CARESEARCH QUALITY PROCESSES

Ensuring reliability and applicability across diverse stakeholder groups

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INTRODUCTION

CareSearch provides access to trustworthy information and resources in palliative care.

At the core of this activity is the synthesis and translation of published evidence relevant to palliative care practice. Through rigorous and universally accepted processes for research evidence identification, appraisal, and synthesis CareSearch provides insights into what the evidence tells us. What works and for whom.

Dissemination of this content for health professionals providing care and the broader community with or without palliative care needs is achieved through two websites; www.caresearch.com.au and www.palliaged.com.au. Although CareSearch has a broad whole of life-course focus and palliAGED is for aged care both are based on application of the CareSearch model for knowledge synthesis and translation including in-built quality processes.

BACKGROUND

The CareSearch Clinical Evidence synthesis section and the palliAGED Evidence Synthesis and Summary pages are the core evidence-based content emerging from the identification, appraisal,

and synthesis process referred to above. This is then translated to develop more accessible information and practice pages presented according to a person's role, setting of care, or the population group of interest. Supplementation of this with resources developed by CareSearch and third parties after review for suitability complements this by drawing on diverse formats for information delivery. Contributing to all of this is expert knowledge to inform the process and ensure relevancy as outlined in Figure 1.

As discussed here, across the CareSearch model there are a number of structured quality processes in place to ensure the trustworthiness and reliability of the information provided at all levels. These quality processes are not only essential to the credibility of CareSearch and palliAGED but a public demonstration of the need for defined processes to support an understanding of what are evidence based resources.

For evidence to be useful it must be relevant or important, as well as robust, repeatable, and reproducible. It is through the quality processes of CareSearch that we assess whether this has been reached and together with expert input we then communicate the impact of this on practice. This is far more than having
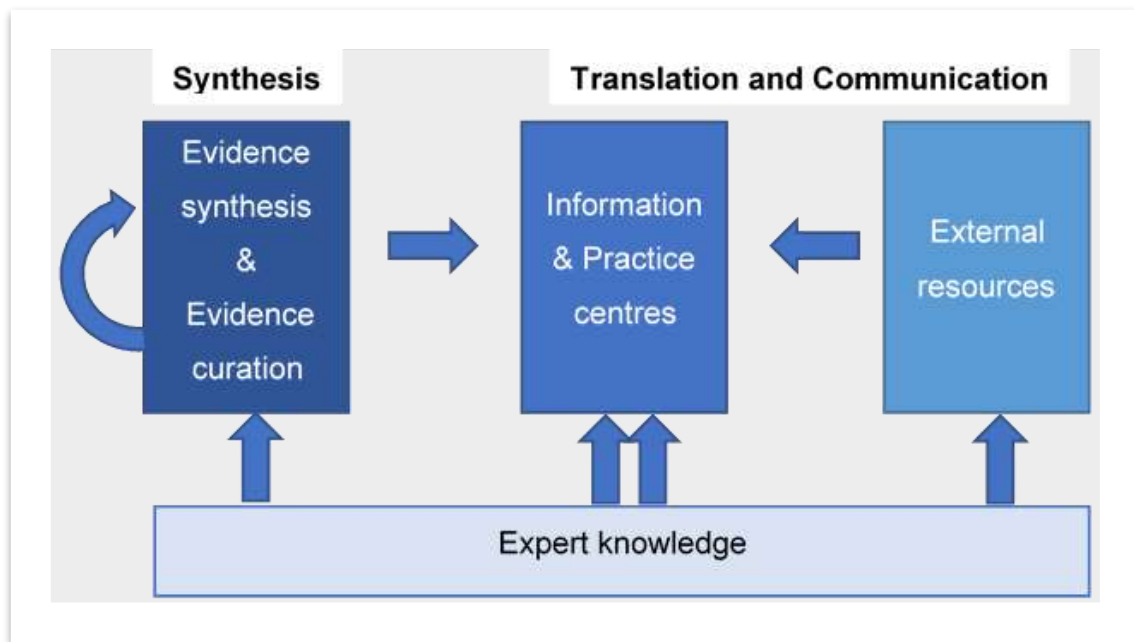
Figure 1 Relationship between CareSearch sections and inputs

selected references in a page. It involves close examination of the highest quality studies to determine what is known, what is supported by evidence, what is unsupported, and what is emerging.

Assessing evidence and understanding the applicability to different settings and groups is the first aspect of being evidence based. Evidence also needs to be used and therefore effective dissemination and translation are critical to uptake. Again, our work here is guided by the evidence for what works including evidence about presentation in a digital media.

