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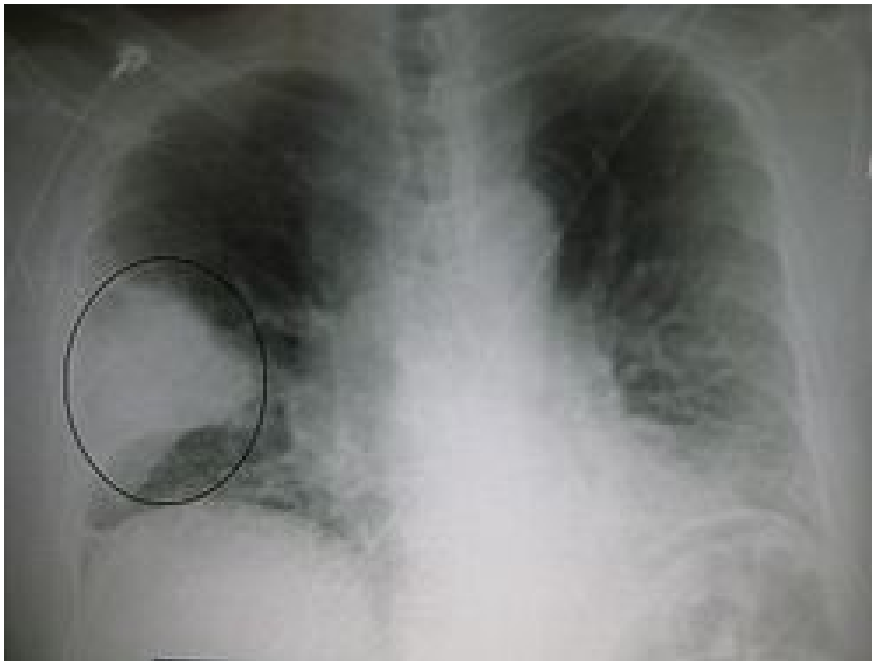


Implementering af evidensbaseret sygepleje til ældre patienter indlagt med samfundserhvervet lungebetændelse

S. EEKHOLM, J. KRISTENSSON, K. SAMUELSON, G. AHLSTÖM, og T. LINDHARDT

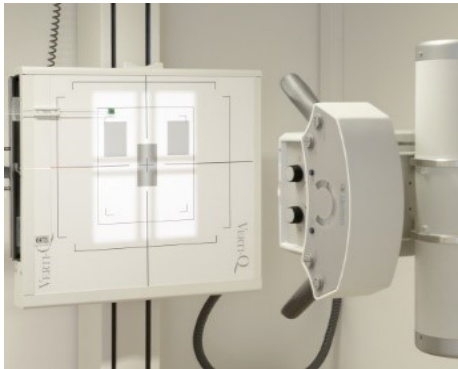


Samfundserhvervet lungebetændelse



- 5 hyppigste årsag til indlæggelser
- Hyppigste årsag til genindlæggelser
- 10% dør under indlæggelse
- 10% dør indenfor 30 dage

Kliniske retningslinjer



management of community acquired pneumonia in adults: update 2009

Guidelines for the management of adult lower respiratory tract infections - Full version

Infectious Diseases Society of America/American Thoracic Society Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults

Abstract

This document is an update on the management of adult patients with lower respiratory tract infections (LRTIs), which includes the management of community-acquired pneumonia (CAP).

EXECUTIVE SUMMARY

Improving the care of adult patients with LRTIs, and in particular CAP, requires a multidisciplinary approach. The guidelines are intended to assist clinicians in the management of adult patients with LRTIs, and in particular CAP.

Introduction

In 2005 the American Thoracic Society (ATS) published the first update of the ATS/IDSA guidelines for the management of CAP.

1. Målgruppe

Disse retningslinjer er påregnet rettet mod voksne, immunkompetente patienter indlagt med CAP (spøndeakquired pneumonia) (community-acquired pneumonia) (hospitally-acquired pneumonia) eller VAP (ventilator-associated pneumonia) (ventilator-associated pneumonia).

