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Evidence-based Clinical Fellowship Program. Madrid 3rd edition. 2019

- Surgical counts among healthcare professional in a tertiary hospital in Spain: a best practice implementation project
- Diabetic foot: assessment and prevention of complications in a Periferic Health Care Centre in Asturias: a best practice implementation Project
- Breastfeeding: Nipple pain among postpartum woman in a third level Hospital: a best practise implementation project
- Pelvic floor muscle training in women during pregnancy and postpartum period in the primary health center: a best practice implementation project
- Evaluation and management of post-surgical pain in adult patients undergoing thoracic surgery
- Smoking Cessation-Interventions and strategies – Community Health

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Evidence-based Clinical Fellowship Program (EBCFP)

Project Title: Surgical counts among healthcare professional in a tertiary hospital in Spain: a best practice implementation project

Participants Name: Xosé Manuel Meijome Sánchez, Cristina Bernedo, Magali Canedo, Eva Lopez Rellan, Sandra Núñez and Patricia Vázquez.

Organization: Gerencia de asistencia sanitaria del Bierzo.

Introduction

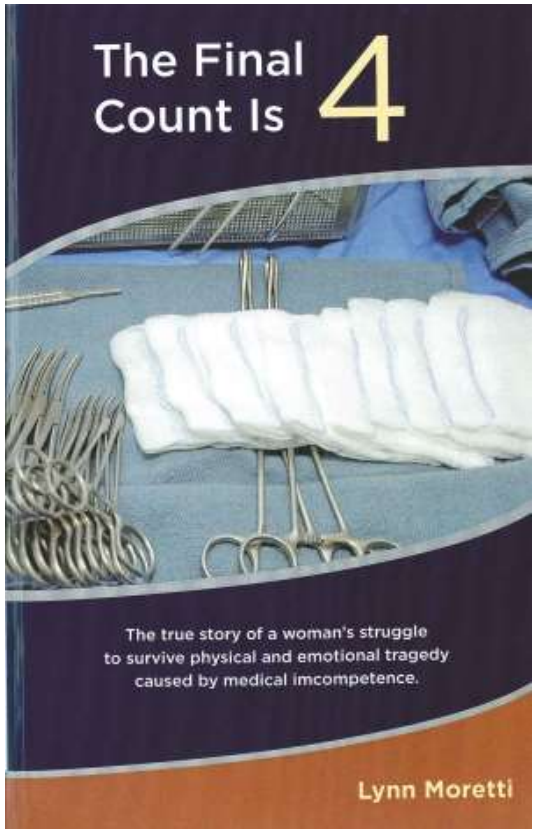
- Surgical counts are a nurse practice all over the world.
- It’s linked with a bad outcomes like retained surgical items. Approximately 1 of 9000 interventions
- At out setting we don’t have a protocol about surgical counts some nurses don’t perform counts unless the surgeon solicit.

Audit Question

- Do surgical nurses perform surgical counts based in evidence?
- Is safe our method of surgical count?

Aims and objectives

1. Design and implement a evidence based surgical count protocol.
2. Determine current compliance with best practices on surgical count.
3. Design and implement strategies to address barriers about new protocol.



Methods 1

This project will use the pre-post implementation clinical audit, during six month period, using the JBI Practical Application of Clinical Evidence System (PACES) and Getting Research into Practice (GRiP) audit and feedback tool.

The PACES and GRiP framework for promoting evidence based healthcare involves three stages of activity:

Methods 2

Phase 1

Establishing a team, Define outcomes and process criteria. Realize baseline audit.

Phase 2

Reflecting on the results of the baseline audit. Brainstorming and use of GRIP to define barriers and strategies to affront these barriers.

Implement the protocol, training and changes.

Phase 3

Realize post-implementation audit.

Original Audit Criteria

№	Criteria
01.	A consistent, standardized approach to surgical counting is strictly adhered to.
02.	The perioperative team participates in team-based retained surgical item prevention training.
03.	An optimal operating room environment is maintained.
04.	Surgical soft goods, sharps and other miscellaneous items opened onto the sterile field are accounted for.
05.	There is a standardized procedure for reconciling count discrepancies.
06.	If a discrepancy occurs the surgical team takes actions to locate the missing item.
07.	A technological detection system (e.g. radio frequency) is used alongside manual counts.
08.	Documentation includes results of surgical item counts, notification of the surgical team members, instruments or items intentionally left as packing, and actions taken if count discrepancy occurs.

Modified Audit Criteria

After a group meeting we defined the audit criteria and the operative definitions to perform it.

Nº	Criteria
01.	A consistent, standardized approach to surgical counting is strictly adhered to.
02.	The perioperative team participates in team-based retained surgical item prevention training.
03.	An optimal operating room environment is maintained.
04.	Surgical soft goods, sharps and other miscellaneous items opened onto the sterile field are accounted for.
05.	There is a standardized procedure for reconciling count discrepancies.
06.	If a discrepancy occurs the surgical team takes actions to locate the missing item.
07.	Documentation includes results of surgical item counts, notification of the surgical team members, instruments or items intentionally left as packing, and actions taken if count discrepancy occurs.

Setting and Sample

- Surgical block of a tertiary hospital with 12 operating rooms and 8 surgical specialties were work over 50 nurses with diverse surgical experience and formation.
- We do over 10000 surgical interventions per year. Our sample will take the surgical interventions scheduled with admission for orthopaedics, general surgery, urology, ENT and gynaecology and emergency surgeries from 8 am to 3 pm.
- The sample will be taken in the second and third week of December 2019 for the baseline audit and second and third week of may 2020 for the final audit.

Potential strategies for GRiP

After the baseline audit the project team will make a brainstorm focusing on the barriers observed and the potential strategies to implement the surgical count procedure.

Initial prevision before brainstorming

BARRIER	STRATEGY	RESOURCES	OUTCOMES
There is no evidence-based protocol to determine when, what, and how items and instruments are counted in the operating room and what to do if discrepancy occurs and how to document all the process.	To form a working group that proposes a protocol, to expose it and to agree it with the surgical nurses and to inform the surgical specialties for its implantation.	Time and space to work the protocol. Search for evidence and evaluate what has been found	Our surgical teams will have an evidence-based protocol on surgical counts.
Nurses are not aware of the possibility that an object or instrument may remain in a surgical wound, they do not assume it as their responsibility.	Make a survey about knowledge and experiences on surgical counts. Do a seminar with statistical data on retention of objects in surgery with a small theatrical simulation.	Time and space to do the seminar. Officce material for the survey.	Nurses will assume the count as their responsibility with clear criteria of what, when and how to do it
Surgical teams don't perform training sessions on any topic.	Program a joint clinical session with a detailed work over the protocol emphasizing on the discrepancies in the count and how to proceed.		Improve the surgical team safety and performance on surgical counts

Conclusion/Acknowledgements

- Nurses can be empowered and lead the surgical count based on criteria supported by scientific evidence.
- Use the PACES-GRIP JBI methodology is feasible for quality improvement at our hospital setting.

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Evidence-based Clinical Fellowship Program (EBCFP)

Project Title:

Diabetic foot: assessment and prevention of complications in a Periferic Health Care Centre in Asturias: a best practice implementation Project.

