

How Evidence-Based Nursing Inspires Clinical Staff Development

Do you want to attract and keep outstanding nurses on staff? If so, create an environment that both challenges and rewards them... one that demands the constant pursuit of knowledge and improvement.

While evidence-based nursing might mean different things to different health professionals, it can be best described as the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients.

BE THE BEST
AND THE
BRIGHTEST

A QHR
White Paper

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Why EBN?

When making clinical decisions, nurses rely heavily on the knowledge they gained in nursing school. The question is...when did they graduate? Think of all of the changes evidence has brought to the practice of nursing.

For example, anyone who graduated from nursing school prior to the 1990s wasn't taught to routinely wear gloves. In fact, nurses were discouraged from the practice for many reasons – better tactile ability, a perception that something might be “wrong” with them, etc. But evidence related to the disease process has shown us the importance of wearing gloves to protect our patients and ourselves.

Sometimes patients provide us with the latest information. For example, nurses who graduated before 2000 may be learning from their patients about insulin pumps, a device that evidence says is one of the best ways to manage diabetes.

Physicians can be a tremendous source of guidance, too. But even when using the latest medical evidence, they may be unaware of advances in nursing.

Nurses also learn a tremendous amount from observing their peers. Seemingly every nurse can recall that one nurse who seems to know just what to do in every situation. Wouldn't it be great if they could have access to such expertise every day, in every tough situation? That's what evidence-based nursing provides .

This white paper explores six steps on the journey to evidence-based nursing:

- ♦ Communicate the Benefits
- ♦ Build the Structure
- ♦ Anticipate the Barriers
- ♦ Teach the Process
- ♦ Integrate into Daily Practice
- ♦ Measure the Outcomes

Communicate the Benefits

Any significant change is more likely to succeed when accompanied by a strong case for said change. EBN is no exception. So, why should nurses embrace EBN?

1. Hospitals that have a mechanism to apply evidence-based nursing principles in the care of patients have been shown to have better patient outcomes.¹
2. During critical situations, emotions run high. Having the latest information at our fingertips, in the form of an evidence-based policy or protocol, helps alleviate stress among nurses.²
3. Nurses who practice in an evidence-based nursing environment are constantly adding tools to their tool boxes. Sometimes, those exposed to research methodology become interested in furthering their nursing career and go on to pursue a PhD.

*EVIDENCE-BASED NURSING PROVIDES A
FRAMEWORK FOR CONTINUOUS
IMPROVEMENT*

Of the 12 -15 foci hospitals must attain to achieve Magnet status, about one third are research related. Implementing evidence-based nursing practices will help you work toward that gold standard. And even if you haven't set that goal, EBN will help you achieve better outcomes and lower direct costs. It will also help you attract the best and brightest nurses. Why? Because the most motivated nurses want to work in a hospital invests in quality. They want to know they are providing the best care possible for their patients. These are the nurses you want on your staff.

¹Heater B et al., "Nursing Interventions and Patient Outcomes: A Meta-Analysis of Studies," Nursing Research, September/October 1988

²Dodd-McCue D et al., Journal of Nursing Administration, April 2005, 35 (4): 205-216

Evidence-based nursing takes into account three sources of information:

- ◆ *Research*
- ◆ *Clinical expertise*
- ◆ *Patient preferences*

Evidence-based nursing also provides a framework for asking questions about how to improve patient care. Often, nurses are caught in the mentality that if it's not broken, don't fix it. Evidence-based nursing practice, on the other hand, provides a framework for continuous improvement.

Build the Structure

Who among your staff has a passion for evidence-based nursing and can allocate resources and remove barriers? He or she will be your internal EBN champion.

Next, look at teams and committees already in place. If possible, add evidence-based nursing practice to their charters. Eventually, you will need to add brand new teams – nursing research, for example – but in the meantime, it makes good sense to utilize groups already interested in nursing practice, such as nursing practice councils, quality improvement teams, or policy and procedure committees.

Be sure to include other disciplines as relevant. Nursing rarely works in a vacuum.

