



Improving access to evidence

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palliative care knowledge network

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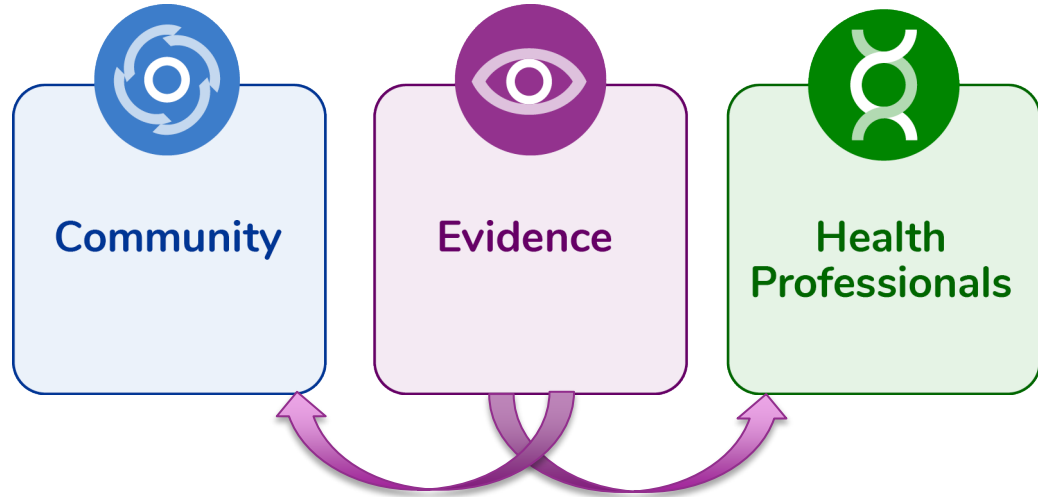


Today's aim:

Introduce the new CareSearch Portal with an emphasis on the Evidence Centre and:

- Why we needed to change, and
- What this means for your access to evidence in palliative care.

CareSearch
portal 2021 –
supporting
informed
decision-making



Transparent & rigorous quality processes

Ensure access to evidence and trustworthy
information for everyone

The need for change



Increasing demands for palliative care.

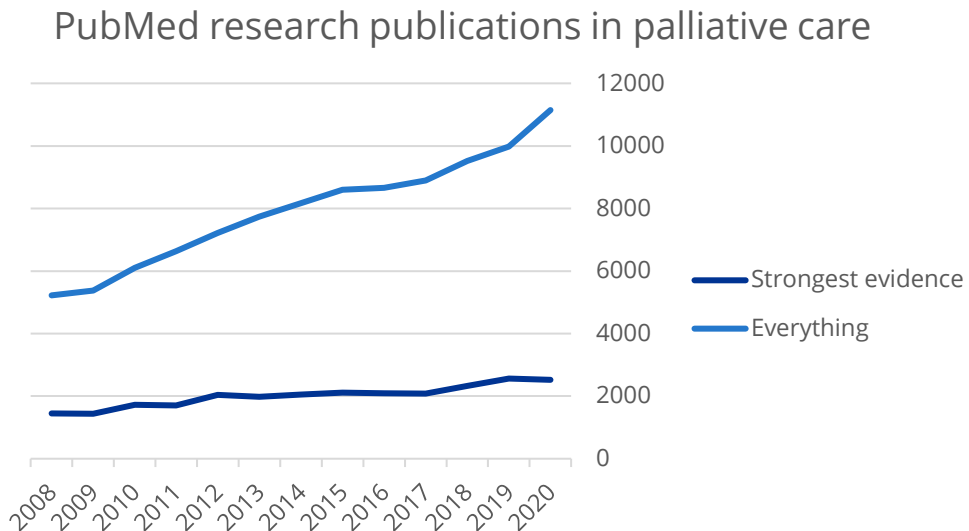
Increasing flood of evidence and information about what we should do to improve care.

Increasing demand for evidence-based/informed practice.



