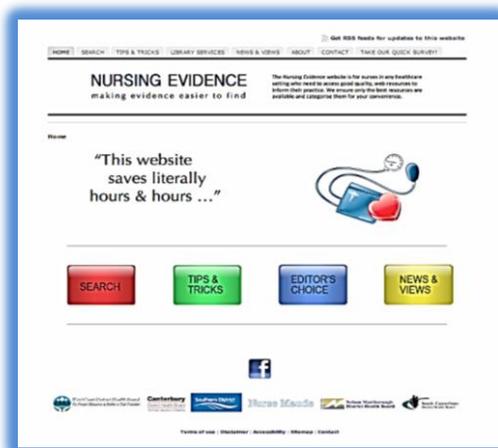


REPORT TO THE MINISTRY OF HEALTH ON THE IMPROVING NURSING
UTILISATION OF EVIDENCE TO INFORM CLINICAL PRACTICE SERVICES
PROJECT



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Project commenced 1 July 2010 and completed 31st October 2011.

2012 funding for website maintenance, exploration of funded database provision and nursing procedure standardisation options is provided by CDHB.

EXECUTIVE SUMMARY

In July 2010, the Canterbury District Health Board (CDHB), in partnership with the New Zealand Institute for Community Health Care (NZICHC), began “Improving Nursing Utilisation of Evidence to Inform Clinical Practice Services (NUEIP)”, a Ministry of Health funded project to enhance South Island nurses’ access to electronically available information to support their practice.

Project objectives were:

1. Promote nursing access to and utilisation of evidence informed research to inform clinical practice
 - Nurses now have access to, and are using, a concise and reliable resource to inform their practice anytime, anyplace, anywhere. Nurses working for the DHB and PHO in the Southern DHB region also have access to a funded database electronically through the DHB intranet and work is on-going through this project to replicate this model to a wider region.
2. Ensure that nursing services and treatment people receive is based on the best evidence of what does work and what provides best value for money
 - A range of up to date care guidelines, policies, and internet resources from New Zealand health care providers are now widely and easily accessible. Nurses have increased awareness on how to evaluate the information they find through the internet to ensure it is safe to apply to their practice.
3. Enable nurses to access evidence as close as possible at point of care
 - A valuable, freely accessible web resource is now available at the point of care, though this is reliant on computer availability. Nurses are increasingly aware of the range of web resources which can be accessed away from workplace. Barriers out of the project’s control have been highlighted in a number of forums and publications. They include allocating time at work to search and access to the intranet and/or internet.
4. Work towards a standardised use of evidence in the development of nursing protocols and manuals to reduce duplication and increase efficiency in clinical settings
 - Close links were established with Waikato DHB project team. There is interest from South Island DoNs to explore existing procedure database plus increased commitment from South Island DoNs to increase accessibility to their existing policy and procedures.
5. Explore innovative methods of translating knowledge into practice.
 - The online teaching packages, sourced and promoted on Nursing Evidence have been well used. Resources have focussed particularly on non-DHB staff needs as they have limited access to resources.

The project, managed by NZICHC who recruited an experienced project nurse, was supported by an active project team involving CDHB, Nurse Maude, and NZICHC. A Project Advisory Group representing all South Island DONs was established to guide the project. The project nurse enlisted a network of link nurses and health librarians from around the South Island to ensure a broad range of resources were reviewed and included on the *Nursing Evidence* website.

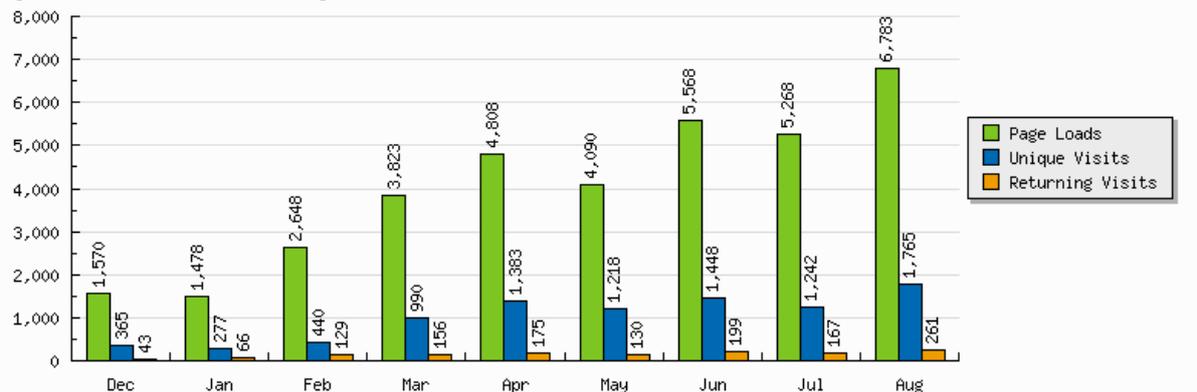
The project commenced with a survey of nurses to identify: how they accessed evidence; the type of information they looked for; and what the barriers were to finding information as well as suggestions

for a website's design and content. The results guided the development of a 'one stop shop' website, www.nursingevidence.org.nz, to allow nurses access to quality information to support their practice any time, any place, anywhere.

