

LKS Library and Knowledge Services

Evidence into Action Project

Background

Inpatient psychiatric units offer assessment and treatment to acutely unwell individuals. Multidisciplinary teams work collaboratively with patients to provide effective care. The effectiveness of these interventions will depend heavily on the strength of the evidence base used in practice. It is well recognised that the evidence base is adopted by clinical teams if they have immediate opportunity to reflect on their practice (Brookman, 2006). It is also known that provision of access to good quality information immediately relevant to the clinical questions is key to the absorption of new practices (Sadera, 2011).

For several years now Clinical Librarians have worked alongside clinical teams mainly in the Acute Care sector. In most cases this has meant a librarian accompanying ward rounds, identifying evidence/information queries as they come up, and then taking them away and supplying more in depth information after searching appropriate data sources. A systematic review of clinical librarian work suggests that it does have a positive impact on patient care, leading to better informed decisions (Brettle et al, 2011). This model is not suited to the way inpatient mental health is managed, but the principle of a librarian being more actively involved when cases are being discussed, and then being able to respond rapidly to any information needs raised, has started to be adopted in mental health (Steele and Tiffin, 2014; Goring et al, 2010), and has shown that there is potential for a clinical librarian to improve decision-making and patient care.

Evidence into Action Project - Aim

To provide clinicians with an opportunity to reflect on their practice and to seek information on the evidence base to inform their practice in a clinical setting by including a member of library staff as part of the multi-disciplinary team at rapid patient review meetings.

Methodology

In order to improve access to good quality information in a clinical environment it was arranged that a member of library staff (Fiona Rees, clinical librarian) would attend the rapid reviews in Brocton House on a weekly basis. The consultant on Brocton, Dr Kumar, had

suggested the collaboration and was very keen to see that staff benefitted from good access to the evidence base to support best practice.

On the first few visits the clinical librarian was introduced to the team, and the aim of the project was explained. The Rapid Review meeting on Brocton is attended by members of ward staff including OTs, nurses and doctors, as well as representatives of Crisis Intervention and Pharmacy. A different staff nurse brings updates on patients each week, and some team members such as OTs or Foundation Doctors are only there for a limited period. There are usually five to eight staff in attendance. This meant that not all staff attending were equally aware of the aims of the project, and having Dr Kumar as a 'library champion' helped ensure that information needs were picked up effectively. It was noticeable that when he was not there, fewer questions were generated.

At the end of the meeting staff were asked if they had identified anything they wanted further information on, or if they needed a literature search on the evidence base. The librarian would make certain that they were clear about what was needed before leaving, and would aim to turn around searches within the week. Most searches were returned within two to three days.

Results

Over the course of a 15 month period (January 2012 - March 2013) the clinical librarian attended 49 Rapid Reviews. A tremendous variety of questions was raised varying from 'are these side-effects within the 'normal' range for this drug', to 'how a strong belief structure affects mental health'. Although Dr Kumar raised many of the questions, as the team got used to the librarian's presence other team members asked for searches. The majority of the questions were generated during the review but some staff brought other questions on patient care that had come up in the course of their work. As part of the project was to encourage staff to make more effective use of good quality information resources through the library service these were included as part of the project.

Searches varied in length from 2 hours up to 9.5 hours depending on the scope of the evidence base on a topic (average 4.26 hours). Over the 15 month period 29 searches were conducted, most of them with a direct relevance to patient care. A list of all the search topics is included in Appendix 1.

Results were sent in a standard literature search format with comments from the Clinical librarian indicating what was felt to be the key findings, and a set of abstracts with relevant portions highlighted.

Initial feedback was positive with staff saying they found the searches helpful.

Feedback

Impact surveys were sent out after literature searches for the first six months of the project. The form is included as Appendix 2. Five forms were returned in total.

All of the forms returned indicated that the results were what was wanted, but in only 2 of the 5 was the clinician able to make effective use of them because there were 'not enough relevant results'. The results still proved useful though, as in one case this still led to a change of practice regarding drug treatment. It emphasising the need for regular reviews because there was no clear evidence on the long-term effects of anti-psychotics for treating PTSD.

The last question invited comments which are included as Appendix 3. All comments were positive even when insufficient evidence had been found. Verbal feedback indicated it was just as important to know when there were no answers as when there were answers.