Given inherent differences across this model and hence applicable quality criteria the following review of our quality processes considers Evidence synthesis independently of Information translation and communication. A final section relates to end-user appraisal of content as part of an external process of quality control applied in deciding whether to use the resources offered.

Both CareSearch and palliAGED websites are managed by CareSearch and the term CareSearch from here on in refers to both products unless otherwise indicated.

EVIDENCE SYNTHESIS QUALITY PROCESSES

The evidence synthesis sections of CareSearch have been built over many years, using a consistent robust methodology and regular updating to ensure currency. The sections involved are:

- CareSearch Clinical Evidence
- palliAGED Evidence Centre (Synthesis and summary pages)

In both CareSearch and palliAGED the synthesised content is based on reviews of published systematic reviews and therefore can be regarded as overviews of reviews. This recognises both the methodological robustness of systematic reviews and allows for examination of any differences between these high level studies that may impact on the conclusions being drawn and subsequent implementation of findings in practice.[1] It also allows high level studies to be brought together to form a broad body of evidence that considers multiple aspects of care that typically occur together rather than as the discrete issues often addressed in individual systematic reviews. This approach as applied by CareSearch provides busy health and care professionals with a 'big picture' view of evidence within the context of providing care. It also assists with assessment of the relevance of any evidence to local practice by clearly indicating the population groups and contexts of care studied to establish the evidence, any general implications for practice, and uncertainties or gaps in the evidence.

IDENTIFICATION OF EVIDENCE

Identification of systematic reviews and other evidence sources begins with searches of multiple literature databases by qualified information librarians. This typically includes but is not restricted to searches of PubMed, ProQuest, Cinahl, and Scopus databases. The involvement of information experts from inception ensures capture of the most relevant and robust literature – finding the right information requires conversion of concepts into words and technical familiarity to optimise searches. The contribution of experts in this process is integral to the quality of products summarising or analysing a body of evidence to inform decision-making.

The CareSearch quality processes developed and employed here also benefit others. To assist people without access to information experts, CareSearch provides

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[1] C. Garritty, A. Stevens, C. Hamel, *et al.* Knowledge Synthesis in Evidence-Based Medicine. Semin Nucl Med, 49 (2019), pp. 136-144

access to a range of PubMed search filters developed by our information experts across topics in palliative care. These provide a systematic subject-based search with a known level of performance.

EVIDENCE SYNTHESIS

Maintenance of the synthesised evidence content involves quality processes applied through three main activities:

- New topic evidence synthesis
- Ongoing Evidence updates
- Full topic review at 2-3 year intervals

The first and last of these employ a near identical quality process.

The standardised quality process for development of new and subsequent updating of existing content is similar as summarised in Figure 2. The main difference is that development of new topics involves greater expert review group involvement and this at a much earlier stage to ensure topic relevance to practice and capture of expert insights into issues of importance. The quality process governing the synthesis of evidence is highly structured and time and resource intensive, with both formal appraisal of the evidence and multiple reviews of the synthesised evidence. However, this is essential in ensuring the reliability and relevance of the information provided. Regular updating of this information according to the process outlined in Figure

2 is similarly essential for content reliability and this takes place at regular intervals of two to three years for all CareSearch topic syntheses.

In 2016-17, palliAGED combined, updated, and replaced the Palliative Approach in Residential Aged Care (APRAC) Guidelines and the Palliative Approach for Aged Care in the Community Setting (COMPAC) evidence based guidelines. Robust quality processes were employed to identify and synthesise relevant evidence and together with community and project advisory group consultations ensured that the guidance is comprehensive and relevant (Figure 3). While the quality processes outlined above also apply to maintenance of palliAGED, it was explicitly developed as an evidence-based guidance resource and the detailed quality process applied during that phase involved multiple rounds of consultation with sector experts.

Having quality processes is important and demonstrating that the final product meets agreed standards through these processes speaks to credibility. For the CareSearch websites the trustworthiness and credibility has been demonstrated through achievement of HONcode and HealthDirect endorsement as discussed further in the following sections.

palliAGED is the evidence-based guidance resource for palliative care in

aged care. It was formally developed for the sector through a structured process with experts. Therefore, it is appropriate to assess the quality of the guidance and processes using the AGREE II tool. To assess the [quality of guidance provided through palliAGED (3.6MB pdf)](#) the [AGREE II tool](#) was used to assess compliance across all six domains; scope, stakeholder involvement, rigour, clarity, applicability, and editorial independence.

