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Resources For Evidence-Based Health Care: Accessibility And Availability

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Introduction:

Evidence – Based Practice (EBP) is a problem solving approach to clinical care that incorporates the conscientious use of current best evidence from well-designed studies, clinician's expertise, and patient values and preferences (Melnyk & Fineout-Overholt, 2005; Sackett, Straus, Richardson, Rosenberg, &Haynes, 2000). It is important to see clinical expertise as the ability to integrate research evidence and patients' circumstances and preferences to help patients arrive at optimal decisions (Guyatt, Cook,& Haynes, 2004). Research has shown that patient outcomes are 28% better when clinical care is based upon evidence, versus clinical practice steeped in tradition (Heater, Becker, & Olsen, 1998). The process of EBP minimizes the translation time needed for incorporating research findings into practice and clarifies the differences between ritualistic practice, habitual approaches, personal preferences, anecdotal experiences, empirical data, and statistical significance to support nursing practice (Alspach, 2006). The availability of evidence based practice tools and methods helps in faster identification of the best available evidence to provide care at the point it matters most.

Implementing EBP in health care is complex and challenging. One of the main components of EBP is retrieving evidence from different sources. Information explosion with thousands of health literature and research papers published every year has created a need to expand the knowledge base for providing evidence based health care worldwide. Retrieval of evidence from various sources may be difficult due to several reasons. It may be difficult for health professionals to find the best available evidence due to time constraints (Ervin, 2002) or lack of knowledge among health professionals to effectively search for evidence (Sitzia, 2002). It is even difficult to find authentic sources of evidence.

Resources for Evidence-Based Health Care

Information resources used for EBP can be classified as primary source or secondary source. Primary sources are the published accounts of original research and journal articles in various bibliographic databases of which PubMed is an example. Secondary sources summarize the original researches and include sources like systematic reviews and clinical practice guidelines. Secondary literature consists of summary documents in which the evidence is searched, critically appraised and summarized for the users. Secondary literature can also be identified by searching bibliographic databases such as CINAHL or MEDLINE or by searching specialized databases that contain only secondary literature (Klem; & Weiss, 2005).



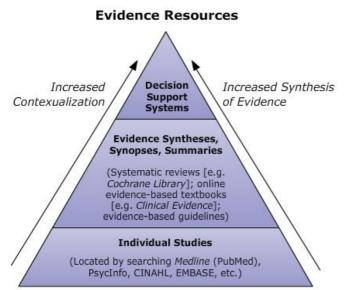


Fig 1: Evidence resource hierarchy (adapted from Haynes et al. Evid Based Med. 2006; 11:162-4)

The pyramid depicted in Fig 1 gives an overview of the evidence resources in a hierarchy considering the context and synthesis of evidence. The resources described in this paper falls into the middle segment of the pyramid i.e., evidence syntheses, synopses and summaries. The purpose of this paper is to mainly highlight on the various secondary resources that are available for evidence based health care such as Systematic Reviews, Clinical Practice Guidelines and Point of Care Tools.

a) Systematic Reviews

According to Campbell collaboration web site, "A systematic review uses transparent procedures to find, evaluate and synthesize the results of relevant research". The purpose of a systematic review is to sum up the best available research on a specific question. This is done by synthesizing the results of several studies. Systematic reviews are published through specialized database and are listed in Table 1. Apart from this, reviews are published in the article form in the journals which is available through primary database like PubMed, CINAHL etc. It is very important to ascertain the quality of systematic reviews before looking at the evidence. Systematic review such as Cochrane review follows rigorous methodological process. It is essential that a systematic review identify and consider all possibly relevant trials. Failure to identify all possibly relevant reports of controlled trials for systematic review could result in bias (Robinson; & Dickers, 2002). Good quality systematic reviews and Meta-Analyses), an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses. Fortunately most of the reliable resources in systematic reviews are available free of cost.

Table 1. Resources for systematic reviews

	Resources for systematic r		AVAILABILITY &
SL NO:	DATABASE	DESCRIPTION	ACCESSIBILITY
1.	Cochrane Database of Systematic Reviews (CDSR) From Cochrane collaboration http://www.thecochrane library.com/view/0/inde x.html	Cochrane Reviews are unique because they are both produced by, and are relevant to, everyone interested in the effects of human health care. Based on the best available evidence, healthcare providers can decide if they should fund production of a particular drug. Practitioners can find out if an intervention is effective in a specific clinical context. Patients and other healthcare consumers can assess the potential risks and benefits of their treatment.	Abstracts are free to all and full texts are available through subscription. Because of national subscription by Indian Council of Medical Research, it is free for all Indian citizens. Accessible through general search engine like Google, yahoo, MSN etc.
2.	Database of Abstracts of Reviews of Effects (DARE) From the Centre for Reviews and Dissemination http://www.crd.york.ac. uk/CRDWeb/	The focus of DARE is primarily on systematic reviews that evaluate the effects of health care interventions and the delivery and organization of health services. The database also includes reviews of the wider determinants of health such as housing, transport, and social care where these impact directly on health, or have the potential to impact on health	Freely available Accessible through general search engine like Google, yahoo, MSN etc. Database is also accessible via the CRD database website
3.	ARIF Reviews Database from the Aggressive Research Intelligence Facility at the University of Birmingham, UK http://www.birmingham .ac.uk/research/activity/ mds/projects/HaPS/PH EB/ARIF/databases/ind ex.aspx	It contains details of systematic reviews of effectiveness of healthcare interventions and includes diagnostic and observational studies. Reviews from areas such as transport, criminology, education and even ecology are also included in ARIF database.	Freely available Accessible via University of Birmingham web portal
4.	Health evidence http://www.healthevide nce.org/	 Free online registry of review-level evidence evaluating the effectiveness of public health and health promotion interventions. The goal is to support public health decision- makers working in program planning and policy to engage in evidence-informed decision making. About 3,730 systematic reviews evaluating the effectiveness of public health interventions are available via health evidence. 	Free with registration Accessible through general search engine like Google, yahoo, MSN etc. It is even accessible via slideshare
5.	The Campbell collaboration	The Campbell Collaboration (C2) helps people make well-informed decisions by preparing, maintaining and disseminating systematic reviews	Freely available Accessible through

