Why Actionable Statements Are Needed for Measurement Development

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Abstract
Clinical guidelines are an avenue to improve patient outcomes based on best available clinical evidence. Actionable statements represent the foundation of a clinical guideline and form an important bridge to subsequent performance measurement efforts.

Keywords
clinical guideline, measurement development, quality improvement, actionable statement

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Defining an “Actionable Statement”
Clinical practice guidelines are an avenue to improve patient outcomes by identifying interventions that are effective based on existing clinical evidence. The Appraisal of Guidelines Research and Evaluation II, an instrument that is a widely accepted tool for guideline evaluation, highlights (1) clarity of presentation and (2) applicability as key attributes for a high-quality guideline. In the application of both these attributes, the American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF) has identified key action statements as one of the foundations of a clear and usable guideline. The key word here is action, which implies a dynamic role for the health care practitioner in carrying out the recommendation. In more precise terms, as defined by Rosenfeld et al., an actionable recommendation informs health care practitioners “precisely what to do, to whom and under what specific circumstances, using unambiguous language that facilitates implementation and measurement.” This is in line with the National Guideline Clearinghouse advocating for guideline developers to use the active as opposed to the passive voice in the formulation of their recommendation statements.

Linking Actionable Statements to Performance Measurement
Performance measures quantify outcomes relevant to a given health care quality metric. The Agency for Healthcare Research and Quality (AHRQ) identifies many attributes in ascertaining the relevance of a given performance measure, among them data availability and explicit specification of a numerator and denominator pertaining to the outcome measured. Defining a performance measure when applied in the context of a clinical guideline is whether a given recommendation is being implemented. Actionable statements thus give an ideal opportunity to clearly define a binary distinction between adherence and nonadherence to a given recommendation for a specific target population. Consider this action statement taken from the AAO-HNSF tonsillectomy guideline: “clinicians should administer a single, intraoperative dose of intravenous dexamethasone to children undergoing tonsillectomy.” In this statement, the action, “administer single intraoperative dose,” is unambiguous, and the target population, “children undergoing tonsillectomy,” is clearly defined. The denominator in this case is all pediatric patients receiving tonsillectomy, while the numerator is patients who have received a single intraoperative dose of intravenous dexamethasone. In a recent study assessing adherence to this key action statement in a multihospital cohort, the authors used this key action statement to clearly delineate practice patterns in terms of dexamethasone administration before and after guideline publication. In this same study, it was also found that practitioner adherence to another actionable statement, withholding routine use of antibiotics, was low. Performance measure initiatives based on this finding can thus be focused on identifying barriers that prevent practitioners from adopting this statement.

Actionable Statements and Levels of Evidence
A second attribute of a relevant performance measure is the degree of evidence in support of the measure. Actionable statements that are well designed provide the evidence level to account for the rationale behind the statement. The AAO-HNSF categorizes an aggregate evidence level for a given

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actionable statement into A, B, C, D, and X categories with “A” corresponding to evidence from systematic review of randomized trials; “B” demonstrating evidence from randomized trials or observational studies with highly consistent evidence; “C” being nonrandomized, case-control, or observational studies; “D” representing case reports; and “X” being a scenario where validating studies cannot be performed but with either clear demonstration of benefit or harm related to the actionable statement. Based on the aggregate evidence level, most actionable statements use 3 levels of recommendation: “must” being the highest, “should” being an intermediate level, and “may” conferring the lowest recommendation level. Clearly characterizing the level of evidence and the degree to which clinicians have leeway in implementing an actionable statement allows for discernment of which performance measures are likely to have a greater degree of validity. It naturally follows that performance measures linked to actionable statements with a high level of evidence and strong level of recommendation will have a higher degree of acceptance.

In summary, actionable statements in clinical practice guidelines provide the bridge to allow for well-designed and valid performance measures that give the opportunity to improve patient care. Action statements that are phrased with an active voice and follow-on with supporting evidence for the given recommendation reduce ambiguity and allow the clinician to justify decision making based on best available clinical evidence.

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