Evidence trends

Research in palliative care:



CareSearch Evidence webpage analysis 2017-2020

Hub	Views
Patients and carers	3,276,870
Nurses	2,569,538
Clinical Summaries	2,112,403
Finding Evidence	1,432,790

CareSearch Evidence webpage analysis 2017-2020

Finding Evidence	Views
PubMed search filters	193,981
SR collection	124,415
Searching for evidence	28,154
Implementing change	22,962
Appraising evidence	22,494



Evidence Centre

- What's new?

Organised according to your purpose:

1. About evidence
2. Practice ready evidence
3. Searching for specific evidence
4. Evidence practice training
5. Evidence translation training



1. About Evidence – What it is

Evidence is information that comes closest to the facts of a matter. The form it takes depends on the context.

The findings of high-quality, methodologically appropriate research are the most accurate evidence.

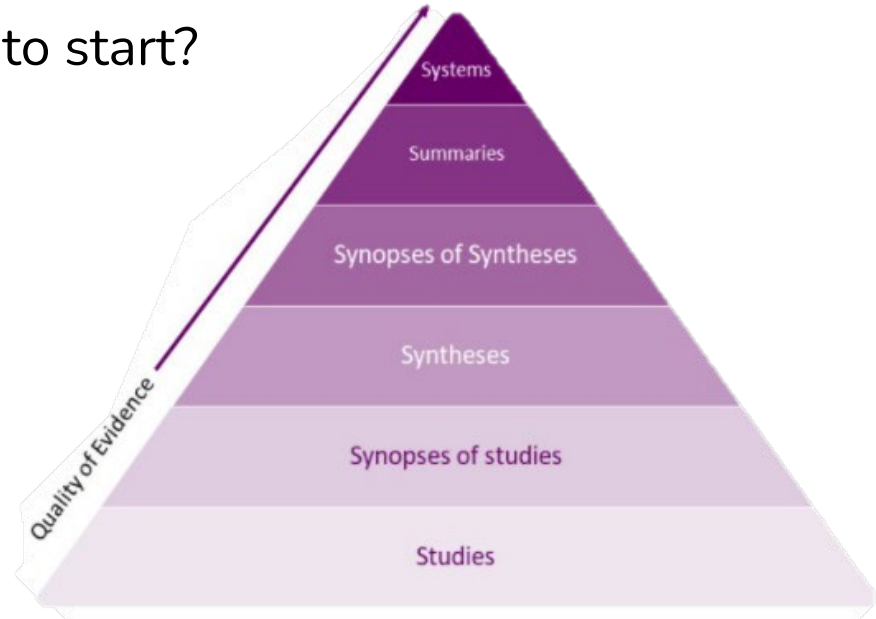
Because research is often incomplete and sometimes contradictory or unavailable, other kinds of information are necessary supplements to or stand-ins for research. The evidence base for a decision is the multiple forms of evidence combined to balance rigour with expedience – while privileging the former over the latter.

Ref: Canadian Health Services Research Foundation. Annual report 2005. Ottawa: Canadian Health Services Research Foundation; 2005. p. 9.



Evidence Centre - 6S pyramid

Where to start?

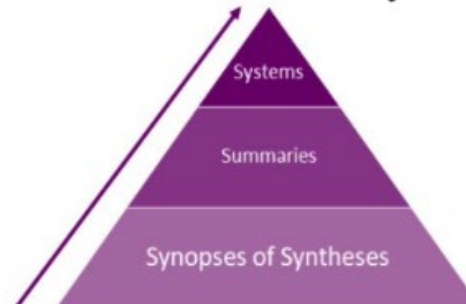


Ref: Dicenso A, et al Accessing pre-appraised evidence: fine-tuning the 5S model into a 6S model. Evid Based Nurs. 2009 Oct;12(4):99-101



2. Practice ready evidence – pre-appraised and current

- Guidelines – national and international
- Clinical evidence synopses
- Practice tools - new





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- Guidelines – national and international
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- Practice tools - new



- Practical approaches to practice including clinical care and education



**Health
Professionals**

Practice ready

Palliative care guidelines

Home / Evidence / Searching for Evidence / Palliative Care Guidelines

Guidelines providing access to evidence you need

Health care quality standards and indicators tell you what outcomes are expected and what structures should be in place or available. Achieving aspirational care goals and standards requires guidance on what works and how to implement this in practice.

