

MINISTRY OF HEALTH  
JERASH GOVERNMENTAL HOSPITAL

# Building Evidence Based Clinical Practices Guidelines

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## DEFINITION's:

**Evidence Based Practices (EBP)** Using The Best Evidence Available To Guide Safely Clinical Decision Making. (*Benfield Definition*).

**“Clinical Practice Guidelines Are** Systematically Developed Statements To Assist Practitioner And Patient Decisions About Appropriate Health Care For Specific Clinical Circumstances.” (*Institute Of Medicine, 1990*)

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## IOM Six Aims for Improving Health Care Safety and Quality

AIM	Description
Safe	Avoiding injury and harm to patients
Timely	Reducing waits
Effective	Care based on evidence
Efficient	Avoiding waste
Equitable	Quality does not vary because of gender, ethnicity, socioeconomic factors or geographic status
Patient-centered	Respectful and responsive care based on patient values

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## SPECIFIC AIMS:

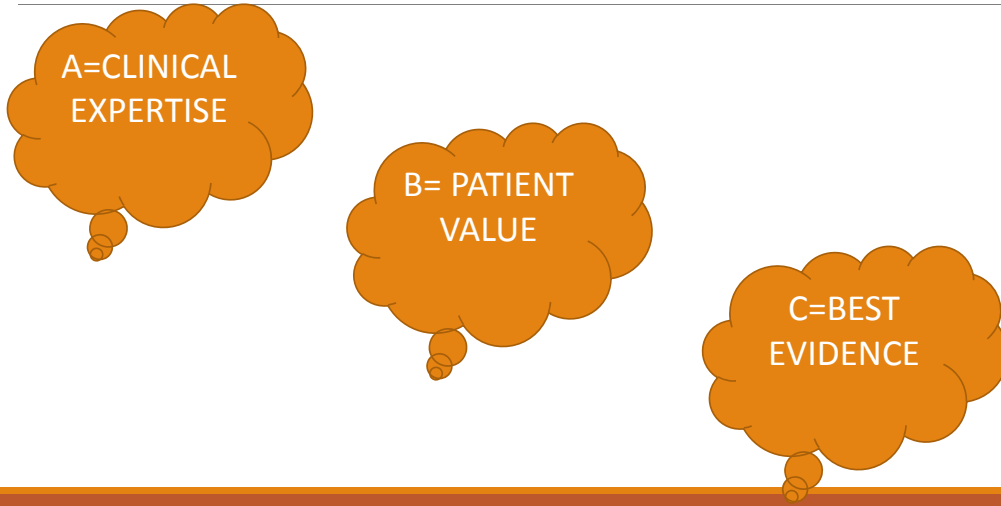
**To do right thing, at the right time, for the right person, ensure quality care for the individual client.**

- Provide practicing health care providers with evidence-based data
- Resolve problems in the clinical setting
- Answer the question "what is the best way to do this?"
- Achieve excellence in care delivery
- Introduce innovation
- Reduce variations in healthcare
- Assists with efficient and effective decision-making
- empower and involve patient in the care : focus on Patient and family education in each guideline

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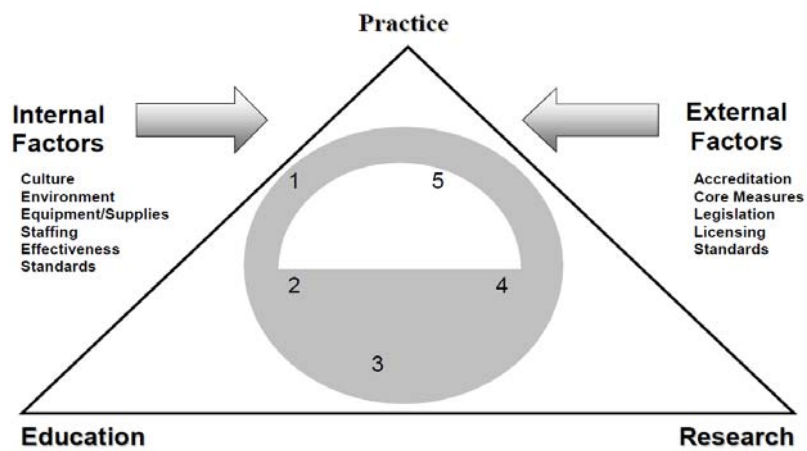
## BRIEF ABOUT THE INITIATIVE:



