

Editorial



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Using feedback to improve nursing practice

There is a world-wide drive towards the goal of clinically effective practice and several steps need to be taken to achieve it. First is the requirement for an evidence base to support practice. Second is the need for wide dissemination of the evidence and third are planned strategies that create a consistent and sustained change in practice. Whilst at first these steps appear very simple, it is often very challenging to realise them in practice.

Many of you will be aware of evidence that could be used to support a change in your own practice. Furthermore, you may have been motivated sufficiently to spend time obtaining, reading and digesting relevant information. You may even have attempted (and succeeded) to introduce a change. However, it can be very frustrating when your colleagues do not share your enthusiasm: nurses are often reluctant to change the 'status quo' and may be resistant to change.

The use of active implementation strategies such as educational initiatives, audit and feedback may improve the chances of changing the behaviour of practitioners (Grimshaw et al 1995, Cheater and Closs 1998).

Whilst most nurses would subscribe to the principle of evidence-based practice (EBP) it can be very difficult to achieve due to, for example, constraints of time. Furthermore, even though they might access the evidence-base nurses may not have the ability to interpret it (Bradshaw 2000). This raises several questions for nurses: how do you know that your practice is based on up-to-date evidence, that you are doing things right and if you are, are your colleagues doing the same? Anecdotal evidence from practice, based on observation and discussion, reveals wide variation and inconsistency in practices. A classic example is saline instillation when undertaking endotracheal suction. Although there is strong evidence that demonstrates its routine use is ineffective, the practice still prevails.

Baummann et al (1990) conducted a study of medical and nursing staff in intensive care. They provided a set of clinical case studies and scenarios for which rapid decisions were required. Individuals were asked to make decisions about the appropriate course of action in each situation. The findings revealed that, despite high levels of individual confidence in the accuracy of the care decisions they made, there was major variation between practitioners.

Observation, review and feedback can be used to examine the practice of individuals and groups. In providing feedback on performance, data or information is used to influence future performance. The goal is to increase the awareness in the individual of past behaviour and to facilitate different choices for future behaviour. Many of you will be familiar with the technique of providing data on infection rates or hand washing compliance. Use of audit data in this way increases awareness and helps to create a change in behaviour.

There is some evidence of the use of feedback in improving intensive care nursing practice. For example, Merlani et al (2001) identified the proportion of blood gas tests complying with a guideline that had previously been introduced. Following the provision of public feedback on group performance in adherence to the guideline there was a substantial decrease in the number of ordered tests per day. Kelleghan et al (1993) adopted a continuous quality improvement approach to the prevention of ventilator associated pneumonia. As part of their study two hand-washing surveys were conducted. After the first survey staff received feedback on performance, which was followed by an immediate drop in the incidence of ventilator associated pneumonia. In a similar way, evidence-based protocols are being incorporated into 'care bundles' whose compliance can be audited using run charts (Fulbrook & Mooney 2003).

Feedback is central to the development of practice and systems of continuous feedback can help to improve and sustain performance. Led by the Institute of Healthcare Improvement in the USA (see <http://www.ihl.org/ihl>) and its innovative approaches, many institutions are now actively employing feedback strategies to improve practice. Having the evidence-base is important but even more important is that it is used.

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