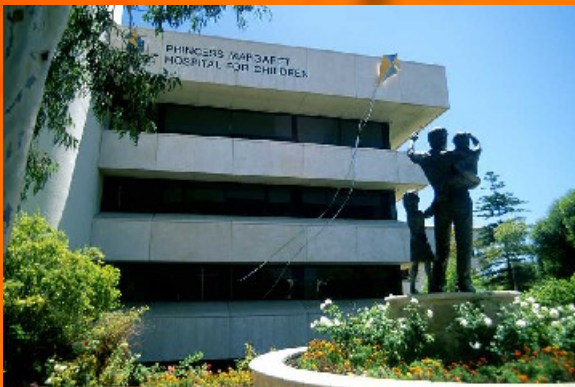


# Evidence-based Guidelines

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PRINCESS MARGARET HOSPITAL FOR CHILDREN

## **When to use EB CG**

- To inform clinical decision (EBP)
- To teach the management of a condition or the use of an intervention (CE)
- As instruments for self-assessment or peer-review (CE)
- To set benchmark criteria for audits of practice (QI)

# **Nurses' Use of Evidence in Clinical Decision-Making**

## **Decisions made by nurses**

- intervention/effectiveness
- communication
- service organisation, delivery, and management
- interpretation of cues in the process of care

Thompson et al. Nurses' Use of Research Information in clinical decision making: A descriptive and analytical study. NHS R&D Report.

# **What were the barriers?**

- Problems in interpreting and using research
- Lack of organisational support
- Research products and researchers lacks clinical credibility
- Some nurses lacked the skills and the motivation

# **Increase the use of EB CG**

- Methods used to develop the guidelines
- Dissemination strategies used
- Implementation strategies used
- Methods used to evaluate effectiveness
- Methods used to update guidelines
- The clinical setting

NICS Do guidelines make a difference to health care outcomes. Oct 2006

# **A Systematic Process**

- EBP PICU Nursing working party formed in 2003
- To develop and test a systematic process for the development of new or review existing clinical practice guideline in the PICU
- To provide research support

# NHMRC Resources

National Health and Medical Research Council. *A guide to the development, implementation and evaluation of clinical practice guidelines* 1999, 2005

- How to Review the evidence
- How to use the evidence
- How to put the evidence into practice
- How to compare the costs and benefits

## NICS Resources

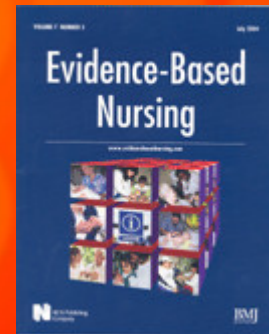
- National Institute of Clinical Studies.  
*Using Evidence: Using guidelines*  
Symposium Oct 2006
- Practical strategies
- <http://www.usingevidence.com.au/>

# Additional Resources for Nurses

Evidence-based journals:

Centres for evidence:

- JBI
- CRD -DARE
- WHO NMEB
- Cochrane



# Role of the working party

## Identify and Prioritise CPG

- Identify existing CPG
- Identify the need for new guidelines
- Prioritise the review or development
- Convene a guideline team to develop or review a specific guideline
- Provide guidance and support to the team
- Endorse guideline
- Disseminate of the guideline
- Evaluate the process
- Evaluate the clinical impact of the guideline



