. Some cases might include observing the wrong appointment or attempting to reschedule an appointment after missing an earlier date by accident (Ogoko, 2024). The APA guidelines (Keepers et al., 2020) and the World Health Organization (2019) recommendations for people with mental health and substance abuse problems include the multimodal strategy to raise engagement and improve positive outcomes. The appropriate strategy varies to reflect organizational resources and prevailing practices. This might include integrating social support systems and home visits among others.

### **Integrate the Reminders Into the Workflow and Electronic Health Records' System**

To offset concerns about the feasibility of memorizing or documenting the need for reminders, the organization could include the reminders into its electronic health record. This strategy offers additional benefits such as generating messages for patients

directly and scheduling the follow-up activities accordingly (Ogoko, 2024). For example, the caregivers would need to indicate that they have satisfied a condition of the reminders for each patient, say a phone call and its response (Ogoko, 2024). Such a response would also allow the caregivers to visualize the effects of their absence or pass the responsibility to their replacement, avoiding inconveniences and ensuring continuity of care.

### **Monitor and Evaluate Appointment Adherence and Patient Outcomes**

The goal of careful attention to appointments is to improve patient outcomes and reduce wastage. In time, monitoring the outcomes of the CPGs allows caregivers to evaluate their strategies and add additional refinement (Ogoko, 2024). For example, intermediate data could indicate improvements in medication adherence rates for patients with an improved appointment adherence. Such data anchor continuity for the project and even justify additional investments such as community outreach for a multimodal strategy.

## **Results**

The Appraisal of Guidelines Research and Evaluation (AGREE II) instrument is a useful item for generating CPGs. The item has six broad domains and 23 items, though the distribution differs slightly within the domains and gives the most weight to “rigor and development (third domain)” (Hoffmann-Eßer et al., 2022). The domains in AGREE II are (a) scope and purpose, (b) stakeholder involvement, (c) rigor of development, (d) clarity of presentation, (e) applicability, and (f) editorial independence. Table 1 shows the six domains and 23 items in the AGREE II instrument as presented in Hoffmann-Eßer et al. (2022). The Appendix shows a summary of the research evidence used to generate the CPGs, which was presented to the review committee to inform their deliberation.

**Table 1**

*Domains and Mean Item Ratings in the AGREE II Instrument Based on the AGREE Next Steps Consortium (2017)*

Domain	AGREE II item	M rating (1-7)	(Rationale)
Domain 1: Scope and Purpose	1. The overall objective(s) of the guideline is (are) specifically described.	7	The evidence table has an accompanying EBP question
	2. The health question(s) covered by the guideline is (are) specifically described.	7	The CPGs address the specified health questions
	3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.	7	The EBP question specifies the target group and the intended outcome
Domain 2: Stakeholder Involvement	4. The guideline development group includes individuals from all relevant professional groups.	6	Some in the review committee expressed concern about inclusion of an internal ethical review committee
	5. The views and preferences of the target population (patients, public, etc.) have been sought.	7	The CPGs account for dynamic shifts and new platforms to address the problem
	6. The target users of the guideline are clearly defined.	7	The guidelines have a clear structure and sufficient depth
Domain 3: Rigor of Development	7. Systematic methods were used to search for evidence.	7	Provides the evidence and inclusion criteria
	8. The criteria for selecting the evidence are clearly described.	7	Describes the review process and its merits
	9. The strengths and limitations of the body of evidence are clearly described.	6	A table of evidence describes the strengths and weaknesses of selected items
	10. The methods for formulating the recommendations are clearly described.	7	Describes the selection criteria and an assessment of the levels of evidence
	11. The health benefits, side effects, and risks have been considered in formulating the recommendations.	7	Projects intended outcomes, with supporting evidence
	12. There is an explicit link between the recommendations and the supporting evidence.	7	Links recommendations to evidence
Domain 4: Clarity of Presentation	13. The guideline has been externally reviewed by experts prior to its publication.	7	This panel reviews the guidelines and includes an assessment of the practical feasibility
	14. A procedure for updating the guideline is provided.	5	Lingering concerns about long-term flexibility
	15. The recommendations are specific and unambiguous.	6	A coherent description of the guidelines, with breakdowns to describe each step and stakeholders
	16. The different options for management of the condition or health issue are clearly presented.	7	Presents a summary of the practice settings and accounts for dynamic influences
	17. Key recommendations are easily identifiable.	7	Lists the CPGs, includes their merits and value
Domain 5: Applicability	18. The guideline describes facilitators and barriers to its application.	6	Additional assessment necessary to determine barriers, the facilitators clearly present
	19. The guideline provides advice and/or tools on how the recommendations can be put into practice.	6	Examines the best path to actualize the proposal
	20. The potential resource implications of applying the recommendations have been considered.	7	Accounts for implementation costs
	21. The guideline presents monitoring and/or auditing criteria.	7	Recommends long-term assessments to determine viable changes
Domain 6: Editorial Independence	22. The views of the funding body have not influenced the content of the guideline.	7	No external input. No conflict of interest.
	23. Competing interests of guideline development group members have been recorded and addressed.	6	Presents an assessment of potential conflicts and their meaning

