

Throughout the year, this column's authors address ideas and strategies that were suggested in the January column—The Future of Oncology Nursing Research: Research Priorities and Professional Development. The following article is the second of a two-part series showcasing a group of oncology nurses who effectively implemented translational research findings on an inpatient oncology surgical unit using an interprofessional team approach.

Implementing Evidence-Based Practice Using an Interprofessional Team Approach: Part Two

Susan Bohnenkamp, RN, MS, ACNS-BC, CCM, Nicole Pelton, RN, BSN, Cindy J. Rishel, PhD, RN, OCN®, and Sandra Kurtin, RN, MS, AOCN®, ANP-C

The complexity inherent in the inpatient oncology population requires effective interprofessional collaboration and integrated evidence-based practice (EBP), drawing from each of the disciplines to achieve desired outcomes. Each member of the team lends a strength and expertise that, when combined, often results in outcomes greater than the sum of its parts (Hall & Weaver, 2001; Petri, 2010; Pullon & Fry, 2005). EBP promotes the use of research to solve issues raised in day-to-day nursing practice. This article provides an overview and summary of an evidence-

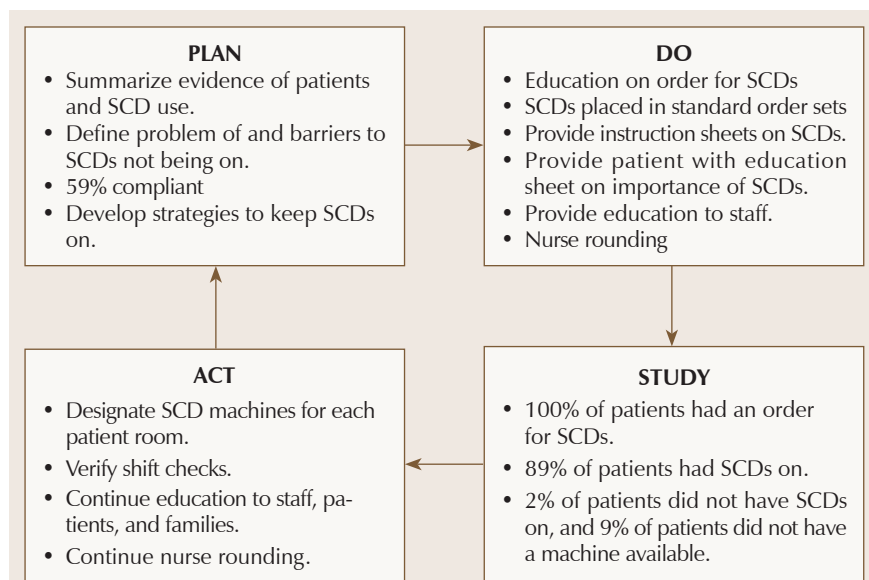
based project to increase compliance of sequential compression devices (SCDs) in gynecologic oncology and urology patients on a post-surgical inpatient unit using the Plan, Do, Study, Act (PDSA) model for continuous quality improvement (CQI) (Institute for Innovation and Improvement, 2013).

The "Plan" and "Do" portions of cycle one were described in detail previously (Bohnenkamp, Pelton, Rishel, & Kurtin, 2014). In review, inconsistent use of SCDs was noted during interprofessional patient rounds on a 28-bed surgical oncology unit in the southwestern

United States. Only 59% of at-risk patients were found to have SCDs consistently in place. Nineteen percent of these patients did not have an active order for SCD use in the medical record. A number of other factors noted to be barriers to effective SCD use included the lack of available equipment, patient refusal, and knowledge deficits on the part of staff and patients. Interprofessional planning, staff education, and targeted interventions, including adding SCD orders to the admission order set for all patients, were implemented. The follow-up and continuous use of the PDSA model to affect change and improve patient outcomes will be the focus of this article.

Cycle One: Study

The study segment of the PDSA cycle includes examination of data collected before and after implementation (Institute for Innovation and Improvement, 2013). Based on the planning process, orders for SCD use were included in the admission order set for all patients admitted to the unit. The clinical nurse specialist (CNS) and unit educator performed random audits on all gynecologic oncology and urology patients admitted during the study period to assess compliance with SCDs following the targeted interprofessional interventions. All of the patients had an



SCD—sequential compression device

Figure 1. Plan, Do, Study, Act—Cycle One

ONF, 41(5), 548–550.

doi:10.1188/14.ONF.548-550