Waking up your unconsciousness....

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Session aims

• To gain an understanding of the principles related to evidence based practice.
• To understand the importance of EBP.
• To review research study design, sourcing interpretation of research data.
• Consider implementation of EBP.
Evidence informs our practice even if we are not wholly aware of it. What do we know about inhaler technique (how do we know)?
Evidence Based Practice

• ‘Evidence based practice (EBP) requires that decisions about health and social care are based on the best available, current, valid and relevant evidence. These decisions should be made by those receiving care, informed by the tacit and explicit knowledge of those providing care, within the context of available resources.’

   (Dawes et al, 2005 in Averard & Sharp 2013, pg7)

• Research defined: ‘Focused, systematic enquiry aimed at generating new knowledge’ (Greenhalgh, 2014).
Is it important? Valuable?

• Yes and you are key to understanding application of research in practice.

Because.....

‘decisions should be made by those receiving care, the tacit and explicit knowledge of those providing care, within the context of available resources.’
Personal thoughts/experiences of EBP

• Quiz - type the following into your address bar:

PollEv.com/janewatson935
Why is it so hard?

It is estimated that it takes approximately 17 years to translate research findings into clinical practice to improve patients’ outcomes (Balas & Boren 2000).

• Evidence based practice is about 2 things.

1) Validity and interpretation of the research
2) Application of the research by individual’s in organisation for patient’s
Applying evidence in practice

Barrier and Enablers

- **Barriers:** Time, interpretation of research, patient expectations, insufficient evidence related to general practice, negative attitudes towards research, reduced workforce

- **Enablers:** Pre-appraised secondary research, networking events

  (Galbraith et al, 2017; Melnyk et al 2008)

But there are many emerging drivers to EBP....
Research and Innovation is a key lever to improving primary care

“Delivering world class primary care depends on a strong evidence base, better data.”

....

ensuring that general practice has the capacity and skills to undertake evaluation and research

Fit for the future RCGP & Kings Fund 2019
NHS Long Term plan

• Research and improvement to drive future outcome improvement.

‘Research-active’ hospitals have lower mortality rates, with benefits not limited to those patients who participate in research.
Nursing Homes - NIHR

• There are more than twice as many people living in care homes in England and Wales, than there are people staying in hospital.
• Yet we know far more about effective treatments in hospital and less about what works most effectively to improve care for older people in care homes.
• Research in care homes is a relatively new and emerging field.

https://www.dc.nihr.ac.uk/themed-reviews/care-home-research.htm  advancing care report.
What is considered good evidence? - Validity

• Is it all about the hierarchy of evidence pyramid?

• Can you put together the order of the pyramid on your table and the corresponding description?
Expert Opinion

clinical proficiency and judgment that clinicians acquire through clinical practice.

Case Series

a coherent and consecutive set of cases of a disease (or similar problem) which derive from the practice of one or more health care professionals or health care setting.

Case Control Study

Involves identifying patients who have the outcome of interest (cases) and control patients without the same outcome, and looking to see if they had the exposure of interest.
Cohort Study

Involves the identification of two groups (cohorts) of patients, one which did receive the exposure of interest, and one which did not, and following these cohorts forward for the outcome of interest.

Randomised Controlled Study

A group of patients is randomised into an experimental group and a control group. These groups are followed up for the variables/outcomes of interest.

Systematic Review

The application of strategies that limit bias in the assembly, critical appraisal, and synthesis of all relevant studies on a specific topic and research question.
Hierarchy of Evidence Pyramid

- Is this important?
- What are the aims of the study?
Qualitative Studies

- Generalizable Studies (diverse sample population)
- Conceptual Studies (based on single theoretical framework)
- Descriptive Studies (sample of a narrowly defined population to illustrate practical issues)
- Single Case Study

Inspiring best practice in respiratory care
Where to find research

• EBP Guidelines – local/national
• Systematic Reviews: Protocols [https://www.crd.york.ac.uk/PROSPERO/](https://www.crd.york.ac.uk/PROSPERO/)
  Cochrane library
• [www.Tripdatabase.com](http://www.Tripdatabase.com) - Trip is a clinical search engine designed to allow users to quickly and easily find and use high-quality research evidence to support their practice and/or care.
• Or bite size reading …. PCRS Abstracts ….Cochrane Blog Shot

