Bringing Evidence to the Bedside: An ED-Based Research / EBP Council

Belinda N. Leos, MSN, RN, CEN; Elizabeth J. Winokur, PhD, RN, CEN; Christiane Pepitone, BSN, RN, CEN; C. J. Pfeiffer, MSN, RN, CEN

BACKGROUND

• Time for translation of knowledge to the bedside can range between 13 to 17 years (Morris et al., 2011).
• Incorporation of evidence in the ED is hindered by:
  • department pace
  • RN ability to evaluate & implement evidence
  • willingness to change practice (Kalls et al., 2012)
• Clinical Practice Guidelines (CPG) provide concise, evidence-based recommendations for practice (Vander Schaaf, 2015).
• An opportunity exists to conduct RN led clinically based research in an Emergency Care Setting (Richardson, 2015).

LOCAL CONTEXT

• The SJO ECC did not have a process to evaluate clinical practice guidelines for incorporation into practice.
• There was a need to provide oversight and support for department research, EBP and QI projects.

PURPOSE

• Develop a nurse-driven process to oversee department EBP, Research and QI activities to promote the translation of evidence to clinical practice in a structured and timely manner.

METHODS

• 2016 – Initial meeting: development of goals, council structure, objectives and meeting schedule.
• Monthly meetings chaired by a staff nurse.
• Structured monthly agenda: newly proposed ENA CPGs, audits of current practice changes and status of ongoing clinical projects.
• Monthly, members select a research/EBP topic and evaluate it for clinical appropriateness prior to the next meeting.
• Each proposed clinical practice change is led by one council member who tracks compliance with the new process.
• Activities are reported to ED management, Unit Based Council, and quarterly, to the hospital’s Nursing Research Council.

LIMITATIONS

• Multiple approvals are often necessary to initiate a change.
• Consistent ongoing council attendance.

RESULTS AND OUTCOMES

Over the last two years the council has:
• Conducted 8 Emergency Care Center studies.
• Evaluated evidence for 3 additional EBP projects.
• Implemented 4 ENA Clinical Practice Guidelines.
  • Orthostatic Vital Signs
  • Capnography during moderate sedation
  • Gastric tube placement verification
  • Difficult IV access
• Addressed clinical practice questions from staff through evaluation of clinical research.

IMPLICATIONS FOR PRACTICE / CONCLUSIONS

• The council is a prototype for what can occur in all health care departments and specialty areas.
• Provide opportunities for clinical RNs to take on leadership roles.
• Promote clinical advancement.
• Enhance accessibility of research and EBP.
• Provide opportunity to disseminate projects at local, regional and national forums.

REFERENCES

Available on request: Belinda.Leos@stjoe.org