There were a series of delays to this project. From early September 2010 onwards, Canterbury has experienced in excess of 7000 earthquakes. The Institute location changed 7 times (the last move being 09 October 2011), because of buildings becoming unsafe for occupation. CDHB and nursing staff were preoccupied for about 16 weeks following the February quake. They lost about 200 inpatient and 600 rest home beds. Nurses needed to suddenly work in different ways. Nurse Maude was also crucially affected as more patients were required to stay in their homes. Institute staff moved to working on the front line for 2-4 weeks following the February quake. This impacted on the projects ability to be rolled out fully in Canterbury until mid-2011. Canterbury was the largest market for the service.

The *Nursing Evidence* website went live in December 2010 and a marketing programme was rolled out throughout the South Island over the following months to raise awareness of the website. The earthquakes in Canterbury required a redesign of the programme, with teaching packages sent to link nurses and flyers being widely distributed. Figure 1, below, demonstrates increasing use of the website. Unfortunately targeted marketing in Canterbury did not commence until April 2011 and was again hampered by further disruption resulting from the June quake.

Figure 1. Use of the Nursing Evidence Website



Page Loads shows the number of pages within the Nursing Evidence site that have been viewed.

Unique visits shows the combined number of new visitors and returning to the site

Returning visits is the number of times the same visitor has returned to the site

A complete tutorial package was developed with the support of health librarians and distributed to the link nurses to inform colleagues in the use of the website. The website also contained a tutorial to guide use of the internet for searching and evidence based protocols for critiquing the information they found to ensure it was appropriate for application to their practice.

A post project survey was conducted through August 2011, focussing on any changes in the way nurses accessed information and the barriers they faced. This indicated that key aspects of the *Nursing Evidence* website addressed some of the barriers identified in the first survey, including use of but wariness of free sites and time taken to search the internet. However, time to access information at work (34% usually and always), lack of computer access at work (15% usually and always) and limited access to a funded database (30% usually and always) were identified as barriers in both surveys.

This project has made South Island nurses aware of various resources developed by some DHB regions. An increasing range of procedure documents have been included on *Nursing Evidence* and links to some specific documents have been provided directly to *Nursing Evidence*.

Strong links have been established with the Waikato DHB project team, with a view to on-going collaboration aimed at reducing the need for time consuming and repetitious procedure manual maintenance. The South Island Directors of Nursing have received updates on this project from the *Nursing Evidence* team. This is providing a framework to work towards and has strengthened their commitment to making their key information widely accessible.

As awareness of the range of resources available has been raised, nurses have been able to source valuable information in a variety of formats, including care guideline posters for display in their area, access to existing protocols to be modified for their own areas, and undertaking the range e-learning packages that support their practice.

Increasing access to a funded database for all nurses in the South Island has been a continued aim of the project because even if a database is funded by an employer, access is generally only available while at work and often only when in the health library. Many South Island DHBs already provide access for their staff to Cinahl, while they are on site. A model to broaden access to Cinahl has been established in some areas of the South Island, allowing nurses working for both the DHB and the PHO's in their region to have access from their place of work. It is believed that an affordable model can be established to broaden this to both more nurses and from anywhere, providing funding can be established if the DHB consolidate their resources. Funding has been secured with the CDHB to allow further exploration of ways to allow nurse's access to a funded database such as Cinahl through *Nursing Evidence*. This funding will also allow further investigation of ways to reduce replication in the writing of policies and procedures while increasing standardisation of procedures.

As a result of the Nurses Utilisation of Evidence to Inform Practice project, nurses in the South Island now have a concise and valuable resource, available anytime, anyplace, anywhere, which saves them time finding key information together with New Zealand tools to support them in their role. Nurses in the South Island now have an increased awareness of the wide range of resources available on the internet. Nurses have been provided with the skills and confidence to evaluate the resources and apply them to practice. The project has also raised awareness of the need for nurses to have access to a funded database and a potential model to achieve this has been identified.