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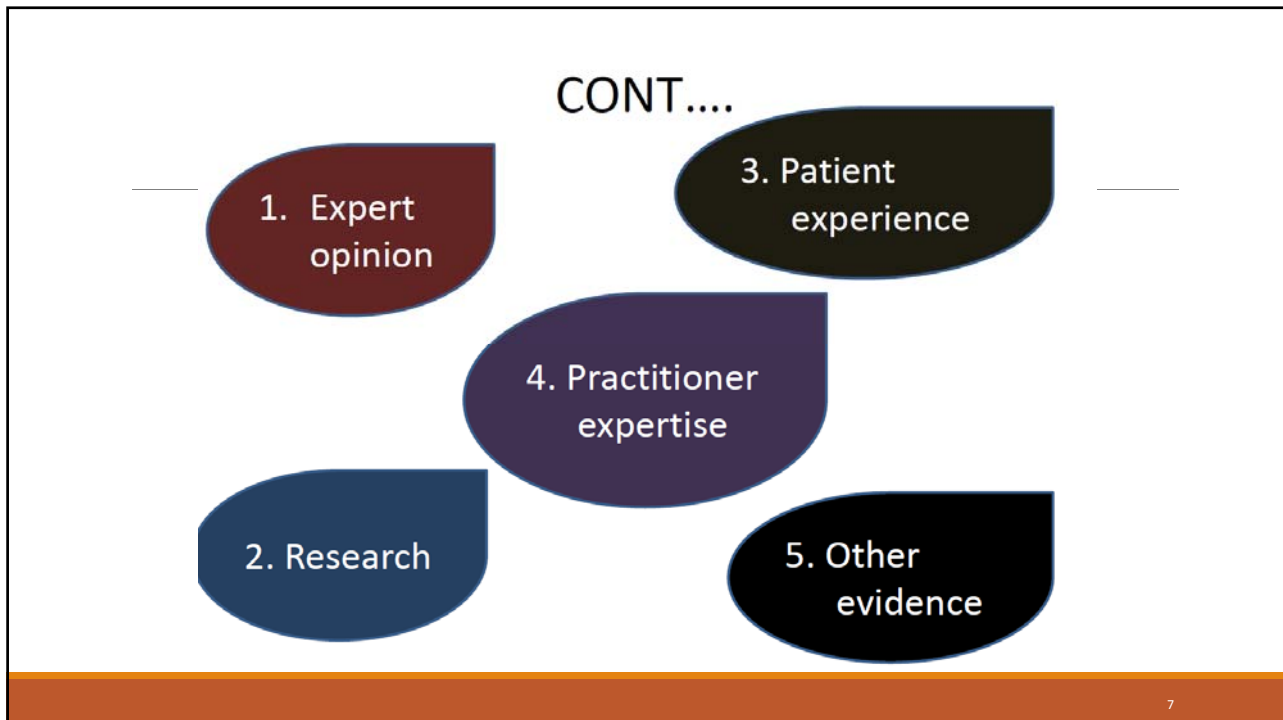
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## SCOPE

