"In order to advocate effectively for lifesaving legislation, advocates must have clear and compelling scientific evidence to provide a basis for policy change."

Millie Webb, Mothers Against Drunk Driving

Translation of Evidence into Policy – Beyond Essential V into Practice

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The Johns Hopkins University School of Nursing
DNP, LLC Conference
New Orleans, Louisiana
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Objectives

At the end of the presentation, the learners will be able to:

1. Evaluate the presence of a gap between the research and policy worlds in practice.
2. Discuss the degree to which evidence is used directly or selectively to answer different policy questions and in relation to different policy situations.
3. Explain the barriers and facilitators to the use of research evidence in policy making.
4. Describe strategies that the advanced clinical expert can use to increase the use of evidence for policy making

RWJF Gallup Poll –Nursing Leadership From Bedside to Boardroom: Opinion Leaders' Perceptions

The interviewing period for this survey was between August 18 and October 30, 2009. The survey averaged 11 minutes in length.

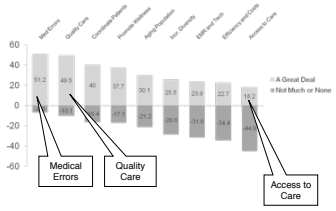
1504 telephone interviews with opinion leaders throughout the nation:

- University Faculty (n = 276)
- Insurance (n = 237)
- Corporate (n = 232)
- Health Services (n = 253)
- Government (n = 253)
- Industry Thought Leaders (n = 253)

Nurses Influence in Planning, Policy and Management of Health Systems and Services

Question Wording:

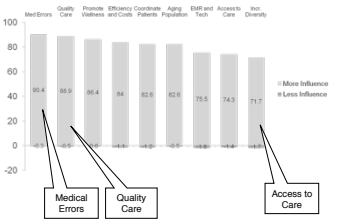
Do you feel that nurses currently have a great deal of influence in each of the following ways?



Nurses Should Have More Influence in Planning, Developing Policy, and Management

Question Wording:

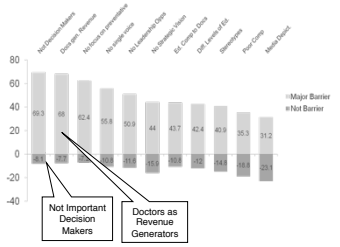
Would you like nurses to have more influence, about the same influence, or less influence than they do now in planning, developing policy, and management of the following health systems and services?



Barriers to Nurses' Ability to Contribute to Improvements in Planning Policy Development, and Management of Health Systems and Services

Question Wording:

Please tell me if you think each of the following is a major barrier, a minor barrier, or not a barrier to nurses' ability to contribute to improvements in planning policy development, and management of health systems and services?



Essential V: Health Care Policy for Advocacy in Health Care

The DNP program prepares the graduate to:

1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.
2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.
3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.
4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.
5. Advocate for the nursing profession within the policy and healthcare communities.
6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.
7. Advocate for social justice, equity, and ethical policies within all healthcare arenas.

The Big Questions

- Why don't we see consistent translation of new scientific evidence into policy?
- How might the interactions between researchers and policy makers become more relevant to real life/organizational realities/ real world concerns?
- What strategies will improve knowledge translation into health care policy?

Translation of Policy into Practice – is there too little or too much evidence?

The Gap - Between Research and Policy Worlds

- Lavis (2002)
  - "the paradox of health services research: it if is not used, why do we produce so much of it?"
- Brownson, Royer, Ewing and McBride (2006)
  - Researchers and policy makers are "travelers in parallel universes"

If it was easy, it would have been done by now…

Two Theories (I promise)

Two Communities Theory

- "Cultural" differences between the research and policy-making communities
- Different views of the world
  - the researcher is mainly concerned with pure science but also values reward systems and professional associations
  - the policy maker is more interested in immediate relevance [and has an action orientation??]

