The Doctoral Nurses’ Integration of Evidence-Based Practice to Advance the Practice of Nursing

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Purpose

This presentation illustrates how Doctorate of Nursing Practice (DNP) prepared nurses led multifaceted programs to integrate, sustain, and disseminate evidence-based practice (EBP) into the nursing environment.

- Dr. Brinkman will describe approaches to inspire clinical inquiry
- Dr. Labardee will present the impact of EBP in policy development
We are central Ohio’s only academic medical center

- 7 hospitals
- 1,506 beds
- 9 multispecialty centers
- NCI designated comprehensive cancer center
- 100+ facilities
The Case for EBP Integration

- **Nurses** are responsible for the **implementation of EBP** and charged to **improve quality** with limited knowledge and resources on how to do this.
- **Misconceptions and attitudes** about the impact **EBP** can have on patient outcomes.
- **Diversity** in nursing education & beliefs create different EBP cultures resulting in a **practice gap** in achieving quality healthcare outcomes.
- **Complexity of patients** health care needs.
- **Increased demands for delivery of safe care**.
- **Support a culture of EBP**.
Nursing Quality Committee

Dr. Bevra Brinkman, Associate Director of Health System and Evidence Based Practice and Standards

The Ohio State University Wexner Medical Center

Hospital East
Purpose/Key Strategies

Purpose:

- CNS led Nursing Quality Committee—Agents of Change
- **Purpose** – Design staff nurse driven committee incorporating methodologies that empower nurses to implement EBP strategies impacting quality outcomes

Key Strategies:

- Strategic Plan/Sustainability
  - Executive Leadership/Management
  - Bedside Leaders
  - Evidence-Based Practice Model – (Melnyk & Fineout-Overholt, 2018)
Evidence-based practices among nursing students and RNs engaged in a Hybrid Dedicated Education Unit (hDEU) – Enhanced Collaborative Clinical Academic Partnership (ECAP)

Evidence In Action Rounding (EIA)

Dr. Bevra Brinkman, Associate Director of Health System Evidence Based Practice and Standards

The Ohio State University Wexner Medical Center
Key Terms

- **Hybrid Dedicated Education Unit (hDEU)** – expands on the traditional DEU and the academic faculty member stays on the unit with the nursing students while partnering with the clinical unit to fully immerse the student in the learning experience.

- **Evidence-In-Action Rounding (EIA)** – an extension of the culture on the clinical unit included to incorporate EBP as a way of thinking about all clinical decision making. The academic faculty will collaborate and partner with the staff nurses, Clinical Nurse Specialist (CNS), unit educator, and member of the interprofessional team to educate the nursing students on utilizing EBP when addressing clinical decisions.
Evidence-based practices among nursing students and RNs engaged in a Hybrid Dedicated Education Unit (hDEU) – Enhanced Collaborative Clinical Academic Partnership (ECAP)

Bowles, W., Buck, J., Brinkman, B., & Hixon, B. (2019)

- Aims of study will seek to explore:
  - The difference in EBP knowledge and beliefs compared to traditional clinical
  - Difference of the ECAP learning environment compared to traditional clinical in relation to instructor facilitation of learning, preceptor (staff nurse) facilitation of learning, and learning opportunities
  - The difference in EBP implementation by staff nurses compared to traditional clinical
  - How do staff RNs and students describe the experience of ECAP
Evidence-based practices among nursing students and RNs engaged in a Hybrid DEU – Enhanced Collaborative Clinical Academic Partnership (ECAP)

Study Conclusions

- Enhances the development of a hDEU framework
- Strengthens the partnership between the clinical environment and academia to promote seamless transition to practice for students
- Enhanced the clinical learning environment experience
- A culture shift by embracing the students experience with incorporation of EBP in the decision making process
Nursing Policies

Dr. Ruth Labardee, Director of Health System Nursing Quality and Evidence-Based Practice

The Ohio State University Wexner Medical Center
## The Paradigm Shift

<table>
<thead>
<tr>
<th>Then</th>
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<tbody>
<tr>
<td>• Nursing Policies created and revised by Clinical Nurse Specialist (CNS) and/or other content experts</td>
<td>• Organization purchased a policy management system (PolicyTech) - Go-live: August 2017</td>
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<td>• Process for literature review was inconsistent, and at times not as comprehensive as it should have been</td>
<td>• CNS and/or other content experts lead the review</td>
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<td>• Meetings were lengthy : $</td>
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<td>• Limited use of technology</td>
<td>• Policy updates managed electronically</td>
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<td>• Review process by the CNS and/or content expert was inconsistent,</td>
<td>• Electronic tracking of approval pathways and version history</td>
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<td>despite FULD/CTEP training</td>
<td>• Evaluation and synthesis tables linked within policy</td>
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<td>• NURSING is leading policy best practice for the organization</td>
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### Evaluation Table

#### Bedside Shift to Shift Report (Nursing)

<table>
<thead>
<tr>
<th>Citation</th>
<th>Conceptual Framework</th>
<th>Design/Method</th>
<th>Sample/Setting</th>
<th>Major Variables Studied and Their Definitions</th>
<th>Outcome Measurement</th>
<th>Data Analysis</th>
<th>Findings</th>
<th>Level of Evidence</th>
<th>Quality of Evidence: Critical Worth to Practice</th>
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<td>Author Year</td>
<td>Theoretical basis for study</td>
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# Levels of Evidence Table

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**Legend:**
### Synthesis/Outcome Table

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**LEGEND:** ↑ = Increase in outcome (good outcome); ↓ = Decrease in outcome (good outcome); NC = No change

**Key:**
- ↑ - positive outcome
- ↓ - negative outcome
- — No change (neutral)
Reflection

- Articulate your vision
- Get buy-in from executive leadership
- Have a well thought out plan
- Don’t give up!

- Remember………….. Change is universal, inevitable, and it must be an integral part of working in today’s healthcare organization
Questions

"Be comfortable with being uncomfortable…. your patients need YOU!!!!!"
References


Institute of Medicine’ (2003) Priority Areas for National Action: Transforming Health Care Quality


