



Using the Evidence Base: Creating Citations supporting LCP Recommendations

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**I have no financial relationships,
unlabeled/investigational uses of
products, or other conflicts of interest
to disclose.**

Intro: Please ask questions and offer points you'd like addressed!

What are you interested in, from this session?





1. Distinguish between medical and nursing evidence

2. Recognize strategies for finding and citing appropriate evidence for Life Care Plan (LCP) recommendations.

3. Identify qualities of credible, reputable evidence in chronic care.

4. Recognize implications for Life Care Planners in citing evidence for the courts.

How did we come to
use the EB?

History

The Evidence Base

- Different from Research Utilization
- A process, a systematic search for most current, relevant research on clinical situations / interventions
- Appraise the evidence for quality (level) and quantity (number of studies)
- Identifying the evidence—first step in citing LCP recs
- EB is the foundation of **clinical practice guidelines**—already formulated
- CPG's—first choice in citing
- Then turn to the scientific literature to evaluate available evidence
- Conferences; construct an Excel spreadsheet

Kinds of studies

■ Quantitative

- Identify Variables of interest
- Measure
- Tightly control the context
- Rule out extraneous effects—eliminate or reduce bias in findings

■ Qualitative

- Interviews, focus groups, case studies, and verbal descriptions
- Generally, seeks to study the lived experience of a phenomenon, such as the lived experience of caregivers of persons with TBI

■ Mixed methods research

- Combines description of the measurable state of a phenomenon (quantitative) and individuals' subjective response to it (qualitative)

External and Internal evidence

- **External**—generated through rigorous research (RCTs or cohort studies--observation of a group over time to discern development of an outcome)
 - Intended to be generalized to a larger group than just the sample (Melnyk & Fineout-Overholt, 2019)
- **Internal evidence**—generated through practice initiatives such as QI projects
 - Focused on improving clinical care in the setting where it is produced (Melnyk & Fineout-Overholt, 2019)
- **BOTH—VERY IMPORTANT!**
- **Research study reports are stronger evidence**

Table 1. The evidence hierarchy. Levels of evidence most ready for use in practice (Melnyk & Fineout-Overholt, 2019; Polit & Beck, 2021).

Melnyk & Fineout-Overholt (2019) Evidence Obtained From:	Polit & Beck (2021) Evidence Obtained From:
Level I Systematic review or meta-analysis of all relevant randomized control trials (RCTs)	Level I Systematic review or meta-analysis of all relevant randomized control trials (RCTs)
Level II Well-designed RCTs	Level II A single RCT
Level III Well-designed controlled trials without randomization	Level III A nonrandomized trial (quasi-experimental)
Level IV Well-designed case-control** and cohort studies***	Level IV A systematic review of non-experimental (observational) studies
Level V Systematic reviews of descriptive and qualitative studies	Level V A nonexperimental (observational) studies
Level VI Single descriptive or qualitative studies	Level VI Systematic review/meta synthesis of qualitative studies
Level VII Opinion of authorities and/or reports of expert committees	Level VII Qualitative study/descriptive study
--	Level VIII Non-research source (expert opinion, internal evidence, etc.)

What evidence
do I have to
provide?

- **Evidence for medical interventions?**

- The recommendations made by the treating physician
- The NLCP is not responsible for providing it.

- **Evidence for nursing interventions ?**

- Responsibility of the NLCP

Appraising the Evidence

- Look for quality & quantity (Melnyk, Gallagher-Ford, & Fineout-Overholt, 2017, p. 83)
- Rapid Critical Appraisal Checklists—ask:
 1. Did the researcher do a good job of conducting the research?
 2. Do the findings show that clinicians can also get close to what researchers found in the study?
 3. Is this approach appropriate to use with the NLCP's population (individual)?

Resources—Where to Find It?



Places to search

- CPG's—first choice in citing:
 - Google nursing clinical practice guidelines:
 - https://www.google.com/search?q=nurse+clinical+practice+guidelines&rlz=1C1EJFA_enUS780US780&oq=nurse+clinical+practice+gui&aqs=chrome.0.0i512j69i57j0i22i3017j0i390i650.10940j1j15&sourceid=chrome&ie=UTF-8
 - YouTube!
- Cochrane Library
- Systems Knowledge Translation Centers (MSKTC)
- JBI
- Evidence Based Nursing Care Guidelines; Medical Surgical Interventions by Ackley, Ladwig, Swan & Tucker
- PubMed (NLM), CINAHL (Ebsco)
- ~~National Guideline Clearinghouse~~
- Google Scholar

Reputable, credible
evidence

- “Refereed” (peer-reviewed) journal or edited textbook
- IRB
- Funded research
- Current citations

Evidence for Chronic Long-Term Care

- PubMed
 - Long-term care AND cost AND chronic condition
 - In the last 10 years: no intervention studies were found
 - WHO scoping review, 2022—305 studies
- PubMed
 - Long-term care AND cost
 - Only a ROL 1995-2012

What if you can't
find any
evidence?

- You should be able to find **SOMETHING**, however remotely related.
- Then you can explain how it relates to recommendations in the LCP.

Citing the Evidence

- **APA Style Manual, 7th Edition**
- **Place below the costing tables, in footnote form, close to the recs**
- **Also in the Resources section of the LCP**



Implications for NLCPs
and Conclusion

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A red speech bubble graphic with a white border, containing contact information. The bubble has a tail pointing downwards. The background of the slide features a blue and white network pattern of dots and lines on the right side, and faint grey circular lines on the left side.

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Thank you!

Post script Q&A

- I wish I'd answered the question differently on charging for time on citations—we should know the evidence base for any interventions we recommend; however, I think it's reasonable to charge a nominal amount for our time, and you may have to defend this!
- So it's important to keep some record [Excel spreadsheet] and keep tabs on the evidence.
- In what cases do we need to reference evidence-based studies, home care? falls? Medical follow up.?, new technology? Not medical followup [visits or treatment the treating provider recommends]. Every nursing intervention; may need for therapy interventions too. Whatever you recommend that the court would question, outside of the treating provider's medical recommendations. Do the best you can with what you can find.
- Are there ways to tie, for example, a stair lift to an EB? If for safety and you make the case for staying in the home, you should be able to find this--are there home modifications for the person to stay on the first floor instead?
- How much does backing up recommendations with research really matter to an attorney or jury? Depends—on the court, on how well you make the case, how compelling the research is, cost, etc. It should matter to them, if they understood it, but it's not their first language.
- Rapid Critical Appraisal Checklists—that was the most current source I could find. Just a hack/shortcut for you, but full evidence appraisal is better. (level/kind of study, number of studies finding the same). Then you can say, “the evidence shows that...”
- **Be excellent!**