EVIDENCE-BASED CLINICAL FELLOWSHIP PROGRAM (EBCFP)

May 2022 edition

EDICIÓN MAYO

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- Improvement of the midwifery management of the fetal occiput posterior position during the second stage of the labor in labor room of a tertiary hospital. **Mª Jesús Gutierrez**

EVIDENCE-BASED CLINICAL FELLOWSHIP PROGRAM (EBCFP)

Project Title: Tuberculosis prevention among health care workers exposed to active tuberculosis of Lozano Blesa University Clinical Hospital of Zaragoza: a best practice implementation project.

Participants Name: Sahuquillo González, Paula

Organization: Lozano Blesa University Clinical Hospital of Zaragoza

Introduction

- Tuberculosis is a big public health problem, as it is the second most case-affected infectious disease in the world.
- In Spain, tuberculosis is considered a disease of mandatory declaration by "*Orden SSI/445/2015*". (1)
- Infectious disease by biological agent Mycobacterium tuberculosis is recognized as an occupational disease in staff who work in health services in Spain. (2) The assessment of occupational risks and the monitoring of workers' health, based on these risks, should be carried out by Worker Risk Prevention Service. (3, 4)

Audit Question

- Can an evidence-based practice implementation project improve the follow-up and screening of health care workers who have been exposed to active tuberculosis patients?

Aims and objectives

The aim of this implementation project is to promote the evidence-based practice of tuberculosis follow-up and screening in health care workers exposed to active tuberculosis to improve clinical practice.

- To identify current compliance with best practice evidence recommendation for tuberculosis prevention in health care workers exposed to active tuberculosis.
- To determine present barriers and facilitators to confront areas of non-compliance and put into practice strategies to improve these areas.
- To assess compliance changes established based on the strategies suggested and improve facilitators of tuberculosis prevention in health care workers exposed.

Methods

This implementation report is based in JBI PACES and GRIP model, which aim is to promote evidence-based practice and it consists of three phases:

Phase 1. To establish a multidisciplinary group to carry out the project and the baseline audit of the established audit criteria.

Phase 2. To reason about the results obtained from the baseline audit and then, to design and to implement the strategies that address the implementation of the established audit criteria.

Phase 3. To conduct a post-implementation audit that evaluates the results of implementing interventions from audit criteria to improve practice and to identify other practical interventions that should be addressed in further audits.

Audit Criteria

1. A written guideline for the tuberculosis control program is available within the organization.
2. All clinically relevant data has been documented on a standardized form.
3. Healthcare workers have received education on current contact tuberculosis investigation and understand their roles and responsibilities.
4. Healthcare workers receive annual tuberculosis education that includes information about risk factors, signs and symptoms.

Audit Criteria

Audit criterion	Sample	Method used to measure percentage compliance with best practice
1. A written guideline for the tuberculosis control program is available within the organization	A written guideline for the tuberculosis control program. Baseline in July 2021: n= 1 Follow-up in February 2022: n= 1	*Is there a written guideline for the tuberculosis control program available within the organization?* Yes: there is a written guideline. No: there is not a written guideline
2. All clinically relevant data has been documented on a standardized form.	Baseline: Health care workers exposed to patients with active tuberculosis between May and December of 2020. Follow-up: Health care workers exposed to patients with active tuberculosis between July of 2021 and February of 2022.	*Are all the relevant data regarding the contact study complete?* Yes: 9 items are completed. 1.Contact is a patient or a coworker. 2.Diagnostic test results. 3.Respiratory protection used by health care worker and which one. 4.If a contagion risk technique was realized, which one it was. 5.When the exposition took place. 6.Duration of the exposition. 7.If health care worker has an immunologic pathology. 8.If health care worker has risk factors as insulin-dependent DM, gastric disorders, HIV, pregnancy, treatment with corticosteroids or biological drugs. 9.If the contact has multi-resistant tuberculosis. No: any of these 9 items is not completed.

Audit Criteria

Audit criterion	Sample	Method used to measure percentage compliance with best practice
3. Healthcare workers have received education on current contact tuberculosis investigation and understand their roles and responsibilities.	Nursing and Medicine Occupational Health Specialist of Health Sector. Baseline in July 2021: n=13 Follow-up in February 2022: n= 13	*Is training given periodically to the organization's occupational risk prevention service specialists?* Yes: training is given once a year and is collected by firms. No: training is not provided annually or is not recorded through attendance signatures.
4. Health care workers receive annual tuberculosis education that includes information about risk factors, signs and symptoms.	Doctors, nurses and nursing assistants from areas of pulmonary medicine, infectious service and pulmonological test. Baseline in July 2021: n= 30 Follow-up in February 2022: n= 30	*Is training given annually to services where workers are exposed to a greater risk of contagion of tuberculsois?* Yes: it is taught and registered through signatures. No: not taught or not registered with signatures.

Setting and Sample

- Setting project will be III Zaragoza Health Sector, including specialized and primary attention.
- The sample will be:
  - A written guideline for the tuberculosis control program (July 2021 for baseline and February 2022 for follow-up audit). (Audit criteria 1)
  - Health care workers exposed to patients with active tuberculosis between May and December of 2020 for baseline audit and between July of 2021 and February of 2022 for follow-up audit. (Audit criteria 2)
  - Nursing and medicine occupational health specialists of Health Sector (July 2021 for baseline and February 2022 for follow-up audit (Audit criteria 3)
  - Doctors, nurses and nursing assistants from areas of pulmonary medicine, infectious service and pulmonological test. (Audit criteria 4)

Potential strategies for GRiP

- After baseline audit, with results, leader and project group will identify together what are barriers and facilitators of evidence implementation using GRIP model, and they will establish strategies.
- Actual barriers find out informally are:
    - Lack of knowledge of the best evidence.
    - Perception of no-necessity for improvement.
    - Lack of human resources.
    - Lack of coordination and leadership and lack of understanding the need of a leader.
    - Actual way of communication is ineffective.
    - No computer resource option to correctly document clinical data.

