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FRANCOPHONES

SECRÉTARIAT INTERNATIONAL DES INFIRMIÈRES  
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Défi des  
MALADIES CHRONIQUES  
un appel à **L'EXPERTISE  
INFIRMIÈRE**

**MONTRÉAL (CANADA) DU 31 MAI AU 5 JUIN 2015**  
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# Fonder ses décisions cliniques sur les résultats des recherches: l'*Evidence-Based Nursing* en pratique

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Belgique



**CEBAM**

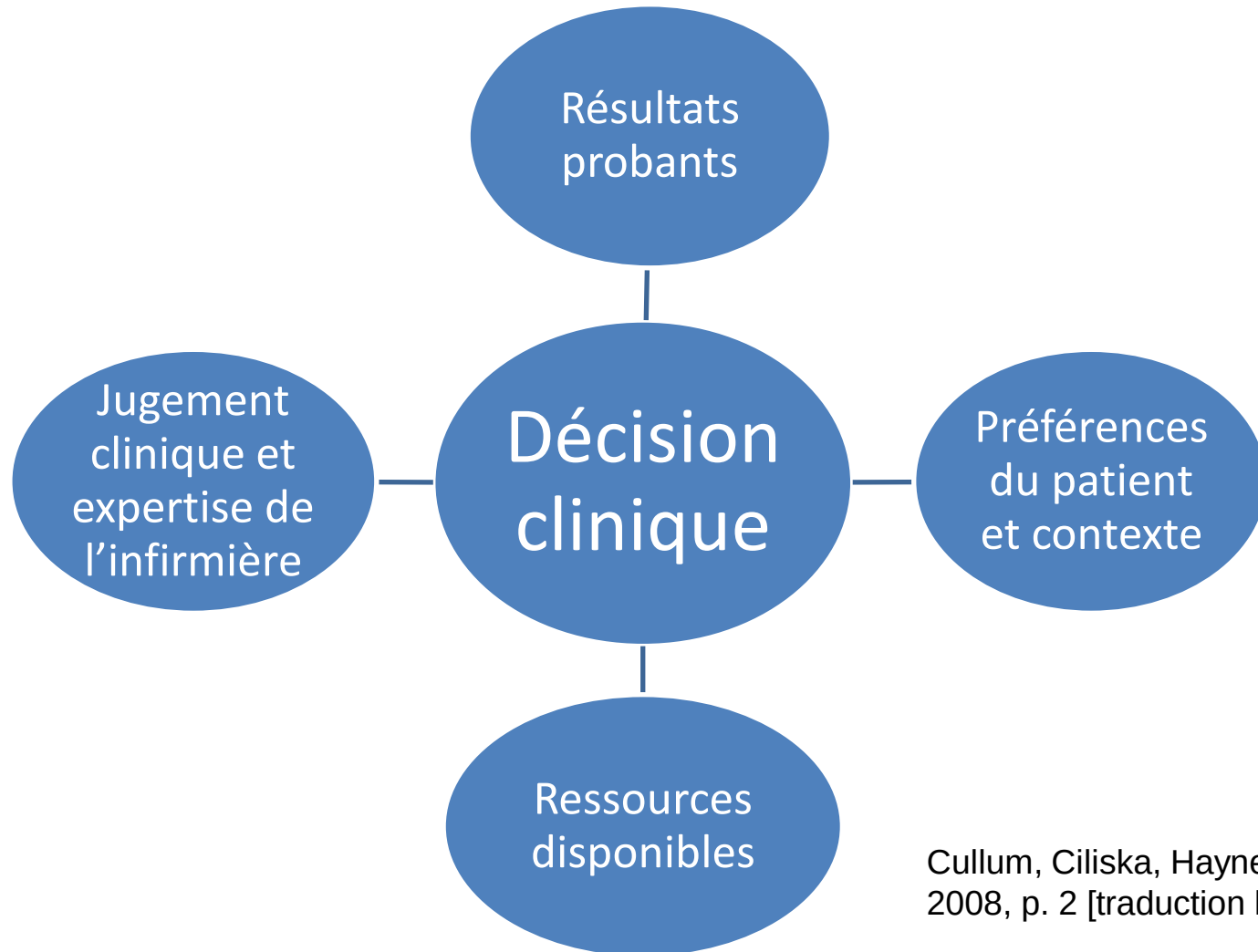
Belgian Centre for Evidence-Based Medicine  
Belgian Branch of the Dutch Cochrane Centre

# Partons d'une situation clinique

Imaginez que vous êtes infirmière coordinatrice en gériatrie. Vous êtes chargée de mener un travail de réflexion sur la prévention des chutes des personnes âgées. En effet, votre équipe a constaté que les chutes des personnes âgées étaient fréquentes. Vous souhaitez donc mettre en évidence la littérature sur cette problématique afin d'établir un protocole de soins.

