Development of and Outcomes from an Evidence-Based Practice Committee

Pamela Z. Cacchione, PhD, CRNP, BC, FAAN
Samantha Thomas, BSN, RN, BC-GNS
April Martin, BSN, RN, BC-GNS
Objectives of Presentation

Following this panel presentation the participant will be able to:

• Identify resources for starting an evidence based practice committee

• Discuss potential nursing initiatives to investigate for their home PACE program.

• Bring back tips for improving infection control outcomes, decrease pressure ulcers and decrease antipsychotic and benzodiazepine use in members with dementia.
Evidence Based Practice Committee

Started as part of our Pathways of Excellence Journey

Convened a group of Nurses interested in Evidence Based Practice to evaluate evidence to support nursing care

Needed to learn how to evaluate the evidence
Standards of Care Change

THINK Again

Evidence-Based Practice: Then and Now

Why do we do what we do? What should change? AIN’s new department explores the questions.

In 1977 about 220 million people were living in the United States; those who were fans of Debby Boone’s number-one hit single, “You Light Up My Life,” likely bought it on vinyl. That year I transferred from a telemetry unit to an ICU in order to pursue my interest in caring for people recovering from open-heart surgery. At that time, the standard of practice for such patients was that:

1. pain medications were given
2. endotracheal tubes are removed by nurses or respiratory therapists when the patients are physiologically ready.¹
3. family members and significant others have unrestricted visitation rights.²
4. after open-heart surgery, patients sit up on the edge of the bed on the evening or night of surgery.⁵
5. whether they have diabetes or not, all open-heart surgery patients’ blood glucose levels transfusion goes against some patients’ faiths; in such cases, erythropoietin (a hormone that stimulates production of red blood cells) might be given instead. Because the intervention both treats the condition and accommodates the patient’s wishes, it constitutes evidence-based practice.

There are models of evidence-based nursing practice in current use, including the Stetler Model and the Iowa Model of
American Journal of Nursing Series

The Seven Steps of Evidence-Based Practice

Following this progressive, sequential approach will lead to improved health care and patient outcomes.

This is the second article in a new series from the Arizona State University College of Nursing and Health Innovation’s Center for the Advancement of Evidence-Based Practice. Evidence-based practice (EBP) is a problem-solving approach to the delivery of health care that integrates the best evidence from studies and patient care data with clinician expertise and patient preferences and values. When delivered in a context of caring and in a supportive organizational culture, the highest quality of care and best patient outcomes can be achieved.

The purpose of this series is to give nurses the knowledge and skills they need to implement EBP consistently, one step at a time. Articles will appear every two months to allow you time to incorporate information as you work toward implementing EBP at your institution. Also, we’ve scheduled “Ask the Authors” calls every few months to provide a direct line to the experts to help you resolve questions. See details below.
PICOT Questions

P Patient Population
I Intervention of Interest
C Comparison of Interventions
O Outcomes of Interest
T Time for outcomes

Searching for the Evidence

*Strategies to help you conduct a successful search.*

This is the fourth article in a series from the Arizona State University College of Nursing and Health Innovation’s Center for the Advancement of Evidence-Based Practice. Evidence-based practice (EBP) is a problem-solving approach to the delivery of health care that integrates the best evidence from studies and patient care data with clinician expertise and patient preferences and values. When delivered in a context of caring and in a supportive organizational culture, the highest quality of care and best patient outcomes can be achieved.

The purpose of this series is to give nurses the knowledge and skills they need to implement EBP consistently, one step at a time. Articles will appear every two months to allow you time to incorporate information as you work toward implementing EBP at your institution. Also, we’ve scheduled “Chat with the Authors” calls every few months to provide a direct line to the experts to help you resolve questions. See details below.
Brought in a Librarian

• Owned by the University of Pennsylvania School of Nursing
• Access to the Librarian
• Access to online resources
• Faculty practice
Critical Appraisal of the Evidence: Part I
An introduction to gathering, evaluating, and recording the evidence.

This is the fifth article in a series from the Arizona State University College of Nursing and Health Innovation’s Center for the Advancement of Evidence-Based Practice. Evidence-based practice (EBP) is a problem-solving approach to the delivery of health care that integrates the best evidence from studies and patient care data with clinician expertise and patient preferences and values. When delivered in a context of caring and in a supportive organizational culture, the highest quality of care and best patient outcomes can be achieved.

