JBI Overview®

Database/Tools

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11/2021

Wolters Kluwer

Agenda

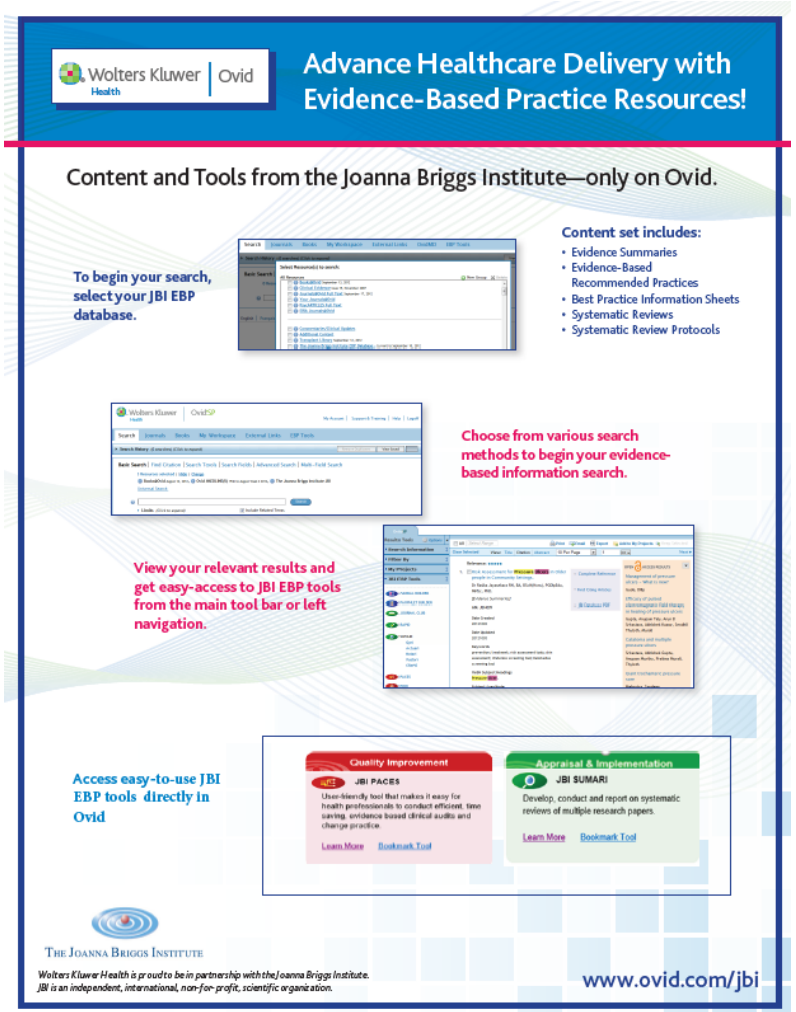
1. Who is JBI?

2. JBI EBP Database
   - The Joanna Briggs Institute
   - EBP Process
   - Full Text Publications
   - Subject Area Nodes

3. JBI EBP Database on Ovid®

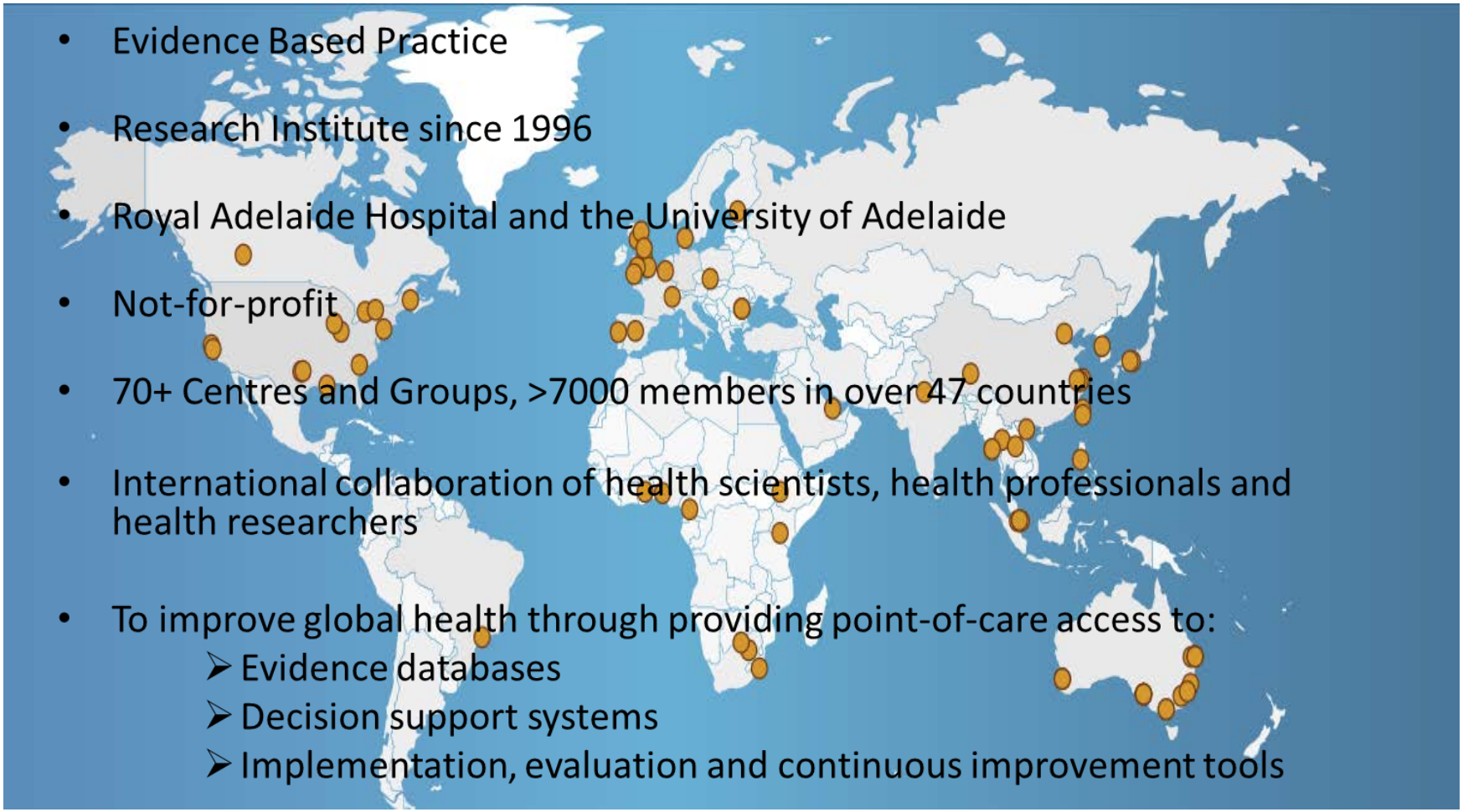
4. JBI SUMRI/Paces

5. Resources and Links



Click on the image to open

Joanna Briggs Institute



JBI Nodes (Groups)

1. Aged Care*
2. Burns Care
3. Cancer Care
4. Chronic Disease
5. Diagnostic Imaging
6. Emergency and Trauma
7. General Medicine
8. Health Services Management (Policies)
9. Infection Control
10. Mental Health
11. Midwifery Care
12. Pediatrics
13. Rehabilitation
14. Surgical Services (peri-operative)
15. Tropical & Infectious Diseases
16. Wound Healing & Management
17. Renal

❖ More nodes on the way!!

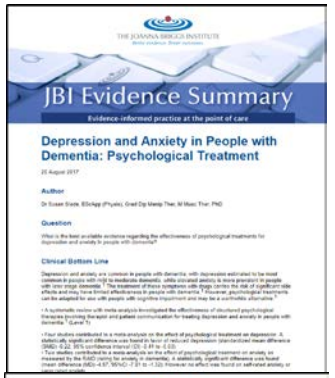
** Click in the Aged Care mode to see the experts that have been assigned to manage its content.*

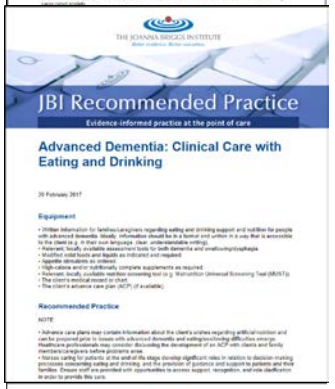
5 full text publications

- **Guidelines to implement in clinical practice**
  - Evidence Summaries
  - Evidence Based Recommended Practice
  - Best Practice Information Sheets

Detailed documents for further investigation

- JBI Systematic Reviews-Journal Linking
- JBI Systematic Review Protocols

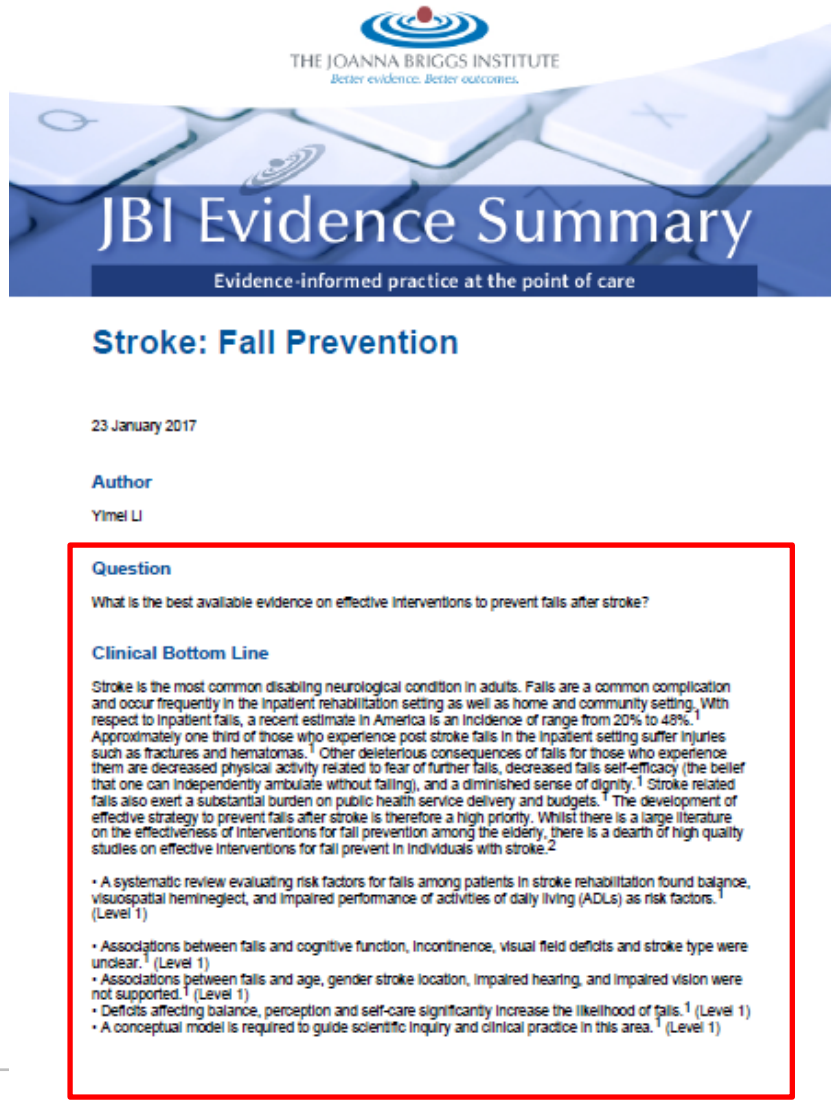




Evidence Summaries

Evidence Summaries

- A summary of the best existing international evidence among the most common diseases and conditions.
- The summary always starts with a clinical question and the clinical bottom line “summary of the condition/disease/treatment”.
- Evidence is graded to indicate its importance, with complete references at the end showing the sources used.



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Better evidence. Better outcomes.

JBI Evidence Summary

Evidence-informed practice at the point of care

Stroke: Fall Prevention

23 January 2017

Author

Yimei Li

Question

What is the best available evidence on effective interventions to prevent falls after stroke?

Clinical Bottom Line

Stroke is the most common disabling neurological condition in adults. Falls are a common complication and occur frequently in the inpatient rehabilitation setting as well as home and community setting. With respect to inpatient falls, a recent estimate in America is an incidence of range from 20% to 48%.[1] Approximately one third of those who experience post stroke falls in the inpatient setting suffer injuries such as fractures and hematomas.[1] Other deleterious consequences of falls for those who experience them are decreased physical activity related to fear of further falls, decreased falls self-efficacy (the belief that one can independently ambulate without falling), and a diminished sense of dignity.[1] Stroke related falls also exert a substantial burden on public health service delivery and budgets.[1] The development of effective strategy to prevent falls after stroke is therefore a high priority. Whilst there is a large literature on the effectiveness of interventions for fall prevention among the elderly, there is a dearth of high quality studies on effective interventions for fall prevent in individuals with stroke.[2]

- A systematic review evaluating risk factors for falls among patients in stroke rehabilitation found balance, visuospatial hemineglect, and impaired performance of activities of daily living (ADLs) as risk factors.[1] (Level 1)

- Associations between falls and cognitive function, incontinence, visual field deficits and stroke type were unclear.[1] (Level 1)
- Associations between falls and age, gender stroke location, impaired hearing, and impaired vision were not supported.[1] (Level 1)
- Deficits affecting balance, perception and self-care significantly increase the likelihood of falls.[1] (Level 1)
- A conceptual model is required to guide scientific inquiry and clinical practice in this area.[1] (Level 1)

1

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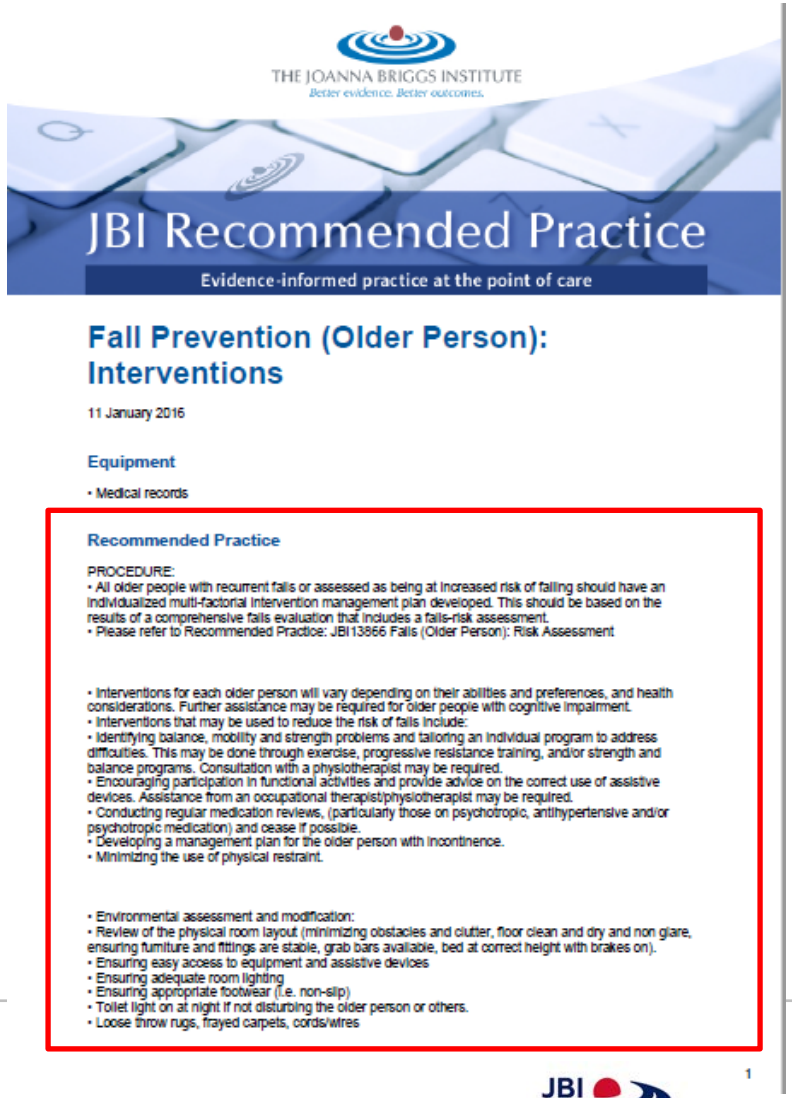
Evidence Based Recommended Practice

Evidence Based Recommended Practice Sheets

- Document detailing evidence based steps or procedures to take when treating a variety of diseases or conditions.
- Offers a list of tools at the beginning which inform what you will need use to undertake the procedure correctly.
- The practice sheets are always accompanied with an evidence summary making this a very complete document.



