Cincinnati Children's
changing the outcome together

LEGEND
Let Evidence Guide Every New Decision
Judging the Strength of a Recommendation

Project Title: _____ Date: _____

In determining the strength of a recommendation, the development group makes a considered judgment.

The judgment is made explicit in a consensus process which considers critically appraised evidence, clinical experience, and other dimensions. The rationale for choices of each dimension are to be discussed in the "Discussion/Synthesis of the Evidence" section in the care recommendation documents. The development group will consider what relative weight each dimension listed below contributes when determining the strength of a recommendation.

Dimensions for Judging the Strength of a Recommendation				
1. Safety / Harm	☐ Minimal adverse effects	☐ Moderate adverse effects	☐ Serious adverse effects	
2. Benefit to target population *(e.g., health benefit to patient)*	☐ Has significant benefit	☐ Has moderate benefit	☐ Has minimal benefit	
3. Burden on population to adhere to recommendation *(e.g., patient cost, hassle, discomfort, pain, motivation, ability to adhere, time)*	☐ Low burden of adherence	☐ Unable to determine burden of adherence	☐ High burden of adherence	
4. Cost-effectiveness for the healthcare system *(e.g., balance of cost/savings of resources, staff time, supplies based on published studies/onsite analysis, length of stay)*	☐ Cost-effective	☐ Inconclusive economic effects	☐ Not cost-effective	
5. Directness of the Evidence *(i.e., the extent to which the BOE directly answers the clinical question [population/problem, intervention, comparison, outcome])*	☐ Evidence directly relates to recommendation for this target population	☐ There is some concern about the directness of evidence as it relates to the recommendation for this target population	☐ Evidence only indirectly relates to recommendation for this target population	
6. Impact on quality of life, morbidity, or mortality *(including patient/family goals, values, and preferences)*	☐ Positive impact on quality of life, morbidity, mortality, and values/preferences	☐ Moderate/Neutral impact on quality of life, morbidity, mortality, and values/preferences	☐ Negative impact on quality of life, morbidity, mortality, and values/preferences	
7. Grade of the Body of Evidence *(*GNA – Grade Not Assignable)*	☐ High BOE grade ⊕⊕⊕⊕	☐ Moderate ⊕⊕⊕◯	☐ Low ⊕⊕◯◯	☐ Very Low ⊕◯◯◯ ☐ GNA*

Reflecting on your answers to the dimensions and given that more answers to the left of the scales indicates support for a stronger recommendation, complete one of the sentences below to judge the strength of this recommendation.*

**(Note that for negative recommendations, the left/right logic may be reversed for one or more dimensions.)*

☐ It is strongly recommended that…	(Recommendation Strength: High)
☐ It is recommended that…	(Recommendation Strength: Moderate)
☐ It is suggested that…	(Recommendation Strength: Weak)
☐ There is insufficient evidence and lack of consensus.	(No recommendation could be made.)

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.

