Objectives
Identify the process for submitting a LOI for an APHON EBP grant, and the process for submitting the full proposal.
Discuss the process of development of the Standards for Psychosocial Care for Children with Cancer and Their Families and the role of the Mattie Miracle Foundation in supporting implementation of these standards of care.
Compare strategies for developing an EBP proposal to implement one of the two selected standards for the 2018 Mattie Miracle/APHON EBP Grant.
Assessment of adherence to oral medication OR
Psychosocial follow-up in survivorship
Discuss the role of the APHON EBP committee as a resource

Brief Review: EBP vs Research
Research seeks to answer a question for which there is little evidence
EBP searches for and synthesizes available evidence to determine best practice
Is it Research or EBP?

- Determine the goal
  - What is the clinical question?
- Review the literature
  - Is there sufficient evidence to answer the clinical question?
  - Has the literature review already been done?
- Quality of the evidence
  - Is it sufficient to answer the question?
- Clinical practice experts
  - What do the experts say?
- Patients and families
  - What do patients and families want and what do they say about current practice related to the clinical question?

The Mattie Miracle Cancer Foundation Evidence-Based Practice Grant*

Three $2,500 grants for Evidence-Based Practice (EBP) projects that address implementation of recommendations from:

**Standard 3:** Psychosocial Follow-Up in Survivorship as a Standard of Care in Pediatric Oncology or

**Standard 12:** Assessing Medication Adherence as a Standard of Care in Pediatric Oncology.

DEVELOPING PSYCHOSOCIAL STANDARDS OF CARE FOR CHILDREN WITH CANCER AND THEIR FAMILIES
“To know Mattie was to love him. We will never forget our little boy, who was so full of life and was precocious, vivacious, and courageous. Mattie’s suffering and death cannot be forgotten and there must be a purpose and meaning behind Mattie’s experience. We take Mattie’s lessons that he taught us and apply them to advocate for awareness and support for children and their families living with childhood cancer.”

Peter Brown and Vicki Sardi-Brown
Mattie’s parents

Timeline

2012
Congressional Symposium

2013
Formation of a workgroup
Online survey of psychosocial experts

2013-2014
Systematic review of psychosocial guidelines, standards, and consensus reports

2014
Second Think Tank
Consolidated data into 15 consensus standards

2014-2015
Several systematic literature searches, appraisal of individual studies, and identification of supporting body of literature

2013
First Think Tank developed five working groups and 25 standards
- Assessment of Well-Being and Emotional Functioning
- Neurocognitive Status
- Psychotherapeutic Interventions
- School Functioning
- Training, Communication, and Documentation of Psychosocial Services

2012
Publication of standards

Melnyk EBP Model Steps

• Step 0. Cultivate a spirit of inquiry.
• Step 1. Ask the burning clinical question in PICOT format.
• Step 2. Search for and collect the most relevant best evidence.
• Step 3. Critically appraise the evidence (i.e., rapid critical appraisal, evaluation, and synthesis).
• Step 4. Integrate the best evidence with one’s clinical expertise and patient preferences and values in making a practice decision or change.
• Step 5. Evaluate outcomes of the practice decision or change based on evidence.
• Step 6. Disseminate the outcomes of the EBP decision or change
Methodology (AGREE II)

- International tool to assess the quality and reporting of practice guidelines
- Provide methods to develop guidelines
- Provides framework to assess quality of guidelines
- Inform what needs to be reported in published guidelines
- 6 domains of concern:
  - Scope and Purpose
  - Stakeholder Involvement
  - Rigor of development
  - Clarity of presentation
  - Applicability
  - Editorial independence

