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).

Melbourne

- 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 (2nd 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
- 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

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Reference (include title, author, journal title, year of publication, volume and issue, pages)	Evidence level (I-VII)	Key findings, outcomes or recommendations
High Dependency Admission and Discharge criteria. Royal Children's Hospital May 2011	VII	 Definition of HDU patients Outline of current HDU classification practices at RCH Currently used clinical codes explained in detail Current discharge practices from HDU to standard care
Day H; Allen Z; Llwellyn L (2005). High Dependency Care: a model for development. <i>Paediatric Nursing vol 17 no3</i> 24-28	V	 Definition of High Dependency Care Results from implementation of a clinical model for delivering high dependency care. Ward nurses poor at recognizing patients as high dependency. Outreach services from PICU to support and facilitate assessment of high dependency patients Findings of reduced number of unplanned admission to PICU through enabling ward nurses to care for high dependency patients
High Dependency Care for Children- Report of Expert Advisory Group for Department of Health 2001 United Kingdom	VII	 Identification of High Dependency patients Guidelines for care in acute Hospitals Aim of guideline to ensure appropriate levels of care for sick children, how to best utilize staff and reduce demands on PICU All Hospitals that care for Children should have High Dependency guidelines in place Detailed list of disorders and illnesses contributing to HDU care.
Nurses (Victorian Health Sector) Multiple Business Agreement 2007-2011 p121-122	VII	 Evidence of agreed current nurse patient ratios in acute public hospital settings.
Bernadette Twomey. Executive Director Nursing Services	VII	Expert Opinion