Push-Pull Theory

- From classic literature on technology transfer - **Who is responsible for insuring the application of new technology?**
- Responsibility debate - the technology-push or the need/demand-pull
  - Who is responsible?
  - The source is either the scientist who develops the innovation (technology push) **OR**
  - The demand for the innovation is based on perceived need (demand pull).
- This debate has been applied to the translation of evidence into practice and policy
  - Is the evidence coming from the researcher to the policy maker **science-push** , to develop new knowledge
  - OR is the evidence a **user or demand-pull** - policy makers asking for evidence to drive policy,[a problem –solving approach??]

So Why Don't We Just Do It?

Translation

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What are the Barriers and Facilitators to the Translation of Evidence in Policy Making?

BARRIERS

- Absence of personal contact between researchers and policy-makers
- Lack of timeliness or relevance of research
- Poor quality of research
- Mutual mistrust, including perceived political naivety of scientists and scientific naivety of policy-makers
- Power and budget struggles
- Political instability or high turnover of policy-making staff

FACILITATORS

- Personal contact between researchers and policymakers
- Timeliness and relevance of the research
- Good quality research
- Research that included a summary with clear recommendations
- Research that confirms current policy or endorsed self-interest
- Community pressure or client demand for research
- Research that included effectiveness data

What Evidence Has Been Translated into Policy?

- Seat belt laws
- Tobacco control
- Injury prevention
- Model achievements due to a policy change
  - Research into these programs found that only 6.5% of the sponsors of these achievements provided details that showed the policies or laws were based on scientific information.

All Levels of Policy Making Use Evidence

National, State, Local, Professional, and Organizational Levels

National Level

Naylor's Transitional Care Model

- **Translation of an evidence-based strategy into a practice delivery model**.
- Uses APRNs with specialized training to care for older adults with multiple chronic conditions and support their family caregivers
- Significant and sustained outcomes including:
  - avoiding hospital readmissions and emergency room visits for primary and coexist-ing conditions
  - improvements in health outcomes after discharge
  - enhancement in patient and family care-giver satisfaction
  - reductions in total health care costs

Naylor's Model

- Adopted by
  - Aetna has adopted the TCM to achieve better outcomes for its older adult enrollees with multiple chronic problems.
  - AARP has recommended expansion of the services the TCM to its members.
  - The National Quality Forum endorsed deployment of evidence-based transitional care such as the TCM as one of 25 national preferred practices for care coordi-nation.
  - Patient Protection and Affordable Care Act of 2010 includes support for design, measurement and payment innovation around evidence-based transitional care.

Center for Medicare and Medicaid Services Hospital Acquired Condition (HAC)

- Deficit Reduction Act of 2005 required the Secretary to identify conditions that are:
  - (a) high cost or high volume or both,
  - (b) result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis, and
  - (c) could reasonably have been prevented through the application of evidence-based guidelines.
- Medicare will no longer pay hospitals at higher rates for the increased costs of care of conditions that have been determined to be reasonably preventable by following generally accepted evidence-based practice guidelines if acquired during the hospitalization.
- This policy, using evidence-based practice guidelines **based on the translation of research to practice and now to policy**, is important to standardizing appropriate treatment for patients.

Final Rule - 10 Categories of HACs

1. Foreign Object Retained After Surgery
2. Air Embolism
3. Blood Incompatibility
4. Stage III and IV Pressure Ulcers
5. Falls and Trauma
6. Manifestations of Poor Glycemic Control
7. Catheter-Associated Urinary Tract Infection (CAUTI)
8. Vascular Catheter-Associated Infection
9. Surgical Site Infection Following a) Coronary Artery Bypass Graft (CABG) ; b) Bariatric Surgeries such as Laparoscopic Gastric Bypass, Gastroenterostomy, and Laparoscopic Gastric Restrictive Surgery; and 3) Orthopedic Procedures of the spine, neck, shoulder and elbow
10. Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee or hip replacement

