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Joanna Briggs Institute Clinical Fellowship Program

Project Title: **Prevention of foot ulcers in patient with diabetes among Rural Primary Care Centre in Coria´s Health Area: a best practice implementation project.**

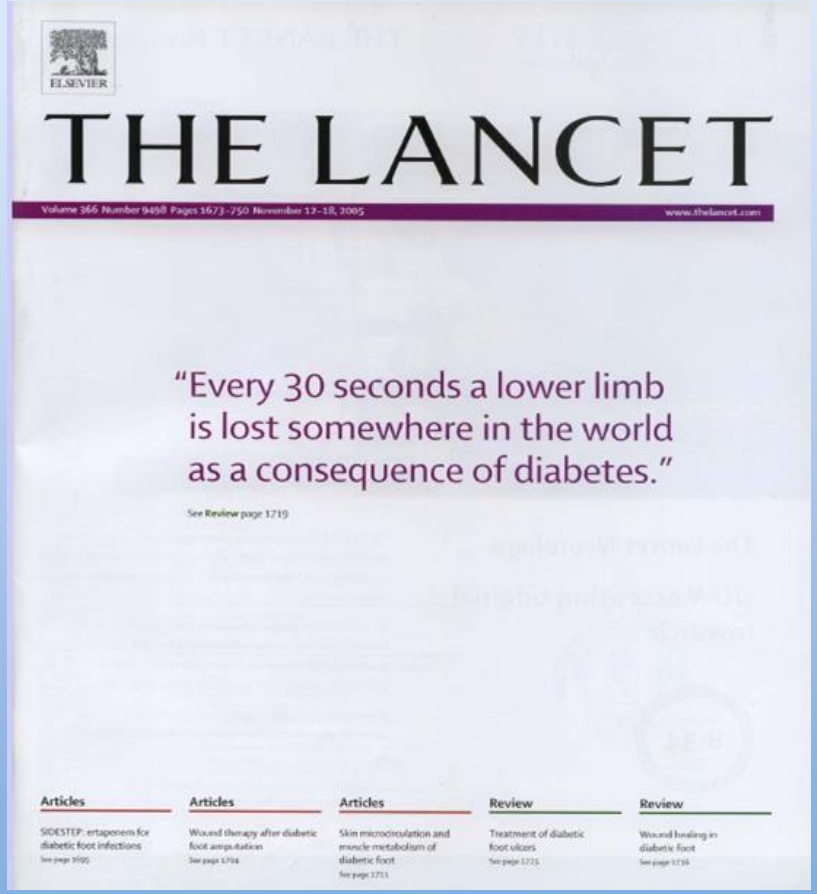
Participants Name: Pedro Gutiérrez Moraño, Jacinto Algaba, Pilar Almohalla, Isabel Olivera, Maria Luisa Castellote, Maria José Garrido, Inés Rivas, Yolanda Tomé

Organisation: Servicio Extremeño de Salud

Background

Diabetic foot, which can result in loss of limbs and even death, is one of the major health problems for people with diabetes mellitus. Educating people with diabetes about foot care may help reduce foot ulcers and amputations, particularly in those at high risk.[1]

Ulceration of the feet causes a multitude of personal and economic costs worldwide and in Extremadura. Action for preventive approach, based in the the best available evidence (JBI evidence summary)



Audit Question

What effect will the implementation of a project best evidence health care regarding the effectiveness of patient education in the prevention of foot ulcers in patients with diabetes ?

Aims and objectives

Aims of the project

The aim of this project is to audit curent practice of prevention foot ulcers in patients with diabetes in Primary Care, and implement the strategies to improve the practice based on evidence using methodology JBI.

Aims and objectives

Specific objetives

•To determine current compliance with evidence-based criteria regarding the prevention of foot ulcer in patient with diabetes using a baseline audit and an audit tool developed by the JBI

•To reflect on the results from the baseline audit and identify, design and implement strategies to address areas of non-compliance with best practice in the prevention of foot ulcer in patient with diabetes

•To improve knowledge and compliance with evidence-based criteria regarding diabetic foot prevention.

