Joanna Briggs Institute

Kathi Grainger

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When you have to be right

Full Text database providing evidence based medicine and best practice information including JBI Tools

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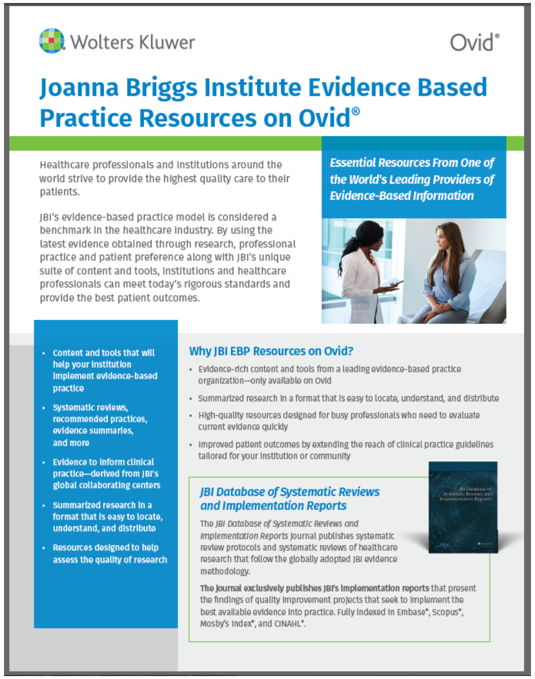
Agenda

- Joanna Briggs Institute
- Accessing LNO Resources
- Types of search available
- JBI Nodes (Groups)
- 7 Full Text Publications
- JBI Levels of Evidence
- JBI Tools
- JBI Resource Center & JBI Alerting



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The *JBI Database of Systematic Reviews and Implementation Reports* journal publishes systematic review protocols and systematic reviews of healthcare research that follow the globally adopted JBI evidence methodology.

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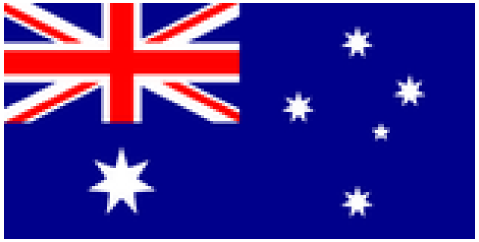
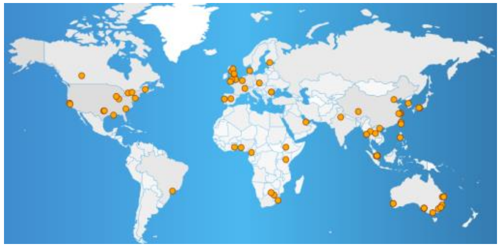
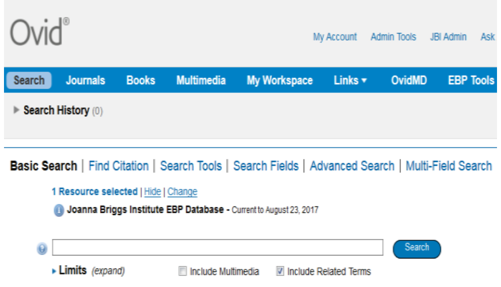
Joanna Briggs Institute

- JBI is a scientific non-profit organization with HQ in the Health Sciences Faculty at the University of Adelaide in South Australia
- Through its database and the tools, JBI aims to promote and support evidence based practice for patient care
- The information available in JBI comes from over 70 JBI collaborating centers in every continent worldwide
- JBI is available exclusively on the Ovid platform



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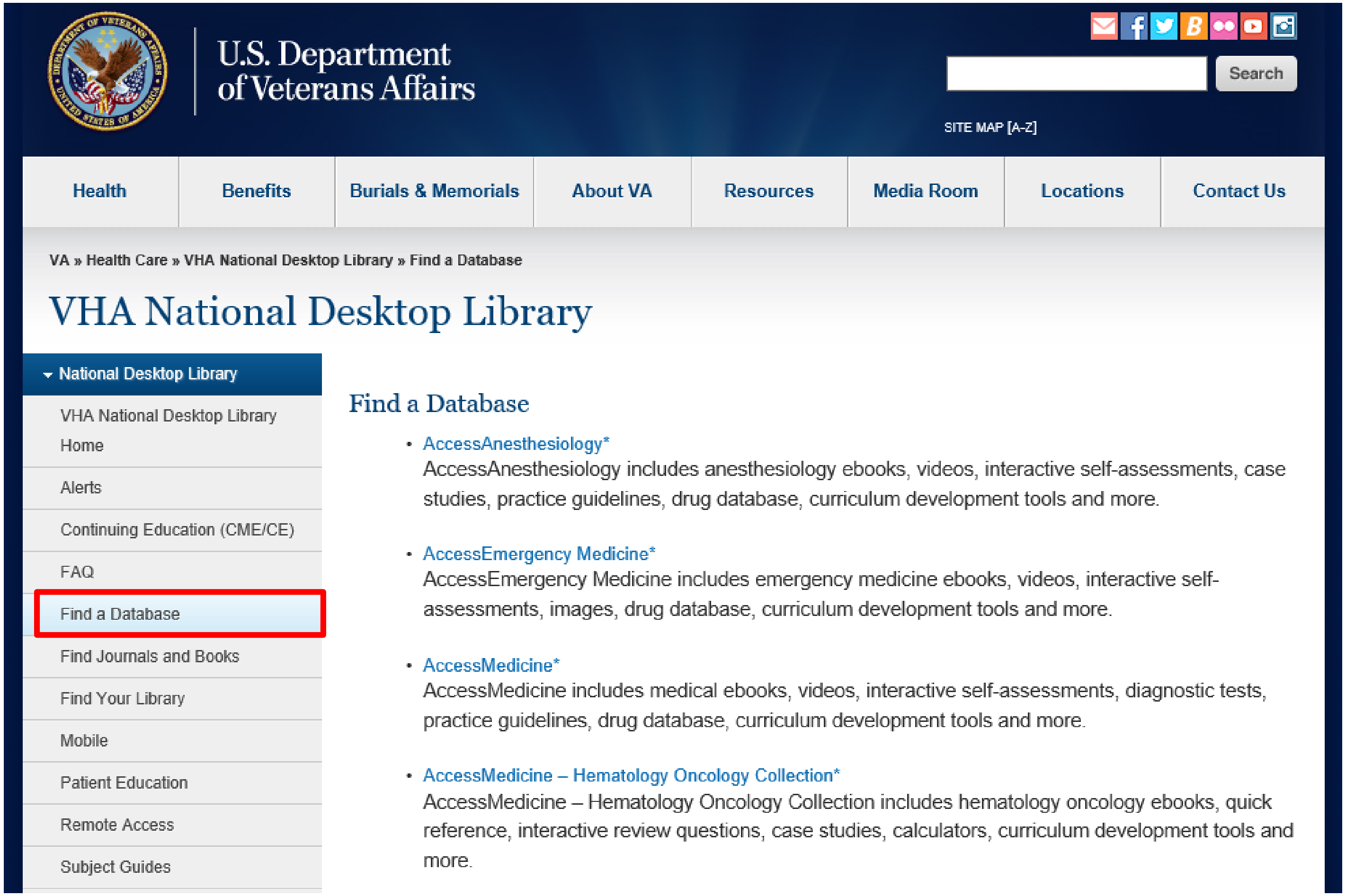
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- **Health Business Elite***
  Health Business Elite provides comprehensive fulltext journal content detailing all aspects of health care administration and other non-clinical aspects of health care institution management.

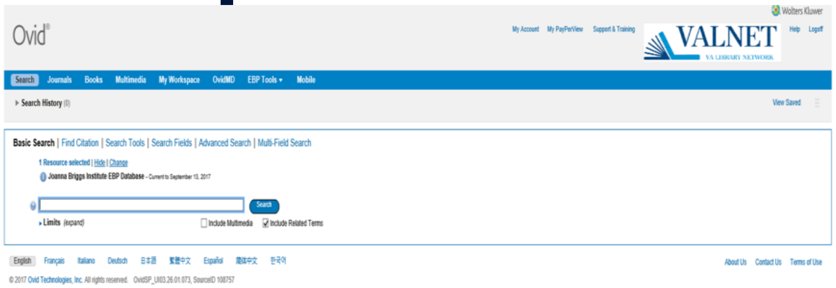
- **Health Policy Reference Center***
  Health Policy Reference Center is a full-text research database providing full-text publications and journal articles covering all aspects of health policy.

- **Joanna Briggs Institute Evidence Based Practice (EBP) Database**
  The Joanna Briggs Institute EBP database is a comprehensive range of resources including evidence summaries, evidence-based recommended practices, best practice information sheets, systematic reviews, consumer information sheets, systematic review protocols, and technical reports

- **Joint Commission Manual E-dition**
  Joint Commission E-dition provides all standards and requirements for Joint Commission accreditation and certification programs.
  No remote access via Athens - Available only at a VA facility

- **Lexicomp Online for Dentistry***
  Lexicomp Online for Dentistry provides dental-specific pharmacology information and drug interaction analysis tools.

- **Library, Information Science & Technology Abstracts (LISTA)***
  LISTA is a citation database covering librarianship, classification, cataloging, bibliometrics, online information retrieval, information management and more.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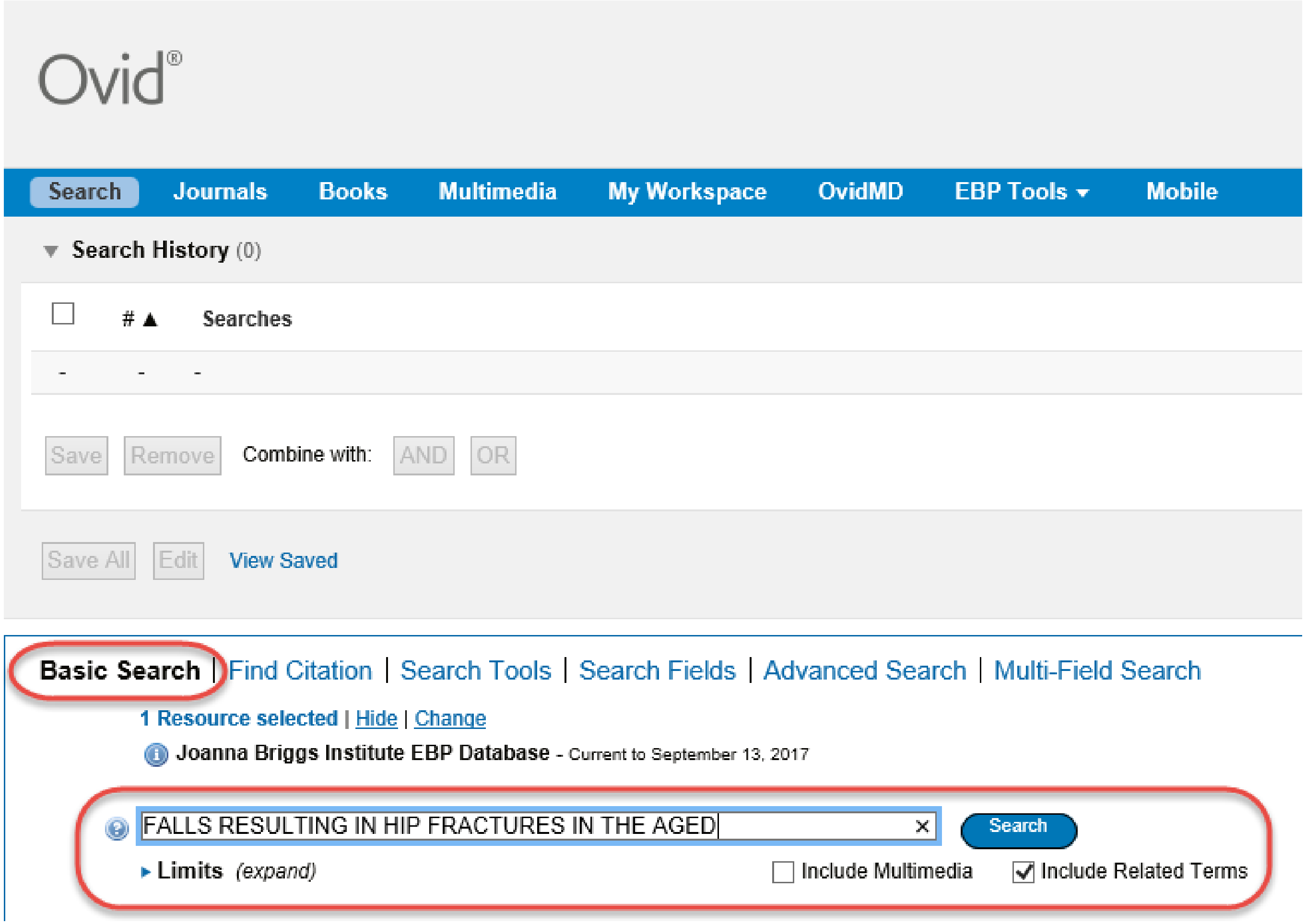
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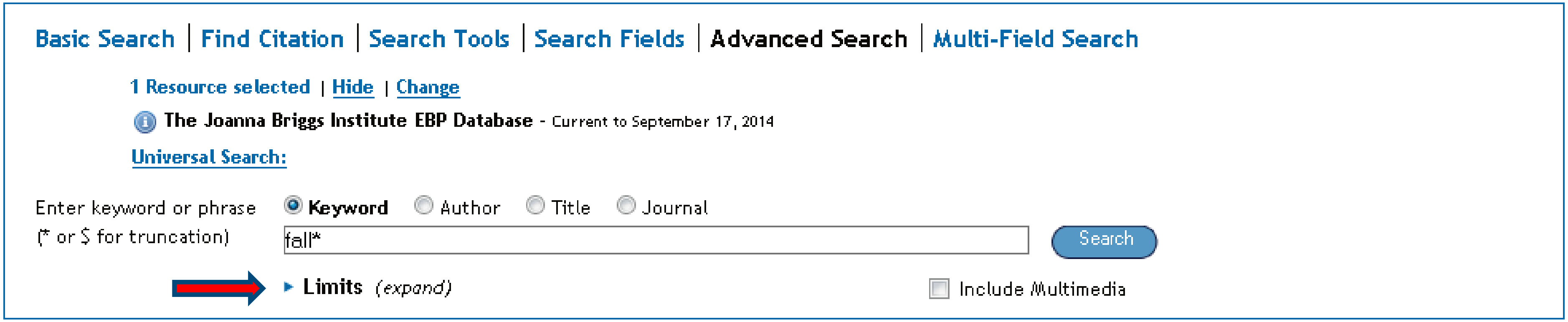

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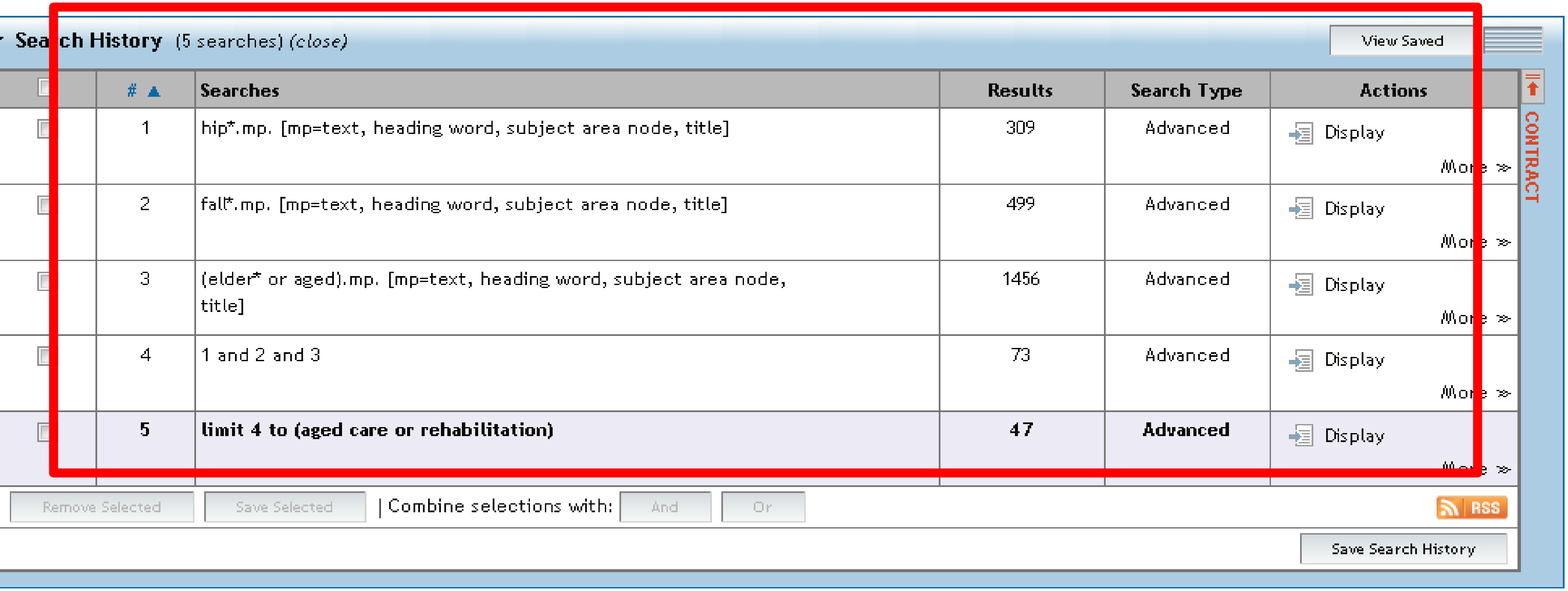

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☐	2	fall*.mp. [mp=text, heading word, subject area node, title]	499	Advanced	Display More »
☐	3	(elder* or aged).mp. [mp=text, heading word, subject area node, title]	1456	Advanced	Display More »
☐	4	1 and 2 and 3	73	Advanced	Display More »
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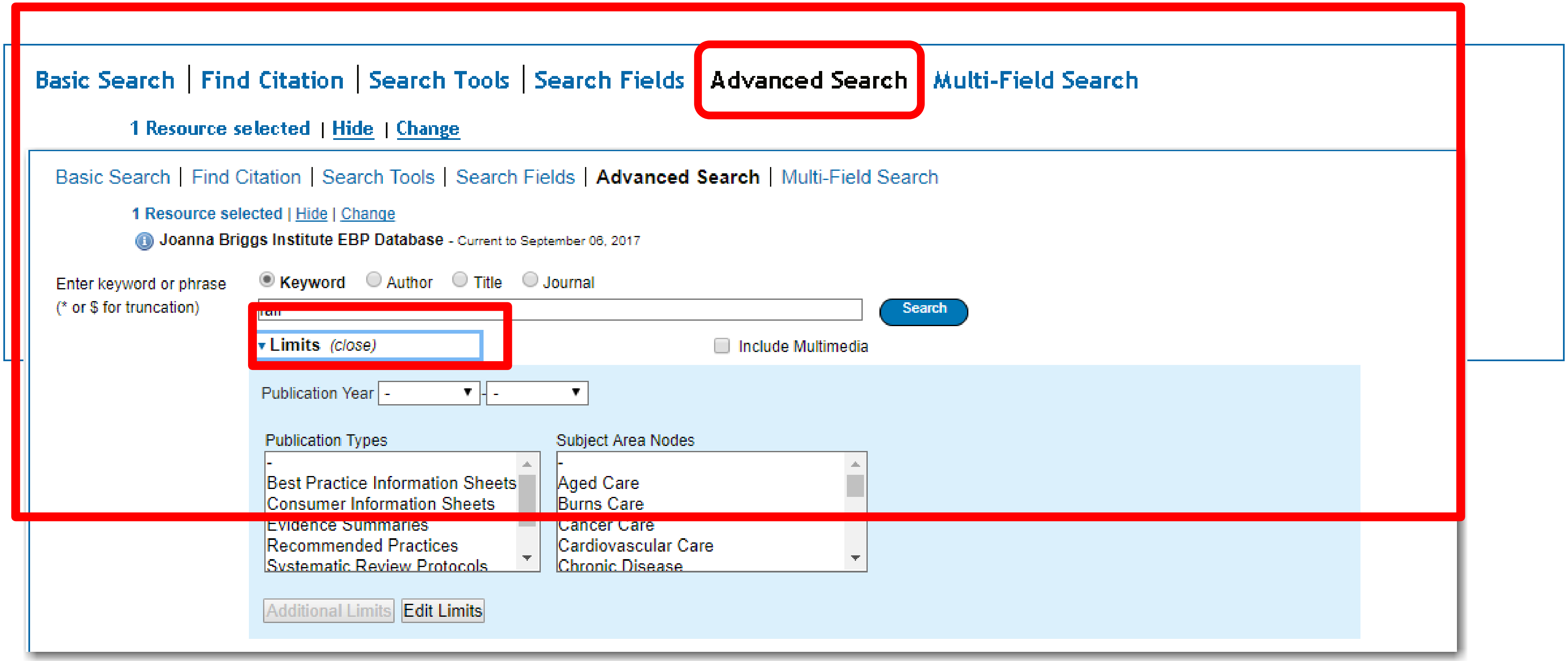
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Consumer Information Sheets
Evidence Summaries
Recommended Practices
Systematic Review Protocols
Subject Area Nodes
-
Aged Care
Burns Care
Cancer Care
Cardiovascular Care
Chronic Disease
Additional Limits
Edit Limits

JBI Nodes (Groups)

1. Aged Care*
2. Burns Care
3. Cancer Care
4. Chronic Disease
5. Diagnostic Imaging
6. Emergency and Trauma
7. General Medicine
8. Health Services Management (Policies)
9. Infection Control
10. Mental Health
11. Midwifery Care
12. Pediatrics
13. Rehabilitation
14. Surgical Services (peri-operative)
15. Tropical & Infectious Diseases
16. Wound Healing & Management
17. Renal

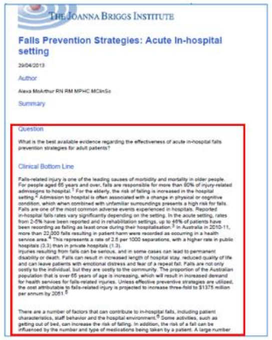
❖ More nodes on the way!!