Afin d'établir un protocole de soins,  
je dois prendre en compte plusieurs  
éléments....

# Pratique informée par des résultats probants



Cullum, Ciliska, Haynes et Marks, 2008, p. 2 [traduction libre]

*Evidence-Based*

```
graph TD; A["Evidence-Based"] --> B["Résultats actuels"]; A --> C["Issus de recherches scientifiques"]
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Résultats  
actuels

Issus de  
recherches  
scientifiques

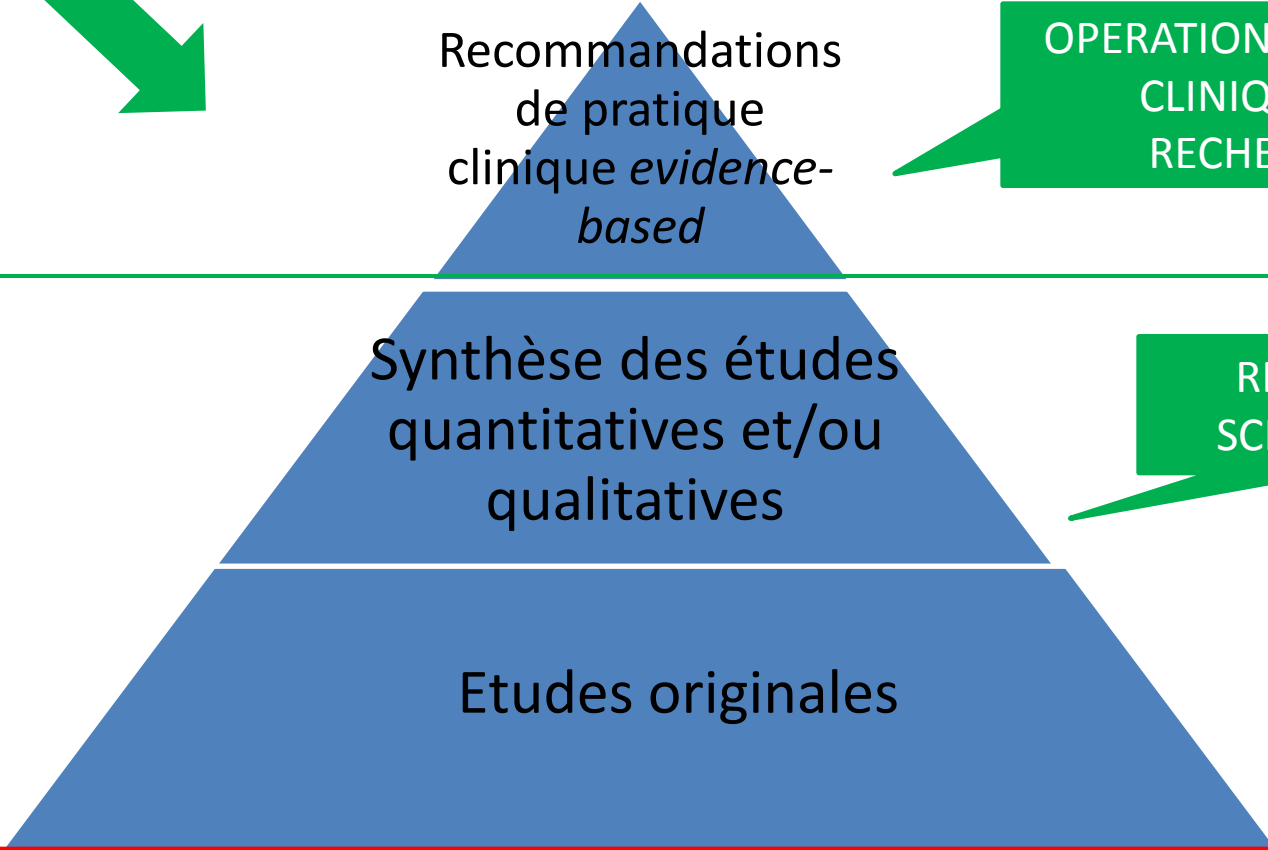
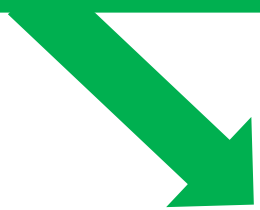
# Les infirmiers doivent adopter une pratique informée par les résultats probants.

- **OMS** (vision stratégique 2011-2015): pour améliorer la santé des individus, des familles et des communautés, les soins infirmiers doivent viser à une pratique de haute qualité basée sur des résultats de recherche.
- **Conseil International des Infirmières [CII]** (plan stratégique 2011-2014): la pratique informée par les recherches est indispensable à la pratique infirmière actuelle.

En tant qu'infirmier, je dois donc  
fonder mes décisions sur les résultats  
des recherches, mais que puis-je  
considérer comme résultat de  
recherche????

# Littérature scientifique

## MONDE DE L'EVIDENCE-BASED



OPERATIONNALISATION  
CLINIQUE DES  
RECHERCHES

RECHERCHES  
SCIENTIFIQUES

MONDE DU NON  
PROBANT

en pratique

Opinions d'experts  
Revue narrative  
Guidelines consensuel

Adapté de Brown,  
2009, p.16

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Ma problématique clinique réfère à la prévention des chutes des personnes âgées. Je cherche donc des recommandations de pratique clinique (*guidelines*) *evidence-based*

# Recommandations pour la pratique clinique- *Clinical guidelines*

« Déclarations élaborées d'une manière **méthodique**, selon les **meilleures données probantes existantes**, visant à **faciliter les décisions** du praticien et du patient concernant les soins adéquats dans certains cas cliniques» (Field et Lohr, 1990, p. 8 cité par RNAO, 2002, p. 13).

Guidelines  
consensuel

- consensus informel d'experts
- conférence de consensus

Guidelines  
*Evidence-  
based*

- Basé explicitement sur une revue de la littérature : comprend des niveaux de preuves et/ ou grades de recommandation
- Groupe d'experts/ Sociétés savantes

# Guideline ≠ Protocole ?

**Protocole** = guideline remis dans un contexte local

⇒ Conduite idéale à tenir dans un département/ une unité

- Fondée sur des guidelines “evidence based” (≠ guidelines consensuel)
- Très concret et spécifique, construit en fonction
  - des patients spécifiques de l’unité/ du département;
  - des ressources (possibilités organisationnelles, financières; disponibilité du matériel; ressources en personnel; efficience);
  - des préférences.

Gobert, 2008

