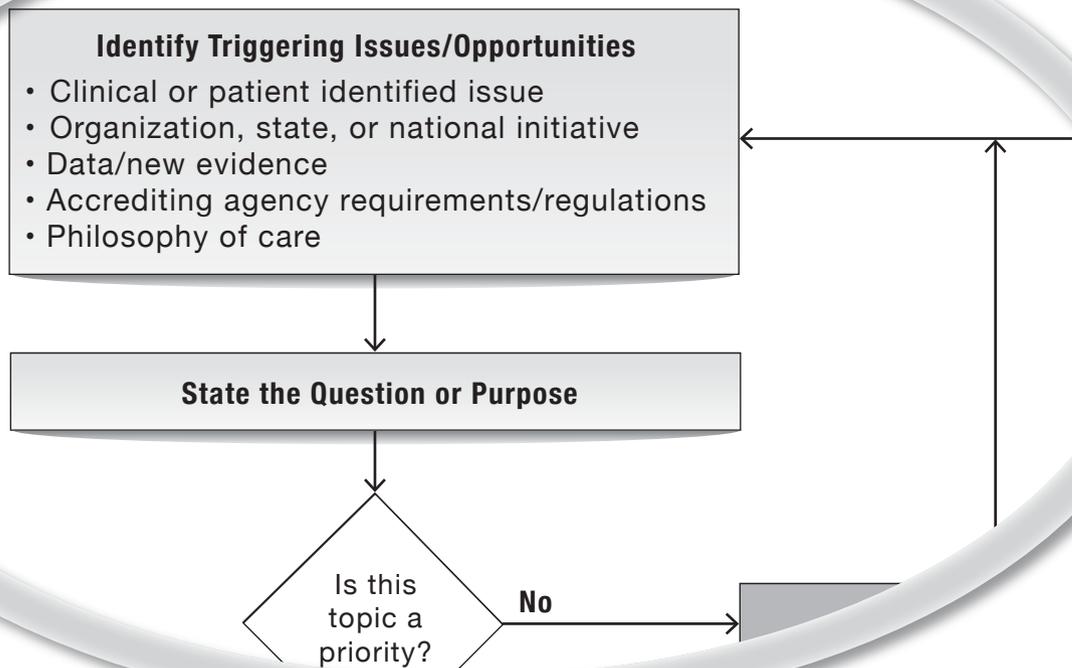


IDENTIFY TRIGGERING ISSUES/OPPORTUNITIES



“If I have ever made any valuable discoveries, it has been owing more to patient attention than to any other talent.”

–Isaac Newton

High-quality healthcare for patients and families, as well as clinicians, demands a culture of inquiry and continuous improvement. This mindset leads to identification of many practice questions that can be addressed through evidence-based practice (EBP). EBP is the process of shared decision-making between practitioner, patient, and others significant to them based on research evidence, the patient's experiences and preferences, clinical expertise or know-how, and other available robust sources of information (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996; Sigma Theta Tau International 2005–2007 Research and Scholarship Advisory Committee [STTI], 2008). Point-of-care clinicians are in a key position to ask and answer clinical questions to promote quality and safety. Shared governance committee members and organizational leaders also generate clinical or operational questions (Cullen, Wagner, Matthews, & Farrington, 2017). Identifying a question initiates or triggers the EBP process (Iowa Model Collaborative, 2017). Questioning practice creates a culture of inquiry and is the foundation to developing a learning healthcare system (Wilson, Sleutel, et al., 2015). Identifying triggering issues or opportunities for improvement is the first step in the Iowa Model and EBP process, which is described in the remaining chapters.

The triggering issue or opportunity for improvement may be generated in a variety of ways. Potential sources are:

- Clinical or patient identified issue
- Organization, state, or national initiative
- Data or new evidence
- Accrediting agency requirements or regulations
- Philosophy of care

Clinical or Patient Identified Issue

Doing the right thing for patients is always a priority. Staying focused on meeting patient and family needs and continuous improvement leads to practice questions and a culture of inquiry. Clinicians are able to identify triggering issues by considering common patient symptoms or experiences, frequent assessments or interventions, and questions from patients and their families. By partnering with patients and families, clinicians can also identify EBP opportunities that promote shared decision-making so people can manage their own health (Agency for Healthcare Research and Quality [AHRQ], 2017).

