Evidence-Based Policy & Procedure Review System Toolkit

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May 1, 2020

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Acknowledgements

- Advisor
- Dr. Anne McKay DNP, ANP-BC

- Project team members
- Dr. Katherine Moran DNP, RN, CDE, FAADE
- Dr. Tanya Rowerdink DNP, NP-C, CCD

Objectives for Presentation

1. Organizational assessment and literature review
2. Review clinical problem
3. Review evidence-based solution and project plan
4. Present pilot results and data
5. Implications for practice and DNP Essentials

Introduction

- Policies and procedures govern care of patients (Cheely & Zaas, 2016)
- Improved patient safety and outcomes achieved through EBP (IOM, 2001)
- Limited literature exists (Dols, et al., 2017; Oman, Duran, & Fink, 2008)
- Research-practice gap of 17 years historically (Oman, Duran, & Fink, 2008)

Organizational Assessment

- Largest physician-owned Cancer and Hematology treatment organization
- 5 locations with 3 specialty pharmacies
- Rapid growth over the past 5 years, 42.6%
- Partnerships with larger healthcare organizations
- Revenue from private pay, insurance, specialty pharmacies, and Medicare

Inter-Organizational Alignment Model

Inter-Organization Alignment (IOA) model indicating the three major categories of variables which directly impact organizational performance (Institutional and Organizational Performance Assessment, n.d.).

External Environment

- Economic - Annual update of policies and procedures required for specialty pharmacy accreditation compliance and reimbursement from Medicare's Oncology Care Model
- Economic - Partnerships with several large healthcare systems resulting in continued growth

Organizational Motivation

- Mission – To provide state-of-the-art cancer treatment with compassion.
- Culture – Supportive staff eager to improve process, efficiency, quality and compliance.
- Incentive/Reward – Continued financial growth and strong partnerships with larger healthcare organizations.

Organizational Capacity

- Process management - Current policies are out dated with the majority having not been updated since 2017 due to site manager time constraint and lack of efficient process
- Financial management - Rapid growth due to partnerships with large organizations and specialty pharmacies
- Strategic leadership - Multi-level management for complex decision making

Current State

- 180 policies and procedures for front office staff positions, 175 out of compliance (dated 2018 or older)
- Time constraints of site managers due to rapid growth
- Desire to incorporate best practice evidence

SWOT Analysis

Strengths	Weaknesses
- Physician owned organization, increased decision making power - Commitment to providing high quality care and state-of-the-art treatment options - Committed staff - Concise goals for maintaining compliance - Financial viability - Continued organizational growth	- Lack of process for updating and sustaining current policies and procedures - Large number of policies and procedures that are outdated - Time constraints of site managers to update policies and procedures - Varying levels of education among site managers
Opportunities	**Threats**
- Specialty pharmacy re-accreditation and compliance to continue to provide pharmaceutical treatment options - Updating policies and procedures to reflect compliance with OCM - Increasing knowledge and awareness of policies and procedures by front office staff	- Failure to update policies and procedures accurately and timely could result in loss of specialty pharmacy accreditation resulting in loss of income and treatment options for patients - Competitive healthcare climate - Loss of partnership with large organizations

Key Stakeholders

- Upper Level Management
- Site Managers
- Medical Assistants
- New Patient Referral Specialists
- Patients - indirectly

Clinical Question

- What is an evidence-based strategy for reviewing, updating, and disseminating policies and procedures on an annual basis for office staff at a cancer treatment organization?

Project Purpose

- Purpose - The purpose of this DNP project was to create a sustainable evidence-based system to review, revise, incorporate best practice evidence, and disseminate policies and procedures in an oncology treatment organization.

Project Goal

- Goal - The primary goal of this project was to implement and pilot a sustainable evidence-based process to review and update policies and procedures in order to meet compliance requirements.

Literature Review

Literature Review

The aim of the review was to answer the following questions:

1. What is an evidence-based strategy for reviewing, updating, and disseminating policies and procedures in healthcare?
2. Is there a tool, set of guidelines, or model available in literature to aid in reviewing and updating policies and procedures utilizing evidence?
3. What are the requirements for policy and procedure review to maintain compliance with specialty pharmacy accreditation and Medicare's OCM?

