Evidence-Based Practice Keynote:
Evidence Transforming Care at the Bedside

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Presentation Outline

• Evidence-based practice
  – Overview
  – Purposes

• Bedside/Point of Care Scientist
  – Overview
  – Strategies to transform care with evidence
  – Evidence Transfer

• Moving forward
  – Translational research
  – Implementation science
  – High quality, safe, and effective care!
Evidence-Based Practice Model
Benefits of Evidence-Based Practice

• Patients/consumers
• Nurses/healthcare providers
• Healthcare organizations
• Community/society
Bedside Scientist

• “When one thinks of a scientist, the picture of a white lab coat-clad individual standing amid microscopes, chemicals, Petri dishes in a laboratory setting might emerge.”
Bedside Scientist

• “As a nurse, I have a window into the most interesting Petri dish of organisms to study. I work with people, germs, illness and wellness. I can collect by observing, sensing and feeling.”
Becoming a Bedside Scientist

- Attitudes and beliefs
- Educational preparation
  - Formal
  - Continuing
- Institutional support
- Time and resources
- Working in a team
Burning clinical questions

What?
Why?
How?
Sources of Questions

- Questions from your patients
- Observations from your clinical practice
- Occurrence of a problem
- Colleagues pose questions
- News reports
- Literature
- Research
Evidence-Based Practice (EBP) Process

• Identifying a clinical problem
  – Asking a focused clinical questions
  – Reviewing current practice

• Appraising clinical practice guidelines
  – Cross walking current policies with guidelines
  – Making decision if further work is necessary

• Appraising the evidence
  – Evidence summaries
  – Systematic Reviews
  – Primary Studies
Evidence-Based Practice (EBP) Process
(Continued)

• Making decision about next steps
  – Implementation
  – Research

• Implementation
  – Determining fit between evidence and clinical problem
  – Assessing risk/benefit ratio
  – Assessing transferability/feasibility
  – Applying the evidence
  – Evaluating outcomes of implementing new practice
Appraisal Guides

- Clinical Practice Guidelines, e.g., Appraisal Guide for Research Evidence Evaluation (AGREE ii)
- Systematic Reviews, e.g., Critical Appraisal Skills Programme (CASP), Joanna Briggs Institute Guides
- Evidence Summaries
- Primary Research Studies, e.g., Critical Appraisal Skills Programme (CASP), Dartmouth Biomedical Libraries, Joanna Briggs Institute
Appraisals of Evidence

• Level – Type of evidence from expert opinion to clinical practice guidelines based on evidence

• Quality – How well the review or primary research study was conducted

• Strength – Combination of level and quality
Pyramid Example - Levels of Evidence

- Cochrane Systematic Reviews
- Other SRs & Meta-Analyses
- Evidence Guidelines
- Evidence Summaries
- RCTs Case Cohorts, Control Studies
- Clinical Research Critiques
- Other Reviews of the Literature
- Case Reports, Case Series, Practice Guidelines, etc.
- Clinical Reference Texts
Quality Rating of Evidence

A Very well designed study/project, including sufficient sample size, adequate controls, and appropriate analyses

B Well designed study/project, including sufficient sample size, some controls, and fairly definitive results

C Well designed study/project, but with small sample size and incomplete analyses

D Poorly designed study/project with insufficient sample size and unclear results
Being a Bedside Scientist

• Actively engage on ongoing bases
  – Clinical observations
  – Provide care based evidence
  – Participate in research and EBP projects

• Ensuring institutional commitment

• Networking

• Participating in organizations

• Dissemination of your work
Evidence Collaboratives

• Healthcare institution
  – Unit Level
  – Division
  – Institution

• Across healthcare institutions

• Between healthcare institutions and academic settings, e.g., Collaborative for Scholarship
Evidence Collaboratives (continued)

• State
  – Regional, e.g., Montauk to Manhattan Alliance for Evidence-based Practice and Research (M2M Alliance) and Hudson Valley Nursing – Collaborative to Advance Research and EBP (HVN-CARE)
  – Statewide, e.g., New York State Nursing Research Council
Evidence Collaboratives (continued)

• National
  – Regional, e.g., Eastern Nursing Research Society (ENRS)
  – National, e.g., Council for the Advancement of Nursing Science (CANS) and Improvement Science Research Network (ISRN)
Evidence Collaboratives (continued)

• International
  – Regional, e.g., Workgroup of European Nurse Researchers (WENR) and Networking the Americas Consortium for Nursing and Allied Health (NACNAH)
  – International, e.g., International Partners in Self-management and Empowerment Research (IPSE), Sigma Theta Tau International (STTI), International Council for Nurses (ICN), and Joanna Briggs Institute
THE BARTER MODEL

- Pace University
- Hudson Valley Hospital Center
- Phelps Memorial Hospital Center
- Elmhurst Hospital Center
Description of Model

- Collaborative agreement
- Shared Resources
- Joint Activities
- No exchange of funds
- Mutually beneficial
Collaborative Activities

- **Research**
  - Older Persons in Acute Care Survey-United States
  - Information Technology Security in Healthcare

- **Teaching Research**
  - Nursing Students
  - Nursing Staff

- **Evidence-Based Practice**
  - Nursing Students
  - Nursing Staff

- **Networking**
  - Local
  - Regional
  - National
  - International
Collaborative Activities (continued)

- Consultation
  - Service
  - Education
  - Community

- Grant Writing
  - Internal Funding
  - External Funding

- Scholarship
  - Presentations
  - Publications

- Nursing Research Conferences

- Nursing Alliances
State Regional Alliances for Research and Evidence-Based Practice

- Hudson Valley Nursing - Collaborative to Advance Research and EBP (HVN-CARE)

- Montauk to Manhattan Alliance for Evidence-based Practice and Research (M2M Alliance)
Click Here for Regions

NEW YORK REGIONS
1. Chautauqua-Allegheny
2. Niagara Frontier
3. Finger Lakes
4. Thousand Islands - Seaway
5. The Adirondacks
6. Central Leatherstocking
7. Capital - Saratoga
8. The Catskills
9. Hudson Valley
10. Long Island
11. New York City

Click on a county to go to that county.
Activities

• Meetings
• Working groups on clinical topics
  – Across healthcare agencies
  – With academic institutions
• Sharing resources
• Scholarly activities
• Holding Conferences
• Networking
The Joanna Briggs Institute

• International collaboration of health scientists, health professionals and health researchers

• To improve global health through providing point-of-care access to:
  – Evidence databases
  – Decision support systems
  – Implementation, evaluation and continuous improvement tools

http://www.joannabriggs.edu.au/about/home.php
The Joanna Briggs Institute (JBI) Model
Evidence-based Practice

evidence, context, client preference judgement
JBICOnNECT +

Clinical Online Network for Care and Therapeutics
Summary

• Evidence-based practice is essential and mandated in healthcare
• Delivering care with a spirit of inquiry is part of being a bedside/point of care scientist
• Asking focused clinical questions about the care you are giving is essential
• Working collaboratively will develop and maximize areas of expertise
• Participation in evidence-based practice will “transform care at the bedside”
Now your turn …

Questions

and

Comments !!!!!!
THANK YOU!

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References