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JBI Recommended Practice

Evidence-informed practice at the point of care

Fall Prevention (Older Person): Interventions

11 January 2016

Equipment

- Medical records

Recommended Practice

PROCEDURE:
- All older people with recurrent falls or assessed as being at increased risk of falling should have an individualized multi-factorial intervention management plan developed. This should be based on the results of a comprehensive falls evaluation that includes a falls-risk assessment.
- Please refer to Recommended Practice: JBI13866 Falls (Older Person): Risk Assessment

- Interventions for each older person will vary depending on their abilities and preferences, and health considerations. Further assistance may be required for older people with cognitive impairment.
- Interventions that may be used to reduce the risk of falls include:
- Identifying balance, mobility and strength problems and tailoring an individual program to address difficulties. This may be done through exercise, progressive resistance training, and/or strength and balance programs. Consultation with a physiotherapist may be required.
- Encouraging participation in functional activities and provide advice on the correct use of assistive devices. Assistance from an occupational therapist/physiotherapist may be required.
- Conducting regular medication reviews, (particularly those on psychotropic, antihypertensive and/or psychotropic medication) and cease if possible.
- Developing a management plan for the older person with incontinence.
- Minimizing the use of physical restraint.

- Environmental assessment and modification:
- Review of the physical room layout (minimizing obstacles and clutter, floor clean and dry and non glare, ensuring furniture and fittings are stable, grab bars available, bed at correct height with brakes on).
- Ensuring easy access to equipment and assistive devices
- Ensuring adequate room lighting
- Ensuring appropriate footwear (i.e. non-slip)
- Toilet light on at night if not disturbing the older person or others.
- Loose throw rugs, frayed carpets, cords/wires

1

Best Practice Information Sheets

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- Based on the results and recommendations

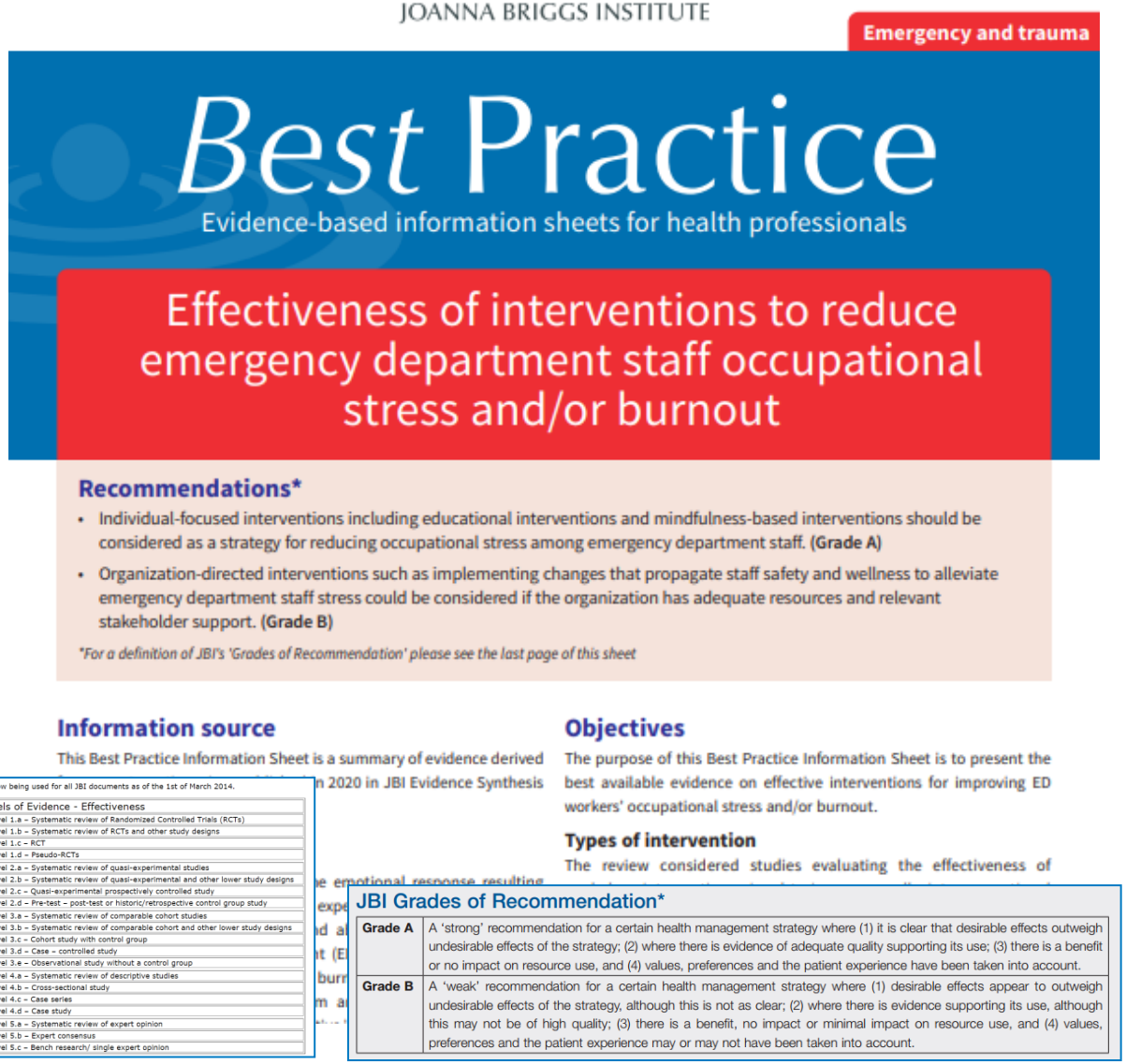
of many systematic reviews

- Provides access to key issues

& recommendations that have

been collected from a

large amount of material



Emergency and trauma

Best Practice

Evidence-based information sheets for health professionals

Effectiveness of interventions to reduce emergency department staff occupational stress and/or burnout

Recommendations*

- Individual-focused interventions including educational interventions and mindfulness-based interventions should be considered as a strategy for reducing occupational stress among emergency department staff. **(Grade A)**
- Organization-directed interventions such as implementing changes that propagate staff safety and wellness to alleviate emergency department staff stress could be considered if the organization has adequate resources and relevant stakeholder support. **(Grade B)**

**For a definition of JBI's 'Grades of Recommendation' please see the last page of this sheet*

Information source

This Best Practice Information Sheet is a summary of evidence derived n 2020 in JBI Evidence Synthesis

Objectives

The purpose of this Best Practice Information Sheet is to present the best available evidence on effective interventions for improving ED workers' occupational stress and/or burnout.

Types of intervention

The review considered studies evaluating the effectiveness of

The New JBI Levels of Evidence and Grades of Recommendation are now being used for all JBI documents as of the 1st of March 2014.

Levels of Evidence - Effectiveness	
Level 1 – Experimental Designs	Level 1.a – Systematic review of Randomized Controlled Trials (RCTs)
	Level 1.b – Systematic review of RCTs and other study designs
	Level 1.c – RCT
	Level 1.d – Pseudo-RCTs
Level 2 – Quasi-experimental Designs	Level 2.a – Systematic review of quasi-experimental studies
	Level 2.b – Systematic review of quasi-experimental and other lower study designs
	Level 2.c – Quasi-experimental prospectively controlled study
	Level 2.d – Pre-test – post-test or historic/retrospective control group study
Level 3 – Observational – Analytic Designs	Level 3.a – Systematic review of comparable cohort studies
	Level 3.b – Systematic review of comparable cohort and other lower study designs
	Level 3.c – Cohort study with control group
	Level 3.d – Case – controlled study
	Level 3.e – Observational study without a control group
Level 4 – Observational – Descriptive Studies	Level 4.a – Systematic review of descriptive studies
	Level 4.b – Cross-sectional study
	Level 4.c – Case series
	Level 4.d – Case study
Level 5 – Expert Opinion and Bench Research	Level 5.a – Systematic review of expert opinion
	Level 5.b – Expert consensus
	Level 5.c – Bench research/ single expert opinion

JBI Grades of Recommendation*

Grade A	A 'strong' recommendation for a certain health management strategy where (1) it is clear that desirable effects outweigh undesirable effects of the strategy; (2) where there is evidence of adequate quality supporting its use; (3) there is a benefit or no impact on resource use, and (4) values, preferences and the patient experience have been taken into account.
Grade B	A 'weak' recommendation for a certain health management strategy where (1) desirable effects appear to outweigh undesirable effects of the strategy, although this is not as clear; (2) where there is evidence supporting its use, although this may not be of high quality; (3) there is a benefit, no impact or minimal impact on resource use, and (4) values, preferences and the patient experience may or may not have been taken into account.

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JBI Tools: (SUMARI)

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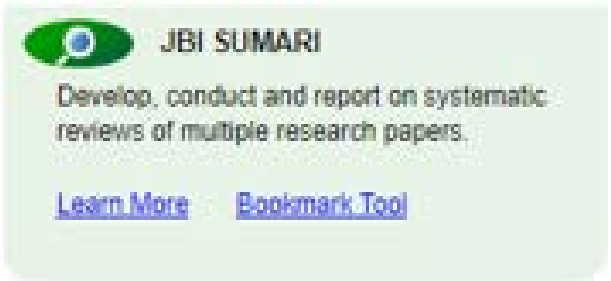
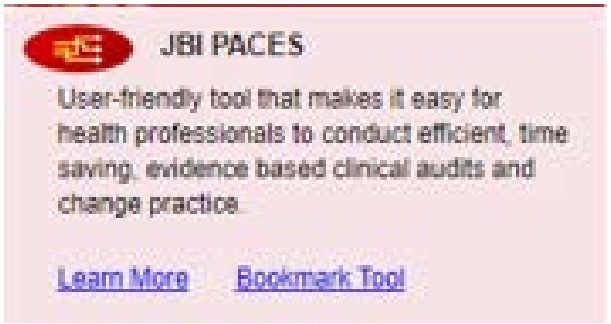
JBI on Ovid®: JBI EBP Tools





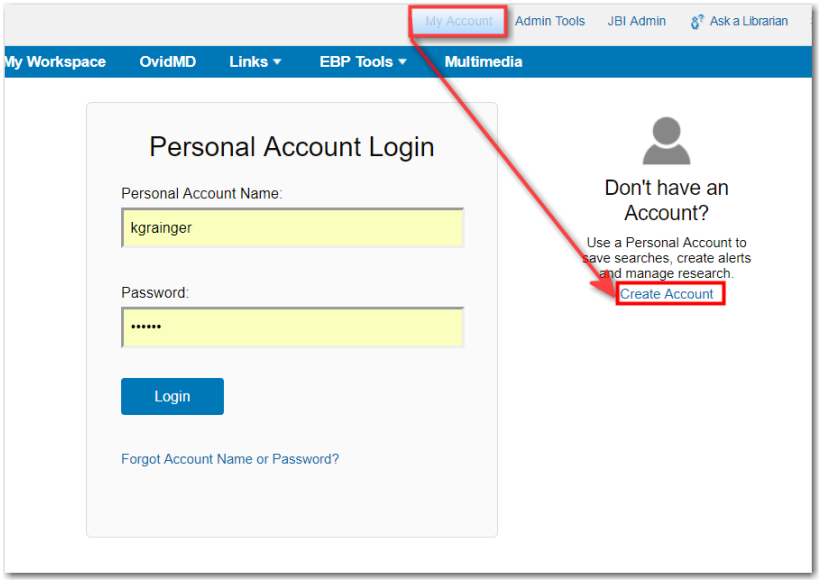
New & Improved: JBI SUMARI

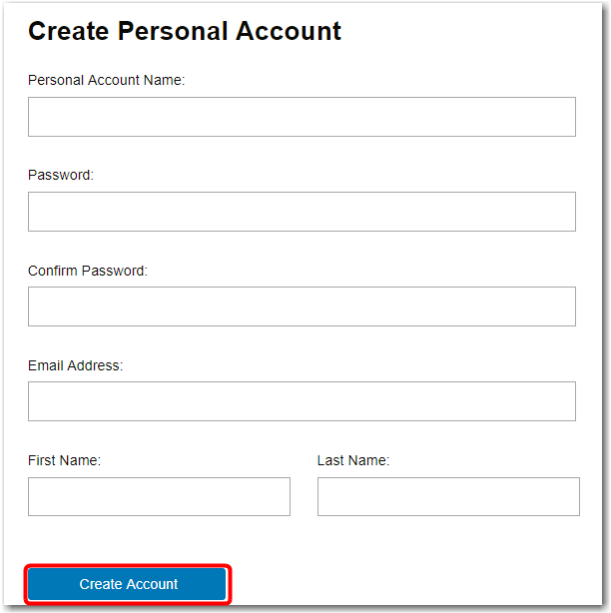
A new JBI SUMARI website was launched earlier this year with major updates occurring. New features include:

- the ability to screen both title and abstract from imported studies, in addition to screening at the full text level
- the ability to screen studies within multiple study screeners, including logic to resolve conflicts
- the automatic generation of PRISMA 2020 flow diagrams to document the whole process

Steps in Creating a Personal Account

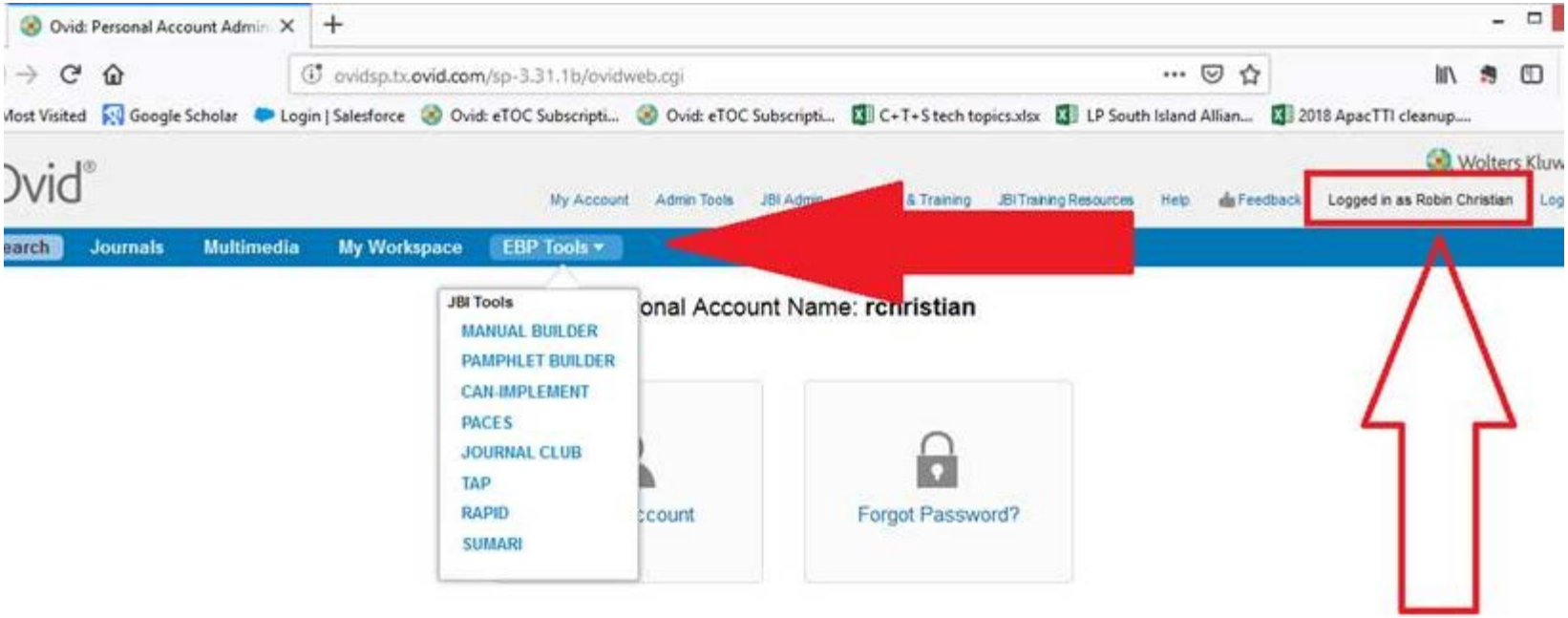
- Step 1: click “My Account” from the top of the screen (Must have a personal account to access Tools.)
- Step 2: Create Account-Personal Account Name/ Password should be 6 characters long. (no spaces or special characters needed)





Steps in Accessing Tools on Ovid

- Step 1: check that you see “Logged in as your name” in the top right hand side of your Ovid window.
- Step 2: select the JBI tool you would like to use from the EBP Tools menu



The JBI Systematic Review Suite

A tool that permits researchers to undertake in-depth quality systematic reviews of the literature for a particular topic.

