Second National Doctors of Nursing Practice Conference: Defining Ourselves

Evidence-Based Practice and Standards of Care: Which Way Should I Go?

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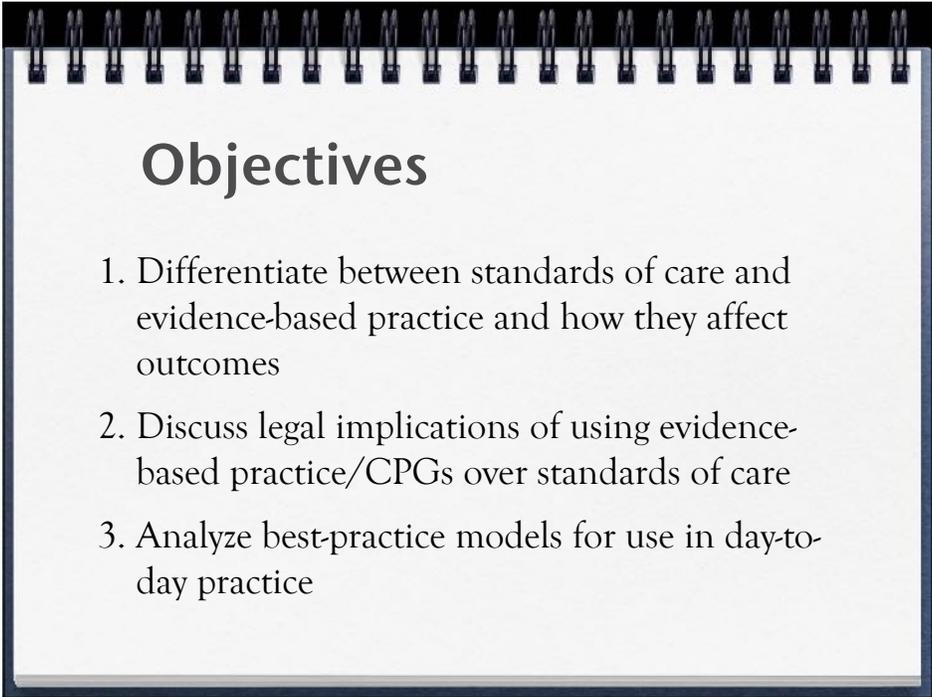
Objectives

1. Differentiate between standards of care and evidence-based practice and how they affect outcomes

2. Discuss legal implications of using evidence-based practice/CPGs over standards of care

3. Analyze best-practice models for use in day-to-day practice

Standard of Care

☐ The level at which the average, prudent provider in a given community would practice. It is how similarly qualified practitioners would have managed the patient's care under the same or similar circumstances. (AKA 'Bolam Test')

☐ Historically based on local practices

☐ Evolving Standards of Care

The Issue

☐ "My students are dismayed when I say to them, 'Half of what you are taught as medical students will in ten years have been shown to be wrong. And the trouble is, none of your teachers knows which half'."

- Dr. Sydney Burwell
- Harvard Medical School Dean

Evidence-based Practice

- Decision-making process which integrates the best available research, clinician expertise, and client characteristics

- EBP is an approach to treatment rather than a specific treatment

- The best available evidence, moderated by patient circumstances and preferences, is applied to improve the quality of clinical judgments and facilitate cost-effective care.

Evidence-based Practice

- Prompted by:
  - Unexplained wide variations in clinical practice patterns
  - Poor uptake of therapies with know effectiveness
  - Persistent use of technologies that were known to be ineffective
- Cochrane Library

Evidence-based Practice

- Involves the following steps:
  - Identifying the clinical problem
  - Searching the literature
  - Critically evaluating the research evidence
  - Determining the intervention

EBP Interdisciplinary Approach

Favorite Definition of EBP

□ Lockwood, 2004, p. 1035

□ "Evidence, as moderated by clinical expertise and filtered by our basic individual values, will be the basis of excellent healthcare"

Changing the Standard

□ The problem...

□ The solution...

□ More problems...

Clinical Practice Guidelines

- ❑ Developed as a result of EBP
- ❑ Defined by the Institute of Medicine
- ❑ National professional associations
- ❑ Potential benefits
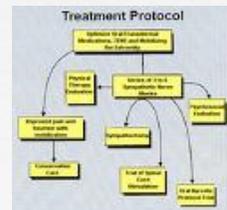
Clinical Practice Guidelines

- ❑ Drawbacks
  - ❑ Constraint on practice given varying patients and feared legal consequences
  - ❑ Not all that is published in medical journals should be considered compelling evidence
  - ❑ Few articles possess the scientific integrity necessary to draw conclusions
  - ❑ Most guidelines are developed for the "textbook" patient

Random Controlled Trials

- Make critical contributions to knowledge
- Translating to practice has limitations
    - Generalizability is compromised
    - Not effective in studying complex clinical tasks
    - Short period of time
    - Influence of industry

Legal issues

- Historically, standards of care determined competence
- Now, some lawyers/non-medical tort reformers are trying to use evidence-based practice to determine negligence
- The problem?

Negligence

- Four elements
  - Defendant owed a duty to follow a standard of care necessary to avoid unreasonable risk of harm
  - Defendant's conduct, by act or omission, did not follow the applicable standard of care
  - Defendant's failure to satisfy the standard of care was causally related to the harm suffered
  - Plaintiff actually suffered harm

CPGs and Malpractice

- Courts increasingly allowing CPGs into evidence as a tool for the expert witness
- Insurance companies

Cases in Point

- Maine
- Hyams et al
- Harvard Anesthesiology Practice Guidelines
- Joint Commission and CMS

To be continued...

- Legal cases have gone both ways
- Legal system should encourage practice guideline use without discouraging individual judgment
- Use of CPGs not an automatic defense
- Failure to follow CPGs does not automatically result in liability

Best Practice Models

- Standard of Care should be viewed as the starting point for discussion
- Clinical guidelines based on EBP
- Be prepared
- Clinical practice guidelines
  - National Guideline Clearinghouse (www.guideline.gov)

Best Practice Models

- Decisions influenced by:
  - Previous experience
  - Values
  - Preconceived ideas
  - Cognitive skills
  - Logic

The Research Process

The EBP Steps

5 Evaluating effectiveness of prior steps

4 Integrating critical appraisal with clinical experience with pt's unique values and circumstances

2 Collect the best evidence currently available.

3 Critically appraising evidence for validity, impact, and applicability

1 Converting need for information into an answerable question

Courtesy John McFadden, PhD, CRNA

Constructing a Question
PICO Method

- P = Specific Problem
- I = Intervention
- C = Comparison Intervention
- O = Outcome
- (T) = Timeframe

Example Question

- In (P) pediatric patients undergoing general anesthesia, is (I) ondansetron more effective than (C) dexamethasone (O) in preventing PONV (T) in the immediate postoperative period?

Best Practice Model

- All advanced practice nurses engage in a practice that is subject to continuously changing information, techniques, technology, and beliefs.

- Lysaught and Altshcaud suggest that the "half life" of knowledge for the nursing profession is between 2 and 5 years.

- Applied to advanced nurse practice, a nurse practitioner's entry-level knowledge base is subject to becoming outdated in a fairly short period. Thus, we need to be able to use the most up-to-date scientific data so that the "right" care is provided to each patient.

Best Practice Models

- Use CPGs based on EBP
- Remember...
    - CPGs are just that...GUIDELINES
- There are no definitive, and certainly no simple, answers