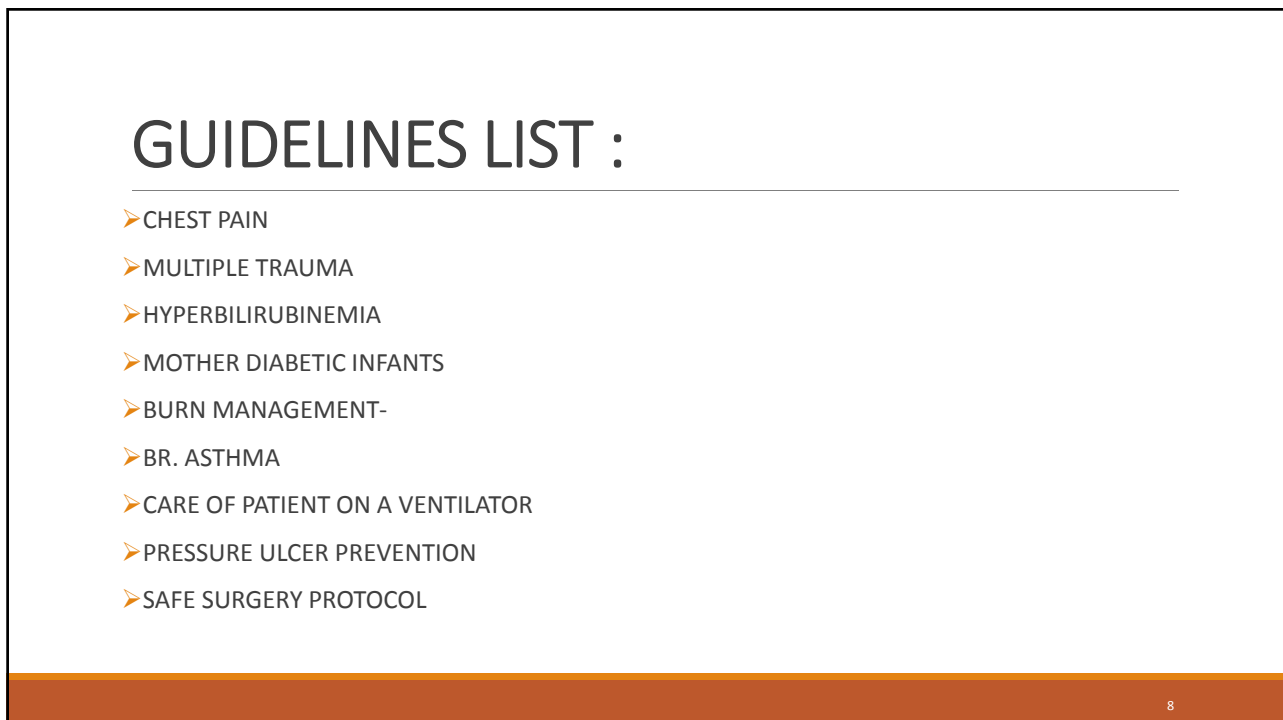


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## GUIDELINES LIST (CONT.....):

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- ACTIVE MANAGEMENT OF THIRD STAGE OF LABOR (AMTSL)
- CESAREAN SECTION PROPHYLACTIC ANTIBIOTIC
- BREASTFEEDING (BF) INITIATION WITHIN THE 1ST HOUR
- MANAGEMENT OF PREGNANCY INDUCED HYPERTENSION
- POSTPARTUM FAMILY PLANNING (FP) COUNSELING
- MANAGEMENT OF RESPIRATORY DISTRESS
- MANAGEMENT OF SEPSIS
- PEDIATRIC GASTROENTERITIS
- PEDIATRIC DIABETIC KETOACIDOSIS
- CARE OF COMATOSE PATIENT

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## INVOLVED TEAM

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1. Hospital Manager
2. Nursing Manager
3. Quality team (involved infection control and risk management )
4. EHS coordinators
5. Medical team : Physician (internal Medicine, pediatrician, Surgeon, Anesthesiologist ) .
6. Nursing Unit Managers and seniors nursing team .

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# PHASES

- Identified the high risk /high volume cases in the unit(Topics of the guidelines)
- Collect Finding evidence based resources related to the selected Topics (theory parts )
- Evaluating the strength and applicability of the Evidence Based Protocols with the expertise in the hospital
- Applying the Evidence Based Protocols
- Trained the target staff
- Monitoring phase
- Evaluating the steps



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# TIMELINES

Feb-19	Establish Committee
Mar-19	Select The Priorities Topics (High Risk, High Volume )
Apr-19	Collect Statistical Data, International Protocols And Take Expertise Opinion To Create The Guidelines
May-19	Approving The Guidelines And Create Template On EHS To Support Documentation
June -July -Aug 2019	Staff Training
Sep-19	Continuous Training and Monitoring

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## TRAINING

Staff	target sample	Trained sample	Percent
Physician	55	25	45 %
nursing	181	164	90 %
Anesthesia technician	17	10	58 %
Paramedic	3	0	0 %
<b>Total</b>	<b>256</b>	<b>199</b>	<b>77 %</b>