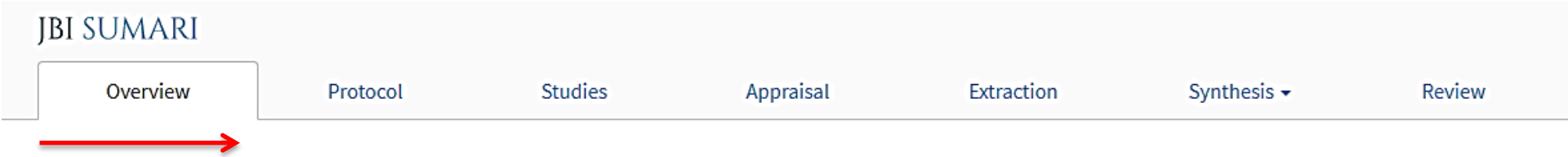
Click for additional information

What is SUMARI ?

- What is SUMARI?

The System for the Unified Management, Assessment and Review of Information

- The JBI SUMARI is designed to facilitate the entire review process, from protocol development, team management, study selection, critical appraisal, data extraction, data synthesis and writing a systematic review report



The process of creating a systematic review involves the phases listed across the top of the screen

- JBI SUMARI supports the entire review process, including allowing you to manage review teams and contributors to your review. It's now an online web-based application so there's no need to download and install any software. The new SUMARI supports more review types

What is SUMARI ?

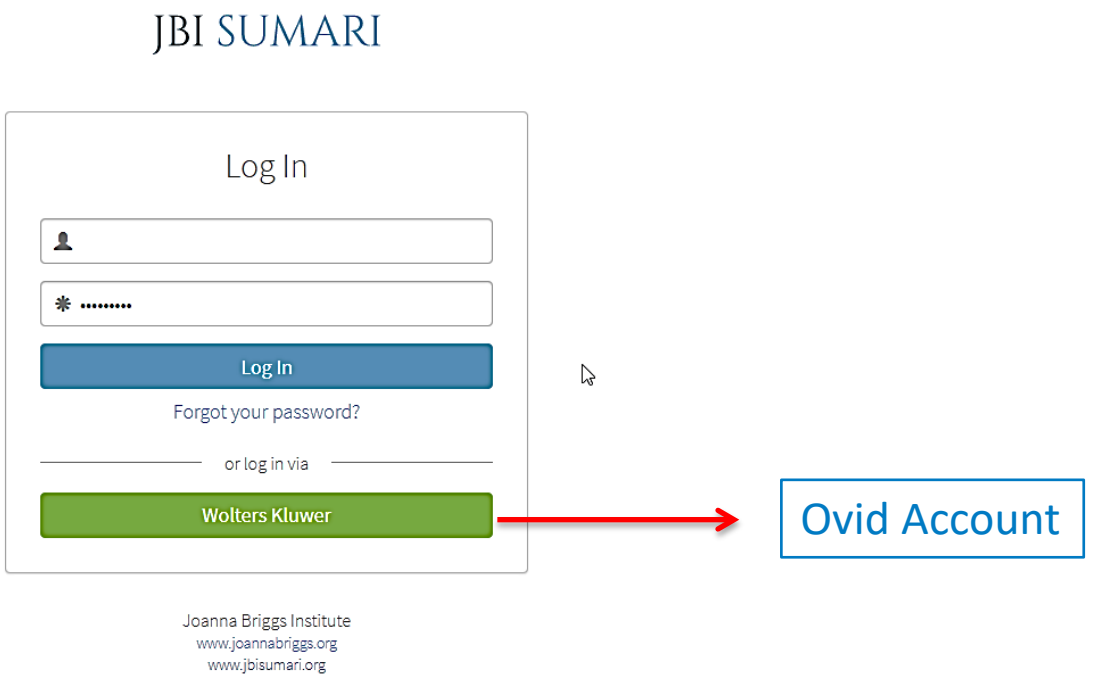
- The SUMARI supports more review types. What are the review types?

- Effectiveness Review
- Qualitative Review
- Cost/Economic Review
- Prevalence/incidence Review
- Diagnostic test accuracy
- Etiology/risk Review
- Text/opinion Review
- Mixed methods *
- Umbrella/overviews
- Scoping reviews
- Custom Review *

The Review Frameworks may be qualitative or quantitative, the steps that we see later, and the types of analysis and results are selected during the review

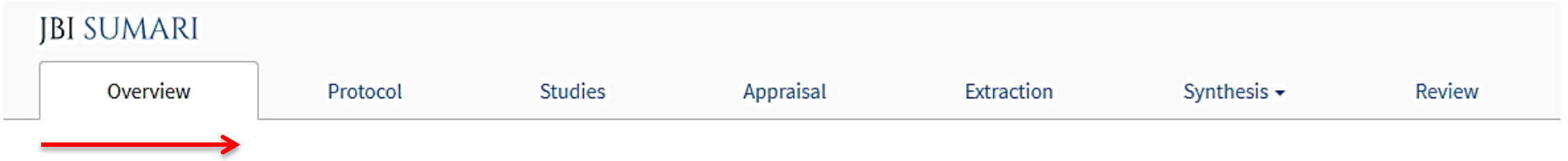
* you can choose to include multiple approaches within the one review.

Access

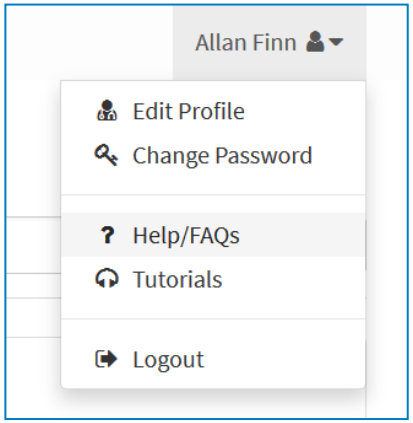


http://app.jbisumari.org

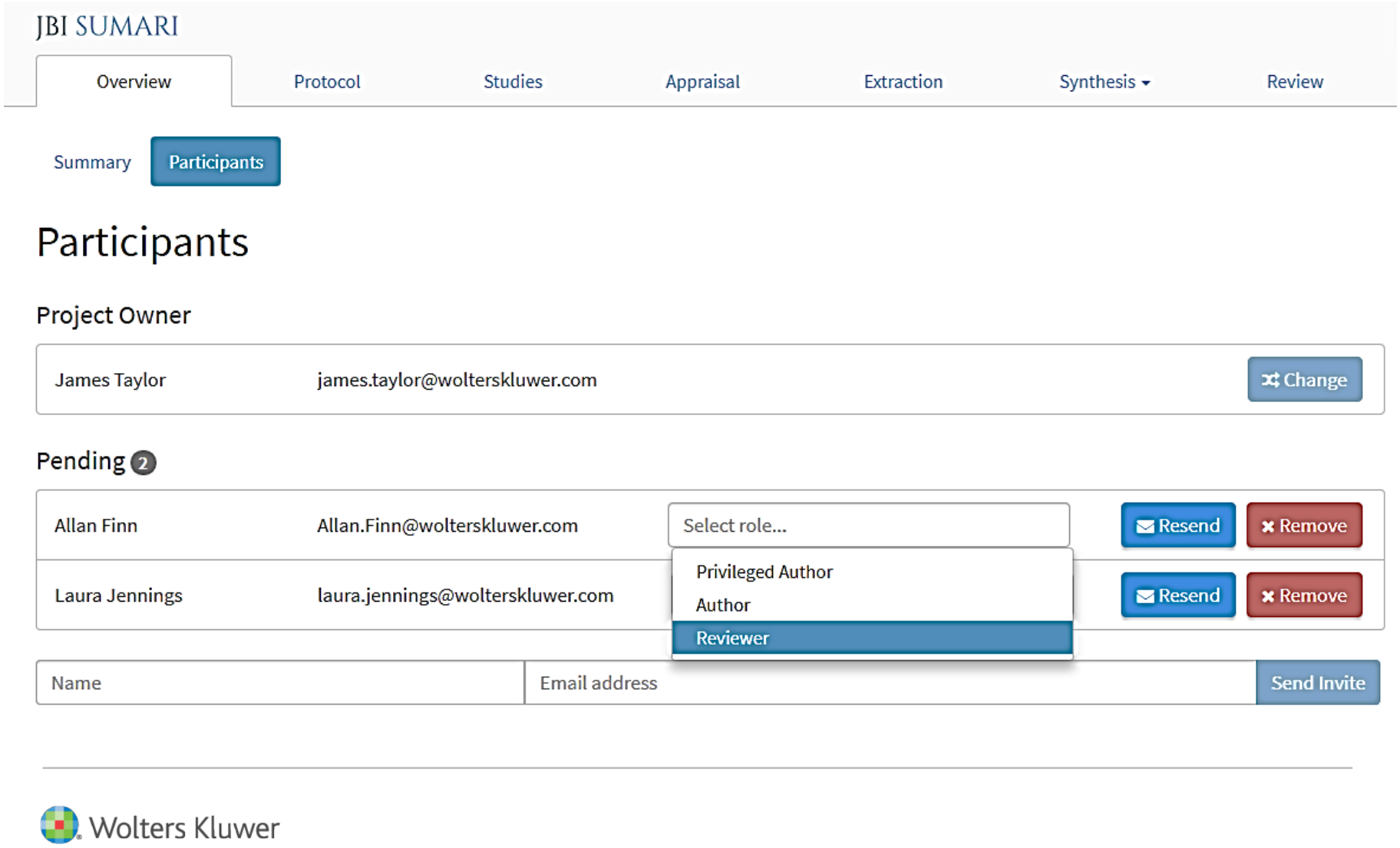
Project - Process of Creating a Review



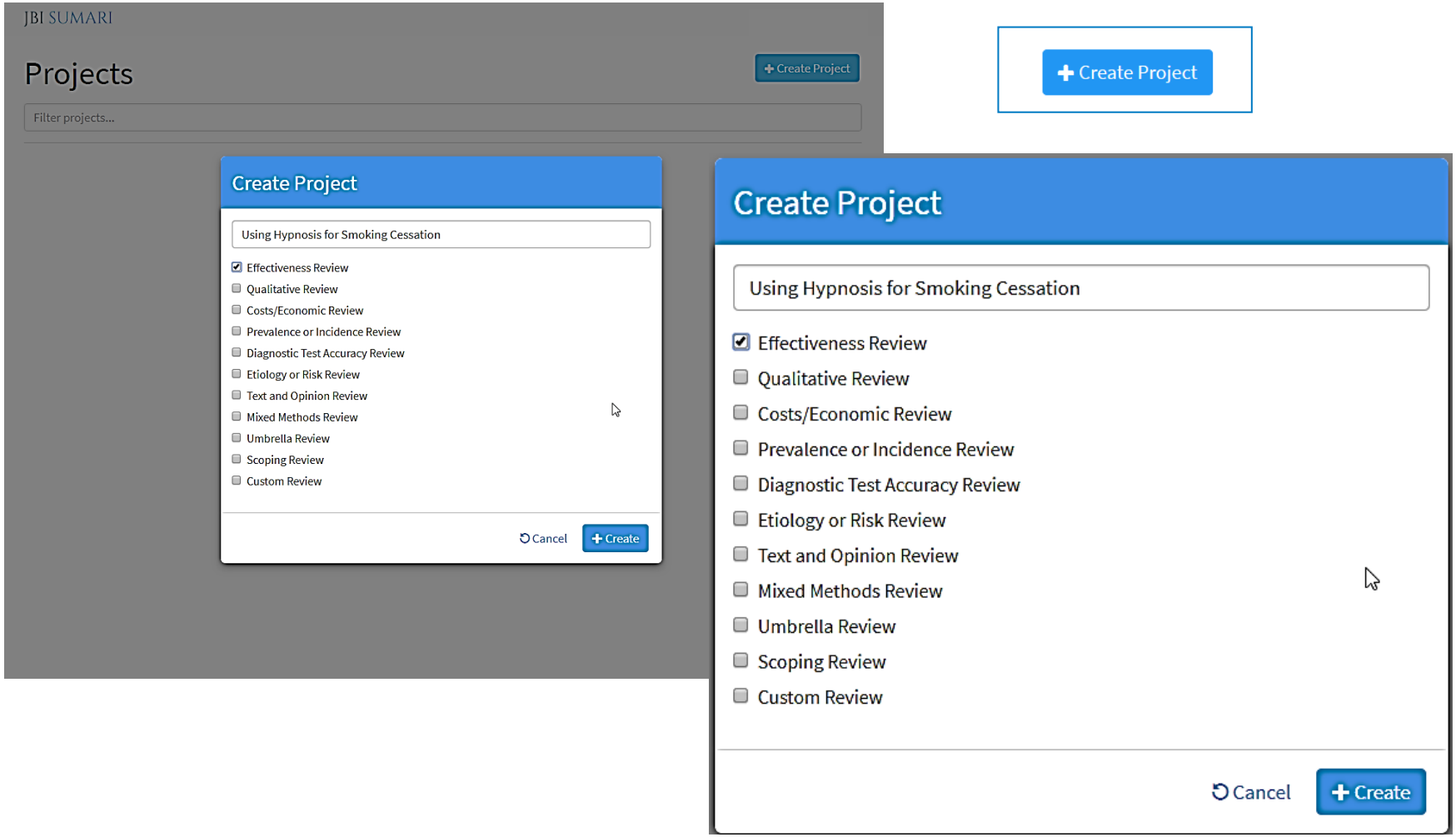
The process of creating a systematic review involves the phases listed across the top of the screen, it would involve the project owner/author and at least one other reviewer. The project owner first creates the Project and invites one or more participants



