Filters and Hubs:
Shortening the distance to evidence for health professionals

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Primary care and palliative care
What is CareSearch?
Why filters and hubs?
Are they useful?
Palliative care

• Cure is not the goal of care
• Referral based, co-morbidity, multidisciplinary
• Patient and family as unit of care
• Care provided in many settings
  – Community settings
• Many health professionals
  – Role of GP
• Often a family carer
What is CareSearch?

• Funded by Australian Government under National Palliative Care Program
  – Those providing palliative care
  – Those needing palliative care and their families, carers and friends

• Website and online resources

• Knowledge Translation framework
  – Facilitate access to, and use of, evidence in practice
Welcome to CareSearch. CareSearch is an online resource of palliative care information and evidence. All materials included in this website are reviewed for quality and relevance.

What’s New...
on CareSearch?
in the community?
in the literature?

Not sure where to start?
Commonly sought
information
Learn more about
CareSearch
Nurses[HUB]
GP pages

Just released!
Quality Use of CareSearch
Life, Hope & Reality

Proudly linked to:

CareSearch is funded by the Australian Government Department of Health and Ageing as part of the National Palliative Care Program.

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Creating utility

• Issues
  – Volume and sources of information
  – Currency, trustworthiness
  – Fit for needs

• Using KT framework
  – Customised solutions
  – Knowledge use
  – Evidence tools

Filters and Hubs
Why a search filter?

• Expanding knowledge base, dynamic clinical evidence

• Complexity of information infrastructure

• Inefficiencies, deficiencies in searching

• Indexing, descriptors
What is a filter?

A tool to retrieve relevant literature

– More than an expert search

– Developed experimentally following a strict research methodology

– A search strategy that has been tested to determine how well it finds a specific type of literature (e.g. RCTs) or literature about a specific topic (e.g. renal)
Developing search filters

1. Gold Standard article set;
2. Term identification;
3. Filter development (Ovid Medline);
4. Filter testing (Ovid Medline);
5. External validation; and
6. Post-hoc precision estimate
Making the search filters useful

• Two filters developed
  – Palliative care filter
  – Heart failure filter

• Reality check:
  – Immediacy
  – Not everyone has access to Ovid Medline
  – Not everyone knows how to save a search
Free to use, online easy use

- PubMed is
  - Largest biomedical repository (>20 million items)
  - Open access to citations
  - Free full text limit

- Filters translated for use in PubMed
  - Syntax validation
  - Created it as a hyperlink
  - Combined with topics of clinical importance

One click searching
Palliative Care PubMed Searches

The links on this page provide an easy and reliable way to find the relevant palliative care literature in English. Each link runs an immediate search of PubMed and all searches are automatically updated as new articles are added to the database.

Patient problems
- Airway Obstruction
- Anorexia
- Anxiety
- Aspiration
- Artificial Nutrition
- Bereavement & Grief
- Bowel Obstruction
- Cachexia (Weight Loss)
- Constipation
- Cough
- Dementia
- Depression
- Dysphagia
- Dyspnoea
- End-stage Illness
- Fatigue
- Haemorrhage
- Nausea
- Pain
- Pruritus
- Prolonged Grief
- Respiratory Secretions
- Sexuality
- Sleep Problems
- Suffering
- Vomiting

Specific needs
- Aged
- Aged Care Facilities
- Dementia
- Disabled
- Gay, Lesbian, Bisexual & Transgender
- Homeless
- Indigenous Health
- Living Alone
- Mandala Illness
- Multicultural
- Palliative Care
- Prisoners
- Rural & Remote Health

Issues relating to care & treatment
- Advance Care Planning
- Advance Directives
- Audi
- Complementary Therapies
- Dignity
- Euthanasia
- Family Dissoce
- Models of Service Delivery
- Multi-disciplinary Teams
- Palliative Sedation
- Patient Education
- Professional Burnout
- Quality of Life
- Resuscitation Orders
- Social Support
- Spirituality
- Terminal Care
- Volunteering

CareSearch search filters
- Palliative Care
This search uses a palliative care filter developed by CareSearch. It retrieves all English language articles of relevance to palliative care within PubMed.
Pain PubMed Search

Select one search option for your chosen search topic.