TABLE OF CONTENTS

Executive Summary	2
Table of Contents	5
Introduction.....	6
Project Process	6
Pre-project audit:.....	7
Pre-service audit of nurses	7
Development and marketing of the service to nurses.....	9
ProjectOutcomes.....	10
Objective 1: Promote nursing access to and utilisation of evidence informed research to inform clinical practice.....	10
A website specifically designed to meet nursing needs for evidence	10
Increase access for South Island nurses to evidence on line	10
Access to a funded database.....	11
Objective 2: Nursing services and patient treatment are based on best evidence of efficacy and value for money.....	11
<i>Nursing Evidence</i> resources	11
Education to increase nurses' searching skills	11
Objective 3: Enable nurses to access evidence as close as possible to the point of care	12
Overcoming barriers to access	12
Increasing access to DHB resources	13
Objective 4: Work towards standardised use of evidence to develop protocols and manuals to reduce duplication.....	14
Objective 5: Explore innovative methods of translating knowledge into practice.	14
Conclusion.....	15
Next steps	15
References	16

INTRODUCTION

In July 2010, the Canterbury District Health Board (CDHB), in partnership with the New Zealand Institute for Community Health Care (NZICHC), began “Improving Nursing Utilisation of Evidence to Inform Clinical Practice Services (NUEIP)”, a Ministry of Health funded project to enhance South Island nurses’ access to electronically available information to support their practice and work towards reduction of duplication in producing clinical procedure manuals.

The objectives of the project were to:

1. promote nursing access to and utilisation of evidence informed research to inform clinical practice,
2. ensure that nursing services and treatment people receive is based on the best evidence of what does work and what provides best value for money,
3. enable nurses to access evidence as close as possible at point of care,
4. work towards a standardised use of evidence in the development of nursing protocols and manuals to reduce duplication and increase efficiency in clinical settings,
5. explore innovative methods of translating knowledge into practice.

Given that the internet is a growing source of knowledge and information exchange for nurses,^{1,2,3} this project centred on development of a website, www.nursingevidence.org.nz, to provide a repository for links to high quality, evidence based web resources as well as clinical procedures and to be an access point to a funded database. The rationale for the option of a free access website was based on evidence that key barriers for nurses wanting to access the internet for up-to-date information were lack of time at work,^{1,4,5} lack of computers,^{2,3,6} and lack of skill searching academic databases.^{3,4,7} The literature also supported the notion of a peer support process to enable learning for nurses.³ We aimed to provide a resource that could be accessed by nurses at any place the internet was available, such as home, work, or the local library.

Increased awareness of resources already available from various District Health Boards around New Zealand provided the South Island senior nurses with a framework to broaden access to their resources beyond their own employees. There was also an expressed interest in funding access to Lippincott Nursing Procedures and Skills® as it has been implemented in some North Island DHB’s, as an alternative method of maintaining their procedure manual. This issue may be explored further by individual DoN’s or if ongoing funding can be secured for *Nursing Evidence*, the project nurse would maintain links with the North Island team to facilitate progress in this area.

PROJECT PROCESS

A project advisory group of all Directors of Nursing (DON) in the South Island and a librarian was established initially to support the project development and guide decision making. Later they formed a key role in networking among their workforce to promote the service. NZICHC provided project management expertise and recruited a project nurse with wide experience in postgraduate nursing education and use of the internet. A small project team consisting of three DONs, the project manager and the project nurse put the project plan into operation.

PRE-PROJECT AUDIT:

A pre-project survey completed by the DONs identified current sources of evidence to guide practice for nurses as including:

- medical libraries, mainly housed within the tertiary and secondary hospitals,
- the intranet at ward and department level (limited range of sources),
- nursing Professional Development Units attached to the main hospitals,
- university and polytechnic libraries, off-site access for staff enrolled in current programmes,
- via Citrix from the off-site sources, but often with poor quality reception and limited access,
- at home for some staff with broadband internet.

It was pointed out that most sources required the nurse to have good database search skills and the time required for searching, plus there was competition for available terminals. It was noted that most of the resources were hospital based, which left a number of nurses poorly serviced including:

- community based nurses
- primary health care nurses including practice nurses
- nurses in aged care facilities and other NGOs
- school nurses
- district nurses
- public health nurses
- rurally located nurses
- those in country hospitals with limited internet access.

This information was considered when a pre-audit survey tool was developed to provide more detail on nurses' current experience with use of the internet, the barriers to use, and their preferences for inclusion of a nursing evidence website.

PRE-SERVICE AUDIT OF NURSES

In total, 57 nurses completed the pre-service audit which was distributed through SurveyMonkey™, an on-line survey tool. These nurses worked across a variety of settings, with DHB (Acute) being the most common (47%). There were also representatives from hospice, rest home, government agencies and PHOs among others. Most were female, NZ European or other European, and 50% being in either the 42-47 or 54-59 age range. Almost two thirds had some form of postgraduate qualification and half had a post graduate certificate.