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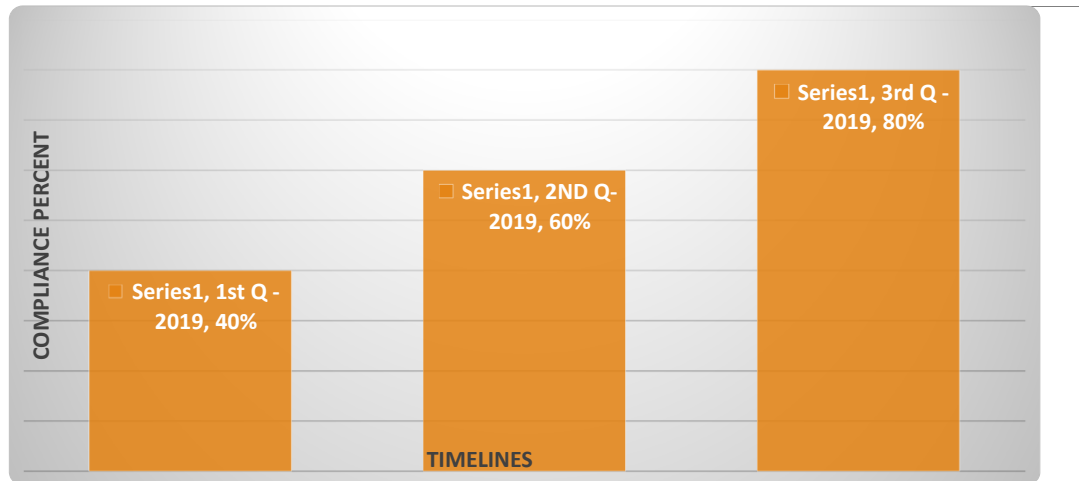
## METHODOLOGY

- Brain storming
- Data collection (check sheet)
- Change management
- Conflict management
- Statistical tools

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## OUTCOMES: Overall Compliance of guidelines