Systematic review of the literature

- Records identified through database searching (K=4,006)
- Additional records identified through other sources
- Record titles reviewed after duplicates removed (K=2,692)
- Abstracts screened (K=336)
- Abstracts excluded (K=169)
- Full-text articles assessed for eligibility (K=167)
- Full-text articles excluded (K=73)
  - Descriptive Study (K=23)
  - Commentary (K=6)
  - Biomedical (K=0)
  - Non-cancer (K=13)
  - Not pediatric or AYA (K=8)
  - Active treatment or survivorship (K=5)
  - End-of-life/palliative care (K=8)
  - Not parent-focused (K=6)
  - Not intervention or outcome focused (K=3)
- Studies selected for inclusion (K=94)

Critically appraise the evidence

- CASP (Critical Appraisal Skills Programme) Checklists
  - CASP Systematic Review Checklist
  - CASP Qualitative Checklist
  - CASP Randomised Controlled Trial Checklist
  - CASP Case Control Checklist
  - CASP Diagnostic Checklist
  - CASP Cohort Study Checklist
  - CASP Economic Evaluation Checklist
  - CASP Critical Care Review Checklist

http://www.casp-uk.net/casp-tools-checklists
Grading of Recommendations Assessment, Development and Evaluation (GRADE)

Rigorous, systematic methodology to determine quality of evidence and strength of recommendations.

<table>
<thead>
<tr>
<th>Quality of evidence</th>
<th>Strength of recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Quality - Further research is very unlikely to change our confidence in the estimate of effect</td>
<td></td>
</tr>
<tr>
<td>Moderate Quality - Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate</td>
<td></td>
</tr>
<tr>
<td>Low Quality - Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate</td>
<td></td>
</tr>
<tr>
<td>Very Low Quality - Any estimate of effect is very uncertain</td>
<td></td>
</tr>
</tbody>
</table>

Factors affecting:
- Balance of desirable and undesirable effects
- Quality of evidence
- Values and preferences
- Costs (resource allocation)

Strong
Confident that desirable effects of adherence to recommendation outweigh undesirable effects

Weak
Desirable effects of adherence outweigh undesirable, but panel is less certain


16 Papers
66 Authors
December 2015
Total of 1,217 studies

Pediatric Cancer Psychosocial Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Quality of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Routine and systematic assessment of the psychosocial health care needs of youth and families</td>
<td>High 149 Studies</td>
</tr>
<tr>
<td>2. Monitoring of neuropsychological deficits during and after treatment</td>
<td>High 129 Studies</td>
</tr>
<tr>
<td>3. Annual screening of the psychosocial functioning of long-term survivors</td>
<td>Moderate/High 93 Studies</td>
</tr>
</tbody>
</table>
### Pediatric Cancer Psychosocial Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Quality of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Access to psychosocial support and interventions throughout the cancer trajectory and access to psychiatry, as needed</td>
<td>High 173 Studies</td>
</tr>
<tr>
<td>5. Assessment of risk of financial hardship with referrals for support as needed</td>
<td>Moderate 24 Studies</td>
</tr>
<tr>
<td>6. Early and ongoing assessment of the mental health needs of parents and access to appropriate interventions</td>
<td>Moderate 138 Studies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard</th>
<th>Quality of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Psychoeducation, information and anticipatory guidance about disease, treatment, short and long-term effects</td>
<td>Moderate 23 Studies</td>
</tr>
<tr>
<td>8. Developmentally appropriate preparatory information about invasive procedures, and interventions as needed.</td>
<td>Low (Education) High (Interventions) 65 Studies</td>
</tr>
<tr>
<td>9. Opportunities for social interaction during treatment and into survivorship</td>
<td>Moderate 64 Studies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard</th>
<th>Quality of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Appropriate supportive services for siblings</td>
<td>Moderate 125 Studies</td>
</tr>
<tr>
<td>11. School re-entry support - educating school about cancer, treatment, implications for school experience</td>
<td>Low 17 Studies</td>
</tr>
<tr>
<td>12. Routine assessment of adherence, with monitoring throughout treatment</td>
<td>Moderate 14 Studies</td>
</tr>
</tbody>
</table>
Pediatric Cancer Psychosocial Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Quality of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Introduction of palliative care concepts regardless of disease outcome, with developmentally appropriate end of life care provided, as necessary</td>
<td>Moderate/Special</td>
</tr>
<tr>
<td>14. Contact with the family after a child’s death to assess needs, continue care, and resources for bereavement care</td>
<td>Moderate/Special</td>
</tr>
<tr>
<td>15. Open, respectful communication among providers and families, appropriate documentation, and trained psychosocial providers</td>
<td>Moderate/Special</td>
</tr>
</tbody>
</table>