This analysis (see also Appendix A) indicated that palliAGED is a robust and transparent resource that fully complies with the requirements for quality guidance. Although explicit recommendations are not made in either palliAGED or CareSearch evidence syntheses, both highlight key evidence findings and where applicable the implications of these for practice.

The aim is to inform practice. Where they exist recommendations within guidelines do not override health professional responsibility to make decisions based on the values and preferences of the person while taking the guidance into account. The CareSearch model informs this decision-making in an area of care that places the person and their quality of life at the forefront. It is also an area where the evidence base is maturing but in many cases still emerging. Recent analysis of Australian clinical guidelines in relatively established fields has found that a large proportion of recommendations are not founded on strong evidence.[2]

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[2] Venus, C. and Jamrozik, E. (2020), Evidence-poor medicine: just how evidence-based are Australian clinical practice guidelines?. Intern Med J, 50: 30-37. https://doi.org/10.1111/imj.14466
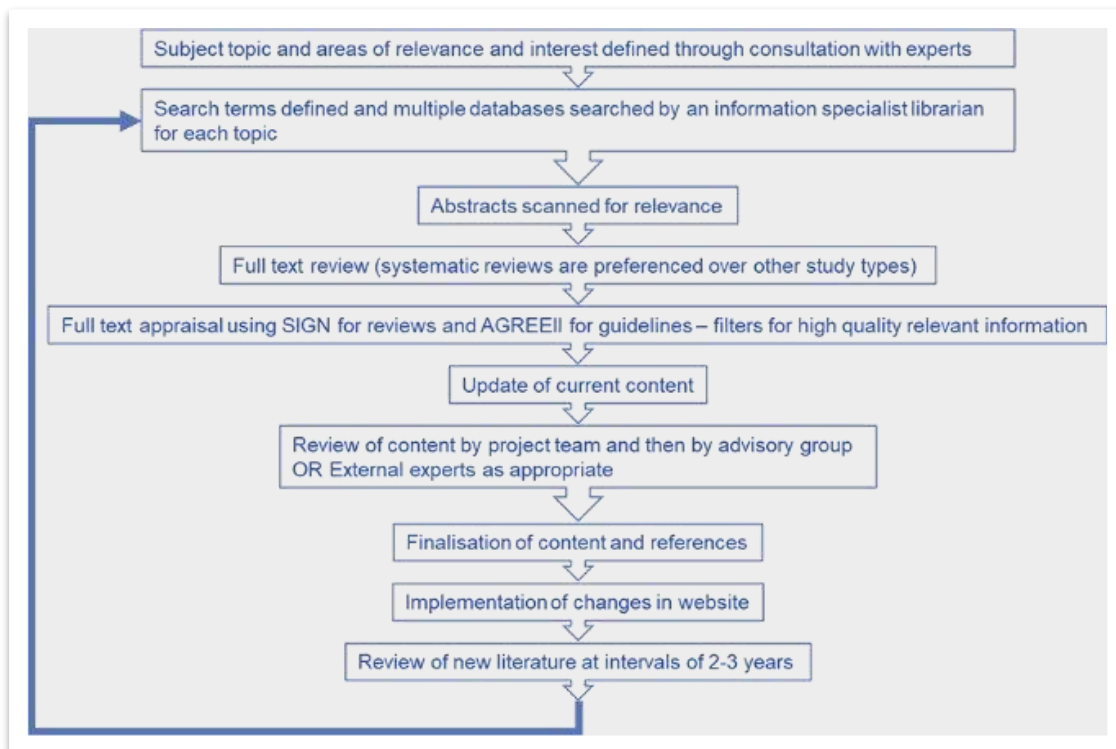
Figure 2 Formal full review process for CareSearch and palliAGED evidence resource

Figure 3 palliAGED evidence review process for new topics

ONGOING REVIEW OF NEW EVIDENCE

In addition to the synthesis of evidence in palliative care CareSearch curates a systematic review collection to facilitate access to new and emergine evidence and this also contributes to the currency of CareSearch evidence syntheses in between formal reviews.

The identification of new systematic reviews is itself associated with a tailored quality process outlined in the following.

Weekly formal searches are conducted by an information specialist librarian using defined search criteria as outlined in Figure 4. All abstracts added in the past 7 days are added to a cumulative EndNote library. Following article retrieval CareSearch researchers then scan abstracts and full texts according to the following criteria for inclusion in the collection:

- Topic is relevant (see below)
- Reports multiple studies
- Describes search strategy used
- Describes data methods (where the description of data methods is limited but where the approach to data methods can be inferred from the article, it may be included).

