

Joanna Briggs Institute  
Banca dati per la pratica  
clinica basata  
sull'evidenza [PCBE]



Wolters Kluwer

# Sessione di Formazione

---



Ovid

content + tools + services



## SESSIONE DI FORMAZIONE Joanna Briggs Institute

Universita' degli Studi di Torino  
Biblioteca Federata di Medicina "Ferdinando Rossi"

Aula Informatica, C.so Dogliotti, 38

26 Settembre 2016 ore 14.00-17.00  
27 Settembre 2016 ore 9.30-12.30

# Gli Obiettivi del Corso

- Che cosa è l'organizzazione JBI
- Metodologia per la raccolta dell'EBPM
- 7 Pubblicazioni a Testo Pieno
- Livello dell'Evidenza in JBI
- Come accedere a JBI?
- Centro di Risorse JBI



[Click on images](#)

# Il Joanna Briggs Institute

---

- JBI è un'organizzazione scientifica «No Profit»
  - Sede nella Faculty of Health Sciences dell'University of Adelaide in Australia
- Fornisce contenuti e strumenti per aiutare le istituzioni ad implementare le pratiche cliniche basate sull'evidenza (PCBE)
- Le informazioni disponibili su JBI provengono dal lavoro di 70 centri presenti in tutto il mondo
- JBI è disponibile in esclusiva sulla piattaforma Ovid, la piattaforma di ricerca più completa in ambito PCBE



# Metodologia per Raccogliere l'Evidenza

[Basic Search](#) | [Find Citation](#) | [Search Tools](#) | [Search Fields](#) | **Advanced Search** | [Multi-Field Search](#)

1 Resource selected | [Hide](#) | [Change](#)

**The Joanna Briggs Institute EBP Database** - Current to September 17, 2014

Universal Search:

Enter keyword or phrase (\* or \$ for truncation)  **Keyword**  Author  Title  Journal

**Limits** *(expand)*

Include Multimedia

▼ **Search History** (5 searches) *(close)*

<input type="checkbox"/>	# ▲	Searches	Results	Search Type	Actions
<input type="checkbox"/>	1	hip*.mp. [mp=text, heading word, subject area node, title]	309	Advanced	<input type="button" value="Display"/> <a href="#">More &gt;&gt;</a>
<input type="checkbox"/>	2	fall*.mp. [mp=text, heading word, subject area node, title]	499	Advanced	<input type="button" value="Display"/> <a href="#">More &gt;&gt;</a>
<input type="checkbox"/>	3	(elder* or aged).mp. [mp=text, heading word, subject area node, title]	1456	Advanced	<input type="button" value="Display"/> <a href="#">More &gt;&gt;</a>
<input type="checkbox"/>	4	1 and 2 and 3	73	Advanced	<input type="button" value="Display"/> <a href="#">More &gt;&gt;</a>
<input type="checkbox"/>	5	<b>limit 4 to (aged care or rehabilitation)</b>	<b>47</b>	<b>Advanced</b>	<input type="button" value="Display"/> <a href="#">More &gt;&gt;</a>

Combine selections with:

CONTRACT

# Area Tematiche Generali

---

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. Paediatrics
  13. Rehabilitation
  14. Surgical Services (peri-operative)
  15. Tropical & Infectious Diseases
  16. Wound Healing & Management
  17. Renal
- ❖ More nodes on the way!!

*\* Click on the [Aged Care Node](#) to see the 'Expert Reference Group Members' for [ALL Nodes](#)!!*

# 7 Pubblicazioni a Testo Pieno

---

- **Informazioni per la pratica clinica**

1. Schede informative sulle migliori prassi
2. Schede informative per gli utenti/pazienti
3. Sintesi dell'evidenza
4. Raccomandazioni pratiche basate sull'evidenza

- **Informazioni per la ricerca**

5. Revisioni Sistematiche
6. Protocolli per la Revisione Sistemica
7. Report Tecnici

**I primi 4 documenti sono stati sviluppati per la loro applicazione diretta in ambito clinico**

# Best Practice Sheets & Technical Report

## Schede informative sulle migliori prassi

- Sintesi basate sui risultati e sulle raccomandazioni presenti nelle revisioni sistematiche
- Forniscono informazioni e studi insieme ai gradi di raccomandazione [A o B]

