

# Evidence Review Planner for Integrated Care Topics

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## Acknowledgement of Country

The Central Coast Research Institute (CCRI) acknowledges the traditional custodians of the land, the Darkinjung people, on whose land the Institute is situated and we welcome all who visit this place.

We acknowledge the traditional owners of lands on which we meet and conduct our research and pay our respects to their Elders past, present and emerging and to their culture, heritage and spirituality.



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# Evidence Review Planner for Integrated Care Topics

This planner is designed to assist you to plan your evidence review. Time spent at the planning stage will increase the chance of a successful review.

**Your name:**

**Date:**

**Review topic:**

## Step 1a: Assemble your review team

Unless you are planning a traditional literature review, you will need a review team of 2-3 or more people. Ideally your team should consist of subject experts, experienced researchers, an information specialist and a consumer/patient/carer representative (if possible and feasible).

Each team member should have an [ORCID](#), a persistent digital identifier that connects all your professional information including publications, grants and affiliations. Some journals require all authors to supply an ORCID when submitting a manuscript.

## Step 1b: Develop the review question

Summarise your question, breaking the topic down into major concepts. You may find it useful to use one of the following frameworks to help you to define your question. You can also create your own variation on PICO to suit your question.

Framework	Your question
<b>PICO (or PECO)</b>	Evidence for the effectiveness of an intervention or the effect of an exposure
Population (or Patient or Problem)	
Intervention (or Exposure)	
Comparison (or Control)	
Outcome	
<b>PICo</b>	Qualitative or general question
Population (or Patient or Problem)	
Phenomena of Interest	
Context	
<b>PCC (or CoCoPop)</b>	Recommended for scoping reviews
Population	
Concept	
Context	
<b>SPICE</b>	Evaluation of a service or policy
Setting	
Population or Perspective	
Intervention	
Comparison	
Outcome	
<b>ECLIPSE</b>	Outcome/s of a service or policy
Expectation	
Client group	
Location	

Impact	
Professionals	
Service	

As you develop your question, you should also be:

- defining your inclusion and exclusion criteria, and
- defining any terms or concepts that require clarification. This is particularly important for integrated care topics.

For example, in a recent rapid review of models of palliative care for people with advanced dementia, inclusion and exclusion criteria, and key terms, were defined as follows:

	Inclusion criteria	Exclusion criteria
Population	People with dementia in the last year of life, or the palliative phase of the disease, i.e. advanced, severe or end-stage dementia and/or person assessed as meeting level 6/7 of the Global Deterioration Scale.	People with early or mid-stage dementia.
Setting of care delivery	All settings including acute care, community care, residential aged care, hospice and home; national and international locations.	Nil
Nature of the intervention	A care intervention, variously referred to as a model of care, programme, care pathway, care plan or framework, with multiple components demonstrating care coordination.	Single interventions not demonstrating coordination of care.
Study design	Case studies, pilot trials, randomised controlled trials, feasibility studies, impact and process evaluations, cohort studies, economic evaluations.	Systematic, narrative, realist and other types of literature reviews.
Characteristics of sources	Articles, reports, websites or other sources in English published between 2000 and 2022.	Sources not in English, published before 2000, or not available in full text.

Lewis S, Triandafilidis Z, Curryer C, et al. Models of care for people with dementia approaching end of life: A rapid review. *Palliative Medicine*. 2023;37(7):915-930. doi:10.1177/02692163231171181

## Step 2: Check for existing reviews

If there is an existing review on your topic:

- there may not be a need for another review; or
- it may be a useful resource for information to inform your review.

Check the following sources for existing reviews (not an exhaustive list):

<a href="#">Cochrane Library</a>	A freely accessible database indexing over 7,500 Cochrane systematic reviews
<a href="#">JBI (Joanna Briggs Institute)</a>	A subscription-based database indexing evidence-based resources including systematic reviews and evidence summaries with an emphasis on nursing and allied health. JBI also contains a register of systematic reviews currently underway by JBI affiliated entities.
<a href="#">Prospero</a>	An international prospective register of systematic and other reviews.
<a href="#">The Campbell Collaboration</a>	A freely accessible, international social science research resource which includes a searchable database of systematic reviews and other evidence syntheses.
<a href="#">PubMed</a>	A freely accessible database indexing international biomedical literature. Run a search on your topic then use the publication type limit “systematic review” or “review”. You can do the same in other databases which index health and social care research.

## Step 3: Choose your review type

The term evidence review is a general term for any review that summarises available evidence on a topic. There are many specific review types suited to integrated care topics. The type of review you choose to do will depend on factors such as the purpose and intended audience of the review, time and funding available, and the number and expertise of people on your team.

