

Evidence-Based Practice, Part 1

[VIDEO TRANSCRIPT]

Welcome to evidence-based practice, improving practice and improving outcomes. My name is Anne Dabrow Woods and I'm the Chief Nurse of Wolters Kluwer Health Medical Research Division which consists of Lippincott Williams & Wilkins and Ovid technologies. And today I'm here to talk to you about evidence-based practice: what it is, what it isn't, why it makes a difference, and why it is so crucial to what's going on in healthcare today. So what is the top global challenge that faces everyone? No matter where you are, if you're in the United States, if you're in Australia, if you're in Europe, everyone faces the same challenge in healthcare today and that is to provide the evidence-based, cost-effective, quality care that will improve practice and improve patient outcomes. That is the number one challenge faced by all healthcare providers and healthcare institutions today. Why is this such an issue? Only 20% of what we do as healthcare providers is based on evidence. That means 80% of what we do is not based on evidence and only 55% of the time patients get the evidence-based recommendations to base their treatment. That means the remainder of the time they are not getting the latest standard of care. The other thing that's really important to consider here is it takes 15 to 20 years to get evidence into practice and that's simply way too long. What this all means is our patients are not getting the care that they deserve. So what is the solution? The solution is to integrate evidence into practice to improve patient outcomes and the true overall solution is the Joanna Briggs Institute. So let's talk about a little bit about the beginning of evidence-based practice. Well evidence-based practice really started back in the 1970s with Archie Cochrane who was an epidemiologist out of the United Kingdom. And he took a look at the way health care was being delivered in that country and what he realized is that patients were dying. They were not getting the quality of care that they needed. So he decided to look at a study where he took two groups, one group where people who got care the way it's always been delivered and the

other group was looking at patients who got care that was based on evidence. And what he found is that patients who got the care that was based on the evidence had better outcomes, the practice was better, and it saved the healthcare institutions money. So from that time of the 70s with Archie Cochrane, McMaster University in Canada has really developed what we consider evidence-based practice today. And now the overarching definition of evidence-based practice is taking external evidence, and this is the evidence from systematic reviews, randomized control trials, best practice, clinical practice guidelines, and pairing that with what we call internal evidence and that is the evidence that we get from our clinical expertise of being in healthcare as healthcare providers for a very long time. But it doesn't stop there and this is a key point to remember. It also combines what the patient wants, what their values are, and that's a really key point because if the patient does not want the type of care that we are recommending to them then that care cannot be instituted. So evidence-based practice is combining the best research evidence with clinical expertise with patient preference. Doing all those things will improve practice and improve patient outcomes. But there's a myth out there about evidence-based practice. Many people think that if a healthcare institution provides content such as Cochrane or Mosby, Up-to-date, Ovid, that that institution is actually delivering evidence-based healthcare. And that is not true at all. Just because you deliver content does not mean your healthcare providers in that institution are using it appropriately and then evaluating what they're doing. So why should we even use evidence-base practice today? Well the research is very clear about it. We know that using evidence-based practice leads to the highest quality care and patient outcomes across the board and research study over research study will show you that is the truth. We also know that if you use evidence-based practice you will actually reduce your healthcare costs which is a key factor in healthcare today - we know that in countries who get their reimbursement based on the type of care they deliver. We know that you have increased reimbursements and you've decreased denials for your insurance claims if you actually use evidence-based practice. We also know that using evidence-based practice pretty much levels the playing field across the world of how care is delivered and the type of outcomes you would expect. Another very interesting point is that

