



Elizabeth Papathanassoglou



Sek Ying Chair



EDITORIAL

Elizabeth Papathanassoglou, Sek Ying Chair

Excellence in critical care nursing practice: more than guidelines

Evidence accumulates that many critically ill patients may not be receiving guideline-based care (Kahn, 2017). In this issue, three articles explore issues pertaining to the implementation of clinical practice guidelines (CPG). Two articles address issues surrounding implementation of CPGs for the management and prevention of sepsis, and one article explores effectiveness and nursing implications pertaining to the use of prone positioning for patients with Acute Respiratory Distress Syndrome. Moreover, Mpouzika and colleagues address issues of inter-professional collaboration in critical care nurses, which has been shown to be a pivotal factor in CPG implementation (Kim et al., 2016).

CPGs are based on vigorous syntheses of research evidence and are central to improving quality of care. Ample evidence supports improvements in critically ill patients' outcomes after their implementation (Damiani et al., 2015). As CPGs are lengthy, detailed documents, they often cannot be readily implemented by clinicians at the point of care. A final translation step is needed, often in the form of care bundles and care management protocols for nurses. Knowledge translation (KT) in critical care is fairly recent, and there is ambiguity surrounding optimal KT strategies

Nurses' knowledge of clinical practice guidelines has been overall less than optimal (Jansson et al., 2013), and poor knowledge may be a barrier towards CPG adherence. Many other factors have been associated with low adherence, including periods of increased workload (Weismann et al., 2015). In this issue, Ibrahim and colleagues report low levels of awareness and implementation of ventilator and central venous catheter bundles among critical care nurses in Nigeria and they propose that vigorous staff education and development of unit-based protocols should be undertaken. To promote CPG implementation, multifaceted strategies addressing both healthcare professionals and healthcare systems appear to be more effective (Graham et al., 2011). For example, the addition of reminders to educational interventions appears to be more effective than education alone, whereas intensive educational efforts (including face-to-face education of clinicians in their unit) seem to be more effective than simple education.

Institutional factors may determine the success of implementation. For example, the type (e.g. public versus private hospital) and resources of healthcare organizations influence adoption of CPGs in critical care, with implementation being more challenging in lower income countries and limited resource environments (Machado et al., 2017). Furthermore, characteristics such as inter-professional collaboration, autonomy of units, large organizations, leadership support and low level of formalisation promote uptake and maintenance of CPGs (Graham et al., 2011). Moreover, Baker et al. (2010) have shown that tailored interventions to overcome barriers to change are effective in implementation efforts. This approach requires an in-depth understanding of the gaps, needs, system mechanisms, behaviors and barriers at an institution, and often calls for meaningful engagement of end-users, and identification of ways to facilitate change.

Implementation science supports multifaceted, multidisciplinary approaches that focus directly on clinical practices. Kahn et al. (2014) have shown that a nurse-led program of screening ICU patients for best practices was associated with higher quality of care and decreased duration of mechanical ventilation and

Contents

The Kampala Declaration: Commitment to improve care for sepsis and severely ill patients in Africa
African Sepsis Alliance, African Federation of Critical Care Nurses, World Federation of Critical Care Nurses.....47

Prone positioning for the treatment of ARDS
Castro D Arias, Bijaya Pokharela, Elizabeth Papathanassoglou, Colleen M Norris.....49

Awareness of ventilator and central venous catheter bundles among critical care providers in Nigeria
Abdullahi S Ibrahim, Halima S Kabara, Adebayo Adeyinka, Louisdon Pierre.....55

Blood glucose control in sepsis: a comprehensive narrative review
Aliza Kozyakovsky, Meropi D A Mpouzika, Gerri Lasiuk, Colleen M Norris.....59

A descriptive correlational study of nurse-physician collaboration in adult critical care in Greece
Meropi D A Mpouzika, Stella Haikali, Margarita Giannakopoulou, Maria N K Karanikola, Chrysoula Lemonidou, Elisabeth Patiraki, Elizabeth D E Papathanassoglou.....65

Connect: The World of Critical Care Nursing is the official journal of the **World Federation of Critical Care Nurses** and is published in association with the **European federation of Critical Care Nursing associations** and the **Latin American Federation of Intensive Care Nurses**.

length of stay. Knowledge translation and implementation science in critical care can largely benefit from nursing research and nurse-led initiatives.

