NK6. **Describe and Demonstrate the Structure(s) and Process(es) used to Evaluate Existing Nursing Practice, Based on Evidence.**

The UIHC Professional Nursing Practice Model is an overarching *structure* that reflects the commitment of our nurses to expert, evidence-based practice (EBP) and our understanding of the direct relationship between EBP and safe, high quality patient and family centered care. Link to EP1 and OO11. One expression of this commitment and understanding is our continuous review of practice. The Iowa Model of Evidence Based Practice to Promote Quality Care is an overarching *process* that is used to evaluate existing nursing practice based on evidence [link to NK7]. The more specific *structures* and *processes* that are used in our ongoing evaluation of practice are *described* and *demonstrated* below.

**Nursing Research and EBP Committee (NREC) - structure**

*Describe*

The NREC promotes the conduct and use of research and EBP on the nursing clinical areas at UIHC. The committee provides research and EBP leadership, research protocol and EBP project review, and consultation on studies and projects by nurses. More specifically, it provides leadership in the use of research findings and other evidence as an integral component of clinical practice decision-making and it develops mechanisms for using EBP to evaluate and improve care. The Sacred Cow initiative, staff nurse research and EBP grants, and the EBP Staff Nurse Internship discussed below are three mechanisms by which the committee supports nurses in evaluating and changing practice.

*Demonstrate*

**Sacred Cow Initiative - structure and process**

The “Sacred Cow” initiative was triggered by new knowledge in the form of publications that appeared in *Critical Care Nurse*. These two reports—here and here—identified 14 sacred cow practices. Chief Nursing Officer Ann Williamson, PhD, RN, NEA-BC circulated these articles to senior nursing leaders, along with a call to evaluate our performance in relation to these practices. In April 2011, the NREC accepted this charge and formed the work group as demonstrated in these minutes and invitation. They intended to specifically target old practice habits or “Sacred Cows,” practices considered routine and particularly resistant to change despite the evidence.

The work group reports back to the NREC, but has representation supporting communication to the nursing divisions, and standards of practice committees for rapid diffusion of evidence into practice. They called themselves “Sacred Cow Rustlers” and defined the following scope and purpose:

**Scope**

To investigate UIHC nursing practice patterns related to old practice habits identified as Sacred Cows in the literature.
Purpose

- Raise nursing staff awareness about Evidence-Based Practices vs. outdated practice habits (Sacred Cows).
- Identify key areas for improvement related to the sacred cows that remain at UIHC despite evidence and previous EBP initiatives.
- Provide resources EBP improvements and implementation.

The Iowa Model of Evidence-Based Practice to Promote Quality Care serves as the structure and the process used at UIHC to evaluate nursing practice based on evidence as is also discussed in NK7 (link to NK 7). The sacred cow initiative was different from other EBP projects in that the task force was called to examine many practices at the same time rather than the usual case by case basis. A systematic process (bulleted below) was used to evaluate each sacred cow practice. It included review by at least one content expert and another reviewer, followed by group consensus.

- **Summarize the evidence-based recommendations.** The initial step of the work group was to **summarize and synthesize the evidence** that was presented in the *Critical Care Nursing* and supporting articles.

- Gaps in the evidence were noted for further exploration once the priorities emerged. These summary points became the evidence-based practice recommendation used to evaluate performance.

- **Audit of institutional standards.** A systematic review of nursing policies and procedures was conducted for each practice. The Sacred Cows work group included the co-chairs of the DoN Professional Nursing Practice (PNP) Committee, Michele Wagner MSN, RN, CNRN and Grace Matthews, MSN, RN-BC. The PNP Committee reviews and revises all nursing practice policies, procedures and standards of care. In addition to the PNP committee chairs, point of care practitioners who were able to readily identify related standards were included. Search terms were used to identify policies and procedures that were less apparent (for example, treatment for hypotension in delivery room procedures). Policies and procedures were appraised by the work group that determined if they were evidence-based or included sacred cow practices. A total of 60 relevant standards were identified; 45 (75%) supported evidence-based practices and 15 (25%) supported sacred cow practices (managing hypotension 6, visitation 8, and neurological assessment 1).