Conclusion/Acknowledgements

Implementation of this evidence-based project will have a major impact on several aspects:

- It will improve workers' knowledge of what is the best evidence for clinical practice, and therefore will also be an improvement of clinical practice.
- It will increase quality of care provided to patients (health care workers).
- It will improve follow-up and control of a mandatory reporting disease.
- It will be useful for lead future implementation projects of evidence-based practice of other infectious diseases.

Bibliography

1. Ministry of Health, Consumer Health and Social Welfare, Interterritorial Council of the National Health System. Plan for tuberculosis prevention and control in Spain; 2009 March. 71p.

2. Royal Decree 1299/2006 of 10 November, approving the professional diseases table in the Social Security system and establishing criteria for its notification and registration (Official Gazette of the State, no. 302, of 19 December 2006).

3. Royal Decree 39/1997 of 17 January, approving the Regulations on Prevention Services (Official Gazette of the State, no. 27 of 31 January 1997).

4. Royal Decree 843/2011 of 17 June, laying down the basic criteria on the organization of resources to develop the health activity of prevention services (Official Gazette of the State, no. 158 of 4 July 2011).

EVIDENCE-BASED CLINICAL FELLOWSHIP PROGRAM (EBCFP)

Compression therapy among patients with venous leg ulcers: a best practice implementation project

María Jesús Samaniego Ruiz

Andalusian Health Service

Introduction

- Venous leg ulcers are the most common ulceration on the lower extremity and accounts for approximately 70% of all leg ulcers.
- There is strong evidence to suggest that compression therapy should be part of the treatment of an uncomplicated venous leg ulcer.
- In a study conducted in ours area, the most prevalent chronic wounds were vascular ones. These wounds constituted 59% of all localized leg injuries.
- In 41% of the cases, it was a recurrence and more than half had one month of evolution.
- Regarding treatment, deficiencies were found in the evidence supporting wound care.
- In general, people with chronic wounds in this basic health area presented a poor quality of life. This was largely influenced by a knowledge deficit.

Audit Question

- What is the best practice in regards to the routine treatment of people with venous leg ulcers in health centers?

Aims and objectives

To ensure the practice of management in the people with venous leg ulcer is performed according to the best available evidence.

1. To assess current level of care and documentation on the application of compression therapy.
2. To identify barriers and facilitators to improving compliance and develop strategies to address areas of non-compliance.
3. To improve practice including care and documentation by implementing evidence-based practice criteria in people with venous leg ulcers, in the area of community care.
4. To reassess the local practice after implementation of best practice

Methods

This evidence implementation project used the JBI Evidence Implementation framework.

- Phase 1 Establish a project team and undertake a baseline audit

- Phase 2 Examine results of audit and design and implement strategies to address non-compliance

- Phase 3 Conduct a follow up audit to determine if practice has improved

Audit Criteria

1. Patients with venous leg ulcer/s are provided compression therapy.
2. Patients with venous leg ulcer/s use high pressure compression garment or system.
3. The compression garment is replaced regularly.
4. Patients with venous leg ulcer/s receive education about compression therapy.
5. Patients with venous leg ulcer/s undergo holistic assessment that identifies patient-related factors that may influence compliance to compression therapy.
6. Patient-related factors that may potentially influence compliance to compression therapy are addressed using individualized intervention/s.

Setting and Sample

The northeast health management area of Granada includes seven basic health areas and a third-level hospital. This project took place in 4 health centers (Benamaurel, Caniles, Pedro Martinez, Puebla de Don Fabrique) each one in a different area.

Potential strategies

Continuous feedback: scheduled meetings, email, unformal sessions, whatsapp,…

Qualitative strategies: brainstorming, nominal group, etc.

Training for professionals on compression therapy and on proper registration in the medical history.

Creation of educational material to deliver to patients or hang in poster.

Conclusion/Acknowledgements

The main challenge is to ensure the long-term implementation of the evidence. We think the impact will be positive as citizens are not currently receiving best evidence-based care. In addition, it can be extended to other areas.

Thanks to the Joanna British Institute for the training, and to the IJB and the care department of the area for the interest shown in the implantation of evidence.

EVIDENCE-BASED CLINICAL FELLOWSHIP PROGRAM (EBCFP)

Project Title:

Managing the risk of falls in geriatric patients: a best practices implementation

Participants Name:

Raquel Ribón Liberal, Mª Angeles Manzanares Yusta, Jesús Arcos, María Isabel Rodríguez Delgado, Miguel Angel Reguera Alonso, Guillermina Rangel Rincón, Carmen Osuna Pozo

Organization

Hospital General Universitario Gregorio Marañón

Introduction

- Falls within the hospital environment are a significant challenge due to the damages and injuries they can cause to patients.
- There is scientific evidence that supports the success of interventions on the risk of falls and on the numerous risk factors for reducing falls.
- According to the literature, interventions should include multifactorial exercise programs, environmental modifications, evaluation and review of medications.
- Interventions must be multidisciplinary and adapted to the needs of the individual; Likewise, health education provides information on the prevention of falls.

Audit Question

Are our patients being correctly assessed of all the factors that influence the risk of falls to prevent their occurrence?

Aims and objectives

Aims of the project

1. Reduce the risk of falls in hospitalized patients
2. Assess the impact of health education of measures to reduce the risk of falls for primary caregivers.

Methods

The project used the Joanna Briggs Institute Practical Application of Clinical Evidence System (JBI- PACES)

Phase 1. Stakeholder engagement (or team establishment) and baseline audit.

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

Phase 3. Follow-up audit post implementation of change strategy

Audit Criteria

1.Hospitalized patients aged 65 or older (and those younger if judged by healthcare practitioner to be at risk) undergo a multifactorial falls risk assessment.

