Symptom Management?
Complex cases?
Difficult decisions?

What can help us to help our patients?
Who can help us to help our patients?
EBM, EBN, Evidence-based practice (EBP)

- **EB Practice** – “defines care that integrates best scientific evidence with clinical expertise, knowledge of pathophysiology, knowledge of psychosocial issues and decision making preferences of patients (and families)

- Evidence-based practice (EBP) is the conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to guide health care decisions.

Why practice with evidence?

- Patient safety
  - 10-12% of patients involved in a medical error/adverse event
  - 20% of the hospital budget
  - Lack of communication within and between the professional groups are the most common cause

- Eliminate practice routines which do not enhance patient care in terms of outcomes

- Adopt well-tested, new interventions in order to provide the best possible care
Systematic review or meta-analysis of all relevant randomized controlled trials (RCTs),

Evidence-based clinical practice guidelines based on systematic reviews of RCTs

Evidence obtained from at least one well-designed RCT

Evidence obtained from well-designed controlled trials without randomization and from well-designed case-control and cohort studies

Evidence from systematic reviews of descriptive and qualitative studies

Evidence from a single descriptive or qualitative study

Evidence from the opinion of authorities and/or reports of expert committees

Evidence-Based Practice for Patient Safety

- didactic education alone is never enough to change practice

- one-time education on a specific safety initiative is not enough

- Simply improving knowledge does not necessarily improve practice
Importance of Guidelines

PERSPECTIVES ON BEST PRACTICES

- Improving quality and experience of care
- Reinforcing safety
- Increasing productivity and efficiency
- Demonstrating leadership
Definition

For this project guidelines are systematically developed statements to assist practitioner decisions about appropriate healthcare for specific circumstances.
Necessity of guidelines
Cancer Healthcare Challenges

- Demographic shift - ageing population
- Treatment options: shift towards oral chemotherapy and molecular “targeted” therapies
- Care setting: shift from hospital to family (home) care
- Care options: increase in type of care needed
- Healthcare infrastructure: centralisation of cancer services
- Survivorship: increase in the number of cancer survivors
- Increased awareness & access to information
- More informed patient choice & increased consumer power
- Reduced funds to healthcare
Necessity of guidelines
Challenges - Care inequalities

30-40% of patients do not receive care according to scientific evidence

- Symptoms managed differently across Europe (prevailing opinion)

- Symptoms often missed in busy clinical settings

- Assessment tools limited or missing

WISECARE project 2002
Necessity of guidelines
Nursing Challenges

- Disappearing oncology nursing workforce
- Polarisation of oncology nursing workforce
- Substantive skill / training gaps in HC teams
- Substantive skill gaps; diversity of roles, titles and qualifications
- Training and ability to utilize information
- Rapidly changing healthcare systems
- Mobility of workforce
Barriers to implementation of Guidelines

GUIDELINES:
AN UNHELPFUL STRAIGHTJACKET OR AN ESSENTIAL TOOL FOR OPTIMAL TREATMENT?

◆ Lack of scientific knowledge
◆ Conflicting research results
◆ Lack of supervision
◆ Overemphasis on randomized control trials, systematic reviews and meta-analysis
◆ „Theory to practice“ still separate worlds

Medves et al 2010, Cancer World  Jan/Feb 2005
Organisational limits or restrictions

- Lack of transformational leadership (top down management)
- Failure to incorporate EBP time, money and resources into the budget
- Hierarchy
- Lack of mentors
- Lack of M.D. / multidisciplinary support ("cookbook" medicine)
- Overwhelming patient loads - Lack of time

Individual commitment

- Lack of interest / professionalism - Resistance from colleagues
- Lack of knowledge about research / EBP
- Lack of authority / autonomy to make change
Overcoming Barriers

Task for specialist prepared nurses
- Involve colleagues
- Establish a plan with your boss
- Information and feedback
- Document the progress carefully
- Give credit

At the clinical level
- Discussion and reflection of practice (Pilots brief and debrief)
- Monitor relevant research and development
- Create networks, journal clubs
Overcoming Barriers

Multidisciplinary team involvement

◆ Careful planning
◆ Commitment
◆ Enthusiasm
◆ Networking
EPAAC: WK 7 Healthcare
Putting evidence into practice: implementing clinical guidelines

Sara Faithfull (Chair EPAAC)
Professor of Cancer Nursing Practice,
Faculty of Health & Medical Sciences,
Surrey University, UK

Anita Margulies (Chair PEPs)
EONS executive board member
Zürich, Switzerland

www.epaac.eu
Aims of project

- European Partnership for Action Against Cancer (EPAAC) is an EU joint action project
  - encourages multi-professional oncology collaboration
  - encourages patient groups participation

- to reduce the burden of cancer through the EU in a variety of areas, health promotion and prevention, screening and early diagnosis, related cancer health care, coordination of research and cancer information.