Consider the following (not an exhaustive list) when deciding what type of review you will do:

Type of review	Purpose	Timeframe	Review team
Systematic review	To exhaustively search for evidence to evaluate the effectiveness of an intervention and/or identify best practice.	12 months or more	At least 3
Rapid review	To produce a review that follows systematic review methods as far as possible in the time available.	3-6 months	At least 3
Integrative review	To summarise the literature on a topic and/or identify best practice when evidence is found in a range of research designs.	12 months or more	At least 3

Scoping review	To explore the literature on a topic as a first step before undertaking further research or a systematic review.	6+ months	At least 2-3
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[Right Review](#), an open access online tool produced by the Canadian [Knowledge Translation Program](#), can guide you in selecting the best review type for your evidence review.



## Step 3b: Identify and read the relevant guideline/s for your review type

Guidelines for the conduct of evidence reviews exist for the main types of reviews. Adherence to the relevant guidelines is essential for writing a protocol for your review (see Step 4) and publishing your finished review. Following guidelines will also help you to plan and conduct your review.

The following table presents some of the most commonly used guidelines for the main review types.

Type of review	Guidelines
Systematic review	<p><a href="#">The Cochrane Handbook for Systematic Reviews of Interventions</a>, available online, is the official guide to creating Cochrane systematic reviews.</p> <p><a href="#">The Joanna Briggs Manual for Evidence Synthesis</a> provides guidance on conducting JBI systematic and other reviews.</p> <p>The <a href="#">PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses)</a> is a checklist of the minimum set of items required for reporting systematic reviews and meta-analyses. It includes templates for the <a href="#">PRISMA flow diagram</a> for reporting results.</p>
Rapid review	<p>The <a href="#">Cochrane Methods Rapid Reviews group</a> has developed recommendations for the conduct of rapid reviews (doi: 10.1016/j.jclinepi.2020.10.007). McMaster University, Canada, has published a free, online <a href="#">Rapid Review Guidebook</a>.</p> <p>The <a href="#">Practical Guide</a> to rapid reviews by Andrea Tricco and colleagues, published online by the World Health Organization, is also a useful guideline.</p>
Integrative review	<p><a href="#">Whittemore R, Knafk K. The integrative review: updated methodology. Journal of advanced nursing. 2005 Dec;52(5):546-53</a> is a widely referenced guide to conducting integrative reviews.</p>
Scoping review	<p>A <a href="#">PRISMA extension for scoping reviews</a> contains 20 essential and 2 optional items to include in this type of review.</p> <p>The Joanna Briggs Manual for Evidence Synthesis contains a <a href="#">chapter on scoping reviews</a>.</p>



## Step 4: Create and register your review protocol

A protocol outlines the rationale for your review and is a detailed plan for how you propose to conduct your review. As your review progresses, you and the team can go back to the protocol to ensure you stay on track. You may not be required to register your review but it is good practice to do so as this helps to avoid duplication of research effort. You may also choose to submit your protocol for publication. The specific format of your protocol will depend on where you choose to register or publish it. A [PRISMA extension for systematic review protocols \(PRISMA-P\)](#) provides guidance on what to include in a protocol for a systematic review. The [JBI Manual for Evidence Synthesis](#) also provides guidance for protocols for a number of review types.

The table below includes a selection of platforms for registering and/or publishing your review protocol.

<a href="#">PROSPERO</a>	An international prospective register of protocols for systematic reviews, rapid reviews and umbrella reviews. PROSPERO does not accept protocols for other review types including scoping reviews.
<a href="#">Open Science Framework (OSF)</a>	A free, open source project management platform that allows researchers to upload study protocols and store research data.
<a href="#">JBI Evidence Synthesis</a>	Publishes systematic and scoping review protocols.
<a href="#">Systematic Reviews</a>	An open access journal that publishes systematic review protocols.

## Step 5: Develop and run your search

The quality of your search for relevant evidence sources is critical to the success of your review. Searching is a multi-step process which is iterative rather than linear. The inclusion of a librarian or information specialist on your review team will help to ensure the quality of your search.

### Step 5a: Choose your sources to search

Reviews on integrated care topics tend to require use of a range of databases indexing the health and medical literature and often beyond to social sciences, justice, education and other subject areas. Your review question plus your access to subscribed resources will guide your choice of databases. The following table lists commonly used databases.