The librarian noted one search which has influenced practice as the results have been referred to several times since. This was regarding the effect of anti-psychotics on ECG readings, particularly QT intervals. Changes to the QT intervals need to be monitored as they can be an indication of cardiac arrhythmias which can lead to complications. The same search was also helpful to a consultant in another part of the Trust.

Clinician perspective

From the lead clinician's perspective, elements of the project that worked well included encouraging team members to ask questions on evidence base when these were linked to finding solutions to a real problem the team was facing. The project challenged the notion that busy clinical teams have no inclination to practise EBM in their day to day practice: clinicians did find it useful.

The idea (of asking questions, checking the literature, matching the team's practice, and changing practice), though welcomed by all in the clinical team, was not optimally used by all disciplines and team members. The initial choice of morning rapid review meetings with their time pressures might have limited participation. New members in team might have found it difficult to ask questions or challenge practice.

The project suggested that timely feedback to the entire team linked to real life patient problems and the successful application of such information had the potential to change attitudes and practices.

Conclusions

For the clinical librarian and library services this has proved a very valuable project. It has enabled the library to gain a better understanding of how the clinical system works and where the library can offer support in ensuring that clinicians have the evidence they need to provide the highest level of care to our service users.

As a result of regular visits to the ward staff are more comfortable about asking for support and more recently this has included asking for information to support service user questions around such treatment options as ECT. There is a real sense that the importance of evidence in support of treatment is becoming embedded in team practices.

Recommendations and Future Actions

One area for improvement is closing the loop. Although a search has been supplied to one member of staff this has not always been cascaded to the team. Subsequent changes in practice, or decisions that best practice is already being followed, are not always therefore linked to the search in other staffs minds. In future it is planned that there will be a short feedback to the team in the next review the librarian attends, so that everyone can see the evidence in action, even when it is that there is no clear evidence. The member of staff who raised the question would also have to opportunity to input into the feedback process. It is hoped this would then encourage more questions so that the 'cycle of evidence' process is embedded in everyday practice.

Other ideas include a question book where search requests and answers are recorded or an area on the library webpages such as a FAQs page. The latter option would provide an opportunity for sharing learning across a wider audience within the Trust. The search and selected answers would be in the form of a PDF (non-editable) but there would be space for additional comments or queries to supplement the initial search results. Wherever it is possible links would be provided to full text articles or web pages so that you could also go to the source material.

It is hoped that the Clinical Librarian service will be taken up by other teams across the Trust further embedding good quality evidence into clinical practice throughout the Trust.

References

Brettle, A et al (2011) [Evaluating clinical librarian services: a systematic review](#) *Health information and libraries journal*, 28/1(3-22)

Brookman, A et al (2006) [What do clinicians want from us? An evaluation of Brighton and Sussex Hospitals NHS Trust clinical librarian service and its implications for developing future working patterns](#) *Health Information and Libraries Journal* 23/Supp 1 (10 – 21)

Gorring, H et al (2010) [A clinical librarian project in psychiatry](#) *Psychiatric Bulletin*, 34:68-70

Sadera, G (2011) Real-time evidence based decisions in critical care *Intensive Care Medicine* 37(S67)

Steele, R and Tiffin, P (2014) ['Personalised evidence' for personalised healthcare: integration of a clinical librarian into mental health services – a feasibility study](#) *Psychiatric Bulletin*, published online 23/01/2014

