



Sharing ideas and expertise to improve practice together

## EMERGENCY CARE COMMUNITY OF PRACTICE

### National Institute of Clinical Studies EMERGENCY CARE: CLOSING GAPS GRANTS FOR NURSING

#### INFORMATION FOR APPLICANTS

##### Overview:

The National Institute of Clinical Studies (NICS), through its Emergency Care Community of Practice, is offering four grants of \$7,500 each to individual nurses to undertake a project to improve the use of evidence in emergency care practice.

Through funding these projects, NICS aims to build the level of experience and interest in the implementation of evidence in the emergency care community.

The grants offer a great opportunity for individual recipients to gain experience in getting evidence into practice and to undertake a project to improve emergency care.

*Applicants should note that grants are not intended to support clinical research.*

**Applications close Monday, 30 October 2006 (12 noon EST).**

##### Information Teleconference:

A teleconference for applicants wishing to discuss the Grants will be held on Thursday, 21 September 2006, 1:30pm EST. To register for this teleconference email your name to [cop@nicsl.com.au](mailto:cop@nicsl.com.au) by Tuesday 19 September and you will be sent dial in details.

##### The Project Proposal:

To apply, applicants are required to submit (using the application form available at [www.nicsl.com.au](http://www.nicsl.com.au)) a brief proposal for improving the use of evidence in a specific area of emergency care practice. The proposal should:

- focus on improving care by closing a gap between existing best available evidence and current practice within emergency care; and
- be of a scope that can be completed within 12 months (including write-up).

Applicants are asked to outline:

- the gap between evidence and practice in emergency care that they wish to address; and
- their plans for improving practice in this area, including the nature of the evidence that they are proposing to implement and the rationale behind the proposed change in practice.

Applicants can choose to address any gap between evidence and practice that is important to emergency care in the hospital or health service where the project will be undertaken. This could be a gap identified by the applicant. For more information about evidence–practice gaps and gaps already identified by NICS see the section on page 3, or one already identified by NICS.

Topics where the clinical evidence is clear and well-established would be more suitable than topics where evidence is still emerging.



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#### Local Mentor:

Applicants are asked to nominate a local mentor, who has agreed to provide support and guidance for the applicant's work on the project. This local mentor should be a person with knowledge and expertise that will assist in overcoming obstacles that may arise.

#### Eligibility:

To be eligible to apply, applicants must:

- hold a current nursing registration
- be working as an Emergency Care Nurse
- be an Australian citizen or hold permanent Australian residency status.

In order to maintain a geographical spread, grants will be awarded at a maximum of one per state or territory, where possible, based on merit.

#### NICS' Expectations of the Grant Recipients:

The grants will be subject to a formal funding agreement between NICS, the recipient, and the hospital or health service where the project will be undertaken.

In exchange for the grant, NICS will require recipients to:

- complete the project to improve care by closing the nominated evidence-practice gap in emergency care;
- participate in a series of teleconferences with the NICS Emergency Care Community of Practice team. These teleconferences will provide support and mentorship to grant recipients to assist them in completing their evidence implementation project;
- provide a final report to NICS which includes an outline of their experience and the lessons that could be applied by other organisations undertaking a similar project;
- commence the project within two months of receipt of the grant, and complete all project and report requirements within 12 months of initiation of the grant funding agreement; and,
- select a mentor who has the necessary skill, knowledge and experience in emergency care to guide you throughout the project period. This person would preferably work within the same hospital or health service.

We encourage recipients to publish results of their completed project.

#### Application Submission:

Only applications submitted using the application form, and prior to the closing time, will be considered. Applicants should address each of the sections of the form and submit their application as a Word or PDF file by email to [COP@nicssl.com.au](mailto:COP@nicssl.com.au). Electronic copies of the application form are available on NICS' website: [www.nicssl.com.au](http://www.nicssl.com.au). NICS will acknowledge receipt of applications by a return email.



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#### Selection and Notification Process:

NICS will establish a selection panel to review written applications. The selection process will not involve interviews; however some details may be clarified by phone. Selection criteria include:

- appropriateness and importance of the topic (the evidence-practice gap);
- rationale and feasibility of approach to closing the gap in the time period; and
- clarity and completeness of information given.

Successful applicants will be notified by Monday, 11 December 2006, with a formal letter of offer and contract. Unsuccessful applicants will be notified by post. NICS is unable to provide individual feedback on unsuccessful applications.

#### Enquiries:

Enquiries regarding any aspect of the grants can be emailed to Ms Sarah Aird at [saird@nicssl.com.au](mailto:saird@nicssl.com.au) and a prompt response can be expected, normally within two business days.

