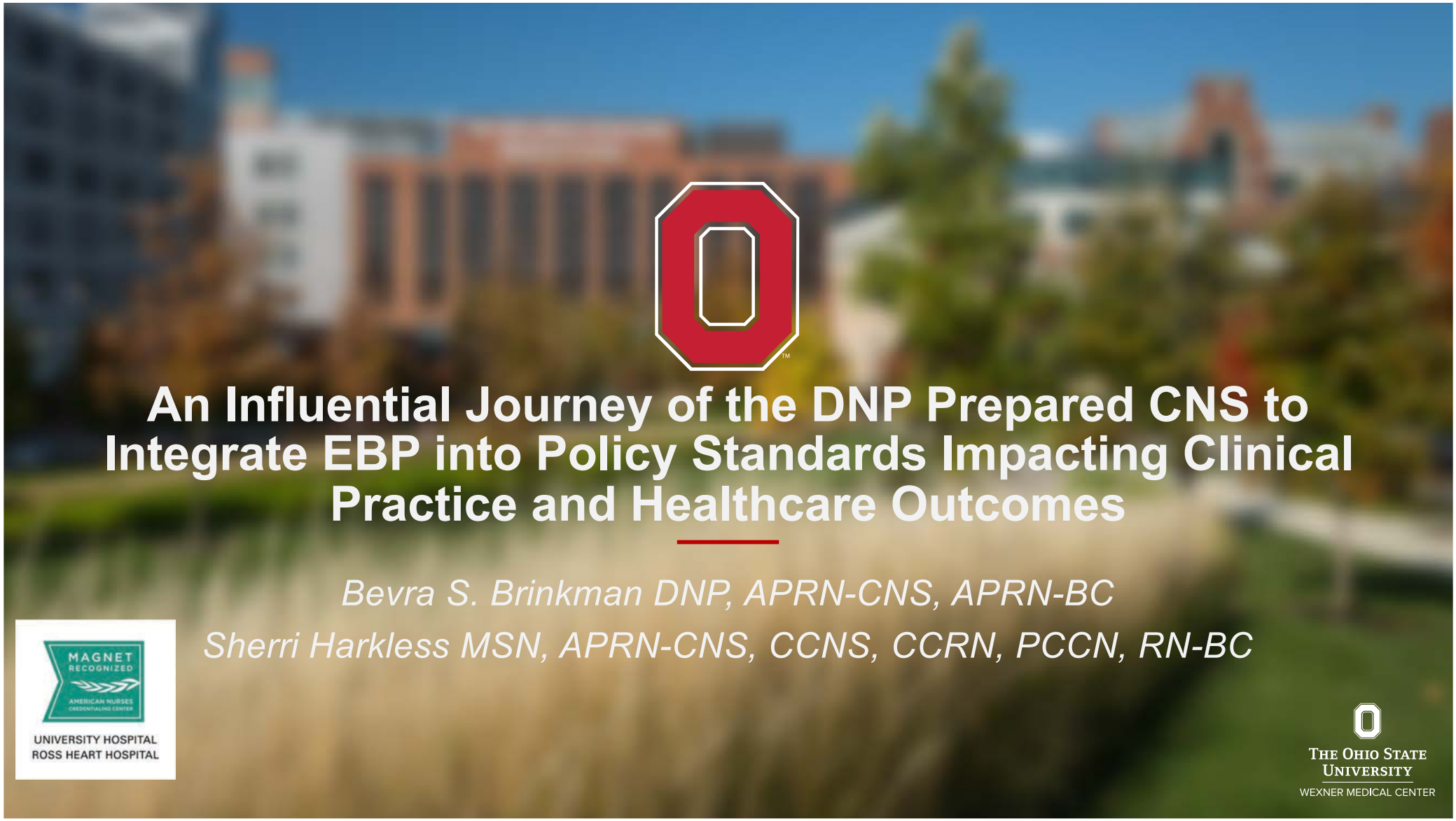


An Influential Journey of the DNP Prepared CNS to Integrate EBP into Policy Standards Impacting Clinical Practice and Healthcare Outcomes

Bevra S. Brinkman DNP, APRN-CNS, APRN-BC

Sherri Harkless MSN, APRN-CNS, CCNS, CCRN, PCCN, RN-BC

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER
UNIVERSITY HOSPITAL
ROSS HEART HOSPITAL

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Wanted: Dynamic Leaders

Purpose

The journey of a DNP prepared Clinical Nurse Specialist led endeavor to develop, influence and provide innovative strategies to support a culture of Integrating Evidence-Based Practice (EBP) into nursing policy promoting best practices at the bedside.

