

The JBI Model of Evidence Based Healthcare

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Overview

- The JBI approach to secondary research and the translation of evidence into policy and action
- The JBI Model
- Secondary research/evidence synthesis
- Getting the evidence into action (in policy and practice)



The Joanna Briggs Collaboration

- The Joanna Briggs Institute is an international collaboration of health scientists, health professionals and health researchers with seventy two (72) Collaborating and Affiliate Centres and Collaborating Groups; over seven thousand (7000) subscribing health services and university members in seventy eight (78) countries; and users from 180+ countries regularly accessing the JBICOnNECT+ on-line resource and services pages via OvidSP and ProQuest.

The Joanna Briggs Institu



Seeks to improve global health through;

- Advancing the sciences of synthesis, knowledge translation and knowledge implementation; and
- providing point-of-care access to:
 - Evidence databases
 - Decision support systems
 - Implementation, evaluation and continuous improvement tools;

The JBI approach to secondary research and the translation of evidence into policy and action

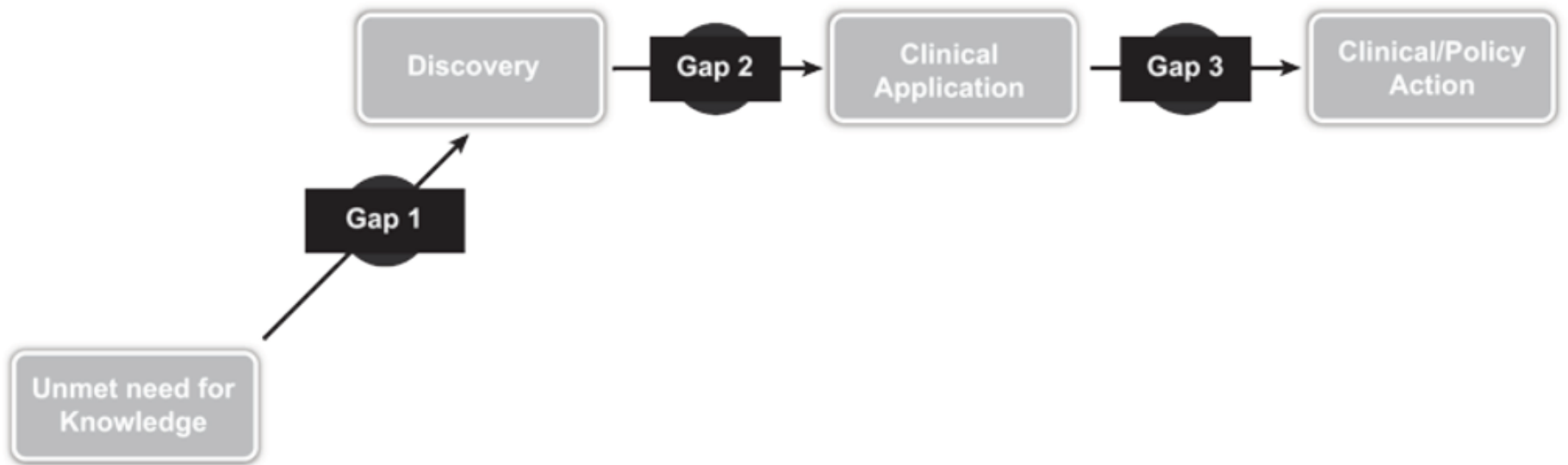
- The “bench-to-bedside” enterprise of harnessing knowledge from basic sciences to produce new drugs, devices, and treatment options for patients is commonly understood to relate to major “gaps” or “translational blocks” in the research-into-action process

- these blocks have been well articulated by the Institute of Medicine's Clinical Research Roundtable as "the transfer of new understandings of disease mechanisms gained in the laboratory into the development of new methods for diagnosis, therapy, and prevention and their first testing in humans" and "the translation of results from clinical studies into everyday clinical practice and health decision making" (in Woolfe, 2008).

