



Showcase for Hopkins Inquiry and Nursing Excellence

# SHINE

Conference

## Incorporating EBP into Policy

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NURSING

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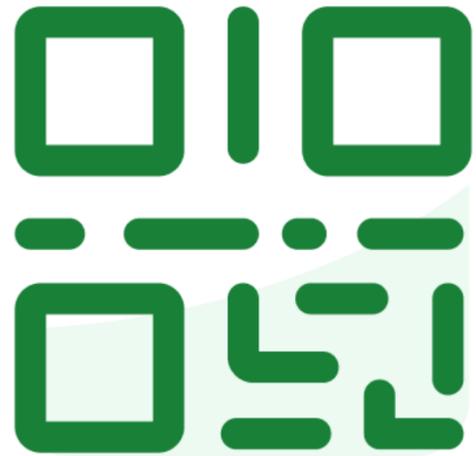
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# Objectives



## Explain

The need for policy updates based on a true reflection of available evidence



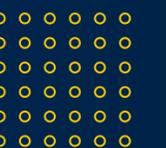
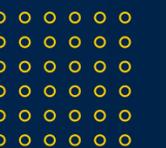
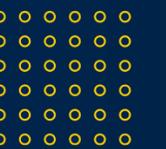
## Describe

The current approach for most policy updates at the hospital



## Identify

One approach for engraining evidence-based practice in policy revisions



# Role of Policies

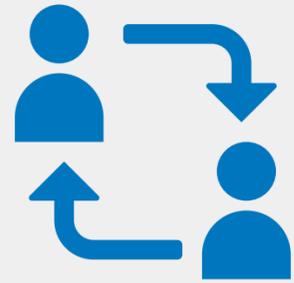
- Guide clinical practices
- Standardize nursing care
- Support up to date practices
- Protect from regulatory non-compliance

*“A **policy** is a formal document that governs acceptable clinical practices and limits surrounding clinical practice ... [contains] broader directives [than a procedure] ... identifies who is qualified to perform a particular procedure and under what circumstances these procedures are executed.”*

Becker, et al. (2012).

(Webdam, 2008)





PEERS



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# Nurses' Sources of Information to Inform Clinical Practice:

An integrative review to guide evidence-based practice

Fossum, M., Opsal, A., Ehrenberg, A. (2021). *Worldviews on Evidence-Based Nursing*, 19(5), 372-379



REFERENCE  
MATERIALS



NURSING  
JOURNALS

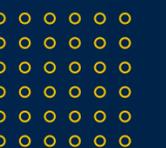
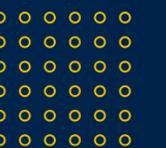
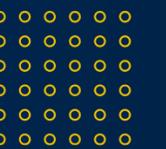


(Weller, 2018)

## Are the policies **Evidence-Based?**

Nurses expect that policies are up to date and based on current evidence.

Policies serve as a resource for clinical care, a guide for training staff, and tool for competency development.



# De-implementation

Implementing new knowledge into clinical practices is important but so is undoing overused, out of date practices which are potentially harmful, costly, or negatively impact patient care

## SpO2 Monitoring in Bronchiolitis

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Intermittent SpO2 monitoring is equally safe as continuous monitoring in children with bronchiolitis on room air.

Despite the availability of this knowledge, a 2020 observational study of 56 US hospitals showed that **46% of patients** receive SpO2 monitoring against guidelines.

(Bonafide et al., 2012)

## Nasogastric Tube Placement Verification

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Literature describing the risks to feeding tube insertions was available as early as **2006**. In **2012**, the Children's Hospital Associations published a Patient Safety Action Alert recommending immediate discontinuation of auscultation.

Most recently, a follow-up study in **2022** highlighted some pediatric hospitals continue to use non-EBP verification methods.

