Index

Aberdeen Varicose Vein Questionnaire, 134
Advancing Research and Clinical Practice through close Collaboration (ARCC) model, 76
Agency for Healthcare Research and Quality (AHRQ), 127
AHRQs Knowledge Transfer/Implementation Program, 127
ankle-brachial pressure measurement index (ABPI), 91
appreciative inquiry, 174–5
Brett’s Nursing Practice Questionnaire, 25
British Medical Journal, 6
CAHS Return of Investment (ROI) framework, 33
Campbell Collaboration, 13
Canadian Academy of Health Sciences (CAHS), 33
Canadian Institutes for Health Research (CIHR), 33, 127
cardiovascular disease, nursing care of, 100
cardiology, evolution of, 102–3
cardiovascular care, system approaches to changing delivery of, 103–5
care pathways/maps, 106–8
case management, 108–9
e-health, 111–14
nurse-led clinics, 110–11
outcomes and impact, 105–6
telehealth, 111–14
care, context and process of, 90–91
care pathways/maps, 106–8
case management, 108–9
Chalmers, Ian, 5
change in practice
costs and consequences of identification, 156–8
measurement, 158–9
valuation, 159–61
chronic leg ulcers, 87
clinical excellence, 161
Clinical Standards Board for Scotland (CSBS), 50
Cochrane, Archie, 4
Cochrane Centre, 5
Cochrane Collaborations, 13
Cochrane Library of Systematic Reviews, 7
Cochrane Pregnancy and Childbirth group, 5
Collaborations for Leadership in Applied Health Research and Care (CLAHRCs), 127
cost-benefit analysis (CBA), 153, 158, 159–60
cost-effectiveness analysis, 153, 161
critical/clinical pathways, see care pathways/maps
development of EBP, 3–5
diffusion of innovations, see Roger’s theory of diffusion of innovations
discrete choice experiments, 160
disease management, 108
e-health, 111–14
EBP/care, measuring impact of, 91–4
EBP mentor, 76
EBP perinatal database, 181–3
economic evaluation, of EBP, 149, 152
barriers to, 161–3
definition, 153
forms, 153
in health care, 151
steps, 154
costs and consequences, identification of, 156–8
costs and consequences, measurement of, 158–9
costs and consequences, valuation of, 159–61
evaluation context, 155–6
perspective in evaluation, importance of, 154–5
economic outcomes, EBP evaluation on, 147
economic evaluation
barriers to, 161–3
of EBP, 152–61
economics jargon, 149–52
meaning, 148–9
economics, 149
and equity, 152
and ethics in health-care evaluation, 161–2
Index

