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SUPLEMENTO AO N.º

7

ATAS DO JBI EUROPEAN SYMPOSIUM 2021 & SPIDER MULTIPLIER EVENT

COMUNICAÇÕES ORAIS
PÓSTERES

SETEMBRO 2021

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Objetivos e contexto

A **Revista de Enfermagem Referência** é uma revista científica, *peer reviewed*, editada pela Unidade de Investigação em Ciências da Saúde: Enfermagem. Esta Unidade de Investigação é acolhida pela Escola Superior de Enfermagem de Coimbra e acreditada pela Fundação para a Ciência e a Tecnologia. O **objetivo** da revista é divulgar conhecimento científico produzido no campo específico das ciências da enfermagem, com uma abordagem interdisciplinar englobando a educação, as ciências da vida e as ciências da saúde. É requisito que todos os **artigos** sejam cientificamente relevantes e originais e de um claro interesse para o progresso científico, a promoção da saúde, a educação em saúde, a eficácia dos cuidados de saúde e tomada de decisão dos profissionais de saúde. Cerca de 80% dos artigos são publicados como artigos científicos originais e cerca de 20% dos artigos são artigos de revisão (revisão sistemática), artigos teóricos e ensaios. O **processo de revisão por pares, *double blind***, inclui 10 fases, da submissão à disseminação (Pré-análise; Checklist; Revisão por pares; Gestão de artigo; Tratamento técnico e documental; Revisão final; Tradução; Maquetização e atribuição de DOI; HTML; Divulgação pelas bases de dados). Os seguintes documentos estão disponíveis aos autores: checklist, termo único e tópicos de análise crítica para ajudar a escrita de artigos científicos de acordo com o seu tipo específico. Os revisores podem aceder a estruturas sistemáticas de avaliação. A **gestão do processo de revisão** é totalmente automatizada. Isto permite uma ação efetiva de controlo, regulação e avaliação (gestão de autores, revisores e artigo). A revista tem uma **extensão internacional** e é publicada em **formato bilingue** (é obrigatória a versão em Inglês). O periódico recebe contribuições nos idiomas português, inglês ou espanhol. É dirigida a estudantes, investigadores e profissionais das ciências da vida, ciências da saúde e área da educação.

Políticas editoriais definidas de acordo com os critérios do Directory of Open Access Journals – DOAJ. Acessível em open access em www.esenfc.pt/rr

Sistema de publicação em fluxo contínuo (rolling pass), em versão digital.

Palavras-chave: Tecnologias da Saúde; Prática Baseada em Evidência; Promoção da Saúde e Educação para a Saúde; Cuidados de Enfermagem; Ciências da Saúde; Formação de Profissionais de Saúde.

Aims and scope

The **Journal of Nursing Referência** is a peer-reviewed scientific journal published by the Health Sciences Research Unit: Nursing. This Research Unit is hosted by the Nursing School of Coimbra and accredited by the Foundation for Science and Technology.
The objective of the journal is to disseminate scientific knowledge produced in the specific field of nursing science with an interdisciplinary approach covering the areas of education, life sciences and health sciences. All **papers** are required to be scientifically relevant and original and to show a clear significance for the scientific progress, health promotion, health education, health care effectiveness and health professionals' decision-making. Around 80% of the articles published are scientific and original articles, and around 20% of the **articles** are review papers (systematic review), theoretical papers and essays. **The double-blind review process** includes 10 stages from submission to dissemination (Pre-analysis; Checklist; Peer review; Article management; Technical and documentary support; Final review; Translation; Layout and DOI Assignment; HTML; Database dissemination). The following documents are available to authors: checklist, author's statement, and critical analysis topics to help prepare the scientific papers according to its specific type. Reviewers can access systematic assessment structures. The **management of the review process** is fully automated. This allows for an effective control, regulation and evaluation (authors, reviewers and article management). The Journal has an **international dissemination** and is published in a **bilingual version** (the English version is mandatory). The journal receives contributions in Portuguese, English or Spanish. It is directed at students, researchers and professionals from the areas of life sciences, health sciences and education.

Editorial policies defined according to criteria of Directory of Open Access Journals – DOAJ. Available in *open access* at www.esenfc.pt/rr

Rolling pass publishing system, digital dissemination.

Keywords: health care technology; evidence based practice; health promotion and health education; nursing care; health science; health professionals' training.

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NOTA INTRODUTÓRIA

O *JBI European Symposium e o Multiplier Event* do projeto *Erasmus+ Strategic Partnership in Innovation and Development of Evidence-Based Healthcare* (SPIDER) realizou-se a 24 de junho de 2021, em formato virtual, devido à crise sanitária da COVID-19. O objetivo foi promover a disseminação dos resultados das práticas baseadas na evidência, resultantes da implementação de atividades da *JBI European Collaboration* (JBIC) e, em particular, do projeto SPIDER. Foram apresentados trabalhos sobre síntese, implementação e transferência de evidência da *JBI Collaboration*, bem como protocolos e relatórios de implementação do projeto SPIDER. O evento foi aberto a investigadores, metodólogos, docentes, estudantes, profissionais de saúde, gestores e ao público em geral interessado na prática baseada na evidência. Estiveram presentes mais de 100 participantes oriundos de vários países: Bélgica, Brasil, Canadá, República Checa, Dinamarca, Finlândia, Irão, Itália, Portugal, Roménia, Espanha e Reino Unido. Vinte e seis comunicações orais e 22 posters foram aceites e apresentados neste evento.

Comissão Organizadora: M. Teresa Moreno Esther González, Laura Albornos e Candela Cameselle

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INTRODUCTORY NOTE

The JBI European Symposium and the Multiplier Event of the Erasmus + Strategic Partnership in Innovation and Development of Evidence-Based Healthcare (SPIDER) project were held online on 24 June 2021 due to the COVID-19 pandemic. The objective was to promote the dissemination of evidence-based results emerging from the implementation of activities of the JBI European Collaboration (JBIC), particularly of the SPIDER project. Papers on the synthesis, implementation, and transfer of evidence from the JBI Collaboration were presented, as well as protocols and project implementation reports from the SPIDER project. The event was open to researchers, methodologists, teachers, students, health professionals, managers, and the general public interested in evidence-based practice. The event gathered more than 100 international participants from Belgium, Brazil, Canada, the Czech Republic, Denmark, Finland, Iran, Italy, Portugal, Romania, Spain and the United Kingdom. Twenty-six oral presentations and 22 posters were accepted and presented at this event.

Organizing Committee: M. Teresa Moreno Esther González, Laura Albornos and Candela Cameselle

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NOTA INTRODUCTORIA

El JBI European Symposium junto con el Multiplier Event del proyecto Erasmus+ Strategic Partnership in Innovation and Development of Evidence-Based Healthcare (SPIDER) se celebró el 24 de Junio de 2021, en formato virtual, debido a la crisis sanitaria por covid-19. El objetivo fue promover la difusión de resultados de práctica basada en la evidencia, como resultado de la realización de actividades en la Colaboración Europea del JBI (JBIC) y en particular del proyecto SPIDER. Se presentaron trabajos de síntesis, implantación y transferencia de evidencia de la colaboración JBI, así como protocolos e informes de implantación del proyecto SPIDER. El evento estuvo abierto a investigadores, metodólogos, docentes, alumnos, profesionales de la salud, gestores y el público general interesado en la práctica basada en la evidencia. Participaron más de 100 asistentes internacionales, de Bélgica, Brasil, Canadá, República Checa, Dinamarca, Finlandia, Irán, Italia, Portugal, Rumania, España y Reino Unido. En este evento se aceptaron y presentaron 26 comunicaciones orales y 22 pósteres.

Comité Organizador: Maria Teresa Moreno Esther González, Laura Albornos y Candela Cameselle

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ORAL PRESENTATIONS

COMUNICACIONES ORALES

Audit of Environmental Health Status of Clinical Wards in a Military Hospital in Tabriz in 2020

Mehdi Nouri*, Amin Talebpour**, Jafar-sadegh Tabrizi***
Sakineh Hajebrahimi****

Background: Hospital environment health includes all measures that prevent the transfer of pathogens from the outside environment to the hospital and vice versa (Johnston et al., 2000). In this regard, environmental factors must be controlled in such a way that in addition to creating a healthy environment, it also helps patients to recover (Underwood, 2001). Therefore, the present study was conducted to determine the environmental health status of clinical wards in a military hospital in Tabriz in 2020.

Methods: The present study is a descriptive cross-sectional study that was conducted from October 2020 to March 2020. Data were collected on a monthly basis using the environmental health checklist of clinical wards, after confirming its reliability and validity (calculating content validity and alpha coefficient of 0.88). After collecting data using percentage statistical tests Frequency, mean in Spss software version 20 was analyzed. The condition of the hospital's clinical wards was assessed using clinical audit tools and a pre-designed checklist.

Findings: The findings showed that the quality improvement program, including weekly washing program and training in the use of disinfectants to ward services, improving the physical environment of wards and continuous and continuous monitoring of environmental health experts on the environmental health of clinical wards has been effective. Percentage of compliance of clinical health with clinical health standards from 58% in the autumn quarter of 2020 to 76% in the winter quarter ($P < 0.001$).

Discussion: In this study, the use of clinical audit led to the improvement of environmental health status in the short term of the hospital. To continuously improve the environmental health status, this tool should be used continuously with the participation of process owners. The results obtained in this study regarding the promotion of environmental health in the hospital were similar to other existing studies.

Conclusion: The use of clinical audit tools has led to the improvement of the environmental health of clinical wards at the desired level and it is suggested that the use of clinical audit tools as one of the tools for continuous quality improvement for clinical wards.

Keywords: hospital; environmental health; clinical audit

References: Johnston, G., Crombie, I., Alder, E., Davies, H., & Millard, A. (2000). Reviewing audit: barriers and facilitating factors for effective clinical audit. BMJ Quality & Safety, 9(1), 23-36.

Underwood, J. (2001). Autopsies and clinical audit. The hospital autopsy. London: Arnold, 170-177.

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Cancer Management in Covid-19 in Iran: A Qualitative Systematic Review of Challenges

Neda Kabiri, Sakineh Hajebrahimi, Fatemeh Sadeghi-Ghyassi

Background: Non-communicable diseases (NCDs) control became an important issue in pandemic of COVID-19. These diseases were the cause of death in many patients with coronavirus, on the other hand, NCDs themselves increased the risk of getting coronavirus. However, the main challenge that especially developing countries are facing within the pandemic of COVID-19 is about preventing measures and providing vaccines for the corona virus and thus directing a large part of the national budget to the COVID-19. This will cause unfair allocation of resources between COVID-19 and NCDs.

Objectives: This qualitative systematic review was conducted to summarize the challenges of cancer management during the COVID-19 pandemic in Iran.

Methods: This qualitative systematic review was conducted based on the Joanna Briggs Institute (JBI) instructions. Qualitative studies that assessed challenges of cancer management in COVID-19 pandemic in Iran were included in this study. For this reason, following databases were searched: MEDLINE, Scopus, Embase, ISI Web of Knowledge, Cochrane, and JBI Library of Systematic Reviews. Following keywords were used: cancer, neoplasm, COVID-19, SARS-COV-2, and Iran. Included studies were read and re-read until the full understanding of the content. Qualitative research findings were categorized on the basis of similarity in meaning.

Findings: The primary search of databases yielded at 233 records, from which 13 was assessed completely in full-texts. Finally three studies included in this review(Alemrajabi, Moradi, Amiri, & Vahdani, 2020; Gatellier et al., 2021; Mirlashari, Ebrahimpour, & Salisu, 2021). Twenty qualitative findings were extracted from three studies, and based on their relevance in meaning were aggregated into six categories that include: patient care, staff issues, management and administrative issues, international collaborations, patients' and families' mental impact, health policy issues.

Conclusion: The cancer issue and its treatment and diagnosis, as one of the most costly diseases for individuals, society and the health system, took on a new form with the advent of the corona virus and faced many challenges and obstacles. Results of this qualitative systematic review will help policymakers and health managers in Iran and other countries with the similar health systems, in managing cancers and other NCDs during COVID-19 pandemic and post-COVID-19 era. Findings from this study can also be used in the subsequent similar pandemics in the future.

Keywords: cancer; non-communicable diseases; COVID-19; Iran

References: Alemrajabi, M., Moradi, M., Amiri, E., & Vahdani, M. (2020). Therapeutic challenges in colorectal surgery practice during COVID-19 outbreak: A case series. Colorectal Cancer, 9(4). doi:10.2217/crc-2020-0014

Gatellier, L., Shankar, A., Dewi, L. K. M., Hussain, Q. M., Dendup Wangdi, T., Sukumaran, D. B., . . . Hwang, W. (2021). The Impact of COVID-19 on Cancer Care in the Post Pandemic World: Five Major Lessons Learnt from Challenges and Countermeasures of Major Asian Cancer Centres. Asian Pacific Journal of Cancer Prevention: Apjcp, 22(3), 681-690. doi:https://dx.doi.org/10.31557/APJCP.2021.22.3.681

Mirlashari, J., Ebrahimpour, F., & Salisu, W. J. (2021). War on Two Fronts: Experience of Children with Cancer and Their Family During COVID-19 Pandemic in Iran. Journal of Pediatric Nursing, 57, 25-31. doi:https://dx.doi.org/10.1016/j.pedn.2020.10.024

Experiences of Conservative Management for People with Spinal Pain: A Qualitative Systematic Review

Fiona Murdoch*, Lyndsay Alexander**, Kay Cooper***

Background: The aim of this review was to identify, critically appraise and synthesise through systematic meta-aggregation of the literature on patient experience of conservative treatment of spinal pain in primary care. It is important to explore patient' views and perceptions regarding their experience of conservative treatment in order to understand expectations and perceived effectiveness which can be used to enhance conservative management of this important patient group. It is thought too that exploring and meeting patients' expectations regarding structure, process and outcomes of pain management may increase patient satisfaction (1). Individualising treatment and health professional initiatives and actions may also be an important incentive and support to patients (2).

Methods: JBI guidance for qualitative systematic reviews was followed. MEDLINE, CINAHL, AMED, Embase, PsycINFO, Web of Science Databases and grey literature sources were searched from 2007 to 2019 for English publications. Following searching, duplicates were removed, titles and abstractsthen full-texts were screened by two independent reviewers for assessmentagainst the inclusion criteria for the review.

Results: 1481 relevant studies were identified and screened by title and abstract, 1430 studies were excluded leaving 51 full texts to be screened. Of these, 36 studies did not fulfil the inclusion criteria, therefore 15 were included in the review.

The 15 studies were all qualitative, 7 studies involved framework or thematic analysis, 3 studies a phenomenological approach and 5 a grounded theory approach and were from UK, Spain, Germany, Australia, Sweden, Finland and Canada.

Participants were patients or individuals with spinal pain including neck pain and/or low back pain who were consulting or had recieved treatment from osteopaths, GP, physiotherapists or a mix of health care professionals.

Meta-aggregation resulted in 6 synthesised findings - 1)Relationship with HCP and therapeutic relationship, 2) Communication factors including professional factors, respect and being listened to 3) Patient experience and desire to have outcome to spinal pain and active empowerment 4) Patient influence 5) Impact of spinal pain on daily life, exercise and treatment experience, 6) Patient perceptions of spinal pain and continuing with exercises.