** Click in the Aged Care mode to see the experts that have been assigned to manage its content.*

7 full text publications

- **Guidelines to implement in clinical practice**
  1. Evidence Summaries
  2. Evidence Based Recommended Practice
  3. Best Practice Information Sheets
  4. Consumer Pamphlet Sheets

- **Detailed documents for further investigation**
  5. JBI Systematic Reviews
  6. JBI Systematic Review Protocols
  7. Technical Report



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Falls Prevention Strategies: Acute In-hospital setting

29/04/2013

Author

Alexa McArthur RN RM MPHC MClinSc

Summary

Question

What is the best available evidence regarding the effectiveness of acute in-hospital falls prevention strategies for adult patients?

Clinical Bottom Line

Falls-related injury is one of the leading causes of morbidity and mortality in older people. For people aged 65 years and over, falls are responsible for more than 80% of injury-related admissions to hospital.[1] For the elderly, the risk of falling is increased in the hospital setting.[2] Admission to hospital is often associated with a change in physical or cognitive condition, which when combined with unfamiliar surroundings presents a high risk for falls. Falls are one of the most common adverse events experienced in hospitals. Reported in-hospital falls rates vary significantly depending on the setting. In the acute setting, rates from 2-5% have been reported and in rehabilitation settings, up to 46% of patients have been recording as falling as least once during their hospitalisation.[3] In Australia in 2010-11, more than 22,000 falls resulting in patient harm were recorded as occurring in a health service area.[4] This represents a rate of 2.5 per 1000 separations, with a higher rate in public hospitals (3.3) than in private hospitals (1.3).
Injuries resulting from falls can be serious, and in some cases can lead to permanent disability or death. Falls can result in increased length of hospital stay, reduced quality of life and can leave patients with emotional distress and fear of a repeat fall. Falls are not only costly to the individual, but they are costly to the community. The proportion of the Australian population that is over 65 years of age is increasing, which will result in increased demand for health services for falls-related injuries. Unless effective preventive strategies are utilized, the cost attributable to falls-related injury is projected to increase three-fold to $1375 million per annum by 2051.[5]

There are a number of factors that can contribute to in-hospital falls, including patient characteristics, staff behavior and the hospital environment.[6] Some activities, such as getting out of bed, can increase the risk of falling. In addition, the risk of a fall can be influenced by the number and type of medications being taken by a patient. A large number

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Observation Following Falls in the Community: Older People

30/04/2013

Author

Dr Jared Campbell PhD, BHSc(Hons)

Equipment

- Progress notes/record

Recommended Practice

If an older person has reported with a fall to a care worker/care giver or a clinician – either immediately after the fall or later during screening for recent incidents – an examination of the person's history and physical state should be undertaken by a qualified individual.
EXAMINATION OF HISTORY

- The time period and events just prior to the fall and what happened as a result of the fall (i.e. loss of consciousness, tripping or stumbling, light headedness, palpitations, difficulty getting up), should be investigated and documented
- A review of major intrinsic risk factors should then be completed including medical problems such as Parkinson's disease, stroke, cardiac, neuropathy, severe osteoarthritis and dementia by a physician
- A review of extrinsic risk factors including an environmental risk assesment should be conducted using an appropriate assessment tool, which should include an evaluation of bathroom and toilets, furniture, floor surfaces, lighting, passageways, lifts, external areas, security of environment and recommendations for remedial actions.
- A review of medications including vasodilators, diuretics, sedative and hypnotic drugs should also be completed with a particular focus on recent changes and adjustments.
- As assistive devices are often used incorrectly or set to the wrong height, it should be determined whether or not an assistive device is ever used – including those only used within the house – as well as whether it is being used appropriately.

PHYSICAL EXAMINATION

- Physical examination should focus on gait, balance and strength in addition to neurologic and cardiac examination.
- Gait, balance and quadriceps strength should form a large part of the physical examination

Best Practice

Evidence-based information sheets for health professionals

Interventions to reduce the incidence of falls in older adult patients in acute care hospitals

Recommendations

Information Source

This Best Practice information sheet has been derived from a systematic review published in 2009[1] which was based on 7 randomised controlled trials. The primary studies on which this information sheet is based are available from the Joanna Briggs Institute in the form of a Technical Report which can be viewed at www.joannabriggs.edu.au

The systematic review was report is available from the Joanna Briggs Institute www.joannabriggs.edu.au

Background

It has been estimated that one third of people aged over 65 years, and half of people over 80 years, suffer at least one fall per year. Falls can have a considerable impact on the well- being of older adult patients; they can result in serious physical and emotional injury, poor quality of life and increased length of hospital stay.

Falls are attributed to many factors including trauma, debilitating disease, environmental hazards, age, mental status, length of hospital stay and gender. Many interventions for the prevention of falls within the acute setting have been recommended from the literature such as environmental modification, reviewing medication, providing safer footwear for patients, encouraging regular exercise and others.

While there has been a large number of studies conducted and many papers published, patient falls continue to be a major problem for hospitals.

Grades of Recommendation

These Grades of Recommendation have been based on the JBI-developed 2006 Grades of Effectiveness

Grade A: Strong support that merits application

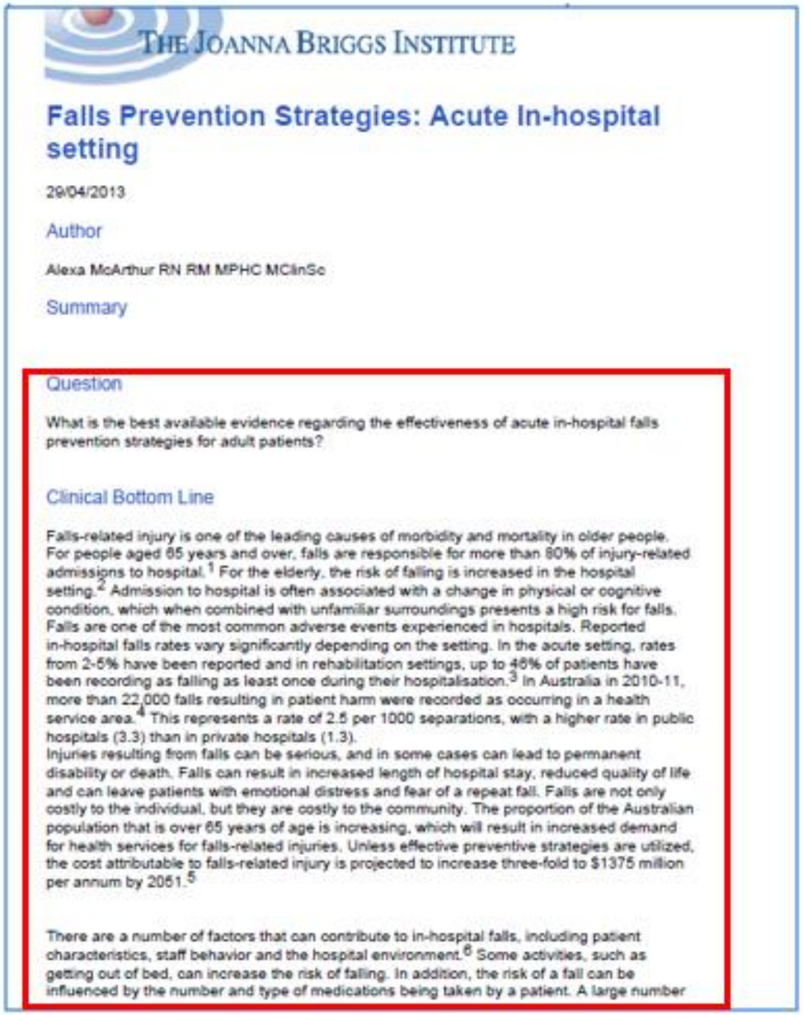
Grade B: Moderate support that warrants consideration of application

Grade C: Not supported

Evidence Summaries

Evidence Summaries

- A summary of the best existing international evidence among the most common diseases and conditions.
- The summary always starts with a clinical question and the clinical bottom line "summary of the condition/disease/treatment".
- Evidence is graded to indicate its importance, with complete references at the end showing the sources used.



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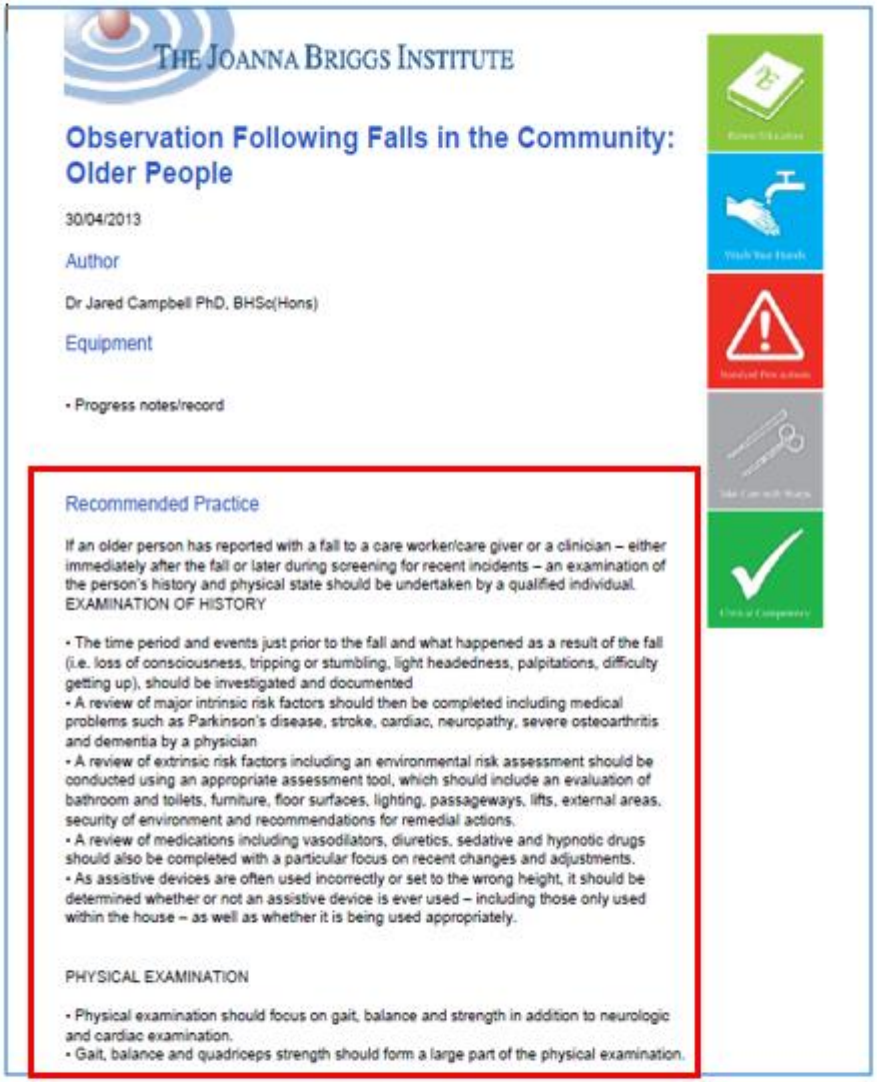
Evidence Based Recommended Practice

Evidence Based Recommended Practice Sheets

- Document detailing evidence based steps or procedures to take when treating a variety of diseases or conditions.
- Offers a list of tools at the beginning which inform what you will need use to undertake the procedure correctly.
- The practice sheets are always accompanied with an evidence summary making this a very complete document.



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Best Practice Sheets & Technical Report

Best Practice Sheets

- Document summarizing the data and recommendations of systematic reviews by specialised treatment areas.
- Offers health professionals easy to understand guidelines which they can apply directly in their daily practice.

Technical Reports

- The 'Technical Reports' detail all the steps and information used to create the Best Practice Sheets above.

Best Practice

Evidence-based information sheets for health professionals

Interventions to reduce the incidence of falls in older adult patients in acute care hospitals

Recommendations

- Introduction of multidisciplinary multifactorial intervention program including a falls risk alert card, an exercise program, an education program and the use of hip protectors after approximately 45 days is recommended to reduce falls in acute hospitals. (Grade A)
- Use of one-on-one patient education package entailing information on risk factors and preventative strategies for falls as well as goal setting is recommended. (Grade A)
- Introduction of a targeted falls risk factor reduction intervention that includes a falls risk factor screen, recommended interventions encompassing local advice and a summary of the evidence is recommended. (Grade A)
- A multidisciplinary multifactorial intervention that consists of systematic assessment and treatment of fall risk factors, as well as active management of postoperative complications can reduce the amount of falls in patients with femoral neck fracture following surgery. (Grade A)
- A falls prevention exercise program as a standalone intervention which comprises tai chi, functional movements and activity visualisation. (Grade C)
- Short-term (approximately 30 days) vitamin D and calcium supplementation (Grade C)

Information Source

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Grade A Strong support that merits application

Grade B Moderate support that warrants consideration of application

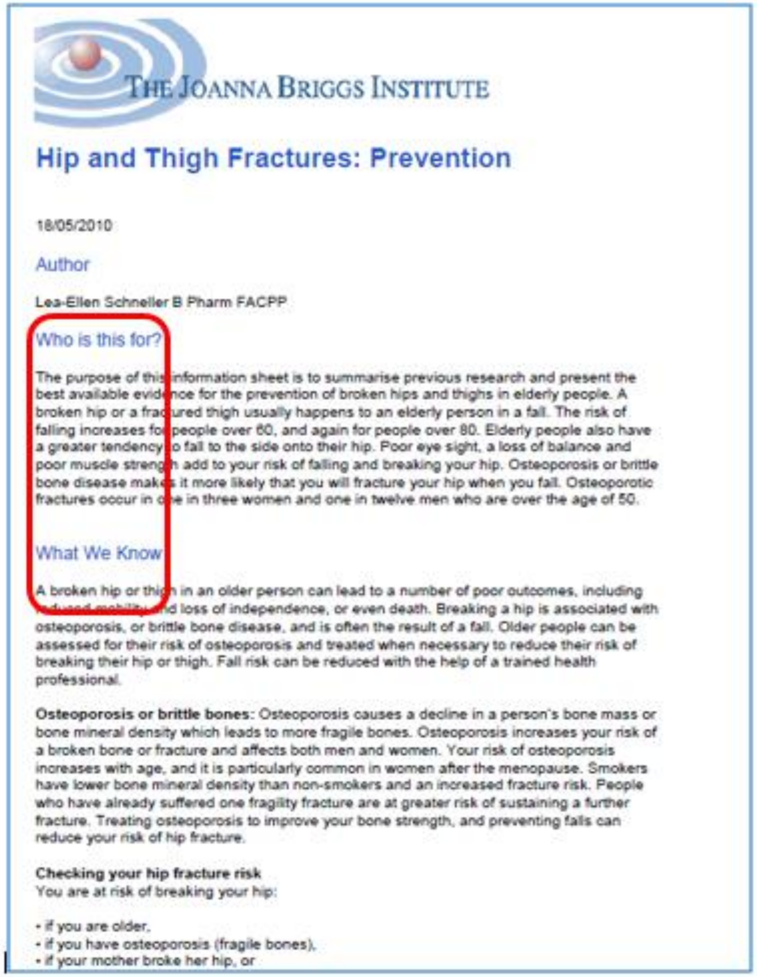
Grade C Not supported

Interventions to reduce the incidence of falls in older adult patients in acute care hospitals *Best Practice* 14(15) 2010 | 1

Consumer Information Sheets

Consumer Information Sheets

- The information found in this documentation is always derived from Evidence Based Medicine.
- Concise information which is easy to digest within a 2 page format.
- Useful for both Health professionals as well as for patient information
- The JBI tool “Pamphlet Builder” allow users to create their own information sheet.



THE JOANNA BRIGGS INSTITUTE

Hip and Thigh Fractures: Prevention

18/05/2010

Author

Lea-Ellen Schneller B Pharm FACPP

Who is this for?

The purpose of this information sheet is to summarise previous research and present the best available evidence for the prevention of broken hips and thighs in elderly people. A broken hip or a fractured thigh usually happens to an elderly person in a fall. The risk of falling increases for people over 60, and again for people over 80. Elderly people also have a greater tendency to fall to the side onto their hip. Poor eye sight, a loss of balance and poor muscle strength add to your risk of falling and breaking your hip. Osteoporosis or brittle bone disease makes it more likely that you will fracture your hip when you fall. Osteoporotic fractures occur in one in three women and one in twelve men who are over the age of 50.

What We Know

A broken hip or thigh in an older person can lead to a number of poor outcomes, including reduced mobility, and loss of independence, or even death. Breaking a hip is associated with osteoporosis, or brittle bone disease, and is often the result of a fall. Older people can be assessed for their risk of osteoporosis and treated when necessary to reduce their risk of breaking their hip or thigh. Fall risk can be reduced with the help of a trained health professional.

Osteoporosis or brittle bones: Osteoporosis causes a decline in a person's bone mass or bone mineral density which leads to more fragile bones. Osteoporosis increases your risk of a broken bone or fracture and affects both men and women. Your risk of osteoporosis increases with age, and it is particularly common in women after the menopause. Smokers have lower bone mineral density than non-smokers and an increased fracture risk. People who have already suffered one fragility fracture are at greater risk of sustaining a further fracture. Treating osteoporosis to improve your bone strength, and preventing falls can reduce your risk of hip fracture.

Checking your hip fracture risk
You are at risk of breaking your hip:

- if you are older,
- if you have osteoporosis (fragile bones),
- if your mother broke her hip, or

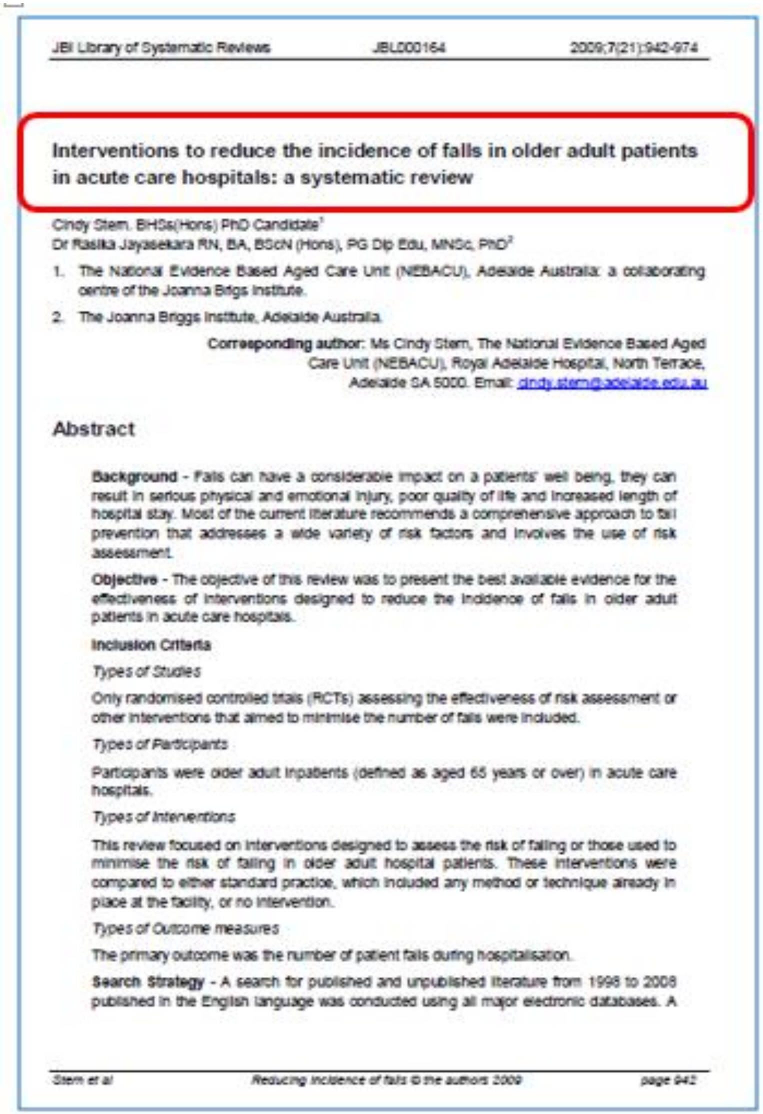
Systematic Reviews & Protocols

Systematic Review

- Document offering a very detailed analysis of the current scientific international literature for specific treatments and therapies.

Protocols

- Document that shows the steps and methods being followed in order to conduct and complete a future systematic review.



JBI Library of Systematic Reviews JBL000164 2009;7(21):942-974

Interventions to reduce the incidence of falls in older adult patients in acute care hospitals: a systematic review

Cindy Stern. BHSs(Hons) PhD Candidate[1]
Dr Rasika Jayasekara RN, BA, BScN (Hons), PG Dip Edu, MNSc, PhD[2]

1. The National Evidence Based Aged Care Unit (NEBACU), Adelaide Australia: a collaborating centre of the Joanna Brigs Institute.
2. The Joanna Briggs Institute, Adelaide Australia.

Corresponding author: Ms Cindy Stern, The National Evidence Based Aged Care Unit (NEBACU), Royal Adelaide Hospital, North Terrace, Adelaide SA 5000. Email: cindy.stern@adelaide.edu.au

Abstract

Background - Falls can have a considerable impact on a patients' well being, they can result in serious physical and emotional injury, poor quality of life and increased length of hospital stay. Most of the current literature recommends a comprehensive approach to fall prevention that addresses a wide variety of risk factors and involves the use of risk assessment.

Objective - The objective of this review was to present the best available evidence for the effectiveness of interventions designed to reduce the incidence of falls in older adult patients in acute care hospitals.

Inclusion Criteria

Types of Studies

Only randomised controlled trials (RCTs) assessing the effectiveness of risk assessment or other interventions that aimed to minimise the number of falls were included.

Types of Participants

Participants were older adult inpatients (defined as aged 65 years or over) in acute care hospitals.

Types of Interventions

This review focused on interventions designed to assess the risk of falling or those used to minimise the risk of falling in older adult hospital patients. These interventions were compared to either standard practice, which included any method or technique already in place at the facility, or no intervention.