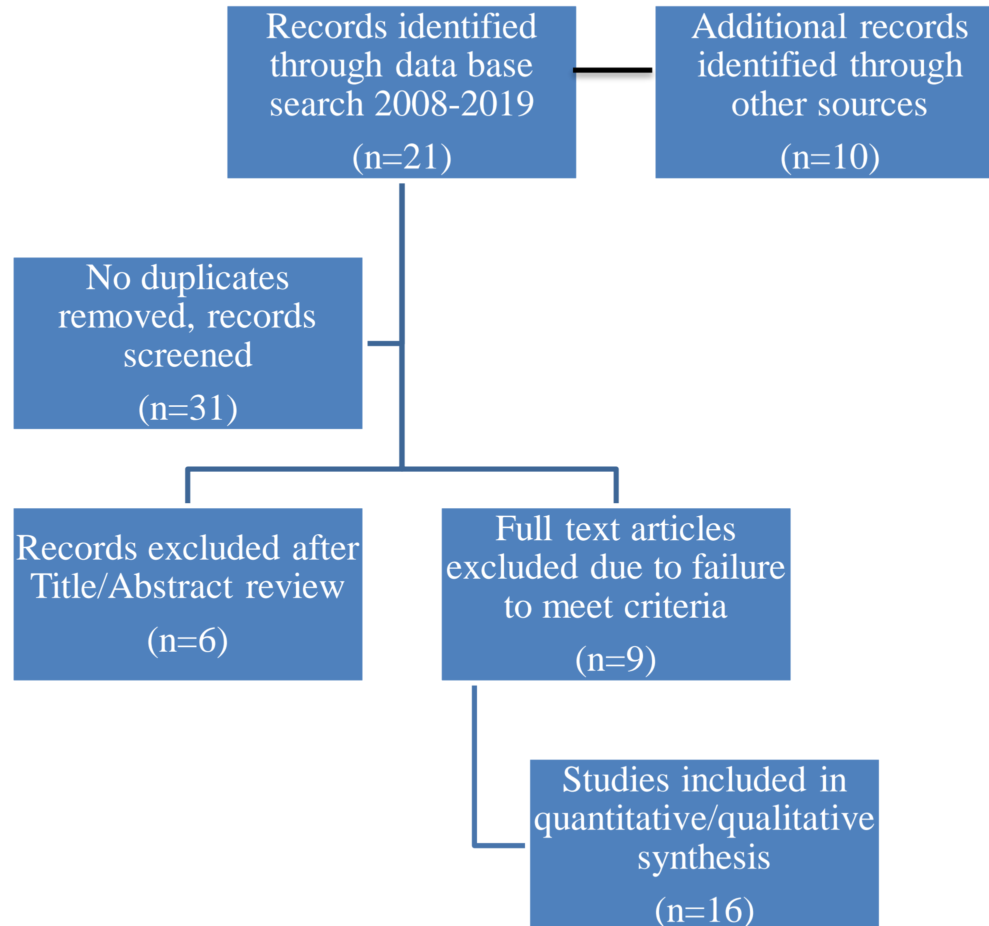
Literature Review

- Rapid systematic review
- CINAHL and PubMed databases, Google Scholar
- Keywords: policies and protocols AND evidence-based AND hospital policies and procedures
  - Additional search terms: Oncology Care Model, specialty pharmacy, specialty pharmacy accreditation compliance
- Limited to:
  - English Language
  - Period 2008 to current
  - Systematic reviews, policies, research studies, qualitative studies, literature, articles, and grey literature

Literature Review Results

- Search resulted in 31 peer review scholarly articles dated between 2008 and 2019.
- Review of titles and abstracts resulted in removal of 6 articles that did not meet the inclusion criteria
- 9 articles were excluded after in-depth examination of content
- Total of 16 sources were utilized for project evidence and supporting models

PRISMA Figure



Adapted from: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009)

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- Integrating best practice evidence (Hahn, 2019)
- Important features of policy development (Dols, et al, 2017; Becker, et al 2012)
- Accreditation Commission for Health Care (ACHC, 2019)
- Medicare’s oncology care model (COA, 2019)
- Evidence-based algorithm (Oman, Duran, & Fink,2008)

Project Plan

Project Design

- This quality improvement project was accomplished by creating and implementing a new and efficient process for reviewing and updating policies and procedures utilizing Donabedian's Model for Quality Improvement.
- IRB determination – Grand Valley State University, not human research.