Implications: The experiences of patients included in this review provide several strong clinical messages to improve patient management and therapist / patient relationship. Patient empowerment is also influenced by having adequate knowledge from the HCP together with behaviour change and more autonomy of spinal pain.

Keywords: conservative management; spinal pain; patient experience

References: Geurts, J et al., 2017. Patient expectations for management of chronic non-cancer pain: A systematic review. Health Expectations 2017;20:1201-1217.

Calner, T., Isaksson, G and Michaelson, P., 2019. Physiotherapy treatment experiences of persons with persistent musculoskeletal pain: A qualitative study.

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Improvement of Violence Management Among Nurses in Shahid-Beheshti Hospital in Iran

Elaheh Haghgoshayie, Edris Hasanpoor, Ali Mostafaie
Babak Aharchi-Farshi

Background: Workplace violence is a managerial issue that can affect the performance of an institution and, by turning the work environment into an insecure and hostile one will influence the performance of employees and their professional relationships negatively. Despite the high prevalence of violence in the healthcare system, comprehensive statistics on this problem are not available in Iran. Hospitals in Iran offer no basic information in this regard, whether due to COVID-19 pandemic or before, due to the lack of such a registration and reporting system. This study was designed in hope of drawing the attention of the nursing officials and planners to this occupational hazard and providing them with useful information to take a step in promoting the quality of nursing care and preventing the unacceptable phenomenon of violence.

Objectives of the implementation project/Review question: The current project generally aims to assess compliance with evidence-based criteria regarding violence management among nurses in Shahid-Beheshti hospital in Iran.

Methods: Following the JBI Practical Application of Clinical Evidence System and Getting Research into Practice audit and feedback tool with three phases of activities, this project utilized an implementation framework that incorporated quality improvement. Furthermore, the audit tool consisted of three criteria to assess compliance with evidence based violence management.

Results: The post-implementation audit results indicated a significant improvement in violence management. The compliance rate on first criterion, aggression management training, increased from 49% at baseline to 81% at the end. Second criterion, timely support and assistance following an incident, exhibited greater increase from eight to 73%. Finally, increased compliance was noted on third criterion, policy for risk management and safe environment, from 22 to 77%.

Discussion: This project is the first attempt to examine the current practice and implement evidence-based violence management in Shahid-Beheshti hospital in Maragheh. Baseline and follow-up data were collected to identify the barriers, strategies, and resources by using JBI PACES and GRiP tools. The first criterion, which was based on holding violence management training courses, showed 81% compliance. It presented holding continuous training programs to use different and effective methods to deal with violence and its factors have a significant role in violence management. Numerous studies have indicated the need for continuing education regarding violence.

Conclusion/Applicability in clinical practice**:** The current project successfully implements evidence-based violence management in Shahid-Beheshti hospitals, and reveals significant results on compliance and the increasing knowledge of nurses on evidence-based stress management, communication skills and self-companion.

Keywords: violence; evidence-based criteria; hospital; aggression

References: Hasegawa, T., Matsumoto, K., Kitazawa, T., Seto, K., Ito, S., Fujita, S. (2012). Risk factors of workplace violence at hospitals in Japan. *Journal of Hospital Medicine,* 7(2).

Samir, N., Mohamed, R., Moustafa, E., Abou Saif, H. (2012). Nurses' attitudes and reactions to workplace violence in obstetrics and gynaecology departments in Cairo hospitals. *EMHJ-Eastern Mediterranean Health Journal*, 18 (3), 198-204.

Talas, M.S., Kocaöz, S., Akgüç, S. (2011). A survey of violence against staff working in the emergency department in Ankara, Turkey. *Asian nursing research*, 5(4):197-203.

Improving Patients' Evaluation in Post Anaesthesia Care Units in Imam Reza Hospital, Mashhad

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Ali khorsand vakil zadeh****, Mehdi yousefi*****, Majid razavi******
Nahid Zirak*******, Arash Peivandi Yazdi********

Objectives: The aim was to evaluate the knowledge of post anaesthesia care unit(PACU) nurses regarding the correct implementation of discharge scoring system. We also studied the effect of an education intervention to improve the knowledge and compliance of nurses.

Introduction: Post-anaesthesia assessment is crucial in reducing surgical complications. Regardless of the importance, not all patients in the PACU are assessed completely. Lack of knowledge in PACU nurses is a major cause of neglecting complete PACU care.

Methods: A team of anaesthesiologists, operating room head nurse and expert PACU nurses was created. In phase 1, an expert PACU nurse assessed the patients indiscernibly when the responsible nurse decided to discharge the patient. The audit criteria were discharge scoring system, pain with conscious state, nausea and blood pressure and finally vital signs. Educational material was designed based on phase 1 information and the educational intervention was performed in phase 2. Phase 3 was done with the same manner as in phase 1.

Results: Forty-three and 49 assessments were done in the baseline and follow-up audits. The PACU nurses' compliance was 56, 58 and 58 percent in the baseline assessment for discharge scoring system, pain and other variables and vital signs respectively. These criteria were improved to 67, 86 and 90 percent respectively after the educational intervention.

Conclusions: PACU nurses' decision for the correct time to discharge the patients have a significant impact on the future complications. We realised that without continuous educational interventions, nurses' knowledge will diminish to unacceptably low level.

Keywords: best practice; clinical audit; evidence-based practice; educational intervention; discharge scoring system

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Pinto A, Faiz O, Davis R, Almoudaris A, Vincent C. Surgical complications and their impact on patients' psychosocial well-being: a systematic review and meta-analysis. BMJ open. 2016;6(2).

Prowse MA, Lyne PA. Clinical effectiveness in the post-anaesthesia care unit: how nursing knowledge contributes to achieving intended patient outcomes. Journal of advanced nursing. 2000;31(5):1115-24.

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Policies to Tackle Bacterial Resistance: A Systematic Review of Text and Opinion

Neda Kabiri, Sakineh Hajebrahimi, Nafiseh Vahed, Leila Doshmangir
Cecilia Stålsby Lundborg

Background: Doing measures to preserve effective antimicrobial agents and eliminate transmission of resistant organisms, are crucial for human to prevent returning to the pre-antimicrobial era.

Objectives: The aim of this review was to systematically search and appraise all relevant texts and opinions in order to determine effective strategies to tackle bacterial resistance worldwide.

Methods: In this systematic review of texts and opinions, we considered expert opinions, consensus, current discourse, comments, assumptions or assertions and discussion papers, appear in the English language. Following databases were searched for expert opinion based literature: MEDLINE, CINAHL, ISI Web of Knowledge, SCOPUS, Cochrane Central Register of Controlled Trials, and World Health Organization (WHO). Initial keywords included: bacterial resistance, unnecessary antibiotic prescribing, antibiotic use, policy, and document. Textual data was extracted from texts included in the review using the standardized data extraction tool from Joanna Briggs Institute (JBI). Textual pooling was not possible, so the conclusions were presented in narrative form.

Results: Eighteen texts were included to this review. Findings of this review showed that the most repeated policies and strategies based on the expert opinion include implementing and strengthening antimicrobial resistance surveillance; developing national guidelines; improving public awareness; improving home and everyday life hygiene; improving prescribing patterns; improving laboratories capacity; promoting innovation and research in new drugs and technology; and strengthening coordination.

Conclusion: This review systematically gathered strategies that were recommended by textual papers. To our knowledge, this was the first systematic review of text and opinion in the field of bacterial resistance, which can be used alongside the results of quantitative and qualitative systematic reviews by policy makers, hospital managers and governments, whom may wish to rely on evidence about effective policies and strategies to combat bacterial resistance.

Keywords: bacterial resistance, policy options, systematic review, text, opinion

References: Torres, N.F., Chibi, B., Kuupiel, D., Solomon, V.P., Mashamba-Thompson, T.P., Middleton, L.E. (2021). The use of non-prescribed antibiotics; prevalence estimates in low-and-middle-income countries. A systematic review and meta-analysis. *Archives of public health* = Archives belges de sante publique. 3;79(1):2.10.1186/s13690-020-00517-9

Technologies to Facilitate Remote Rehabilitation of Adults: An Umbrella Review

Deborah Edwards*, Jenny Williams**, Judith Carrier***, Jennifer L Davies****

Background: Healthcare providers face the challenge of meeting long-term rehabilitation needs of people whose health or level of activity has been impacted indirectly following COVID-19 . Demands on services are driving the need for rehabilitation to be delivered in homes and communities (Bearne et al., 2021; De Biase et al., 2020).

Objective: To provide an overview of technologies previously used to facilitate remote rehabilitation of adults with musculoskeletal conditions, stroke, traumatic brain injury or deconditioning, and to summarise the evidence of their efficacy to determine which ones may potentially be beneficial for patients with long Covid. Primary outcomes were physical activity, balance/gait, physical or functional performance. Secondary outcomes were pain, cognitive function, quality of life and adverse effects.

Methods: Five databases were searched from Jan 2016 to Dec 2020 to identify English language quantitative systematic reviews (SRs). Following application of selection criteria two independent to reviewers critically appraised five SRs, using the JBI critical appraisal checklist for SRs and research syntheses. Data extraction was performed independently by two reviewers using the standard JBI data extraction tool, data were summarized in tabular format with supporting text.

Discussion: Despite the large number of SRs found in the initial search, only five met the inclusion criteria. Of these five each one explored a different technology which included: wearable activity trackers (WATs), computer-based activities, non-immersive virtual reality, mobile apps, web-based rehabilitation interventions, electronic-health based interventions (web-based or app-based with a WAT). Computer-based activities were beneficial for improving cognitive function but showed no benefit on quality of life in post stroke rehabilitation. Interventions that included WATs showed mixed findings for increasing levels of physical activity for community dwelling older adults with deconditioning. Mobile apps were beneficial for increasing levels of physical activity and physical or functional performance for post stroke rehabilitation. Web-based rehabilitations that contained a variety of components to support home exercise were not effective in improving physical performance or quality of life, reducing pain, or increasing levels of physical activity among individuals with rheumatoid arthritis. Electronic health supported home exercise interventions (web- or app-based with a wearable activity tracker) are effective in improving physical performance and reducing pain of individuals with osteoarthritis in the knee or hip. Therapy in the form of screen-based non-immersive virtual reality could be successfully transferred to the home environment for improving balance/gait of individuals with stroke.

Conclusions: The small number of heterogeneous SRs included in this umbrella review and the very low quality of evidence, mostly from single small primary studies, makes it difficult to draw an overall conclusion that differ from the original review findings. This highlights a paucity of strong, high-quality evidence underpinning technologies that can potentially be used to facilitate remote rehabilitation in the wake of the COVID-19 pandemic.

Keywords: rehabilitation; musculoskeletal conditions; cerebrovascular conditions; deconditioning; digital intervention

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COMUNICAÇÕES ORAIS CURTAS

BRIEF ORAL PRESENTATIONS

COMUNICACIONES ORALES CORTAS

Cancer Pain Management Patients in Portuguese Oncologic Institute: A Best Practice Implementation Project

Cristina Costeira, Isabel Morais, Daniela Cardoso
Rogério Rodrigues, Dulce Carvalho

Background: The World Health Organization (WHO) considers cancer pain as a worldwide medical emergency. It is also responsible for the most feared consequences of oncological disease. Effective pain management is a duty of health professionals, a right of patients who experience it and a fundamental step towards the effective humanization of health care.
Objective: to identify conformities between scientific evidence and care practice in the management of cancer pain; to implement evidence-based strategies to improve care for people with cancer pain and to evaluate the effectiveness of implemented strategies.
Methodology: During 2020-2021, a project was carried on to implement evidence in one inpatient surgery service of a Portuguese oncology institute with patients and nurses. To achieve it, this project was applied in three stages. Stage 1: Performance of a baseline audit whose criteria were based on scientific evidence. Stage 2: Identification of barriers and development of strategies to improve outcomes, such as training sessions aimed at health professionals; development of an information flyer on cancer pain management to provide the patient; creation of a pain management manual, encouraging patients to make a daily record of their pain and its management; use of posters with validated pain scales; and improvement of clinical records on pain history. Stage 3: a follow-up audit was carried out to verify the effectiveness of the implemented strategies.
Results: In the baseline audit were included patients (n = 50) and nurses (n = 21). In this stage, it was identified that 29% of nurses and 4% of patients / caregivers had training in cancer pain. There was no (0%) availability of written documents on cancer pain management to patients / caregivers. It was found that there were records of pain history in 8% of the records consulted, and 10% of patients / caregivers reported encouragement from professionals, in their role of self-management of cancer pain. In the follow-up audit, after implementing strategies, the results revealed improvements in all initial audit criteria. It was found that 90% of nurses and 100% of patients reported having received training in cancer pain and 95% of patients / caregivers mentioned having received written information on pain management. In the records consulted (n = 50), 78% had the registry of complete history pain and 94% of patients / caregivers (n = 50) reported having obtained encouragement by health professionals, in the role of self-management of pain.
Conclusion: The results suggest there was a disparity between the care practices offered and the evidence-based recommendations. The implemented strategies were efficient in the process of improving the quality of care, since it reduced the differences between what is recommended by the evidence and what is practiced in providing care to people with cancer pain, verified by the comparison between baseline audit and follow-up audit.

Keywords: cancer pain; oncology; best practice implementation project

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Clinical Audit of Hemovigilance Compressed Red Blood Cell Product in a Military Hospital in 2019

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Background: Considering the policies of the Blood Transfusion Organization and the main concern of hospitals which is the safety of patients and the importance of blood products in the treatment of some patients, compliance with standards in the blood transfusion chain from the time of donation to donors to patients is very important. Accordingly, this audit was performed to evaluate compliance with the standards in the field of nurses' performance in transfusion of dense red blood cells and in the fields of blood bank and transportation in Tabriz Military Hospital with the aim of reducing complications and increasing patient safety.

Methods: In this study, the performance of nurses in the process of transfusion of dense red blood cells was audited to assess compliance with nursing standards in 124 patients of a military hospital over a period of four months. In this study, observation and completion of a checklist of nursing standards including preparation steps, blood transfusion and subsequent care were used to collect information. In the fields of blood bank (personnel and equipment) and transportation, in order to check the observance of the standards set by the blood transfusion organization, observing and completing the blood transfusion chain evaluation checklist in hospitals was used in 4 examinations in 4 different months. Data analysis was performed using SPSS software version 20. At the end, the results of the audit were discussed in a focus group discussion session.

Results: The results of the present study in line with the purpose of the study in the field of nurses' performance showed that the average score of total performance of nurses was 26.66, with a minimum of 22 and a maximum of 35 points out of 38, which was calculated according to the percentage score (70.16). The general performance of nurses in the field of blood transfusion and related care was at the desired level. The results of the present study, in line with the next objective of the study, which was to evaluate and compare the areas of blood bank (laboratory equipment and personnel) and transportation from blood bank to clinical wards with standards in the form of a report on the current situation, showed that the total mean score 153.25 out of 194 and the average score was 78.99%, which is in the range of need for improvement. The results of the focus group discussion were divided into 5 sections with the titles of nurses 'education, more accurate monitoring of nurses' performance, preparation of equipment, preparation of educational posters, and documentation and reporting of cases with defects.

Discussion: The findings showed that the observance of nursing standards in the process of blood transfusion is generally desirable, although in some cases there are significant shortcomings. It is expected that 100% of nurses involved in blood transfusion and blood products will apply safe transfusion nursing standards and to improve this index, necessary planning should be done and also to improve the quality of blood bank equipment and maintenance of products. Blood planning and necessary actions to be taken.

