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8/2024



# Learning Objectives

1. Provide an understanding of JBI, Collaboration and the Database
2. Highlight the content and key features
3. Share resources for additional learning
4. How to access from the VA Library and resource page
5. Demonstrate live tips on searching JBI
6. Introduce you to the JBI Tools
7. Take time to answer any questions

 Wolters Kluwer


Ovid®

## JBI Evidence-Based Practice Resources

Healthcare professionals and institutions around the world strive to provide the highest quality care to their patients.

JBI's evidence-based practice model is considered a benchmark in the healthcare industry. JBI's unique suite of evidence-based content and software ensures that health professionals can access high quality evidence, appraise diverse types of evidence and apply evidence at the point of care, to meet today's rigorous quality standards and improve patient outcomes.

**One of the World's Leading Providers of Evidence-Based Information— Available Exclusively on Ovid**



- Content and software that will help your institution implement evidence-based practice
- Systematic reviews, recommended practices, evidence summaries, and more
- Evidence to inform clinical practice—derived from JBI's global collaborating Centres of Excellence in 40+ countries
- Resources designed to help assess the quality of research

### Why JBI EBP Resources on Ovid?

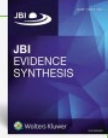
- Evidence-based content and software from a leading evidence-based practice organization— only available on Ovid
- Summarized research in a format that is easy to locate, understand, and distribute
- Diverse range of resources that go beyond therapeutic medical interventions, to look at patient and caregiver experiences, report on costs, diagnostics, and prognostics.
- Improved patient outcomes by extending the reach of clinical practice guidelines tailored for your institution or community

#### Evidence to Inform Clinical Practice

##### JBI Evidence Synthesis

An international peer-reviewed, online journal that publishes rigorous evidence syntheses relevant to a range of healthcare contexts and health conditions. JBI Evidence Synthesis is the premier channel for diverse systematic reviews that move beyond inclusion of RCTs and experimental studies, providing the best available evidence for health professionals to aid point of care decision making and healthcare administrators to inform health policy and practice.

The journal publishes systematic and scoping review protocols, diverse types of systematic reviews, and scoping reviews covering multi-disciplinary healthcare-related topics that follow rigorous methodology and methods developed by JBI. Fully indexed in Embase®, MEDLINE®, and CINAHL®.



[Click on the image to open](#)

## JBI Collaboration Entities



- Evidence Based Practice
- Research Institute since 1996
- Royal Adelaide Hospital and the University of Adelaide
- Not-for-profit
- 70+ Centres and Groups
- >7000 members in over 47 countries
- International collaboration of health scientists, health professionals and health researchers
- To improve global health through providing point-of-care access to:
  - Evidence databases
  - Decision support systems
  - Implementation, evaluation and continuous improvement tools

# The JBI Model of Evidence-based Healthcare

## EVIDENCE TRANSFER:

A coactive, participatory process to advance access to and uptake of evidence in local contexts.

It is a causal phenomenon consisting of factors that enable, facilitate and support evidence implementation that is more than just a single interaction.



## Overarching principles

Culture – Capacity – Communication - Collaboration



# JBIEBP DATABASE

JBIEBP's Evidence-based Practice Database is an online resource for healthcare professionals to rapidly access evidence on a wide range of clinical topics at the point of care, including 5000+ JBIEBP Evidence Summaries, Recommended Practices and Best Practice Information Sheets. Visit [Wolters Kluwer Health](#) to learn more.