UNIVERSITY HOSPITAL
ROSS HEART HOSPITAL

Objectives

1. Describe innovative approaches to provide practical information to inspire clinical inquiry
2. Identify barriers that impact integration of evidence-based practice in policy which directly impacts clinical practice
3. Explore transformational leadership principles to develop profession standard so practice impacting present and future healthcare

Mission

To improve health in Ohio and across the world through innovation in research, education and patient care.

Vision

By pushing the boundaries of discovery and knowledge, we will solve significant problems and deliver unparalleled care.

Values

We embody the Buckeye Spirit in everything we do through our shared values of inclusiveness, determination, empathy, sincerity, ownership and innovation

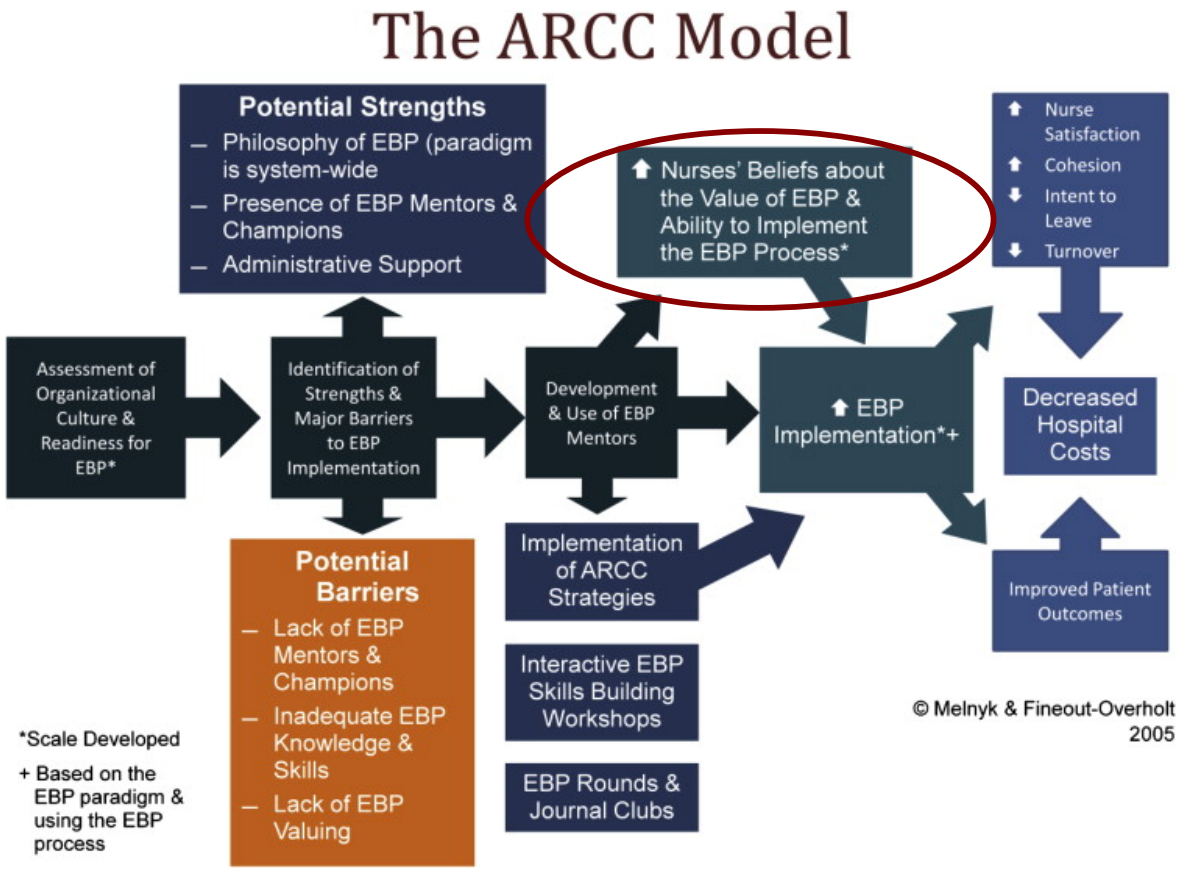
THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER


