

Using Interdepartmental Collaboration to Overcome Resistance to EBP Change

Introduction/Problem

Evidence Based Practice (EBP) integrates the best available evidence to guide nursing care and improve patient outcomes. (AMSN) We collaborated with the Nutrition and Pharmacy departments to define the best clinical practice for administration of medications through feeding tubes. It was determined that we were not following the standard practice for crushing medications individually and flushing between each medication.

Aim/Goal

The goal was to reduce the potential for adverse outcomes. Crushing medication together may contribute to adverse outcomes including tube obstruction, reduced drug efficacy and increased drug toxicity. (ISMP2010)

The Team

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The Interventions

- We surveyed surrounding hospitals regarding their practice:
 - Three hospitals crushed and administered their medications separately
 - One hospital was in process of changing practice to separate crushing
 - One hospital crushed medication and administered together
- A literature review was performed to educate staff about EBP related to the practice change. IMSP stated "that nurses or pharmacists would not routinely mix different medications in the same intravenous bag or syringe without assuring drug stability and compatibility, therefore, the same should be said about the preparation of medication for administration through enteral feeding tubes". (IMSP) ASPEN 2016)
- We met with staff to understand concerns about the practice changes
- Results of staff meetings showed concerns were related to:
 - Analogy of swallowing pills together versus crushing/compounding pills
 - Time constraints-we video taped both practices crush together/crush individually
 - Fluid burden for those fluid restricted patients-this will have to be individualized for each patient as there is a significant increase in fluid when flushing each medication individually

Results/Progress to Date

In order to help staff embrace changes, representatives from Pharmacy and Nutrition were present to answer questions during meetings to discuss the practice change. To address the time constraints-we video taped both practices crush together/crush individually and showed it was 1minute 30 seconds longer to administer the pills crushed separately using the correct practice



Lessons Learned

- Initially, when this policy was originally brought to Nurse Practice Council Pharmacy and Nutrition were not present to answer questions which led to resistance to this practice change
- Going forward, including representatives from Pharmacy and Nutrition facilitated discussions regarding concerns and provided an environment for questions to be answered.
- This, in combination with the video created to show the time difference, resulted in a smoother roll-out of a major practice change for BIDMC nurses.

Next Steps

- Maintain the new policy and update as needed based on EBP
- Incorporate interdepartmental collaboration with future practice changes