Participants Name: Edurne Mezquita Yarza
Organization: Servicio de Salud del Principado de Asturias

Introduction

The diabetic foot is one of the biggest health problems in patients with diabetes mellitus. It is defined as an integration of syndromes in which the presence of neuropathy, ischemia and infection cause tissue alteration or ulcers secondary to microtraumas, entailing important morbility. Complications can lead to an amputation or, in the worst case scenario, death itself.

Therefore, diabetic foot ulcers, have a direct impact on people's health and quality of life and pose a significant cost to the health system.

(Hoogeven RC, Dorresteijn JA, Kriegsman DM and Valk GD. Complex interventions for preventing diabetic foot ulceration. Cochrane Database of Syst Rev. 2015; 8)

Del Castillo RA, Fernández JA, Del Castillo FJ. Guía de práctica clínica en el pie diabético. Arch Med 2014; 10(2): 1-7.

The approach in Asturias

Manuel Aguilar Diosdado, responsable de Endocrinología del Hospital Puerta del Mar, de Cádiz, en las jornadas en el HUCA.

El Hospital Central abrirá una unidad sobre pie diabético

L. FONSECA

OVIEDO. Es una de las complicaciones más invalidantes de la diabetes y la principal preocupación de enfermos y médicos. Se trata del pie diabético, un trastorno que pueden llegar a sufrir hasta el 15% de las per-

un consenso de profesionales. Del-gado indicó que el hospital ya tenía constituido un grupo de trabajo multidisciplinar, en el que participan personal médico y de enfermería, y que «en unos pocos meses», la unidad estará en condiciones de iniciar

Question

What would be the benefit implementing the evidence-based practices on the educational issues of the patient in the prevention of foot ulcers in people with diabetes mellitus?

Objectives

The **main objective** of this work is to improve and decrease the variability of diabetic foot care both in regard of exploration and the preventive aspect based on care based on evidence in a Peripheral Office of the Primary Care network of the Principality of Asturias.

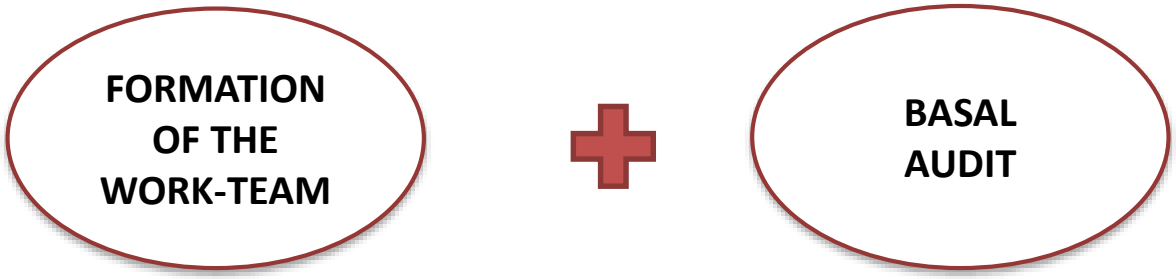
Besides, the **specific objectives** set are:

1. Determine the differences between the care currently provided to the diabetic foot and the evidence-based care.
2. Identify barriers and facilitators that influence those aspects to improve, as well as the strategies to solve them.
3. Improve the knowledge of professionals involved in diabetic foot care about the best available evidence.
4. Achieve compliance of criteria based on available evidence of the diabetic foot care.
5. Improve health outcomes derived from diabetic foot.

In this way, the health problems derived from complications of the diabetic foot, such as amputations and ulcers of the population, would be reduced. To do this, two focuses should be taken: on the one hand, the self-care of patients / caregivers and, on the other, the health approach.

Method I

Phase 1



In the work-team different agents will be involved: a Health Technician, nurses in General Directorate of Care, Humanization and Social and Health Care, Ministry of Health, the nurse who manages the hospital's diabetic foot unit and assistant nurses in the El Berrón Peripheral Health Care Centre.

The functions of the team will be to study the way in which the diabetic foot is done in aspects of education and prevention, as well as planning the implementation of the care improvement plan and monitor and evaluate the project.

Method II

The **audit criteria** established for this project are supported by the reported evidence of the recommended practice:

I. A structured foot assessment is conduced (including patient history, physical examination and footwear examination).

II. An assessment to determine patient´s level of risk for developing foot complication is conduced using a risk stratification tool.

III. When testing for neuropathy the Semmes-Weinsten 10-g monofilament is used.

IV. A clinical pathway to foot care is followed according to the patient´s level of risk.

V. An assessment is conduced upon diagnosis of diabetes.

VI. An assessment is conduced annually for patients at low risk.

VII. An assessment is conduced more frequently that once a year for patients at moderate to high risk.

VIII. Patients assessed as high risk have custom therapeutic footwear.

IX. Patient´s glycemic control is maintained within normal limits.

X. Patients have received education about the prevention of foot complications.

XI. Family members have received education about the prevention of foot complications.

XII. Healthcare professionals have received education in diabetic foot knowledge.

Method III

AUDIT CRITERIA

Audit criterion	Sample	Method used to measure percentage compliance with best practice
1.A structured foot assessment is conduced	The sample will be 150 randomly chosen patients among all diabetic patients who visited healthcare center in the last 6 months.	To consider the criterion completed, must be completed all exploration sections containing "Personal Plan Cardiometabolic Hierarchy" in the tab "Anamnesis / Scan" that contains the "Foot exploration", except ankle arm index. The following fields will be included: Morphology exploration: •Skin integrity (yes/no) •Hyperkeratosis (yes/no) •Deformities (yes/no) •Coloration (normal/abnormal) •Proper hygiene (yes/no) •Nail alteration (yes/no) Neurological examination: •Monofilament test (normal/abnormal) •Vibratory sensitivity (normal/abnormal) Vascular examination: •Peripheral pulses (normal/abnormal) •Right pedal (+/-) •Left pedal (+/-) •Right posterior tibial (+/-) •Left posterior tibial (+/-)

Method IV

2,An assessment to determine patient´s level of risk for developing foot complication is conduced using a risk stratification tool.	The sample will be 150 randomly chosen patients among all diabetic patients who visited healthcare center in the last 6 months.	Since the current record does not contain a stratification, it only gives the possibility to indicate wether it is or not a "high risk" foot. For the data collect the risk level will be indicated, being registered in the section "Observations". The criterion will be completed if this annotation exists in the patient's history.
3,When testing for neuropathy the Semmes-Weinsten 10-g monofilament is used.		To consider the criterion completed, the section "Monofilament Test" must be covered in the exploration form (see criterion i).
4,A clinical pathway to foot care is followed according to the patient´s level of risk.		To consider the criterion completed, two indicators will be taken into account: on the one hand, the patient must have a care plan that will be reflected in the "Care Plans" tab. On the other hand, the periodicity recommended for the exploration will be taken into account according to risk stratification using the date of the last record in the form as reference.
5. An assessment is conduced upon diagnosis of diabetes.		To consider the criterion completed, the patient should have covered all fields in the scan section specified in the criterion i in addition to the registration of risk detected according to criterion ii.
6, An assessment is conduced annually for patients at low risk.		To consider the criterion completed, record detected will be checked according to criterion ii and the date of last record in the exploration form.
7. An assessment is conduced more frequently that once a year for patients at moderate to high risk.		