2. Evidens bag anbefalingerne

Inddragelse af patienter med CAP i kliniske studier er sjældent, og derfor er evidensen for mange af de anbefalinger, der er givet i disse retningslinjer, begrænset.

3. Definitioner

Den generelle definition af pneumoni er et øget indhold af pus i lungerne, som kan skyldes en infektion eller en ikke-infektion. I disse retningslinjer er definitionen af pneumoni baseret på kliniske og radiologiske tegn og symptomer.

4. Epidemiologi

Incidensen for indlagte patienter med pneumoni i Danmark er ca. 6,5% per år (ca. 45.000 indlagte i 2010), med en markant stigning hos ældre, og hvor 1. Dan gennemsnitlige 30-dages-mortalitet er ca. 13%.

5. Årsag

De mest udbredte årsager til pneumoni hos patienter med CAP er bakterier, men også vira og svampe kan være årsag. I disse retningslinjer er fokus på bakterier som årsag til pneumoni.

6. Diagnostik

Diagnosen for pneumoni er baseret på kliniske og radiologiske tegn og symptomer. I disse retningslinjer er fokus på kliniske tegn og symptomer som indikator for pneumoni.

7. Behandling

Behandlingen af pneumoni er baseret på kliniske og radiologiske tegn og symptomer. I disse retningslinjer er fokus på antibiotikabehandling som førstevalg.

8. Opfølgning

Opfølgningen af patienter med pneumoni er baseret på kliniske og radiologiske tegn og symptomer. I disse retningslinjer er fokus på tidlige udskrivninger og opfølgning i hjemmet.

9. Forebyggelse

Forebyggelse af pneumoni er baseret på kliniske og radiologiske tegn og symptomer. I disse retningslinjer er fokus på vaccination og hygiejne.

Evidensbaserede anbefalinger vs. daglig praksis

Diagnostik	Adhærence
Anvendelse af CURB-65 score	16.7%
Medicinsk behandling	
Antibiotika beh. ifølge EB kriterier	13.3%
Sygepleje interventioner	Dag 1 (Dag 3)
Ilt behandling	88.9% (100.0%)
Mobilisering	73.3% (55.6%)
Væske behandling	44.4% (66.7%)
Mundpleje	26.7% (55.6%)
Ekspektorat mobilisering	18.2% (42.9%)
Ernærings terapi	? (?)



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BMC Infectious Diseases

RESEARCH ARTICLE

Open Access

Gaps between current clinical practice and evidence-based guidelines for treatment and care of older patients with Community Acquired Pneumonia: a descriptive cross-sectional study

Signe Eekholm^{1,3*}, Gerd Ahlström¹, Jimmie Kristensson² and Tove Lindhardt³

Abstract

Background: Community acquired pneumonia (CAP) remains a significant cause of morbidity and in-hospital mortality, and readmission rates are rising for older persons (> 65 years). Optimized treatment and nursing care will benefit patients and the health economy. Hence, there is a need to describe gaps between current clinical practice and recommendations in evidence-based guidelines for diagnostic procedures, medical treatment and nursing

Barriere og facilitator



Article

'Stolen Time'—Delivering Nursing at the Bottom of a Hierarchy: An Ethnographic Study of Barriers and Facilitators for Evidence-Based Nursing for Patients with Community-Acquired Pneumonia

Signe Eekholm ^{1,2,*}, Karin Samuelson ¹, Gerd Ahlström ¹ and Tove Lindhardt ^{1,2}

