AORN Evidence Rating Model

1. Evidence Rating

<table>
<thead>
<tr>
<th>HIGH</th>
<th>MODERATE</th>
<th>LOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA or IB</td>
<td>IIIA or IIIB</td>
<td>IC, IIC, or IIIC</td>
</tr>
<tr>
<td>IIA or IIB</td>
<td>VA, VB, or VC</td>
<td>VA, VB, or VC</td>
</tr>
</tbody>
</table>

- **HIGH**
  - Wide range of studies with no major limitations
  - Little variation between studies

- **MODERATE**
  - Few studies and some have limitations but not major flaws
  - Some variation between studies

- **LOW**
  - Studies have major flaws or there are no rigorous studies
  - Important variation between studies

2. Recommendation Rating

- **Recommendation**
  - Benefits clearly exceed harms
  - Supported by high- to moderate-quality evidence
  - May be based on low-quality evidence or expert opinion when:
    - High-quality evidence is impossible to obtain
    - Supported by a guideline, position statement, or consensus statement

- **Conditional Recommendation**
  - Benefits are likely to exceed harms
  - May be supported by any level of evidence when:
    - Indicated for a specific patient population or clinical situation
    - Impact of the intervention is difficult to separate from other simultaneously implemented interventions (e.g., “bundled” practices)
    - Benefit-harm assessment may change with further research or not be consistent
    - Benefit is most likely if used as a supplemental measure

- **No Recommendation**
  - There is both a lack of evidence and an unclear balance between benefits and harms.

3. Implementation

- **Regulatory Requirement**
  - Perioperative team members “must” implement the recommendation in accordance with regulatory requirements.

- **Recommendation**
  - Perioperative team members “should” implement the recommendation, unless a clear and compelling rationale for an alternative approach is present.

- **Conditional Recommendation**
  - Perioperative team members “may” implement the recommendation.
  - The degree of implementation may vary depending on the benefit-harm assessment for the specific setting.

- **No Recommendation**
  - Perioperative team members will need to evaluate whether or not to implement the practice issue.