- The need to improve the translation of basic and fundamental research findings into routine clinical practice was one of the main observations of the ‘Review of UK Health Research Funding’ (Cooksey, 2006) and focused on: the gap between the description of a new clinical intervention and initial clinical trials (the first translation gap, or T1); and the gap between the evaluation of new interventions in health technology assessment studies and the embedding of the new intervention in clinical practice (referred to as the second translation gap, or T2) (Woolf, 2008).
- JBI refers to three gaps (Pearson, Weeks and Stern, 2011)

- Gap 1: is the gap between “knowledge needs” (as identified by patients, the community, clinicians, governments and organisations) and the work undertaken by scientists and researchers during the “discovery” process’;
- Gap 2: Is the gap between “Discovery Research” (theoretical, epidemiological, or “bench” style research) and “Clinical Research” (experimental trials including but not limited to drug trials); and
- Gap 3: is the gap between “Clinical Research” and “Action”

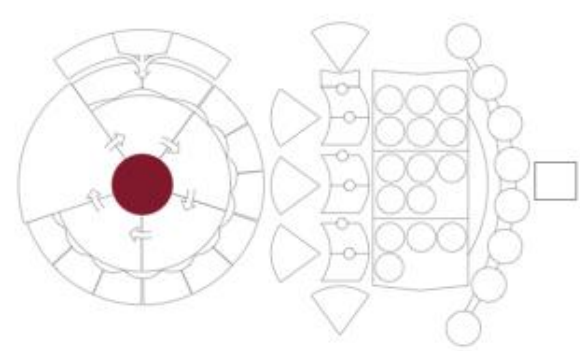
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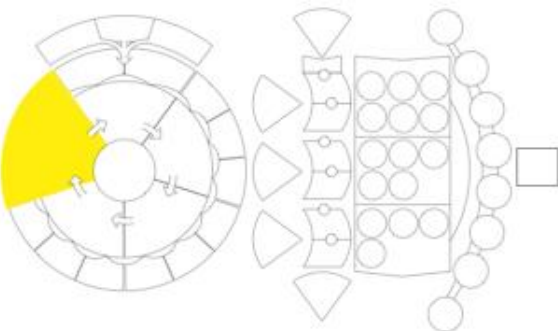
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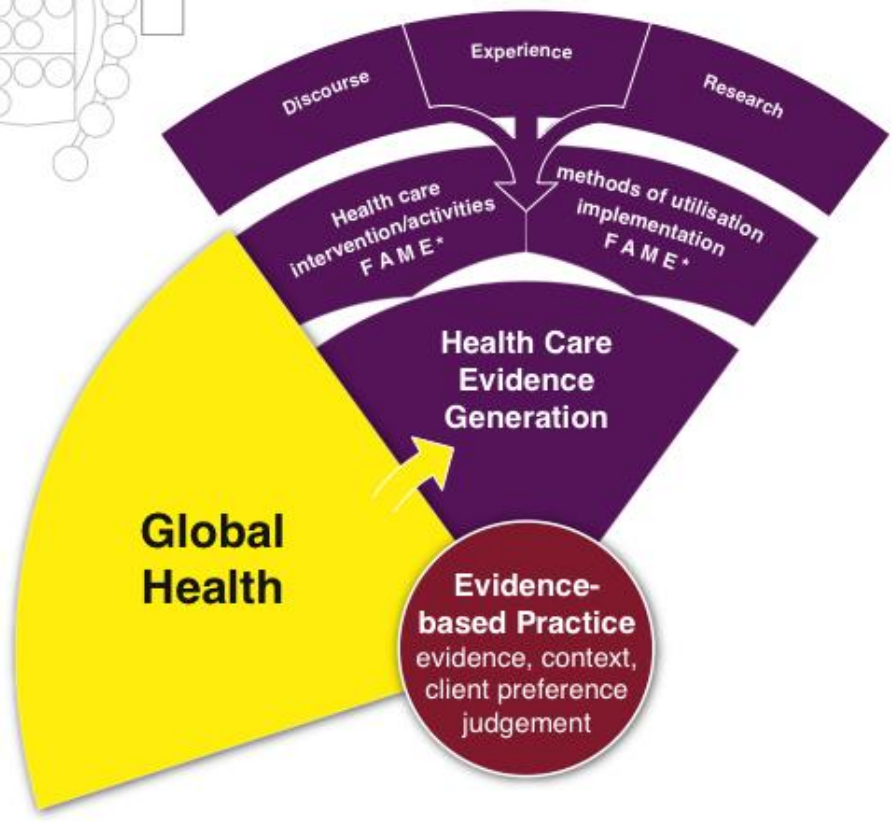
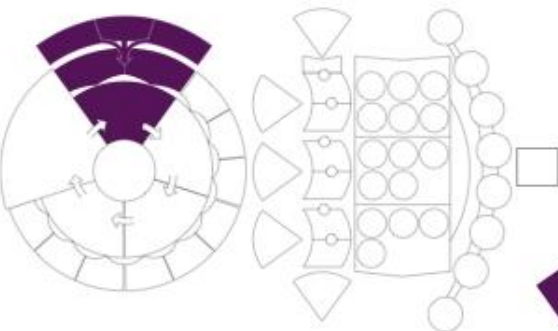
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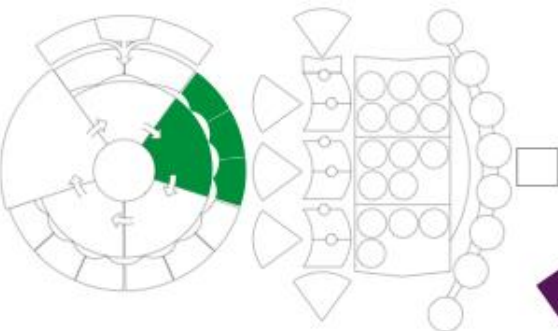