# Exemples de sites de *guidelines* d'accès gratuit

*National Guideline Clearinghouse*

NICE

RNAO

HAS

## Guideline Summary NGC-9514

### Guideline Title

Fall management guideline.

### Bibliographic Source(s)

Health Care Association of New Jersey (HCANJ). Fall management guideline. Hamilton (NJ): Health Care Association of New Jersey (HCANJ); 2012. 34 p. [41 references]

### Guideline Status

This is the current release of the guideline.

This guideline updates a previous version: Health Care Association of New Jersey (HCANJ). Fall management guideline. Hamilton (NJ): Health Care Association of New Jersey (HCANJ); 2007 Mar. 32 p.

### Scope

#### Disease/Condition(s)

- Falls
- Injuries from falls

**Note:** A fall is defined as an occurrence characterized by an individual's abrupt, undesired relocation to the ground.

- An episode in which a resident has lost his/her
- The presence or absence of a resultant injury;
- The distance to the next lower surface (in this case, the floor)

### Guideline Category

- Evaluation
- Management
- Prevention
- Risk Assessment

### Clinical Specialty

- Family Practice
- Geriatrics
- Internal Medicine
- Nursing
- Physical Medicine and Rehabilitation
- Preventive Medicine

### Intended Users

- Health Care Providers
- Managed Care Organizations
- Nurses
- Occupational Therapists
- Physical Therapists



## Prevention of Falls and Fall Injuries in the Older Adult



## Falls: assessment and prevention of falls in older people

Issued: June 2013

**NICE clinical guideline 161**  
guidance.nice.org.uk/cg161

NICE has accredited the process used by the Centre for Clinical Practice at NICE to produce guidelines. Accreditation is valid for 5 years from September 2009 and applies to guidelines produced since April 2007 using the processes described in NICE's 'The guidelines manual' (2007, updated 2009). More information on accreditation can be viewed at [www.nice.org.uk/accreditation](http://www.nice.org.uk/accreditation)



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## Nursing Best Practice Guidelines

# Prevention of Falls and Fall Injuries in the Older Adult



**Project / Initiative:** [Long-Term Care Best Practices Program](#)

**Type of Guideline:** Clinical

**Status:** Published

**Publish Date:** 2002

Free Download

Purchase hardcopy

Mobile Version

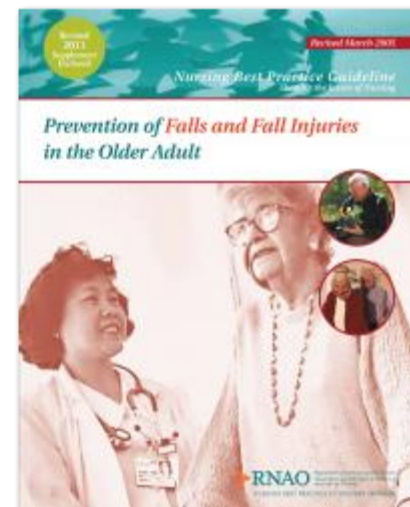
## About this Guideline:

Increase your confidence, knowledge, skills and abilities in the identification of adults within health care facilities at risk of falling and to define interventions for the prevention of falling.

The guideline does not include interventions for the prevention of falls and fall injuries in older adults living in community settings. The guideline has relevance to areas of clinical practice including acute care and long-term care, and will assist nurses to apply the best available research evidence to clinical decisions, and to promote the responsible use of health care resources.