## Report Tecnici

- Documentano le migliori prassi a partire dalle Revisioni Sistematiche

The information sheet is published on the Joanna Briggs Institute. Intervention to reduce the incidence of falls in older adult patients in acute care hospitals. Best Practice: evidence-based information sheets for health professionals. 2010. 14(10):11

### 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 40 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 falls risk, functional assessments and activity reevaluation. (Grade C)
- Short term (approximately 30 days) vitamin D and calcium supplementation. (Grade C)

**Information Source**

This Best Practice information sheet has been derived from a systematic review published in 2009<sup>1</sup> 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](http://www.joannabriggs.edu.au). The systematic review was report is available from the Joanna Briggs Institute [www.joannabriggs.edu.au](http://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 diseases, 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 2005 'Grades of Effectiveness'

- Grade A: Strong support that merits application
- Grade B: Moderate support that warrants consideration of application
- Grade C: Not supported

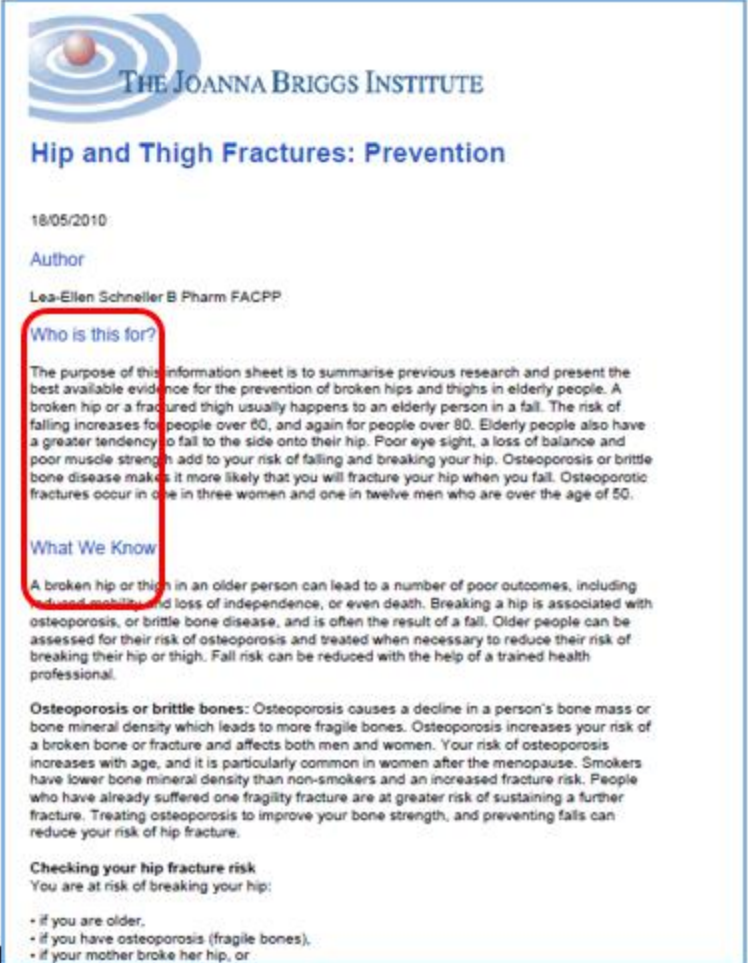
Interventions to reduce the incidence of falls in older adult patients in acute care hospitals. Best Practice 14(10) 2010 | 11




# Consumer Information Sheets

## Schede informative per utenti e pazienti

- Documento informativo semplice e facile da interpretare sui diversi condizioni cliniche, basate sull'evidenza
- Who is this for? = A chi e' utile?
- What we know? = Cosa sappiamo al riguardo?
- Rivolte ai pazienti/utenti



 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

# Evidence Summaries

## Sintesi dell'evidenza

- Breve abstract che sintetizza l'evidenza esistente a livello internazionale per le piu' comuni condizioni sanitarie
- Contengono riferimenti ed anche livelli che documentano il grado dell'evidenza riscontrata [Level 1-5]