**EVIDENCE SUMMARIES**

**RECOMMENDED PRACTICES**

**BEST PRACTICE INFORMATION SHEETS**



# 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

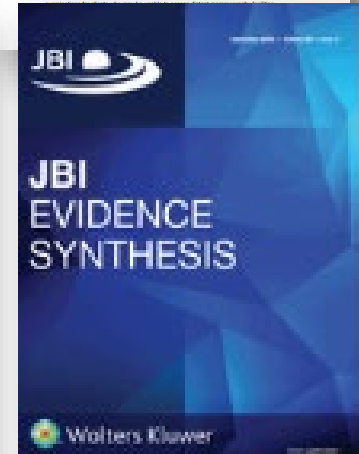
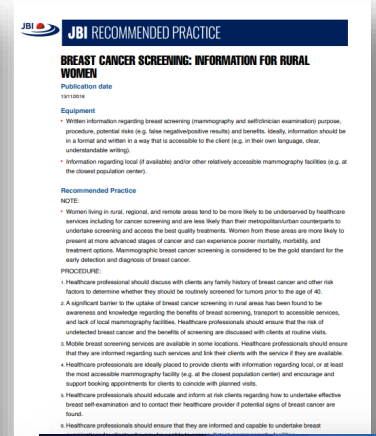
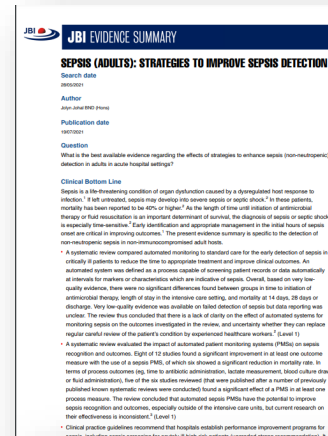
 [Article as PDF \(650KB\)](#)

- JBI Systematic Review Protocols

 [Article as PDF \(650KB\)](#)

- JBI Evidence Synthesis

 [Article as PDF \(1482KB\)](#)



# Evidence Summaries

- Short abstracts starting with a **PICO question** that summarize existing international evidence on common health care interventions and activities
- Based on structured searches of the literature and selected evidence-based health care databases

## JBI Grades of Recommendation

A 'strong' recommendation for a certain health management strategy where:

- |         |   |
|---------|---|
| Grade A | 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.     |

A 'weak' recommendation for a certain health management strategy where:

- |         |   |
|---------|---|
| Grade B | 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.              |



## JBI EVIDENCE SUMMARY

### LOW BACK AND PELVIC PAIN (PREGNANCY): PREVENTION

#### Author

Dr Ashley Whitehorn BAppSc BHthSc (Hons) PhD

#### Publication date

08/04/2020

#### Question

What is the best available evidence regarding interventions to prevent low back and/or pelvic pain in pregnant women?

#### Clinical Bottom Line

It is estimated that around half of all pregnant women experience low back pain (LBP), or pelvic girdle pain (PGP), together known as lumbopelvic pain (LBPP) during pregnancy. LBP is pain or discomfort between the 12<sup>th</sup> rib and the gluteal fold, while PGP is pain experienced between the iliac crest and gluteal fold, particularly around the sacroiliac joints. LGPP can negatively affect sleep, social and sexual life, work and mental health. A systematic review and meta-analysis investigated the effect of prenatal exercise (frequency, intensity, type and volume) on maternal LBP, PGP, and LBPP during pregnancy and in the postpartum period. Exercises included yoga, aerobic exercise, strength training and combination resistance and aerobic exercise, with the majority of interventions starting in the second and ending late in the third trimester. Exercise frequency ranged from one to 14 times per week, duration ranged from 20 to 75 minutes per session and exercise intensity ranged from low to vigorous. The meta-analysis of randomized controlled trials (RCTs) (n=13) found that overall prenatal exercise was not associated with lower risk of pain (LBP, PGP or LBPP) during pregnancy compared to no exercise. A single study found lower risk of LBP when participating in water based exercise compared to land based exercise, although there was no effect on PGP. The meta-analysis did find an inverse association between prenatal exercise and pain severity suggesting that although women who exercised did experience pain, the severity was less than women who did not exercise. Authors concluded that there is very low level evidence supporting exercise to reduce the severity of pregnancy related LBP, PGP and LBPP. (Level 1)

- A systematic review and meta-analysis investigated the effect of exercise for the prevention of low back and pelvic girdle pain (and associated sick leave) during pregnancy. The exercise interventions included water gymnastics, sitting pelvic tilt exercises, an energy expenditure exercise, strength training (general and targeted), and a combination of these exercises.