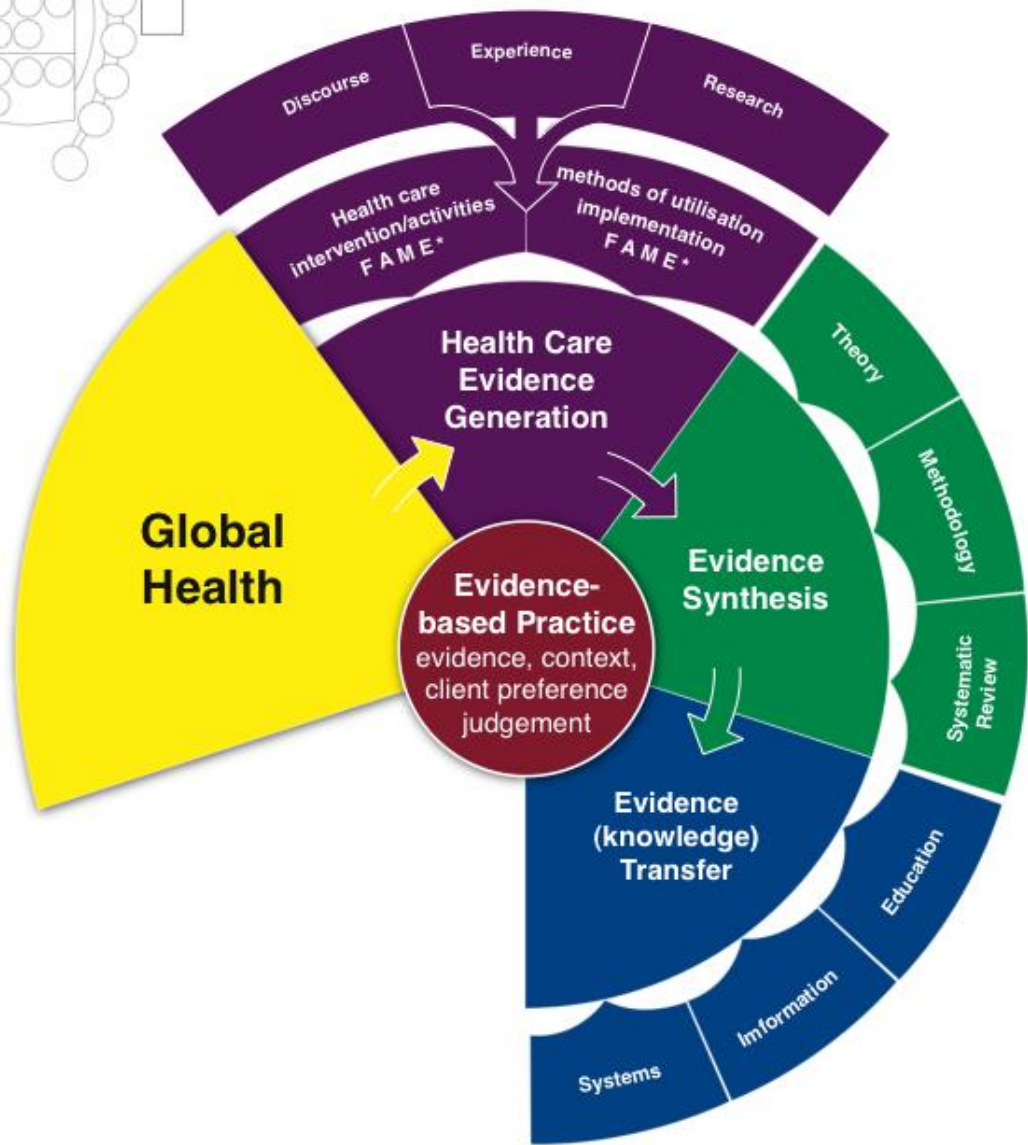
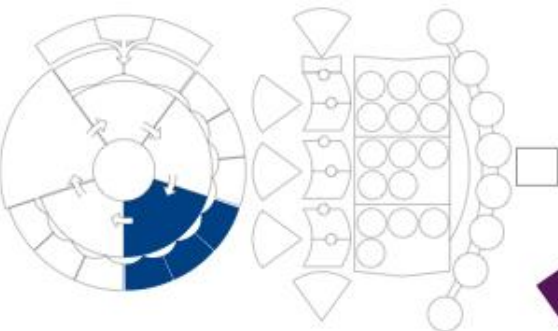