We are central Ohio's only academic medical center
7
hospitals
1,506
beds
9
multispecialty centers
NCI
designated comprehensive cancer center
100+
facilities

Significance & Background (The Case for EBP Integration)

- Nurses are responsible for the implementation of EBP and charged to improve quality with limited knowledge and resources on how to do this
- Limited knowledge and/or resources to implement EBP or misconceptions and attitudes about impact EBP can have on patient outcomes
- Diversity in nursing education & beliefs creates different EBP cultures resulting in a practice gap in achieving quality healthcare outcomes
- Complexity of patients health care needs
- Increased demands for delivery of safe care
- Support culture of EBP

Advancing Research and Clinical Practice through Close Collaboration (ARCC) Model



Evidence-Based Practice Course Work

- Fuld Institute Immersion – 5-day, in-depth, step by step EBP process for integrating and sustaining EBP – All Clinical Nurse Specialists & Educators
- OSUWMC EBP Quickstart - 1-day program using the ARCC model/7-step process to retrieve existing literature and research, to impact how care is delivered to our patients

Nursing Quality Committee

The Ohio State University Wexner Medical Center Hospital East

UHE Demographics

Community Hospital
155 Inpatient Beds
350 Registered Nurses
Inpatient Units:

- Critical Care - ICU & PCU
- Med/Surg – Cardiac, Stroke, Renal/Oncology, Orthopedic & Limb Preservation

Background

- SubQ Committee Goal – "*Improve clinical outcomes and patient safety, reduce harm, and meet top decile performance on publicly reported measures, including value-based purchasing and readmission clinical indicators*"
- Summer 2016 met with Senior Leadership to discuss development of UHE SubQ Committee/Alignment with OSUMC Strategic Plan
- Letter to OSUWMC East Hospital Leadership (Directors &Nurse Managers) seeking 1-2 clinical unit/area leader(s) with consultant expectations inline with ANA Scope & Standards of Practice & Nursing/Patient Care Quality Committee
- Welcome letters hand delivered to all Consultants with Committee Expectations

Purpose/Implications

- CNS led Nursing Quality Committee– Agents of Change
- Purpose – Design staff nurse driven committee incorporating methodologies that empower nurses to implement EBP strategies impacting quality outcomes
- Implications – Creating a culture that nurtures and empowers staff nurses to integrate EBP into clinical practice through the discovery of process improvement resulting in clinical excellence

Innovative Strategies

- Strategic Plan – initiative developed to improve quality of care
- Initiative presented to executive leadership
- Letter to nursing directors & nurse managers to identify bedside leaders
- Consultant must be in good standing and committed to improve patient outcomes
- Evidence-Based Practice Model – (Melnyk & Fineout-Overholt, 2015) Associate Vice President for Health Promotion, Dean & Professor The Ohio State University College of Nursing
- Inaugural Meeting – October 20, 2016
  - Monthly meetings – 1530-1700 to accommodate day & night shift consultants

Implementation

- Learning Summary
  - Presented by Critical Care CNS & Med/Surg CNS
  - Performance Improvement - Plan, Do, Study, Act
  - Rapid Cycle Change Methodology
  - EBP Quickstart Course
  - Creating a Project Timeline
  - Etiquette of Auditing Process Improvement
  - Abstract Writing
  - Proactive Risk Assessment **July 2018 – December 2018**
    - Risk Assessment Unit Observation – Brainstorming
    - Rating Risk Assessment – Prioritization
    - Unit Project