A good place to start is to consider what palliative care guidance is currently used or not used or it requires updating, then it is important to know where to access evidence.

However, healthcare practitioners often lack the time and skills to sift through evidence to find what is relevant to their practice. National- and state-based guidelines and guidance documents can help. These may be referred to when updating or developing local guidance that better reflects your local context.

Here we list selected guidelines and guidance specific to palliative care in Australia. Documents that might be considered for this collection please contact us at caresearch@carereadynz.org.au.

- ☒ National
- ☒ New South Wales
- ☒ Queensland
- ☒ South Australia
- ☒ Victoria
- ☒ Western Australia

Pain

Home / Evidence / Searching for Evidence / Clinical Evidence Summaries / Pain

Key messages

- More than half of all seriously ill patients experience pain. [1-4]
- Many palliative care patients continue to experience unacceptably high levels of pain.
- Under assessment is more likely among people living in residential care, patients with cognitive impairment, [5,6] patients in neonatal, paediatric and adult intensive care units, [7-9] and members of minority ethnic communities. [10]
- The majority of pain in palliative care patients can be effectively treated using a multimodal approach and best practice management strategies. [4]
- Pain in palliative care patients should be actively identified, carefully assessed, and treated promptly.
- There are many pain assessment tools available to assist clinicians in identifying pain, but some of the most used tools are yet to be validated.
- Choice of opioid, when managing severe pain, will depend on access to the available preparation, the patient history, the specific condition of the patient, as well as discussion with the patient on the benefits and risks of options.
- For non-pharmacological management there is evidence to support the use of patient education, cognitive behavioural therapy (CBT), relaxation, and music.
- Neuropathic pain in palliative care has been identified as a considerable problem as it is difficult to assess.
- For bone pain due to metastases, external beam radiotherapy is an effective treatment.
- Use of paracetamol in the palliative care setting is not well studied but clinically it is broadly used in outpatients.

Related Evidence

- Guidelines
- PubMed Search
- Review Collection

Palliative care knowledge network

Home Community Health Professionals Evidence About Us News

Prescribing resources

Home / Health Professionals / Nurses / Clinical / Symptoms and Medicines Management / Prescribing Resources

Information to guide palliative care prescribing

A range of resources are available to guide nurses as they support patients, carers and medical officers, when relating to palliative care issues.

Clinical Resources (Palliative)

- [Therapeutic Guidelines - Palliative Care](#) - an authoritative handbook for symptom management in palliative patients. It is available online in many organisations or can be purchased.
- [The Australia and New Zealand Society of Palliative Medicine \(ANZSPM\)](#)

Clinical Resources (General)

- Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists (FPM ANZCA) [opioid calculator](#) (also available as an App)
- The [evIQ opioid calculator](#) - provides clinicians with an online tool to support the accurate conversion of one opioid regimen to an equianalgesic dose of another. (Registration required)
- The [Opioid Conversion Guidance Document](#), Safer Care Victoria, 2021
- [Australian Medicines Handbook](#) - provides independent general prescribing information. It is available online in many organisations or can be purchased.

Medication Management

- [The National Prescribing Service](#) - This site provides information relating to the quality use of medications. The

General Practice

Nurses

Palliative Care
Clinical

- Advanced
- After Effects
- Care of
- Community
- Complex
- End-of-life
- Ethical
- Management
- Multimodal
- Non-pharmacological
- Self-management
- Symptom Management
- Support

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Practice ready

Palliative care guidelines

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Pain

Victoria

- Syringe driver compatibility Guidance
- Anticipatory medicines, Safer Care Vict
- Care plan for the dying person, Safer Care
- Opioid conversion ratios, Safer Care
- Palliative sedation therapy, Safer Care