- **Survey of nurse managers about actual practices**
In order to determine actual practice patterns, nurse managers of every unit were surveyed. Electronic surveys were distributed through Qualtrics™ survey software to 60 UIHC nurse managers, as illustrated here. **Surveys** were returned from 42 units (30 inpatient and 12 ambulatory clinics) for a 70% return rate. Evaluation demonstrated wide variability in the use of evidence in standards. Use of practices that were evidence-based ranged from 18-100% for each of the 16
practices, whereas implementation of sacred cow practices ranged from 26-87%. Based on the survey results, practice patterns were likewise appraised by the work group to determine if they were evidence-based or included sacred cow practices.

- **Performance grading**
  Performance for each practice was graded using a rubric to evaluate performance on existing practices, based on institutional standards (from audit) and actual practices (from the survey) for the evidence presented (in the summary of recommendations). Recommendations for improvements were recorded. A summary of the grading report may be viewed here.

Performance was reported to nurse leaders at the Nurse Management Council and via e-mail summary. Performance was reported to staff, via the CNO Blog (link to interactive 2008 report card (based on 2008 literature) and the current 2011 report card.

- **Setting priorities and assigning responsibility**
  The final step in the evaluation process was to set priorities and assign responsibility. A structured group process was used to rate each practice according to criteria to determine priorities for the organization. The results are summarized here.

**Outcomes of Sacred Cow Work.** The DoN sacred cow initiative, along with other triggers within the organization, leads to evidence-based changes in the following policies and procedures.

- **Use of cell phones** and other electronic equipment policy was revised by the UIHC multidisciplinary Environment of Care Subcommittee. The revised policy (11/11) removes universal bans on cell phone use (sacred cow) and allows cell phone use greater than three feet from patient care equipment (evidence-based practice).

  A Safety Gram was sent hospital-wide to alert all to the revised policy. Mention of the revision was also a subject of a Sacred Cows column (“Have you herd? Old Cell Phone Policy is another Sacred Cow Gone to Pasture”) in Ann’s Blog on November 9, 2011. New signage within the facility was added to communicate the policy where electronic patient care equipment is common.
Restricted visitation policies that were implemented in some areas of the hospital (SICU) were changed to promote evidence-based open visitation and family participation in rounds and patient care by the family. Anticipated benefits are increased family satisfaction, decreased anxiety and better communication.

A bundle of evidence-based policies and procedures related to Catheter Associated Urinary Tract Infections (CAUTI) prevention was implemented in October 2011. The bundle includes evidence based practices related to catheter insertion, care, duration and quality, including:

- New kits that include latex (rather than silicone) catheters with a pre-attached drainage systems and new improved securement devices.
- Clear indications for catheter insertion.
- Staff education regarding catheter insertion, care and maintenance.
- Use of aseptic technique for catheter insertion and if the system is disconnected.
- Not testing the catheter balloon prior to insertion (to avoid creasing).
- Maintaining a closed system below the level of the bladder and off the floor.
- Routine care that includes washing the meatus with soap and water during daily bath.
- Removal of catheters within 24 hrs of surgery, except for primary urology procedures or critically ill patients.
- Removal of catheters when there is no order to continue.
- Reducing the number of urinary catheters inserted and the number of days that catheters are left in place.

In addition to the official practice change communication routes, this was featured in Ann’s Blog (“Catheters: No longer til the cows come home.”) in January 5, 2012’s Ann’s Blog.
Minimum dosing of atropine 1 ml (0.1mg) in neonates to “prevent paradoxical bradycardia” was identified as a sacred cow practice in the NICU. Based on recent evidence, the recommended dose of atropine was changed to 0.2mg/kg in policy and procedures, the Emergency Drug Dose list for Pediatrics and Neonates, Pediatric Emergency Management Cards, and PICU emergency cards. This change was also featured in Ann’s Blog.

A broader goal of this initiative is to build nursing research and EBP skills. Using the Implementation Guide for EBP, the targeted nursing outcomes for this initiative were creating awareness and interest about sacred cows, and building knowledge and commitment to evidence-based practice.

Increased awareness about sacred cows (Phase 1, Implementation Guide for EBP) was nurtured by:
• Creating a logo and slogan (Sacred Cow: Gone to Pasture)

• Using humor to communicate a message

• Monthly sacred cow posting on the CNO Blog

• **Presentation** at Nurse Management Council

• Distributing key evidence to groups working on projects that were related to sacred cows (for example the cell phone multidisciplinary committee, and SICU visitation group).