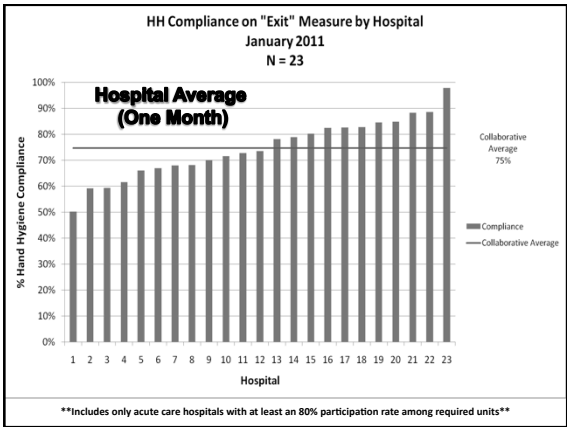
State Level

Maryland Governor's Health Quality and Cost Council – Evidence-based Medicine Workgroup

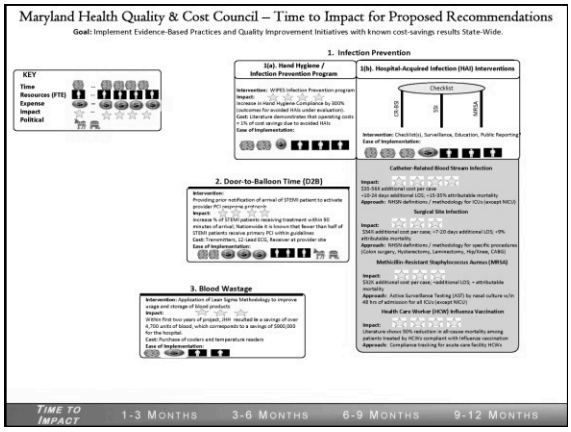
All recommendations will include the following elements:

- Description of Project
- Evidence
- Impact
- Cost-savings
- Ease of implementation
  - Financial resources required
  - Human resources required
  - Approximate time to implement

Maryland Hospital Hand Hygiene Collaborative



Includes only acute care hospitals with at least an 80% participation rate among required units

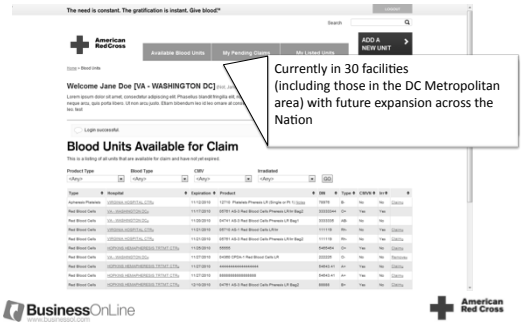


Blood Wastage Project

Craig's List for Expiring Blood Units

Statewide Policy Change for Handling Expiring Blood Products

Inventory Visibility System



Currently in 30 facilities (including those in the DC Metropolitan area) with future expansion across the Nation

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Blood Wastage Collaborative

Total Savings for Blood Wastage Collaborative: 20 Months (*as of September 9, 2011)

- Platelets = 1034 units
- Plasma = 629 units

Total Units Saved = 1663 units

- Platelets = $524,238
- Plasma = $34,595

Total $s Saved = $558,833

35 out of 44 hospitals have submitted April data = 80% participation rate

1st Summer (2011) – No Critical Blood Shortage in Baltimore-Washington area

Local Level

B'more for Healthy Babies

Outcomes

- Program began March 2009
- 16 confirmed sleep-related deaths in Baltimore City 2010 (down from 27 in 2009)
- 30% decline in deaths from unsafe sleep

Professional Level

Adapting Standards of Care under Extreme Conditions: Guidance for Professionals During Disasters, Pandemics, and Other Extreme Emergencies

- 2008 - first in a series of policy conferences convened by ANA to engage and involve the nursing public
  - "Nursing Care in Life, Death and Disaster"
- Evidence-based policy document
  - Health care providers may be presented with obstacles and challenges related to the standard of care when the usual resources – both human and material – may not be available.

Organizational Level

2-drop Method for Testing Blood Glucose with Glucometer

1) New product-related guidelines

2) Evidence reviewed and lacking

3) Pilot study conducted to inform decision making

Do artificial nails worn by healthcare providers increase the risk of nosocomial infection?

1) Nurse Managers were challenged with how to hold staff accountable for this change in policy.

2) EBP leaders convened a group of NMs to conduct an evidence review on artificial nails and infection.