Organization, State, or National Initiative

Triggering issues and opportunities can also be generated when considering organization, state, or national initiatives. Consider the organization's strategic plan, messages from senior leaders, or discussion with other leaders to identify opportunities for EBP. High-volume patient and quality care issues may be the target of some organizational initiatives. However, low volume, highly specialized procedures with their own unique set of practice implications also need to be considered. Organizations are always interested in topics supporting recognition for excellence (e.g., American Nurses Credentialing Center, 2017).

Healthcare settings are often influenced by activities happening within the state or territory in which they reside. Health systems increasingly cross boundaries and must be responsive to additional regulations. State level initiatives may be identified through changes in state funding (e.g., mental healthcare), legislative agendas, or board of nursing announcements.

National initiatives and the national quality agenda are also drivers of local practice. Look for topics being explored by healthcare organizations, upcoming changes in reimbursement (e.g., value-based purchasing [Centers for Medicare & Medicaid Services, 2017]), or turn to organizations such as Choosing Wisely® (<http://www.choosingwisely.org/>) for ideas. National or international initiatives continually evolve.



RESOURCES: Agencies and Organizations

The following list includes influential organizations and federally funded initiatives that continue to influence the current healthcare agenda or updates:

Resource	Source
Agency for Healthcare Research and Quality (AHRQ)	https://www.ahrq.gov/
American Nurses Association	http://www.nursingworld.org/
Centers for Medicare & Medicaid Services	https://www.cms.gov/
Honor Society of Nursing, Sigma Theta Tau International	https://www.nursingsociety.org/
Institute for Healthcare Improvement	http://www.ihl.org/Pages/default.aspx
National Academy of Medicine	https://nam.edu/
National Institute of Health and Care Excellence	https://www.nice.org.uk/
Press Ganey (U.S. database of nursing quality indicators)	http://www.pressganey.com/
Registered Nurses' Association of Ontario	http://rno.ca/ or http://rno.ca/bpg
United States Department of Health and Human Services	https://www.hhs.gov/

Operational issues, just as clinical topics, make good questions to address through the EBP process. Leaders may be interested in operational issues such as teamwork (Chapman, Rahman, Courtney, & Chalmers, 2017), transformational leadership practices (Kouzes & Posner, 2012), or application of human factors principles (Carayon, Xie, & Kianfar, 2014; Hopkinson & Jennings, 2013).

Data or New Evidence

A topic that stems from existing data within the healthcare system makes it a priority to address. Data may be available from epidemiology, hospital quality, billing, utilization review, reports from patient health records, informatics, or other offices. If data already exist, organizational commitment and potential resources to address the problem may be available. Obtaining relevant and convincing data may be helpful to gain support and generate interest in the topic by reporting a practice gap (see Strategy 2-12).

A topic is also a trigger if it is generated from new information, scientific findings, or reports. Clinicians or leaders can obtain new knowledge from

- New research or other literature
- Conferences
- Updates from professional specialty organizations

One way to stay current is by reading professional and scholarly literature. Reading literature from a variety of fields can stimulate interesting and innovative ways to consider old problems that may lend themselves to EBP solutions. Staying current also requires clinicians to identify reversal of practice recommendations requiring de-implementation, to keep practice current, but at the same time creating additional EBP opportunities (van Bodegom-Vos, Davidoff, & Marang-van de Mheen, 2016).

