

Integrating Evidence-Based Practice in Nursing: Developing a Policy to Guide Pediatric Care

Clinical Problem

- Evidence-based practice (EBP) is not the standard of care in many healthcare systems in the US and around the globe (Melnik et al, 2018)
- Children's Hospital of Philadelphia (CHOP) Nursing procedure and standards are not always representative of current EBP
 - 55% of documents had no sources of evidence
 - Of those with references, 51% relied only on expert opinion or benchmark data
- EBP lacked infrastructure and system lacked critical appraisal of the evidence and transparency of references

Purpose

Develop policy to enhance integration of EBP into nursing guidance documents

Objectives

- Examine current state for nursing policy development and revision
- Create nursing policy that outlines the process for creation or revision of nursing documents
- Obtain acceptance for new process by System Chief Nursing Officer (CNO)

Literature Review

Key Findings

- Primary purpose of policies & procedures is to guide practice (Squires et al., 2007; Corey et al., 2018; Profetto-McGrath et al., 2010; Fatkin, 2016)
- Beneficial for staff to know source & strength of evidence (Becker et al., 2012; Corey et al., 2018; Fatkin 2016)
- Leveraging/developing Shared Governance Council for policy review engages nurses in EBP & ensures integration of EBP into policies (Becker et al., 2012; Hole, 2020)
- Implementation of EBP resulted in improved patient outcomes (Hanrahan et al, 2015; Melnyk et al., 2017)

Theory

ANCC Magnet Model®



The model components were used as a framework to successfully navigate change at each level of accountability within the Nursing Department.

Measures

- Acceptance of the policy by the System CNO
- Utilization of the new process as demonstrated by a linked table of evidence to each revised or newly created nursing document published within the Nursing Standard or Procedure Manuals

Intervention

- Development of a policy to integrate EBP into nursing care
- Policy includes:
 - Frequency of document review
 - Document review process
 - Review Committee structure

Implementation

Develop policy

Educate policy authors

Obtain approval from System CNO

Implement the new policy

Evaluation

The policy was approved & implemented on 7/1/2020.

Policy: Integrating Evidence-Based Practices into Nursing Care	
Type:	Nursing Policy Manual
Applicable to:	Nursing
Process owner:	Director of Nursing Professional Practice
Effective Date:	7/1/2020
Supersedes:	NEW
Approved by:	SVP and System Chief Nursing Officer
Accountable for:	SVP and System Chief Nursing Officer

1 Policy Statement
This policy aligns to the Department of Nursing & Clinical Care Services' mission to be a global leader and an early adopter of science by ensuring that our nursing practice culture is rooted in evidence to drive high quality care to every patient.
This policy aligns to the enterprise-wide Administrative Policy #A-3-13, Policies, Procedures, Standards, & Job Aids, Use and Development.

2 Scope
This policy applies to all documents published within the Nursing Standards and Nursing Procedure Manuals.

- Policy was updated on 9/9/2020 to:
 - Update links
 - Amend the format for the table of evidence (TOE)
 - Clarify that Job Aids do not require separate TOE as the document links to a parent document (nursing procedure or standard)
- 15 documents have been published with a TOE
- Update: 65 documents with a TOE as of 6/1/2021

Table 1. Blank Table of Evidence.

Reference	Design/ Method	Sample / Setting	Intervention	Comparison	Outcomes	LOE/ Quality	Comments
Last name of first author (year)							

Table 2. Example of the TOE from a nursing procedure on thermoreflective blanket use.

Reference	Design/ Method	Sample / Setting	Intervention	Comparison	Outcomes	LOE/ Quality	Comments
Palmer (2019)	Quality Improvement	Pre-implementation: N=134 (Nov 2017) Post-implementation: N=188 (Apr 2018)	Pre: Reflective blanket (placed against pt skin or gown) + 1 cotton blanket (unwarmed) on top. In OR: forced-air warmers and forced-air warming blankets. Post-op: Reflective blanket - pt could take blanket home	Pre: surgical gown + 1 cotton blanket (unwarmed) In OR: forced-air warmers and forced-air warming blankets	Pre- / Post- satisfaction (one Q on a 15-Q pt satisfaction survey, measured day of surgery) Pre- / Post- satisfaction, survey question (Mean, SD): 3.9 (1.1) / 4.2 (1.0); p=0.01 Pre- / Post- Group satisfaction results: 88/134 (66%) / 150/188 (80%); p=0.004	VI Med	Blanket cost: \$0.75-\$1.40 each Identifiers: age & gender Survey question: I was too cold (never) 5 pt Likert scale: strongly agree (strongly disagree) Considered "satisfied" if answered 4 (disagree) or 5 (strongly disagree) Staff involvement "incredibly high" Patients educated on use of reflective blanket, personal autonomy for managing own thermal comfort reinforced and encouraged. Periop staff also educated on thermal comfort (same day surgery unit, preop holding, OR, PACU) Authors-nurse anesthetist graduate students.
Tjoarkarta (2016)	RCT	N=50 Hip/knee arthroplasty	Pre-warming (Bair Hugger, model 610, Augustine Medical; covered anterior body neck downward x ~35 (1.83) minutes in pre-op holding area All patients received prewarmed IV fluids In OR: reflective blanket device (up to iliac crest) Feb-June, 2014 Australia	Pre-warming (Bair Hugger, model 610, Augustine Medical; covered anterior body neck downward x ~35 (1.83) minutes in pre-op holding area In OR: reflective blanket (deflated pre-warming Bair Hugger blanket... folded cotton blanket placed on top of reflective blanket)	Oral temperature (sublingual) Prepost warming, q 15 minutes during OR procedures, upon arrival to PACU: no significant difference between groups	II Med	AgilependerBMI/AmSoc Anesthesiology physical status score Power analysis conducted a priori to determine sample size

Full references:
Palmer, J., Scudder, M., Deeds, J., (2019) An innovative warming strategy to increase patient satisfaction. Nursing, (40) 49-53.
Tjoarkarta, C., David, V., Ko, A., Hau, R. (2016). Reflective blankets are as effective as forced air warmers in maintaining patient normothermia during hip and knee arthroplasty surgery. Journal of Arthroplasty, (32), 624-627.

Discussion

- Results reinforced that this policy is an effective way to increase integration of EBP into nursing guidance documents
- Resources & EBP mentor growth and development stressed by the COVID-19 pandemic
- Need to spread EBP education to all policy authors
 - Initial focus on Clinical Nurse Specialist role as the majority process owner
- Incorporated early lessons learned into policy update on 9/9/2020

Significance to Nursing Practice

- Promotes EBP & builds EBP competencies
- Drives clinical inquiry
- Improves patient outcomes
- Highlights gaps & need for future nursing research

Conclusion and Future Considerations

- This project implemented an evidence-based intervention to improve integration of EBP into nursing guidance documents
- The results will have a direct impact on the care provided to patients
- Policy serves as a best practice, and is being disseminated to other CHOP Manuals
- Will continue to seek opportunities to further develop EBP competencies for policy authors

Contact Information

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References available upon request