### Best Practice Recommendations

- Best Practice Recommendations
- Women should be encouraged to participate in regular exercise during pregnancy as there may be a small protective effect for low back pain. (Grade B)

# Systematic Reviews

VS

# JBIR Evidence Summaries

## How are they similar?

They both adopt a systematic approach to synthesise information on a specific topic.



Maintain transparency in their methods by documenting their search strategies, inclusion/exclusion criteria, and critical appraisal assessments.

Provide healthcare professionals with evidence-based information to guide clinical decision-making.



Published resources undergo a rigorous peer-review process to ensure the quality of the information presented.

## How do JBIR ES Differ?

Evidence Summaries use a rapid review approach for timely completion, using streamlined methods such as a targeted database search and a focus on inclusion of the best available evidence.



Evidence Summaries are concise 2–4 page documents, using clear and clinician-friendly language to ensure easy access and rapid uptake of knowledge.

Provide best practice recommendations that can be used to develop audit criteria and the evaluation of clinical practice.



Are 'living' summaries, undergoing a continual, active evidence surveillance and monitoring cycle to ensure information is up-to-date.



# Recommended Practices

Interventions or procedures that describe **step by step** and recommend a practice on a selected clinical topic; developed by an expert clinical review panel to confirm clinical relevance and currency; based on Evidence Summary.

- Recommended Practice
- Equipment List
- Occupational Health & Safety Provisions

## Occupational Health and Safety Considerations



BACK CARE  
FOLLOW MANUAL  
HANDLING PROCEDURES



CLINICALLY COMPETENT  
PROFESSIONALS ONLY



ATTENTION  
OCCUPATIONAL HEALTH AND  
SAFETY REQUIREMENTS  
BE APPLIED



RECOGNITION  
COMPETENCIES REQUIRED



PATIENT EDUCATION  
REQUIRED



REQUIRED EDUCATION  
REQUIRED



## JBI RECOMMENDED PRACTICE

### NON-SPECIFIC LOW BACK PAIN: SUPERFICIAL HEAT

#### Publication date

10/04/2020

#### Equipment

- Patient's medical record
- Sensation testing equipment
- Heat Wrap/Hot Pack

#### Recommended Practice

##### PRECAUTIONS:

- Neurological disorders
- Kidney problems
- Diabetes mellitus
- Bleeding diseases
- Inflammatory disease
- Abnormal heat sensitivity
- Peripheral vascular disorders
- Active tuberculosis
- Skin lesions (e.g. rash, bruising, laceration)
- Areas where heat rub was applied
- May refer to manufacturer's guidelines for precautions

##### CONTRAINDICATIONS:

- Circulatory insufficiency
- Risk of dissemination (malignancy, systemic disease)
- Possible exacerbation of existing conditions
- Loss of skin sensation (hot or cold)

##### PROCEDURE:

1. Conduct an appropriate assessment to determine individual patient needs and any contraindications/precautions.
2. Explain procedure to patient and gain consent. Warn patient regarding potential risks (e.g. burns), and that the sensation must be comfortable. Therapist should monitor the effects during the treatment and stay present. If therapist needs to leave the patient, he/she should be provided with a warning device or if able,

# Systematic Reviews and Systematic Review Protocols

## ■ Systematic Reviews

### Analysis of all the available literature

- Develop a question
- Establish inclusion/exclusion criteria
- Develop a strategy to comprehensively search for the evidence
- Appraising the quality of each paper
- Extracting the findings of included papers
- Synthesizing the findings of included papers