3) NMs were armed with the best evidence on the risks associated with use of artificial nails.

4) Administrative practice strengthened.

What are the risks and benefits of Frenotomy performed on newborn to treat ankyloglossia?

1) Differing practice within the community
2) Two valuable lessons learned
   Scope and definition of problem
   Inter-professional team
3) Moderate strength of evidence
4) Policy change – Hazelbaker Assessment Tool
5) Current research

DNP Projects – all levels

- **JoAnn Coleman, DNP, ANP, ACN, AOCN**
  Johns Hopkins Hospital
  Preoperative Assessment of the Older Adult Having Surgery for Cancer: Information to Improve Postoperative Care
- **Mary J. Schumann, DNP, MBA, RN, CPNP**
  George Washington University School of Nursing
  Measuring Improvement in Pediatric Pain: Policies, Standards and Outcomes

Shift Focus for Today's Practice

- Research-informed practice is engaged in by individual clinicians
- Evidence-based practice is engaged in by clinical teams

Translation of Evidence into Policy and Practice

White Translation of Evidence into Policy Framework – 5 C's

- "Collect," "Critique" and "Collate" evidence
  - Systematic methods
- "Communicate" – disseminate throughout the translation process
- "Culture" – Fit and Feasibility "Check"
- "Consistent" and systematic methods
- "Control" – measure and evaluate; how well did we do?

Collecting/Critiquing Evidence

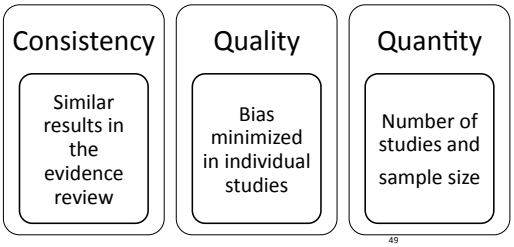
•What type(s) of evidence will convince the providers, patients and policymakers to make a change that is necessary?
  –Different types of evidence may be appropriate for different audiences

Search for all types of evidence
  –Research
  –Expert Opinion
  –Providers
  –Organizational Experience
  –Patient Preferences

•Must be credible sources of evidence

"Collate" Evidence – Summarize Evidence Review and Make Recommendation

Factors to consider



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4 Possible Outcomes from Critiquing and Collating the Evidence

Recommendations Based on Evidence Synthesis:

1. Compelling strong, high quality evidence for practice change
2. Some evidence
3. Conflicting evidence
4. No evidence or insufficient evidence

Communication - Increase Uptake of Evidence to Policy

- How will you tell your story?
- Who is your audience
  - Identify the stakeholders
  - Develop the 30 second story
  - What is the message you want to convey?
    - sound bites
    - elevator or hallway brief
- What medium will you use?
  - Oral, written
  - Diffusion and spread

Types of Communication for Evidence Synthesis

Executive Evidence Summary

Problem & Practice Question			
Evidence (search strategy)			
Category Level	Number of studies	Summary Findings	Overall Rating
Translation: Recommendation(s)			
Translation: Outcome(s			
Translation: (Monitoring Plan)			

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Systematic Review

- **Summary of the literature that uses explicit methods to perform a comprehensive literature search and critical appraisal of individual studies**
- Answers a specific question and reviews all existing knowledge on a topic
- Publicly available sources of systematic reviews

Synthesis Story

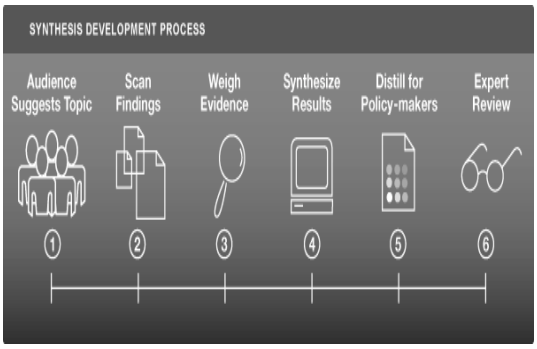
Addresses four questions:

1) Why is this of interest to policy-makers?
2) What "story" does the evidence tell?
3) What choices does the evidence suggest would be most effective?
4) What are the implications for policy-makers?