Types of Outcome measures

The primary outcome was the number of patient falls during hospitalisation.

Search Strategy - A search for published and unpublished literature from 1998 to 2008 published in the English language was conducted using all major electronic databases. A

Stern et al *Reducing incidence of falls © the authors 2009* *page 942*

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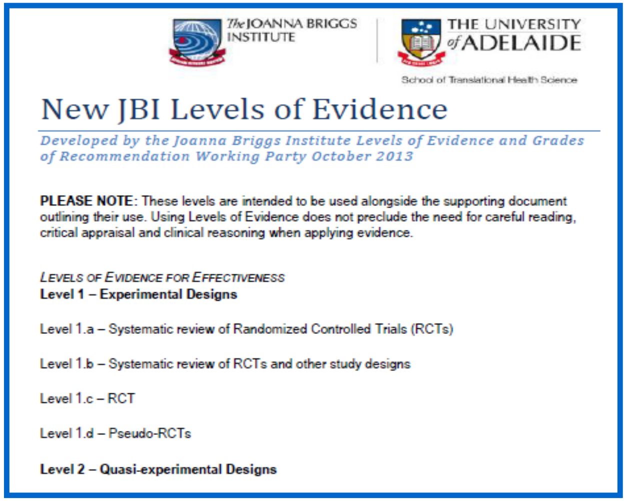
JBI levels of evidence

- JBI Levels of Evidence (PDF)
  - The JBI levels of evidence help describe the strength of the evidence found in the Evidence Summaries. JBI assigns levels 1 to 5 [1 systematic reviews, 5 expert opinions].

- JBI Grades of Recommendation (PDF)
  - Grading system that helps professionals to quickly establish the importance of the evidence. JBI assigns a level *[A or B] to its recommendations found within the Best Practice Sheets and the Evidence Summaries.

* Some older Best Practice Sheets will continue to show A, B, C, D grades.



The JOANNA BRIGGS INSTITUTE | THE UNIVERSITY of ADELAIDE

School of Translational Health Science

New JBI Levels of Evidence

Developed by the Joanna Briggs Institute Levels of Evidence and Grades of Recommendation Working Party October 2013

PLEASE NOTE: These levels are intended to be used alongside the supporting document outlining their use. Using Levels of Evidence does not preclude the need for careful reading, critical appraisal and clinical reasoning when applying evidence.

LEVELS OF EVIDENCE FOR EFFECTIVENESS

Level 1 – Experimental Designs

Level 1.a – Systematic review of Randomized Controlled Trials (RCTs)

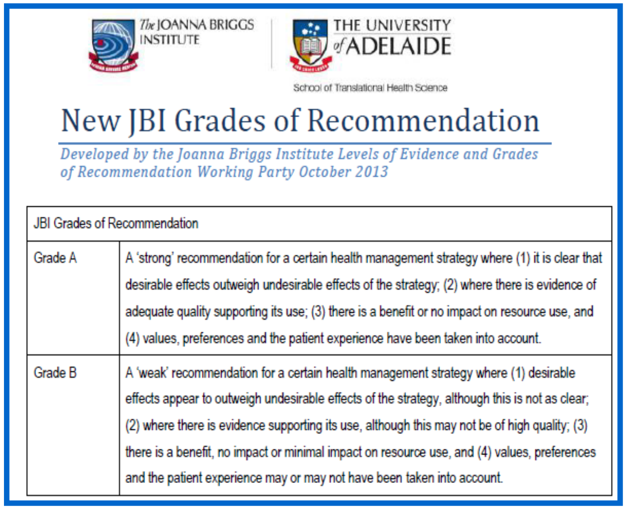
Level 1.b – Systematic review of RCTs and other study designs

Level 1.c – RCT

Level 1.d – Pseudo-RCTs

Level 2 – Quasi-experimental Designs

Click on the image



The JOANNA BRIGGS INSTITUTE | THE UNIVERSITY of ADELAIDE

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New JBI Grades of Recommendation

Developed by the Joanna Briggs Institute Levels of Evidence and Grades of Recommendation Working Party October 2013

JBI Grades of Recommendation	
Grade A	A 'strong' recommendation for a certain health management strategy where (1) it is clear that desirable effects outweigh undesirable effects of the strategy; (2) where there is evidence of adequate quality supporting its use; (3) there is a benefit or no impact on resource use, and (4) values, preferences and the patient experience have been taken into account.
Grade B	A 'weak' recommendation for a certain health management strategy where (1) desirable effects appear to outweigh undesirable effects of the strategy, although this is not as clear; (2) where there is evidence supporting its use, although this may not be of high quality; (3) there is a benefit, no impact or minimal impact on resource use, and (4) values, preferences and the patient experience may or may not have been taken into account.

Click on the image

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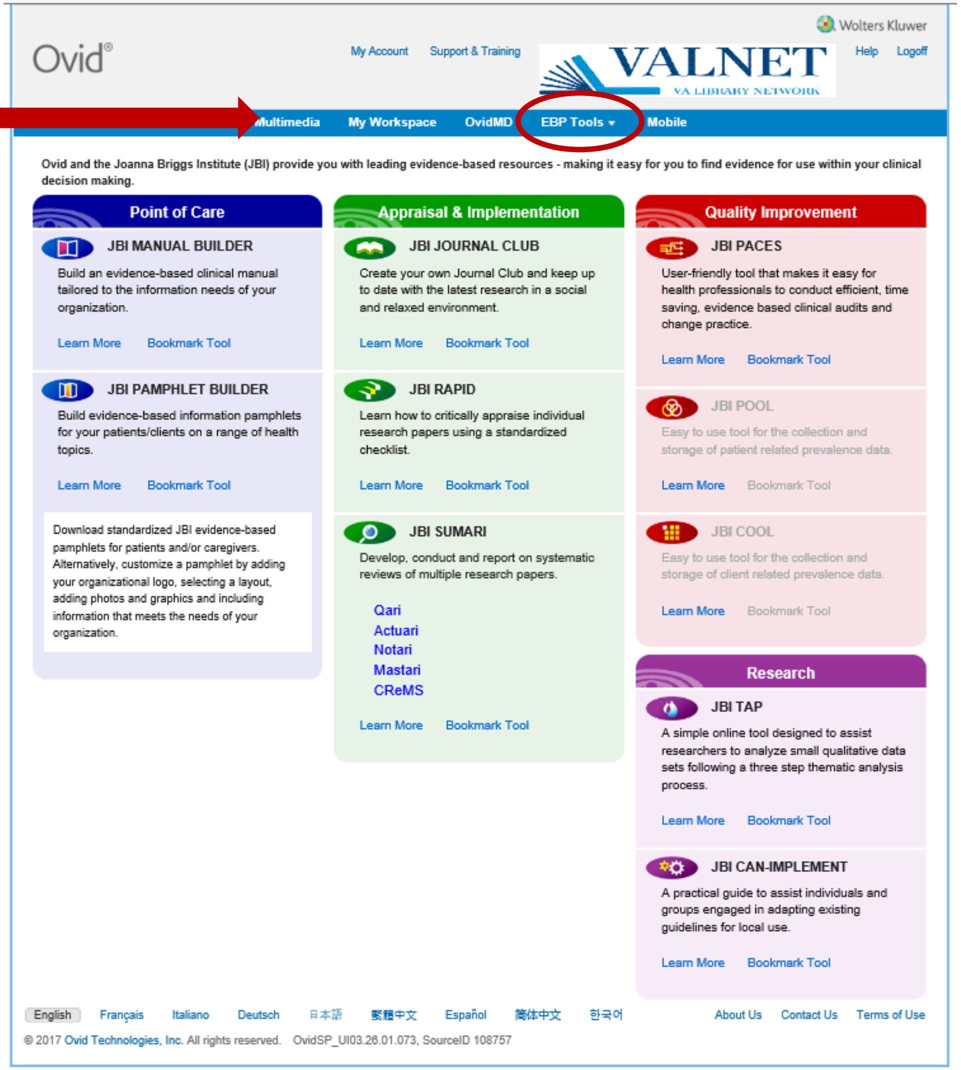
JBI Tools

Overview of the JBI tools

Click on the image



Ovid and the Joanna Briggs Institute (JBI) provide you with leading evidence-based resources - making it easy for you to find evidence for use within your clinical decision making.

Point of Care

JBI MANUAL BUILDER

Build an evidence-based clinical manual tailored to the information needs of your organization.

Learn More Bookmark Tool

JBI PAMPHLET BUILDER

Build evidence-based information pamphlets for your patients/clients on a range of health topics.

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Download standardized JBI evidence-based pamphlets for patients and/or caregivers. Alternatively, customize a pamphlet by adding your organizational logo, selecting a layout, adding photos and graphics and including information that meets the needs of your organization.

Appraisal & Implementation

JBI JOURNAL CLUB

Create your own Journal Club and keep up to date with the latest research in a social and relaxed environment.

Learn More Bookmark Tool

JBI RAPID

Learn how to critically appraise individual research papers using a standardized checklist.

Learn More Bookmark Tool

JBI SUMARI

Develop, conduct and report on systematic reviews of multiple research papers.

- Qari
- Actuari
- Notari
- Mastari
- CReMS

Learn More Bookmark Tool

Quality Improvement

JBI PACES

User-friendly tool that makes it easy for health professionals to conduct efficient, time saving, evidence based clinical audits and change practice.

Learn More Bookmark Tool

JBI POOL

Easy to use tool for the collection and storage of patient related prevalence data.

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JBI COOL

Easy to use tool for the collection and storage of client related prevalence data.

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Research

JBI TAP

A simple online tool designed to assist researchers to analyze small qualitative data sets following a three step thematic analysis process.

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JBI CAN-IMPLEMENT

A practical guide to assist individuals and groups engaged in adapting existing guidelines for local use.

Learn More Bookmark Tool

English Français Italiano Deutsch 日本語 繁體中文 Español 简体中文 한국어
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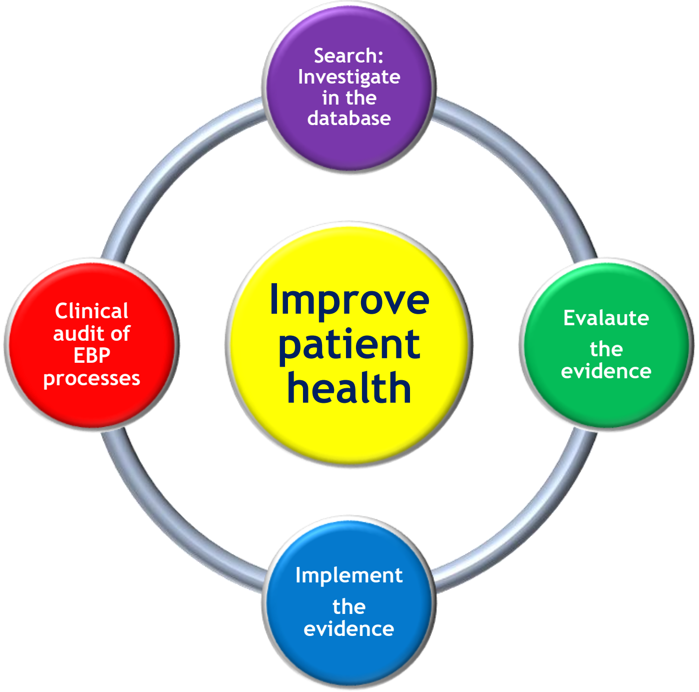
Overview of the JBI tools


Search: Investigate in the database
Evalaute the evidence
Implement the evidence
Clinical audit of EBP processes
Improve patient health

- **Evaluate the evidence**
  - **Journal Club**

    Tool to evaluate the evidence found in the literature in groups
  - **RAPid (Rapid Appraisal Protocol Internet Database)**

    Tool to evaluate the evidence found in the literature individually
  - **SUMARI (System for the Unified Management of the Assessment & Review of Information)**

    Premier tool that allows experienced reviewers to create systematic reviews
  - **TAP (Thematic Analysis Program)**

    Tool that allows a user to demonstrate graphically qualitative evidence
- **Implement the evidence in practice**
  - **Manual Builder [available in Spanish]**

    Tool that allows users to create clinical procedure manuals for their ward/hospital
  - **Pamphlet Builder [available in Spanish]**

    Tool that allows users to create evidence based information sheets for patients and staff
  - **CAN-IMPLEMENT**

    Tool that allows users to adapt national guidelines for local requirements
- **Measure the application of evidence based procedures [Audits]**
  - **PACES (Practical Application of Clinical Evidence System) [available in Spanish]**

    Tool that allows users to create clinical audits for approx. 160 predetermined evidence based processes

JBI Journal Club

Appraise the evidence

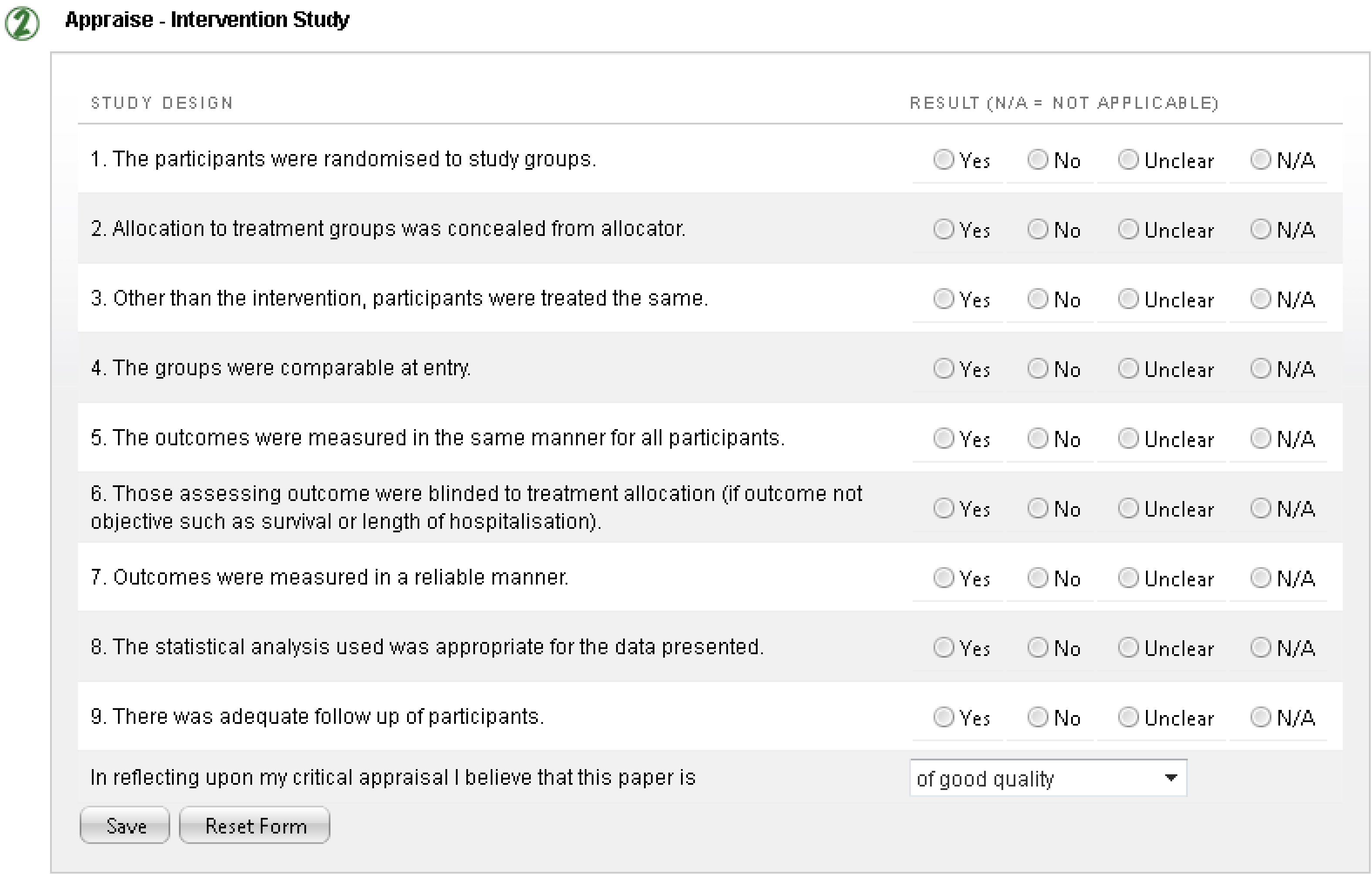
JBI JOURNAL CLUB

JBI on Ovid

A tool that allows a group of users to evaluate the evidence found within the literature, with the added option of being able to share the conclusions within the Journal Club group.

JBI Journal Club

Appraise the evidence



② **Appraise - Intervention Study**

STUDY DESIGN	RESULT (N/A = NOT APPLICABLE)			
1. The participants were randomised to study groups.	○ Yes	○ No	○ Unclear	○ N/A
2. Allocation to treatment groups was concealed from allocator.	○ Yes	○ No	○ Unclear	○ N/A
3. Other than the intervention, participants were treated the same.	○ Yes	○ No	○ Unclear	○ N/A
4. The groups were comparable at entry.	○ Yes	○ No	○ Unclear	○ N/A
5. The outcomes were measured in the same manner for all participants.	○ Yes	○ No	○ Unclear	○ N/A
6. Those assessing outcome were blinded to treatment allocation (if outcome not objective such as survival or length of hospitalisation).	○ Yes	○ No	○ Unclear	○ N/A
7. Outcomes were measured in a reliable manner.	○ Yes	○ No	○ Unclear	○ N/A
8. The statistical analysis used was appropriate for the data presented.	○ Yes	○ No	○ Unclear	○ N/A
9. There was adequate follow up of participants.	○ Yes	○ No	○ Unclear	○ N/A

In reflecting upon my critical appraisal I believe that this paper is: of good quality

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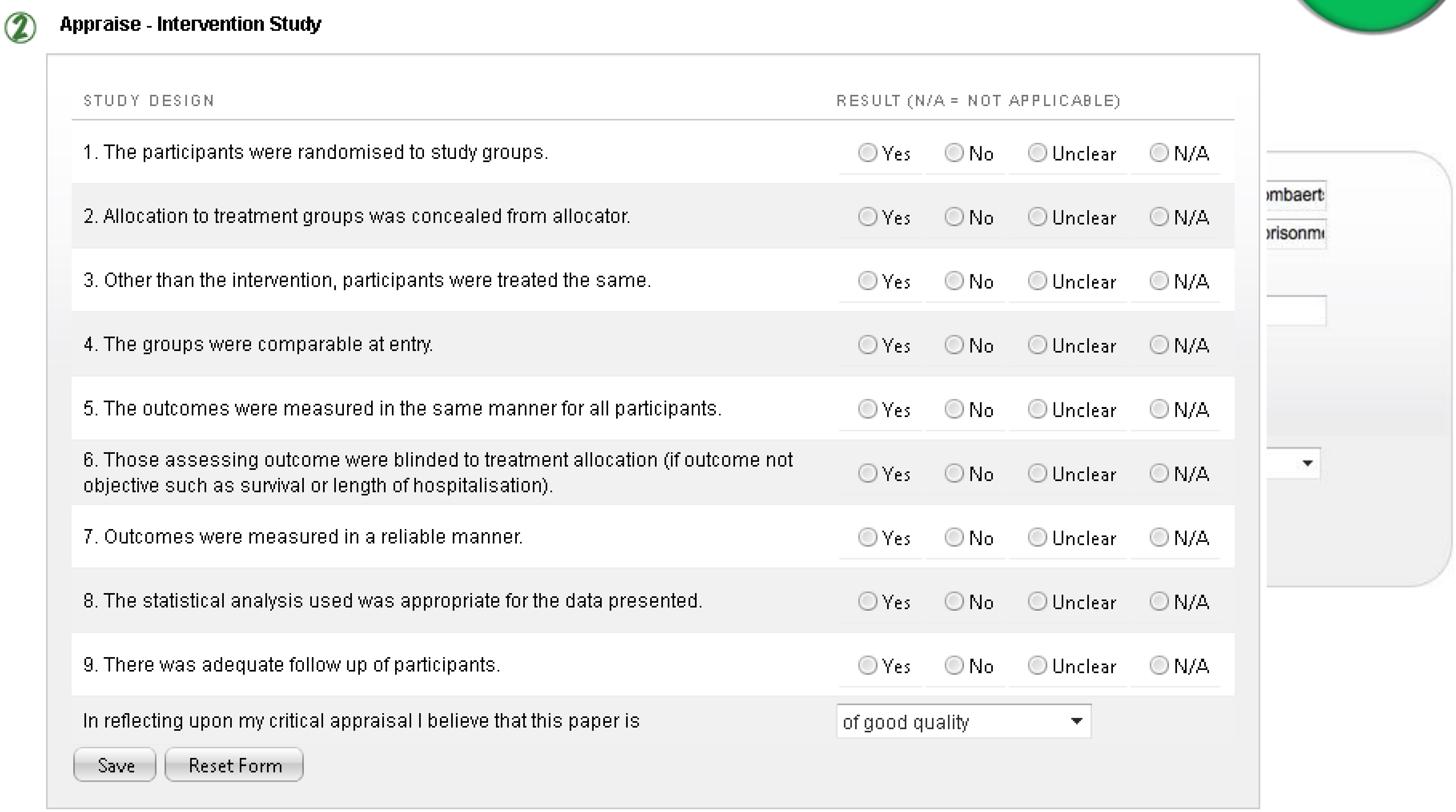
JBI Journal Club

Appraise the evidence



Appraise - Intervention Study

STUDY DESIGN	RESULT (N/A = NOT APPLICABLE)			
1. The participants were randomised to study groups.	○ Yes	○ No	○ Unclear	○ N/A
2. Allocation to treatment groups was concealed from allocator.	○ Yes	○ No	○ Unclear	○ N/A
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6. Those assessing outcome were blinded to treatment allocation (if outcome not objective such as survival or length of hospitalisation).	○ Yes	○ No	○ Unclear	○ N/A
7. Outcomes were measured in a reliable manner.	○ Yes	○ No	○ Unclear	○ N/A
8. The statistical analysis used was appropriate for the data presented.	○ Yes	○ No	○ Unclear	○ N/A
9. There was adequate follow up of participants.	○ Yes	○ No	○ Unclear	○ N/A

