Accelerating Adoption of Best Evidence into Nursing Practice

Guiding Principles

Janet Parkosewich, DNSc, RN, FAHA
Nurse Researcher
Center for Professional Practice Excellence

Nothing to Disclose
Objectives

• Describe guiding principles necessary to accelerate the adoption of best evidence into nursing practice

• Explain the infrastructure created at YNHH to accelerate adoption of best evidence into nursing practice

• Discuss two examples of staff nurses’ using best evidence to influence changes in nursing practice
Evidence-Based Practice

- Integration of best research evidence in conjunction with clinical expertise and patient values into practice (Sackett et al., 2000, Titler 2009)

- Highest quality of care and optimal outcomes are achieved when clinicians know how to:
  
  *Find*
  
  *Critically appraise*

 *Use best evidence*  

(Melnyk & Fineout-Overholt, 2011)
Evidence-Based Practice

- Reduces healthcare costs and geographic variations in practice
- Clinicians feel more empowered and satisfied in their roles
- Despite benefits – EBP is not consistently implement / evidence-based guidelines not followed
- 17 year gap between publishing research evidence and translation into practice
- IOM Roundtable on EBP Medicine – goal by 2020 90% of clinicians’ decisions – based on best evidence
# The State of EBP in US Nurses (N=1015)

**One thing that prevents you from implementing EBP in your daily practice?**

**Barriers**

- Organizational culture – policies and procedures, politics, philosophy – “way we have always done it here”
- Lack of EBP knowledge/education
- Lack of access to evidence information
- Resistance - manager/leader, MD, staff nurse
- Workload/staffing
- Lack of evidence resources

**One thing that would help you implement EBP in your daily practice?**

**Opportunities**

- EBP education, knowledge
- Access to resources, information
- Clearinghouse of evidence-based information (online)
- Organizational support/awareness
- Manager support
- Mentors available on unit
- Written EBP standards of practice
- Unit staffing
- $$ to support EBP initiatives
- ↑ awareness of EBP importance

The State of EBP in US Nurses

• Differences existed in responses of nurses from:
  − Magnet versus non-Magnet institutions
  − Nurses with master’s versus non-master’s degrees
Guiding Principles

Culture of clinical inquiry

Evidence-Based Nursing Practice
Culture of Clinical Inquiry

- RNs encouraged to question practice
- Philosophy, mission, vision that incorporates EBP
- Leadership and administrative support that values and models EBP – provides resources
- Regular recognition of individuals and groups who consistently implement EBP
Guiding Principles

Adopt EBP Model

Culture of clinical inquiry

Evidence-Based Nursing Practice
EBP Models

- Facilitate development of good EBP questions from clinical ideas or problems
- Provide a prescribed systematic approach to implementation of practice change
- Incorporate timely evaluation of outcomes and requires dissemination of results

Iowa Model of EBP to Promote Quality Care

Marita Titler, PhD, RN
Univ. of Michigan

STEP 1
Identify clinical question

STEP 2
Question into PICO format

STEP 3
Is this feasible/priority for hospital?

STEP 4
Form a team

STEP 5
Gather literature

STEP 6
Critique & synthesize literature

STEP 7
Is evidence sufficient to change practice?

NO

YES

STEP 8
Change Practice

STEP 9
Monitor Outcomes

STEP 10
Disseminate Results

P = Population
I = Intervention
C = Comparison
O = Outcome

Trigger
Knowledge vs. Problem Focused
Guiding Principles

- Resources
- Adopt EBP Model
- Culture of clinical inquiry

Evidence-Based Nursing Practice
CRL Closes for Renovation on May 15
Resources

Nursing Research and Evidence-based Practice Committee Presents.

Setting the Stage for Evidence-Based Practice

Learn how to:

- Use the IOWA Model of EBP
- Conduct electronic literature searches

Dates

- February 18
- February 20
- March 4

Times

- 7AM - 10:30AM
- 12PM - 3:30PM
- 7AM - 10:30AM

Place: Saint Raphael Campus Room PVT 611

Open to both SRC and YSC nurses

Seating is limited to 12 RNs – Please register using Employee Self Service: Look for “2013 EBP Classes”

Questions? Contact Cindy Bautista, RN, PhD, CNRN at cindy.bautista@ymhh.org or 688-3352

Ann Kaisen, RN
Karen Kalbfeld, RN
Catherine Ford, RN
Marge Funk, RN
Resources
Guiding Principles

