



**Bridging the Gap: Connecting the Pearls of Knowledge
& Power of Influence to Implement Evidence-Based
Practice to Improve Healthcare Quality**

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Purpose/Implications

- **CNS** led Nursing Quality Committee– **Agents of Change**
- **Purpose** – Design staff nurse driven committee incorporating methodologies that empower nurses to implement EBP strategies impacting quality outcomes
- **Implications** – Creating a culture that nurtures and empowers staff nurses to integrate EBP into clinical practice through the discovery of process improvement resulting in clinical excellence
- ***Nursing Quality Committee 1 year complete – moving along.....year 2***



Significance & Background

- Nurses responsible for the implementation of EBP and charged to improve quality with limited knowledge and resources on how to do to do this
- Limited knowledge and/or resources to implement EBP or misconceptions and attitudes about impact EBP can have on patient outcomes
- Diversity in nursing education & beliefs creates different EBP cultures resulting in a practice gap in achieving quality healthcare outcomes
- Complexity of patients health care needs
- Increased demands for delivery of safe care
- Supportive culture for EBP



Innovative Strategies

- Strategic Plan – initiative developed to improve quality of care
- Initiative presented to executive leadership
- Letter to nursing directors & nurse managers to identify bedside leaders
- Consultant must be in good standing and committed to improve patient outcomes
- Evidence-Based Practice – (Melnik & Fineout-Overholt, 2015) Associate Vice President for Health Promotion, Dean & Professor The Ohio State University College of Nursing



Implementation

- Nursing Quality Committee Consultants
- Committee Governance Structure
 - Patient safety
 - Improve clinical outcomes
 - Reduce harm
 - Meet top decile performance measures – National Database of Nursing Quality Indicators (NDNQI)
- Monthly meetings – formal/individual groups
- Quality 101 – foundational elements
- EBP Quickstart Class
- Define, Measure, Analyze, Improve, Control (DMAIC) & Organization Project Charter
- Etiquette of Auditing for Process Improvement
- Poster Presentations – Nursing Excellence & Patient Safety – (Abstract Writing/Submission)



Evaluation Methods

- Review of project charters
- Process Improvement Projects - outcomes
- Self-reflection
- Nurse survey



Outcomes

- Facilitated/**CNS & Beside Nurse** driven quality committee- *leading change*
- Initiation of **7** process improvement projects
 - Medical/Surgical Unit – *An Approach to Prevent Patient Falls*
 - Cardiovascular Unit - *Compliance of Accurate Intake & Output*
 - Emergency Department - *Any is Too Many* – Prevention of mislabeled specimens
 - Wound Care Center – *Workflow Improvement* – Patient Satisfaction
 - Endoscopy – Adequate Bowel Preparation – *Optimizing Colonoscopy Bowel Preparations for Patients with Diabetes*
 - Progressive Care Unit – *Zap the Bugs*
 - Intensive Care Unit – *Accurate Bed Weights in the ICU*



Next Steps

- Staff led nurse quality committee CNS Mentor/Facilitator
- Proactive risk assessment – opportunity to impact daily practice
 - Prevention of harm
- Sustainability – ensure patient safety
- Physician Champion
- Health Care System Adoption



References

Melnyk, B., & Rineout-Overholt, E. (2015). *Evidence-Based Practice in Nursing & Healthcare*. Philadelphia, PA: Wolters Kluwer.



Thank You



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