Evidence Based Practice and the Development of AORNs Recommended Practices

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It starts with research

Why EBP?

- It takes an average of 17 years to move research to practice
- EBP provides point of care clinicians tools needed to improve care
- EBP transforms health care based on one clinician, one encounter at a time
Why EBP?

EBP

- By individual clinical expertise we mean the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice. Increased expertise is reflected in many ways, but especially in more effective and efficient diagnosis and in the more thoughtful identification and compassionate use of individual patient’s predicaments, rights, and preferences in making clinical decisions about their care.
“Rather than dictating a one-size-fits-all approach to patient care, clinical practice guidelines offer an evaluation of the quality of the relevant scientific literature and an assessment of the likely benefits and harms of a particular treatment.”

Institute of Medicine

Why Clinical Practice Guidelines?

Where do we start?

• Formulate the clinical question

P: Patient
Population

I: Interventions
- Education
- Self-care
- Best practices

C: Comparison
- Current practice
- Another intervention

O: Outcome

IM Injections: Aspirate or not?

P: Adult patients

I: Aspirate when giving IM injection

C: No aspiration

O: Injury

**Question:**
Among adult patients, does aspirating while giving an IM injection cause injury compared to no aspiration?
Search the literature

Conducting a Search

<table>
<thead>
<tr>
<th>Databases</th>
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<tbody>
<tr>
<td>~ Cochrane</td>
<td>~ Google Scholar</td>
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<tr>
<td>~ AHRQ - NGC</td>
<td>~ Joanna Briggs</td>
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<td>~ Pubmed</td>
<td>~ Virginia Henderson</td>
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<td>~ AORN Journal</td>
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Types of evidence

Systematic Review
Randomized Controlled Trial
Cohort Studies
Case-Control Studies
Case Series, Case Reports
Editorials, Expert Opinion
Appraise the evidence

AORN's tools

Research

Non-Research

Evidence appraisal

The strength of the research evidence is indicated by I, II, or III for research and IV or V for non-research

The quality of the research evidence is indicated by A, B, or C

Appraisal Score

Quality is subjective

Quality is the challenge

- Was there a clear explanation of the purpose of the study and, if so, what was it?
- Were there enough people in the study to establish that the findings did not occur by chance?
- How were variables defined?
- Were the instruments designed to measure a concept valid (did they measure what the researchers said they measured)?
- Were they reliable (did they measure a concept the same way every time they were used)?

Quality

- What statistics were used to determine if the purpose of the study was achieved?
- Did people leave the study and, if so, was there something special about them?
- Did the researchers base their work on a thorough literature review?
- Is the study purpose an important clinical issue?
### AORN Evidence Rating Model

<table>
<thead>
<tr>
<th>Evidence Rating</th>
<th>Evidence Description</th>
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<tbody>
<tr>
<td>1: Strong Evidence</td>
<td>1. Regulatory requirement</td>
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<tr>
<td>2: Moderate Evidence</td>
<td>2. Limited Evidence</td>
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#### 1: Strong Evidence

- **Regulatory requirement**
- Recommendations or activities for which the evidence is clear and compelling have been demonstrated by strong evidence (e.g., randomized controlled trials, meta-analyses, high-quality observational studies).

#### 2: Moderate Evidence

- Evidence is derived from the consensus of a panel of experts that does not exceed the strength or quality of the evidence.

#### 3: Limited Evidence

- Evidence is derived from the consensus of experts.

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**IA**

Guidelines that are developed by a panel of experts that derive from an explicit literature search methodology, and include evidence appraisal and explicit decision-making processes.
AORN Evidence Rating Model

4: Benefits Balanced with Harms

No requirement, No requirement, 4: Benefits Balanced with Harms

5: No Evidence

No requirement, No requirement, 5: No Evidence

Evidence synthesis

Evidence Rating

3: Limited Evidence

III.c. The front of a sterile gown should be considered sterile from the chest to the level of the sterile field.
The National Guideline Clearinghouse™ (NGC), an AHRQ initiative, is a publicly available database of evidence-based clinical practice guidelines and to further their dissemination, implementation, and use.

Meeting NGC Criteria

- Documentation will need to be provided showing that the guideline is based upon a systematic review of the evidence.
- Documentation must contain an assessment of the benefits and harms of the recommended care and alternative care options.
Compassion

Questions

References