Using Evidence to Influence Practice

Fiona Smith
Adviser in Children’s & Young People’s Nursing,
Royal College of Nursing, United Kingdom
Co-ordinator Paediatric Nursing Associations of Europe Network

The voice of nursing in the UK
Content

• Factors affecting successful implementation
• Overcoming barriers
• Professional organisations role
• Applying principles - Case example
• Top tips for successfully changing practice
Getting evidence into practice

IS
• Complex
• Active
• Multi-dimensional
• Context specific

IS NOT
• Linear
• Passive
• Rational
• Deductive
Barriers to implementation

- Personal and organisational
- Awareness
- Knowledge
- Motivation
- Acceptance/beliefs
- Involvement
- Practicalities
How to identify barriers

- Talk to key people
- Engage with people at local level
- Identify who would be affected by change?
- Enlist help – champions, experts, RCN
- Observe practice
- Current reports, audit cycle, quality
- Ask – questionnaires, focus groups
Overcoming Barriers

• Be creative! Enthusiastic! Motivational! But Realistic!

• No single successful strategy – Make it matter!

• Identify key areas of change and most appropriate ways to support it

• Resources – many varied, use in combination tailored to needs

• Facilitation

• Patient led initiatives

• Collaboration, communication, concentration
Peri-operative fasting
getting an evidence based
guideline into practice
The Guideline

• Developed using NICE methods, and meeting AGREE criteria

• By an inter-disciplinary guideline development group, including anaesthetist, surgeon, patient, pharmacy, nurse, and dietician representation

• Recommendations made for healthy adults and children, and high risk groups
Increasing the chances of success

Paying attention to the following may increase the likelihood of success in implementing guideline recommendations:

• Having a dedicated project lead
• Key stakeholders identified and fully engaged
• Readiness for implementation is assessed
Engage stakeholders

• Involve ‘key’ people early

• Stakeholders should be representative of those affected by the guideline, and who have a vested interest in it

• Clarify and agree roles and contributions

• Agree purpose

• Set up regular (e.g. monthly) meetings
Assessing readiness

- Identify where you are now to know what changes are needed
- Consider undertaking
  - Benchmarking
  - Process mapping
  - SWOT analysis
  - Environmental scan
- Capture the different perspectives of the stakeholders
A number of barriers may be identified, including *for example*:

- Communication issues
- Some people do not agree with the recommendations
- There is poor team working
- Knowledge levels about fasting practice are not up to date
- Clinical leaders are not supportive of fasting practice changes
- Problems with the organisation of the operating theatre lists

These provide a basis upon which to target implementation strategies.
Develop an action plan

- Decide a set of manageable actions
- Decide who will do what
- Set targets – short, medium and long term
- Develop contingency plans
- Evaluate progress
## Implementation strategies – the evidence base

<table>
<thead>
<tr>
<th>Generally effective</th>
<th>Sometimes effective</th>
<th>Least effective</th>
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<tbody>
<tr>
<td>Educational outreach visits</td>
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<td>Interactive education sessions based on principles of adult learning</td>
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<td>Targeted multifaceted interventions including 2 or more of the following:</td>
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<td>• Audit &amp; feedback</td>
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<td>• Reminders</td>
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<td>• Local consensus process</td>
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<td>• Marketing</td>
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<td>• Local opinion leaders</td>
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<td>• Local consensus process</td>
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<td>• Patient mediated interventions</td>
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<td>• Dissemination using education</td>
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<td>• Didactic educational meetings</td>
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Other ideas for implementing peri-operative fasting guideline

• Getting the message across: ‘2 – 6 rule’
  – healthy adults can drink clear fluids until 2 hours before anaesthesia, and can eat food until 6 hours before anaesthesia
  – Use notice boards and internal media to publicise
  – Hold interactive education sessions involving all staff affected by this practice
  – Get clinical leads to champion the message within and across the various disciplines
Perioperative fasting in adults and children as safe, less thirst, better all round

