Using Evidence in Practice

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Objectives

• At the completion of this presentation, the participant will:
  – Identify differences between EBP and Research
  – Identify elements of practice change
  – Identify how to develop a EBP culture change
What is the difference between EBP and Research?

• Research: Diligent, systematic inquiry or investigation to validate and refine existing knowledge and generate new knowledge*

• EBP incorporates theory, clinical decision making, judgment, and knowledge of research techniques, followed by application of the best, most effective and clinically meaningful evidence**
  — Must also integrate patient preferences

* Burns & Grove (2004). The Practice of Nursing Research: Conduct, Critique & Utilization
Evidenced Based Practice (EBP)

- Definition:
  - A problem solving approach to clinical decision making within a healthcare organization integrating scientific evidence with the best available experiential evidence.

- Uses the latest research to produce high quality healthcare.

- Provides a systematic approach to decision making that achieves best practices and demonstrates accountability.
Key Assumptions of EBP in Nursing

• Nursing is both science and an applied profession;

• Knowledge is important to professional practice, there are limits to knowledge that must be identified;

• Establishes causality between events or variables;

• Evidenced Based Practice contributes to improved outcomes

How can EBP be used in Nursing?

• Incorporate into every phase of the nursing process:
  – Assessment of patient conditions
  – Diagnosis of patient problems
  – Planning patient care
  – Interventions to improve patient’s function, condition or prevent complications
  – Evaluate the patient responses to interventions

• Provides foundations for Policies & Procedures

• Basis for patient care management tools
  – Care maps;
  – Protocols
  – Standard order sets
Barriers to EBP Implementation

• Lack of EBP knowledge and skills
  – Curriculum focuses on research practices not translation
  – Care is based on skills learned in academic programs and outdated policies and procedures
• Lack of time
• Lack of mentors
• Belief that EBP is burdensome
• Belief that the organizational culture does not support EBP
• Collegial resistance to EBP implementation
  – Including physicians
Strategies to overcome barriers

• Self-assessment to identify facilitators and barriers of EBP practices;
• Education and training to improve knowledge and increase practitioners belief’s and benefits of EBP;
• Create an environment that encourages an inquisitive approach
  – Identify opportunities for best practices
  – Create a culture that values support and expects a culture of EBP
Unique Elements of EBP success

• Design clinical environments to support best practices
  – Provide time
  – Educational building sessions
    • Focus on how to implement evidence from research
  – Resources for implementation: mentors

• Identify organizational priorities for implementation
  – Cultivate team of staff nurses with senior executives who support the project
Integration of EBP

• Critical to meeting Magnet standards

• 5 Steps*:
  – Establish a foundation for EBP
  – Identify areas of concern
  – Create internal expertise
  – Implement evidence based practice
  – Contribute to research evidence

• Ongoing, Concrete Support
  – Formal systems for finding, prioritizing and answering EBP

Examples of EBP outcomes

• Sacred Cow
  – Neonate and infants should sleep in prone position to prevent aspiration
  – H2O2 is an effective antibacterial cleaning agent when applied to wounds: Bubbling means bacteria is present

• Evidence Eagles
  – Prone sleeping among blankets and pillows increased SIDS: supine position with minimal contact with blankets and pillows dressed in warm sleepwear
  – Concentrated H2O2 is caustic and hinders neodermal development. Bubbling occurs when H2O2 is exposed to air
References