Method V

8, Patients assessed as high risk have custom therapeutic footwear.	The sample will be 150 randomly chosen patients among all diabetic patients who visited healthcare center in the last 6 months.	Since in the "Anamnesis / Exploration" does not exist a field that references to footwear, if criterion is complied must be noted in the section "Observations". In its absence it will be understood that the criterion is not complied.
9. Patient´s glycemic control is maintained within normal limits.		To consider the criterion completed glycosylated hemoglobin (HbA1C) value will be taken into account in the "Prior Assessment" tab. To consider it concluded the value must be lower than %7 (taking into account the general objective set by the Key Program of Interdisciplinar Attention of Diabetes) and correspond to a period of less than the date on which the audit is carried out.
10. Patients have received education about the prevention of foot complications.		To consider the criterion concluded the field marking "Care of Feet" and "The illness" in the "Education" tab "containing Hierarchized Cardiometabolic Personal Plan" will be taken into account as indicators. Records of last year will be taken into account.
11. Family members have received education about the prevention of foot complications.		Since there is no indicator referencing this aspect, it must be indicated in section "Observations" of the tab "Education" if education has been received also by family. If there are no annotations, criterion will be incomplete.
12, Healthcare professionals have received education in diabetic foot knowledge.	All nurses of the participant center involved in the project will have to participate.	A clinical session will be held, where preventive and educative aspects for diabetic foot will be addressed. The way in which indicators will be taken into account in order to establish in which way activities should be registered in patient history will be likewise explained. The teachers will be "Diabetic Foot Unit" nurse.

Method VI

The institution where the project will be implemented will be the **El Berrón Peripheral Health Care Centre**, which belongs to area IV of SESPA. This center has three PCTs, which takes care of a total of 5000 patients.

Method VII

Phase 2

BASAL AUDIT

Design of the material and planification of the strategy

(October 2019-January 2020)

Training and set up

(January-March 2020)

Implantation

(March-June 2020)

AUDIT 1

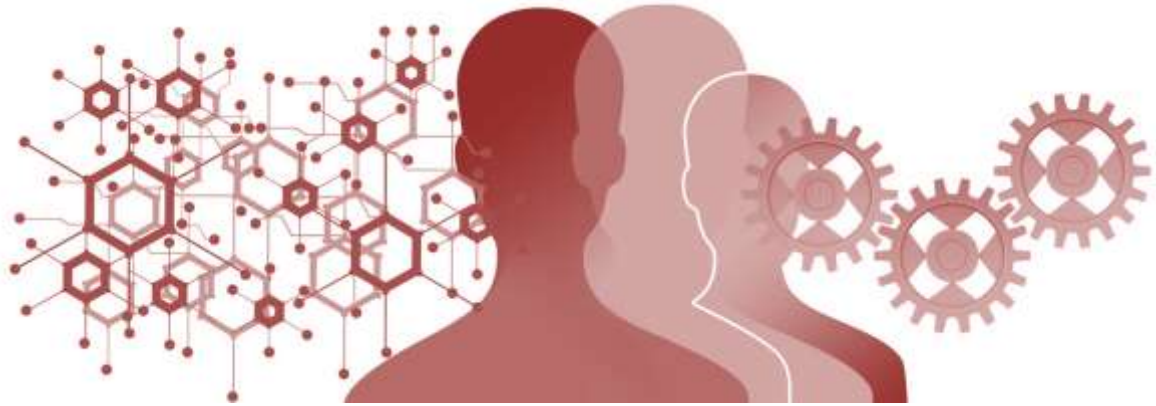
Evaluation

(June 2020)

Conclusion

At the conclusion of the implementation of this project, we hope to improve the care we offer for foot care in patients with diabetes. Although these are long-term results, there are other aspects that could pay off in the short term:

- **Improvement of the diabetic foot and risk assessment record**
- **Improvement of knowledge in foot self-care.**



We want to **thank** the “Spanish Center for Evidence-Based Health Care”, “The Joanna Briggs Institute”, the “Ministry of Health of the Principality of Asturias” and the “Health Service of the Principality of Asturias” for giving us the opportunity to train in such an important subject as this and give us the opportunity to implement this project.

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Evidence-based Clinical Fellowship Program (EBCFP)

Project Tittle: **Breastfeeding: Nipple pain among postpartum woman in a third level Hospital: a best practise implementation project.**

Participants Name: Elsa Cornejo Del Río, Carolina Lechosa Muñíz, Sonia Mateo Sota, Lorena Lasarte Oria, María Saéz de Adana Herrero, Jose Luis Cobo Sanchez, Tamara Gómez Pérez, Pilar Gortazar Arias y Gema Sainz Gómez.

Organization: Hospital Universitario “Marqués de Valdecilla”, Santander.

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Introduction

- The scientific evidence supports the superiority of breast milk for newborn feeding, as it provides both short- and long-term health benefits for both mother and baby.
- Encouraging exclusive breastfeeding (EL) up to 6 months and supplementation with other foods up to 2 years is one of the essential goals of health programs.
- Nipple soreness and discomfort are common in the first few weeks of breastfeeding and are one of the main reasons for abandoning breastfeeding.
- It is estimated that this problem affects 34%-96% of mothers who wish to feed their children with LM and one in three mothers, who experience this problem, choose alternative feeding methods

Audit Question

- What is the best available evidence regarding the management of nipple pain and/or trauma associated with breastfeeding?

Main Aim

- The objective will be to decrease the clinical variability in the approach to nipple pain and to provide quality care based on available scientific evidence in postpartum women who wish to breastfeed in our unit.

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Specific Objetives

- Describe the prevalence of nipple pain/trauma
- Describe the RN and maternal variables that influence nipple pain/trauma
- Determine current compliance with evidence-based criteria regarding nipple care.
- Identify barriers and facilitators to achieving compliance and develop strategies to address areas of non-compliance.
- To decrease the number of breastfeeding dropouts for this reason.
- To improve exclusive breastfeeding rates at hospital discharge.

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Audit Criteria

1. Premiparous breastfeeding women receive comprehensive breastfeeding education including proper positioning and attachment.
2. Women receive one-to-one breastfeeding training.
3. In women experiencing nipple pain and/or trauma a detailed assessment (including clinical history and physical examination) of the mother and infant is conducted.
4. In women experiencing nipple pain and/or trauma, nipple pain is assessed using a tool (e.g. visual analog scale).
5. In women experiencing nipple pain and/or trauma, a qualified health professional assesses breastfeeding position and attachment.
6. If pain persists after health professional review of position and attachment the infant is assessed for ankyloglossia.

Setting

- The "Marqués de Valdecilla" University Hospital (HUMV), a reference hospital in the Autonomous Community of Cantabria and the highest level within the National Health System, attends approximately 3000 deliveries per year, which constitute 82% of the births in the community.
- The HUMV's Obstetrics Service has 30 rooms, all of them individual, on the maternity floors, which allow for the joint accommodation of mother and child. The average stay at the HUMV is 48 hours for a birth and 3 days for a Caesarean section.
- Since 2017, the IHAN project (Initiative for the Humanization of Birth and Breastfeeding Care) has been implemented in the hospital. Currently our hospital is in the 3D phase(Dissemination).

