

Supplementary Material

Paramedic to general practitioner referral pathways within Australian jurisdictional ambulance clinical practice guidelines: a document analysis

Belinda Delardes^{A,B,*} (BEH(Pmed)(Hons) GradCertAeromedRet, Paramedic), *Mostyn Gooley*^{B,C} (BParamedicSc MSpecPara(IC), Paramedic), *Kelly-Ann Bowles*^B (BSc (Human Movement Sc) PhD GradDipBiostatistics, Head of Department) and *Samantha Chakraborty*^D (BBNSc(Hons) PhD, Senior Research Fellow)

^ACentre for Research and Evaluation, Ambulance Victoria, Doncaster, Vic, Australia

^BDepartment of Paramedicine, Monash University, Melbourne, Vic, Australia

^CQueensland Ambulance Service, Qld, Australia

^DCochrane Australia, Monash University, Melbourne, Vic, Australia

*Correspondence to: Email: Belinda.delardes@monash.edu

Supplementary material file S1

GP terms list: GP, general practitioner, medical practitioner, primary care physician, LMO, local medical officer.

The recommendations are specific and unambiguous.

Item content includes the following CRITERIA/CONSIDERATIONS:

1. statement of the recommended action
 - Yes, if **includes who and when** (e.g., 'refer to GP within 6 hours' or if two options presented, there is clarity on when to choose each)
 - Somewhat if includes **some** of these details (e.g., 'refer to GP')
 - No if **does not include who or when** (i.e., 'refer' or 'appropriate destination' or 'refer or transport' or if two options presented as equally valid e.g. GP/diabetes centre without discrimination on preference)

2. identification of the intent or purpose of the recommended action (e.g., to improve quality of life, to decrease side effects)
 - Yes, if **states purpose for GP attendance** (e.g., 'refer to GP for wound closure')
 - Somewhat if **multiple GP referral pathways**, some with Y, some with N
 - No if **nil purpose** or generic (e.g., 'for review')

3. identification of the relevant population (e.g., patients, public)
 - Yes, if **specific** inclusion criteria (e.g., mild croup + description anywhere in guideline e.g. mild croup = Westley croup score <2, asthma = mild/mod/severe table).
 - Somewhat if **vague** inclusion criteria (e.g., mild croup)
 - No if **nil** inclusion criteria

4. **contraindications** caveats or qualifying statements, if relevant (e.g., patients or conditions for whom the recommendations would not apply)
 - Yes, if **specific exclusion, red flag criteria** and/or separate pathways for other patients
 - No if **nil specific exclusion criteria**

5. In the event of multiple recommendations (e.g., management guidelines), is there clarity regarding **to whom each recommendation applies?**
 - Yes, if **specific** directions (e.g., flowcharts, separated sections)
 - No if **generic** (e.g., 'self-care, refer or transport as appropriate', 'as required')

6. *If there is uncertainty* in the interpretation and discussion of the evidence, is the uncertainty reflected in the recommendations and explicitly stated?
 - Yes, if **risks of referral are discussed** within the guideline
(must be within guideline, not solely in references)
 - No if **risks of referral are not discussed** within the guideline

The different options for management of the condition or health issue are clearly presented.

Item content includes the following CRITERIA/CONSIDERATIONS:

7. Is the item well written? Are the descriptions clear and concise?
8. Is the item content easy to find in the guideline?

Key recommendations are easily identifiable.

Item content includes the following CRITERIA/CONSIDERATIONS:

9. description of recommendations in a summarized box, typed in bold, underlined, or presented as flow charts or algorithms
 - Yes, if easily identifiable (e.g., summary boxes, **flowcharts**).
 - No, if not easily identifiable (e.g., **block text**, relevant information not highlighted)
10. specific recommendations are grouped together in one section

- Yes, if patients grouped clearly (e.g., all information for 'mild' presentation grouped in one section)
- No, if nil grouping.

11. Are the key recommendations appropriately selected and do they reflect the key messages of the guideline?

- Reflecting overall guideline because the decision to refer may not be a key recommendation

12. Are specific recommendations grouped in a section **placed near the summary of the key evidence**

- Yes, if grouped together **and** provides summary of key evidence
- Somewhat if grouped together **but no** summary of key evidence
- No, if **not** grouped together **and no** summary of key evidence