Best Practices in Nursing

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Evolution of Nursing

Domestic servant/charwoman → 'Lady' concept → The 'good' nurse → 'New' Nursing → The Professional Nurse
We are the Doctors. We Lead!

We, but Nurses actually work directly with Patients...

Without me, you both wouldn't know a benzodiazapine from a barbiturate.

When you get to the mouth, call us.
Every member of the Health care team play a crucial role in the overall function of the Patient’s well being
Each one of us are important
Points to keep in mind.....

- Society is marked by changes - an increasing rate of knowledge
  - Access to information
  - Awareness of their rights and litigation
- Technology continues its rapid proliferation and diffusion.
- Costs continue to drive health care.
- Measurement of the quality of care continues to be demanded by all consumers.
- “Corporatization” of health care continues (product lines, marketing, competition, etc.).
- Changes affect patients and health care professionals such as doctors, nurses and pramedical staff
<table>
<thead>
<tr>
<th>Serial No</th>
<th>Personnel</th>
<th>Time spent with the patient</th>
<th>Percentage of time spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Security</td>
<td>2 min</td>
<td>0.13</td>
</tr>
<tr>
<td>2</td>
<td>Reception</td>
<td>5 min</td>
<td>0.34%</td>
</tr>
<tr>
<td>3</td>
<td>Medical records</td>
<td>5 min</td>
<td>0.34%</td>
</tr>
<tr>
<td>4</td>
<td>Cashier</td>
<td>5 min</td>
<td>0.34%</td>
</tr>
<tr>
<td>5</td>
<td>OPD staff</td>
<td>10 min</td>
<td>0.68%</td>
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<tr>
<td>6</td>
<td>Doctor who works up the patient</td>
<td>45 min</td>
<td>3.125%</td>
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<tr>
<td>7</td>
<td>Courier</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Laboratory for sample collection</td>
<td>10 min</td>
<td>0.68%</td>
</tr>
<tr>
<td>9</td>
<td>ECG technician</td>
<td>10 min</td>
<td>0.68%</td>
</tr>
<tr>
<td>10</td>
<td>Computer personnel</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>Serial No</td>
<td>Personnel</td>
<td>Time spent with the patient</td>
<td>Percentage of time spent by the patient</td>
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<tr>
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</tr>
<tr>
<td>11</td>
<td>Ward clerk</td>
<td>5 min</td>
<td>0.34%</td>
</tr>
<tr>
<td>12</td>
<td><strong>Ward nurses</strong></td>
<td><strong>21 hours</strong></td>
<td><strong>87.5%</strong></td>
</tr>
<tr>
<td>13</td>
<td>Sanitation staff</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Laundry</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Social service</td>
<td>30 min</td>
<td>2.08%</td>
</tr>
<tr>
<td>16</td>
<td>Dietary</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Maintenance</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Pharmacy</td>
<td>20 min</td>
<td>1.38%</td>
</tr>
<tr>
<td>19</td>
<td>Accounts</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td><strong>Junior medical officer</strong></td>
<td><strong>1 hour</strong></td>
<td><strong>4.16%</strong></td>
</tr>
<tr>
<td>21</td>
<td>Consultant</td>
<td>10 min</td>
<td>0.68% %</td>
</tr>
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</table>
Challenging conventions
But......

General trend is to work at the spinal level and execute the orders without understanding.

The fact is that it is not encouraged from above!

Reasons can be many......
Some conventional beliefs!

1. Why should a ward nurse continue to read? Once a person pass GNM or BSc we need to study only during Msc.

2. Academics is only for people in the College of nursing.

3. I am supposed to give medications as orders and not supposed to ask questions.

4. Why should I know about the diagnosis?
What?
Nursing Today.....

- Nursing is a complex, ever-changing profession.
- Since the early 1990’s a shift has occurred in the understanding of what constitutes quality health care.
- Evidenced by the emergence of new concepts in the nursing literature, including Best practice....
Best practice is more than practice based on evidence. It represents Quality care which is deemed optimal based on a prevailing standard point of view.

Specific best practices in nursing care are significant because they serve to direct nurses regarding solutions to identified problems/needs.

[Int J Nurs Stud 2014, Nov 51 (11)]
**Definition**

- **Best practice** refers to *nursing practice that are based on the ‘best evidence’* available from nursing research.

- The goal of “best practices” is to apply the most recent, relevant, and helpful nursing interventions, based on research, in real-life practice.

- Although other terms for infusing day-to-day nursing practice with research-based interventions have been used in the past (e.g., the phrase “best practices in nursing” is the most popular today.)
Best practice guidelines ....

Enables accomplishment of one or more of the following objectives......

- To deliver effective care based on current evidence □
- To resolve a problem in the clinical setting (e.g. poor management of pain) □
- To achieve excellence in care delivery by meeting or exceeding quality assurance standards □
- To introduce an innovation (e.g. a new effective test or treatment)
Why Best Practices??

