What Am I Doing Here?
EBP - PI - Research

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Session Objectives:

• Define evidence-based practice (EBP)
• Identify the difference between Process Improvement and Research
• Describe a decision model for EBP projects and Research
• List two reasons supporting the use of EBP in nursing practice

"Quality is never an accident. It is always the result of intelligent effort."

John Ruskin (1819-1900) English theorist
Be committed to both: Research and Process Improvement
Evidence-based practice is not a cook-book or cookie-cutter approach to developing or managing clinical practice. It requires a degree of flexibility and fluidity based on a firm scientific and clinical evidence validating appropriate and sustainable clinical practice.

Defining Evidence Based Practice

• “The conscientious and judicious use of the best available evidence from a variety of sources to guide nursing care that is patient-centered and appropriate to the context of care.”
  
  Shapiro, 2007

• “… (EBP) is a problem-solving approach to clinical decision-making in healthcare that integrates the best evidence from well designed studies with a clinician's expertise, which includes internal evidence from patient assessment and practice data, and a patient’s preferences and values.”
  
  Sackett et al, 1996; Melnyk et al, 2011
Transdisciplinary EBP Model
Adapted from Satterfield, et al. 2009

Model translates to clinical and leader EBP
How are they Different?

**Process Improvement**

- A **systematic approach** to help an organization optimize patient care processes to achieve better patient outcomes *(PDSA/PDCA; Lean, etc.)*
- Research is a foundation for developing a **test of change** process
- Uses benchmark data (NDNQI, UHC, published in the literature, internal data)
- **Data:** Trending, variation
- Process variations based on unit, population, shift, etc.
- **Internal** evidence

**Research**

- A **scientific process** that validates and refines existing knowledge and generates new knowledge that directly and indirectly influences nursing practice *(quantitative, etc.)*
- **Instruments:** validity
- Human subjects protection
- **Data:** Statistical significance (quantitative research)
- Generalizable
- **External** evidence
Model to Guide Review and Use of Evidence

- **Problem**
- **Review of Evidence**
  - **Enough evidence**
  - **Not Enough evidence**
    - **Conduct Research**
  - **Create/Review Policy/Procedure/Protocol**
  - **Clinical Pathway/Multidisciplinary Plan of Care**
  - **Outcome Research**
  - **Staff Education**
  - **Patient Education**
  - **Process or Performance Improvement**
    - Analyze process
    - Try alternate plans to achieve improvement

Improved Outcomes

Slide used with permission from LBellury, (LBellury - 2010) adapted from Polit & Beck, 2009 & Titler, Kleiber, Steelman, et al., 2001
The 2011/2012 top seven nursing quality initiatives include patient satisfaction, hospital acquired pressure ulcers (HAPU), patient falls, and restraint use, central line associated blood stream infections (CLABSI), catheter associated urinary tract infections (CAUTI), and ventilator associated pneumonia (VAP). The following information addresses the seven quality initiatives’ current state, that is, measures of current processes and outcomes, and future state, or target outcomes.

Information on database and metrics follows the discussion of current and future states.

Current state includes:
- Current system and entity sponsors for each initiative
- Performance measure data housed in the Patient Satisfaction database, Nursing Dashboard, 8 quarter data associated with the Magnet Readiness Index™, and Infection Control database
- Recognizing best performing nursing units by entity using current benchmarking agency data
- Identifying best practices identified from the literature as reported by the respective teams during the nursing quality retreats, May 26, 2011 and August 15, 2011
- Defined nursing quality plan

Future state includes:
- Performance measure goals for each initiative
- Barriers identified to be addressed
- Recommendations for best practices to achieve performance goals as identified during the nursing quality retreats, May 26, 2011 and August 15, 2011
2.33 External Best Practices: Evidence from the Literature

The following published articles were reviewed and added to the literature used by the Patient Experience Team:


**Synthesis of the literature identified** that hourly rounding with structured process steps decreased patient falls and use of physical restraints and increased patient satisfaction.
## Magnet Readiness Index™

