Weaving Evidence Based Practice Into Nursing Shared Governance: One Model for the Magnet Journey.
Conflict of Interest Statement & Objectives

The author of this presentation listed below does certify NO affiliations or involvement with any organizations or entity with financial interests in the subject matter and/or materials presented this educational presentation.

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Objectives

1. Describe the model used to drive EBP integration into nursing shared governance.
2. Evaluate the tools used for system integration of EBP for possible future use.
Nursing Shared Governance

• Shared Governance - where nursing and the organization enter into partnership to meet the mission and objectives of the organization and fulfill the mandates of the nursing profession.

• There is no one model that best illustrates the principals of Shared Governance - each model must fit the work setting & culture.

• Unit based approaches are essential to the success of Shared Governance.

Shared Governance in Constant Change

• Reorganization of health care is the rule rather than the exception.

• Nursing Shared Governance provides structure & context for the delivery of nursing care.

• Shared Governance is a model of nursing practice that integrates core beliefs & values that drive quality care.

A New Journey

Pilgrims
Destination
Conversations

✓ Tolerance
✓ Patience
✓ Anxiety
✓ Loss

BELIEFS - KNOWLEDGE - SKILLS
NURSING VISION
To make a difference in each life we touch through professional, expert and compassionate care
Shared Governance Model (adapted)

Preparing for Change
Forces Driving EBP

1. Nursing Shared Governance
2. History, clinical ladder, decision making, residency, student education
3. Degree of dedication to EBP
4. Access to tools & information
5. Librarian support
6. Nurse Educators
7. Advanced Practice
8. Community of care

It remains unknown how healthcare facilities can increase nurse engagement in EBP.

Recent Research Findings
Survey of 6800 nurses (24% response rate)

**Study Findings**
- Perceived ability to implement EBP low
- Advanced degree & certification & leadership role – more favorable beliefs EBP
- Younger nurses with less experience- positive attitude toward EBP

**Study Recommendations**
- On-line education, competencies, tool kits and standardized practices

Barriers to EBP

• Traditional Barriers to EBP: Time-Knowledge-Skills
• Emerging Positive Factor: Attitude
• The New Barrier to EBP- Intent (perceived value???)

Crucial Elements of EBP

• EBP is not just the function of evidence & knowledge
• EBP is also the function of:
  • Setting
  • Circumstances
  • Patient goals & values
  • Clinician judgement
  • Experience

Developing Programs for EBP

• Difficult to recommend best practices for developing EBP programs for nurses in clinical settings due to significant gaps in current literature.

• Gaps include wide variance in programs, measurement inconsistencies and lack of controlled trials.

EBP Integration

• EBP integration is an organizational issue- rather than an individual one
• Evidence must be “strong”
• Implementation needs a range of interventions
• Change must be managed
• Forecast outcomes

Use of Evidence

Proposed: Successful implementation of EBP is a function of:

- Evidence (E)- sources of knowledge for multiple stakeholders
- Context (C)- environment where EBP is taken
- Facilitation (F)- the persons who support others in learning as well as changing attitudes, practices, skills, beliefs, and work practices.

PREMISE:
COMPLEX –DYNAMIC- CHANGING INTER-RELATIONSHIPS AMONG & BETWEEN E-C-F

- An impact or explanatory model
- Can be used as a STRONG & BROAD framework implement & integrate EBP
Successful implementation of EBP has as much to do with the context or setting where the evidence is introduced and HOW the evidence is facilitated into practice as it has to do with the quality of the evidence.

# PARIHS- a Companion Model for the EBP Journey

- Identifies the critical elements tied to implementation of EBP
- A map to enable & sustain EBP

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Context</th>
<th>Facilitation</th>
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</thead>
<tbody>
<tr>
<td>• Research</td>
<td>• Physical</td>
<td>• Technical help</td>
</tr>
<tr>
<td>• Clinical Experience</td>
<td>• Social</td>
<td>• Education</td>
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<tr>
<td>• Patient Experience</td>
<td>• Cultural</td>
<td>• Marketing</td>
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<tr>
<td>• Literature</td>
<td>• Structural</td>
<td>• Credibility</td>
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<tr>
<td>• Professional</td>
<td>• Professional relationships</td>
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<td></td>
<td>• Culture</td>
<td>• Providing meaning</td>
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<td></td>
<td>• Power</td>
<td>• Role flexibility</td>
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<td>• Leadership</td>
<td>• Feedback</td>
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<td>• Evaluation</td>
<td>• Reflection</td>
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<td>• Feedback</td>
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Facilitator Balance

The Power of a Facilitator

- Facilitation drives EBP success
  - Type
  - Role of the facilitator
  - Skill of the facilitator
  - Knowledge of the facilitator
  - Relationship of facilitator with individuals & teams

Growing EBP

• Education helps but “leadership, enthusiasm, mentorship, clinical inquiry and reflective practice make EBP thrive”.