2. At-risk patients receive targeted multifactorial strategies based on their individual risk factors.

3. Patients who experienced a fall undergo a comprehensive assessment.

4. The fall incident is documented in the reporting system of the health organization.

5. The primary caregiver receives information on environmental factors and appropriate measures to prevent falls.

Setting and Sample

Setting:

Geriatric hospitalization plant that is located in the building on Francisco Silvela street which belongs to the HGU Gregorio Marañón.

Sample:

30 patients aged between 80 and 90 years and usually come from de emergency department.

These patients, due to their characteristics, are very susceptible to falling during their stay in the hospital.

Potential strategies for GRiP

Barriers:

- It is difficult to adequately inform the staff of all shifts in the inpatient unit.
- Computer settings in registry tools
- Possibility of doing health education in COVID times
- The medical staff do not agree on the criteria for reconciling the medication with nursing
- The figure of the Advanced Practice Nurse is not yet implemented

Strategies for GRIP

- Strategic and driving group specialist nurse collaboration in HCIS program and IT department.
- Plan formal and informal meetings to establish feedback.

EVIDENCE-BASED CLINICAL FELLOWSHIP PROGRAM (EBCFP)

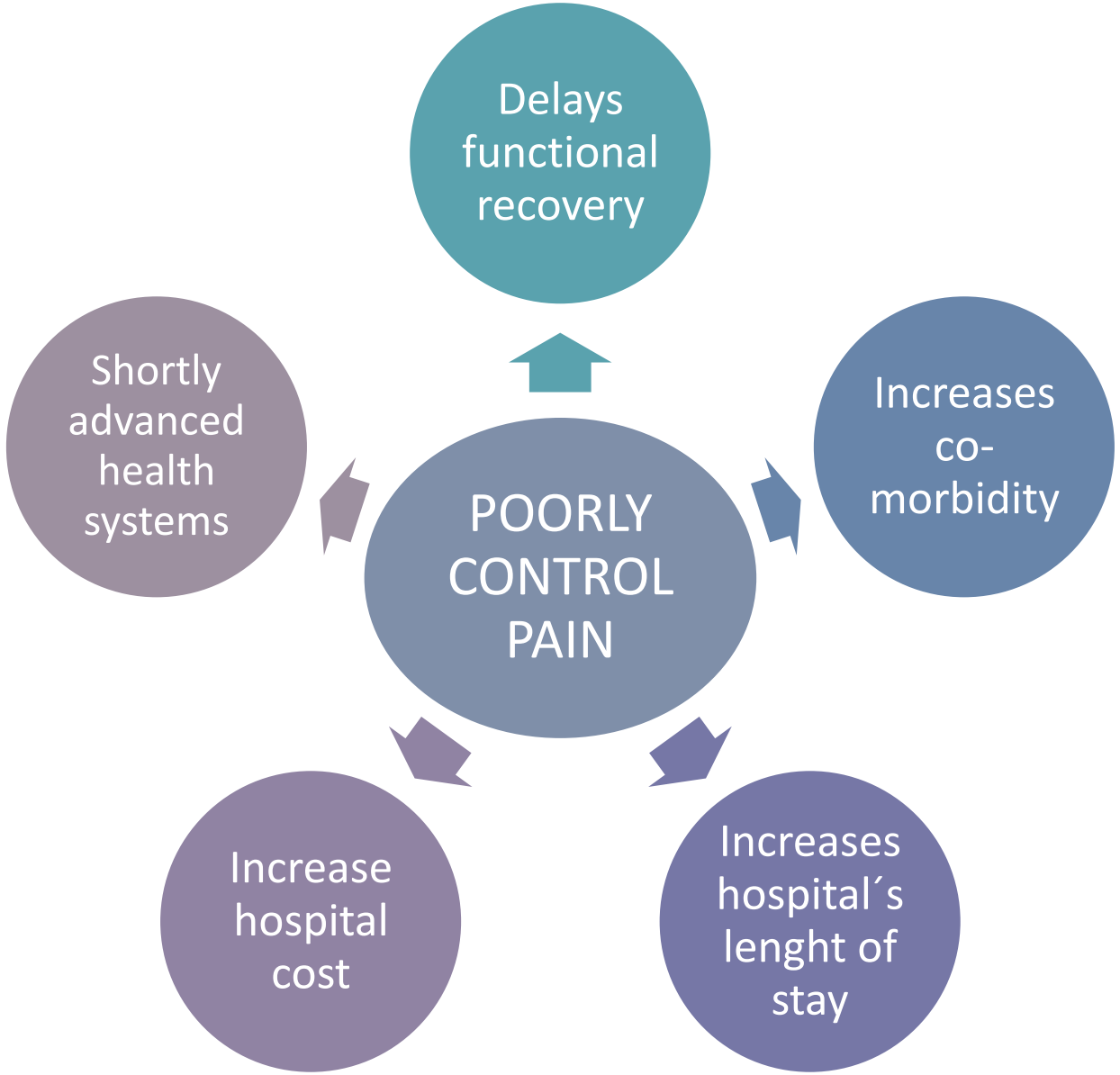
Project title: Post-operative pain management among a surgical unit in a tertiary hospital in Ciudad Real, Spain: a best practice implementation project

Participant name: Laura Collada Fernández

Organisation: General University Hospital of Ciudad Real

Introduction

- Have no pain must be a right for patients.
- 80% have postoperative pain.
- No standardized clinical practice.
- May lead to chronic pain.



Audit Question

- Will the implementation of best practice recommendations in a surgical unit, improve postsurgical pain control in adult patients?