THE JOANNA BRIGGS INSTITUTE

### 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**

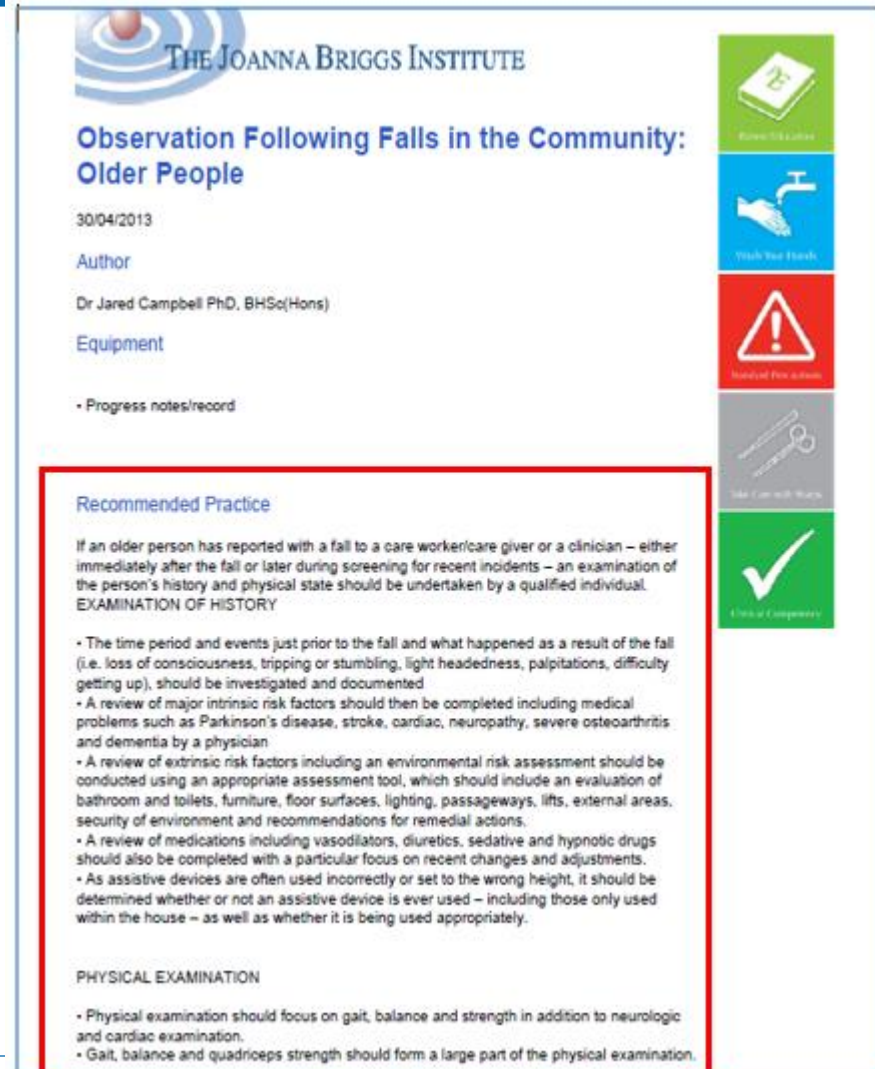
Falls-related injury is one of the leading causes of morbidity and mortality in older people. For people aged 65 years and over, falls are responsible for more than 80% of injury-related admissions to hospital.<sup>1</sup> For the elderly, the risk of falling is increased in the hospital setting.<sup>2</sup> 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 2-6% have been reported and in rehabilitation settings, up to 40% of patients have been recording as falling at least once during their hospitalisation.<sup>3</sup> In Australia in 2010-11, more than 22,000 falls resulting in patient harm were recorded as occurring in a health service area.<sup>4</sup> 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 2061.<sup>5</sup>

There are a number of factors that can contribute to in-hospital falls, including patient characteristics, staff behavior and the hospital environment.<sup>6</sup> 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

# Evidence-Based Recommended Practices

## Raccomandazioni pratiche basate sull'evidenza

- Interventi o procedure che descrivono e raccomandano la pratica in determinati casi clinici, ed offrono:
  - Lista degli strumenti necessari
  - Pratica Raccomandata
  - Riassunto dell'evidenza



**THE JOANNA BRIGGS INSTITUTE**

### Observation Following Falls in the Community: Older People

30/04/2013

Author  
Dr Jared Campbell PhD, BHSoc(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 assessment 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.

