Toimitusprosessi ja näytön vahvuus Point-of-Care -tietokannoissa

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Esimerkkinä DynaMed Plus ja Nursing Reference Center Plus –tietokannat

Kriittinen tarkastelu

Julkaistu tieto voi olla väärää tai harhaanjohtavaa:

- Koska viitataan julkaistuun tietoon alkuperäisen tutkimuksen sijaan
- Koska hyväksytään ja referoidaan tutkmuksen päätelmät ilman metodien ja tilastojen arviointia
- Koska tietoa tulkitaan henkilökohtaisia käsityksiä tukevaksi
- Koska tietoa referoidaan ja siihen viitataan valikoivasti oman käsityksen tai tiedon tuttuuden takia
- Koska käyetään abstraktia eikä koko tekstiä
- Koska toissijaista tietoa kuten ennustemerkkejä tulkitaan kliiniseksi tulokseksi

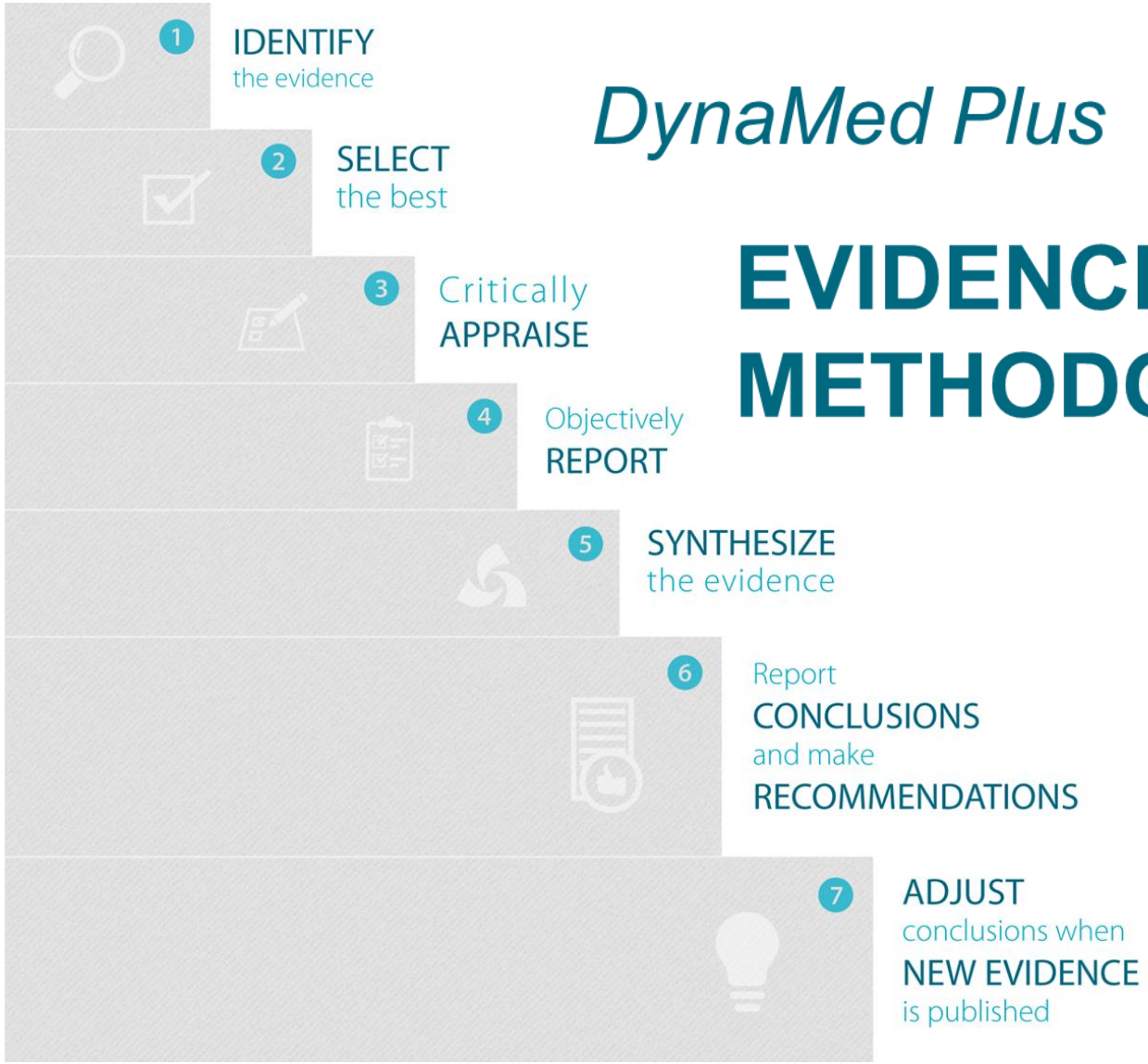
Paras tutkimusnäyttö

- Kattava – käytetty näyttö voidaan tietää parhaaksi vain, kun kaikki näyttö on tiedossa
- Validi – kriittisellä tarkastelulla havaitaan vääristymän mahdollisuudet
- Systemaattinen – näytön valitseminen ja arviointi tutkimusperiaatteita noudattaen vähentää vääristymien tutkijan ja toimittajan asenteiden vaikutusta
- Ajantasaisuus – joka päivä saadaan uutta näyttöä, joka voi olla parasta
- Syntesointi – yksi tutkimus vs. “koko kuva”

Näyttöön perustuvuuden vaatimukset

“Näyttön perustuvuus” vaatii seuraavat vaiheet:

1. Kaiken soveltuvan näytön systemaattinen tunnistaminen
2. Parhaan näytön systemaattinen valitseminen kaikesta tiedossa olevasta näytöstä
3. Valitun näytön systemaattinen arviointi (kriittinen tarkastelu)
4. Löydetyn tiedon ja näytön laadun objektiivinen raportointi
5. Useiden näyttöraporttien syntetisointi
6. Johtopäätösten ja suositusten tekeminen näyttösynteesistä
7. Johtopäätösten muuttaminen, kun uusi näyttö tuo muutoksia parhaaseen mahdolliseen näyttöön



DynaMed Plus

EVIDENCE-BASED METHODOLOGY

Näytön vahvuus DynaMedissa

Level 1 [likely reliable] evidence	***Kaikki laatuvaatimukset täyttyvät*** ***Matala vääristymän riski*** ***Korkea virheettömyyden todennäköisyys***
Level 2 [mid-level] evidence	*Näyttöä on, mutta myös merkittävä vääristymän riski* *Kohtalainen tai vähäinen vääristymän riski* *Kohtuullinen tai matala virheettömyyden tödennäköisyys*