Medline	The main biomedical database. Available via Ovid and EBSCOhost platforms (require subscription) or free via <a href="#">PubMed</a>
Embase	Biomedicine, pharmacy. Some overlap with PubMed. Subscription required.
<a href="#">Cochrane Library</a>	A freely accessible (in Australia) database indexing over 7,500 Cochrane systematic reviews and other resources.
JBI (Joanna Briggs Institute)	A subscription-based database indexing evidence-based resources including systematic reviews and evidence summaries with an emphasis on nursing and allied health.
<a href="#">Campbell Collaboration</a>	A freely accessible, international social science research resource which includes a searchable database of systematic reviews, evidence gap maps and other evidence syntheses.

CINAHL (Cumulative Index of Nursing and Allied Health Literature)	Nursing and allied health database. Available via subscription on the EBSCOhost platform
PsycINFO	Psychology, psychiatry, mental health. Available via subscription on the Ovid or EBSCO host platforms.
ERIC (Education Resources Information Center)	Education. Available via subscription on the EBSCOhost platform.
Informit Health Collection	A range of databases focusing on Australian content in health, legal, education, public affairs, social sciences, indigenous affairs. Available with subscription via Informit.
Social Work Abstracts	Social work and social welfare, Available via subscription on the Ovid platform.
SocINDEX	Sociology. Available via subscription on the EBSCOhost database.
Scopus	A multidisciplinary database available via subscription from Elsevier.
Web of Science	A multidisciplinary database available via subscription from Clarivate.
<a href="#">Google Scholar</a>	Useful for searching broadly across the scholarly literature. Freely available. Useful for finding full text of articles and other sources.

## Step 5b: Assemble a set of seed articles (if available)

You and your team may have a few seed articles already, identified during your preliminary searches for existing reviews and/or your thinking about your review question. Even if you have only 2 or 3 articles relevant to your review topic, these can be valuable in helping to identify search terms or researchers publishing in the field by looking at the subject headings assigned, and keywords used, for each article.

## Step 5c: Create a reference storage and management library

Reference management software is highly recommended for storing references and full text documents for your review. EndNote is a widely used platform which allows you to export citations from databases into EndNote and add PDF files for full text storage. EndNote requires a subscription; [Mendeley](#) and [Zotero](#) are free options. Import your seed references into your reference management software.

## Step 5d: Populate a search planner with keywords and subject headings

A search planner, also known as a logic grid, is a useful tool for recording keywords and subject headings (also known as index terms or controlled vocabulary) for each concept in your review question (for concepts refer back to your PICO or equivalent).

Each of the main databases has its own controlled vocabulary, for example:

Medline – MeSH – medical subject headings

Embase – Emtree

Cochrane Library – MeSH

PsycINFO – American Psychological Association Thesaurus of Psychological Index Terms

CINAHL – CINAHL Subject Headings

The example logic grid below, which used the **PICO** mnemonic, was the basis for the Medline search conducted for a recent rapid review:

	Population – people with advanced dementia	Phenomena of Interest – models of care	Context – palliative or end-of-life care
Keywords	Dement* Alzheimer*	model* of care continuity care plan* team* multidisciplinary interdisciplinary case manag* pathway* meaningful use hospital to home community matron* follow-up discharge plan* coordinat* linkage seamless*  framework*	palliat* hospice* terminal care advance care plan attitude to death bereavement terminal care life support* care terminally ill
Subject headings (MeSH)	Dementia Alzheimer Disease	Quality indicators, health care Delivery of health care, integrated Continuity of patient care Case managers Case management Referral and consultation Meaningful use Critical pathways Patient care team Patient care planning Interprofessional relations Interdisciplinary communication Attitude of health personnel	Advance care planning Attitude to death Bereavement Terminal care Hospices Life support care Palliative care Terminally ill Death
*indicates truncation to capture variations on a word (eg coordinat* captures coordinate, coordinates, coordinator, coordinators, coordination, coordinating, coordinated)			

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You will add terms to the logic grid as you conduct your search and adjust your search strategy accordingly.

If you have seed articles you can use free text-mining tools such as [PubMed PubReMiner](#) and [Yale Mesh Analyzer](#) to identify further MeSH terms and keywords. You will need the PMIDs (PubMed IDs) for each of your seed articles. PMIDs can be found in the full bibliographic record for each article.

## Step 5e: Identify relevant search filters

Filters (also known as hedges) are pre-written searches designed for specific databases. Some filters are developed using a strict methodology and validated so that they have a known level of performance (recall and precision). There are two types of filters:

### Methodological search filters

- filters designed to retrieve references by study design, for example, randomised controlled trials, economic evaluations;
- the [ISSG Search Filter Resource](#) is an excellent collection of published and unpublished methodological search filters and also lists other helpful filters such as geographic and population group filters;
- methodological search filters are also built into the major databases, for example, [Clinical Queries](#) in PubMed and the equivalent Clinical Queries limits in Medline (Ovid).