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# Outcomes

## JERASH HOSPITAL

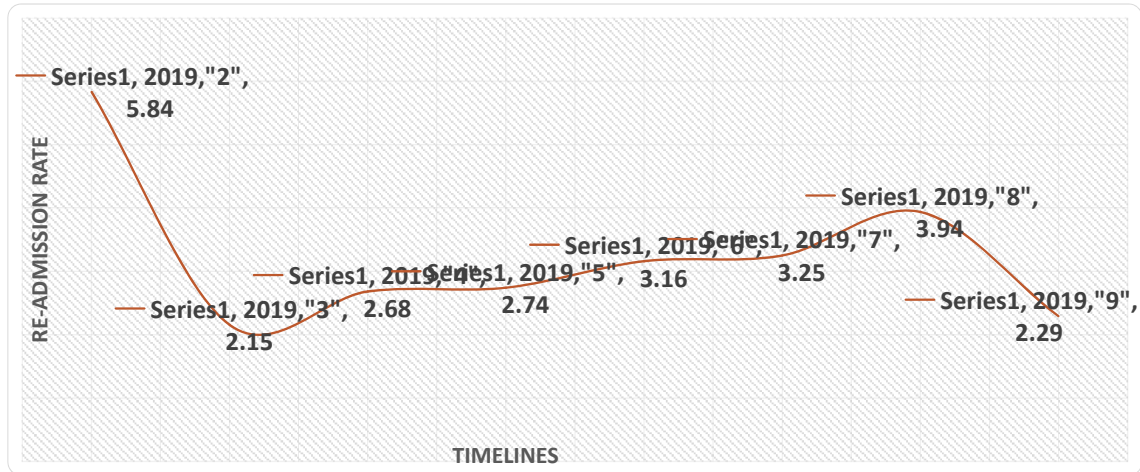
# Performance Indicators

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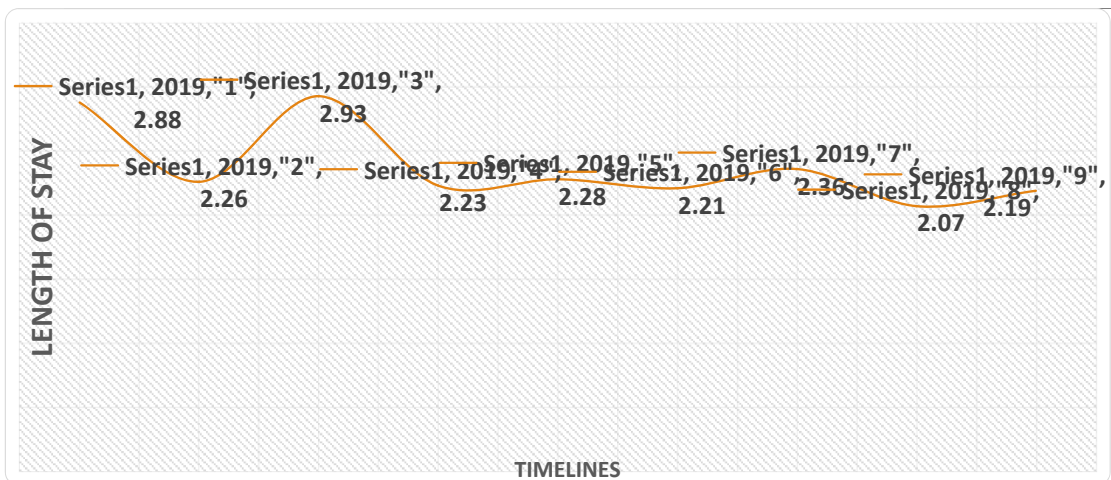
## Re-admission rate



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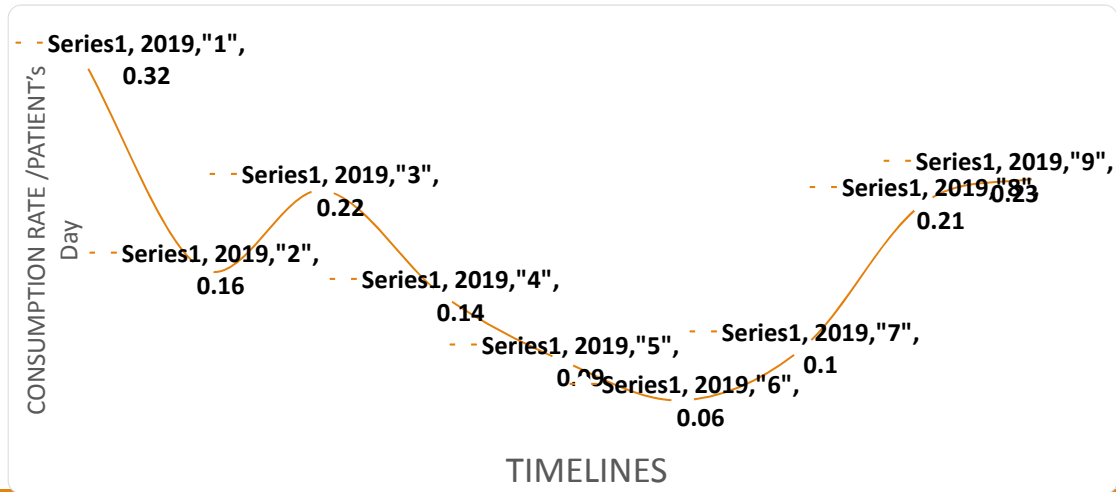
## Length of stay



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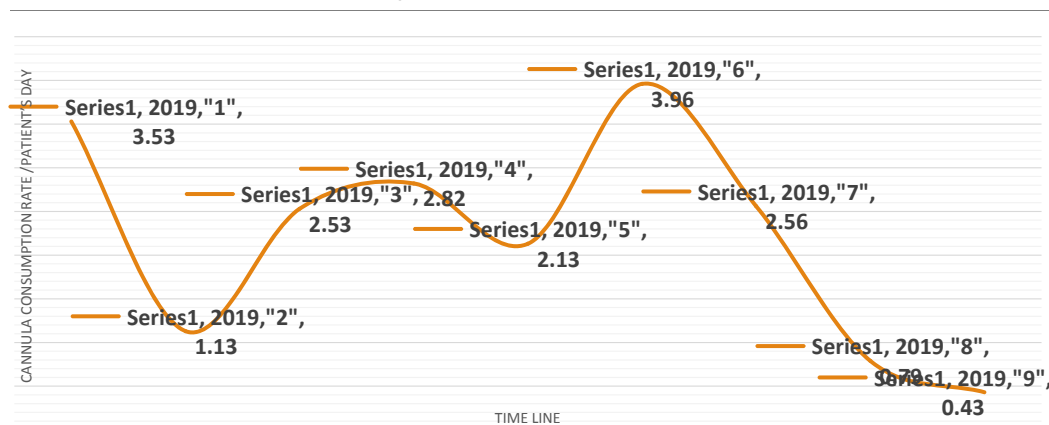
## Stock management monitoring folly's catheter consumption rate