Interpretation

• Critical Skills Appraisal Programme: [https://casp-uk.net/casp-tools-checklists/](https://casp-uk.net/casp-tools-checklists/)
Dual combination therapy versus long-acting bronchodilators alone for chronic obstructive pulmonary disease (COPD): a systematic review and network meta-analysis

The LABA/LAMA combination was the highest-ranked treatment group for preventing COPD exacerbations (flare-ups), although there was some uncertainty in the results. LAMA-containing inhalers may have an advantage over those without LAMA for preventing COPD exacerbations. Combination inhalers (LABA/LAMA and LABA/ICS) appear more effective for improving symptoms than single-agent inhalers (LAMA and LABA).

Inhaled steroids (ICS) are associated with an increased risk of pneumonia.

Cochrane review with network meta-analysis; 101,311 people aged 35 or older with COPD in 99 studies. 28 individual inhalers and four inhaler groups (LABA/LAMA, LABA/ICS, LAMA and LABA) were compared.
Respiratory Focused EB interventions

- Asthma Management Plans
- POC testing

...what about implementation?

Figure 1: COPD ‘Value’ Pyramid developed by the London Respiratory Network 2011

- Telehealth for chronic disease £10,000/QALY*
- Triple Therapy £7,000; £137,000/QALY
- LABA £8,000/QALY
- Tiotropium £7,000/QALY
- Pulmonary Rehabilitation £2,000-8,000/QALY
- Stop Smoking Support with pharmacotherapy £2,000/QALY
- Flu vaccination £1,000/QALY in “at risk” population

Thorax 2014;69:973–975

Inspiring best practice in respiratory care
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Pulmonary Rehabilitation for patients with COPD

Anxiety & depression.
Exacerbations, possibly hospital admissions & mortality.

Functional ability

Yet <10-15% of eligible pts are referred.
Why? Healthcare service delivery is highly complex .... Currently seeking views of HCP’s

... please do share & complete my survey:
https://bham.onlinesurveys.ac.uk/a-survey-to-understand-the-barriers-and-enablers-for-health
Identifying the problem ..
Inspiring best practice in respiratory care
What local practice is not evidence based or could be improved?

• What did your reflections reveal?
• Did you identify a gap?
• Quality Indicators can be a starting point.
Some of your examples.....

• Inappropriate distribution of emergency packs/overprescribing of antibiotics.
• COPD Passport
• Loss of spirometry from QoF
• Annual Asthma Reviews – telephone (Group Consultations)
• Case finding
• Engaging patients – end of life care discussions
• Ambulatory oxygen assessment
• Group Consultation
Table discussions

• Practice reflections.....

• Are any of the resources given here helpful?

  https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=13363&type=0&servicetype=1

• Remember Validity!!!!
What next?

Start reflecting on your own organisational practices. Discuss with colleagues, patients.

Read research and critically appraise it, twitter is great ....

Network including patient groups, research and development departments.

Contribute to organisations – PCRS, RCGP, RCN, NICE

https://www.nice.org.uk/get-involved/our-committees/join-a-committee/member--public-health-advisory-committee
Enhancing implementation.

- Cochrane Effective Practice & Organisation of Care. undertake systematic reviews of educational, behavioural, financial, regulatory and organisational interventions designed to improve health professional practice and the organisation of health care services.

- Implementation Science
- Practice and Academia working together.

Clinical Academic opportunities growing for AHP’s - NIHR.
E-learning for health professionals
(Vaona et al, 2016)

• Is e-learning more effective than traditional learning for health professionals?

• The aim of this Cochrane Review is to find out whether e-learning, that is, interactive online educational programmes, is more effective than traditional learning (with no access to e-learning) in licensed health professionals for improving patient outcomes or health professionals' behaviours, skills and knowledge. Cochrane researchers collected and analysed all relevant evidence to answer this question and identified 16 studies.

• Key messages

• When compared to traditional learning, e-learning may make little or no difference for improving patient outcomes or health professionals' behaviours and knowledge, and it is uncertain whether it improves or reduces health professionals' skills.
Enhancing implementation....

- Implementation Science – consider COM-B

Practice & Academia together.
Clinical Academic opportunities
NIHR.
References


