Evidence based practice
(evidence based nursing, EBP, EBN)

New information in the form of research findings will be incorporated constantly and knowledgeably into nursing practice Requires integration of best research with clinical expertise and the patient’s unique values and circumstances

(Straus, 2005)
Utilization of research

• Can take up to 17 years before significant research findings are implemented into clinical practice (Nalas & Boren, 2000)

• EBP also includes making decision about individual patient, and quality and applicability of existing research, patients’ preferences, costs, clinical expertise, clinical setting, outcomes. Clinical reality very different than research context.
Role of RN

• Critical link in bringing research-based changes into clinical practice
• Many organizations may not have the resources to ensure critical, succinct evaluation and application of research findings related to point of care delivery.
• How do these two issues merge?
Factors of EBN

• Collaboration, service, integration
• “Shields” of practice, education and research can provide best care to patients.
• Library science, nursing services, nursing practice subcommittee (NPS), nursing education subcommittee (NES), nursing research subcommittee (NRS).
EBP

• 5 steps in the EBP process:
  • 1. Asking clinical question in PICO format
  • 2. Efficient search for evidence based on the question
  • 3. Critical appraisal of research
  • 4. Implement evidence into practice in combination with clinicians’ expertise and patient preferences.
  • 5. Evaluation of identified outcomes in clinical setting.
Components of EBN

• Forming a clinical question—must design a clinical question using “background” (questions asked for *general* knowledge about a condition or thing) or “foreground” (questions asked about *specific* knowledge to inform clinical decisions).
PICO

• Mnemonic used to describe the four elements of a good clinical foreground question.
• P-patient (individual or group)
• I-intervention (cause or prognosis) therapy you wish to consider; diagnostic test, treatment, risk factor, etc.
• C-comparison –alternative treatment to compare? absence of risk, placebo, different diagnosis.
• O-outcome- should be measurable and include a time horizon.
PICO question

• “ in adult cardiac surgery patients (P) is morphine (I) or fentanyl (C) more effective in reducing postoperative pain (O)?
EBP
clinical question

• Categories: diagnosis, therapy, harm or etiology, prognosis, prevention, qualitative.
• Once question established, can move on to research
EBP-levels of evidence and systematic review

• Levels of evidence (hierarchy of evidence) are assigned to studies based on the methodological quality of their design, validity and applicability to patient care. These decisions give the “grade” or strength of recommendation.

• Strongest-meta analysis of randomized controlled trials (RCTs), weakest level is opinion from authorities or experts.
resources

• http://www.acestar.uthscsa.edu/About.htm
• Medline
• Cinahl
• www.joannabriggs.edu.au
• http://ahrq.gov
• http://uihealthcare.con/depts/nursing/rqom/evidencebasedpractice/iiowamodl.html
• www.cochrane.org
Barriers

- Nurses may value the use of research and scientific evidence to guide practice, but frequently lack resources and skills to achieve and evidence based practice.
- Other barriers: lack of administrative support, nurses believe that they lack the authority to change practice, insufficient time in clinical setting to implement change, organizational culture.
Magnet status

• Award given by the American Nurses’ Credentialing Center (ANCC) an affiliate of American Nurses Association, to hospitals that satisfy a set of criteria designed to measure the strength and quality of their nursing.
Status implies

• Nurses have high job satisfaction
• Low staff nurse turnover and appropriate grievance resolution.
• Nursing involved in EBN
• Nursing involved in decision-making in patient care delivery.
• Magnet leaders value staff nurses, involve them in shaping EBN and encourage and reward them for advancing in nursing practice
History

• 1983 American Academy of Nursing (AAN) task force conducted study of hospitals to identify variables that created an environment that attracted and retained will qualified nurses. Study was interested in what attracted (magnet) nurses to specific hospitals with positive outcomes.

• 1990- Paradigm approved by ANA and pilot project planned.

• 1994- University of Washington became 1st Magnet organization
Controversies

• Many nursing unions are highly critical of Magnet program implementation. CNA (Ca. nurses assoc.) and MNA (Mass. Nurses assoc.) argue that it is primarily a hospital promotion tool that resembles the Joint Commission (JCAHO) with a questionable relationship with administration, and that nurses faire any better at Magnet hospitals than others
Queen nurses vote down union

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Registered nurses at Queen of the Valley Medical Center rejected the California Nurses Association's most recent union bid, according to Thursday evening's election results.

Some 420 of almost 500 eligible registered nurses turned out for Thursday's secret ballot, hospital officials said. Unofficial results showed 193 votes for the union and 236 votes against it, according to Queen
controversies

• Book “Nursing Against the Odds (2005), Suzanne Gordon
• Claims that many voluntary guidelines offer only illusion of nurse empowerment and that it impacts their time management unfairly