• Web pages, newsletters, research utilization projects, staff led reviews provide significant power for EBP integration

• Outcomes include clinical excellence, confidence, quality outcomes, cost effectiveness, critical thinking, and professional growth.

Increasing Motivation

• Motivation
  • EBP perceived as beneficial
  • Self-efficacy
  • EBP normative
  • Organizational culture
  • Opportunity to Practice
  • Outcome evidence is readily available

Areas of Strength

- Outcomes measurement culture
- Technology rich practice environment
- Nursing internship - Versant
- Premier Learning Institute
- Rich APRN environment
- Diverse nursing specialties
- Exemplary library & access to web resources
- History of research
- Relationships with academic institutions
NKII Council
2016-17

New Knowledge
Innovation
Improvements
NKII Council Strategic Plan

• Provide consultation, education, support & mentoring of novice to expert researchers.

• Provide guidance into policy/procedure development & approvals.

• Monitor ongoing research.

• Implement & evaluate EBP based on evaluation of best practices & clinical data from performance improvement.
NKII Council

• Support/evaluate technology integration.
• Support National Patient Safety Goals.
• Collaborate with system-level Shared Governance councils and committees, and local Coordinating Councils.
Logistics

• Membership- open & fluid
• Meeting times & places
• Information sharing- local, system, web, newsletter, email
• Work sharing – across councils

• Members include clinical nurses, team leaders, educators, APRNs, librarians, leadership, research nurses
• Ad Hoc members include pharmacists, IT specialists, nursing faculty, physicians, medical imaging/radiology and respiratory therapists
NKII 2016-2017  EBP Activities

**Education**
- Simulation
- APRN Competencies
- Web Resources
- Web Based Education
- Searching the Literature

**Best Practices**
- Handoffs
- Mobility
- Pain Interventions
  - NAS
  - Falls
  - Hypothermia

**Nursing**
- Incivility
- Servant Leadership
- Competency Assessment
  - NDNQI
  - RQI
  - EBP
- Sepsis BPA Response

**Environment of Care**
- Noise Reduction
- Hemodynamic Monitoring
- Star Therapy
- P/P
- Order sets/Electronic Record

**NKII**
- Recommendations
- Support
- Evaluation
- Participation
- Poster walks
NKII Practice Issues 2016-17

Continuous SQ Insulin pump

Safety Companion
Patient Fall & Safety Program

Census & Acuity Staffing Plan

Electronic Mail
Use of Applesauce for Meds

Sepsis BPA

Surgery P/P
- Anesthesia labeling
- Malignant hyperthermia
- Chain of command
- Universal time out
- Fire Safety

Swaddling Best Practices
Tools for EBP Integration

• Developed tools to appraise evidence
• Small Work groups
• Mentors pulled from all areas of practice
• Visible examples & facilitated exercises used for learning

NKII EBP – Best Practices Evaluation

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<th>Evidence Evaluation:</th>
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<tr>
<td>Grade for the evidence</td>
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<tr>
<td>Safety/Side Effects/ Risks</td>
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<tr>
<td>Benefits for Patient</td>
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<td>Burden with adherence</td>
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<tr>
<td>Cost effectiveness</td>
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<tr>
<td>Impact on morbidity/mortality/quality of life</td>
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<tr>
<td>In Development</td>
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Research Integration

Research Monitoring & Translation
Opioid addiction or Opioid Use Disorder (OUD) is a chronic relapsing illness requiring sustained treatment, often for years to achieve and maintain recovery. Limited access to treatment, social support and stigma are significant barriers to recovery. Pharmacological resources are limited—the three approved agents are methadone, buprenorphine, and extended release naltrexone which should be provided with program support.

**Signs and symptoms of overdose:** pinpoint pupils, respiratory depression, depressed mental status, lethargy, sedation, nausea, vomiting, apnea, cardiac arrest

**Consider prescribing opioids only if benefit outweighs risk.** Use the lowest effective dose, combine therapy with nonpharmacological treatments and non-opioid therapy when possible, and avoid prescribing with benzodiazepines. Consider prescribing naloxone where there is risk of overdose.

**Street Names:** Aunt Hazel or Emma, Datman, China Cat, Dead on Arrival, Elephant, Foo Foo stuff, Heaven Dust, JOE, Sack, Saa, Red Chickens, Reindeer Dust, Utop, Sweet Dreams, The Bear, The Witch, Tiger, White Lady, White Nurse, Zero.