In reflecting upon my critical appraisal I believe that this paper is: of good quality

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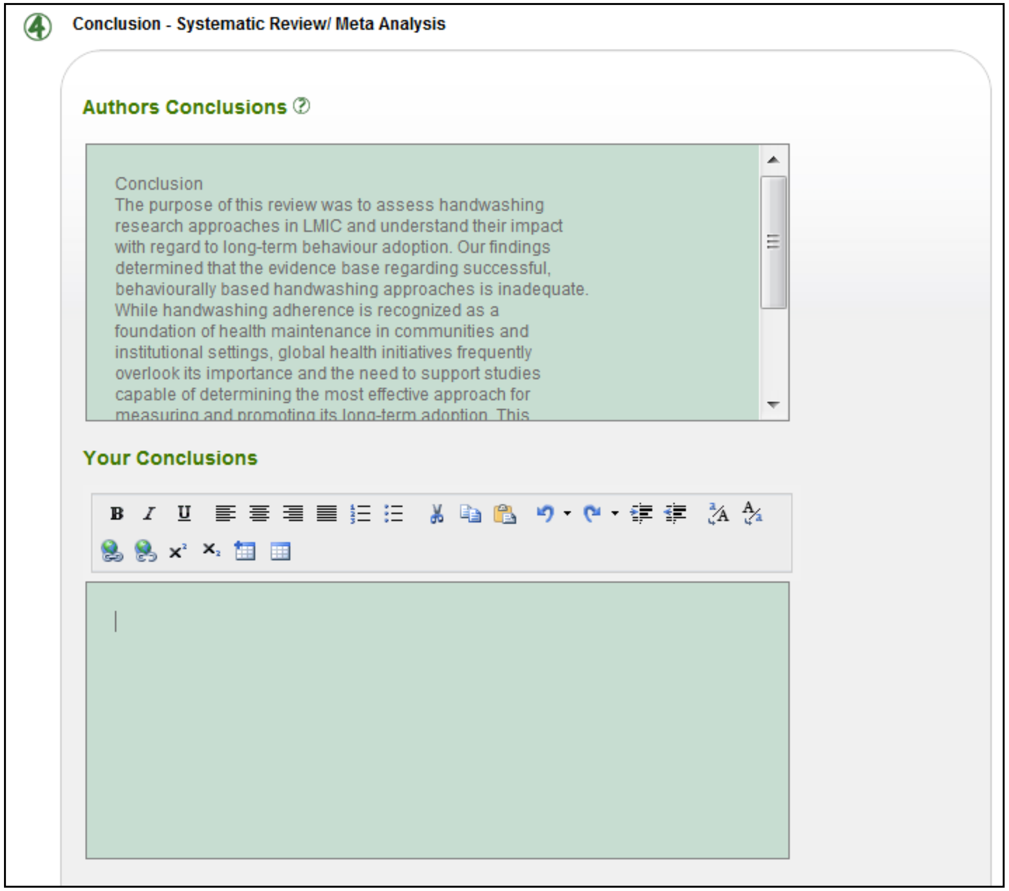
Appraise the evidence



Conclusion - Systematic Review/ Meta Analysis

Authors Conclusions

Conclusion
The purpose of this review was to assess handwashing research approaches in LMIC and understand their impact with regard to long-term behaviour adoption. Our findings determined that the evidence base regarding successful, behaviourally based handwashing approaches is inadequate. While handwashing adherence is recognized as a foundation of health maintenance in communities and institutional settings, global health initiatives frequently overlook its importance and the need to support studies capable of determining the most effective approach for measuring and promoting its long-term adoption. This

Your Conclusions

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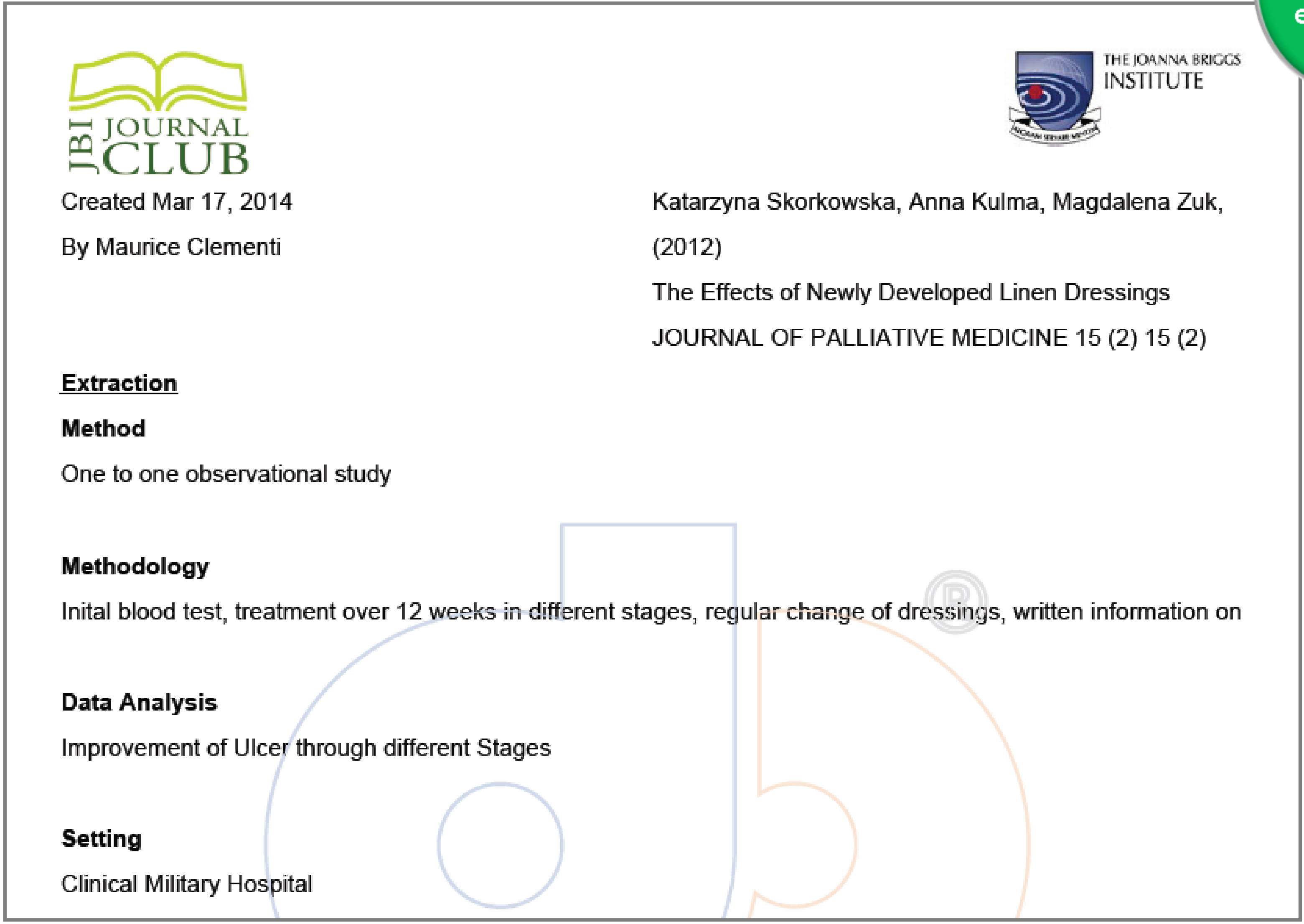
Appraise the evidence



Created Mar 17, 2014

By Maurice Clementi

Katarzyna Skorkowska, Anna Kulma, Magdalena Zuk,

(2012)

The Effects of Newly Developed Linen Dressings

JOURNAL OF PALLIATIVE MEDICINE 15 (2) 15 (2)

Extraction

Method

One to one observational study

Methodology

Inital blood test, treatment over 12 weeks in different stages, regular change of dressings, written information on

Data Analysis

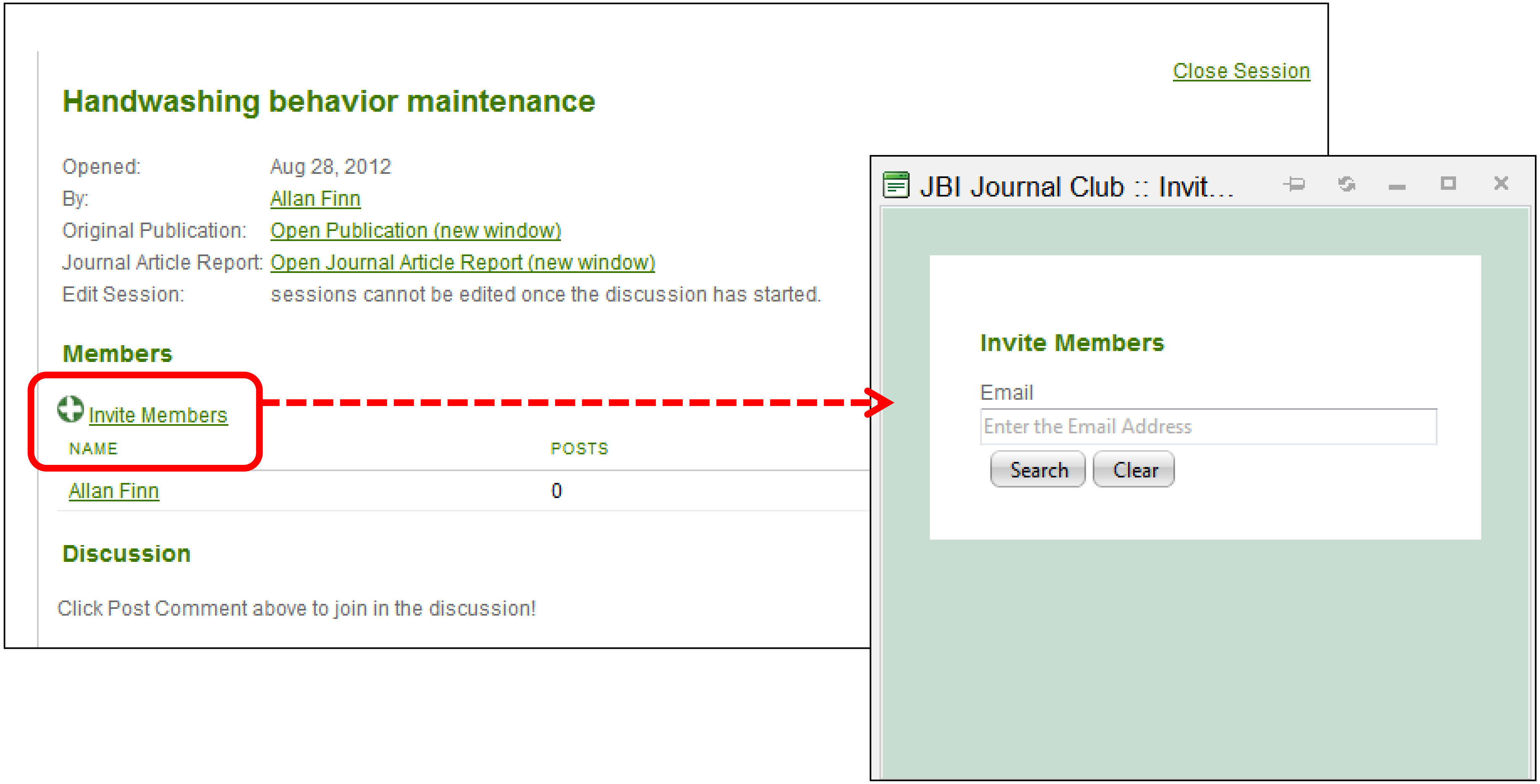
Improvement of Ulcer through different Stages

Setting

Clinical Military Hospital

JBI Journal Club

Appraise the evidence



Close Session

Handwashing behavior maintenance

Opened: Aug 28, 2012
By: Allan Finn
Original Publication: Open Publication (new window)
Journal Article Report: Open Journal Article Report (new window)
Edit Session: sessions cannot be edited once the discussion has started.

Members

Invite Members

NAME	POSTS
Allan Finn	0

Discussion

Click Post Comment above to join in the discussion!

JBI Journal Club :: Invit…

Invite Members

Email: Enter the Email Address

Rapid Assessment Protocol internet database

Appraise the evidence

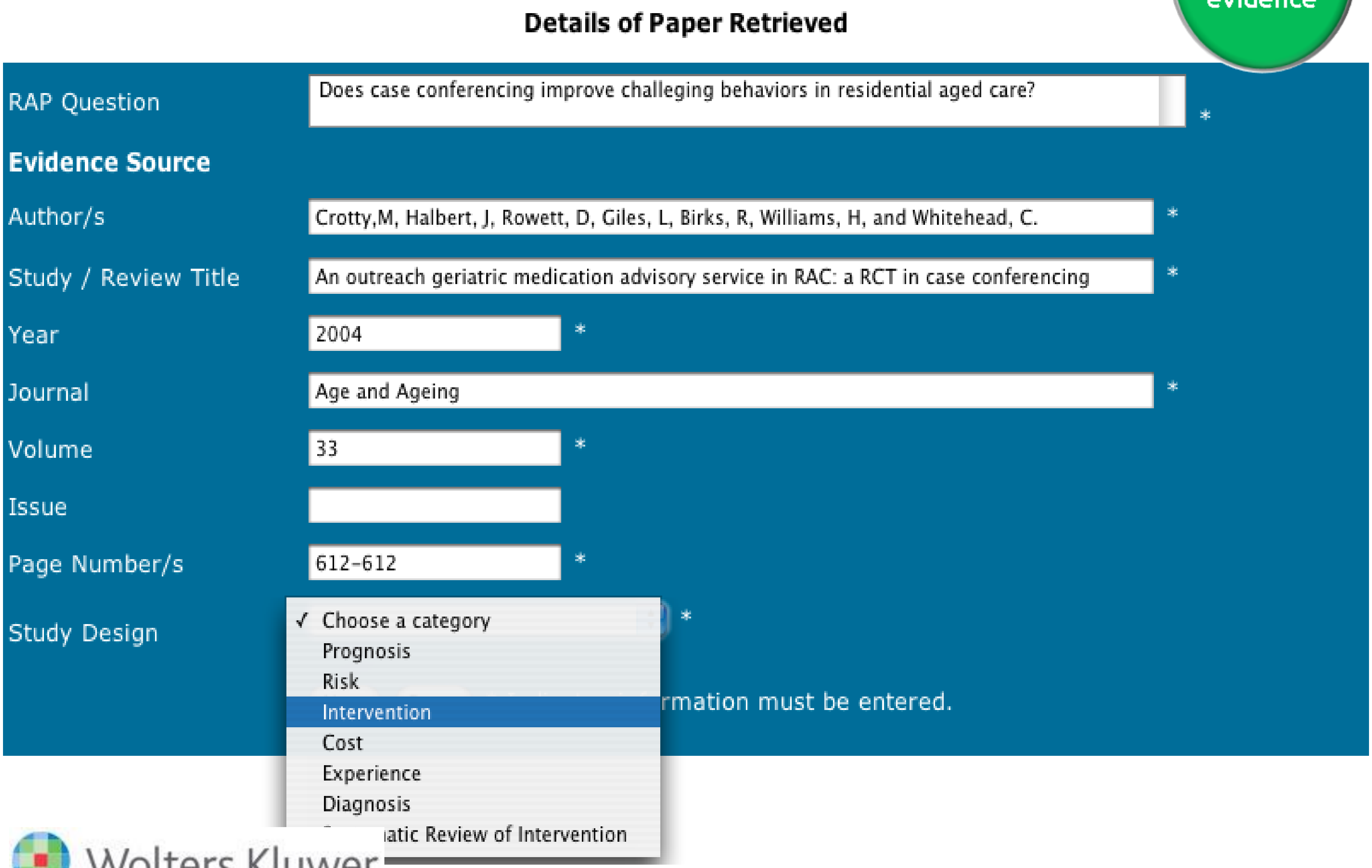
JBI RAPID

JBI on Ovid

A tool for an individual evaluation of the evidence found in the literature. The “Rap Library” offers the possibility of consulting the [+500] evaluations stored within this library.

Rapid Assessment Protocol internet database

Appraise the evidence



Details of Paper Retrieved

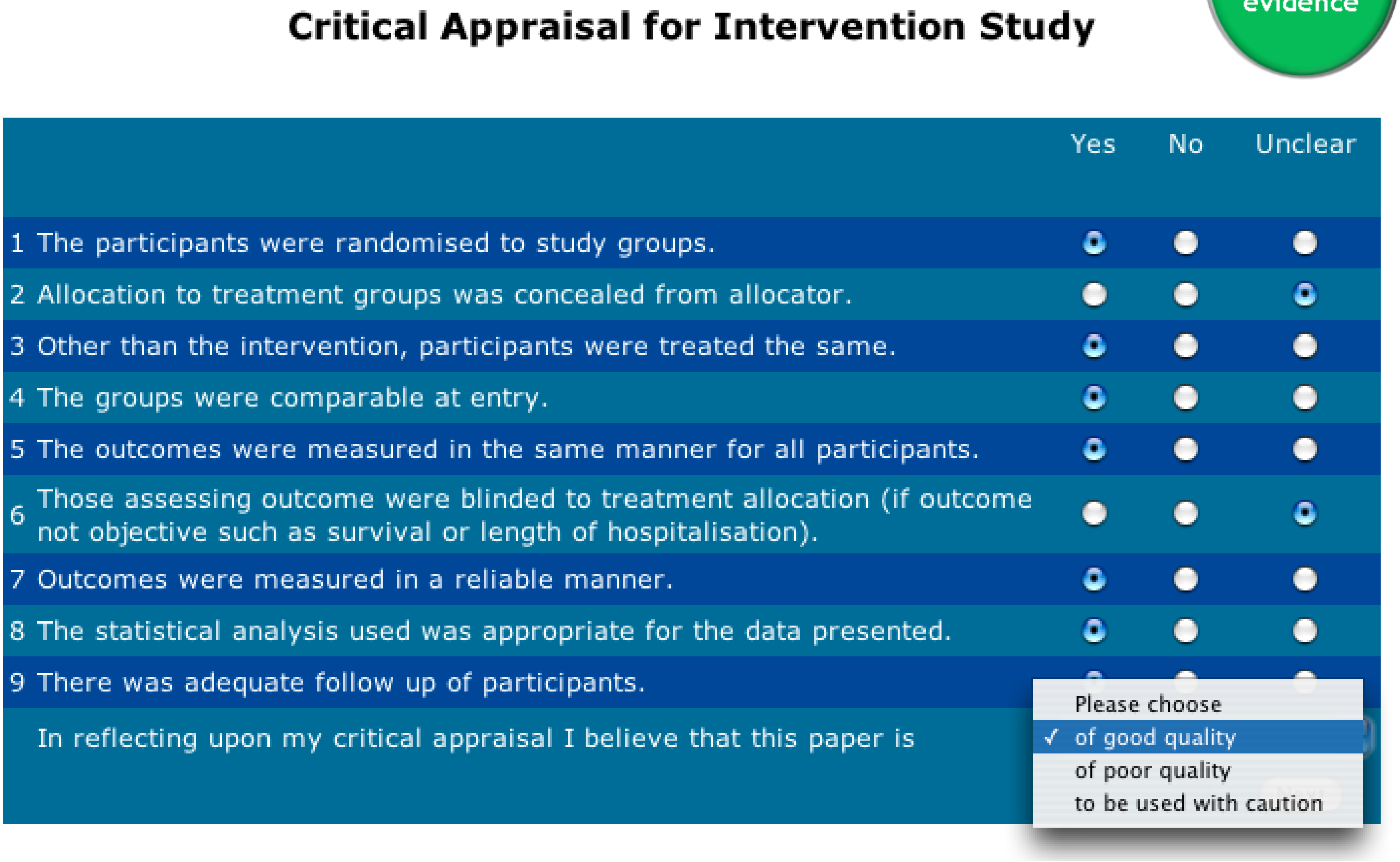
RAP Question	Does case conferencing improve challenging behaviors in residential aged care? *
Evidence Source	
Author/s	Crotty,M, Halbert, J, Rowett, D, Giles, L, Birks, R, Williams, H, and Whitehead, C. *
Study / Review Title	An outreach geriatric medication advisory service in RAC: a RCT in case conferencing *
Year	2004 *
Journal	Age and Ageing *
Volume	33 *
Issue	
Page Number/s	612-612 *
Study Design	Intervention *

rmation must be entered.