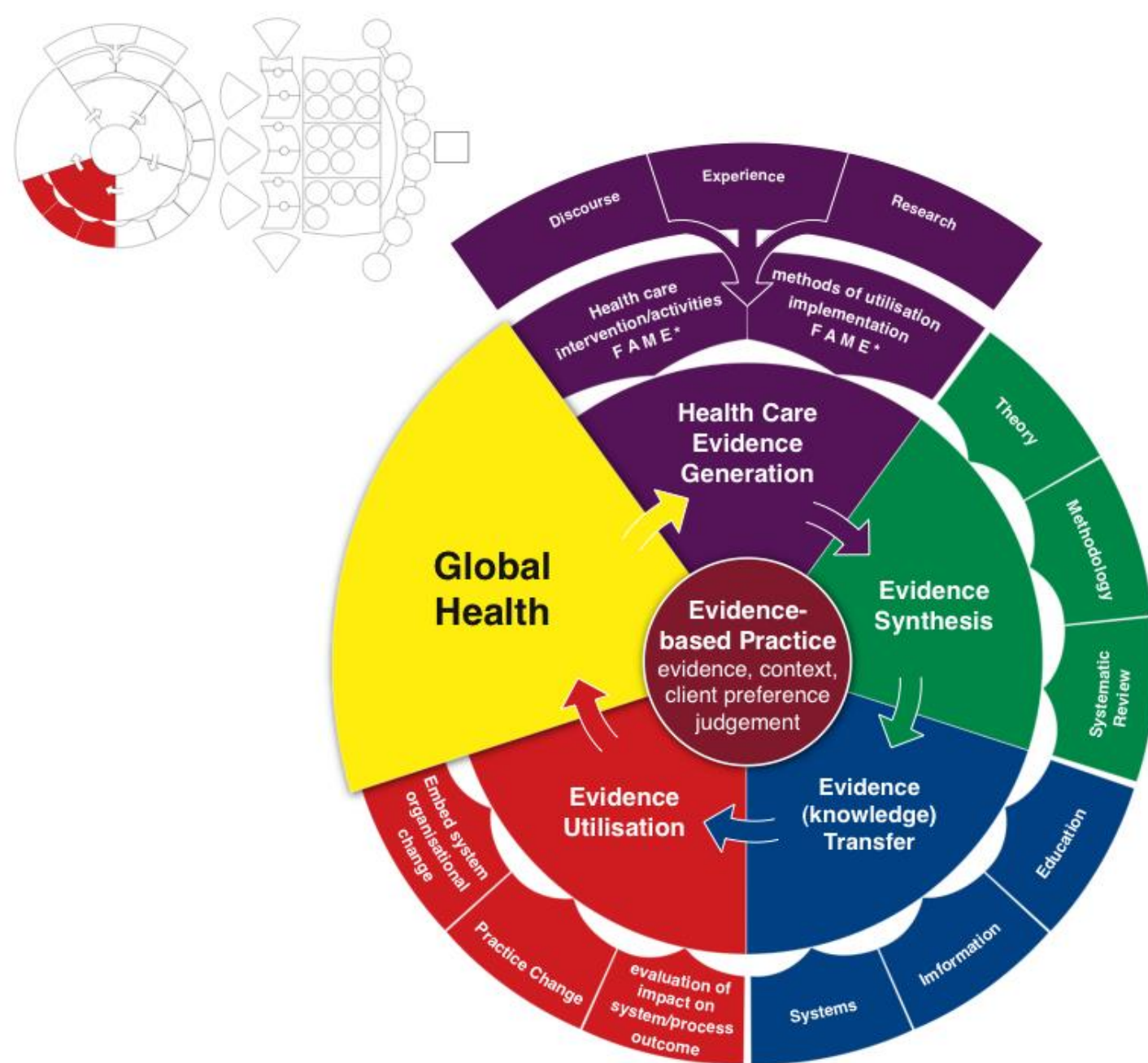
**Evidence-
based Practice**
evidence, context,
client preference
judgement











