

## Advancements in RNAO Best Practice Guideline Methodology: Transition to the GRADE Approach

In 2019, RNAO guideline development methodology transitioned to the **Grading of Recommendations, Assessment, Development and Evaluation (GRADE)**(1) and **Confidence in the Evidence from Reviews of Qualitative Research (GRADE CERQual)**(2) approaches. This fact sheet describes those changes and the implications for how RNAO BPGs are interpreted and used.

### Why is RNAO using the GRADE approach for guideline development?

The standards for guideline development have evolved over time. RNAO is using the GRADE approach because it is rigorous, transparent and the current international standard for guideline development. Using the GRADE approach also helps ensure that RNAO BPGs adhere to the AGREE II tool criteria for good quality guidelines and promotes trustworthiness of BPGs to support their future implementation, evaluation and monitoring.

### What is the difference between previous edition BPGs and BPGs that follow the GRADE approach?

The key difference is in how evidence is used to inform recommendations and how recommendations are presented in the guideline. The table below describes some of these key differences:

Previous edition BPGs		BPGs with GRADE												
<p>Recommendations were assigned a Level of Evidence (LOE), which reflected the types of study design. Individual studies were quality appraised. Consensus statements (Level IV) were also developed by the expert panel based on experience and expertise. LOE does not reflect the quality of the evidence.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">Ia</td> <td>Meta-analysis or systematic reviews of randomized controlled trials</td> </tr> <tr> <td style="text-align: center;">Ib</td> <td>At least one randomized controlled trial</td> </tr> <tr> <td style="text-align: center;">IIa</td> <td>At least one well-designed controlled study without randomization</td> </tr> <tr> <td style="text-align: center;">IIb</td> <td>At least one type of other well-designed quasi-experimental study, without randomization</td> </tr> <tr> <td style="text-align: center;">III</td> <td>Well-designed non-experimental descriptive studies (e.g. correlation)</td> </tr> <tr> <td style="text-align: center;">IV</td> <td>Expert committee reports, opinions and/or clinical experiences of respected authorities</td> </tr> </table> <p>Recommendations were presented according to the nursing process (assessment, implementation and evaluation).</p>		Ia	Meta-analysis or systematic reviews of randomized controlled trials	Ib	At least one randomized controlled trial	IIa	At least one well-designed controlled study without randomization	IIb	At least one type of other well-designed quasi-experimental study, without randomization	III	Well-designed non-experimental descriptive studies (e.g. correlation)	IV	Expert committee reports, opinions and/or clinical experiences of respected authorities	<p>Recommendations now have a two-part assessment: Certainty/confidence of evidence and strength of recommendation.</p> <p>(1) <b>Certainty/confidence of evidence</b> (also known as quality of the evidence) is determined by a very rigorous quality appraisal of studies found through a systematic review. Certainty/confidence of evidence can be high (very good quality), moderate, low or very low (very poor quality).</p> <p>(2) <b>Strength of recommendation</b> reflects the certainty of evidence as well as other factors such as the balance of benefits and harms, values and preferences and health equity considerations. A recommendation can either be <u>strong</u> or <u>conditional</u>.</p>
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### What else can I find in BPGs with GRADE?

- ❖ Good practice statements: Good practice statements are actions that should be done in practice and are believed to be highly beneficial; they do not require a systematic review.
- ❖ Benefits and harms: All recommendations include summary of its benefits and harms on specific outcomes.
- ❖ Values and preferences: Recommendations include information on values placed on outcomes as well as preferences in regards to the intervention by persons with lived experience.
- ❖ Health equity: Recommendations include information on implications or considerations for health equity.
- ❖ Implementation tips, supporting resources and appendices: All good practice statements and recommendations include tips and other resources to help implement a recommendation.

### What implications do recommendations and good practice statements have for my practice?

Strong Recommendation	Conditional Recommendation	Good Practice Statement
<p>-Benefits of a recommendation outweigh harms; most people should receive the course of action</p> <p>-Most people would want the course of action and only a small portion would not (need to consider their values and preferences)</p> <p>-Recommendation can inform policy decisions in most situations</p> <p>-New evidence is unlikely to change the recommendation</p>	<p>-Benefits of a recommendation probably outweigh the harms; majority of persons could receive the course of action</p> <p>-Majority of persons would want the course of action but many would not (greater variability in values and preferences; need to consider person’s healthy equity, values and preferences more carefully than usual)</p> <p>-Policy-making will require more discussion to weigh the benefits and harms, as well as involvement of others impacted by the change</p> <p>-The recommendation will likely need to be updated if new evidence emerges</p>	<p>-Should be interpreted as a strong recommendation (see column one)</p>

### Why should I implement a conditional recommendation?

Conditional recommendations are not “bad” recommendations. Conditional recommendations are still based on evidence and the benefits of the course of action outweigh the harms. The recommendation could be used for most persons in practice, but additional considerations need to be made in regards to the person’s values, preferences and health equity. RNAO encourages you to use conditional recommendations, where appropriate.

**RNAO uses the highest international standard to develop guidelines that you can trust!**

For more information, visit: [Best practice guideline methodology | RNAO.ca](https://rnao.ca/best-practice-guideline-methodology)

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1. GRADE Working Group. GRADE handbook [Internet]. [cited 2022 Jun 16]. Available from: <https://gdt.gradepro.org/app/handbook/handbook.html>
2. Lewin S, Booth A, Glenton C, Munthe-Kaas H, Rashidian A, Wainwright M, et al. Applying GRADE-CERQual to qualitative evidence synthesis findings: introduction to the series. *Implement Sci.* 2018;13(Suppl 1):2.