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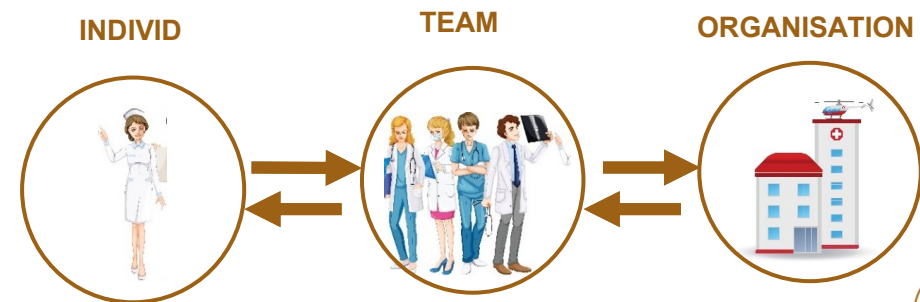
Abstract: The research has reported a high prevalence of low-quality and missed care for patients with community-acquired pneumonia (CAP). Optimised nursing treatment and care will benefit CAP patients. The aim of this study was to describe the barriers and facilitators influencing registered nurses' (RNs') adherence to evidence-based guideline (EBG) recommendations for nursing care (NC) for older patients admitted with CAP. Semi-structured focus group interviews ($n = 2$), field observations ($n = 14$), and individual follow-up interviews ($n = 10$) were conducted in three medical units and analysed by a qualitative content analysis. We found a main theme: "stolen time"—delivering nursing at the bottom of a hierarchy, and three themes: (1) 'under the dominance of stronger paradigms', (2) 'the loss of professional identity', and (3) 'the power of leadership'. These themes, each comprising two to three subthemes, illustrated that RNs' adherence to EBG recommendations was strongly influenced by the individual RN's professionalism and professional identity; contextual barriers, including the interdisciplinary team, organisational structure, culture, and evaluation of the NC; and the nurse manager's leadership skills. This study identified central factors that may help RNs to understand the underlying dynamics in a healthcare setting hindering and facilitating the performance of NC and make them better equipped for changing practices.



Citation: Eekholm, S.; Samuelson, K.; Ahlström, G.; Lindhardt, T. 'Stolen Time'—Delivering Nursing at the Bottom of a Hierarchy: An Ethnographic Study of Barriers and Facilitators for Evidence-Based Nursing for Patients with Community-Acquired Pneumonia. *Healthcare* 2021, 9, 1524. <https://doi.org/10.3390/healthcare9111524>

Formål:

Identificere barriere og facilitator på **individuel, team og organisatorisk** niveau for behandling og pleje af patienter iflg. kliniske retningslinjer



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Theoretical Domain Framework (TDF)

Table 1. Descriptions of the TDF domains.

TDF Domains	Description
Knowledge	An awareness of the existence of something
Skills	An ability or proficiency acquired through practise
Social/professional role and identity	A coherent set of behaviours and displayed personal qualities of an individual in a social or work setting
Beliefs about capabilities	Acceptance of the truth, reality or validity about an ability, talent or facility that a person can put to constructive use
Memory, attention and decision processes	The ability to retain information, focus selectively on aspects of the environment and choose between two or more alternatives
Beliefs about consequences	Acceptance of the truth, reality or validity about outcomes of a behaviour in a given situation
Environmental context and resources	Any circumstance of a person's situation or environment that discourages or encourages the development of skills and abilities, independence, social competence, and adaptive behaviour
Social influences	Those interpersonal processes that can cause individuals to change their thoughts, feelings, or behaviours
Intentions	A conscious decision to perform a behaviour or a resolve to act in a certain way
Optimism	The confidence that things will happen for the best or that desired goals will be attained
Goals	Mental representations of outcomes or end states that an individual wants to achieve
Behavioural regulation	Anything aimed at managing or changing objectively observed or measured
Reinforcement	Increasing the probability of a response by arranging a dependent relationship, or contingency, between the response and a given stimulus

Adapted from Reference [26].