Melnyk EBP Model Steps

- Step 0. Cultivate a spirit of inquiry.
- Step 1. Ask the burning clinical question in PICOT format.
- Step 2. Search for and collect the most relevant best evidence.
- Step 3. Critically appraise the evidence (i.e., rapid critical appraisal, evaluation, and synthesis).
- Step 4. Integrate the best evidence with one's clinical expertise and patient preferences and values in making a practice decision or change.
- Step 5. Evaluate outcomes of the practice decision or change based on evidence.
- Step 6. Disseminate the outcomes of the EBP decision or change.

Applying the evidence

- Application involves the following
  - Best evidence from a thorough search and critical appraisal of relevant studies
  - Context
  - Healthcare resources
  - Nurse’s/patient’s skills
  - Patient status and circumstances
  - Patient preferences and values
### Apply=Implementation

- **Implementation**
  - Introduction of an innovation in daily routine demanding effective communication and removing hindrances
- **Related terms**
  - Diffusion, Dissemination, Adoption

---

### Frequently used implementation strategies

- **Consistently effective**
  - Decision-support systems and other reminders
  - Educational outreach visits (academic detailing)
  - Interactive educational meetings
  - Multifaceted interventions

---

### Frequently used implementation strategies

- **Variable effectiveness**
  - Audit and feedback
  - Local consensus processes
  - Local opinion leaders
- **Little or unknown effect**
  - Educational materials
  - Didactic educational meetings
  - Administrative interventions

---


Assessing outcomes?  
Must return to implementation

Evaluate both process and outcome indicators
Process = health care workers’ actions
Outcomes = effects on patients’ health or satisfaction
But also how completely and adequately the strategy was delivered

Clearly Define Outcomes

Are the outcomes of interest expected to change over time?
How will the outcomes be measured?
Self-report, observation, EHR, existing QI outcomes?
Are there valid & reliable options available?
Who will measure the outcomes and is training necessary?
What are the costs?
Be prepared to answer the “So what!”

Creating an EBP Implementation Plan

Seize opportunities and expect challenges
Perform a SCOT analysis
  - Identify the current strengths in the system that will facilitate success of a new project
  - Identify the challenges in the system that may hinder the project
  - Outline the opportunities for success
  - Delineate the threats or barriers to the projects completion, with strategies to overcome them
**Evaluating and Sustaining Change**

Think big but start small
Consider small pilots
Keep it simple
Focus awareness on the clinical issue
Engage key stakeholders, including patients and families
Share the vision
Promote engagement

---

**Apply and Assess are linked processes**

- **Nature of the EBP**
  - Relative advantage of the EBP
  - Compatibility with values, norms, work and perceived needs of users and complexity of EBP
- Use practitioner review and reinvention of EBP to fit local context
- Develop quick reference guides, decision aids and clinical reminders
- Use computer systems to support decision making and prompts to support practice

---

**Apply and Assess are linked processes**

- **Methods of communication**
  - Opinion leaders, change champions, expert consultation
  - Education is necessary but insufficient to change practice

---

Apply and Assess are linked processes

- Users of EBP
  - Their education, motivation, values, preferred learning style
  - Baseline performance assessment at the beginning of EBP change to inform members about practice performance and opportunities for improvement
  - Audit and feedback
    - Ongoing processes of using and assessing outcomes, turning data into information, and discussing results with clinicians during the change.
    - Feedback must be timely, individualized, nonpunitive and customized
    - Try it before you adopt it

- Social system
  - Embed EBP changes into ongoing processes of care
  - Absorptive capacity
  - Tension for change
  - Fit
  - Support and advocacy for EBP
  - Dedicated time and resources
  - Evaluate impact of EBP during and following implementation

Organizations that evaluate the impact of EBP change are more likely to assimilate it!

