

- Determine the strength of this recommendation by making a considered judgment on the dimensions listed below through a consensus process.
- Consider critically appraised evidence, clinical experience, patient/family values and preferences, and other factors (such as social determinants of health, care access, and health equity), when weighing how much each dimension influences the recommendation strength.

Care Recommendation Statement (#):

**Commented [DSL1]:** Enter recommendation statement if desired

Dimensions for Judging the Strength of a Recommendation					
1. Safety versus Harm	<input type="checkbox"/> Safety > Harm	<input type="checkbox"/> Balanced Safety & Harm	<input type="checkbox"/> Safety < Harm		
2. Clinically Effective / Benefits Patient	<input type="checkbox"/> Beneficial/Effective	<input type="checkbox"/> Neutral Effect or Benefit	<input type="checkbox"/> Ineffective/No Benefit		
3. Adherence <i>Burden for staff and/or patient/family Access to care</i>	<input type="checkbox"/> Low burden of adherence	<input type="checkbox"/> Moderate/Neutral burden of adherence	<input type="checkbox"/> High burden of adherence		
4. Cost <i>Cost for organization and/or patient/family</i>	<input type="checkbox"/> Cost-Effective	<input type="checkbox"/> Cost-Neutral	<input type="checkbox"/> Cost-Prohibitive		
5. Impact on Quality of Life, Morbidity, and Mortality	<input type="checkbox"/> Positive impact	<input type="checkbox"/> Moderate/Neutral impact	<input type="checkbox"/> Negative impact		
6. Directness of the Evidence	<input type="checkbox"/> Directly Related	<input type="checkbox"/> Somewhat Related	<input type="checkbox"/> Indirectly Related		
7. Grade of the Body of Evidence (BOE)	<input type="checkbox"/> High ⊕⊕⊕⊕	<input type="checkbox"/> Moderate ⊕⊕⊕○	<input type="checkbox"/> Low ⊕⊕○○	<input type="checkbox"/> Very Low ⊕○○○	<input type="checkbox"/> Consensus ○○○○

**Commented [DSL2]:** May include, but not limited to, hassle, discomfort, pain, motivation, ability to adhere, time, workflow

**Commented [DSL3]:** May include, but not limited to, affordability, patient cost, length of stay, resource cost [staff time, supplies based on published studies/onsite analysis]

**Commented [DSL4]:** The extent to which the BOE directly answers the clinical question - Applicability, Generalizability

**Commented [DSL5R4]:** Applicability and generalizability in relation to the patient or target population

- Reflect on your answers above to the dimensions and choose one of the sentences below to begin the recommendation statement. The recommendation strength and wording depend on the intensity or judgment of each of the dimensions.

Recommendation Wording Guidance	Judgment of Strength
<input type="checkbox"/> It is strongly recommended that...	(Recommendation Strength: <b>Strong</b> )
<input type="checkbox"/> It is recommended that...	(Recommendation Strength: <b>Moderate</b> )
<input type="checkbox"/> It is suggested that...	(Recommendation Strength: <b>Weak</b> )
<input type="checkbox"/> Consider...	(Recommendation Strength: <b>Consensus</b> )

- Describe the team's rationale for the choices made in the table above in the "Discussion/Synthesis of the Evidence" section of care recommendation documents.

Some of the concepts for this development based on:

**Guyatt:** Grading strength of recommendations and quality of evidence in clinical guidelines: report from an American College of Chest Physicians task force. *Chest*, 129(1): 174-81, 2006; **Harbour:** A new system for grading recommendations in evidence based guidelines. *BMJ*, 323(7308): 334-6, 2001; and **Steinberg:** Evidence based? Caveat emptor! *Health Aff (Millwood)*, 24(1): 80-92, 2005.