	http://www.campbellcol laboration.org	in education, crime and justice, social welfare and international development.	general search engine like Google, yahoo, MSN etc.
6.	The Joanna Briggs Institute From University of Adelaide, South Australia http://joannabriggs.org/ about.html	The Institute collaborates internationally with over 70 entities across the world. The Institute and its collaborating entities promote and support the synthesis, transfer and utilization of evidence through identifying feasible, appropriate, meaningful and effective healthcare practices to assist in the improvement of healthcare outcomes.	Available with subscription only. Accessible via Joanna Briggs Institute web portal.

b) Clinical Practice Guidelines (CPG)

The Institute of Medicine (2011) defined Clinical Practice Guidelines as "statements that include recommendations intended to optimize patient care that is informed by a systematic re view of evidence and an assessment of the benefits and harms of alternative care options." Trustworthy guidelines should be based on a systematic evidence review, developed by panel of multidisciplinary experts, provide a clear explanation of the logical relationships between alternative care options and health outcomes, and provide ratings of both the quality of evidence and the strength of the recommendations. It need to be noted that not all guidelines are evidence based; some may be documents with practice recommendations based on expert opinion or practice Followed in a particular health care set up. Hence, it is important to ascertain the quality of CPGs' before considering using it. Guideline resources like National Guideline Clearinghouse, NICE guidelines etc., are reliable as they undertake rigorous methodological process for guideline development. Most of the genuine online CPG resources are available free of cost.

Table 2 Resources for Clinical Practice Guideline

SL NO:	DATABASE	DESCRIPTION	AVAILABILITY & ACCESSIBILITY
1	NGC (National Guideline Clearinghouse) resources http://www.guideline.gov/	NGC is an initiative of the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services. The mission is to provide physicians and other health professionals, health care providers, health plans, integrated delivery systems, purchasers, and others an accessible mechanism for obtaining objective, detailed information on clinical practice guidelines and to	Freely available. Accessible through general search engine like Google, yahoo, MSN etc.
2	NICE (National Institute for Health and Care Excellence) resources	further their dissemination, implementation, and use. Provides independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and	Freely available. Accessible through
2	http://www.nice.org.uk/aboutnice/a bout_nice.jsp	variation NICE guidelines, pathways & quality standards	general search engine like Google, yahoo, MSN etc.
3	SIGN (Scottish Intercollegiate Guidelines Network) resources	SIGN guidelines are derived from a systematic review of the scientific literature and are designed as a	Freely available. Accessible through
	http://www.sign.ac.uk/index.html	vehicle for accelerating the translation of new knowledge into	general search engine like Google, yahoo,

		action to meet our aim of reducing variations in practice, and improving patient-important outcomes	MSN etc.	
4	GIN (The Guidelines International Network) resources http://www.g-i-n.net/gin	The mission of GIN is to lead, strengthen and support collaboration in guideline development, adaptation and implementation	Fee-based, full features available to members only Limited access through general search engine like google, yahoo, msn	
5	WHO (World Health Organization) guidelines http://www.who.int/publications/g uidelines/en/	WHOs global guidelines provides best available evidence in areas of Child health, Chronic diseases, injuries and disability, Communicable diseases Environmental health, HIV/AIDS, Health systems Malaria, Maternal, reproductive health and women's health, Mental health and substance abuse Nutrition, Patient safety, Tuberculosis etc	Freely available. Accessible through general search engine like Google, yahoo, MSN etc	
6	RNAO (Registered Nurses Association of Ontario) Best Practice Guidelines http://rnao.ca/bpg	The Best Practice Guidelines program supports nurses by providing them with the best evidence available. Currently almost 50 published guidelines as well as a tool kit and Educator's resources are available to support implementation	Freely available. Accessible through general search engine like Google, yahoo, MSN etc	
7	RCN (Royal College of Nursing) guidelines http://www.rcn.org.uk/developmen t/practice/clinicalguidelines	The RCN no longer develops clinical guidelines but focuses now on supporting the development of guidelines through agencies such as NICE, and supporting implementation through developing online learning and resources. The RCN works closely with the National Clinical Guideline Centre (NCGC) in supporting the development of clinical guidance.	Freely available. Accessible through general search engine like Google, yahoo, MSN etc	
8	NCGC (National Clinical Guideline Centre), UK http://www.ncgc.ac.uk/	The National Clinical Guideline Centre (NCGC) is a multi- disciplinary health services research team funded by the National Institute for Health and Care Excellence (NICE). They produce evidence based clinical practice guidelines on behalf of NICE	Freely available. Accessible through general search engine like Google, yahoo, MSN etc	