Revised: 2005

Supplement: 2011



# Summary of Recommendations

## General Principles:

1. The client's perspective, individual desires and needs are central to the application of the guideline.
2. The over-arching principle that guides the intervention choices is the principle of maintaining the highest quality of life possible while striving for a safe environment and practices. Risk taking, autonomy, and self-determination are supported, respected, and considered in the plan of interventions.
3. Individuals, their significant other(s) and the care team engage in assessment and interventions through a collaborative process.

| RECOMMENDATION                 |                                                                                                                                                                                                                                                                                                                | *LEVEL OF EVIDENCE | *GRADE OF RECOMMENDATION |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|
| Practice Recommendations       |                                                                                                                                                                                                                                                                                                                |                    |                          |
| Assessment                     | 1.0 Assess fall risk on admission.<br>1.1 Assess fall risk after a fall.                                                                                                                                                                                                                                       | 1b<br>1b           | B<br>B                   |
| Intervention<br><i>Tai Chi</i> | 2.0 Tai Chi to prevent falls in the elderly is recommended for those clients whose length of stay (LOS) is greater than four months and for those clients with no history of a fall fracture. There is insufficient evidence to recommend Tai Chi to prevent falls for clients with LOS less than four months. | 1b                 | B                        |
| Exercise                       | 2.1 Nurses can use strength training as a component of multi-factorial fall interventions; however, there is insufficient evidence to recommend it as a stand-alone intervention.                                                                                                                              | 1b                 | I                        |
