

Making It Happen – A Model to Bring Evidence-Based Practice to Life

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Published In/Presented At

Sabbatini, S., Baker, J., Davidson, C., & Albertson, J. (2013, February). *Making it happen - A model to bring evidence-based practice to life.*

Presented at: The National Leadership Conference for Emergency Nurses Association (ENA), Ft. Lauderdale, FL.

Presented at: The Pennsylvania State Emergency Nurses Association Horizons 2013, State College, PA. (June 2013)

Kessler, A. (2013). *Making it Happen-A Model to Bring Evidence Based Medical-Surgical Practice to Life.* Poster presented at the Academy of Medical-Surgical Nurses Annual Conference, Nashville, TN.

Making It Happen – A Model to Bring Evidence-Based Practice to Life

The Lehigh Valley Hospital Emergency Department Inaugural Evidence-Based FellowS²
Lehigh Valley Health Network, Allentown, Pennsylvania

Problem Statement

Although the importance of evidence-based practice (EBP) is readily acknowledged and purportedly ascribed to, recent studies show only a small percentage of health care providers are incorporating research findings into practice.

Solution

A pragmatic model -- the EBP FellowS² (S² = Sharing Science) Program – to facilitate the integration of evidence into practice

Application in the Emergency Department Setting

Based on evidence linking interruptions to increased medication errors, a team of nurses sought to reduce interruptions during the medication administration process by establishing a culture of respect.

EBP FellowS² Program

Methods

Study Design

- 12 week offering of didactic and project development
- Additional 8 - 12 week mentored process to project completion
- Participants selected based on proposed question with potential to improve patient care through translation of evidence into practice

Setting

- Program implemented in a 988 bed, academic, community Magnet™ hospital

Participants

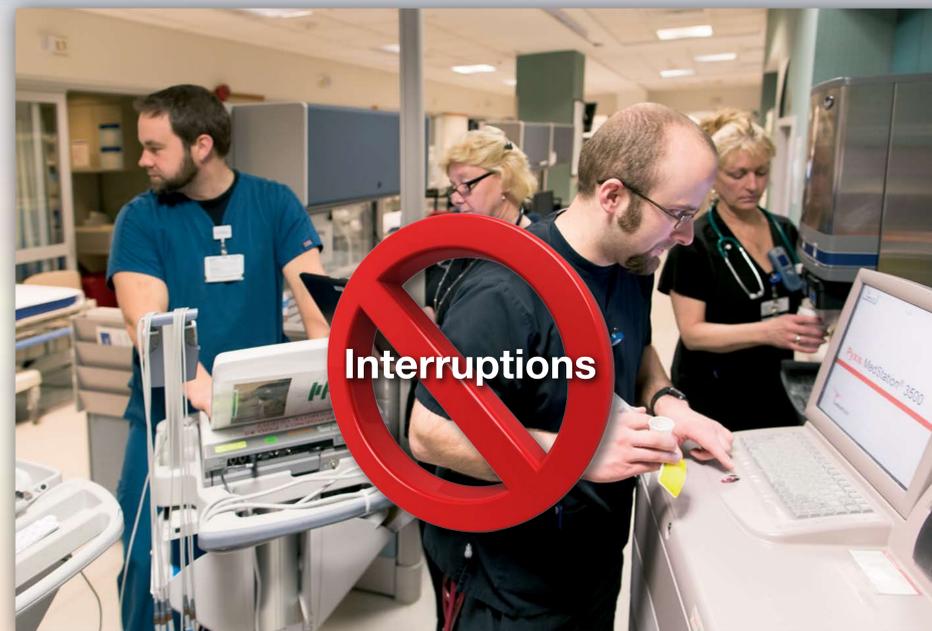
- FellowS² are dyads of a masters prepared unit educator and direct care nurse
- Facilitated by doctorally prepared nurse who coaches the project teams

Interventions

- Didactic offerings, workshops and coaching sessions
- Question formulation through evidence review
- Individual project development, implementation, evaluation, and dissemination

Outcomes

- Inaugural EBP FellowS² program - Six (6) individual dyad teams → 6 EBP projects
 - 1 Nurse knowledge and awareness of venous thromboembolism prophylaxis
 - 2 Narrowing of Lasix timing and implementation of standard toileting schedule
 - 3 Staff Driven Mobility protocol to minimize functional decline in elderly adults
 - 4 Non-separation of mother and neonate
 - 5 Crit line technology to minimize intra- and post-dialytic symptoms
 - 6 Medication administration interruptions → (see 3rd column)



Implications

- Transformational nurse leaders must design and implement practical strategies to translate evidence into practice. EBP FellowS² program is a model that can be replicated in a wide variety of healthcare settings.

- The EBP study to decrease interruptions during medication administration in the ED serves as an example of how to use evidence to positively impact practice in the ED setting.

Interruptions During Medication Administration in the Emergency Department

Methods

Study Design

- Evidence-based quality improvement pilot project

Setting

- 65 bed Level 1 trauma metropolitan emergency department (ED)
- 92,000 ED visits per year

Participants

- 20 full time, direct care RNs with a minimum of 1 year experience, working between 3 – 7 pm, 7 days per week

Interventions

- Observational data collection tool
 - Type and sources of interruptions observed during the medication administration process
- RNs initially observed administering medications using the data collection tool
- RNs then participate in a multi-modal structured intervention
 - Reading a recently published article in JEN on interruptions in the ED
 - Watching a short video demonstrating the effects of interruptions on critical thinking



Outcomes

A PASSION FOR BETTER MEDICINE.™