**Form or Table**

**Wash Your Hands**

**Wash the Area**

**Use Correct Tools**

**Check Competency**

# Systematic Reviews & Protocols

## Revisioni sistematiche

- Analisi della letteratura scientifica disponibile:
  - Formulare una domanda
  - Stabilire i criteri di inclusione
  - Sviluppare una strategia per ricercare l'evidenza
  - Valutare la qualità di ogni studio
  - Estrarre i risultati degli studi selezionati
  - Sintetizzare i risultati degli studi selezionati

## Protocolli per le revisioni sistematiche

- Documenti che forniscono le informazioni sul metodo seguito per condurre la revisione sistematica

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

Cindy Stern, BHS(Hons) PhD Candidate<sup>1</sup>  
Dr Pasika Jayasekara RN, BA, BScN (Hons), PG Dip Edu, MNGC, PhD<sup>2</sup>

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

# Livello dell'Evidenza in JBI



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 documents outlining their use. Using Levels of Evidence does not preclude the need for careful 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



The JOANNA BRIGGS  
INSTITUTE



THE UNIVERSITY  
of ADELAIDE

School of Translational Health Science

## 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.

# Come accedere a JBI?

## Joanna Briggs Institute



[Help and Training](#)

The Joanna Briggs Institute (JBI) is one of the world's leading evidence-based practice (EBP) organisations.

JBI's evidence-based practice resources assist healthcare professionals to implement an effective evidence-based practice program to provide the best possible patient care.

### Search JBI EBP Database:

Publication Types:

### Recommended Searches:

Click to search the JBI EBP database for these topics:

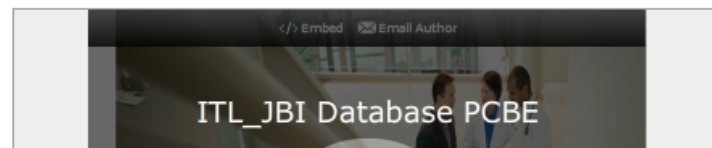
[Medication Errors - Best Practise Information Sheets](#)

[Wound Care - Recommended Practices](#)

[Falls - Consumer Information Sheets](#)

### Browse by Subject Area Nodes:

- Acute Care
- Additional Material
- Aged Care
- Burns Care
- Cancer Care
- Chronic Disease
- Community Health
- Diagnostic Imaging
- Emergency & Trauma
- General Medicine
- Health management & Assessment
- Infection Control
- Mental Health
- Midwifery Care
- Neonatal Care
- Occupational Therapy
- Paediatrics
- Physio
- Rehabilitation
- Surgical Services
- Tropical & Infectious Disease
- Wound Healing & Management



# Centro di Risorse JBI e Avvisi JBI

---

## Centro di Risorse JBI

Attraverso il nostro Centro di Risorse JBI sono disponibili ulteriori Informazioni, Video, Widgets...

<http://access.ovid.com/training/jbi/>

## Avvisi Automatici per JBI

Il nostro servizio di alerting\* viene aggiornato ogni mese, in modo da permettervi di ricevere gli avvisi sui documenti piu' recenti pubblicati nella base dati

[http://access.ovid.com/custom/JBI/New\\_Reports/](http://access.ovid.com/custom/JBI/New_Reports/)

*\* Chiedete il nostro servizio di alerting da [maurice.clementi@wolterskluwer.com](mailto:maurice.clementi@wolterskluwer.com)*

# Servizio di Supporto Insuperabile!

- Molto spesso il supporto ai clienti é fondamentale per essere sicuri di una collaborazione di grande successo fra l'utente ed il venditore!!
- Il nostro team di Assistenza Tecnica e Servizio ai Clienti offre vari servizi come implementazione, formazione e supporto 24 ore al giorno, 7 giorni su 7 in 20 lingue!!
- Email: [support@ovid.com](mailto:support@ovid.com)



## Lo sapevate?

Il nostro team di supporto tecnico è stato nominato "Centro di eccellenza" da BenchmarkPortal, in collaborazione con Center for Customer-Driven Quality, per l'eccezionale qualità del suo servizio di assistenza clienti. Ovid è la prima azienda del settore a ricevere questa certificazione.





# Grazie!

Per ulteriori informazioni o richieste di assistenza contattate il vostro responsabile commerciale:

[Gianluca.parodi@wolterskluwer.com](mailto:Gianluca.parodi@wolterskluwer.com)

O il vostro supporto tecnico all'indirizzo mail:

[support@ovid.com](mailto:support@ovid.com)



Wolters Kluwer