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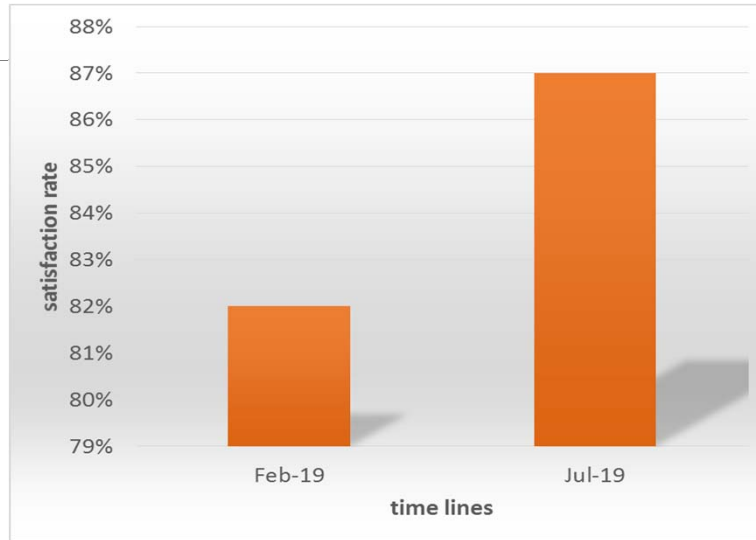
## Stock management monitoring cannula consumption rate



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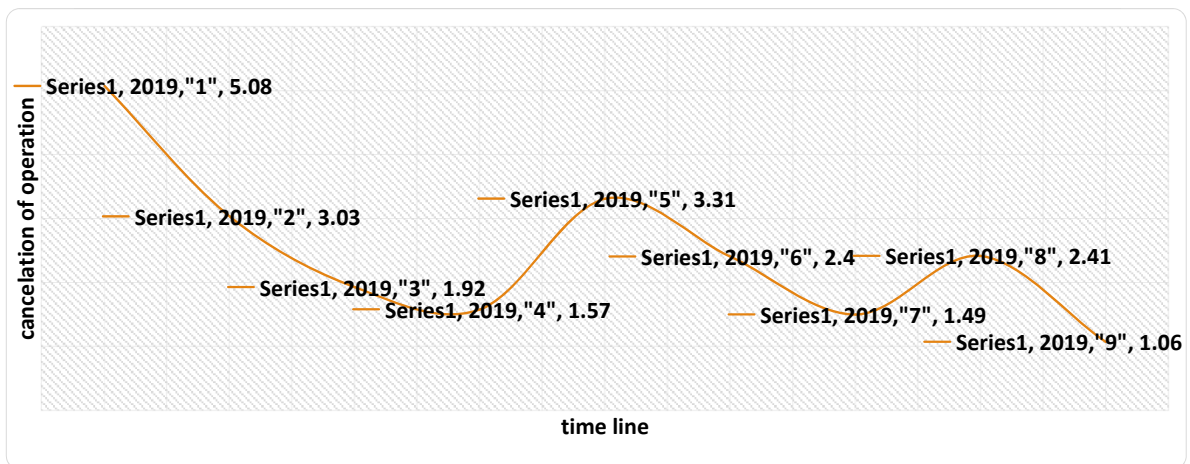
## Patient satisfaction



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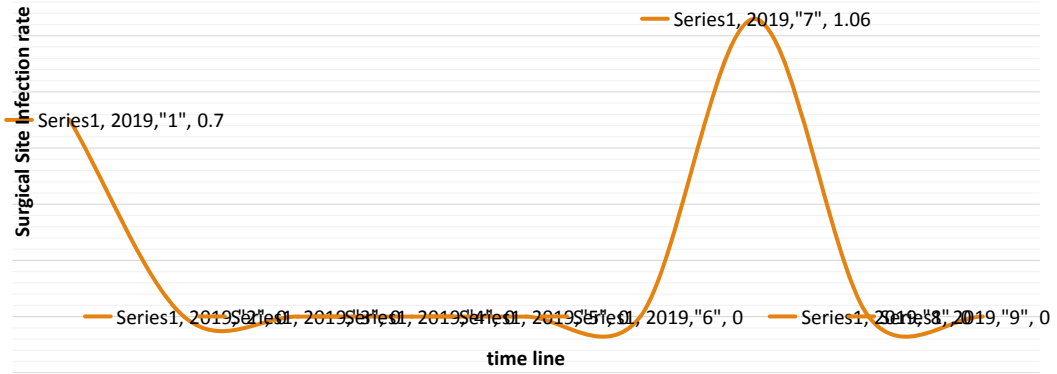
## Cancellation of operation