- to support member states in the development of cancer plans and reduce inequalities in cancer care throughout Europe
Within the EPAAC working package 7
EONS has committed itself

- to implement and disseminate symptom management guidelines
- to educate, to support European nurses to utilise more widely practice based clinical guidelines
- improve patient symptom management and safety
What is PEP?

Putting Evidence into Practice (Oncology Nursing Society)

- Resources are designed to provide evidence-based interventions
- The PEP resources can be used by novice as well as experience oncology nurses.
- PEPs are one bridge to encourage change
PEP Content

- Definitions
- Quick View Resource
- Tables of Evidence
- Guideline
- Meta-analysis and Systematic Review Table
- Measurement (Management) Summary
- References
Weight of evidence classification model

Recommended for Practice

- **Recommended for Practice**
  Effectiveness has been demonstrated by strong evidence from
  - rigorously designed studies,
  - meta-analysis, or
  - systematic reviews

- **Likely to be Effective**
  Effectiveness has been demonstrated from
  - a single rigorously conducted controlled trial
  - consistent supportive evidence from well designed controlled trials using small samples, or
  - guidelines developed from evidence and supported by expert opinion

Caution recommended

- **Benefits Balanced with Harm**
  Interventions for which clinicians and patients should weigh the beneficial and harmful effects according to individual circumstances and priorities

- **Effectiveness Not Established**
  Interventions for which insufficient or conflicting data or data of inadequate quality currently exist, with no clear indication of harm
Not recommended

Effectiveness Unlikely
Lack of effectiveness has been demonstrated by
• negative evidence from a single rigorously conducted controlled trial,
• consistent negative evidence from well-designed controlled trials using small samples, or
• guidelines developed from evidence and supported by expert opinion

Not Recommended for Practice
Lack of effectiveness or harmfulness has been demonstrated by
• strong evidence from rigorously conducted studies,
• meta-analyses, systematic reviews,
• interventions where the costs, burden, harm associated with the intervention exceed anticipated benefit.
Sourcing the evidence
Sharing an experience

5 steps of EBP Change

◆ 1. PICO Question - establish your question What do you want to (have to) change?
  P- Population, I- Intervention, C- Comparison intervention , O- Outcome
◆ 2. Evidence collection & leveling (1-7)
◆ 3. Evidence appraisal - what were the results of the study? Are the results valid, will the results help me in caring for my patients?
◆ 4. Initiate change
◆ 5. Evaluate change – outcomes measurement, effectiveness of the change.
Implementation of PEP’s in Europe
Plan of action – Phase 1

In collaboration with the ONS

- All member societies received a „call for expert reviewers“
- All individual members received a „call for expert reviewers“
- Approximately 30 reviewers were chosen
- 5 „leads“ were appointed to guide the reviewers through the process.

The existing guidelines

- The first symptoms reviewed: Radiodermatitis, Dyspnea, Lymphedema, Pain, Peripheral Neuropathy
- were reviewed by an expert panel of nurses
- will be modified into a European context
Plan of action – Phase 1
Evaluation of PEPs and EU modification

5 symptoms have been evaluated by a panel of experts

These focus on topics of symptom management because:

- nurses play an important role in symptom management
- evidence based interventions have a maximum economic and safety impact
- clinical guidelines address inequalities in management
- except for „Pain“ accepted EU guidelines for these symptoms do not exist
Plan of Action – Phase 2

Following adaptations

- translations into 5 European languages: German, Dutch, Spanish, Slovenian, Danish (13 countries with English)

Dissemination & Implementations of PEP’s

- September 2012 – 2 day implementation workshop in Brussels

- Implementation supported by clinical nurses within a clinical oncology setting

- Explore barriers and inequalities (EHMA)
Ask yourselves

- **Which** of my practices are currently evidence based and which don't have any evidence to support them?

- **When** is the best time to question my current clinical practices and with whom?

- **Where** can I find the best evidence to answer my clinical questions?

- **Why** am I doing what I do with my patients?

- **Who** can I seek out to assist me in enhancing my evidence-based practice (EBP) knowledge and skills and serve as my EBP mentor?

- **How** can I become more skilled in EBP and mentor others to implement evidence-based care?

American Journal of Nursing: November 2009 Melnyk, Fineout-Overholt, E et al
What you can do ....

- Think about introducing EBP to your clinic
- Think about giving your patients the safest care