

Ms Robyn Hudson  
Clinicians as Partner  
**Director Safer Care Victoria**

By email: [sherryn.bowker@safercare.vic.gov.au](mailto:sherryn.bowker@safercare.vic.gov.au)

Dear Ms Hudson

**Re: Feedback on the draft *SCV Evidence Based Guidance Strategy***

The Australian College of Nursing (ACN) would like to thank you for the opportunity to provide feedback on the draft ***Evidence Based Guidance Strategy***.

ACN has carefully reviewed and supported the strategy as it would provide guidance for maintaining best practice and reducing unwarranted variation within Victorian health care services. This strategy would enable evidence backed activities of inter-professional education and collaboration among healthcare professionals that demonstrate improved clinical and health outcomes for persons and carers.

ACN consulted across our fellows and members and provides the following feedback on some of the recommendations below:

**Section 5. Core Principles**

Despite acknowledging that the list of core principles cover the relevant areas for producing evidence based guidance, ACN suggests to start the stages with identification of the topic. This would be the first out of the six stages of evidence based core principles. Besides that, the principles as presented in the document indicate a linear approach which might fail to capture the interactive, iterative nature of guideline development between the research evidence, experts' opinions of health professionals and patients. At the end of the flow, which is the consultation stage, it might need to feed back to the evidence. Thereby, the factual and learned experiences shared in consultation would be based on a comprehensive evidence base and become a cycle process.

ACN also proposes the committee to consider the context as a key influence because the best practice in a large metro hospital may be impossible to apply in a small rural setting<sup>1</sup>.

**Section 6.2 What we will deliver**

ACN agrees with the use of 'endorse, adapt and develop' approach as there would be variation within existing evidence base guidance and different settings requires adaption for it to be applicable for the purpose. As a consequence, the evidence based guidance strategy could potentially be time consuming and often lean toward reinventing the wheel. ACN also recommends

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<sup>1</sup> Melnyk, BM, Fineout-Overholt, E, Stillwell, SB & Williamson, KM, 2010, 'Evidence-based practice: step by step: the seven steps of evidence-based practice', *The American Journal of Nursing*, Jan; 110 (1):51-3.

to use 'may have' instead of 'has' in the first sentence of the health information section as the current wording could have negative impacts, such as vaccination information programs generate some rejections on vaccinations (anti-vaxers).

### **Section 6.3 How we will put this into practice**

ACN acknowledges inherent assumptions regarding 'change packages' and 'learning packages'. In general, the production of evidence is not the problem. It is the translation of that evidence into practice that requires more emphasis. Implementation checklists, workshops, webinars, e-learning have been utilised for quite some time and yet the problems with knowledge translation persist. A more detailed explanation on this section might be valuable.

To be effective, ACN suggests SCV to be proactive in promoting Evidence Based Guidance strategies to all health services and hospitals within Victoria instead of waiting for these facilities to seek out the information. SCV should also consider incorporating guidance information with Electronic Health Records (EHR) if they are available.

### **Section 6.5 Evaluation**

ACN suggests more questions to be asked in the evaluation. The information from EHR could also be useful for the evaluation.

In conclusion, ACN considers the Evidence Based Guidance Strategy as a great initiative as health care providers have been dealing with how to identify and reduce variation in practice, particularly where there is no adverse outcome. Yet, ACN concerns that there will be a significant push to create working parties within working parties for making this strategy works. Conducting a comparative study by reviewing information from other areas or countries that have similar experiences could also be considered to enhance this strategy.

ACN is the pre-eminent and national leader of the nursing profession. We are committed to our intent of advancing nurse leadership to enhance health care and strongly believe that all nurses, regardless of their job title or level of seniority, are leaders.

Please contact ACN's Policy and Advocacy Manager, Dr Carolyn Stapleton FACN, at [carolyn.stapleton@acn.edu.au](mailto:carolyn.stapleton@acn.edu.au) if you have any questions or would like further information.

Yours sincerely



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