Donabedian’s Model

Donabedian’s model for quality improvement as adapted from “The quality of care: how can it be assessed?”(Donabedian, 1988).

Structure	Process	Outcome
• 42.6% growth over 5 years • Management restructuring • ACHC and Medicare's OCM requirements • Significant income from pharmacy and Medicare	• Time constraints and lack of a formal system • Biannual audit with ACHC scheduled for spring 2020	• Compliance requirements not met • 97% of policies and procedures out of date

Setting and Participants

- Where: A cancer and hematology treatment organization in the Midwest
- Participants: Site manager/Director of specialty services for the organization

Objective 1 – Create Toolkit

Step 1
Utilize algorithm for evidence-based policy and procedure development.

Step 2
Creation of a table for collection of data to be used in pilot.

Step 3
Creation of a step-by-step guide for review of policies and conducting a literature review.

Algorithm Tool

REVIEW STEPS	SUGGESTED ACTION
1. Select policy for revision	Routine review, or change in practice
2. Search for evidence	CINAHL, Cochrane, PubMed, web search
3. Systematic evaluation of evidence	Assign level of evidence (1-6) for strength
4. Compare evidence to current policy	Decision point (no change or revise)
5. Policy review by stakeholders	Send revised policies to stakeholders
6. Make revisions	Based on stakeholders/expert opinion
7. Obtain approval signatures	
8. Submit to policy subcommittee	If applicable
9. Staff education as needed	Provided by educators
10. Web submission	Published to intranet

Policy and Procedure Algorithm Steps. Oman, K., Duran, C., & Fink, R. (2008).

Data Table

Policy Name	Revision Recommendation	Evidence, Level of Evidence and Source	Time for review	Review date on policy	Resources reviewed, but not included in evidence	Additional Time for Review

Level of Evidence

Level of evidence (LOE)	Description
Level I	Evidence from a systematic review or meta-analysis of all relevant RCTs (randomized controlled trial) or evidence-based clinical practice guidelines based on systematic reviews of RCTs or three or more RCTs of good quality that have similar results.
Level II	Evidence obtained from at least one well-designed RCT (e.g. large multi-site RCT).
Level III	Evidence obtained from well-designed controlled trials without randomization (i.e. quasi-experimental).
Level IV	Evidence from well-designed case-control or cohort studies.
Level V	Evidence from systematic reviews of descriptive and qualitative studies (meta-synthesis).
Level VI	Evidence from a single descriptive or qualitative study.
Level VII	Evidence from the opinion of authorities and/or reports of expert committees.

Ackley, B. J., Swan, B. A., Ladwig, G., & Tucker, S. (2008). *Evidence-based nursing care guidelines: Medical-surgical interventions.* (p. 7). St. Louis, MO: Mosby Elsevier.

Objective 2 – Pilot by DNP Student

Step 1
Use steps 1 through 5 of the evidence-based algorithm to review and revise pertinent policies and procedures

Step 2
Collect literature review and time data in student created data table to guide revision recommendations

Step 3
Create a projected budget with the time data collected

1. Select policy for revision; routine review, or change in practice
2. Search for evidence CINAHL, PubMed, Google Scholar (2005-2020)
3. Systematic evaluation of evidence
4. Compare evidence to current policy
   - Decision point (no change or revise)
5. Policy review by stakeholders and send revised policies to stakeholders