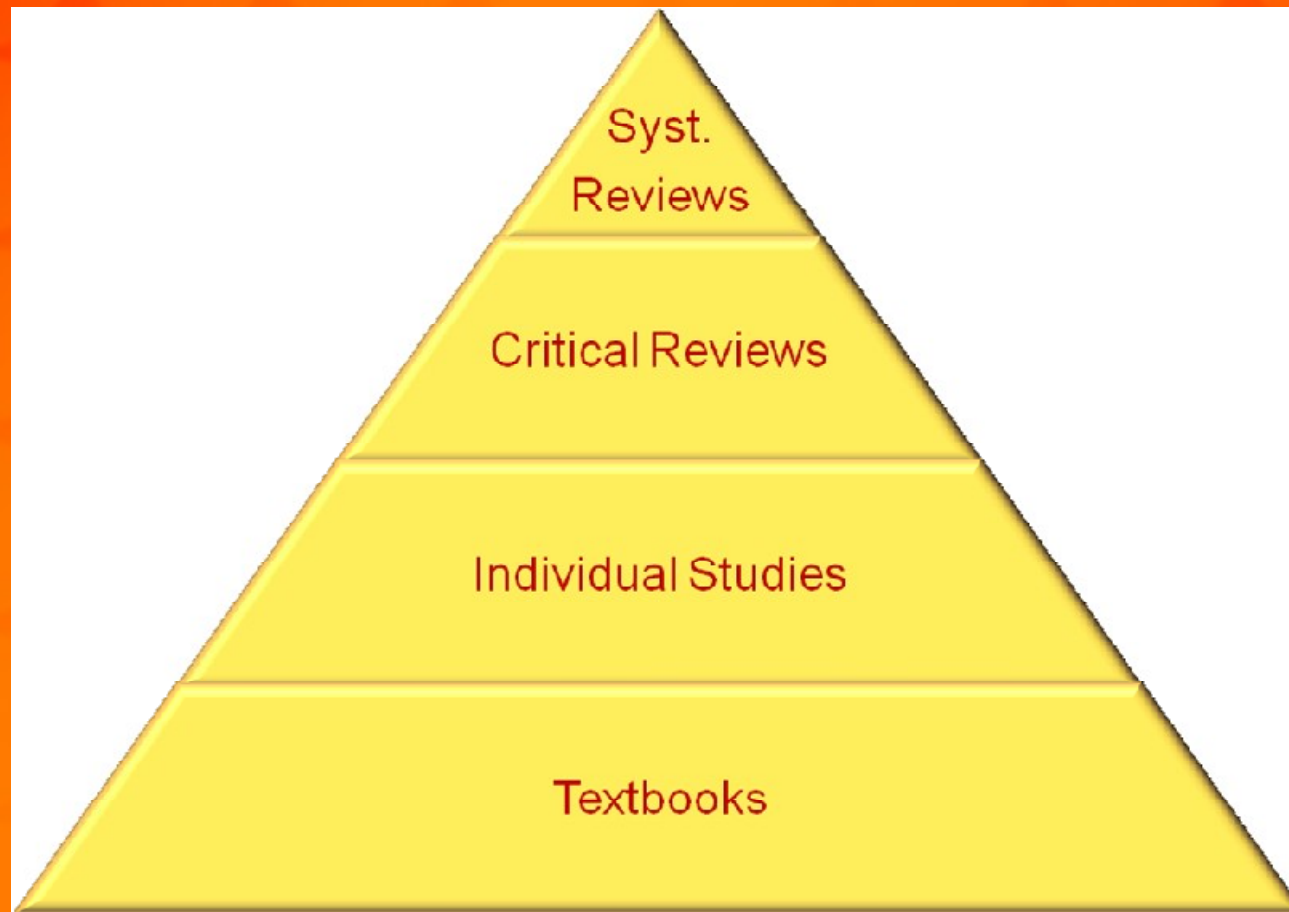
Global  
Evidence  
Mapping

# Evidence Mapping

- Characterise all prognostic, diagnostic, and therapeutic evidence in a broad clinical area (e.g. TBI)
  1. Map of key issues using clinician expert and consumer input
  2. Retrieve evidence
  3. Detailed assessments of priority areas

# Role of the team

Identify & Appraise the evidence



# NHMRC Levels of evidence

Level	
I	Systematic Reviews
II	Randomised controlled trials
III-1	Pseudo randomised controlled trials
III-2	Comparative studies with concurrent controls
III-3	Comparative studies without concurrent controls
IV	Case-series with either post-test or pre-test/post-test

# Make Recommendations actionable

## Clarity

- What needs to be done
- How it should be done
- When (in which situation)
- Where (in which patient group)
- Why (why it should be done)

## Action

- Greater certainty about whether appropriate action has been taken

## Evaluation

- Easier development of benchmarks or performance indicators

# Grades of Recommendations

## Based on 5 components:

- Strength and volume of evidence
- Consistency of studies included
- Clinical importance
- Generalisability
- Applicability

## Components rated:

- A (Excellent)
- B (Good)
- C (Satisfactory)
- D (Poor)

# Final Recommendation

- A** body of evidence can be trusted to guide practice
- B** body of evidence can be trusted to guide practice in most situations
- C** body of evidence provides some support for recommendation(s), but care should be taken in its application
- D** body of evidence is weak and recommendation must be applied with caution

**Endorsement**

# Endorsement

- Evaluation of the process
- The process must be traceable e.g. How the lit.serach was conducted
- Should be seen as a positive learning process
- Evaluation of our process to be presented this afternoon @ 15:15 (NFP 4 Role Development session)

# Dissemination

- Multiple interventions more effective than single interventions
- Interactive small groups meetings are most effective
- Reminders
- Multi-professional collaboration
- Nurses prefer humanistic and local information

# Implementation Phase I

- Identify barriers

Type of barriers	Interventions
Lack of knowledge	Interactive educational sessions Decision aids
Perception/reality mismatch	Audit and feedback Reminders
Lack of motivation	Incentives/sanctions Leadership
Beliefs/attitudes	Peer influence Opinion leaders
System of care	Process redesign

# **Implementation Phase II**

- Education/Information
- Pilot test (allows for feedback)
- Pre-test evaluation

# Evaluation

- The application

*How well are the guidelines known and to what extent are they valued?*

- The applicability

*To what extent are the recommendations applied?*

- The impact on patients' outcomes

*To what extent are they effective?*

# Impact of EBN Care on Patient Outcomes



From: <http://www.libraries.psu.edu/instruction/ebpt/index.htm>

# From Evaluation to Improvement

- Post-test evaluation
- Feedback
- Continuous process



## **Concluding Remarks**

- High expectations to deliver the best possible care
- Process that takes considerable time and resources
- Costs and benefits
- Maximise resources that are available
- Strengthen relationships

**Thank You...**

