Organizational Culture and Readiness Assessment and Evidence-Based Practice Project Proposal/Problem Statement and Literature Review

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Alcohol withdrawal is a common presentation in our healthcare system. Patients present in ER to get help for withdrawal symptoms, while others are admitted in the medical-surgical units with a history of heavy or chronic alcohol use where they experience abrupt cessation of their alcohol consumption. Physicians of all specialties must be able to assess and determine an individual's drinking history and probability of alcohol withdrawal, as well as be able to control the withdrawal set of symptoms accordingly (Beyond the Body, 2016).

Determining the risk of developing Alcohol Withdrawal Syndrome (AWS) and related complications through early screening patients on admission, will ensure monitoring and treatment that is needed to prevent the development of such and/or the advancement to Delirium Tremens (DT) (Darling, 2015).

Realization and sustainability of a culture of evidence-based practice (EBP) require a systematic and standardized methodology. A baseline assessment of the organizational framework can enlighten implementation efforts required to conduct an EBP process (Pittman, Cohee, Storey, LaMothe, Gilbert, Bakoyannis, Ofner, & Newhouse, 2019).

**Organizational Culture and Readiness Assessment**

The first step in developing and enhancing a sustainable culture of inquiry is assessing organization environment to sustain EBP, examining healthcare disciplines to measure perception of readiness of the practice environment toward EBP and assessing baseline information to identify strengths and opportunities to enhance EBP implementation. Acknowledging nurses’ contributions, balancing nurses’ personal and work life, enhancing cohesion and organizational context across nurse characteristics, be it age, role, and work status consideration, as well as supporting work culture is beneficial (Pittman, et al., 2019).

Research shows that assessing culture at the unit level, examining results to front line staff, and creating action plans to implement interventions can improve unit culture and clinical outcomes. For these reasons and purpose of this project a CUSP tool was chosen to provide a guide for use by stakeholders / coordinators to determine the organization culture assessment, where to look for results, and what to do if data is not available (John Hopkins university, 2020).

In a consensus view, culture is the way we do things around us. A snapshot results of a teamwork climate, safety climate, management perceptions, working conditions, staff roles, job satisfaction and stress management provided, can guide on how to implement EBP project. Feedback can be used to identify possible barriers and strengths that can be exploited to target improvement. A group level data depersonalizes the discussion and nurtures improvement in the perspective of local realities of delivery of care.

To understand the operational resources available in the organization, I engaged the clinical resource nurse, the clinical practice educator before planning a conversation with the nurse manager. To provide a venue for clinical, front-line caregivers participation in decision-making which impact practice, a unit council exists in every department within the hospital. The Progressive care Unit (PCU)- unit council is the foundation of the monument health system-wide shared decision-making councils. Through an able leadership, the clinical, caregivers involved in identifying opportunities related to nursing practice, policies, procedures, quality measures, professional development, patient experience, caregiver and patient safety, clinical education, community involvement, among others. The team can develop, and revise policies and procedures based on current clinical evidence. There is a council facilitator who contributes structurally and process council interactions, assuring the team effectiveness and makes high quality decisions, thus enabling the team to achieve high performance. There are nurse practice and research consultants under the nurse development practitioners who act as staff support to consultancy.

The inventory process involves intellectual resources, including availability of internet-based library access with web access, electronic databases for literature searches that is well updated for all staffs, under the business hub. I-learn offers EBP aimed at education and research, accessible to all caregivers. These resources are well accessed and effectively utilized by all registered Nurses (RN’s), Patient Care Champions (PCC’s) and other clinicians. Electronic communication is available for the easy dissemination of information, (Berry, A., Personal communication, 2020, November 3).

The shared governance program model enables the direct caregivers to be able to question clinical practice and offers opportunities for growth. One is allowed to develop a project and present it to the unit council who in turn votes on it, goes through it and includes the nurse educators before embracing the ideas through capturing it into epic (the hospital ‘s computerized care implementation system) for applied clinical practice (Berry, A., Personal communication, 2020, November 3).

Accredited by the Association for the Accreditation of Human Research Protection Program (AAHRPP), the organization’s Health Human Research Program (HRRP) ensures that all personnel involved in research activities understand and comply with the ethical standards of research. The Monument Health Institution review board (MH IRB) members play an essential role in the review process and bring diverse backgrounds and experience to the review of research applications. The HRPP/Grants Review Committee goal is assessments to identify standards of excellence and possibility areas for improvement to promote a solid foundation to ensure compliance and the safety and protection of research participants (Monument health, 2020). The hospital executive is the driving force behind EBP Culture, and the organization is committed to research and facilitation of finances budgeted for such is accorded whenever necessary. To integrate research into practice, the facility has partnered with many healthcare colleges, nursing schools and other healthcare facilities and offer residency programs to staffs, students who desire to learn EBP (Berry, A., Personal Communication, 2020, November 3).

