

The Wizard of Cause:
Traveling the Yellow Brick Road of Evidence

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Greater KC AACN
Visions Symposium
March 7, 2014

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Session Aims

❖ Identify how critical care nursing has changed in the last several decades

❖ Discuss research priorities for critical care practice

❖ Understand how bedside nurses can become involved in evidence-generating projects.

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Once Upon a Time...

...there was an aspiring critical care nurse

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The World in 1980

- Median annual RN salary about \$16,000.
- The prime lending interest rate was 14.5%.
- Magnum PI and Too Close for Comfort were TV debuts.
- Miracle on ice in the Winter Olympics in Lake Placid.
- U.S. boycotts Moscow Summer Olympics.
- First whole body MRI manufactured.



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The World of Nursing in 1980

- HIV not yet identified
- No gloves
- Bedside glucose testing was a new technology
- Grand nursing theories were being developed



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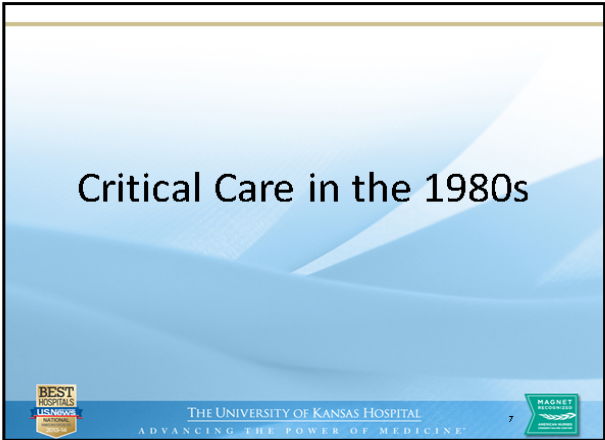
- Nurses sometime wore their caps and ALWAYS wore their nursing school pins!

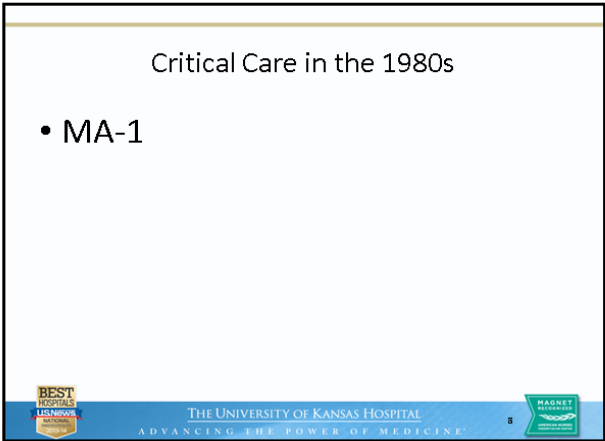


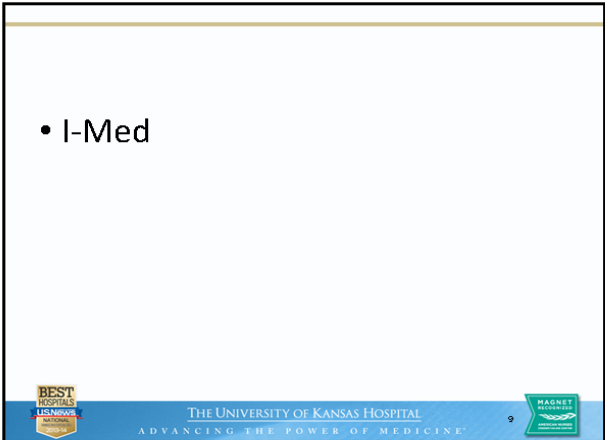
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- Re-usable hemodynamic transducers

- Ventilated with volume-control

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- Restricted family visiting

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- Used saline lavage routinely for endotracheal suctioning

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- Viewed bad outcomes as “preventable”

- Generate evidence at the bedside

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And now...

- Evidence-based practice is the standard

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Consensus Doesn't Equal Evidence

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Where do we go from here?

- We must continue to develop and test the best interventions for optimum patient outcomes!

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Critical Care Stakeholders Collaborate

- In 2009, AACN, the American College of Chest Physicians (ACCP), the American Thoracic Society (ATS) and Critical Care Societies Collaboration (SCCM) to explore common research priorities.
- Representatives from each of the clinical organizations joined together with the US Critical Illness and Injury Trials Group (USCIITG) and formed the Multisociety Strategic Planning Task Force for Critical Care Research.

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The task force was charged with developing a blueprint for the future of critical care research.

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Four Challenges Were Identified

- Eliminated segregated approaches to critical care research
- Create more effective linking of diverse research areas
- Human research must account for complexity of illnesses and patients
- Enhanced research infrastructures are necessary

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Research Priorities in Four Areas

- General critical care
- Basic science/cellular research
- Translational research
- Clinical research
- Health services research
- Critical care education

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Task Force Priorities-
General Critical Care

- Better define critical illness and study homogenous groups
- Improve and increase investigations of biomarkers
- Develop pre-clinical models that more closely mimic the human condition
- Enhance access to patients, samples, and data
- Study the application of emerging technologies
- Employ rigorous methodologies

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Task Force Priorities-
Basic Science

- Stress response in critical illness
- Host response in initiation, transition, and resolution of critical illness
- Define microbial ecology
- Understand the modulation of repair



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Task Force Priorities-
Translational Research

- Research integration
- Rigorous and standardized study designs
- Control for the effects of disease treatment/management



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Task Force Priorities-
Clinical Research

- Factors preceding ICU admission
- Acute organ support
- Neuro-inflammation
- Sedation
- Organ recovery/Reanimation
- End-of-life care



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Task Force Priorities-
Health Services Research

- Outcomes and performance measures
- Communication and coordination of care
- Tools, processes, and programs to promote knowledge transfer
- Examine positive learning environments
- Error prevention/reporting and patient outcomes
- Interventions to measure and treat distressing symptoms



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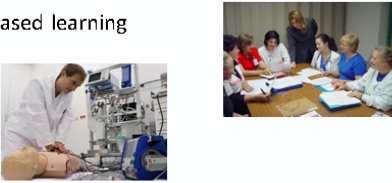
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Task Force Priorities-
Educational Research

- Incorporation of other disciplines.
- Simulation
- Team-based learning



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So What Can You Do?

- You don't have to do it all!
- Identify resources
- Watch for compelling clinical questions
- Learn to synthesize evidence
- Develop professionally

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Toto, I've a feeling we're not in Kansas any more

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Look To The Future...

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