RWJ Synthesis Project

- We are all besieged with information – decline in best care knowledge, so are policy/decision makers
- The project started with a question: Why aren't research results more useful to policy-makers?
- Project Goal - to give policymakers access to reliable information, develop insights into complex policy decisions and produce briefs and reports that synthesize research findings on perennial health policy questions.
  - Research synthesis reports, policy briefs, and data charts structured around the policy questions to distill evidence in a rigorous and objective manner.

(http://www.rwjf.org/pr/synthesisabout.jsp)



Communication Strategy for Translation of Evidence to Policy-Policy/Issue Brief

Components of the "Brief" – the Two Pager

1. Executive Summary or Abstract
2. Statement of the Issue/Problem/Practice Question
3. Background of the problem, including evidence review
4. Statement of your organization's interests in the issue
5. Policy Options
6. Recommendation
7. Sources or consultations – reference list

Culture Check

- Determining Appropriateness for Practice Change – the translation of evidence to practice and policy
- "Fit and Feasibility" to your organization
- Start to Assess the Organization - SWOT
  - Buy-in
  - Infrastructure
  - Resources
- Stakeholder Analysis

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STAKEHOLDER ANALYSIS

Who they are?

1) People who will be affected by your project or can influence it but May or may not be directly involved with doing the project work
2) Not all stakeholders are equal

What are the stakeholders?

1) Approver
2) Responsible
3) Consultant
4) Informed

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Why do a Stakeholder Analysis?

- Identifies those that may influence success of your project either positively or negatively
- Allows you to anticipate their influence
- Provides you the opportunity to get the most effective support for project and address barriers to implementation early on

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"Consistent" Method to Implementation/Translation

- Use culture check and assessment to plan, plan, plan
- Use a consistent or systematic method
  - Project Management – identifies evidence, methods, resources (people, money, timeline), status/evaluation
  - Leadership and Collaboration - Who will be responsible?
- In current economic and political reality
  - Integrate into Current Systems
  - What type of translation of evidence approach will you use? The approach may differ but the translation methods should be consistent
- Always think about evaluation- "You Can't Improve What You Can't Measure

The Type of Translation Approach will Determine Plan

- Educational
- Marketing
- Behavioral
- Social Influence
- Organizational
- Epidemiological
- Coercive

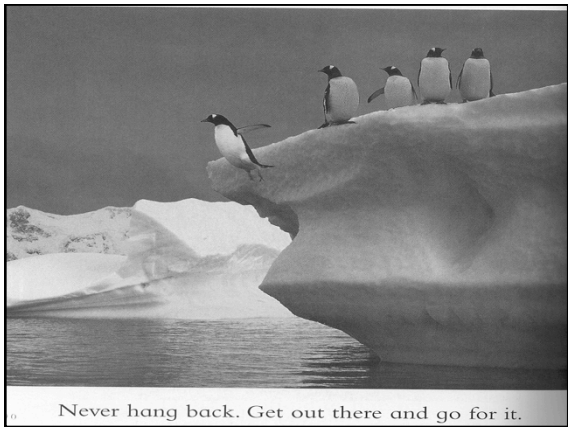
Grol and Grimshaw

Control – "You Can't Improve What You Can't Measure"

- Pick your datapoints - "Killer" numbers
  - Improve high cost, high risk, high volume numbers
  - Link with a national goal
  - Measure improvement in care/impact of the change
  - Use for decision making
- Measure should match the identified problem and proposed change - Cause and Effect
- White's Recommended Outcome Categories:
  - Clinical
  - Functional
  - Perceptual
  - Process/intervention
  - Utilization/administrative.

Strategies to Increase Translation of Evidence to Policy and Practice

- Provide synthesis of evidence
  - Include effectiveness data
  - Ensure that evidence is perceived as timely, relevant, and of high quality
- Communicate, communicate, communicate
- Assess appropriateness and fit and feasibility for your organization
- Plan, plan, plan
- Evaluate, evaluate, evaluate



Any Questions?

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