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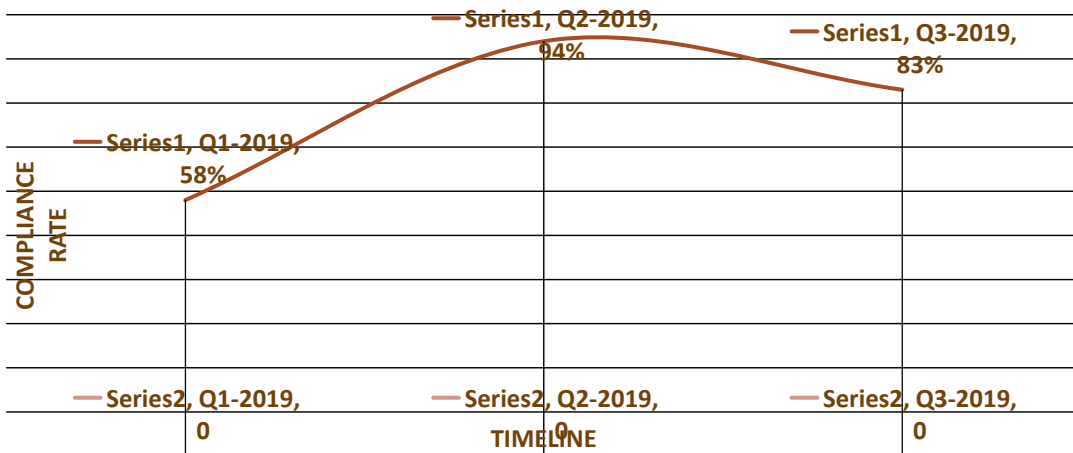
## Surgical Site Infection Rate



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## Cesarean Section Prophylactic Antibiotic



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## BENEFITS OF BUILDING EBP:

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- Provide better information to practitioner
- Enable consistency of care
- Better patient outcome
- Provide client focused care
- Increases confidence in decision- making
- Contribute to EBP
- Provide guidelines for future research
- Helps Health care provider to provide high quality patient care
- Engage the patient and family in the care

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## CHALLENGE OF BUILDING EBP

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- Insufficient time for staff to implement new ideas.
- Lack of authority to change patient care procedures.
- Lack of knowledge and confidence among professional practitioners.
- Lack of continuing education process.
- Organizational factors.
- Lack of interest.
- Lack of time.
- Lake of support .

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## SUSTAINABILITY PLAN

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- provide continuous education and training for the staff.
- Create EHS templates that Support the Guidelines and make it easy for the staff to review and apply the guidelines.
- Continuous Monitoring for the guidelines Compliance by unit managers and Quality Team by using Monitoring sheet for each protocol.
- Continuous Follow up and Reviewing performance indicators.
- provide continuous feedback through conduct regular meeting of mangers and staff.

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## EXCELLENCE IN PATIENT CARE (patient engagement )

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In our project of developing Clinical Guidelines we Focused on **Patient and family Educations** in different way:

- 1- Train the staff on the importance of patient engagement and educate the patient and his family and the effect of that on the patient outcome .
- 2- Provide Protocol posters in the different Units .
- 3- prepare patient and family leaflets .
- 4- Conduct regular sessions of (tell us your story ): An initiative to listen to the voice of the patient by talking about his experience in the hospital.
- 5- Regular patient feed back : patient satisfactions.
- 6- Increase Community awareness by conducting lectures about our protocols .
- 7- Monitor family and patient education in each Guidelines as one of the important steps to implement .

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## REFERENCES

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# THANK YOU

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QUALITY UNIT TEAM

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