



Improving People's Lives Through Innovations in Personalized Health Care

## EBP Mentors and Their Impact on Patient Outcomes and Healthcare Quality

Mary Nash, PhD, RN, FAAN, FACHE, NEA-BC  
Lynn Gallagher-Ford, PhD, RN, DPFNAP, NE-BC  
Jacalyn Buck, PhD, RN, NE-BC



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# EBP Mentors in Action in a Real World Clinical Setting to Improve Care and Outcomes

Jacalyn Buck, PhD, RN, NE-BC

Administrator, Ohio State's Health System Nursing Quality, Research,  
Education & EBP

Clinical Assistant Professor OSU College of Nursing



# EBP – The Significance to an Organization

- Create a safe patient environment
- Improve patient outcomes
- Reduce errors
- Reduce healthcare spending
- Improve workplace environment

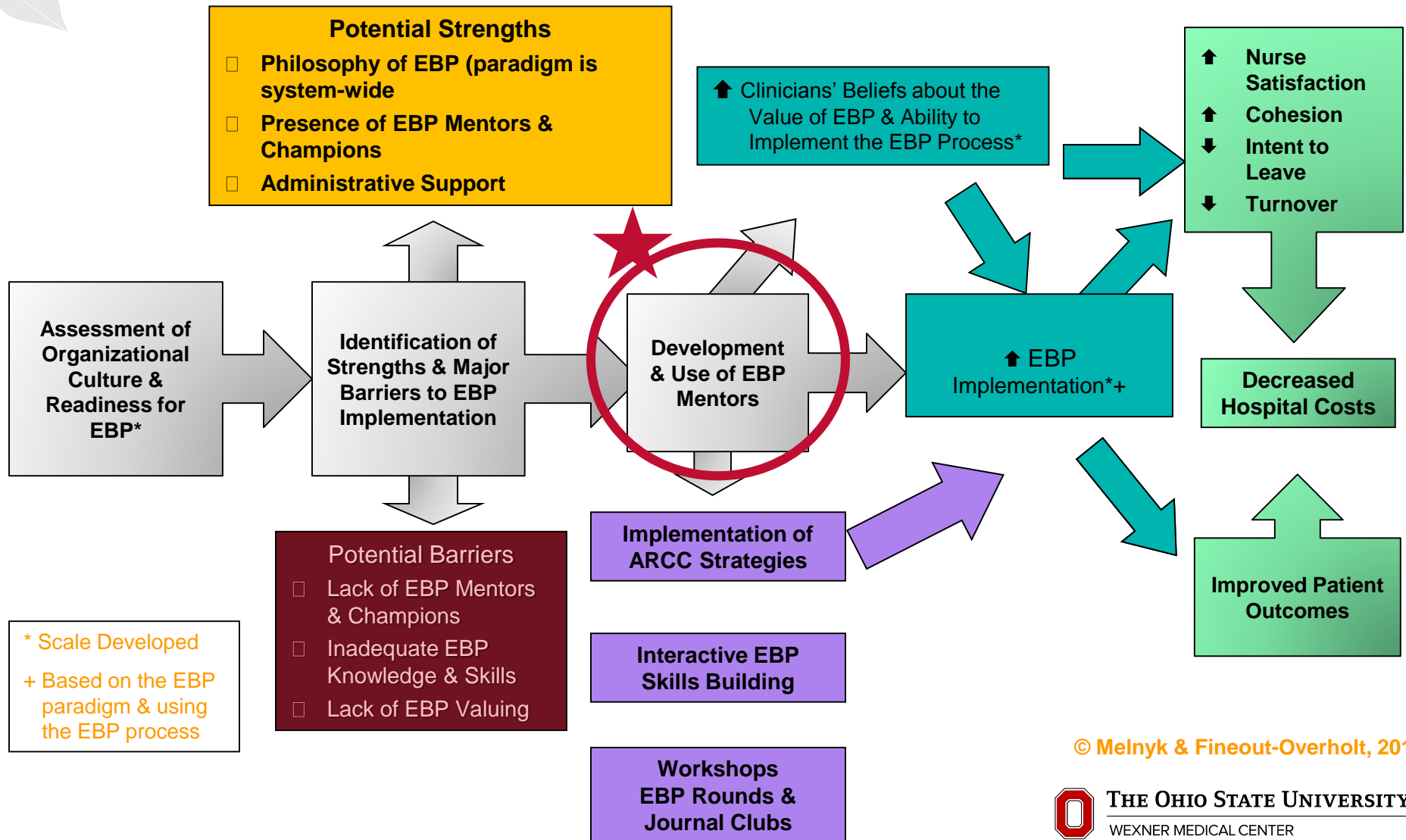


# Critical Components of a Culture of EBP

- A philosophy, mission and commitment to EBP
- A spirit of inquiry
- **EBP Mentors**
- Administrative role-modeling and support
- **Infrastructure**
- Recognition



# Advancing Research and Clinical Practice through Close Collaboration Model (ARCC)



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# Why Clinical Nurse Specialists as Mentors?