| Multi-factorial                | 2.2 Nurses, as part of the multidisciplinary team, implement multi-factorial fall prevention interventions to prevent future falls.                                                                                                                                                                            | 1a                 | B                        |

# Example (RNAO, 2011, pp.11-12)

| RECOMMENDATION           |                                    | *LEVEL OF EVIDENCE | +GRADE OF RECOMMENDATION |
|--------------------------|------------------------------------|--------------------|--------------------------|
| Practice Recommendations |                                    |                    |                          |
| Assessment               | 1.0 Assess fall risk on admission. | 1b                 | B                        |

Table 1: Levels of Evidence

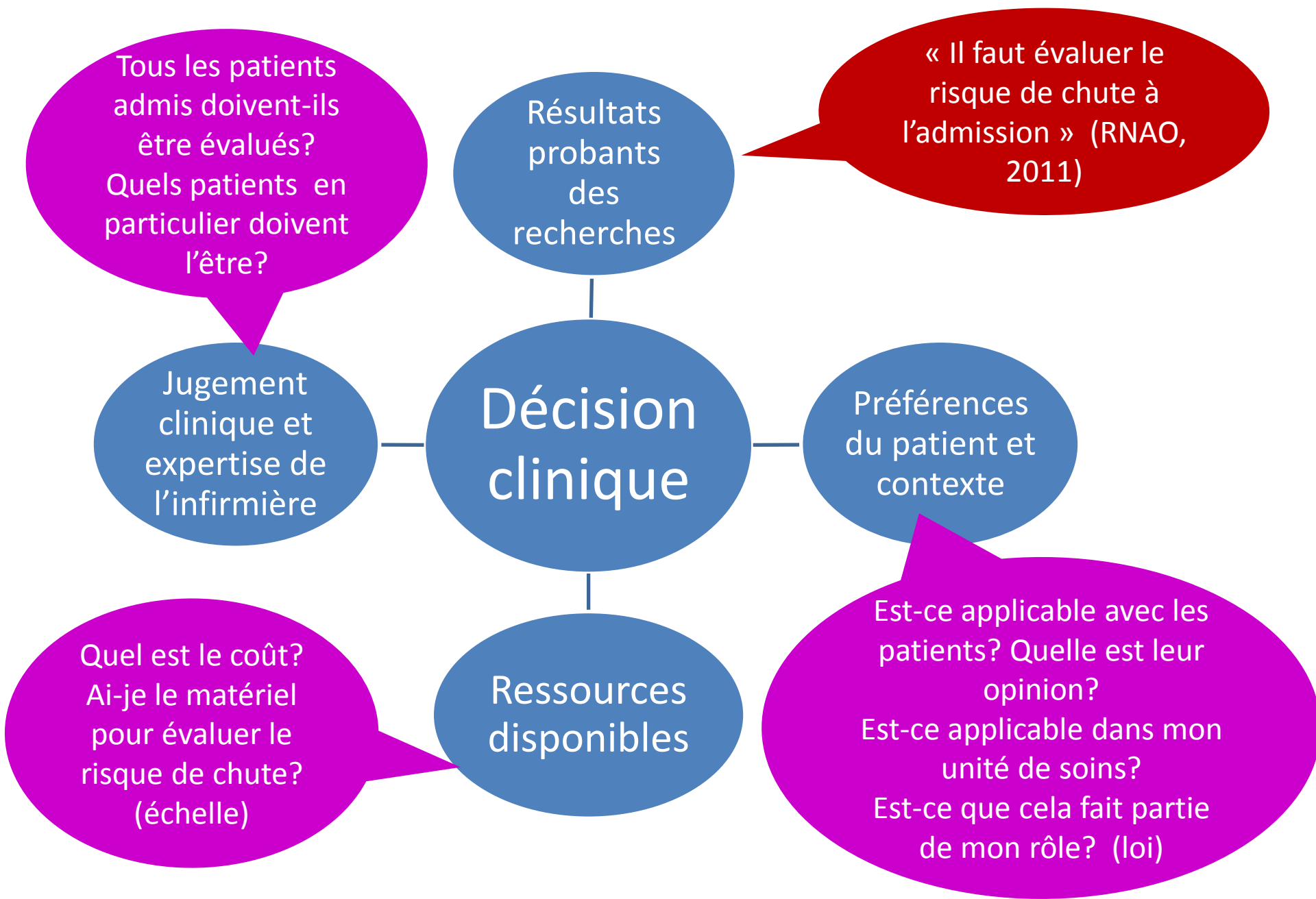
|     |                                                                                                    |
|-----|----------------------------------------------------------------------------------------------------|
| Ia  | Evidence obtained from meta-analysis or systematic review of randomized controlled trials.         |
| Ib  | Evidence obtained from at least one randomized controlled trial.                                   |
| IIa | Evidence obtained from at least one well-designed controlled study without randomization.          |
| IIb | Evidence obtained from at least one well-designed controlled study without randomization.          |
| III | Evidence obtained from well-designed comparative studies, cohort studies, or case-control studies. |
| IV  | Evidence obtained from expert opinion, case reports, or descriptive studies.                       |

Table 2: Grades of Recommendation

|   |                                                                                                                                                                                                   |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | There is <b>good</b> evidence to recommend the clinical preventive action.                                                                                                                        |
| B | There is <b>fair</b> evidence to recommend the clinical preventive action.                                                                                                                        |
| C | The existing evidence is <b>conflicting</b> and does not allow making a recommendation for or against use of the clinical preventive action; however other factors may influence decision-making. |
| D | There is <b>fair</b> evidence to recommend against the clinical preventive action.                                                                                                                |
