

## The Hierarchy of Evidence

The Hierarchy of evidence is based on summaries from the National Health and Medical Research Council (2009), the Oxford Centre for Evidence-based Medicine Levels of Evidence (2011) and Melynyk and Fineout-Overholt (2011).

- I Evidence obtained from a systematic review of all relevant randomised control trials.
- II Evidence obtained from at least one well designed randomised control trial.
- III Evidence obtained from well-designed controlled trials without randomisation.
- IV Evidence obtained from well designed cohort studies, case control studies, interrupted time series with a control group, historically controlled studies, interrupted time series without a control group or with case- series
- V Evidence obtained from systematic reviews of descriptive and qualitative studies
- VI Evidence obtained from single descriptive and qualitative studies
- VII Expert opinion from clinicians, authorities and/or reports of expert committees or based on physiology

Melynyk, B. & Fineout-Overholt, E. (2011). *Evidence-based practice in nursing & healthcare: A guide to best practice (2<sup>nd</sup> ed.)*. Philadelphia: Wolters Kluwer, Lippincott Williams & Wilkins.

National Health and Medical Research Council (2009). *NHMRC levels of evidence and grades for recommendations for developers of guidelines* (2009). Australian Government: NHMRC.  
[http://www.nhmrc.gov.au/files\\_nhmrc/file/guidelines/evidence\\_statement\\_form.pdf](http://www.nhmrc.gov.au/files_nhmrc/file/guidelines/evidence_statement_form.pdf)

OCEBM Levels of Evidence Working Group Oxford (2011). *The Oxford 2011 Levels of Evidence*. Oxford Centre for Evidence-Based Medicine. <http://www.cebm.net/index.aspx?o=1025>

Reference (include title, author, journal title, year of publication, volume and issue, pages)	Evidence level (I-VII)	Key findings, outcomes or recommendations
Optimising Telemetry Utilisation in an Academic Medical Center. Lee. J, Lamb. P, Rand. E, Ryan. C, Rubal. B Original Research, 2008, Vol15 issue 9 pg 435 - 439	III	Importance of having inclusion criteria + discharge criteria. The need for a telemetry guide Barriers with mobile telemetry
Telemetry Travels, Ericksen, Anne. Healthcare Traveler, 2011. Vol 18 issue 10 pg 35-38	V	Patient care whilst on telemetry Expectations of the RN Patient education = less anxiety
Dysrhythmia Monitoring. American Association of Critical Care Nurses, 2008, Vol 28 No.5 pg 90-91	II	Lead set up Device set up Alarm parameters
Altering Overuse of Cardiac Telemetry in non-intensive care unit settings by hardwiring the use of American Heart Association Guidelines. Dresslor .R, Dryer .M, Colletti .C, Mahoney .D, Doorey, A. JAMA intern med. 2014 Vol 174 Issue 11 pg 1852-1854	I	Criteria for mobile telemetry Reduce alarm fatigue
Evaluation of telemetry utilization, policy, and outcomes in an inner-city academic medical center. Ivonye. C, Ohuabunwo. C, Henriques-Forsythe. M, Uma. J, Kamuguisha .L, Olejeme .K, Onwuanyi .A, Journal of the national medical association. 2010. Vol 102 No. 7 pg 598-605	IV	What makes a good policy Implementation Expectations

Evaluation of Guidelines for the Use of Telemetry in the Non-Intensive-Care Setting. Estrada et al. J med intern med. 2000, Vol 15, issue 1, pg 51-55	I	<b>Criteria for telemetry</b> <b>Evidence of reduced usage and alarm fatigue with telemetry guideline</b>
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