When asked the sources of information they used to inform clinical practice issues,

- 96% of respondents found information on the internet through free access sites and accessed via a search engine with 49% using this method 'often'.
- 75.6% used a locally available intranet, with 'sometimes' then 'often' being the most common responses.

Consulting colleagues/health professionals and using free access websites were equally the most 'often' and 'always' used resources for nurses to gather more information, with asking patients/family and work based text books and journals used 'sometimes' or more frequently.

Barriers to sourcing evidence were identified as:

- lack of time at home (48%) and work (47%). "Slow systems" and blocks (firewalls) on computers prevented downloading of documents. Heavy computer use by staff was also identified as a barrier to using them for finding information at work.
- lack of subscriptions was a barrier for half of the respondents.
- lack of up-to-date texts was identified as a barrier by 29%.
- over 90% of the respondents had no dislike of using a computer.

Most commonly they looked for 'information about a condition' and 'information on condition treatment/management'. General nursing care and government/health policy news were the most frequently searched topics by almost half of respondents. Over 80% of respondents looked for nursing care for specific conditions at least 'sometimes' on the internet.

Over a quarter of the respondents did not have access to subscription based website services. Medline (60%), Cinahl (56%) and Cochrane (50%) were the most commonly used. Other resources respondents highlighted included Pubmed; Proquest; Up-to-date; and Health Pathways, along with professional associations such as NZNO and a mixture of subscription databases, such as Science Direct and Ovid. Free sites that were highlighted included other hospital websites and specialty specific bulletin boards.

Most nurses (87.5%) felt their ability to find information via a search engine such as Google was 'good' or 'very good', compared to 50% for evidence based websites and 48% for databases. The majority of respondents accessed the web resources from work with 44% doing this 'most times', closely followed by from home with 43%. University/polytechnic libraries and the council library were 'never' and 'rarely' used by the majority of respondents – 69% and 96% respectively.

The key features of favoured web resources were a clear layout of a wide range of resources, credibility of the resources, and ease of access and availability. Availability and accessibility would have been included in any website the respondents designed, second only to ease of navigation and just ahead of nursing and New Zealand specific content.

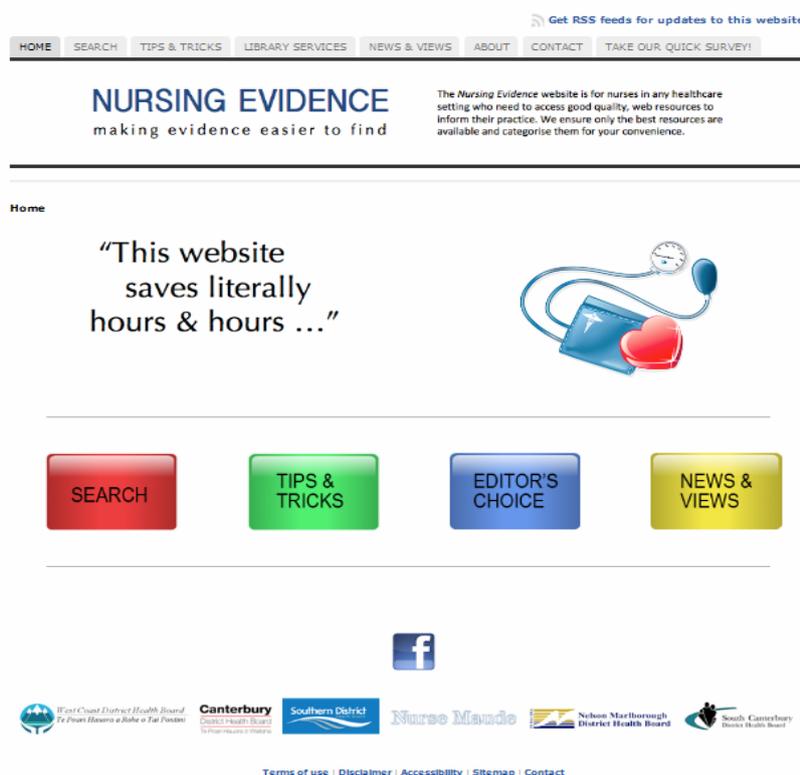
This information informed the development of the www.nursingevideance.org.nz website.

DEVELOPMENT AND MARKETING OF THE SERVICE TO NURSES

During the pre-audit survey phase of the project, a group of link nurses was established covering all South Island DHB areas and a cross section of non-DHB health providers. Over a period of eight weeks, a website (www.nursingevidence.org.nz) was developed, informed by both the pre-service audit and feedback from the link nurses.