Level 3 [lacking direct] evidence	*Ei vertailukelpoista näyttöä kliinisistä tuloksista* *Korkea vääristymän riski*

Level of Evidence 1 (LOE1)

12 kriteeriä LOE1-tason savuttamiseksi:

1. Kokoteksti raportti saatavilla englanniksi tai muulla kielellä jota toimittaja ymmärtää
2. Hoitotulos
3. Otanta, toimenpide, vertailu ja tulos edustavat
4. Satunnaistaminen (tutkittavat on jaettu hoitoryhmiin sattumanvaraisesti)
5. Kaikkien osallisten sokkouttaminen, jos mahdollista (potilas, hoitava henkilökunta, tulosten arvioja)
6. Seuranta (lopptulostena arivionti) vähintään 80%:lle tutkimukseen osallistuneista, joiden on oltava sellaisia, etteivät deurannasta pudonneet merkittävästi muuta tuloksia.
7. Seurannasta pudonneiden huomioiminen (vaikka eivät sisältyisi analyysiin)
8. Luottamusväli (do not include both presence and absence of clinically meaningful differences)

LOE1 (jatkoa)

9. Satunnaistetuissa vertailukokeissa:
   - Allocation concealment
   - Intention-to-treat analysis comparing groups according to randomization

10. Satunnaisetuissa vaihtovuoroisessa tutkimuksessa
   - 6 erityiskriteeriä (löytyvät DynaMed -verkkosivuilta)

11. Tutkimuksen keskeytyessä
   - 5 erityskriteeriä (löytyvät DynaMed -verkkosivuilta)

12. Ei muita mekrkittävää harhaan johtavia tekijöitä

(esimerkkejä verkkosivuilla)

Johtopäätösten vertailu kriittisen analyysin jälkeen; esimerkki:

RESULTS

A total of 7447 persons were enrolled (age range, 55 to 80 years); 57% were women. The two Mediterranean-diet groups had good adherence to the intervention, according to self-reported intake and biomarker analyses. A primary end-point event occurred in 288 participants. The multivariable-adjusted hazard ratios were 0.70 (95% confidence interval [CI], 0.54 to 0.92) and 0.72 (95% CI, 0.54 to 0.96) for the group assigned to a Mediterranean diet with extra-virgin olive oil (96 events) and the group assigned to a Mediterranean diet with nuts (83 events), respectively, versus the control group (109 events). No diet-related adverse effects were reported.