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Sample

- ***CHOICE OF SAMPLE*** : Study participants will be postpartum women who are admitted to the obstetric hospitalization unit with their newborn and wish to breastfeed their children on admission to the unit.

- ***EXCLUSION CRITERIA***: postpartum women who do not wish to breastfeed, admission of the newborn to the neonatal unit and patients with language difficulties.

- ***SAMPLE SELECTION***: The sample size calculation was made using a reference population: 240 births per month. A random sample of 154 individuals was considered sufficient to estimate, with a confidence of 95% and an accuracy of +/- 5 percentage units, a population percentage that is expected to be around 50%. The percentage of replacements required was estimated of 10%. Data collection will be carried out consecutively over several days until the sample size is completed.

- ***INSTITUTION***: The study will be carried out in the obstetric hospitalization wards of the HUMV, consisting of 24 individual beds, and 6 support beds in the gynecology plant, if necessary.

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Methods

This evidence implementation project used the Joanna Briggs Institute Practical Application of Clinical Evidence System (JBI PACES) and Getting Research into Practice (GRiP) audit and feedback tool.

The JBI PACES and GRiP framework for promoting evidence-based healthcare involves three phases of activity:

1. Establishing a team for the project and undertaking a baseline audit based on criteria informed by the evidence.
2. Reflecting on the results of the baseline audit and designing and implementing strategies to address non-compliance found in the baseline audit informed by the JBI GRiP framework.
3. Conducting a follow-up audit to assess the outcomes of the interventions implemented to improve practice, and identify future practice issues to be addressed in subsequent audits.

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Methods

Phase 1

- The professionals that make up the team will be: 2 doctors (1 gynecologist and 1 pediatrician) 2 nursing supervisors from the maternity wards,1 breastfeeding coordinator, 2 care nurses from the ward involved and a nurse from the hospital's research support unit (RU).
  - ✓ The design and conception of the implantation study was carried out by a nursing assistant, lactation coordinator and nurse from the IAU.
  - ✓ The collection of baseline and follow-up data will be carried out by the supervisors, the lactation coordinator and a care nurse.
  - ✓ The design, development and operation of the database will be carried out by the 2 care nurses, the lactation coordinator and the IAU nurse.
  - ✓ The analysis of barriers/facilitators, design of the intervention to be implemented, interpretation and analysis of the results, as well as the preparation of dissemination reports (communications and articles), will be carried out by the entire audit team.

Table 1: Audit criteria, sample and approach to the measurement of compliance with best practice

Audit criterion	Sample	Method used to measure percentage compliance with best practice
1)Postpartum women who wish to breastfeed on admission to the HUMV maternity ward	Postpartum women who are admitted to the obstetric hospitalization unit with their newborn and wish to breastfeed their children on admission to the unit. Exclusion criteria: - Postpartum women with children admitted to the neonatal unit - Post-school girls with difficulties in understanding the language - Postpartum women who opt for breastfeeding on admission	It will consist of a survey (question #1) where the question will be whether you have received information on the correct position and grip on breastfeeding during maternal education at your health centre with your midwife. It will be collected by the nurse on discharge. Coding: There are 3 possible codes to measure the variable. It will be considered the YES, primitive that has received information, NO primitive that has not received information and N/A if they are multigestational.
2)Women receive one-to-one breastfeeding training.	Postpartum women who are admitted to the obstetric hospitalization unit with their newborn and wish to breastfeed their children on admission to the unit. Exclusion criteria: - Postpartum women with children admitted to the neonatal unit - Post-school girls with difficulties in understanding the language - Postpartum women who opt for breastfeeding on admission	It will consist of a survey (questions 2 and 3) where the question (2) will be whether any health professional has observed breastfeeding and the question (3) whether they have received help/advice on the correct position and grip on breastfeeding during hospital admission. It will be collected by the nurse on discharge. Coding: There are 3 possible codes to measure the variable. It will be considered YES, if you have answered YES to questions 2 and 3, NO, if you have answered NO to any of the questions 2 and/or 3 and N/A if the survey is not complete

Audit criterion	Sample	Method used to measure percentage compliance with best practice
3)In women experiencing nipple pain and/or trauma a detailed assessment (including clinical history and physical examination) of the mother and infant is conducted.	Postpartum women who are admitted to the obstetric hospitalization unit with their newborn and wish to breastfeed their children on admission to the unit. Exclusion criteria: - Postpartum women with children admitted to the neonatal unit - Post-school girls with difficulties in understanding the language - Postpartum women who opt for breastfeeding on admission	Data will be collected from the medical history of a detailed assessment of risk factors influencing nipple pain/trauma: nipple anatomy, breast anatomy, presence of maternal dermatological problem, anaesthesia, prematurity, hookworm, retrognathia, low weight. You will be picked up by the nurse upon discharge. Coding: There are 3 possible codes to measure the variable. YES will be considered if the risk factors in postpartum women with nipple pain are registered, NO if the risk factors in postpartum women with nipple pain are not registered and N/A are postpartum women without nipple pain.
4)In women experiencing nipple pain and/or trauma, nipple pain is assessed using a tool (e.g. visual analogy scale).	Postpartum women who are admitted to the obstetric hospitalization unit with their newborn and wish to breastfeed their children on admission to the unit. Exclusion criteria: - Postpartum women with children admitted to the neonatal unit - Post-school girls with difficulties in understanding the language - Postpartum women who opt for breastfeeding on admission	This record will be extracted from the maternal medical history with the pain assessment scale: VAS (visual analogue scale). Coding: There are 3 posible codes to measure the variable.The YES, if this data is registered specifying that the pain is of the nipple in postpartum women with nipple pain, the NO, if it has not been registered in postpartum women with nipple pain and N/A, if they are postpartum women without nipple pain.

Audit criterion	Sample	Method used to measure percentage compliance with best practice
5)In women experiencing nipple pain and/or trauma, a qualified health professional assesses breastfeeding position and attachment.	Postpartum women who are admitted to the obstetric hospitalization unit with their newborn and wish to breastfeed their children on admission to the unit. Exclusion criteria: - Postpartum women with children admitted to the neonatal unit - Post-school girls with difficulties in understanding the language - Postpartum women who opt for breastfeeding on admission	It will consist of a survey (question no. 4) where the question will be whether it has been assessed by a midwife/pediatrician/lactation coordinator on nipple pain/trauma. It will be collected by the nurse at discharge. Coding: There are 3 possible codes to measure the variable. YES will be considered if you have received support from a qualified professional in postpartum women with nipple pain, NO if you have not received support from a qualified professional in postpartum women with nipple pain information and N/A if they are postpartum women without pain.
6)If pain persists after health professional review of position and attachment the infant is assessed for ankyloglossia.	Postpartum women who are admitted to the obstetric hospitalization unit with their newborn and wish to breastfeed their children on admission to the unit. Exclusion criteria: - Postpartum women with children admitted to the neonatal unit - Post-school girls with difficulties in understanding the language - Postpartum women who opt for breastfeeding on admission	The presence/absence of ankyloglossia will be removed from the newborn's medical record. Coding: There are 3 posible codes to measure the variable. YES, is if the presence/absence of hookworm has been registered in postpartum women who continue to present nipple pain after correction of position and breastfeeding, NO, if this has not been registered, N/A, is postpartum women who do not present pain.

