Using Immersion Technique to Implement Evidence Based Practice and Improve Nurse-Sensitive Patient Outcomes

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Opportunity

To build the infrastructure needed to support evidence-based practice (EBP), a healthcare system selected the immersion technique. This technique was used to build the knowledge and expertise of nurses who would form the core leadership team for developing and implementing evidence-based practice throughout the clinical system.

Parenteral Promethazine

| CHIRDS Health. | | New Clinica Policy | 1 |
|---|---|---|--|
| Administratio | Quick 0 on of Parenter | overview of al Promethazine – Pr | alicy 2.020 |
| Extravasation of Prom | ethazine may o | ause tixsue damage. | |
| 2. May NOT be give 4. Is restricted to d | cian order for a in by intra-arte in to children te leep inframuscu | dministration rial, intramedullary, or | ministration. |
| CHRISTUS Healt Pharmacy. Stock Prom Dilute IV Pr gnaster tha Program th the clinician Nurving/Clinician Select lang Use a centr Verify IV si Site should | h guidelines. ethazine only in omethazine in ' n 12.5 mg e automated de a and require ac to voins, preferal al line or a 20 g to patency prior not be more th | der for administration of 25 mg/ml concentration 10-20 ml of Normal Sal contratileed dispensing inswiedgment of the page on Impge periphe page on Impge periphe to administration. Sta an elli hours old. | an. ine if dose is cabinets to adult liution factor. jection. ral IV. ibilize IV cathete |
| Promethaal inject into Administer Educate the Discontinue Patients Immediated ticsue irrita ohiebitis. | ne from the phi IV port farthest slowly over 10- e patient regard infusion if sign y notify the clin tion, burning, p ole on the CHRI | ermacy if dose is greate from the patient. | r than 12.5 mg m rawasation. and symptoms of g. itching, or |

Pressure Ulcer Protocol

| Health. | Policy | | |
|--|---|--|-----------------------|
| Qui Pressure Ulcer Prevention a | ck Overview of nd Management Protocol | - Policy 2 | .050 |
| All associates create a safe envir development is minimized. Patie pressure uicer prevention interve | ints and family members par | ticipate wi | m . |
| A Registered Narse will perform hours of admission. The Registe Scale Pressure Ulcer Risk Assess for pressure ulcers and risk for p • Admission, • Transfer, | red Narso will use the Brade ment Tool to assess patients | n/Graden C | |
| Change in status, and Periodically as determined t (e.g. hospital in-patient, los Pressure Uicer prevention meau, individual patient v/resident's los | ig-term care resident). | | cation |
| If a pressure uicer is identified, t patient's physician or qualified di the pressure uicer using the 200 traging. Multidisciplinary pressu management strategies will be g individualized based on assessm develops will be documented in f | ssignee will evaluate the pat 7 National Pressure Ulcer Ad re ulcer intervention/theraps uided by the stage of the pro ent/re-assessment. Each on | ient and di visory Pane sutic visure ulce | assily el r and |
| Patients admitted with or develo measured and photographed. M admission, weekly, and on disch | easurements should be com | have the v pieted on | vound |
| Each facility will implement a Pro Duality and Patient Safety Comp pressure sloer data, recommend and prepare an annual report. | sittee. This team will review | the facility | e-wide |
| Policy 2.050 is available on the 0 Procedures - Clinical Policies | | tes and January 20 | 209 |
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| Falls F | Proto | ~~ | |
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Strategy

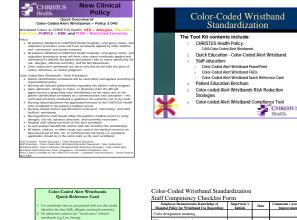
In July 2007, RNs representing each region of the healthcare system and specialties including rehabilitation, community health, risk management, and informatics met in San Antonio, Texas for a CHRISTUS Health System EBP Seminar. The representatives worked as a team to build their knowledge base and the system support structure to initiate EBP. A timeline was set to develop 3 EBP guidelines. This newly formed EBP Advisory Team then attended the UTHSCSA EBP Summer Institute. The Team discussed EBP at meals, participated in presentations, met EBP experts, and networked with peers working to implement EBP. At the end of 3 days the team had selected 3 clinical problems to address. This initial immersion was followed by meetings building the EBP environment every 2 weeks for 20 months via conference calls with each representative having specific responsibility.

Evidence-Based Practice Protocols

Four evidence-based protocols have been developed and effectively implemented – Falls Protocol, Color-Coded Alert Wristbands, Parenteral Promethazine, and Pressure Ulcer Prevention and Management in a healthcare system that did not have system-wide evidence based protocols prior to the 2007 immersion. Each protocol has been accompanied by a full set of implementation tools including patient and staff education materials, computerized documentation, competency checklists, etc.

Color-Coded Alert Wristbands & Toolkit

REQUENTLY ASKED QUESTIONS (FAO)

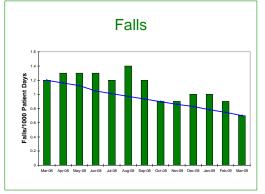


| Employee Demonstrates Knowledge of Hospital Policy for Wristhand Use Regarding: | Supervisor's Initials | Date | Comments / Areas for Improvement | |
|--|--------------------------|------|-------------------------------------|--|
| Color designation meaning | | | | |
| Who can apply wristbands | | | | |
| When wristbands should be applied during the course of care | | | | |
| Removal of "social cause" wristbands | | | | |
| Patient / Family education | | | | |
| Re-application of wristbands | | | | |
| Transfer of patients or hand-off of care during change of shift | | | | |
| Patient prefers not to wear alert wristband | | | | |
| Removal of wristbands prior to discharge of patient | | | | |

Outcomes

The healthcare system now uses an evidence-based practice model. The immersion process resulted in an EBP Team that is confident in their skills. Each representative learned to conduct searches and analysis of the available evidence/research. The team designed the system's flow of protocol development, review, and approval. A pilot methodology and evaluation criteria were defined.

Each region now has a nurse knowledgeable in the evidence-based practice process who leads physicians and staff in the multi-disciplinary development, implementation, and evaluation of evidence-based practice. Through the development and implementation process the frontline nurses have become more knowledgeable about EBP and how it is being translated into their practice, patient care, and outcomes. Immersion is an effective technique for initiating the rapid deployment of evidence-based practice.



Clinical outcomes demonstrate that the protocols developed positively impacted the clinical setting and patient outcomes. Tissue irritation and extravasations related to parenteral Promethazine have been eliminated. Audits of color-coded alert wristbands demonstrate that the guidelines are being followed. There have been documented cases of improved communication regarding patient alerts following the protocol's implementation. The rate of falls/1000 patient days dramatically declined across the healthcare system with implementation of the falls protocol. The pressure ulcer protocol is currently in its implementation phase following a successful 3-month pilot.

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