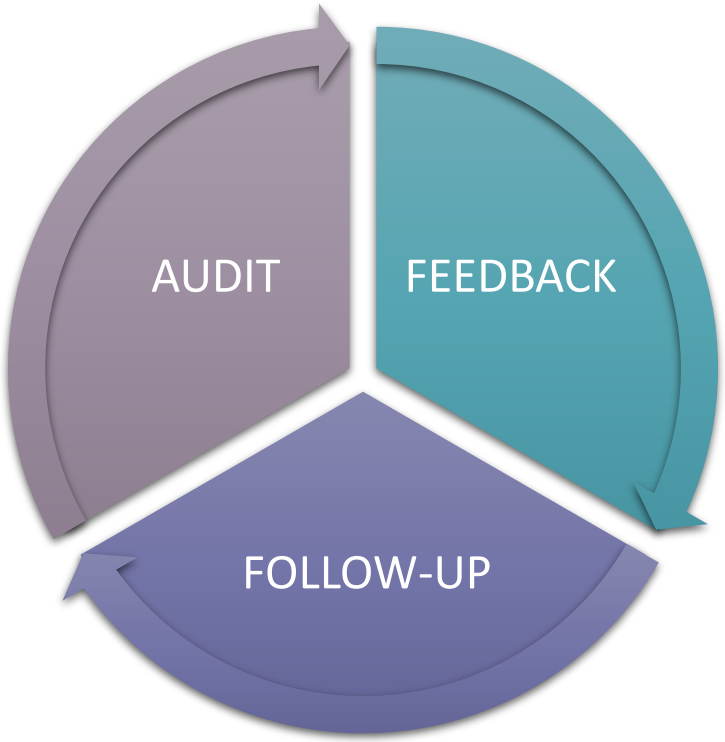
Aims and objectives

To improve postoperative pain management in a surgical area amongst neurosurgery and vascular surgery patients in a tertiary hospital in Ciudad Real, Spain.

SPECIFIC OBJECTIVES

1. To promote evidence implementation of best practices for neurosurgery and vascular surgery.
2. To improve professionals ‘ knowledge about pain management using evidence-based best practices.
3. To enhance the recording of data in the electronic health records.
4. To decrease de variability in pharmacological & non-pharmacological pain treatments.

Methods



IMPLENTATION OF BEST-EVIDENCED PRACTICES IN HEALTHCARE

Methods

- Topic identification
- Baseline audit

1

PACES

GRIP

2

- Examine baseline audit results
- Barriers and enablers
- Stablish strategies

PACES

- Compliance with best practices
- Follow-up audit

3

3 PHASE APPROACH

Audit Criteria

	POST-SURGERY (ADULTS): PAIN MANAGEMENT
1	Patients receive individually tailored pre-operative education about the management of pain post-operatively
2	Patients undergo pre-operative assessment to guide their post-operative pain management
3	Individual treatment goals and plans for post-operative pain management are documented
4	A policy/procedure guides the management of post-operative pain
5	A validated tool is used to assess the patient's response to pain management treatment
6	Patients receive a multi-modal pain management that involves a combination of pharmacological and non-pharmacological interventions.
7	Patients receiving systemic opioids are monitored for sedation, respiratory status and other potential adverse events
8	Patients with inadequately controlled post-operative pain are referred to a pain specialist

Setting and Sample

SURGICAL HOSPITAL UNIT 4B

- Neurocirugía
- Cirugía Vascular

28 BEDS

30 PATIENTS RAMDOMLY

30 baseline

30 follow up

Potential strategies for GRiP

BARRIERS	STRATEGIES	RESOURCES
Lack of motivation	Create a multi-disciplinary group to involve everyone	• Providing incentives • Possibility of a scientific publication • Feedback • Managers support
Lack of knowledge	Training in evidence implementation and pain management	• Meeting place • Briefings
No pre-protocol	Create an ERAS protocol	• Multidisciplinary group • Methodological support • Time and incentives
Lack of collaboration between proffesionals	• Create a multidisciplinary group • Create a strategic group including surgeons	• Managers support • Feedback • Strategic group
Work overload	• ERAS protocol • Simplify the data register	• Motor group • Computer support • Time

Conclusion

THIS PROJECT…

will improve postoperative pain management, positively improving patient's quality of life and making their hospital stay more satisfactory

will make the work more efficient using best evidence-based practices

will avoid variability in clinical practice

Acknowledgements

Ciudad Real
Gerencia Atención Integrada

investén isciii

evidencia en cuidados
Centro español para los cuidados de salud basados en la evidencia
www.evidenciaencuidados.es

EVIDENCE-BASED CLINICAL FELLOWSHIP PROGRAM (EBCFP)

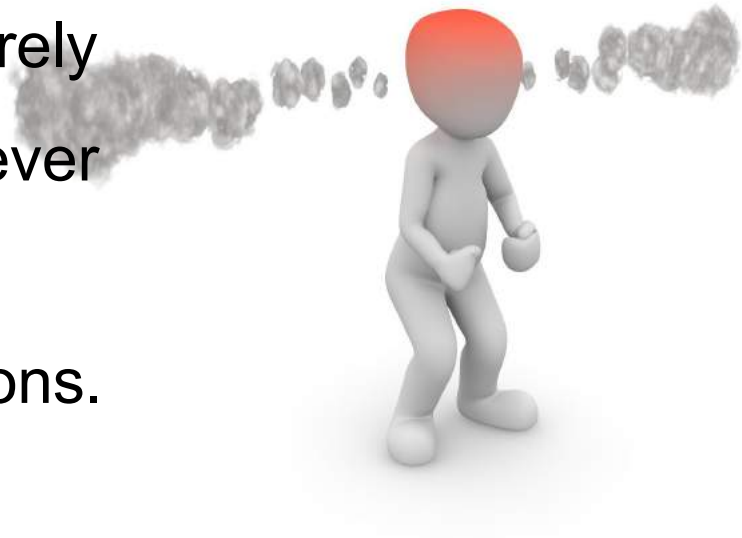
Project Title:**Conflict management between nursing team from CT/MRI area: a best practice implementation project.**