Use Tools to Hardwire EBN into Your Workflows

- ◆ *Clinical Practice Guidelines*
- ◆ *Care Plans*
- ◆ *Critical Pathways*
- ◆ *Protocols*
- ◆ *Standards*
- ◆ *Policies and Procedures*

Be sure to include other disciplines as relevant. Nursing rarely works in a vacuum. For example, if you plan to take an evidence-based approach to early ventilator weaning, you need the respiratory therapy department to assist you.

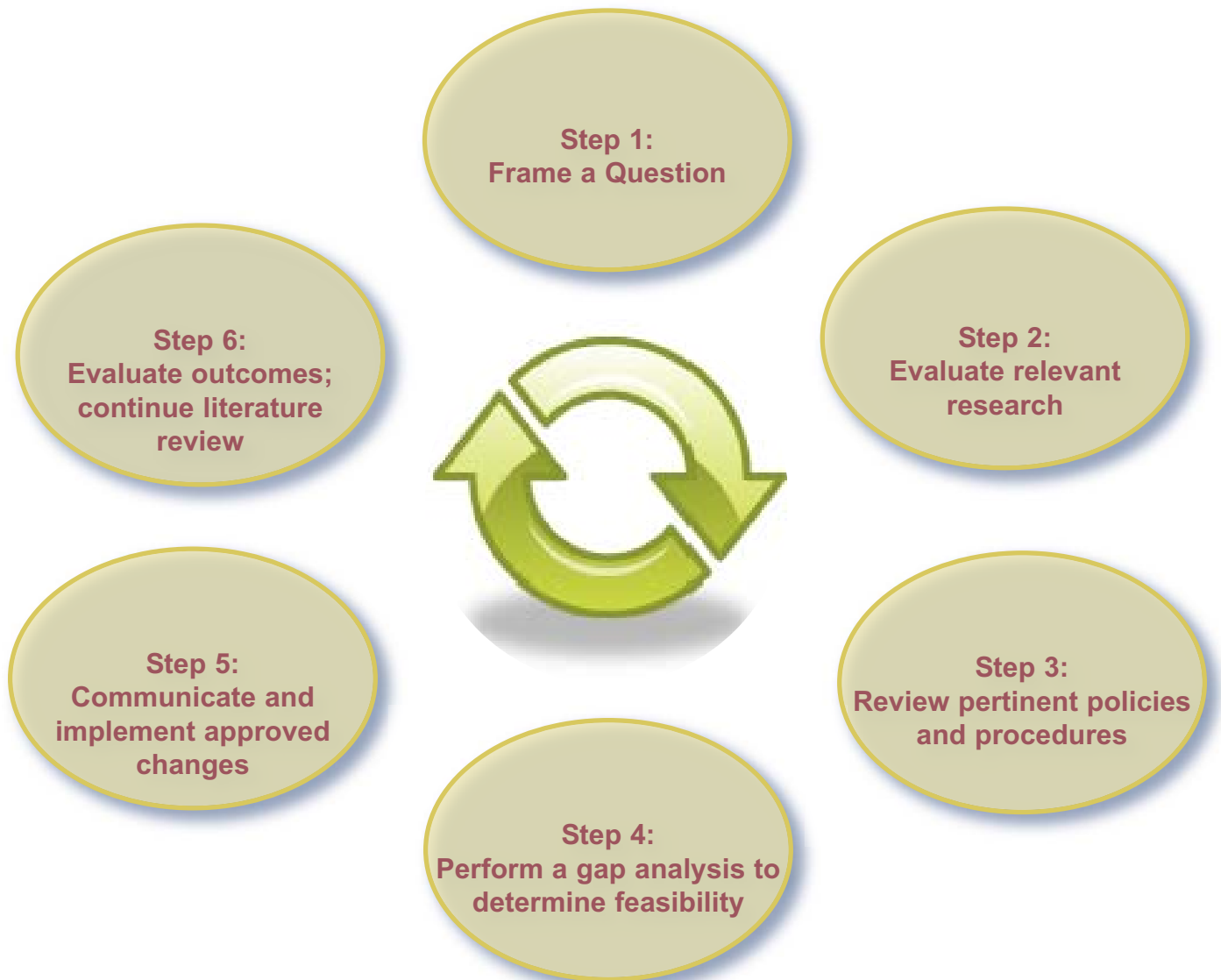
Anticipate the Barriers

It's important to understand and evaluate any potential roadblocks that might exist prior to the introduction of evidence-based practices. First and foremost is the need for nurses to be able to access published research. But access and time to review articles is only the beginning. Nurses also need to be able to appraise available literature and understand what is and isn't important when evaluating said literature.