•To undertake a follow and assess the outcomes regarding this implementation protocol.

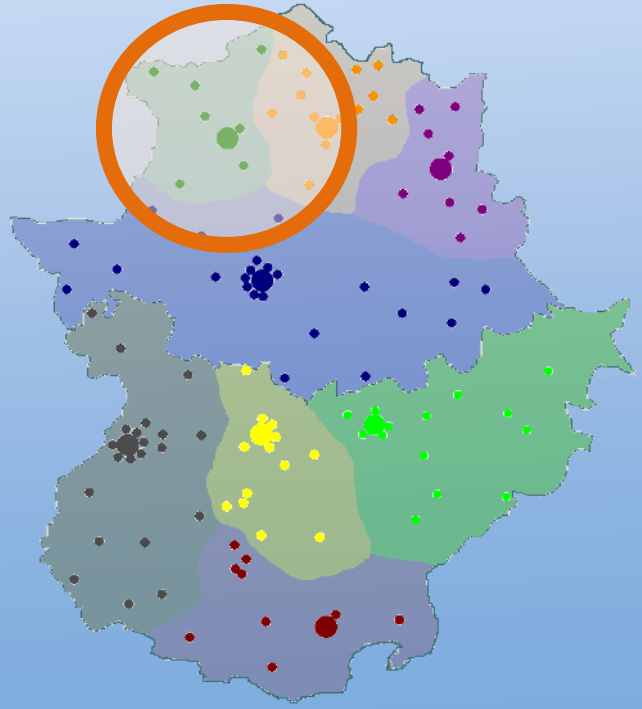
Methods

This project will use the pre-post implementation clinical audit, during six mounth 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 health care involves three stages of activity:

Setting and Sample

This project will be implemented in Primary Health Care, in a rural context.

- Health Center Hoyos
- Health Center Moraleja



Setting and Sample

This project will be implemented in Primary Health Care, in a rural context.

- 60 randomized patients who are included in the protocol of dispensing materials for the diabetes in JARA asistencial with health problem T89 and T90 (> 40 <80 years of age)

- Patients with cognitive impairement , will be excluded

Methods

Phase 1

Establishing a team for the project and **undertaking a baseline audit** based on criterions informed by the evidence

The evidence-based criterions used was based on the JBI Evidence Summary Fall topics

Mª Isabel Castellote

Isabel Olivera

Jacinto Algaba

Mª José Garrido

Pilar Almohalla

Inés Rivas

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Acknowledgements

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Joanna Briggs Institute Clinical Fellowship Program

"Manejo del dolor post-quirúrgico en pacientes de la unidad de traumatología: proyecto de implantación de práctica basada en la evidencia"

Autora: Emilia Irene García-Monasterio. Hospital Universitario Lucus Agusti. Galicia

ANTECEDENTES

- El dolor es un problema de seguridad del paciente, independientemente del diagnóstico. La gestión del dolor debe ser el objetivo principal de los profesionales de la salud con el fin de evaluar, monitorizar y prevenir las complicaciones del dolor.
- El manejo inadecuado del dolor después de una cirugía se convirtió en un problema persistente del 19 al 50% de los adultos(Andersen and Kehlet, 2011).
- El dolor post-quirúrgico mal controlado puede afectar negativamente, a la calidad de vida y a la recuperación funcional del paciente.

PREGUNTA DE LA AUDITORIA

¿La implantación del proyecto del manejo del dolor post-quirúrgico, mejorará la práctica basada en la evidencia, en la plantilla de enfermería de la unidad de traumatología, incluyendo la mejoría de los registros y de los resultados del paciente para disminuir el dolor?

OBJETIVO PRINCIPAL

Contribuir a la promoción de la práctica basada en la evidencia en el manejo del dolor postoperatorio en pacientes quirúrgicos de la unidad de traumatología.