### Subject search filters

- filters designed to retrieve references on a specific topic or subject area;
- [Flinders Filters](#) is an excellent collection of validated search filters on topics such as Palliative Care, Bereavement, Stroke, Primary Health Care, Aboriginal and Torres Strait Islander Health and more.



[Integrated Care Search](#) is a subject search filter developed by Flinders Filters for retrieving references in the subject area of integrated care. It is accessed via the International Foundation for Integrated Care (IFIC) website. There are broad and narrow search options, translations of the search filter for databases other than PubMed, and the option to combine the filter with one of 35 search strings on topics grouped by integrated care settings, specific integrated care populations, geographic regions, country income and facets of integrated care such as care coordination, finance and incentives, workforce and evaluation.

### Note on the use of filters

You can refine the results retrieved by filters using your own keywords or database filter/limit options such as publication date ranges. It is useful to look at the search filter strategy for additional subject headings or keywords to add to your search planner. However if you edit a filter, its validated performance is not guaranteed.

## Step 5f: Create, review and test the search strategy

Using your search planner plus relevant filters if available, create your search strategy in one database. For each concept in your planner, search using keywords and subject headings separately, then combine these lines using the Boolean operator OR. Then combine concepts using the Boolean operator AND. Apply any limits such as language and date of publication. Then review your search results.

- Are the retrieved references relevant to your topic?
- Did your search pick up your seed articles?
- Have you retrieved a reasonable number of relevant references?
- Have you retrieved too many irrelevant references?

Searching is iterative. You will have to go back and adjust your search terms more than once.

Peer review of your search strategy is recommended. The [PRESS \(Peer Review Electronic Search Strategies\) Checklist](#) is a useful tool for peer or self-review of a search strategy.

## Step 5g: Run the searches, export the results, save your searches

Once you are happy with your search strategy, run it in your primary database. Translate the search for the other databases you have selected, keeping in mind that each database has its own controlled vocabulary and syntax.

For each search:

- Export your references into the reference management software you have chosen (see Step 5c). If you are not using reference management software decide how you will keep track of your references, for example, an Excel spreadsheet.
- Save your search strategy. You will need this to re-run searches at a later date and for publication of your review. Also keep notes of the following for each database searched:
  - name of database, provider or platform (eg Ovid), version (eg Embase 1996-current); any limits applied to the results, eg age groups, publication dates, publication types, language;
  - any specific inclusions and exclusions;
  - date the search was run and number of results for each search;
  - any additional notes about what/how you did your search.

## Step 6: Extend your search

Integrated care topics require that searching is extended beyond the bibliographic databases defined in the review plan or protocol. Options for extending your search include:

### Searching the grey literature

- Grey literature is “information produced on all levels of government, academics, business and industry in electronic and print formats not controlled by commercial publishing” ([the Luxembourg definition of grey literature, updated 2004](#)).
- Forms of grey literature include government and academic reports, statistics, conference proceedings, theses and dissertations.
- [Google](#) and [Google Scholar](#) are the main search engines used to find grey literature. These return results based on your search history. To turn off this feature in Google select Tools > All results > Verbatim. Or try [Duck Duck Go](#), a search engine which does not track your search history.
- Use the features of [Google Advanced Search](#) to restrict your search by domain (for example use .gov for government websites), file type (for example, most reports are in PDF format) or language of publication.
- The [IFIC Knowledge Tree](#) is a great resource for grey literature. Resources are organised in the 9 pillars of integrated care and comprise presentations, conference posters, blog posts as well as published research articles.
- The [AACODS checklist](#) is helpful for evaluating the quality of grey literature.
- Specific websites to consider:
  - [The King’s Fund](#) – a UK-based, independent charitable organisation supporting health and care improvement. A great source of reports and other grey literature on integrated care topics. You can email their Library Service for help.
  - Australian Government resources such as the [Australian Institute of Health and Welfare](#) and the [Australian Bureau of Statistics](#).

### Citation tracking

- Scan the reference lists of papers selected for inclusion in your review.
- Use the “cited by” feature in Medline, PubMed, Google Scholar and other databases to review the papers that have cited a key paper selected for inclusion.
- Scopus can be used for forward and backward citation tracking for key papers.
- Bond University’s [Systematic Review Accelerator](#) is a free online suite of tools designed to speed up the systematic review process. It includes SpiderCite which tracks backwards and forwards citations of a set of seed articles. The articles have to be exported from EndNote and uploaded to SpiderCite as an XML file.