Pearson, A. et al (2005) The JBI model of evidence-based healthcare.

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The FAME Scale



Feasibility

Feasibility is the extent to which an activity is practical and practicable. Clinical feasibility is about whether or not an activity or intervention is physically, culturally or financially practical or possible within a given context.

Pearson, A., Wiechula, R., Court, A. and Lockwood, C. (2005) The JBI model of evidence-based healthcare. JBI Reports. 3:8, 207- 216

Appropriateness

Appropriateness is the extent to which an intervention or activity fits with or is apt in a situation. Clinical appropriateness is about how an activity or intervention relates to the cultural or ethical context in which care is given.

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Meaningfulness

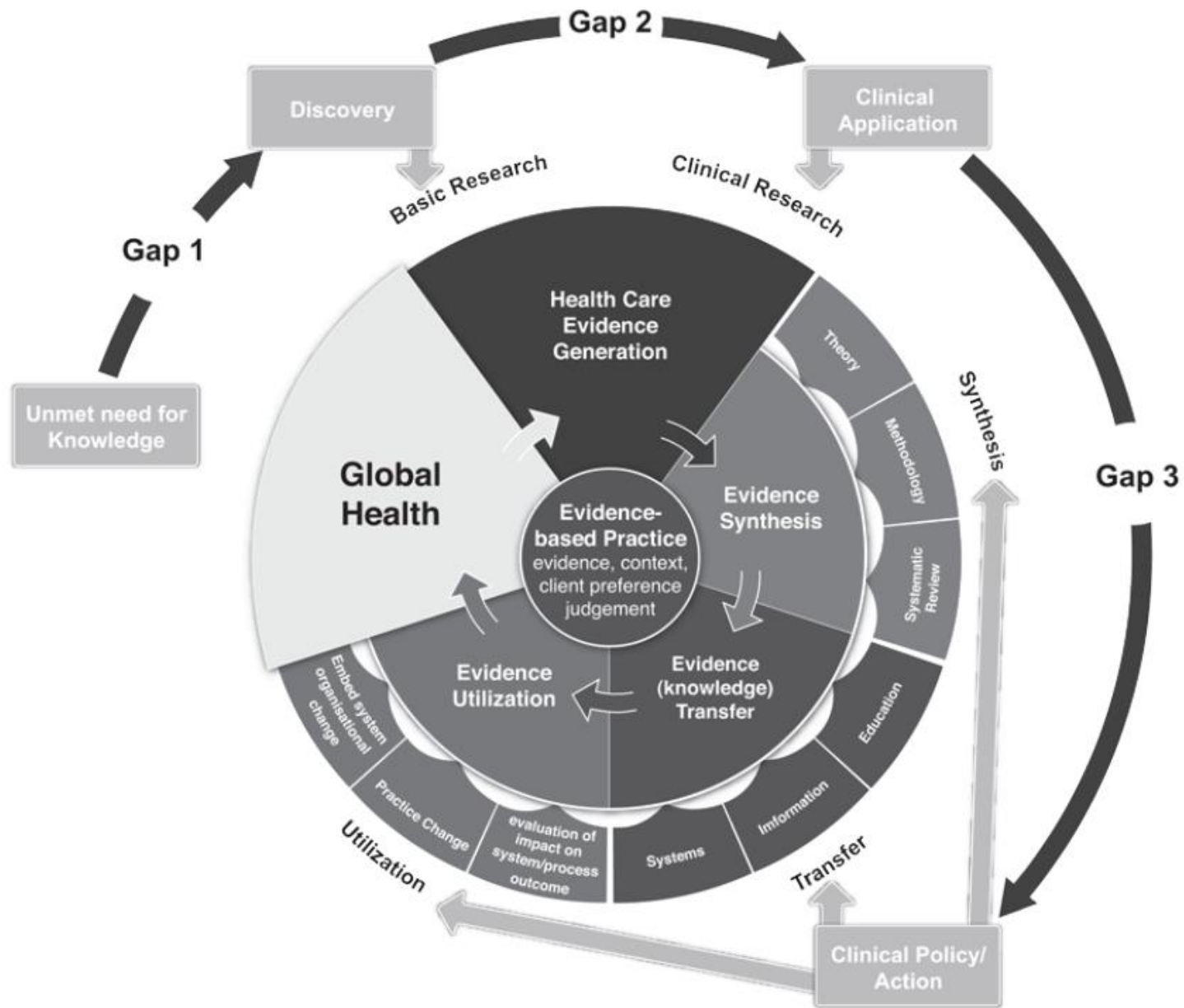
Meaningfulness refers to the meanings patients associate with an intervention or activity as a result of their experience of it. Meaningfulness relates to the personal experience, opinions, values, thoughts, beliefs, and interpretations of patients or clients.