The table below (Table 2) shows a calculated average for the ratings and their domains.

**Table 2**

*ADD Table Caption*

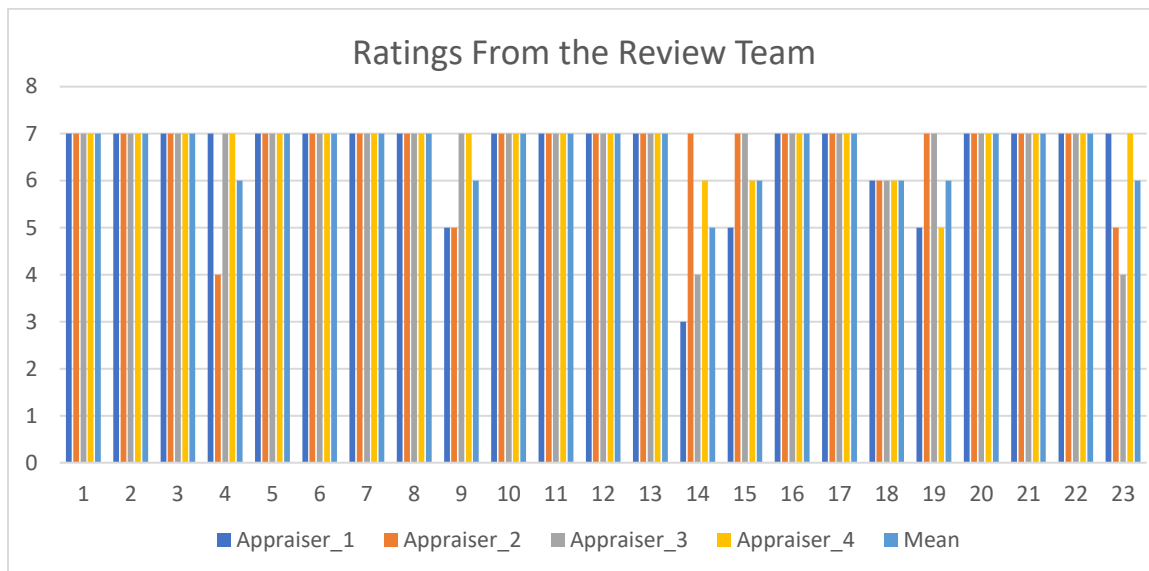
Table 2: Summary of AGREE II Scores

Domain	Items	Domain description	Standardized score (%)	Interpretation
1	1–3	Scope and Purpose	100	Excellent clarity and focus of the guideline’s objectives, health questions, and target population.
2	4–6	Stakeholder Involvement	96	Strong involvement and representation of target users and patients.
3	7–14	Rigor of Development	94	Evidence-based rigor clearly demonstrated; systematic methods well described.
4	15–17	Clarity of Presentation	96	The high score shows that the recommendations are specific, unambiguous, and well presented.
5	18–21	Applicability	91	The scores shows that the project’s development addresses barriers and facilitators of implementation. The implementation tools likely available
6	22–23	Editorial Independence	89	Minor concerns possible, but independence and conflict disclosures largely adequate.

Figure 1 presents the ratings from the four individual reviewers and a mean.

**Figure 1**

*Clinical Practice Guideline Assessment From the Review Team*



## Analysis

The ideal measurement or assessment would indicate a perfect score using a Likert scale. The highest values indicate “strong agreement” with the adjacent statement. In this case, the imperfect scores (such as 6) indicate that the collective input from the review group still agree with the statement despite some concerns. Identifying these concerns is necessary (in the final version of the report) to indicate the limitations of the best practice guidelines from this project. The overwhelming agreement indicates confidence in the practice guidelines and their compliance with the ethical principles/guidelines necessary for this type of project.