- [Citation Chaser](#) is very similar to SpiderCite but you can input your seed articles using PMIDs.
- Other free online tools such as [Research Rabbit](#) , [Citation Chaser](#) and [Litmaps](#) allow you to explore the connections between a few seed papers to discover other, relevant papers. (**Note:** these tools change, appear and disappear rapidly).

## Step 7: Screen references for relevance/inclusion

References identified via database searches, grey literature searching and other methods are screened for relevance to the review question. Screening is usually in two stages - title and abstract screening followed by full text screening – and it is best practice for both stages to be dual blind review.

Software programs such as [Covidence](#) (subscription required) and [Rayyan](#) (free for early career researchers, maximum 3 active reviews, direct import of citations from Mendeley) are available to streamline this process. Covidence allows import of citations from EndNote and automatically deduplicates records. Bond University's [Systematic Review Accelerator](#) is a free resource that includes the Screenatron tool which accepts records imported from EndNote. Screening can also be done via an Excel spreadsheet.

Keep your inclusion and exclusion criteria handy for this step (see Step 1).

## Step 8: Assess included studies for quality

This step may or may not be included depending on which type of review you are doing. For example, scoping reviews generally do not include critical appraisal of included studies.

Unlike a systematic review of one study type only (such as a review of the effectiveness of an intervention, limited to randomised controlled trials), evidence reviews on integrated care topics tend to include a range of study designs. Tools such as the [Mixed Methods Appraisal Tool \(MMAT\)](#) or the [Quality Assessment with Diverse Studies \(QuADS\)](#) tool may be helpful at this stage.

## Step 9: Data extraction and synthesis

Your review protocol should have included a data extraction template (paper-based or online) which should be completed for each included study. You can use (or adapt) pre-existing templates such as those provided by the [JBI Manual for Evidence Synthesis](#) or the [Cochrane Handbook for Systematic Reviews of Interventions](#). Software programs for screening citations such as Covidence also include data extraction templates.

You may wish to construct your own data extraction template. An example of a customised data extraction template can be viewed in Supplementary File 2 in [Lewis S, Triandafilidis Z, Curryer C, et al. Models of care for people with dementia approaching end of life: A rapid review. Palliative Medicine. 2023;37\(7\):915-930. doi:10.1177/02692163231171181](#). It is essential that you pilot your data extraction template to ensure that it is appropriate for the aim of your review, the characteristics of your included studies, and the data you wish to extract. A well-constructed template will reduce the need to keep going back to your original sources and make the presentation and synthesis of your review findings more efficient. For example, the fields in your data extraction template should align with the fields in the tables summarising the included studies in the review report. It is useful to go back to your review question framework (PCC or PICO, etc) to help clarify the data items to be extracted. An instruction sheet or guide to be used with the template is helpful to ensure consistency between review team members doing the data extraction.

The following article provides useful guidance for data extraction and synthesis: [Pollock et al. \(2023\). Recommendations for the extraction, analysis, and presentation of results in scoping reviews. JBI Evidence Synthesis, 21\(3\): 520–532.](#)

## Step 10: Dissemination of findings

It is good practice to plan how you will disseminate the findings of your evidence review at the start of the review process. The purpose and/or funding of your review may determine its dissemination, for example, your review may be a commissioned report. If you aim to publish the review in a scholarly journal, keep in mind the following in order to maximise the reach and impact of the review:

- Is the journal scope relevant to the review topic?
- Does the journal accept reviews for publication?
- Is the journal peer-reviewed?
- What are the quality indicators of the journal? There are many measures of quality, including the [SJR: Scimago Journal & Country Rank](#) and the Journal Impact Factor (usually found on the journal website).
- Check similar reviews previously published in the journal/s of your choice for guidance on how to structure your manuscript and present your findings.

For guidance on strategies for publication, see the IFIC Australia webinar videorecording, [How to Get Published in Integrated Care](#), September 2023.

The [PRISMA \(Preferred Reporting Items for Systematic Reviews and Meta-Analyses\)](#) and [PRISMA extension for scoping reviews](#) provide guidance on the minimum set of items required for reporting these types of reviews. Some publishers require you to submit a PRISMA or equivalent checklist accompanying your manuscript.

Other dissemination methods include conference presentations, webinars, blog and social media posts. The [IFIC Knowledge Tree](#) is a good source of these types of content.

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