Western Australia

Resources for guidelines



Western Australia

Choice of opioid

Several opioids are available in Australia, including morphine, codeine, sufentanil, methadone, and buprenorphine. Atypical centrally acting

There are no important differences between oral morphine, oral oxycodone, and oral hydromorphone. According to EAPC guidelines any of these can be used. Different side effects and some may be useful in certain conditions or properties. [9,10] The choice of opioid will depend on the available formulations, transdermal, sublingual and buccal forms and should also be dependent on the risks of each option. [11]

Few trials have been designed to allow direct comparison between oral morphine and oral oxycodone. Care is often based on research carried out in different cohorts and in patients with cancer pain, [12] and remains a commonly prescribed

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Prescribing resources

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Medicines from the PBS Prescriber's bag for Terminal Phase Symptoms

PBS Item Code	Pharmaceutical benefit and form	Strength	Packet size	Max qty (packs)	Max qty (units)
3451P	Adrenaline (Epinephrine) injection	1 in 1000 (1 mg/mL)	5 x 1mL amps	1	5
3455W	Clonazepam oral liquid	2.5 mg/mL (0.1 mg/drop)	1 x 10mL	1	1
3466K	Furosemide (Frusemide) ampoule	20 mg/ 2 mL	5 x 2mL	1	5
3456X	Haloperidol ampoule	5 mg/mL	10 x 1mL	1	10
3470P	Hydrocortisone Sodium Succinate injection*	100 mg (reconstituted to 2mL)	Single injection	2	2
OR					
3471Q	Hydrocortisone Sodium Succinate injection*	250 mg (reconstituted to 2mL)	Single injection	1	1
3473T	Hyoscine Butylbromide ampoule	20 mg/mL	5 x 1mL	1	5
3476Y	Metoclopramide ampoule	10 mg/ 2 mL	10 x 2mL	1	10
10178Q	Midazolam ampoule	5 mg/mL	10 x 1mL	1	10
10862Q	Morphine ampoule	10 mg/mL	5 x 1mL	1	5
OR					
3479D	Morphine ampoule	15 mg/mL	5 x 1mL	1	5
OR					
10868B	Morphine ampoule	20 mg/mL	5 x 1mL	1	5
OR					
3480E	Morphine ampoule	30 mg/mL	5 x 1mL	1	5
10786Q	Naloxone injection	400 microgram/mL	5 x 1 mL	2	10
OR					
11233F	Naloxone injection	400 microgram/mL	10 x 1 mL	1	10

Based on the emergency practice concept proposed by Seidel et al 2006 Aust Fam Physician. 2006 Apr;35(4):225-31. Information from PBS listings current as of March 2021. See www.pbs.gov.au for more.

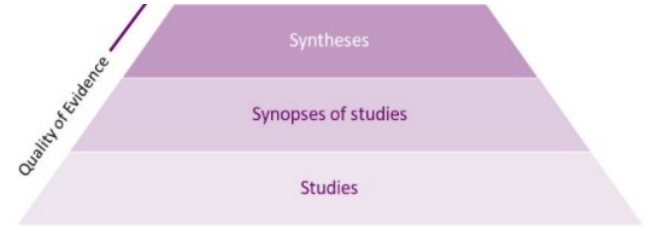
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3. Searching for specific evidence

—
relevant and
applicable

- Evidence sources
- Systematic review collection
- PubMed searches (including filters)
- Grey literature
- Latest Australian research



Searching for evidence

Pain

Home / Evidence / Searching for Evidence / Systematic Review Collection / Pain

Review collection - Pain

328 reviews

General 158 reviews

PubMed.gov

Advanced

Save

Edit

BMJ Support Palliat Care. 2022 Mar;12(1):1-9. doi: 10.1136/bmjspcare-2021-003102. Epub 2021 Oct 19.

