

Grade	Method			
High <i>Sufficient number of high quality studies with consistent* results</i>	Step 1 <i>(see worksheet to summarize the body of evidence)</i>	NUMBER OF STUDIES	QUALITY OF STUDIES*	CONSISTENCY OF RESULTS*
		1	1a	NA
		2+	1a or 2a	Yes
		5+	1a, 2a, or 3a	Yes
	5+	1a, 1b, 2a, or 2b	Yes	
Step 2 <i>(if the studies didn't fit neatly into a box in step 1)</i>	<ul style="list-style-type: none"> • <u>multiple</u> studies, unless large effect and very clinically important • <u>strong designs</u> for answering the question addressed • <u>clinically important and consistent</u> results with minor exceptions at most • <u>free of any significant doubts about validity</u> (generalizability, bias, design flaws) • <u>adequate statistical power</u> (including studies showing no difference) 			
Confirmation Step	Further research is unlikely to change our confidence in the answer to the clinical question.			
Moderate <i>A single well-done study or Multiple studies of lesser quality or with some uncertainty</i>	Step 1 <i>(see worksheet to summarize the body of evidence)</i>	NUMBER OF STUDIES	QUALITY OF STUDIES*	CONSISTENCY OF RESULTS*
		1	2a	NA
		3+	1, 2, 3; a or b	Yes
	5+	1, 2, 3, 4; a or b	Yes	
	Step 2 <i>(if the studies didn't fit neatly into a box in step 1)</i>	Either <ul style="list-style-type: none"> • <u>multiple</u> studies • <u>strong designs</u> for answering the question addressed • <u>some uncertainty</u> due to either <ul style="list-style-type: none"> • <u>validity</u> threats (generalizability, bias, design flaws or adequacy of statistical power) or • <u>inconsistency</u> Or <ul style="list-style-type: none"> • <u>multiple</u> studies • <u>weaker designs</u> for answering the question addressed • <u>consistent</u> results with minor exceptions at most 		
Confirmation Step	Further research is likely to have an important impact on our confidence in the precision of the answer to the clinical question, and may even change the answer itself.			
Low <i>Studies with insufficient quality including case reports, case studies, general reviews, and local consensus</i>	Step 1 <i>(see worksheet to summarize the body of evidence)</i>	NUMBER OF STUDIES	QUALITY OF STUDIES*	CONSISTENCY OF RESULTS*
		1+	Insufficient quality to meet Moderate criteria above	Yes
	Local opinion or Published non-research articles	5	Yes	
	Step 2 <i>(if the studies didn't fit neatly into a box in step 1)</i>	<ul style="list-style-type: none"> • <u>health professional opinion</u> is the only relevant published information • <u>local consensus</u> is clear • <u>uncertainty</u> due to either <ul style="list-style-type: none"> • <u>validity</u> threats (generalizability, bias, design flaws or adequacy of statistical power) or • <u>inconsistency</u> 		
Confirmation Step	There is published and/or local consensus, but little or no research, to answer the clinical question. Further research is very likely to have an important impact on the answer.			
Grade Not Assignable <i>Insufficient design or execution, too few studies, inconsistent results, and lack of consensus</i>	Step 1	NUMBER OF STUDIES	QUALITY OF STUDIES*	CONSISTENCY OF RESULTS*
		0+	Any evidence level	No
		Local opinion	5	No
	Step 2 <i>(if the studies didn't fit neatly into a box in step 1)</i>	<ul style="list-style-type: none"> • studies have not been done, or • published studies are <u>seriously flawed</u>, and/or • published studies give <u>inconsistent</u> results 		
Confirmation Step	There is insufficient evidence and lack of consensus to answer the clinical question.			

*Note: When there is both high and low quality evidence and the results are inconsistent:

- Disregard lower quality evidence if the lower quality evidence is inconsistent with all higher quality evidence.
- Avoid disregarding lower quality evidence when inconsistency is at multiple quality levels, because bias could be introduced when determining which evidence to disregard.

Some of the concepts for this development are based on: **Atkins et al:** Grading quality of evidence and strength of recommendations. *BMJ*, 328(7454): 1490, 2004;

Briss et al: Developing an evidence-based Guide to Community Preventive Services--methods. The Task Force on Community Preventive Services. *Am J Prev Med*, 18(1 Suppl): 35-43, 2000; &

Greer et al: A practical approach to evidence grading. *Jt Comm J Qual Improv*, 26(12): 700-12, 2000.