Accolades/Project Outcomes

Type of Nursing Unit	Project Title	Project Description	Data Prior to Project Implementation	Outcomes Data Post Implementation	Comments
Endoscopy	Optimizing Colonoscopy Bowel Preparations for Patients with DM	Endoscopy has observed an increased incidence of insufficient bowel preparations for scheduled outpatient colonoscopy procedures in patients with diabetes mellitus	33% of diabetic patients had inadequate bowel preparation prior to colonoscopy	53% of diabetic patients with had adequate bowel preparation for colonoscopy	An increase of 20% of diabetic patients had adequate bowel preparation for colonoscopy
Cardiac Medical/Surgical Unit	Compliance of Accurate Intake & Output	Lack of nursing documentation of fluid intake and output each shift has been identified as a problematic for the cardiac patient population	52.3% of oral intake documented in medical record 38% of urinary output documented in medical record	62.5% oral intake documented in medical record 75% urinary output documented in medical record	Overall 47.2% improvement in medical record documentation of fluid intake and urinary output
Wound Care Center	Outpatient Wound Care Clinic Workflow Improvement	Outpatient Wound Care patients had long wait times resulting in poor patient satisfaction	75% of patients were completely satisfied with their patient care	99% of patients were completely satisfied with their patient care	Increase of 24% of patients completely satisfied with their patient care
Emergency Department	Any is Too Many	Eliminate mislabeled laboratory specimens	N = 5 Event Reports on Mislabeled Specimens	N = 3 Event Reports on Mislabeled Specimens	40% appropriate labeling of laboratory specimens

Current State

- Proactive Risk Assessment **July 2018 – December 2018**
  - Risk Assessment Unit Observation – Brainstorming
  - Rating Risk Assessment – Prioritization
  - Unit Project Identification
    - Endoscopy – Collaboration with UH Endoscopy to develop order set for bowel prep for inpatients
    - Wound Care – in development
    - Emergency Department – Triage protocols – early stages
    - Intake & Output – Joined UH Nursing Units Prevention of Falls

Evaluation Methods

- Review of project charters
- Process Improvement Projects - outcomes
- Self-reflection
- Nurse survey
  - 8 questions
  - 12/17 (71%) completed survey

SubQ Consultant Survey Results Feb/Mar 2018

1. Prior to becoming consultants for the SubQ Committee: did you have a formal course on EBP? 58% did not have a formal course prior
2. Do you feel learning how to utilize a standardized process – Define, Measure, Analyze, Improve & Control (DMAIC) has been beneficial in guiding your clinical area PI project? 92% agreed or strongly agreed the process was beneficial.
3. Do you feel you have the foundational resources to initiate a second EBP process improvement project? 83% agreed or strongly agreed they have the foundational resources to initiate a second project.
4. Have you increased your confidence in utilizing the evidence to begin to change nursing practice? 92% agreed or strongly agreed their confidence was increased.

Survey Results

5. Do you feel empowered to make change at the bedside to impact patient outcomes? 92% agreed or strongly agreed they felt empowered to make a change at the bedside.
6. Do you feel supported by your direct report to impact change and patient outcomes in your clinical area? 83% agreed or strongly agreed they had the support of their direct report and 1 person felt that they did not.
7. As a SubQ Consultant, could you describe what nursing quality is to your peers? 100% agreed or strongly agreed they could describe
8. Has being a SubQ Consultant increased your confidence to influence your peers in your clinical area? 67% agreed or strongly agreed they had the confidence to influence their peers.