Appendix 1. Search questions addressed

	Time Taken (Hours)	Team member	Comments
11.01.12	7.5	EIA/C	Information needs of psychiatric inpatients
16.01.12	2.5	EIA/C	Does lactulose produce any negative effects in diabetic psychiatric patients
16.01.12	9.5	EIA/C	What effects can pregabalin and/or venlafaxine have on weight?
23.01.12	2	EIA/C	What are the benefits/negative effects of asenapine augmentation?
30.01.12	5	EIA/C	Effectiveness of quetiapine in the treatment of borderline personality disorder
20.02.12	3.25	EIA/C	Does aripiprazole augmentation reduce antipsychotic induced hyperprolactinaemia?
20.02.12	4	EIA/C	Information about adult foster care for the mentally ill or those with learning disabilities
05.03.12	7.5	EIA/C	Issues around adults with learning disabilities being treated in an acute inpatient setting
9.03.12	3	EIA/C	Long-term use of anti-psychotic medication in post-traumatic stress disorder
12.03.12	2.5	EIA/SPR	How to differentiate between drug induced parkinsonism and parkinson's disease
23.02.12	6.25	EIA/C	Malingering in an inpatient psychiatric population
2012/13			
20.04.12	4	EIA/SPR	Effect of commonly used drugs/medications on glomerular filtration rates
8.05.12	3.5	EIA/SPR	The effects of calcium levels on mood in a psychiatric patient with cancer
7.06.12	10	EIA/OT	How does a strong belief structure affect mental health (to include witchcraft)?
14.06.12	3	EIA/C	Injections of pabrinex versus oral supplements in alcohol dependence/detoxification. Are injections superior ?
30.07.12	5	EIA/OT	Evidence base for the role of OTs with MOD patients /veterans - mental health or physical
31.07.12	3.5	EIA/C	Effectiveness of treatments for social phobia and the morbid fear of blushing- erythrophobia
2.08.12	1.5	EIA/OT	Evidence base for use of MOHOST with ADL interventions/assessments
3.08.12	2	EIA/SPR	Is there evidence of a link between pseudoseizures and childhood sexual abuse in the general population as well as those with a mental illness
14.09.12	5	EIA/FT	The effects of olanzapine or venlafaxine on liver function/ and how common is it
20.09.12	1.5	EIA/SPR	Dose equivalence for benzodiazepines (Dose equivalence table from Prodigy)/comparative recommended dosages

26.09.12	4.5	EIA/C	Relationship between testosterone use/abuse and drug-induced psychosis
11.10.12	8	EIA/FT	monitoring of antipsychotic use by ECG to assess QTc intervals (re-cardiac arrhythmias) This search was used to answer queries from two different clinicians within a short space of time
12.10.12	0.75	EIA/SPR	Basic info on EMDR
18.10.12	6	EIA/FT	Evidence for effectiveness of atomoxetine in adults with ADHD
6.11.12	2	EIA/SPR	Basic information on haemolytic anaemia (and possibly thalassaemia traits)- diagnosis/treatment/management
14.02.13	2.5	EIA/C	Zopiclone dosages
13.03.13	3.5	EIA/FT	Treatment/management of Intermittent explosive disorder/impulse control disorders

Key			
EIA/C	Consultant	EIA/FT	Foundation Year Doctor
EIA/SPR	Specialist registrar	EIA/OT	Occupational Therapist

Appendix 2. Literature search impact survey

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Evaluation of the Library's Literature Search Service for the Evidence into Action (EIA) Project

A search request was generated for information on:

Information needs of psychiatric inpatients

Date:

1) Were the results of the literature search what you wanted?

Yes

No

2) Were you able to make effective use of them?

Yes

No

If not why not?

Too many results

Too few results

Not enough relevant results

Arrived too late

Other (please specify)

4) Has the information that you obtained led you to change some aspect of patient care or is it likely to in the future? (Please tick all that apply)

Diagnosis

Choice of drugs or other treatments

Choice of tests

Length of suggested treatment

Guideline/pathway development

Service redesign

Avoid unnecessary treatment or tests

Advice to patients/carers

Other (please specify).....

No, I don't anticipate it will change any aspect of patient care or treatment

7) Please tell us, **in your own words**, about anything you did differently as a result of receiving this literature search and what impact any changes had on the outcome for patient care.

.....

Thank you very much for taking the time to provide us with feedback

This is a cut down version of the standard literature search impact survey hence the numbering. The relevant questions could be incorporated in the wider survey analysis.

Appendix 3. Comments from Literature search Impact survey responses

“Cascading to the team could have influenced the practice/clinical reasoning of the staff. I gained “a greater appreciation of the relationship between belief system and mental health, Has reinforced to me the importance of spirituality and understanding an individual’s spiritual background and needs.”

“Adult foster care was considered an option for a patient. I collected information from social worker i.e. experience based information to make decision. Lack of evidence was dismissed.”

Change to choice of drugs or other treatment - “This was a good learning point for the junior doctor.”

“Some questions are bound to come up with no answers. But knowing there are no answers is itself, a good answer.”

Change to choice of drugs or other treatment - “No clear evidence for long term use. Hence patients receiving these medications should be reviewed closely. This is the practice I follow now.”