Clinical Nurse Specialists

Ann Kaisen, APRN

Nurse Educators

Karen Kalbfeld, MSN, RN

Catherine Ford, MSN, RN

Clinical Nurse IVs

CN IVs

Health Librarian

Janene Batten, MLS, AHIP
Guiding Principles

University Faculty Members

Marge Funk, PhD, RN

Ruth McCorkle, PhD, RN

Tish Knobf, PhD, RN
Guiding Principles

- Theoretical approach to change
- Resources
- Culture of clinical inquiry
- Adopt EBP Model
- EBP Mentors

Evidence-Based Nursing Practice
Changing Practice: A Theoretical Approach

Translational Research Model

- Implementing EBP is challenging
- Multifaceted implementation strategies – address both clinician and organizational perspectives
- Includes quality improvement strategies

Translational Research Model

- Based on Roger’s Diffusion of Innovation Theory

“Innovation communicated through certain channels over time among participants in a social system”

Figure 1. Implementation model.
Note. Adapted from Rogers 2003a and Titler and Everett, 2001.
Complexity and Strength of Evidence

- Simple versus complex practice change
- Relative advantage of EBP – effectiveness, relevance to practice, social prestige
- Compatibility with values, work flow and perceived needs of users
Changing Practice: A Theoretical Approach

- Interpersonal communication channels
- Users’ social network

- Ensures PP, standards, documentation systems all support use of EBP

Figure 1. Implementation model.
*Note. Adapted from Rogers 2003a and Titler and Everett, 2001.*
Users of EBP

Roger’s Innovation Adoption Curve

- Innovators: 2.5%
- Early adopters: 13.5%
- Early majority: 34%
- Late majority: 34%
- Laggards: 16%

Trying to convince the mass of a new idea is useless. Convince innovators and early adopters first.
Changing Practice: A Theoretical Approach

Figure 1. Implementation model. 
*Note.* Adapted from Rogers 2003a and Titler and Everett, 2001.

• Absorptive capacity of users – need knowledge & skill to enact EBP
Guiding Principles

- Theoretical approach to change
- Resources
- Culture of clinical inquiry
  - Adopt EBP Model
- EBP Mentors
- Hardwire EBP Model into clinical decision making processes

Evidence-Based Nursing Practice
Hardwire EBP

YNHH Nursing Shared Governance

Coordinating Council

Quality & Safety Council
Professional Development Council
Informatics Council
Practice Excellence Council

APN Council
PSM Council
Ambulatory Services Division Cluster
Oncology Services Cluster
Community Health Outpatient Clinics Cluster
Pediatric & Pediatric Specialty Cluster
Critical Care Services Cluster
Perioperative Services Cluster
Emergency Services Cluster
Psychiatry Services Cluster
Heart & Vascular Center Cluster
Surgical Services Cluster
Medicine Services Cluster
Women and Infant Cluster

Nursing Research & Evidence-based Practice Committee
Nursing Data Management Office (Virtual) Committee
Nursing Patient & Family Experience Committee
Nursing Shared Governance

Purpose

Supports Nursing's strategic plan

Engage and empower clinical nurses to make decisions about their nursing practice

Provide infrastructure needed to place ownership and accountability for practice and its outcomes at the level of the clinical nurse
Nursing Shared Governance

Evidence-based Practice Decision Making Process

- EBP Experts
- Protected Time
- ≥51% Staff Nurse
- Address Barriers
- Capitalize on Opportunities
- Robust Electronic Communication

