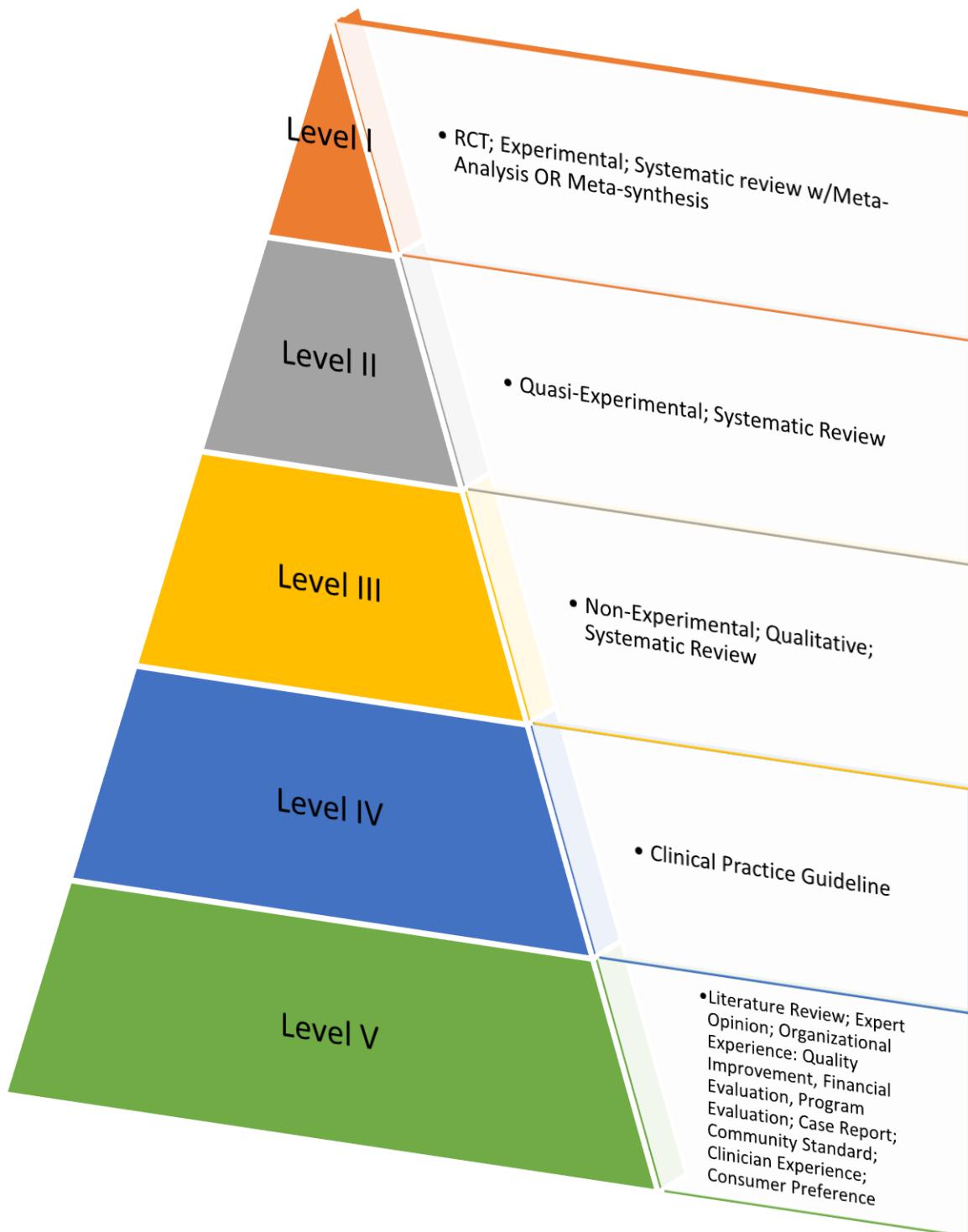


Level of Evidence Pyramid



*See Appendix A for full description of Levels of Evidence; All Levels of Evidence have High, Good, and Low Quality. See Appendix B for full quality evaluation criteria.

Appendix A.