Conclusion: The use of clinical audits can improve the process of hemovigilance of blood and blood products in the hospital.

Keywords: clinical audit; homovigilance; transfusion; compressed red blood cells

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Evidence Implementation Report - Basic Life Support Training for Nurses Working in the Icu of Imam Reza Hospital, Tabriz

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Background: The process of medical education in the field of CPR depends on several issues such as training materials, students, professors, educational fields, and the applied technologies. BLS is foundational to the care delivered to cardiac arrest victims (1). Providing providers of BLS with evidence-based education focused on basic life support skills and knowledge is essential to improve resuscitation performance and patient outcomes (1-2). The purpose of this study was to use the clinical audit model approved by the Australian Joanna Briggs Institute (JBI) to evaluate and upgrade the using of credible evidence in the education of ICU nurse in Tabriz, Iran.

Objectives of the implementation project/Review question: The project aimed to improve the Basic Life support Training among ICU nurses through clinical audits and the implementation of evidence-based practice recommendations. In this regard, the BLS training of nurses in the ICU by Intensivist, were examined and evaluated. The specific objectives were:

- To determine current compliance with evidence-based criteria regarding BLS knowledge and performance.
- To identify barriers and facilitators to achieving compliance and develop strategies to address areas of non-compliance.
- To improve knowledge regarding best practice regarding BLS among ICU nurses.
- To improve compliance with evidence-based criteria regarding knowledge and performance OF BLS
- To improve outcomes regarding BLS.

Methods: baseline audit was conducted and measured against 13 best practice criteria in relation to education of ICU nurses from 23.05.2020 to 24.01.2021. This was followed by a facilitated multidisciplinary focus group to identify targeted strategies and implementation of targeted strategies in 23.05.2020, and a post strategy implementation follow up audit in 24.01.2021. The project utilized the Joanna Briggs Institute Practical Application of Clinical Evidence System (JBI PACES) and Getting Research into Practice (GRiP) tool.

Results: The baseline audit revealed gaps between current practice and best practice across 9 of the 13 criteria. Barriers for implementation of best evidences for BLS training were identified by the focus group discussion and many corrective strategies were implemented. Although outcomes improvement was intangible for some criteria such as ongoing education and so education fields, there were improved outcomes across most criteria in the follow-up audit.

Discussion: Experts recommend that retraining be conducted more frequently than 1-2 yearly (3). Although the barriers to implementation were challenging, our project showed improvements for each criterion in the follow up clinical audit that all were both clinically important and statistically significant. Improvement in most criteria has been 100% after implementation of interventional effective strategies.

Conclusions: The results of this implementation project indicate that clinical audit is an effective approach to assessing evidence based education about BLS training among ICU nurses. Providing providers of BLS with evidence-based education focused on basic life support skills and knowledge is essential to improve resuscitation performance and patient outcomes.

Keywords: best practice; basic life support; implementation; continuous

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Exercise Therapy for the Treatment of Tendinopathies: A Scoping Review

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Background: Tendinopathy is a common condition leading to pain, disability and reduced quality of life/participation. Due to many tendinopathies having a chronic or recurrent course, there is a need to identify effective, evidence based practice for this condition. Exercise is the mainstay of conservative management for tendinopathy. However, due to the heterogeneity of tendinopathy, populations affected and variation in exercise approaches, a mapping of this area is required to inform future research, both primary and secondary, and ultimately practice.

Review question: What evidence has been reported on exercise interventions and outcomes for the treatment of tendinopathy?

Methods: JBI Scoping Review methodology (1) and an a-priori protocol (2) guided this review. Inclusion criteria included i). Participants - studies including any age or gender with any tendinopathy, ii). Concept – Exercise therapy (any type or format) intervention, delivered in any setting by any professional with any outcomes related to evaluating exercise interventions for tendinopathy, iii). Context – any setting in any developed nation listed as having very high human development. Nine databases, five clinical trial registries and six grey literature sources were searched. Searches were from 1998-2020. Results were uploaded to RefWorks and Covidence for screening. All screening (title/abstract and full text) were conducted by two reviewers independently and conflicts resolved by a third reviewer. A data extraction tool was iteratively developed and piloted (prior to data extraction) by the review team. As per scoping review methodology, no methodological quality appraisal was conducted. Data was extracted relative to the review question then synthesised to present a map of exercise interventions and outcomes (related to ICON health related domains) alongside an accompanying narrative.

Results: 22,549 studies were identified and after de-duplication and screening 556 studies were included in the review representing 25,964 participants. Studies were predominantly randomised controlled trials or systematic reviews conducted in the UK, Turkey, USA & Australia. The main tendinopathies reported were rotator cuff, achilles, lateral elbow and patellar. The majority of studies included a range of strength training approaches followed by flexibility and motor re-training /proprioception exercise. There was a range in quality of reporting of exercise across tendinopathies, assessed using the TIDieR checklist, with 65.8% partially reproducible and 28% not reproducible. There was variation across tendinopathies in domains (disability, pain and physical function capacity) reported with corresponding variation in primary outcome measures related to these.

Discussion/Conclusions: There are challenges to the conduct of large scoping reviews, however adherenc to methodological guidance, data management plans and review team communication can address this.

There is a range of exercise approaches reported across different tendinopathies and a need for future research to strictly adhere to reporting guidelines. There are a range of outcomes and domains reported across tendinopathies and future research would benefit from the development of core outcome sets for each tendinopathy.

Keywords: scoping review; tendinopathy; exercise

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Pain Assessment and Managment on Persons Unable to Self-Report. An Implementation Hospital Project Report

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Ramón Bel Cegarra, José Martín Rodríguez

Background: In elderly patients with dementia, pain is frequently underdiagnosed and, therefore, undertreated (Nowak, 2018). Assessment and Management of Pain RNAO Guide recommend "Perform a comprehensive pain assessment on persons unable to self-report using a validated tool"(RNAO, 2013). Hospital General Universitario Santa Lucía in Cartagena, (Southeast of Spain) was selected as an applicant Best Practice Spotlight Organization (BPSO). Strategic objectives and priorities to meet project requirements have included a wide variety of actions directed to get a right Assessment and Management of Pain in hospitalised patients unable to self-report.

Objectives: Describe and evaluate the process of implementation of pain assessment and management in patients unable to self-report, at HGU Santa Lucía in Cartagena.

Methods: In a first phase, a literature search provided validated tools; secondly the tool was selected on a consensus-building by the modified Delphi technique3. The selected tool was integrated into the digital records, and hospital's protocols. A training program about the correct use of the tool was carried out among professionals. Finally, an evaluation of the implementation of the tool has been carried out, through a descriptive quantitative analysis: centralization and dispersion statistics in the qualitative variables by means of frequency table (number and percentage), in categorical variables.

Results: The literature search provided 34 pain assessment tools for patients with dementia4, of which only 5 were linguistically and culturally validated in Spanish. Algoplus scale (Pickering, 2018) received the best scores. Ease of use was the most valued quality, even more than discrimination capacity. The tool was included in 3 forms, in the digital records: vital signs, work planning, and Gordo's Functional Health patterns. The score of Algoplus was integrated into the care planning so that from a score of 2 or higher, the activity NIC "Pain Management" was automatically recorded in the activity program. The outreach phase was done through posters, infographics and dissemination through social networks. Finally 155 Nursing professionals participated in an on-the-job training programme. To determine the level of implementation of the tool pain records between June 2019 and April 2021. A total of 36.624 pain assessment records were analyzed. During this period 7821 records 21.4% of the pain records were made using the Algoplus tool, patients have an average age of 69.8 SD (17.79), and the distribution of use of the tool by sex was very similar: men (53.4%) women (46.6%).

Quantitative analysis of the increased use of the Algoplus scale in pain assessment occurred mainly during and after training in the workplace, from sep-19 to jan-20, the use of Algoplus increased by 127%. The percentages suffered ups and downs during 2020 due to Covid pandemic, and have been increased again in april 2021 exceeding initial percentages, after the third and worst peak of covid cases in our hospital jan-feb 2021.

Discussion: Implicate professionals with extensive work experience from the beginning of the tool selection process is a successful strategy-ease and speed of use are especially valued features in institutions with an high assist.

Keywords: pain; pain management; surveys and questionnaries

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Promoting Falls Prevention among Psychiatric Patients in Razi Hospital, Tabriz, Iran: A Best Practice Implementation

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Sakineh Hajebrahimi****, Khatereh Oladbaniadam*****

Background: Falls are a main cause of disability in older people and the most common adverse event in all hospital patients. Admission to a hospital is often associated with a change in physical or cognitive condition in older individuals which, when combined with an unfamiliar environment, presents a high risk for falls It is essential to implement the recommendations from evidence-based interventions to reduce these events.

Objectives: The aim of this project was to promote evidence-based practice with regard to fall prevention and management, by implementing the recommendations from the best available evidence to reduce fall rates among psychiatric patients.

Methods: A pre and post implementation audit method was used in a Psychiatry ward, which employed the Joanna Briggs Institute Practical Application of Clinical Evidence System (JBI PACES) and Getting Research Into Practice (GRiP) module. The 12-month project evaluated between 50 patients from a sample at each audit (baseline in 25 February 2020 and during one follow-up cycles in 09 January 2021). The data were inputted into an informatics system from nursing records and audited according to evidence-based processes and outcomes criteria.

Results: The baseline outcomes identified five barriers: 1) incomplete fall risk assessment on ward transition 2) lack of an established fall prevention protocol for at-risk patients 3) lack of patients participate in the fall risk assessment and education about that 4) limited knowledge about the fall prevention protocol 5) lack of multifactorial individual plans for fall prevention.

Strategies were carried out and implemented following GRiP and all the criteria improved from baseline.

Discussion: This project contained several measures and although the barriers to implementation were challenging, and showed improvements for all criterion in the follow up clinical audit that shows the need for us to implement evidence-based recommendations in baseline measure.

Our experience with this implementation project has already shone a light on how to address future similar audits and showed that for improving compliance rates, we needed cooperation between specialists from multidisciplinary groups.

Finally, preventing and reducing falls is a quality imperative. In order to achieve such a goal, it is necessary to repeat and continue the training.

Conclusions: The project successfully increased evidence-based practice on falls and provided mechanisms for sustaining evidence-based practice changes. Further audits are needed to improve some outcomes.

Keywords: evidence-based practice; falls; falls prevention; implementation

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Student-Led Rehabilitation Groups and Clinics in Entry Level Health Education: A Scoping Review

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Objective: The purpose of this review was to identify, map and describe the characteristics of student-led physical rehabilitation groups and clinics in entry level health education.

Introduction: Student-led groups and clinics for physical rehabilitation are an emergent phenomenon in entry level health professional education (Black et al, 2013). Student-led groups and clinics are modes of student-led health interventions where students learn professional skills and competencies (Suen et al, 2020), and take primary responsibility for organising and leading a healthcare service (Simpson and Long, 2007). Data gathered in this scoping review aimed to provide an understanding of the range and scope of student-led groups and clinics within a physical rehabilitation context and establish the evaluation undertaken to date from a student, service user and stakeholder perspective. It also aimed to identify other important factors in the design, execution and feasibility of the concept. Finally, it aimed to identify gaps in the literature that can be addressed by further research.

Inclusion criteria: This scoping review considered studies and sources which identify student-led methods for carrying out physical rehabilitation for service users in either an exercise group or clinic environment. Students and groups/clinics on entry level qualifying courses were considered. The review considered primary and secondary research in any paradigm as well as text and opinion articles.

Methods: JBI methodology for conducting scoping reviews was employed. A search in order to address the review question was conducted. The following databases were searched: MEDLINE, CINAHL, AMED, ERIC, Scopus and SPORTDiscus. Searches were limited to 01 Jan 1998 to the day of the search (01 November 2019). Non- English articles were excluded. To supplement the review, searches for gray literature were undertaken.

Data extraction: Data extraction was performed by two reviewers using a pre-determined data extraction form developed by the authors.

Results: This review identified 523 sources of information of which 111 were screened at full text stage and 48 sources were eligible to be included in the final scoping review. Key Findings: A wide range of student- led groups and clinics provding physical rehabilitation exist across the five countries reported. Models of student-led groups and clinics included: group exercise, community groups and in-patient and otu-patient settings. Some groups and clinics were embedded in curricula and others as extra curricular opportunities. Various evaluations of student-led group and clinics have been conducted including: exploring student and service user perceptions, student outcomes, service user satisfaction and cost-benefit studies.

Conclusions: Student-led groups and clinics are at very different stages of development and use within entrylevel curricula. The objectives and drivers for groups and clinics vary immensely worldwide, and therefore the evolution of groups and clinics has driven a wide and varied number of models worldwide. There is a need to further understand the impact of student-led groups and clinics on entry-level education and where and for whom they may be of most benefit.

Keywords: learning, outcomes, rehabilitation, student-led clinics, student-led groups

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Clinical Audit of Tracheostomy Suction Skills of Nurses in Intensive Care Units in a Military Hospital, Tabriz, Iran

Amin Talebpour*, Mehdi Nouri**, Sakineh Hajebrahimi***

Background: Statistics show that more than 47% of patients in special wards develop lung infection and their hospitalization time increases(Sharma et al., 2014). The way of suctioning has an important effect on its complications. Therefore, nurses can accelerate the recovery of patients by improving the quality of airway suction(Jansson et al., 2013). Therefore, a study was conducted to evaluate the skill of performing tracheostomy tube suction in nurses working in the intensive care units of military hospital using clinical audit tools in Tabriz.

Methods: In this randomized clinical trial study, 50 nurses working in the intensive care units of the Military Hospital in Tabriz in 1300-1499 were selected by census method and were randomly divided into two experimental and control groups. The intervention was performed by performing six stages of clinical audit in the experimental group. To determine the skill of performing tracheostomy tube suctioning before and after the nurses' intervention, a researcher-made checklist was used whose face validity, content and reliability (Cronbach's alpha = 0.79) were confirmed. Data were analyzed using SPSS software version 21 and descriptive statistical methods and parametric tests.

Results: Before the intervention of independent t-test, did not show a significant difference in the mean score of clinical skills of nurses tracheostomy suction in the two groups (P = 0.75), but after the intervention, with the help of the same test, saw a significant difference between the two groups. (P = 0.0001)

Discussion: In a study aimed at evaluating the basic criteria for improving the quality of prenatal care by clinical audit method on 65 patients with pregnancy complications, the results showed a significant improvement in the provision of prenatal care after using this method. The results of this study were similar to our findings on the effectiveness of using clinical auditing as a tool to improve service quality.

Conclusion: The results of this study indicated the positive effect of clinical audit process on nurses' skills in tracheostomy tube suctioning. Therefore, it seems that the implementation of this process can help improve the level of services to nurses.

Keywords: clinical audit; tracheostomy tube; intensive care unit

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Exploring the Experience of Participating in a Peer Support Intervention for Individuals with Chronic Non-Cancer Pain

Rachel Arnott*, Victoria Park, Kay Cooper

Background: Chronic pain, defined as pain that persists beyond 12-weeks or past normal tissue healing time, is a prevalent and costly issue. The Global Burden of Disease Study 2019 has recognised pain and pain-related diseases as the leading cause of disease and disability worldwide (Vos et al. 2020). The cost of chronic pain is also substantial, not only for patients, but also for healthcare systems and economies. With such a profound impact, recent health policies have focused on empowering patients to self-manage chronic painful conditions. Improved condition management can be attained by ensuring adequate amounts of social support, particularly support that is condition-specific. Peer support is based on individuals with similar conditions supporting one another by providing emotional, appraisal and informational assistance (Dennis 2003). Peer support interventions could play a pivotal role in the management of chronic pain as their purpose is to empower patients by equipping them with self-management skills which can aid in improving health outcomes.