## ■ Systematic Review Protocols

- A document that will become a systematic review

Links from the record open the article in the JBI journals

The screenshot displays the JBI Evidence Synthesis database interface. The top header includes the JBI logo, the title 'JBI Evidence Synthesis', and publication details: 'Volume 18(3) pgs. 368-642 March 2020', 'ISSN: 2689-8381', and '(C) 2020 Joanna Briggs Institute'. Navigation links for RSS, eTOC, and Email Jumpstart are on the right. Below the header, a search bar contains the text 'Looking back to look forward: evidence-based planning of healthy neighborhoods.' and a 'Show Abstracts' button. The main content area shows a record for a systematic review titled 'Risk factors for osteoporosis in adults with serious illnesses: a comprehensive systematic review' by Xie Huting, RN, BHS, PhD<sup>1</sup>, Lu Qiu Fen, BSc, RN<sup>1</sup>, Yuan Peng, BSc, RN, RMN<sup>1</sup>, Wang Jia, BSc, RN, RMN<sup>1</sup>, Serena Loh, BSc, RN(Hons)<sup>1</sup>, Chua Pei Shan, BSc, RN<sup>2</sup>, and Rajni Parasuram, BS, RN, RMN<sup>1</sup>. The record includes the abstract, executive summary, and a list of authors. The bottom right corner shows a preview of the full text article, titled 'Nurse experiences of medication administration to people with swallowing difficulties living in aged care facilities: a systematic review of qualitative evidence' by Aida Seifdani Forough<sup>1</sup>, Simon Y.M. Wong<sup>1</sup>, Esther T.L. Lau<sup>1,2</sup>, Jose Manuel Serrano Santos<sup>1,3</sup>, Greg J. Kyle<sup>4</sup>, Kathryn J. Steadman<sup>1,4</sup>, Julie A.Y. Cichero<sup>1,4</sup>, and Lisa M. Nissen<sup>1</sup>.

**Risk factors for osteoporosis in adults with serious illnesses: a comprehensive systematic review**

Xie Huting, RN, BHS, PhD<sup>1</sup>  
Lu Qiu Fen, BSc, RN<sup>1</sup>  
Yuan Peng, BSc, RN, RMN<sup>1</sup>  
Wang Jia, BSc, RN, RMN<sup>1</sup>  
Serena Loh, BSc, RN(Hons)<sup>1</sup>  
Chua Pei Shan, BSc, RN<sup>2</sup>  
Rajni Parasuram, BS, RN, RMN<sup>1</sup>

1.The Joanna-Briggs Institute-Institute of Mental Health (Singapore) Centre Practices in Mental Health Care: a collaborating centre of the Joanna Briggs Institute  
2. Mount Elizabeth Hospital, Singapore

**Executive summary**

**Background**

Mental illnesses are a major public health concern. In people with mental illnesses, the prevalence of medical conditions is often higher than the general population. Stigma and misconceptions of mental illnesses have led to the under-diagnosis and treatment of many medical conditions. One such medical condition is osteoporosis. Osteoporosis is a progressive, systemic metabolic bone disorder, characterized by low bone mineral density (BMD). The presence of osteoporosis has been associated with increased fragility and susceptibility to fractures, often leading to high health, social and economic burden. In order to effectively prevent or treat osteoporosis or related fractures in people with mental illnesses, one must aim to understand the risk factors so that targeted interventions to abolish or reduce the risk.

**Objectives**

The objective of the review is to synthesize the best available evidence factors for osteoporosis and fractures as a consequence of osteoporosis years and over.

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Xie Huting  
[hui\\_ling\\_xie@imh.com.sg](mailto:hui_ling_xie@imh.com.sg)

**Nurse experiences of medication administration to people with swallowing difficulties living in aged care facilities: a systematic review of qualitative evidence**

Aida Seifdani Forough<sup>1</sup>, Simon Y.M. Wong<sup>1</sup>, Esther T.L. Lau<sup>1,2</sup>, Jose Manuel Serrano Santos<sup>1,3</sup>, Greg J. Kyle<sup>4</sup>, Kathryn J. Steadman<sup>1,4</sup>, Julie A.Y. Cichero<sup>1,4</sup>, Lisa M. Nissen<sup>1</sup>

<sup>1</sup>School of Clinical Sciences, Faculty of Health, Queensland University of Technology, Brisbane, Australia; <sup>2</sup>GBHA (Centre for Endocrinological Health) Agency, a Joanna Briggs Institute Centre of Excellence, Brisbane, Australia; and <sup>3</sup>School of Pharmacy, University of Queensland, Brisbane, Australia

**ABSTRACT**

Objective: To identify nurses' experiences of administering oral medications to residents of aged care facilities (ACFs) with swallowing difficulties.