(Sorokin & Gottlieb, 2006; CHA, 2012; Northington, 2022)

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**How confident are you that your hospital/department/unit's policies contain the best available, current evidence?**

# Enhancing Evidence-Based Practice Integration into Clinical Practice

Snyder, M. Cambell, T. & DiGerolamo, K. (2023). *Clinical Nurse Specialist*. 37(1), 14-19



## No Source

368/673 documents contained no source of empirical evidence



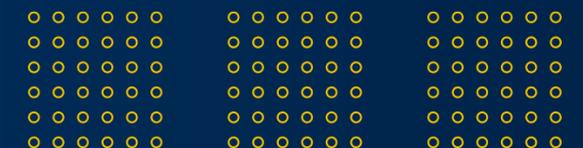
## Low Level

155/304 documents referenced expert opinion or benchmark data only



## Evidence Tables

305/673 documents included evidence visible to staff



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**Thinking about your own hospital/department/unit's barriers to including evidence into policy, what are the top challenges?**

# Barriers to Evidence-Based Policies



## Access to Research

Lack of access to research evidence or data base searching skills



## Knowledge

Difficulty understanding research articles, unfamiliarity with the evidence-based practice model



## Time & Resources

Too little time, no standard processes. Low frontline staff participation or engagement



## Mentorship

Few EBP mentors or nurses knowledgeable about the EBP process and available to offer support

# Translating Research into Practice

YEARS TO

17

IMPLEMENTATION

INTERVENTIONS

$\frac{1}{3}$

REACH CARE

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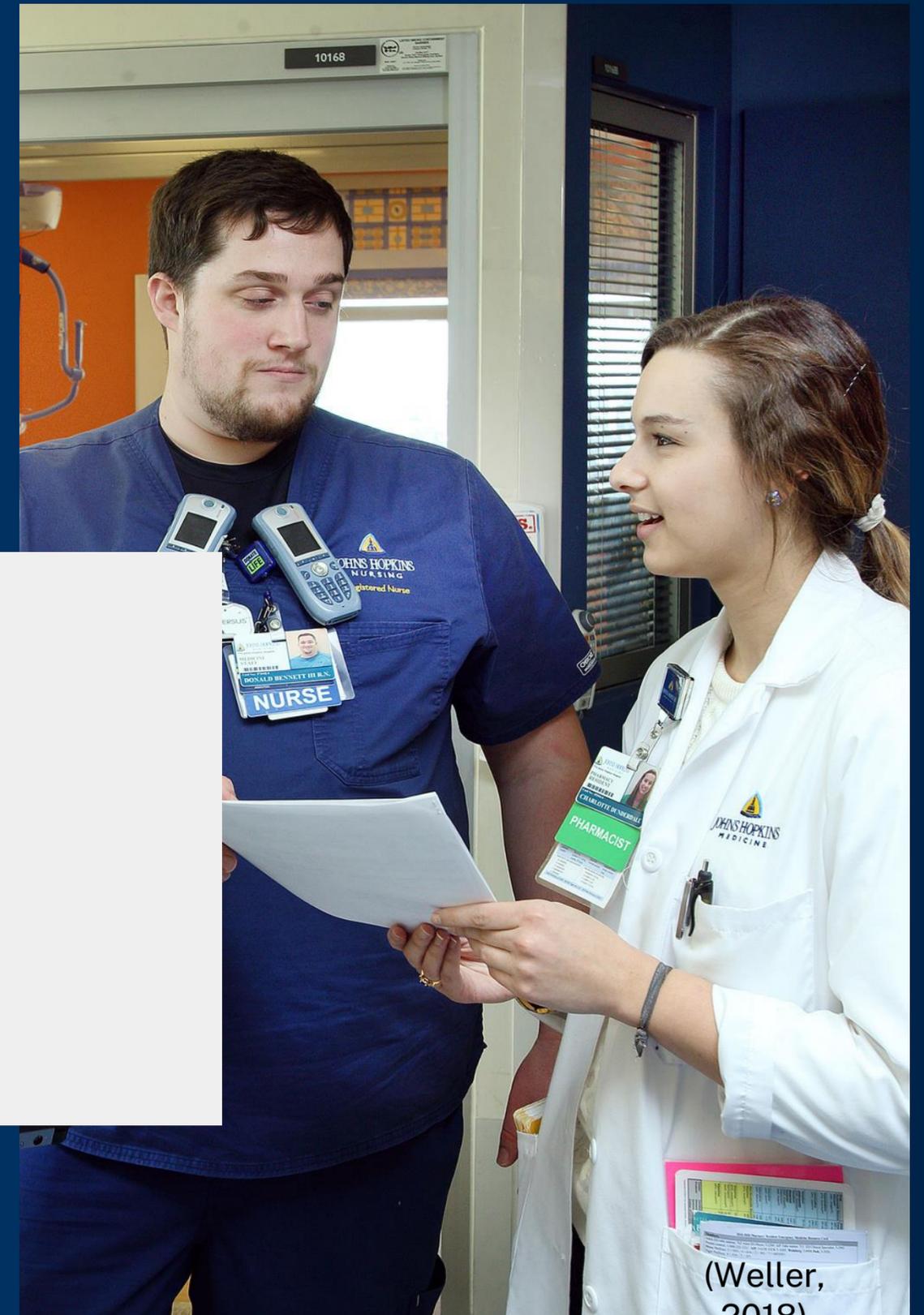
**What is your hospital/department/unit's current process for updating policies?**