Participants Name:Guadalupe Martínez, Margarita Bascoy, María Bautís,Soraya Roca, Sabrina Tajes, Isabel Turnes

Organization: Complejo Hospitalario Universitario de Santiago de Compostela

Introduction

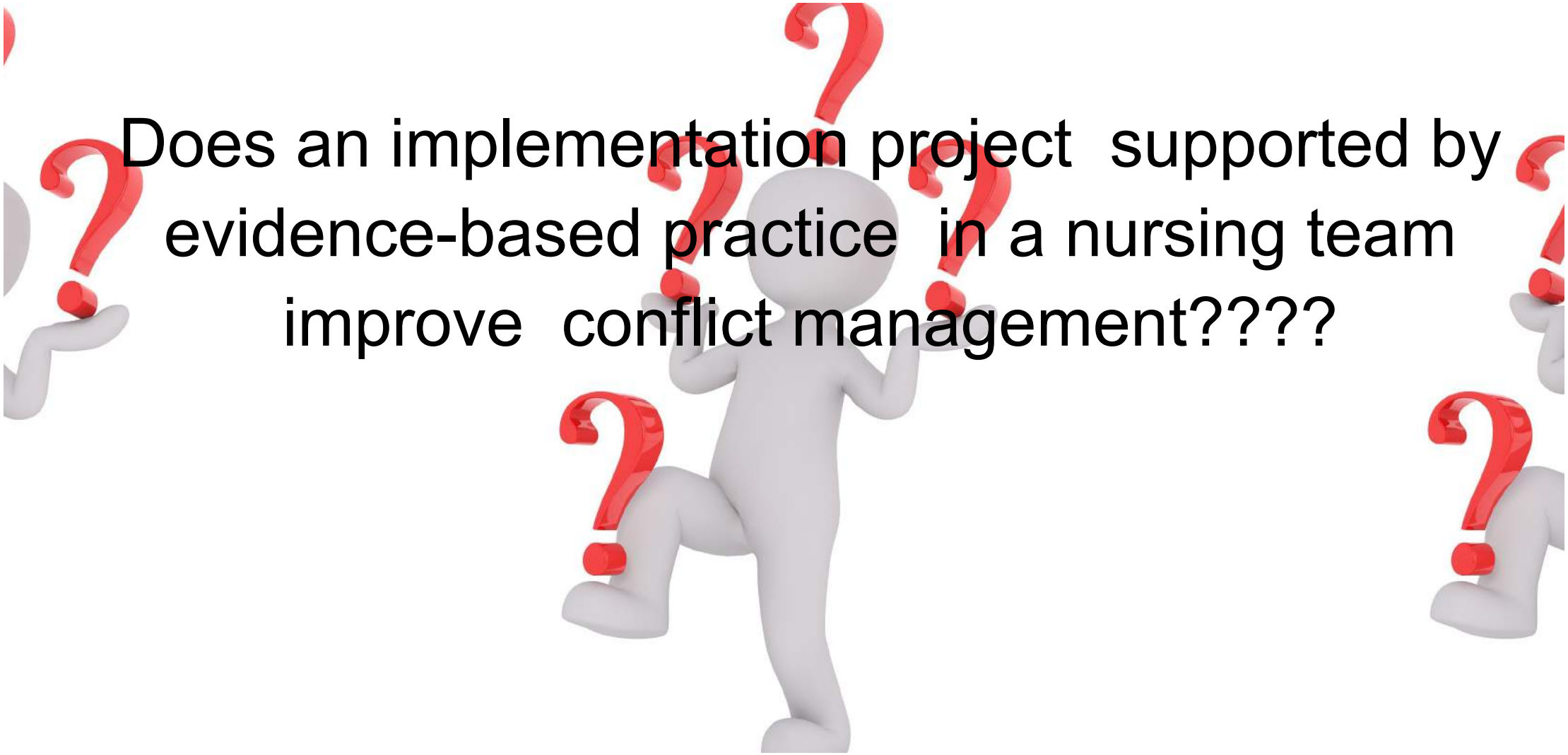
- In health care organizations, conflict is an unavoidable requirement of the nature and content of health care personnel's work.
- Nurses, being the largest group of health care professionals in any health care setting, are not immune to conflicts
- Traditionally, workplace conflict was viewed entirely as a negative aspect or organizational life, however literature suggests that it should be defined in a positive way that facilitates constructive solutions.



Introduction

- A well-managed conflict can contribute to innovation and creativity, stronger organisational relationships, and higher commitment in staff.
- Education is one of the keys to proper conflict management and it has been shown that proper conflict management can have a positive impact on both the hospital and the workers.

Audit Question



Does an implementation project supported by evidence-based practice in a nursing team improve conflict management????

Aims and objectives

Aims of the project

1. To determine current compliance with best practice recommendation for conflict resolution.
2. To improve the local practice of conflict resolution between nursing team from CT/MRI area
3. To provide training to nursing staff in conflict resolution management.

Aims and objectives

Aims of the project

4. To design and implement a conflict resolution guide to follow in the target unit.
5. To undertake a followup audit to asses compliance to the Implementation strategies designed.

Methods

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

Methods

Phase 1: Team creation and baseline audit (PACES indicators)

Phase 2: Evaluate baseline audit results, design an implementation of non-compliance strategies (GRIP)

Phase 3: Final audit after six months to evaluate implementation of practice improvement.

Methods

Phase 1: Establishing a team for the project and undertaking a baseline audit based on criteria informed by the Evidence

The implementation team is made up by
X-ray chief nurse and
5 nurses from CT/MRI area
with support of nurse-in charge training
and Hospital management.