economics jargon, 149–52
  efficiency, 149–52
equity and missing side of economics, 152
government intervention, case for, 149–52
inefficiencies, 149–52
Effectiveness and Efficiency: Random Reflections on Health Services, 4
embedded evidence models, 43, 47–52
potential impacts from, 52
equity, and missing side of economics, 152
ethics and economics, in health-care evaluation, 161–2
EuroQoL EQ-5D, 134
evaluation context, 155–6
Evaluation Utilization Scale, 25
evaluative outcomes, 96
evidence, definition of, 5–7
evidence-based medicine (EBM), 74
definition, 6
movement for, 4
evidence-based practice, meaning of, 39–40
evidence-based practitioner models, 42–7
potential impacts from, 46
extrinsic motivation, 20–21
facilitation, 76–7
Feedback Intervention (FI), 72–3
first-generation knowledge, see knowledge inquiry
Guyatt, Gordon, 5
Hall’s levels, of knowledge use scale, 26
health-care evaluation, economics and ethics in, 161–2
Health Outcomes for Better Information and Care (HOBIC), 69, 70
health service users, 124
challenges, 141–2
contribution, to health service policy and research
  national agencies, role of, 126–8
  service user groups and networks, role of, 129
evidence base, development of, 143
patient-reported outcome measures, 132
  experiences of care, 138–41
  outcomes of care, 133–8
perspective, for defining EBP priorities and outcomes, 129
engagement in identification of outcomes, of EBP, 130–32
engagement in priorities, for EBP, 129–30
Health Technology Assessment International Programme, 128
Healthcare Commission, 127
Healthtalk Online, 141
Herceptin, use of, 4
identification of outcomes of EBP, engagement in, 130–32
impact, definition of, 40
information utilization scale, 26
instrumental/behavioral knowledge use, 20, 21, 22
integrity maintenance, of EBP, 167
adaptation
due to changes in organization, 167–8
due to emergence of new evidence, 169
interprofessional collaborative practices among cancer teams, 180–81
intrinsic motivation, 20
INVOLVE, 126, 127, 130
IOWA model, 41, 53, 55
James Lind Alliance (JLA), 126
King’s Fund, The, 140
knowledge inquiry, 79
knowledge synthesis, 79
knowledge-to-action (KTA), 79–81
knowledge tools/products, 79
knowledge translation
definition, 68
see also outcomes-focused knowledge translation
knowledge use, 19–24, 193
  conceptual use, 192
  impact, 28–30, 31–2, 193–4
    by system and methods of measurement, 197
    direct effects, 192
    surrogate effects, 192
  instrumental use, 192
measurement, 25–8, 31–2
  by patient and methods of measurement, 195
  impact, 196–7
  by provider and methods of measurement, 194–5
  impact, 196
knowledge utilization scale, 26
Lancet, The, 9
leadership, definition of, 173–4
leg ulcers, 87
McMaster PLUS, 80
Ministry of Health and Long-Term Care (MOHLTC), 69
models and approaches, of implementation of EBP, 38, 39
evidence-based practice, 39–40
impact, definition of, 40
implementation and utilization, 40
model typology, 40
embedded evidence models, 47–52
evidence-based practitioner models, 42–7
organizational excellence model types, 52–60
models and frameworks, for research use, 7–8
myocardial infarction (MI), 102

national agencies, role of, 126–8
National Health and Medical Research Council of Australia (NHMRC), 127
National Health Service (NHS), 3, 155
National Institute for Health and Clinical Effectiveness (NICE), 3, 25, 48, 127, 155
National Institute for Health Research (NIHR), 3, 126
National Perinatal Epidemiology Unit, 5
NHS Health Technology Assessment programme, 136
NHS Quality Improvement Scotland, 48
NHS sustainability model, 170–74
organizational factors, 172
process factors, 171
staff factors, 172
Niday, Patricia, 181
Niday Perinatal Database, 181, 182
nurse-directed clinics, see nurse-led clinics
nurse-led clinics, 110–11
nursing care, of cardiovascular disease, see cardiovascular disease, nursing care of Nursing PLUS, 80

organization readiness to change assessment (ORCA), 8
organizational excellence model, 43, 52–60
potential impacts from, 57
Ottawa Model of Research Use (OMRU), 45, 48–9, 55, 56, 90
outcome, definition of, 5
outcome indicators, of quality of care, 29
outcome measures, of EBP
for allied health professionals, 202
classification, 191
in guideline implementation studies, 189
knowledge use and impact, 193–4
measurement methods, 198
validity and reliability, 198
for medicine, 203
method and background, 190–99
for nursing, 201
patient and methods of measurement impact, 196–7
knowledge use by, 195

provider and methods of measurement impact, 196
knowledge use by, 194–5
system and methods of measurement, impact of knowledge use by, 197