The specific focus of the CPG is targeted to psychiatric health patients and their appointments such as therapy sessions. Current practice includes self-management strategies such as setting alarms and personal schedules. If successful, the

implementation results include improved scores in addition to an improved rate of keeping appointments. The review experts used the items in Table 1 to analyze the practice evidence. The first step involved individual reviews before a group discussion that accounts for different ratings from the review panel. Large differences might suggest subjectivity. These results will form the central evidence for the eventual report.

### **Importance**

Missed appointments cause inefficient use of healthcare resources in addition to the potential compromise to patient outcomes. Failing to address the problem could see the quality of service and efficiency at NEO Health Care Services fall behind the organization's competition. The results include continued wastage of organizational resources. According to Parsons et al. (2021), about 16% of patients at general healthcare practices miss their reminders. This indicates a significant waste because the patients then need to reschedule the appointments in a future date despite occupying a valuable slot. At NEO Health Care Services, missed appointments might require follow-up to reschedule the sessions. A remedy for missed appointments and improved correspondence would thus improve efficiency. These benefits go beyond the practice site. The benefits could also influence future evidence-based practice and thus sustain a positive feedback of improvements to the outcomes of care.

### **Conclusions**

Keeping appointments determines outcomes of care. Appointments determine continuity. Consistency also correlates with long-term outcomes and is a clear source of wasted healthcare resources. Best practice guidelines relied on the best performing elements in other sites or in peer-reviewed research to inform practices at the practicum

setting. Additional research such as the progressive costs of missed appointments is necessary to inject urgency to the project.

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**Appendix**

**Individual Evidence Summary Table**



	1.	<p><b>Author (S):</b> Aline Cattani, Paula Portal Teixeira, Igor da Conceição Eckert, Fernanda Busnello, Franciele Gabriel, Airton Stein and Flávia Moraes Silva</p> <p><b>Date:</b> 2022</p> <p><b>Title:</b> Quality appraisal of clinical nutrition practice guidelines for critically ill adult patients: a systematic review using the Advancing Guideline Development, Reporting and Evaluation in Health Care instrument II (AGREE-II) and AGREE-Recommendation Excellence (AGREE-REX)</p>	A systematic review (research evidence)	Setting: Nutritional health services Sample: a qualitative review, included 19 sets of guidelines	Advanced guideline reporting	<ul style="list-style-type: none"> <li>Nutritional therapy needs to adhere to evidence-based practice and several societies have developed clinical practice guidelines in a bid to raise these outcomes</li> <li>In addition to CPGs, dialogues with patients and other stakeholders help to raise the outcomes of the clinical interventions</li> <li>Gaps in practice offer potential feedback to create new CPGs</li> <li>CPGs have to evolve to reflect the specific context and targeted outcomes</li> <li>Adherence rates are an indication of attractive CPGs, hence an indication of attractive strategies for practice projects</li> </ul>	AGREE-REX AGREE-II	Only presents secondary data Presents a detailed assessment of CPGs without offering improvement strategies	III (A)	CPGs need additional review to determine their relevance to practice projects The review parameters depend on tools such as AGREE-II and AGREE-REX
	2.	<p><b>Author (S):</b> Brooke A. Finley, Kimberly D. Shea and</p>	An Integrative Systematic Review	Only nine articles (out of 342) satisfied the inclusion criteria	Advanced practice (telepsychiatry) as a feasible replacement	<ul style="list-style-type: none"> <li>Telepsychiatry is a feasible strategy for advanced practice nurses to</li> </ul>	The Grading of Recommendations Assessment,	Presents results about a psychiatric intervention rather	Level: III (B)	The results present an illustration of the potential to use

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Reviewer name (s)	Article number	Author, date, and title	Type of evidence	Population, size, and setting	Intervention	Findings that help answer the EBP question	Measures used	Limitations	Evidence level and quality	Notes to team
		<p>Maribeth Slebodnik  <b>Date:</b> 2021  <b>Title:</b> Advanced Practice Registered Nurses Using Synchronous Telepsychiatry: An Integrative Systematic Review</p>			<p>ment or complementary service to other forms of APRN psychiatric health services</p>	<p>provide their services in diverse communities</p> <ul style="list-style-type: none"> <li>The strategy offers a feasible approach of raising adherence and engagement, essential considerations given the continued stigmatization</li> <li>Despite its value, the literature reviewed suggests that nurses need to invest in future improvements</li> <li>CPGs present an actionable structuring element because they could streamline services and raise efficiency</li> </ul>	<p>Development and Evaluation (GRADE) assessment tool</p>	<p>than reminders and schedules</p>		<p>virtualization to overcome some of the issues around</p>