- The concept “best practice in nursing” is an important one.
- New knowledge based on nursing and related interdisciplinary research.
- Provision of high quality care depends on translating research-based knowledge into real-life nursing practice.
- Methods used by many nurses in the past, e.g. attending conferences, networking with colleagues, and reading professional journals, can barely keep pace with the array of potentially valuable practice-related reports released.
Nurses face a variety of **ethical situations** in their day-to-day practice, and these **best practices** act as guideposts.

**Code of ethics** help the nurses in many ways, **best practice guidelines and standards** go one step further to ensure **safe, effective and ethical nursing care**.

Establishment of **practice standards** helps nurses understand their responsibilities, make **effective decisions** in their practice and ultimately, provide **better care**.
Best Practice Guidelines are…..

- Critical to the advancement of nursing care excellence because they are evidence-based.

- Important component .......

[ Integration of Best Practice and Evidence Based Practice in clinical and operational processes]
Contd....

- **Best practices** are a way for nurses to share the most current, reliable information about how to handle a specific problem or illness.

- The problem or illness that best practice guidelines address can be broad or very specific.

- For example, they can describe how to manage a symptom (e.g., pain), a piece of equipment (e.g., catheter) or a particular condition (e.g., psychosis).

- **BPG** may focus on assessment or intervention, or they may pay attention to the processes of care and outcomes they produce.

- Studies indicate that practice guidelines have improved care for clients.
Evidence based practice is the incorporation of evidence from research, clinical expertise and client preferences into decisions about health care of individuals.

Best practice guidelines are based on the best possible and highest quality evidence. Since best practice guidelines rely on available research, they may have varying and multiple levels of evidence.
Collaborative Practice

Health Care Assessments

Integrated Care Plan

Shared care plan

Individual Health Professionals

Patient
Delivering Quality Care

Delivering quality care
Is the only way a Nurse can
Truly serve a society of people like,
and different from her or himself.
Quality is never an accident.
It is the result of planning,
teamwork
and a commitment to
excellence.
Quality is not something extraordinary, **BUT** it is something ordinary done extraordinarily well.

Quality is doing the right things right, every time from the first time.
Objectives

- Identify concerns related to health care quality
- Define nursing’s quality indicators
- Discuss ways in which nursing’s quality indicators can be used to determine quality of care.
Qualities of effective best practice guidelines

- Representative
- Developed by a team of relevant stakeholders (including clients) who provide significant input and are given the opportunity to interpret existing evidence and resolve conflicts over values, creating a feeling of ownership
- Valid, leading to predictable outcomes
- Cost-effective
- Reproducible
  Another group developing a guideline would arrive at similar recommendations if presented with the same evidence.
- Reliable
  Those facing the same clinical circumstances would apply the recommendations in the same way.
- Clinically applicable, ensuring that the target client population is appropriate for the evidence used, and client preferences are included
- Flexible
- Clear, precise, transparent and user friendly
- Reviewed frequently on a scheduled and unscheduled basis
- Accompanied by an evaluation

Steps for developing a best practice guideline

1. Perform a systematic literature review.
2. Use an instrument such as the Appraisal of Guidelines Research and Evaluation (AGREE)² instrument to assess the strength of the evidence.
3. Develop a shortlist of guidelines for review by an expert panel.
4. Extract recommendations and categorize them.
5. Review short-listed guidelines and recent literature by external stakeholders.
6. Revise, according to feedback received.
8. Revise again, as needed.
9. Release and disseminate the guidelines.
10. Evaluate how the guideline is circulated and used.
How do we decide on Best practices?

Green = GO!
The evidence supports the consideration of these interventions in practice.

Yellow = CAUTION!
There is not sufficient evidence to say whether these interventions are effective or not.

Red = STOP!
The evidence indicates that these interventions are either ineffective or may cause harm.
Implementing best practice guidelines

- It takes a lot of effort to implement new best practice guidelines.
- Getting the information alone is not enough to actually change clinical practices.

Examples of Best Practice Guidelines:
- Best Practice guidelines for therapeutic relationship
- Best practice guidelines for pain management
- Best practice guidelines on wound care
- Best practice guidelines on infection control
- Best practice guidelines on client centered care
- Best practice guidelines on Central Venous Catheter care
Ways to make best practice guidelines attractive to nurses

- Present strong evidence that is consistent with what nurses know from clinical experience and client preference.

- Support newly introduced guideline with supportive leadership and a work environment that embraces change.

- Introduce change appropriately, with responsibility for success shared equally by guideline developers, implementers, users and evaluators.