Objective 3 – Dissemination and Evaluation

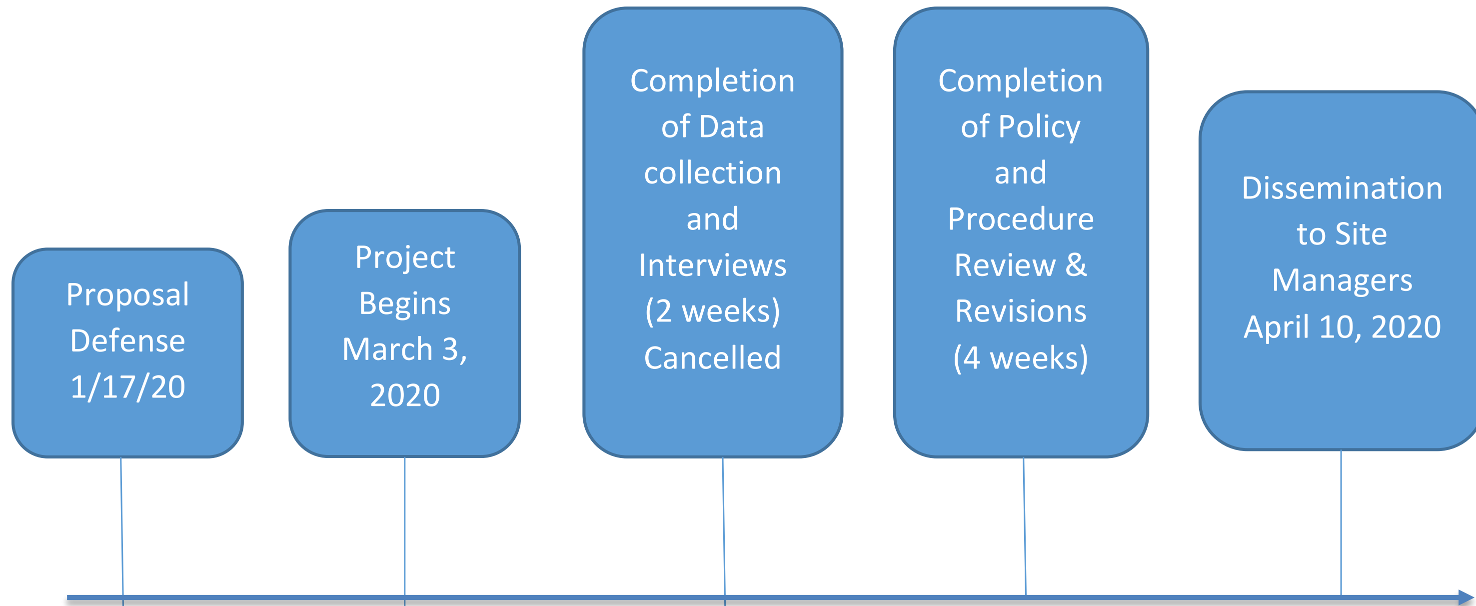
Step 1
Educate site managers on the use of toolkit including examples from pilot

Step 2
Provide pilot results table with policy revisions. Deliver toolkit to site manager

Step 3
Evaluation of toolkit, education, and pilot by site manager in attendance

- Time log
- Budget analysis
- Polices/procedures compliance met
- Evaluation (quantitative & qualitative)

Timeline



Discussion

Pilot Results

- 73 policies and procedures reviewed (medical assistants & new patient referral specialists)
- 9 recommended changes
- 18 supporting evidence for current practice
- 46 policies, procedures or forms specific to the organization = no recommendations
- 31 hours, 30 minutes to complete review
- Average time per policy = 25.9 minutes

Policy Change Example

- Medical Assistant policy 106.3 - Paperwork Management
- 3a. PHQ-9 form is given to patients every 6 months, unless a previously identified mental disorder is identified, therefore making them exempt from screening, refer to CHCOPS 106.2 for documentation.

Revision Recommendations

- 3a. PHQ-9 form is given to patients every 3 months, or when medication changes have been made, refer to CHCOPS 106.2 for documentation.
- Mental health patients should be included in depression screening, as mental health conditions increase the risk for depression during cancer treatments (Caruso, et. al, 2017).

Literature Search

- Search terms: PHQ-9 depression screening, oncology patients, frequency
- Databases: CINHAL, Pubmed, and Google Scholar.
- Results: Cited 2 most recent and evidence-based articles supporting practice change. Included 1 additional article supporting depression screening for mental health patients.

