Implementation of Evidence in Practice: Policy or Secret Sauce?

Donna L. Berry, PhD, RN, AOCN®, FAAN
Ann Berger, PhD, APRN, AOCNS, FAAN
Tracy Gosselin, PhD, RN, AOCN®, FAAN

Thought Leaders Say...

- Institute of Medicine
  - By 2020, 90% of clinical decisions should be based on strong evidence
- American Nurses Credentialing Center’s Magnet certification
  - Evidence of EBP required
- American Association of Colleges of Nursing Essentials (2008; p15)
  - “Nursing practice is grounded in translation of current evidence into practice”
- American Society of Clinical Oncology (2016; p. 11)
  - “Professional organizations should develop and disseminate clinical guidelines and tools...in order to optimize patient care, reduce wasted and avoid inappropriate treatment.”

Where Are We At With EBP?
Consistent Messages

- 2005 (Pravikoff): Nurses are not ready to fully embrace scholarly, evidence-based practice (EBP). Not happening...
  - EBP a low priority
  - Lack dedicated time
- 2012 (Melnyk): Shift in individual nurses attitudes supporting EBP, but low implementation
  - Lack dedicated time, knowledge, mentors, and managers’ support
- 2015 (Underhill): Over 100 individual nurses in a comprehensive cancer center believe in EBP, yet report low implementation
  - Lack of dedicated time
  - Greater implementation with graduate degree
- 2016 (Melnyk): Despite positive beliefs about EBP in 276 Chief Nurse Executives, low implementation
  - Quality and safety highest priorities
  - EBP rated a top priority by only 3%
And Our Own...Oncology Nursing Society

- ONS and the Foundation have implemented sequential and multi-year strategies to address the evidence base for practice.
  - Putting Evidence into Practice (PEP) resources (2005 – today)
  - Development/testing of quality measures for assessment and interventions in breast cancer (2008-2013)
  - Annual Institutes for Evidence-Based Practice Change (2009-2011)
  - Over $1 million in outcomes research since 1998.
- What can we point to today and say, “Wow”–what a difference we see in practice!

Two Perspectives

1. External regulations, guidelines & recommendations
   - Adherence to these will result in excellent oncology nursing care.
   - Nursing policies, procedures and/or pathways should be designed to incorporate the external positions.

Two Perspectives

2. The best approach is local, interdisciplinary initiatives based on local patients’ needs.
   - This allows the natural “secret sauce” to infuse care practices for each individual patient and results in high patient satisfaction.
   - Regulations, guidelines and policies are simply “filling the cloud.”
   - There is very little impact on direct oncology nursing care unless tied to reimbursement.
Join us in debating these perspectives

At the end of our session, we hope to see a path forward...

...To a practice setting in which oncology nurses have the best evidence at their fingertips and are busy intervening only with solutions that are highly likely to achieve the best outcomes.

Guidelines and Policy: Stand on the Shoulders of Giants

Ann Berger, PhD, APRN, AOCNS, FAAN
Professor, Dorothy H. Olson Endowed Chair in Nursing
Associate Dean for Research and APRN-CNS- Oncology
University of Nebraska Medical Center

Guideline Implementation: Top Down!

- GUIDELINES ARE COLLECTIONS of practical information that assist with clinical decision making.
- Evidence-based guideline development includes a critique of the quality and an evaluation of the strength of published evidence.
- Institute of Medicine’s goal- by 2020, 90% of clinical decisions be evidence-based!
- I CHARGE YOU TO MAKE IT HAPPEN!
Top Down Guideline Implementation

- IOM defines clinical practice guidelines as “…statements that include recommendations, intended to optimize patient care, that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.”
- Don’t we need rules/guidelines? Of course! JUST DO IT!
- We all follow rules: playing a game, driving, preparing food. We need to follow these rules to allow for the best clinical outcomes!

