APPENDIX B - DEFINITIONS FOR THE SCORING CRITERIA FOR CLINICAL INDICATORS

Acceptability (A)

- Level of evidence or grade of recommendations. In some instances a level of evidence or grade of recommendation may not have been provided. In these cases, absence of evidence should not be the only grounds for exclusion of the indicator (i.e. expert consensus may be acceptable).
- Non-Australian clinical guideline recommendations. There are some indicators where the primary source is a non-Australian clinical guideline from a reputable organisation (eg NICE). In the absence of Australian guidelines, it is important to consider whether such a guideline reflects what is practical within the context of Australian healthcare settings.
- Non-national Australian clinical guideline recommendations. In the absence of nationally-based Australian AND international guidelines, some indicators have been sourced using guidelines from one state or organisation e.g. NSW Health, or Royal Children’s Hospital in Melbourne.
- Recommendation is made in more than one clinical guideline.
- Reflects “essential” (i.e. independent of resources) Australian clinical practice during 2012 and 2013.

Feasibility (F)

- Indicators with multiple eligibility criteria tend to have lower numbers of eligible encounters.
- Compliance can be determined preferentially from one encounter with one healthcare provider, or at least within a 1-2 year period (our sample will be the medical records of healthcare encounters for children during the 2012-2013 period).
- Likely to be documented in the medical record, for example: indicators associated with lifestyle or exercise advice are less likely to be documented.

Impact (I)

- “High impact” on the patient in terms of domains of quality i.e. safety, effectiveness, patient experience, or access.
- “High impact” within Australian healthcare settings (e.g. what will be the frequency/ prevalence of presentation).