Spiritual interventions for cancer pain review and narrative synthesis

Thomas Hindmarch¹, James Dalrymple², Matthew Smith³, Stephen Ba

Affiliations + expand

PMID: 34667066 DOI: 10.1136/bmjspcare-2021-003102

Abstract

BackgroundPain is a common and debilitating cancer-related symptom, psychological, social and spiritual factors are thought to contribute to it. Consequently, spiritual care interventions are advocated in the management

PubMed searches

Quick search

Home / Evidence / Searching for Evidence / PubMed Searches / Palliative

Run the CareSearch palliative care search

Palliative care: An approach that improves the quality of life of patients with life-threatening illness, through the prevention and relief of suffering, by means of impeccable assessment and treatment of pain and other problems, physical, psychological, and spiritual. Source: WHO Definition of Palliative Care

Select search option

Free full text only

- Strongest evidence (systematic)
- Everything

All citations

- Strongest evidence (systematic)
- Everything
- Last 3 months only
- Last 7 days

Grey Literature searches

Search Results

864 Record(s) Found

Show Records Per Page

1. Other Grey

Palliative Care Australia, (PCA)

Palliative Care is Core Business for Aged Care

Palliative Care Australia (PCA), 2021

View Full Abstract

2. Conference Abstract

Phillips, Jane L; Luckett, Tim; Lovell, Melanie; Xu, Xiangfeng

Promoting cultural congruent care for Chinese migrants living with cancer pain: a mixed-method research project

PCNA 2020, Palliative Care Nurses Australia, 2020

View Full Abstract

3. Conference Abstract

Heneka, Nicole; Shaw, Tim; Rowett, Debra; Lapkin, Sam; Phillips, Jane L

Opioid error contributory and mitigating factors in specialist palliative care inpatient services: Findings from the PERISCOPE Project

PCNA 2020, Palliative Care Nurses Australia, 2020

View Full Abstract

4. Conference Abstract

Cooper, Joanne

Latest Australian research

Home / Evidence / Searching for Evidence / Latest Australian Research

What Australian researchers are publishing in palliative

This list of palliative care research primarily conducted by Australian research groups. The list is based on the results of the CareSearch search filter for palliative care to identify articles held within the PubMed database and filtered to show the strongest evidence. Articles have been selected based on relevance and new articles are added on an ongoing basis. The aim is to keep the community informed by providing a snapshot of recent research in planned studies in the Australian setting.

Genetic polymorphisms in ARRB2 and clinical response to methadone for pain in advanced cancer

Lawwood A, Sutherland HG, Yu C, Albury CL, Zink M, George R, Good P, Griffiths LR, Hardy J, Haupt LM, et al. The prescription of methadone in advanced cancer poses multiple challenges due to the considerable variability in response. Aims and objectives of research to develop a methadone titration protocol for use in palliative care settings. Palliat Med. 2021;35(1):1-10. doi: 10.1191/pam.2020.35.1.1. Epub 2021 Jan 15.

Training

Helps with effective identification and application of appropriate evidence to bring about desired change.





Evidence Practice Training

Common forms of clinical investigations drawing on evidence include:

- Evidence Based Practice (EBP),
- Quality Improvement (QI) and
- Research.

Across these activities there are many universal skills that once learnt can be used to inform your practice.



4. Evidence training across

- EBP
- QI
- Research

Aim is to help you:

- Understand
- Build skills
- Get started with practice

- Connect you with quality tools and resources to help in the palliative care context



Evidence Translation – Informing routine care

Broad scale, sustainable change

Local environment, &
organisational
structures (context).

‘Changing use and awareness of
evidence or knowledge by a range of
stakeholders.’

Ref: Salbach (2010). Knowledge translation,
evidence-based practice, and you. *Physiotherapy
Canada. Physiotherapie Canada*, 62(4), 293–297.



5. Translation training

-addressing the knowledge gap

- Awareness of evidence translation models, theories, and frameworks
- Understanding of knowledge synthesis, dissemination, exchange and application to improve health systems and people's health
- Understanding change management

CareSearch
portal –

Supporting
informed
decision-making
in palliative care



Thank you. Evidence Centre launch begins May 2022

www.caresearch.com.au

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Facebook: CareSearch Project