The website was first available on the internet in December 2010. The website front page was designed to provide nurses with a clear process for searching topics of their choice (Figure 2).

Figure 2. The *Nursing Evidence* website



Through the duration of the project, a network of nurses and health librarians reviewed resources and promoted the website. Potential resources were identified based on existing knowledge of the project and link nurses and suggestions made by survey respondents. They were initially reviewed by the project nurse against the robust and recognised criteria suggested by one of the South Island librarians. Any resources not quite meeting the criteria were disseminated to the group for further review to determine the value of including in *Nursing Evidence*. A tutorial section provided vital information to support staff in the use of web resources and a teaching package was developed for presenting to nurses to further support them to find reliable evidence and information to support their practice. The same criteria for critiquing web resources for inclusion on *Nursing Evidence* were used in the tutorial section.

The link nurses have been provided with ongoing updates on the projects progress and report summaries. Members of the group were key contacts for the project nurse in the initial planning for road shows and the subsequent dissemination of promotional material, the teaching package and post project survey promotion. They will receive a summary of the final report and subject to ongoing project funding, will continue to receive progress reports.

PROJECT OUTCOMES

The objectives of this project have been used below to report on progress in achieving the outcomes.

OBJECTIVE 1: PROMOTE NURSING ACCESS TO AND UTILISATION OF EVIDENCE INFORMED RESEARCH TO INFORM CLINICAL PRACTICE

A WEBSITE SPECIFICALLY DESIGNED TO MEET NURSING NEEDS FOR EVIDENCE

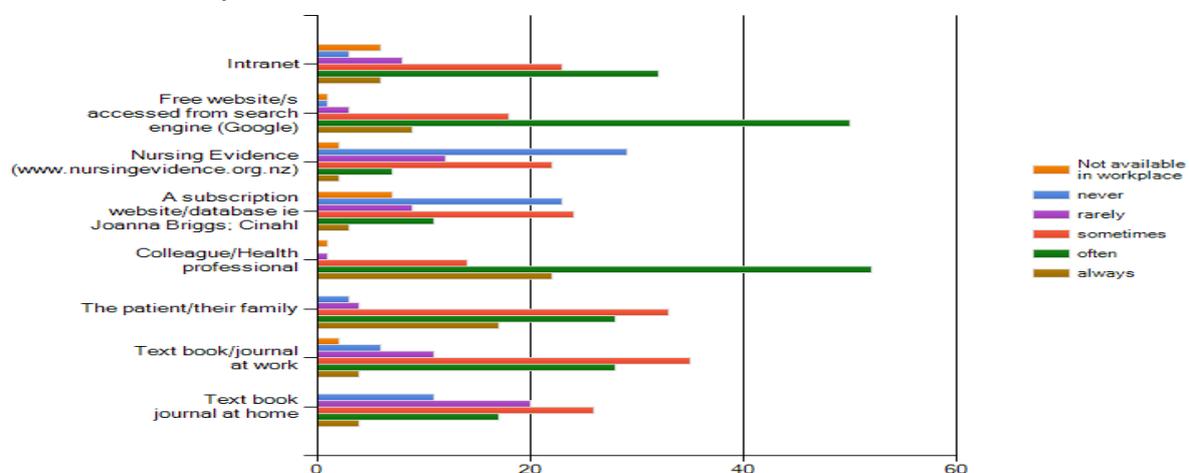
The concept of a one stop shop for nurses to be able to quickly access quality, New Zealand relevant information was well received during the project initiation phase, when a pre-service audit was conducted. The pre-service survey provided the project team with good insight into the type of resources nurses used to find information, the type of information they looked for and the barriers they faced, together with suggestions that directed the design and content of the website www.nursingevidence.org.nz.

INCREASE ACCESS FOR SOUTH ISLAND NURSES TO EVIDENCE ON LINE

The post-service evaluation survey was carried out in August 2011. The 94 respondents predominantly came from the South Island (80.9%) which indicates that networking by the project team among South Island nurses, who make up about 20% of the nursing population in the country, was successful. Since the launch of *Nursing Evidence*, there has been a steady increase in usage over the duration of the project (Figure 1), with over 9,000 new visitors including 1,300 who revisited the site. Usage increases can be directly linked to promotion of *Nursing Evidence* in nursing media or distribution of promotional material. Future promotion will include conference presentations and updates to link nurses, project networks and nursing media once the report is finalised. Securing funding to allow on-going promotional events will ensure use of the site. Of the service users in the evaluation survey, 94.4% were from the South Island with a third coming from Canterbury. Of these nurses, the most prolific users were registered nurses (40%), followed by nurse managers (16.2%) and clinical nurse specialists (16.2%).