institutions that use evidence-based practice have actually better staff satisfaction and lower turnover rates. Institutions that use evidence-based practice are able to keep their talent so that they don't go off to other institutions and that's a really important point because if you're a health care institution you want to make sure you have the best of the best providing care. And here's another point, we know the public today is using the internet, they're doing searches, they want and they deserve the highest quality care. And using evidence-based practice will allow us to deliver that to them and we will meet their expectation. Now there are different types of research evidence out there and it's really important that we understand the different types. There's quantitative research and quantitative research is research that looks at interventional studies and outcomes research. It's the type of studies that you do a lot of statistical analyses with. These types of studies are things like clinical trials, randomized control trials, case control studies, and the highest levels would be meta-analyses and systematic reviews. Clinical practice guidelines for the most part are based off of quantitative research analysis. There's another type of research out there and it's called qualitative research and qualitative research is really done to understand the human behavior, how people are responding to their situation. So the types of qualitative researches you see done, and it's very often done in nursing and Social Sciences, are studies like phenomenology where you look at the phenomenon of being sick or having a certain condition. It also means looking at ethnographic groups, this is based out of anthropology. So we look at groups of people who have a certain condition. We know that qualitative research is very very important to how we deliver care today because you need to make sure that your patients are having a good experience with the care they're receiving. Now the highest level of research is considered secondary research and this is the thing that we call a systematic review or meta-analyses. And what is different about a systematic review and in meta analyses is it brings the same level of rigor to the review of all the research studies that have been done on a specific topic. It brings the same level of rigor to the analysis of all those studies. Here's another caveat - systematic reviews are very different than literature reviews because systematic reviews and meta-analyses actually have to be peer reviewed so that means two or more people have to be

appraising all the studies that are included in a systematic review or a meta analyses. When you do a systematic review you also need to look at a few other things to make sure that it's important to how we provide care to our patients. You need to look at: is it really feasible, the results of the systematic review? Can I really implement this with a specific patient population? Is it going to be appropriate? Is it meaningful to patient populations and to my practice as a health care provider? And is it going to be effective? Is it really going to make a difference? We do know though that research evidence is not created equal so it's really important when healthcare providers take a look at the research that they get from a search they need to determine what level of research they're looking at. At the base we have all the original research studies and these are the things like the randomized control studies and those type of things. The next level up would be the systematic reviews in the meta analyses. Again the systematic review meta-analysis is done a researcher looking at all the original research around a certain topic, doing a critical appraisal of it, and a synthesis of it and then putting it together as a systematic review. So that's considered the higher level of research in the hierarchy of evidence. But at the very top is our clinical decision support and clinical decision support are tools that healthcare providers can use, they read immediately, and they go put into practice immediately. Now why is this important? Because health care providers at the bedside do not have time to read 100, 200, 300-page systematic reviews or meta analysis and then go make a decision about a patient. They have to read the evidence and put it into practice immediately and that's what clinical decision support tools do. All clinical decision support tools should be based on systematic reviews, meta analyses, evidence summaries, or the best available evidence. The Joanna Briggs Institute goes one step further. So they look at the levels of evidence as we stated before with the systematic reviews certainly being at the highest level but they also look at the other things I had mentioned before. They look at the feasibility, the appropriateness, the meaningfulness, and the effectiveness of each recommendation to see if it will really make a difference in what we do in healthcare practice today. But they add one more piece to that. They look at the economic evidence because let's face it, if an intervention is going to cost a healthcare system hundreds of thousands of

dollars, it is not going to be worthwhile for that system to put it in place because it's going to bankrupt the system. So we need to make sure that the interventions that we are applying to our patients make good economic sense and they're also effective for our patients. So what is evidence-based practice methodology? What is it? Well there's many methodologies around evidence-based practice but when you look at all of them, they have some of the same attributes. And the first one is they look at finding the evidence, generating the evidence, being able to search it. And this is all done after you develop a good research question – a burning question that a clinician needs to answer to change care for a patient. The second piece is they need to appraise the evidence to see if it's good enough to put into practice. Then they need to implement the evidence to have it make a difference. And here's the key point, they then have to go back and evaluate the practice changes to see if what they've done have really made a difference. This is true evidence-based practice and unless a healthcare organization is doing all of these pieces then they're really not truly an evidence-based practice institution. The JBI methodology fits each of these pieces. Their first piece is healthcare evidence generation and this is where they actually take a look at all the research that is out there. Their second piece is evidence synthesis and this is the same thing basically as evidence appraisal. Their third piece is evidence knowledge transfer and that would be the evidence implementation piece. They have evidence utilization where actually evidence is in use. And then during the evidence utilization piece they actually go back and they evaluate whether or not the practice changes that have been put into place have really made a difference for our patients and our practice. Now JBI is a group out of South Australia in Adelaide Australia, but make no mistake, they are not an Australian-based institution, they are a global institution and they have collaborating centers around the world that supply the information that is needed to do their job to help create and provide for you the absolute best evidence. So JBI has done an interesting thing, they've looked at all of evidence-based practice and they've actually developed tools and resources for each piece of evidence-based practice. So under “Find the Evidence”, JBI has built four resources for you to help you find the evidence. The first one is the systematic reviews, the second one is the evidence summaries which are built