Implementing Oncology Guidelines

- Oncology leaders need to respond to recommendations from NCCN, ONS, CPAC/CAPO, and ASCO.
- These guidelines/statements for best practice have legal implications!
- You can’t use the excuse that Guidelines are difficult to access! They are widely available in both online and paper versions.
- Online format may be more efficient however access to library resources may be limited (financial and/or firewalls).
- Accessing and using the best evidence for cancer care & symptom interventions are prerequisites for nursing excellence!

Accessing and Using the best Evidence for Cancer Symptom Interventions

- Dana-Farber Cancer Institute implemented the Symptom Management Excellence initiative
- Compared 663 patients’ and 163 nurses’ reports of cancer symptoms which were most frequently experienced and observed, and most bothersome and highest priority
- Interdisciplinary teams then convened to design and test the feasibility of a TOP DOWN method to bring symptom management evidence into clinical practice
- If they can do it, why can’t you and your staff/team/setting?!
Challenges and Barriers to Implementation

- Lack of personnel resources
- Demands of clinical practice pose time limitations for EBP projects
- Defined role of the nurse has not traditionally included involvement in EBP and is not recognized
- Magnet® Recognition Program (American Nurses Credentialing Center, 2012), nurses value EBP for practice updates; however, EBP should be developed further as an active component of the direct care nurse role!!

Are You Ready to Implement Guidelines for Fatigue into Your Practice?

- Cancer-Related Fatigue Guidelines: NCCN, ONS, CPAC/CAPO and ASCO; guidelines align and are ready for implementation!
- Tipping point between T2 and T3 on continuum
- Examples:
  - Physical Activity/Exercise for CRF in Cancer Survivors (all)
  - Distress Screening (all)
  - Rehabilitation for Women with Breast Cancer (ACS)

Translational Science Continuum: Improving Outcomes

Modified from Khoury MJ et al; Am J Epidemiology 2010;172:517-524
What’s Needed? Resources & EBP Culture as the Foundation for Care!

- Time, knowledge, mentors, and organizational support (2 decades of challenges)
- Educational curricula
- Payment
- Support from multi-disciplinary team
- Mechanisms to assure sustained adoption
- EMR support to examine trends
- Interventions reflected in policies and quality standards
- What works? For whom? In What situations?

It’s the sauce!

Tracy Gosselin, PhD, RN, AOCN®
Associate Chief Nursing Officer & Assistant Vice President
Duke Cancer Institute

Why Secret Sauce?

- Nurse recruitment
- Nurse engagement
- Nurse retention
- Nurse development
- Workforce planning
- Honesty & ethics (85%)
- Institute of Medicine:
  - To Err is Human Crossing the Quality Chasm: Building a Safer System (1999)
Drivers of the Sauce

- Change
- Regulatory bodies
  - Joint Commission
  - Center for Medicare & Medicaid Services
  - State Department of Health & Human Services
- ANCC Magnet Recognition Program®
- Care redesign and transformation across the care continuum
- Establishment of interprofessional teams

So What’s the Big Deal?

An ongoing process by which evidence, nursing theory and the practitioners’ clinical expertise are critically evaluated and considered, in conjunction with patient involvement, to provide delivery of optimum nursing care for the individual."


Models of Evidence Based Practice

- Academic Center for Evidence-Based Practice
- Advancing Research and Clinical Practice Through Close Collaboration
- Caledonian Development Model
- Evidence-Based Practice Model for Staff Nurses
- Iowa Model of Evidence Based Practice to Promote Quality Care
- John Hopkins Nursing Evidence-Based Practice Model
- Stetler Model
Clinical Practice Councils

Structure + Process = Outcomes

- Who
- When
- Where
- Culture
- Information
- Resources
- Technology

- What
- How
- Model
- Policies

- Decrease complications post Port insertion
- Improve patient satisfaction
- Decrease readmission rates
- Improve PPE use

Successes and Failures

Successes
- Teaching the way
- Focus on priorities
- Relevant evidence
- Multiple strategies to address change
- Facilitator characteristics and approach

Failures
- Poor engagement and/or ownership
- Resource deficits
- Conflict
- Contextual issues
- Lack of evaluation and sustainability

From: Dogherty, et al. (2013). Worldviews on Evidence-Based Nursing, 10(3), 129-139.