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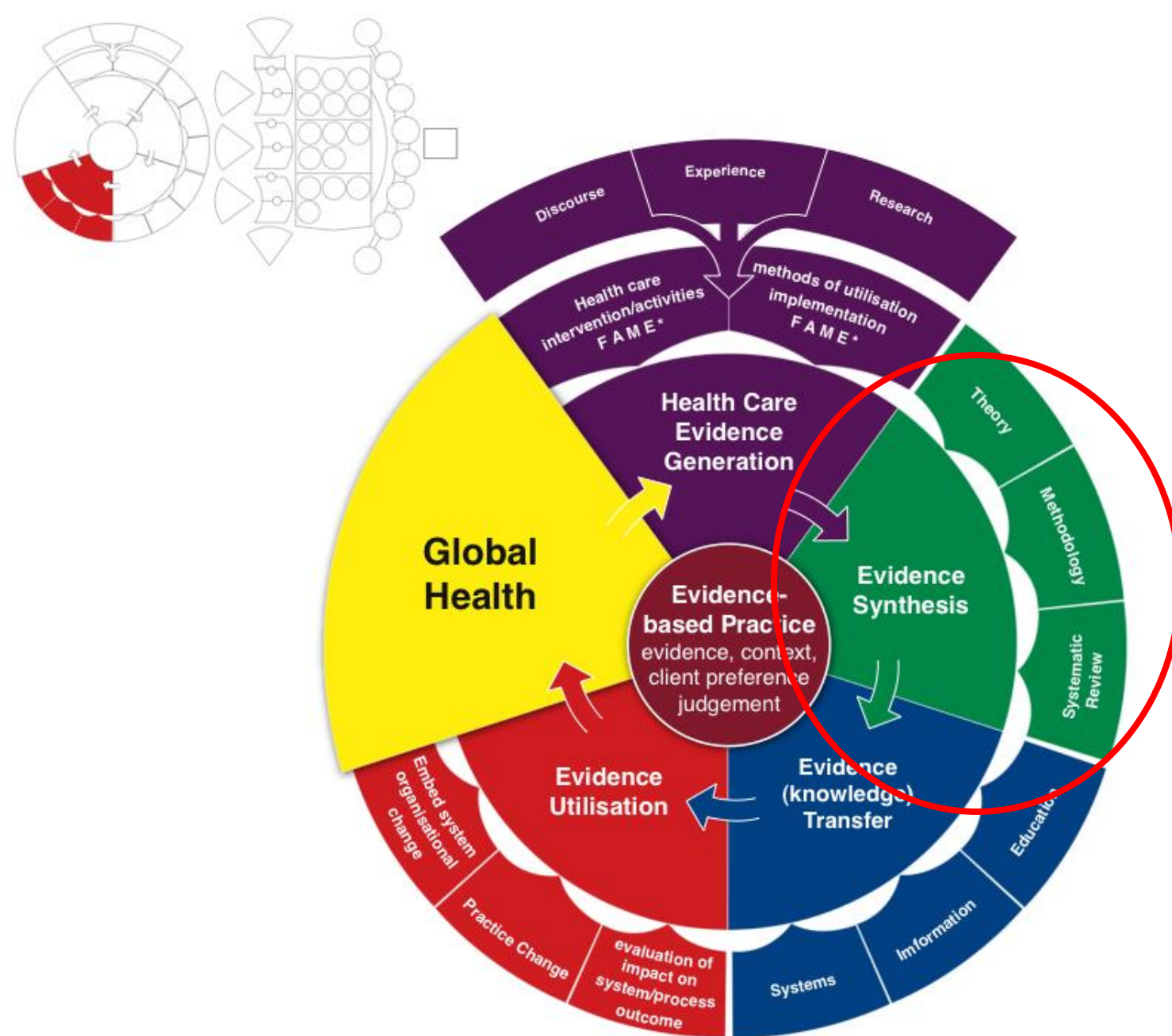
Effectiveness (Effects)