outcomes, of EBP
background, 87–8
choice, 96–7
for chronic wound populations, 95
conceptualization, 21
development, of EBP, 3–5
direct measures, 24
EBP/care, impact of, 91–4
engagement in identification of, 130–31
environment and current care, 90–91
evaluating impact, of EBP, 8–10
evidence, definition of, 5–7
importance, 2–3
indirect/surrogate measures, 24
knowledge use, 19–24
impact, 28–30, 31–2
measurement, 25–8
limitations, 94–6
measurement, 18, 24–5, 31–2
models and frameworks, for research use, 7–8
objective measures, 24
in policy and politics, 13–14
prevalence/incidence rates, 88–9
and return on investment, 30, 33
subjective measures, 24
unproven benefit, interventions of, 10–13
outcomes and impact, of nursing care of cardiovascular disease, 105–6
outcomes feedback, 72–4
outcomes-focused knowledge translation, 67, 68
components, 68
facilitation, to support change, 76–7
focus, on outcomes, 69–71
framework, 68
KTA, 79–81
objective in, 73–4
outcomes feedback, 72–4
patient preferences, for care, 74–6
practice reflection based on outcomes, 71–2
purpose, 69
Oxford Hip Score, 134
Oxford Knee Score, 134

pain assessment method, 94
Parents of Premature Babies Project (POPPY), 128
Patient and Public Involvement Group, 128
patient outcomes, definition of, 70
patient preferences, for care, 74–6
patient-reported outcome measures (PROMs), 132
to assess service user outcomes of care, 137
generic measures, 133
service user
reported experiences of care, 138–41
reported outcomes of care, 133–8
specific measures, 133
PEARLS trial team, 132
percutaneous coronary intervention (PCI), 102, 104
Perinatal Partnership Program, 181
Personal Social Services (PSS), 155
perspective evaluation, importance of, 154–5
persuasive/strategic knowledge use, see symbolic knowledge use
Picker Institute Europe, 138
Pipeline model, 44, 45
practice development, 78
practice reflection, based on outcomes, 71–2
pressure ulcers, 87
prevalence/incidence rates, as outcome, 88–9
priorities for EBP, engagement in, 129–30
process indicators, of quality of care, 29
process outcomes, 96
Promoting Action on Research Implementation in Health Services (PARIHS), 53, 54, 68, 77
context, 78
facilitation, 78
nature of evidence, 78
patient outcomes feedback and research evidence, 78–9
“pull” fashion, 79
“push” fashion, 79
quality-adjusted life years (QALYs), 158
Quality Enhancement Research Initiative for Ischemic Heart Disease, 8
quality of care
outcome indicators, 29
process indicators, 29
structural indicators, 29
randomized controlled trials (RCTs), 5, 125
reflective practice, 175
Registered Nurses’ Association of Ontario (RNAO), 180
research evidence, 5–6
research utilization index, 26
return on investment and measuring outcomes, of EBP, 30, 33
Roger’s theory of diffusion of innovations, 56–7
Sackett, David, 5
Scottish Intercollegiate Guideline Network, 3, 48
second-generation knowledge, see knowledge synthesis
self-determination theory (SDT), 77
service users, see health service users
shared decision making, definition of, 75
staged evaluation, 162–3
Stetler–Marram model, 45, 50, 56
structural indicators, of quality of care, 29
sustainability indicators, selection criteria for, 178–9
sustainability of EBP, and measurement of impacts, 166
definition, 167
development process, 177–8
exemplars and issues, 179–83
integrity, of EBP, 167–9
need for, 167
strategies for, 174
evidence and sustainability, 176
individual, multilevel, and collective leadership, 175–6
interprofessional reflective practice, 175
performance evaluation, 177
rhetoric and opinion leaders’ positive discourse, 174–5
sustainability indicators, selection criteria for, 178–9
sustainability models, 169
NHS sustainability model, 170–74
priority setting for, 170
sustainability surveillance systems, 182
symbolic knowledge use, 20, 22
telehealth, 111–14
Term Breech Trial, 8, 9, 11
third-generation knowledge, see knowledge tools/products
UK Department of Health, 4, 134
UK Neonatal Task Force, 128
unproven benefit, interventions of, 10–13
Veterans Health Administration (VHA), 8
Waterlow Pressure Ulcer Risk Assessment score, 135, 136
Williams, Alan, 161
willingness to pay, 159–60