Based on Iowa Model Model
Shared Governance
Master Log

Practice Change
Request Process
**STEP I**

*Practice Change Requests*

Automated email to:
- Submitter
- Council Chair

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Change Title</td>
<td>(Title identifies your request)</td>
</tr>
<tr>
<td>Practice Setting</td>
<td>(Identify where you work)</td>
</tr>
<tr>
<td>Representing</td>
<td>Representing * Patient Care Area</td>
</tr>
<tr>
<td>Name of Committee-Group</td>
<td></td>
</tr>
<tr>
<td>Type of Request</td>
<td>Type of Request * Change to existing practice</td>
</tr>
<tr>
<td>Trigger for Change</td>
<td>Trigger for Change * Knowledge Focused</td>
</tr>
<tr>
<td>Identify Professional Organization</td>
<td>Identify Professional Organization * If Knowledge Focused</td>
</tr>
<tr>
<td>Population</td>
<td>Population * (Who does this affect?)</td>
</tr>
<tr>
<td>Intervention or issue</td>
<td>Intervention or issue * Describe change being requested using PICO format</td>
</tr>
<tr>
<td>Comparison</td>
<td>Comparison * (What do you want to change?)</td>
</tr>
<tr>
<td>(What is the current practice?)</td>
<td>(What is the current practice?)</td>
</tr>
<tr>
<td>Outcome</td>
<td>Outcome * (What will you improve by this change?)</td>
</tr>
<tr>
<td>Supporting Evidence</td>
<td>Supporting Evidence * Desired result or outcome</td>
</tr>
<tr>
<td>or attach reference list</td>
<td>or attach reference list</td>
</tr>
<tr>
<td>Select Affected Cluster</td>
<td>Select Affected Cluster * Coordinating Council (Hospital wide)</td>
</tr>
</tbody>
</table>
## Step II - Feasibility Review Part 1

- Existing Policy
- Aligned with Strategic Business Plan
- Anticipated Cost
- Within Scope Nursing Practice
- Within Scope of Shared Governance
- Other Considerations
- Disciplines
- Status

## Step II - Feasibility Review Part 2 (Council Review)

- Practice Excellence Council
- Professional Development Council
- Quality and Safety Council
- Informatics Council
- Ambulatory Services
- Children Services
- Community Health Services
- Critical Care Services
- Emergency Services
- Heart and Vascular Center Services
- Medicine Services
- Oncology Services
- Perioperative Services
- Psychiatry Services
- Surgery Services
- Women's Services
- Council Review Notes
- Council Review Complete: No
Developing Change Proposal: Part 1

Identify Team

STEP III

1. Identify team
2. Evidence Review
3. Implementation plan
4. Education Clearinghouse
Developing Change Proposals: Part 2
Evidence Review

Step III - Change Proposal Part 2 (Review of current evidence)

- **Summary of Evidence**
  - Content owner types in summary of evidence

- **Strength of Evidence**

- **Upload completed review of evidence forms**

- **Attachments**
  - Distress Policy - DRAFT.doc
  - Delete

Automates email to submitter
- **Sufficient evidence**
- **Insufficient evidence**

Upload *Literature Reviews and forms of evidence*

Sufficient research evidence
Change recommended per expert opinion
Insufficient evidence
## Table for Critiquing Research Literature

**Level of evidence + quality of evidence = strength of evidence & confidence to act**

<table>
<thead>
<tr>
<th>Critique Categories</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Study Purpose</strong></td>
<td>Outline the purpose of the study/project</td>
</tr>
<tr>
<td>Was the purpose, research question, or hypothesis clearly defined?</td>
<td>What were the dependent and independent variable(s)?</td>
</tr>
<tr>
<td>□ yes □ no</td>
<td>□ yes □ no</td>
</tr>
<tr>
<td><strong>Theoretical Framework</strong></td>
<td>Identify the theoretical framework if used.</td>
</tr>
<tr>
<td><strong>Literature Review</strong></td>
<td>Is the literature review thorough and recent (within past 5 years)? Does content relate directly to the research problem? If appropriate, are classic older studies highlighted?</td>
</tr>
<tr>
<td>Was relevant background literature reviewed?</td>
<td>□ yes □ no</td>
</tr>
<tr>
<td><strong>Methods</strong></td>
<td>Describe study methods (design, sample, setting, human subjects protection, interventions tested and/or procedures for data collection)</td>
</tr>
<tr>
<td>What was the design?</td>
<td>How was study conducted? How were subjects selected (inclusion/exclusion)? Was sample representative? Were data collection tools reliable and valid tools?</td>
</tr>
<tr>
<td>□ yes □ no</td>
<td></td>
</tr>
<tr>
<td>(see appendix A)</td>
<td></td>
</tr>
<tr>
<td><strong>Data Analysis</strong></td>
<td>Describe the data analysis. Do the selected statistical tests appear appropriate?</td>
</tr>
<tr>
<td>How were the data analyzed?</td>
<td>(see Appendix B)</td>
</tr>
</tbody>
</table>

### Critique Categories

<table>
<thead>
<tr>
<th>Results/Limitations</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the results presented clearly?</td>
<td>□ yes □ no</td>
</tr>
<tr>
<td>Charts, graphs understandable?</td>
<td>□ yes □ no</td>
</tr>
</tbody>
</table>

