[Evidence/Guidance Community Window](https://covid-acts.ahrq.gov/pages/viewpage.action?pageId=20457887)

This page is for organizations focused on synthesizing evidence and producing clinical guidance to document best practices, tools, resources, needs, and other aspects of their work. The purpose of the documentation is to facilitate the uptake of high-quality evidence and guidance into clinical decision support and performance measures, to highlight best practice, and to foster inter-agency cooperation and support within the [knowledge ecosystem](https://covid-acts.ahrq.gov/display/ACLC/Knowledge+Ecosystem+Enhancement+Effort) for COVID-19 and beyond. The first set of tables apply broadly to COVID-19 (and other targets), and the second set of tables refer to evidence and guidance specifically related to the Collaborative’s current focus targets; i.e., COVID-19 testing and triage, and anticoagulant use.

Those providing data for these tables should consider, "What do you want those who seek to implement 'living guidance' to know about evidence synthesis and guidance development strategies and tools to make their efforts more successful? Likewise, "What do *you* want to know about efforts of others working in the knowledge ecosystem to make your efforts more successful?"

**Overarching Description of Evidence Synthesis/Guideline Development Community Best Practices, Tools, Resources**

|  | **Identify** **(Search/Screen) Primary Studies** | **Synthesize Evidence** **(including Assessing Quality)** |
| --- | --- | --- |
| **Current**  **Approach[[1]](#footnote-1)** |  | Identify published systematic and rapid reviews from trusted sources (including VA ESP Covid-19 Evidence Reviews and Cochrane) and present these in the [COVID-END inventory](https://www.mcmasterforum.org/networks/covid-end/resources-to-support-decision-makers/Inventory-of-best-evidence-syntheses/context)  Categorise into four mutually exclusive taxonomies: [clinical management](https://www.mcmasterforum.org/networks/covid-end/resources-to-support-decision-makers/Inventory-of-best-evidence-syntheses/clinical-management), [public health measures](https://www.mcmasterforum.org/networks/covid-end/resources-to-support-decision-makers/Inventory-of-best-evidence-syntheses/public-health-measures), [health system arrangements](https://www.mcmasterforum.org/networks/covid-end/resources-to-support-decision-makers/Inventory-of-best-evidence-syntheses/health-system-arrangements) and [economic and social resources](https://www.mcmasterforum.org/networks/covid-end/resources-to-support-decision-makers/Inventory-of-best-evidence-syntheses/economic-and-social-responses).  Add decision-relevant information to each document included in the inventory in order to support easier assessments of relevance, including:   * flagging review search dates (to support assessments of how up-to-date the evidence is);   appraising and reporting quality using AMSTAR 1 tool (to provide information about the quality of each review);   * identifying which reviews are living and which have a GRADE evidence profile; and * creating declarative titles for ease of understanding and applicability for policymaker end user. |
| **Pearls/Tips Learned** |  | Match response to need (in this case, a prototypical 25-year-old policy analyst being asked by senior decision-makers for best evidence across a broad range of issues on very short timelines) |
| **Desired Approach** |  | Use an online administrative interface for processing records (rather than Excel) and a more elegant front-end solution for displaying the inventory |
| **Needs to Achieve Desired Approach** | Check all that apply  \_\_Better source/input materials [Details: ]  \_\_Common format/terminologies for managing/sharing data [Details: ]  \_\_Other [Details:] | Check all that apply  \_x\_Better source/input materials [Details: ] Harvest from all high-yield, high-quality sources  \_x\_Common format/terminologies for managing/sharing data [Details: ] COVID-END taxonomy  \_x\_Consistency of outcomes [Details:]  \_x\_Engagement with primary researchers and upstream stakeholders [Details: When gaps in the best-available evidence related to the pandemic response are identified (e.g., a taxonomy category in the inventory has no high-quality evidence synthesis available) engaging researchers and research funders may help to set priorities for research needed to fill gaps)]  \_x\_Engagement with decision makers and other downstream stakeholders [Details:] Regulator interactions with government officials in many Canadian provinces and in many other countries  \_\_Other [Details:] |
| **Support You Can Provide Other Participants** |  | The [COVID-END Inventory](https://www.mcmasterforum.org/networks/covid-end/resources-to-support-decision-makers/Inventory-of-best-evidence-syntheses/context) aims to identify best current evidence in the four taxonomies, and to identify those reviews that are living, up to date, high quality and where there is a GRADE evidence profile. Inventory also provides link to the underlying reviews in addition to outputs described above.  [COVID-END](https://www.mcmasterforum.org/networks/covid-end) has also established an international [horizon scanning](https://www.mcmasterforum.org/networks/covid-end/resources-to-support-decision-makers/horizon-scans-for-emerging-issues) group that meets monthly, an equity group that aims to identify means of increasing the visibility of measures aimed at reducing inequity, and aims also to commission living systematic reviews to address high priority areas that may not have been sufficiently addressed by evidence synthesis researchers.  Further outputs include resources for [researchers](https://www.mcmasterforum.org/networks/covid-end/resources-for-researchers/supports-for-evidence-synthesizers/interactive-flow-diagram) and [guidelines developers](https://www.mcmasterforum.org/networks/covid-end/resources-for-researchers/supports-for-guideline-developers) that are proposing to conduct a systematic review or develop clinical practice guidelines – aimed at reducing inadvertent and inappropriate duplication of effort and increasing the quality of reviews and guidelines produced |