Atkins et al. *Implementation Science* (2017) 12:77
DOI 10.1186/s13012-017-0605-9

Implementation Science

METHODOLOGY

Open Access



A guide to using the Theoretical Domains Framework of behaviour change to investigate implementation problems

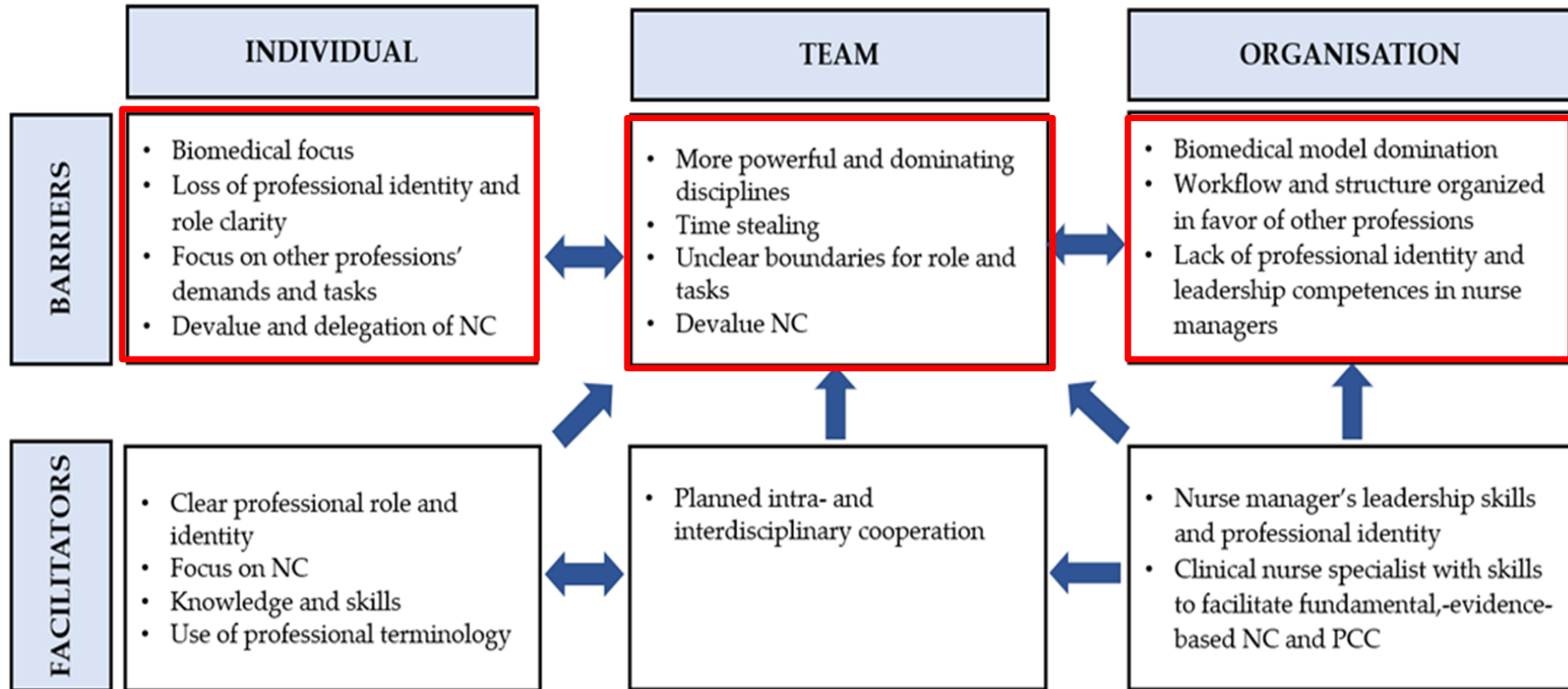
Lou Atkins^{1*}, Jill Francis^{2,3}, Rafat Islam³, Denise O'Connor⁴, Andrea Patey³, Noah Ivers⁵, Robbie Foy⁶, Eilidh M. Duncan⁷, Heather Colquhoun⁸, Jeremy M. Grimshaw^{3,9}, Rebecca Lawton¹⁰ and Susan Michie¹

Abstract

Background: Implementing new practices requires changes in the behaviour of relevant actors, and this is facilitated by understanding of the determinants of current and desired behaviours. The Theoretical Domains Framework (TDF) was developed by a collaboration of behavioural scientists and implementation researchers who identified theories relevant to implementation and grouped constructs from these theories into domains. The collaboration aimed to provide a comprehensive, theory-informed approach to identify determinants of behaviour. The first version was published in 2005, and a subsequent version following a validation exercise was published in 2012. This guide offers practical guidance for those who wish to apply the TDF to assess implementation problems and support intervention design. It presents a brief rationale for using a theoretical approach to investigate and address implementation problems, summarises the TDF and its development, and describes how to apply the TDF to achieve implementation objectives. Examples from the implementation research literature are presented to illustrate relevant methods and practical considerations.