**The PICOT**

Embracing the EBP process and taking accountability for practice change starts with a spirit of inquiry then the evidence can be appraised to guide change (Wyant, 2018). The preventive query therefore is that young adults aged 21- 45 are readmitted through the ED several times with alcohol withdrawal or related disorders (P), and does the possible use of PAWSS screening tool at history taking , have the ability to alert the clinician of a potential of alcohol dependence (I) to reduce the future risk of potential alcohol dependence, as well as withdrawal (O) compared with delayed / No screening that causes readmission after repeated alcohol misuse (C), targeting reduced hospitalizations within one year(T)?

Having assessed my organization, I have determined that change is possible because of the available resources. The clinical team in my unit is excited about the way forward for we handle many patients who are admitted due to repeated alcohol abuse/ misuse, acute alcohol withdrawal syndrome (AWS), delirium Tremens (DT’s) and other related symptoms. These patients can be captured at the primary level and early assessment would offer the opportunity to intervene fast and produce better patient outcomes. The tool that provides guidelines of both questions to ask patients, to establish one's risk of experiencing severe withdrawal including delirium tremens and seizures, plus clinical investigations to order, is known as PAWSS "Prediction of Alcohol Withdrawal Severity Scale". This tool is highly sensitive and specific when a score threshold of 4 is used. For a score greater than 4, the patient is considered a high risk for developing withdrawal (AWS), and prophylaxis and treatment is indicated (Beyond the body, 2016).

**Challenges towards implementing EBP**.

Some possible issues that I will face can be ability to gain administrative support who forms key role in EBP culture development and may be able to inform me about other projects that used similar implementation techniques and how they worked. There is need to engage the right stakeholders who will play a role in identifying and developing measurable outcomes through the right strategies (Ginex, 2018). Other possible barriers that will challenge the project are mainly resistance to change. People get reluctant to adopt change outside their comfort zone. This must be overcome through education and rationale thinking strategies. The other uncertainty is lack of knowledge about the screening tool and why it is important, together with knowledge about EBP. Time management will be an issue since all the clinical team is a busy team. Some individuals would never want to go an extra mile and utilize their time adequately or squeeze their time for a good cause.

**Problem statement**

Alcohol and related problems contribute to a great economic burden on the healthcare system. In 2015, roughly 15 million people in the USA (approximately 6.2%) of the adult population had an alcoholic use disorder (AUD), of which alcohol related illnesses, Alcohol withdrawal (AW) being the most common condition requiring inpatient readmission and is also related to adverse effects such as intense agitation, anxiety, over sedation and prolonged hospitalization (Yedlapati & Stewart, 2018). While there are many risks and various evidence-based interventions to address prevention and recurrence, no single approach is consistently efficacious in curbing the disease. (Yedlapati & Stewart, 2018).

Recently a US study reflecting all payers found approximately 3.3 million readmission within 30-days from original discharge; over half of which were Medicare patients who accounted for 58.2% of the total annual cost of $41.3 billion. This resulted to Medicare starting to impose reimbursement penalties on hospitals with high 30-day readmission rates for a select number of diseases to incentivize hospitals to improve the continuum of care and ensure a smooth transition from hospital to community outpatient services (Nordeck, Welsh, Schwartz, Mitchell, Cohen, O'Grady, & Gryczynski, 2018).

This burden and the desire to improve patient outcomes prompted health facilities to search for a way forward being able to capture potential victims of alcohol use disorder (AUD). Utilizing a screening tool to alert nurses and clinicians of the potential alcohol dependence could be a more feasible approach to helping the victims of substance abuse disorder (SUD). Screening for substance use in ED settings will generally reduce the future risk of dependence as well as alcohol withdrawal. The focus is early intervention, preventive interventions, and referral to appropriate outpatient treatments. For preventive health, continuity of care in both primary and specialized services should be significantly improved, and outreach programs enhanced (Penzenstadler, Gentil, Huynh, Grenier & Fleury, 2020).

**General problem**

The general problem therefore is that recently many young adults aged between 21-46 years are admitted and readmitted subsequent times with alcohol withdrawal via the ED; up to 3 time within a year. Evidently, future risks and potential alcohol dependence, as well as withdrawal can be captured early at initial triage and history taking, in comparison to failure to screen patients, which in turn causes readmission following repeated alcohol reuse /misuse, within one year of hospitalization. “Alcohol withdrawal is a common clinical condition experienced by an alcohol-dependent adult who has an abrupt cessation of alcohol.” As a nurse, the probability of encountering a patient with alcohol withdrawal symptoms is most likely and should always be anticipated. Therefore, prompt, and adequate assessment using an appropriate tool can capture this risk population in good time (Darling, 2015).

