Evidence Implementation across Europe: pandemic challenge

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"The right-hand does not know what the left does". Patients are coming in insufficiently informed ". "Some procedures and processes are performed in an uncoordinated manner and sometimes in duplicate". Shifts planning is always stressfull". Is at least one of these situations familiar to you? If yes, you are probably thinking about a solution, a CHANGE. However, how to do it? Who should be responsible? Where to start? Who can give me advice and help? Who should be involved in this process? Our team had to solve all of these questions three years ago at the beginning of the European ERASMUS+ project SPIDER (Strategic Partnership in Innovation and Development of Evidence-Based Healthcare).

The SPIDER project is focused on increasing knowledge using the Evidence-Based Healthcare (EBHC) approach and improving participants'skills in translation/implementation and utilisation of evidence in healthcare clinical practice. The Czech National Centre for Evidence-Based Healthcare and Knowledge Translation led on this international project together with partners from four European countries: Portugal, the United Kingdom, Romania, and Spain.

Every healthcare professional's decision should be taken according to the EBHC approach based on the best available up-to-date evidence, clinical expertise and patient's preferences/wishes.[1] This EBHC principle seems to be very simple; however, reality and everyday practice differs among different countries. There is high heterogeneity in the daily use of EBHC amongst regions and even amongst healthcare facilities within one country.[2] Due to the enormous number of studies published every day, it is almost impossible for clinicians to orientate themselves and keep up-to-date. Everyday clinical practice can lag more than 15-years behind the science in many healthcare fields. On the contrary, there are still some healthcare areas where there is a lack of research evidence, and healthcare decisions continue to be based on expert opinion alone. Healthcare professionals across Europe need to improve their experience and skills of GETTING RESEARCH INTO PRACTICE.[3]

Implementing the best available evidence into practice is a crucial part of the whole EBHC approach, regardless of field, context or country. For this project we decided to use our strong international cooperation within the JBI European collaboration and start the first action focused on exchange experiences and „know-how" in implementation science internationally. Europe is a unique multicultural part of the world involving various healthcare systems, so sharing experiences with the aimof CHANGING CLINICAL PRACTICE proved to be very beneficial.

All the participating collaborating institutions are JBI centres, so all the educational and Implementation activities followed the JBI Implementation model based on clinical audits and the "Getting Research into Practice (GRiP) Framework, which consists of identifying obstacles and planning strategies to overcome them.[4,5]

This Supplement presents the results of the first ten best practice implementation projects (BPIPs). As you can see, they impact on various areas of healthcare. There are six BPIPs in the nursing field, showing that even small and inexpensive changes in clinical practice can significantly improve patients' outcomes, comfort and level of care. Two of the projects dealt with pressure injury and ulcer prevention, one with medication administration, one with the importance of pain assessment at triage, one with the care of nasogastric tubes, and one highlighted the benefits of clinical supervision in primary and community care. In the midwifery area, one extensive BPIP showed the importance of professionally-led midwifery consultations in caring for high-risk pregnancies from antenatal, through intrapartum, to postpartum care. In the psychological field, there were two BPIPs focused on the importance of communication skills and their standardisation in the medical lab and operating room. The last BPIP crossed the border between practice and policy-making processes and attempted to initiate changes in the process of clinical practice guidelines development on the level of medical associations and relevant stakeholders, including the Ministry of Health.[6]

During the course of this project, we have observed huge added value from the interaction and sharing of knowledge and expertise amongst our European participants. Our participants were from five different countries with different health systems and policies, from various backgrounds and working in different health settings. They shared the barriers and facilitators they experienced whilst working towards successful implementation strategies, each providing examples about what works, how, and for whom in their settings.

In the case of each individual BPIP, there were different obstacles identified in the process of practice change; however, pandemic COVID-19 was common and significant for most of them. The majority of BPIPs experienced delaysdue to the pandemic; however, it was exciting to see that the solution of several BPIPs accelerated despite the impact of COVID-19. The biggest obstacle for all of us has been travel restrictions which prevented face to face meetings and educational activities. So, we had to completely transform the whole several-month training program into an online format and all

meetings organised virtually. Although it was not easy, in the end, the entire pandemic situation forced us to prepare better.Based on feedback from our participants this resulted in a more beneficial educational program. Whilst the pandemic situation took a lot from us, it also taught us a lot, and in the endthe whole implementation process is about solving obstacles.

References

1. Jordan Z, Lockwood C, Munn Z, Aromataris E. The updated Joanna Briggs Institute Model of Evidence-Based Healthcare. Int J Evid Based Healthc. 2019 Mar;17(1):58-71.
2. Klugar M, Klugarova J. Using evidence synthesis and clinical practice guidelines in everyday decision-making process: is it real or a dream? International Journal of Evidence-Based Healthcare. 2019 Jun;17:S1-S2.
3. Bala MM, Pericic TP, Zajac J, Rohwer A, Klugarova J, Valimaki M, et al. What are the effects of teaching Evidence-Based Health Care (EBHC) at different levels of health professions education? An updated overview of systematic reviews. Plos One. 2021 Jul 22;16(7).
4. Porritt K, McArthur A, Lockwood C, Munn Z, editors. JBI handbook for evidence implementation. Adelaide, South Australia: JBI; 2019 [cited 15 December 2021]. Available
5. Lockwood C, Stannard D, Jordan Z, Porritt K. The Joanna Briggs Institute clinical fellowship program: a gateway opportunity for evidence-based quality improvement and organizational culture change. JBI Evidence Implementation. 2020;18(1).
6. Klugar M, Klugarova J, Pokorna A, Licenik R, Dolanova D, Muzik J, et al. Czech national project 'Clinical Practice Guidelines' methodology and current results. International Journal of Evidence-Based Healthcare. 2019 Jun;17:S3-S5.