



## INTRODUCTION

Nurses need to effectively and efficiently manage increasing amounts of evidence-based information in order to make the best decisions related to patient care. Clinical decision supports (CDS), including screening and assessment tools, are generally believed to improve practice, but their utilization by hospital-based nurses remains obscure.

The purpose of this research is to understand when and how nurses use evidence-based resources (EBR), such as information from different sources and screening and assessment tools, to inform clinical decision-making related to patient care, and subsequently how best to design decision supports that reflect nurses' use patterns.

## OBJECTIVES

The objectives of this research are to determine:

1. When in the workflow process do nurses require access to EBR to support clinical decision-making?
2. How do EBR support (or not support) clinical decision-making?
3. Who do nurses share this information with, and in what format?
4. Which contextual factors facilitate or inhibit information exchange between nurses and other health care professionals?

## SAMPLE & METHODOLOGY

- Registered Nurses working on 7 Medical/Surgical Units at a tertiary care teaching hospital in a large urban centre
- Qualitative Research Methods:
  - ◆ In-Depth Semi-Structured Interviews
  - ◆ Ethnographic Observation (Job Shadowing)
  - ◆ Focus Groups
- Thematic Content Analysis and Workflow Analysis

Planned Data Collection	Progress To Date
14 interviews	11 interviews
56 hrs of observation	44 hrs of observation
7 focus groups	0 focus groups

## EBR USE IN MEDICAL/SURGICAL NURSES

Types of EBR most frequently used by nurses during ethnographic observation:

- ◆ Clinical screening and assessment tools
- ◆ Medication reference tools

Novice nurses report a preference for EBR support at the bedside (point of care). Experienced nurses make bedside care decisions "intuitively" without EBR.

## PRELIMINARY ANALYTIC INSIGHTS

- Nurses primarily share information about EBR supported decision-making with nursing colleagues and physicians in written form (standard charting).
- Consultation with a resource nurse or other members of the health care team supports nurses' decision-making.
- Barriers to EBR supported decision-making include: time, language barriers, documentation challenges.
- Facilitators to EBR supported decision-making include: availability at point of care, organizational policy, peer support.

"I think [EBR] should be readily available on our computers. Like the RNAO best practice guidelines, I think they should be available on our iPhones that we carry around. Some of us actually use them as tools. So having access to things like that would definitely speed up and also make a lot of our care cohesive."

"Well sometimes a barrier to using these tools is a language barrier. If the patient is non-verbal or confused and there is no family member around... even though they can kind of communicate, our perception of what they are saying may not be the same as what they want to say. And with a patient who just can't speak at all, with those tools it just comes down to assumptions."

"I've been nursing for 30 years and a lot of what I feel goes on is intuitive. Now I use the pain scale, but I could still [make clinical decisions] without the scale. They ask us to get the pain scale number, we get the number... But I don't feel I need it [the tool] to do it."

"I find it very helpful to have the Patient Controlled Analgesic tool at the bedside because it... ticks through all the things that you're supposed to be going over at that time."