Methods: Researchers from Canada, the UK and Australia attended a 3-day meeting in December 2012 to build an international collaboration among researchers and decision-makers interested in the advancing use of the TDF. The participants were experienced in using the TDF to assess implementation problems, design

Resultater



Design af multikomponent implementerings strategi og implementerings plan



Article

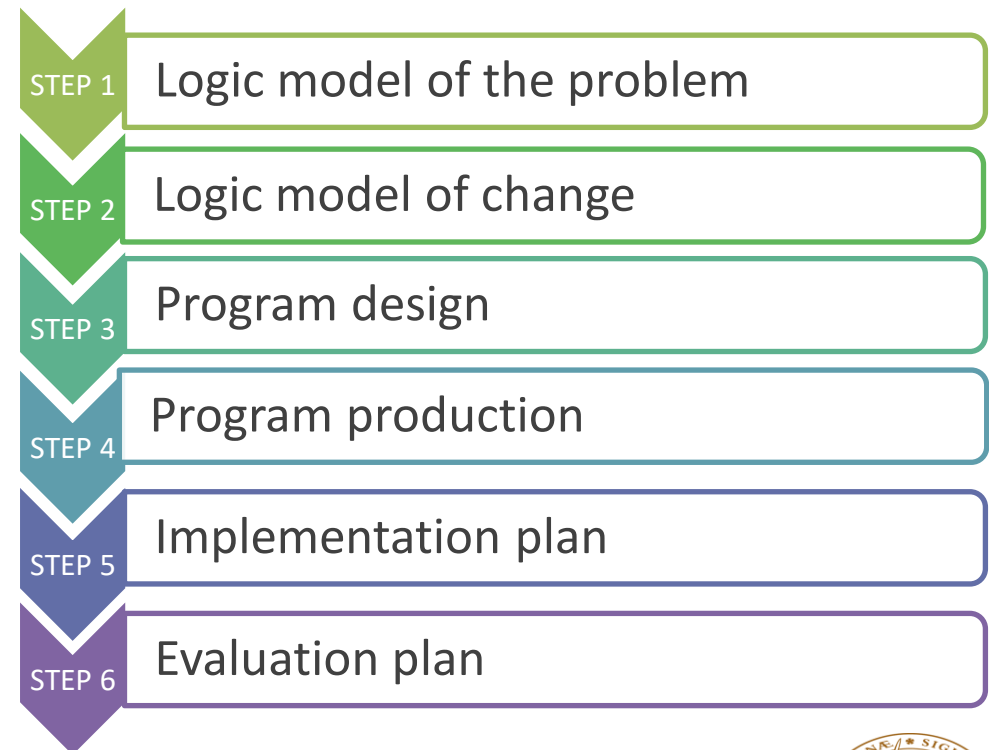
Development of an Implementation Strategy Tailored to Deliver Evidence-Based and Person-Centred Nursing Care for Patients with Community-Acquired Pneumonia: An Intervention Mapping Approach