Audit Criteria

AUDIT CRITERION	SAMPLE	METHOD USED TO MESURE COMPLIANCE WITH BEST PRACTICE
The healthcare organization has clear conflict managment policies	CT/MRI area radiology nursing team (15 nurses)	Interview using questionnarire (by email) Are you aware about the procedure to follow regarding conflict managementein your departmente? YES/NO/N/A
All staf receive initial conflict resolution education	CT/MRI area radiology nursing team (15 nurses)	Interview using questionnaire (by email) Have you received training in conflict resolution in the last two years? YES/NO/N/A
All staff receive ongoing conflict resolution education	CT/MRI area radiology nursing team (15 nurses)	Interview using questionnaire (by email) Have you received training in conflict resolution in the last 6 months? YES/NO/N/A
If conflict occurs, a structured formal process for remediation occurs	CT/MRI area radiology nursing team (15 nurses)	Interview using questionnaire (by email) Is there in the hospital or in the target unit, an application protocol in the event of conflicts? YES/NO/N/A
If conflict occurs, an assessment of the conflict is undertaken and documented	CT/MRI area radiology nursing team (15 nurses)	Interview using questionnaire (by email) Is there an evaluation document in the target unit for the collection of data about th conflict that ocurred? YES/NO/N/A

Audit Criteria

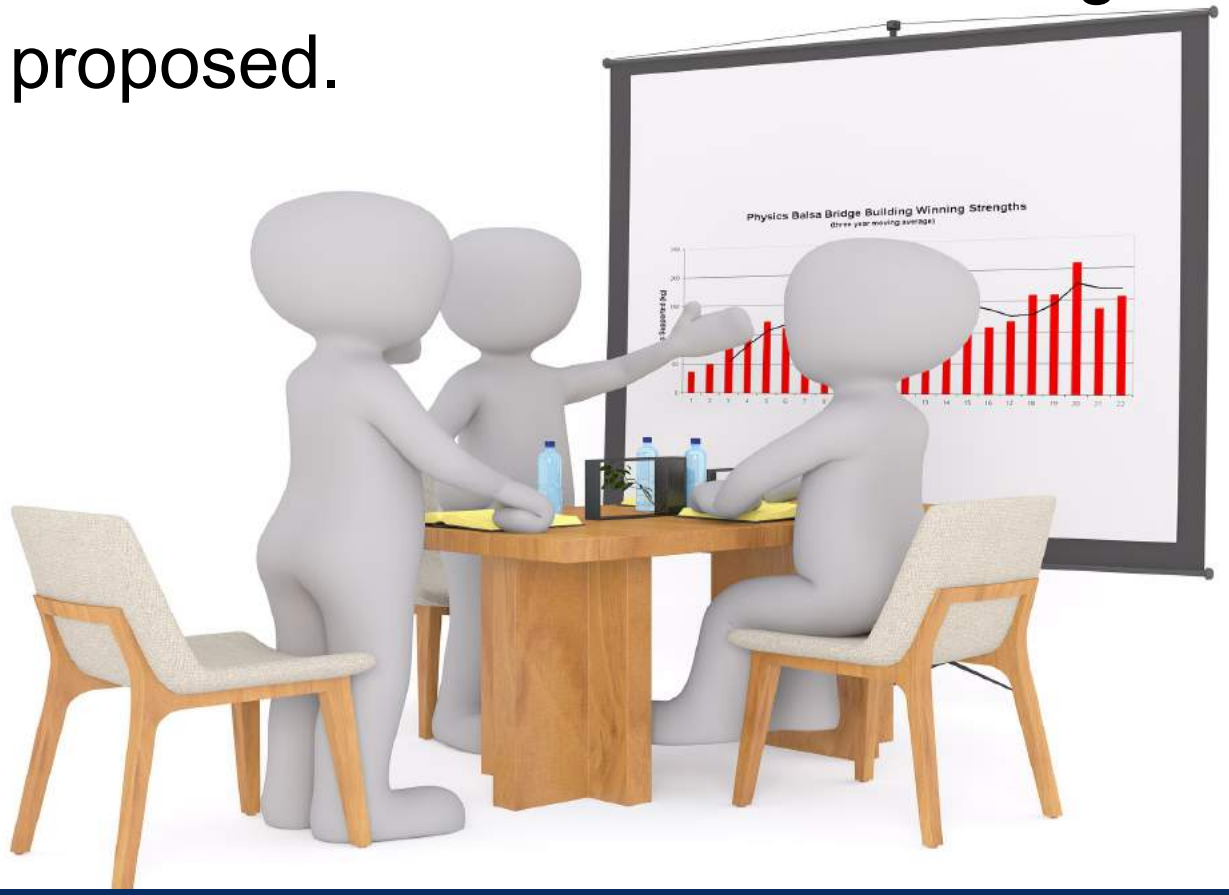
AUDIT CRITERION	SAMPLE	METHOD USED TO MEASURE COMPLIANCE WITH BEST PRACTICE
If conlict occurs, solutions are discussed, agreed to and documented	CT/MRI area radiology nursing team (15 nurses)	Interview using questionnaire (by email) When the conflict appears, is a group created to collect information, discuss and search for solutions? YES/NO/N/A
If conflict occurs, follow up of agreed solutions occurs.	CT/MRI area radiology nursing team (15 nurses)	Interview using questionnaire (by email) If a conflict occurs, are the agreed solutions monitored and evaluated within six weeks? YES/NO/N/A

Setting and Sample

This project will be carried out in the radiology nursing department in the CT/MRI area

Potential strategies for GRiP

The project team will participate in a meeting to asses the results of the baseline audit, barriers will be identified and strategies to improve practice will be proposed.