### Clinical Significance

| What were the implications of the study to nursing practice? |
| Do they have relevance for our practice? |

### Level of Evidence

| Is this a reputable source of evidence? |
| □ yes □ no |
### Developing Change Proposals: Part 3

#### Implementation Plan

<table>
<thead>
<tr>
<th>Step III - Change Proposal Part 3 (Implementation plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation Plan Sponsor</td>
</tr>
<tr>
<td>Patient Population</td>
</tr>
<tr>
<td>Intervention or Issue</td>
</tr>
<tr>
<td>Comparison</td>
</tr>
<tr>
<td>Outcome</td>
</tr>
<tr>
<td>Structure Goal</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Structure Goal Monitoring</td>
</tr>
<tr>
<td>Process Goal</td>
</tr>
<tr>
<td>Process Goal Monitoring</td>
</tr>
<tr>
<td>Outcome Goal</td>
</tr>
<tr>
<td>Outcome Goal Monitoring</td>
</tr>
<tr>
<td>Communication Process within nursing</td>
</tr>
<tr>
<td>Communication Process Other Disciplines</td>
</tr>
<tr>
<td>Nursing communication Processes</td>
</tr>
</tbody>
</table>
### Implementation Plan (Cont’d)

| Education Plan               | □ Healthstream          |
|                              | □ Formal class/in-service |
|                              | □ Self-Learning Packet   |
|                              | □ Laboratory Simulation  |
|                              | □ Other                  |

| Education Plan Other         |                           |
| Education Comments           |                           |

| Sustainability Plan          |                           |

| Dissemination Plan           | Locally or external to the hospital as appropriate |

| Implementation Plan Complete | ☑ Yes                     |
|                             | ☑ No                      |

**Step III - Change Proposal Part 4 (Clearinghouse Endorsement)**

| Education Plan Endorsed     | No                        |
STEP IV:
Open Comment Period

- Electronic process for posting *Change Proposals*
- Posted on site 2nd Wednesday of month
- Open for 14 days
- Download documents
- Provides opportunities for written feedback from >5,000 nurses

<table>
<thead>
<tr>
<th>Practice Change Title</th>
<th>Scripting Guidelines for use of Technology in a healing Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Salerno, Carol</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:Carol.Salerno@ynhhh.org">Carol.Salerno@ynhhh.org</a></td>
</tr>
<tr>
<td>Practice Setting</td>
<td>All clinical settings</td>
</tr>
<tr>
<td>Representing</td>
<td>Shared Governance Council</td>
</tr>
<tr>
<td>Name of Committee-Group</td>
<td>Informatics Council</td>
</tr>
<tr>
<td>Type of Request</td>
<td>Education</td>
</tr>
<tr>
<td>Trigger for Change</td>
<td>Problem Focused</td>
</tr>
<tr>
<td>Professional Organization</td>
<td>Inpatient and Outpatient clinicians</td>
</tr>
<tr>
<td>Population</td>
<td>Provide clinicians with a tool to guide communication and interaction with patient/families regarding the use of technology in a healing environment.</td>
</tr>
<tr>
<td>Intervention or issue</td>
<td>There is no standard/consistent communication regarding the use of technology at the point of service. Patient perception is that technology may sometimes get between the clinician and the patient.</td>
</tr>
<tr>
<td>Comparison</td>
<td>Improvement of the Press Ganey scores (comments prior to and post script implementation) Improve patient engagement at the point of care (improved barcode scanning compliance, real time documentation) Increased patient/family awareness for the use of technology at the point of care. Overall increased patient safety.</td>
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<td>Coordinating Council (Hospital wide)</td>
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*Automates email to 1,000 nursing leaders*
Open Comment Period
Open Comment Period

Nursing Shared Governance Change Process

**Step I Change Request**
- Enter New Request
- View Current Requests

**Step II Feasibility Review**
- Feasibility Review
- Council Review

**Step III Change Proposal**
- Identify Team
- Evidence Review
- Implementation Plan
- Clearinghouse Endorsement

**Step IV Open Comment**
- Open Comment
- Review Open Comments

---

**Post by Rick Meskill**

*Started: 5/13/2014 3:09 PM*

**pressure prevention sacral dressing**

View Shared Governance Change Request

**Change Requested:** pressure prevention sacral dressing

**Responsible Council:**

**Type of Request:** New practice

**Trigger for Change:** Problem Focused

**Population:**

**Intervention or issue:**

**Comparison:**

**Outcome:**

---

**Post by Dawn Blake Holmes**

*Posted: 5/14/2014 10:04 AM*

agree with practice change.