Phase 2: Design and implementation of strategies to improve practice (GRiP)

Barrier	Strategy	Resources	Outcomes
1)Pregnant women admitted to the Marqués de Valdecilla University Hospital, who cannot attend the Preparation for Maternity and Paternity Course at their health centre.	-Two 1-hour sessions. -Sessions will be held on different days and in the afternoon. -Individually or in groups; according to the Preparation Program for Motherhood and Fatherhood of the Regional Ministry of Health of Cantabria adapted to the clinical situation and hospital environment	-Matrons on the evening shift. -Room for training on the floor. -Material provided by the Regional Ministry of Health of Cantabria in the preparation of the Preparation Programme for Motherhood and Fatherhood.	90% of pregnant women admitted to the Marqués de Valdecilla University Hospital will be trained in Preparation for Motherhood and Fatherhood
2)Lack of training for new staff	Accredited training offer: -Continuing education course at LM, 2 annual editions, for staff with direct involvement in mother-child care of 17h theoretical face-to-face. -"Mondays IHAN training" (practical workshops of 1h with 3 different topics that rotate every Monday). -Welcome course for new staff during the summer (1.5 hours specifically for breastfeeding). -Update 2020 (online training activity of the SCS. January 2020 theme Breastfeeding -maternal)	-Training room. -Lactation coordinator. -IHAN Accreditation	Maintain 100%

Barrier	Strategy	Resources	Outcomes
3)Current record for the valuation of the impractical shot. Multiple records of the medical history in different computer programs.	To implement the use of a standardized tool for the observation and assessment of breastfeeding, which also includes data from the medical history of the mother and the newborn that interfere with breastfeeding, through a new record in the computerized nursing application Gacela Care. In two phases: - Training of 100% maternity nurses - Piloting the new tool for 15 days	New computer record in Gacela Care application. Includes: Checklist with the objective criteria of a correct observation of the shot. Record of: Nipple pain by means of EVA scale, nipple cups, breast and nipple anatomy, and RN mouth anatomy.	80% of records
4)Lack of staff training to complete the new register	To carry a training activity aimed at teaching management of the new breastfeeding registry. In each session, there will be a theoretical and practical presentation of the contents, with real practice of observation of a breastfeeding feeding and its subsequent register, with resolution of doubts.	Teaching: Breastfeeding coordinator Place: Maternity ward during the working day.	To train 100% of the stable staff of maternity nurses

Barrier	Strategy	Resources	Outcomes
5)We do not have a specific record for assessing nipple pain	Include specific nipple soreness "item" with EVA scale as a mandatory field in the new breastfeeding assessment record	Computer record in Gacela Care application	80% of records
6)No dispose a protocol/algorithm for qualified personnel	Development of a nipple pain/trauma procedure that includes management of nipple pain/trauma and how to refer to qualified personnel	Have the Nipple Pain/Trauma Procedure available on the Hospital intranet.	90% of postpartum women with pain will be re-evaluated by qualified personnel.
7)Shortage of qualified personnel in the ward (only present in the morning shift)	Establish which staff will be in charge of evaluating mothers with pain during their hospitalization. Follow-up of patients in the breastfeeding clinic or by their midwife in the health centre.	Launch the ECOLAe questionnaire, (validated questionnaire in nursing staff on knowledge and skills for breastfeeding), to the nurses on the hospitalization floor and reassess the post-training nursing knowledge	Qualified personnel in all shifts. Referral to qualified personnel in available shifts. Improve the result obtained in the pre-formation questionnaire by the nurses of the service.

Barrier	Strategy	Resources	Outcomes
8)We do not have a specific record of presence yes/no ankyloglossia.	Include a specific "item" "ankyloglossia: yes/no (whenever the patient refers pain) within the new breastfeeding assessment record	Computer record in Gacela Care application	90% of newborns, whose mothers have pain during feeding, will be reassessed for the presence of ankyloglossia
9)Lack of staff training in the assessment and management of nipple pain/trauma	Elaboration of a Nipple Pain/ Trauma Procedure. Include training in the Breastfeeding Workshops on the assessment of the presence of hookworm if pain persists during feeding.	Have the Nipple Pain/ Trauma Procedure available on the Hospital intranet. Computer record in Gacela Care application	90% of newborns whose mothers have pain during feeding will be reassessed for the presence of ankyloglossia

Conclusion

- When care is based on scientific evidence, we avoid clinical variability by providing the best care.

- Active management, including early detection and correction of posture and attachment of the newborn to the breast, will decrease pain and avoid trauma, thereby increasing breastfeeding rates

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Acknowledgements

TO THE PROJECT TEAM

TO MY COLLEAGUES IN THE OBSTETRICS WARD OF THE "MARQUÉS DE VALDECILLA" UNIVERSITY HOSPITAL.

TO THE SPANISH CENTER FOR EVIDENCE-BASED HEALTH CARE, LAURA AND MARINA.

JOANNA BRIGGS INSTITUTE

Evidence-based Clinical Fellowship Program (EBCFP)

Project Title: **Pelvic floor muscle training in women during pregnancy and postpartum period in the primary health centre: a best practice implementation project**

Participants Name: Regina Ruiz de Viñaspre Hernandez
Organization: SERIS

Introduction

- UI is a global public health problem that tends to increase, affecting the sexual, social and work environment and the self-perception of women (1)
- Pregnancy and childbirth are consistently associated with the occurrence or chronification of UI in women of childbearing age (2)
- PFMT has proven to be beneficial in the prevention and treatment of UI in gestation and postpartum (2)

1. Abrams P, Cardozo L, Wagg A, Wein A. Incontinence. 6th International Consultation on Incontinence; Tokyo. 2017. Sep, pp. s. 22pp. 87–88
2. Zing W, Zhang Y, Gu C, Lizarondo L. Pelvic floor muscle training for the prevention of urinary incontinence in antenatal and postnatal women: a best practice implementation project. JBI Database System Rev Implement Rep. 2017; 15(2):567–583.

Audit Question

- What interventions could improve the implementation of evidence-based practices that increase the number of women practicing PFMT in pregnancy and postpartum.

AIM

- To integrate women's training in PFMT into the planned pre- and post-natal care activities provided by the midwife at the primary health care centre through a process of:
  - baseline audit
  - implementation of evidence-based interventions
  - re-evaluation of results.

Objective 1

- To know the current compliance with evidence-based criteria regarding PFMT in pregnancy and postpartum in the Autonomous Community of La Rioja

objective2

- To identify barriers and facilitators to ensure that all midwives include PFMT in their pre- and post-natal care program activities and develop strategies to address areas of non-compliance.

Objective 3

- To improve midwives' knowledge of evidence-based recommendations and good practices related to the management of urinary incontinence in pregnancy and postpartum

Objective 4

- To improve compliance with evidence-based criteria regarding the PFMT in the Autonomous Community of La Rioja.

