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Improving Outcomes Through Performance Improvement, Evidence-Based Practice, or Research: Choosing the Right Road

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Improving Outcomes Through Performance Improvement, EvidenceBased Practice, or Research: Choosing the Right Road

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Announcements and Disclosures

In order to prevent bias, we acknowledge:

We have no commercial support!
Free from any conflicts of interest that could influence content.

To verify participation, attendance is:

Verified via sign-in sheets.

Recorded in Baptist Health University

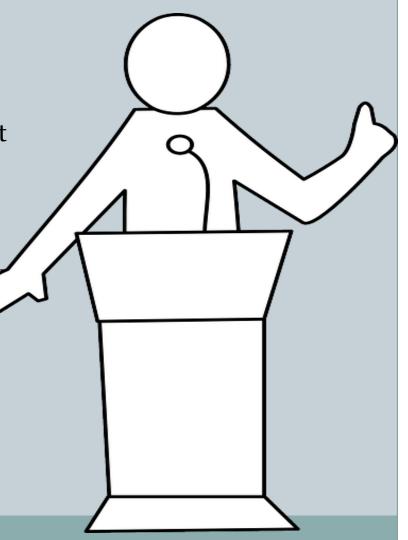
To earn credit, you must:

Attend the entire event.

Submit an evaluation form.

Achieve 80% on post-test.

Return demonstration



Objectives

At the end of this presentation, the participant should be able to:

- Describe methods that nurses can implement to influence patient outcomes
- Describe the purpose, structure and function of the Project Think Tank for Innovation in Nursing Research (PTT-INR)
- Define methods for communicating performance improvement, evidence based practice, and research findings



- Care that is important is often not delivered. Care that is delivered is often not important. (IOM, 2009)
- Medical errors are now the 3rd leading cause of death in the US.
- Loss of reimbursement for hospital acquired conditions.

Nurse's Role

 The underpinning for improving outcomes is based on your knowledge of PI, EBP, and Research.

Getting Started







Destination Improved Outcomes



The goal of evidence-based practice, quality improvement and research?

To provide care to patients that is based on scientific evidence and meets the patient's needs...



To improve clinical outcomes.

Evidencebased Practice

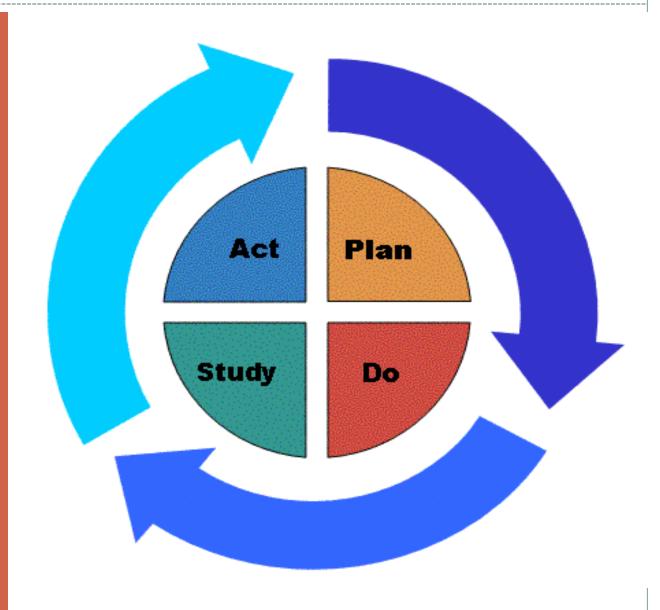
"a science-to-service model of engagement of critical thinking to apply research-based evidence (scientific knowledge) and practice-based evidence (art of nursing) within the context of patient values to deliver quality, cost-sensitive care" (American Nurses Credentialing Center, 2008)

Latest rev 6/09

Clinical Excellence Through Evidence-based Practice (CETEP) A Continuous Cycle of Inquiry **ASSESS Critical Appraisal Components Evidence-based Factors** Research **PLAN National Guidelines DEFINE Quality Indicators** Implementation **Clinical Practice Opinion Leaders Question Evaluation Patient Factors Patient History and Condition Patient Preferences Cultural Implications Clinical Setting Factors** Clinical Expertise Safety Issues Feasibility System Wide Initiatives **EVALUATE** Interdisciplinary/Interdepartmental Impact **Outcomes** Organizational Philosophy Receptiveness Issues **Key Stakeholders IMPLEMENT** Ethical Aspects **Practice** Cost-Benefit Ratio Legal Implications **External Factors** Regulatory & Accreditation Requirements Community and Global Influences and Impact © BHSF 2007

Performance Improvement

a systematic process for measuring and accessing the effects of change, feeding the information back into the clinical setting to make adjustments until successful results are obtained.



