

# Bedside Caregivers as Change Agents

## Implementation of Early Enteral Nutrition in Critical Care

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### KEYWORDS

- Enteral nutrition • Tube feeding • Evidence-based practice • Change agent
- Critical care • Implementation

### KEY POINTS

- Bedside caregivers are in a key position to assess the need for change and implement evidence-based practice at the bedside.
- The Institute of Medicine supports and recommends that nurses be encouraged to collaborate with health care providers to lead change to improve practice environments.
- Early enteral nutrition, within 24 to 48 hours after admission, and use of protocols are recommended by the American Society of Parenteral and Enteral Nutrition guidelines for nutrition support therapy.

### INTRODUCTION

Patients in the intensive care unit (ICU) are critically ill yet many do not receive adequate and timely nutritional support. Factors that affect nutritional support are related to institutional system issues, providers, nursing staff, and the patients themselves.<sup>1</sup> Enteral nutrition (EN) is the recommended method of nutritional support and is supported by multiple studies and the 2009 American Society for Parenteral and Enteral Nutrition (ASPEN) guidelines. Despite these recommendations, not all hospitals and providers have embraced the recommendations. Implementation of evidence-based practice can be successful with bedside caregivers as change

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Disclosures: The author declares no conflict of interest or financial interests to disclose relating to the content of this article.

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Crit Care Nurs Clin N Am 26 (2014) 263–275

<http://dx.doi.org/10.1016/j.ccell.2014.02.001>

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agents. An example is a Magnet-recognized community hospital's medical ICU (MICU), which sought to change its practice for EN, with bedside caregivers leading the implementation of an evidence-based protocol.

### MODEL FOR CHANGE

To guide the implementation of the EN protocol in the MICU, Larrabee's Model for Change of Evidence-Based Practice was used. Larrabee's model is a revised model that was developed originally by Rosswurm and Larrabee in 1999.<sup>2</sup> Larrabee revised the model based on her own experience, as well as her experience mentoring nurses who used the model.

Larrabee's model for change comprises 6 steps:

1. Assess the need for change in practice
2. Locate the best evidence
3. Critically analyze the evidence
4. Design practice change
5. Implement and evaluate change in practice
6. Integrate and maintain change in practice<sup>2</sup>

Although the steps of the model are progressive, it is not strictly a linear model. Activities in 1 step may prompt activity in another step previously completed. Key aspects of change are identified in **Box 1**. Larrabee's model is used as a format for this article in relation to the practice change project in the MICU.

### ASSESS THE NEED FOR CHANGE IN PRACTICE

#### *Development of a Team and Identification of the Clinical Problem*

The change agents for the MICU project were bedside caregivers led by the nurse practitioner (NP) and registered dietitian (RD). Bedside caregivers are able to provide information required to identify the need for change and also promote successful implementation. The Institute of Medicine (IOM) recommends that nurses be full partners with other health care professionals in redesigning health care in their report *The Future of Nursing Leading Change, Advancing Health*. The IOM report further

#### **Box 1**

##### **Key aspects of change in practice**

- Develop a team, select a clinical problem, and collect data about the practice
- Review the literature to determine best practice and benchmarks for the change
- Identify an evidence-based project and sets goals
- Complete a thorough literature search to determine sources of evidence and the most appropriate type of project
- Complete a critical analysis of the literature to determine relevance to the project
- Evaluate the practice change to determine feasibility, benefit, and risk
- Design the change, identifying the outcomes and implementation plan
- Pilot, evaluate, and redesign the project
- Integrate and maintain the change

*Adapted from* Larrabee JH. Nurse to nurse evidence-based practice. New York: McGraw-Hill; 2009. p. 21–35.

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