Supporting a Staff-Centered Evidence-Based Practice Council Project

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Objectives

At the conclusion of this presentation, NPD specialists will be able to:

1. design a staff centered, specialist mentored Evidence-Based Practice (EBP) Council.
2. summarize the effectiveness of the described EBP council’s attempt at engaging staff members and improving patient outcomes.
3. apply principles of mentoring staff through EBP projects.

Marlton Professional Nursing Empowerment Committee

• 2005: Established by our Nursing VP to increase communication and engagement of bedside nurses
• 2011-2012: Group membership transitioned to staff leaders of unit based Shared Governance committees
• 2012: Journal Club (a.k.a. EPB council)
Why Start an EBP Council?

• Goal of leadership to practice in an evidence-based manner
• Leaders with strong backgrounds in research
• Need to move staff from a follower role to a driver role to increase understanding, buy-in and engagement

Advancing Research and Clinical practice through close Collaboration

• Describes factors that support an environment of best practice
• Defined role of the “EBP Mentor”
  • Model supports that mentors are vital to the implementation of EBP
  • Accessible Experts
  • Flexibility

Assumptions of the ARCC Model

1. Barriers and facilitators of EBP exist
2. Barriers must be removed or mitigated and facilitators must be put in place
3. Mentors must be included who possess advanced knowledge and skills in EBP
4. Clinicians beliefs about the value of EBP must be strengthened

(Fineout-Overholt, Levin, & Melnyk, 2004)

(Melnyk, 2012, p. 132)
Bringing EBP to the Staff Nurse

**Barriers**
1. Support & resources from administration is inadequate
2. Time constraints
3. Staff do not possess knowledge about EBP
4. Lack of mentors to work with staff

**Facilitators**
1. Administration provides staff meeting time and place
2. Scheduled monthly meetings
3. Provide Education to increase belief in EBP value
4. APNs = EBP Mentors

Literature Supports the use of Mentors

- Staff nurses identify mentors as important to helping them implement EBP
  (Melnyk, Fineout-Overholt, Stillwell, & Williamson, 2009)
- Mentorship programs have a positive effect on nurses’ awareness of, and beliefs about the value of EBP
  (Morgan, 2012; Wallen et al., 2010)
- Many models promote using mentors to support the implementation of EBP
The Seven Steps of EBP

0: cultivate a spirit of inquiry
1: Ask clinical questions in PICOT format
2: Search for the best evidence
3: Critically appraise the evidence
4: Integrate the evidence with clinical expertise and patient preferences and values
5: Evaluate the outcomes of the practice decisions or changes
6: disseminate EBP results

( Melnyk, Fineout-Overholt, Stillwell, & Williamson, 2010)

Our 1st Step (Step 0 of EBP)

• Igniting a “Spirit of Inquiry” in our staff nurses
  • Without curiosity about clinical practice, nurses are unlikely to adopt evidence-based practice changes

( Melnyk, Fineout-Overholt, Stillwell, & Williamson, 2009)

Our Methods

• Create an environment that welcomed questions
• Presentation of literature about familiar topics
• “Everything is not as it seems”
Building Skills

• Education is the #1 thing that nurses feel would help them implement EBP  
  (Melnyk, Fineout-Overholt, Gallagher-Ford, & Kaplan, 2012)
• Asking Clinical Questions
• Literature searching
• Understanding and Critiquing Research

Our Methods

• Literature Searches:
  • Mentor with small group of staff nurses
• Education on the Critical Appraisal of Evidence
  • Levels of Evidence
  • Study designs
  • Good Science vs. Bad Science
  • Roundtable discussions of retrieved studies

Choosing a Project

• Putting preparation into practice
• Empowering Members
• Engaging Members
Staff Huddles

- Purposes
  - Promotes teamwork
  - Improves communication
  - Maintains a safe environment
  - Empowers the staff to “own” their unit
  - Supported by the Leapfrog Group, the Institute for Healthcare Improvement and the Robert Wood Johnson Foundation

(Dunbar, 2008)

Anecdotal Feedback after Hospital-wide Implementation

- Value of information
  - Information that didn’t apply to individual unit
  - Missing information that would be helpful
- Confusion about Purpose
- Support presence
- How is huddle applicable to me?