**Scholarly support**

In 2015, roughly 15 million people in the USA (approximately 6.2%) of the adult population had an alcoholic use disorder (AUD). Among the alcohol related illnesses, Alcohol withdrawal (AW)is the most common condition requiring inpatient readmission and is also related to adverse effects such as intense agitation, anxiety, over sedation and prolonged hospitalization (Yedlapati & Stewart, 2018).

In a recent study reflecting presence of substance abuse including alcoholism, hospital readmission rates “…were 14% at 30 days, 20% at 60 days, 25% at 90 days, and 31% at 180 days after the index admission. Within 180 days of the index admission, 19% were hospitalized once, while 12% had multiple hospital readmissions.” (Nordeck, Welsh, Schwartz, Mitchell, Cohen, O'Grady, & Gryczynski, 2018).

In another study seeking to determine whether alcohol misuse was associated with lower rates of outpatient follow-up after hospital discharge and whether the magnitude of this association varied in patients who experienced a critical illness, found that the association between alcohol misuse and follow-up attendance was dependent on whether the patient was critically ill. Many with alcohol misuse are less likely to receive preventive health services but are more likely to utilize emergency health services. “Patients with alcohol misuse (OR 0.85; 95% CI 0.79, 0.92) and survivors of critical illness (OR 0.87; 95% CI 0.81, 0.95) were significantly less likely to see a primary care physician.” Such moderate to high risk patients for hospital readmission may benefit from targeted interventions specially to increases benefit of out-patient follow up (Borg, Douglas, Hull, Keniston, Moss & Clark, 2018).

The specific problem therefore is that with increased and rampant abuse and misuse of alcohol and related substances there is need for a way to ensure proper identification and treatment of alcoholism, withdrawal and related syndrome in persons who present to the emergency department, and undergo an abrupt cessation of alcohol consumption due to an acute illness, and hospitalization (Young, 2018). The primary role should be to sought exposure approaches through early screening that will guide appropriate and timely interventions guiding treatment but mainly prevention, of which the goal is to reduce the disease burden and improve patient outcomes.

To tackle the continuing alcohol misuse, various approaches designed to address drinking in the population is devised. General screening for substance use in ED setting should be reinforced and tools like the modified CAGE (Cut down, Annoyed, Guilty, Eye opener) “test tool has demonstrated a high test-re-test reliability (.80–.95) and adequately correlates (.48–.70) with other alcohol screening tools. Its accuracy in identifying alcohol abuse and dependence in adults in the medical, surgical, and psychiatric inpatient, as well ambulatory setting has been demonstrated (Taylor, El-Sabawi, & Cangin, 2016). Comparatively, applying other tool will yield progress too. A new Prediction of Alcohol Withdrawal Severity Scale (PAWSS), has excellent psychometric features and predictive value among medically ill hospitalized patients, helping clinicians identify those at risk for intricate AWS and permitting for prevention and timely treatment of complicated AWS. In a validation study revealed that using a PAWSS cutoff of 4, “the tool's sensitivity for identifying complicated AWS is 93.1% (95%CI[77.2, 99.2%]), specificity is 99.5% (95%CI[98.1, 99.9%]), positive predictive value is 93.1% and negative predictive value is 99.5%; and has excellent inter-rater reliability with Lin's concordance coefficient of 0.963 (95% CI [0.936, 0.979]).” (Maldonado, Sher, Das, Hills-Evans, Frenklach, Lolak, Talley, & Neri, 2015). A determination of utilizing the former tool in my EBP is likely.

Severe physical symptoms are experienced during withdrawal and illnesses of acuity levels 4-5 associated with moderate users of alcohol who visited ED for non-urgent care. They were less often referred to GP after discharge, but to community-based services, therefore different approaches should be implemented to reduce ED visits (Penzenstadler, Gentil, Huynh, Grenier & Fleury, 2020).

**Method**

The project is to be performed in a single- center, where retrospective, descriptive adherence to the use of alcohol screening process exists. The associations between gender, age, ethnicity, incidence of AWS/ DTs and activation of intervention through CIWA protocol, mortality, and number of admission days, level of care among an adult population of the Monument Health hospital, admitted via ED.

**Setting**

The Monument Health (MH) regional hospital is one of 5 hospitals and 40 medical clinics, offers care in 33 medical specialties, and serves 20 communities across western South Dakota and in eastern Wyoming. In partnership with Mayo Clinic Network it has more than 130 active research studies and is honored in offering excellent evidence-based healthcare. It has a highly utilized ED from which the patients who meet the study criteria will be selected randomly (Monument Health, 2020)

Limitations

A limitation of this study would be the study design where populations that may not be admitted will pause a threat to compliance with the screening. Most ED patients are via ED have significant life-threatening conditions, leading to high morbidity, increased length of stay and probable mortality. Screening such patients may be missed out. Compared to post-elective surgery patients have an expected length of stay and discharge plan, patients admitted from the ED may not have this, so the length of stay is unpredictable (Young, 2018)

Knowledge and skills will be a limitation to the researcher who is a student doing EBP project in USA for the first time.