• A **poster** at 2012 Nurse Recognition Day.

• A Sacred Cow **poster** at the 2012 National EBP conference.

• A Sacred Cow-theme **planter** was entered the 2012 Magnet Container Garden display.

Knowledge and commitment to EBP (Phase 2) was fostered by:

• Increasing the visibility of Nursing Research and EBP at UIHC through a **common look**, banners, business cards, presence and information about Nursing Research that inquiring minds would want to know.
• Education about Research and EBP processes through regular features in the CNO Blog and presentation at Nursing Grand Rounds.
• Identifying topic-specific change champions and opinion leaders for changing sacred cows to EBP.
• Disseminating credible evidence with clear practice implications related to sacred cow practices through the CNO blogs.

As previously noted, the Iowa Model of Evidence-Based Practice to Promote Quality Care is the process used at UIHC to evaluate nursing practice based on evidence. There are other structures in addition to the Sacred Cow Initiative, supported by the NREC, that are designed to foster use of this model to evaluate evidence and current practice and implement/evaluate change for the purpose of making improvements in care.

**Staff Nurse Research and EBP Grants – structure and process**

*Describe*

In January 2012, the NREC launched a research and EBP pilot program to support grass roots initiatives that improve patient outcomes. They invited staff nurses in partnership with a mentor and CON faculty member to submit research and EBP proposals that could request up to $3000. The invitation may be viewed [here](#).

*Demonstrate*

Six proposals were submitted for the first call (1 research, 5 EBP). Five awards were granted, and copy of one of the five award notification letters is provided for demonstration.

These evidence-based practices will be tested through research and EBP methods to determine the impact on patient outcomes.

**EBP Staff Nurse Internship - structure**

*Describe*

This program facilitates staff nurses leading EBP projects that address clinically relevant issues for their patients. Staff nurses interested in evaluating and improving care at the bedside can apply for a unique 13-15 month EBP Internship program through the NREC committee in which they receive expert mentoring in the conduct of an EBP project.
The internship program [Cullen & Titler, 2004] has turned out to be a major incubator over the years for a number of projects that have become innovative nursing practices at the UIHC and beyond. The committee accepts approximately 8 interns every other year. The work of the interns includes evaluating current practice in light of evidence.

**Demonstrate**

Two examples of EBP intern work that were translated into significant nursing practice changes with impressive outcomes for patients are demonstrated in NK7EO: *Early Mobilization in the Critically Ill Medical Patient*, project of Sandra Anfinson, BSN, RN, CCRN, and *Thermoregulation in the Adult Trauma Patients*, project of Jessica Block, BSN, RN, CEN. Both EBP projects were presented at the 2011 National Evidence-based Practice Conference.
DoN Professional Nursing Practice Committee – structure and process

Describe

The DoN’s Professional Nursing Practice Committee (PNP) evaluates, debates, reviews and revises all policies, procedures and standards of care related to professional nursing practice. Through their work, they are constantly evaluating existing nursing practice based on evidence. Staff nurses are active participants, either through a representative or directly. A Staff Nurse Consultant panel, with direct care nurse representatives from each unit, is the integral link of PNP that receives/provides information about existing practice from/to the bedside. The consultants attend each meeting. This roster lists PNP committee members and PNP Staff Nurse Consultant Panel members. The nurse leaders who chair this committee, Grace Matthews, MSN, RN-BC, APN, MSS division, and Michele Wagner, MSN, RN, CNRN, APN, ISS division, assign consultants from the clinical areas to review, collect feedback from colleagues on the units and provide input as each standard is reviewed/revised based on evidence.

Demonstrate

In FY 2012, the DoN purchased the electronic version of Mosby’s Nursing Skills™ to replace hard copy Perry and Potter procedure textbooks that had been on the units for the past several years. PNP has started a rigorous review of our present policy and procedure manual to compare against Mosby’s content. A multidisciplinary work
group out of PNP coordinated by the PNP meets twice a month outside of the regular PNP meeting, and works outside of formal meetings, to do this review. As a part of this review, the policies and procedures are again reviewed to assure the end product, whether that means adopting the Mosby version or keeping our own version, is evidence-based. Provided is a sample of the PNP minutes with evidence of the report back of the work group with linked minutes that serve as an example of giving feedback to Mosby on procedures in the electronic version that need to be updated.