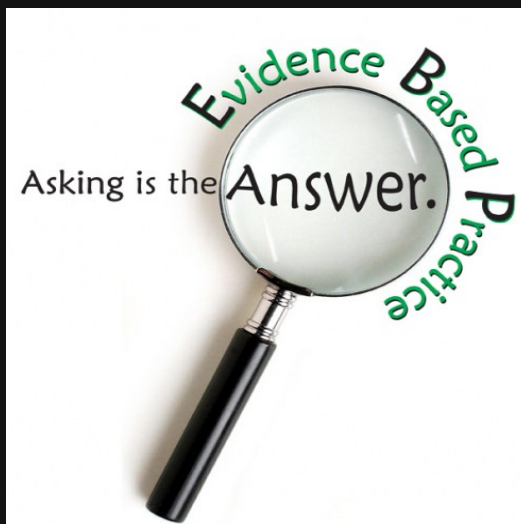


Let's Get in the
Game!!
From Evidence
to Action

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Disclosures

None

International Council of Nurses Position Statement:

“Research-based practice is a hallmark of professional nursing. Nursing research, both qualitative and quantitative, is critical for quality, cost-effective healthcare ”

AACN’s Position Statement:

“Nursing research worldwide is committed to rigorous scientific inquiry that provides a significant body of knowledge to advance nursing practice, shape health policy, and impact the health of people in all countries.....”

Is Nursing Research Important?

YES!!!!



Why?

- Builds networking and relationships
- Holds nurses accountable to high professional standards
- Promotes shared governance
- Promotes job satisfaction
- Reinforces identity of nursing as a profession

What is Evidence?

Evidence concerns facts (actual or asserted) intended for use in support of a conclusion

Key Definitions:

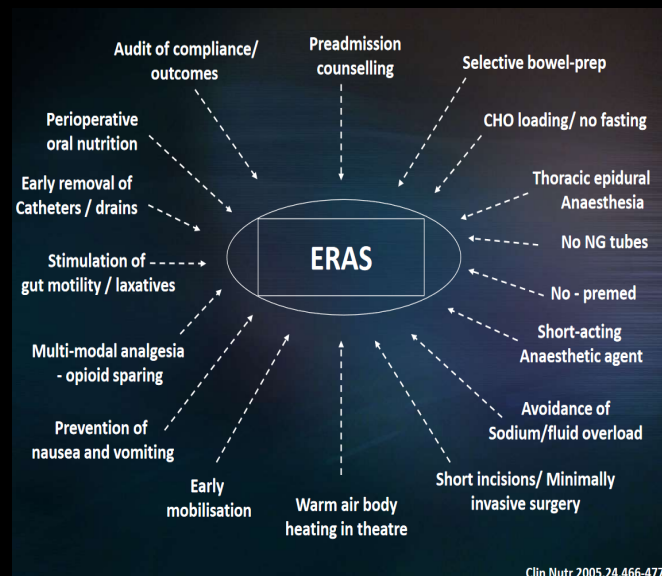
- **Evidence-based Practice** - Clinical decision making based on the best and latest evidence
- **Nursing Research** - Systematic inquiry specifically designed to develop, refine and extend nursing knowledge. The intent is to answer questions and develop knowledge using a scientific method
- **Quality Improvement** - Focuses on systems, processes and functional, clinical, satisfaction, and cost outcomes. Contributes to understanding best practice. It is NOT designed to develop nursing practice standards or nursing science

How do we know which method to use?

Do not worry about the differences between the methods – instead, start with the following:

- What is the problem?
- What are you trying to improve or accomplish?
- Need baseline data to determine if there is a real problem
- Does a policy exist? Is it being followed?
- Review of current literature
- Which method will you use to best address your focus of improvement

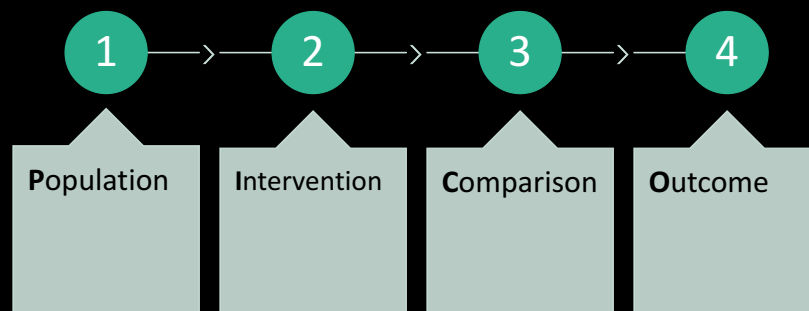
Research in ERAS



Once you know your focus.....