|  | **Produce Guidance** | **Make Guidance Computable** |
| --- | --- | --- |
| **Current**  **Approach** |  |  |
| **Pearls/Tips Learned** |  |  |
| **Desired Approach** |  |  |
| **Needs to Achieve Desired Approach** | Check all that apply  \_\_Better source/input materials [Details: ]  \_\_Common format/terminologies for managing/sharing data [Details: ]  \_\_Other [Details:] | Check all that apply  \_\_Better source/input materials [Details: ]  \_\_Common format/terminologies for managing/sharing data [Details: ]  \_\_Other [Details:] |
| **Support You Can Provide Other Participants** |  |  |

|  | **Implement Guidance (e.g., as CDS, eCQMs)** | **Analyze Results (e.g., care outcomes)** | **Apply Results (e.g., Quality Improvement, create evidence)** |
| --- | --- | --- | --- |
| **Current**  **Approach** |  |  |  |
| **Pearls/Tips Learned** |  |  |  |
| **Desired Approach** |  |  |  |
| **Needs to Achieve Desired Approach** | Check all that apply  \_\_Better source/input materials [Details: ]  \_\_Common format/terminologies for managing/sharing data [Details: ]  \_\_Other [Details:] | Check all that apply  \_\_Better source/input materials [Details: ]  \_\_Common format/terminologies for managing/sharing data [Details: ]  \_\_Other [Details:] | Check all that apply  \_\_Better source/input materials [Details: ]  \_\_Common format/terminologies for managing/sharing data [Details: ]  \_\_Other [Details:] |
| **Support You Can Provide Other Participants** |  |  |  |

**Drill Down into Evidence Synthesis/Guideline Development Community Best Practices, Tools, Resources For ACTS Collaborative Focus Targets**

* **COVID-19 Testing/Triage** **(ED and ambulatory settings)**

|  | **Identify (Search/Screen) Primary Studies** | **Synthesize Evidence (including Assessing Quality)** |
| --- | --- | --- |
| **Current**  **Approach** |  |  |
| **Pearls/Tips Learned** |  |  |
| **Desired Approach** |  |  |
| **Needs to Achieve Desired Approach** | Check all that apply  \_\_Better source/input materials [Details: ]  \_\_Common format/terminologies for managing/sharing data [Details: ]  \_\_Other [Details:] | Check all that apply  \_\_Better source/input materials [Details: ]  \_\_Common format/terminologies for managing/sharing data [Details: ]  \_\_Consistency of outcomes [Details:]  \_\_Engagement with primary researchers and upstream stakeholders [Details:]  \_\_Engagement with decision makers and other downstream stakeholders [Details:]  \_\_Other [Details:] |
| **Support You Can Provide Other Participants** |  |  |