The purpose of this series is to give nurses the knowledge and skills they need to implement EBP consistently, one step at a time. Articles will appear every two months to allow you time to incorporate information as you work toward implementing EBP at your institution. Also, we’ve scheduled “Chat with the Authors” calls every few months to provide a direct line to the experts to help you resolve questions. Details about how to participate in the next call will be published with September’s Evidence-Based Practice, Step by Step.
Evidence Based Practice Projects

- Flu Shot Campaign
- Urinary Tract Infections
- Hand Washing
- Pressure Ulcers
- Psychoactive Medications
Evidence Based Project

• Flu Shot Uptake
  – Develop and Evidence based policy and procedure for Flu Shot Uptake
    – P LIFE Members and LIFE Staff
    – I Improve Acceptance of Flu Shots
    – C Comparison of interventions
    – O 95% uptake of flu shots by members & staff
    – T Annually during flu season
Evidence Based Project

• Improve acceptance of Flu Shot by members and staff
  – Incentives for members in Past (blankets, hats, mugs lunch bags, watches)
  – Incentives for staff (movie tickets, watches)
  – Now mandatory for staff
  – Fluminator
Evidence Based Practice

• Policy and Procedure changed due to University Policy
  – Mandatory for all Staff unless have document of religious exemption or allergy or documented health contradiction.
  – Members highly recommended to have herd immunity.
Evidence Based Projects

• Comparison of guidelines
  – Done through CDC flu guidelines
  – Our University Policy
Evidence Based Practice Projects

• Timeframe: Annual Flu season ongoing

IT’S THAT TIME AGAIN!!!!!
Are You Ready to Fight the FLU???

Protect Your Loved Ones and Yourself!!!
FLU SEASON IS HERE!!

DID YOU GET YOUR FLU SHOT?

DON’T WAIT UNTIL YOU ARE A SICK PUPPY!!!
Evidence Based Practice Projects

• Outcomes we were looking for
  – 100% of staff without documented exemption
  – 90% of Members
  – Still a work in Progress, do not have staff data for 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members</td>
<td>87.8%</td>
<td>89.3%</td>
<td>88.4%</td>
</tr>
<tr>
<td>Staff</td>
<td></td>
<td>96.8%</td>
<td>97.1%</td>
</tr>
</tbody>
</table>
Pressure Ulcers

- **P** Members at risk and those with Pressure ulcers
- **I** Evidence based prevention and tx of pressure ulcers
- **C** Compare prevention and treatment guidelines
- **O** Pressure ulcer rate below 2.0/pmpm benchmark
- **T** Over next 3 months
Pressure Ulcers

• Population
  – Members in NHs and with decreased functional status
  – Braden Scale identifies almost all members except those who are ambulatory as at risk
Pressure Ulcers

• Intervention of Interest: Prevention and treatment of pressure ulcers
  – Routine skin assessments and care
  – Pressure relief
  – Nutritional support
  – Increase mobility
  – Evidence based wound care
Pressure Ulcers

• Comparison of Interventions
Pressure Ulcers

- Outcomes

```
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% of PU/mbr</td>
<td>0.94%</td>
<td>1.15%</td>
<td>1.40%</td>
<td>1.15%</td>
<td>1.83%</td>
<td>1.85%</td>
<td>1.86%</td>
<td>2.11%</td>
<td>2.11%</td>
<td>2.58%</td>
<td>2.57%</td>
<td>2.31%</td>
<td>2.57%</td>
<td>2.31%</td>
<td>1.15%</td>
</tr>
</tbody>
</table>
```

Target: 2%
Pressure Ulcers

• Time for outcomes: Continuous
• Continue to track on a monthly basis
• Weekly assessments and documentation
• Weekly wound meeting by nursing staff
• And if there is a spike in wounds
• Follow wounds in hospital and NH
• Utilize the wound center as needed
Handwashing

• Handwashing
  – Develop and Evidence based policy and procedure for handwashing
    – P LIFE Members and LIFE Staff
    – I Improve handwashing
    – C Comparison of interventions
    – O 95% appropriate handwashing
    – T Over next 4 months
Population of Interest

LIFE Members and LIFE Staff
Identified that members and staff would benefit with a refresher on when and how to wash hands
Improve Handwashing

Identified specific times when hand washing could be improved

Between member interactions
Meal times
Dressing changes
Toileting
On the Vans
Compare Interventions

• Reviewed the CDC and the WHO handwashing guidelines
  – www.cdc.gov/handwashing/when-how-handwashing
  – www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Prochure.pdf

• Based on these two guidelines we revised our policies and procedures for handwashing and developed a plan to monitor handwashing and give real time feedback to members and staff
When & How to Wash Your Hands

Keeping hands clean through improved hand hygiene is one of the most important steps we can take to avoid getting sick and spreading germs to others. Many diseases and conditions are spread by not washing hands with soap and clean, running water. If clean, running water is not accessible, as is common in many parts of the world, use soap and available water. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean hands.