## BACKGROUND INFORMATION

#### About Evidence-Practice Gaps:

An 'Evidence-Practice Gap' is an area of practice where there is a difference between what is known, from the best available evidence, and what actually happens in current health care practice. These gaps between evidence and practice may be:

- areas where a practice (treatment, procedure, care process, test) is used, despite evidence that it is ineffective or harmful;
- areas where a practice is not used, despite evidence it would produce favourable patient outcomes; or,
- areas where a practice recommended by evidence is used inappropriately or sub-optimally.

NICS has prepared two Evidence-Practice Gaps Reports (Volume One and Volume Two) that give examples of Evidence-Practice Gaps in Australia. These reports explore the best available evidence, comparing the recommendations with current practice and highlighting areas where improvements could be made.

The Emergency Care Community of Practice is also investigating gaps between evidence and practice that are thought to occur in emergency care, and has published the Evidence in Practice Series to highlight some of these examples in emergency care. The first three topics of the series are *Use of Ipratropium Bromide for Acute Asthma*, *Cervical Spine X-rays in Trauma*, and *Management of Acute Migraine*. Other areas of focus for the Community of Practice include pain management and mental health.

The Evidence in Practice Series and the Evidence-Practice Gaps Reports are available to download on the NICS website: [www.nicssl.com.au](http://www.nicssl.com.au). Further information can also be found on the Emergency Care Community of Practice web page.



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#### About Closing Evidence-Practice Gaps:

Evidence-practice gaps are not unique to health care, or to Australia. There are many, often complex, reasons why gaps occur between best available evidence and current practice. These reasons may relate to broader social or political issues; the health care organisation and the way it is designed and operates; the interaction between health care teams or professionals; the learning and decision making process of individual professionals; the patient, their carers and families; or to the nature of the evidence or practice itself.

The solutions to closing these gaps can come from a wide variety of approaches. There is no one simple solution for every gap – what might work for a particular problem will depend on the issue at hand, the local barriers to change, and how the problem is approached. Examples of strategies to improve practice include process redesign, better multidisciplinary teamwork, payment incentives, change in formulary policy and audit and feedback, to name just a few.

What is known is that traditional approaches of research publications, posting out guidelines, and didactic lecture sessions rarely work in improving practice when used on their own.

There is a growing body of knowledge (and published literature) about effective evidence implementation strategies. For more introductory information about effective strategies for improving practice see the Emergency Care Community of Practice web page, the presentations and reports on the NICS' web page, and the publications referenced below.

1. National Institute of Clinical Studies. Supplement: Adopting Best Evidence in Practice. *Med J Aust* 2004;180(6 Suppl):S48-49.
2. Grol R, Grimshaw J. From best evidence to best practice: effective implementation of change in patients' care. *The Lancet* 2003;362(9391):1225-1230.
3. Bero LA, Eccles M, Grilli R, et al, editors. Effective practice and organisation of care group. About the Cochrane Collaboration (Collaborative Review Groups) 2002, Issue 1. Available at: <http://www.epoc.uottawa.ca/>

#### About NICS:

The National Institute of Clinical Studies (NICS) is Australia's national agency for improving health care by helping close important gaps between best available evidence and current clinical practice.

Established by the Australian Government in 2000, NICS works to raise awareness of the important gaps between what is known, from the best available research, and what is actually done in day-to-day practice. By supporting health professionals to understand and overcome the barriers to applying evidence within Australian health care settings, NICS aims to improve the health experiences and outcomes for all Australians. Emergency care is one of NICS' clinical priority areas.

Further information about NICS is available on the Institute's website: [www.nicssl.com.au](http://www.nicssl.com.au)



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## **EMERGENCY CARE COMMUNITY OF PRACTICE**

### **About the Emergency Care Community of Practice:**

The Emergency Care Community of Practice was established by NICS to support the translation of evidence into action and to help improve the care of patients presenting to emergency departments by building a network of emergency care clinicians. The Community of Practice encourages information sharing and problem solving.

The aims of the Emergency Care Community of Practice Program are to:

- assist the uptake of evidence-based practice in emergency care;
- provide access to evidence-based research information and practical solutions relevant to emergency care;
- identify and work on common challenges facing the emergency care environment; and
- develop processes for making best use of good quality clinical care data.

The Emergency Care Community of Practice hosts teleconferences; provides access to online resources about emergency care, clinical evidence and evidence implementation; runs an implementation leadership program for emergency care professionals; and undertakes projects to implement evidence into practice in Australian emergency departments. The first major project involved improving the care of people with mental health problems who present to emergency departments.

The Emergency Care Community of Practice web page can be found at: [www.nicsl.com.au](http://www.nicsl.com.au).

**NICS is funded by the Australian Government.**