- Knowledge and skill in EBP
- Credibility with frontline staff
- Leadership ability
- Relationship with stakeholders
- Core competency
  - Interpretation, translation and use of evidence (NACNS)
- AACN scope and standards of practice



# Organizational Realignment

- Realignment of CNSs in the Health System to report to Health System Nursing Administration
  - Direct report to director of Nursing Quality
  - Indirect reporting structure to director of Nursing EBP
  - Job description, evaluation, explicit expectations
- Shared vision for EBP
- Central reporting structure for EBP work



# Organizational Realignment

**Nursing  
Administrator**

**Director  
Nursing  
Quality**

**Clinical Nurse  
Specialist**



# EBP Mentor Development

- Education and training
- EBP retreat
- EBP website

You are here: Evidence Based Practice

## Evidence Based Practice

### Overview

Introduction to EBP

EBP Mentors

### Evidence in Action

### Educational Opportunities

### Standards of Practice

Health System Nursing Policies

Mosby's Nursing Skills

OSUWMC Nursing Levels of Evidence

### Evidence-Based Competencies

### Internal Resources

Evidence Based Practice Resources

Health Sciences Library

Clinical Practice Council

### External Resources

EBP Tutorials

OSU HEALTH SYSTEM



## Nursing Evidence-Based Practice

### Events

There are no items to show in this view of the "Events" list.

## OSUWMC Health System Evidence-Based Practice

The nursing evidence-based practice program of the OSUWMC Health System Nursing Department of Quality, Research, Education, and EBP provides services to support and promote the advancement of nursing practice and patient care through the integration of best available evidence. The nursing evidence-based practice program is led by Jackie Buck, PhD, RN, Susan Bejciy-Spring, MS, RN-BC, CMSRN, CNS, and Jill Niese, MS, BSN, RN.

Evidence-based practice is an approach to problem-solving and decision-making in patient care and healthcare delivery that integrates:

- the best available evidence from research and credible non-research sources
- the clinician's professional experience and expertise
- the patient's personal preferences and values

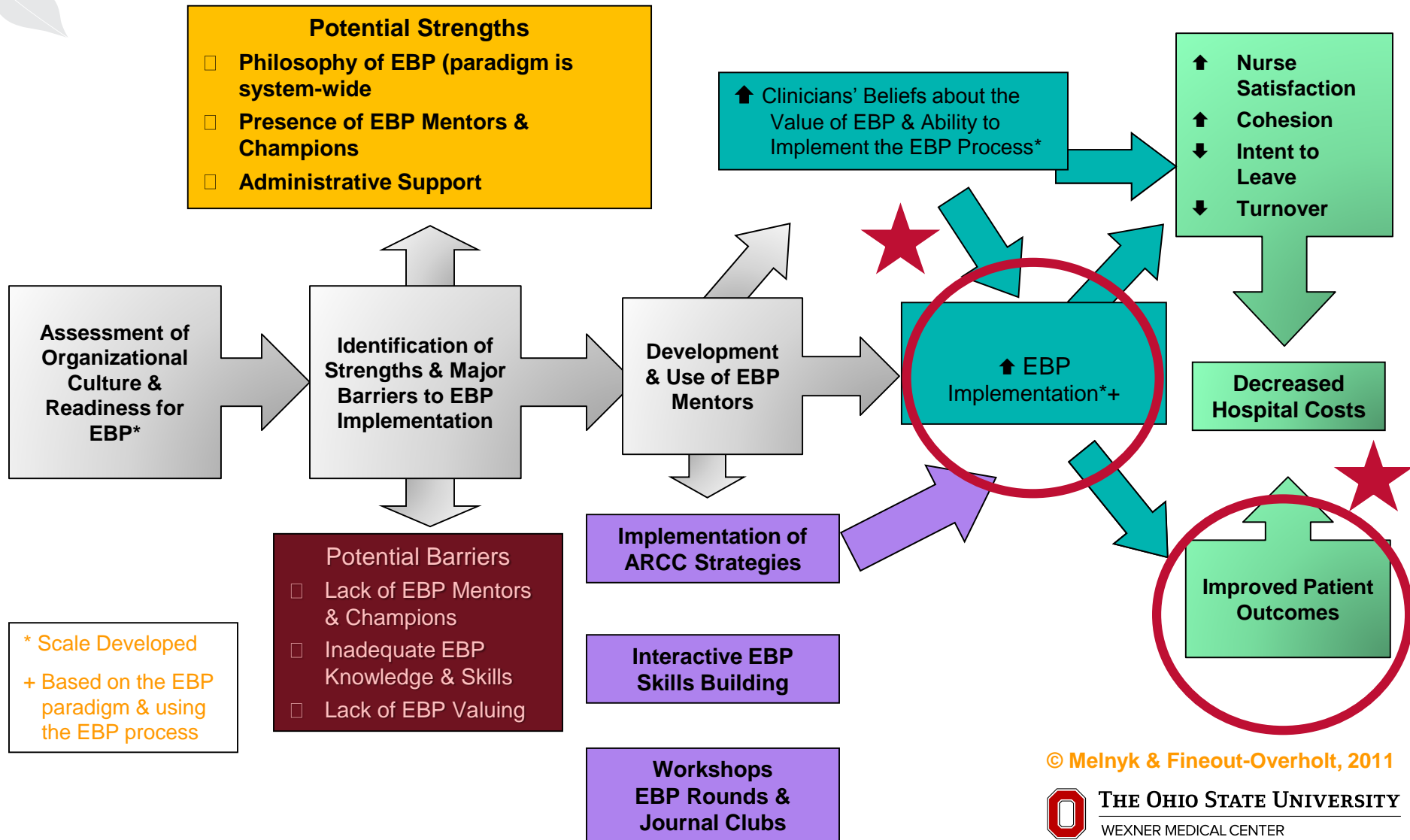
Evidence-based practice is central to our goals of providing world-class patient care, achieving the highest quality patient outcomes, attracting and retaining a workforce of excellent nursing professionals, and providing a workplace environment for nursing practice to thrive. It has been demonstrated in a variety of clinical studies that patients who receive healthcare based on the best available evidence experience more positive outcomes and less adverse



