The Nethersole Nursing Practice Research Unit (NNPRU)

Reflecting on its Successes and Challenges in Promoting Evidence-Based Practice in Nursing in Hong Kong

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Evidence-based Practice (EBP)

- World-wide development in health care
- A gradual change towards more positive attitudes about research
- Research is still not rigorously used in practice
  → Research-practice gap
- Research utilization: the identification, interpretation and application of research to clinical practice
Background

- Trend for evidence-based practice in nursing
- Problems of utilizing research finding
  - Promote culture of evidence-based care nursing
  - Develop research and apply in nursing practice
  - Support nurses to understand and apply appropriate research
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The Nethersole Nursing Practice Research Unit (NNPRU)
Mission of the NNPRU

• To promoting excellence in nursing practice through research and development of innovative nursing interventions and care for patients/clients and their relatives.

  – A “model unit” where clinical guidelines, clinical pathways, and clinical technological and resource innovations are developed, implemented, evaluated and disseminated.

  – To design and test out care innovations in nursing practice that could be implemented and evaluated and then disseminated to other local health care settings.
Our roles

Identify
Review & Develop
Implement
Evaluate
Disseminate
Our roles

- Identify
- Review & Develop
- Implement
- Evaluate
- Disseminate
Neglected area
Our roles

- Identify
- Review & Develop
- Implement
- Evaluate
- Disseminate
Evidence-based Oral Care Intervention Protocol
Evidence-based Foot & Toenail Care Intervention Protocol

Evidence-based Foot & Toenail Care Intervention Protocol

THE NETHERSOLE NURSING PRACTICE AND RESEARCH UNIT
EVIDENCE-BASED FOOT AND TOENAIL NURSING CARE PROTOCOL

Standard statement
Foot and toenail health is maintained.

Expected outcomes
1. The elderly people’s feet will be clean and odor free with soft and hydrated skin;
2. The elderly people will experience maximized functional ability of the foot;
3. The elderly people will be comfortable and relaxed.

Structure standard
Team members for providing foot and toenail care consist of
1. Registered Nurses
   - Conducting foot health management workshop for the frontline staff (Nurses from NNPRU);
   - Conducting comprehensive foot and toenail assessment, planning and implementing the foot and toenail care protocol according to individual elderly people’s needs (Staff Nurses);
   - Managing the foot and toenail care within team;
     i. Registered Nurses have to closely monitor the condition of their patients and evaluate the effectiveness of the interventions, and ensure the competence level of the Health Care Assistant in performing the basic hygiene care for the patients;
     ii. Registered Nurses may direct the foot and toenail care by making referral to podiatrist if needed
   - Listening and coordinating the foot and toenail care for the elderly people within the multidisciplinary care team;
2. Health Care Assistants
   - Health Care Assistants (HCAs) will be delegated to assist basic foot care for the patients with limited functional ability after training;
3. Podiatrist
   - Conducting hand-on technique or workshop for nurses which aims at enhancing the knowledge of foot and toenail health and complications management for the nursing staff;
Evidence-based care protocol on preventing and managing constipation

Evidence-based care protocol on skin care

Process standard
1. Assessment and Planning
   A comprehensive skin assessment is taken initially to assess the older person's current skin condition. The assessment comprises general skin health assessment and specific assessment to skin problem if presence.

   1.1 Risk assessment
   Skin integrity risk assessment tool and Braden scale are used to assess the older person's risk of developing skin tear and pressure sore respectively.

   1.2 General skin condition
   This part is to assess four aspects of skin health, including skin temperature, skin colour, skin moisture and skin turgor. Patient's subjective perception of their skin health and their usual skin care habits are also explored in this part.

   1.3 Specific skin condition
      1.3.1 Skin tear
         - Skin tear refers to any partial thickness or full thickness traumatic wound due to shearing or friction forces.
         - The severity of skin tear can be classified by means of the Payne-Martin Classification for Skin Tear (Payne & Martin, 1993).

      1.3.2 Pressure Ulcer
         - Watch for skin redness and integrity at bony prominence area when providing care, such as turning.
         - Pressure ulcer is defined as any localized skin lesion over a bony prominence due to pressure, or pressure in combination with shearing (European Pressure Ulcer Advisory Panel (EPUAP), 2009).
         - Observation for signs of skin redness, localized heat, edema, induration (hardness) and integrity at bony prominence area.

Other topics

- Evidence-based care for chronic pain management in older adults
- Assessment of hydration status in older adults
- Use of alternative sites for blood glucose monitoring
- …etc.
Our roles

Identify

Review & Develop

Implement

Evaluate

Disseminate
Knowledge transfer

- Clinical teaching
- Seminars and in-house training workshops to nurses and care staff in hospitals and long-term care setting
- Conference presentations
- Publications at refereed journals
Lessons to learn in promoting EBP in nursing care

• Maximizing the collaboration between academic and clinical expertise

• Comprehensive assessment of patients’ health care needs

• Strong integration of research evidence, clinical expertise and patients’ views
Lessons to learn in promoting EBP in nursing care

• Good awareness and thorough consideration of contextual factors
  - Organization goals & policies
  - Manpower and resources available

• Effective empowerment of the immediate users of the nursing innovations
Lessons to learn in promoting EBP in nursing care

• Systematic evaluation of the innovations for continuous improvement

• Collaboration with other health care disciplines if indicated
Facilitators

• Care culture
  – More attention to quality of care and quality of life

• Increased recognition of evidence-based practice and nursing care
  – Nurse consultant
  – Nurse-led services

• Support from management level
  – Resources and manpower
  – Research committee / Evidence-based care working group
Challenges

• Care culture
• Reluctance from frontline staff
• Shortage and high turnover of manpower
Thank you

Website: http://www.cuhk.edu.hk/med/nur(nnpru/index.html)