	3.	<p><b>Author (S):</b> Ivan D. Florez, Melissa C. Brouwers, Kate Kerkvliet, Karen Spithoff, Pablo Alonso-Coello, Jako Burgers, Francoise Cluzeau, Beatrice Férvors, Ian Graham, Jeremy Grimshaw, Steven Hanna, Monika Kastner, Michelle Kho, Amir Qaseem &amp; Sharon Straus  <b>Date:</b> 2020  <b>Title:</b> Assessment of the quality of recommendations from 161 clinical practice guidelines using the Appraisal of Guidelines for Research and Evaluation-Recommendations Excellence (AGREE-REX) instrument shows there is room for</p>	A systematic review	<p><b>Setting:</b> International CPG community  <b>Population:</b> 161 CPGs from 321 CPG developers</p>	N/A- a literature review	<ul style="list-style-type: none"> <li>The background conditions for CPGs tend to raise their quality or ratings, with the governments of the UK and Australia producing the highest quality of clinical practice guidelines</li> <li>These results suggest that oversight and background motivation are a valuable element of CPGs, hence the inclusion of clinical appraisals in a recommended project</li> <li>CPGs need to use progressive assessments to determine their current success levels and identify feasible strategies to improve</li> </ul>	A blinded strategy that requires evaluation from independent observers	The article's setting might affect its feasibility in a contrasting healthcare system. It does not present primary data. No reviews on the independent subjects whose input informs the findings.	Level: III (B)	This article shows the importance of assessing the contextual setting and available evidence before initiating a project that relies on clinical guidelines. The relative performance of CPGs in the UK and Australia suggests that a healthcare system (both countries rely on a central beneficiary) might affect the feasibility of applying evidence in practice.
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Reviewer name (s)	Article number	Author, date, and title	Type of evidence	Population, size, and setting	Intervention	Findings that help answer the EBP question	Measures used	Limitations	Evidence level and quality	Notes to team
	4.	<b>Author (S):</b> Kelly Pozzer Zucatti, Aline Cattani and Flávia Moraes Silva <b>Date:</b> 2025 <b>Title:</b> Reporting completeness and methodological quality of guidelines for nutritional care of critically ill patients: a meta-research utilizing Reporting Items for practice Guidelines in Health care (RIGHT) and Appraisal of Guidelines for Research and Evaluation II (AGREE II)	A meta-research	Population: guidelines of nutrition care Size: eleven clinical practice guidelines (CPGs)	N/A: A meta-analysis, presenting insight into the research processes	<ul style="list-style-type: none"> <li>Using a checklist, the study found that only 60% of patients adhere to their recommended guidelines</li> <li>Adherence to clinical practice guidelines is an essential element of patient outcome and determines the utility of a treatment program</li> <li>These findings establish the value of improving adherence in a bid to raise healthcare quality</li> <li>CPGs develop from strategic assessments to select the best patterns in a high-performance group and design an implementation strategy</li> </ul>	Reporting Items for practice Guidelines in Health care (RIGHT) Appraisal of Guidelines for Research and Evaluation II (AGREE II)	Primary focus on the research processes and their value rather than appointments and their impacts	I (A)	The article shows that adherence to instructions, including schedules for routine clinics, affects eventual patient outcomes. It illustrates the need to align the processes of delivering such instructions with best-evidence guidelines to raise the effectiveness of service delivery. The findings are applicable across a wide range of healthcare settings.

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Reviewer name (s)	Article number	Author, date, and title	Type of evidence	Population, size, and setting	Intervention	Findings that help answer the EBP question	Measures used	Limitations	Evidence level and quality	Notes to team
	5.	<b>Author (S):</b> Marli Mc Allister, Ivan D. Florez, Suzaan Stoker and Michael McCaul <b>Date:</b> 2023 <b>Title:</b> Advancing guideline quality through country-wide and regional quality assessment of CPGs using AGREE: a scoping review	A scoping review	57 synthesis studies encompassing with a combined 2,918 Clinical Practice Guidelines (CPGs) in different countries	Assessing CPGs using AGREE II using AGREE-REX tools	<ul style="list-style-type: none"> <li>The article finds that Appraisal of Guidelines for Research and Evaluation (AGREE) is a popular form of change leadership is the scope of change is large enough, say in countries and regions around the world</li> <li>The reviewed items did not present consistent reports on their methods and decision-making processes (only 46% satisfied this assessment)</li> <li>This shows the importance of an assessment from experts and knowledgeable subjects in a field of study</li> </ul>	AGREE II AGREE-REX	Does not account for low-income regions Does not include non-indexed studies, hence vulnerable to selection bias The studies show variable application of AGREE-II assessment instrument	Level III (B)	The article demonstrates the importance of consistent reporting It demonstrates the relative validity of AGREE II, the selected assessment instrument in the proposed project

