

The Trials and Tribulations of Bringing Evidence-Based Practice to the Bedside: The Process of Implementing an Evidence-Based Insulin Drip Protocol Through Inter and Intra-Professional Workgroup Collaboration

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BACKGROUND

Tight blood glucose control in hospitalized patients has been shown to decrease complications and mortality (Hirashima, Patel, Adams, Bertges, Callas, Steinthorsson, Mcsorley, and Stanley, 2012; Seggelke, 2011; Wei and Wexler, 2012) yet, a single episode of hypoglycemia increased the risk of mortality 2.28% (Dumont and Bourguignon, 2012). A rural hospital utilized an insulin-drip protocol developed within the facility. Although this protocol was written based on evidence-based protocols, it had not been validated. The possibility of improved patient outcomes through utilization of an evidence-based, validated protocol was postulated.

GOAL

Improve glycemic control of hospitalized post-surgical cardiac patients through use of an evidence-based insulin drip protocol.

PROCESS

- Chart audit tool developed and used to complete chart audits for all patients having specific cardiac procedures.
- Literature search for evidence-based insulin drip protocol was completed.
- Inter and intra-professional team members, including team champion, were selected based on experience, discipline, leadership, willingness to change and belief in evidence-based practice.
- Lewin's Theory of Change was utilized as the theory guiding the process.
- Interdisciplinary team selected new evidence-based, insulin drip protocol.



- Staff meetings addressed need for change with any concerns and barriers to implementation identified.
- Staff training and implementation of new protocol done.
- Chart audits performed after implementation of new protocol.

RESULTS

Chart audits revealed a need for change from the hospital developed insulin drip protocol to a validated, evidence-based protocol. The project team chose a protocol as a result of the extensive literature review. Lewin's Theory of Change guided the implementation of the new protocol as staff education focused on the reasons for the change and the use of the new protocol. Any concerns and barriers were identified and resolved. Chart audits continued after implementation of the new protocol with feedback given to staff not utilizing protocol correctly. Initial results indicated improved glycemic control for post-surgical cardiac patients.

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