

Traffic Lighting Overview: Identifying the Evidence on Intervention Effectiveness

This document outlines a framework¹ and classification scale that can be used to highlight the state of the evidence about routine interventions in order to inform clinical practice.

Traffic Lighting Classification Scale¹

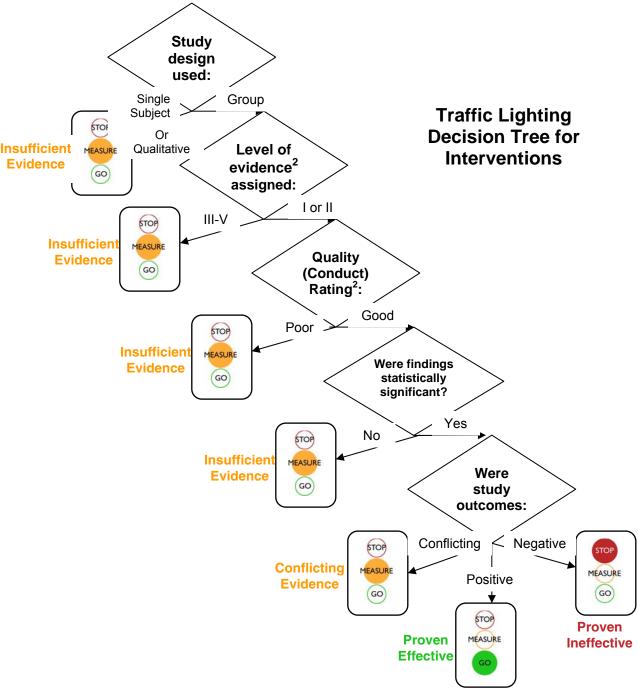
Colour Code	Criteria	State of the Evidence
MÉASURE GO	Group design Level I or II evidence of good quality demonstrating negative outcomes (e.g. absence of change compared to no treatment)	Proven Ineffective
STOP MEASURE GO	 Group design Level I or II evidence of poor[®] quality regardless of outcome Group design Level III-V evidence of any quality regardless of outcome Single study research design Level I-V of any quality regardless of outcome Inconclusive results 	Insufficient Evidence
	No evidence about the intervention's effectiveness	No Evidence
	Group design of either Level I or II evidence, where both studies of the same level of evidence show conflicting results	Conflicting Evidence
MEASURE GO	Group design Level I or II evidence of good quality, demonstrating statistically significant positive outcomes	Proven Effective

^{*}Moderate or Strong quality (Group Design AACPDM Conduct Rating Scale² score of 4-7 or AMSTAR score of 4-11)

∞Weak quality (Group Design AACPDM Conduct Rating Scale² or AMSTAR score of 1-3)

When assigning a Traffic Light colour based on more than one source of evidence (e.g. multiple studies - preferable), use the evidence with the highest level and quality, choosing group design over single subject research design studies. If you have two evidence sources that match in study design, carry them both through the decision tree until you find that they differ, and retain the one(s) that follow the right side of the path. If the population under study does not match your target population, consider Yellow – Insufficient Evidence.

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Refer to the <u>Traffic Lighting Process</u> and <u>Traffic Lighting Record</u> for recommendations on how to document the state of the evidence and proceed with developing a practice change, knowledge translation or research plan for your team or discipline.

References:

- 1. Table and process adapted from: Novak, I. (September 29, 2010). Closing the Research- Practice Gap: Responsibilities and Solutions. *Evidence Based Practice Workshop*. Lecture conducted from Sunny Hill Health Centre, Vancouver.
- 2. American Academy for Cerebral Palsy and Development Medicine Treatment Outcomes Committee. 2008. AACPDM Methodology to Develop Systematic Reviews of Treatment Interventions (Revision 1.2) 2008 Version. http://www.aacpdm.org/membership/members/committees/treatment_outcomes_methodology.pdf Accessed August 23, 2011.