Inclusion and Exclusion Criteria

- Inclusion criteria: Peer-reviewed scholarly articles dated 2015-2020, relevant frequency of depression screening for oncology patients.
- Exclusion criteria: Articles lacking evidence for frequency of depression screening of oncology patients. Articles older than 2015.

Evidence

- Caruso et al. (2017) indicates an increased risk and prevalence for depression in cancer patients, especially those who have an underlying mental health condition
- Level of evidence = V. Evidence from systematic reviews of descriptive and qualitative studies (meta-synthesis)

Evidence

- Holtzman, A. L., Pereira, D. B., & Yeung, A. R. (2018) recommend depression screening with a PHQ-9 every 3 months and with any medication change for oncology patients undergoing treatment
- Level of evidence = III. Evidence obtained from well-designed controlled trials without randomization (i.e. quasi-experimental)

Evidence

- Renovanz M, Soebianto S, Tsakmaklis H, et al. (2019) provided evidence indicating the importance of early and frequent screening for depression in oncology patients. Recommendation is every 3 months
- Level of evidence = II. Evidence obtained from at least one well-designed RCT (e.g. large multi-site RCT)

Current Practice Example

- New Patient Referral Specialist policy 103.4 – Appointment Types
- 3a. Oncology – Expectation is visit scheduled with provider within 7 business days from referral date.

- No more than 29 days from date of referral and first visit with treatment provider and treatment initiation (Khorana, et.al, 2019)
- Delayed treatment is associated with an increased risk of mortality ranging from 1.2–3.2% per week in curative settings such as early-stage breast, lung, renal and pancreas cancers (Khorana, et. al, 2019)

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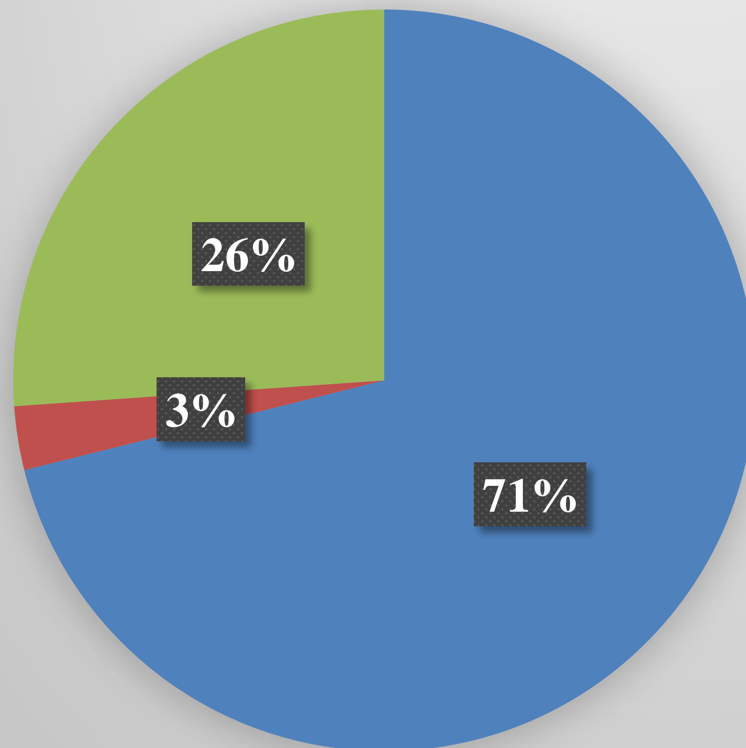
Source

- Khorana, A., Tullio, K., Pennell, N., Grobmyer, S., Kalady, M., Raymond, D., Abraham, J., Klein, E., Walsh, M., Monteleone, E., Wei Wei, M., Hobbs, B., & Bolwell, B. (2019). Time to initial cancer treatment in the United States and association with survival over time: An observational study. PLOS One. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0213209
- Level of evidence = IV Case control studies