**Abstract Reference**  
**Complete Reference**

Forough, Aida Seifdani, Wong, Simon Y.M., Lau, Esther T.L., Santos, Jose Manuel Serrano, Kyle, Greg J., Steadman, Kathryn J., Cichero, Julie A.Y., Nissen, Lisa M.  
JBI Database of Systematic Reviews & Implementation Reports. 16(1):71-86, 2018.  
[Systematic Reviews]  
AN: JBI18915  
Year of Publication  
2018

► Abstract ► Cite ► My Projects ► Annotate

# Best Practice Information Sheets

- 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

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 4 - Observational - Descriptive Studies	Level 4.a - Observational study without a control group
	Level 4.b - Systematic review of descriptive studies
	Level 4.c - Cross-sectional study
	Level 4.d - Case series
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



## Recommendations\*

- Residential aged care staff could ascertain the preferred degree of involvement of family caregivers in decision making about the resident. **(Grade B)**
- Residential aged care staff can ensure that they develop and maintain effective dialogue with the resident's family about the resident's health status. **(Grade B)**
- Residential aged care staff can provide support for family caregivers when making decisions about the resident. **(Grade B)**
- Residential aged care staff can provide opportunities for reciprocal sharing of information with the resident's family about the resident's illness, treatment options and quality of life as well as their life story, values and wishes. **(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 has been systematically reviewed and published in 2013 in the Joanna Briggs Institute Systematic Reviews and Implementation Reports. The review report is available from the Joanna Briggs Institute ([www.joannabriggs.org](http://www.joannabriggs.org)).

## 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.

# JBI levels of evidence

## ■ JBI Levels of Evidence (PDF)

The JBI levels of evidence help describe the strength of the evidence found in the Evidence Summaries. JBI assigns levels 1 to 5 [1 systematic reviews, 5 expert opinions].

## ■ JBI Grades of Recommendation (PDF)

Grading system that helps professionals to quickly establish the importance of the evidence. JBI assigns a level \*[A or B] to its recommendations found within the Best Practice Sheets and the Evidence Summaries

\* Some older Best Practice Sheets will continue to show A, B, C, D grades.



[Click on the image](#)

[Click on the image](#)



# VHA National Desktop Library

VA » Health Care » VHA National Desktop Library

## VHA National Desktop Library

VA » Health Care » VHA National Desktop Library » Training

- HeinOnline Knowledge Nook Recorded Training
- Joanna Briggs Institute Evidence Based JBI for VA Clinical Staff Recorded Training
- Lexi-Comp Online for Dentistry Knowledge Nook Recorded Training
- Natural Medicines Knowledge Nook Recorded Training
- Nutrition Databases (eNCPT, EAL, a Knowledge Nook Recorded Training
- Ovid Clinical Edge Anatomy.tv Training site\* Anatomy.tv Resource Center\* Knowledge Nook Recorded Training

The VHA National Desktop Library will link to sites that are available to provide health resources.

Find an Online Journal or Book

Selecting a medical center will open a new window. Close the window to return to this page.

## JBI Resource Page

JBI is one of the world's leading evidence-based practice (EBP) organizations. JBI's evidence-based practice resources assist healthcare professionals to implement an effective evidence-based practice program to provide the best possible patient care.