Signe Eekholm ^{1,2,*}, Karin Samuelson ¹, Gerd Ahlström ¹ and Tove Lindhardt ²

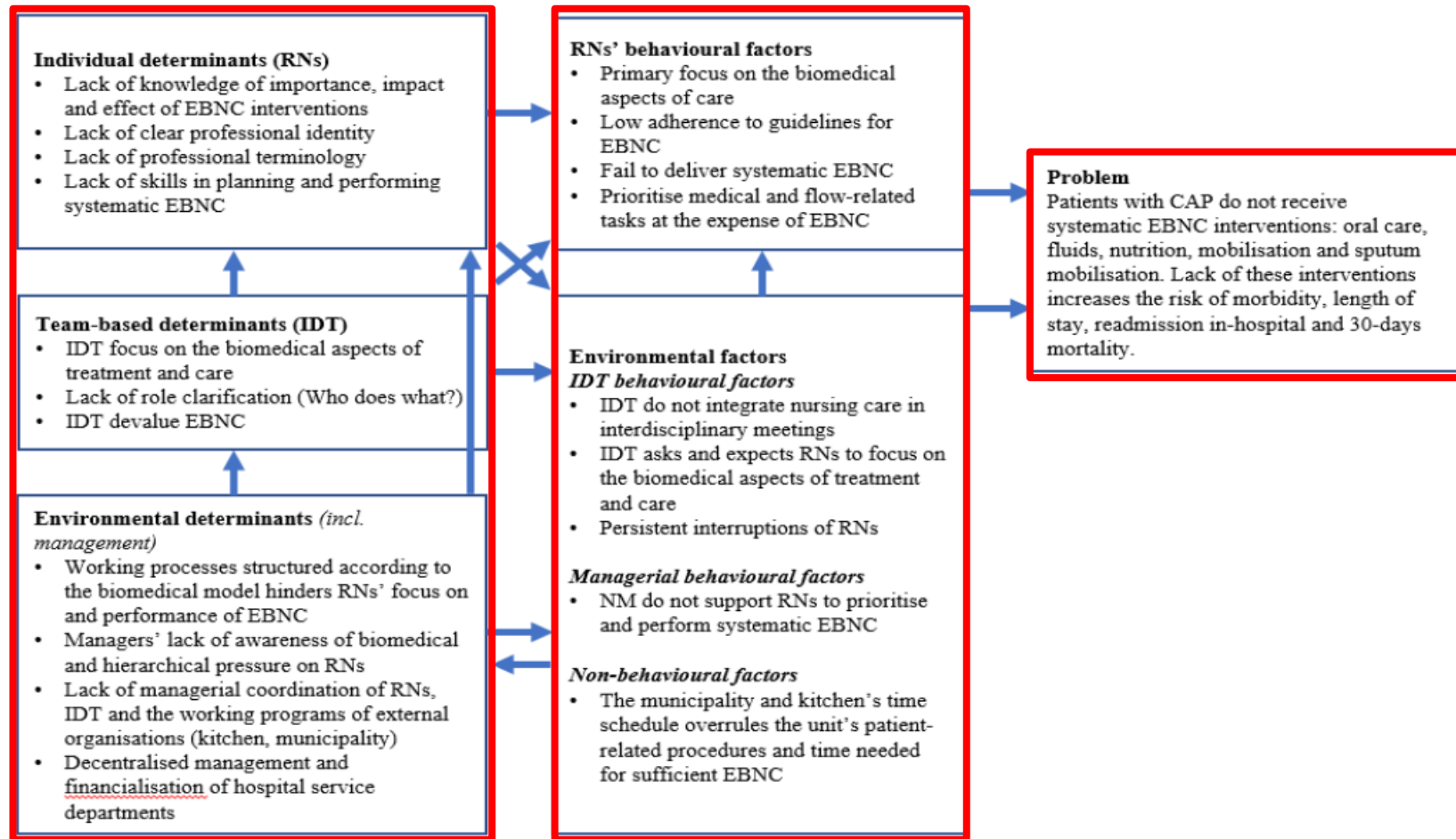
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Abstract: Community-acquired pneumonia is a serious public health problem, and more so in older patients, leading to high morbidity and mortality. However, this problem can be reduced by optimising in-hospital nursing care. Accordingly, this study describes a systematic process

Intervention mapping framework

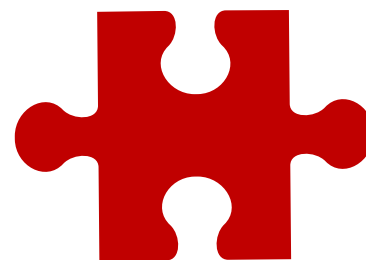
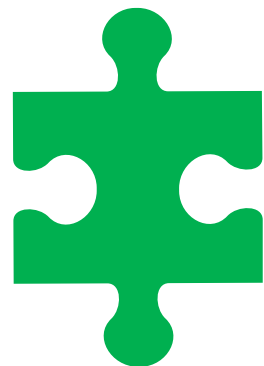


