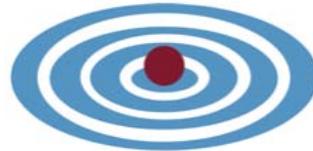




Utilising Audit and Feedback to Evaluate Effective Implementation of Evidence Based Health Care

Tiffany Conroy-Hiller
Professor Alan Pearson,
and Zuben Florence





Implementation-the evidence

- Implementation is 'problematic'
- Audit and feedback moderately effective
- Multi faceted interventions more effective than single interventions
- Situational analysis helps to identify barriers





Practical Application of Clinical Evidence System-JBI PACES

- Audit criteria derived from evidence
- Immediate access to data and audit results
- Incorporates situational analysis and action planning
- Allows comparisons with previous data and 'industry average'

Volume 6, Issue 2, 2002 ISSN 1329 - 1874

Best Practice

Evidence Based Practice Information Sheets for Health Professionals

Split Thickness Skin Graft Donor Sites: Post Harvest Management

Introduction

This Best Practice Information Sheet has been derived from a systematic review conducted under the supervision of The Joanna Briggs Institute. The focus of this review is the post harvest management of the Split Thickness Skin Graft (STSG) donor site. The primary references on which this information sheet is based are available in the systematic review report available from The Joanna Briggs Institute and from the web site:

www.joannabriggs.edu.au

This Information Sheet Covers the Following Concepts

- New STSG donor sites
- Infected STSG donor sites
- Healed STSG donor sites
- Recommendations
- Consensus Conclusions

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Best Practice

Evidence Based Practice Information Sheets for Health Professionals

Falls In Hospitals

Background

The use of the split skin graft as a reconstructive technique is commonplace. It involves the harvesting of a sheet of skin comprising epidermis and varying thickness of dermis. Naturally this process involves the creation of a superficial wound that is the donor site. The donor site heals by a process of re-epithelialisation. Epithelial cells migrate across the wound surface from the rim of the wound and the edges of various structures in the dermal layer, such as sebaceous glands and

Purpose

The purpose of this practice information sheet is to provide summarised best available evidence on patient falls in hospitals. This information sheet covers factors that increase the risk of falling, assessment of risk of falling, and interventions aimed at minimising the risk of falling. This information sheet is based on a systematic review undertaken by The Joanna Briggs Institute.

Introduction

It has been estimated that one third of people aged over 65 years, and half of people over 80 years, suffer at least one fall per year. In Australian hospitals, 38% of all patient incidents involve a fall. This high incidence of falls has been attributed to many factors including trauma, debilitating disease, environmental hazards, age, mental status, length of hospital stay and gender. While there has been a large number of studies conducted and many papers published, patient falls continue to be a major problem for hospitals.

Quality of Research

In undertaking this systematic review of falls research a number of issues related to the quality of research were identified. Some research reports provided inadequate information regarding the methods used during the research, which made assessment of their quality difficult. Other reports provided only minimal information about the results, limiting the usefulness of the research findings. Rigorous research methods were rarely used for falls research and as a result potential biases and errors threaten these findings. Therefore because of these limitations, much of the information in this summary of the research has been classified as level IV evidence (expert opinion).

This Practice Information Sheet Covers The Following Concepts:

1. Quality Of Research
2. At Risk Patients
3. Where And When Patients Fall
4. Assessing Patients For Risk Of Falling
5. Fall Prevention Interventions

Levels of Evidence

All studies were categorised according to the strength of the evidence based on the following classification system:

- **Level I** Evidence obtained from a systematic review of all relevant randomised controlled trials.
- **Level II** Evidence obtained from at least one properly designed randomised controlled trial.
- **Level III** Evidence obtained from well designed controlled trials without randomisation.
- **Level III.1** Evidence obtained from at least one properly designed randomised controlled trial.
- **Level III.2** Evidence obtained from well designed cohort or case control analytic studies particularly those with a control of research group.
- **Level III.3** Evidence obtained from multiple time series with or without the intervention. Diagnostic accuracy results in uncontrolled experiments.
- **Level IV** Opinion of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

Volume 2, Issue 2, page 1, 1998



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- Hand held computer to facilitate data collection
- Web based
- All results and action plans available in PDF
- Linked to world wide utilisation network and PACESetters magazine





Topic selection



Practical Application of Clinical Evidence System



[Audit Cycles](#)



[New Audit](#)



[User Manual](#)



[Administration](#)



[Logout](#)