from the systematic reviews. They have systematic review protocols so you can go back and see how the systematic reviews were actually built and technical reports. Under appraising the evidence, they have four tools to help anyone from a novice in evidence appraisal to someone who is an expert in evidence appraisal take a look at the evidence and synthesize it. The JBI rapid tool looks at one article at a time or one original research piece at a time. The journal club is a great tool to use if you're trying to teach an institution how to use evidence-based practice and kind of get a group involved in appraising the evidence. JBI summary is a terrific tool to help build systematic reviews, it actually walks you through step by step. And JBI Tap is the tool that is used to appraise qualitative evidence. Under Implementing the Evidence, JBI also delivers quite a few tools for you use. The best practice information sheets and the recommended practice sheets are tools that can be used right at point of care by physicians, nurses, allied health professionals, that they can read and then immediately put into practice. JBI has even developed a Manual Builder. Now this is a policy and procedure manual that is based on all the latest evidence from around the globe and it walks you through step by step of how to do certain procedures and helps establish policies within your institution. The great thing about this is that it can be customized for your individual institution. The JBI Consumer Pamphlet Builder are basically patient education sheets that can be used to educate our patients on the latest things regarding their condition. And here's the difference, the consumer pamphlet builder is all based on the latest evidence so you know as a healthcare provider that you're delivering the best information to your patient at any given time. And "JBI CAN Implement" is a tool that is used by healthcare institutions that basically takes clinical practice guidelines and makes them applicable for the specific institution. Under "Evaluating Practice", JBI has developed two very very useful tools for you and under JBI PACES, this tool is actually used by point of care for healthcare providers that actually appraise what they've done for the patient. They actually appraise the outcomes and the interventions in real time and PACES pulls that information together and can let a health care provider or health care system know how well they are doing when looking at certain patient outcomes, which is very very important in health care practice today. "Pool and Cool" are two tools

that are used to actually look at all the outcomes and then they benchmark your outcomes for a healthcare institution against other units within the institution or up against other institutions. Again two very, very important tools because frankly if you don't know if the changes you've made in practice are making a difference, that doesn't really matter, you're not really providing the best quality care. So that's what evidence-based practice is. This is what makes an evidence-based practice institution truly that type of institution. It's about finding and searching the evidence, being able to appraise it, implementing the evidence, and then determining whether the implementation that you've done has really made a difference. That is true evidence-based practice. So who use evidence-based practice? Well actually everyone in healthcare should be using it. We know healthcare providers need the latest evidence to appraise it. They need to implement it. They need to evaluate whether or not what they've done has made a difference. Researchers need to do all four parts of evidence-based practice. They're the ones who are generating the evidence, appraising it, implementing it, and then evaluating whether or not the practice changes that the healthcare providers have made have made a difference. Faculty, it's very very important. Today in academia the concepts of evidence-based practice have to be integrated throughout all our educational systems as part of the curriculum. So faculty need to teach the concepts of evidence-based practice and certainly everything that they're teaching about diseases, conditions, latest diagnostic studies, treatment recommendations has to be integrated throughout their curriculum and using a program like Joanna Briggs Institute will help them to be able to do that. Students are very very important. We need to make sure we're teaching our students the latest evidence so they can go out and provide the very best care. They're going to use it to learn about diseases and conditions, the latest diagnostics, treatment recommendations. They also need to know how to appraise the evidence. Because when you look at the number of studies that are released every year related to health care interventions, a student needs to know which ones they should use to change their practice. So I hope you understand that evidence-based practice is not just about providing the evidence and then calling yourself an evidence-based practices institution. It's really about taking the evidence, appraising it,

implementing into practice and then evaluating whether or not what you've done has made a difference. That is true evidence-based practice.

Thank you very much.