Objective 5

- To increase the number of women trained to use PFMT for the prevention and treatment of urinary incontinence and improve adherence to the PFMT program agreed upon with their primary care midwife

Methods

Phase 1. Forming the Project development team and conducting a baseline audit to measure compliance with the criteria derived from the evidence review (october, 2019).

Phase 2. Analysing the results of the baseline audit and designing and implementing strategies within the JBI GRiP framework to address non-compliance found in the baseline audit (november 2019)

Phase 3. Conduct a follow-up audit to measure the outcome of the interventions implemented and to identify issues raised during the implementation of this program that would lead to the rethinking of the program and its re-evaluation in subsequent audits.

Phase 1.

Forming the Project development team and conducting a baseline audit

The project team

- Project leader: Regina Ruiz de Viñaspre (midwife)
- Others members
  - The director of primary care nursing
  - Quality Manager of “Servicio Riojano de Salud”
  - Two primary health care (PHC) midwifes

Audit Criteria

1. Health professionals receive education on pelvic floor muscle training.
2. Women receive pelvic floor muscle training during the antenatal period.
3. An assessment is undertaken to identify women at high risk of developing urinary incontinence post childbirth.
4. Women at high risk of developing urinary incontinence receive pelvic floor muscle training in the post-partum period.

Setting and Sample

- La Rioja is a Spanish autonomous community located in the north of the Spain, with a population of 312,884 inhabitants and 2,565 births per year (2017)
- The health system of La Rioja guarantees a free and universal care for all women during the process of pregnancy, childbirth and postpartum

Setting and Sample

- The health system of La Rioja
  - Two hospital
  - 20 Health Centres

- 14 PHC midwifes
  - Pre and postnatal care
  - individual and group health education

Baseline audit (noviembre 2019)

Audit criterion	Sample	Method used to measure percentage compliance with best practice
1. Health professionals receive education on pelvic floor muscle training.	PHC midwives population in La Rioja	Questionnaire (e-mail) percentage of midwives who have received PFMT training in the last 2 years and consider that they have the necessary training to implement a PFMT programme in their health centre

Baseline audit (noviembre 2019)

Audit criterion	Sample	Method used to measure percentage compliance with best practice
2. Women receive pelvic floor muscle training during the antenatal period.	60 women that gave birth on August 2019	EHR review Percentage of women in whose pregnancy EHR some scheduled PFMT activity is recorded.

Electronic Health Record (EHR)

Baseline audit (noviembre 2019)

Audit criterion	Sample	Method used to measure percentage compliance with best practice
3. An assessment is undertaken to identify women at high risk of developing urinary incontinence post childbirth.	60 women that gave birth on August 2019	EHR review. Percentage of women who are assessed for risk of developing postpartum UI and have their EHR recorded

Electronic Health Record (EHR)

Baseline audit (noviembre 2019)

Audit criterion	Sample	Method used to measure percentage compliance with best practice
4. Women at high risk of developing urinary incontinence receive pelvic floor muscle training in the post-partum period	15 women, that gave birth on August 2019 and are at high risk of developing postpartum UI	EHR review. Percentage of women at high risk of developing postpartum UI who are included in a PFMT program and have their EHR recorded

Electronic Health Record (EHR)

JOANNA BRIGGS INSTITUTE

Phase 2

Design and implementation of strategies to improve practice (GRiP)

Design of strategies (I)

Data analysis collected in baseline audit (december 2019)

Grupos de discusión (diciembre 2019)

- Midwifes
- Women

Focus group: team + midwives

- Midwives' training in PFMT:
  - Training needs
  - How would they like it (where, how, who)
  - Barriers/facilitators (training course)
- How to integrate PFMT into into postnatal care activities
  - Barriers and facilitators (risk measurement and record)
  - Barriers and facilitators for supervised PFMT program

Focus group: team + midwives

- deficiencies detected in the learning and performance of the PMSC and conditions that would improve such learning
- difficulties to attend a postpartum health education program. After the focus group, the suggestions made by the women to improve their training in the PFMT in postpartum will be collected

Design of strategies (II)

- Data analysis collected in baseline audit (december 2019)
- Focus Groups (december 2019)

- Evaluation of the proposals provided by the focus groups (december 2019)
- Consensus proposal for interventions to implement evidence-based practice (december 2019)

Potential strategies for GRiP

The JBI GRIP Tool will identify potential barriers that could affect compliance with the consensus proposal and strategies that will be designed to reduce their impact

JOANNA BRIGGS INSTITUTE

Evidence-based Clinical Fellowship Program (EBCFP)

Project Title: Evaluation and management of post-surgical pain in adult patients undergoing thoracic surgery

Authors Name: López N, Cayón C, Antoñanzas T, Martínez AS, Belsué E, Lahuerta AC, Ferrando M, de la Torre I, Monge M, García J, Martín P

Organization: Miguel Servet University Hospital, Zaragoza; Clinical Fellowship of Spanish Centre for Evidence Based Nursing and Healthcare

Background

- ✓ Between 25 and 60% of the patients operated on suffer pain moderately or severely.
- ✓ Inefficient pain management contributes to a worse patient experience, late ambulation, an increased incidence of cardiac and pulmonary complications, risk of developing chronic pain and increased morbidity and mortality.
- ✓ The good pain management in thoracic surgery becomes even more important, given that it facilitates the patient's cooperation in physiotherapy preventing lung complications and facilitates early mobilization.
- ✓ The nurse is increasingly asked for more responsibility in the proper pain management.

Audit Question

Will the implementation of interventions indicated in this protocol improve adherence to the recommendations of good practices in pain management of the patient undergoing thoracic surgery?

Main goal

Improve adherence of clinical practice to the best available evidence of pain assessment and management in the patient undergoing scheduled thoracic surgery.

Specific Objectives

1. Know the adherence of clinical practice to the evidence available at this time.

2. Improve knowledge about post-surgical pain and best practices for its management.

3. Develop strategies that improve this adherence and raise awareness of the responsibility of the multidisciplinary team in this regard.

4. Identify barriers and facilitators in the implementation of the project.

Specific Objectives

5. Measure the adherence of clinical practice to the evidence after the implementation of the designed strategies.

6. Implement an organizational structure that oversees policies, strategies and practices that ensure good management of post-surgical pain based on evidence.

7. Integrate scientific evidence as a work tool.

Methodology

Ethical Aspects

Team members declare no conflict of interest.

The protocol will be sent to the Hospital Research Commission and the Community Research Ethics Committee (CEICA).

Methodology

For the implementation of this project, the "*Practical Application of Clinical Evidence System*" (PACES) and "*Getting Research into Practice*" (GRiP) tools will be used, including its 3 phases.