New Paces Cycle

Filter by topic

Select type: Clinician Based Organization Based

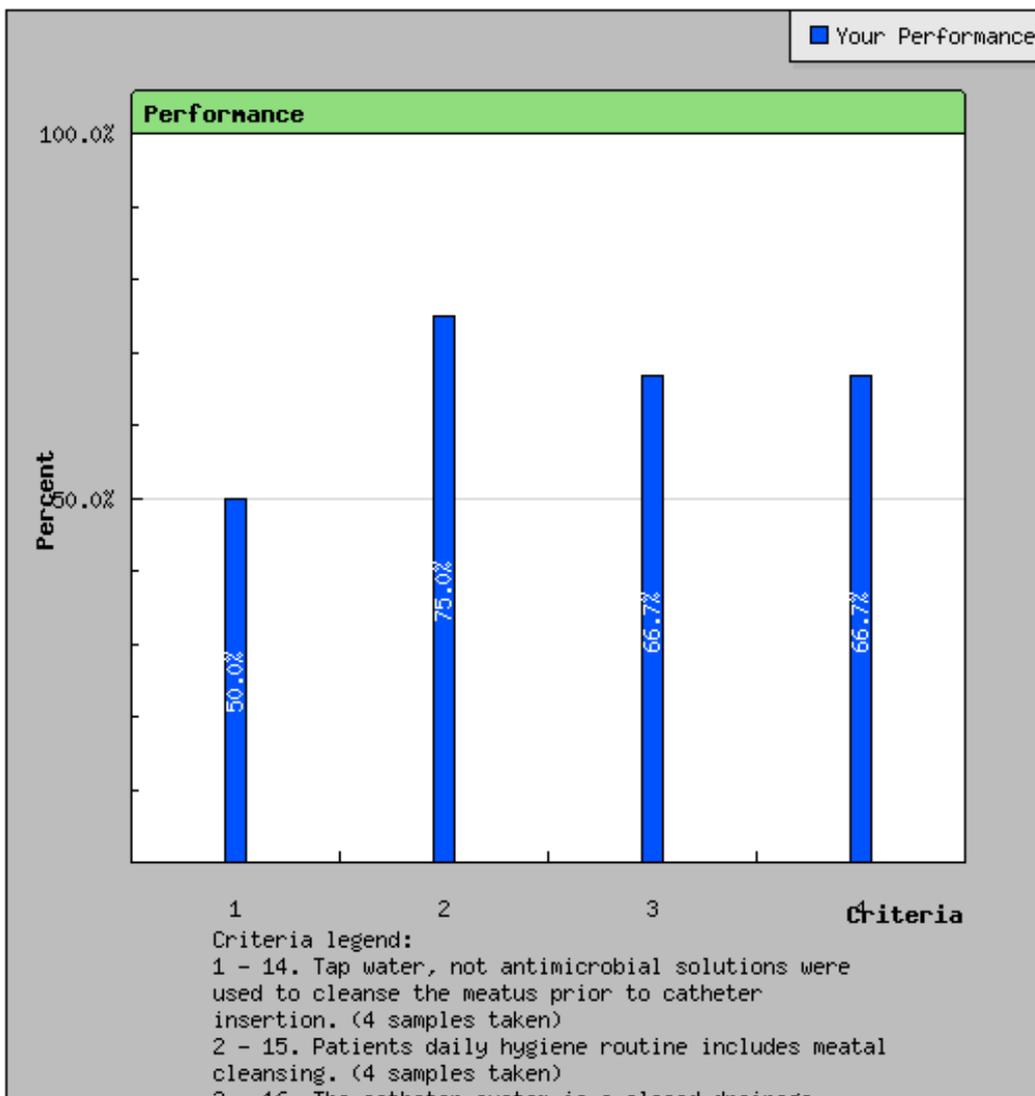
Audit Topics

- Peripheral Intravascular Access Device Management
- Identification and management of dysphagia in adults with a neurological impairment
- Indwelling Urethral Catheters
- Fall Prevention
- Fall Prevention Risk Assessment
- Fall Prevention Quality Improvement
- Falls Prevention-PACES pilot
- Maintaining oral hydration in older adults.
- Oral hygiene care for adults with dementia in residential care facilities
- Management of constipation in older adults.
- Prevention of constipation in older adults.
- Prevention and treatment of oral mucositis in cancer patients
- Knowledge retention from pre-operative information
- Solutions and techniques for wound cleansing - Acute open wounds (eg traumatic, lacerations, abrasions)
- Solutions and techniques for wound cleansing - Contaminated open wounds
- Solutions and techniques for wound cleansing - Sutured wounds (clean post-operative wounds and primary closed wounds)
- Solutions and techniques for wound cleansing - Chronic wounds
- Administration and supply of medications by registered nurses in rural and remote areas
- Tracheal suctioning of adults with an artificial airway
- Graduated compression stockings for the prevention of post-operative venous thromboembolism
- Smoking cessation - Interventions and strategies
- Eye care for intensive care patients



Initial results

Report
For Audit Indwelling Urethral Catheters
By PACES Pilot (finaltest)





Situational analysis



Practical Application of Clinical Evidence System

-  [Audit Cycles](#)
-  [New Audit](#)
-  [User Manual](#)
-  [Administration](#)
-  [Logout](#)

1. Situational Analysis

Identifying or diagnosing the problem

In looking at how to improve practice, it is helpful to think about areas that may need to be addressed to enhance outcomes. By identifying the issues that are thought to have contributed to the current level of compliance, you can possibly improve these results through rectifying the identified problems.

List the factors that you have identified as factors or barriers to achieving better outcomes.