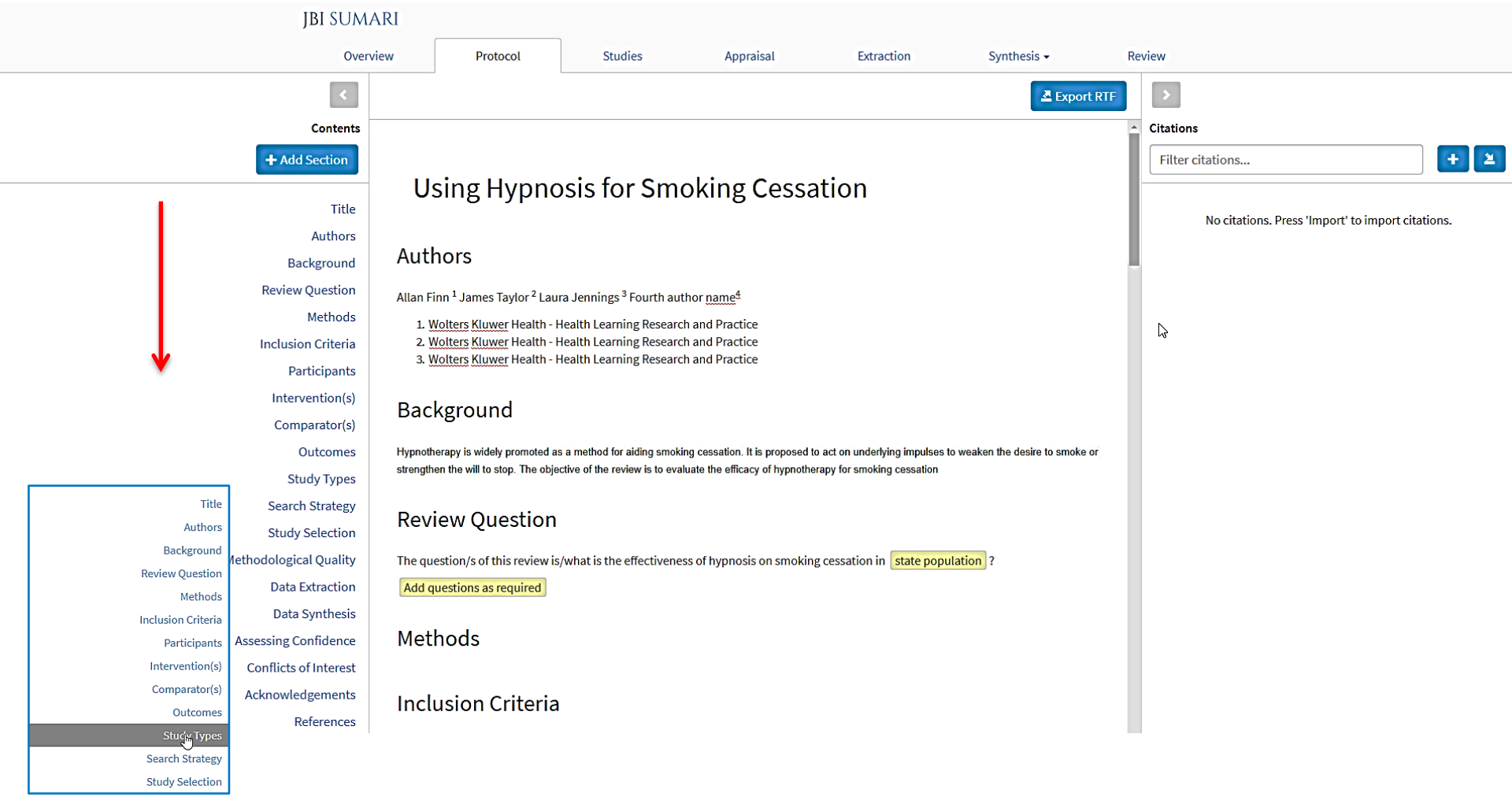
Project - Participants



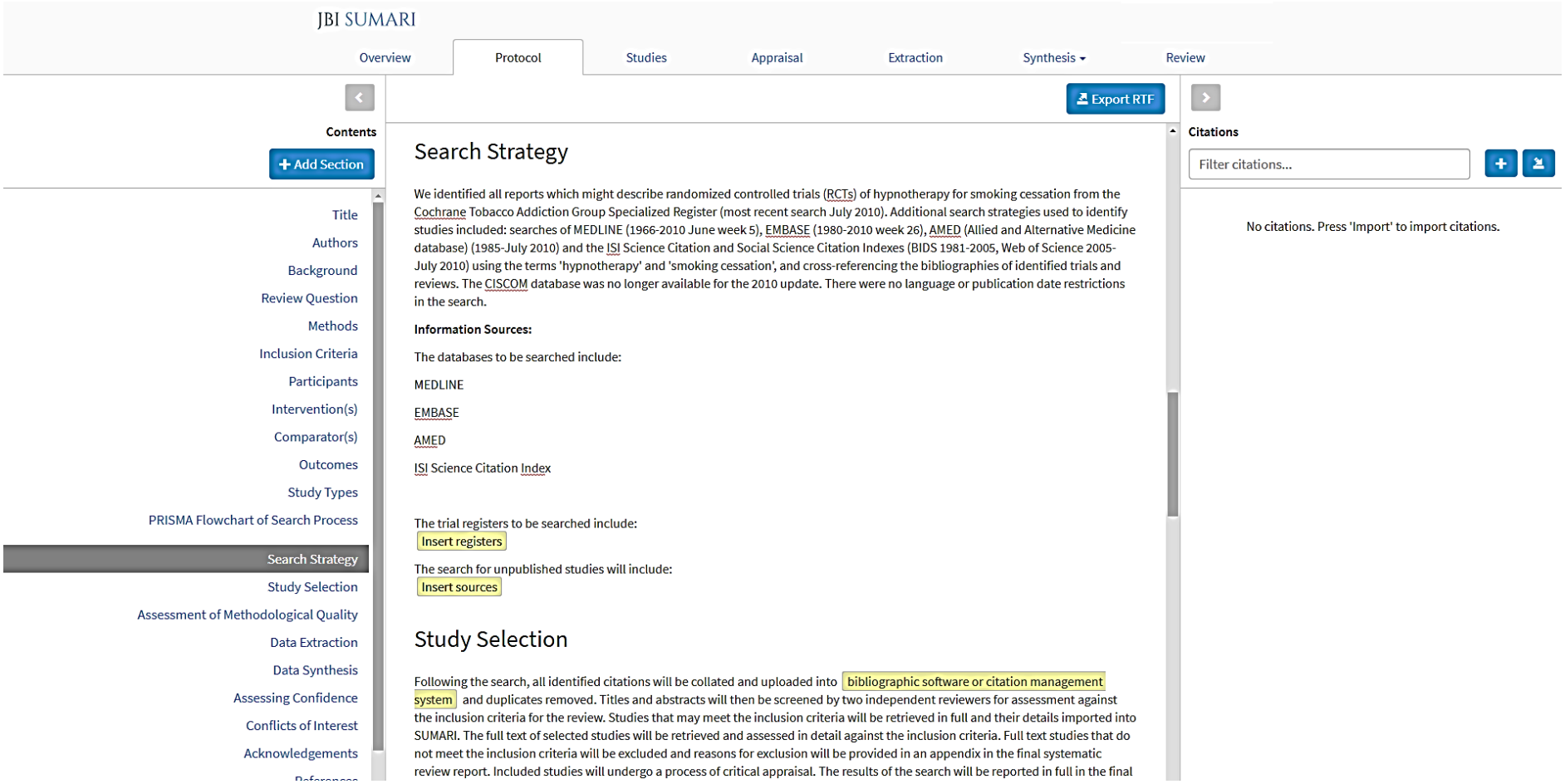
Project – Review Frameworks



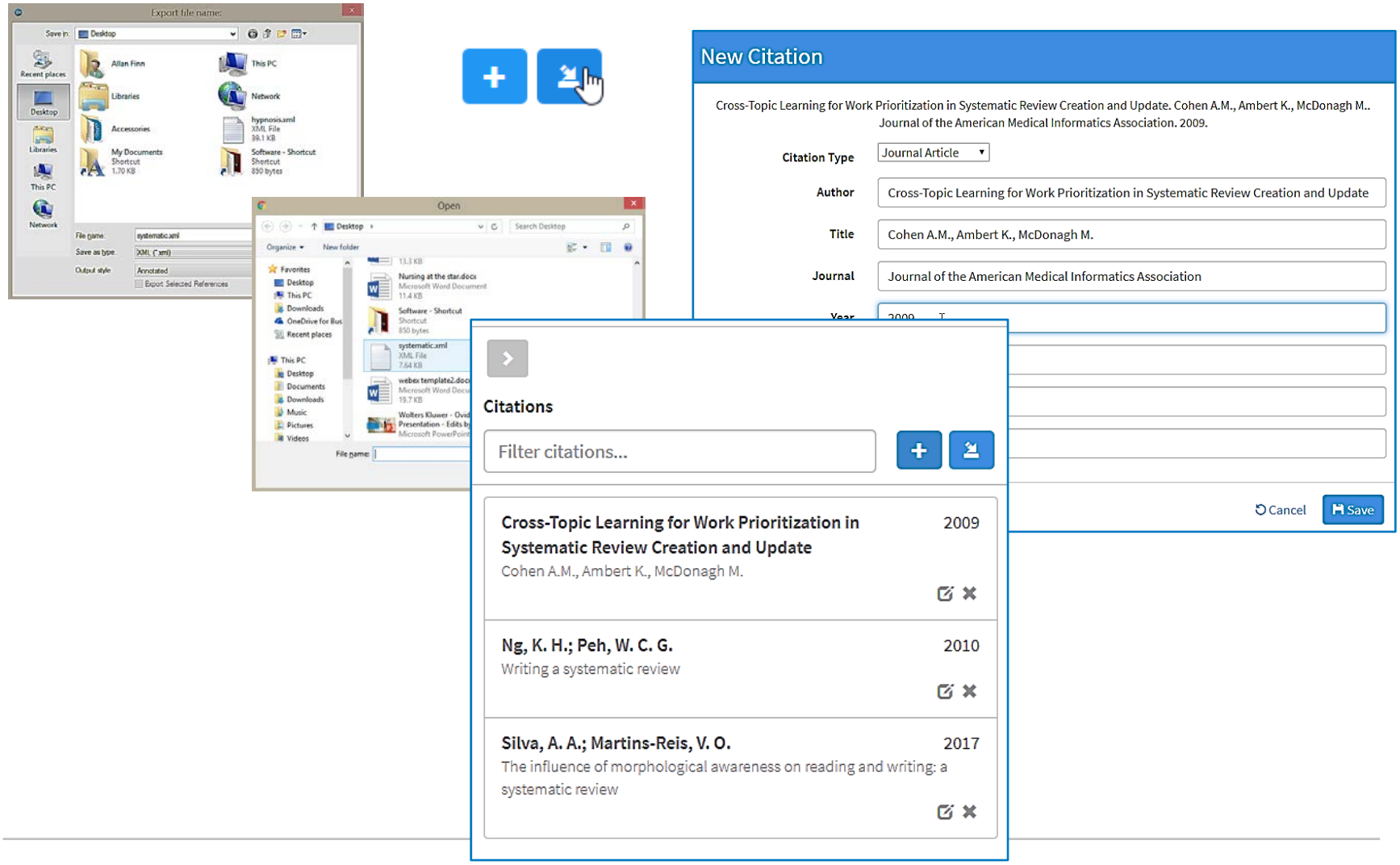
Project – Creating a Protocol



Project – Creating a Protocol



Add Citations – Import or Manual Entry



Studies

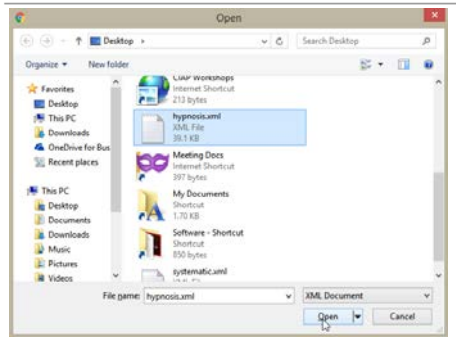
JBI SUMARI

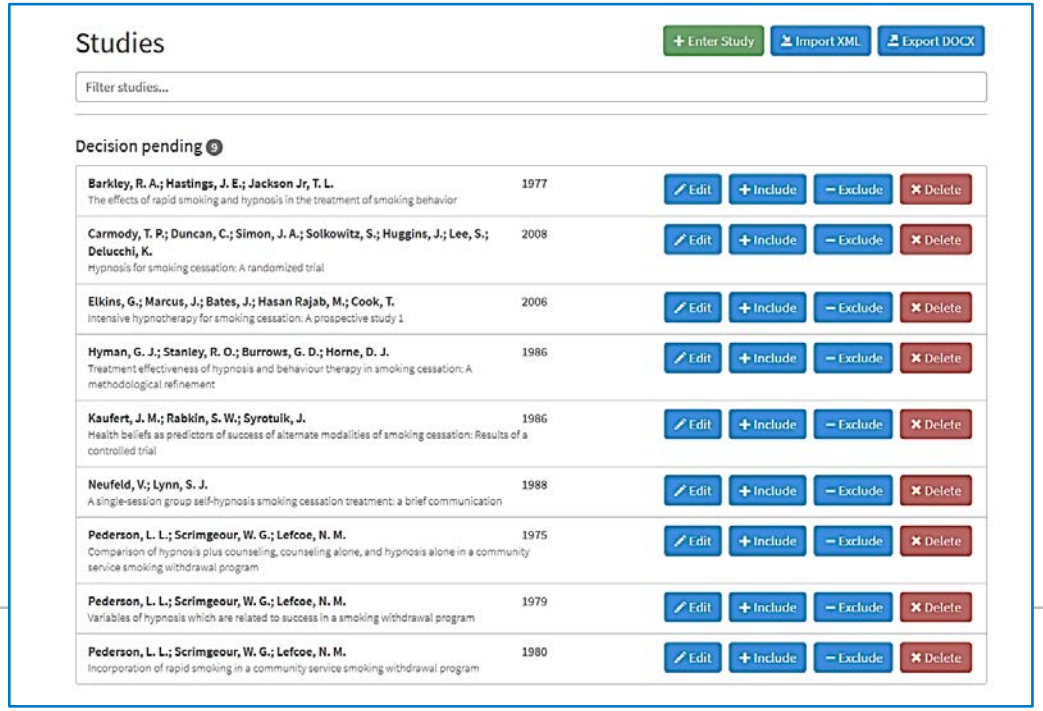
Overview | Protocol | Studies | Appraisal | Extraction | Synthesis | Review

Studies

+ Enter Study | Import XML | Export DOCX

Filter studies...





