

SPN DEPARTMENT

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Raising the Bar for Evidence-Based Practice Within the Society of Pediatric Nurses



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Pediatric nursing practice is constantly changing and improving. There never seems to be a lack of questions to answer around best practices, exploration of better ways to provide care, and pursuit of approaches that will improve patient outcomes. The Clinical Practice Committee (CPC) of the Society of Pediatric Nurses (SPN) embodies the organization's covenant to support the improvement of pediatric care and the efforts of pediatric nurses to achieve that goal. One of the activities of the CPC has been the monitoring of questions and responses on the SPN listserv and now on the forum. The high traffic levels on these sites have been testimony to the need for SPN members to have a place to ask questions about their practice and tap into the expertise from other pediatric nurses. The listserv and forum have proven to be a priceless resource to our membership, but have also revealed a lack of comfort and confidence in knowing how to go about securing and weighing evidence. The CPC has discussed recommending that practice suggestions be offered with supporting resources for the evidence behind them.

The CPC also reviews all the clinical innovation and evidence-based practice (EBP) abstracts for podium and poster submissions for the SPN annual conventions. While many submissions address practical and pertinent issues in pediatric care, the abstracts are often scored lower based on the failure to meet the stated criteria and the lack of a solid, structured use of EBP models for the EBP work.

It has also been a growing concern to the CPC that there is a trend toward fewer EBP projects and more clinical innovation projects with minimal support from the literature.

The CPC would like to support an increase in evidence-based projects that translate research into practice and achieve improvement in patient outcomes.

The CPC is committed to providing a role model for solid EBP in pediatric nursing. SPN members will note monthly contributions from the CPC to the SPN Newsletter for this entire year highlighting topics of interest with links to evidence to support best practice. The CPC has also written the SPN Evidence-Based Practice Toolkit, which is designed to be a step-by-step guide to identifying questions and driving practice change through evidence.

Why Emphasize EBP?

Pediatric nurses are highly motivated to provide the highest quality, safest care possible to the children and families who put their lives in our hands. We practice in an ever changing health care environment where research and innovation create a continuous flow of new information that sometimes threatens to overwhelm our best efforts to understand and implement meaningful changes in our clinical practice. There is a growing culture in many health care settings to support and develop nursing practices that are based on a firm foundation of evidence and challenge long-standing practices that are not supported by existing evidence.

The mission of the Society of Pediatric Nurses is to support its members in their practice. One means of accomplishing this mission is to keep membership informed of innovative initiatives involving the board, committees, and members that promote research, clinical practice, education, and advocacy within the larger pediatric healthcare community. This department serves that purpose.

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There are many excellent reasons for doing EBP work. Practice changes that are based on solid evidence can result in improved quality of care, better patient outcomes, improved patient safety, cost savings, better clinical and administrative decision-making processes, and a stronger knowledge base for nursing practice. EBP is the right thing to do. As an external framework, the importance of EBP work is clearly reinforced by the expectations for the national health care agenda from agencies like the National Institutes of Health (NIH), Agency for Healthcare Research and Quality (AHRQ), Institutes of Medicine reports, and standards from regulatory agencies such as The Joint Commission and the Centers for Medicare and Medicaid Services.

What is EBP?

Multiple definitions of EBP from the literature help describe the key components. [Sackett, Rosenberg, Gray, Haynes, and Richardson \(1996\)](#) describe EBP as the integration of the best research with clinical expertise and patient values. [Titler \(2008\)](#) describes EBP as the process of shared decision-making between the practitioner, patient, and others significant to them based on research evidence, the patient's experiences and preferences, clinical expertise or know-how, and other available sources of information.

It is also helpful to know what EBP is not. EBP is not the conduct of research or the generation of new knowledge. It is not just "best practice" from other health care centers. It is not quality assessment alone, although the assessed need may lead to an EBP project to improve the quality of care. It is also not just the synthesis of research. Synthesis of research is part of the EBP process, but EBP goes further in translation of that synthesis into practice.

EBP projects differ from clinical innovation projects. Both types of projects may be innovative. EBP work often applies evidence to solve a practice issue in a new way or to provide a solution to a problem that has not been solved before. EBP projects that improve patient outcomes can change the direction of our practice. Clinical innovation projects tend to be less structured, are not expected to follow one of the models for EBP work, and may not be based on the highest quality and strength of evidence available. They tend to be descriptions of the application of new ideas, but not necessarily based on research or other evidence. These projects make a contribution to nursing practice, but may not provide the same firm foundation as EBP work does for practice change and the sustainability of improved outcomes.

We know that delays occur in translating evidence into practice changes. It has been shown that it takes 10–17 years to get many research findings into practice ([Berwick, 2003](#); [IOM, 2001](#)). The availability of funding for research does not guarantee that scientific evidence from the research will be translated into practice to improve care. Efforts by the federal government and professional organizations, such as the

AHRQ, the NIH, and the Robert Wood Johnson Foundation, have focused on increasing the synthesis of evidence and the formulation and dissemination of guidelines for practice. But as many nurses know, a good research article or an evidence-based guideline or procedure does not guarantee success in making practice changes. The process of EBP change is complex, but the goal is to continually increase the pace for the translation of research and other high quality evidence into practice to improve patient outcomes.

New Evidence-Based Toolkit for SPN Members

The SPN Clinical Practice Committee has been committed to raising the bar for the amount and quality of EBP work disseminated to and by SPN members. But the first goal was to provide a resource for SPN members to facilitate high quality EBP work. The CPC has spent the past 15 months developing a toolkit as an online reference for use by SPN members who are planning or working on EBP projects. This toolkit was written to meet the following objectives:

1. Offer readers an overview of important information on a range of topics pertinent to EBP work
2. Provide references for more in-depth exploration of each of the topics
3. Provide a foundation of information on EBP that will support future expectations for the quality of EBP projects shared with SPN members at conferences and in SPN publications.

Several EBP models have been developed to guide EBP work and assist nurses in achieving successful outcomes. Different models have advantages for different situations. Most of them help to structure and organize important steps in the EBP process. Many of those common steps are described in this toolkit and comprise an introduction to the essential components of the EBP process.

The CPC outlined the major steps in the EBP process that are commonly shared in many of the models. The toolkit is divided into sections that offer a chronological approach:

CHAPTER 1: Defining EBP

Description of what EBP projects are and how this work differs from research

CHAPTER 2: Starting with a Clear Purpose

Tips for identifying and prioritizing topics. How to use PICOT statement to clarify purpose and scope of project

CHAPTER 3: Finding and Evaluating the Evidence

Description of sources and search strategies to find evidence. How to critique and evaluate the evidence

CHAPTER 4: Synthesizing the Evidence

Definitions of different summaries of evidence and strategies to manage evidence for decision-making

CHAPTER 5: Piloting Practice Changes

Pros and cons of pilots and steps for conducting effective pilots

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