- Comment-Great work

Barriers/Needs - Identified by Consultants

Barriers

- Time to work on projects/attend monthly meetings
- Peer Pressure to “fix” unit problems
- Staff turnover
- Colleague support
- Unit Culture
- Unit meeting time to discuss project/progress

Recommendations

- Representations from all clinical areas
- Active SubQ Consultants become mentors to new consultants
- Poster/Podium Presentations
  - Local/State/National Conference Presentations

Next Steps

- Proactive risk assessment – opportunity to impact daily practice (Prevention of Harm)
- Sustainability – ensure patient safety
- Bedside leader voice/representation on Nursing & Quality
- Physician Champion
- Interprofessional Members
- Health Care System Adoption
- Build leadership skills - being influential

Dissemination

- Publication:
  - Tussing, T. E., **Brinkman, B.**, Francis, D., Hixon, B., Labardee, R., & Chipps, E. (2018). The impact of the doctorate of nursing practice nurse in a hospital setting. *Journal of Nursing Administration, 48*(12), 600-602. doi:10.1097/NNA.0000000000000688

Evidence In Action Rounding (EIA)

The Ohio State University Wexner Medical Center


University
Hospital
East


THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER


Supermarket

Purpose/Implications

- CNS led Comprehensive Evidence In Action Rounds on a Medical/Surgical Unit
- Purpose – Identification of gaps between current and best practice with the management of disease
- Impact – An open forum for clinical inquiry (asking why 5 times) to the EIA Rounding Team:
  - Health Science Librarian
  - Clinical Nurse Specialist
  - Unit Nurse Manager
  - Associate Director of EBP – DNP Prepared

Innovative/Implementation Strategies

1. Comprehensive EIA Rounding
   - EIA Rounding – Monthly
   - Preplanning Meeting – Tuesday
   - EIA Rounding – Wednesday
2. EIA Rounding at the Bedside (Research Study)
   - Dedicated Education Units & Clinical Nursing Students
   - Weekly

Implementation – Comprehensive EIA

- Learning Summary
  - Interprofessional Health Care Team Patient Care Conferences
    - Prevention of readmissions
    - Hospital-acquired infections
    - Acute/chronic pain management
    - Safe administration of insulin for the diabetic patient
  - Examples of EIA Rounding
    - Diabetes Management
    - Sickle Cell Anemia/Acute pain Crisis Management
    - Delirium

Implementation – Bedside EIA Rounds (Research)

Bowles, W. Bevra to add…..authors

Ongoing – currently analyzing data

- Evidence-based practices among nursing students and RNs engaged in a Hybrid DEU – *Enhanced Collaborative Clinical Academic Partnership (ECAP)*
- Aims of study will seek to explore:
  - The difference in EBP knowledge and beliefs compared to traditional clinical
  - Difference of the ECAP learning environment compared to traditional clinical in relation to instructor facilitation of learning, preceptor (staff nurse) facilitation of learning, and learning opportunities
  - The difference in EBP implementation by staff nurses compared to traditional clinical
  - How do staff RNs and students describe the experience of ECAP

Implementation – ECAP EIA Rounding (Research)

- Hypotheses:
  1. Students and staff RN will have an increase in knowledge and beliefs about EBP after participation in ECAP compared to student on the traditional clinical
  2. Staff RNs will demonstrate an increase with EBO implementation on the ECAP unit when compared to the traditional clinical unit

  Intervention = ECAP [4 Clinical Units] Control = Traditional Clinical [3 Clinical Units]

Interventions:

- ***ECAP training for staff RNs***
- ***ECAP online module*** (1 HR CEU)
- **ECAP Nursing Unit Education**
- **ECAP EIA Rounding**
- **ECAP Cognitive Apprenticeship**

Intervention – ECAP Rounding
4 Nursing Units

- Objectives:

1. Describe EIA Rounding Format
2. Demonstrate rapid search of EBP resources at OSUWMC
3. Applies EBP resources in the clinical environment – case study

- Participants:

Nurse Managers, Clinical Nurse Specialists, Clinical Care Coordinators, Primary Care Nurses, Nursing Clinical Faculty, Nurse Educators, and Nursing Students

Evidence in Action Rounding Format (Worksheet)

Clinical Inquiry (Patient's Needs)
Rapid Retrieval of EBP Resources
Clinical EBP Action
Application of EBP Interventions
Outcome/Dissemination

Brinkman, B. S. (2018)

