COVID-END Inventory (& Sharing)

COVID-END Synthesizing Working Group, 8 July 2020

John N. Lavis, MD PhD, Co-Lead, COVID-END;
Director, McMaster Health Forum; and Professor, McMaster University

Jeremy Grimshaw, MBChB PhD, Co-Lead, COVID-END;
Senior Scientist, OHRI; and Professor, University Of Ottawa

David Tovey, MBChB FRCGP, Senior Advisor, COVID-END

Primary Use Case for Inventory (and Sharing)

- Inventory for 'front-line' decision-maker support (so 'local' groups can focus on evidence contextualization – what does it mean for our setting?)
  - Reviews harvested from sources in the COVID-END guide
  - Filters applied for all levels in the COVID-END taxonomy of decisions
  - 'Best evidence' rank-ordered within any given 'row' in the taxonomy
    - Living (or recent search)
    - Quality (using AMSTAR I)
    - Available evidence profile
  - Decision-relevant information profiled (above plus type of review, type of question and (later) countries where studies conducted)
- COVID-END's 'improve my RIS file service' will enable value-added data sharing across different group's workflows (e.g., Cochrane, NIPH)

Secondary Use Case for Inventory

- Horizon scanning to identify needed taxonomy adjustments and priorities for living reviews on recurring priorities (and full or rapid reviews on one-off priorities) where none currently exist
  - Summarizing key insights derived from horizon-scanning organizations and from a variety of other types of organizations (including international agencies, governments, NGOs, media, etc.) and from <u>assessments of gaps in inventory</u> (including PROSPERO)
  - Engaging a global horizon-scanning panel in 'sense-making,' with members selected to achieve
    - Coverage across 4 parts of the taxonomy and 4 key target audiences (citizens, providers, policymakers & researchers)
    - Diversity in terms of WHO region and primary language

Rough Example of What It Will Look Like

Taxonomy	Living evidence document 1) Yes [green] 2) No	Date of last search [Search conducted in last month (green)]	Quality rating using AMSTAR I 1) 8-11 [green] 2) 4-7 [yellow] 3) 0-3	GRADE evidence profile available 1) Yes, with hyperlink [green] 2) No	Title [hyperlink to abstract +/- full text]	Citation	Type of review 1) Full review 2) Rapid review 3) Protocol 4) Other (with description)	Type of question 1) Effectiveness 2) Costs 3) Values and preferences 4) Other
Public-health measures								
Infection prevention								
Personal protection								
Washing hands	Yes	2020-07-01	10/10	Yes				
	No	2020-05-20	8/9	Yes				
	Yes	2020-06-21	5/9	No				
Wearing personal protective equipment								
Disinfecting surfaces and facilities								
Physical distancing								
Temporal distancing								
Public-focused behaviour-change suppo								
Health worker and essential worker-focu								
Service Limitations								
Essential service designations								
Daycare, school, university and summer								
Recreational areas (e.g., parks) limitatior								

Questions

- Making available iterations of the inventory as it becomes filled out (all living reviews, then all living and full systematic reviews, etc.)
- Making trade-offs across the three criteria when ordering reviews (living/recency, quality and evidence profile)
- Setting up the data in ways that are usable by the 'improve my RIS service' (and drawing on insights from COKA & using JSON format)
- Establishing terms for reciprocity
  - Partner logo on COVID-END inventory webpage if used as a source
  - COVID-END logo on source page if used COVID-END data
- Transitioning from COVID-focused documents only to also including COVID-relevant documents (to fill gaps)