# Current Approaches

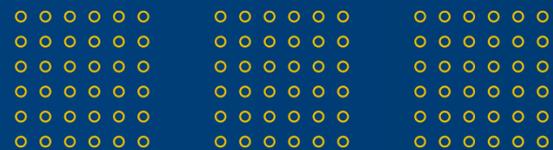
Variability exists across JHH

Nurses describe:

- Completing literature reviews
- Updating expired references
- Nurse + CNS evidence review
- Uncertainty about “best” or “right” process



(Weller,  
2018)



# “Best” Practices

Common themes described in the literature



## Manageable

Limit number of policies to only essentials. Improve policy keywords so documents are easily **searchable**



## Consistent

Develop an approach that's followed for all policy revisions



## Up to Date

Introduce changes at standard times. Search for and critically appraising evidence

# Enhancing Evidence-Based Practice Integration into Clinical Practice

Snyder, M. Cambell, T. & DiGerolamo, K. (2023). *Clinical Nurse Specialist*. 37(1), 14-19

Clinical Nurse Specialists at a freestanding pediatric hospital outlined a new process for policy revisions:

- Transparent
- Integrated EBP
- Included evidence tables with grading

After implementation of new process:

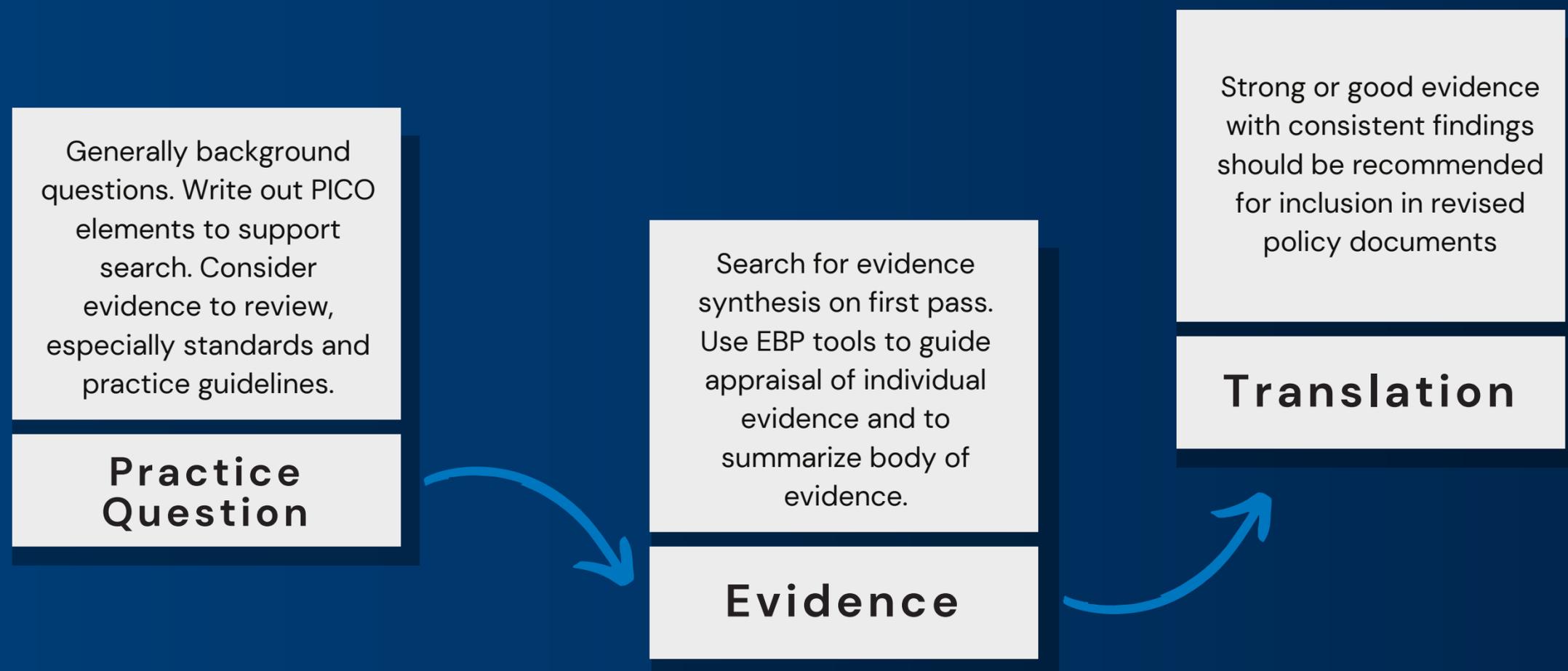
- 77% documents included evidence
- Increased access to clinical documents
- Increased visibility of EBP process