References

Damiani E, Donati A, Serafini G, et al. (2015). Effect of performance improvement programs on compliance with sepsis bundles and mortality: A systematic review and meta-analysis of observational studies. *PLoS One* 10:e0125827.

Graham R, Mancher M, Miller Wolman D, et al. (eds) (2011). Institute of Medicine (US) Committee on Standards for Developing Trustworthy Clinical Practice Guidelines. *Clinical Practice Guidelines We Can Trust*. Washington (DC): National Academies Press (US); 6, Promoting Adoption of Clinical Practice Guidelines. [Online] Available at: <https://www.ncbi.nlm.nih.gov/books/NBK209543/>

Jansson M, Ala-Kokko T, Ylipalosaari P, et al. (2013). Critical care nurses' knowledge of, adherence to and barriers towards evidence-based guidelines for the prevention of ventilator-associated pneumonia—a survey study. *Intensive and Critical Care Nursing* 29(4): 216-27.

Kahn JM. (2017). Bringing implementation science to the intensive care unit. *Current Opinion in Critical Care* 23(5): 398-399.

Kahn JM, Gunn SR, Lorenz HL, et al. (2014). Impact of Nurse-Led Remote Screening and Prompting for Evidence-Based Practices in the ICU. *Critical Care Medicine* 42: 896-904.

Kim YM, Lee SJ, Jo SJ, Park KN (2016). Implementation of the guidelines for targeted temperature management after cardiac arrest: a longitudinal qualitative study of barriers and facilitators perceived by hospital resuscitation champions. *BMJ Open* 6(1): e009261.

Machado FR, Ferreira EM, Sousa JL, et al. (2017). Quality improvement initiatives in sepsis in an emerging country: does the institution's main source of income influence the results? An analysis of 21,103 patients. *Critical Care Medicine* doi: 10.1097/CCM.0000000000002585.

Weissman GE, Gabler NB, Brown SES, Halpern SD (2015). ICU capacity strain and adherence to prophylaxis guidelines. *Journal of Critical Care* 30(6): 1303-1309.

EDITORS

Prof Sek Ying Chair (Hong Kong),
E-mail: sychair@cuhk.edu.hk

A/Prof Elizabeth Papathanassoglou
(Canada), E-mail: papathan@ualberta.ca

EMERITUS EDITOR

Prof Paul Fulbrook (Australia),
E-mail: paul.fulbrook@acu.edu.au

ASSOCIATE EDITORS

Ms Laura Alberto (Argentina), E-mail:
lauramalbert@yahoo.com

A/Prof Sandra Goldsworthy
(Canada), E-mail: sandra.goldsworthy@ucalgary.ca

Dr Esther Wong Yee Hing (Hong Kong), E-mail: wongyh@ha.org.hk

Prof Violeta Lopez (Singapore),
E-mail: violeta_lopez@nuhs.edu.sg

Dr Shelley Schmolgruber

(South Africa), E-mail: shelley.schmolgruber@wits.ac.za

Prof Janet Wing Hung Sit (Hong Kong), E-mail: janet.sit@cuhk.edu.hk

Prof Colleen Norris (Canada),
E-mail: colleen.norris@ualberta.ca

Ms Kathleen Vollman (USA), E-mail:
kvollman@comcast.net

PUBLISHER

Connect: The World of Critical Care Nursing is owned and published by:

World Federation of Critical Care Nurses Ltd.

PO Box 50, Dayboro, Queensland 4521, Australia

Disclaimer - All rights reserved; no part of this publication may be reproduced, electrical, mechanical, photocopying, recording, or otherwise without prior written permission from the publisher. The publishers, editors and editorial board wish to make it clear that the data, opinions and statements appearing in the articles herein are those of the contributor(s) concerned; such opinions are not necessarily shared by the editor or the editorial board. Accordingly, the publishers, editors and editorial board and their respective employees, officers and agents accept no liability for the consequences of any such inaccurate or misleading data, opinions or statements.