Research

a systematic,
disciplined
methodology
quantitative or
qualitative in nature
to develop, uncover,
create, find, add
new nursing
knowledge requiring
IRB approval

Define a Research Question

Scan the Literature

Obtain Organizational Commitment and Resources

Design Study

Determine Sampling Strategy

Collect and Analyze Data

Application and Dissemination

Review

	QI	EBP	Research
Purpose	Improve patient care practices	Change practice	Generate new knowledge
Method	PDCA Short Simplistic	Articles: Qual and Quant Expert opinion Guidelines Lengthy	Qualitative, Quantitative, Long, Complex
Sample	Unit or organization	Related to identified population	Related to purpose & research question Representative
Data collection	Short term Action plan & evaluation	Critical appraisal of articles Searching for best evidence	Ensure external and internal validity, trustworthiness Long term

Review

	QI	EBP	Research
Human subjects	No IRB unless sharing information externally	Assess IRB process described in article	IRB
Results	Seeks to improve processes in unit and organization	Seeks to impact practice	Seeks to add new knowledge
Implications	Change processes Decrease cost Increase efficiency Increase patient and staff safety Improve satisfaction	Use of research to impact process	Comprehensive understanding of issues in a phenomenon

Innovative Methods for Generating Ideas Project Think Tank



Dissemination



Communicating Your Findings

- Choose the right audience
 - OPI, EBP, or Research
- Poster presentations
- Podium presentations
- Publication



Go Off-Roading

- Hands-on technical assistance
- Replication guides
- Targeted
 training
 workshops
 with hands
 on experience



Starts with an Abstract

- Snap shot of your work
- Follow guidelines
 - Title
 - Background and significance
 - Study aims (purpose)
 - Methods
 - Results
 - Discussion and implication
- Have another set of eyes review



(Lang, 2010)

Common Mistakes

OOPSII

- Doesn't clearly link to the theme
- Grammatical and spelling errors
- Generic, not tailored to the audience
- Submission guidelines not followed
- Too long
- Aims, objectives and content are not clear
- Does not provide new information
- Fails to convey implications for the profession
- PROOFREAD, PROO FREAD, PROOFR EAD or it will be wrong with YUOR NAME (Lang, 2010)

Poster Presentation: The Visual

- VIEWED not read
- Viewers decide in 3 seconds
- Emphasize main points
- Use one style, one LARGE font
- Avoid too much animation, no large blocks of text
- Use pictures don't let them use you
- Avoid loud, garish colors
- Use dark text/light background or light text/dark background
- Avoid Color blind combinations
 - Red-green
 - o Blue-yellow

(Lang, 2010)

Podium Presentation: The Delivery

- Know your audience
- Practice, practice, practice
- Have someone review your present;
- Arrive early
- Maintain eye contact
- Watch what you say
- Be aware of body language
- Provide handouts
- Finish early
- Remember, the purpose of a presentation is to present information — not overwhelm the audience

(Lang, 2010)

Publications: The Word

- Know your audience
- Review journal guidelines
- Hot topics
- Query letter
- References

About the American Journal of Critical Care

The American Journal of Critical Care, a bimonthly peer-reviewed journal, is the premier source for evidencebased critical care practice. The journal's mission is to provide its readers with clinically relevant content in every issue and to serve as a vehicle for the American Association of Critical-Care Nurses to achieve its mission of improving the care of critically ill patients and their families. Authors are invited to submit original manuscripts describing investigations, advances, or observations from all specialties related to the care of critically ill patients. The American Journal of Critical Care publishes clinical studies, basic research studies, preliminary/short communications, case reports, reports on new apparatuses and techniques, clinical/basic science reviews, guest editorials, and letters to the editors. Papers promoting collaborative practice and research are encouraged.



The editors of the American Journal of Critical Care (AJCC) invite authors to submit original manuscripts describing inves-tigations, advances, or observations from all specialties related togatom, attraction, or construction trem at speculation retainst to the case of critically and activity! B paints, Depen presenting collaborative practice and research are decoranged. Manuscripts will be considered on the understanding that they have not beam philbished elsewhere and have been submitted solely to ARCE. (This metricides does not apply to abstracts.)

Manuscripts must be submitted online via the AJCC online manuscript submission and review system at www.oblor-almanager.com/ajec. At the time of submission, complete contact information (postal address, e-mail address, telephone and fax numbers) for the corresponding author is required. First and last numes, e-mail addresses, and institunal affiliations of all coauthors also are required. (Print copies of the journal will be sent only to those coauthors who provide their postal address.) Manuscripts must be sub-mitted in Microsoft Word, or a compatible format.

