


**Building and Integrating Evidence into Day to Day Practice:
A Model for Success**

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What I hope to share with you...

- Why we care about evidence
- What evidence is
- Why we have an obligation to use evidence as a foundation of our practice
- Where we can find evidence
- How to build an evidence based culture in your practice area



In God We Trust.... From Everyone Else We Require Data!!




So go count something...

The Story of Virginia Apgar




Virginia Apgar

If you want to build a ship, don't drum up people to gather planks and nails, but instead give them a passionate desire for the sea.



What every rational person wants.... Health care that is based on the best evidence for good outcomes





- Clinical Excellence**
- Leaning past what is known
 - Discovery and application of new knowledge
 - Bounding practice in knowledge
 - Acceptance that knowledge is ever-changing.. That “knowing” is fleeting
 - Embracing the *discipline* of improvement

- What is Evidence Based Practice?**
- A de-emphasis on ritual, isolated and unsystematic clinical experiences, ungrounded opinions and tradition as a basis for practice
 - Grounding practice in the use of research and evaluative data, the consensus of recognized experts.
 - Inherent to EBP are critical thinking and research utilization competencies. The set of skills required to transfer and translate research-based knowledge into practice

- Models of EBP – Levels of Evidence**
- Affirmed experience – experience that is reflective, verified and evaluated against the experience of others
 - Expert Opinion
 - Case Report
 - Quality Improvement projects
 - Nonrandomized Clinical Trials
 - Randomized Clinical Trials (RCT)
 - Systematic Review (meta-analysis) of all relevant RCT

Levels of Evidence –
Adapted from Applied Nursing Research 1998 WB Saunders

Level I	Meta-analysis of multiple RCTs
Level II	Individual experimental design study
Level III	Quasi-experimental study such as non-randomized control
Level IV	Non-experimental studies such as comparative, correlational, descriptive or qualitative work
Level V	Program evaluation, QI or case reports
Level VI	Opinions of respected authorities including their interpretation of non-research-based information

Randomized Controlled Trials: The “gold standard” for evidence

Summum Bonum

The highest good

The best would produce
the most good for the
greatest number of
citizens

Marcus Tullius Cicero




Rating the Strength of the Evidence – Adapted from Applied Nursing Research WB Saunders

Strong recommendation per well established research findings	Strongly based recommendation, grounded in Level I evidence or consistent findings from multiple studies in Levels II, III, or IV
Credible recommendation per promising research findings	Moderately based recommendation, grounded in generally consistent findings of Levels II, III, or IV
Reasonable recommendations per limited but suggestive research based evidence, in light of a low defined risk	Recommendation made in light of limited research based evidence of Levels II, III or IV, including some inconsistent findings
Pragmatic recommendation in light of low defined risk	Recommendation made in light of limited evidence primarily at level V
Pragmatic recommendation based on national expert opinion	Recommendation made in light of little to no evidence except Level IV, expert opinion
Pragmatic recommendation based on local “expert” opinion	Recommendation made in light of little to no evidence except Level VI, expert opinion


The Harsh Reality

Well established research findings often do not exist to substantiate various clinical, managerial or educational decisions




Our Obligation to Use Evidence

- First offit is important to acknowledge that not all practice can or should be based on science.....




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- Public Expectations



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- Research Practice Gap – Moving From Knowing to Doing



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• **Noncompliance with known evidence is that “Nursing Malpractice”?**

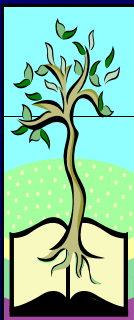


Using Evidence Based Practice: A Step by Step Process

- Define an unanswered question related to a patient problem or situation
- Review the literature and research evidence pertinent to the question
- Evaluate the validity, relevance, and applicability of the research evidence
- Decide on a potential change in practice
- Apply the evidence based change or decision
- Evaluation of the outcome of your change

Sources of Information/Evidence

- Textbooks
- Journals
- Systematic Reviews
- National Guidelines
- Abstraction Journals
- Online abstractions and scans



Systematic Reviews

- The National Guideline Clearing House operated by AHCPR, AMA, AAHP (www.guidelines.gov)
- The Cochrane Collaboration (www.cochrane.org)
- Sarah Cole Hirsh Institute for Best Nursing Practice (www.hirshinstitute.com)
- Joanna Briggs Institute for Evidence Based Nursing and Midwifery (www.joannabriggs.edu.au)
- POEM – Patient Oriented Evidence that Matters



Abstraction Journals

- Evidence-Based Medicine
- Evidence-Based Cardiovascular Medicine
- Evidence-Based Health Policy and Management
- Evidence-Based Mental Health
- Evidence-Based Nursing (www.evidencebasednursing.com)



Clinical Practice Guidelines

- Society for Critical Care Medicine
- AACN (www.aacn.org)
 - Protocols for Practice
 - Noninvasive monitoring
 - Care of the mechanically ventilated patient
 - Hemodynamic monitoring
 - Creation of a healing environment
 - Practice Alerts


