## Johns Hopkins Nursing Evidence-Based Practice
### Appendix F: Non-Research Evidence Appraisal Tool

<table>
<thead>
<tr>
<th>Article Title:</th>
<th>Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s):</td>
<td>Publication Date:</td>
</tr>
<tr>
<td>Journal:</td>
<td></td>
</tr>
</tbody>
</table>

### Does this evidence address the EBP question?

- [ ] Yes
- [ ] No
- Do not proceed with appraisal of this evidence

**Clinical Practice Guidelines:** Systematically developed recommendations from nationally recognized experts based on research evidence or expert consensus panel. **LEVEL IV**

- Are the types of evidence included identified?
- Were appropriate stakeholders involved in the development of recommendations?
- Are groups to which recommendations apply and do not apply clearly stated?
- Have potential biases been eliminated?
- Were recommendations valid (reproducible search, expert consensus, independent review, current, and level of supporting evidence identified for each recommendation)?
- Were the recommendations supported by evidence?
- Are recommendations clear?

- [ ] Yes
- [ ] No

**Consensus or 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. **LEVEL IV**

**Literature Review:** Summary of published literature without systematic appraisal of evidence quality or strength. **LEVEL V**

- Is subject matter to be reviewed clearly stated?
- Is relevant, up-to-date literature included in the review (most sources within last 5 years or classic)?
- Is there a meaningful analysis of the conclusions in the literature?
- Are gaps in the literature identified?
- Are recommendations made for future practice or study?

- [ ] Yes
- [ ] No

**Expert Opinion:** Opinion of one or more individuals based on clinical expertise. **LEVEL V**

- Has the individual published or presented on the topic?
- Is author’s opinion based on scientific evidence?
- Is the author’s opinion clearly stated?
- Are potential biases acknowledged?

- [ ] Yes
- [ ] No
Organizational Experience:

- **Quality Improvement**: Cyclical method to examine organization-specific processes at the local level. **LEVEL V**
- **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. **LEVEL V**
- **Program Evaluation**: Systematic assessment of the processes and/or outcomes of a program and can involve both quantitative and qualitative methods. **LEVEL V**

<table>
<thead>
<tr>
<th>Setting:</th>
<th>Sample (composition/size):</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Was the aim of the project clearly stated?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>• Was the method adequately described?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>• Were process or outcome measures identified?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>• Were results adequately described?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>• Was interpretation clear and appropriate?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>• Are components of cost/benefit analysis described?</td>
<td>□ Yes □ No □ N/A</td>
</tr>
</tbody>
</table>

**Case Report**: In-depth look at a person, group, or other social unit. **LEVEL V**

- Is the purpose of the case report clearly stated? □ Yes □ No
- Is the case report clearly presented? □ Yes □ No
- Are the findings of the case report supported by relevant theory or research? □ Yes □ No
- Are the recommendations clearly stated and linked to the findings? □ Yes □ No

**Community Standard, Clinician Experience, or Consumer Preference**

- **Community Standard**: Current practice for comparable settings in the community **LEVEL V**
- **Clinician Experience**: Knowledge gained through practice experience **LEVEL V**
- **Consumer Preference**: Knowledge gained through life experience **LEVEL V**

<table>
<thead>
<tr>
<th>Information Source(s):</th>
<th>Number of Sources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Source of information has credible experience.</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>• Opinions are clearly stated.</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>• Identified practices are consistent.</td>
<td>□ Yes □ No □ N/A</td>
</tr>
</tbody>
</table>

**Findings that help you answer the EBP question:**
QUALITY RATING FOR CLINICAL PRACTICE GUIDELINES, CONSENSUS OR POSITION STATEMENTS (LEVEL IV)

**A High quality:** 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.

**B Good quality:** 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.

**C Low quality or major flaws:** 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.

QUALITY RATING FOR ORGANIZATIONAL EXPERIENCE (LEVEL V)

**A High quality:** 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.

**B Good quality:** 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.

**C Low quality or major flaws:** Unclear or missing aims and objectives; inconsistent results; poorly defined quality improvement/financial analysis method; recommendations cannot be made.

QUALITY RATING FOR LITERATURE REVIEW, EXPERT OPINION, COMMUNITY STANDARD, CLINICIAN EXPERIENCE, CONSUMER PREFERENCE (LEVEL V)

**A High quality:** Expertise is clearly evident; draws definitive conclusions; provides scientific rationale; thought leader in the field.

**B Good quality:** Expertise appears to be credible; draws fairly definitive conclusions; provides logical argument for opinions.

**C Low quality or major flaws:** Expertise is not discernable or is dubious; conclusions cannot be drawn.