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<b>Reviewer name (s)</b>	<b>Article number</b>	<b>Author, date, and title</b>	<b>Type of evidence</b>	<b>Population, size, and setting</b>	<b>Intervention</b>	<b>Findings that help answer the EBP question</b>	<b>Measures used</b>	<b>Limitations</b>	<b>Evidence level and quality</b>	<b>Notes to team</b>
	6.	<b>Author (S):</b> Rohan Matthews <b>Date:</b> 2020 <b>Title:</b> Clinical Practice Guideline Clinical Practice Guideline for Evidence-Based Patient Appointment Reminders	Non-research evidence: A practice project	A review by five expert panelists using the Appraisal of Guidelines for Research and Evaluation II (AGREE II)	A structured evidence-based intervention in a clinical setting	<ul style="list-style-type: none"> <li>The article uses the Johns Hopkins Nursing Evidence-Based Practice model</li> <li>It recommends training and standardization to create consistent programs</li> <li>All programs need timely reviews to ensure they retain their relevance and value to patients</li> </ul>	A review by five expert panelists using the Appraisal of Guidelines for Research and Evaluation II (AGREE II)	Does not collect quantitative data Has a limiting element for generalization because it only reports on findings from a single setting	V (A)	The article offers an ideal illustration of a project to introduce and review current practice guidelines in a similar clinical setting Could indicate the limitations to a similar project for reducing missed appointments

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Reviewer name (s)	Article number	Author, date, and title	Type of evidence	Population, size, and setting	Intervention	Findings that help answer the EBP question	Measures used	Limitations	Evidence level and quality	Notes to team
	7.	<b>Author (S):</b> Adam James Rubenis, Jennifer A. D, Katz, Elizabeth C. and Shalini Arunogiri <b>Date:</b> 2023 <b>Title:</b> Increasing attendance in addiction treatment with limited resources : a narrative review	Narrative review	Sample: 13 studies, all using 1-day training and supervision and without a reward	Accessible strategies such as role induction An assessment of pre-treatment contact Viability of SMS and phone reminders	<ul style="list-style-type: none"> <li>The literature review section shows that non-compliance to treatment reduces the efficacy of treatment programs</li> <li>Role induction strategies could raise the efficacy of treatment, though the evidence does not have the necessary depth</li> <li>Contacting, prompting and encouraging patients in a 3-month period raised adherence</li> </ul>	Descriptive synthesis of 13 studies	The study has a limited applicability because it has a limited sample and setting It does not use a quantitative instrument to assess the effect sizes	III (B)	The study shows the feasible applicability of low-cost and high-impact strategies of setting reminders such as SMS The value of engaging technology also includes automated services for the reminders and presents another element of activating pre-existing technology to improve outcomes

EBP Question: How does Creating CPGs (Clinical Practice Guidelines) around appointment reminders appeal to subject matter experts using the AGREE II Tool?										
Reviewer name (s)	Article number	Author, date, and title	Type of evidence	Population, size, and setting	Intervention	Findings that help answer the EBP question	Measures used	Limitations	Evidence level and quality	Notes to team
	8.	<b>Author (S):</b> Nigel Armfield, Rachel Elphinston, Jenna Liimatainen, Simone Scotti Requena, Chloe-Emily Eather, Sisira Edirippulige, Carrie Ritchie, Sarah Robins and Michele Sterling <b>Date:</b> 2024 <b>Title:</b> Development and use of mobile messaging for individuals with musculoskeletal pain conditions: scoping review	Scoping review	The researchers found 8328 papers and selected 50 for the review	Using SMS to affect behavioral changes in the patient group Includes strategies such as increased physical activity	<ul style="list-style-type: none"> <li>Message-themed interventions raised adherence rates (medication) for patients with various needs</li> <li>In musculoskeletal conditions, messaging showed positive results as a reminder to raise patient engagement and attendance of clinical schedules</li> <li>Additional studies are necessary to raise understanding of the influence of messages and their content on the audience</li> </ul>	Descriptive synthesis of the reviewed items	Does not report on the design and development of the interventions	III (A)	This article presents additional evidence on the potential applications of mobile technology In addition to the variability and adaptability of mobile technology, one can appreciate the cost-effective strategies

