

Development of an Integration Model of Evidence-Based Practice (EBP), Process Improvement (PI) and Patient Safety.

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A key component of practice-focused doctorate degrees such as the doctorate of nursing practice (DNP) is to transform the health care delivery system by designing, evaluating, and continuously improving the context within which care is delivered. This innovation has potential to shorten project cycle time and ensure improving quality and safer patient care.

Introduction

The passing of the Affordable Care Act (ACA) spurred the movement from “volume-based” to “value-based” healthcare financing. In mid-2011, the Centers for Medicare and Medicaid Services (CMS) released an extensive document on Hospital Value-Based Purchasing (HVBP) Final Rule, and the Institute of Medicine considers patient safety “indistinguishable” from the delivery of quality health care (Aspen et al, 2004; Committee on the Quality of Health Care in America, 2001). Buyers and consumers of healthcare are holding providers accountable for the quality and cost of care. As care providers work to improve the quality scores and as the quality targets related to reimbursement get progressively harder, sustaining the good results of today are not enough. Providers and organizations must continuously look to the evidence for alternative methods of care delivery, utilize a consistent process improvement model for change, and incorporate conscious consideration for patient safety.

Project Description

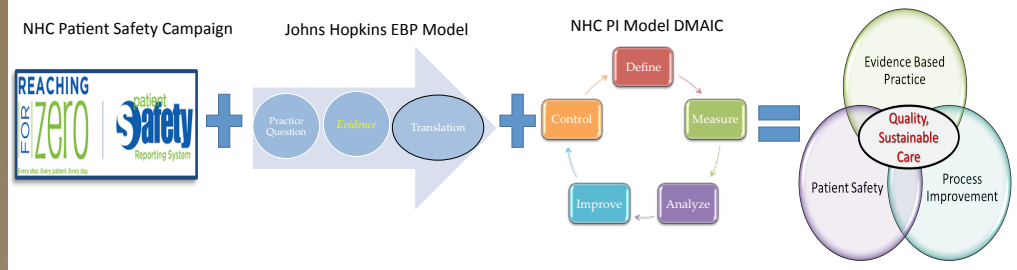
Through the collaboration and leadership of a DNP registered nurse and a PhD student in industrial engineering, Norton Healthcare (NHC), in Louisville Kentucky has embraced the journey to integrate the models of evidence based practice (EBP) (Johns Hopkins), continuous process improvement (DMAIC) and patient safety. Combining DMAIC, patient safety and EBP helps to ensure that decisions are based on a combination of best evidence and creativity, potentially mitigating false starts or trial and error and preventing “reinventing the wheel”.

EBP and PI Comparison Summary

After a literature search looking for current models of integration yielded minimal results, a comparison of the purpose, strength and opportunity of EBP and DMAIC was completed. This exercise provided a gap analysis of each methodology and identified where each method could complement the other.

	DMAIC (NHC implemented model)	EBP (Johns Hopkins)	Both DMAIC and EBP
Purpose	Understanding our problem/environment	Leveraging the documented leanings of others	Robust way of knowing our own problems
Strength	• Guided process • Sustain improvement	Framework to appraise fit/appropriateness of external knowledge	Ensure that decisions are based on a combination of best evidence and creativity, mitigating false starts defensible scientific evidence
Opportunity	• “a long time to complete” • limited to internal knowledge	• Rigor relating to identifying root cause • “charter” type document to provide an overview or guiding document to complete work (scope creep)	Strengths of one complement the opportunities of another

Framework Components



Tools for use

Easy to follow tools and a checklist were developed and implemented to ensure that quality and practice projects integrate the knowledge and skills for clinical and administrative leadership across services and sites.

Integrated Project Checklist

Project Checklist includes NHC, EBP and PI safety

Project Name: _____

Team Lead: _____

Project Start Date: _____

Project End Date: _____

Project Status: _____

Project Description: _____

Project Goals: _____

Project Objectives: _____

Project Deliverables: _____

Project Risks: _____

Project Stakeholders: _____

Project Sponsor: _____

Project Champion: _____

Project Manager: _____

Project Team: _____

Project Budget: _____

Project Resources: _____

Project Timeline: _____

Project Milestones: _____

Project Deliverables: _____

Project Risks: _____

Project Stakeholders: _____

Project Sponsor: _____

Project Champion: _____

Project Manager: _____

Project Team: _____

Project Budget: _____

Project Resources: _____

Project Timeline: _____

Project Milestones: _____

Johns Hopkins Question Development

Johns Hopkins Nursing Evidence-Based Practice Appendix B: Question Development Tool

1. What is the problem and why is it important?

2. What is the current practice?

3. What is the focus of the problem?

4. How was the problem identified? (Check all that apply)

5. What is the scope of the problem?

6. What are the PICOT components?

7. Initial EBP question:

8. List possible search terms, databases to search, and search strategies:

9. What evidence must be gathered? (Check all that apply)

10. What are the outcomes?

Summary of Evidence Table

Johns Hopkins Nursing Evidence-Based Practice Appendix G: Individual Evidence Summary Tool

EBP Question: _____

Date: _____

Row #	Title/Journal	Author & Date	Evidence Type	Sample Size & Setting	Study findings that help answer the EBP question	Limitations	Evidence Level & Quality
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Synthesis is KEY

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Acknowledgements

Norton Healthcare departments of Clinical Effectiveness, Institute for Nursing and Risk Management

With special thanks to:

Shirl Johnson
Jodi Behr
Todd Lammert

Director, Clinical Effectiveness
Chair, Evidence Based Practice Matrix
System Director, Clinical Effectiveness

References

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Committee on the Quality of Health Care in America. Crossing the Quality Chasm: A New Health System for the 21st century. (2001). Washington, DC: National Academy Press

Federal Register (2011). 76 no. 38 retrieved from <http://www.gpo.gov/dm/fr/2011-05-06.pdf>

Johns Hopkins Evidence Based Practice Used with Permission Model http://www.hopkinsmedicine.org/institute_nursing/continuing_education/evidence_based_practice.html