CONCLUSIONS

Among persons at high cardiovascular risk, a Mediterranean diet supplemented with extra-virgin olive oil or nuts reduced the incidence of major cardiovascular events. (Funded by the Spanish government's Instituto de Salud Carlos III and others; Controlled-Trials.com number, ISRCTN35739639.)

PREDIMED study conclusion

DynaMed Conclusion

Clinical outcomes:

- **Mediterranean diet may reduce stroke in high-risk patients without cardiovascular disease (level 2 [mid-level] evidence)**
  - based on randomized trial with inadequate attention control
  - 7,447 patients aged 55-80 years at risk of cardiovascular disease were randomized to 1 of 3 diets in Spain
    - Mediterranean diet supplemented with extra-virgin olive oil (about 1 L per week)
    - Mediterranean diet supplemented with mixed nuts (walnuts, hazelnuts, and almonds) 30 g per day
    - control diet with advice to reduce dietary fat
  - there were no calorie restrictions and physical activity was not promoted
  - patients in Mediterranean diet groups had individual and group training at baseline and follow-up sessions 4 times yearly
  - control group had training at baseline and annual leaflet explaining low-fat diet for first 2 years of trial; but protocol was amended attention control
  - all patients had type 2 diabetes or at least ≥ 3 other cardiovascular risk factors including

DynaMed -tiivistelmä

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  - patients in Mediterranean diet groups had individual and group training at baseline and follow-up sessions 4 times yearly
  - control group had training at baseline and annual leaflet explaining low-fat diet for first 2 years of trial; but protocol was amended in third year for equal attention control
  - all patients had type 2 diabetes or at least ≥ 3 other cardiovascular risk factors including
    - smoking
    - hypertension
    - elevated low-density lipoprotein cholesterol or low high-density lipoprotein cholesterol levels
    - overweight or obesity
    - family history of premature coronary heart disease
  - primary outcome was cardiovascular events including myocardial infarction, stroke, and cardiovascular death
  - early trial termination due to predetermined stopping criteria at median follow-up 4.8 years
  - loss to follow-up in
    - 3.6% with Mediterranean diet plus extra-virgin olive oil
    - 6.3% with Mediterranean diet plus nuts
    - 11.3% with control diet
  - all patients were included in intention-to-treat analyses
  - rates of stroke per 1,000 person-years
    - 5.9 with control diet
    - 4.1 with Mediterranean diet plus extra-virgin olive oil (p = 0.03 vs. control, NNT 556 person-years [5-year NNT 112])
    - 3.1 with Mediterranean diet plus nuts (p = 0.003 vs. control, NNT 358 person-years [5-year NNT 72])
  - total cardiovascular event rates were significantly reduced in each Mediterranean diet group compared to control, but difference primarily due to differences in stroke rates
  - no significant differences in rates of myocardial infarction, cardiovascular death, or all-cause death among groups
  - no diet-related adverse events occurred in any group
  - Reference - PREDIMED trial (N Engl J Med 2013 Apr 4;368(14):1279 full-text), editorial can be found in N Engl J Med 2013 Apr 4;368(14):1279


Nursing Reference Center Plus
EVIDENCE-BASED METHODOLOGY
1 IDENTIFY the evidence
2 SELECT the best
3 Critically APPRAISE
4 Objectively REPORT
5 SYNTHESIZE the evidence
6 Report CONCLUSIONS and make RECOMMENDATIONS
7 ADJUST conclusions when NEW EVIDENCE is published

Näyttöön perustuva hoito-ohje

EVIDENCE-BASED CARE SHEET

Burnout in Critical Care Nursing Staff

What We Know

› Burnout is typically described as a syndrome that is characterized by emotional exhaustion, depersonalization (i.e., a perception of being disconnected from others), cynicism, reduced perception of personal ability, and reduced personal accomplishment. Burnout is an important health condition that can result from chronic job-related stress. (For more information, see *Evidence-Based Care Sheet: Job Stress and Burnout in Nurses* .) Healthcare professionals including nurses, are among the groups that are most at risk for developing burnout[2,4,6]

- Burnout contributes to physical and psychological illness, which can lead to absenteeism, staff turnover, reduce productivity and efficiency, cause compassion fatigue (i.e., a debilitating weariness brought on by repetitive, empathic responses to pain and suffering of others),and compromise patient care. Burnout can lead to nurses leaving the profession[2,4,6,7]
  - Consequences of nurse turnover include reduced quality of patient care, higher costs associated with patient care, and decreased hospital profitability, due in part to the high costs associated with recruiting and training new critical care nurses[1,7]

› Nurses who care for patients in certain specialty areas—including critical care areas—may be more susceptible to stress and burnout than nurses who work in other specialty areas[2,4,6]