You might want to hold in-service training for your nurses on how to perform searches and evaluate research validity. It helps to establish criteria to guide nurses in the research process. For example, sample size is an important consideration when evaluating research studies. Continue their development by appointing a more experienced nurse to mentor their efforts.

Consider how you will update your procedures. If you are currently using a computerized clinical documentation system, make sure you can customize any protocol or order set templates when evidence requires updating.

What is EBN? It's a six-step process that supports clinical decision-making:



Before rolling out the program, understand where key leaders stand on the idea. Since changes in nursing practice affect other departments, it's important to preview any changes with them prior to implementation. Updates within the nursing area could require significant financial commitment on the part of other departments.

You may encounter resistance within your own ranks. Physicians and nurses may feel there is nothing wrong with current practice and resist the change. Communicating early and often with those affected most by change is the best approach.

Teach the Process

There are six distinct steps to the process of evidence-based nursing:

1. Frame a question around an intervention, desired outcome and patient population.
2. Perform a literature search. This is the heart of the evidence-based process, but may not be as simple as it sounds. Prior to starting a search, staff involved will need to have access to journal articles and research studies.

In some cases, your research team may not find studies matching your question, or matching the demographics of the patient population you're considering. If you choose to pursue the topic, it may be necessary to set up a research program. Obviously, this is more complex than a literature search. For assistance, turn to your local or regional academic partner – masters or doctoral level nursing programs.

3. Once you have up-to-date, evidence-based information on a particular intervention, it's time to gather your relevant protocols, policies, guidelines and practice behaviors. Remember to think broadly – often policies and procedures are interrelated. Changing one will undoubtedly affect others.
4. Perform a gap analysis. How is what you are currently doing (both by policy and in practice) different from the research? What new equipment or medical supplies will need to be purchased? What other disciplines might be impacted? What policies will need to be rewritten? Who will need specialized education?
5. If the research shows a change is necessary to improve patient care, and the results of the gap analysis prove a change is feasible, it's time to move on to implementation. Prior to making

any changes, make sure you've communicated to all disciplines involved, offered extensive education opportunities and updated skills check lists and competency documents.

6. Evaluate your work. This begins before implementing any changes, when you determine what data you will need to track results. By comparing periodic measurements with your baseline, you can monitor changes in patient outcomes. Continue to monitor the literature to ensure your practice stays up-to-date with new evidence.

Don't Forget Communication & Training:

A hospital wanted to decrease its incidence of catheter associated bloodstream infections (BSI). The Infection Prevention and Control Department sponsored a team that performed an extensive literature search and decided to implement practices that would decrease BSI. The team learned the hospital didn't have a standardized process for catheter insertion practice. They gathered department policies and procedures that addressed central line catheter insertion. The next step involved the creation of a single, evidence-based policy. The policy contained a new focus on maximum sterile barrier precautions and the care of central-line dressing sites. As a result, new products were purchased by Materials Management and were available to practitioners at the bed-side during catheter insertion. When the incidence of BSI didn't improve despite these initiatives, the team investigated and learned no specialized education had been provided to physicians and nurses regarding the new practices. Once the end-users were aware of the policy, understood its relevance in reducing infection and learned where the new insertion "kits" were located, the incidence of blood stream infections decreased.

Getting Started: Who Does What?

Nurses in the women's services line pose the question: "Is there evidence that supports early ambulation (intervention) to reduce the incidence of VTE (outcome) in post-partum patients (population)?"

A work team comprised of the unit educator, key staff RNs, a physical therapist and the manager divide the research activities and literature review and learn that the research support early ambulation. Studying all existing, related protocols, policies and procedures, the team determines the necessary changes and revises documentation and job descriptions to reflect the new process. Education and competency verification are provided to all pertinent clinical staff and physicians. VTE incidence is measured and reviewed by the women's service line. Annual evaluation of evidence-based changes is performed by the work team.