Many Paths of Discovery

- QI and Risk Management data
- Financial data
- Research
 - Research vs. QI
 - Federal definition of research
 - Patient rights and human subjects protection
- Moving away from rule based, hierarchical approaches and toward clinical inquiry




Establishing an Evidence Based Culture: Hardwiring the Change

- Your Foundational Documents:
 - Mission, Vision and Philosophy
 - Position Descriptions and performance evaluation tools
 - Policies, Procedures and Standards of Practice
 - Informatics links




Establishing an Evidence Based Culture: Hardwiring the Change

- Educational Programs and Forums
 - Orientation programs
 - Clinical Education
 - Journal Clubs & Forums for Dialogue
 - QI processes and teaching
 - Clinical "Summits"



Establishing an Evidence Based Culture: Hardwiring the Change


- Establishing Sources for Internal Evaluation
 - Nursing Report Card/Dashboard
 - Select types of data to collect and analyze
 - Use of Nurse Sensitive Indicators
 - National Benchmarking against NSQI --- CALNOC or NDNQI



Establishing an Evidence Based Culture: Hardwiring the Change

- Integrate your Decision Making Against an Evidence Based Philosophy
 - Question all internal decisions based on the existence of best data vs. past experiences, financial restrictions, organizational history or emotion
 - Ask for evidence as a method to strengthen appropriate decisions and discourage what may not be the best decisions

Just Ask Why!



Unit Based Model of Clinical Research




Components of Unit Based Clinical Research

- Patient Driven
- Staff Nurse Owned
- Group Projects
- Clinically Meaningful
- Research Mentor




Use Focus Groups to Engage Your Team and Identify an area of Needed Improvement / Solution




Step by Step Process

- Set the climate at the unit level
- Create focus groups to describe unit practice, high volume pt populations etc
- Prioritize a research question
- Create the research team
- Draft the research protocol
- Literature review
- Finalize the research protocol
- IRB approval
- Data collection & analysis
- Sharing the findings



Research Strategies for Clinicians by Brady Granger & Marianne Chulay

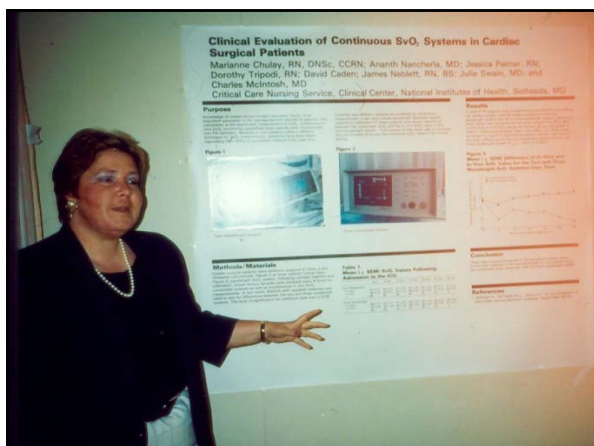


Stories From the Field



Sharing the Research Findings





Unit Based Benefits

- 85% of Staff nurses functioning as PIs and AIs on their own research studies
- Clinical Practice Validation
- Research Presentations by Staff

Managerial Benefits

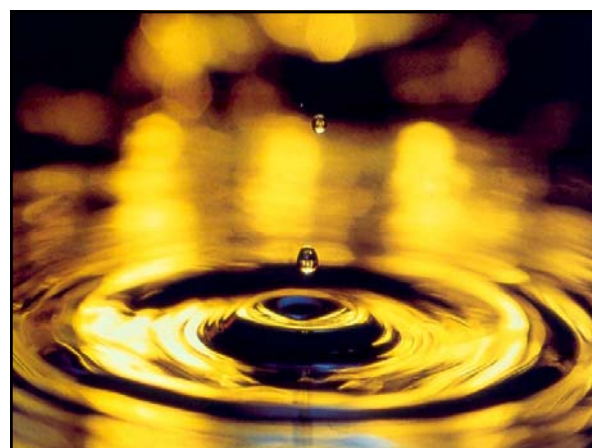
- Significantly Decreased Turnover
- Zero Vacancy Rate
- No Unit Recruitment or Agency Costs
- Professional Practice Environment where Evidence Based Practice is the Norm

Departmental Benefits

- 35 Research studies completed in 5 years
- Multiple opportunities for staff to give presentations / publish their work and findings
- Institutional Visibility and Image Enhancement – set the institution apart

Building a Culture Through A Passion For Excellence

- What traditionally drives our practice?
 - Regulations
 - Traditions / Organizational History
 - Anecdotal experience
- Can we find the will and necessary support to allow evidence of excellence, evidence of best practice guide our clinical work?
- Can researchers begin to frame their studies practically from the point of patient need?
- Can research be a process rather than an end to itself
- *Do we care enough about excellence to commit to the change?*





THANK YOU

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(please note that there is only one "L" in the "campbell" in this email address!)