Based on the findings from the post evaluation survey, *Nursing Evidence* is being used to support nurses but other free access sites and colleagues remain key sources of information (Figure 3).

Figure 3. How often are the following resources used to find out information about a patient's condition or the care they need?



ACCESS TO A FUNDED DATABASE

Many nurses have access to funded databases if they work for a large organisation such as a District Health Board. However, an informal survey of health librarians identified that in most areas full and free access to databases required the nurse to be in the library and/or to be a DHB employee. The librarians did not monitor use of their services by the different professions but anecdotal evidence suggested they were not well used by nurses, unless the nurse was undertaking study. Even when resources were available on-site, limited time and computer access restricted use of these resources. Therefore reviewing accessibility issues, such as allowing off-site access and increased computer availability in the workplace was believed to improve many nurses' access to these valuable resources. Having a link to a funded database through *Nursing Evidence*, a health library, or tertiary institution are options to be considered to increase accessibility for all nurses, especially non-DHB employees.

OBJECTIVE 2: NURSING SERVICES AND PATIENT TREATMENT ARE BASED ON BEST EVIDENCE OF EFFICACY AND VALUE FOR MONEY

NURSING EVIDENCE RESOURCES

A group of 'link nurses' was established by the project nurse. This group incorporated nurses, educators, and health librarians from across the South Island. A range of resources was suggested to be considered for selection. The group were then invited to review the resources, adopting the same evidence-based critiquing elements as identified in the tutorial section. Where new resources are suggested the project nurses reviews them against the criteria and refers to the group if there is some uncertainty about adding the resource. The group and the project team continue to suggest resources or raise awareness of new resources.

Nursing Evidence has been able to make useful resources, such as the Waitemata DHB care guidelines, easily accessible to nurses as a result of establishing networks and being included on the New Zealand Guidelines Group mailing list.

Through their role on the project advisory group, the South Island Directors of Nursing gained an increased awareness of some of the resources that are freely available through other DHBs. This has reaffirmed their commitment to overcoming existing barriers to making key information available beyond their own employees. There is also the commitment to supporting access to a funded database by all nurses working in their DHB region.

EDUCATION TO INCREASE NURSES' SEARCHING SKILLS

A key component of the project was to develop nurses' skills in critiquing the information they found to ensure it was appropriate to use in their practice. The tutorial section, *Tips and Tricks*, in *Nursing Evidence*, which covers the key aspects of critiquing, has been well received; consistently being among the most viewed areas of the website (Figure 4) with one librarian stating it was the best such tutorial they had ever seen.

Figure 4. Popular pages viewed on *Nursing Evidence*

Webpage	
▼ 334	Nursing Evidence
▼ 256	Search « Nursing Evidence
▼ 88	Tips & tricks « Nursing Evidence
▼ 48	News & views « Nursing Evidence
▼ 46	> Browse everything « Nursing Evidence
▼ 46	Editor's choice « Nursing Evidence
▼ 40	Library services « Nursing Evidence
▼ 40	Nursing care and procedures « Nursing Evidence
▼ 34	Internet Explorer « Nursing Evidence
▼ 32	Global wound academy « Nursing Evidence
▼ 30	Waikato DHB Policies and Procedures Manuals « Nursing Evidence

Tips and Tricks included an overview of the key features of the main web browsers, different search engine search filters, a glossary of terms, and other time saving tips. This assisted inexperienced internet users and also supported the more experienced, but self taught users who had not had the opportunity to explore the various features. The *What makes an internet resource reliable?* section provided a concise summary of the key features to look for on a web resource so nurses can ensure the information is reliable and safe to apply to practice.

A training package which reflected *Tips and Tricks*, along with providing background to the NUEIP project and highlighting key features of *Nursing Evidence* was developed for delivery by the project nurse to nursing groups around the South Island. However, due to the impact of the Canterbury earthquakes, this approach was modified and, after negotiations with the South Island DoNs through their role on the project advisory group, the package was distributed to local librarians, educators, and nurses for them to deliver in their area. Feedback from educators receiving the package was positive, however, pressures on their time and changes in personnel appear to have led to the limited delivery of the package. Where the teaching package was used, it was well received by both those attending and those delivering it. Overall the post evaluation survey, suggested that confidence in use of resources accessed via search engines such as *Google*, decreased slightly. However, of the 84% of respondents in the evaluation survey, 57% rated their level of expertise as being *very good* compared with only 37.5% rating themselves so high in the pre evaluation survey.