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	9.	<b>Author (S):</b> Simão Pinho, Mariana Cruz, Filipa Ferreira, André Ramalho and Rute Sampaio <b>Date:</b> 2024 <b>Title:</b> Improving medication adherence in hypertensive patients: A scoping review	Scoping review	45 studies	Educational programs Systems program med to remind patients Behavioral strategies	<ul style="list-style-type: none"> <li>• Studies on medication adherence present mixed results</li> <li>• The research does not have a consensus on issues such as the optimal assessment or data collection instruments</li> <li>• The research recommends a consistent platform, say clinical practice guideline</li> <li>• Clinical practice guidelines demand collaborative practices and eventually raise the quality of care by adapting to the best methods</li> <li>• Providers also need to raise their reliance on effective decision-making structures and categorization</li> </ul>	Analyzing the design of selected studies Assessing the characteristics of study participants Developing a tool to categorize evidence-based practice	The study designs have similar settings and measured, limiting the scope of study Does not select standardized studies, limiting the applicability of the result	III (A)	The categorizing instrument developed could help researchers to select appropriate evidence and show consistent designs The theoretical framework could anchor a progressive program that improves subsequent practice conditions and closes gaps between evidence and research

	10	<p><b>Author (S):</b> John Batani and Manoj Sewak Maharaj</p> <p><b>Date:</b> 2022</p> <p><b>Title:</b> Towards data-driven models for diverging emerging technologies for maternal, neonatal and child health services in Sub-Saharan Africa: a systematic review</p>	A systematic review	Does not detail sample sizes Summary and synthesis on studies focusing in health services and engagement	Evaluates existing digital technology and its current applications in various practice settings	<ul style="list-style-type: none"> <li>Lack of formal data collection and data analysis instruments or platforms is a persistent problem and an indication of low quality of care in sub-Saharan Africa</li> <li>The covid-19 pandemic amplified this problem and revealed critical weaknesses in epidemiology</li> <li>Digital systems could also offer clinicians ways to schedule appointments and assess patient-specific data</li> <li>Text message services (SMS) and websites are among the most accessible platforms to set reminders and prompt clinics or other forms of engagement</li> <li>Additional research is necessary to address the</li> </ul>	Uses the PRISMA method for the systematic review Presents an analysis of health systems, including the potential extension of their current capacities without additional investments	The research setting has limited applications of data-driven health and intervention strategies The research does not have real-time monitoring capability	II (C)	The article shows the importance of transitioning from basic structures and limited technology to data-driven healthcare structures The data-driven structures offer the potential to adapt to changing needs, including an analysis of EHRs to select cases with consistent issues with keeping appointments In the future, the data-driven strategies could anchor improvements of outcomes by flagging underperforming items
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						limitations of technology in these areas				

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	1	<b>Author (S):</b> Katelyn Sushko, Holly Tschirhart Menezes, Qi Rui Wang, Kara Nerenberg, Donna Fitzpatrick-Lewis and Diana Sherifali <b>Date:</b> 2022 <b>Title:</b> Patient-reported Benefits and Limitations of Mobile Health Technologies for Diabetes in Pregnancy: A Scoping Review	A Scoping Review	The study presents the results from 742 cases of diabetes during pregnancy. The results show the feasible usability of technology to manage a prominent issue for a vulnerable group.	16 mobile health apps. The apps help to manage diabetes during pregnancy, include routine reminders to take medication and modify behavior to manage the symptoms of diabetes.	<ul style="list-style-type: none"> <li>The absence of “relevant” technological features limits the use of technology from a patients’ perspective.</li> <li>Lack of trust translates to limited uses and might reduce adherence or seriousness perceived from the patients’ perspective.</li> <li>Any form of reminder needs to account for the target group to avoid a context where its deployment disrupts established processes.</li> <li>Direct patient engagement is necessary to set reminders or any strategy selected to improve compliance records.</li> </ul>	Thematic synthesis: decipherers and examines themes from the reviewed items. Aligns with Hoppe’s best-practice guidelines.	The m-Health applications in the selected studies show significant variability.	II (A)	The article shows that practitioners need to participate in the processes that design M-Health applications. Failing to participate limits the practical applications of these platforms to affect positive patient outcomes. Practitioners need to account for the perceptions of limited applications from the targeted users before recommending technology-themed changes.