Health System Nursing Policies

The Ohio State University Wexner Medical Center

Nursing Policy Evidence & Synthesis Tables (EST)

- DNP prepared CNS led nursing - *Clinical Standards & Operational Standards Committee*
- Hospital Policy vs Nursing Policy
- Clinical Nurse Specialists – Policy Owners
- Nursing Policies - >50% have ESTs
- Hospital Policies – All clinical-focused polices require ESTs – *BIG WIN*
- Involve Bedside Clinicians – Pay it forward

Literature Evaluation Table

Levels of Evidence Table

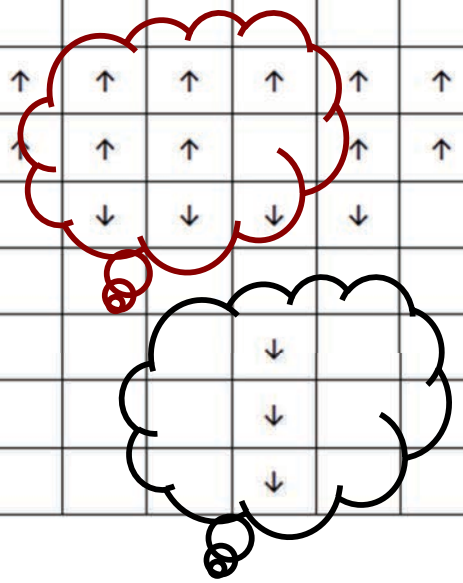
X (copy symbol as needed)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Level I: Systematic review or meta-analysis						X									
Level II: Randomized controlled trial															
Level III: Controlled trial without randomization		X	X	X											
Level IV: Case-control or cohort study	X				X										
Level V: Systematic review of qualitative or descriptive studies								X							
Level VI: Qualitative or descriptive study (includes evidence implementation projects)							X		X	X	X				
Level VII: Expert opinion or consensus															

LEGEND: 1= Evans, D., et al; 2= Sand-Jecklin, K. & Sherman, J.; 3= Cairns, L. L. & Dudjak, L.A.; 4= Radtke, K.; 5= Wakefield, D.S., et al; 6= Gregory, S., et al; 7= Anderson, C.D., & Mangino, R.R., Mardis, T., 8 = Mardis M., et al; 9 = Ofori-Atta, J., Binienda, M., et al; 10 = Reinbeck, D. M., Fitzsimons, V., 11 = Usher, R. Cronin, S.N.

Literature Synthesis Table – The Story

Synthesis Table

↑↓—(select symbol and copy as needed)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Outcome															
RN Satisfaction	↑	↑	↑		↑	↑	↑	↑	↑	↑	↑				
Patient Satisfaction		↑	↑	↑	↑	↑	↑		↑	↑	↑				
Time/Overtime	↓	NC	↓			↓	↓	↓	↓		↓				
Whiteboard Adherence	↑										NC				
Patient Falls		↓						↓							
Medication Errors		↓						↓							
Call Light Usage			↓					↓							



Nurse Executive Leaders: Bedside Shift to Shift Report

Introduction – Bevra Brinkman DNP, APRN-CNS, ACNS-BC

Situation – Currently, no nursing policy defining “bedside shift to shift report”

Background – Opportunity for consistent use of ISBAR at the bedside – including the patient and/or family in plan of care

Assessment – Inconsistent bedside shift to shift report – Safety checks: IV drip rate (independent double checks), peripheral/central line insertion site inspection, skin assessment (pressure ulcers),fall precautions, room safety (suicide precautions)

Recommendation – Administrative support for a Nursing Bedside Shift to Shift Report Policy

Roles in Integration of EBP (Macro-system)