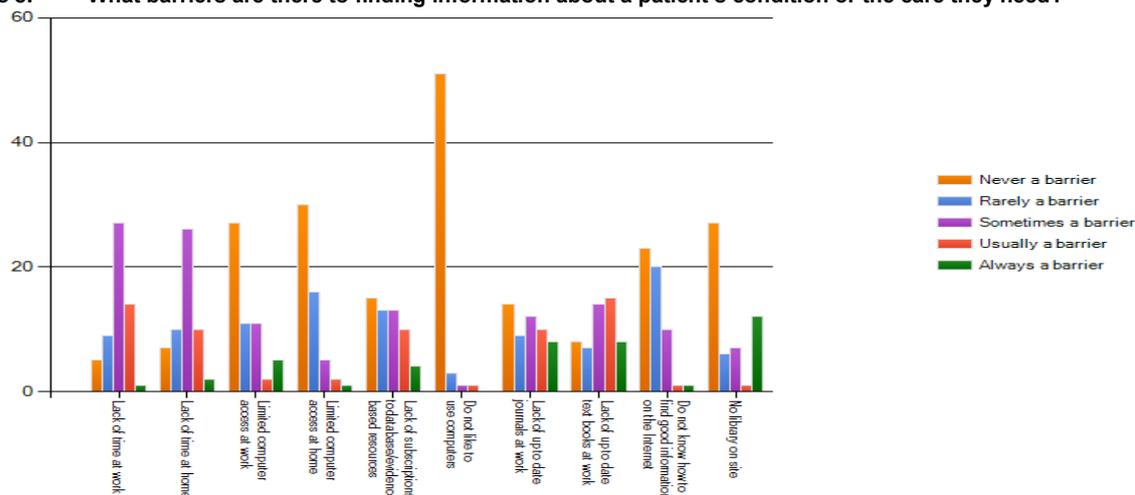
If a funded database can be made accessible through *Nursing Evidence*, the need to re-initiate the education sessions will be considered to ensure nurses are able to access and use the database effectively, as some degree of expertise is required for successful navigation.

OBJECTIVE 3: ENABLE NURSES TO ACCESS EVIDENCE AS CLOSE AS POSSIBLE TO THE POINT OF CARE

OVERCOMING BARRIERS TO ACCESS

The development of *Nursing Evidence* website has started to address two key barriers to accessing evidence to inform practice identified in the initial survey (Figure 5). These were **lack of time to search the whole internet** for information and **lack of confidence** in knowing what information to trust.

Figure 5. What barriers are there to finding information about a patient's condition or the care they need?



By providing a concise range of high quality, reliable resources, *Nursing Evidence* can save nurses time looking for evidence. Ensuring the resources are freely available means they can be accessed anywhere by anyone, though, as identified in the survey results, this can be hampered due to lack of time or computer access in the workplace, leaving many nurses having to source information away from the point of care.. Although the nurses can be confident the resources on *Nursing Evidence* are reliable, the tutorial section aims to increase the nurses' skills in identifying the quality of other resources they find, and therefore increase both their confidence and the quality of the care they provide.

Local council libraries have been identified as providers of a range of databases providing full free text access to peer reviewed nursing and health literature. Although database provision varies, promotion of local council library resources has been promoted through *Nursing Evidence*, as this provides an additional support to nurses and the councils generally provide off-site access to their members.

Negotiations are underway to secure on-going funding of the NUEIP project, in order to allow further investigation into the available options for increasing access to a funded database to more nurses.

INCREASING ACCESS TO DHB RESOURCES

Where it is available, staff often use the intranet and find the information there useful. Increasingly DHBs are maintaining electronic policy and procedure manuals rather than multiple paper copies. Some DHBs have already allowed unrestricted access to these and other resources, such as new policies and procedures have been made available on the internet as a result of NUEIP.

Progress in this area is being made slowly and there is a strong commitment from the South Island DoNs to increase accessibility to their resources, They are now looking at ways to overcome Information Technology issues, liability and document maintenance concerns, so that there is easier access to the wealth of resources that they currently offer their staff through intranet services.

Having **access to computers in the work place** and **the time** to do so even if they are available were initially identified as key barriers to nurse accessing information at the point of care and remain so. Many staff already access patient care related information from home and increasing their access off-site to other DHB resources would be beneficial for this group of nurses. Once off site access becomes more widely available to their staff, DHB's may be more willing to increase access to non-employees.

OBJECTIVE 4: WORK TOWARDS STANDARDISED USE OF EVIDENCE TO DEVELOP PROTOCOLS AND MANUALS TO REDUCE DUPLICATION.