Integrate into Daily Practice

While implementing evidence-based nursing practice is an undertaking that may require some fundamental culture changes in your organization, there are a number of ways to incorporate the philosophy into daily practice. First of all, encourage nurses and managers to always ask: "Where's the evidence for doing it this way?" Chief nursing officers, chief medical officers and other administrators should model this behavior.

ENCOURAGE NURSES AND MANAGERS TO ALWAYS ASK: "WHERE'S THE EVIDENCE FOR DOING IT THIS WAY?"

Look at ways to imbed the practice into other routines. For example, instead of just reviewing policies, compare them to current evidence before signing off. Do the same with annual skills checklists and the curriculum for nursing orientation.

Many hospitals have found value in organizing and supporting a journal club to provide nurses time and space to read and review nursing research journals and then forward pertinent information to appropriate departments or individuals.

Existing communication mechanisms are great vehicles for introducing evidence-based nursing practice concepts and articles. If you already have a nursing newsletter, you might start with an introductory "What is EBN?" article and eventually begin to include full reprints of important research articles.

Measure the Outcomes

Too often in the rushed world of healthcare, we move onto another process before truly understanding the value of any changes we've implemented. To avoid this pitfall, determine the outcome metrics you plan to measure prior to implementing any changes.

Use your information systems to assist you... If you want to compare the rate of readmission for patients who receive intensive discharge education related to a CHF diagnosis, make sure the system identifies those patients upon readmission.

What are you attempting to increase or decrease? Perhaps you wish to decrease the amount of variation in antibiotics ordered for post-surgical patients. Or you wish to increase the satisfaction of patients by offering evidence-based complementary medicine programs, such as meditation areas. More often than not you will be making changes with the intention of improving the health status of your patients.

Measurement 101

- ◆ Determine outcome metrics prior to implementation of change
- ◆ Decide process for gathering and reporting data
- ◆ Continue to evaluate and compare against evidence

By understanding the metrics you will need to measure before you begin the implementation, you can use your information systems to assist you.

For example, if you want to compare the rate of readmission for patients who receive intensive discharge education related to a CHF diagnosis, make sure the system identifies those patients upon readmission.

EBN is an unending process. To ensure your practice stays evidence based, build in a process for continued review of the research.

Finally, realize EBN is an unending process. To ensure your practice stays evidence-based, build in a process for continued review of the research.

Resources

Journals:

- ◆ Biological Research for Nursing
- ◆ Canadian Journal of Nursing Research
- ◆ Journal of Nursing Measurement
- ◆ Western Journal of Nursing Research
- ◆ Evidence-Based Nursing
- ◆ Online Journal of Knowledge Synthesis
- ◆ Clinical Nursing Research
- ◆ Nurse Researcher

Online:

- ◆ <http://healthlinks.washington.edu/ebp/>
- ◆ <http://medlineplus.gov/>
- ◆ <http://nursingworld.org>
- ◆ <http://ebn.bmj.com>
- ◆ <http://www.nln.org/nlnjournal/nursingreferences.htm>
- ◆ <http://icirn.org>
- ◆ <http://www.cinahl.com>
- ◆ <http://nurselinx.com>
- ◆ <http://sumsearch.uthscsa.edu/>
- ◆ <http://tripdatabase.com/>
- ◆ <http://www.medscape.com/nurses>
- ◆ <http://www.ahrq.com>
- ◆ <http://www.cche.net>
- ◆ <http://clinicalevidence.com>
- ◆ <http://chochrane.org>
- ◆ <http://cpmrc.com>
- ◆ <http://www.guideline.gov>
- ◆ <http://nlm.nih.gov>

If you have any questions about this white paper, or would like more information about Evidence-Based Nursing, please contact Kathy Hardesty, Director, Patient Services, QHR at 800.233.1470, ext. 2035, or Kathy_Hardesty@qhr.com. To read more about how QHR has successfully helped clients address hospital issues, go to www.qhr.com, and click on the Success Stories link.