- Free full text only (likely to reduce the number of results)
- Strongest evidence (systematic reviews or randomised controlled trials)
- Everything
- All citations
  - Strongest evidence (systematic reviews or randomised controlled trials)
  - Everything
  - Last 3 months only

Pain: An unpleasant sensation induced by noxious stimuli and generally received by specialized nerve endings (Source: MeSH Thesaurus).

To choose another topic, go back to Palliative Care PubMed Searches

This page was created on 10 April 2008
Last reviewed 4 May 2010
Results: 1 to 20 of 91

1. Reporting characteristics of cancer pain: a systematic review and quantitative analysis of research publications in palliative care journals.
   - Kumar SP.
   - PubMed Central

2. Impact of pain and palliative care services on patients.
   - Santha S.
   - PubMed Central

3. Over- and misuse of pain treatment in Germany.
   - Dietl M, Kornzik D.
   - PubMed Central

   - Sharma C, Etawah KM, Renfrew PD, Walsh MJ, Molina M.
   - PubMed Central

5. Palliative care awareness among Indian undergraduate health care students: A needs-assessment study to determine incorporation of palliative care education in undergraduate medical, nursing and allied health education.
   - Sadhu S, Satins NS, Kamath A.
   - PubMed Central

   - Kim JH, Song HY, Shin JH.
   - PubMed Central

7. The use of opioids at the end of life: the knowledge level of Dutch physicians as a potential barrier to effective pain management.
   - Rurup ML, Rholds CA, Borgsteede SD, Bodschaert MS, Keijser AS, Pasman HR, Omveldt-Aakje, H.B.
   - PubMed Central

8. Content development for European guidelines on the use of opioids for cancer pain; a systematic review and Expert Consensus Study.
   - PubMed Central
Why Hubs?

Initial work
- Consolidating palliative care evidence base

Diverse set of health professionals
- Core responsibility, part of role, occasional role

Diversity of settings
- Community, rural, aged care, hospital, specialist

Different knowledge configurations
What is a Hub?

• Discrete set of content and resources for needs of a particular group
• Priority to resources developed for the specific context or environment
• Information that reflects the interests and requirements of a professional group
• Information and resources organised for easy and rapid use
Developing Hubs

- Review of literature on information and practice needs
- Development Group
- Literature searches
- Web searches for resources
- User testing
- Content review processes
- Ongoing monitoring and updating
Opioids and Pain

When to start an opioid

Opioid analgesics are frequently needed by palliative care patients whose pain does not respond to simple analgesics, weak opioids, adequate doses of adjuvants, and other measures. Adjuvants should be continued.

Persistent pain should be treated promptly. A high index of suspicion about the presence of pain is needed in agitated patients who are unable to verbalise their experiences, due to dementia, communication problems or reduced level of consciousness.

TIP - There is now evidence supporting the use of opioids for dyspnoea as safe and effective, both for patients with lung malignancies and those with other primary lung diseases, including COPD.

About specific opioids

Morphine, oxycodone or hydromorphone are appropriate strong opioids to start. Fentanyl transdermal patches are an option for stable pain, but they are long-acting and take 12 - 24 hours to full effect, and are therefore often not suitable for initiating analgesia.

Some analgesics are less suitable for use in palliative care, either because of their inappropriate pharmacokinetics, potential for drug interactions, or other problems. These include:

- Pethidine
- Dextropropoxyphene (Capadex, Digesic, Parax, Doloxene)
- Dextromoramide
- Pentazocine.

Tremadol and buprenorphine are commonly used in primary care, however their place in long-term palliative care prescribing is still being defined.

