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REVIEW PAPER

Creating an environment to implement and sustain evidence based practice: A developmental process

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Summary

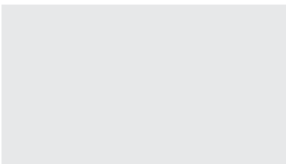
Background: Elements of evidence based practice (EBP) are well described in the literature and achievement of EBP is frequently being cited as an organisational goal. Despite this, the practical processes and resources for achieving EBP are often not readily apparent, available or successful.

Purpose: To describe a multi-dimensional EBP program designed to incorporate evidence into practice to lead to sustainable improvement in patient care and ultimately patient outcome.

Implementation strategies: A multi-dimensional EBP program incorporating EBP champions and mentors, provision of resources, creation of a culture to foster EBP and use of practical EBP strategies was implemented in a 22-bed intensive care unit (ICU) in a public, tertiary hospital in Brisbane, Australia. The practical EBP strategies included workgroups, journal club and nursing rounds.

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Achievements: The multi-dimensional EBP program has been successfully implemented over the past three years. EBP champions and mentors are now active and two EBP workgroups have investigated specific aspects of practice, with one of these resulting in development of an associated research project. Journal club is a routine component of the education days that all ICU nurses attend. Nursing rounds is now conducted twice a week, with between one and seven short-term issues identified for each patient reviewed in the first 12 months.

Conclusions: A multi-dimensional program of practice change has been implemented in one setting and is providing a forum for discussion of practice-related issues and improvements. Adaptation of these strategies to multiple different health care settings is possible, with the potential for sustained practice change and improvement. © 2011 Australian College of Critical Care Nurses Ltd. Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd). All rights reserved.

Introduction

Evidence based practice (EBP) is frequently cited as a goal for healthcare organisations; however, the practical processes and resources for achieving EBP may not be readily apparent, available, or successful. The need for sustainable systems to implement EBP has been well documented.^{1,2} As noted by Gawlinski² the discovery of clinically important research findings either not being known or not being used is common. The potential benefits of EBP, as well as the models available to guide EBP, are well described in the literature.³⁻⁷ Despite this, few descriptions of sustainable implementation strategies appear. A number of reports of projects designed to improve care related to one specific aspect of practice are prevalent (for example Burns et al.⁸ and Harrigan et al.⁹) or alternatively to develop relevant knowledge of clinicians.¹⁰ While the goal of EBP is often able to be achieved in the short term,^{8,11} particularly in the setting of additional resources for a specific project, the practical considerations for ongoing implementation are not clearly articulated.

Various strategies, including both processes and resources, have been identified as potentially facilitating EBP and include involvement of EBP mentors and champions, partnerships between academic and clinical settings, education, use of local opinion leaders, formation of multi-disciplinary committees and provision of sufficient time, resources and support.^{12,13} Although many of these strategies are widely promulgated, the evidence underpinning the success of any of these strategies is limited.¹³

Many models have been developed to provide guidance for EBP activities, with common themes being critical use of evidence, development of

strategies to optimise drivers and overcome barriers related to practice change and the provision of support through various mechanisms.¹⁴ In this program of activity we chose to use the Advancing Research and Clinical practice through close Collaboration (ARCC) model developed by Melnyk and Fineout-Overholt.⁷ The primary goal of the ARCC model was to enhance integration of research and clinical practice in a range of healthcare settings with some of the specific goals being to promote EBP among nurses, provide mechanisms and people to support and facilitate EBP and disseminate high quality evidence.⁷ Key ingredients for the successful implementation of this model appear to include mentorship and access to expertise, involvement of EBP champions and provision of sufficient resources as well as practical EBP strategies, with the focus of the model being at the departmental or unit level.¹⁵

The ARCC model was used to inform the development of a multi-dimensional program of EBP implementation in a 22-bed intensive care unit (ICU) in a public, tertiary hospital in Brisbane, Australia. Within this ICU there were more than 200 nursing staff who worked both full and part time, with the majority working rotating shifts throughout the 24 h period. Mentorship in EBP is provided by both the Professor of Critical Care Nursing and a Senior Research Fellow who both hold joint appointments between a local University and the hospital. The hospital where this ICU is located has been Magnet-accredited (American Nurses Credentialing Center) for the past five years. The Magnet model incorporates the components of transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovation and improvements, and empirical quality results

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