[View a list of new JBI Reports added last month](#)

[Email the Monthly flyer of new JBI Reports to me](#)

[JBI Evidence Synthesis](#)

[JBI Overview for Clinicians - Session Recording](#)

[JBI Resource Center](#)

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### Search JBI EBP Database:

Search

Publication Types:

### Popular Searches:

[Click to search the JBI EBP database for these topics:](#)

[PTSD - Evidence Summaries](#)

[Diabetes Prevention - Evidence Summaries](#)

[Falls - Recommended Practices](#)



[Help and Training](#)

### Browse by Publication Type:

- Best Practice Information Sheets
- Evidence Summaries
- Recommended Practices
- Systematic Review Protocols
- Systematic Reviews

### Evidence-Based Practice Tools:



JBI SUMARI  
SUMARI provides a framework for managing the systematic review project step-by-step.

[SUMARI Tutorials](#)

[SUMARI Reviewer's Manual](#)



# JBI Nodes (Groups)

Adolescents
Aged Care
Blood Disorders
Burns
Cancer
Cardiovascular
Community Health
Critical Care
Dental and Oral Care
Diagnostic Imaging
Emergency and Trauma

Endocrine and Diabetes
Eyes, Ears, Nose, Throat
Family Health
Fundamentals of Care
Gastrointestinal
Health Policy
Infection Control
Infectious Diseases
Informatics
Mental Health
Musculoskeletal

Neonatal
Nervous System
Nutrition and Metabolic
Palliative Care
Pediatrics
Pregnancy and Childbirth
Reproductive Health
Respiratory
Surgical Services
Urinary
Wound and Skin Care

*Expert Reference Group (ERG).*



# Practical Advice on Searching

- Basic mode can be a good approach if you have a PICO question– “using acupuncture to treat back pain”
- Remember you can limit to publication type or subject node

Search History (1) ▾

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**Basic Search** Find Citation Search Tools Search Fields Advanced Search Multi-Field Search

1 resource selected [Hide](#) [Change](#)

📌 JBI EBP Database Current to January 31, 2024

using acupuncture to treat back pain

☐ Include Multimedia ☒ Include Related Terms

**Limits** ⌵

☐ Full Text ☐ Abstracts

Publication Year

**Publication Types**

- ▾

**Subject Area Nodes**

- ▾

[Additional Limits](#) [Edit Limits](#)

# Ovid Tools & JBI Resources Portal

The screenshot displays the Ovid Tools & Resources Portal. The header is dark blue with 'Wolters Kluwer' on the left and 'Ovid' on the right. Below the header, a navigation bar contains icons for Home, Training, Tools, Resources, Services, and Customer Support. A sidebar on the left lists various training and tool options, including 'Browse All Videos', 'Guides & Documentation', 'Ovid Academy', 'Instructor-Led Training', 'PICO Resource Center', 'eTOC Alerts', 'Expert Searches', 'History JumpStart', 'History Launcher', 'JumpStarts', 'Scientific Production', 'Search Builder Tool', 'Search Translator', 'URL Encoder / Decoder', and 'Top Articles'. The main content area is titled 'JBI Resource Center' and includes a 'Training Videos' section with links to 'Introducing the JBI EBP Database' and 'Beyond the Search: Maximizing the Quality of Systematic Reviews'. The JBI logo is visible on the right.

Wolters Kluwer Ovid

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JBI Resource Center

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**Training Videos**

The following JBI tutorials are available for the Ovid platform.

Watch videos directly from this site or set links to the videos in your own webpage.

Click on the **i** icon to see more information about each tool.

Please note that JBI SUMARI training is conducted by JBI in Adelaide, Australia and may incur a charge.

**JBI EBP Database**

- Introducing the JBI EBP Database **i**
- Beyond the Search: Maximizing the Quality of Systematic Reviews **i**

**JBI EBP Software**

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<https://tools.ovid.com>



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[support@ovid.com](mailto:support@ovid.com)

# Thank you

[Kathi.grainger@wolterskluwer.com](mailto:Kathi.grainger@wolterskluwer.com)

8/2024

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