Generally, selected systematic reviews are added to the curated collection according to relevant listed categories to aid user access. To raise awareness three to four of these are also selected to highlight in the monthly CareSearch newsletters.

Determining relevance to palliative care can be difficult. Palliative care is a referral based area of practice and provides care across many disease trajectories and at different stages within those trajectories. It utilises different treatments in the management of these complex care needs, that encompass spiritual, emotional and social needs as well as the management of physical symptoms. Therefore, the boundaries of its practice can be ambiguous and intersect with other medical specialties and academic disciplines. This diversity is reflected in the collection. Although every effort is taken to capture all relevant systematic reviews published the collection is by no means exhaustive and no quality appraisal is undertaken at this stage.

This ongoing process also contributes to currency of CareSearch evidence syntheses.

Where identified systematic reviews represent a significant shift in the evidence base then following quality appraisal of the article(s) this is used to prepare updated drafts of evidence synthesis pages in CareSearch and/or palliAGED for review

by the CareSearch Director and advisory group. In this way currency of information is ensured in between the more extensive revision of the complete set of pages at intervals of 2-3 years.
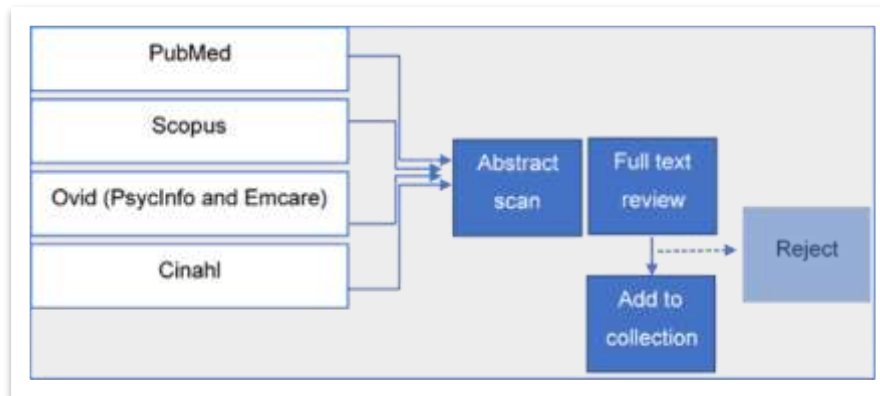

Figure 4 Literature identification and selection process

TRANSLATION & COMMUNICATION QUALITY PROCESSES

Translation of evidence into practical guidance and information pages follows a more pragmatic approach guided by consultation with clinicians and professional groups as well as consumer representatives drawn from across Australia, but again involves structured quality processes. This is a deliberate strategy aimed at ensuring usefulness and relevance of content while drawing on the evidence synthesis sections to align with best practice.

RELEVANCE

Where new sections are developed, formal review groups are established from inception and members are involved throughout the processes of identifying needs, project planning, proposal review and *in situ* content review as appropriate. For updating of existing content either the original review group or a new review panel is engaged to comment on proposed changes. In all scenarios the final content is tabled at formal meetings of the CareSearch National Advisory Group.

ENSURING CONTENT RELIABILITY

The ethical and trustworthy standards adhered to by CareSearch and palliAGED have been recognised through granting of HONcode certification and HealthDirect partner status.

The CareSearch review processes for quality and relevance are central to this recognition and endorsement. Evidence and quality principles have also been used in the design and development of the website itself. Regardless of the format of any given page, the quality processes ensure that all content is:

- Relevant to the project
- Written by an appropriately qualified and experienced person
- Of suitable quality.

Authors of all CareSearch pages follow specific guidance with regard to:

- A consistent writing and referencing style
- Readability
- Plagiarism
- Co-authors or contributors such as the writing support group members
- Whether there has been consumer consultation.
- Opposing views or areas of disagreement arising from the evidence are noted.

Content pages are provided to project staff or associates and community members for comment in the development stage before being formally assessed by an external reviewer. This ensures resource robustness and relevance of content. People providing internal feedback include health professionals, consumers or representatives from the National Advisory Group, depending on the specific content. External reviewers are invited clinicians, academics, researchers or members of state and national peak bodies with knowledge and expertise in the relevant area.

Annual brief reviews are conducted for all pages (see below), while formal review of content pages is carried out every two-four years depending on the type of content page.