✓ Choose a category
Prognosis
Risk
Intervention
Cost
Experience
Diagnosis
atic Review of Intervention

Rapid Assessment Protocol internet database

Appraise the evidence



Critical Appraisal for Intervention Study

		Yes	No	Unclear
1	The participants were randomised to study groups.	●	○	○
2	Allocation to treatment groups was concealed from allocator.	○	○	●
3	Other than the intervention, participants were treated the same.	●	○	○
4	The groups were comparable at entry.	●	○	○
5	The outcomes were measured in the same manner for all participants.	●	○	○
6	Those assessing outcome were blinded to treatment allocation (if outcome not objective such as survival or length of hospitalisation).	○	○	●
7	Outcomes were measured in a reliable manner.	●	○	○
8	The statistical analysis used was appropriate for the data presented.	●	○	○
9	There was adequate follow up of participants.	●	○	○

In reflecting upon my critical appraisal I believe that this paper is

Please choose
✓ of good quality
of poor quality
to be used with caution

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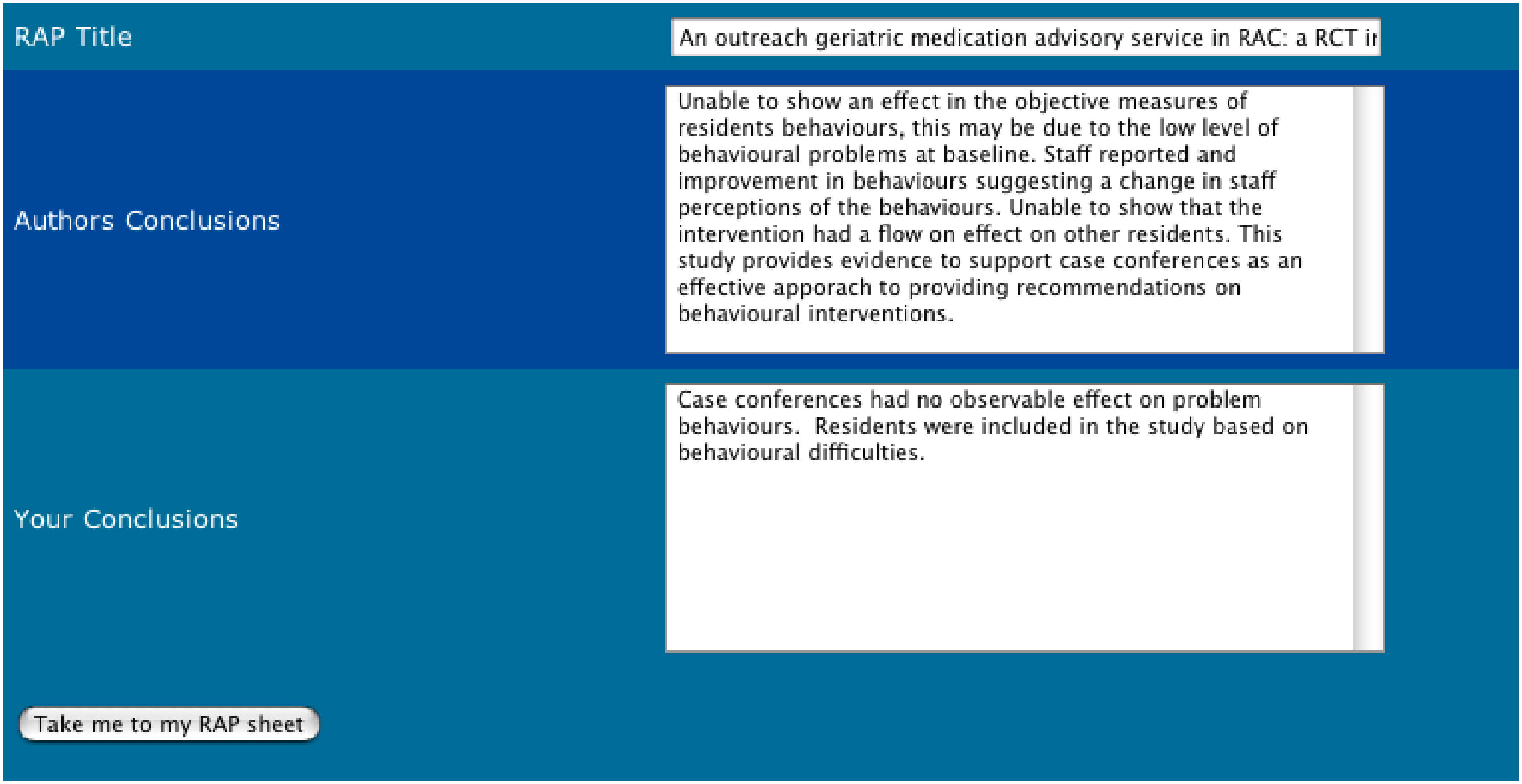
Rapid Assessment Protocol internet database

Appraise the evidence

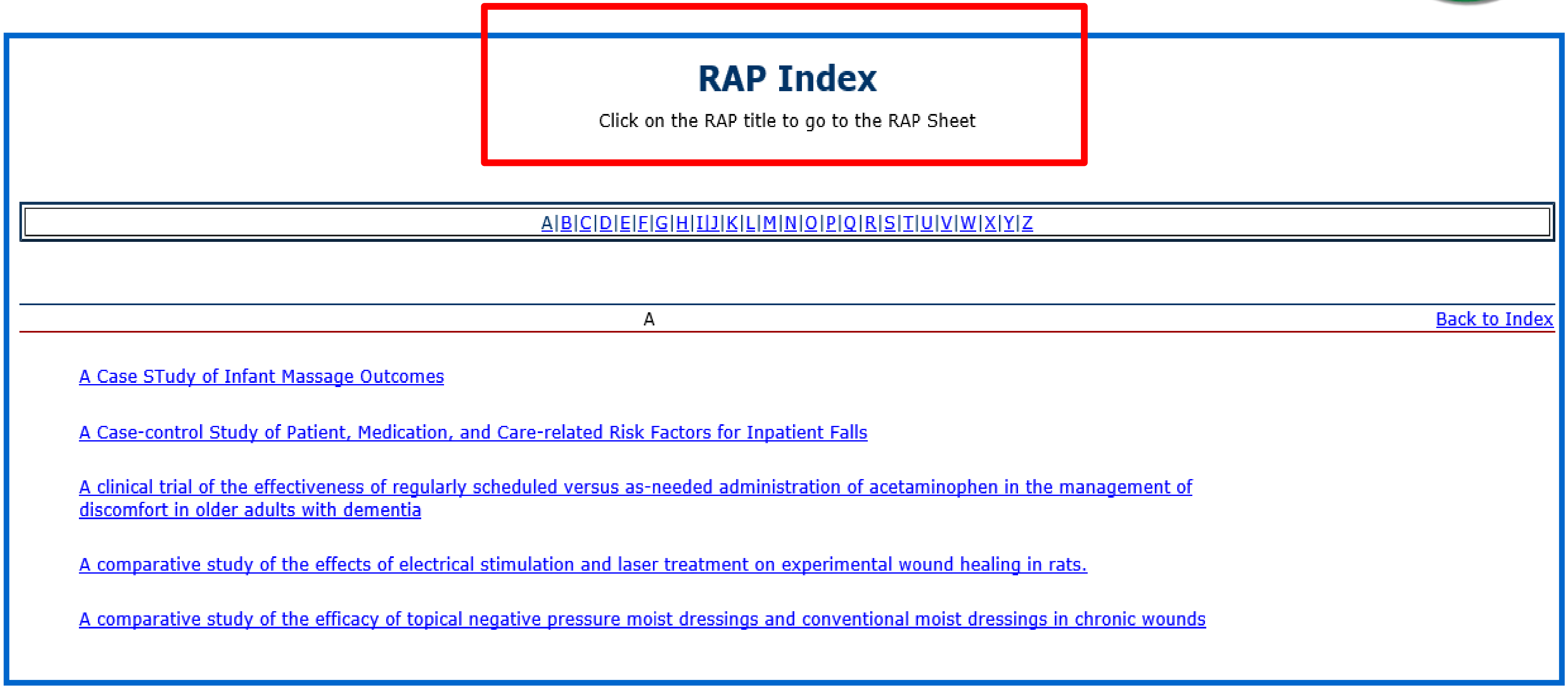
Conclusions - Intervention Studies



RAP Title	An outreach geriatric medication advisory service in RAC: a RCT i
Authors Conclusions	Unable to show an effect in the objective measures of residents behaviours, this may be due to the low level of behavioural problems at baseline. Staff reported and improvement in behaviours suggesting a change in staff perceptions of the behaviours. Unable to show that the intervention had a flow on effect on other residents. This study provides evidence to support case conferences as an effective apporach to providing recommendations on behavioural interventions.
Your Conclusions	Case conferences had no observable effect on problem behaviours. Residents were included in the study based on behavioural difficulties.

Rapid Assessment Protocol internet database

Appraise the evidence



RAP Index

Click on the RAP title to go to the RAP Sheet

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

A

Back to Index

A Case STudy of Infant Massage Outcomes

A Case-control Study of Patient, Medication, and Care-related Risk Factors for Inpatient Falls

A clinical trial of the effectiveness of regularly scheduled versus as-needed administration of acetaminophen in the management of discomfort in older adults with dementia

A comparative study of the effects of electrical stimulation and laser treatment on experimental wound healing in rats.

A comparative study of the efficacy of topical negative pressure moist dressings and conventional moist dressings in chronic wounds

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The JBI Systematic Review Suite

Appraise the evidence

JBI SUMARI

JBI on Ovid

A tool that permits researchers to undertake in-depth quality systematic reviews of the literature for a particular topic.

Click for additional information

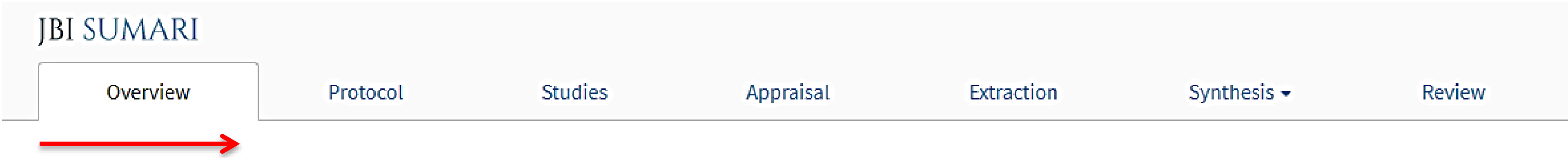
What is SUMARI ?

Appraise the evidence

- What is SUMARI?

The System for the Unified Management, Assessment and Review of Information

- The new JBI SUMARI is designed to facilitate the entire review process, from protocol development, team management, study selection, critical appraisal, data extraction, data synthesis and writing a systematic review report



The process of creating a systematic review involves the phases listed across the top of the screen

- What has changed?
- JBI SUMARI supports the entire review process, including allowing you to manage review teams and contributors to your review. It's now an online web-based application so there's no need to download and install any software. The new SUMARI supports more review types

What is SUMARI ?

Appraise
the
evidence

- The new SUMARI now supports more review types. What are the review types?

- Effectiveness Review
- Qualitative Review
- Cost/Economic Review
- Prevalence/incidence Review
- Diagnostic test accuracy
- Etiology/risk Review
- Text/opinion Review
- Mixed methods *
- Umbrella/overviews
- Scoping reviews
- Custom Review *

The Review Frameworks may be qualitative or quantitative, the steps that we see later, and the types of analysis and results are selected during the review

* you can choose to include multiple approaches within the one review.

Thematic Analysis Program

Appraise the evidence

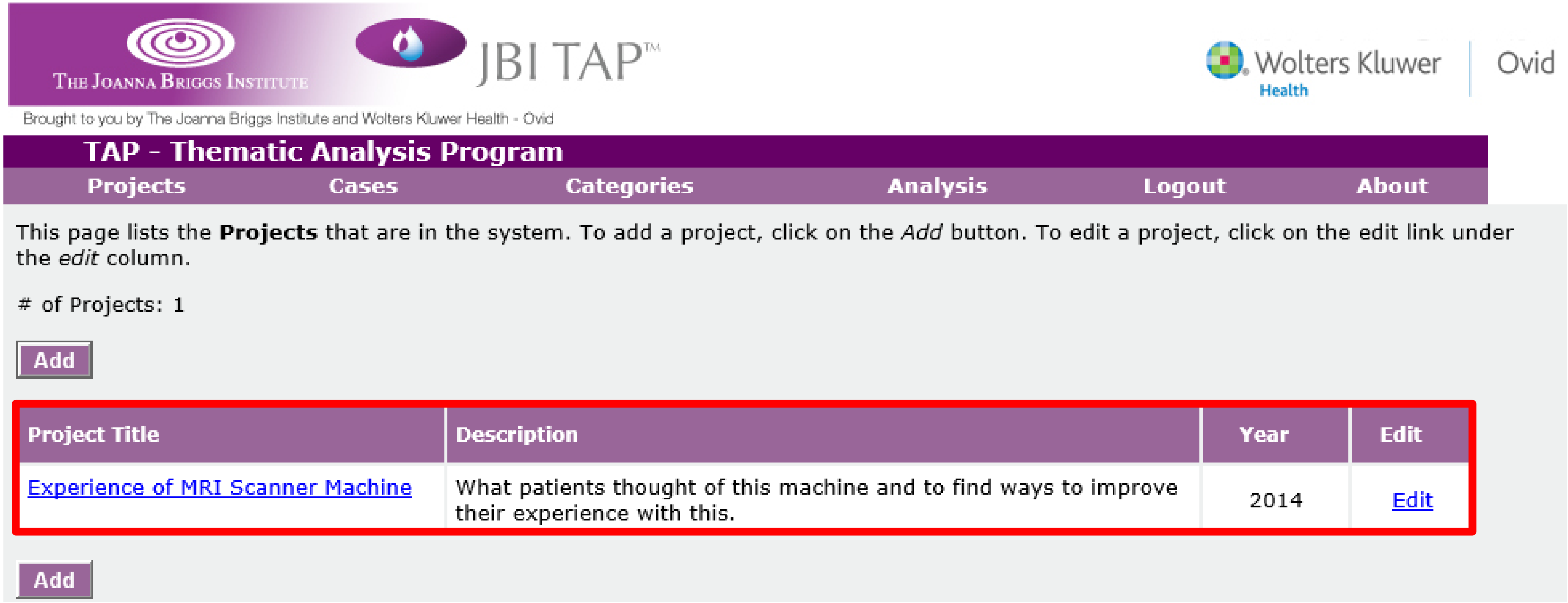
JBI TAP

JBI on Ovid

A tool that allows researhcers to use qualitative methods to find the best evidence.

Thematic Analysis Program

Appraise the evidence


The Joanna Briggs Institute
JBI TAP™
Wolters Kluwer Health | Ovid
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TAP - Thematic Analysis Program
Projects
Cases
Categories
Analysis
Logout
About

This page lists the **Projects** that are in the system. To add a project, click on the *Add* button. To edit a project, click on the edit link under the *edit* column.

# of Projects: 1

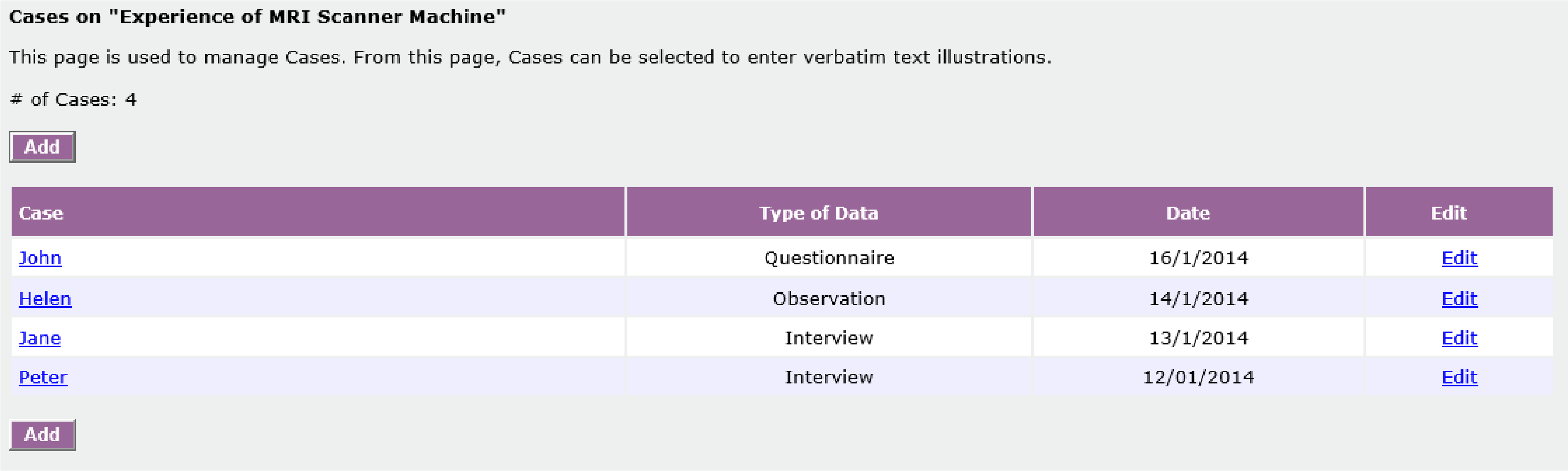
Add

Project Title	Description	Year	Edit
Experience of MRI Scanner Machine	What patients thought of this machine and to find ways to improve their experience with this.	2014	Edit

Add

Thematic Analysis Program

Appraise the evidence



Cases on "Experience of MRI Scanner Machine"

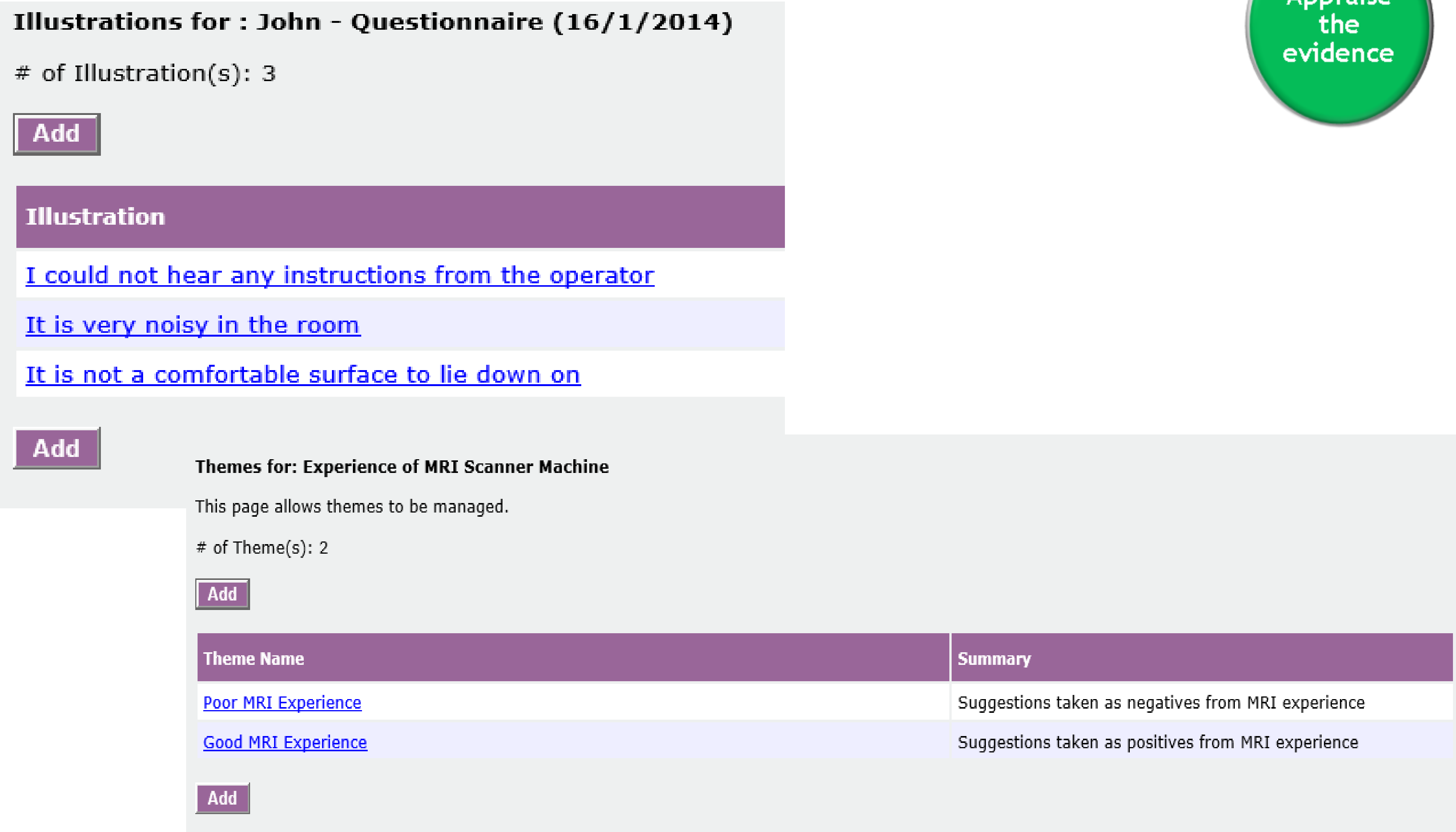
This page is used to manage Cases. From this page, Cases can be selected to enter verbatim text illustrations.

# of Cases: 4

Case	Type of Data	Date	Edit
John	Questionnaire	16/1/2014	Edit
Helen	Observation	14/1/2014	Edit
Jane	Interview	13/1/2014	Edit
Peter	Interview	12/01/2014	Edit

Thematic Analysis Program

Appraise the evidence



Illustrations for : John - Questionnaire (16/1/2014)

# of Illustration(s): 3

Illustration
I could not hear any instructions from the operator
It is very noisy in the room
It is not a comfortable surface to lie down on

Themes for: Experience of MRI Scanner Machine

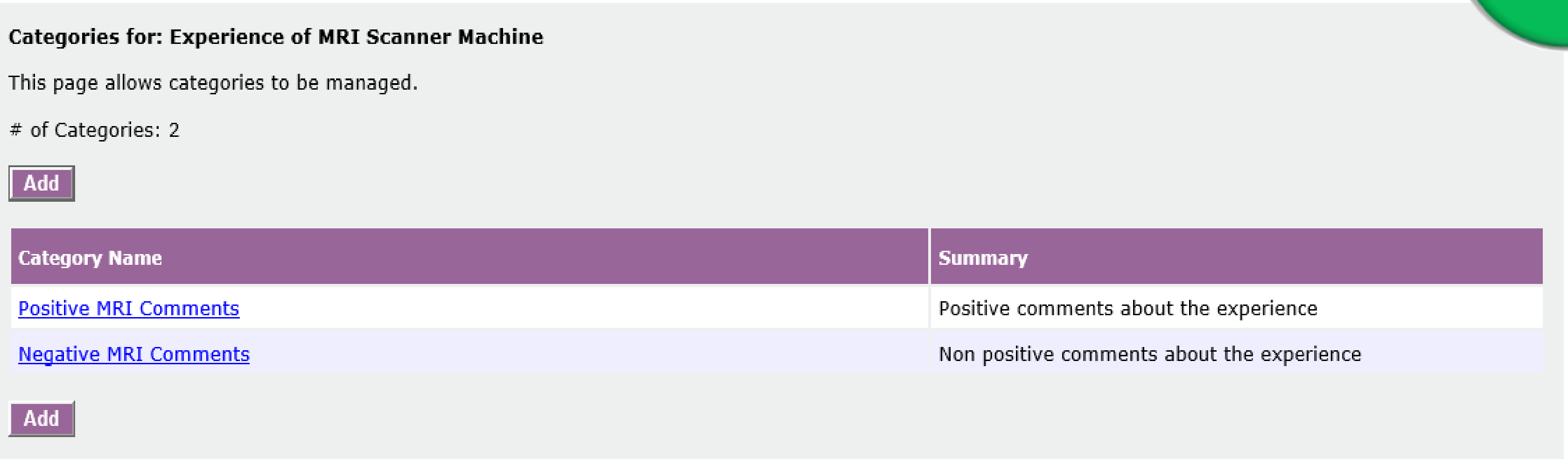
This page allows themes to be managed.