Methodology: phase 1

Team structure

- Nursing Director
- Deputy Nursing Director of Surgical Process

} Strategic leadership

- Competence Development Area Supervisor
- Thoracic Surgery (T.S.) Unit Supervisor

} Tactical/Operational leadership

- Rehabilitation Supervisor
- Thoracic Surgeon
- Anesthesiologist

} According to their competence, development of complementary protocols

- 6 T.S. Unit Nurses
- 2 T.S. Unit Nurse assistants

} Development of the global protocol

Methodology: phase 1

Baseline audit

Implant site: Thoracic Surgery Care Unit

Sample: all patients undergoing thoracic surgery (40/month)

Inclusion criteria:

- ✓ Patient over 18 years old
- ✓ Admitted to Thoracic Surgery ward
- ✓ Intervened on a scheduled basis

Methodology: phase 1

Baseline audit

Who? The 6 nurses of the working group

Whom? T.S. Patients intervened in the previous month

Source? Thoracic Surgery Care Unit Secretary

How? The 40 medical records will be distributed randomly among the 6 nurses. The first 5 will be done together to unify criteria

Why them? From them a pain Subcommittee will be formed that will depend on the Care Commission. From this Subcommittee, the subsequent audits will be carried out

What data? Indicators derived from the criteria

Methodology: Audit criteria

1. Patients who will undergo thoracic surgery receive individualized education about post-surgical pain and its management days before the intervention (Grade A)

2. Patients undergoing thoracic surgery receive a pain management plan that includes pharmacological and non-pharmacological treatment (Grade A)

3. Patients who are going to have thoracic surgery are evaluated for pain before the intervention (Grade A)

4. The Unit health professionals use tools validated according to the type of patient to assess pain and their response to treatment (Grade A)

Methodology: Audit criteria

5. Patients receiving drug treatment for pain will be reassessed to check their relief (Grade B)

6. Patients who have undergone thoracic surgery are evaluated for pain at rest and activity (Grade B)

7. The institution has an organizational structure that oversees the development, implementation and evaluation of policy, strategies, and practices to ensure the management of postoperative pain based on evidence (Grade B)

Methodology: Indicators

Data to be collected:

- Patients who have received training/education in physiotherapy on pain before the intervention
- Patients who have received training/health education on pain and its management. By nurses before the intervention
- Patients with preoperative pain assessment
- Patients with post-surgical pain assessment upon arrival at the unit
- Patients with pain reassessment to confirm (or not) their relief with treatment

Methodology: Indicators

Data to be collected:

- Patients with pain evaluation at hospital discharge
- Professionals who have and have easy access to validated tools to assess pain
- Existence of Pain Nursing Subcommittee
- Patients with pain monitoring with validated tools to assess pain
- Existence of drug treatment protocol
- Patients with pain

Indicator sheet

Indicator: Patients who have received training/education in physiotherapy on pain before the intervention

Dimension: Security

Criteria: Patients who will undergo thoracic surgery receive individualized education about post-surgical pain and its management days before the intervention

Formula: Patients undergoing thoracic surgery who have received training/health education on pulmonary function and, mobilization and cough with pain control, with physiotherapists before the intervention

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Patients undergoing thoracic surgery

Type of indicator: Process

Standard: ≥ 40

Indicator sheet

Indicator: Patients who have received training/education in physiotherapy on pain before the intervention

Data source: Medical records

Population: Adult patient (> 18 years old) undergoing thoracic surgery, on a scheduled basis and admitted to the ward of said unit

Responsible for data collection: Rehabilitation Supervisor

Periodicity: Quarterly the first year

Comments: the agenda, schedules and circuit will be defined in the project implementation process

Methodology: phase 2

Communication of the project to the nurse leaders of the organization , and subsequently to the professionals who work in one way or another in the T.S. Unit

Pain workshop/training course

15-30 minutes weekly to:

- Submit cases concerning the subject
- Comment on articles
- Mini-training sessions
- Communicate the progress of the project
- Discuss audit results

Methodology: phase 2

Role-Playing: show the experience

Baseline audit data communication

In different **meetings,** the work group:

- Will identify areas for improvement
- Will define the best practices to implement
- **Brainstorming** to determine implementation strategies
- **Analysis of barriers** in the implementation and design of strategies to minimize them

Methodology: barrier analysis

BARRIER	STRATEGY	RESOURCES	RESULTS
Lack of motivation	Role Playing Feed-back audits	Time	Interest in the topic
Lack of time	Simplicity of registration Analgesia Protocol	Time Medical collaboration	Completion Less variability
Lack of Knowledge	Courses Mini-sessions	Teachers	Motivation Knowledge
External leadership	Co-leadership with Unit supervisor	----------	Acceptance
Skepticism	Involvement of the director of nursing Hospital broadcast	Assembly Hall	Believe in the project
Rotation rate	Continuous training	Teachers/time	Variability decrease
Lack of recognition	Career certificate Compensation of hours	Economic	Motivation

Methodology: phase 3

Audits every 3 months in the first year

Depending on the trend of indicators, the audit deadlines will be extended in subsequent years

In subsequent audits, the same indicators as in the baseline, will be collected generally

Indicators may be added/modified as the project progresses or in a special Unit

Results

They will be represented by graphs or tables as the project progresses

Report

Meeting with the hospital nurse leaders:

- Operational leader will communicate the results
- Hands it over to an other unit

This process will be repeated pyramidal every 6 months until the protocol is implemented in all surgical units

Next step: develop pain management protocol for medical and pediatric units

Conclusion/Acknowledgments

Conclusion: Incorporating evidence of improvement cycles is an effective method of improving the quality of care

Acknowledgments:

- To all professionals in one way or another have participated in this project
- To the Spanish Centre for Evidence Based Nursing and Healthcare

JOANNA BRIGGS INSTITUTE

Evidence-based Clinical Fellowship Program (EBCFP)

Project Title: Smoking Cessation-Interventions and strategies – Community Health.

Participants Name: Mª del Pilar Royo de la Torre.

Organization: Canary Health Service - Primary Care - Family and Community-Tenerife. Canary Islands

Background

- Smoking is the first avoidable cause of disease, it is associated with many health conditions being the main cause in more than 50% of cardiovascular diseases, cancer and death. Quitting smoking can reduce morbidity and mortality. In accordance with the WHO Framework Agreement of 2003 and Spanish Law 28/2005 of 2005, an assistance strategy is signed to facilitate tobacco cessation. The guidelines based on scientific evidence of efficacy recommend sanitary intervention because it increases the likelihood of smoking cessation and the more intense the intervention, the greater the effectiveness obtained. The goal of this project is to evaluate, through the GRiP model, the adherence of health professionals in the implementation of recommendations based on scientific evidence to intervene in the smoking cessation of adult smokers of the Health Center "Los Cristianos" - Tenerife (Spain).

Audit Question

- Does the implementation of interventions based on the best scientific evidence available in smoking cessation affect the reduction of smoking?

Main Aim

- Improve the adherence of professionals to the recommendations of best practices based on scientific evidence in relation to smoking cessation to reduce the number of adult smoking patients.

Specific objectives

- Identify barriers and facilitators in the therapy of smoking cessation to achieve compliance with the evidence-based recommendations and develop strategies to address areas of non-compliance, through the analysis of the results of the JBI GRiP model.

- Evaluate the results of the implementation of the interventions and strategies applied to all adult smokers by comparing the baseline audit with respect to the final audit.

Specific objectives

- To ensure that all adults have registered in their medical records whether they are smokers or not, their stage of change, their willingness to quit smoking and their degree of nicotinic dependence.
- Ensure the support and monitoring of the progress of all adult smokers.
- Ensure that all adult smokers have registered in their medical records the behavioral and pharmacological intervention plan.
- Know the degree of knowledge of the health professionals of the center on the best practices regarding smoking cessation.