Additionally, documents and articles that are included on the CareSearch webpages would normally have been through a peer review process (e.g. journal publication or endorsement by recognised professional bodies). This provides an additional layer of quality process. Where possible, tools, templates, protocols, and other practice and service resources should be validated and published in the peer reviewed literature.

The date of the last formal update is noted on the bottom of the page. CareSearch maintains its independent status and is not

an advocacy agency and does not accept paid advertising.

CareSearch also welcomes recommendations regarding websites, documents, tools or other resources for inclusion on the CareSearch website. The proposed content is reviewed against the above criteria to establish suitability for inclusion. For external website inclusions the checklist in Table 1 is also used to guide decision making. All final decisions to include material are made by CareSearch senior staff and may involve consultation with advisory group members. Content for the Indigenous Hub is referred to members of the specific review group convened to guide development of this content.

DESIGN PRINCIPLES

CareSearch user interfaces are the websites www.caresearch.com.au and www.palliaged.com.au . To ensure consistency, accessibility, and quality of experience CareSearch has developed an official Style guide based on the Web Content Accessibility Guidelines (WCAG) version 2.0. WCAG coverage includes:

- accessibility,
- readability, and
- output style.

The style manual is updated on an annual basis to align with the latest WCAG version and guides all content development for webpages and

associated pdfs (where appropriate) originating from CareSearch/palliAGED. In addition to this CareSearch has developed specific branding guidelines to ensure market identification of the individual websites and associated products.

CareSearch web page development is based on responsive design principles to ensure user experience quality across devices with varying screen size, platform and orientation including:

- Personal computer
- Laptop
- iPad
- Smartphone

ANNUAL WEBSITE CONTENT REVIEW

Annual review of all pages (for both websites) is undertaken by senior staff members. This review addresses:

- Structure
- Content
- Functionality

All comments and decisions are documented to aid tracking of actions taken in response to these findings. Minor to moderate level changes are acted on internally with research staff developing new texts or instructions for review by the senior team members before implementation. Recommendations for minor changes are reported to the advisory group and major changes are

presented for review prior to
implementation.

Table 1 CareSearch quality appraisal criteria for third party resources

Website selection criteria for inclusion within CareSearch or palliAGED
Are internal and external links current and working?
Is the site a member of HON?
Is there a link to a privacy statement?
Are there details as to when the site was last updated?
Is contact information provided?
Is there a clear statement of any commercial or sponsor interests?
Website Content
Does the website indicate its intended audience?
Does the content of the website reflect the purpose of the website?
Does the website have an appropriate organisational or corporate backer?
Are there appropriate disclaimers?
Are the author(s) and/or Editorial Board identified?
Are the credentials and experience of the author(s) and
Editorial Board relevant to the site's content and purpose?
Are the criteria or processes for inclusion in the site's content listed?
Is the site information current and relevant?
Is the content well organized?
Is the language level appropriate?
Are there mistakes in spelling and word usage?
Is the published material referenced?
Are links to other sites current and relevant?
If the information is only valid for a particular period, is this stated?

USER APPRAISAL

Both professional and members of the general community can access all sections of the CareSearch and palliAGED websites to inform themselves and their care decisions. Ensuring the validity and trustworthiness of CareSearch is critical to supporting this evidence informed decision-making and in the previous sections the formal quality processes around this were discussed in detail.

However, in selecting to use these resources external users will also make their own quality assessment of what is being provided. Consumer and health professional groups are likely to engage a set of standards that speak to their interests, roles and responsibilities. Again, demonstrating that the final product meets these standards and expectations through the quality processes speaks to credibility.

Understanding how well CareSearch performs against the criteria being used by these groups helps us to improve internal processes and efforts to encourage use of the resources. The approaches taken to assess online content and implications of this for CareSearch are addressed in the following.

APPRAISAL OF CARESEARCH BY HEALTH PROFESSIONALS

Where there are no formal guidelines, or those guidelines do not cover the relevant care issues or contexts, health professionals may need to rely on their own experience and that of their colleagues. This is often supplemented with information gained from internet sources. Similarly, for non-health professional community members internet based sources often meet this need for information along with advice from trusted personal contacts including family and friends. Health professionals have a major role in supporting patients and carers to make informed care decisions. Ensuring that this is based on information that is the closest to the facts is part of this responsibility.

Appraisal of online information is relatively new as an area of research and there is no consensus on the most appropriate tools to use. However, recent review of 17 tools (including HONcode) for assessing the trustworthiness of point-of-care information to guide health professional practice provides a useful starting point.[3] No single tool included in that review covered all criteria and in total five appraisal criteria categories were identified. We have assessed the CareSearch website and processes against all listed categories and criteria to inform areas for further improvement (Appendix B). The performance of CareSearch against these was strong and further emphasises the importance of having structured quality processes in place.