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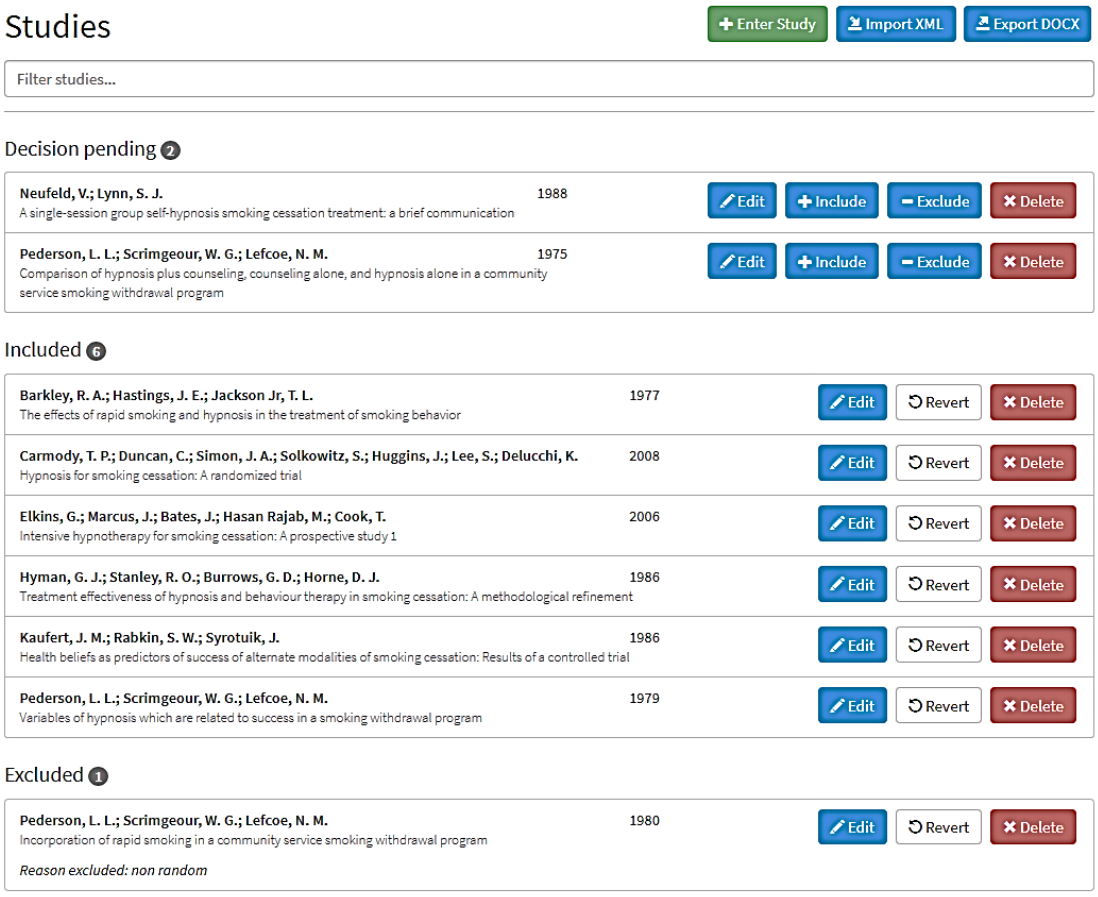
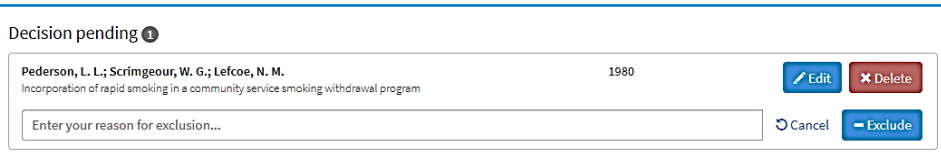
Study Selection and Appraisal





Critical Appraisal

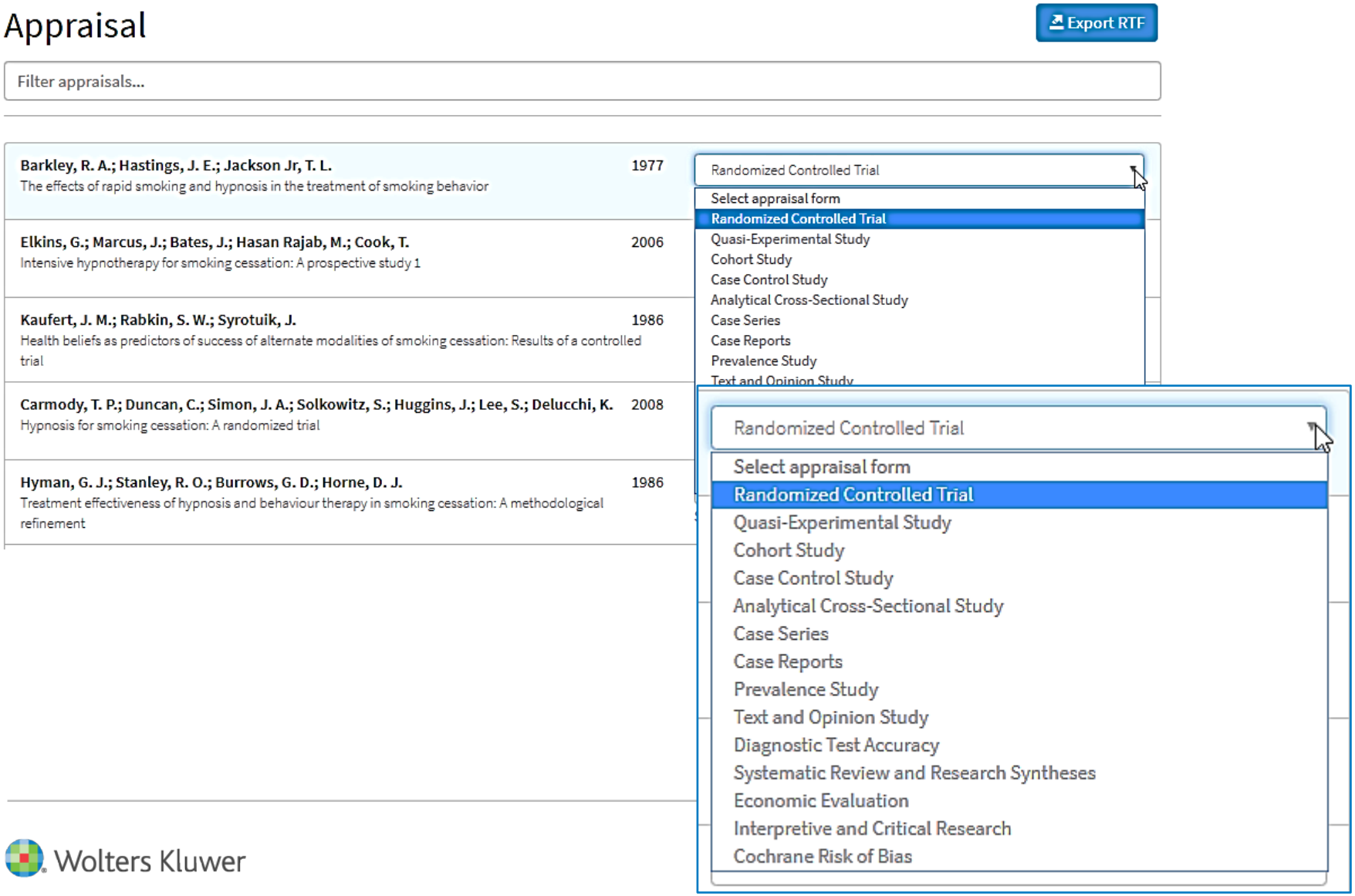
Appraisal

Export RTF

Filter appraisals...

Barkley, R. A.; Hastings, J. E.; Jackson Jr, T. L. The effects of rapid smoking and hypnosis in the treatment of smoking behavior	1977	Randomized Controlled Trial	Completed	Start Start
Elkins, G.; Marcus, J.; Bates, J.; Hasan Rajab, M.; Cook, T. Intensive hypnotherapy for smoking cessation: A prospective study 1	2006	Randomized Controlled Trial	Completed	Start Start
Kaufert, J. M.; Rabkin, S. W.; Syrotuik, J. Health beliefs as predictors of success of alternate modalities of smoking cessation: Results of a controlled trial	1986	Cohort Study	Completed	Start Start
Carmody, T. P.; Duncan, C.; Simon, J. A.; Solkowitz, S.; Huggins, J.; Lee, S.; Delucchi, K. Hypnosis for smoking cessation: A randomized trial	2008	Randomized Controlled Trial	Completed	Start Start
Hyman, G. J.; Stanley, R. O.; Burrows, G. D.; Horne, D. J. Treatment effectiveness of hypnosis and behaviour therapy in smoking cessation: A methodological refinement	1986	Randomized Controlled Trial	Completed	Start Start
Pederson, L. L.; Scrimgeour, W. G.; Lefcoe, N. M. Variables of hypnosis which are related to success in a smoking withdrawal program	1979	Prevalence Study	Completed	Start Start
Neufeld, V.; Lynn, S. J. A single-session group self-hypnosis smoking cessation treatment: a brief communication	1988	Randomized Controlled Trial	Completed	Start Start
Pederson, L. L.; Scrimgeour, W. G.; Lefcoe, N. M. Comparison of hypnosis plus counseling, counseling alone, and hypnosis alone in a community service smoking withdrawal program	1975	Text and Opinion Study	In Progress	Start Start

Study Selection and Appraisal



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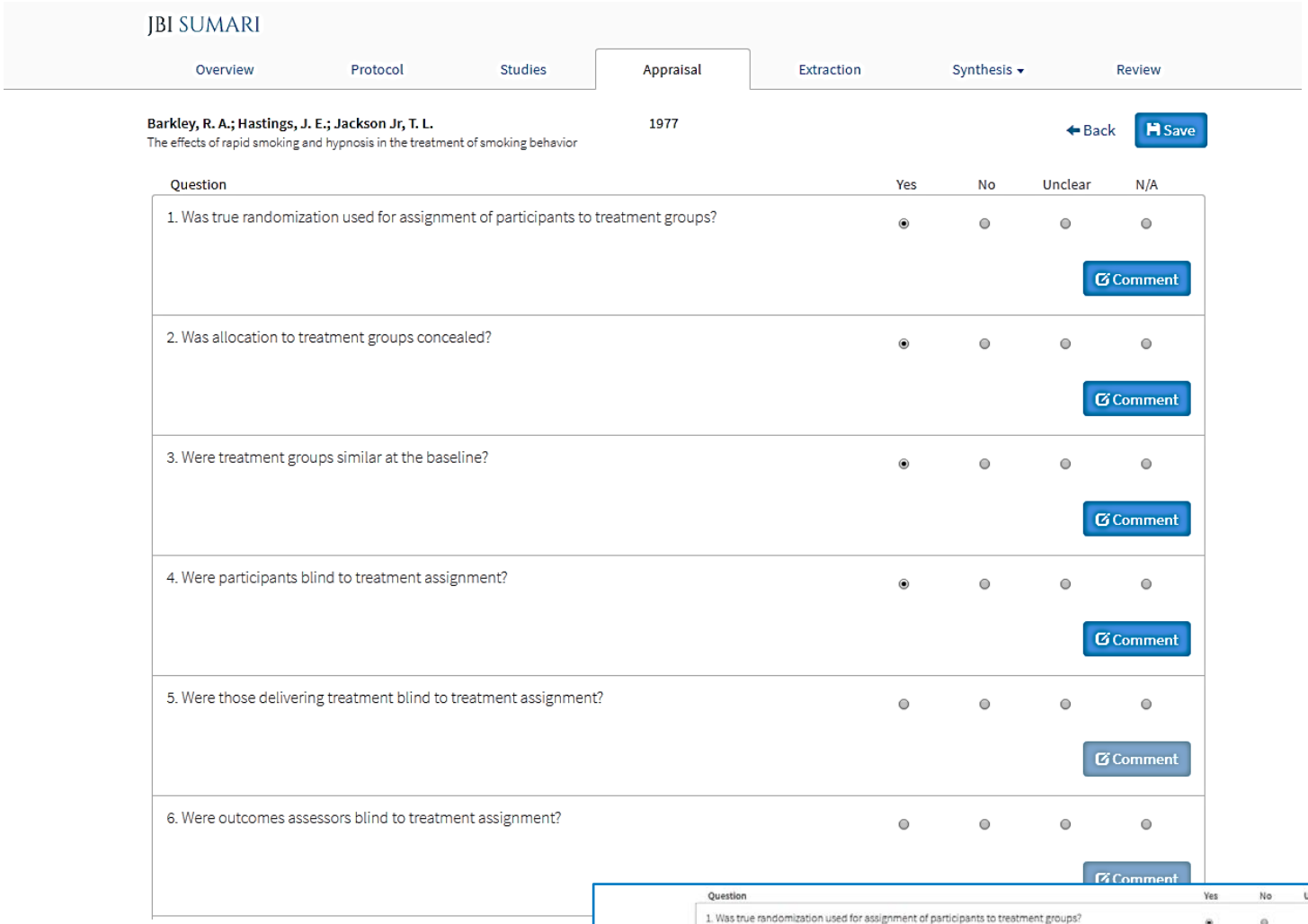
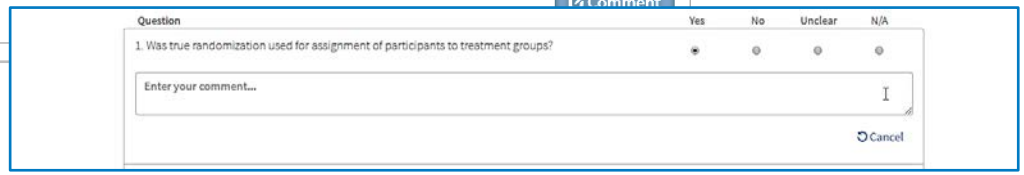
Appraisal





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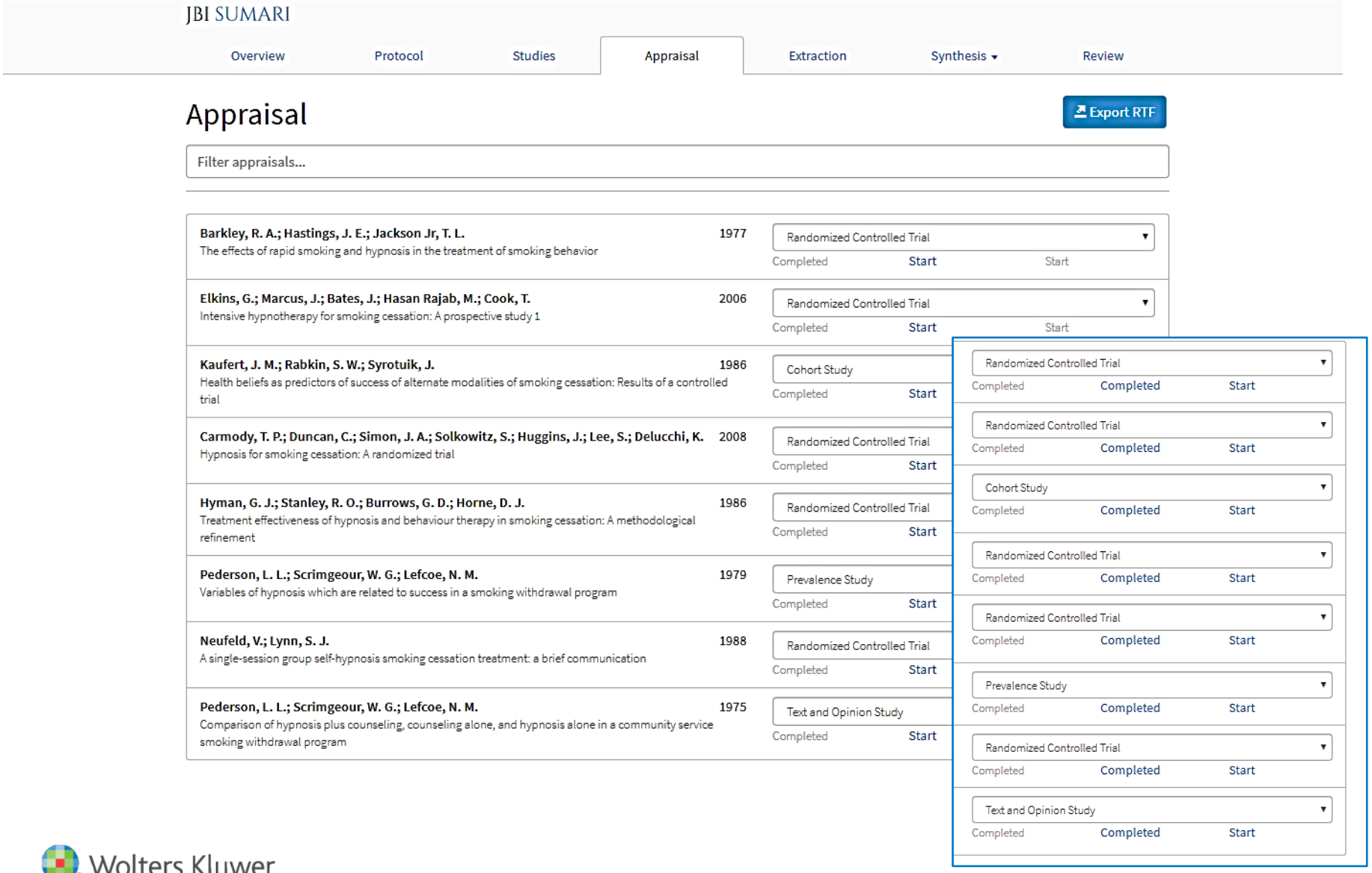
Reviewer Appraisal



