



Delfini Group™, LLC



Evidence- & Value-based Solutions For Health Care

Clinical Improvement Consults, Content, Seminars, Training & Tools

Evidence- & Value-based Clinical Quality Improvement

*E*vidence & Value-based

Secondary Source Appraisal Tool

*Use to appraise sources using evidence such as
Clinical Guidelines, Performance Measures,
Health Care Economic Studies, etc.*

Delfini Group™, LLC

Michael Stuart, MD
President

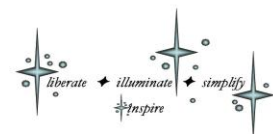
**Sheri Strite, Principal &
Managing Partner**

www.delfini.org

Our Mission –

To assist medical leaders, clinicians and other health care professionals by ~

- Bringing science into medical practice in an **easy-to-understand** way.
- Using **simplified methods** to help navigate the complexities of such areas as evidence-based medicine and other topics.
- Building **competencies** and **confidence** in improving medical care through our well received consultations, educational programs and tools.
- Providing inspiration to others to **improve** medical care and help bring about needed change.



Delfini Group Secondary Source Appraisal Tool

Consider this to be your “QI project appraisal” tool kit. It can help you evaluate content for clinical improvement projects, such as clinical practice guidelines, disease management programs and recommendations.

This tool cannot and is not meant to provide all the information you need to evaluate content for a quality improvement project; however, it can help you identify many documents that could pose problems for you. For more in-depth analysis, it is recommended that you consult an expert in evidence-based quality improvement projects.

Ultimately you will need to apply your **own judgment** in determining whether someone else’s approach to improving quality outcomes can be useful to you or not. This tool can give you key ingredients to help you make that decision.

Date: Study Reference: Reviewer:				
Purpose: Why are you considering using this QI content or content assessment article (e.g., gap in practice as determined by comparing current care with optimal care as defined by the best available evidence, practice variation, current performance that differs from a benchmark, clinical uncertainty, cost containment, etc. – are you attempting to solve a “fixable” problem):				
CONSIDERATIONS	CONCERNS			SIDEBAR
	None	Minor	Major	
BEFORE YOU START—PRELIMINARY EVALUATIONS				
a) If this is an evaluation of a performance measure – Apply the Delfini Performance Measure Evaluation Tool, then continue with other questions in this tool.				Caution that many performance measures are highly flawed.
b) If you are using a study about cost or cost effectiveness – Apply the Delfini Health Care Economic Study Evaluation Tool, then continue with other questions in this tool. Pay close attention to issues of validity and usefulness, as many studies don't truly evaluate efficacy or effectiveness. (Efficacy should be demonstrated first.)				Caution that many cost-effectiveness analysis studies are highly flawed. Frequently, your own “back of the envelope” assessment may be more effective for you. Many such so-called cost-effectiveness studies never truly deal appropriately with effectiveness. Caution that interpretations of data and conclusions in such analyses may be highly biased.
RELEVANCE & SIGNIFICANCE ISSUES				
1. Is this information relevant to your				Are patients markedly different from yours? If

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<p>patients? What is the topic and to what population does it apply? Review age, gender, severity, etc.</p> <p>Comments:</p>				<p><i>so, the test of relevance may not have been met.</i></p>
<p>2. Are the expected outcomes clinically significant and will they provide reasonable estimates of benefit, especially given that benefit is likely to be smaller than that which is demonstrated in research settings?</p> <p>Comments:</p>				<p><i>Look for things that matter to patients: morbidity, mortality, symptom relief, functioning, quality of life and satisfaction. Avoid proxy markers if there is no proof of meaningful benefit.</i></p>
<p>3. How will the quality improvement project impact outcomes in your setting?</p> <ul style="list-style-type: none"> ▪ Prevalence of risk factors/disease in your population <ul style="list-style-type: none"> ✓ Health Status ✓ Benefits / Harms / Risks/ Uncertainties / Alternatives compared to current practice ▪ Patient perspectives & preferences: Benefits, harms, risks, costs, uncertainties, alternatives, satisfaction ▪ Provider perspectives & preferences: Satisfaction, acceptability and clinical considerations (includes adherence issues, potential for abuse, dependency issues, tolerability, ease of use, abuse potential, etc), likely appropriate application and actionability (e.g., FDA approval, affordability, external relevance, 				<p><i>IOM Framework Considerations: Care that is – safe, effective, patient-centered, timely, efficient, equitable.</i></p> <p><i>When evaluating organizational impacts, mitigate the "silo" effect of department budgeting by considering cost and benefit across the entire organization.</i></p>

