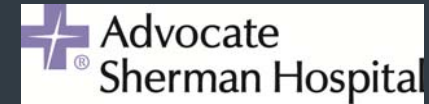




From Clinical Inquiry to Evidence-based Project Completion: A Community Hospital's Journey to Staff Nurse Empowerment

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ABSTRACT

Significance. The IOM in 2011 articulated a vision for nursing care that fosters practice to the fullest level in order to optimize patient care. While healthcare quality has improved over the past decade, delays in transferring research findings to the bedside continue.

Objective. Across healthcare settings, there is a need to continually update care based on new research results and changing care guidelines. However, certain evidence-based practice (EBP) skills are not well known by every nurse. In order to address this learning need, an EBP Fellowship was developed.

Strategy. The Iowa model and educational program were used as templates for the Fellowship. We modified the program significantly to a primarily guided workshop format. This change allowed the Fellows mentored practice time with the two research nurse coordinators. The Fellows were chosen by three criteria: guiding interest in the Fellowship, previous commitment to practice change, and project idea for an EBP intervention. To generate clinical inquiry we replicated the "Sacred Cow Contest" prior to the application process for year three.

Outcomes. Fifteen projects have been implemented over the past 3 years. The program is exceeding expectations with very high scores on learning objectives. In addition, leader and Fellow comments 6-months following an earlier fellowship indicated that the Fellowship increased nursing leadership skills and has positively impacted care.

Conclusions. This Fellowship has facilitated advances in nursing by implementing EBP in 15 areas of patient care. This mentored approach recognizes and rewards those nurses invested in optimizing care.

Implications. The tailoring of a nationally recognized EBP educational program to a workshop format was developed. The purpose of the program is to foster improved patient care. The guidance during each step of the process has improved acquisition of these EBP skills.

BACKGROUND AND LITERATURE REVIEW

BACKGROUND

- 20-25% of patients received treatments that are either unnecessary or potentially harmful (Grol & Grimshaw, 2003)
- 30-40% patients do not receive EBP care
- DHHS has prioritized "high value, safe and effective health care" for the United States healthcare system (2010)
- Former HHS Secretary Sebelius envisions:
 - the decline of preventable injuries in hospitals by 40%
 - as well as the reduction of readmissions by 20%
- These goals could:
 - save the lives of 60,000 patients
 - prevent over 1.5 million from complications
 - reduce Medicare costs by \$50 billion dollars over 10 yrs
 - reduce other payer's costs as well.



LITERATURE REVIEW

- patients are admitted to acute care hospitals because they are in need of nursing care
- quality of that nursing care is based on the nurse's education and the environment in which she works (Aiken, 2011)
- most nurses have graduated decades earlier in a program that did not have an emphasis on research or EBP (Fed Div Nursing, 2010)
- many nurses are not expert at interpreting current research or using the results to change practice
- hospital outcomes are showing improvement, but important disparities remain (AHRQ, 2013)
 - the 77% of hospitals that have improved over the past 10 years continue to have safety concerns.
- an EBP nursing fellowship is an ideal mechanism to implement evolving healthcare knowledge into practice
- **The purpose of the EBP fellowship program is to promote the implementation of safe and effective bedside nursing care by providing the skills needed to apply evidence from research.**

METHODS

MODEL

The model used in this community-hospital based EBP Fellowship was the The Iowa Model of Evidence-Based Practice to Promote Quality Care.

MODIFICATIONS to Fellowship for bedside nursing staff year one

Timeline reduced from 1-2 years (Cullen and Titler, 2004) to 3 months

Reduced number of class days from 12 to 4, with additional half day for presentations

Completed evidence attainment on day 1 (compared to day 3)

Did not include conference attendance as part of process, though all presented at conferences

Added daily discussions to foster collaboration and problem-solving as group

Included dissemination of poster development and presentation as part of timeline

OUTLINE of First Fellowship

92 hours total with 32 in workshop format (expanded to 100 hours after first Fellowship)

- Workshop with presentations followed by guided practice sessions

Format from internship with stronger research-focus to workshop format with application-focus

- Reduced literature review and literature synthesis to established literature
 - For example, did not use research critique format
- Removed some models such as the research translation model
- Did not discuss independent and dependent variables

Used notebooks to track progress and concerns

Had 'assignments' to complete prior to next meeting



Iowa Model in a nutshell – Comparison to the Nursing Process

- | | |
|--|---|
| <ul style="list-style-type: none"> • Identify an issue of concern • Assemble and evaluate evidence in literature and current best practices • Measure baseline data • Develop protocols and goals for implementation and outcome measurement • Pilot EBP protocol • Evaluate outcomes • Consider spreading the process and outcomes | <ul style="list-style-type: none"> • Assess • Diagnose • Plan • Implement • Evaluate |
|--|---|



Process for selection Years 1 & 2:

Application including choice of topic

Committee review

Signed support from Leader

Contract of commitment once selected.