Project timeline

PROJECT TIMELINE		
WORKING MEETINGS	**AIMS**	**PLANNED DATE**
Proyect presentation and team building	-To set up the team -To explain the implementation project	May 24th
Discussion of audit criteria	-To define the indicators to perform the baseline audit	June 10th
Baseline audit	- To send the questionnaires by email to the CT / MRI nursing team	First half of July
GRIP development	-Evaluation results of the baseline audit -To identify barriers, strategies and resources.	September
Implement strategies	-Gradually, step by step.	From October 2021 to -March 2022
Final Audit		April 2022

Conclusion

The quality cycle can improve adherence to evidence-based recommendations in conflict resolution in health centers

Acknowledgements

-Joanna Briggs Institute for support and training

-Spanish Center for Evidence-based Health Care

-Hospital Managers and professionals that have participated

EVIDENCE-BASED CLINICAL FELLOWSHIP PROGRAM (EBCFP)

Project Title: Assessment, patency and management of occlusion of Central Venous Catheters in ICU and Haemodialysis patients at Hospital Perpetuo Socorro (Badajoz): a best practice implementation project

Participants Name: Diego Javier Morcillo Oliva

Organization: Servicio Extremeño de Salud (SES)

Introduction

- Central venous catheters (CVCs) facilitate the administration of intravenous drugs, fluids, blood products and parenteral nutrition to patients with either chronic disease or critical illness. They can also be used to obtain blood samples and for haemodynamic monitoring.
- CVC lumen occlusion can predispose the individual to further risk of morbidity and mortality due to delays in treatment regimens or nutritional support. Additionally, the patient may have to undergo further invasive surgical interventions to replace the CVC. Therefore, is not only disruptive to the patients and their treatment regimens but also creates potential additional costs for the hospital.
- Lack of standardize practice has been identified in some countries, leading to the development and publication of guidelines to help correct this problem. This known variability of practice was highlighted as a potential problem in our organization too. A lack of comprehensive, evidence-based protocols and guidelines on CVAD management was identified, therefore this topic was prioritized for the implementation project, also being in line with the evidence-based policies which are currently being developed in our organization regarding the whole range of vascular accesses.

Audit Question

- Are we, in our institution, using the latest evidence-based criteria to manage CVADs, ensuring patency and solving occlusions safely?

Aims and objectives

The specific objectives of the project are:

1. Ensure best practice is implemented in our setting.
2. Provide safe care to patients who carry CVADs.
3. Reduce the variability of practice which may take place in our organization.
4. Reduce the number of issues that may be derived of non evidence-based care, addressing and correcting them.
5. Ensure that health records related to CVAD care are consistent and meet the set standards, reliably reflecting practice.

Methods

Phase 1: Baseline audit, defining its criteria. Stakeholder engagement and implementation team establishment

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

Phase 3: Follow up audit and implementation report

Audit Criteria

Audit criterion	Method used to measure percentage compliance with best practice
Healthcare professionals caring for patients with a CVAD receive ongoing education focused on assessing, preventing, and managing occlusions.	Review of completion of e-learning courses for new protocol What was considered a “yes”: They have completed the course
CVAD lumens are flushed and locked with normal saline using a 10ml syringe before and after blood sampling, administration of medications/solutions and changes of add on devices.	Audit of the nursing records, sampled consecutively until a number of 30 patients is reached. What was considered a “yes”: Use of 10ml syringe to flush/lock with normal saline in the referred cases is found on nursing records each shift the CVAD is used
Assessment of CVAD function is documented as per hospital policy.	Audit of the nursing records, sampled consecutively until a number of 30 patients is reached. What was considered a “yes”: Records of CVAD assessment are found and registered as per protocol on every shift

Audit Criteria

Audit criterion	Method used to measure percentage compliance with best practice
If CVAD occlusion is suspected, an assessment of catheter function is undertaken and includes both a 0.9% normal saline solution flush and an attempt to aspirate blood from the catheter lumen.	Audit of the nursing records, sampled consecutively until a number of 30 patients is reached. What was considered a “yes”: It has been recorded if the CVAD, after the assessment, appeared to be occluded and flushed it/tried to aspirate blood.
A hospital policy or protocol outlines the treatment for CVAD occlusions.	Review of the availability of the newly developed protocol when the follow-up audit commences. It has had diffusion, and implementation has started. What was considered a “yes”: The protocol is available when the follow-up auditing commences, it has been advertised to the staff and it has been trialed.
Occluded CVADs receive prompt instillation of an appropriate thrombolytic agent.	Audit of the nursing records, sampled consecutively until a number of 30 patients is reached. What was considered a “yes”: It has been recorded if the CVAD was indeed occluded. Records of the thrombolytic agent used as per policy was found.

Setting and Sample

Setting

The best practice implementation project will take place in two units of the Hospital Perpetuo Socorro (HPS), it being a 289-bedded public hospital and part of the Complejo Hospitalario Universitario de Badajoz (CHUB). The units chosen to conduct the implementation project are ICU and Haemodialysis. CVADs are commonly used in these units, and thus we selected them to drive the project.

Sampling

The sampling will be carried out consecutively, being elegible for auditing any patient admitted to the chosen units for at least 12 hours with a CVAD in situ, until a number of at least 30 patients is reached. The nursing records will be audited for the length of time they stay in the units with the CVAD inserted, up to a month since they were first audited. Both audits will be done retrospectively, and the records audited will be for patients admitted in 2021. The differences in the distribution of the sampling between both units should not exceed a 30-70%. The clinical records used for the audit are three: Physical records and nursing graphs, Electronic records in JARA, and Electronic records in Digitaliz@.

Potential strategies for GRiP

The first discussions within the team, before the baseline audit was conducted, already highlighted what could be the first barrier we encounter. Bad quality of nursing reports about the CVAD care provided is set to be a barrier from the start, with a potential impact on the baseline audit too.