Rach author should complete an "Authorship, Financial Dis-closure, Copyright Transfer, and Acknowledgment Form" and submit the completed form by fax or e-mail as a PIX^o attachment (no mailed documents, please).

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Quality improvement studies help maximize the integrity and safety of critical care. AFCC welcomes such articles. However, due to their subjective relationship to context and social processes, such articles are difficult to evaluate using traditional empirical standards. For this reason, AACC asks hat quality improvement studies arbere to the Standards for Quality Improvement Reporting Excellence (SQUIRE) Quidelines. For more information about SQUIRE, please ase http://qube.benj.com/contant/vol17/Suppl_1 or doi:10.1136 cahe 2008.029058.

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more than 3 tables and 3 figures)

• Helef reports (750-1200 words; limit to 1 table and 1 figure)

- Case reports (500-1500 words; no more than 1 table and 1 figure). AICC accepts a maximum of 6 per year.

 • Letters (250-500 words)
- In general, by invitation only: Review articles (1500-3000 words)
- · Ouest editorials (500-1000 words)
- Commentaries (500-1000 words)

Peer Review—Submissions are subject to poor review. To ensure a blinded review, do not include the author's name or institution in the running head or anywhere in the manuscript after the tide page or in the file names of manuscript, more the total page of the more and attained manuscript. Bigure' table, This includes references in the first person to the author's own work. Manuscript that do not meet this requirement will not be reviewed. Two or more authorites will judge the validity, originality, and nignificance of the work presented. This process takes roughly 3 months, but delays are sometimes unavoidable. After the manuscrihas been reviewed, the author will be informed whether the manuscript has been accepted or rejected, or requires revi non before publication.

Accepted manuscripts become the property of the American Association of Critical-Care Numes (AACN) and may not be published without the written permission of AACN. Accepted manuscripts are subject to editing to conform to the American Medical Association Manual of Style, 10th edition (2007). Authors will be asked to review galley proofs and PDFs of page proofs prior to publication.

Manuscript Content—Manuscript content should be laid out in accordance with the Uniform Requirements for Manuscripts Submitted to Diometical Journals (N Engl J Med. 1991;324:424-428). Each page should be numbered and each line in the body of the text should be numbered.

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THE Page: This is page 1, should occupy only 1 page, and should contain the following:

THE (should be concise yet informative)

- Running title (untally 2 to 5 worth)
- . The authors' full names in preferred publishing order

Rules of the Road

- Follow Standards for Quality Improvement Reporting Excellence (SQUIRE) guidelines for PI/QI
- Consolidated Standards of Reporting Trials (CONSORT) for research
- Uniform Requirements for Manuscripts Submitted to Biomedical Journals
- Verify submission has not been submitted elsewhere
- Abstract (e.g. poster or podium) does not preclude publication of full manuscript on same content
- One journal at a time until decision is made

Nursing and Health Sciences Research Journal



Nursing & Health Sciences Research Journal is a peer-reviewed, open access online journal, publishing evidence-based projects, original research relating to patient care/outcomes, performance improvement, quality and safety, cost effectiveness, improved work environments, and professional development in clinical settings.



Which road will you take?

- The Pediatric Intensive Care Unit CNS is questioning what factors are associated with the development of occipital pressure ulcers (OPUs) in young children who had been admitted to the unit.
- A lit review was conducted found minimal published studies relating to risk factors
- A retrospective chart review was conducted of all cases for the previous 4 years to identify factors commonly associated with the development of OPUs in this population.
- Medical records were reviewed and data was abstracted.
- Data included demographics, lab and test results, assessment data, and bed surfaces.
- Data was entered into a statistical program, and analyzed using logistic regression.

Answer

RESEARCH

Which road will you take?

- Critical care nurses reviewed national and current best standards and guidelines for prevention of alarm fatigue and found a wide variation in their practices. This prompted them to ask the following question:
- Would implementation of an alarm bundle decrease alarm fatigue among critical care nurses?
- Lit review was conducted. Similar organizations were contacted to inquire about their standards for preventing alarm fatigue.
- Based on their findings they made recommendations for the implementation of a bundle to prevent alarm fatigue.

Answer

EVIDENCE-BASED PRACTICE

Which ROAD?

- Hospital implemented CAUTI prevention measures (bundle)~ 5 years ago
- Measured and reported quarterly per unit
- Rates increasing last two quarters
- Leadership asked to provide additional education relating to bundles and documentation
- Individualize monitoring and accountability
- Rates improved slowly over next year

Answer

PERFORMANCE IMPROVEMENT

Thoughts or Questions



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