Evidence-Based Practice: Improving Patient Care and Outcomes

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“This is a major project of utmost importance, but it has no budget, no guidelines, no support staff, and it’s due in 15 minutes. At last, here’s your chance to really impress everyone!”
'For the past 14 years, the public has voted nurses as the most honest and ethical profession...'

“Between the health care we have and the care we could have lies not just a gap, but a chasm.”

Institute of Medicine, 2001
Up to 250,000 deaths from preventable medical errors yearly – 3\textsuperscript{rd} leading cause of death
DONABEDIAN’S MODEL
WHAT IS EVIDENCE-BASED PRACTICE (EBP)?

- Introduced in the 1970s by Archie Cochrane, with a focus on critical review of research to improve medical practice
- Slower spread to nursing, but has gained popularity
- EBP is based on the premise that practice should be informed by research, not tradition, superstition, or belief
IS EBP RESEARCH?

- EBP is NOT necessarily research, but it focuses on the application of research
- Integrates research, theory, and practice
MANY DIFFERENT EBP MODELS EXIST

- Academic Center for Evidence-Based Practice Star Model (ACE; Stevens, 2004)
- Stetler Model of Evidence (Stetler, 2001)
- Iowa Model (Titler et al., 2001)
- Johns Hopkins Nursing Evidence-Based Practice Model (Newhouse et al., 2007)
FIVE STEPS OF EVIDENCE-BASED PRACTICE

- Ask the burning clinical question.
- Collect the most relevant and best evidence.
- Critically appraise the evidence.
- Integrate all evidence with one’s clinical expertise, patient preferences, and values in making a practice decision or change.
- Evaluate the practice decision or change.

Melnyk & Fineout-Overholt, 2005
CAN EBP IMPROVE OUTCOMES?

- Improving outcomes for children with sickle cell anemia
- Decreasing rates of CLABSI & CAUTI
- Improving transitions of care for clinically complex children
- Decreasing HAI through hand washing
Integrated Therapies and Services Education Project

Kimberly Woodward, RN, CPN, NC-III
Nurse Clinician, Nemours Cardiac Center 2B/Telemetry/PACU
Why do it?

PICO Question
• Will implementing an educational overview of integrated therapies or services increase patient satisfaction and reduce stress for pediatric inpatient families?

What sparked my interest?
• Children are staying for extended periods (1 week to 1 year) awaiting surgery, recovery, or transplantation.

Current Practice
• Families lack formal introduction to services that are available. Exposure to options and Integrated Therapies or Services (IT) rely on individual nurses/staff, or information from other families.

- Child Life
- Art Therapy
- Music therapy
- Pet Therapy
- Healing Touch
- Massage Therapy
- Family center care (FCC)
- Family Advisory Council
- Social Work
- Psychology
- Pastoral Care
- Cardiac Bead Program
- Get Well Network
- GWN- Kids Health
- Family Resources
- Palliative Care
- CPR Training/Education
- Ambassador
- Safety store
- Caring Bridge
- Lactation Consultant
Where are we now?

- After literature review, IRB approval, team formation (integrated therapy practitioners, nurses, staff and family members), creation of: family brochure, IT kit and parent survey, the change of practice was ready to implement on the unit.

- The benefit of the project had positive results with families based on the surveys and comments.

- Project Hurdles: Cost of supplies, unit/staff buy-in/implementation, difficulty finding Press Ganey survey results, keeping the momentum.
Nurses Understanding of the Role and Responsibilities of Shared Governance

Kathleen Mullaney, BSN, RN, CRNI
Clinical Nurse Educator, Resource Unit/IV Team/SWAT
Why do it?

**PICO Question**
- What is the current state and level of understanding of shared governance at a free standing children’s hospital? What are the strengths and weaknesses?

**What sparked my interest?**
- No formal evaluation of the impact of the Shared Governance structure or its association with patient outcomes.
- Vested interested in Shared Governance as the current chair and chair-elect.

**Current Practice**
- Shared Governance structure is in place at Nemours, began in 2005. Each practice area has a representative who attends Shared Governance meetings. Evidence supports better patient outcomes with clinical nurses involved in decision making.
Where are we now?

- This project will provide data regarding how Nemours Nurses view and understand the role and function of Shared Governance.

- A review of the data will provide insight for how SG can best be supported based on the understanding of individual units/practice areas.

- The clinical implications for inpatient and outpatient areas are significant. Engagement in Shared Governance is related to positive patient outcomes.

- **Progress:** IRB approved, REDCap Survey tool completed, survey distributed (30% response rate), beginning data analysis, target journal identified.
Nurse Mentor Program

Corrie Racine BSN, RN, CPN
Patient Care Flow Supervisor, 4 East
Why do it?

PICO Question
- Will implementing an 18 month evidence-based Nurse Mentor Program on nursing units 4 East and 3 West have a positive impact on nursing professional development, nursing satisfaction, and ultimately enhance patient and family satisfaction?

What sparked my interest?
- Presentation by Louise Jakubik PhD, RN-BC, founder of The Nurse Mentoring Institute, at the 2014 Nursing of Children's Network annual conference.
- Personal interest in precepting, coaching, and mentoring new nurses.

Current Practice
- 1½ week class for new nurse hires
- 6-12 week clinical orientation on the new nurses respective units.
- Legacy Program for new graduate nurses.
Where are we now?

- IRB approval for an 18 month evidence-based Nurse Mentor Program – deemed a Quality Improvement project.

- Currently have 16 Nurse Mentors on 4 East that have attended a Mentor Education Day. 6 mentor protégée pairs (4 of those pairs have been together 9 months).

- Surveys are completed by both mentor and protégée prior to beginning the program and then at 6, 12, and 18 months. The surveys will be used to evaluate how the program is meeting the goals and objectives established by the Mentoring Committee.

- Proposed future outcome at completion of project: Implementation of an organizational Nurse Mentor Program on all nursing units.
Decreasing Parental Worry Prior to Sedation Induction: A QI Project in the Day Medicine Unit

Sarah L Dal Porto BSN, RN/Tracy Campbell MSN, APRN, PCNS-BC, CCRN
Staff RN, Nemours Day Medicine Unit
Sedation/Medical Imaging
Why do it?

PICO Question
- Does standardized scripting by staff members and offering a redesigned sedation pamphlet with increased information regarding induction of sedation decrease parental anxiety in the Medical Imaging/Day Medicine-Sedation department?

What Sparked My Interest
- Looking at our sedation process, areas of improvement were identified in regards to parental/caregiver education and emotional support during sedation induction. Parents/Caregivers were visibly upset immediately following sedation induction.

Current Practice
- Staff members with varying comfort levels discussing sedation process with parents
- Inconsistent language used by staff to explain sedation process
- No pre-sedation education for parent/caregiver about sedation process
Where are we now?

- Developed a standardized script using targeted, non-threatening language about the sedation process.

- Developed a Family Education Sheet providing parents and caregivers written information about sedation process.

- Conducted staff surveys with 8 core staff members to validate standardized script and usefulness to families (30 cases reviewed).

- Monitored Press-Ganey scores to identify improvements in staff/family communication.

- **Progress:** Press-Ganey showed improvement in satisfaction scores for explanations by staff and staff concern for family.

- Standardized script validated by staff and implemented in unit wide practice.
Thank you!

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