- Measure the practice guidelines outcome with Nursing Sensitive Indicator.
Nursing-Sensitive Indicator

An indicator which is sensitive to the input of Nursing Care.
Indicator Selection Criteria

- Specificity to nursing
- Ability to be tracked
- Widely regarded as having strong link to nursing quality
Outcome Indicators

- Health care associated (HCAI) **Infection Rate**
- **Medication error** Rate
- *Errors of omission*
  - Failure to use therapies proven to be beneficial
- *Errors of commission*
  - Inappropriate or incorrect use of treatment strategies, dose, procedures

- **Patient Satisfaction**
  - Nursing Care
  - Pain Management
  - Patient Education

- ...From Indicators to Information
QUALITY NURSING ISSUES

- Risk for Infection
- Imbalanced Nutrition
- Impaired Oral mucosa
- Ineffective protection
- Anticipatory grieving
- Patient & family education
FORMULATE EFFECTIVE NURSING CARE STANDARDS

Relevant
Understandable
Measurable
Behaviorally stated
Achievable
What?

Infrastructure Equipment
Contribute to patient care as a multidisciplinary team member
Ensure admission assessment

Assessment
Reassessment
Continuity of care

At each shift change.
On transfer
Protect rights
Patient's rights
&
Family education
Corrective, preventive action if violated
Ensure all patients have nursing care plans

Oncology care plan

Health education plan

Nutritional plan

Discharge care plan

Plan for explanation of procedures
Standards for Pain management

Pain assessment

Being there

Medication

Massage

Touch

Apply Hot / Cold
Prevent Adverse Drug Events

Verification
Collection of medical history

Ensure medicine dose is appropriate
Client education

Document changes in orders
Document errors, adverse events
Hospital Infection Control

Appoint HICC Nurse

Develop job description

HICC Manual

Surveillance
Trends, rates
STAFFING
1:2 / Day
1:4 / Night

10 weeks structured preceptorship

Chemo therapy Certification

Client & family driven care
QUALITY CARE THROUGH CLINICAL AUDITS
“Standards without audits are like shooting ducks in the dark”
Nursing assessment of every patient is carried out within half an hour of admission.

Every Patient is given orientation to the unit facilities immediately on admission.
Effective hand washing is practiced by every nurse as primary means of preventing HCAI infection.

Reverse Barrier nursing is applied for all patients on chemotherapy/BMT.
• Anticipatory grieving
• Chronic Sorrow
• Death Anxiety

✓ Spiritual assessment / care
✓ Coping enhancement
✓ Anxiety control
✓ Depression reduction
✓ Hope instillation
✓ Dignified dying
✓ Preparation for diagnostics
✓ Explanation of procedures
✓ Plan, effects & side effects of treatment

Involve family in care & education
INDIVIDUALIZED CARE
Circadian Rhythms

- Pain ↑ in day, peaks late night, ↓ dawn.
- Group nursing keeping pt’s biological clock in mind.
- Uninterrupted sleep- 90 mins.
"Every person has the right to die with dignity in a manner he or she feels is appropriate."

Marcia Kucler
What is success in relation to best practice guidelines

- Measuring the impact of nursing interventions on client outcomes can be challenging
- There are at least five ways in which nurses affect client response
- Clinical practice guidelines can be considered successful when they:
  1. Prevent complication
  2. Advance nursing interventions
  3. Enhance client knowledge
  4. Improve functional health outcomes of clients
  5. Improve client satisfaction
Best Practice Guidelines (BPGs) are developed using the best available evidence.

It supports clinical practice and guides practitioner and patient decisions regarding appropriate healthcare in specific clinical practice settings and circumstances.

Registered Nurses Association Ontario, Canada (RNAO) because RNAO is recognized as a world leader in best practice guideline development, dissemination, implementation and evaluation.
RNA Best Practice Guidelines.

- Incorporate Nursing Order Sets (NOS)
- Include tools for monitoring the outcome of care that inform continual practice improvement
- Are reviewed on a 3-5 year cycle and as necessary to ensure currency and alignment of practice with the latest research and theory.
- RNAO encourages the implementation of BPGs through its Best Practice Spotlight Organization (BPSO®) program.
- RNAO BPGs in nursing/midwifery to date is proven to have led to significant improvements in client care
  
  *E.g.* reductions in
  - falls,
  - pressure ulcers,
  - amputations,
  - length of stay
  - incidence of urinary incontinence, and .......... an increase in the number of new mothers who breast feed for longer periods.
Clinician’s point of view on e.g. Haematology, Oncology Nurse
Clinician’s wish list!
Being competent