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# Advancing Research and Clinical Practice through Close Collaboration Model (ARCC)



# Preventing Falls

EBP Mentor: Todd Yamokoski



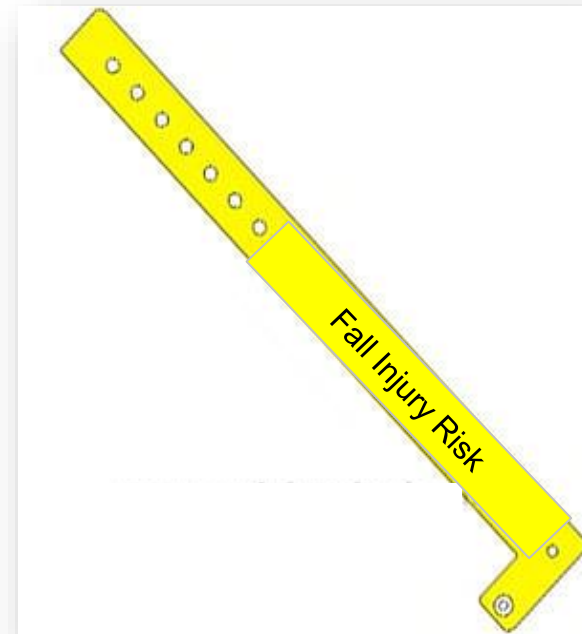
## Clinical Problem:

- Falls are the most frequently reported incident in adult inpatient units.
- The rate of falls ranges from 1.7 to 25 falls per 1,000 patient days.
- 2% to 10% of hospital inpatients fall during a hospital stay, with 4% to 6% resulting in serious injuries such as fractures, excessive bleeding and death.



# Previous Fall Prevention Program

- All patients with Fall-Injury Risk Factors (susceptibility to hemorrhage and/or fracture) must have:
  - Yellow wristband applied
  - Yellow safety tag placed outside the patient room (F.I.R. = Fall Injury Risk)



# Falls Practice Problem Group

- The Falls Practice Problem Group (FPPG)
  - Address priorities for safe, quality patient care and the practice environment
  - Factors contributing to patient falls
  - Fall risk factor assessments
  - Fall prevention interventions
  - Fall injury reduction strategies



# Best Practice for Fall Prevention

- Purposeful hourly rounding
- Change of shift huddles
- Post-fall huddles
- Bedside RN report
- Posting data on units
- Interdisciplinary effort
- Patient and family education