Compliance Chart

Compliance Percentages



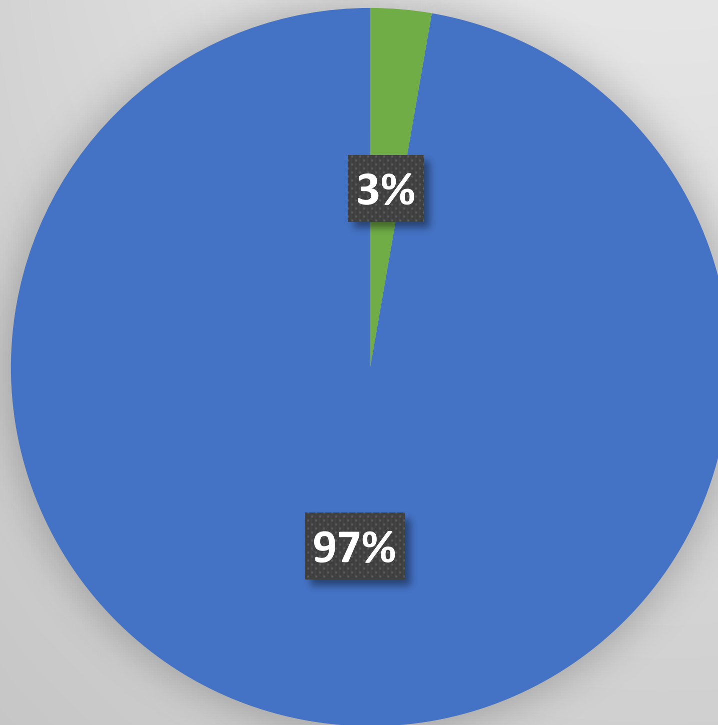
- Number of policies out of date = 128
- Number of updated polices = 5
- Policies or forms with no date = 47

Data Table

Job_Position	Review_Date_on_Policy_Procedure	Total_Count
MA	2012	1
MA	2013	0
MA	2014	2
MA	2015	1
MA	2016	5
MA	2017	22
MA	2018	0
MA	2019	0
MA	Unknown	9
NPRS	2012	1
NPRS	2013	0
NPRS	2014	0
NPRS	2015	0
NPRS	2016	2
NPRS	2017	14
NPRS	2018	1
NPRS	2019	2
NPRS	Unknown	13

Compliance Pilot Chart

Before pilot



- Number of policies meeting compliance = 2
- Number of policies not in compliance = 71

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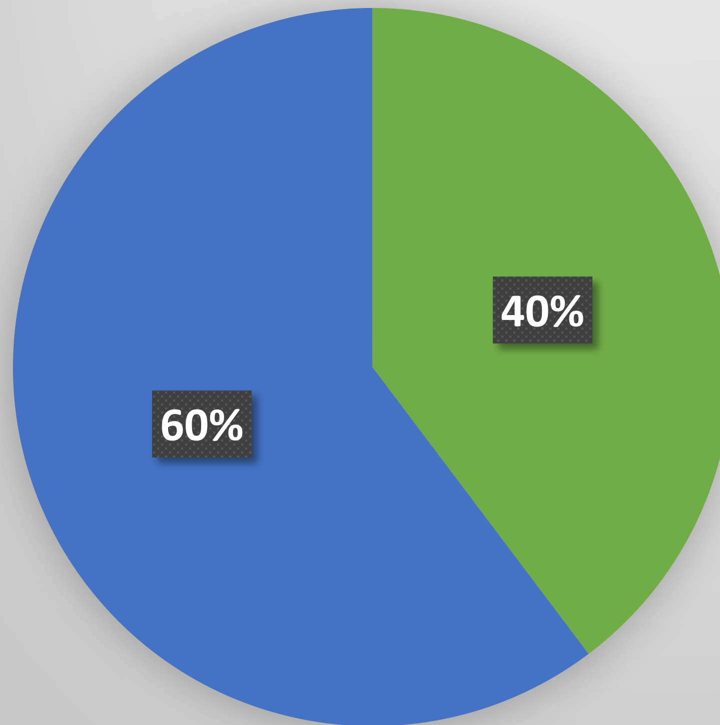
Compliance Pilot Chart