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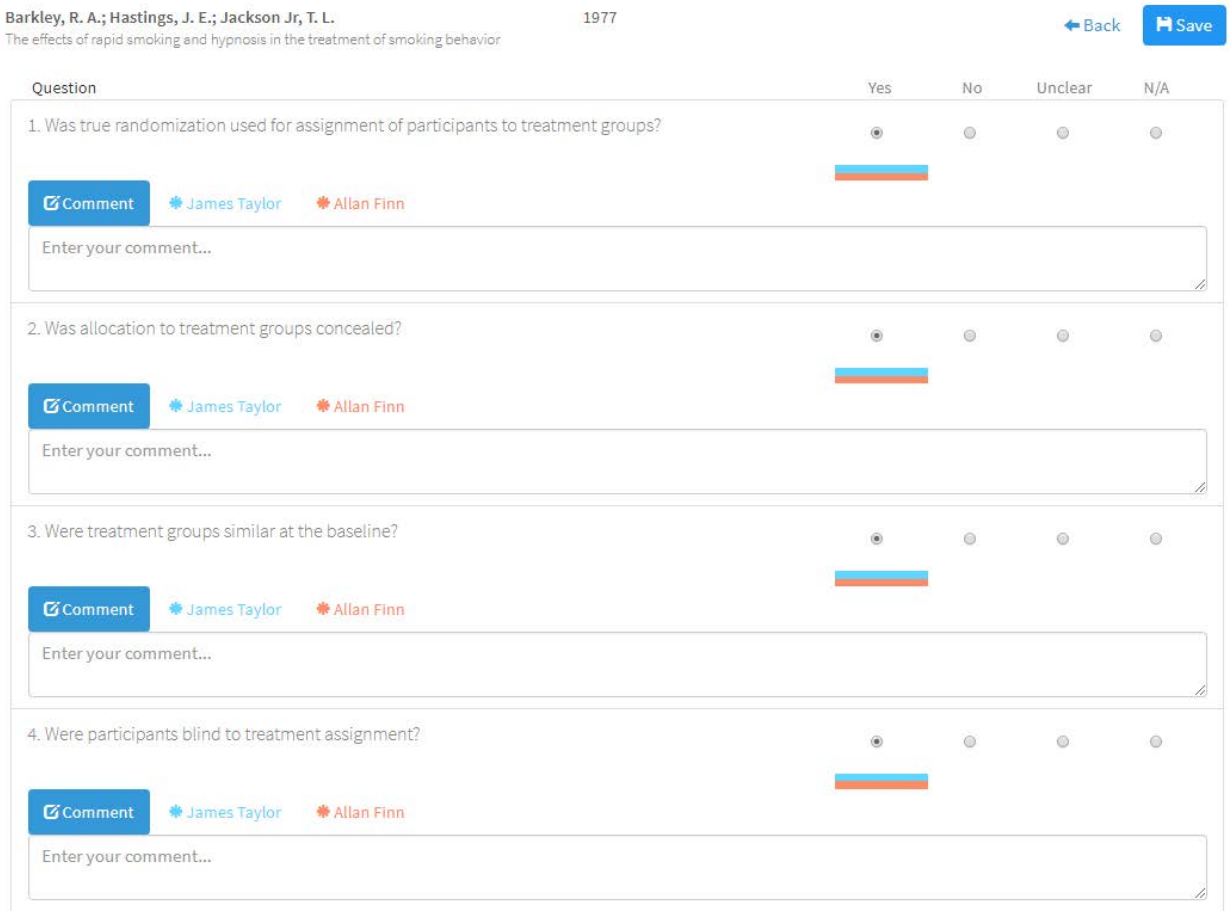
Study Appraisal



Data Extraction

Extraction

Export RTF

Filter extractions...

Barkley, R. A.; Hastings, J. E.; Jackson Jr, T. L. The effects of rapid smoking and hypnosis in the treatment of smoking behavior	1977	Start
Kaufert, J. M.; Rabkin, S. W.; Syrotuik, J. Health beliefs as predictors of success of alternate modalities of smoking cessation: Results of a controlled trial	1986	Start
Elkins, G.; Marcus, J.; Bates, J.; Hasan Rajab, M.; Cook, T. Intensive hypnotherapy for smoking cessation: A prospective study 1	2006	Start
Carmody, T. P.; Duncan, C.; Simon, J. A.; Solkowitz, S.; Huggins, J.; Lee, S.; Delucchi, K. Hypnosis for smoking cessation: A randomized trial	2008	Start
Hyman, G. J.; Stanley, R. O.; Burrows, G. D.; Horne, D. J. Treatment effectiveness of hypnosis and behaviour therapy in smoking cessation: A methodological refinement	1986	Start
Pederson, L. L.; Scrimgeour, W. G.; Lefcoe, N. M. Variables of hypnosis which are related to success in a smoking withdrawal program	1979	Start
Neufeld, V.; Lynn, S. J. A single-session group self-hypnosis smoking cessation treatment: a brief communication	1988	Start
Pederson, L. L.; Scrimgeour, W. G.; Lefcoe, N. M. Comparison of hypnosis plus counseling, counseling alone, and hypnosis alone in a community service smoking withdrawal program	1975	Start

Barkley, R. A.; Hastings, J. E.; Jackson Jr, T. L. The effects of rapid smoking and hypnosis in the treatment of smoking behavior	1977	In Progress

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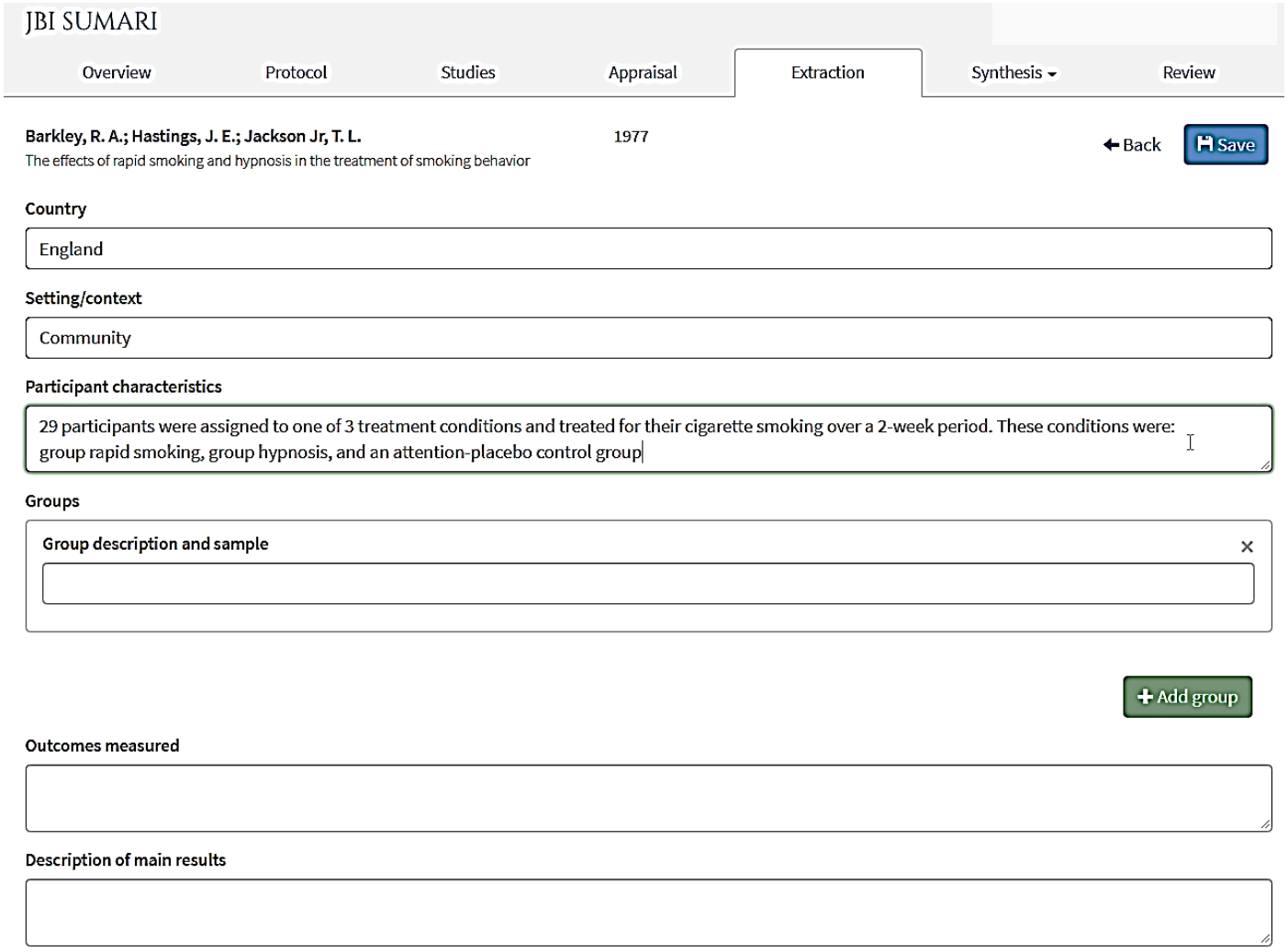
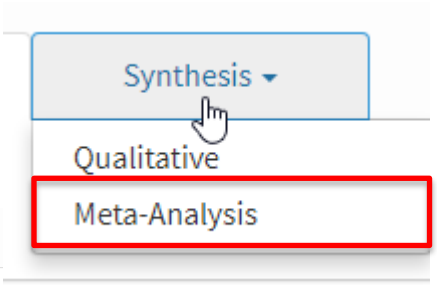
Data Extraction



Synthesis – Meta-Analysis



JBI SUMARI

Overview | Protocol | Studies | Appraisal | Extraction | Synthesis

Qualitative
Meta-Analysis

Save

Smoking Cessation

Rapid Smoking and Hypnosis are Effective

Parameters

Close

Statistical Method	Model	Effect Measure	Confidence Interval
Select statistical method...	Select model...	Select effect measure...	95%

Plot Labels

Close

Line of No Effect Labels	Experimental Label	Control Label
Traditional (Experimental vs. Control)	Experimental	Control

Data

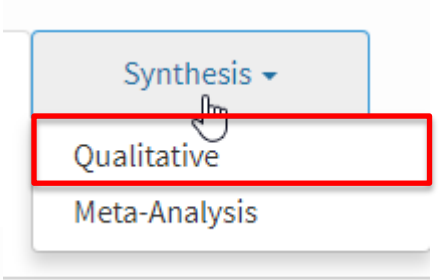
Close

Study	Experimental Group	Total Sample Experimental Group	Control Group Events	Total Sample Control Group	
Select or type citation...	0	0	0	0	+ Add

Plot

Generate | Export...

Synthesis – Qualitative



JBI SUMARI

Overview | Protocol | Studies | Appraisal | Extraction | Synthesis | Review

Studies | Categories | Synthesized Findings | Meta-Aggregative Flowchart

Studies

+ Create Study | Export DOCX

Filter studies...

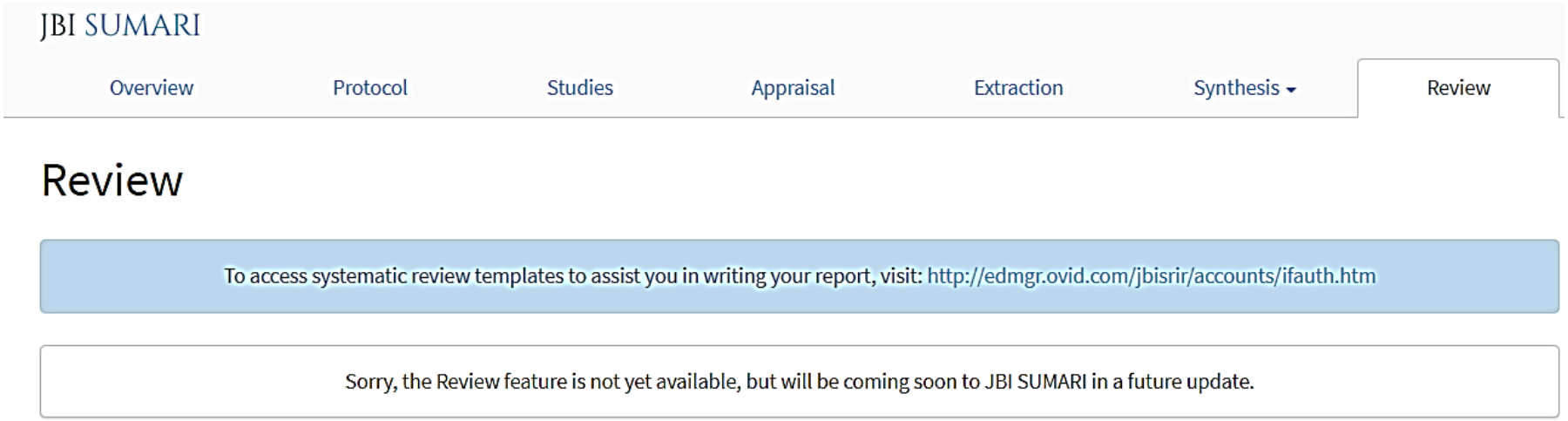
Barkley 1977 — Close | ✖ Delete

Findings — + Create Finding

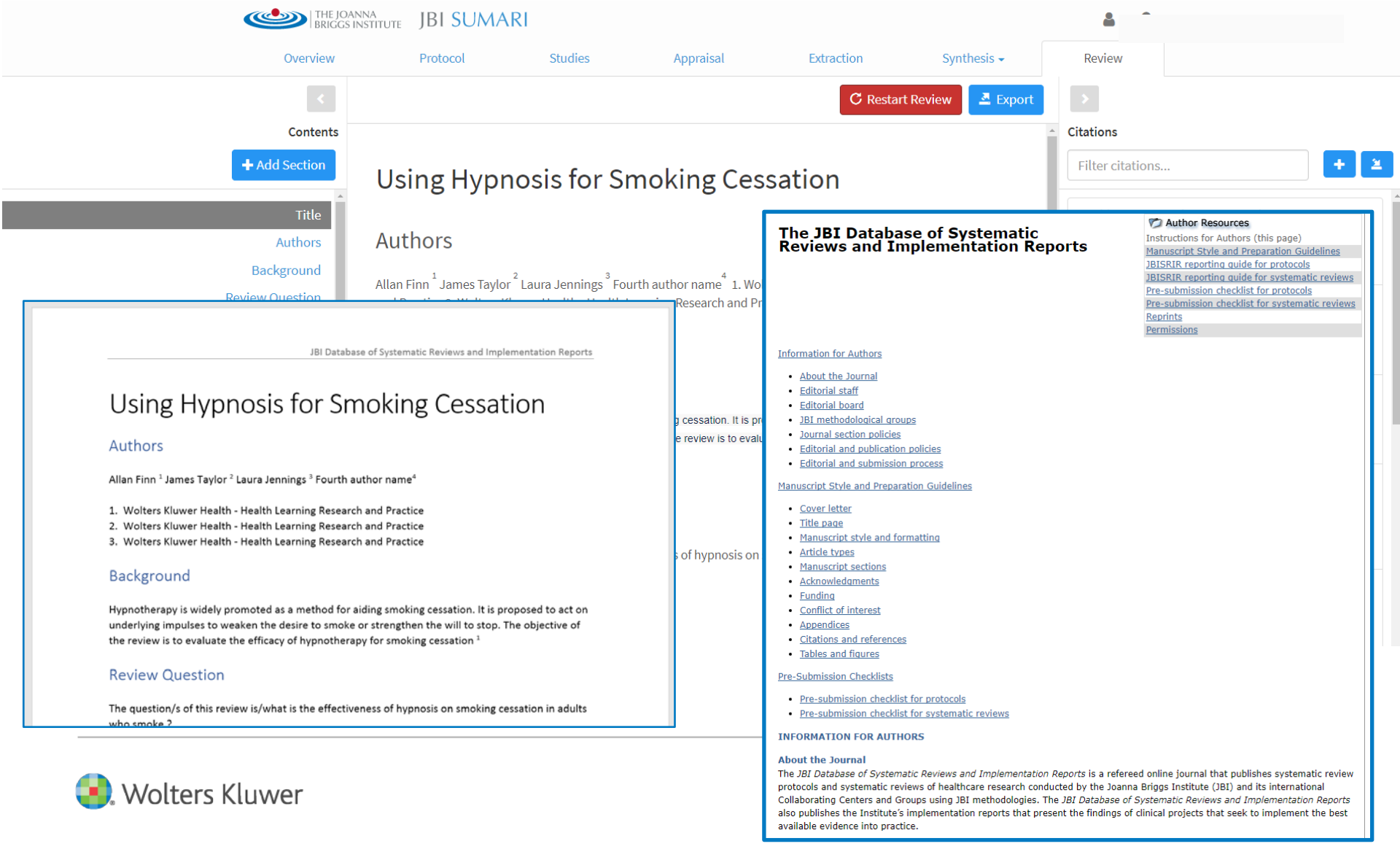
Hypnosis not as effective as rapid smoking	e rapid smoking and hypnosis groups did not differ from the control grou p in smoking rates at treatment termination or at the 6-week follow-up. T hey also did not differ from the control group in the number of Ss abstain ing from smoking by treatment termination but did differ at follow-up. Ev entually, at the 9-month follow-up, only Ss from the group rapid smoking condition had significantly more abstainers than the control group. The r esults suggested that rapid smoking can work as effectively in group proc edures as previous individualized approaches had demonstrated. Group hypnosis, while less effective than some previous individualized approa ches had indicated, was nevertheless only marginally less effective than t he group rapid smoking procedure	Credible ✖ Delete Credible Not Supported Unequivocal

Wolters Kluwer

Review


JBI SUMARI
Overview
Protocol
Studies
Appraisal
Extraction
Synthesis
Review
Review
To access systematic review templates to assist you in writing your report, visit: http://edmgr.ovid.com/jbisrir/accounts/ifauth.htm
Sorry, the Review feature is not yet available, but will be coming soon to JBI SUMARI in a future update.