# Opportunities Identified

- Goals:
  - Ensure transparency of falls data
  - Utilize a fall-risk assessment standard based on current research
  - Revise falls prevention and protection from fall injury protocol
  - Maximize use of technology
  - Provide patient/family education
  - Provide staff education



# Implementation Strategies

- Falls Resources Website on *OneSource*
  - One-stop shopping for all falls-related information
- Post Fall Huddles
- Technology
  - Bed cords/bed exit alarms
- Falls Risk Stratification Wheel
  - Visual communication tool of a patient's fall risk and fall-injury risk for all care team members
  - Reflects a patient's real-time falls risk and risk for injury
- Staff Education
- EMR Enhancements to Fall Assessment



October 14, 2013

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## OneSource

SEARCH SITE

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FIND PHYSICIANS

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Nursing Departments

You are here: Falls Resources

## Falls Resources

August 2013 Revised Fall Policy  
Materials

IHIS Falls Tip Sheet

Key Points Handout

Nursing-Specific Falls Video

General Falls Video

Fall Prevention Policy/Protocol

Inpatient Fall Event Investigation  
Form

Falls Response Assessment

Fall Response Assessment and  
Analysis FormFall-Related Resources and  
Articles

Patient/Family Information

Suggested ISBAR  
Communication for Falls

Post-Fall Huddle Form

RCA Template for Falls

Falls-Related Product Guides

Staff Education: Prevention of  
Patient FallsSafe Patient Handling Lift  
Equipment

## Falls Resources

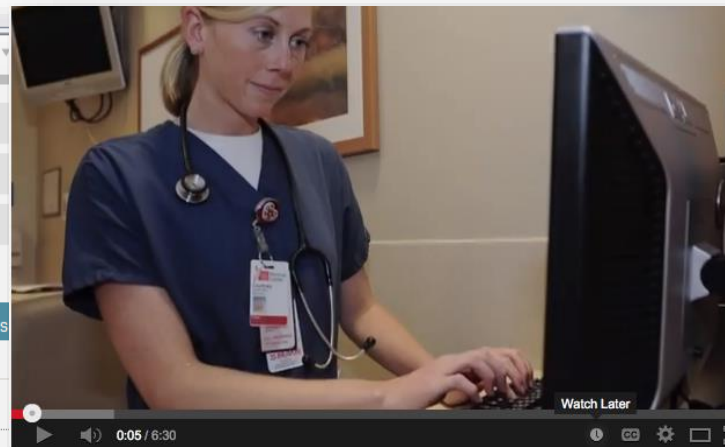
Fall prevention and protection from fall injury are priorities in the care of all patients. A plan of care individualized to each patient's risk factors reflects nursing's commitment to providing personalized patient care and ensuring patient safety.

## News

| <input type="checkbox"/> | Title                               | Modified          |
|--------------------------|-------------------------------------|-------------------|
| <input type="checkbox"/> | Welcome to the Falls Resources page | 11/2/2012 2:08 PM |

## Events

There are currently no  
upcoming events.



## Falls - Nursing and PCA



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## Falls Video - General



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## HIGH Fall Risk HIGH Injury Risk

Implement Universal Fall Precautions as well as any appropriate Fall Prevention and Protection Safety Measures.

- Use bed/chair exit alarm at all times
- Assist with walking and use a gait belt while in the bathroom
- Do NOT leave patient unattended
- Instruct patient and family about risk for injury (fractures and bleeding)
- For altered mental status, consider 1:1 observation, activity apron, or specialty low bed with floor pads
- Consider PT consult

### Fall Risk

Patients with altered mobility, altered mental status, or history of a fall are at a higher risk for falling.

### Fall-Injury Risk

Patients at risk for bleeding or a fracture

Date \_\_\_\_\_

Time \_\_\_\_\_

RN initials \_\_\_\_\_

# Fall Risk Assessment

*Everyone can participate in preventing patient falls.*

### Universal Fall Precautions

- Determine activity and toileting schedule with purposeful rounding
  - Maintain bed in a low position with wheels locked
- Ensure the call light is within reach and instruct patient to call for assistance
  - Use non-skid slippers/socks
- Ensure a physically safe environment



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# Patient and Family Education

## About Your Fall and Injury Risk

Every patient in the hospital is at risk for falling simply because of being in a strange environment. The bed is different and you may not be as well rested. Medicines and other treatments may cause you to be more weak or unsteady.

You may have seen the fall and injury risk wheel on the wall in your room. This is used to remind our staff of your risk for falling and injury so we can help keep you safe. As your treatments or health changes, your risk may also change. Talk with your doctor or nurse if you have any questions about your risk or how we can keep you safe.