Create your vision for Organizational Change

- Increase a sense of urgency
- Building an EBP team
- Getting the vision right
- Communicating and establishing “buy-in”
- Empowering action and removing barriers
- Creating short-term wins
- Maintaining momentum
- Sustainability of change
The Mattie Miracle Cancer Foundation Evidence-Based Practice Grant*

Three $2,500 grants for Evidence-Based Practice (EBP) projects that address implementation of recommendations from:

**Standard 3:** Psychosocial Follow-Up in Survivorship as a Standard of Care in Pediatric Oncology or

**Standard 12:** Assessing Medication Adherence as a Standard of Care in Pediatric Oncology.

LOI Submission

Letters of intent due on 3/23/18

http://aphon.org/education/grants/evidence-based-practice-and-research-grant-program

Requirements

- Project leader must have a minimum of BSN, enrolled in master’s or doctoral program
- If BSN, co-investigator is required
- Member of APHON
- Board members of APHON or EBP/Research committee members not eligible
LOI Guidelines

• 4 page maximum
• Overall objective of project: must be to implement one of two specified Psychosocial Guidelines
• Relevance to pediatric oncology nursing and to MMCF’s mission: to ensure optimal psychosocial care for children with cancer and their families throughout the cancer trajectory
• VERY BRIEF summary of literature

LOI Guidelines

• PICOT question, purpose statement
• Specific aims of project
• Plan for implementation, data evaluation and analysis
• References

LOI Guidelines

• Current financial support, if any
• Names/project roles for project leader and team members, CVs
• Letter of support from institution for ongoing implementation
• Letter of support for project leader from supervisor, mentor, faculty advisor

Applicants will be invited to submit full proposals by 4/6/18
Proposal Submission

Font, font size, margins, word count, page limits
Specific headings
Format for citations: APA
Deadline – May 18, 2018, 11:59 pm Central Time
Note the application headings and adhere to them:
Statement of the Practice Change
Implementation and Evaluation
References
Budget
“Proposals deviating from the above specifications will not be considered.”

Abstract

Does the abstract meet specified word count?
Does the abstract incorporate main features of proposed study:
problem and its significance
purpose/aims
methods
expected impact

Statement of Practice Change

Describe current practice
Why is change needed?
What is the proposed change?
Concise, critical review of current evidence
see references cited in APHON guidelines
Implementation and Evaluation
How will the standard you chose be implemented into practice?
How will you evaluate the outcomes?
Include a plan to evaluate outcomes for both staff and families
Discuss limitations of the project, plans for sustainability

References
APA format, current

Timeline
Provide a precise, one-year timeline of tasks and objectives to be completed
Budget

Budget for entire project
If there is other funding, be specific about what MMCF funds will cover
Funds are not to be used for salary or computers
Funds are not distributed in one sum: how will you receive and distribute throughout the project?

Budget

Is the budget reasonable? Are the itemized costs reasonable and justified?
Include participant incentive if you can
Consider protected time for investigator(s) if allowed
Do you need to pay statistician/consultant?
Do you need to pay for measurement tools?
Does the budget cover the scope of study?

Personnel

• Specify project leader and his/her hem/onc nursing activities, previous EBP experience
• Describe contributions of other key personnel
**Setting Review/Approval**

- You must have written approval from administration prior to funding

---

**Appendices**

- Evaluation Tools
- Institutional Approval letter
- Administrative Approval form
- CVs

---

**Available Resources**

- aphon.org
- EBP/research committee
- Mentoring committee