Guiding the EBP Council to form a PICOT Question (EBP Step 1)

“On inpatient units at Virtua Marlton, how do customized huddles compared with the current huddles affect nursing satisfaction with huddle over three months?”
Preparing for the Customization Process

• Feedback from Professional Practice Committee
• Synthesis of Literature (EBP Step 2 & 3)
• Voice of the Customer: Surveys

Literature Review

<table>
<thead>
<tr>
<th>Logistics</th>
<th>Content</th>
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<tbody>
<tr>
<td>Dingly, Daugherty, Derig &amp; Persing, 2007</td>
<td>Dingle, 2007</td>
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<td>Dunbar, 2008</td>
<td>Griffin &amp; Madigan, 2007</td>
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<td>Heneberg, 2006</td>
<td>Huddle Survey</td>
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• What do you believe the purpose of huddle is?
• What do you like about the huddle?
• What do you dislike about the huddle?
• What would the perfect huddle look like to you?
“The Workout” (EBP Step 4)

- Bringing the stakeholders together
- Using the literature findings
- Using the survey findings
- Designing NEW unit-specific huddle forms

Customization Outcomes

- Common themes relayed
  - State of the unit
  - Safety
  - Patient information
  - Roundtable
- Sustainability
  - Done on both shifts
  - 7 days a week

Control vs. Intervention Units

**Control Group**
- No Change implemented
- Two medical-surgical and one critical care unit

**Intervention Group**
- Implemented change based on the workout
- Two medical-surgical units and one critical care unit
Rolling out the Change

• August: Pre-intervention surveys
• September: Roll-Out
• November: Post-intervention surveys

Pre/Post Survey
On a scale of 1-10, how valuable do you think that unit huddles are:

1   2   3   4   5   6   7   8   9   10
not valuable neutral very valuable

1. In improving communication:
2. In improving patient safety:
3. In improving your awareness of what was occurring on the unit:
4. In improving the work-flow of the unit:
5. In promoting teamwork:
6. Overall:

7. Is there anything else you would like to share regarding unit huddles:

_____________________________________

Evaluating Success:

(EBP Step 5)
Pressure Ulcers
(% of Patients Assessed with HAPU)

Falls
(per 1000 Patient Days)

Value of Huddle: Intervention Units
Value of Huddle: Control Units

Perceived Value of Huddle (Pre)

Perceived Value of Huddle (Post)
Staff Feedback

- Huddle in general:
  - “Relating it to ‘me’ and ‘how my day going’ and giving a safe forum to ask for help”
  - “Opened awareness of how each staff doing and able to support each other better”
- About the customization:
  - “Loved it – staff made changes and adapted immediately”
  - “Staff could share opinions of what huddle should be and felt empowered”
  - “Open discussion – got staff talking”

- Professional Nurse Empowerment Committee, January 2014

Lessons Learned (EBP Step 6)

- Highlights of success
- Missed opportunities
- Statistical significance versus clinical significance

The Future

- Expansion
- Capitalize on buy-in
- Future projects
  - Handoffs
  - Nurse perceptions of the importance of self-care
  - Mentoring program and nurse retention
  - Moisture wicking pad and pressure ulcers
  - Use of standardized body outline to document skin issues

- www.mailing-list-services.com

- www.houstonforesight.org
The Highs and Lows of an EBP Council

• Turnover
• Energy ebbs and flows
• Open discussion

You can do this too!

• Key factors to consider
  • Engagement!
  • Mentorship
  • Provide the right environment
  • Teach, then do
  • Small wins get you somewhere
  • So do losses!

Mentor

• a wise and trusted counselor or teacher.
• an influential senior sponsor or supporter.

“Knowing is not enough; we must apply. Willing is not enough; we must do.”

Johann Wolfgang von Goethe
The EBP Mentor

• Creates the culture
• Role models behavior
  • Self actualization
  • Attains skills
  • Pro-EBP attitude – the vision and goals
• Makes evidence-based decisions
• Mitigates fears and doubts
• Corrects misconceptions
• Navigates barriers
• Recognizes achievements

REVIEW

7 Steps of EBP
0 = Cultivate spirit of inquiry
1 = Ask clinical questions in PICOT format
2 = Search for the best evidence
3 = Critically appraise evidence
4 = Integrate the evidence
5 = Evaluate the outcomes based on evidence
6 = Disseminate results

ARCC Model

Ask These Questions

• What will the outcome be once the project or change is complete?

• What difference will the project or change make in improving patient outcomes, healthcare quality and/or cost?

(Melnyk, 2012)
Wrap-Up

• Designing a staff based EBP council
• Our council’s attempt at improving staff satisfaction and patient outcomes
• Our NPD specialists’ experience applying principles of mentoring

Go Forth!

• Make it easy and fun
• Build in routine recognition for efforts
• Keep up momentum
• Don’t forget to walk the walk

References


References


Suggested Reading About Huddles


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