Review



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JBI PACES

Practical

Application of

Clinical

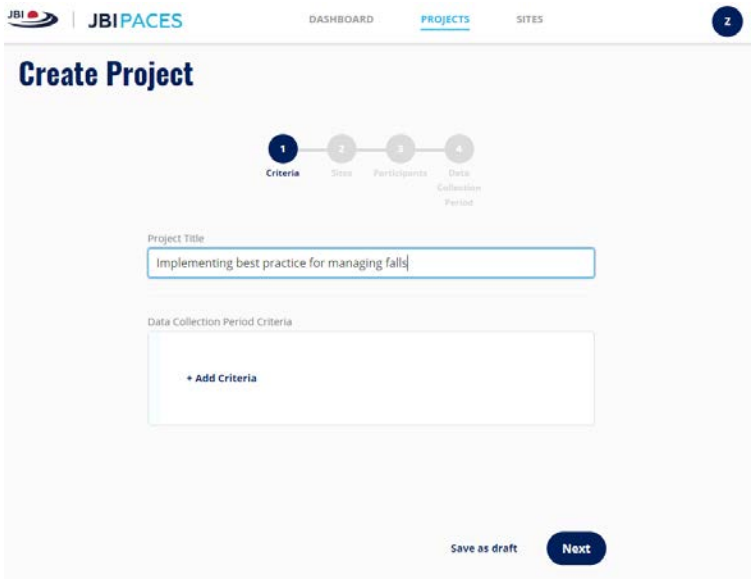
Evidence

System

JBIPACES

Simple to use software to support:

- Evidence-based practice
- Quality improvement projects
- Different types of research projects
- Audit and feedback cycles
- Evidence implementation
- Collection of outcome data



What has changed?

MODERN

- Complete rebuild with new, modern interface tech

INTUITIVE

- Simpler interface, less ‘clunky’

FLEXIBLE AND CUSTOMISABLE

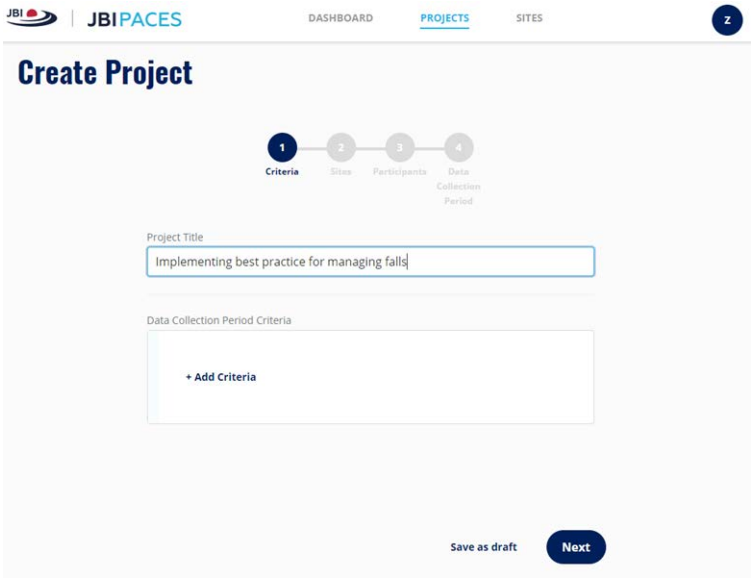
- Can modify or create your own outcome measurements, quality indicators, performance measures or audit criteria
- Can be used for a broad range of projects
- Can export data into various formats
- Customise presentation of reports and run multiple analyses

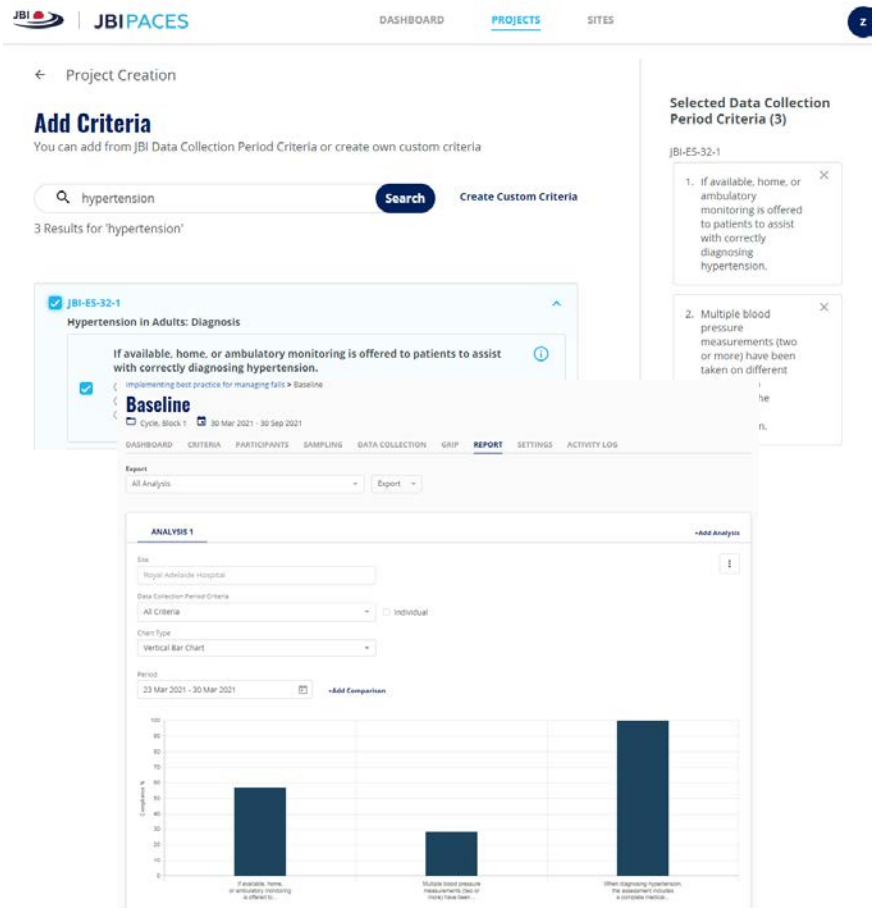
LATEST EVIDENCE AND APPROACHES

- Fully integrated with JBI EBP Database
- Facilitates the implementation of evidence into practice

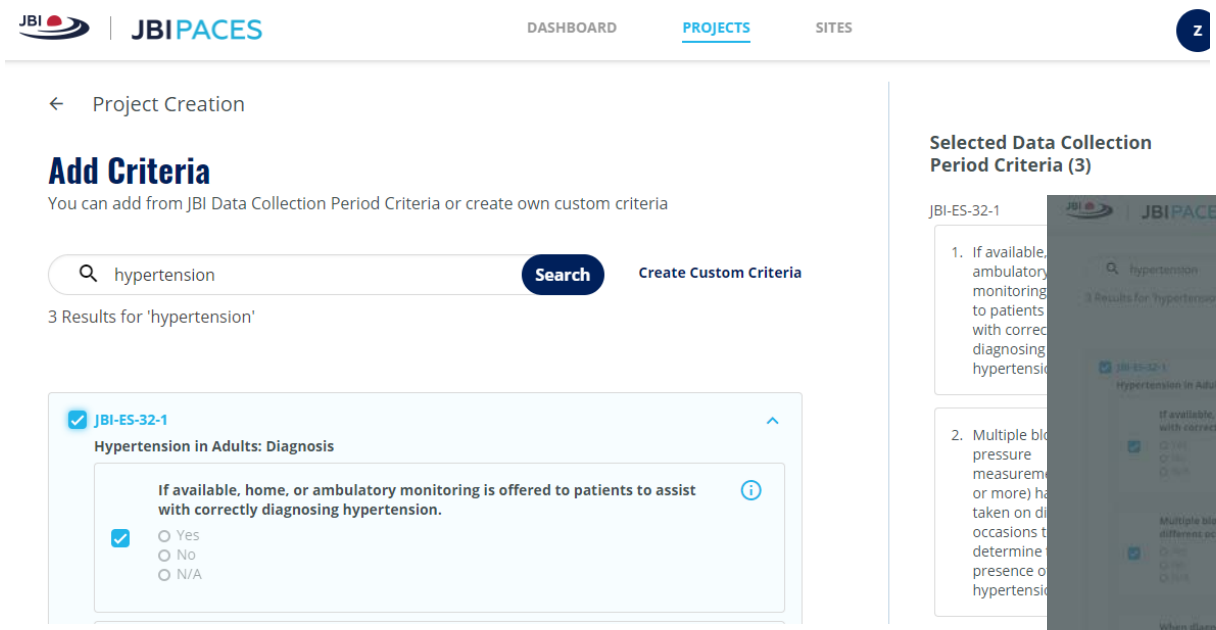
What's new?

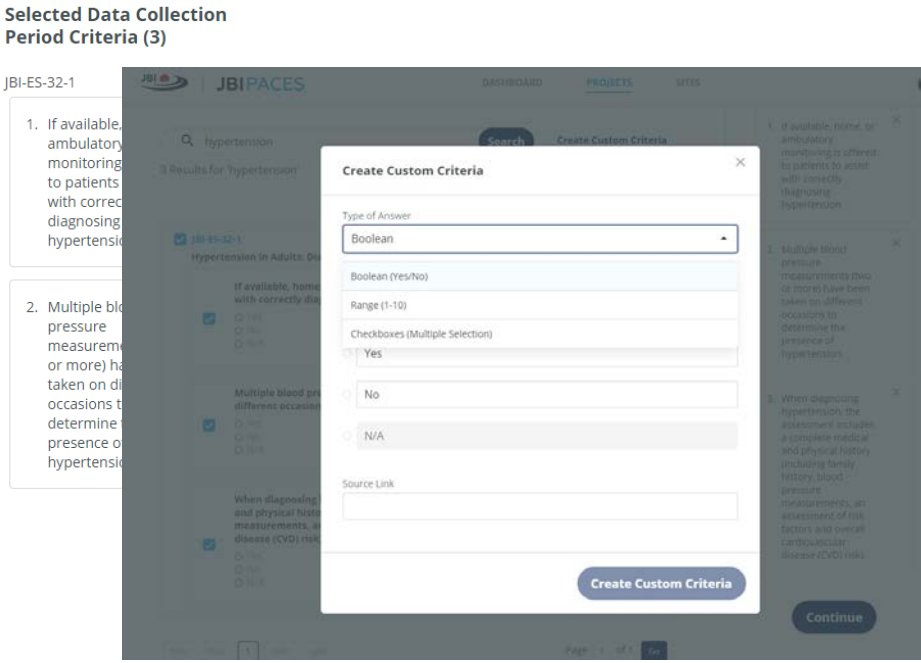
.....Everything!



