Panel discussion on uptake of evidence [possible collaboration with ICLC]

Encouraging the uptake of evidence within Queensland Health

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Two Queensland Health library staff have been members of the Evidence Based Practice Interest Group within the Clinical Practice Improvement Centre since its inception in 2006. CPIC has responsibilities across the decentralised health service. Our contributions to date mainly relate to coordination e.g. of training, and provision of content for the CPIC website e.g. links and predefined searches.

One of us delivers multidisciplinary training in evidence based practice, supports and participates in clinical research, and is a member of committees engaged in the development of nursing practice, clinical guidelines and hospital-wide quality improvements. Collaboration with a local university ensures future clinicians are well supported in a regional area with limited resources.

The authors work in libraries that are part of the Queensland Health (QHealth) network stretching from the Brisbane metropolitan area to the west and far north of the state.

Our contribution to this panel discussion can be summarized as ‘the four Ps’.

1. Promotion of EBP resources

When librarians engage with evidence based practice (EBP), we have observed that the most commonly employed strategy is to promote the use of EBP resources available within an organisation.

Within QHealth, we and our colleagues promote EBP resources in the following ways:

- Feature EBP resources during information literacy training sessions (e.g. Cochrane, Dynamed, Clinical Evidence)
- Feature EBP journals when promoting signup for emailed Table of Contents services
- Offer predefined searches of major databases from our intranet pages, filtering for higher levels of evidence
- Compile clinical specialty pages for our electronic resources portal; each page lists EB resources at the top
• Comprehensively search EBP sources for patrons, and explain why they are preferred
• Provide outreach services to ensure that QHealth clinicians in rural areas receive face to face training in how to use the online resources.
• Teach Boolean logic, a critical skill enabling clinicians to refine their search

If there is no EBP champion within the facility, librarians are often invited to take on this role, or may seize the role on their own initiative.

2. Promotion of understanding of EBP

A number of us offer ad hoc or regular training in the basics of EBP. Sometimes this is offered within a clinical discipline, at other times a multi-disciplinary audience is deliberately sought.

Workshops are offered in the Brisbane area, in a major satellite city, in regional cities and in rural areas.

Since 2003, self-paced online tutorials have been available to QHealth staff. Modules are available on EBP basics, critical appraisal and developing clinical practice guidelines. Several QHealth librarians were engaged as online facilitators for these modules.

Feedback is gathered on the activities already mentioned, but only one program is formally evaluated. We’ll discuss outcomes and impact later.

3. Partnering with clinical/policy staff

This section could well be titled, ‘Promotion of the Library’. While a clinician commonly initiates the partnering, in our view it is often the result of excellent service provision by the Library – the best form of promotion. Clinicians know what librarians do, and they also know our help is needed to make a success of the partnering project.

Participate in EB journal clubs

The Mount Isa Centre for Rural and Remote Health (located adjacent to the Mount Isa Base Hospital) offers a monthly journal club for clinicians, with the primary aims of teaching critical appraisal and database searching skills. The Hospital Librarian is a member of the journal club committee. She searches for articles on the chosen topics, then demonstrates and explains the search strategy at the journal club meeting. The intended outcome is to raise clinicians’ awareness of EBM principles and strategies.
The impact of the journal club was not formally measured, but to be honest, in a remote area with high turnover of clinical staff, its existence was achievement enough.

By contrast, in a major metropolitan hospital, an EB journal club struggled for years before collapsing, to the great disappointment of its champion, a senior clinician.

**Assist with revision or creation of evidence based clinical policies**

In Townsville Hospital, all nurses beyond the base grade are now required to complete a small research project each year. Many nurses choose to revise a clinical policy, and the librarians’ skills are much in demand to discover the best evidence. We wonder how many of the revised policies were implemented. One nurse actually used the phrase ‘sacred cows’ in her project title.

In 2008, a major project was initiated by the nursing executive. Recognising that the existence of a policy is no guarantee of observance, the numerous policies available on our local intranet (and their unauthorized variants) were ruthlessly culled. The project officer asked library staff for advice, which resulted in a close and successful collaboration with the Joanna Briggs Institute. A new hierarchy of documentation was introduced, whereby very few policies are published, and most detailed work instructions remain at the ward level.

In another QHealth hospital, a similar process includes an ‘evidence based nurse coordinator’ who facilitates the implementation of the new policy into the ward.

**Assist with revision or creation of evidence based non-clinical policies**

The concept of evidence based health policy is relatively new, attracting attention in the UK and elsewhere.