Step 1- 'Logic model of the problem'



Step 2: 'Logic model of change'

**Determinanter
(I;T;L;O niveau)**



**Theory baserede
forandringsmetoder**

Viden
Færdigheder
Opmærksomhed
Troen på egne evner
Social influens
Kultur,
Ressourcer...

Information
Guided praksis
Modelling
Feedback
Overbevisende
kommunikation
Nudging...

Step 3, 4: Planlægning af implementeringsinterventioner og produktion af materialer

IMPLEMENTERINGS INTERVENTIONER



Præsentationer, information, undervisnings lektioner, påmindelser, facilitering /eliminering, feedback, nudging, bed-side træning, supervision, gruppe træning,...

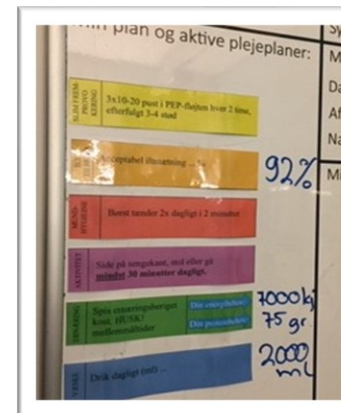
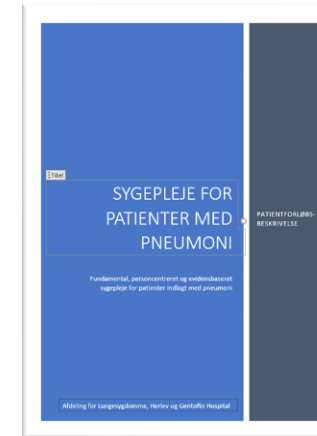


Præsentationer, information, påmindelser, facilitering /eliminering, feedback, nudging



Præsentationer, information, undervisnings lektioner, påmindelser, facilitering /eliminering, træning organisatoriske ændringer

MATERIALE



Implementering (feasibility test) og evaluering



Article

Tailored Multifaceted Strategy for Implementing Fundamental Evidence-Based Nursing Care: An Evaluation Study

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Abstract: Background/Objectives: Extensive research has emphasised the persistent challenges and failures in providing hospitalised patients with fundamental evidence-based nursing care, often resulting in grave consequences for patient safety. Recommendations from implementation research indicate a tailored theory- and research-based implementation strategy targeting contextual determinants can optimise implementation of evidence-based clinical practice for the benefit for patients. This study evaluated the feasibility of an implementation strategy designed to improve the quality of nursing care by targeting behavioural and environmental barriers in a hospital setting. **Methods:** Proctor's conceptual model for implementation was applied to evaluate the strategy by eight outcomes: adoption, acceptability, appropriateness, fidelity, feasibility, penetration, sustainability, and costs. Data collection methods included field observations, informal and focus-group interviews, registrations, and audits of electronic patient records. **Results:** The strategy was adoptive, acceptable, appropriate, and feasible in targeting complex environmental and behavioural determinants (at individual, team, and management level) enabling successful implementation of fundamental evidence-based nursing care. However, fidelity, feasibility and sustainability were challenged by com-