Accrediting Agency Requirements or Regulations

Healthcare organizations and clinicians in all settings work with many accrediting and regulatory agencies that influence practice. National patient safety goals, certification program standards, and other accrediting agencies are evidence-based (AABB, 2017; National Cancer Institute, n.d.; The Joint Commission, 2017a, 2017b). While benefit from meeting regulatory standards may need additional research (Flodgren, Gonçalves-Bradley, & Pomey, 2016), regulatory standards remain priorities for organizations. The process for developing standards is increasingly applying EBP, creating new opportunities for evidence-based improvements in care. Organizational leaders are in an ideal position to identify upcoming practice standards to address through the EBP process.

Philosophy of Care

Nurses have a long history of putting patients and families first, and as such may identify other issues to be addressed. Clinicians connect with patients and their families, and through those interactions identify issues or opportunities to address that fit their underlying philosophy of care (Lau et al., 2016; Shoemaker & Fischer, 2011). Nurses' commitment to provide care across the continuum, from health promotion through end-of-life care, creates vast opportunities for EBP. For example, care for the dying remains a philosophical priority and may trigger an opportunity to improve care at the end of life. In which case, symptom management and bereavement become opportunities to address through EBP. Other nurses might identify missed nursing care, such as ambulation (Bragadóttir, Kalisch, & Tryggvadóttir, 2017), as important issues based on their philosophy of care.

To achieve the Institute of Medicine (IOM) goal of providing evidence-based healthcare greater than 90% of the time (IOM, 2010a; IOM, 2015b), there are gaps to address. Opportunities come from identifying clinical or patient identified issues; organization, state, or national initiatives; data and new evidence; standards set by accrediting and regulatory agencies; and a philosophy of high quality patient care that trig-

gers the EBP process (see Tool 1.1). Once a trigger is identified, it is important to consider potential stakeholders to partner with for the next steps in the EBP process. These colleagues may be helpful in clarifying priority issues and opportunities in order to develop a clear, specific purpose statement (see Chapter 2).



TIPS: Topics and Triggers

- Remain open to new ideas and opportunities to improve care.
- Basic care and fundamental values provide a starting point for developing an idea.
- Time and thought may be required to develop a practice question.
- Patient or family questions or concerns provide a new perspective to consider as potential EBP topics.
- Clinicians new to a clinical area can identify questions that create a new perspective on current practices.
- Practice updates and reversals are expected as the science continues to develop.
- As you begin, stay focused on the desired goal or outcome; starting with the intervention too early may slow progress.
- The topic of interest is likely to evolve as you work through the next steps in the EBP process.
- Some triggering issues may have data supporting need for the EBP, which may provide a rationale for garnering organizational resources for project work.

Tool 1.1 Potential EBP Topics

INSTRUCTIONS: Read the questions below and record your responses. Skip questions that do not apply and proceed to the next question. Take these ideas to a leader and discuss each to identify a topic of interest.

Clinical or Patient Identified Issue

What are the procedures you spend a lot of time doing or do frequently?

What questions are patients and families asking?

Who are the high volume patients?

Who are the patients with highest risk for a poor outcome?

Organization, State, or National Initiative

Is there a new practice in the organization (e.g., policy) that needs to be implemented?

Are there benchmarks for new practices that you would like to try?

Do you know of a new protocol (i.e., policy, procedure, or standard) that could improve practice?

What is interesting to you among the current organizational initiatives?

Are there clinical practices that can be linked to the strategic plan?

Where could cost savings be achieved?

Data/New Evidence

Are there quality data that you want to improve?

What did you learn at the last conference or program you attended?

When you read journals, which articles are you drawn toward first?

Is your professional organization publishing on topics of interest (e.g., guidelines, position statements)?

Are you aware of research findings that might apply to your practice?

Accrediting Agency Requirements/Regulations

Which regulatory standards would you be interested in addressing through a practice improvement?

What are National Patient Safety Goals for improving quality care?

Are there anticipated or new reimbursement structures (e.g., revisions to value-based purchasing)?

Philosophy of Care

Where is care missing in daily practice (e.g., holistic or comfort interventions)?

What common patient/family experiences could be improved?

Has patient/family shared their experience in a way you had not anticipated?