# of Theme(s): 2

Theme Name	Summary
Poor MRI Experience	Suggestions taken as negatives from MRI experience
Good MRI Experience	Suggestions taken as positives from MRI experience

Thematic Analysis Program

Appraise the evidence

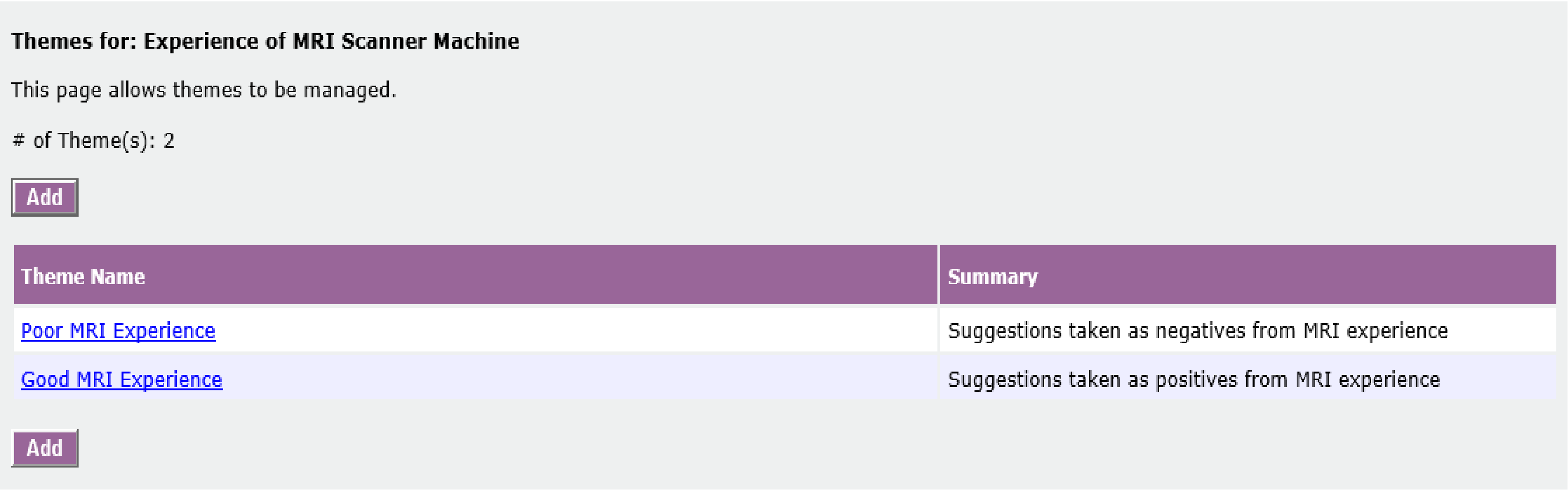


Categories for: Experience of MRI Scanner Machine

This page allows categories to be managed.

# of Categories: 2

Category Name	Summary
Positive MRI Comments	Positive comments about the experience
Negative MRI Comments	Non positive comments about the experience



Themes for: Experience of MRI Scanner Machine

This page allows themes to be managed.

# of Theme(s): 2

Theme Name	Summary
Poor MRI Experience	Suggestions taken as negatives from MRI experience
Good MRI Experience	Suggestions taken as positives from MRI experience

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JBI Manual Builder

Implement the evidence

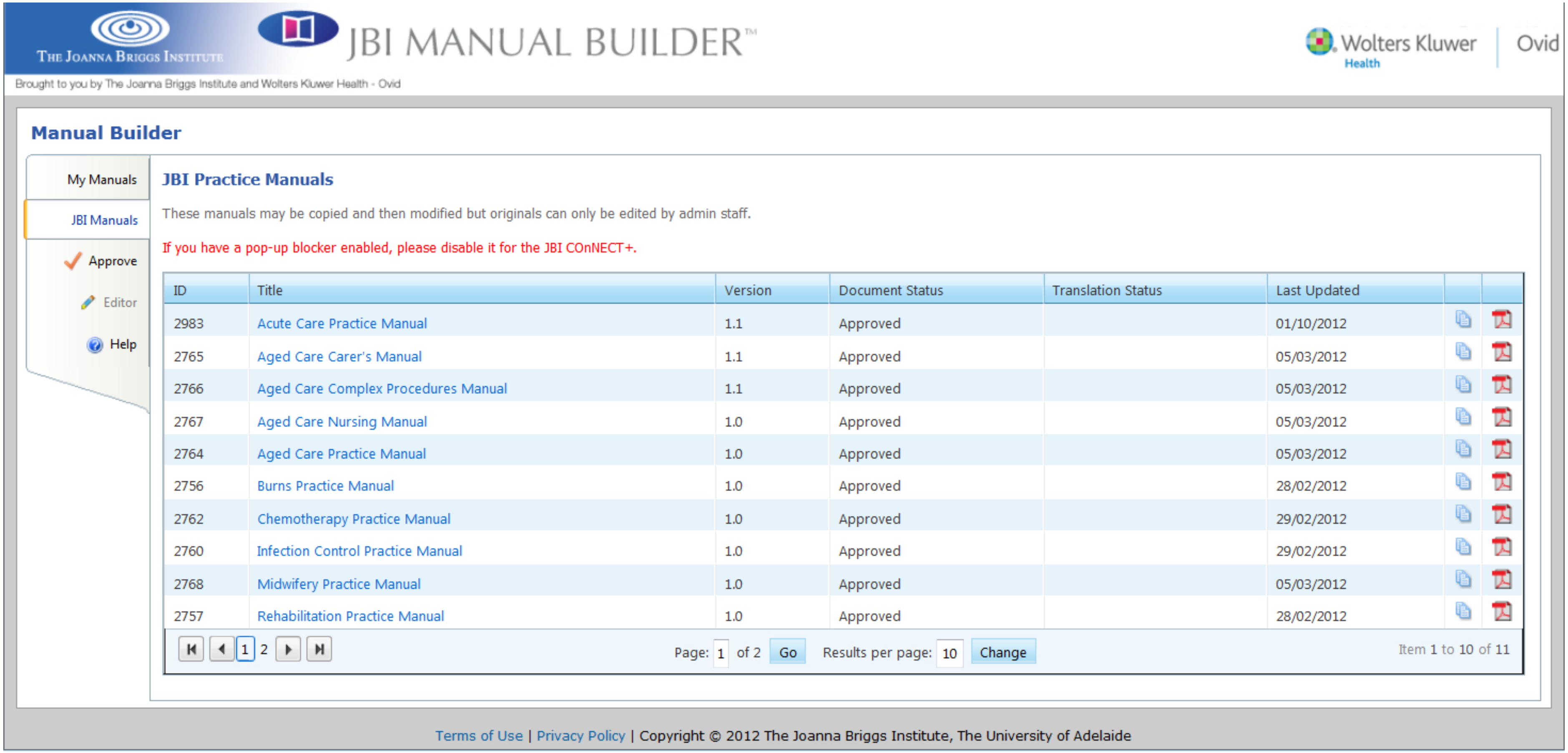
Tool that allows users to create their own internal clinical procedure manual using 2 of the publications found in the JBI database e.g.

Evidence Summaries
Recommended Practice Sheets

The tool is available in English and Spanish

JBI Manual Builder

Implement the evidence



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Manual Builder

JBI Practice Manuals

These manuals may be copied and then modified but originals can only be edited by admin staff.

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ID	Title	Version	Document Status	Translation Status	Last Updated
2983	Acute Care Practice Manual	1.1	Approved		01/10/2012
2765	Aged Care Carer's Manual	1.1	Approved		05/03/2012
2766	Aged Care Complex Procedures Manual	1.1	Approved		05/03/2012
2767	Aged Care Nursing Manual	1.0	Approved		05/03/2012
2764	Aged Care Practice Manual	1.0	Approved		05/03/2012
2756	Burns Practice Manual	1.0	Approved		28/02/2012
2762	Chemotherapy Practice Manual	1.0	Approved		29/02/2012
2760	Infection Control Practice Manual	1.0	Approved		29/02/2012
2768	Midwifery Practice Manual	1.0	Approved		05/03/2012
2757	Rehabilitation Practice Manual	1.0	Approved		28/02/2012

1 2 Page: 1 of 2 Go Results per page: 10 Change Item 1 to 10 of 11

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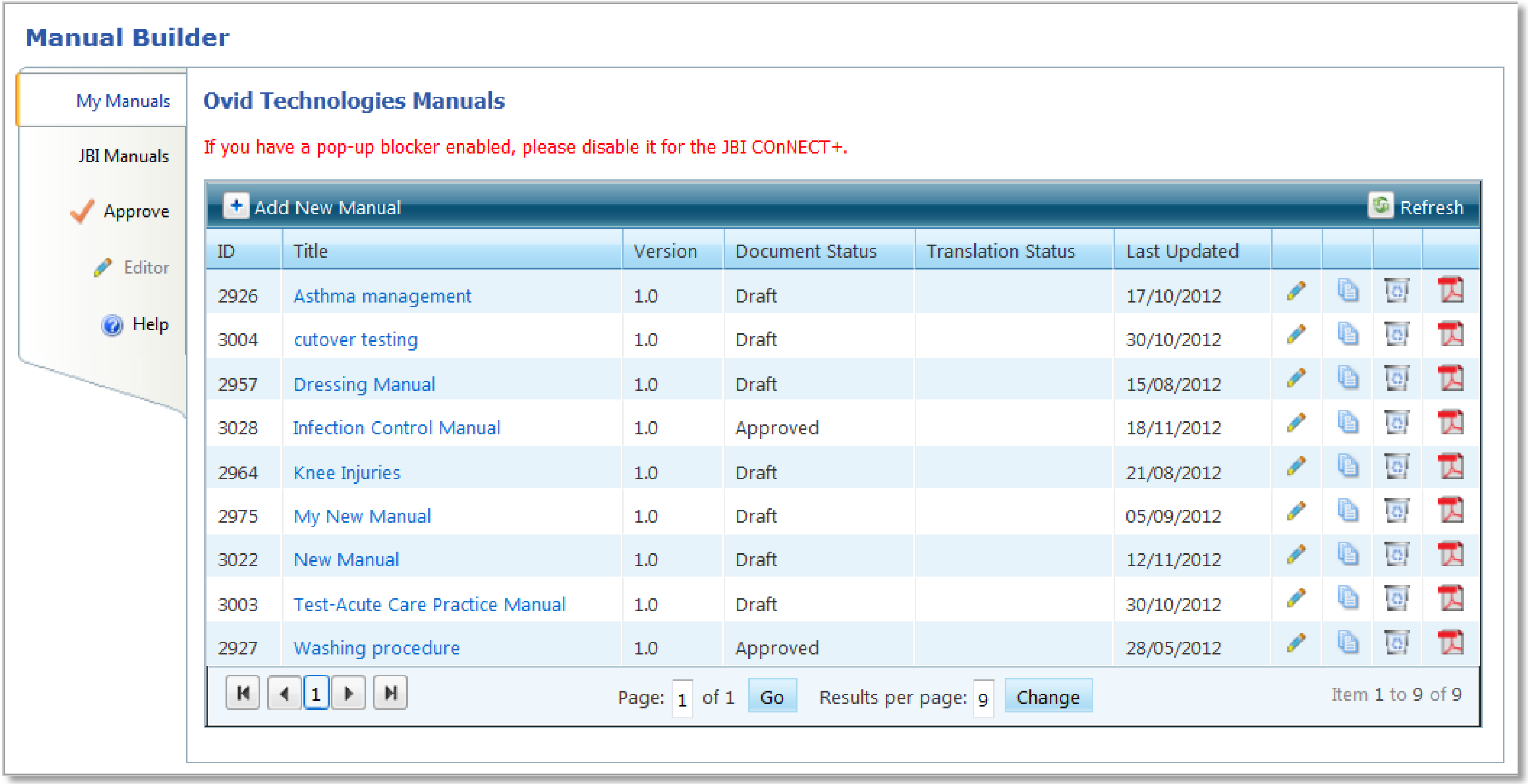
JBI Manual Builder

Implement the evidence


My Manuals
JBI Manuals
Approve
Editor
Help
Add New Manual
Refresh

Manual Builder

Ovid Technologies Manuals

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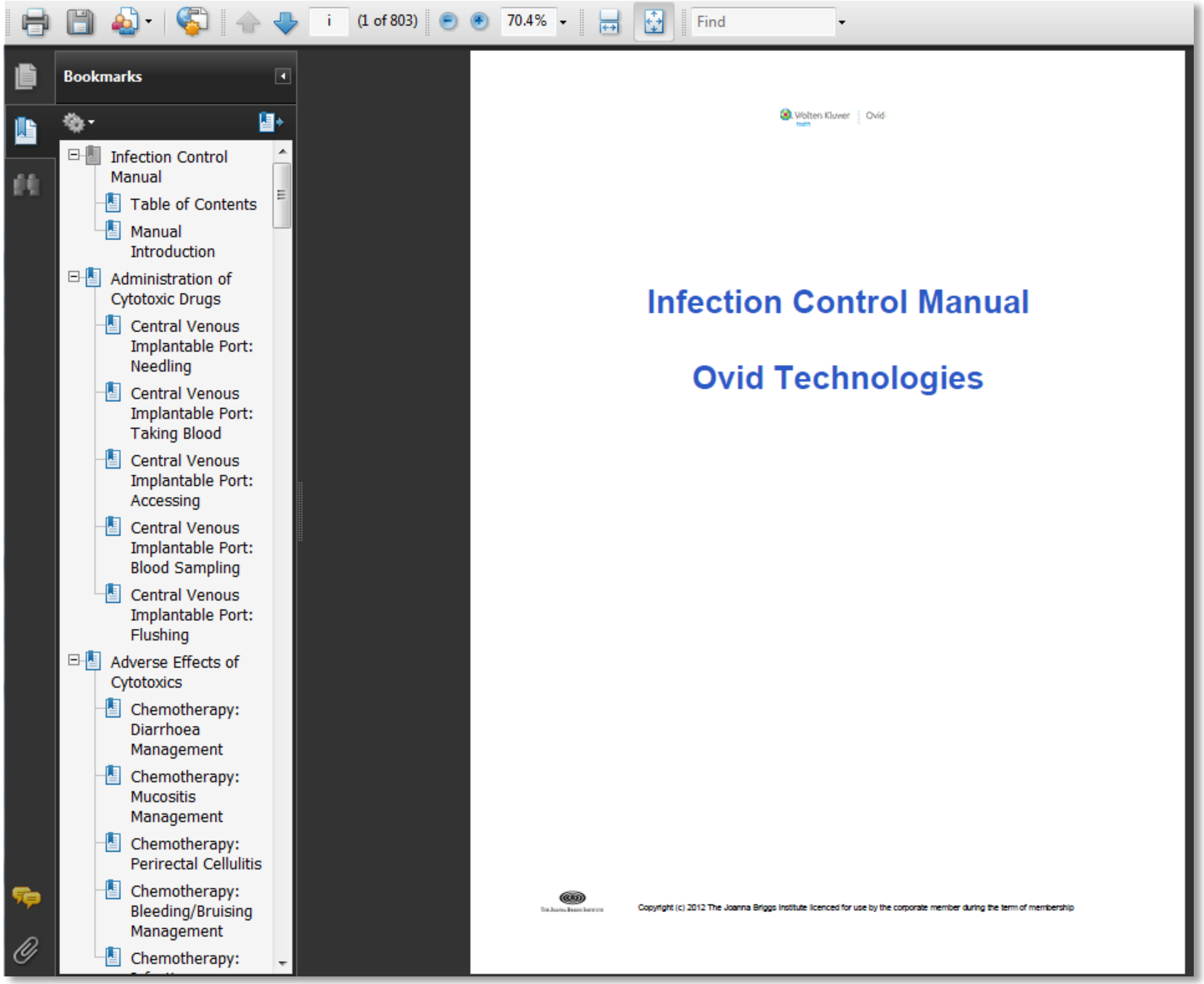
ID	Title	Version	Document Status	Translation Status	Last Updated
2926	Asthma management	1.0	Draft		17/10/2012
3004	cutover testing	1.0	Draft		30/10/2012
2957	Dressing Manual	1.0	Draft		15/08/2012
3028	Infection Control Manual	1.0	Approved		18/11/2012
2964	Knee Injuries	1.0	Draft		21/08/2012
2975	My New Manual	1.0	Draft		05/09/2012
3022	New Manual	1.0	Draft		12/11/2012
3003	Test-Acute Care Practice Manual	1.0	Draft		30/10/2012
2927	Washing procedure	1.0	Approved		28/05/2012

1
Page: 1 of 1
Go
Results per page: 9
Change
Item 1 to 9 of 9

JBI Manual Builder

Implement the evidence



- Infection Control Manual
  - Table of Contents
  - Manual Introduction
- Administration of Cytotoxic Drugs
  - Central Venous Implantable Port: Needling
  - Central Venous Implantable Port: Taking Blood
  - Central Venous Implantable Port: Accessing
  - Central Venous Implantable Port: Blood Sampling
  - Central Venous Implantable Port: Flushing
- Adverse Effects of Cytotoxics
  - Chemotherapy: Diarrhoea Management
  - Chemotherapy: Mucositis Management
  - Chemotherapy: Perirectal Cellulitis
  - Chemotherapy: Bleeding/Bruising Management
  - Chemotherapy:

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Infection Control Manual

Ovid Technologies

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Consumer Pamphlet Builder

Implement the evidence

JBI PAMPHLET BUILDER

JBI on Ovid

Tool that allows users to create patient handouts or staff pamphlets for specialised predetermined evidence based topics eg.

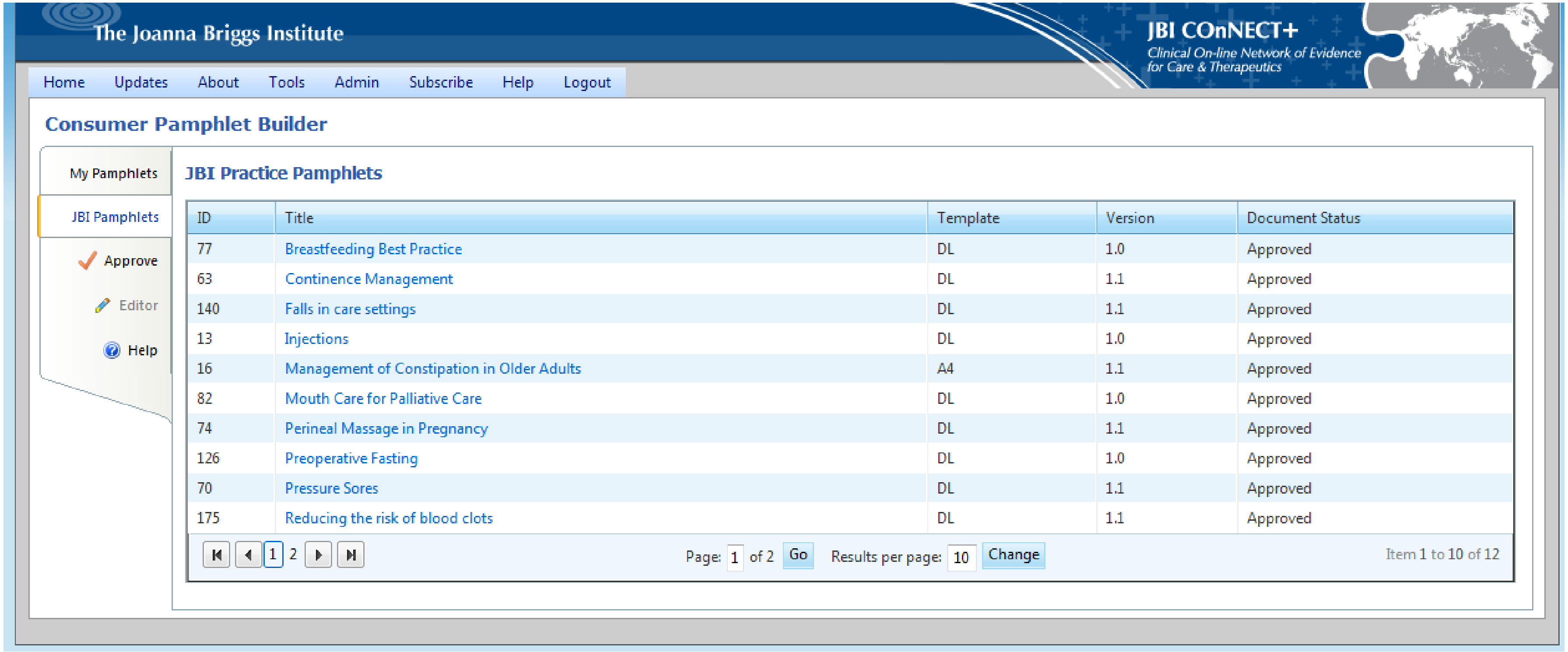
Pressure Ulcers

Falls

The tool is available in English and Spanish

Consumer Pamphlet Builder

Implement the evidence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Editor
Help
1
2
Page: 1 of 2
Go
Results per page: 10
Change
Item 1 to 10 of 12

