

## What outcomes should be reported in Cochrane Effective Practice and Organisation of Care (EPOC) reviews?

### Primary outcomes

- Primary outcomes for EPOC reviews of health systems interventions should reflect those outcomes that are most important to the people who will be affected and that are critical or important to people making decisions.
  - Consideration should be given to including outcomes in each of the categories listed below.
  - We suggest categorising outcomes using the categories listed below, although specific outcome measures will vary across studies and reviews.
  - Impacts on equity (i.e. differential impacts on disadvantaged populations) should be considered for all outcomes.
1. Patient outcomes, including:
    - Health status and wellbeing, including:
      - Physical health and treatment outcomes: mortality, morbidity, surrogate physiological measures
      - Psychological health: psychological well being
      - Psychosocial outcomes: quality of life, social activities
    - Health behaviour, e.g. adherence to treatment or care plans, health care seeking behaviour
  2. Utilisation, coverage or access, including:
    - Utilisation of services, e.g. of birthing facilities; length of stay in a facility
    - Coverage, e.g. proportion of children immunized or women who received antenatal care; enrolment to insurance programmes
    - Access to services, e.g. waiting times to see a doctor; recruitment and retention of health care providers
  3. Quality of care, including:
    - Adherence to recommended practice or guidelines, e.g. extent to which health care providers gave specific advice, delivered specific interventions, followed referral guidelines
  4. Adverse effects or harms, including:
    - Clinical adverse effects, e.g. sepsis, the need for caesarean section
    - Health system level effects, e.g. increased health worker attrition, unanticipated increased workload, patient complaints
  5. Resource use, including:
    - Healthcare resources, e.g. human resources/time, consumable supplies, buildings, equipment
    - Non-healthcare resources, e.g. transportation to healthcare facilities, social services
    - Patient and informal caregiver time<sup>1</sup>

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<sup>1</sup> For further guidance, see: Chapter 15 (Incorporating economics evidence) of the Cochrane Handbook for Systematic Reviews of Interventions. Available at: <http://www.cochrane-handbook.org/>; and EPOC summary guidance on incorporating economic evidence in EPOC reviews (forthcoming on the EPOC Norway webpage).

6. Health care provider outcomes, including:
  - Workload
  - Work morale
  - Stress, burnout, sick leave
7. Social outcomes, including
  - Community empowerment or participation
  - Poverty measures
  - Employment
  - Education
8. Equity (differential effects across advantaged and disadvantaged populations): this needs to be considered for all of the other outcomes on this list

### **Secondary outcomes**

- These are outcomes that may be of interest, but are less important than the primary outcomes. They are not critical or important to the people who will be affected or decision makers.
- They may indirectly reflect important outcomes (i.e. serve as surrogate outcome measures) or help to explain how or why an intervention did or might have an impact on primary outcomes.
- Studies that *only* report secondary outcomes should generally not be included in an EPOC review.

1. Knowledge
2. Attitudes
3. Performance in a test situation
4. Satisfaction, including:
  - Healthcare recipients'
  - Providers'
  - Other stakeholders'