Patient presents for planned or emergency surgery

Information provided on fasting regime given by a healthcare professional with suitable training

Clear signage for each patient, indicating fasting regime recorded in the multidisciplinary notes and clearly visible in the patient's bed space

For healthy patients without GI disorders

Adults
Water up to two hours before induction of anaesthesia.
Clear fluids*, including clear tea and black coffee is also permitted up to 2 hours before induction.
Food/milk/sweets/tea or coffee with milk can be taken 6 hours (minimum) before induction.
Chewing gum not permitted on day of surgery.
* Clear fluids - those through which newspaper can be read

Children (0 to 18 years)
Clear fluids* and water up to 2 h before induction of anaesthesia.
Breast milk up to 4 h before induction.
Formula/cows' milk up to 6 h before induction.
Food, including sweets, can be taken 6 h (minimum) before induction of anaesthesia.
Chewing gum not permitted on day of surgery.
* Clear fluids - those through which newspaper can be read

For higher risk patients

Adults
Regular medication continued, unless contraindicated; premedication (benzodiazepines) acceptable; taken with up to 30 ml fluid (children 0.5 ml/kg)

Children (0 to 18 years)
Oral fluids can be offered when the patient is fully awake following anaesthesia, providing there are no complications.
Consider clear fluids or breast milk first.
Not required to drink before discharge.

All higher risk patients
Includes those with obesity, diabetes and gastroesophageal reflux.
Follow same fasting regime as healthy patients, unless contraindicated.
The anaesthetic team should consider further interventions, as appropriate.

Postoperative recovery

Adults routine surgery
Encourage the patient to drink when they are ready, providing there are no complications.

Children (0 to 18 years) routine surgery
Oral fluids can be offered when the patient is fully awake following anaesthesia, providing there are no complications.
Consider clear fluids or breast milk first.
Not required to drink before discharge.

GI tract/major abdominal surgery (including Caesarean section)
Consult surgical team for postoperative recovery regimes.
See National Institute for Health and Clinical Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) guidance.

Summary
Preop fasting - as easy as the 2-4-6 rule
2 hours water (clear fluid)
4 hours breast milk
6 hours formula/cows' milk/solids
Postop intake in healthy patients - when the patient feels ready
Ideas for implementation

- Develop an integrated care pathway reflecting the ‘ideal’ patient journey from pre-assessment to post-operation
- Implement plan-do-study-act methods to identify current practice, changes required, make changes, monitor effects
- Deliver interactive education sessions, which include problem-based, context realistic, scenarios
Indicators of progress

• **Structure, process and outcome:**
  – Structure – e.g. availability of food
  – Process – e.g. staff knowledge about new fasting practice
  – Outcome – e.g. what is patient’s fasting time pre- and post-operatively?

• Compare pre- and post- implementation changes

• Check whether changes have been sustained a few months later
Resources

• Financial, human or in-kind requirements necessary to achieve targets in the action plan

• These need to be considered in the early stages, and continually monitored

• Involve finance and human resource representatives in the planning stages
Lessons Learned!

- Implementation takes longer than you think
- Planning and resources – time and money
- Aim for 80:20 rule (80% impact for 20% input)
- Celebrate success
- Identify what isn’t working and rethink
Top 10 tips

• Get key stakeholders on board
• Keep stakeholders engaged
• Identify a dedicated project lead
• Decide on implementation strategies that are relevant to the context and people who will be using the guideline
• Devise an action plan and regularly evaluate progress
Top 10 tips

• Identify and allocate resources appropriately

• Get the 2-6 message across!

• Use posters

• Use local clinical champions

• Focus efforts on the experience of patients
Thank you

Contact details:

Fiona Smith
RCN HQ, 20 Cavendish Square, London
W1G 0RN
Tel: + 44 (0)20 7647 3740
Fiona.smith@rcn.org.uk