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[3] Lenaerts G, Bekkering GE, Goossens M, De Coninck L, Delvaux N, Cordyn S, Adriaenssens J, Vankrunkelsven P
Tools to Assess the Trustworthiness of Evidence-Based Point-of-Care Information for Health Care Professionals: Systematic Review. J Med Internet Res 2020;22(1):e15415

APPRAISAL OF CARESEARCH BY CONSUMERS

What constitutes a good or useful website for health information will be influenced by the individual context and in the case of palliative care this is likely to include attitudes towards end of life and cultural appropriateness of discussions.

In a systematic review of 37 articles Sun *et al.*identified 25 criteria and 165 indicators used by consumers to evaluate health information.[4] In Table 2 these criterion are listed according to frequency of inclusion in identified studies (for example Trustworthiness was included by 84% of articles and Learnability by five per cent). It follows, that how specific criteria are met by CareSearch will influence the likelihood of information provided through the websites being taken up. Understanding this can help CareSearch to influence uptake and so promote informed decision-making in palliative care at the individual level. In support of this and to demonstrate our performance in Table 2 each criterion has been addressed from the CareSearch perspective. Many of the highest ranked

criteria are core tenets of the CareSearch model.

Other areas identified through this analysis and community engagement activities have provided important input to the 2021 re-development of the CareSearch website. For example, the importance of interactivity highlighted that passive presentation of information is likely to negatively impact on uptake as is poor navigability of a website.

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[4] Sun Y, Zhang Y, Gwizdka J, Trace CB Consumer Evaluation of the Quality of Online Health Information: Systematic Literature Review of Relevant Criteria and Indicators. J Med Internet Res 2019;21(5):e12522

Table 2 Criteria applied by consumers when choosing online information sources

Criterion	Definition	CareSearch perspective
Trustworthiness	Whether a source or information is honest or truthful and can be trusted	HONcode certification Non-commercial operation University affiliation
Expertise	Whether a source or author has a sufficient level of subject-related knowledge	Stated and listed collaboration with palliative care experts and clinicians
Objectivity	Whether a source or information presents facts that are not influenced by personal feelings or commercial interests	CareSearch is free of commercial arrangements (statement included in T&C)
Transparency	Whether important information that influences a user's ability to make informed choices (eg, motivation of a site or owner contact information) are disclosed	Clearly displyed statement of mission and purpose. Contact information clearly disclosed
Popularity	Whether a source or information appears in multiple venues or is received or accepted by a large number of people (eg, ranked high in search engines or followed or accepted by the crowd in social media)	CareSearch is both highly ranked and has multiple social media channels that are active.
Understandability	Whether a source or information is in appropriate depth, quantity, and specificity and error free	The CareSearch model effectively provides the same information at different levels from more formal evidence syntheses to context specific advice. Included in quality process is ongoing checking of all content and technical aspects such as linkages.
Relevance	Whether information is relevant to the topic of interest or to information seekers' situation and background	Palliative care is clearly indicated as the topic
Familiarity	How familiar the source is to an individual	CareSearch uses multiple communication channels to connect with health professional and general public members
Accessibility	Whether a source is easy to access and stable	Yes
Identification	Whether a source or information conforms to an individual's identity, goals, styles, arguments, or objectives.	Resources acknowledging diversity with populations and practice are included in CareSearch portal
Believability	Whether information is logical and can be believed	Credibility is a major driver of content development
Accuracy	Whether a source or information is consistent with agreed-upon scientific findings	Accuracy is a major driver of content development
Readability	Whether information is presented in a form that is easy to read (eg, concise and clear layout)	Readability is a criteria considered during site planning and checked during content development
Currency	Whether a source or information is up to date	Ongoing processes
Navigability	Whether a source or information is organized in a way that is easy to navigate	Engagement with different users informs navigation. Usability assessment and user testing processes inform architecture and navigation
Aesthetics	Whether the appearance of the interface is visually pleasing	Design support utilised
Interactivity	Whether a source offers sufficient functions to allow users to interact with the source	Processes enable access to primary sources and interactivity built in to facilitate use and engagement with content
Comprehensiveness	Whether a source or information covers a wide range of topics or offers different	Yes

	interaction features (eg, shopping, socializing, and researching)	
Practicality	Whether information can be readily applied by an individual (eg, personal advice and experience)	Partial
Completeness	Whether necessary or expected aspects of a subject/topic are provided	Yes
Usefulness	Whether the amount, depth, or specificity of a source or information are at an appropriate level that can be used by an individual	Yes
Balanced	Whether different perspectives concerning a topic or both pros and cons concerning a treatment are provided	Yes but could be more explicit
Anonymity	Whether a source can be used without forcing users to provide personal information	No log-in required. Privacy statements in place
Security	Whether a source is able to prevent malicious attacks (eg, virus)	CareSearch has a dedicated IT management structure that includes monitoring for security threats.
Learnability	Whether information can satisfy different learning needs (eg, people with different levels of knowledge)	Yes