---

**Post by Janet Parkosewich**

*Posted: 5/14/2014 11:32 AM*

We will need to define the plan for communicating this practice change to the nursing staff. Did the Health Skin Committee make any recommendations? Has the Healthy Skin Committee recommended establishing par levels of the dressing on the patient care units?
### Practice Alert

**Final Proposal**

### STEP V

<table>
<thead>
<tr>
<th>Practice Change Title</th>
<th>Scripting Guidelines for use of Technology in a healing Environment</th>
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<tbody>
<tr>
<td>Name</td>
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<td>Coordinating Council (Hospital wide)</td>
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</table>
## Accelerating Adoption of Best Evidence into Nursing Practice

<table>
<thead>
<tr>
<th>Change Title</th>
<th>Practice Setting</th>
<th>Type of Request</th>
<th>Cluster-Council</th>
<th>Created</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standardizing Child Abuse Assessment, Documentation and Gowning within the Pediatric ED</td>
<td>Pediatric Emergency Department</td>
<td>Change to existing practice</td>
<td>Childrens Services</td>
<td>9/27/2014 5:54 AM</td>
</tr>
<tr>
<td>Early Progressive Mobility</td>
<td>Medical ICU SRC</td>
<td>New practice</td>
<td>Critical Care Services</td>
<td>9/8/2014 2:37 PM</td>
</tr>
<tr>
<td>&quot;Show of support&quot; versus &quot;staff assist with security&quot; and &quot;show of force&quot;</td>
<td>Psychiatric Nursing</td>
<td>Change to existing practice</td>
<td>Psychiatry Services</td>
<td>8/27/2014 9:08 AM</td>
</tr>
<tr>
<td>Change in practice - use of leg bag in the IRU setting</td>
<td>Verdi 4 East ~ IRU</td>
<td>Change to existing practice</td>
<td>Medicine Services</td>
<td>7/25/2014 10:50 AM</td>
</tr>
<tr>
<td>Standardized Alternative Feeding Methods for the Term Breastfeeding Infant</td>
<td>Neonatal Intensive Care Unit/ Maternity/ Labor and Birth</td>
<td>New practice</td>
<td>Womens Services</td>
<td>7/14/2014 5:24 PM</td>
</tr>
<tr>
<td>Initiate Phototherapy at bedside on Postpartum</td>
<td>Postpartum</td>
<td>Change to existing practice</td>
<td>Womens Services</td>
<td>7/10/2014 10:43 AM</td>
</tr>
<tr>
<td>Pasero Opioid Induced Sedation Scale</td>
<td>Surgical Units</td>
<td>Change to existing practice</td>
<td>Surgery Services</td>
<td>7/3/2014 2:57 PM</td>
</tr>
<tr>
<td>Rebranding of current purple ACLS bands</td>
<td>Hospital Wide</td>
<td>Change to existing practice</td>
<td>Coordinating Council</td>
<td>5/7/2014 2:25 PM</td>
</tr>
</tbody>
</table>

To date 36 Practice Change requests submitted (April 2014)
Using DAMP BIBS - An Acronym to Improve Nurse’ Detection and Management of CHILD MALTR TREATMENT

Principal Investigator
Laura Caneira, RN, BSN, CN III

Co-Investigators
Marcie Gawel, RN, BSN, MS, CN III
William Kean, RN, BN, CN IV
Jeannette Koziel MSN, APRN, NP-C
Wei Teng, PhD

Mentor
Janet Parkosewich, RN, DNSc, FAHA

“We have the power to stop child abuse and neglect”
In light of a 3 yr old’s tragic, avoidable death from child maltreatment just after seeking care at Windham Hospital, Katz has appealed to CT hospitals to conduct a full examination in a hospital gown whenever any child ≤6 years is presents to the ED, so any hidden and older injuries can be detected.