Conclusion

This study will lay the groundwork for future studies about alcohol use screening and providing the best evidence-based care to the population served at the Monument Health Rapid City Hospital. The ongoing energies to advance the bridge to outpatient longitudinal care for patients with alcohol misuse could reduce readmissions, decrease healthcare costs, and improve patient outcomes (Borg, et al., 2018)

References

Beyond the Body, (2016). PAWSS - A New Tool to Determine Risk of Severe Alcohol Withdrawal. Retrieved from https://www.beyondthebody.org/home/pawss-a-new-tool-to-determine-risk-of-severe-alcohol-withdrawal

Borg, B., Douglas, I.S., Hull, M., Keniston, A., Moss, M., & Clark, B.J. (2018). Alcohol misuse

and outpatient follow-up after hospital discharge: a retrospective cohort study. *Addiction Science & Clinical Practice* (13) 24. https://doi.org/10.1186/s13722-018-0125-1

Darling, L. (2015). Managing Hospitalized Adults with Alcohol Dependence. Master's Theses, Dissertations, Graduate Research and Major Papers. Retrieved from https://digitalcommons.ric.edu/cgi/viewcontent.cgi?article=1114&context=etd

Ginex, P.K., (2018). Overcome Barriers to Applying an Evidence-Based Process for Practice Change. Retrieved from, https://voice.ons.org/news-and-views/overcome-barriers-to-applying-an-evidence-based-process-for-practice-change

John Hopkins University, (2020). Armstrong Institute for Patient Safety and Quality. Retrieved from https://www.hopkinsmedicine.org/armstrong\_institute/training\_services/workshops/cusp\_implementation\_training/cusp\_guidance.html

Maldonado, J., Sher, Y., Das, S., Hills-Evans, K., Frenklach, A., Lolak, S., Talley, R., & Neri, E. (2015). Prospective Validation Study of the Prediction of Alcohol Withdrawal Severity Scale (PAWSS) in Medically Ill Inpatients: A New Scale for the Prediction of Complicated Alcohol Withdrawal Syndrome, Alcohol and Alcoholism, (50), 5, p.509–518, https://doi.org/10.1093/alcalc/agv043

Monument Health, (2020). Retrieved from https://monument.health/about-us/research/

Nordeck, C. D., Welsh, C., Schwartz, R. P., Mitchell, S. G., Cohen, A., O'Grady, K. E., & Gryczynski, J. (2018). Rehospitalization and substance use disorder (SUD) treatment entry among patients seen by a hospital SUD consultation-liaison service. *Drug and alcohol dependence,* 186, 23–28. https://doi.org/10.1016/j.drugalcdep.2017.12.043

Penzenstadler, L., Gentila, L., Huỳnh, C., Grenier, G., & Fleurya, M. (2020). Variables associated with low, moderate, and high emergency department use among patients with substance-related disorders. Drug and Alcohol Dependence, (207). https://doi.org/10.1016/j.drugalcdep.2019.107817

Pittman, J., Cohee, A., Storey, S., LaMothe, J., Gilbert, J., Bakoyannis, G., Ofner, S., & Newhouse, R. (2019). A Multisite Health System Survey to Assess Organizational Context to Support Evidence‐Based Practice. https://doi.org/10.1111/wvn.12375

Taylor, P., El-Sabawi, T., & Cangin, C. (2016) Improving alcohol screening for college students: Screening for alcohol misuse amongst college students with a simple modification to the CAGE questionnaire. *Journal of American College Health*, 64:5, 397-403, DOI: 10.1080/07448481.2016.1168429

Wyant, T., (2018). A Spirit of Inquiry Leads to Evidence-Based Answers to Practice Questions. Retrieved from https://voice.ons.org/news-and-views/a-spirit-of-inquiry-leads-to-evidence-based-answers-to-practice-questions10.1080/07448481.2016.1168429

Yedlapati, S.H., & Stewart, S.H. (2018). Predictors of Alcohol Withdrawal Readmissions, *Alcohol and Alcoholism*, (53)4, pp 448–452. Retrieved from https://eds-a-ebscohost-com.lopes.idm.oclc.org/eds/detail/detail?vid=2&sid=f03e1d52-07fa-4434-86e0-dff38c40bcd5%40sdc-v-sessmgr01&bdata=JnNpdGU9ZWRzLWxpdmUmc2NvcGU9c2l0ZQ%3d%3d#AN=130371594&db=ccm

Young, H., (2018). Assessment of Alcohol Withdrawal Syndrome Incidence and Identification of Other Correlating Risk Factors in Patients Admitted Through the Emergency Department. DNP Projects 196. Retrieved from https://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1222&context=dnp\_etds