Objectives of the implementation project/Review question: This study aims to explore individuals with chronic non-cancer pain's perceptions of participating in peer support interventions.

Review questions: What are individuals' perceptions of the format, delivery, roles and volunteer training within per support interventions for chronic pain? What are the individuals' perceptions of the strengths and limitations of peer support interventions? What do individuals perceive to be the barriers and facilitators to implementation of peer support interventions?

Methods: The proposed systematic review will be conducted in accordance with JBI methodology for systematic reviews of qualitative evidence. The databases to be searched include AMED, CINAHL, EmBase, Medline, PsychArticles, PsychINFO, SPORTDiscus, Web of Science, and Google Scholar. Sources of gray literature to be searched include the Networked Digital Library of Theses and Dissertations, EBSCO Open Dissertations, and EThOS. This search will include all languages for which translation can be sought. Databases will be searched from inception to the present day and studies will be screened by two independent reviewers. Eligible studies will be critically appraised with the standardized JBI Critical Appraisal Checklist for Qualitative Research by two independent reviewers. Qualitative data will be extracted from included studies using the standardized JBI SUMARI data extraction tool. Research findings will be pooled in JBI SUMARI using the meta-aggregation approach. Results will be presented in a narrative synthesis.

Discussion: This review will synthesize what is known about the patient experience of participating in peer support interventions and identify areas that require further exploration. We anticipate that the review will generate evidence that can be implemented to enhance practice.

Future applicability in clinical practice/for scientific research: The authors will use the findings to inform further research to develop a peer support intervention for chronic musculoskeletal pain.

Keywords: peer support; chronic pain; patient experience; qualitative; systematic review

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Foot Disorders in Nursing Standing Environments: A Scoping Review Protocol

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Background: Nurses are at a high risk for the development of musculoskeletal disorders (Senmar et al., 2019), particularly having their feet exposed to aggressive work-related contexts, either by prolonged standing poses or long walking distances (Stolt et al., 2017). In fact, feet/ankle-related and lower-limb conditions contribute to the incidence of long-term lesions in those areas, thus decreasing quality of life and increasing work absence rates. As stated by a recent narrative literature review (Stolt et al., 2015) little is known about the types of lower extremity problems, and studies with a focus exclusively on feet disorders in nurses are rare. This research gap is a significant limitation when interventions are needed to manage and treat this disorders, which are usually ineffective or depersonalized.

Review question: The question addressed in this review is «What foot disorders do nurses who work in standing environments have?».

Methods: English, French, Portuguese and Spanish published studies from 1970 to the current years will be considered. The initial year is justified as the oldest nursing theory and model for occupational health nursing dates from 1977. In this sense, its expeted that nursing personnel's health and self-care related to work was more present in the scientific community from the seventies onward. The review will follow the JBI methodology and the reporting guidelines for Scoping Reviews (PCC), where participants (P) are nursing professionals; the concept "foot disorders" (C) and the context "standing environments" (C). Two independent reviewers will analyze the titles, abstracts and full texts retrieved. A tool developed by the research team will aid in the data collection. The PRISMA Extension for Scoping Reviews (PRISMA-ScR) will be used to report the results.

Discussion: An initial full search strategy was developed for PubMed, and some preliminary results screened from an initial sample of 1761 studies, revealed that among the most common conditions are those related to the lower limbs and feet, introducing prolems such as plantar fasciitis, muscle fatigue, varicose veins and oedema. The prevalence of musculoskeletal injuries in nurses is high, when compared with other professions, since the demand for an orthostatic position or the need to walk for longer perios is higher.

Future applicability in clinical practice: This scoping review is expected to contribute to the description and critical analysis of the main foot disorders that affect nurses and allow for a standardization of care.

Keywords: foot Health; foot diseases; nurses; standing; prolonged standing

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Hemostasis of the Radial Artery after Coronary Angiography: A Scoping Review Protocol

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Background: The radial artery access for percutaneous coronary intervention is associated with lower vascular complications when compared with other alternatives. This preference increased the variability of hemostasis methods, devices and protocols; all of them try to avoid radial artery occlusion while maintaining patent hemostasis. Identifying the evidence about hemostasis of the radial artery after coronary angiography, might improve available evidence. To date, no previous scoping reviews addressing this purpose have been found.

Objective: The objective of this scoping review is to map the literature of the haemostasis of the radial artery after a coronary angiography.

Methods: This review follows the Joanna Briggs Institute methodology of scoping reviews. Two reviewers independently will perform the study selection regarding their eligibility. Data extraction will be accomplished using a researcher's developed tool to address the objectives and reviews questions. Any disagreements arisen between the reviewers will be resolved by discussion or by a third reviewer. Data synthesis will be presented in tabular form and a narrative summary that align with the review's objective. This scoping review will consider quantitative, qualitative and mixed methods study designs for inclusion and, in addition, systematic reviews will be considered. Furthermore, this review will consider studies that include all adults over 19 years old, of both sexes, who underwent coronary angiography, via radial artery, and with a hemostasis method used. All studies since 1989 will be included, the year transradial access was firstly described for percutaneous coronary intervention. We will not consider distal radial artery hemostasis methods.

Discussion: By mapping the accumulated evidence on radial hemostasis, including various sources and types of articles, we want to achieve a better understanding on where we stand in terms of our current practice.

Future applicability in clinical practice/for scientific research: The current practice in many cath labs in the Iberian Peninsula has been the same for over a decade, regarding this topic. By mapping the available evidence, we can then proceed to compare what is being done vs what should be done to provide the best care to our patients.

Keywords: bleeding; compression bandages; coronary angiography; hemostasis; radial artery

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Improvement of Post-Operative Pain Management in a Tertiary Teaching Center Surgery Unit: A Best Practice Implantation

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Background: Inadequate post operative pain management may cause morbidity and even mortality. To evaluate and implement the pain management in operated patient according to evidence-based studies we planned this project. In this way we can improve the efficacy and quality of post operative pain management in our center.

Objective: The objective of this study was to put into practice evidence-based proposal for post-operative pain management to improve the quality of patients' health care.

Methods: The study was hold in a tertiary center with active surgery wards. The clinical audit was performed in two phases using the Joanna Briggs Institute Practical application of Clinical Evidence System (PACES) and Getting Research into Practice audit and feedback tools to promote change in health care. The baseline audit was conducted on 51 patients. After finding the barriers, we implemented the correcting strategies and planned for audit.

Results: The baseline audit revealed the lack of patients' education about pain and its management, no validated pain management tool available and trained in surgery wards, with no organized structure to oversee the development, implementation and evaluation practices to ensure evidence-base pain control. After Identifying Barriers and overcoming to them, the significant improvements were observed in the follow-up audit in comparison to their baseline audit.

Discussion: However as the improvement in the result was excellent we didn't perform the secondary re-audit. Although there was a good pain ward in our hospital and all know about it but there was not a systematic post-operative pain control assignment. After this study we performed a more standardized pain control and patient referral. After using the postoperative simple order sever post-operative pains and patients referral reduced. We are planning to inform the results of this to the other related surgery wards such as Urology, Gynecology, Thorax surgery and plastic surgery wards to improve the patients' health care. For insuring the continuity of this project over the time and as the nursing stuffs and doctors in surgery wards are changing during the time we planned to repeat these educations periodically, two or three times per year. As mentioned before like other studies improving education and continuing it play the main role. However teamwork and repeated conjoined meetings have the key role in achieving and remaining the aims of this study.

Conclusion: The aim of this project was improving the quality of health education and relieving pain in patients after the operation to reduce the complication and morbidity. Preparing a simple post-surgical pain management order was a positive point to improve health care. By planned training sessions and seminars these changes can be continued.

Keywords: education; evidence-based; pain; pain control

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Improving Prevention of Surgical Site Infection in Operating Rooms Process Using Clinical Audit Method at Sina Hospital

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Introduction: Based on the importance of nosocomial infections and its impact on the treatment process of patients, interventions to improve the status of nosocomial infections in the hospital seems necessary. One of the methods of quality improvement interventions is clinical audit. Clinical audit is a quality improvement process that aims to systematically improve clinical performance and patient outcomes. The aim of this study was to improve the process of preventing nosocomial infections in the operating room of Sina Hospital in Tabriz by clinical audit.

Objectives: • To determine current compliance with evidence-based criteria regarding prevention of surgical site infection in operating rooms process.

- To identify barriers and facilitators to achieving compliance and develop strategies to address areas of non-compliance.
- To improve knowledge regarding best practice to prevention of surgical site infection in operating rooms process.
- To improve compliance with evidence-based criteria regarding prevention of surgical site infection in operating rooms process.
- To improve outcomes regarding prevention of surgical site infection in operating rooms process.

Methods: This evidence implementation project used the Joanna Briggs Institute Practical Application of Clinical Evidence System (JBI PACES) and Getting Research into Practice (GRiP) audit and feedback tool. The JBI PACES and GRiP framework for promoting evidence-based healthcare involves three phases of activity: i) Establishing a team for the project and undertaking a baseline audit based on criteria informed by the evidence. ii) Reflecting on the results of the baseline audit and designing and implementing strategies to address non-compliance found in the baseline audit informed by the JBI GRiP framework. iii) Conducting a follow-up audit to assess the outcomes of the interventions implemented to improve practice and identify future practice issues to be addressed in subsequent audits.

Discussion: nosocomial infections especially in operating rooms lead to increased costs and subsequent consequences for the patients. These infections usually occur for reasons such as the interaction of patients and medical staff, patient contact with contaminated equipment, and contact with pathogenic organisms. Patients' lack of awareness of the importance of underlying diseases, increasing patients' age and health system failure in education and providing medical care to hospitalized patients, especially patients with underlying diseases, play an important role in increasing nosocomial infections and the risk of death. In addition, with the expansion of hospitals and medical centers and also with the increase of the patient's length of stay in the hospital, nosocomial infections have also increased and led to the incidence and mortality of patients from these infections. According to the evidences, the quality improvement methods such as clinical audit can significantly reduce a variety of nosocomial infections.

Future applicability in clinical practice: The use of standard clinical audit tools in hospitals can improve the quality of services provided to the patients and increase the effectiveness of interventions by identifying weaknesses in the patient care process.

Keywords: clinical audit; implementation; operating rooms; infection

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Mobile Apps for Diabetic Foot Self-Surveillance: A Scoping Review Protocol

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Introduction: Diabetic foot is a global health problem and requires innovative solutions in support for self-management of foot care. Currently, there is an evident ease of use of smartphones, so the training for self-care through mobile applications is a reality (Jeffcoate et al., 2018; Kilic & Karadağ, 2020; Marques et al., 2020). That said, it is important to identify the potential gaps in this resource and to prove the aspects in which there is no reasoned scientific evidence.

Objectives: The objective of this scoping review is to know the evidence about existing mobile applications to understand the importance of this type of nursing strategy in the person with type 2 diabetes mellitus. Using the PCC criteria (Population, Concept and Context) the question was elaborated: What mobile applications exist to support self-surveillance of the foot in people with type 2 diabetes and what are its characteristics?

Methods: This scoping review will be conducted in accordance with the methodological guidelines proposed by the Joanna Briggs Institute. The research will be carried out in the databases: MEDLINE (via PubMed), CINAHL (via EBSCO HOST), PsycINFO, Embase, Web of Science and Scopus, and in grey literature using National Registry of Doctoral Thesis Themes in progress and Completed Doctorates (RENATES), System for Information on Grey Literature in Europe (OpenGrey), Catalog of Theses and Dissertations - CAPES, Scientific Repositories of Open Access of Portugal (RCAAP), OPENAIR, in addition to manually searching the reference lists of relevant articles. Regardless of their design, all studies will be eligible if they meet the following conditions: in adults with type 2 diabetes mellitus, the use of mobile applications from the perspective of self-surveillance of the feet, in the context of the community. Studies published between January 2011 and May 2021 in English, Portuguese and Spanish will be considered. The data will be extracted by two independent reviewers using a form prepared specifically for this purpose, including specific information of the participants, interventions, methods and results relevant to the proposed objective. Any disagreements between reviewers will be resolved through discussion until consensus is reached. If necessary, a third reviewer will be available. The included data will be presented in narrative synthesis and will integrate the mapped results, describing the relationship between the results and the objectives and the research question.

Conclusion: With this scoping review it is expected to contribute to researchers by identifying possible gaps in evidence in mobile applications aimed at preventing diabetic foot and promoting foot health, as well as clinical practice by supporting the choice or recommendation of the best health application in this perspective and that meet the real needs of users.

Keywords: diabetic foot; mHealth; App; mobile phone; self-management

References: Jeffcoate, W. J., Vileikyte, L., Boyko, E. J., Armstrong, D. G., & Boulton, A. (2018). Current Challenges and Opportunities in the Prevention and Management of Diabetic Foot Ulcers. Diabetes care, 41(4), 645–652. https://doi.org/10.2337/dc17-1836

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Patient Safety Improvement with the Evidence-Based Patient Engagement in Shahid-Beheshti Hospital in Maragheh, Iran

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Background: Patients can play an important role in improving safety by becoming actively involved in their medical care. Patient engagement in patient safety is aimed at increasing the awareness and participation of patients in error-prevention strategies.

Objectives of the implementation project/Review question: The aim of this project was to improve the patient safety with the patient engagement within the local context of a maternity hospital by implementing best practice.

Methods: A clinical audit was conducted using the JBI Practical Application of Clinical Evidence System tool. The sample size was 46 patients and 46 healthcare practitioners for both the baseline and follow-up. In phase 1, four audit criteria were used and a baseline audit was conducted for this project. In phase 2, barriers to compliance were identified, and strategies were adopted to promote best practice. In phase 3, a follow-up audit was conducted.

Results: The results showed varying levels of compliance with the four criteria used in this project. The criterion 1, which was related to training of healthcare practitioners on how they can support patients, has the highest compliance at 87% in baseline and follow up data collection. Furthermore, compared with the baseline data (criterion 2 = 52%; criterion 3= 37%; criterion 4 = 61%), compliance with criteria 2, 3, and 4 notably improved at 85, 76, and 92%, respectively.

Discussion: This project was the first attempt to examine the current practice and implement evidence-based patient engagement in patient safety in a maternity hospital in Maragheh, Iran. The project team and hospital leadership provided the resources in order to implement the identified strategies. The importance and practices of facilitators of patient engagement in patient safety were included in the educational programs of healthcare practitioners in the surgical ward. In addition, educational content were provided in unit and meetings were conducted to review patient engagement in patient safety.

Conclusion/Applicability in clinical practice**:** The present project successfully implements patient engagement in Iran and reveals varying results on compliance and the increasing knowledge of healthcare practitioners and patients on evidence-based patient engagement in order to improve the patient safety. The used strategies can facilitate implementation of evidence based procedures in clinical practice.