9	CMA (Canadian Medical Association) InfoBase http://www.cma.ca/clinicalresourc es/practiceguidelines	The CMA InfoBase, a Web-based resource that contains evidence- based clinical practice guidelines. The database is maintained by the Canadian Medical Association (CMA) and is available on its web site. The CMA InfoBase 1,200-plus clinical practice guidelines either developed or endorsed by an authoritative health care organization located in Canada	Freely available. Accessible through general search engine like Google, yahoo, MSN etc

c) Point of care tools

Point-of-care decision-making tools are syntheses of evidence the goal of which is to make physicians' decision-making easier. Their value to health professionals working at the frontlines of care has been demonstrated because of shortage of time to search for answers via medical databases. Point-of-care tools are those research and reference resources that a clinician can utilize immediately at the point-of-care with a patient. They are easy to use and contain filtered information. Most of the evidence-based point-of-care tools include levels of evidence, rating scales or grade recommendations as well as citations back to the original research studies, systematic reviews, or guidelines. Unfortunately, most of the point of care tools are paid and are available through subscription.

Table 3:	Resources	for poi	int of c	are tools	5

Iuble et l	Resources for point of care tools		1
SL NO:	DATABASE	DESCRIPTION	AVAILABILITY & ACCESSIBILITY
	Clinical Evidence	Clinical Evidence comprises an international database of high-quality,	Fee-based
1.	http://www.clinicalevidence.org/x/inde x.html	rigorously developed systematic overviews assessing the benefits and harms of treatments, and a suite of EBM resources and training materials	Accessible via respective web portal.
	DynaMed from Ebsco	Dyna Med synthesize the evidence and provide objective analysis in an easily-	Fee-based
2.	https://dynamed.ebscohost.com/	digestible format. Follows a strict evidence-based editorial process focused on providing unbiased information.	Accessible via respective web portal.
		It is the most powerful, comprehensive, evidence-based clinical decision support	Fee-based
3.	Essential Evidence Plus from Wiley http://www.essentialevidenceplus.com/	system trusted by health professionals. It brings information into practice answering key clinical questions to help save lives and prevent suffering.	Accessible via respective web portal.
			Freely available.
4.	Evidence Aid http://www.evidenceaid.org/	Provides resources for decision-makers before, during and after disasters and other humanitarian emergencies	Accessible through general search engine like Google, yahoo, MSN etc
	Evidence Updates	BMJ Group and McMaster University's Health Information Research Unit are	Free with registration
5.	http://plus.mcmaster.ca/EvidenceUpda tes/	collaborating to provide with access to current best evidence from research and to support evidence-based clinical	Accessible through general

		decisions	search engine like Google, yahoo, MSN etc
6.	UpToDate From Wolters Kluwer Health http://www.uptodate.com/contents/sear ch	UpToDate is an evidence-based, physician-authored clinical decision support resource which clinicians trust to make the right point-of-care decisions. More than 5,100 world-renowned physician authors, editors and peer reviewers use a rigorous editorial process to synthesize the most recent medical information into trusted, evidence-based recommendations that are proven to improve patient care and quality	Fee-based Accessible via respective web portal.
7.	Nursing+ Best Evidence For Nursing Care From McMaster University's Health Information Research Unit http://plus.mcmaster.ca/np/Default.asp x	McMaster University's Health Information Research Unit is providing access to current best evidence from research, tailored to health care interests and to support evidence-based clinical decisions.	Free with registration Accessible through general search engine like Google, yahoo, MSN etc
8.	PEDroPhysiotherapyEvidenceDatabaseFrom the Centre of Evidence-BasedPhysiotherapy (CEBP) : trials, reviewsand guidelines; for medicalprofessionals;http://www.pedro.org.au/	PEDro is the Physiotherapy Evidence Database. PEDro is a free database of over 26,000 randomised trials, systematic reviews and clinical practice guidelines in physiotherapy	Freely available Accessible through general search engine like Google, yahoo, MSN etc

Conclusion

With the emerging complexity of health care problems, provision of healthcare services are also becoming more complex. Customers of health care are becoming increasingly aware of their problems and rights of care. In this context evidence based healthcare is so essential. The compilation of evidence resources mentioned above affirms that most of the EBP resources are available free of cost and are accessible via common search engines. The effective utilization of the resources depends on the interest of health professionals and the passion to keep updated with the clinical practice. Technical expertise to search these resources is very minimal which one could be acquired by some practice. Healthcare professionals need to take interest and initiate to provide best care through evidence based practice.

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