**Natural and semi-synthetic opioids:** include morphine, codeine, hydrocodone, and oxycodone

**Synthetic opioids excluding methadone:** include fentanyl, fentanyl analogs, and tramadol

**Delivery systems:** include powder, blotter paper, tablets, patches, spray, injections, inhalation, lozenges

**Inhalants:** nitrous oxide, solvents, spray paint

**Carfentanil**

- Natural or fortynil—known as “Grey Death”
- “Gray death” appears like concrete powder or a rock; just a couple of grams (10s of sugar crystals) can result in CDC recommendable
- To synthesize opioids takes and substantial: 10,000 times less potent than morphine & 100 times more potent than fentanyl
- Carfentanil is used for rapid immobilization & chemical capture of large animals by veterinarians in zoos & wildlife areas for skin & treatment
- Usually delivered by a dart intramuscularly and personal protective gear is required when used by veterinarians
- Can be rapidly absorbed through mucous membranes in the eyes, nose, mouth, or through the skin

**Carfentanil — CDC Recommendations for Safety**

1. Wear gloves. If powder observed, do not disturb. Obtain protective gear.
2. If exposed, DO NOT USE ALCOHOL BASED PRODUCTS OR SANITIZERS WHICH CAN ENHANCE ABSORPTION OF CARFENTANIL. Wash hands with soap and water.\n3. For exposed mucous membranes—Flush with copious cool or room temperature water. DO NOT USE HOT WATER. Symptoms of opioid exposure occur in minutes. Seek medical attention immediately.

**CDC Health Advisory** [Accessed: May 2020]

**CDC Health Update** [Accessed: May 2020]
Evidence Based Nursing Practice - Premier Health: A Descriptive Study

Study Questions
1. What are the evidence based practices of nurses across Premier Health?
2. What are the attitudes, knowledge & skills for evidence based practice (EBP) for nurses across Premier Health?

Hypothesis
Evidence suggests that nurses more often use knowledge for practice from experience & social interaction rather than from the literature. Lack of time & access as well as limited education have been identified as barriers to EBP since the 1990s. Emerging evidence suggests that attitude & belief may be the more powerful predictive factors for EBP expression in nursing.

Literature Review
RN attitudes regarding evidence based practice (EBP) directly affect use of evidence in practice. EBP practices include asking questions, finding evidence, critical evaluation of evidence, and integration of evidence with experience, patient choice and values followed by critical evaluation.

Modified Evidence-Based Practice Questionnaire (EBPQ) 1
- Description of instrument: Gathered information and opinions on the use of evidence-based practice (EBP) among health professionals. 24 items, 7-point rating scales. Self-administered questionnaire: 3 subscales: practice of EBP, attitudes towards EBP and knowledge of EBP. Internal Consistency: Entire scale = 0.87. Practice of EBP = 0.85. Attitude towards EBP = 0.79. Knowledge of EBP = 0.91.
- Construct validity: Convergent validity confirmed by comparing scores measure of awareness of local clinical effectiveness initiatives r=0.3-0.4, p<0.001). Discriminant validity assessed by comparison of subscale scores between respondents with knowledge of initiative and those without. Those with knowledge has a better attitude, more frequent practice and better knowledge.
- Content & Face Validity: Item generation based on results of literature review and discussion with key health and social care professionals. Refined by review of experienced healthcare professionals to establish face validity. Pilot tested by a steering group of experts in the field of health and social care policy to ensure content validity.

The NQSSI: The Nursing Quality and Safety Self Inventory 2
- Assessment based on QSEN competencies for nursing which address six areas: patient centered care, teamwork and collaboration, evidence based practice, quality improvement, safety and informatics.
- Uses a seven point Likert scale.

Summary Results
- 1. Quality problems are being corrected on my unit (77.67% agree & strongly agree)
- 2. I can describe the benefits of using quality improvement in my department (85.32% agree & strongly agree)
- 3. I can define quality improvement (90.07% agree & strongly agree)
- 4. I have the necessary knowledge to achieve evidence-based nursing practice (94.4% slightly, mostly, completely agree)
- 5. I have the necessary skills to deliver safe patient care (98.16% slightly, mostly, completely agree)

Areas for Improvement
- Education opportunities
- Plan
- This study provides a baseline assessment of EBP knowledge, attitudes and practices for nursing.
- Results provide a basis for planning future education of nursing staff.
- Results provide a baseline for evaluation of interventions.

References
NKII Council

Research Project Report & Poster Presentation
Sharing Best Practices & Research Across the System

Nurses Week Poster Walk
Literature at the 2017 Poster Walk
Questions?

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