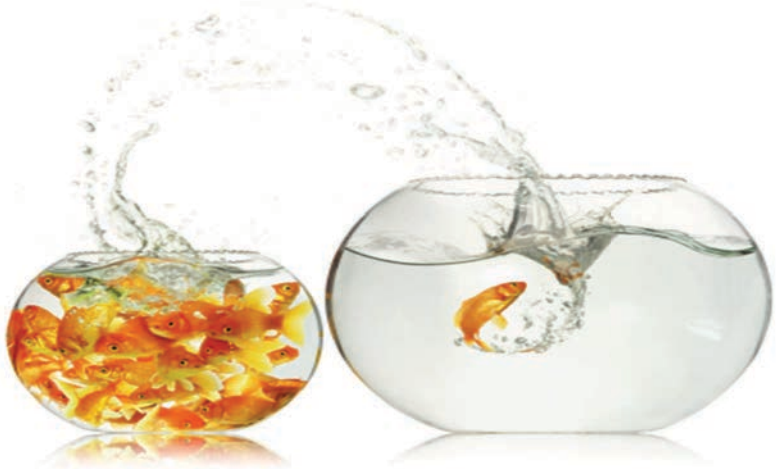
Lessons Learned

- Buy-in is needed by ALL
- Don't make assumptions that everyone actually understands
- EBP education for NMs is required for success
- Support by executive leadership is a must
- It is possible to do this in a system that doesn't have CNSs

Recommendations

- Have a strong EBP business plan
- Do an EBP Knowledge Assessment of all
- NMs required to attend EBP course
- Keep NMs and executive leadership involved
- Educate and Reward staff

CHANGE IS….



- Universal
- Inevitable
- Must be an integral part of working in today's healthcare organizations

"Doctorate-prepared healthcare leaders must lead, influence, implement, and provide innovative strategies to support a culture to integrate Evidence-Based Practice into healthcare systems **our patients** deserve it!"

Bevra S. Brinkman DNP, APRN-CNS, ACNS-BC

OSUWMC Health System Associate Director of EBP & Standards

- Nursing Policy – Clinical Standards & Operational Standards
- Co-Lead DNP Workgroup – future group name change – DNP & PhD
- Evidence Based Practice Policy Group – Clinical Practice Guidelines
- Patient Care Council Shared Governance
- Research/EBP and Innovation Council
- EBP Mentors – Health System
- Magnet Co-Lead "Transformational Leadership"
- Medication Safety
- Graduate Student Feasibility Review
- IHIS Stakeholders Group

Bevra.Brinkman@osumc.edu

Contact Information

Bevra S. Brinkman DNP, APRN-CNS, ACNS-BC
Bevra.Brinkman@osumc.edu

Sherri Harkless MSN, APRN-CNS, CCNS, CCRN, PCCN, RN-BC
sherri.harkless@gmail.com

Questions

"Be comfortable with being uncomfortable…. your patients need YOU!!!!!"

References

Collins, A., Brown, J., & Holum, A. (1991). Cognitive Apprenticeship: Making Things Visible. *American Educator: The Professional Journal of the American Federation of Teachers, 15*, 6-11; 38-46. http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.124.8616&rep=rep1&type=pdf

Cullen, L., Hanrahan, K., Farrington, M., DeBerg, J., Tucker, S., & Klieber, C. (2017). *Evidence-based practice in action: Comprehensive strategies, tools, and tips from the university of iowa hospitals and clinics*. Retrieved from https://ebookcentral.proquest.com

Institute of Medicine' (2003) Priority Areas for National Action: Transforming Health Care Quality

Melnyk, B. M., & Fineout-Overholt, E. (2018). E*vidence-Based Practice in Nursing and Healthcare.* Philadelphia: Wolters Kluwer. 4th Ed.

Melnyk, B., Gallagher-Ford, L., Fineout-Overholt, E. (2017). Implementing the Evidence-Based Practice Competencies in Healthcare. Indianapolis, IN: Sigma Theta Tau International.

Shirey, M., Hauck, S., Embree, J. et al. Showcasing Differences Between Quality Improvement, Evidence-Based Practice, and Research. *The Journal of Continuing Education in Nursing*. (2011). *42(2)* p. 57-68.

Zaccagnini, M., Waud White, K. (2017). The Doctor of Nursing Practice Essentials. 3rd ed. Burlington, MA: Jones & Bartlett Learning.

Thank You

wexnermedical.osu.edu