Keywords: patient safety; patient engagement; clinical audit; evidence-based practice

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Physical Activity in Young Adults with Cancer and Survivors: A Scoping Review Protocol

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Introduction: There is a growing body of research highlighting physical activity (PA) to be beneficial and safe for individuals with an active cancer diagnosis and cancer survivors. However, this research has historically focused on older adult or paediatric populations (Munsie et al 2019). To date, no comprehensive mapping of literature has been conducted on PA in young people with and after cancer. The aim of this scoping review is to identify and map the evidence on PA in young adults (YA) with cancer and YA cancer survivors; specifically those diagnosed between the age of 16-25 years.

Method: A scoping review will be conducted in accordance with the JBI methodology for scoping reviews (Peters et al 2020) and reported in line with the Systematic Reviews and Meta-analyses extension for scoping review (PRISMA-ScR, Tricco et al 2018). Population - participants diagnosed with any type of cancer aged between 16-25 years will be included. Sources of evidence including cancer survivors up to the age of 35 will also be included if their age of diagnosis was between 16-25 years. Evidence including paediatric or older adult cancer patients will be excluded; Concept - any physical activity, exercise or activities of daily living; Context - any setting, location or culture. Qualitative, quantitative and systematic review study designs will be included. Five databases and 18 grey literature sources will be searched using a 3 step search strategy. Searches will be limited to English language and studies published from 2010. All sources will be uploaded to RefWorks and then to Covidence. Two reviewers will independently screen all titles, abstracts and full text sources. One reviewer, with a second reviewer checking 10% for consistency, will extract data using an extraction tool developed and piloted by the researchers. Extracted data will include population characteristics, study design, country, setting, method, interventions, barriers, facilitators, outcomes and key findings Any disagreements that arise will be resolved through discussion at each stage. If appropriate, authors of papers will be contacted to request missing or additional data, where required. Although not a standard procedure, this review will assess the methodological quality of the included sources of evidence. The standardised critical appraisal instruments from Joanna Briggs Institute (JBI) will be used to assess methodological quality of the included sources of evidence.

Data analysis: The extracted data will be visually presented using tables (including characteristics of included studies) and figures (to present frequencies and categories). The components of PA interventions reported will be mapped against the template for intervention description and replication (TIDieR) checklist. In addition to mapping the evidence, this scoping review will also identify gaps in the literature surrounding PA and YA with and after cancer. The results of this review will be written up as a publication and will also inform the content and focus of a mixed methods study exploring PA in this population.

Keywords: physical activity; cancer; young adult; cancer survivors

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Promoting Oral Mucositis Prevention and Control Among Cancer Patients in an Iranian Comprehensive Cancer Centre

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Background and aim: Oral mucositis (OM) is probably the most common, debilitating complication of cancer treatments, particularly chemotherapy and radiation. The purpose of this study was to use the clinical audit model approved by the Australian Joanna Briggs Institute (JBI) to evaluate and upgrade the using of credible evidence in the prevention and treatment of OM in an Iranian cancer centre.

Objectives:

- To determine current compliance with evidence-based criteria regarding Prevention and treatment of oral mucositis.
- To identify barriers and facilitators to achieving compliance and develop strategies to address areas of non-compliance.
- To improve knowledge regarding best practice regarding Prevention and treatment of oral mucositis among cancer patients.
- To improve compliance with evidence-based criteria regarding Prevention and treatment of oral mucositis.
- To improve outcomes regarding Prevention and treatment of oral mucositis.

Methods: baseline audit was conducted and measured against nine best practice criteria in relation to prevention and treatment of oral mucositis among cancer patients in November and December 2019. This was followed by a facilitated multidisciplinary focus group to identify targeted strategies and implementation of targeted strategies in late December 2019, and a post strategy implementation follow up audit in January and early February 2020. The project utilized the Joanna Briggs Institute Practical Application of Clinical Evidence System (JBI PACES) and Getting Research into Practice (GRiP) tool.

Results: The baseline audit revealed gaps between current practice and best practice across 8 of the 9 criteria. Although outcomes improvement was intangible for some criteria such as ongoing oral hygiene assessment by a dentist, there were improved outcomes across most criteria in the follow-up audit.

Discussion: Our experience with this implementation project has already shone a light on how to address future similar audits. This implementation study showed that for improving compliance rates, we needed cooperation between specialists from multidisciplinary groups such as medical oncologist, dentist, nurse and others and to establish such cooperation we encountered to many challenges. To prevent such challenges in the future, it is necessary to design a very careful oral healthcare process so that in addition to the patient education provided by the oncology ward nurses, patients be routinely treated by dentists and oral health hygienist until they are hospitalized in the oncology department for chemotherapy. Also after discharge from the hospital, it is necessary to provide conditions that they can refer to the dentists' office in a facilitated manner.

Conclusions: The results of this project indicate that clinical audit is an effective approach to assessing evidence based caring practice about OM among new cases of cancer patients. Optimal OM management among cancer patients are easily achieved through patient and nursing staff education using the newest guidelines and comprehensive dental and oral hygiene assessment by dentists.

Keywords: cancer; oral mucositis; clinical audit; best practice; prevention

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Self-Management Interventions for Inflammatory Arthritis: A Mixed Methods Systematic Review Protocol

Alexa Knuth, Lyndsay Alexander

Review Questions & Aim: (1) To what extent are self-management interventions for patients living with inflammatory arthritis effective and impactful?
(2) How appropriate do patients, their families and healthcare providers perceive self-management interventions to be in terms of the intervention's ability to address and manage their condition and fit their lifestyle?
The overarching aim of this review is to construct an integrated synthesis of the quantitative and qualitative evidence on self-management interventions for people living with inflammatory arthritis (i.e., rheumatoid arthritis and spondyloarthropathies) in an effort to infer their value in clinical practice.
Methods: This review will be conducted in accordance with the JBI methodology for mixed method reviews (Lizarondo et al 2020). Inclusion criteria include: aged 18 or over with Rheumatoid Arthritis or a Spondyloarthropathy, studies including a structured self-management intervention (SMI) compared with no treatment or usual care, studies that explore the perceptions and experience of people attending or delivering SMI. A three step search strategy will be undertaken. An initial search will be conducted in MEDLINE and CINAHL. Keywords will be identified from titles and abstracts to inform the development of a full search strategy. Databases to be searched include: CINAHL, MEDLINE, EMBASE and AMED. The search for unpublished studies will include: Center for Disease Control and Prevention (CDC), British Library for E-Theses Online Service (EThOS), National Institute for Health and Care Excellence (NICE) Evidence, International Standard Randomised Controlled Trials Number (ISRCTN) Registry, National Institute for Health Research, the EULAR recommendations references and Google Scholar. Studies will be limited to a start date of January 2000 as it was not until around the turn of the century that the current pharmacological treatment practice for inflammatory arthritis, biologic response therapies, was introduced (Upchurch and Kay 2012). Only studies published in English will be considered for inclusion.
All searches will be exported to RefWorks and then into Covidence for screening. Two reviewers will independently screen titles, abstracts and full texts of relevant studies. A data extraction tool will be developed and piloted before use. One reviewer will extract data with 10% consistency checks made by a second. Data will include study information (population, setting etc) and data relevant to the review questions. Critical appraisal will be conducted by two reviewers using the JBI tools for each relevant study design.
Analysis will follow a two-stage convergent segregated approach to synthesis and integration with separate quantitative meta-analysis/narrative and qualitative meta-aggregation followed by integration of the single-method syntheses into an overall configured analysis.
Discussion: The results of the review will examine the extent to which these interventions are effective and acceptable. The results will then inform co-production of a SMI for people living with inflammatory arthritis.

Keywords: inflammatory arthritis; self-management; intervention

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Technology Based Communication Strategies used between Inpatient and Families During Covid Pandemic: Scoping Protocol

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Background: During COVID-19 pandemic healthcare institutions implemented strategies to prevent infection and promote care security. These strategies changed relationship and communication patterns between hospitalized people and their families, which has resulted in patient isolation and loneliness (Sasangohar, et al., 2020). Healthcare institutions were challenged to implement forms to mitigate the isolation and promote effective communication between patient and family's. Technology based intervention such as virtual visits or telephone calls were used. However the information about technology based communication strategies and their characteristics is diverse and dispersed. A preliminary search of PROSPERO, OSF, MEDLINE, and the JBI Evidence Synthesis was conducted and no current or underway scoping reviews or systematic reviews on the topic were identified.

Objective: The objective of this review is to map the communication strategies technology based used to promote communication between hospitalized people and their families during the COVID pandemic.

Methods: The Joanna Briggs Institute methodology for scoping review was considered (Peters et al., 2020). Studies including hospitalized adults aged 18 or over and their families, in any context, and that consider any communication strategy using technology, such as smart phones, internet or tablet. Search strategy was carried out in three steps: limited initial search in the MEDLINE (via PubMed) and CINAHL (via EBSCO) databases and Repositórios Científicos de Acesso Aberto de Portugal (RCAAP) followed by an analysis of text words in the titles and abstracts and the index terms used to describe the article; Second search using keywords and index terms, in all databases included in the review; the reference lists of the identified studies were analyzed. The search was conducted in February 2021 using Medline (via Pubmed) and Cinhal (via Ebsco) and gray literature in English, Portuguese and Spanish was included. The identified studies will be uploaded into the Endnote and duplicates will be removed. Two independent reviewers will screen the studies, considering firstly titles and abstracts and secondly the full-texts. The results of study selection will be presented in a PRISMA flow diagram. If possible, the data will be synthetized through a narrative summary to provide a description of the existing evidence related to the review objective and questions.

Discussion: The search strategy has already been run on CINAHL via EBSCO, Medline via PUBMED and RCAAP found 104 potential studies. The next steps of the scoping review are under development.

Future applicability in clinical practice/for scientific research: The identification of communication strategies to promote communication between inpatient and their family's during pandemic may help to promote isolation mitigation, suffering and a person-centered approach.

Keywords: communication strategies; technology; COVID-19

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The Effectiveness of Diabetes Conversation Maps on People with Type 2 Diabetes Health Related Outcomes

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Background: Diabetes self-management education and support (DSMES) is a core element of people with diabetes care. High-quality DSMES is associated with long-term positive health outcomes such as self-management or patient satisfaction. Diabetes Conversation Maps is an innovative therapeutic group education approach for the implementation of DSMES. This strategy allows people to take responsibility for identifying and developing the best self-care solutions for their life (American Diabetes Association, 2019; Ghafoor et al. 2015).

Objetive: To examine the effectiveness of the use of diabetes conversation maps tools for people with type 2 diabetes mellitus on self-care and other health related-outcomes.

Methods: The Joanna Briggs Institute methodology for effectiveness reviews will be considered (Tufanaru et al., 2017). The review will consider studies that focus on type 2 diabetes adults, aged ≥18 years, in any context that underwent educational programs that integrates diabetes conversation tools. The outcomes considered will be self-care; diabetes knowledge; empowerment; diabetes distress; quality of life; glycated hemoglobin; blood pressure; and body mass index. Published and unpublished studies written in English, Spanish and Portuguese will be included. The identified studies will be uploaded into the Endnote and duplicates will be removed. Two independent reviewers will screen the studies, considering firstly titles and abstracts and secondly the full-texts. The results of study selection will be presented in a PRISMA flow diagram. If possible, the data will be synthetized through a meta-analysis and in a narrative summary to provide a description of the existing evidence related to the review objective and questions.

Discussion: Search strategies run on CINAHL via EBSCO, Medline via Pubmed, Cochrane Central Register of Controlled Trials, LILACS, ERIC via EBSCO, Scopus, Open Grey, CAPES, RCAAP, and clinicaltrials.gov found 8541 potential studies. Future steps of the systematic review are under development.

Future applicability in clinical practice/for scientific research: To know the effectiveness of the diabetes conversation maps therapeutic educational tool it is relevant to enhance positive outcomes on self-care and other health related-outcomes and may improve nursing targeted therapeutic educational practice.

Keywords: conversation maps; type 2 diabetes mellitus; health related outcomes

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The Effects of Emergency Department Overcrowding on Admitted Patient Outcomes: A Systematic Review

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Background: Overcrowding in the emergency department (ED) has become an increasingly significant public health problem and is described as the most serious problem that affects the reliability of healthcare systems worldwide (Bernstein et al., 2009). Therefore, it is highly needed to perform a systematic review to determine the effects of ED overcrowding on outcomes of admitted patients, which involve an intense critical analysis based on scientific evidence because it affects the performance on measures of quality of care.

Review questions: Does ED overcrowding increase the admitted patient's mortality? Does ED overcrowding increase the admitted patient's hospital length-of-stay? Does ED overcrowding increase the delay in door-to-needle time to treatment (time to antibiotic, time to thrombolysis and time to analgesic)?

Methods: A comprehensive search strategy of published and unpublished literature was conducted in eight databases. Critical appraisal will be conducted independently by two reviewers, using the JBI critical appraisal checklists. Data extraction will be performed independently by two reviewers using a standard JBI data extraction tool, and data will be summarized using a tabular format with supporting text and meta-analysis will be performed, if possible.

Results: The literature review identified a total of 2873 records. After removing duplicates (n= 686), titles and abstracts of 2187 records were screened independently by two reviewers and 2130 were excluded as they were irrelevant. Full-text papers assessing eligibility of the remaining 57 records are currently being conducted by two reviewers independently. A preliminary analysis of the papers showed that overcrowding can lead to patients' unwanted outcomes waiting for care: adverse events (overcrowding leads to increased medical errors), increased morbidity and mortality, prolonged length-of-stay, delay in door-to-needle time to treatments, and reduced patient and staff satisfaction.

Conclusions: Although the results are still preliminary, we do believe that ED overcrowding represents a serious health problem that urgently requires preventive measures. EDs may need to revise their operations to meet the growing challenge of delivering time-sensitive treatments.

Keywords: crowding; emergency medical services; outcome assessment; patient safety

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SPIDER MULTIPLIER EVENT

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Development of Trustworthy Clinical Practice Guidelines in The Czech Republic: A Best Practice Implementation Project

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Background: In several healthcare areas, based on epidemiological analysis, high heterogeneity of care provided among different types of healthcare settings has been identified. Trustworthy clinical practice guidelines (CPGs) help make decisions about where and how the best care, from the perspectives of all engaged stakeholders (healthcare facilities, patients, payers etc.), accessible to all patients, should be provided. (Inter) national bodies coordinating development of CPGs based on EBHC principles exist (e. g. GIN, NICE, AWMF, SIGN, GRADE), while in the Czech Republic there had been only an inconsistent tradition in CPG use. For the first time ever, a national-level CPG Project aims to bring solid methodology into the process of development and use of CPGs based on EBHC principles and GRADE approach (Schünemann, 2013).
Objectives of the implementation project: The main objective of the project was to enhance compliance to the best available practice supported by valid and trustworthy CPGs based on EBHC and GRADE principles in healthcare professionals and healthcare providers (which should, subsequently, lead to providing the best available care to all patients).
Methods: The implementation project followed the JBI Evidence Implementation framework (Porritt et al., 2020), which consisted of conducting a baseline audit, taking the results of the audit into consideration and implementing strategies to address the non-compliance, and conducting follow-up audits to assess the change. Before the project initiation, a situational analysis (including SWOT analysis) was conducted in 2017 to report the status quo of trustworthy CPGs in the Czech Republic. The findings were used in the baseline audit (conducted retrospectively). Follow-up audits were conducted in June 2019 (retrospectively) and November 2020.
Results: The baseline audit revealed zero compliance with CPGs based on EBHC and identified several barriers (e. g. gaps in methodological knowledge and skills and lack of appropriately trained methodologists). Suggested strategies involved planning educational activities and development of national methodology. The second follow-up audit in Nov 2020 identified 39 registered CPGs and 14 trustworthy CPGs completed in Version 01. National methodology guidelines (e. g. Assessment and development of CPGs, Visual transformation of evidence and recommendations etc.) were developed (Klugar et al., 2020) and workshops on EBHC principles were organized – both for the methodologists in the project and healthcare professionals.
Discussion: Some of the participants of the project are inviting the team members to further collaborate on

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CPG development, asking for methodological support and offering participation in other projects. This makes us believe the sustainability of the implementation project achievements will be secured and fostered.