After pilot



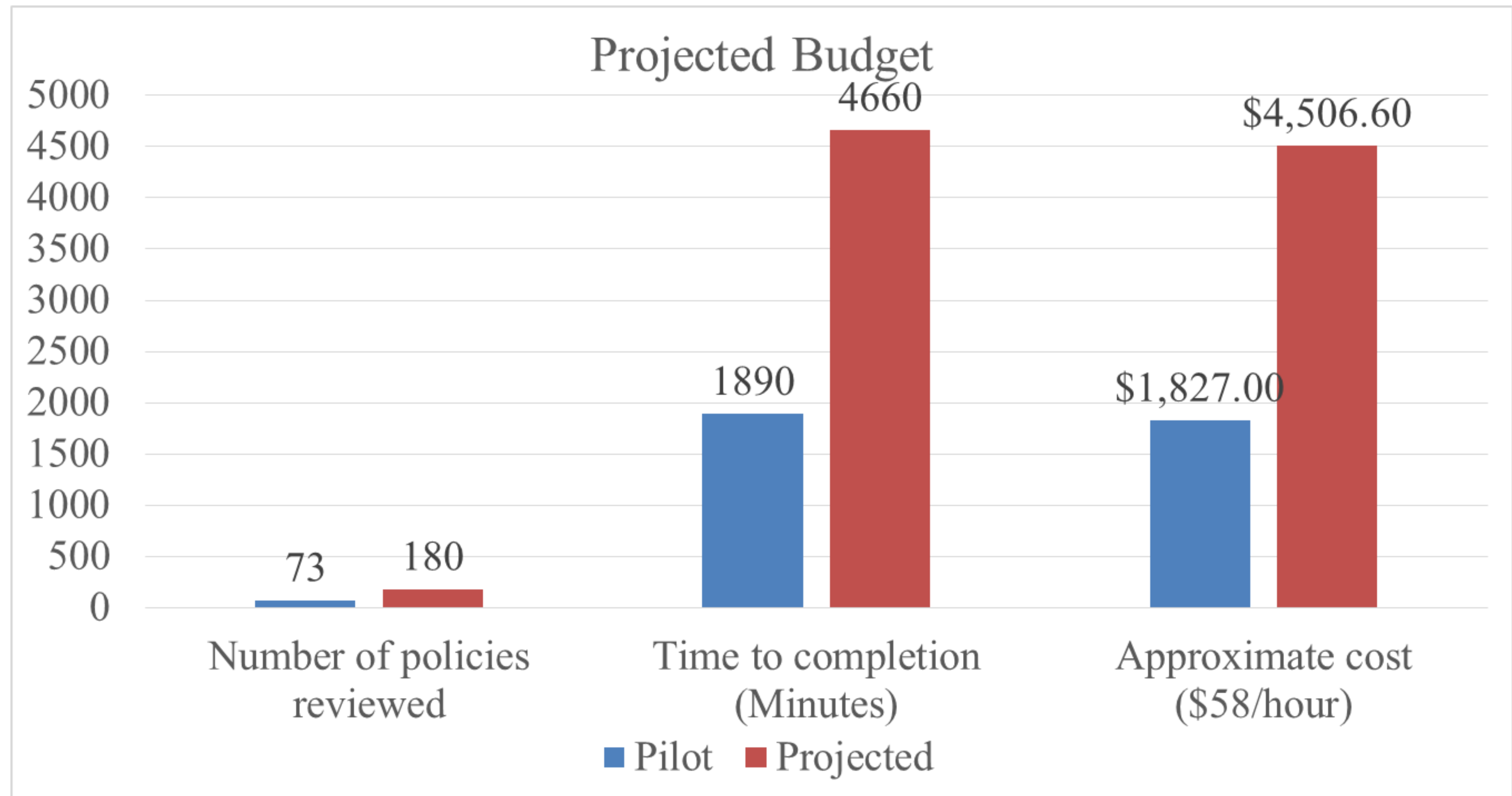
- Number of policies meeting compliance = 29
- Number of policies not in compliance = 44

Time Log Data

Average Time Spent for Review of Policies

Time Spent for Review	Number of Policies and Procedures
0 to 10 minutes	32
11 to 20 minutes	8
21 minutes or more	33

Budget Analysis



Projected cost calculation ($58.00x77.7 hrs = $4506.60)

Recommendations

- Designating one personnel with appropriate level of education to complete research. Healthcare related baccalaureate or higher degree (Dols, et.al, 2017).
- Budgeting 19.5 hours quarterly to complete compliance updates.
- Utilizing data collection table to record updated information to share with all site managers.