The need for a method to reduce duplication and time in developing protocols and manuals is well recognised among the project team, as well as the South Island DONs and several of the survey respondents. During the project there has been an increasing awareness of the resources being made available through various organisations. This is providing a framework for the DoNs to work towards increasing accessibility of their resources and also a template for their own procedure manual review processes. The DONs are working with their IT departments to identify their needs, though timelines for achieving the necessary changes are extensive. *Nursing Evidence* now carries a range of procedure documents and links to some specific documents have been provided directly to *Nursing Evidence* for nurses to use.

Feedback from individual nurses shows that the inclusion of this range of resources on *Nursing Evidence* has provided them with the information, tools and knowledge to apply to their own work place.

The work undertaken by the Waikato DHB team which gives nurses access to and use of Lippincott Nursing Procedures and Skills® has led to some key nurses in the South Island to look more closely at this as an option for their region and to work closely with the Waikato DHB team. Should funding be secured for *Nursing Evidence*, the project nurses remit will be to maintain the links with the North Island team and to investigate the options regarding implementing Lippincott Nursing Procedures and Skills®. The NUEIP are mindful of the work the North Island team have put in to this issue and are reluctant to replicate their work.

OBJECTIVE 5: EXPLORE INNOVATIVE METHODS OF TRANSLATING KNOWLEDGE INTO PRACTICE.

Nursing Evidence has been promoted through a series of items in nursing publications and the wider health media, meetings, and health provider newsletters and networks. This has raised awareness of the range of resources available for nurses to use. Analysis throughout the project identified that of the most viewed resources, the New Zealand ones are the most visited. This is supported by feedback which highlighted that knowing the resources have been reviewed by nurses in New Zealand has given nurses the confidence to apply their findings to practice. Limitations in the web analysis design prevents this being captured in diagrammatic format but review of resource use, along with keyword search activity has been a key role of the project nurse to ensure the *Nursing Evidence* content is of value to users.

There is an acknowledgement that staff in non-DHB settings, especially aged care providers, has limited access to quality resources. Establishing a link with a key member of the project team had a passion for older people's health which ensured contact was made with key staff involved in aged care, including the Christchurch-based Director of Eldernet. This has ensured many South Island residential facilities have been informed of the project including additions of new resources. Including the link to the Waitemata DHB Care Guides for Aged Care has been well received, with several nurses reporting implementation in their own areas and many resources included on *Nursing Evidence* are applicable to nurses working in aged-care.

Feedback regarding the *Nursing Evidence* teaching package has shown that this has been well received and of value to the 'students'. It was also noted that the nurses delivering the package found it to be a valuable learning experience for themselves by applying their new knowledge to their own use of the internet. There are plans in place to make the *Nursing Evidence* teaching package available on *Nursing Evidence* once a robust verification method can be determined.

The links to verified teaching packages have been well used, demonstrating that many nurses are keen to use such e-learning packages to support their practice and to facilitate their achievement of their required professional development hours.

CONCLUSION

Through the promotion of *Nursing Evidence* in the health media, health providers' newsletters, and networks awareness, nurses have become increasingly aware of the wide range of resources available to them to support their practice, such as evidence based care guidelines in poster format for display and access to a range of protocols that can be adopted in their area. Nurses have been empowered to critique the information they find, ensuring they can confidently apply it to their practice.

Distribution of the *Nursing Evidence* teaching package has provided nurses the opportunity to teach their colleagues as well as increasing their own knowledge of the site and using the internet. Plans are underway to incorporate the package into *Nursing Evidence* once a method for verifying their completion of the package has been established. Many of the nurses have accessed the teaching packages included on *Nursing Evidence* as a way of updating their practice and achieving their required professional development hours. As it is widely acknowledged that nurses working for non-DHB health provider services have limited access to evidence based resources, strong networks were established with non-DHB health care providers, to support this group.

This was a South Island project focused on providing easy reliable access for practicing nurses to search for evidence to inform their practice. Both the web statistics (Figure 1) and the post-service implementation survey with 80% of the survey respondents from the South Island demonstrate effective marketing to South Island nurses. Also 56% of survey respondents identified themselves as registered nurses or nurse specialists.

Within the first nine months of being available and only six months after the initial marketing campaign, the *Nursing Evidence* website was used as a source of information by 50% of the post-service survey audit.

NEXT STEPS

- NZICHC has provided cost estimates Canterbury DHB to continue to:
 - fund project nurse,
 - provide ongoing maintenance including funding web hosting, monitoring usage, sourcing DHB resources and promotion of *Nursing Evidence* for at least the next 12 months,
 - exploration of access to a funded database through *Nursing Evidence*, a tertiary institution, or health libraries, and
 - continue communication with North Island team regarding access to Lippincott Nursing Procedures and Skills®.

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