# **HOW TO USE A CEP REPORT**



### WHAT IS THIS REPORT?

The <u>Center for Evidence Based Practice</u> (CEP) offers a variety of rapid evidence reports to meet the varying needs of stakeholders at Penn Medicine. Reports are differentiated by the depth and breadth of searching, synthesis, and analysis. See table below, the Product pyramid, or browse our <u>methods</u> for more details.

CEP Products	Rapid Evidence Review	Evidence Advisory	Evidence Inventory	Rapid Product Summary	Annotated Bibliography	Pathways & Algorithm Summary
Clinical guidelines	$\checkmark$	$\checkmark$	$\checkmark$	-	$\checkmark$	-
Systematic reviews	$\checkmark$	$\checkmark$	-	-	$\checkmark$	-
Primary studies	$\checkmark$	-	$\checkmark$	-	$\checkmark$	-
Analysis of results	$\checkmark$	$\checkmark$	-	-	-	-
Reference list	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
Example	<u>Link</u>	<u>Link</u>	Link	<u>Link</u>	<u>Link</u>	<u>Link</u>

### WHAT IS THE REPORT TELLING ME TO DO?

The short answer: nothing (by itself)! Evidence alone is never sufficient to make a clinical decision. Evidence Based Practice is a systematic process and the results from a CEP report are just one of several factors that should be considered in clinical decision making. Decision makers must always trade off the benefits and risks, <u>burden</u>, and costs associated with alternative management strategies and, in doing so, consider their patients' unique predicament and <u>values and preferences</u>. In its most distilled form, a best EBP decision will always apply the considerations above to the following principles: best available research evidence, clinical expertise, resource availability, and patient/family values and preferences.

## CAN I TRANSLATE EVIDENCE FROM THIS REPORT INTO MY PRACTICE, AND CAN SOMEONE HELP ME?

Yes and yes! When following a systematic method, CEP reports can be used to inform decisions at Penn Medicine. Our Center has the skills and expertise in translating evidence into clinical practice and evaluating impacts on process of care and outcomes. Use our <u>Contact & Self-Service Portal</u> to directly reach a Center representative. The Contact & Service link includes a self-help list of UPHS contacts that can assist with tasks, including the following: interpreting the evidence quality scores, stakeholder management, change management, quality improvement, developing <u>Penn Pathways</u>, and innovating change in the absence of a clear decision.

**Contact & Self-Service Portal** 

Our Center's first job is to ensure the evidence summary is up to date, clear, and transparent to our readers. Our second job includes being available to help guide our multidisciplinary clinical practice experts at UPHS in using that evidence to make decisions or enact change in your own practice area. This is commonly referred to as 'translating evidence intro practice'.

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#### **Evidence Inventories & Annotated Bibliographies**

Annotated Bibliographies and Evidence Inventories do not seek to synthesize an answer to a clinical question. Instead, they are designed to help you plan next steps as direct answers are often unavailable.

An Annotated Bibliography provides a topic overview: typically, a new technology or new application of an existing technology where there is little clinical evidence, & therefore is unable to be synthesized or summarized.

An Evidence Inventory helps organize a plan by pointing out areas and types of clinical evidence available or conversely, lacking.

#### **Pathway & Algorithm Summaries**

VIDENCE-BASED

PRACTICE

These reports include summaries of existing clinical pathways and algorithms used in other healthcare settings and/or reported on in the literature. Building upon our standardized search protocol, we include additional searches based on clinical content/area specified by the requestor. Search results may be a combination of pathway images or text descriptions of pathways. Our report will specify key information, such as author, date, source, topic area, key outcomes of focus.

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# **PRODUCT PYRAMID**



#### Evidence Reviews & Evidence Advisories

Evidence Reviews and Evidence Advisories both seek definitive answers to key questions. Because of our "best evidence" approach, if highlevel evidence (published guidelines & systematic reviews) is sufficient to answer the question, we will scope a report as an Evidence Advisory. If the high-level evidence is lacking, outdated, or not specific to the question, we will instead scope to an Evidence Review and search for primary studies.

Sometimes evidence points to a clear course of action but may be weak or inconclusive. In that case, our objective shifts to explaining why the evidence is weak and what new evidence might be cause for you to revisit decisions in the future. GRADE summary table of findings or evidence quality tables (in Evidence Reviews or Evidence Advisories) provide this information in a synthesized and structured form.

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