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<p>circumstances of care, able to apply, tools available)</p> <ul style="list-style-type: none"> Other triangulation issues: May include accreditation issues, clinician dissatisfaction, community standards, cost, ethical considerations, liability and risk management issues, marketing, media or press issues, medical community impacts, medical-legal, patient considerations (eg, convenience, satisfaction, dissatisfaction, unmet need, special populations, etc.), public relations, purchasing issues, regulatory, research realities (eg, likelihood that no evidence will be able to answer clinical questions, etc.), utilization (eg, impacts of provider change including demand, do you have the capacity to support this change, impact of substitution, etc.) , overall impact on the health care organization. <p>Comments:</p>				
<p>IMPLEMENTATION ISSUES</p>				
<p>4. Can this improvement be implemented in your setting and is it likely to succeed?</p> <ul style="list-style-type: none"> Can your setting accommodate this change (e.g., resources, equipment, locations, tools, systems, staff, etc.)? Will you have needed buy-in and support (e.g., organization leaders, opinion leaders, clinical staff, 				

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CONSIDERATIONS	CONCERNS			SIDEBAR
	None	Minor	Major	
<p>patients, etc.)</p> <ul style="list-style-type: none"> Are the recommendations specific and action-oriented (e.g., does the document specify which tests to order, dosages of medications, etc.)? <p>Comments:</p>				
<p>5. Will you be able to measure the effect of implementation?</p> <p>Comments:</p>				<p><i>Measurement is important to determine whether the improvement is actually being used. It is also important for planning further improvements</i></p>
<p>VALIDITY ISSUES</p>				
<p>6. How current is this document?</p> <p>Comments:</p>				<p><i>QI projects should be reviewed at least every two years and kept current in the event of major new information.</i></p>
<p>7. Is the development process described (Evidence-based, Consensus, Variation, Benchmarking, No Description)?</p> <p>Comments:</p>				
<p>8. Who developed the improvement? Were epidemiologic and clinical perspectives used to develop the improvement? Were other disciplines and perspectives represented as needed?</p> <p>Comments:</p>				<p><i>Sponsors and developers may bring a biased perspective. Lack of sponsor information may be of concern.</i></p> <p><i>A rigorous development process can help mitigate bias. At a minimum development should involve clinical and epidemiologic expertise.</i></p>
<p>9. Does the document provide the strength of evidence upon which the</p>				<p><i>Does the improvement meet tests for scientific</i></p>

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CONSIDERATIONS	CONCERNS			SIDEBAR
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<p>recommendations/options are based?</p> <ul style="list-style-type: none"> ▪ Search strategy ▪ Selecting and evaluating articles <ul style="list-style-type: none"> ✓ Grades/levels of evidence ✓ Methods of each study (design, conduct, analysis, conclusions) ✓ Methods for ensuring validity and usefulness of information used. (Note: it is recommended to audit the quality of the appraised information by selecting, from the included studies, a study considered to be of the highest quality and one of the lowest and performing a critical appraisal as double-check.) ▪ Synthesis of the evidence <p>Comments: (e.g., on the assessment of evidence and the strength of recommendations)</p>				<p>relevance and validity? Is the evidence used the best available?</p>
<p>DECISION SUPPORT ISSUES</p>				
<p>10. Do the key messages meet our patients’ needs?</p>				
<p>11. Are the important recommendations/options (with benefits, risks, uncertainties, alternatives, costs of each choice) provided?</p>				

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CONSIDERATIONS	CONCERNS			SIDEBAR
	None	Minor	Major	
<ul style="list-style-type: none"> ▪ Morbidity ▪ Mortality ▪ Symptom relief ▪ Emotional/physical functioning ▪ Health-related quality of life 				
12. Choice: Does the improvement accommodate differing patient values and preferences? Comments:				
CONCLUSIONS & YOUR JUDGMENT				
13. Are any limitations described?				
14. Are there ethical issues to be considered?				
15. Other concerns?				
16. Should we adapt / adopt this change?				