EBP in Action:
Ensuring Best Practice is Standard Practice

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2017 Sigma Theta Tau International
International Nursing Research Congress
Session: J 01
WE ARE COLORADO’S ONLY LICENSED SPECIALTY HOSPITAL

EXCLUSIVELY FOR CHILDREN

- Level I Pediatric Trauma Center (only one in Colorado)
- 593 licensed beds
- 18,528 inpatient admissions
- 21,054 total surgeries
- 111,400 days of patient care
- 6.0 days for length of stay
- 526,887 outpatient visits
- 158,159 emergency department visits
- Treat patients from all 50 states and at least 20 countries
- 85 services, support services and specialties on our Anschutz Medical Campus
- 40 services and specialties on our South Campus
- 34 services, support services and specialties on our Colorado Springs Campuses
- 16 locations throughout Colorado
- 1,200+ outreach clinics in more than 24 cities across Colorado, Montana and Wyoming
- 5,786 employees
- 2,330 medical staff
- 230 residents and fellows
- 2,421 volunteers
- Level IV Neonatal Intensive Care Unit (NICU)

All statistics from 2014 audit.
My Heroes

Children’s Hospital Colorado Direct Care Nurses, Providers and Interprofessional Colleagues
Take an Honest Look

Start with your pain points. Are you getting the best evidence into the hands of frontline staff?

- Policy and Procedure process that was disorganized
- Lack of references for many policies, hard to determine if practice was EBP
- Inconsistent format and review process
- No process in place to communicate practice changes
Survey of Clinical Policy & Procedure Committee Members Q4 2012

Current Policy and Procedure Process

Percentage Satisfied or Very Satisfied

- Posted New or Updated Policy
- Information on Policy Changes
- Education of New Policy
- Timeliness of Process

Graph showing the percentage satisfied with the policy and procedure process for 2012.
Survey Results on Accessing Policies Q2 2014

N=250 Clinical Nurses (27% response rate)

- Do you access Clinical P&P when you have a question concerning practice?
- How confident are you that the content in Clinical P&P reflects current best practice?
- How satisfied are you with the current practice of searching for Clinical P&P?
- How satisfied are you that you are aware of new or revised Clinical P&P?
99% stated they access the hospital’s Clinical Policies and Procedures when they have a question concerning approved practice.
Now the Bad News

68% confident or very confident Clinical P&P reflect best practice

35% satisfied or very satisfied with searching for Clinical P&P

41% satisfied or very satisfied that they are aware of new or revised Clinical P&P
SUCCESS IS GOING FROM FAILURE TO FAILURE WITHOUT LOSS OF ENTHUSIASM.

Inspiration from Winston Churchill
The Iowa Model of Evidence Based Practice

1. Select a Topic
2. Form a Team
3. Evidence Retrieval
4. Grade the Evidence
5. Develop an EBP Standard
6. Implementation of EBP
7. Evaluation

Dooley & Dooley 2010
Implementation is an introduction of an innovation in daily routines, demanding effective communication, and removing hindrances.

Davis and Taylor-Vaisey (1997)
State of the Science

Literature suggests that 50-90% of health care innovations never reach the patient. (Lehoux, 2008)

Research so far shows that none of the implementation approaches is superior for all changes in all situations. (Grol and Grimshaw, 2003)

Implementation and assimilation is a messy, stop-start, and difficult-to-research process (Greenhalgh et al, 2004)
IT IS NO USE SAYING, “WE ARE DOING OUR BEST.” YOU HAVE GOT TO SUCCEED IN DOING WHAT IS NECESSARY.

Winston Churchill 1916
Managed Diffusion is an approach to spontaneously push best practices to all sites as a natural part of the way in which work is done throughout the system. This includes the development of formal dissemination programs. (Dilling et al, 2013)

Accelerating the use of best practices: the Mayo Clinic model of diffusion.
Mayo Clinic Model of Managed Diffusion
Nursing Governance Board

Councils

Advanced Practice Council
Clinical Nursing Practice Council (CNPC)
Clinical P/P Committee
CPS / CNS
Executive Nursing Council (ENC)
Magnet Program
Nursing Operations Council
Nursing Research Council (NRC)
Nursing Quality & Preventable Harm (NQPH)
Professional Development Council
Clinical Nursing Informatics Council

Clinical Area Representatives

Ambulatory
Critical Care
ED, Flight
Float Team, Case Mgrs
Inpatient
Network of Care
Peri-op
Psych
Memorial
South
Nursing CSI

• Nursing CSI:
  o Consistent
  o Simple
  o Intentional

• **Consistent**  Use existing resources that are already hardwired into the culture, capitalize on EBP resources, mentors, tools, new graduate success

• **Simple**  Optimize Shared Governance structure, existing committees, task forces, projects

• **Intentional**
  • Level 1- Inform or Refresh:  Risk: Low
  • Level 2- Formal or Informal Education (documentation required):  Risk: Medium
  • Level 3- Competency Verification:  Risk: High
Implementation Team: meets immediately after monthly Clinical P&P meeting to review policies and determine next steps.

The Team is comprised of representatives from Clinical Policy & Procedure, Professional Development, Clinical Nurse Educators, Nursing Informatics, Clinical Nurse Specialists and key policy owners.
Monthly Newsletter:

**Policy Pearls**

- Published on Posting Day, the first Monday of the month
- Pushed out through Managers, Associate Clinical Coordinators, Clinical Nurse Educators, Department Directors
- Linked in monthly Inpatient Clinical Updates, What’s Up Doc?, Policy updates for Providers
- Archived and Retrievable on intranet
Clinical Policies and Procedures often include the use of medications. One of our core tenants is to drive staff to “a single source of truth.” Whenever possible, we direct staff to our drug formulary, Lexicomp for current dosing, drug administration and medication information.