OBJETIVOS ESPECIFICOS

- Evaluación del cumplimiento de los criterios basados en la evidencia.
- Mejorar los conocimientos sobre las mejores prácticas de manejo del dolor postoperatorio en pacientes post-quirúrgicos de la unidad de traumatología.
- Mejorar el cumplimiento de los criterios basados en la evidencia en el manejo del dolor postoperatorio en la unidad de traumatología .
- Mejorar los resultados en el manejo del dolor post-quirúrgico en los pacientes de traumatología.
- Aumentar el registro de valoración del dolor a las 24h post-quirúrgicas.

CRITERIOS DE AUDITORIA

- Los pacientes han recibido educación individualizada sobre el manejo del dolor, incluyendo información sobre las opciones de tratamiento para el dolor postoperatorio.

- Los pacientes han recibido un tratamiento multimodal del dolor que implica una combinación de intervenciones farmacológicas y no farmacológicas.

- Los pacientes con un control inadecuado del dolor post-operatorio, o de alto riesgo de manejo inadecuado del dolor son derivados a la unidad de dolor .

CRITERIOS DE AUDITORIA

- Los profesionales de la salud involucrados en el manejo del dolor de pacientes quirúrgicos disponen de herramientas para facilitar la derivación apropiada a los especialistas pertinentes.

- La institución dispone de una estructura organizativa que supervisa el desarrollo, implementación y evaluación de políticas y prácticas para asegurar el control post-operatorio del dolor basado en la evidencia.

- Una herramienta validada de evaluación del dolor está disponible y accesible a todos los profesionales de la salud involucrados en el manejo del dolor del paciente quirúrgico.

UNIDAD Y MUESTRA

- ***UNIDAD***

  - ❑ Unidad de Traumatología 2B1 del Hospital Universitario Lucus Augusti (34 camas)

- ***MUESTRA***
  - ❑ Pacientes ingresados en la unidad de traumatología 2B1
  - ❑ Pacientes quirúrgicos traumatológicos mayores de 18 años
  - ❑ 30 pacientes aleatorizados.

METODOLOGIA

Este proyecto utilizará la auditoría basada en la evidencia, después de la implantación de buenas prácticas durante seis meses, utilizando la herramienta de auditoría y retroalimentación de la aplicación práctica del sistema de pruebas clínicas (PACES) del JBI y el desarrolllo de estrategias GRIP.

La aplicación PACES y GRIP para promover los cuidados de salud basados en la evidencia incluye tres fases:

- ***Fase 1*** : Formación del equipo para el proyecto y desarrollo de la auditoria basal, evaluando los criterios de evidencia del PACES (definición indicadores de evaluación)

METODOLOGIA

- ***Fase 2***: Evaluar los resultados de la auditoría basal y diseñar e implementar estrategias para abordar el incumplimiento que se encuentra en la auditoría basal (desarrollo del marco GRIP).

- ***Fase 3***: Llevar a cabo una auditoría de seguimiento después de seis meses para evaluar los resultados de las intervenciones implementadas para mejorar la práctica e identificar los problemas de práctica futura que se abordarán en las auditorías posteriores.

ESTRATEGIAS PARA EL GRIP

- Todos los miembros del equipo participarán en una reunión para evaluar los resultados de la auditoría basal, y mediante el método " lluvia de ideas", identificarán las barreras y diseñaran posibles estrategias para mejorar la práctica.

- Quedará registrado en esta tabla:

Barreras	Estrategias	Recursos	Resultados

CONCLUSIÓN

El ciclo de calidad mejorará la práctica basada en la evidencia en el control del dolor post-operatorio y aumentará los registros de enfermería y las intervenciones de cuidados del dolor.