CONCLUSION

The robust and varied quality processes that CareSearch has in place reflect the varied content provided ranging from formal evidence syntheses to information and resources developed or selected in line with the evidence. These processes as outlined here are essential but both time and resource intensive. However, it is critical that these be maintained.

To our knowledge, CareSearch is the only project in Australia providing access to palliative care evidence and evidence syntheses. As such the information and resources are frequently incorporated into third party resources developed for teaching and stakeholder information. Examples include the ELDAC Toolkits, PCC4U undergraduate and postgraduate courses, as well as the PCC4U and PEPA toolkits for Careworkers. Ensuring the accuracy and trustworthiness of this key resource is essential and is achieved through structured quality processes as outlined here.

CareSearch also uses the substantial 'footprint' of its two websites to promote complementary resources for palliative care and care at the end of life created through our partnership network. These partner groups have a formal agreement with CareSearch and provide trustworthy information and resources based on the CareSearch evidence and quality process ethos. In this way the quality processes of the CareSearch model assist with establishing a network of evidence-based resources to support the diverse palliative care information needs of the Australian population.

It is important that the existence and implications of these CareSearch quality processes be promoted to both instil and strengthen user confidence. This also distinguishes the resultant output from similar sites not adhering to the same quality standards. Evidence-based practice is undermined by information that implies quality processes without engaging with them.

APPENDIX A

AGREE II assessment of palliAGED

AGREE II criteria	palliAGED Compliance	Link to page
Domain 1. Scope and Purpose		
1. The overall objective(s) of the guideline is (are) specifically described.	y	https://www.palliaged.com.au/tabid/4364/Default.aspx
2. The health question(s) covered by the guideline is (are) specifically described.	y	https://www.palliaged.com.au/tabid/4364/Default.aspx
3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.	y	https://www.palliaged.com.au/tabid/4364/Default.aspx
Domain 2. Stakeholder Involvement		
4. The guideline development group includes individuals from all the relevant professional groups	y	https://www.palliaged.com.au/tabid/4365/Default.aspx
5. The patients' views and preferences have been sought.	Y	Through involvement of Carers South Australia, Federation of Ethnic Communities' Councils of Australia (FECCA), National LGBTI Health Alliance. See https://www.palliaged.com.au/tabid/4365/Default.aspx
6. The target users of the guideline are clearly defined.	y	https://www.palliaged.com.au/tabid/4364/Default.aspx
Domain 3. Rigour of Development		
7. Systematic methods were used to search for evidence	y	https://www.palliaged.com.au/tabid/4347/Default.aspx
8. The criteria for selecting the evidence are clearly described.	y	https://www.palliaged.com.au/tabid/4347/Default.aspx
9. The strengths and limitations of the body of evidence are clearly described.		See individual topic pages – synthesis and summary https://www.palliaged.com.au/tabid/4289/Default.aspx
10. The methods for formulating the recommendations are clearly described.	No	palliAGED presents the evidence and practical options in line with this but does not make specific care recommendations
11. The health benefits, side effects, and risks have been considered in formulating the recommendations.		See individual topic pages – synthesis and summary https://www.palliaged.com.au/tabid/4289/Default.aspx
12. There is an explicit link between the recommendations and the supporting evidence.	Y	See individual topic pages – synthesis and summary https://www.palliaged.com.au/tabid/4289/Default.aspx
13. The guideline has been externally reviewed by experts prior to its publication		https://www.palliaged.com.au/tabid/4347/Default.aspx