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Lähdetyypit

Coding Matrix

References are rated using the following codes, listed in order of strength:

M	Published meta-analysis	RV	Published review of the literature	PP	Policies, procedures, protocols
SR	Published systematic or integrative literature review	RU	Published research utilization report	X	Practice exemplars, stories, opinions
RCT	Published research (randomized controlled trial)	QI	Published quality improvement report	GI	General or background information/texts/reports
R	Published research (not randomized controlled trial)	L	Legislation	U	Unpublished research, reviews, poster presentations or other such materials
C	Case histories, case studies	PGR	Published government report	CP	Conference proceedings, abstracts, presentation
G	Published guidelines	PFR	Published funded report		

References

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2. Braithwaite, M. (2008). Professional growth and development. Nurse burnout and stress in the NICU. *Advances in Neonatal Care*, *8*(6), 343-347. **(RV)**
3. Eagle, S., Creel, A., & Alexandrov, A. (2012). The effect of facilitated peer support sessions on burnout and grief management among health care providers in pediatric intensive care units: A pilot study. *Journal of Palliative Medicine*, *15*(11), 1178-1180. doi:10.1089/jpm.2012.0231 **(R)**
4. Epp, K. (2012). Burnout in critical care nurses: A literature review. *Dynamics*, *23*(4), 25-31. **(RV)**
5. Klopper, H. C., Coetzee, S. K., Pretorius, R., & Bester, P. (2012). Practice environment, job satisfaction and burnout of critical care nurses in South Africa. *Journal of Nursing Management*, *20*(5), 685-695. doi:10.1111/j.1365-2434.2011.01350.x **(R)**
6. Losa Iglesias, M. E., Bercerro de Bengoa Vellego, R., & Salvadores Fuentes, P. (2010). The relationship between experiential avoidance and burnout syndrome in critical care nurses: A cross-sectional questionnaire survey. *International Journal of Nursing Studies*, *47*(1), 30-37. doi:10.1016/j.ijnurstu.2009.06.014 **(R)**
7. Merlani, P., Verdon, M., Businger, A., Domenighetti, G., Pargger, H., & Ricou, B. (2011). Burnout in ICU caregivers: A multicenter study of factors associated to centers. *American Journal of Respiratory and Critical Care Medicine*, *184*(10), 1140-1146. doi:10.1164/rccm.201101-0068OC **(R)**

CINAHL ja Nursing Reference Center Plus - tietokantojen sisältö

	CINAHL®	CINAHL® Plus	CINAHL® with Full Text	CINAHL® Plus with Full Text	CINAHL® Complete	Nursing Reference Center®	Nursing Reference Center® Plus
Journals Indexed	3,114	5,064	3,114	5,089	5,531	N/A	N/A
Begin Date of Indexing	1981	1937	1981	1937	1937	N/A	N/A
Comes with PreCINAHL	Yes	Yes	Yes	Yes	Yes	N/A	N/A
Journals with Searchable Cited References	1,320	1,438	1,320	1,438	1,529	N/A	N/A
Begin Date of Searchable Cited References	1993	1985	1993	1985	1985	N/A	N/A
Full-Text Journals	70	78	574	755	1,500	N/A	N/A
Begin Date of Full Text	1992	1991	1981	1937	1937	N/A	N/A
Full-Text Books/Monographs	N/A	N/A	N/A	11	11	11	11
Continuing Education Modules	N/A	170	N/A	170	170	1,605	2,691
Research Instruments Records	106	254	106	254	254	254	254
Full-Text Evidence-Based Care Sheets	N/A	133	N/A	133	133	1,171	1,744
Full-Text Quick Lessons	N/A	169	N/A	169	169	2,757	2,892
Full-Text Drug Guide Information	N/A	N/A	N/A	N/A	N/A	2,564	2,570
Full-Text Patient Education Handouts	N/A	N/A	N/A	N/A	N/A	3,358	8,328
Full-Text Legal Cases	N/A	N/A	N/A	N/A	N/A	791	791
Full-Text Nursing Skills & Procedures	N/A	N/A	N/A	N/A	N/A	1,201	1,472
Full-Text Care Plans	N/A	N/A	N/A	N/A	N/A	N/A	50
Images	N/A	N/A	N/A	N/A	N/A	378	1,299
Videos	N/A	N/A	N/A	N/A	N/A	N/A	677

Nursing Reference Center Plus -koekäyttö

Ota mukaan salasana tai ota yhteyttä.

Kysymyksiä?

DynaMed Plus
http://www.dynamed.com/home/

Nursing Reference Center Plus
https://health.ebsco.com/products/nursing-reference-center-plus

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