CRONOGRAMA DEL PROYECTO

REUNIÓN	OBJETIVO	FECHA PREVISTA
Presentación del proyecto y formación del equipo.	Dejar establecido el equipo. Explicar el diseño del protocolo.	Martes 9 Mayo.
Desarrollo guía evaluación para las auditorías.	Definir los indicadores para realizar la auditoria basal en Junio.	Martes 30 de Mayo.
Auditoría basal.	Se enviarán los resultados por correo.	1ª semana de Junio.
Desarrollo GRIP.	Evaluación resultados de la auditoría basal. Tormenta de ideas para definir barreras/recursos/estrategias.	Semana del 20 al 27 de Junio. Martes 20 de Junio.
Implantación de estrategias.	Introducir poco a poco (definir cómo y en cuanto tiempo).	A partir del 15 de Septiembre. De Septiembre a Febrero 2018.
Auditoria intermedia.	Evaluación de implantaciones mejora.	Enero 2018
Auditoria final.		Febrero 2018.

AGRADECIMIENTOS

Al centro español para los cuidados de salud basados en la evidencia.

A los líderes de la Institución.

Al equipo del proyecto.

A la plantilla de enfermería de la unidad de trauma.

MUCHAS GRACIAS

THE JOANNA BRIGGS INSTITUTE

Joanna Briggs Institute Clinical Fellowship Program

Project Title: *Falls Prevention Strategies - HCF among patients older than 65 years in a Neurology ward: a best practice implementation project.*

Participants Name:
Clara Sánchez Pablo
Organisation: Investén-isciii

Background

The falls in the older adult are an important public health problem around the world due to the frequency, the morbility and mortality associated to falls. In addition, it represents a high cost of health resources. According to the OMS, 424.000 persons died every year as a result of falls in the whole world. Each year it be produced 37,3 millions of falls which need medical attention.

The goal of the project is to evaluate the effect of the implantation of evidence based recommendations following the GRIP model in the falls prevention, due to the large number of falls detected in a neurology ward of university Hospital of the the Integrated Health Region of Araba, País Vasco (Spain).

Audit Question

The implementation of fall prevention recommendations based in the best available evidence have an effect in the increasing of nursing EBP?

Aims and objectives

The aim of this project is to **make a contribution to promoting evidence based practice regarding to the falls prevention and management in a neurological ward through the implementation of the recommendations based in the best available evidence and reduce the rate of falls**.

- To implement evidence based recommendation (to perform falls prevention interventions, to utilization validated tools in the assessments...)
- To identify barriers and develop strategies using JBI GRIP model through the analysis of baseline audit outcomes.
- To identify changes and improvements in the nursing clinical practices through follow up audits.
- To disseminate the outcomes of the evidence-based practice.

Methods

This evidence implementation project will perform a clinical audit related to fall prevention following the Getting Research into Practice Model (GRiP) and using the JBI Practical Application of Clinical Evidence System (PACES) as feedback tool. All this process 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 outcomes of the baseline audit and designing and implementing strategies to address the non-compliance found in the baseline audit, informed by the JBI GRiP framework;
3. Conducting three follow-up audits over a 15-month period to assess the outcomes of the interventions implemented to improve practice and identify future practice issues to be addressed during subsequent audits

Conclusion/Acknowledgements

- Quality cycle may improve adherence to evidence-based recommendations, and consequently patient outcomes. This result demonstrates the relevance of evaluating and improving falls prevention and management.

THE JOANNA BRIGGS INSTITUTE

Joanna Briggs Institute Clinical Fellowship Program

Project Title:Managing urinary incontinence in older people in hospital: a best practice implementation project

