Objectives

• Recognize the differences between quality improvement, evidence based practice, and research
• Describe the importance of evidence-based practice
Attitudes of Chaplains towards Evidence Based Care

• Barriers to developing Evidence-based Chaplaincy Care

• Lack of existing evidence/research on chaplaincy practice
• Resistance to outcomes oriented chaplaincy
• Lack of research literacy/research training in CPE curriculum
• Time limitations
Opportunities for Increasing EBC with Chaplains:

• Availability of measurement tool
  • Spiritual Injury Scale
  • Spiritual Well-being Scale
  • Brief RCOPE

• Support of Leadership/Administration in EBC
• Interdisciplinary training and collaboration
Where does evidence come from?

- Expert Opinion, Case Studies
- Quality Improvement
- Quasi-Experimental Designs
- Research
- Randomized Controlled Trials
Why is the Evidence So Important?

Evidence-Based Practice is the use of the best available information to answer clinical questions in order to improve practice.
Quality Care Demands Evidence

• Professional, social and ethical necessity to ensure safe patient care.
• Doing things the way that they’ve always been done is no longer acceptable
When Evidence Drives Clinical Practice...

...It results in:

• Improved patient outcomes
• Avoidance of unnecessary procedures
• Reduction of complications

We should feel empowered to change practice using proven methods
QI, EBP, and Research: What’s the difference?

QI
- Small scale cycles of interventions
- Improves processes, outcomes, efficiencies

EBP
- Translation of scientific investigations and other knowledge into clinical practice

Research
- Scientific investigation of phenomena

QI, EBP and Research can be directly related—but are not one in the same.
QI, EBP, Research: What’s the difference?

• QI asks “How are we doing?”

• EBP asks “What is the evidence for best practice?”

• Research asks “What...”
Steps of Quality Improvement

• Plan
• Do
• Check
• Act

It’s a rapid cycle to improve care
Examples of Quality Improvement

• Patient Satisfaction
  • Monitoring Purposeful Rounding

• Falls
  • Use of bed alarms when patient at high risk

• Heart Failure Readmission
  • Daily Weight Audits
Examples of Quality Improvement

• Patient Satisfaction
  • Daily Chaplain rounding on ER Waiting room

• Readmission Reduction Project
  • Increased Chaplain visits with high risk patients

• Renal Patient Anxiety
  • Use of integrative interventions by chaplains with ESRD patients
Significance of Quality Improvement

• Ongoing process

• Allows us to make changes

• Focuses on making things better for our patients

• Provides data on how things are working

• Generates questions about how to improve care
Research Process

- Problem Statement
  - Research Question or Hypothesis
- Review of the Literature
- Conceptual or Theoretical Framework
- Design and Method
  - Sample, Measurement Tool
- Data Analysis and Interpretation
- Research Dissemination and Utilization
Research Requires...

• Protection of Human Subjects

• Approval by Nursing Scientific Advisory Council

• Review and Approval by the Institutional Review Board (IRB)

• Formal Application, Approval and Renewal

• Informed Consent or Waiver
Examples of Research

• Heart Failure Readmissions
  • Predictors of Heart Failure Readmissions

• Surgery Room Temperatures
  • Effect of Surgery Room Temperature on Core Temperature and Surgical Site Infection Rates

• Ventilator Associated Pneumonia
  • Predictors in Trauma Patients

• Falls
  • Sensors for Seniors
Examples of Research

• Relationship between Chaplain Visits and Patient Satisfaction

• The Impact of Daily Visits from Chaplains on Patients with COPD

• Support of Cancer Patient’s Spiritual Needs and Medical Costs at the End of Life
Where does evidence come from?
The Journey Is Made Up of Many Steps

1. Ask the *burning clinical* question.
2. Collect the most relevant and best evidence.
3. Critically appraise the evidence.
4. Integrate all evidence with one’s clinical expertise, patient preferences and values in making a practice decision or change.
5. Evaluate the practice decision or change.
Writing Your Burning Question: Using PICO Format

**P** = Patient Population \(\rightarrow\) ASK Who?

**I** = Intervention \(\rightarrow\) What is the therapy or intervention?

**C** = Comparison \(\rightarrow\) Do you want to compare a current practice vs. a new practice?

**O** = Outcome \(\rightarrow\) What is the outcome you are questioning? What do you think might happen?
Let’s look at a few questions and see if we can figure out the PICO format...
What are best practice strategies for spiritual support and intervention impacting LOS and readmission in Chronic Obstructive Pulmonary Disease (COPD) inpatients?
What chaplaincy interventions will lead to improved patient’s satisfaction during their acute hospital visit?
Activity Time

Write a PICO Question
PICO Format

**P** = Patient Population  →  **ASK** Who?

**I** = Intervention  →  What is the therapy or intervention?

**C** = Comparison  →  Do you want to compare a current practice vs. a new practice?

**O** = Outcome  →  What is the outcome you are questioning? What do you think might happen?
Step 1: Identify Triggers

QI data, clinician observations trigger a “Burning Question”

Step 2: Form a Team

Step 3: Review the Evidence

Find the evidence in research studies or Clinical Practice Guidelines
Step by Step Through the Process

Step 4: Is there Sufficient Evidence to Change Practice?
If Yes:

- Select Outcomes
- Collect baseline data
- Implement

[Diagram with numbers 1 to 6 and arrows indicating a process]

[Image: File:RumbaBasicBoxStep.jpg]
Step by Step Through the Process

• Step 5: Evaluate the Practice Change
  • Is it working?
  • What are the outcomes?

• Step 6: Share the Information
  • Let others know of your findings and expand the scope
Step 4: Is there Sufficient Evidence to Change Practice?

• What if the answer was NO?

Ask “Should We Conduct a Research Study?”
Activity Time
Is it QI, EBP or Research?
Spiritual Care response to critical situations in the Emergency Department
Spiritual Care response to critical situations in the Emergency Department

Usually will see a rate reported which can be trended over time for making improvements
Is it QI, EBP or Research?

What variables impact the renal patient’s quality of life?
What variables impact the renal patient’s quality of life?

Investigative in nature
Attempting to answer an unknown question
How does chaplaincy visitation impact the cancer patient’s feelings of support when making end-of-life decisions?
How does chaplaincy visitation impact the cancer patient’s feelings of support when making end-of-life decisions?

- Have knowledge that intervention is effective
- Implementation of intervention with monitoring of effectiveness
In Review: The Steps of EBP...

1. Ask the burning clinical question.
2. Collect the most relevant and best evidence.
3. Critically appraise the evidence.
4. Integrate all evidence with one’s clinical expertise, patient preferences and values in making a practice decision or change.
5. Evaluate the practice decision or change.