Audit Criteria

JBI PACES Audit Criteria

1. Individuals seeking any healthcare service **are asked if they smoke, and their smoking status documented**.
2. The health care organization has a **system in place to identify smokers and document** tobacco use.
3. Individuals who smoke **are assessed for their readiness to quit.**
4. Individuals who smoke are assessed for **the strength of their nicotine dependence.**
5. Individuals who smoke **are advised to quit smoking**.

Audit Criteria

JBI PACES Audit Criteria

6. Individuals who smoke, regardless of their readiness to quit, are **offered support and treatment** for smoking cessation
7. Individuals who are ready to quit smoking **receive evidence-based pharmacotherapy.**
8. Individuals who are ready to quit smoking also **receive evidence-based behavioural support.**
9. **Healthcare professionals** delivering behavioural support **are competent** in providing such support.
10. Individuals on treatment are followed-up to **monitor their progress and provide further support.**
11. **Healthcare professionals receive training** related to smoking cessation treatment**.**

Outcome Indicators

1. Number of adult smokers with an interest in **smoking cessation in the next 6 months.**
2. Number of adult smokers with an interest in **smoking cessation in one month.**
3. Number of adult smokers with an interest in smoking cessation who have **not smoked for less than 6 months.**
4. Number of adult smokers with an interest in smoking cessation who have **not smoked for more than 6 months.**
5. Number of adult smokers with **control of their respiratory system: Spirometry.**
6. Number of adult **smokers with asthma** diagnosis
7. Number of adult **smokers with** diagnosis of chronic obstructive pulmonary disease (**COPD**)

Methods

- **Clinical audit** (quality improvement cycle with short-term objectives). This evidence implementation project will use for 6 months the practical application of audit and feedback according to the Practical Application of the Clinical Evidence System of the Joanna Briggs Institute (PACES - JBI) and Practice Research (GRiP), which will involve three phases of activity:

Methods

- **1st Phase:** Create the work team, select the population sample and conduct the **baseline audit** (definition of the measurement method and evaluation of the JBI audit criteria).
- **Phase 2:** Phase 2: Examine the results of the baseline audit, design and implement strategies aimed at “non-compliance” found with the application of the GRiP model.
- **Phase 3: Perform final audit after 6 months** of beginning the implementation of best practices to evaluate the results of compliance with each audit criteria, comparing the results with the baseline audit and identifying practice problems to be improved for subsequent audits.

Methods

Phase 1

- The implementation of anti-smoking evidence-based care will be performed by 14 family doctors and 12 nurses, of which the fellow (nurse), a nurse and two doctors will perform **the baseline audit.**
- The selection of the population sample will be carried out by randomization process, retroactively, on the day of November 2019.

Methods

Phase 2

- By reviewing the baseline results by the team, the identification of barriers will be established and strategies to overcome them will be designed. Intra-team meetings will be held to design the implementation plan. In the initial meeting the necessary roles such as coordination, evaluation, training, etc. will be raised.
- Techniques: brainstorming, discussion groups. The GRIP model will be used

Methods

Phase 3

- **Follow-up audit**: 140 people will be selected again after 6 months of starting the implementation. With the same methodology as in the baseline audit, compliance with practical improvements will be reported during the implementation period for each audit criteria and the results will be compared with the baseline audit (%).

Setting and Sample

Setting:

- Primary Care Health Center -Tenerife: Los Cristianos.
- The leader of the project received training at the Joanna Briggs Institute acording to Clinical Fellowship program.

Sample:

- Population sample by randomization of 140 people (exclusion criteria) of which 42 active smokers are selected, prior to the implementation of the baseline auditory criteria and again after 6 months. **Exclusion criteria:**
    - > 18- <75 years of eag.
    - Ignore the Spanish language
    - Psychiatric disease
    - Resident no more than 6 months
    - Addiction to other substances
    - Cognitive impairment

Potential strategies for GRiP

- By assessing the baseline results by the team, the identification of barriers will be established and strategies to overcome them will be designed, improving practice. The entries will be saved in the GRiP table:

Barrier	Strategy	Resources	Outcomes

Potential strategies for GRiP

- **Main group** will meet in intra-team training schedule during the working day to discuss ambivalences.

- **Techniques:** "brainstorming", "discussion groups".

- **Meetings** with a positive approach to agree on changes and plan specific actions in order to:
  - ✓ **achieve the objectives**
  - ✓ **provide feedback**
  - ✓ **identify responsible for the changes**
  - ✓ **set temporary change planning**
  - ✓ **Consider the sustainability of the improvement.**

Potential strategies for GRiP

Barrier	Strategy	Resources	Outcomes
Level of understanding and how to implement the recommendations	Present real examples, conduct training	Training meetings - intra-team to share the results with professionals.	
Ease of implementation of the recommendations in the place of usual practice	Involve leaders	Informal meetings of leaders with health partners.	
Level of knowledge and skills	Facilitate implementation training	Collaboration provision of leaders and main working group. Provide specialized training	
Time to assimilate knowledge	Provide time for professionals involved in the change	Provision of intra-team training schedule for individual use in consultation	
Belief that recommendations may not make a difference	Demonstrate the disparity between current and recommended practices	Participation among professionals	
Oportunidades de intercambio de información	Oportunidades formativas	Information exchange processes: clinical sessions, online consultation	

Potential strategies for GRiP

Barrier	Strategy	Resources	Outcomes
Degree of consensus among professionals	Allow interprofessional constructive discussions	Choose between professionals during formal or informal sessions, discussion groups	
Ability of the main team and professions in general to work together	Collaboration Background	Cohesion of professionals, informal meetings.	
Access to the necessary equipment and supplies.	Improve the existence and disposition of materials	Material resources: IT, medical history design, measuring devices, support information.	
Adaptation of the instPresence of adequate personnelallations.	Ensure appropriate facilities	Adapted environmental resources	
Presencia de personal adecuado	Ensure sufficient staff for activities	Recursos huHuman Resourcesmanos	
The professionals have enough time to implement the recommendations	Compensation with incentives, promote distribution of work between medicine-nursing	Coordinate tasks and schedules of the agendas Evaluate costs Mark remunerated objectives	

Potential strategies for GRiP

Barrier	Strategy	Resources	Outcomes
Presence of effective leaders	Accessibility of leaders available, support training	Leadership Promotion	
Adjustment with center policies and procedures	Evaluate the adjustment with the center's policies	Scheduling meetings with those responsible for the direction and sub-direction of the center.	
Professionals as agents of change.	Locate natural leaders within professionals	Ask center staff	
Manageable workload	Assess the complexity of the patients	Promote distribution of work between medicine-nursing	
Concurrent projects	Alinear con otros proyectos del centro	Coordinar la disposición positiva de grupos de trabajo	
Prioridades del centro	Examine institutional priorities and objectives	Assess the concurrence of priorities	
Speed of administrative processes	Know whose approval is needed.	Approval Processes.	

Conclusion/Acknowledgements

Conclusion

- The strategies designed will improve adherence to best practices based on scientific evidence on smoking cessation and will consequently improve patient outcomes.
- Obtaining the involvement and consensus of professionals is a challenge and feedback is essential to achieve the stated objectives.

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