Conclusions: There is an increasing trend in CPGs based on EBHC principles and GRADE methodology, national methodology guidelines, and educational and dissemination activities. A creation of national centre for CPGs development within Ministry of Health is planned to support these activities targeted at HC professionals, policymakers, providers, patients and other prospective stakeholders.

Keywords: clinical audit; clinical practice guidelines; GRADE; implementation; Czech Republic

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Effective Communication and Patient Safety among Nurses in Perioperative Settings: Best Practice Implementation Project

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Background: Effective communication between healthcare professionals within and between all phases of perioperative care and the proper transfer of all patient information at all patient transition points are essential for ensuring patient safety and quality of patient care.
Objectives of the implementation project: The main aim of the best practice implementation project was to promote evidence-based best practices regarding effective communication and patient safety amongst nurses in the perioperative settings.
Methods: This best practice implementation project was conducted based on the JBI Implementation framework that included three phases of activity: a baseline audit, implementation of strategies based on JBI Getting Research into Practice (GRiP) framework and a follow-up audit. The project was conducted in the perioperative settings of a large public university hospital located in Bucharest, Romania, and the sample included 52 nurses from General Surgery wards, Operating Rooms and Intensive Care Units. The baseline audit was conducted during one week at the beginning of October 2020 and the follow-up audit was conducted for one week in the first part of February 2021. Compliance with best practice was measured by checking the institutional procedures, the medical records of patients, the records in registers and training reports, and by conducting interviews with nurses.
Results: As a result of the implementation of strategies, the follow-up audit showed a maximum compliance (100%) for 8 audit criteria and a high compliance (96% and 92% respectively) for other 2 audit criteria; for one of the audit criteria, which refers to the verbal transfer of patient information at every transition point between nurses, the increase in compliance was moderate (from 0% to 25%). The most significant improvement in compliance, from 0% to 100%, was obtained for the audit criterion which refers to the written transfer of patient information at every transition point between nurses.
Discussion: Possible explanations related to moderate increase in compliance (from 0% to 25%) for one of the audit criteria are the pandemic context that limits the movement of nurses between different departments, the specific architecture of the hospital and the large workload of the nurses in the perioperative settings. Instead, the major improvement in compliance from 0% to 100% for another audit criterion is due to the development and implementation of checklists and the specific procedure for the transfer of patient information to all transition points by nurses.
Conclusions: Significantly improving compliance rates with best practices for most audit criteria proves

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that the strategies implemented in the project were effective. However, permanent and specific actions are required for sustain changes in practice and improvements obtained.

Keywords: effective communication; implementation project; nurses; patient safety; perioperative settings

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Enhancing the Use of Pain Assessment at Emergency Department: A Best Practice Implementation Project

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Background: Pain is the most common reason to seek care. Adequate approaches to pain assessment and documentation have been demonstrated beneficial for Emergency Department (ED) patients. It is nurses' duty to assess and register the pain as per internal protocols, thus, the focus of this project was to implement evidence-based recommendations on education about the implications for evaluating and recording the pain in order to improve the effect or outcome strategies and quality of care.

Objectives: The main aim of the best practice implementation project was to assess compliance with evidence-based criteria regarding the stipulated application of the validated pain assessment tools among incoming patients to ED by giving specific training to nurses.

Methods: The implementation project was undertaken in the ED from January 2020 to March 2021 following JBI Implementation framework including baseline audit, implementation phase based on Getting Research into Practice (GRiP) framework and follow-up audit. The data collection was carried out obtaining anonymized ED admission episodes for the months in which the audits were carried out and of which, a total of 100 that met inclusion criteria, were randomly selected. A baseline audit was conducted in November 2019 to seek whether pain assessment was taken and registered as per protocols and the follow-up audit was fulfilled in January 2021.

Results: The baseline audit showed low compliance in criteria 1 (C-1) "Pain was assessed in a timely manner" (81%), C-3 "Pain was documented in each assessment" (6%), C-4 "Pain was assessed after treatment" (9%) and C-5 "Pain was assessed prior to discharge" (10%). Barries identified after these results were: 1) Nursing staff's lack of knowledge regarding unit's pain assessment for what a training course to enhance knowledge related to pain assessment was settled. 2) Nursing staff not participating in the practice, therefore, results were displayed and discussed reflecting on the baseline audit at teaching sessions. 3) Educating a large number of nursing staff, the strategy developed for this barrier was an agreed timeline for the education period. In follow-up audit, noticeable improvement was shown for most criteria; C-1 (95%), C-3 (14%), C-4 (22%) and for C-5 (41%). Criteria 2 "Use of a validated scoring tool" had a compliance of the 100% as hospital's assessing system default has NRS-11 scale set up.

Discussion: Baseline audit showed that pain was barely being recorded according to protocols nor Good Practice Guidelines (GPG). Enhancing the use of pain assessment for ED nurses by means of specific training emphasizing its documentation had a positive impact on the follow-up audit result. Therefore, the aims and main objectives of the project were achieved, including improvements in the recording of pain data.

Conclusions: Further strategies may need to be developed, and the existing ones will need to be readjusted

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when the pandemic situation get to its end. A collaboration network, formed by nurses who will implicate in the implementation project to continue performing follow-up audits, is expected.

Keywords: clinical audit; implementation science; emergency medical services; nurses; pain measurement

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Establishing Midwife Led Continuity of Care Intervention in High-Risk Pregnancy: A Best Practice Implementation Project

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Background: Perinatal mental health disorders are considered major health issues and are associated with poor maternal and neonatal outcomes. Postpartum depression is linked to depression in pregnancy, the presence of high levels of anxiety and a discrepancy between expectations and reality. Women with high-risk pregnancies have a substantial vulnerability at an obstetric and emotional level, and the value of continuity of care is vital in this group to establish a therapeutic relationship and to promote security and increase emotional wellbeing.
Objective: This best practice implementation project aimed to improve the quality of continuity of care and emotional well -being in women with High-Risk pregnancies.
Methods: This evidence implementation project used the pre-post implementation clinical audit following the JBI Evidence Implementation framework and was conducted from January 2020 until March 2021. A baseline audit was carried out involving 120 High-Risk pregnant women in a hospital's obstetric unit. Barriers and strategies were evaluated and designed following the Getting Research into Practice (GRIP) framework by a multidisciplinary team with designated professionals from all departments involved. An intervention was performed and included establishing a midwife consultation involving four visits in the antenatal period and one in the postpartum period. A screening was performed through several validated questionnaires such as Edinburgh Postnatal Depression Scale (EPDS). A referral circuit was established for the different healthcare professionals. A post-implementation audit was carried out using JBI PACES and the results from the questionnaires.
Results: For this implementation project to reflect the continuity of care, three topics were selected with a total of 10 criteria. The baseline audit results showed 0% compliance in all the selected criteria since the proposed implementation did not exist before the audit. After implementing the proposed strategies, the compliance achieved 100% in all of them. As an example, criterion 3: The EPDS was used for the assessment of all women for symptoms of depression in the perinatal period. Some outcomes in terms of perinatal mental health were seven referrals to psychiatry during pregnancy and two during the postpartum period. A multidisciplinary hospital guideline was elaborated for standardized care and mental well-being care for high-risk pregnant women.
Discussion: Establishing standardized care based on evidence-based practice recommendations through a multidisciplinary team has proven to be an effective way to assess perinatal mental health and improve the quality of patient care. Clinical audits are an effective way to achieve best clinical practices since they help identify barriers and facilitate developing strategies to address areas of non-compliance.
Conclusion: Despite knowing this delicate situation derived from pregnancy, follow-up in mental health of pregnant women is insufficient. Improving emotional well-being in pregnancy should be a target of clinical

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practice. More national and international guidelines to assess mental wellbeing during pregnancy and the postpartum period should be developed so that all healthcare professionals are aware of the significance of.

Keywords: clinical audit; implementation science; pregnancy; high-risk; continuity of patient care

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Nasogastric Tube Care and Flushing in a Portuguese General Medicine Department: A Best Practice Implementation Project

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Background: Nasogastric tube (NT) feeding is a widely used form of nutritional support. Although it's considered a safe procedure, it is not a danger-free intervention (Dana, 2018). Despite NT care recommendations, institutional practices do not always reflect the evidence-based practices (EBP).
Objectives: To contribute for promoting the patient safety related to NT care and flushing in a Portuguese hospital medicine ward.
Methods: JBI methodological approach for evidence implementation (Porritt, et al., 2020) has been follow within this project. It involved 3 phases: (1) Establishing a project team and baseline audit through randomized observation (February 2020); (2) Designing and implementing strategies to address non-compliance based on JBI Getting Research into Practice (GRiP) framework; (3) Conducting a follow-up audit to assess the outcomes of the interventions implemented (April 2021).
Results: The baseline criteria compliance varied from 0% to 88%. Twelve of 14 criteria were below 60%. The NT position verification by checking the pH of aspirate <5.5, following initial insertion and flushing with "pulse technique" wasn't observed (0%). Flushed NT every 4 hours in continuous feeding was one of the lowest flushing criteria (29%). Only 8% of nurses received NT care education in the last 5 years. The most important barriers EBP implementation include nursing staff's lack of knowledge and skills of NT care and flushing and absence of gastric pH strip. An integrated plan (including educational and motivational strategies and resources acquisition) was design and applied to deal with barriers. All nurses participated in the follow-up audit compliance ranging from 44% to 100%. Ten criteria showed compliance levels above 75%, 4 above 94%. The most significant improvements had been identified in the NT initial position checking by pH (0% to 90%); and in adherence to local policies to prevent contamination (18% to 94%). Mouth care performed after every feed had the lowest final compliance (17 to 44%).
Discussion: In the baseline, we have identified low compliance levels. Although the results are similar to other project (Xu, et al., 2013), some were below our expectations. An example is NT position checking after the initial insertion, using gastric pH. It has been taught for a long time in Portuguese undergraduate nursing. This proves that continuing training is essential to update knowledge and facilitate EBP. After strategies implementation, we achieved significant improvement in the nursing management of NT care. Our plan improved nurse's knowledge, increases compliance in checking initial position with pH content, flushing tube, preventing equipment and feed contamination. Although all criteria improved, not all have reached compliance levels desired. Therefore, further actions and changes are expected. We suggest maintaining strategies, supervision and regular assessment until 6 months follow-up audit.
Conclusion: The project allowed increasing the knowledge regarding NT care and flushing as well as improved EBP in a Portuguese hospital medicine ward.
Keywords: clinical audit; evidence-based practice; implementation; nasogastric tube feeding; nursing
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Perioperative Management of Pressure Injury: A Best Practice Implementation Project

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Background: Structured and comprehensive risk assessment is effective in identifying individuals at risk for pressure injuries (PIs) and the use of positioning aids reduces the incidence of surgery-related PIs.
Objectives: This project aimed to conduct an audit of PIs perioperative prevention, to implement evidence-based best practice recommendations and assess the impact of these changes in improving the providing care during a perioperative period. The overall purpose was to improve local practice and create a safety checklist, based on validated scales, which will help staff to assess all potential risks of PIs in patients.
Methods: The best practice implementation project has been conducted based on JBI Implementation approach (Porritt, 2020) for promoting change in local healthcare practice. A baseline audit involving 27 patients was undertaken and measured against six best practice criteria, followed by the implementation of targeted strategies using Getting Research into Practice (GRiP) framework. To collect the baseline data, we used the 32-item checklist based on the commonly worldwide used Surgical Safety Checklist. A post-implementation follow-up audit was conducted one year later.
Results: The baseline audit results showed significant deficits between current practice and best practice The main barriers were: the fear of staff from extra work and unwillingness to change their habits and traditional approaches, absence of suitable risk assessment scales and tools, absence of chart and lack of the best available aids. The following strategies have been identified to overcome these barriers: educational session, searching for evidence-based template and purchase of a new positioning/pressure relieving aids. We have achieved the following improvements: staff understood the need for change, we have developed a specific record sheet and suitable positioning/pressure relieving equipment is available. There were significantly improved outcomes across all best practice criteria in the follow-up audit.
Discussion: Perioperative PIs prevention is an important consideration for patients undergoing lengthy surgery (Wise, 2019). Perioperative prevention of PIs remains problematic due to lack of published evidence dealing with this topic (McInnes, 2015). Prevention is considered to be the most effective approach, with strategies including repositioning the patient, use of support surfaces and skincare.
The limit of this study was a specific group of patients in whom this study was conducted. Elective surgeries at the particular workplace are usually undergone by patients with normostenic constitution without associated comorbidities. However, we are convinced of the importance of eliminating the risk of PIs in private healthcare facilities. This implementation project was a great benefit for the implementation of the provided health care.

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Applicability in clinical practice: The findings showed how audits may be used to promote best practice in healthcare (particularly in the private sector) and moreover that targeted education and provision and use of relevant tools and aids can have an immediate and positive impact on clinical practice both for safety care and personal professional satisfaction.

Keywords: clinical audit; implementation; perioperative period; pressure injuries; preventive strategies

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Pressure Injury Prevention: Fixation of Nutritional and Derivative Probes: A Best Practice Implementation Project

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Background: Insertion of nasogastric probes could lead to the formation of the medical devices related pressure injuries (MDRPI) (Whitehorn, 2020). The risk increases with the length of the probe insertion and is higher in patients in intensive care. MRDPI prevention is mostly based on appropriate skin and mucosa membrane care and tissue monitoring and positioning of the medical devices.
Objectives: The main objective of this best practice implementation project was to improve the provision of clinical care in the field of pressure injury prevention related with the use of medical devices focused on nasogastric probes.
Methods: The project has been conducted based on JBI Implementation approach for promoting change in healthcare practice (Porritt, 2020). A baseline audit on MDRPI prevention was undertaken and involved 21 nurses and 12 patients using questionnaire for nurses and record sheet for patient´s monitoring. An implementation intervention included education, clinical practice training, consultation, and other strategies (e.g. review of available guidance, patient reports and monitoring of skin condition). The post-implementation audit was undertaken (involved 21 nurses and 16 patients).
Results: The baseline audit identified deficiencies in the knowledge of nurses as well as in the using preventative measures for MDRPI in patients with nasogastric probe. In total main barriers, including the traditional approaches in nursing interventions, lack of stuff for the MDRPI prevention etc., have been identified and determined strategies designed to overcame them. There were significantly improved outcomes across all best practice criteria in the follow-up audit. The level of knowledge of nurses has been increased. The proper stuff is used to prevent skin injuries on the nose (skin barrier creams and mass-supplied fixation). The new monitoring process and documentation has been implemented and is more accurate and in accordance with EBP (new items in the patient records, regular ward rounds).
Discussion: The MDRPI are still underestimated problem in the clinical practice. The situation of MDRPI in relation to the NG probe is even worse as the potentially injured area is relatively small and risk of systemic infection is low. It must be highlighted that the MDRPIs on nose could lead to the mutilating damage with long term impact on patient's quality of life (Schroeder, 2019). The mucosa membrane pressure injury could influence the possibility to feed the patients and has significant implications for patients' overall health. Nurses in our sample were not aware of such serious implications. They used inappropriate skin care products and forcibly removed the probe fixation. The situation improved when the project completed. As a fluctuation of nurses in this ward is high, the continuous education is necessary, and it is important to repeat audits and educate new healthcare professionals.