| E | There is <b>good</b> evidence to recommend against the clinical preventive action.                                                                                                                |
| I | There is <b>insufficient</b> evidence (in quantity and/or quality) to make a recommendation, however other factors may influence decision-making.                                                 |

J'ai trouvé des recommandations  
*evidence-based*..... Que dois-je faire  
ensuite pour construire mon  
protocole???

Un exemple avec une recommandation



« Il faut évaluer le risque de chute à l'admission » (RNAO, 2011)

OUI, mais comment???

Systematic review of fall screening tools (Perrel et al., 2001); systematic review of hospital fall risk assessment tools (Oliver et al., 2004); randomized controlled trials (RCT) conducted in long-term care settings (Becker et al., 2003; Jensen et al., 2002)

Tools: Morse Fall Scale, the STRATIFY risk assessment tool, Hendrich II Fall Risk Model©

## Discussion of Evidence

Fall risk assessment is important as it provides direction for interventions that have been shown to reduce a person's risk of falling. Commonly identified risk factors for older patients in health care settings include confusion, weakness, hearing deficits, cognitive impairment, previous stroke, previous falls, and side effects of drugs (Hendrich et al., 1995; Morse et al., 2001).

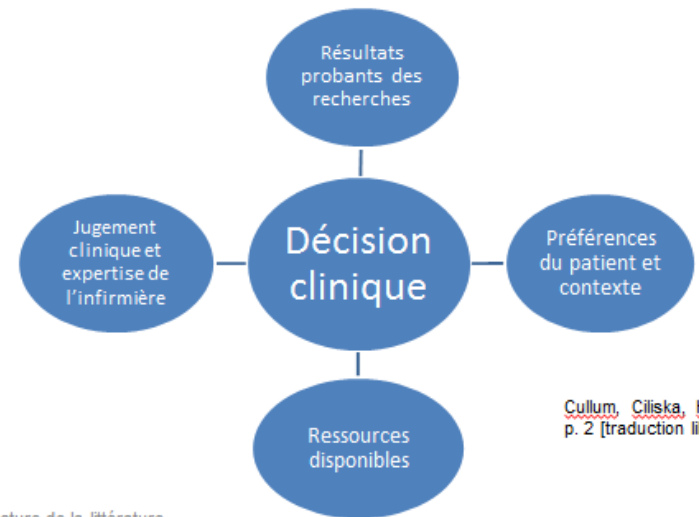
Fall risk assessment provides direction for the multiple interventions which have been shown to reduce a person's risk of falling.

Appendix C contains information on how to access the tools discussed above

The Morse Fall Scale (Morse et al., 2001) and the Hendrich II Fall Risk Model© (Hendrich et al., 1995) could be used.

Assessment for fall risk is the key. The tool used must be appropriate for the setting and for the specific

# EBN: UTILISATION DES RESULTATS DES RECHERCHES



Cullum, Ciliska, H  
p. 2 [traduction lib

ecture de la littérature-

Adaptation/  
contextualisation

Littérature scientifique  
MONDE DE L'EVIDENCE-BASED

PROFESSION INFIRMIERE

Recommandations  
de pratique  
clinique evidence-based

OPERATIONNALISATION  
CLINIQUE DES  
RECHERCHES

Synthèse des études  
quantitatives ou  
qualitatives

RECHERCHES  
SCIENTIFIQUES

Etudes originales

PROCEDURES DE SOINS

Adaptation/  
contextualisation

SOINS AU PATIENT  
SINGULIER

Merci pour votre attention!

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Envie de vous former à l'EBN?

Visitez [www.cebam.be](http://www.cebam.be)



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# Références bibliographiques

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