**FY2012, Third Quarter (March 2012 - May 2012)**

### INDIVIDUAL ENTITIES

<table>
<thead>
<tr>
<th>Magnet Index Indicators</th>
<th>EUH</th>
<th>EUOSH</th>
<th>EUHM</th>
<th>WWGH</th>
<th>EICH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Satisfaction (%-tile ranking: up)</strong></td>
<td>FY12 Q3 Actual: 55</td>
<td>FY12 Target: 55</td>
<td>Q3 % of Units at Target: 60.00%</td>
<td>% Units at Target ≤ 2.5 QTRs: 55</td>
<td>91</td>
</tr>
<tr>
<td><strong>Overall Rating of Nursing Care</strong></td>
<td>up</td>
<td>65</td>
<td>50</td>
<td>60.00%</td>
<td>55</td>
</tr>
<tr>
<td><strong>Question: Nurses kept you informed</strong></td>
<td>up</td>
<td>74</td>
<td>50</td>
<td>60.00%</td>
<td>55</td>
</tr>
<tr>
<td><strong>Question: How well pain was controlled</strong></td>
<td>down</td>
<td>3.40%</td>
<td>0.36%</td>
<td>64.30%</td>
<td>64.29%</td>
</tr>
<tr>
<td><strong>Hospital Acquired Pressure Ulcer Prevalence</strong></td>
<td>down</td>
<td>3.08</td>
<td>2.83</td>
<td>53.60%</td>
<td>42.86%</td>
</tr>
<tr>
<td><strong>Falls per 1,000 patient days</strong></td>
<td>down</td>
<td>0.48</td>
<td>0.47</td>
<td>71.40%</td>
<td>85.71%</td>
</tr>
<tr>
<td><strong>Falls with Injury per 1,000 patient days</strong></td>
<td>down</td>
<td>2.34</td>
<td>1.93</td>
<td>79.30%</td>
<td>89.66%</td>
</tr>
<tr>
<td><strong>Restrainment Prevalence</strong></td>
<td>down</td>
<td>2.88</td>
<td>2.35</td>
<td>76.32%</td>
<td>71.79%</td>
</tr>
<tr>
<td><strong>Nursing Turnover</strong></td>
<td>down</td>
<td>29.37</td>
<td>12.70</td>
<td>86.20%</td>
<td>82.76%</td>
</tr>
<tr>
<td><strong>RN Certification</strong></td>
<td>up</td>
<td>69.4</td>
<td>70.3</td>
<td>*</td>
<td>52.94%</td>
</tr>
<tr>
<td><strong>Nursing Engagement Grand Mean (Annual)</strong></td>
<td>up</td>
<td>3</td>
<td>3</td>
<td>**</td>
<td>2</td>
</tr>
</tbody>
</table>

### # of Indicators at Target:

- EUH: 10 of 11
- EUOSH: 9 of 11
- EUHM: 5 of 11
- WWGH: 8 of 11
- EICH: N/A

### Magnet Readiness Definition:

To achieve Magnet Readiness status, 51% of units must meet or exceed the NDNJ 50th percentile for Magnet Hospitals in all 11 indicators for 5 of the last 8 quarters.

### Legend: % of Units at Target

- Green: ≥ 95% of units
- Yellow: 75% - 94.9% of units
- Orange: 25% - 74.9% of units
- Red: < 25% of units

### Notes:

- Magnet Turnover was revised in FY11 per the Magnet application definition to include all bedded and non-bedded units.
- Nursing Engagement is an annual metric and FY12 data will not be available until Q4. FY11 target and results are displayed.
- *Research studies are counted annually at the entity level only.

### Magnet means me.

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**JONA, November 2012 issue**
The State of Evidence-Based Practice in US Nurses

Critical Implications for Nurse Leaders and Educators

Bernadette Mazeuk Melnyk, PhD, RN, CPNP/PMHNP, FNAP, FAAN
Lynn Gallagher-Ford, PhD, RN
Louise Kaplan, PhD, RN, ARNP, FNP-BC, FAANP
Ellen Fineout-Overholt, PhD, RN, FNAP, FAAN
Does your practice support this level of excellence?

This descriptive survey assessed the perception of evidence-based practice (EBP) among nurses in the United States. Although evidence-based healthcare results in improved patient outcomes and reduced costs, nurses do not consistently implement evidence-based best practices. A descriptive survey was conducted with a random sample of 1015 RNs who are members of the American Nurses Association. Although nurses believe in evidence-based care, barriers remain prevalent, including resistance from colleagues, nurse leaders, and managers. Differences existed in responses of nurses from Magnet® versus non-Magnet institutions as well as nurses with master’s versus nonmaster’s degrees. Nurse leaders and educators must provide learning opportunities regarding EBP and facilitate supportive cultures to achieve the Institute of Medicine’s 2020 goal that 90% of clinical decisions be evidence-based.
The State of Evidence-Based Practice in US Nurses

Critical Implications for Nurse Leaders and Educators

• “… nurses support that engaging in EBP renews the professional spirit of the nurse, a key variable in professional satisfaction.” Maljanian et al, JONA, 2002

• “… EBP gives us a voice” and allows them to “reclaim their authentic self as a ‘real nurse’ as well as supports them to ‘become strong patient advocates, focused on improving the quality of the care given to patients.” Strout, TD (2005) Sigma Theta Tau
• “...Recognition that nursing knowledge is not static, but ever changing and improving, is the hallmark to excellence in patient care. Supporting a practice environment that questions if the care given is the best it can be is a win-win for everyone...”

Bauer-Wu, Cooley, & Healey, 2005
Questions

“Knowing is not enough; we must apply.
Willing is not enough; we must do.”

Goethe