Competency can improve only with education and practice
Regular teaching sessions and discussions are the only way to keep upto date.
Taking responsibility
Decision making
Being creative
Think laterally
Certain areas of expertise exclusive to the Nurse
Caring
Comforting the patients
Giving the atmosphere of a family in the ward
Delegation of work and creating areas of expertise
Cytotoxic Preparation and Administration
Platelet and stem cell aphaeresis
Stem cell cryopreservation, thawing and infusing.
Day to-day Bone Marrow Transplant unit management
Caring for skin GVHD
Discharge process and explaining the recommendations
Bone Marrow Transplant Nurse Co-ordinator

One who manages the **OPD services** of the transplant patients
Blood transfusion

With adequate training and documentation, this is best performed by the registered nurse.
Haemophilia care

With adequate knowledge, training and expertise, a nurse should be able to manage the haemophilia clinic.
Anticoagulation clinic
Being efficient

Central Venous Catheter care
Believe in yourself and take part in academic activities

Academics not to be kept in the college of nursing, it has to be taken to the bed side
Attending conferences and taking part in research

Scientific Papers can be presented at the nurses level too
Taking part in projects
Take part in research
Where We are Today?
Where are we today......?)

- **Daily tasks**
  - Demanding job environment
    - Long working hours
    - Extreme tiredness & fatigue
    - Emotionally drained
  - Not enough time and energy
  - Need to balance with personal life
It's human to make mistakes. That is why pencils have erasers.
Professionals report the following barriers to implementing best practice guidelines:

- Insufficient organizational support from administrators /leaders
- Lack of time
- Lack of resources
- Lack of authority to change practice
- Lack of incentives to use best practice guidelines
- Lack of relevance
What is different about leaders?
Principles of 21st Century Sustainable Leadership

Old Models for Leaders

- Directing
- Organizing
- Leading
- Controlling
- Informing
- Parenting
- Telling
- Managing
- Evaluating

New Models for Leaders

- Clearinghouse
- Enrolling
- Investing
- Conflicting
- Challenging
- Moderating
- Inquiring
- Facilitating
- Stretching

TPO'Grady. (2005) The Quantum Leader
Major benefit....

- **Best Practice guidelines**, which often address specific practice-related issues, help nurses understand their responsibilities and how to make safe and ethical decisions in their practice.
What now?
Transitional Model: Goal

AVOID
ROADS to CHAOS
How do we achieve these goals?
Willingness
The Key To Motivation
Hard work and attitude
Knowledge
Asking questions
Being genuine

V

s
Willingness to forgive and forget:
Live amicably with the fellow professionals

FORGIVENESS is not something we do for OTHER PEOPLE. We do it for OURSELVES -to GET WELL and MOVE ON.
Florence Nightingale: She was a writer and statistician too.

12 May 1820 – 13 August 1910
A hospital should

DO THE

SICK

NO HARM.

Florence Nightingale, 1820 - 1910
‘I attribute my success to this - I never gave or took any excuse’

Florence Nightingale

http://www.brainyquote.com/quotes/authors/f/florence_nightingale.html
Nursing Research

= PRACTICE CHANGES,
WHAT CHANGES HAVE YOU SEEN DURING YOUR CAREER?
1930s
1960s
Behold the turtle. He only makes progress when he sticks his neck out.

James Conant Bryant
They say that time changes things. But you actually have to change them yourselves.

Andy Warhol
“You must become the change you wish to see”

Mahatma Gandhi
Creating excellence by establishing a culture to build and support excellence.
Quality Control, Quality Assurance and Quality Development in Nursing

NURSES ARE DEFINITELY GOOD WORKERS

1. We are primarily responsible for the condition of Nursing.
2. We shape its character; give tone and direction to its life.
3. In every way much depends on the leaders in Nursing.
4. We shape the times and the institutions.
5. Nursing makes, or is made by, its leaders.
   ➢ Whether it makes them or is made by them, it will be what its leaders are.
6. Disaster and weakness follow feeble Nurse Leaders.
It’s easy to get good players. Getting ’em to play together ... That’s the hard part.

Casey Stengel
We help create our future
Point of departure: positioning yourself...
Optimism pays

The world is like a mirror, if you face it smiling, it smiles right back.
“Faith is tested when the horizon before is the darkest.”

Keep the faith
Winners of best Nursing care Providers!!
Conclusion

Attitude

The longer I live, the more I realize the impact of attitude on life. **Attitude**, to me, is more important than facts. It is more important than the past, than education, than money, than what other people think or say or do. It is more important than appearance, giftedness or skill. It will make or break a company ... a church ... a home. The remarkable thing is we have a choice every day regarding the **Attitude** we will embrace for that day. We cannot change our past. We cannot change the fact that people will act in a certain way. We cannot change the inevitable. The only thing we can do is play on the one string we have, and that is our **Attitude**. I am convinced that life is 10% what happens to me and 90% how I react to it. And so it is with you ...

We are in charge of our **Attitudes**.

- Charles R. Swindoll
PATIENT

Safety

Nursing

Quality
Best wishes

- Thank you for your attention

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