Level of Evidence Definitions – Adapted from Dearholt & Dang, 2012

Level	Research/Non-Research Article	Definition
I	RCT	Intervention, control group, random assignment
	Experimental	Intervention, +/- control group, +/- random assignment
	Systematic review w/Meta-Analysis OR Meta-Synthesis	All studies included are RCTs
II	Quasi-Experimental	Some degree of investigator control, some manipulation of an independent variable, lacks random assignment to groups, may have a control group
	Systematic review	Combination of studies (RCTs & quasi-experimental) or quasi-experimental only
III	Non-Experimental	No manipulation of independent variable, can be descriptive, comparative, or correlational, often uses secondary data
	Qualitative	Exploratory in nature such as interview or focus groups, a starting point for studies for which little research currently exists, has small sample sizes, may use results to design empirical studies
	Systematic review	Combination of studies (RCTs, quasi-experimental, & non-experimental) or non-experimental only OR inclusion of qualitative studies
IV	Clinical Practice Guideline	Systematically developed recommendations from nationally recognized experts based on research evidence or expert consensus panel
	Consensus/Position Statement	Systematically developed recommendations based on research and nationally recognized expert opinion that guides members of a professional organization in decision-making for an issue of concern
V	Literature Review	Summary of published literature without systematic appraisal of quality or strength
	Expert Opinion	Opinion of one or more individuals based on clinical expertise
	Organizational Experience: Quality Improvement	Cyclical method to examine organization-specific processes at the local level
	Organizational Experience: Financial Evaluation	Economic evaluation that applies analytic techniques to identify, measure, and compare the cost and outcomes of two or more alternative programs or interventions
	Organizational Experience: Program Evaluation	Systematic assessment of the processes and/or outcomes of a program and can involve both quantitative and qualitative methods
	Case Report	In-depth look at a person, group, or other social unit
	Community Standard	Current practice for comparable settings in the community
	Clinician Experience	Knowledge gained through practice experience
	Consumer Preference	Knowledge gained through life experience

Appendix B.

Quality of Evidence

Level	High Quality	Good Quality	Low Quality or Major Flaws
I-III	Consistent, generalizable results; sufficient sample size for the study design; adequate control; definitive conclusions; consistent recommendations based on comprehensive literature review that includes thorough reference to scientific evidence	Reasonably consistent results; sufficient sample size for the study design; some control, and fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence	Little evidence with inconsistent results; insufficient sample size for the study design; conclusions cannot be drawn
IV	Material officially sponsored by a professional, public, private organization, or government agency; documentation of a systematic literature search strategy; consistent results with sufficient numbers of well-designed studies; criteria-based evaluation of overall scientific strength and quality of included studies and definitive conclusions; national expertise is clearly evident; developed or revised within the last 5 years	Material officially sponsored by a professional, public, private organization, or government agency; reasonably thorough and appropriate systematic literature search strategy; reasonably consistent results, sufficient numbers of well-designed studies; evaluation of strengths and limitations of included studies with fairly definitive conclusions; national expertise is clearly evident; developed or revised within the last 5 years	Material not sponsored by an official organization or agency; undefined, poorly defined, or limited literature search strategy; no evaluation of strengths and limitations of included studies, insufficient evidence with inconsistent results, conclusions cannot be drawn; not revised within the last 5 years
V: Organizational Experience	Clear aims and objectives; consistent results across multiple settings; formal quality improvement or financial evaluation methods used; definitive conclusions; consistent recommendations with thorough reference to scientific evidence	Clear aims and objectives; formal quality improvement or financial evaluation methods used; consistent results in a single setting; reasonably consistent recommendations with some reference to scientific evidence	Unclear or missing aims and objectives; inconsistent results; poorly defined quality improvement/financial analysis method; recommendations cannot be made
V: All other articles	Expertise is clearly evident; draws definitive conclusions; provides scientific rationale; thought leader in the field	Expertise appears to be credible; draws fairly definitive conclusions; provides logical argument for opinions	Expertise is not discernable or is dubious; conclusions cannot be drawn

Reference: Johns Hopkins nursing evidence-based practice Johns Hopkins nursing evidence-based practice Sandra L Dearholt and Deborah Dang Sigma Theta Tau International £24.70 256pp 9781935476764 1935476769 [Formula: see text]. (2012). *Nursing management* (Harrow, London, England : 1994), 19(7), 8. <https://doi.org/10.7748/nm.19.7.8.s>