- no time
- no money
- no staff
- no resources

-
-
-





Action planning



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[Audit Cycles](#) |



[New Audit](#) |



[User Manual](#) |



[Administration](#) |



[Logout](#)

2. Action Planning

Considering alternative courses of action for solving a problem

Identifying those to be involved in this process, and their position within your organization.

Project Lead

Jane Owens

Other Key Stakeholders

Staff
Patients/Clients
Stores
etc

When do you aim to have the changes made by?

09-08-2005



format (dd-mm-yyyy)

From the factors/barriers you have identified in your situational analysis, which do you believe you can adjust?

Adjustable	Factor/Barrier Identified	Actions
<input type="checkbox"/>	no time	<input type="text"/> <input type="button" value="Add action"/>
<input type="checkbox"/>	no money	<input type="text"/> <input type="button" value="Add action"/>
<input type="checkbox"/>	no staff	<input type="text"/> <input type="button" value="Add action"/>

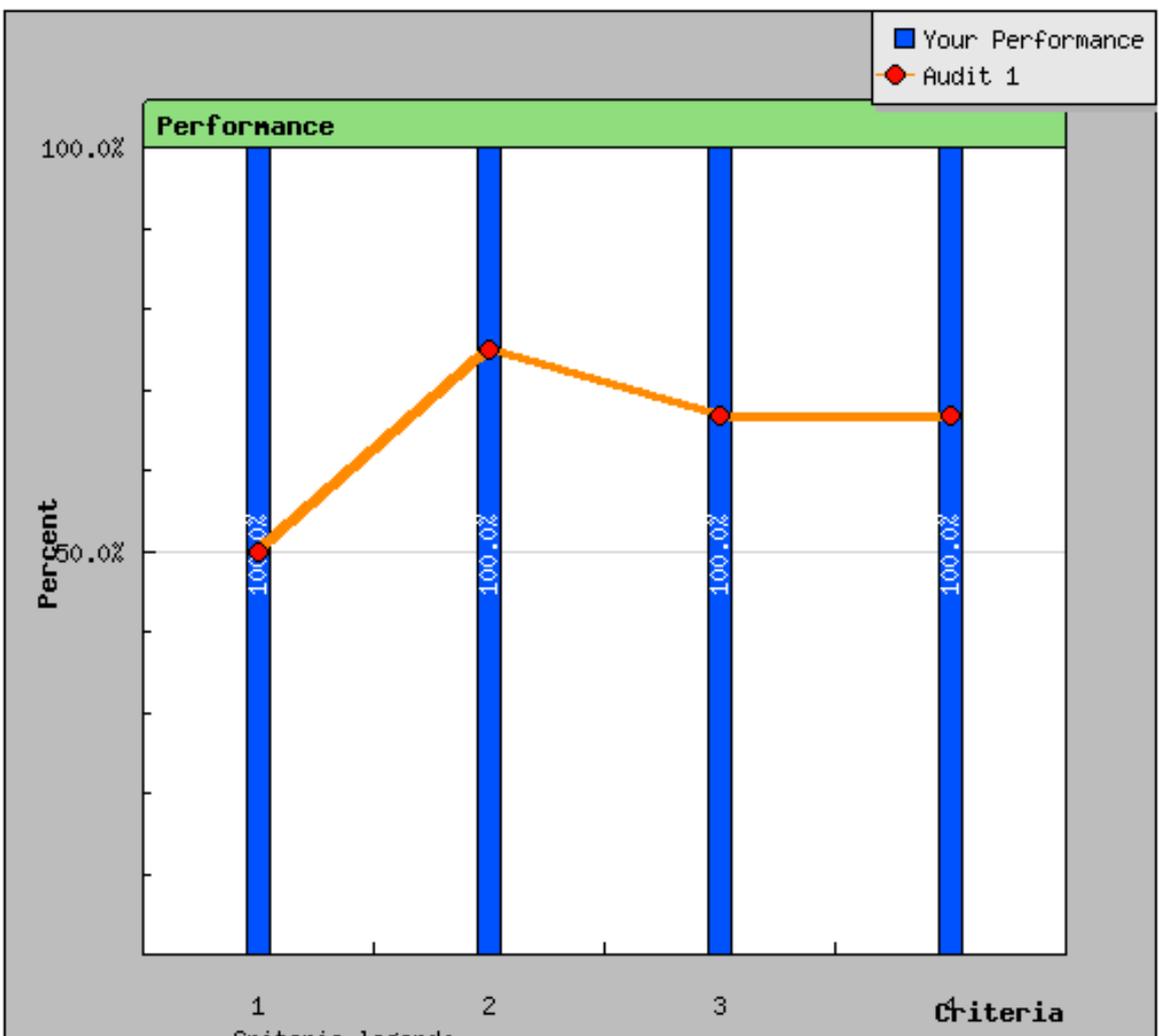


Post implementation results

Report

For Audit Indwelling Urethral Catheters

By PACES Pilot (finaltest)





PACES summary

- Evidence based system for implementing evidence based clinical practice
- Results immediately available
- Level of access to results across organisations
- Web based and user friendly
- See presenter or website for further information