Effectiveness is the extent to which an intervention, when used appropriately, achieves the intended effect. Clinical effectiveness is about the relationship between an intervention and clinical or health outcomes.

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Secondary research/evidence synthesis

- JBI conducts systematic reviews on the effects of interventions on outcomes in health and social care and on diagnostic accuracy using the methodologies of the Cochrane Collaboration and the Campbell Collaboration;
- However, many priorities in policy and practice do not relate to the cause – and – effect focus of systematic reviews of effects;
- JBI has well developed methodologies to conduct systematic reviews of qualitative studies, economic studies and of policy papers/text and social discourse;
- In our experience, multi-method approaches to secondary research have a great “fit” with initiatives to improve outcomes that single-method approaches.

Getting the evidence into action in health and social policy

Drawing on the work of the WHO Evidence-informed Policy Network (*EVIPNet*), JBI is involved in:

- Producing policy briefs research synthesis and discussions of policy options
- Organising forums involving policymakers, researchers and citizen groups to stimulate context-specific, evidence-informed local action;
- Building capacity in policy-makers, researchers citizens to enable them to make better use of evidence in policy-making and advocacy;
- Interactive learning processes building on experiences to improve evidence-to-policy methods;
- Monitoring and evaluation processes that document the lessons learned from the use of an array of evidence-to-policy processes in different contexts.
- Promoting the EVIPNet Portal – an internet-based platform.

Getting the evidence into action in health and social care practice

Through its *JBICOnNECT+* (Clinical Online Network for Care and Therapeutics) via Ovid SP JBI works with over 7000 health services in 90+ to provide:

- Point of care access to evidence based summaries across all health and social care practices and settings;
- Access to expert systems to enable clinicians to translate the findings of systematically review evidence into action: for example, to
 - establish and maintain unit-based journal clubs;
 - adapting and implement evidence based practice guidelines;
 - appraise evidence;
 - embed evidence into policy and practice manuals or intranet clinical information services;
 - audit practice against evidence based criteria; and
 - change practices using a systematic PDSA process;
- Monitoring and evaluation of the lessons learned from the use of an array of evidence-to-practice processes in different contexts (through the JBI “800 Hospitals Project”).



Joanna Briggs Institute EBP Resources on Ovid

- Content and tools that will help your institution implement evidence-based practice
- Systematic reviews, recommended practices, evidence summaries, and more
- Evidence to inform clinical practice—derived from JBI's Global Collaborating Centers
- Summarized research in a format that is easy to locate, understand and distribute
- Tools designed to help EBP policy and practice manual development based on the best available evidence
- Resources designed to help assess the quality of research

Healthcare professionals and institutions strive to provide the highest quality care to their patients based on the latest evidence from research, healthcare professional expertise, and patient preference.

Help them achieve this goal with new resources from the Joanna Briggs Institute (JBI)—one of the world's leading evidence-based practice (EBP) organizations—now on Ovid!

JBI's evidence-based practice model is considered a benchmark in the healthcare industry—encouraging healthcare professionals to implement an effective evidence-based practice program to provide the best possible patient care.

Why JBI EBP Resources on Ovid?

- Evidence-rich content and tools from the leading evidence-based practice organization - only available on Ovid
- Access summarized research in a format that is easy to locate, understand and distribute to your staff
- High quality publications to enhance the capacity of your staff to locate current evidence to inform their practice
- Provide your faculty with a database of procedures, based on the best available evidence
- Develop critical appraisal skills using a tool to guide you through the steps of critical appraisal
- Improve patient outcomes by extending the reach of clinical practice guidelines tailored for your institution or community

Learn more about JBI EBP Resources on page 2



Because what you
told me is
Yes, how correct
did you etery
know?
s

The evidence to practice problem

Because you don't
know where you are,
you don't know
where you're going,
and now you're
blaming me

Y e a





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Promoting & Supporting *Best Practice*