### What the Wheel Sections Mean

#### Green – Low Fall Risk and Low Injury Risk

You seem to be steady on your feet and able to walk and move well on your own. We will continue to check you for changes in your fall risk.

#### Yellow – Low Fall Risk and High Injury Risk

You are steady on your feet and able to move well. You are at a higher risk for a serious injury, such as a broken bone or severe bleeding, if you would fall. We ask that you call us to help you get in and out of bed, especially when you wake during the night. You may also have an alarm on your bed that will sound when you start to get up.

#### Orange – High Fall Risk and Low Injury Risk

Your care team has found that you are unsteady, weak or you have other problems that cause you to have a high risk of falling.

Call us to help you get in or out of bed and to the bathroom. A bed alarm may be used that will sound when you start to get up. A low bed with a floor pad may be used to limit injury, if you would fall out of bed. When walking a support belt may be used by staff to keep you steady on your feet.

More on next page →

Learn more about your health care.



# Clinical Alarm Management: Cardiac Telemetry Monitoring and Alarm Fatigue

EBP Mentors: Todd Yamokoski, Lyn Roush, Susan Bejciy-Spring



## ■ Clinical Problem:

- Up to 85% of hospitalized patients with no indication for cardiac monitoring are placed on telemetry.
- Studies have also shown that 80% to 99% of electrocardiographic (ECG) monitor alarms are false or clinically insignificant.
- The inappropriate use of cardiac telemetry can have untoward effects including:
  - overcrowding and boarding in ED
  - increasing overall demand for resources
  - creating a false sense of security and increased likelihood of alarm fatigue



# Clinical Alarm Management

## PICOT:

In the hospital-setting, does the implementation of defined clinical indications/telemetry admission criteria for adult cardiac telemetry monitoring compared to current practice (liberal application of cardiac telemetry monitoring) affect the volume (number) of telemetry alarms, volume of monitored patient transports and the number/severity of harm events?



# Clinical Alarm Management

- Searches completed in:

- PubMed
- CINAHL
- Cochrane
- National Guideline Clearinghouse

- Summary:

- Evidence recommended monitoring only those patients with clinical indications for monitoring, which can significantly decrease the number of false alarms.
- Studies demonstrate that risk stratification protocols not only reduce unnecessary use of monitoring but also decrease the incidence of adverse events without increasing the likelihood of mortality.



# Clinical Alarm Management

|               | Cardiac Monitoring Days | # of Patients | Avg Days per Pt. |
|---------------|-------------------------|---------------|------------------|
| October-March | ↓                       | ↓             | ↓                |



# Tracheostomy Suctioning Frequency in the New Tracheostomy Patient

EBP Mentor: Kristin Calvitti

## Clinical Problem:

- Low volume, high-risk patient population.
- Current practice – physician orders state for new tracheostomy patients to be suctioned Q1H x 24 hours.
- Nurses questioned the appropriateness of the order for scheduled suctioning (versus suctioning when clinically indicated) citing concerns for patient harm and resource allocation/utilization.
- Physicians have favored frequent scheduled suctioning of the new tracheostomy patient due to concerns for maintaining adequate oxygenation and minimizing mucus plugging and obstructed airways.



# Tracheostomy Suctioning

## PICOT:

In new tracheostomy patients, how does suctioning when clinically indicated compared to scheduled suctioning affect the rate of complications in the immediate post-operative period?



# Tracheostomy Suctioning

- Searches completed in:
  - PubMed
  - CINAHL
  - Cochrane
  - National Guideline Clearinghouse
  - Joanna Briggs Institute
- Summary:
  - The evidence of hemodynamic, pulmonary, cardiovascular and neurologic adverse effects associated with suctioning supports the practice of individualized patient assessment and tracheostomy suction based on need.
  - Evidence from small studies have shown no significant increase in complications when suctioning is based on patient assessment compared to routine suctioning. There is expert consensus that tracheostomy suctioning should be performed when clinically necessary.



# Tracheostomy Suctioning

- March 2014 – Staff education completed; project implemented.
- Preliminary Outcomes
  - RN compliance with new order set implementation
    - 100% compliance with new order set
    - No complications associated with respiratory compromise post-op
  - Staff satisfaction
    - Anecdotal reports indicate the nurses favor and are comfortable implementing the evidence-based trach suction protocol
    - Nurses voiced appreciation that their clinical practice concern was heard and resulted in an interdisciplinary evidence-based practice change



*Thank You*



Contact Information:

Jacalyn Buck, PhD, RN, NE-BC

[jacalyn.buck@osumc.edu](mailto:jacalyn.buck@osumc.edu)



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