## Document Review Process Steps

- Evaluate necessity of the document for review
- Complete comprehensive EBP literature review.
  - Consult medical librarian
  - Review evidence from last revision
  - Provide evidence table. Evidence must be < 5 years or seminal.
  - Refer to professional organization standards, clinical practice guidelines
  - Reference regulatory agencies and user manuals for medical devices
- Edit or create new document. Track changes
- Consult with peers and interdisciplinary team members for feedback
- Identify education and implementation needs
- Review document formatting, spelling/grammar. Send to review committee

# Johns Hopkins Evidence-Based Practice Model

The Johns Hopkins EBP model provides the appropriate process and tools to assist policy committees in implementing changes that ensure clinical practices are in line with the best evidence available.



# Pediatric Standards of Care

## Proposed Evidence Appraisal Process

**02** **PICO development**

Review policy and develop practice question(s).

**04** **Appraise evidence**

Using Johns Hopkins Nursing EBP model tools, critically appraise evidence and assign level and quality score.

**06** **Recommendations**

Consider quality, consistency, and strength of evidence. Develop recommendations.



**01** **Policy selection**

Identify policies at least 6 months prior to expiration to allow time for evidence appraisal process.

**03** **Search for evidence**

Search nursing and medicine databases for knowledge synthesis. If unavailable, search all relevant clinical literature.

**05** **Synthesis**

Summarize individual evidence. Synthesize findings by level and quality.

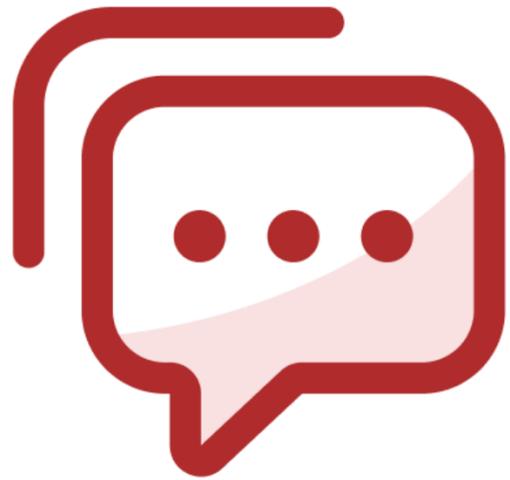
**07** **Revise policy**

Compare evidence to current policy. Share synthesis and recommendations with key stakeholders. Make revisions, educate staff, and publish revised policy.



**Ideas?**

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## Audience Q&A Session

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