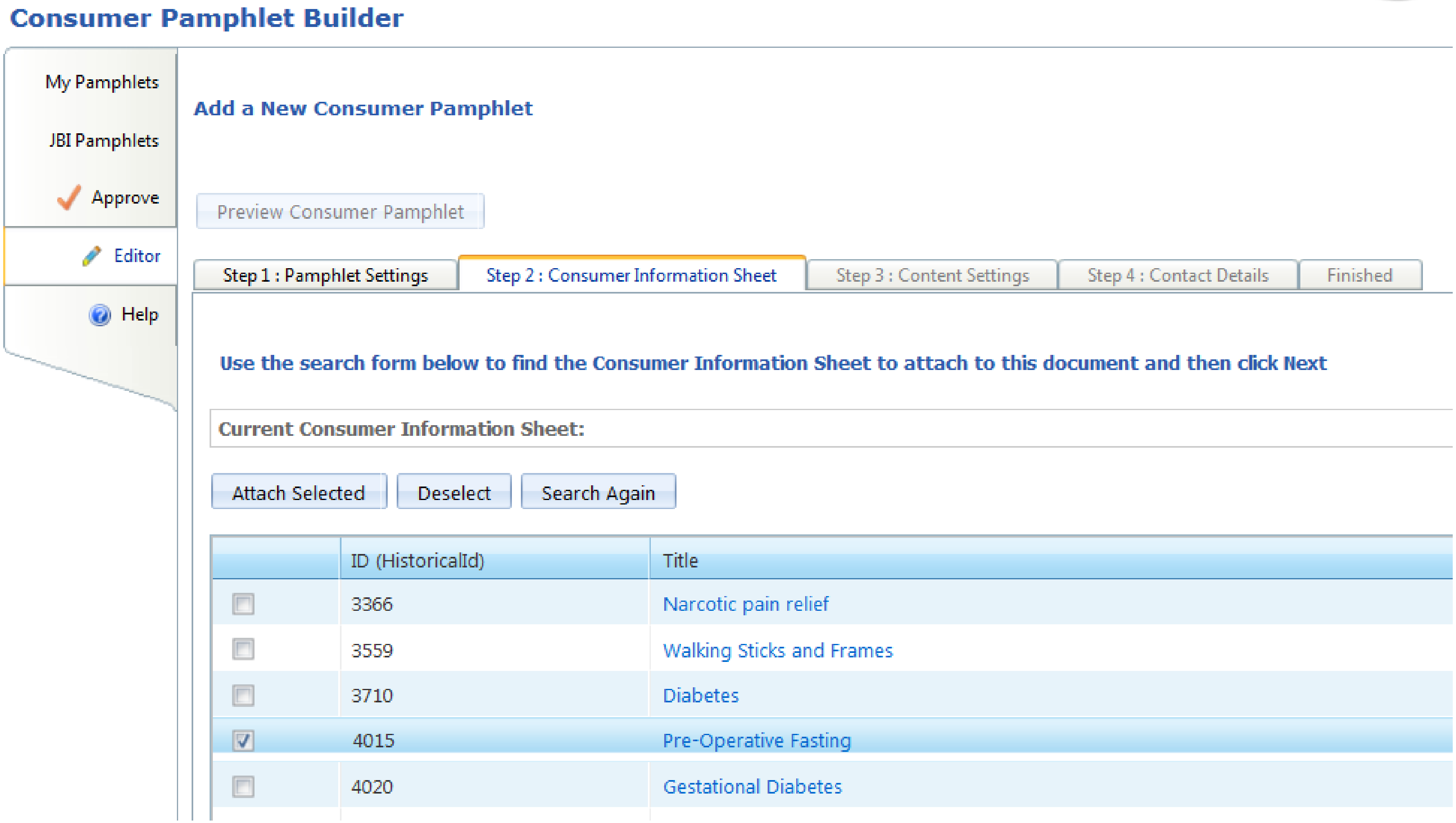
Consumer Pamphlet Builder

JBI Practice Pamphlets

ID	Title	Template	Version	Document Status
77	Breastfeeding Best Practice	DL	1.0	Approved
63	Continence Management	DL	1.1	Approved
140	Falls in care settings	DL	1.1	Approved
13	Injections	DL	1.0	Approved
16	Management of Constipation in Older Adults	A4	1.1	Approved
82	Mouth Care for Palliative Care	DL	1.0	Approved
74	Perineal Massage in Pregnancy	DL	1.1	Approved
126	Preoperative Fasting	DL	1.0	Approved
70	Pressure Sores	DL	1.1	Approved
175	Reducing the risk of blood clots	DL	1.1	Approved

Consumer Pamphlet Builder

Implement the evidence


My Pamphlets
JBI Pamphlets
Approve
Editor
Help
Preview Consumer Pamphlet
Step 1 : Pamphlet Settings
Step 2 : Consumer Information Sheet
Step 3 : Content Settings
Step 4 : Contact Details
Finished
Attach Selected
Deselect
Search Again

Consumer Pamphlet Builder

Add a New Consumer Pamphlet

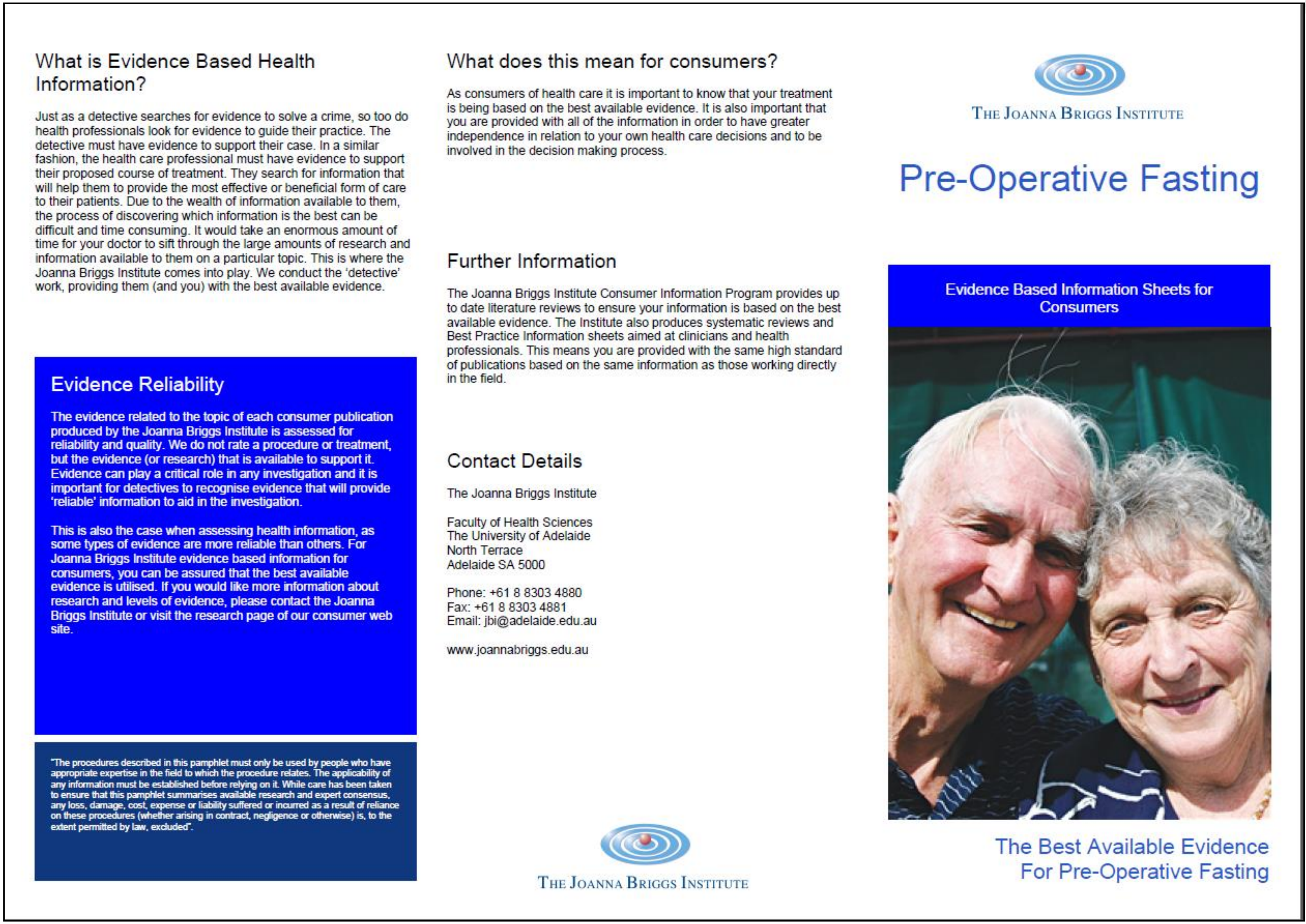
Use the search form below to find the Consumer Information Sheet to attach to this document and then click Next

Current Consumer Information Sheet:

	ID (HistoricalId)	Title
☐	3366	Narcotic pain relief
☐	3559	Walking Sticks and Frames
☐	3710	Diabetes
☑	4015	Pre-Operative Fasting
☐	4020	Gestational Diabetes

Consumer Pamphlet Builder

Implement the evidence



What is Evidence Based Health Information?

Just as a detective searches for evidence to solve a crime, so too do health professionals look for evidence to guide their practice. The detective must have evidence to support their case. In a similar fashion, the health care professional must have evidence to support their proposed course of treatment. They search for information that will help them to provide the most effective or beneficial form of care to their patients. Due to the wealth of information available to them, the process of discovering which information is the best can be difficult and time consuming. It would take an enormous amount of time for your doctor to sift through the large amounts of research and information available to them on a particular topic. This is where the Joanna Briggs Institute comes into play. We conduct the 'detective' work, providing them (and you) with the best available evidence.

Evidence Reliability

The evidence related to the topic of each consumer publication produced by the Joanna Briggs Institute is assessed for reliability and quality. We do not rate a procedure or treatment, but the evidence (or research) that is available to support it. Evidence can play a critical role in any investigation and it is important for detectives to recognise evidence that will provide 'reliable' information to aid in the investigation.

This is also the case when assessing health information, as some types of evidence are more reliable than others. For Joanna Briggs Institute evidence based information for consumers, you can be assured that the best available evidence is utilised. If you would like more information about research and levels of evidence, please contact the Joanna Briggs Institute or visit the research page of our consumer web site.

"The procedures described in this pamphlet must only be used by people who have appropriate expertise in the field to which the procedure relates. The applicability of any information must be established before relying on it. While care has been taken to ensure that this pamphlet summarises available research and expert consensus, any loss, damage, cost, expense or liability suffered or incurred as a result of reliance on these procedures (whether arising in contract, negligence or otherwise) is, to the extent permitted by law, excluded".

What does this mean for consumers?

As consumers of health care it is important to know that your treatment is being based on the best available evidence. It is also important that you are provided with all of the information in order to have greater independence in relation to your own health care decisions and to be involved in the decision making process.

Further Information

The Joanna Briggs Institute Consumer Information Program provides up to date literature reviews to ensure your information is based on the best available evidence. The Institute also produces systematic reviews and Best Practice Information sheets aimed at clinicians and health professionals. This means you are provided with the same high standard of publications based on the same information as those working directly in the field.

Contact Details

The Joanna Briggs Institute

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North Terrace
Adelaide SA 5000

Phone: +61 8 8303 4880
Fax: +61 8 8303 4881
Email: jbi@adelaide.edu.au

www.joannabriggs.edu.au

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Pre-Operative Fasting

Evidence Based Information Sheets for Consumers

The Best Available Evidence
For Pre-Operative Fasting

JBI PACES

Evaluate practice changes and patient outcomes

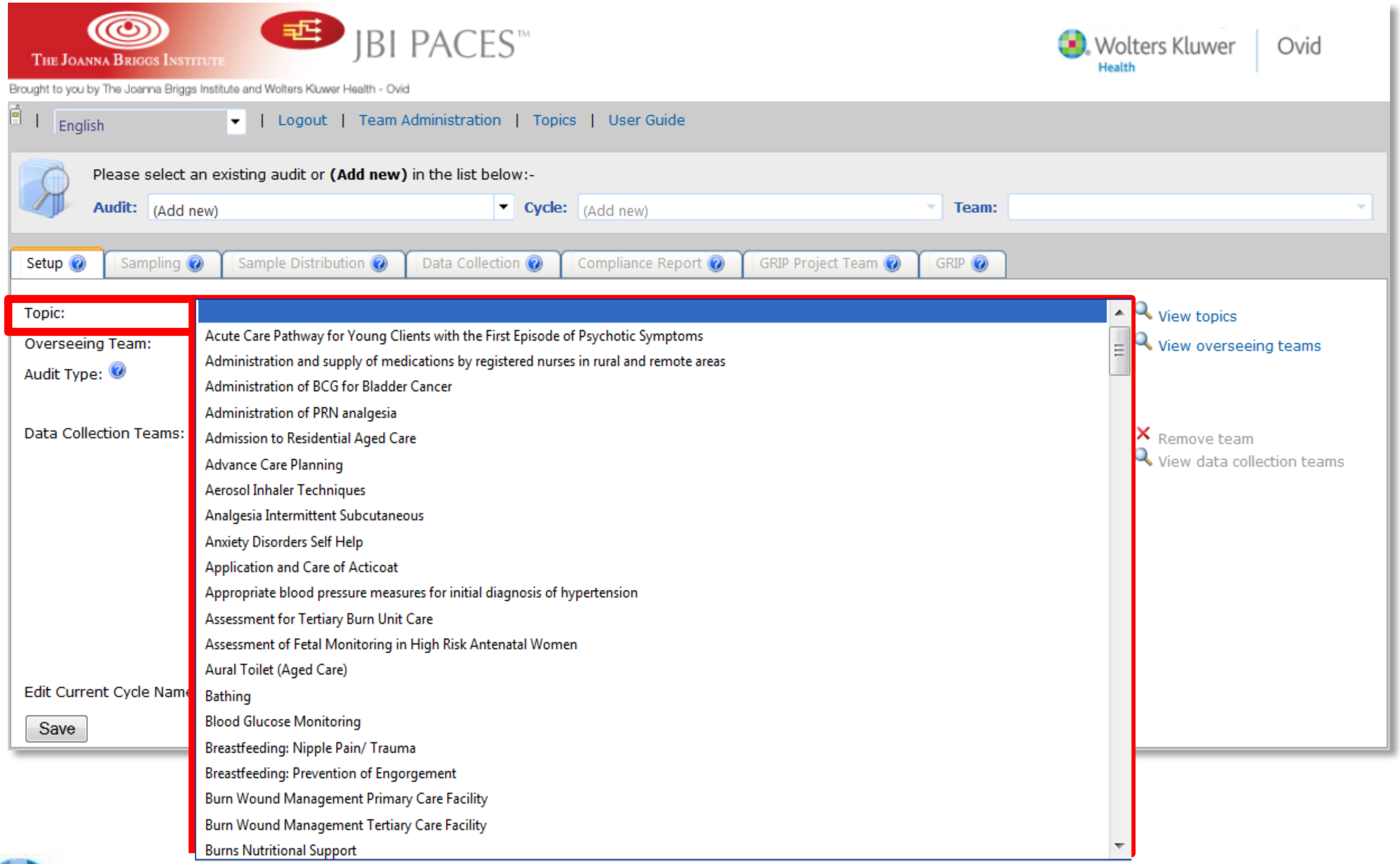
JBI PACES

JBI on Ovid

A tool that allows users to undertake a clinical audit for evidence based interventions. There are currently 160 predefined interventions available.

JBI PACES

Evaluate practice changes and patient outcomes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User Guide
Setup
Sampling
Sample Distribution
Data Collection
Compliance Report
GRIP Project Team
GRIP
View topics
View overseeing teams
Remove team
View data collection teams
Save

Please select an existing audit or **(Add new)** in the list below:-

Audit: (Add new) **Cycle:** (Add new) **Team:**

Topic:

Overseeing Team:

Audit Type:

Data Collection Teams:

Edit Current Cycle Name

- Acute Care Pathway for Young Clients with the First Episode of Psychotic Symptoms
- Administration and supply of medications by registered nurses in rural and remote areas
- Administration of BCG for Bladder Cancer
- Administration of PRN analgesia
- Admission to Residential Aged Care
- Advance Care Planning
- Aerosol Inhaler Techniques
- Analgesia Intermittent Subcutaneous
- Anxiety Disorders Self Help
- Application and Care of Acticoat
- Appropriate blood pressure measures for initial diagnosis of hypertension
- Assessment for Tertiary Burn Unit Care
- Assessment of Fetal Monitoring in High Risk Antenatal Women
- Aural Toilet (Aged Care)
- Bathing
- Blood Glucose Monitoring
- Breastfeeding: Nipple Pain/ Trauma
- Breastfeeding: Prevention of Engorgement
- Burn Wound Management Primary Care Facility
- Burn Wound Management Tertiary Care Facility
- Burns Nutritional Support

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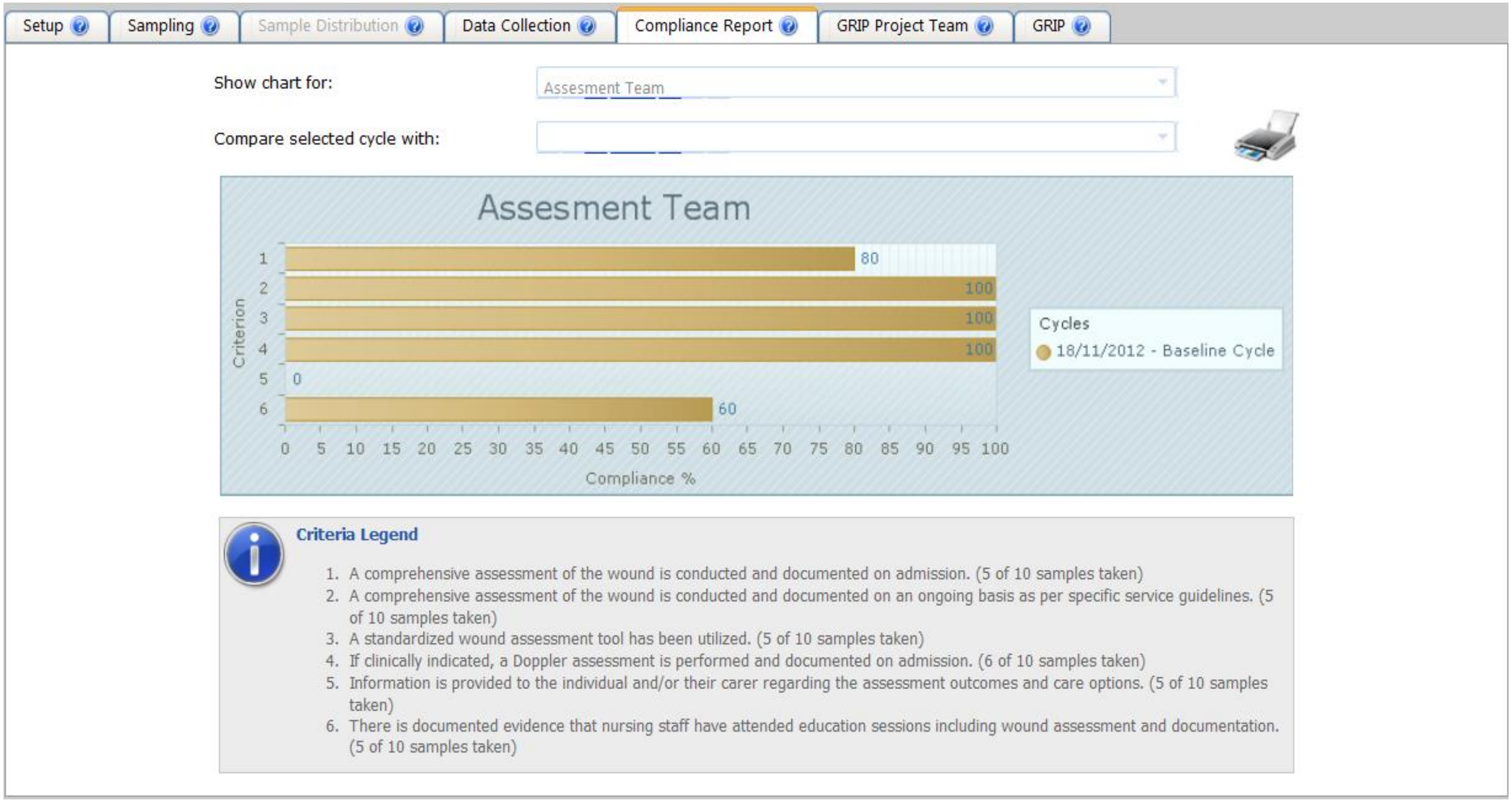
JBI PACES

Evaluate practice changes and patient outcomes


Setup
Sampling
Sample Distribution
Data Collection
Compliance Report
GRIP Project Team
GRIP
Assesment Team
Criterion
1
2
3
4
5
6
80
100
100
100
0
60
0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100
Compliance %
Cycles
● 18/11/2012 - Baseline Cycle