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Conclusions: Overall the project achieved an improvement in evidence-based practice in prevention of MDRPI in patients with nasogastric probe. The knowledge of nurses and usage of appropriate preventative measures increases. The appropriate monitoring has been identified as the most effective in the early recognition of skin injury.

Keywords: clinical audit; implementation project; medical device related pressure injury; nasogastric probe; prevention

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Prevention of Adverse Events Associated with Medication Administration: A Best Practice Implementation Project

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Background: The medication management process in a hospital setting is highly complex, involving multiple stages from drug selection, procurement and storage, to prescription, validation, dispensing, preparation, administration and monitoring.

Objectives of the implementation project: The main aim of the best practice implementation project was to ensure that the administration of medications to patients admitted to a hematology service was carried out according to the best practices, in order to prevent adverse events.

Methods: An implementation project following JBI Implementation framework was undertaken (Porritt, McArthur, Lockwood, & Munn, 2020). A baseline audit was carried out in July 2020 assessing prevention of adverse events associated with medication administration using audit criteria (Manuel, 2019; Moola, 2019). Based on the results of the baseline audit, we identified the barriers to the implementation of best practices as well as designed and implemented strategies using the JBI Getting Research into Practice (JBI-GRIP) framework. A re-audit was conducted in the post-implementation phase using the same approach like the baseline audit.

Results: The baseline audit showed that the results of the ten audit criteria were generally met. However, two criteria needed to be improved (one of the criteria had 0% compliance). We identified three barriers to best practice and determined strategies designed to overcome them: lack of expiration date in the chemotherapy; chemotherapy arrive at the service later than expected; and delay in its administration. After identifying the barriers and implementing strategies to deal with the identified barriers, we verified a significant improvement in compliance with the best practices (criterion 6 improved from 0% to 64.29% and criterion 7 from 67.9% to 78.57%). In general, the criteria that were initially fine were maintained.

Discussion: The baseline audit results were according to the expectations of the project team, with some criteria with a 0% of compliance. However, through the implementation of strategies (such as, meetings with nurses, use of strategies suggested by them, preparation of the double check registration document, reminders on shift changes and other warnings/reminders), we improve the compliance rates of audit criteria in follow-up. We believe that these positive results were due in part to the strong involvement of the nursing team of the hematology service.

Conclusions: This implementation project was completed with success, achieving a strongly improvement of implementation of the evidence-based guidelines concerning the prevention of adverse event associated with medication administration in a hematology service in a hospital of Portugal. More best practice projects should be made on this topic to sustain the implementation of the evidence-based methods to improve health outcomes, with a positive impact in patients' safety, costs and health systems. In the future, to improve and sustain the improvements made, it is necessary to maintain interdisciplinary communication and keep nurses motivated to notify nonconformities, as well as to carry out more follow-up cycles.

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Keywords: adverse events; clinical audit; implementation project; medication administration; prevention

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COMUNICAÇÕES ORAIS CURTAS

BRIEF ORAL PRESENTATIONS

COMUNICACIONES ORALES CORTAS

Communication – an Important Chain between Healthcare Providers in a Medical Laboratory: A Best Practice Implementation

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Introduction: Communication is the basis of all interpersonal actions. Through this important process is created a strong connection between those involved in this environment. In order to have an optimal and efficient communication, there are needed a permanent awareness and trainings in order to learn these skills as efficiently as possible. The healthcare industry is a complex and constantly changing field in which the challenges are permanent, in this context, communication becomes one of the most important tool that contribute to change.

Objectives: The best practice implementation project aimed to improve communication skills regarding the medical laboratory staff and thus the quality of health services.

Methods: This project has been solved following the JBI Implementation framework using JBI Handbook for Evidence Implementation in order to improve the communication process among healthcare team in a medical laboratory. A baseline audit involved 30 healthcare professionals including registered nurses, laboratory assistants, biochemists and specialist doctors from different departments of the same laboratory. Data for clinical audits were collect using direct observation of the healthcare teams during their 8 hours shifts and completed by confidential. The baseline audit was followed by implementation of strategies to solve identified the barriers based on JBI GRiP framework including organizing a workshop focused on deepening communication skills and a follow-up audit.

Results: The following implementation revealed that there was an individual evolution of each member who is part of the study team. The Baseline compliance with best practice for audit criteria revealed us that only a part of those involved in the study benefit from training communication skills, which leads to a destabilization of opinions between the team members. This situation sometimes creates a barrier in the process of interprofessional communication. Furthermore the healthcare team do not have sufficient dedicated times for team briefings, open dialogues or face-to-face interactions, so in this situation can appear different points of view that sometimes delay the optimal solution of the situation. Taking into account the current context, the implementation of the communication improvement strategy took place online, via Zoom meetings in which all 30 team members participated in training sessions organized in three consecutive days with a duration of 90 minutes per session. After the follow-up audit the evolution has materialized in the efficiency of the production process for the benefit of the patient. There is also an increase in personal link between team members so that the feeling of belonging within the company is present.

Conclusions: Communication is the cornerstone of healthcare. All members of the healthcare team received training for communication skills improvement, teamwork and conflict resolution being now more focused on interpersonal communication and this improves their cooperation. The project allowed the examination of the effect of interventions designed to facilitate teamwork and communication among healthcare workers and healthcare teams.

Keywords: clinical audit; communication; implementation; multidisciplinary team; medical laboratory

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Enhancing the Practice of Clinical Supervision within Primary and Community Care: A Best Practice Implementation Project

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Background: It is important to provide clinical support to all healthcare workers that provide opportunities to develop and be listened to in a supervised environment. Clinical supervision is seen as a key element to provide this support as it provides a professional working relationship between two or more members of staff where the reflection of practice and personal emotion can be discussed. Clinical supervision provides educational development, adherence to quality assurance and practical and psychological support, and although there is a plethora of research that writes about this, it remains underused (Driscoll et al, 2018).
Objectives: The best practice implementation project's aim was to assess compliance with evidence-based criteria regarding the use of clinical supervision among healthcare professionals within primary care, and to improve knowledge and engagement of clinical supervision within the workplace. The project objectives were to determine concordance with clinical supervision and identify the barriers and facilitators in achieving this.
Methods: A baseline audit was carried out in January 2020 using JBI Implementation framework (Porritt et al, 2020) (involving 16 participants in one district nursing team in South Wales). The method for data collection for the clinical audit was a questionnaire. The Implementation element included educational training on clinical supervision followed by clinical supervision sessions based on JBI Getting Research into Practice (GRiP) framework. A post-implementation re-audit was conducted following implementation to assess outcomes.
Results: There was a significant improvement in all criterions, two out of the five criterions achieved 100% compliance, with one criteria having the highest improvement from 0% to 88%. Even though the project team identified three barriers during the implementation, one being the availability of documentation of clinical supervision, strategies were developed to overcome these. Although the Covid-19 pandemic was initially seen as a barrier it aided the importance of clinical supervision sessions, staff felt listened to and were able to express themselves and be supported.
Discussion: The baseline audit results showed that four out of five of the criteria were below 40% and one criteria was at 0% which indicated poor knowledge and engagement in clinical supervision. After implementation of the proposed strategies there was a large increase in compliance with all the criterion, thus showing that with careful planning clinical supervision can be incorporated within primary care.
Conclusions: Overall the implementation project achieved a significant improvement in evidence-based practice regarding clinical supervision in primary care. The gap between clinical supervision and the sustainability of the benefits of this within primary care has been narrowed and it is hopeful that the implementation project can help address the wider expansion of its benefits in primary care. In the future the strategies adopted to incorporate clinical supervision within primary care will be sustained with additional best practice projects for the future.

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Keywords: clinical audit; implementation; primary care; clinical supervision

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Multi Disciplinary Ward Rounds in Malawi: A Best Practice Implementation Project

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Background: Multidisciplinary (MDT) ward rounds are common practice to review patient progress and plan future care. Good MDT work enables communication and patient care planning to be shared and discussed, ensuring that there are no omissions or unnecessary duplications in care. There are many variations in practice to the way ward rounds are managed and best practice suggests that some structure would be of value. Malawi is a middle-income country where the provision of healthcare is limited. In 2018 Cardiff University, School of Healthcare Sciences was awarded Erasmus plus funding to establish a practice development unit in a government hospital in Malawi. The aim was to improve person centred, evidence based, multi-disciplinary care on a male medical ward. The ward is an overcrowded, underfunded clinical area that takes all male medical patients in the geographical area. This implementation project reviews MDT ward rounds in a large hospital in Malawi and works to implement best practice.

Objectives of the implementation project: The main objective of this project is to improve MDT ward rounds on a male medical ward in Malawi. The specific objectives were to determine current practice in ward rounds; To identify barriers to facilitating best practice and identify strategies to overcome these; Improve knowledge and adherence to best practice and improve effectiveness of ward rounds.

Methods: Based on the JBI Framework (Porritt et al., 2020 Handbook for evidence implementation) the implementation process involved three phases: The baseline Audit; GRiP phase (Getting Research into Practice) and a follow up audit. The baseline audit developed by JBI PACES was in the form of a questionnaire and completed by six members of the project implementation team in Malawi. Following the audit results implementation strategies were designed using JBI quality improvement methodology. Workshops were held on change management, results of baseline audit were shared and a protocol for MDT ward rounds was developed based on the best available evidence. Barriers and strategies to overcome these were identified.

Results and Discussion: Implementing Evidence based practice in Malawi during a pandemic has been challenging and complex. The baseline audit demonstrated that several audit criteria had no compliance, including pre and post round briefing, standardised structure of communication and local induction to MDT organisation. The reasons for this include culture and expectations of patients, overcrowding and limited space in the environment, limited resources and traditional hierarchy. Adaptations to the guidelines have enabled the area to meet their needs within the constraints of the clinical environment EG pre round and post round briefing involves key members of staff only. Follow up audit is currently being undertaken. Changes have already

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been seen in nurses attending ward rounds and pre and post round briefing. SBAR has already been utilised to aid communication.

Conclusion: Implementing evidence based practice overseas is challenging, but with supportive collaboration small meaningful changes can be made. It is important to work with the limitations and resources available and adapt policy and protocol.

Keywords: audit; MDT; best practice; Malawi

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Care Planning for Patients with Mental Health Diseases: a Best Practice Implementation Project Protocol

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Miloslav Klugar****, Jitka Klugarová*****

Background: The care provided by nurses helps patients and improves the health of the entire community. Care planning is one of the most important competencies of nurses. Implementing the best practice in the process of developing and documenting the care plan by nurses is currently a very important legal requirement in Romania and at the same time a necessity for increasing the quality of care provided by nurses.

Objectives of the implementation project: The main objective of this project is to improve the quality of nursing by increasing nurses' compliance with the recommendations on best care planning practices provided to adult patients admitted to the psychiatric ward.

Methods: This best practice implementation project will use the JBI evidence implementation framework (Porritt et al., 2019). The audit will take place in a psychiatric ward with 70 beds in two-bed reserves. All the six audit criteria were established based on a summary of the evidence prepared by the JBI. The sample will consist of two groups: all patients admitted to the ward at that time (probably 30 patients), and all 17 nurses working in the ward. The implementation of best practices is expected to be completed within 6 months of the basic audit. In relation to criteria 1-6, in all patients admitted to the psychiatric ward we will evaluate the care file completed by the nurse. For criteria 1,2,4,5,6 the evaluation of practices will include, the interview with the patient, and for criterion 7 we will evaluate the training evidence of the staff regarding the planning and documentation of the nursing. The results is will be analyzed (JBI PACES) and strategies will be developed for the implementation to implement best practices in the clinical practice of nurses (JBI GRiP).

Discussion: As the current practice of care planning nurses requires improvement interventions, we expect a low degree of compliance with the basic audit. The involvement of hospital management and the openness of nurses to increase the quality of care are important facilities for the successful implementation of care planning best practices.

Future applicability in clinical practice: Evidence-based practices are a primary concern of organizational clinical management to improve the quality of care and ensure patient safety. This implementation project is a pilot project that can be expanded nationwide and is a key step in developing nurses' research capacity from Romania.

Keywords: clinical audit; implementation; care planning; mental health; evidence-based practices

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General Principles of Communication among Nurses in Long-Term Care: A Best Practice Implementation Project Protocol

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Background: Communication is, in health contexts, a fundamental pillar for patient safety, especially when there is a transfer of responsibility for the provision of health care, such as the shift change and transfers or discharge of patients. Joint Commission International places effective communication in healthcare teams as one of six goals for ensuring patient safety. Likewise, in the Portuguese National Plan for Patient Safety 2015-2020, strengthening communications security is also a strategic objective. In long-term care units, especially at the convalescence level, the healthcare team is very diverse and needs to have a very effective communication to continue the patient care project in an appropriate manner. After a critical event, the main objective is to recover functional independence and restore the functions or capacities of patient affected by different pathologies, and for this purpose the informal caregiver is also involved, with whom the health team establishes synergy for health gains.

Objectives of the implementation project: The aim of this project is to improve the communication of nurses in the nursing team of a long-term care unit.

Methods: This implementation project is being conducted based on the JBI evidence implementation framework(Porritt, McArthur, Lockwood & Munn, 2020) and developed in a long-term convalescence unit. A baseline audit assessing nurses' communication supported by the evidence / summary from JBI (Lizarondo, 2020) is being carried out using the JBI Practical Application of the Clinical Evidence System (PACES) program, expected to end on May 28, involving all the nurses. Based on the results of the baseline audit, we will identify the ideal barriers and strategies to overcome this. The project team will implement the strategies following the structure of Getting Research into Practice (GRiP) and then conduct the follow-up audit. Data for the purposes of both audits will be collected through focus groups.

Discussion: When healthcare professionals do not communicate effectively, patient safety is at risk for several reasons: lack of critical information, misinterpretation of information, unclear telephone requests and neglected status changes (Foronda, MacWilliams & McArthur, 2016). For that is important to improve healthcare team communication. Evidence suggest that education and training communication skills should be continuous, so we think that our strategies will concern with education program and improve the use of tools which facilitate the communication without fails. The main obstacles we expect are concerned with implementation of strategies

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compatible with the COVID 19 preventive measures.

Future applicability in clinical practice: Although this implementation protocol is in its beginning, the project team can already see some improvement in communication on handover, using the structured communication tool ISBAR. If the implementation is successful, a permanent adaptation/adoption of this tool to the long-term care unit can be justified.

Keywords: clinical audit; communication; long-term care; evidence-based practice; implementation

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Nursing Care Provided to Womens with Gestational Diabetes: A Best Implementation Project Protocol

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Background: Globally, gestational diabetes (GD) is one of the most common complications of pregnancy, affecting up to about 14% of pregnant women. Of particular importance in the management of the GD is the education of the future mother delivered throughout the pregnancy in regarding the management of her medical situation, and the application of individualized care plans adapted to their real care needs. Educational interventions for women with GD should be developed in at least the following directions: lifestyle (nutritional therapy, physical activity, exercise, weight control and emotion management), blood glucose monitoring and pharmacotherapy. The risk of developing type 2 diabetes, decreases for women who have a healthy lifestyle achieved through postpartum weight loss, proper nutrition and regular physical activity.