- Identify your evidence
- Once a problem is identified, formulate an appropriate question....

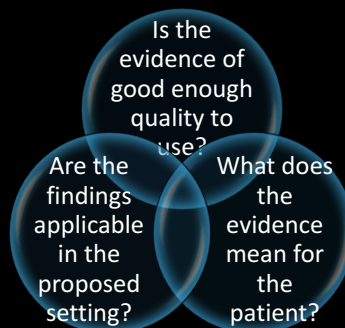
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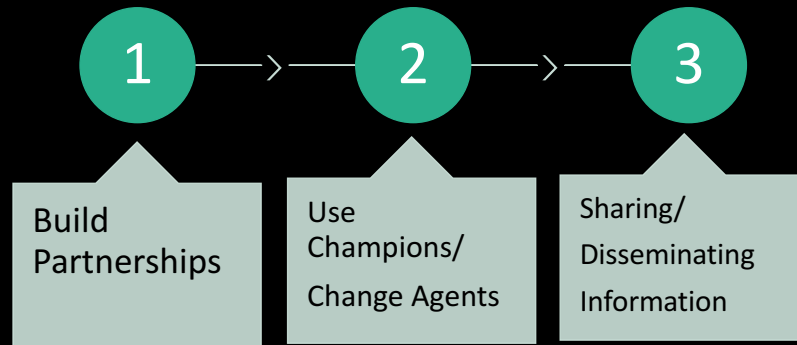
Locate the Evidence.....

- Do not feel overwhelmed by this task and don't allow yourself to not engage!
- Be able to make a judgement about the strengths, weaknesses and limitations of the ways in which evidence was developed, to critically appraise the literature

Three aspects of critical appraisal....



Evidence to Action.....



Evidence to Action.....

- Education and training interventions
- Standardizing practice
- SMART goals

Data, data, data.....Evaluate the Practice Change

Advantages:

- Improved use of resources
- Reduced inequalities
- Savings
- Better utilization of services

Disadvantages:

- Reduced use of resources
- Increased inequalities
- Costs
- Less appropriate use of services

Example of ERAS Local Intervention

Background:

- Pancreaticoduodenectomy is one of the most costly surgeries in the United States due to high morbidity and length of stay (LOS); with standard treatment costing \$63,812 per patient
- Utilizing an Enhanced Recovery after Surgery (ERAS) pathway minimizes variability in care, avoids costly complications, and improves patient outcomes

Example of ERAS Local Intervention

Objective:

- The purpose of this project was to reduce complications, readmission rates, and LOS in pancreaticoduodenectomy patients

Example of ERAS Local Intervention

Design/Methodology:

- Retrospective Cohort Design:
 - Pre-implementation: July-Sept 2015 (n=28)
 - Post-implementation: Oct-Dec 2015 (n=28)

Example
of ERAS
Local
Intervention

Setting:

874-bed hospital in the Southeast United States

Participants:

Adult pancreaticoduodenectomy patients (N=56)

Example
of ERAS
Local
Intervention

Intervention:

ERAS Pathway

- Pre-habilitation Class 2 weeks prior to surgery
- Carbohydrate loading prior to surgery
- Goal directed fluid therapy intra-operatively and 24 hours post-operatively
- Early mobilization

Example of ERAS Local Intervention

Main outcome measures:

- Chart audit for complications (delayed gastric emptying, nausea, respiratory insufficiency, surgical site infections, and wound dehiscence), readmissions, LOS
 - Pre-implementation: July-Sept 2015 (n=28)
 - Post-implementation: Oct-Dec 2015 (n=28)

Example of ERAS Local Intervention

Main results/findings:

From pre- to post-intervention

- Reduction in all 5 complications measured pre- vs post-implementation resulting in overall complication reduction from 70% to 46%
- Decreased readmission rates from 28% to 25%
- ALOS reduction from 14.19 to 12.2 days

Example of ERAS Local Intervention

Conclusions:

The implementation of the ERAS Pathway was successful in decreasing complications, readmissions and LOS in patients undergoing pancreaticoduodenectomy

Other research related to ERAS:

- Ambulation impact on paralytic ileus
- Ambulation impact on LOS
- Impact of Pre-habilitation on patient expectations/compliance
- Nutrition consult/intervention to help prevent readmission in ileostomy patients
- Implementation of ileostomy pathway to reduce/eliminate readmissions

Last thoughts.....

- Make sure you have the time needed to dedicate yourself to a research/QI project
- Make sure you have the necessary resources
- Make sure you have the support from management
- Make sure to put together a strong, dedicated team
- Make sure to follow the process....if you skip a step, it will only create more work for you!

“First better, then faster...”

-Henrik Kehlet, 2017

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