Participants Name: Laura Martín Losada
Organisation: Hospital Guadarrama. Madrid

Background

Urinary incontinence is one of the major problems in the elderly and is of great relevance in public health. The improvement strategies are necessary for a appropriate management of this area. The increased chronicity diseases and survival there is an increase in the elderly hospitalized patients. These patients benefit from the stay in rehabilitation units such as the Guadarrama Hospital, which has 144 hospitalization beds for a medium-long stay, with the aim of reintegrating into the community in the best possible conditions. The Guadarrama Hospital began to implement recommendations based evidence formally on urinary incontinence from a national level project for the implementation of best practices. It has been improvement in the indicators compliance, thus lead us to deepen in other indicators of the same subject. The evidence implementation will be use urinary incontinence in the older persons criteria of the Joanna Briggs Instutute summary. The initial situation will be known following a clinical audit method through the JBI PACES system, improvement actions will be developed to achieve the objectives and will be revalued through a final audit with the same system. The implementation work was carried out by a multidisciplinary team made up of professionals who perform the care activity in the rehabilitation unit of the Guadarrama Hospital, empowering clinical leaders as promoters of change.

Audit Question

What effect do strategies of implementation of evidence recommendations in urinary incontinence management in older persons in clinical practice?

Aims and objectives

Aims of the project

The aim of this evidence implementation project is to make a contribution to promoting evidence based practice in management urinary incontinence in elderly patient in a rehabilitation ward and thereby care practice.

1. To determine current compliance with evidence-based criteria regarding management urinary incontinence in the older persons
2. To improve knowledge regarding best practice regarding management urinary incontinence in the older persons.
3. To improve compliance with evidence-based criteria regarding management urinary incontinence in the older persons.
4. To improve outcomes regarding management urinary incontinence in the older persons.

Audit Criteria

1. Clients are assessed for incontinence.
2. The assessement includes an indication of the type of UI
3. There is a documented management plan for older persons with diagnosed incontinence.
4. Relevants methods of managements are documented as being used.
5. Continence products are changed as required and documented
6. At discharge: Clients are assessed for incontinence
7. Staff have received education regarding continence management.
8. Other criteria: age, sex, prevalence, UI type, continence status at discharge

Setting and Sample

Setting:

- Rehabilitation ward in a medium-long stay Hospital

Sample:

- Randomized 30 elderly patients who will be discharged from the ward previously implementation project to baseline audit and 6 month after implementation for the follow up audit (criteria 1-6)
- All health care professional from rehabilitation ward (criterion 7)

Methods

Stage 1

- Baseline audit: criteria 1-6 will include 30 randomized elderly patients who will be discharged from the ward previously implementation project. Data will be collect retrospectively from the clinical histories whose patients that will be admitted at least 48 hours. Criterion 7 will be performed though self-administered questionnaire.

Strategies for GRIP

The multidisciplinary team realize baseline audit. They will meet to discuss audit results, identify areas for improvement, barriers, and propose actions to improve using GRiP as a method to implement and follow up. The rest of the care team will be informed of the actions to be performed through sessions of 20 minutes in small groups in their workplace. For distribution to the management and other professionals will been realized informative sessions in assembly hall.

Conclusion/Acknowledgements

Conclusion:

The criteria are expected to improve whit result benefit in urinary incontinence older persons hospitalized. It is expected that project contribute to achieving objectives, increasing knowledge in this area and providing future direction for sustaining evidence-based practice change.

Acknowledgements:

The author would like to acknowledge the contributions of the following:

-Joanna Briggs Institute for support and training;

-Evidence based health care Spanish Centre;

-Hospital Managers and professionals that have participated.

Osakidetza

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ERAKUNDE SANITARIO INTEGRATUA
ORGANIZACIÓN SANITARIA INTEGRADA
BILBAO - BASURTO

THE JOANNA BRIGGS INSTITUTE

Joanna Briggs Institute Clinical Fellowship Program

Post-operative pain management in a surgical unit in a Basque Country hospital: a best practice Implementation project

Author: Tíscar-González V

Background

- 50% to 75% of surgical patients experience moderate to severe post-operative pain
- **Pain Management plan:** Pharmacological and non-pharmacological measures
- **Nurses play a very important role in assessing and managing post-operative pain**
- This study was part of National Research project called **SUMAMOS Excelencia** (Spanish Collaborating Center of the Joanna Briggs Institute for evidence-based health care)

Audit Question

Which implementation strategies are most adequate to improve the assesment and management of post-surgical pain in our context?