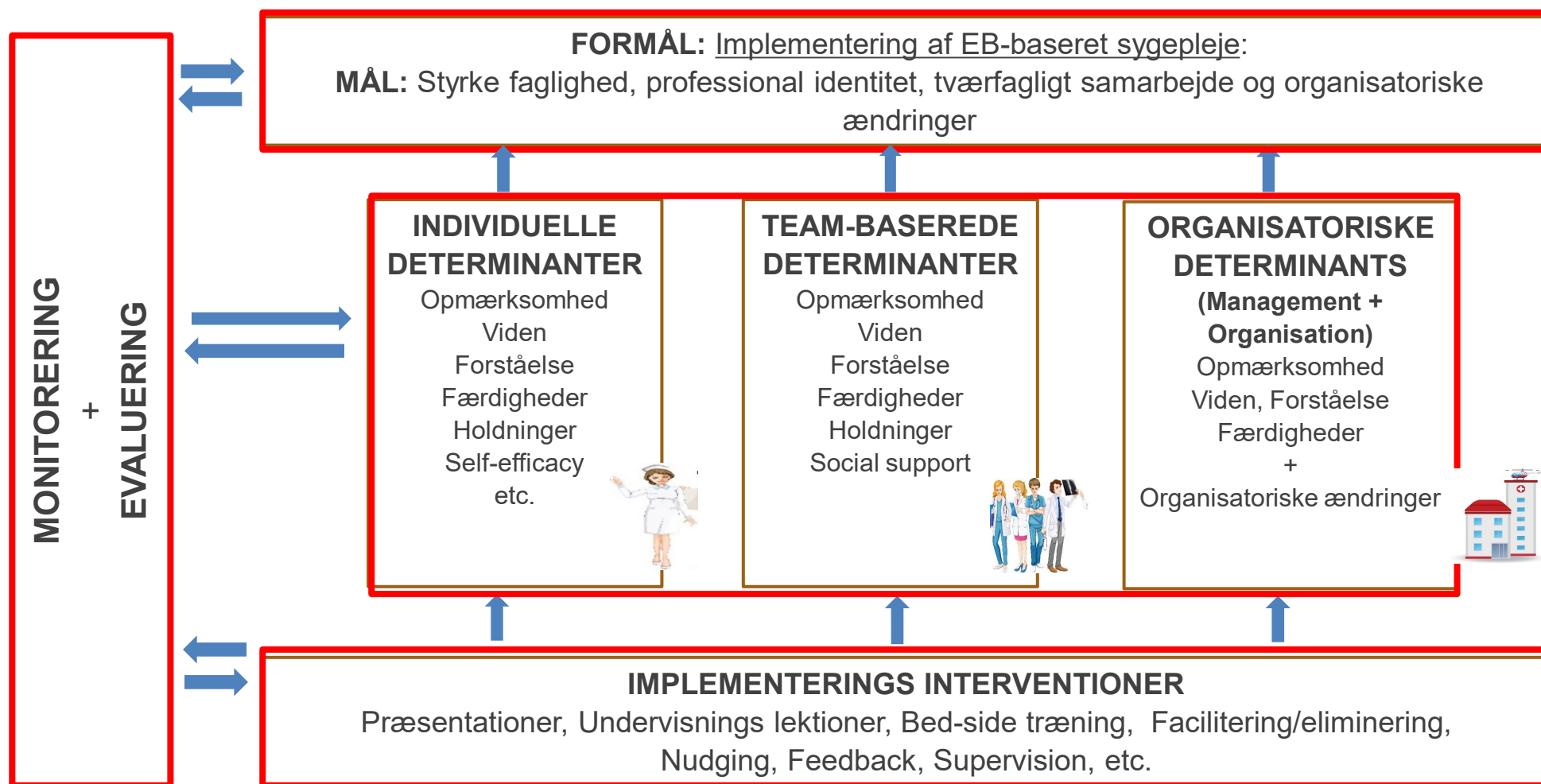
Formål:

Implementering af fundamental personcentreret og evidensbaseret sygepleje

Mål:

Påvirk og/eller nedbryde determinanter på individ, team og organisatorisk niveau som forhindrer eller styrker sygepleje

Implementering (feasibility test) og evaluering



Resultater

Implementerings outcomes	Resultater
Accept	✓
Adoption (optagelse)	✓
Appropriateness (relevans)	✓
Fidelity	»»
Feasibility	✓
Penetration (udbredelse)	✓
Vedvarenhed	»»
Omkostninger	✓





Implementation of evidence-based nursing care for hospital patients with community-acquired pneumonia

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Tak!

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