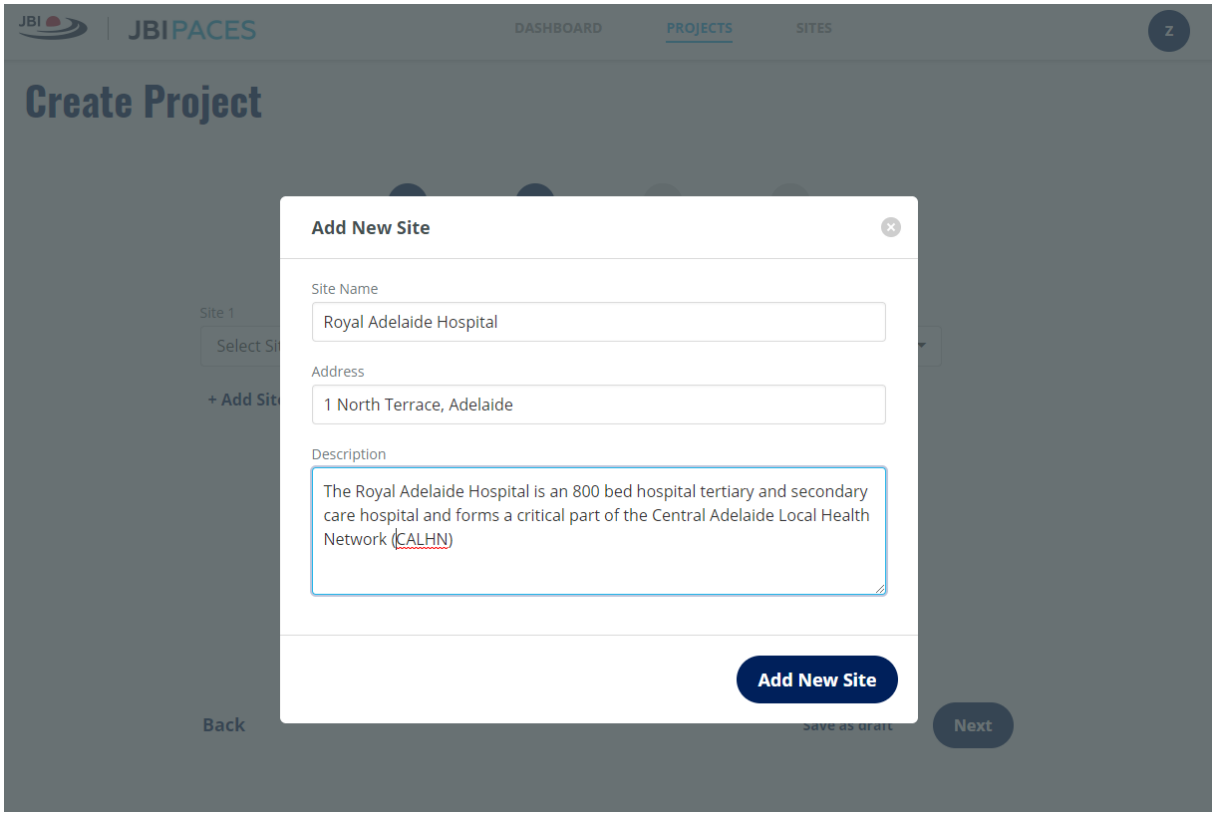


Searching, selecting and creating criteria

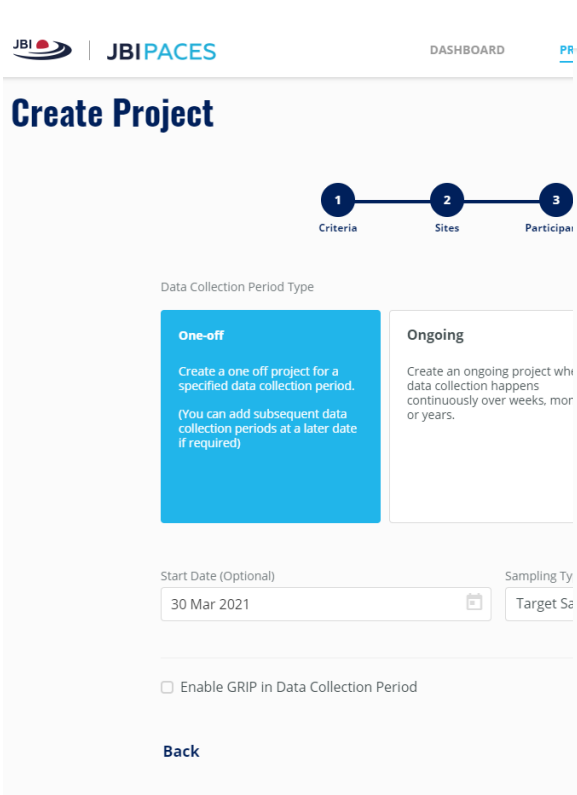


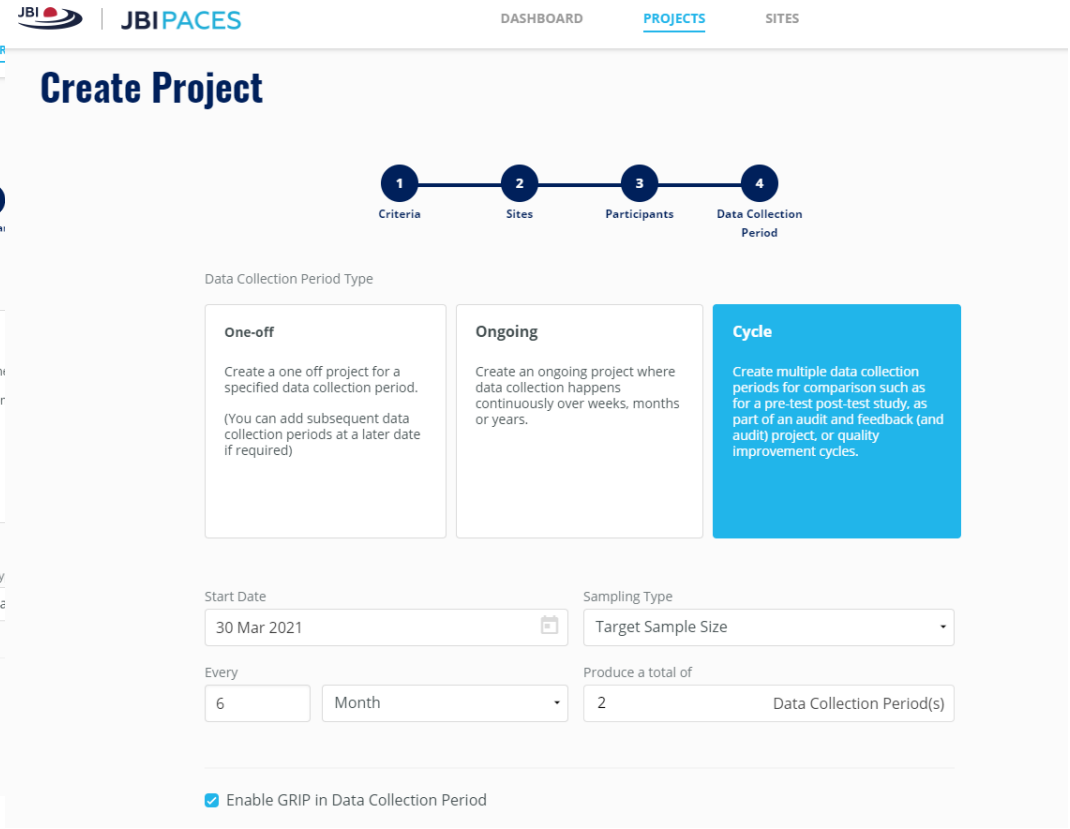


Adding sites

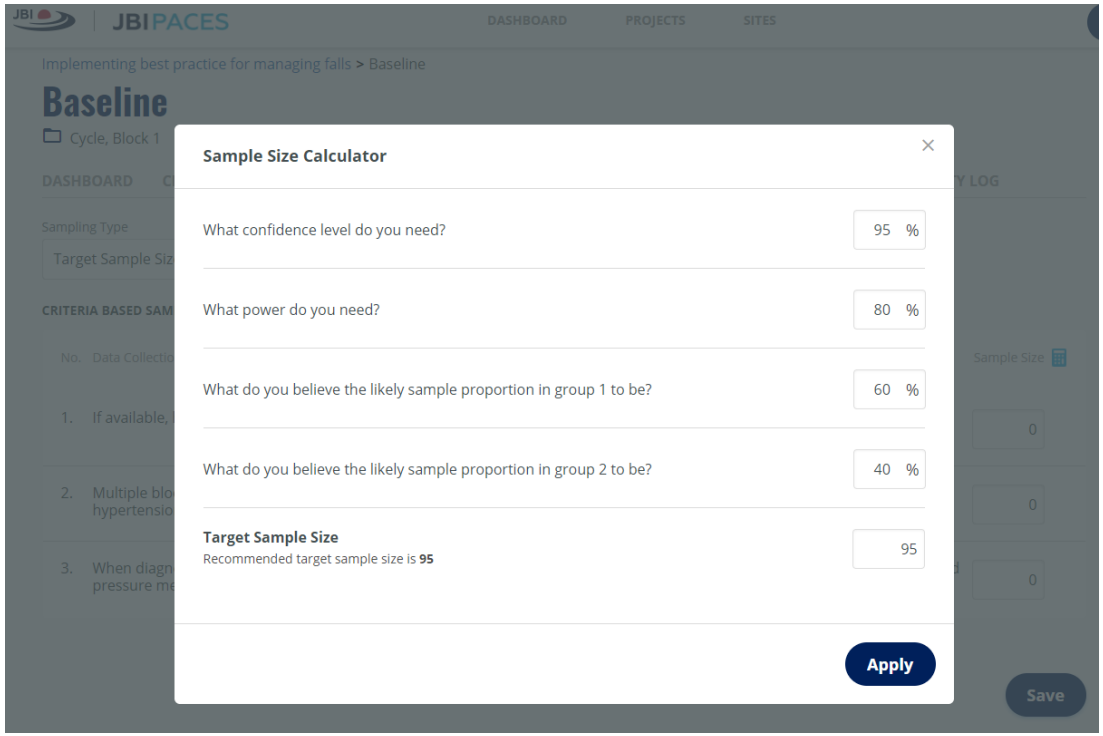


Different projects for different needs

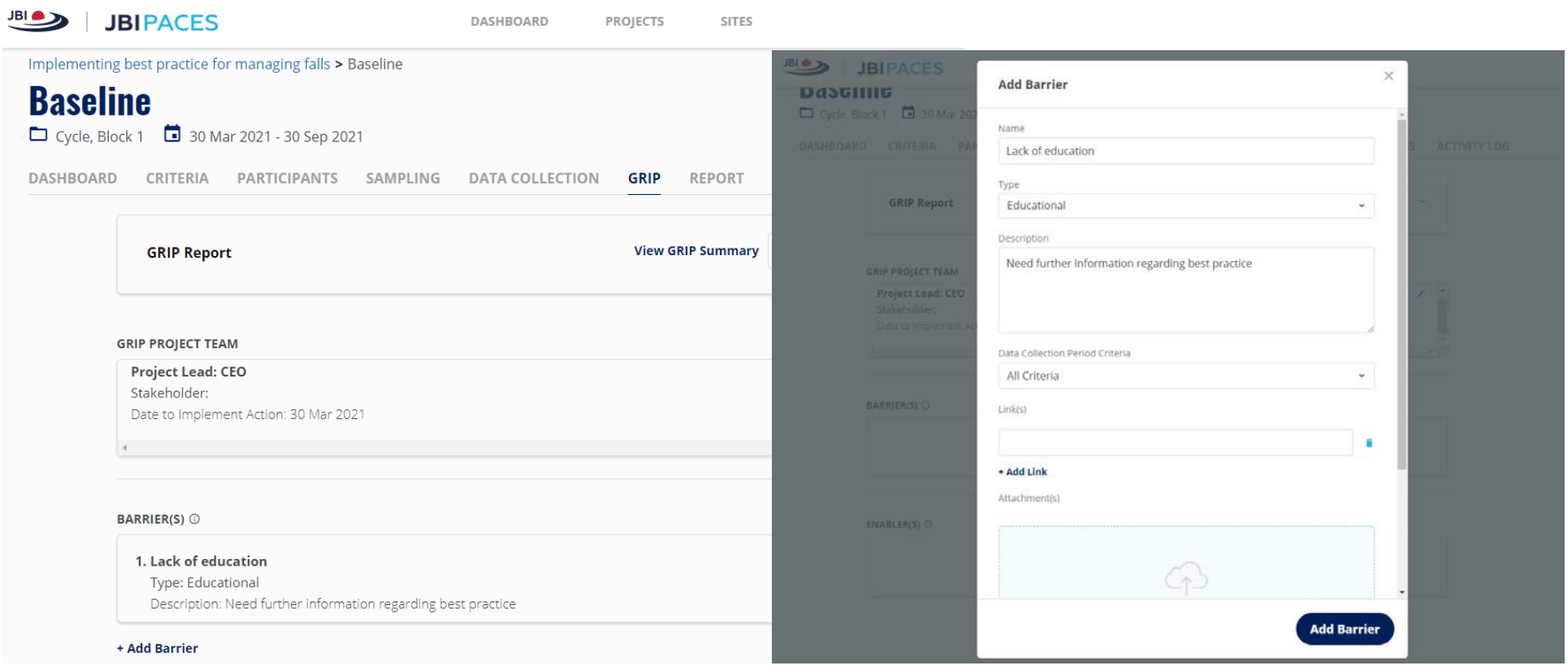




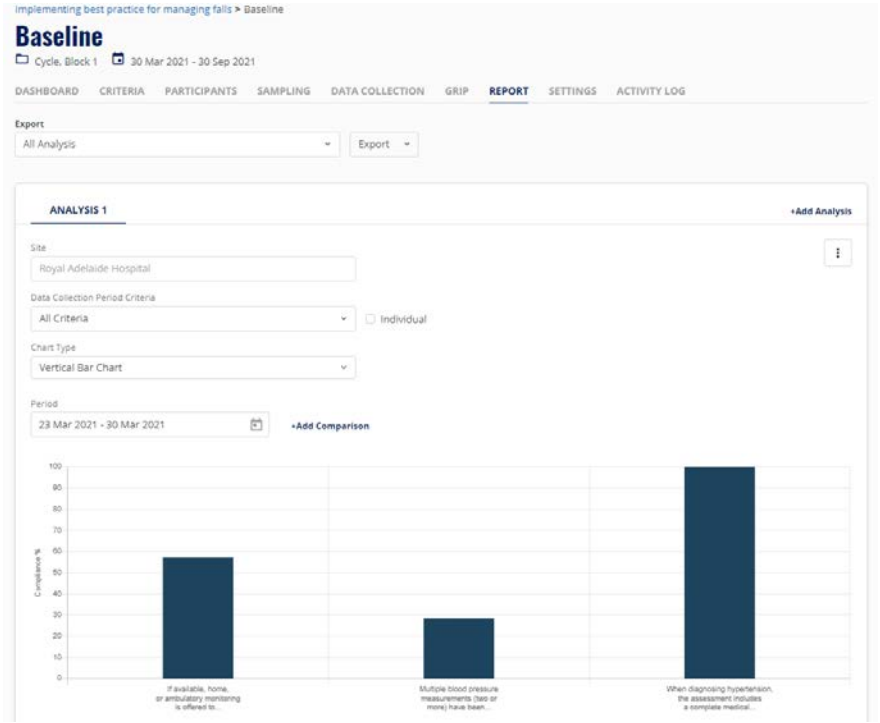
Built in statistics (with more to come)



Implement changes with GRIP

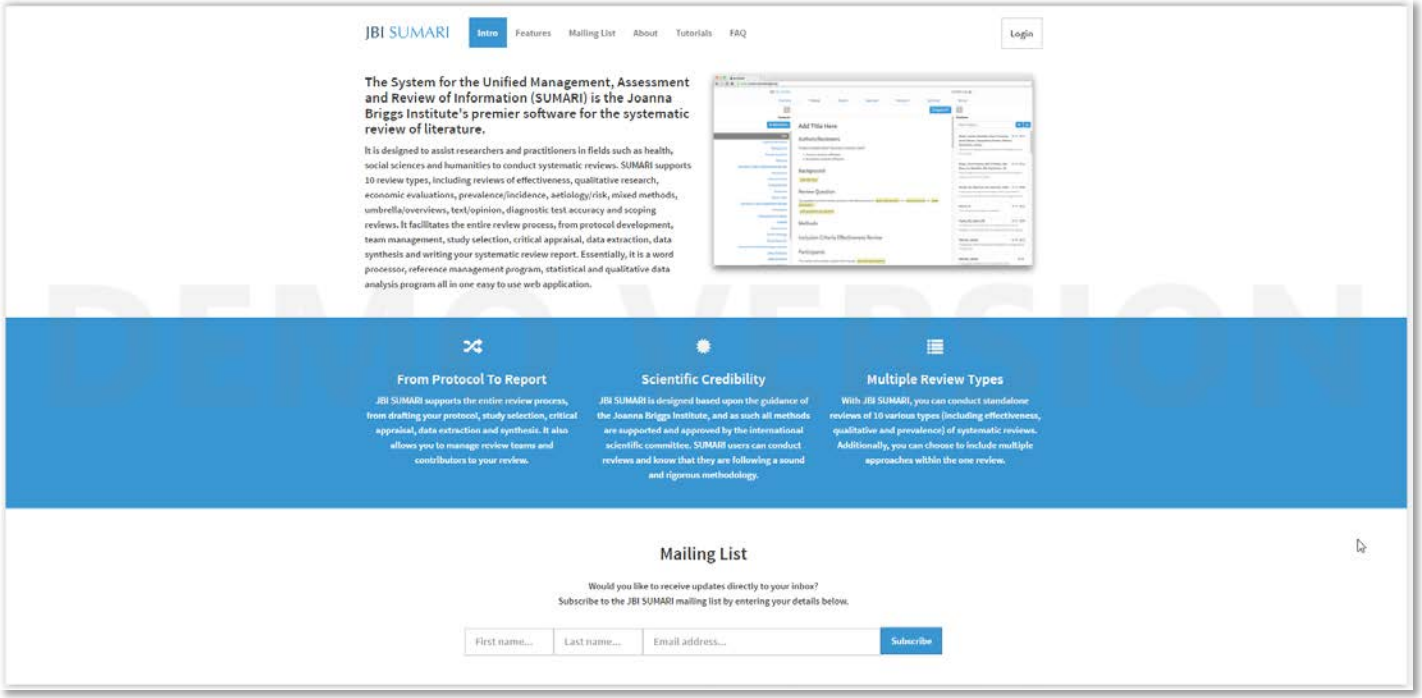


Customisable reports



Where to find out more…

http://joannabriggs.org/sumari.html
https://www.jbisumari.org/ and
https://www.jbisumari.org/#tutorials



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Training Resources & User Support

http://site.ovid.com/resources/index.jsp

Thank you

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