When should you wash your hands?

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

How should you wash your hands?

- Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean towel or air dry them.

What should you do if you don’t have soap and clean, running water?

Washing hands with soap and water is the best way to reduce the number of germs on them in most situations. If soap and
Hand Hygiene: Why, How & When?

WHY?

- Thousands of people die every day around the world from infections acquired while receiving health care.
- Hands are the main pathways of germ transmission during health care.
- Hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections.
- This brochure explains how and when to practice hand hygiene.

WHO?

- Any health-care worker, caregiver or person involved in direct or indirect patient care needs to be concerned about hand hygiene and should be able to perform it correctly and at the right time.

HOW?

- Clean your hands by rubbing them with an alcohol-based formulation, as the preferred mean for routine hygienic hand antisepsis if hands are not visibly soiled. It is faster, more effective, and better tolerated by your hands than washing with soap and water.
- Wash your hands with soap and water when hands are visibly dirty or visibly soiled with blood or other body fluids or after using the toilet.
- If exposure to potential spore-forming pathogens is strongly suspected or proven, including outbreaks of Clostridium difficile, hand washing with soap and water is the preferred means.
Outcomes

• Presented in morning meeting to staff on hand washing

• Showed the Public Service Announcement on handwashing
  – “Talk to the 5th Guy” handwashing, covering coughs, keeping sick at home, & about the Flu
  – Had “secret” handwashing monitors on random days reached 95% in three months
  – Provide refreshers on a biannual basis along with annual in-servicing
Urinary Tract Infections

• Develop and Evidence Based Practice for diagnosis and treatment of UTIs
  — P Members
  — I Appropriate diagnosis and treatment of UTIs
  — C Guidelines
  — O Develop algorithm for UTI diagnosis & Treatment
  — T Quarterly
Urinary Tract Infections

- Population: Members at the LIFE Program
- We were having increased numbers of Urinary Tract Infections particularly in members with cognitive impairment
Urinary Tract Infections

• Compare Evidence
  – Enlisted an undergraduate nursing student for his research class to develop an algorithm based on the literature
  – He presented his findings to the primary care committee and received feedback on prescribing practices in older adults and the flow of the algorithm
Urinary Tract Infections
By Yosohmel Serrano, BSN


By Yosohmel Serrano, BSN
Urinary Tract Infections

• Outcomes are a work in progress
Urinary Tract Infections

- Timeframe
- Now reviewing quarterly
- Reviewed with new Primary Care NPs and Physicians
Psychoactive Medications

• Develop and Evidence Based Practice for psychoactive medication use
  – P       Members on psychoactive medications
  – I       Appropriate prescribing of psychoactive medications
  – C       Guidelines
  – O       Develop benchmarks for psychoactive medications
  – T       Quarterly
Psychoactive Medications

• Population of Interest
  – All Members with a dementia diagnosis
  – All members on psychoactive medications
  – All members with dementia on psychoactive medications
  – All members with chronic mental illness on psychoactive medications
Psychoactive Medications

• Intervention of Interest
  – Appropriate use of Psychoactive medications
  – Elimination of Inappropriate psychoactive medications
    • Beers List
Psychoactive Medications

• Guidelines
  – OBRA ’87 Decrease/eliminate physical and chemical restraints
  – CMS Advancing Excellence Campaign
    • www.nhqualitycampaign.org
  • 7 Step Process
    – Explore Goal
    – Identify Baseline
    – Examine Processes
    – Create Improvement
    – Engage
    – Monitor and sustain
    – Celebrate Success
Psychoactive Medications

• Outcomes
Psychoactive Medications

- Timeframe
  - Quarterly
  - And PRN
  - Feedback to primary care and Geropsychiatrist
Journal Club

Goal Monthly Journal Club presented by a Nurse or Nurse Practitioner.

First two years managed quarterly

Now Interdisciplinary Journal club presented by Nursing, Social Work, Medicine, and Rehabilitation
Journal Club Presentation Topics

• Anxiety
• Sleep
• Pain
• Medication reduction (START/STOPP)
• Culturally Informed Care
• Conflict in medical teams; opportunity or danger?

• Nurse Patient communication
• Caring for the Patient with end stage dementia
• Ambiguous loss in couples coping with MCI
• Intensive Comfort Care at end of life
References

