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Innovations that INSPIRE

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The gap that exists in healthcare organizations between research evidence production and the users of that evidence continues to promote a separation between what's known about the organization and delivery of health services and what's actually done in practice. Consequently, there's growing interest in innovative knowledge translation models with emphasis on collaboration, active participation, and shared learning among nurses at all levels within the organization and their interdisciplinary stakeholders.¹ Building a sustainable evidence-based practice (EBP) infrastructure, particularly during times of financial constraints, poses challenges for nurse leaders. To be successful, models must be creative and adaptive while being mindful of limited resources.

This month's column describes Innovation for Nursing-Sensitive Practice in a Research Environment (*INSPIRE*)—a new decision-making model being introduced at the National Institutes of Health Clinical Center to guide nurses throughout the organization as they navigate the “slippery slope” between quality improvement (QI), EBP, and nursing research.

Blurred lines

A major challenge of implementing organizational change that's based on evidence in a healthcare environment is the need to provide guidance for navigating the QI, EBP, and research processes when practice or process changes are warranted. It has been nearly a decade since Newhouse and colleagues warned nurse leaders of the “slippery slope” that exists when viewing QI as research, particularly as nurse executives began to implement EBP and nursing research programs in their organizations as they sought Magnet® recognition.² Nurse leaders in diverse healthcare settings must be able to understand where QI, EBP, and research intersect and where they differ.³ Each of these processes for fostering innovation and improving clinical practice require asking the right question, applying or testing interventions of interest, evaluating with appropriate metrics, and making adjustments based on results.

Thousands of patients are injured or die each year because of healthcare facilities' failure to consistently follow guidelines for safe and effective medical care. Accordingly, improving the quality of routine hospital care through EBP is essential. An effective way to promote QI is to conduct evaluative research designed to test the implementation of standard practices

for optimizing patient safety, yet hospital administrators must be cognizant of when such research demands individual informed consent.

The dilemma exists when an entire unit or hospital must routinely adopt a particular QI initiative and it's impossible to obtain informed consent from individual patients.⁴ Although there are many EBP and translational science models and frameworks, there are few models that map out the decision-making process for understanding when QI and EBP projects become research and require protections for human subjects, including informed consent.⁵

Navigating the innovation process

The concept of developing an infrastructure to support QI, EBP, and nursing research in a hospital setting isn't unique; however, implementing new programs during times of cost containment in an economic downturn requires creative adaptation.⁶ The *INSPIRE* model is presented in a decision-making flow diagram that begins by acknowledging the many organizational facets that contribute to the desire for improving nursing practice and patient safety through innovation, including ongoing performance monitoring, stakeholder feedback, staff observations, and ongoing review of clinical standards. (See Figure 1.)

Requests for exploring changes through QI, EBP, and/or research are brought to a review committee chaired by the program directors of outcomes management and scientific resources. Members of the review committee include nurse managers, clinical nurse specialists, nurse educators, shared governance committee leadership, nursing staff, and members of our nursing research and translational science team. The committee is charged with reviewing requests, providing expert consultation for data analysis, verifying the opportunity for improvement, and securing prioritization and support for the nursing executive team.

Selecting an approach to improve care

If the current practice or organizational process under review has been established as evidence-based, it's appropriate to consider a QI approach to improve outcomes. One must then explore whether the process under review is well designed. If the answer is "yes," then individuals' competency and performance must be evaluated and addressed. If the process under review isn't well designed, the next step is redesigning or improving the current design before moving on to address competencies and performance. The *INSPIRE* model includes ongoing consultation with experts from the *INSPIRE* committee to select valid and reliable outcome measures to evaluate the QI process.

When a current practice or process hasn't been established as evidence-based, it requires a full EBP review, including the development of a table of evidence that includes grading the quality of the evidence. If there's sufficient high-quality evidence, organizational stakeholder buy-in, and the change incorporates potential patient preferences, standards can be revised and then evaluated using valid and reliable outcome metrics. However, when the literature review results in insufficient evidence to support the adoption of a nursing-sensitive practice innovation, a research study may be warranted in which the innovation is tested in a clinical study or specific clinical setting. Because processes for review and

approval of QI, EBP, and research differ by institution, we've chosen to insert a small text box in the lower left corner of the model that can then be linked to the specific improvement process selected.

Finally, the *INSPIRE* model depicts an essential feedback loop for QI, EBP, and research that delineates a process for implementation and handoff of the newly evaluated practice to leadership and staff imbedded in operations with ongoing updates to the *INSPIRE* committee. This feedback loop encourages practice change and sustainability of the innovation. In our institution, as is common in others, without this feedback loop it's impossible to prioritize and track the vast number of improvement projects that begin as an innovative idea but don't ultimately become a change that represents an improvement in safety and patient care.

Find your *INSPIRE*-ation

When nurse managers support the engagement of their staff in QI initiatives that promote innovation in nursing-sensitive practice, we can expect to increase nurse satisfaction and a sense of autonomy. The *INSPIRE* model is designed to develop an ongoing partnership between organizational stakeholders and nurses at all levels in the quest for optimal quality in patient care and safety.

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Figure 1.
Innovation for nursing-sensitive practice in a research environment