Barrier	Strategy	Resources	Outcome
Nursing notes regarding CVAD care	- Liaison with staff involved in documenting CVAD care to highlight barriers. - Educational sessions included in the protocol courses about registration tools and options in our system	- Electronic records system (JARA) - Training sessions - Development of specific registering tools within our system may be considered	

Potential strategies for GRiP

A different type of barrier has been identified when the audit commenced:

Barrier	Strategy	Resources	Outcome
Idiosyncrasy of the ICU unit audited. High turnover of patients and short admissions to the unit, due to its specialization in certain surgical interventions, may lead to a low number of occlusions during the stays.	- Comprehensive audit, using all electronic and physical resources available to scrutinize all data and avoiding potential biases - Retrospective audit, increasing the period considered for audit, to ensure that only the records which meet the criteria are audited	- Electronic records system fr the Servicio Extremeño deSalud (JARA) - Electronic archive for physical records that have been digitized (Digitaliz@)	

Conclusion/Acknowledgements

EVIDENCE-BASED CLINICAL FELLOWSHIP PROGRAM (EBCFP)

Project Title: **IMPROVEMENT OF THE MIDWIFERY MANAGEMENT OF THE FETAL OCCIPUT-POSTERIOR POSITION DURING THE SECOND STAGE OF THE LABOR IN LABOR ROOM OF A TERTIARY HOSPITAL.**

Participants Name: GUTIERREZ-MARTIN, MARIA JESUS

Organization: HOSPITAL UNIVERSITARIO RIO HORTEGA (VALLADOLID)

Introduction

- The occiput-posterior labors may be slow, painful and have maternal and neonatal negative effects.
- Midwives have tools for the labor monitoring such as the CTG, the partograph and different interventions (mother posture, manual rotation of the fetal head, etc.)
- Midwives are the main responsible professionals of the intrapartum care , and, therefore, they must be aware of the evidence available on the management of this type of labors.

Audit Question

- ¿The development of a midwifery action guide, a training workshop and the correct use of the partograph are effectives evidence-based practices for the management of the occiput-posterior fetal position on spontaneous vaginal birth in the labor room?

Aims and objectives

Aims of the project

1. To improve the occiput-posterior labor outcomes (high rate of occiput-anterior labors and low rate of professional transfer)
2. To implement a midwife´s action guide for the management of the occiput-posterior fetal position based on evidence, including a pocket flowchart .
3. To evaluate the correct use of the partograph for the monitoring of the labor progression.
4. To train healthcare staff regarding this topic through a training workshop.

Methods

Phase 1:

- The establishment of 3 working teams(strategic, motor, and supportive).
- Feedback to strategic and motor teams.
- Baseline audit (JBI PACES program).
- Request approval of the Ethics and Clinical Research Committee.

Phase 2:

- Facilitating compliance (GRIP process).
- Development of the support documents (midwifery action guide and decision-making flowchart).
- Training workshop focused on the midwifery practice.
- Feedback to strategic and motor teams.

Phase 3:

- Post implementation audit (JBI PACES program).
- Feedback to strategic, motor, and supportive teams.

Audit Criteria

1	**To achieve a higher spontaneous occiput-anterior vaginal birth rate.**
01	Higher rate of spontaneous occiput-anterior vaginal birth.
2	**To slow the rate of professional transfer.**
01	Lower rate of professional transfer.

Audit Criteria

3	**Details of the following should be recorded on the partograph: the mother's personal details, cervical dilation, contractions, maternal well-being (i.e. pulse rate, blood pressure, temperature, amount of urine, and results of urine specimens tests for protein, ketones and glucose), fetal well-being (i.e. fetal heart rate), liquor (i.e. presence and type of amniotic fluid), descent of the fetal head, molding, vaginal examination, alert and action lines, hours, time, and the administration of oxytocin, and any other medications and intravenous fluids.**
01	Details are recorded on the partograph.

Audit Criteria

4	**For pregnant women with spontaneous labor onset, other partograph parameters (i.e. other than the preset lines) should continue to be recorded during labor to identify the possibility of adverse birth outcomes.**
01	Other partograph parameters are recorded on the partograph.
5	**Observations by the midwife during the second stage of labor should be documented on the partogram.**
01	Observations by midwife are recorded on the partograph.
6	**Recording of fetal monitoring (including fetal and maternal heart rates) should be documented.**
01	Fetal monitoring is recorded.

Audit Criteria

7	**Any events that may affect the fetal heart rate (e.g., vaginal examination or fetal blood sampling) should be noted and documented with date, time and signature.**
01	Any events that may affect the fetal heart rate are recorded.
8	**Upright positioning for women in second stage should be encouraged, if they feel comfortable with this.**
01	Upright positioning is recorded.

Audit Criteria

9	**Intrapartum management of occiput posterior position is delivered by a trained and experienced clinician.**
01	≥75% of midwifery staff attended to the workshop.
02	Development of the midwifery action guide.
03	Development of a pocket flowchart for the midwives of the labor room
10	**Healthcare workers who use the partograph should be familiar with the purpose of the partograph and should know how to record, interpret and monitor the progress of labor using the partograph.**
01	≥75% of midwifery staff attended to the workshop.

Setting and Sample

1. Setting: Labor room of a tertiary hospital (HURH).
2. Sample:
    1. Midwives of the labor room who attended to the training workshop (attendance control).
    2. Women attended in the labor room and with the fetus in an occiput-posterior position in any moment of the second stage of the labor. (Consecutive selection).

Potential strategies for GRiP

Barrier	Strategy	Resources	Outcomes
• Change resistance by part of the staff	• Formal support	• Establishing a strategic team	•
• Lack of training regarding the evidence-based management	• Training workshop regarding this topic	• Audit results	•
• Action criteria are not unified	• Delivering evidence-based documents	• Midwifery action guide • Pocket decision-making flowchart	•
• Incorrect used of the partograph	• Training workshop regarding this topic	• Audit partographs	•

Conclusion/Acknowledgements

- The evidence-based management of labors with an occiput-posterior fetal position improves the quality of care for women in the labor room.
- The appropriate and unified used of midwifery tools (partograph, mother posture, etc.) is fundamental in the intrapartum care in this type of labors.