Recommendations

- Create a policy subcommittee for review and approval of revised policies and procedures (Oman, Duran & Fink, 2008).
- Designate a compliance auditor to ensure quarterly updates are completed (Cheely & Zaas, 2016).
- No current policy to address if no provider is available within 7 days for appointment scheduling, consider an addendum to policy NPRS 103.4 .

Policy Recommendation

- CHCOPS 100.0 – Policy Review
- 1a. Policies must be reviewed by designated site manager annually and dated accordingly.
- 1b. All policies must have a current literature search performed to ensure best practice evidence is included with each policy or procedure. See step-by-step instructions.

- 1c. The literature search for each policy must be conducted from a peer-review supported database and within the last 5 years (ie. CINHAL, Pubmed, Google Scholar). Record recommended revisions and literature source in provided spreadsheet.
- 1d. Revisions must be presented to management for review and approval within 2 weeks (Hahn, 2019).

Policy Recommendation

- 1e. Accepted revisions must be published to the intranet.
- 1f. Staff education of all policy and procedure revisions must be delivered electronically for acknowledgement by staff and presented by management to ensure staff understanding.

Policy Recommendation

1g. New and revised policies require an acknowledgment statement indicating the employee's receipt and understanding of the new policy along with the effective date of the policy.

1h. Managers should incorporate a communication method that will give employees an opportunity to ask questions about the policy (Society for Human Resource Management, 2020).

Limitations

- The COVID-19 pandemic impacted the amount of data collected for this project.
- No survey of MA's and NPRS's
- Only one site manager able to attend dissemination to organization
- Lack of valuable feedback as a result

Project Budget

Project Title: Evidence-based Policy and Procedure Review		
Income/Revenue	Amount	
Site managers time (hours)	$0.00	
Expenses	Amount	In kind donation
Site managers time – ($58/hr x 12 hrs = $696)	$696.00	$696.00
Use of organization lap top – in kind donation	$0.00	-
Cost of printed/copied materials	$10.00	$10.00
Cost of space –	$0.00	-
Access to ACHC ($200) – in kind donation	$200.00	$200.00
Net operating plan	Total $906.00	$906.00

Implications for Practice

- Evidence-based policy and procedure review system toolkit
- Step-by-step guide to literature review
- Step-by-step guide to evaluating evidence
- Incorporation of best practice evidence
- Versatility of toolkit for use in any healthcare setting

Sustainability Plan

- Utilize the provided step-by-step review system to complete review of the remaining policies and procedures.
- Budget 19.5 hours quarterly for review to maintain compliance.
- Future APRN practice process DNP project
- Future APRN polices and procedures DNP project

Dissemination Plan

- Defense of DNP project
- Submission to ScholarWorks

Conclusion

- Step-by-step policy and procedure review system to incorporate best practice evidence
- Sustainable plan for meeting compliance requirements
- Ability to utilize review system throughout entire organization. Review system can be applied to all healthcare settings governed by policies and procedures

DNP Essentials Reflection

- Essential I – Scientific underpinnings for practice
- Essential II –Organizational and systems leadership
- Essential III – Clinical Scholarship and Analytical Methods for Evidence-Based Practice

DNP Essentials Reflection

- Essential IV - Information Systems Technology
- Essential V – Health care policy for advocacy in health care
- Essential VI – Interprofessional collaboration for improving patient and population health outcomes

DNP Essentials Reflection

- Essential VII – Clinical prevention and population health for improving the nation's health
- Essential VIII – Advanced Nursing Practice

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