Aims and objectives

- The main aim of this project was to **implement evidence-based recommendations** to increase the effect of strategies for post-surgical pain management and improve quality of care for our patients.

- ✓ Ensure that health education advice related to non-pharmacological recommendations was recorded the patients´ medical records.
- ✓ Improve the quality of health education related to pain
- ✓ Decrease the variations in clinical practice related to post-operative pain
- ✓ Increase staff compliance with the requirement to use a validated scale to assess the patients´ pain levels
- ✓ Implement an appropiate scale to assess pain levels among patients who are unable to communicate
- ✓ Implement an organizational structure that oversees the development, implementation and evaluation od practices and strategies to ensure evidence-based, post-operative pain control´s usual practice
- ✓ Improve de quality of pain care plans and tailor them the needs of individual patients

Audit Criteria

JBI PACES audit criteria

1. Patients have received individually tailored education about pain and its management, including information about post-operative pain.
2. A validated pain assessment tool is available and accessible to all healthcare professionals involved with the surgical patient.
3. Patients have received a multi-modal pain management plan that involves a combination of pharmacological and non-pharmacological interventions.
4. The ward has an organizational structure that oversees the development, implementation and evaluation of policies and practices to ensure evidence-based post-operative pain control.
5. Patients with inadequately controlled post-operative pain, or at high risk of inadequately controlled post-operative pain, have been referred to a pain specialist.
6. Healthcare professionals involved in the pain management of surgical patients have access to referral pathways to facilitate appropriate referrals to relevant specialist.

Audit Criteria

Patients outcome audit criteria

- Pain levels are assessed in the 24 hours following surgery.
- The level of pain is assessed when a change in clinical situation occurs.
- There is an appropriated and individualized care plan to prevent and manage post-operative pain.

Setting and Sample

Setting

- A 40-bed acute surgical unit
- 700-bed acute terciary hospital in Basque Country (Spain)
- The leader of the project received training at the Joanna Briggs Institute according to Clinical Fellowship program.

Sample

- Inclusion criteria: surgical patients, >18 years
- Patients discharged from the hospital:
  - 12-16 September 2016
  - 12-16 December 2016
  - 13-17 March 2017

Methods

- This evidence implementation project used the JBI Practical Application of Clinical Evidence System (PACES) and Getting Research into Practice (GRiP) audit and feedback tool. A retrospective audit was performed (reviewing patients´ nursing records)
- The PACES and GRiP framework for promoting evidence based health care involves three phases:

    1. Establishing a project team and carrying out a baseline audit
    2. Reflecting on the results of the baseline audit and designing and implementing strategies to address non-compliance found
    3. Conducting a follow up audit to assess the outcomes of the interventions and identify future practice issues

Strategies for GRIP

- Different strategies to provide continuous pieces of information and different communication channels: email, unformal sessions around 15 minutes, WhatsApp etc

  We called this Chirimiri (a light but continuous rain that is very familiar to people living in the Basque Country)

  - **Formal online course** (Spanish Centre for Evidence Based Health Care: A Joanna Briggs Institute Centre of Excellence)
  - **Clinical handover champions** will be recruited to support and provide role models for the education strategies.
  - A number of **formal meetings and courses** by the nurses in the Teaching and Research Unit for the leaders (champions)
  - **Informal meetings** between the leaders of the project and their clinical partners.
  - Team project will create a **leaflet** providing information on pharmacological and non-pharmacological measures to patients and family
  - **Several sessions** to **disseminate the outcomes** to the ward staff.
  - Brainstorming: implementation plan
  - A new **audit** after **3 and 6 months**

Conclusion/Acknowledgements

Conclusion

- Quality cycle may improve adherence to evidence-based recommendations, and consequently improve the quality of care.

Acknowledgements

- Joanna Briggs Institute for the opportunity to participate in the **Evidence Based Clinical Fellowship Program**
- Laura Albornos and Esther González for their support in this project