Purposes

To determine the effect that an educational intervention has on PED nurses’ *attitudes* toward and *knowledge* about the assessment and management of child maltreatment
Intervention

D - Delay in treatment
A - Appearance
M - Making eye contact
P - Prior DCF referral
B - Bodily Injury
I - Interaction
B - Back again/Frequency
S - Story

Nursing History and Physical Exam
Results

Increased confidence in ability to assess for and manage children with maltreatment and its documentation

<table>
<thead>
<tr>
<th>Survey Item (N=38)</th>
<th>% agreement with Survey items</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
</tr>
<tr>
<td>I am confident in my ability to assess my patient for <em>sexual abuse</em></td>
<td>26.3</td>
</tr>
<tr>
<td>I am confident in my ability to assess my patient for <em>emotional abuse</em></td>
<td>42.1</td>
</tr>
<tr>
<td>I am confident in my ability to assess my patient for <em>physical neglect</em></td>
<td>63.2</td>
</tr>
<tr>
<td>I am confident in my ability to assess my patients for <em>medical neglect</em></td>
<td>65.8</td>
</tr>
<tr>
<td>I am confident in my ability to assess my patient for <em>physical abuse</em></td>
<td>81.6</td>
</tr>
</tbody>
</table>

Increased knowledge pre vs. post intervention

<table>
<thead>
<tr>
<th>Results</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td>67.1</td>
<td>10.8</td>
<td>36.8 - 84.2</td>
</tr>
<tr>
<td>Post-Test</td>
<td>94.7</td>
<td>10.7</td>
<td>57.9 – 94.7</td>
</tr>
</tbody>
</table>
Despite new knowledge – very few children were being undressed prior to physical exams

Used 3 rapid cycles of change to change practice
- Addressed barriers identified by staff
- Initiated contests

Practice not consistently improved
### Step I - New Practice Request

<table>
<thead>
<tr>
<th>Practice Change Title</th>
<th>Standardizing Child Abuse Assessment, Documentation and Gowning within the Pediatric ED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Caneira, Laura</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:LAURA.CANEIRA@YNHH.ORG">LAURA.CANEIRA@YNHH.ORG</a></td>
</tr>
<tr>
<td>Practice Setting</td>
<td>Pediatric Emergency Department</td>
</tr>
<tr>
<td>Representing</td>
<td>Patient Care Area</td>
</tr>
<tr>
<td>Name of Committee-Group</td>
<td>Pedi ED/ Trauma Committee</td>
</tr>
<tr>
<td>Type of Request</td>
<td>Change to existing practice</td>
</tr>
<tr>
<td>Trigger for Change</td>
<td>Problem Focused</td>
</tr>
<tr>
<td>Professional Organization</td>
<td></td>
</tr>
<tr>
<td>Population</td>
<td>Children presenting to the Pediatric Emergency Department ages 6 and under</td>
</tr>
<tr>
<td>Intervention or issue</td>
<td>Education regarding screening for child abuse (including in CBO) Consistent standardization documentation in EPIC regarding screening Gowning of patients (under age 6)</td>
</tr>
<tr>
<td>Comparison</td>
<td>Children are not routinely gowned as part of the ED process Abuse assessments are not consistently completed</td>
</tr>
<tr>
<td>Outcome</td>
<td>Enhanced overall assessment increased documentation and screening for child abuse identify suspicious skin assessments (such as bruising in soft tissue areas)</td>
</tr>
<tr>
<td>Cluster</td>
<td>Childrens Services</td>
</tr>
</tbody>
</table>
An Evidence-Based Approach to Assessing Pain in Elders with Dementia

Mary Ann Harmon, BSN, RN-BC, CMSRN, CNIII
Staff Nurse Celantano 4, Saint Raphael Campus
Background

- Celentano 3 and 4
- Located on St Raphael Campus
- General medicine units
- High volume geriatric population
Background

More people are:

- Surviving to their senior years than ever before and
- Are spending longer periods of time in old age

FACTs about people 65 years of age and older

- In 1930, >6 million people
- Today, >30 million people
Most common reason for unrelieved pain in US hospitals - failure to routinely assess pain and pain relief

(American Pain Society, 1999)

Unfortunately, a significant number of elders do not receive adequate pain management due to 3 factors:

- Lack of accurate pain assessment
- Misconceptions regarding efficacy of nonpharmacologic pain management strategies
- Concerns about potential risks of pharmacotherapy use in the elderly

(Geriatric Nursing, March/April 2011)
Assessment of Pain
Types of Pain Scales

**Visual Analog Scale (VAS)**
Patients mark pain level
U = unable to determine

**Numeric Pain Scale**

**Faces Pain Scale**

**Non-Verbal Pain Scale**
Pain Assessment in the Elderly

Reasons elders cannot participate in pain assessment:

• Dementia / cognitive impairment
• Visual problems
• Underlying medical problems
• Lethargic or unresponsive
Assessment of Pain
Abbey Pain Scale

Identifies 6 behavioral indicators during activity (ex. repositioning)

1. Vocalization: whimpering, groaning, crying
2. Facial expressions: frowning, grimacing
3. Body language: fidgeting, rocking
4. Behavior: increased confusion, refusing to eat, alteration in usual patterns
5. Physiological change: temperature, pulse or BP outside normal limits, flushing or pallor
6. Physical change: skin tears, pressure areas, arthritis, contractures

Developed by:
Jennifer Abbey, Professor of Nursing, Queensland University of Technology, Australia
Abbey Pain Scale

Q1. Vocalisation
   eg. whimpering, groaning, crying
   Absent 0  Mild 1  Moderate 2  Severe 3
   Q1

Q2. Facial expression
   eg: looking tense, frowning, grimacing, looking frightened
   Absent 0  Mild 1  Moderate 2  Severe 3
   Q2

Q3. Change in body language
   eg: fidgeting, rocking, guarding part of body, withdrawn
   Absent 0  Mild 1  Moderate 2  Severe 3
   Q3

Q4. Behavioural Change
   eg: increased confusion, refusing to eat, alteration in usual patterns
   Absent 0  Mild 1  Moderate 2  Severe 3
   Q4

Q5. Physiological change
   eg: temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor
   Absent 0  Mild 1  Moderate 2  Severe 3
   Q5

Q6. Physical changes
   eg: skin tears, pressure areas, arthritis, contractures, previous injuries.
   Absent 0  Mild 1  Moderate 2  Severe 3
   Q6

Add scores for 1 – 6 and record here → Total Pain Score

Now tick the box that matches the Total Pain Score

0 – 2  3 – 7  8 – 13  14+
No pain  Mild  Moderate  Severe

Finally, tick the box which matches the type of pain

Chronic  Acute  Acute on Chronic

Dementia Care Australia Pty Ltd
Website: www.dementiacareaustralia.com
Methods

Sample:
• Patients ≥65 years of age with dementia
• Unable to verbalize pain level (scored 0 or U by VAS)

Intervention:
• Educated CEL3 and CEL4 nurses about using Abbey Pain Scale
• Provided each with a copy of scale
• Assessed interrater reliability – observed RNs using scale

Procedure:
• Following use of Numeric Pain Scale or FACES, reassessed patient using Abby Pain Scale
• Provided non-pharmacologic interventions
• Reassessed – if score moderate to severe range added a pharmacologic intervention
• Reassessed again to evaluate response to intervention
# Interventions Used for Pain

## Nonpharmacologic
- Repositioning
- Incontinence care
- Bladder scan and straight catheterization
- Physical therapy
- Heat/cold packs
- Mouth care
- Secretion clearance suctioning
- Back rub / massage
- Music therapy

## Pharmacologic
- Tylenol
- Morphine
- Percocet
### Results of Abbey Pain Scores (N=50)

<table>
<thead>
<tr>
<th>Abbey Pain Scores</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>None = 0 to 2</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Mild = 3 to 7</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Moderate = 8 to 13</td>
<td>29</td>
<td>58</td>
</tr>
<tr>
<td>Severe = ≥14</td>
<td>9</td>
<td>18</td>
</tr>
</tbody>
</table>
Interventions Used

N = 50

Non Pharmacologic

N = 4
No Pain

N = 10

Pharmacologic

N = 5
Pain

N = 31
Pain

50% Pain Relief
Pharmacologic Interventions Used

- Tylenol PO or suppository - 17 patients to treat mild to moderate pain
- Morphine 1 mg IVP - 18 patients with severe pain - one time, prn or scheduled doses
- Percocet 1 tab - 1 patient with severe pain - one time, prn or scheduled doses
Implications for Nursing

• Heighten our awareness of pain being a common problem that is inadequately assessed by current pain scales in elders with dementia.

• These patients may be experiencing needless pain and suffering.

• Assessing pain during activity is an important consideration.

• The Abbey Pain Scale shows great promise for use in dementia patients unable to verbalize pain.

Next Step
Submit *Practice Change Request* to Nursing Shared Governance via the Coordinating Council
Thank You