Year 3 added process:

The Nursing Research Council, in an effort to promote clinical inquiry and evidence based practice, facilitated a "Sacred Cow Contest", replicating the work of Mick (2011).

TOOL USED AT CONCLUSION OF FELLOWSHIP

At the end of this Fellowship, I wanted and am able to (include % accomplished in parentheses):
For example: (100%) would like to be able to implement an EBP project with positive patient outcomes.

1. (%) _____
2. (%) _____
3. (%) _____

We also would like to know on a scale of 1-10 (ten high):
4. How confident are you in your skills and knowledge at implementing any remaining parts of this EBP project at this time (please circle one):
5. At what level of confidence do you have in your EBP skills and knowledge regarding implementing any EBP project in the future or extending your work to other areas?
6. At what level do you have confidence that you could assist a peer in implementing an EBP project in the future as part of the mentoring team?



RESULTS

The projects:

Reduced delirium by using a wake-up protocol for patients who were intubated;
Improved breastfeeding rates and maternal bonding by allowing for daily nap;
Provided pain relief for children using distraction techniques on Ipad®;
Improved discharges to home instead of to extended care by a comprehensive walking program; and
Reduced the risk of errors with a medication passing program.

Feedback from Year 1 Fellows at conclusion

Overall:

Excellent!!!!

Met and exceeded goals

Improved confidence as nurse

Improved ability to publically speak

Added leadership role to department

Improved written communication skills

Expanded understanding of research

Barriers:

Scheduling off unit time

Short time line to complete project

Facilitators:

Excellent feedback

Support systems: Mentors, Leaders, Coordinator

Resources for getting project done



6-month critique from CNO

Had a positive impact on patient outcomes.

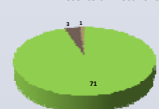
Increased the value of EBP in our organization

Elevated/Advanced the practice of nursing.

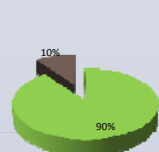
Provided new opportunities for poster and project presentations in the region and nationally.



Year 1: Evaluation of Each of 7 Presenters' Effectiveness



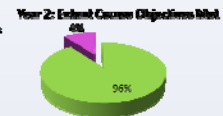
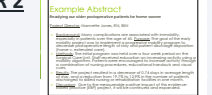
Year 1: Extent Course Objectives Met



One leader wrote in 6 month follow-up evaluation:

"Great fellowship, I'm glad to see it's continued. I believe this will shape nursing practice at Sherman Hospital for the better in the future, and will plant the seeds for many great changes."

RESULTS YEAR 2



The projects:

- *Decreased infant stress with feeding using cue-based feeding and a shortened length of neonatal intensive care hospital stay.
- *Minimized tube feeding interruptions that led to patients achieving their nutritional goals, decreased ventilator days and CCU length of stay
- *Streamlining the admission process by eliminating duplication and unnecessary tasks resulted in shaving off 15.4 minutes for the adult admission and 13.2 minutes for the pediatric admission.
- *Reduced Electrosurgical Smoke in the Operating Room
- *Improved nurse's ability to provide bereavement assistance at time of patient death.

DISCUSSION

The results from the first two Fellowships indicate that we strongly met our goals of providing the knowledge, skills and attitudes to bedside nurses for implementation of EBP.

Fellowship 3 is concluding with outstanding outcomes.

- *This Fellowship fostered improvements in patient care by implementing EBP rapidly to the bedside.
- *This workshop format has facilitated learning collectively at an individualized pace.
- *The mentored process has further developed these excellent nurses and recognized them for their investment in optimizing patient care.
- *The Fellows have presented their work locally and nationally.
- *The workshop format provided for a tailored experience for the bedside nurses with various skills in the steps of implementing research.
- *An unplanned outcome was the development of leadership skills with the nurses.



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