Show chart for: Assesment Team

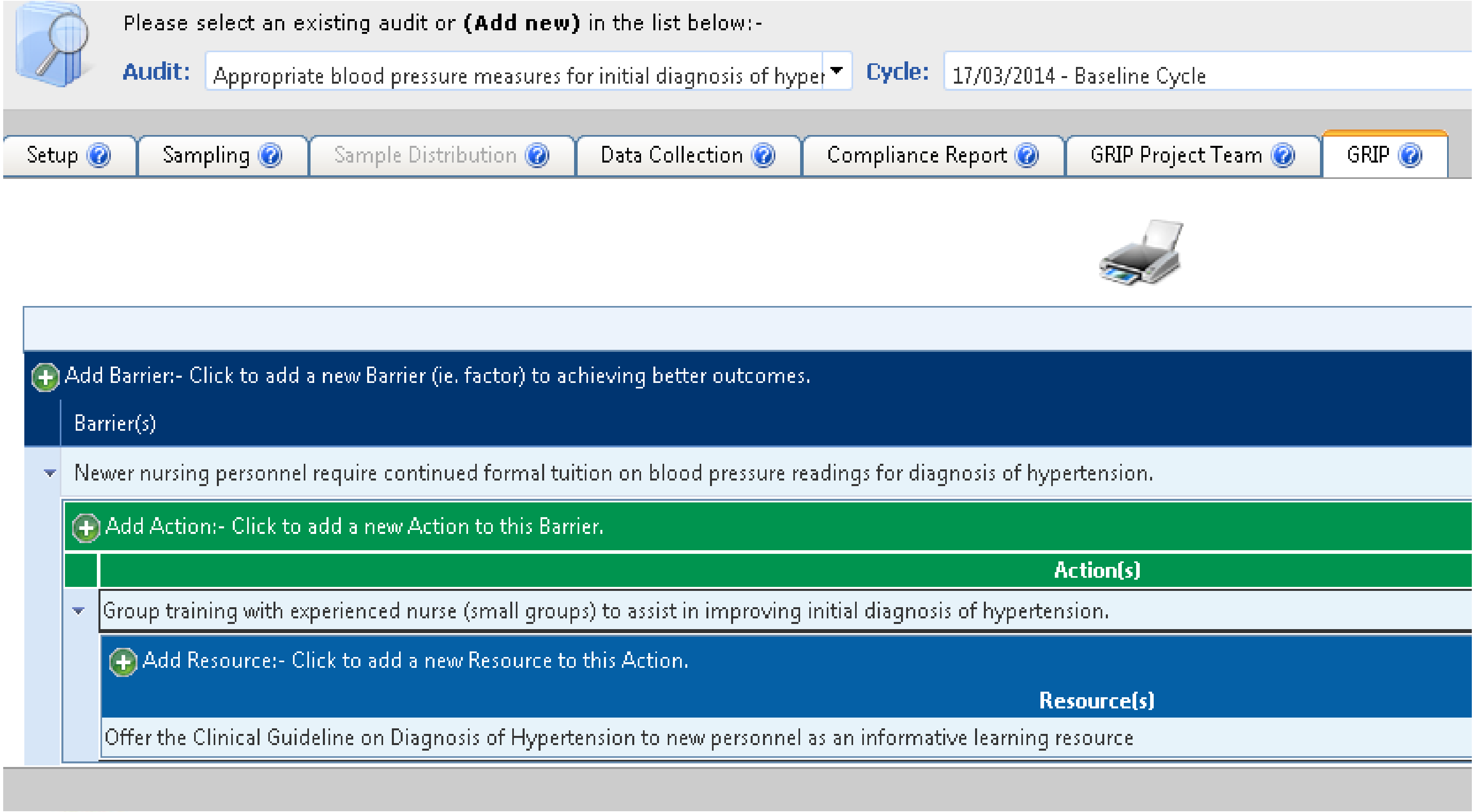
Compare selected cycle with:

Criteria Legend

1. A comprehensive assessment of the wound is conducted and documented on admission. (5 of 10 samples taken)
2. A comprehensive assessment of the wound is conducted and documented on an ongoing basis as per specific service guidelines. (5 of 10 samples taken)
3. A standardized wound assessment tool has been utilized. (5 of 10 samples taken)
4. If clinically indicated, a Doppler assessment is performed and documented on admission. (6 of 10 samples taken)
5. Information is provided to the individual and/or their carer regarding the assessment outcomes and care options. (5 of 10 samples taken)
6. There is documented evidence that nursing staff have attended education sessions including wound assessment and documentation. (5 of 10 samples taken)

JBI PACES

Evaluate practice changes and patient outcomes



Please select an existing audit or **(Add new)** in the list below:-

Audit: Appropriate blood pressure measures for initial diagnosis of hyper

Cycle: 17/03/2014 - Baseline Cycle

Setup
Sampling
Sample Distribution
Data Collection
Compliance Report
GRIP Project Team
GRIP

Add Barrier:- Click to add a new Barrier (ie. factor) to achieving better outcomes.

Barrier(s)
Newer nursing personnel require continued formal tuition on blood pressure readings for diagnosis of hypertension.

Add Action:- Click to add a new Action to this Barrier.

Action(s)
Group training with experienced nurse (small groups) to assist in improving initial diagnosis of hypertension.

Add Resource:- Click to add a new Resource to this Action.

Resource(s)
Offer the Clinical Guideline on Diagnosis of Hypertension to new personnel as an informative learning resource

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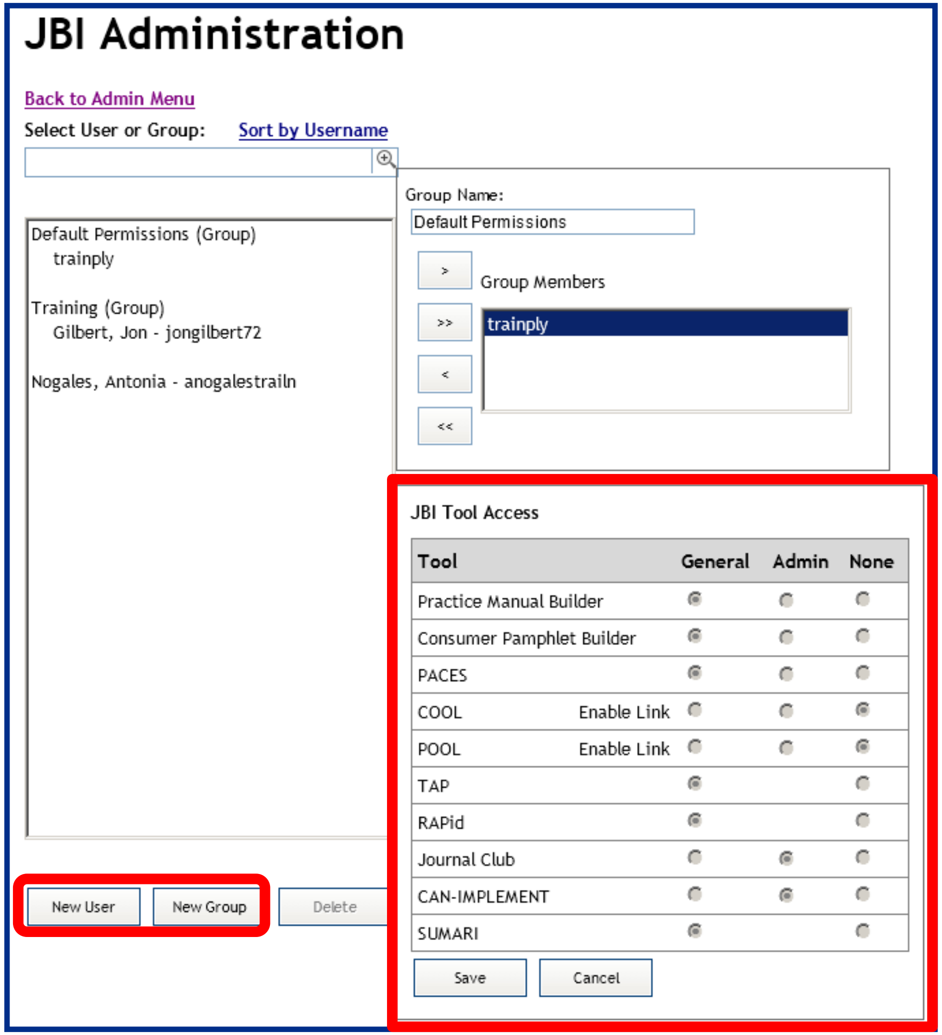
JBI Administrator



JBI Administration

Back to Admin Menu

Select User or Group: Sort by Username

Default Permissions (Group)
- trainply

Training (Group)
- Gilbert, Jon - jongilbert72

Nogales, Antonia - anogalestrailn

Group Name: Default Permissions

Group Members: trainply

JBI Tool Access

Tool		General	Admin	None
Practice Manual Builder		●	○	○
Consumer Pamphlet Builder		●	○	○
PACES		●	○	○
COOL	Enable Link	○	○	●
POOL	Enable Link	○	○	●
TAP		●		○
RAPid		●		○
Journal Club		○	●	○
CAN-IMPLEMENT		○	●	○
SUMARI		●		○

Create User

✓Create a user/group

✓Create a user profile

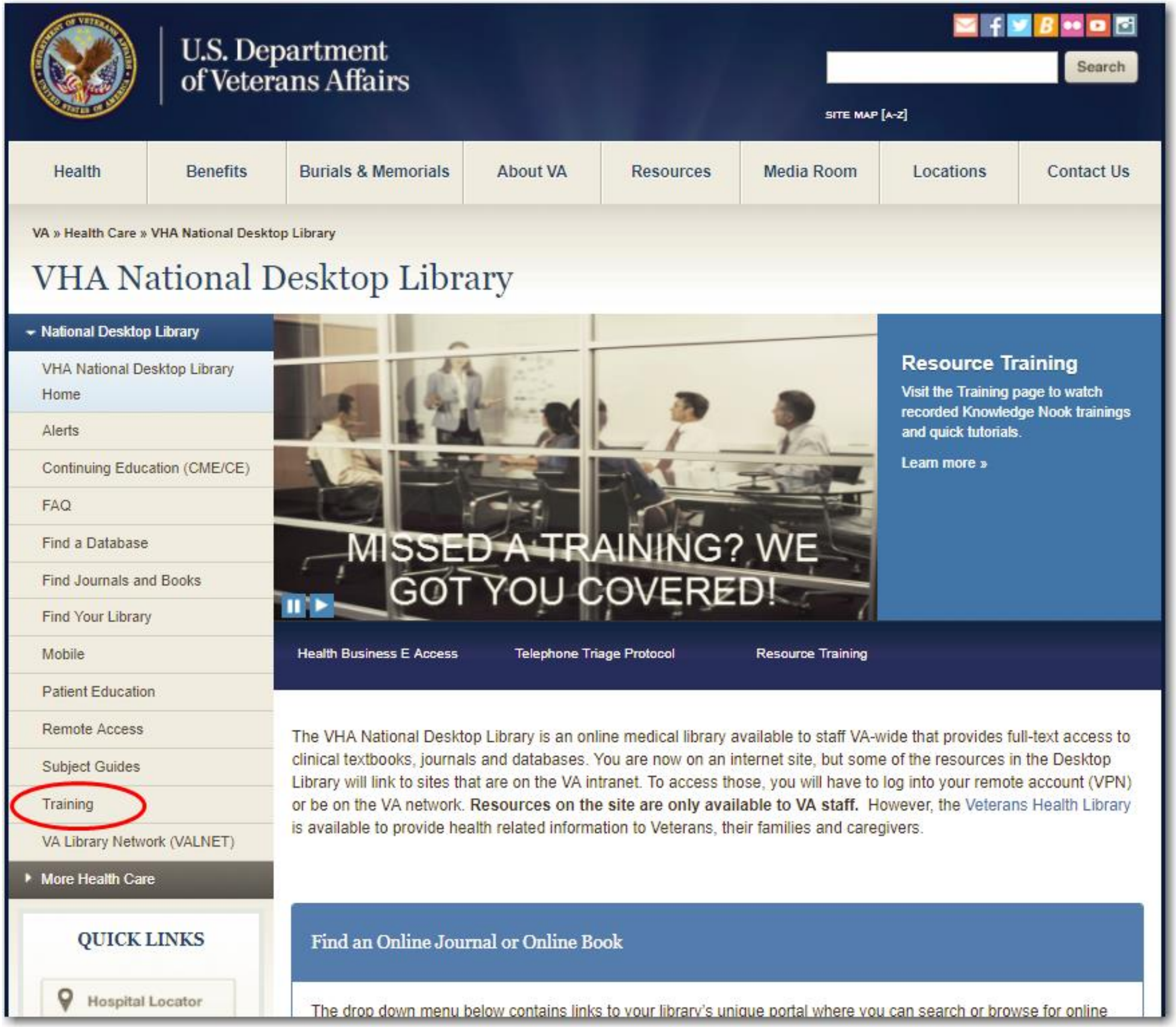
JBI Profiles

✓General - view

✓Admin - view/create/modify/delete

✓None - no access to the JBI tools

JBI Resource Page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Resource Training

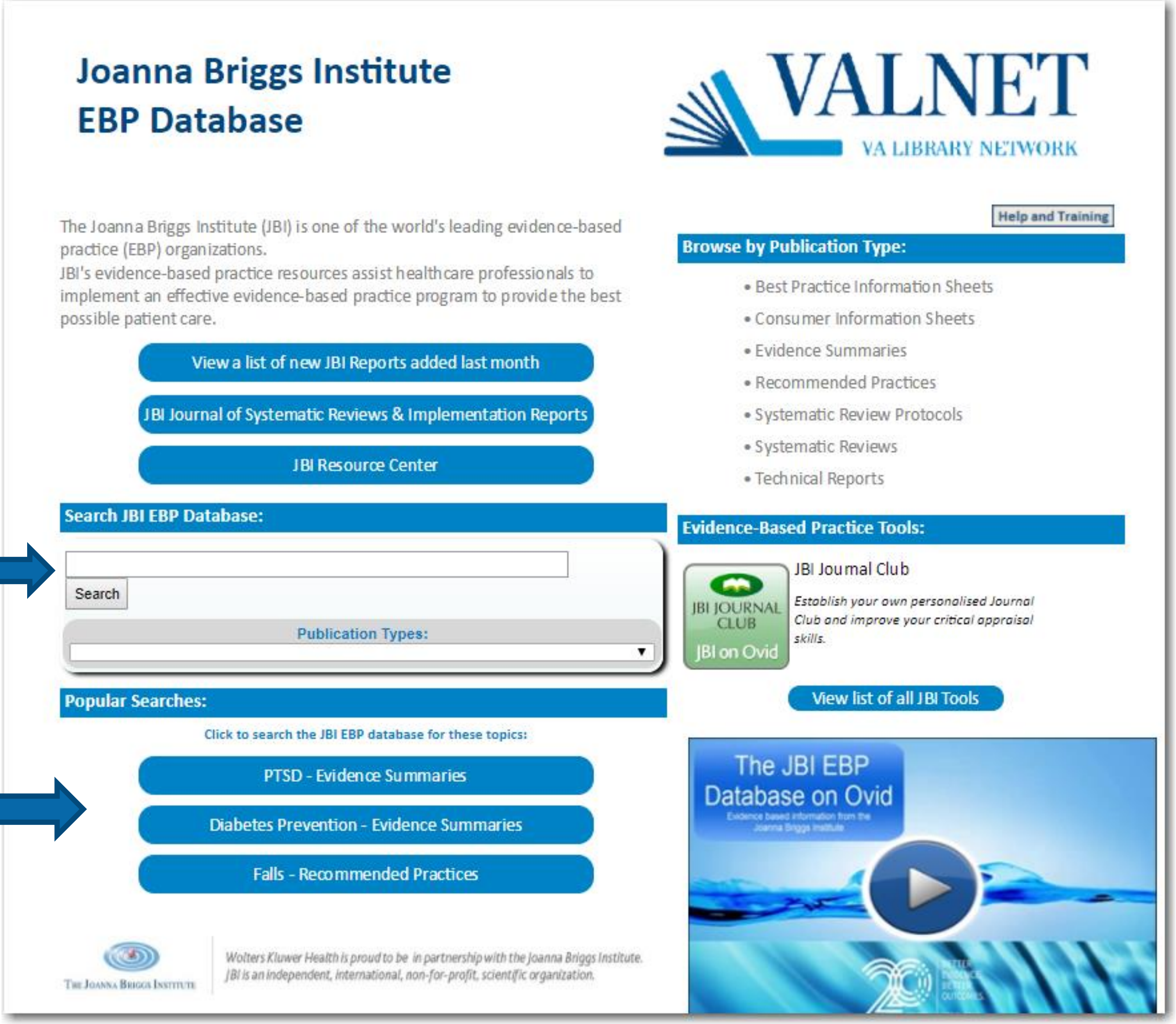
Visit the Training page to watch recorded Knowledge Nook trainings and quick tutorials.

The VHA National Desktop Library is an online medical library available to staff VA-wide that provides full-text access to clinical textbooks, journals and databases. You are now on an internet site, but some of the resources in the Desktop Library will link to sites that are on the VA intranet. To access those, you will have to log into your remote account (VPN) or be on the VA network. **Resources on the site are only available to VA staff.** However, the Veterans Health Library is available to provide health related information to Veterans, their families and caregivers.

Find an Online Journal or Online Book

The drop down menu below contains links to your library's unique portal where you can search or browse for online

JBI Resource Page



Joanna Briggs Institute EBP Database

The Joanna Briggs Institute (JBI) is one of the world's leading evidence-based practice (EBP) organizations.
JBI's evidence-based practice resources assist healthcare professionals to implement an effective evidence-based practice program to provide the best possible patient care.

Browse by Publication Type:

- Best Practice Information Sheets
- Consumer Information Sheets
- Evidence Summaries
- Recommended Practices
- Systematic Review Protocols
- Systematic Reviews
- Technical Reports

Search JBI EBP Database:

Evidence-Based Practice Tools:

JBI Journal Club

Establish your own personalised Journal Club and improve your critical appraisal skills.

Popular Searches:

Click to search the JBI EBP database for these topics:

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Diabetes Prevention - Evidence Summaries
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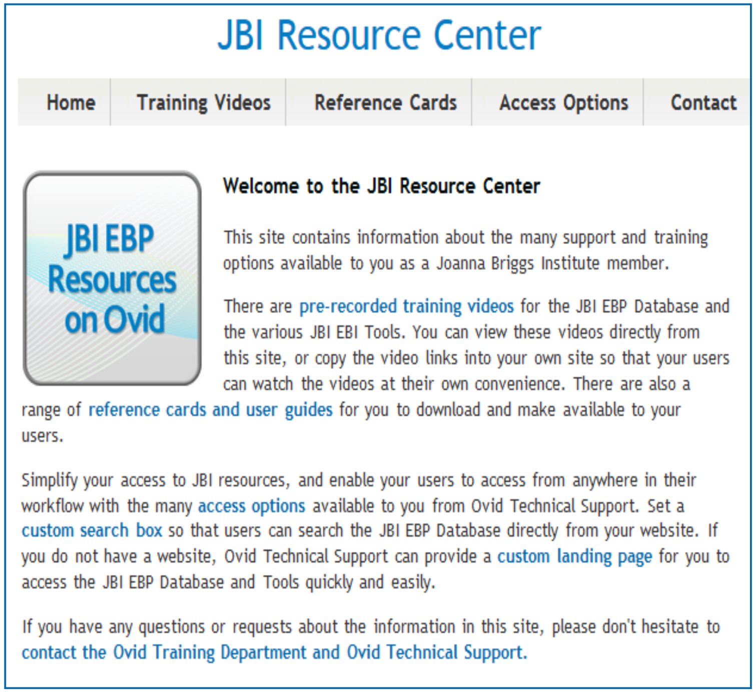
The JBI EBP Database on Ovid

Click on the image to open

JBI Resource Center & New JBI Reports

- JBI Resource Center
  - Access additional JBI information, videos, widgets…



Welcome to the JBI Resource Center

This site contains information about the many support and training options available to you as a Joanna Briggs Institute member.

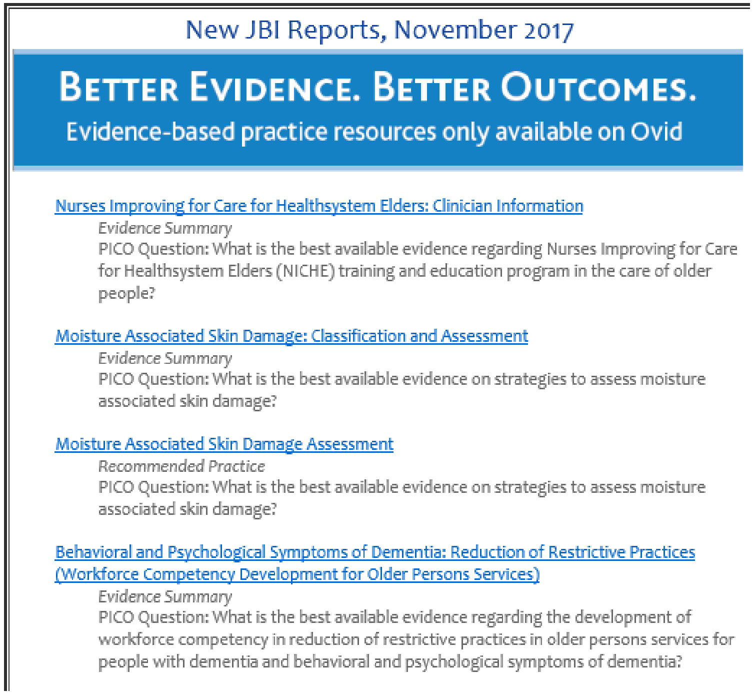
There are pre-recorded training videos for the JBI EBP Database and the various JBI EBI Tools. You can view these videos directly from this site, or copy the video links into your own site so that your users can watch the videos at their own convenience. There are also a range of reference cards and user guides for you to download and make available to your users.

Simplify your access to JBI resources, and enable your users to access from anywhere in their workflow with the many access options available to you from Ovid Technical Support. Set a custom search box so that users can search the JBI EBP Database directly from your website. If you do not have a website, Ovid Technical Support can provide a custom landing page for you to access the JBI EBP Database and Tools quickly and easily.

If you have any questions or requests about the information in this site, please don't hesitate to contact the Ovid Training Department and Ovid Technical Support.

Click on the image

- New JBI Reports
- Our monthly reports service provides the latest full text additions to the database.


New JBI Reports, November 2017
BETTER EVIDENCE. BETTER OUTCOMES.
Evidence-based practice resources only available on Ovid

Nurses Improving for Care for Healthsystem Elders: Clinician Information
Evidence Summary
PICO Question: What is the best available evidence regarding Nurses Improving for Care for Healthsystem Elders (NICHE) training and education program in the care of older people?

Moisture Associated Skin Damage: Classification and Assessment
Evidence Summary
PICO Question: What is the best available evidence on strategies to assess moisture associated skin damage?

Moisture Associated Skin Damage Assessment
Recommended Practice
PICO Question: What is the best available evidence on strategies to assess moisture associated skin damage?

Behavioral and Psychological Symptoms of Dementia: Reduction of Restrictive Practices (Workforce Competency Development for Older Persons Services)
Evidence Summary
PICO Question: What is the best available evidence regarding the development of workforce competency in reduction of restrictive practices in older persons services for people with dementia and behavioral and psychological symptoms of dementia?

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