This month we are retiring the Electrolyte (Potassium, Calcium, Magnesium and Phosphorus) Intravenous Administration policy and directing staff to Lexi and the High-Alert/Risk Medications: Management policy. If “electrolytes” is entered in the “search” bar, High-Alert/Risk Medications: Management will pop up.

In the same way, there have been changes in way IVIG is administered. Concentrations up to 10% can be given through a peripheral line. Effective Wednesday, June 7th, 2017 immune globulin 10% (Gamunex, Privigen) will no longer be further diluted for peripheral administration:
• The drug file for immune globulin 5% will be removed from Epic
• The drug file for immune globulin 10% will be modified:
  • Instructions recommending central line administration to reduce infusion-site discomfort will be removed.
  Refer to IVIG 5% vs 10% SBAR for further information and always consult Lexi prior to any medication administration.

As always, thanks for all you do. You make miracles happen every day!

Administrative Policy and Procedure Manual Summary of Changes
New and Updated Clinical Pathways are now available on the Children’s Hospital Colorado external website.
# Policy Updates for Providers

## June 2017

### Clinical - Retired Policies

<table>
<thead>
<tr>
<th>Policy</th>
<th>Manual</th>
<th>Scope</th>
<th>Talking Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrolyte, Potassium, Calcium, Magnesium and Phosphorus: Intravenous Administration</td>
<td>Clinical Policies &amp; Procedures</td>
<td>All Locations</td>
<td>• Combined with High Alert/Risk Medications: Management</td>
</tr>
</tbody>
</table>

### Clinical - Revised Policies

<table>
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<tr>
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</tr>
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<tbody>
<tr>
<td>High Alert/Risk Medications: Management</td>
<td>Clinical Policies &amp; Procedures</td>
<td>All Locations</td>
<td>• Annual review</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Moved key information from “Electrolyte, Potassium, Calcium, Magnesium and Phosphorus: Intravenous Administration” into this policy.</td>
</tr>
<tr>
<td>Mental Health Hold for Involuntary Treatment</td>
<td>Clinical Policies &amp; Procedures</td>
<td>All Locations</td>
<td>• A mental health hold is not indicated when the patient (if 15 years of age or older) parent or legally authorized representative consents to voluntary treatment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Patients under psychiatric care who are being transferred to another facility for admission must be placed on a Mental Health Hold if the patient (if 15 years of age or older) parent or legally authorized representative do not consent to voluntary treatment or refuses ambulance transport.</td>
</tr>
<tr>
<td>Transfer of Care: Intra and Inter Facility Patient Transport</td>
<td></td>
<td></td>
<td>• Types of psychiatric care facilities in order of acuity: inpatient, subacute/diversion, partial hospitalization, crisis stabilization unit (CSU), residential treatment.</td>
</tr>
<tr>
<td>NOC Transport Algorithm ATTACHMENT</td>
<td></td>
<td></td>
<td>• If at any time there is a question as to whether the patient is experiencing a psychiatric emergency, and for locations that do not have a qualified Provider on site, contact the Psychiatric Consulting/Liaison Service.</td>
</tr>
<tr>
<td>Specialty Critical Care Transport Teams ATTACHMENT</td>
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### Clinical - Minimal or No Changes

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<td>Blood/Blood Product Transfusion</td>
<td>Clinical Policies &amp; Procedures</td>
<td>All Locations</td>
<td>• Revised the Transfusion Triggers for PRBC, FFP, Platelets and Cryoprecipitate therapy for all areas in Appendix D.</td>
</tr>
</tbody>
</table>
Quarterly on-line test for Nursing:
• 8-10 Key Policy additions or revisions
• Requires staff to locate, access and read high priority policies
Presentation at Inservice or during staff meetings, committee or council meetings with sign-in sheet
Level 3 Skills Validation required
Tool and Teaching Outline are included as an attachment to policy
- One stop shopping
- Ensures alignment when there are changes to practice
HOWEVER BEAUTIFUL THE STRATEGY, YOU SHOULD OCCASIONALLY LOOK AT THE RESULTS.

Winston Churchill
Clinical Policy and Procedure Committee Survey Q1 2015

![Current Policy and Procedure Process](Image)

- Percentage Satisfied or Very Satisfied
- 100%
- 90%
- 80%
- 70%
- 60%
- 50%
- 40%
- 30%
- 20%
- 10%
- 0%

- Posted New or Information on Updated Policy/Policy Changes
- Education of New Policy
- Timeliness of Process

- 2012
- 2015
93% Agree or Strongly Agree

The quarterly policy and procedure CHEX module is a beneficial way to increase my awareness of new and revised policies.
Results

Staff access 20,000 policies per month in new policy management system

Decrease in patient safety events related to policy content.
- 0 in 2015 and 2016

Patient safety event in 2012 CVC line occlusion resulted in return to surgery for new line because RN unable to find policy.
- Central Venous Catheter (CVC): Occlusions- Treating Catheter accessed 1,200 in past 12 months
- CVC policies have been accessed over 10,000 times in past 12 months
Clinical Policy and Procedure Survey

2013 n=250                2016 n=200
SUCCESS IS NOT FINAL, FAILURE IS NOT FATAL: IT IS THE COURAGE TO CONTINUE THAT COUNTS.

Winston Churchill