|  | **Produce Guidance** | **Make Guidance Computable** |
| --- | --- | --- |
| **Current**  **Approach** |  |  |
| **Pearls/Tips Learned** |  |  |
| **Desired Approach** |  |  |
| **Needs to Achieve Desired Approach** | Check all that apply  \_\_Better source/input materials [Details: ]  \_\_Common format/terminologies for managing/sharing data [Details: ]  \_\_Other [Details:] | Check all that apply  \_\_Better source/input materials [Details: ]  \_\_Common format/terminologies for managing/sharing data [Details: ]  \_\_Other [Details:] |
| **Support You Can Provide Other Participants** |  |  |

|  | **Implement Guidance (e.g., as CDS, eCQMs)** | **Analyze Results (e.g., care outcomes)** | **Apply Results (e.g., Quality Improvement, create evidence)** |
| --- | --- | --- | --- |
| **Current**  **Approach** |  |  |  |
| **Pearls/Tips Learned** |  |  |  |
| **Desired Approach** |  |  |  |
| **Needs to Achieve Desired Approach** | Check all that apply  \_\_Better source/input materials [Details: ]  \_\_Common format/terminologies for managing/sharing data [Details: ]  \_\_Other [Details:] | Check all that apply  \_\_Better source/input materials [Details: ]  \_\_Common format/terminologies for managing/sharing data [Details: ]  \_\_Other [Details:] | Check all that apply  \_\_Better source/input materials [Details: ]  \_\_Common format/terminologies for managing/sharing data [Details: ]  \_\_Other [Details:] |
| **Support You Can Provide Other Participants** |  |  |  |

* **Anticoagulation**

|  | **Identify (Search/Screen) Primary Studies** | **Synthesize Evidence (including Assessing Quality)** |
| --- | --- | --- |
| **Current**  **Approach** |  |  |
| **Pearls/Tips Learned** |  |  |
| **Desired Approach** |  |  |
| **Needs to Achieve Desired Approach** | Check all that apply  \_\_Better source/input materials [Details: ]  \_\_Common format/terminologies for managing/sharing data [Details: ]  \_\_Other [Details:] | Check all that apply  \_\_Better source/input materials [Details: ]  \_\_Common format/terminologies for managing/sharing data [Details: ]  \_\_Consistency of outcomes [Details:]  \_\_Engagement with primary researchers and upstream stakeholders [Details:]  \_\_Engagement with decision makers and other downstream stakeholders [Details:]  \_\_Other [Details:] |
| **Support You Can Provide Other Participants** |  |  |

|  | **Produce Guidance** | **Make Guidance Computable** |
| --- | --- | --- |
| **Current**  **Approach** |  |  |
| **Pearls/Tips Learned** |  |  |
| **Desired Approach** |  |  |
| **Needs to Achieve Desired Approach** | Check all that apply  \_\_Better source/input materials [Details: ]  \_\_Common format/terminologies for managing/sharing data [Details: ]  \_\_Other [Details:] | Check all that apply  \_\_Better source/input materials [Details: ]  \_\_Common format/terminologies for managing/sharing data [Details: ]  \_\_Other [Details:] |
| **Support You Can Provide Other Participants** |  |  |

|  | **Implement Guidance (e.g., as CDS, eCQMs)** | **Analyze Results (e.g., care outcomes)** | **Apply Results (e.g., Quality Improvement, create evidence)** |
| --- | --- | --- | --- |
| **Current**  **Approach** |  |  |  |
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| **Support You Can Provide Other Participants** |  |  |  |

1. For this row and the next, include URLs/pointers to documents outlining steps to accomplish the tasks, tools that support this work and/or other items critical for others working along the evidence/knowledge to know about to make their work optimally efficient, appropriate and effective. [↑](#footnote-ref-1)