Initiation and titration

Basic principles for opioid prescribing have been developed by World Health Organization (WHO Pain Ladder) and these continue to be fundamental:
Opioids and Pain - More Information

Download these for your patients

- Overcoming Cancer Pain - A guide for people with cancer, their families and friends
- Booklet from the Cancer Council of NSW
- Facts about morphine and other opioid medicines in palliative care
- Brochure from Palliative Care Australia
- Pain and pain management
- A brochure from Palliative Care Victoria
- Sample pain diary
- From Palliative Care Australia

Prescribing Information

- A step-by-step guide to pain control
- From Palliative Medicine Handbook
- Analgesic choices
- NPS Prescribing practice review
- Short-acting oral opioid dosing intervals
- From EFERC Fast Facts
- Opioid dose escalation
- From EFERC Fast Facts
- PAIN range analgesic orders
- From EFERC Fast Facts
- Converting to/from transdermal fentanyl
- From EFERC Fast Facts
- Opioid use in renal failure
- From EFERC Fast Facts
- Morphine resistant pain
- From Palliative Medicine Handbook
- Neuropathic pain
- From Palliative Medicine Handbook
- Epidural and intrathecal analgesia
- From Palliative Medicine Handbook
- Online opioid dose calculator
Palliative care patients at the end of life often spend the majority of their time at home. Many people if asked would say they would like to stay at home for as long as possible. Many would also like to die at home. When at home they will be cared for by a GP, community nurses and sometimes practice nurses. Family and friends will also often be involved. Specialist palliative care services may or may not be involved in their care during this time.

**Resources**

- Palliative Care Australia resources:
  - Position statement: [Primary healthcared and end of life](https://www.pcaustralia.org.au/resource/primary-healthcare-end-life)
  - Power point presentation: [Palliative Care & Primary Care: An overview of selected resources to support Primary Care Providers in Palliative Care](https://www.pcaustralia.org.au/resource/palliative-care-primary-care)

- The Australian General Practice Network has extensive information, resources and training packages for [Practice Nurses](https://www.angp.com.au)
- AGIN also has a [Rural Palliative Care Program Resource toolkit](https://www.angp.com.au/)
- The Australian Government Cancer Learning website has [Primary Care](https://cancerlearning.gov.au) resources
- Advocates for improved recognition of the role of primary care in the delivery of palliative care: [The International Primary Palliative Care Research Group](https://www.ippcrg.org)
- From the Caring Communities Program: Project Summaries [Rural and Remote](https://www.caringcommunities.org.au)
- From the WA Government: [Aboriginal Primary Care Resource Kit](https://www.health.wa.gov.au/documents/2016-09/Aboriginal_PPC_Kit.pdf)
- [The Gold Standards Framework (GSF)](https://www.goldstandardsframework.org.uk) in the UK is a systematic approach to optimising the care for patients nearing the end of life delivered by generalist providers. It has an information sheet for [Community Nurses](https://www.goldstandardsframework.org.uk/en-GB/)
- [The Australian Nurses Federation has Competency Standards for Nurses in general Practice (2005)](https://www.anf.org.au/)
- [The Department of Health & Ageing Home and Community Care Program Overview](https://www.health.gov.au)
So, are they used?

• **Web usage**
  - GP pages: 82,332 page views in 10/11 or 226 pages viewed daily
  - Nurses Hub: 101,388 page views in 10/11 or 278 page views a day
  - Filters: Over 80,000 PubMed searches activated in 2010/2011

• **Nurses Hub Evaluation**
  - Online user survey (n=233) and stakeholder interviews (n=11)
    - 98% of survey respondents would recommend Hub
    - 30% believed Nurses[HUB] had helped them to make changes to palliative care practice in their service
    - All interviewees thought that the Nurses[HUB] was a useful direction for CareSearch.

• **Palliative Care Filter Effectiveness Study**
  - Studies currently collecting data
Conclusions

• Hubs provide instant access to profession appropriate palliative care evidence and resources
  – Hubs exist for GPs and for nurses
• Filters facilitate ongoing access to emerging evidence
  – PubMed versions provide open access
  – Enables one click searching with optional limits
Finding out more

Available at www.caresearch.com.au

Associated Publications


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www.caresearch.com.au