Objectives of the implementation project: The main objective of this project is to improve the quality of nursing by increasing nurses' compliance with the recommendations on best practices for antenatal and home care for women with gestational diabetes in an obstetrics-gynecology department.

Methods: This best practice implementation project will use the JBI evidence implementation framework (Porritt et al., 2019).

The implementation project will be carried out in an obstetrics department with 54 continuous hospital beds where approximately 260 patients are treated per month. In this department works: 5 doctors, 5 midwives, 6 nurses, and 12 care staff.

All the fourteen audit criteria were established based on a summary of the evidence prepared by the JBI. The sample will consist of two groups: all patients admitted to the ward at that time (probably 30 patients), and all 11 midwives and nurses working in the ward.

The implementation of best practices is expected to be completed within 6 months of the basic audit. In relation to criteria 1-10, for all patients with GD admitted to the Obstetrics department, we will evaluate for the antenatal period all the evidence recorded by midwives and nurses in the Care Plan. Criteria 11-14 will be used to assess evidence of intrapartum care for women with GD. All criteria will include checking the records of nurses and midwives, in addition, criteria 2,4,5,6, 10 will include the interview with patients.

The results will be analyzed (JBI PACES) and strategies will be developed for the implementation to implement best practices in the clinical practice of nurses (JBI GRiP).

Discussion: By implementing evidence-based practices in nurses' clinical practice, the following clinical issues are addressed: (I) improving professional education and recording data on care planning, (II) patient involvement in the care process, (III) eliminating variations in practice, (IV) improving the quality of nursing, (V) improving k

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Future applicability in clinical practice: The quality cycle can improve compliance with evidence-based recommendations and improve health outcomes. The results of the project will be disseminated within the organization, and the results will be reported to the hospital management to request and strengthen the use of indicators used for audits.

Keywords: clinical audit; implementation; evidence-based practices; gestational diabetes; pregnancy

References: Porritt, K., McArthur, A., Lockwood, C., Munn, Z. (2020). JBI Handbook for Evidence Implementation. JBI, 2020. https://implementationmanual.jbi.global. https://doi.org/10.46658/JBIMEI-20-01

Pain Management in a Gynaecology Ward: A Best Practice Implementation Protocol

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Background: The effective pain control is important, not only for the ethical aspects that it entails, but also to prevent the negative consequences of not alleviating it. However, it often remains underestimated and inadequately treated. (Schug, 2020) The effective pain management is a fundamental human right, and should be a priority in patient's care (Schug, 2020). Applying evidence-based practices (EBP) for pain management is essential to improve patient's health outcomes. And, to achieve this, it is necessary to use proactive implementation strategies, considering the context, barriers and facilitators to such implementation (Porritt, 2020).

Objectives: The main objective of the best practice implementation project is to enhance pain management in adult patients in the gynaecology ward of the Hospital 12 de Octubre in Madrid.

Methods: This will be conducted following the JBI evidence implementation framework (Porritt, 2020), involving three phases:

1) A team will be established and a baseline audit will be carried out, involving 30 patients.

2) The results of the audit will be analyzed and an evidence implementation strategy will be planned following Getting Research into Practice (GRiP) framework.

3) A follow-up audit, involving 30 patients will be done and the results of both audits will be compared and analysed.

For the purposes of both audits has been defined 5 criteria based on the best available evidence (Lizarondo, 2019):

1. A validated pain assessment tool is used to monitor pain and the response to pain treatment.
2. Pain assessment is comprehensive, covering factors such as cause of pain, type of pain, effect on function, and barriers to effective pain management.
3. Both static and dynamic pain are assessed.
4. Patients and their careers (if applicable) have been educated and given information regarding the management of pain.
5. There is an institutional policy, protocol, standard or guideline on pain management.

At the same time, we will collect some additional data, as result's criteria, to be measured and analysed:

1. Maximum intensity of pain during admission.
2. Satisfaction in relation to pain management.
3. Satisfaction with the information received on pain management.

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4. Professionals trained/informed in pain assessment and management in the last 6 months.
5. In a questionary given to patients, we will ask them how they suggest we can improve the information about pain and its management to take into account patient's opinion in the design of the implementation strategy.

Discussion: By using the JBI implementation approach, we want to improve the use of EBP related to pain management and, therefore, patients' health outcomes.

Future applicability in clinical practice: The results of this implementation project could inspire other units in the implementation of EBP for pain management and thus improve patients' health outcomes.

There is no conflict of interest in this work.

Keywords: pain management; Implementation; Evidence-Based Practice; clinical audit; gynaecology

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Pelvic Floor Muscle Training among Midwives in a UK NHS Maternity Setting: A Best Practice Implementation Project

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Background: Childbirth is a recognised factor for urinary incontinence (UI); approximately one-third of women experience UI antenatally (AN) and in the early postnatal (PN) period. There are known contributors: vaginal delivery; previous UI; anatomical and physiological factors; obesity; long second stage of labour and a large baby. Regardless of causation, the Cochrane review indicates that pelvic floor muscle training (PFMT) should be the first line of action for treatment and prevention of UI (Woodley et al 2020). Whist there is no doubt that the initial promotion of PFMT in the UK lies with the midwives public health agenda and is beneficial, the review also suggests that there is emerging evidence of the need to understand the behavioural aspects linked with PFMT. Furthermore a structured approach to AN PFMT is advocated, however the findings on PN PFMT were less conclusive, identifying that whilst a 'high-risk' approach may be beneficial a population based approach does no harm.

Objectives: This best practice implementation project will look at midwives practice of PFMT with a view to reducing the incidence of UI. The objectives relate to the provision of an education programme and a structured approach to AN care. Three elements of evidence-based healthcare will be considered: client needs, best evidence and available expertise.

Methods: The project will be conducted using the JBI audit criteria for PFMT (AN and PN) (Porritt, 2020). Permission was granted from the requisite clinical governance department. It will involve a UK NHS maternity unit. Baseline and follow up audits will be conducted in view of anticipated service improvements. One audit criteria will detail the compliance rate for midwives undertaking PFMT education, whilst the other three look at the provision of PFMT. Questionnaires will be used for midwives in a community, midwifery led and PN ward setting (midwives n – 65, 30 and 35 respectively). Initial data collection will occur in June 2021, the follow up audit in January 2022, and then the implementation of the improvement programme and the full project write up by June 2022.

Discussion: In view of the literature explored, it is anticipated that the compliance rate will be high for PFMT education and low for a structured AN programme. The new evidence from the Cochrane review (Woodley et al 2020) suggests that best results are achieved when women adhere to a strength-training PFMT programme and that this is best achieved with supervision. It also identified that midwives should consider the behavioural aspects of PFMT. Since 2020 and the COVID pandemic, the potential is that the evidence will not have been implemented into practice, hence potential gaps in midwifery education and varying antenatal practices.

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Future applicability in clinical practice: Whilst it is acknowledged that PFMT is the first line action for the prevention and treatment of UI during the childbirth period, it is anticipated that this project will improve midwives' knowledge. Education that considers the PFMT, physiological and behavioural aspects and uniform resources will facilitate this. This will enhance women's understanding aiding adherence to structured programmes. Further audits to monitor practice and effect change will need to be undertaken.

Keywords: clinical audit; implementation; urinary incontinence; pelvic floor muscle training; childbirth

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Post-Discharge Telephone Follow-Up among Vascular Disease Patients: A Best Practice Implementation Project Protocol

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Background: Cardiovascular diseases (CVD) are the most common noncommunicable diseases globally, accounting for an estimated 17.8 million deaths. Peripheral Artery Disease (PAD) is a major cardiovascular disease that affected more than 200 million people worldwide, contributing to the global burden of deaths and disabilities (Kengne, & Echouffo-Tcheugui, 2019). Nurses have an important responsibility to support, enable and facilitate chronic patients and their families to manage their health more effectively at home. In fact, many patients report several difficulties and complications in the first weeks after discharge from hospital. Telephone follow-up (TFU) is an effective way of exchanging information, providing health education and advice, managing symptoms, recognizing possible complications early, giving reassurance and providing quality in post-discharge period (Moola, 2019).
Objective: The aim of this best practice implementation project is to improve compliance with international evidence-based guidelines regarding Post-discharge TFU in the context of chronic vascular disease management.
Methods: This implementation project will be conducted based on JBI evidence implementation framework (Porritt, McArthur, Lockwood, & Munn, 2020) for promoting evidence-based healthcare, involving three phases:
i) Establishing a team (includes the coordinator, the Chief Nurse, and 6 advanced nurses from the inpatient and the outpatient clinic) and undertaking a baseline audit.
ii) Reflecting on the results and designing and implementing strategies to address non-compliance using Getting Research into Practice (GriP) framework.
iii) Conducting a follow-up audit to assess the outcomes of the implementation strategies/activities in compliance rate(s) and identify space for further improvement.
This evidence implementation project will be conducted for six months from February 2021 to July 2021, in a vascular surgery of a Portuguese university hospital. The two audit criteria are based on the best available evidence (Moola, 2019). We estimate a sample of 20 patients, and we will use a retrospective data collection from nursing records to check if there is a record of a post-discharge TFU as a component of a comprehensive discharge planning.
Discussion: A comprehensive discharge planning plus post-discharge TFU may reduce readmission rates and improve quality of life in patients. TFU seems to be associated with a better management of symptoms and risk factors (such as blood pressure, depression, smoking, anxiety) and even with a reduced mortality (Moola, 2019). Expected barriers may include missing information in nursing records, lack of motivation, lack of structuring of the discharge and early monitoring processes of PAD patients.
Future applicability in clinical practice: The COVID-19 pandemic stressed the need to improve telehealth care. In the future, more best practice projects should be made on this topic to sustain the implementation of the evidence-based methods to improve health outcomes, with a positive impact in patients' safety, costs and health systems.
Conflict of interest: There is no conflict of interest.
Keywords: clinical audit; implementation; post-discharge; telephone follow-up; vascular disease

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Promotion of Breastfeeding in Maternal and Neonatal Facilities: A Best Practice Implementation Project Protocol

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Background: The feeding practices of infants are shown to have a strong impact on the nutritional status of children under two years of age, their risk for infectious diseases and mortality. The Baby-friendly Hospital Initiative (BFHI) first established in 1991 by the World Health Organization (WHO) and United Nations Children's Fund (UNICEF), issued a new set of the Ten Steps to Successful Breastfeeding in 2017 (WHO, 2017). The BFHI has been shown to improve breastfeeding outcomes and decrease neonatal morbidity and mortality.
Objective: The aim of this best practice implementation project is to achieve higher compliance with the BFHI criteria by delivering a comprehensive knowledge and skills-oriented professional training at one general hospital in the Czech Republic.
Methods: This implementation project will be conducted based on JBI evidence implementation framework for promoting evidence-based healthcare (Porrit et al., 2020), and will involve three phases:
i) Establishing the project team and undertaking a baseline audit.
ii) Designing and implementing strategies to improve practice using the Getting Research into Practice (GriP) framework via a week-long professional training.
iii) Conducting two follow-up audits 2-3 weeks and 6 months after the training to assess its outcomes.
The project team will consist of key leading hospital and ward staff and external members. The clinical team will be responsible for collecting data (audits) and implementing the knowledge and skills gained during the training. The external members will prepare the audit, deliver the training, and discuss any operational changes necessary with the clinical team.
The target sample for each audit will be: a) at least 80% of the staff (questionnaire), b) at least 20 mothers (questionnaire at discharge), c) all clinical team members (interviewed by the external members).
The audit criteria are based on BFHI (WHO, 2017). They target three groups:
i) mothers at discharge after birth. These criteria aim to determine whether mothers were informed about the benefits of breastfeeding during pregnancy, had skin-to-skin contact with their babies after birth, were showed how to breastfeed and maintain lactation, were not given unnecessary breastmilk substitutes, were supported to room-in with their babies, were encouraged to breastfeed as per the newborn´s cues and not use teats and pacifiers.
ii) medical and non-medical staff at neonatal and maternity wards. Audit questions target knowledge base of the staff on how to support breastfeeding and whether they receive regular trainings and support.
iii) leaders of the hospital and the respective wards to ascertain the existence of a written breastfeeding policy and meeting the requirements of the WHO International Code of marketing breast-milk substitutes (WHO, 1981).

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Discussion: The project is facilitated by the motivation of the hospital leaders to improve breastfeeding rates, however, the culture and dedication at the wards are yet unknown.

Future applicability in clinical practice: Compliance with BFHI criteria is a minimum standard of evidence-based clinical practice, and the success of this implementation project can support similar initiatives in other hospitals, and ultimately lead to healthier mothers and babies.

Keywords: implementation; breastfeeding; neonate; BFHI; clinical audit

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Risk of Delirium among Elderly Patients in Internal Medicine Wards: A Best Practice Implementation Project Protocol

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Background: Delirium is suffered by more than 50% of elderly patients hospitalized, it is often underdiagnosed and it can persist until 12 months after admission. There are published a lot of evidence-based guides that are focused on the topic (e.g. an Australian delirium clinical care standard), guidelines or systematic reviews. All of them agreed in: a) importance of early detection screening using special scales for diagnosis, such as Confusion Assessment Method (CAM); b) that delirium in patients is a serious cause of healthcare providers burnout; and c) that improving the working environment and the relationships with patients can lead to a better state of patients.
Objectives of the implementation project: The main objective of the project is to manage and prevent delirium in elderly patients admitted to an internal medicine ward, after being admitted to emergency department. Specific aim is to promote the use of a detection tool to assess the risk of delirium during the first 24 hours of admission.
Methods: This best practice implementation project will follow the JBI evidence implementation framework (Marin, 2019). It will take place in emergency department (ED) and general wards (GW) in Hospital Universitario Miguel Servet (Zaragoza, Spain) during 6 months.The target population are the patients admitted to observation rooms in ED and in GW, older than 65 years, without dementia and any previous acute confusional syndrome in admission. A baseline audit was already conducted to evaluate current practice of delirium risk assessment, from January to March 2021, integrating the admitted patients in the first trimester of the year (simple randomized sample of 100 patients) using audit criteria defined based on the base available evidence (Porrit et al., 2020). We used general questionnaire within base-line audit data collection evaluating the interest of healthcare workers. Second phase: barriers analysis and implementation of evidence-based strategies will be carried out following Getting Research into Practice (GRiP) framework). Third phase: After the implementation period, there will be a follow-up audit which will show the rate of compliance with the best practice after the implementation.
Discussion: The implementation of evidence in the involved hospital departments will help nurses to develop strategies in early prevention of delirium. During the implementation phase, the following challenges are expected: There are different criteria of evaluation in ED and in GW due to different length of stay in services and infrastructure. The integration of the CAM scale in Electronic Clinical History (ECH) is difficult to develop due to different software in both areas.
Future applicability in clinical practice: Elderly patients admitted to emergency and wards will benefit from early prevention of delirium because the confusional state cause several harms, such as distress. Starting orientation measures from the entrance to hospital will help healthcare workers to reduce burnout in the assistance to elderly patients.
Keywords: implementation; clinical audit; delirium; elderly; nursing care
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