Over the past 2 years, some of QHealth’s non-clinical areas have increasingly demanded evidence to support health service planning. In the current QHealth strategic plans there is now a stated commitment to evidence based policy and planning and this appears to be gradually filtering through to policy and planning processes. The Planning and Coordination Branch in particular has been heavily utilising the Central Library’s literature searching service to support clinical service reviews and the health service planning benchmark project. There is now a requirement to document the sources searched and the strategies used.

One library is located within a unit responsible for organisational development and improvement. The librarian routinely searches for best practice on topics of strategic and human resource importance.

**Evidence Based Practice Interest Group (EBPIG)**
The authors are members of the multi-disciplinary Evidence Based Practice Interest Group within the QHealth Clinical Practice Improvement Centre.

The Group activities over the first two years have had varied success. We created a series of intranet pages – almost a portal for information about EBP – with, for example, predefined searches using a clinical queries filter. However a subsequent non-negotiable high-level decision moved the pages to the external website, so we lost the ability to use OVID Medline and link through to our electronic journal holdings.

The EBPIG feels that encouraging participation in journal clubs is one strategy to facilitate the uptake of evidence into practice. Accordingly, one of the librarians in the Group was asked to conduct a literature review for journal club best practice guidelines. This was done and a summary of recommendations was produced. It was discovered that the Centre for Allied Health and Evidence (CAHE) in South Australia had very informative web pages on this topic. The Group decided that a web page on journal clubs would be produced for the EBPIG web site, incorporating the summary and CAHE information (with permission, of course) and this is planned for completion by the end of June 2009.

The Group seeks to establish within QHealth a Centre for Evidence Based Decision Making. The name has been carefully chosen to include clinical, non-clinical and public health disciplines. A much-revised draft submission has informed numerous discussions with identified potential stakeholders, but we are yet to find a champion both in sympathy with our goals and willing to help us. Our organisation is in a state of flux, with constantly shifting structures and leaders. At the time of writing, we are working on building some strategic internal and external partnerships, preferably with funding sources.

In Townsville, a funded nursing research project is examining the best way to encourage rural and remote nurses to participate in action research. The project investigators are the professor of nursing research (a conjoint appointment with the nearby university), the nursing research manager, a librarian and the nurse managers of two rural health facilities near Townsville. Of course, the EBP skills the novice researchers learn are equally applicable to current clinical practice. A variety of outcomes is being measured, but the ones of interest to this discussion relate to the impact of library services and training. Provisional results are expected mid 2009.

Librarians in some QHealth facilities actively participate in education sessions on more general research topics. In one hospital, a successful series of programmes for allied health staff will soon be extended to non-clinical staff.
A librarian who is invited to join a team to produce a Cochrane systematic review, accepts with trepidation. The work is demanding but rewarding, not only due to the discipline of comprehensive searching, but also because one gains a deep understanding of the systematic review process, which can be shared while teaching EBP concepts and when demonstrating how to use the Cochrane Library.

In Townsville, a committee responsible for supporting nursing practice invited the librarian to join. The offer was made in recognition of the library’s commitment to EBP and willingness to coordinate clinical and corporate research and education activities at a practical level.

4. Performance measures

Here we have more questions than answers. The population of Queensland is growing rapidly; hospitals and their budgets are under significant pressure; clinicians and librarians alike are time-poor. Now it is even more important than before to measure the impact of library services, to focus our efforts or to build a case for more physical and human resources. Our accreditation surveyors demand evidence not only that our systems are good, but that they are constantly improving.

**Question:** How can we measure the impact of our involvement with EBP, in a time-efficient manner?

Some methods employed are:

- The rural and remote nursing research project (see above)
- A very quick survey to pop up when a patron exits a database or is delivered search results: ’Did the information confirm or change your practice?’
- A paper version of the survey to attach to information supplied in print

QHealth librarians are reviewing the data we collect for benchmarking between ourselves and with other health libraries. We expect to report on progress in September 2009.

**Question:** Why do non-clinical staff rely more heavily than clinicians on personal contacts, rather than published evidence?

Is it easier for clinicians to implement EBP? Does a larger body of published evidence make it easier to demonstrate the direct benefit to the patient (plus the underlying professional ethics i.e. do no harm)?

There would seem to be an opportunity here for us to demonstrate the value of the library service to the organisation.
We look forward to further questions and discussion with the panel and audience.