14. A procedure for updating the guideline is provided.		https://www.palliaged.com.au/tabid/4347/Default.aspx and https://www.palliaged.com.au/tabid/5939/Default.aspx
Domain 4. Clarity of Presentation		
15. The recommendations are specific and unambiguous	?	palliAGED presents the evidence and practical options in line with this but does not make specific care recommendations
16. The different options for management of the condition or health issue are clearly presented.		See individual topic pages – synthesis and summary https://www.palliaged.com.au/tabid/4289/Default.aspx
17. Key recommendations are easily identifiable		See individual topic pages – synthesis and summary https://www.palliaged.com.au/tabid/4289/Default.aspx
Domain 5. Applicability		
18. The guideline provides advice and/or tools on how the recommendations can be put into practice.		See practice centre https://www.palliaged.com.au/tabid/4305/Default.aspx
19. The guideline describes facilitators and barriers to its application	N	
20. The potential resource implications of applying the recommendations have been considered	Y	Stakeholder involvement in content development allows for practical considerations to be incorporated into the guidance
21. The guideline presents monitoring and/ or auditing criteria	N	
Domain 6. Editorial Independence		
22. The views of the funding body have not influenced the content of the guideline	y	https://www.palliaged.com.au/tabid/4458/Default.aspx
23. Competing interests of guideline development group members have been recorded and addressed.	Y	Participants are listed with affiliation https://www.palliaged.com.au/tabid/4365/Default.aspx

APPENDIX B

Assessment of CareSearch against the criteria of Lenaert et al, 2020

General criteria	CareSearch	Section/page
1. AUTHOR RELATED INFORMATION		
Author's name and affiliation are reported	Y	https://www.caresearch.com.au/tabid/6608/Default.aspx
Authors are qualified or authorative on the topic; Authors credentials are reported	Y	https://www.caresearch.com.au/tabid/6608/Default.aspx
Author's COI is reported	Y	https://www.caresearch.com.au/tabid/6608/Default.aspx
Independence of editors is guaranteed	y	https://www.caresearch.com.au/tabid/6608/Default.aspx
2. EVIDENCE BASED METHODOLOGY		
Inclusion and exclusion criteria for studies /data are reported	y	Included on individual pages as appropriate
Information is designed to support, not replace, the relationship between a patients and his/her physician	y	https://www.caresearch.com.au/tabid/6608/Default.aspx
References to source data or info	Y	See individual pages, citation capacity also available on Evidence synthesis pages
Cite expert opinions	Y	
Content is based on evidence	Y	
Content is current and actual (publication data/ updates are reported)	Y	Yes at bottom of each page
Content is accurate or objective or transparent	Y	
Content is complete (detailed info, coverage of the source, size of the site)	Y	
Content is relevant	y	
Literature search and surveillance	y	
Systematic reviews are preferred above primary studies	y	
Critical appraisal of evidence / transparent quality assessments	Y	Although quality appraisal outcomes not provided to user. Process methods are described https://www.caresearch.com.au/tabid/6448/Default.aspx
Formal grading of evidence	Y	For Clinical Evidence sections only SR literature is graded as low, medium, or high quality (SIGN)
Possible bias is reported	Y	A part of the formal quality appraisal
Content is (externally) reviewed or peer reviewed	y	Either by advisory group members or external experts
3. WEBSITE QUALITY		
Clear purpose	y	https://www.caresearch.com.au/caresearch/tabid/89/Default.aspx
Clear statement about the context of development	Y	https://www.caresearch.com.au/caresearch/tabid/5646/Default.aspx
Target audience described	Y	https://www.caresearch.com.au/caresearch/tabid/89/Default.aspx
Transparent ownership	Y	https://www.caresearch.com.au/caresearch/tabid/165/Default.aspx
Short description of related / linked sites	Y	https://www.caresearch.com.au/caresearch/tabid/3620/Default.aspx
Financial information (financial disclosures, advertising & sponsorship policy,… reported)	Y	https://www.caresearch.com.au/caresearch/tabid/165/Default.aspx
Liability and privacy statement, respect of confidentiality of data	Y	https://www.caresearch.com.au/caresearch/tabid/165/Default.aspx
Webmaster present	y	

4. WEBSITE DESIGN AND USABILITY		
Readability / (info on) optimal viewing and logical organisation of content	Y	
Useful presentation and relevance of illustrations and animations		
Ease of use, search and navigation		
Information on access (restrictions, payable, information on how to login…)	Y	
Intersite navigation	Y	
Downloading content (possibility, instructions, speed)	Y	
Help and support function	Y	
5. WEBSITE INTERACTIVITY		
Possibility to contact site owner or authors, to ask questions or give feedback	Y	https://www.caresearch.com.au/tabid/6469/Default.aspx
User alerts for new evidence/ next evidence according to user discipline/individual topic	y	https://www.caresearch.com.au/tabid/6440/Default.aspx