

# Ensuring Consistency Among Evidence-Based Practice Interventions

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Evidence-based practice (EBP) has and will continue to be the mainstay among clinicians in applying interventions to practice. Sackett, Rosenberg, Gray, Haynes, and Richardson (1996) defined EBP as the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. Sackett et al. continued to describe EBP as integrating individual clinical expertise with the best available external clinical evidence from systematic research. The Oncology Nursing Society (ONS) offers a valuable resource with the EBP Resource Area ([www.ons.org/evidence](http://www.ons.org/evidence)). ONS (n.d.) also provides nurses with a guideline of minimum standards to assist healthcare professionals in systematically reviewing related research. EBP provides a basis for decision making and individualized patient care, thereby enhancing the efficiency of clinics and hospitals, revenue reimbursement, and the quality of patient care (Maxwell & Stein, 2006). EBP consistently impacts the quality of care for patients in a positive manner and has become a top priority for healthcare providers.

## How Do You Use Evidence in Your Practice?

Do you practice using evidence on a daily basis? What evidence do you use? Do you have EBP references readily available for easy access? Does your evidence exist in a formal guideline or protocol for reference? When EBP recommends an intervention, is it implemented consistently among all nurses to all appropriate

patients? If not, what barriers prevent consistent EBP? This article poses these questions to increase awareness of the potential impact that incidental deviations from evidence may induce.

## Neutropenia: An Exemplar

To emphasize the reality of incidental deviations from EBP, this article addresses the assessment and management of chemotherapy-induced neutropenia. In 2005, the ONS Prevention of Infection Outcomes Intervention Project Team reviewed, critiqued, and summarized the current research related to the prevention of infection among compromised patients with cancer (Zitella et al., 2006). The research resulted in one of the first ONS Putting Evidence Into Practice® projects and resources provided by ONS. Zitella et al. conducted a thorough review of evidence, specifically detailing the interventions noted in the research, such as colony-stimulating factors, antibiotic prophylaxis, protective isolation, diet, and oral care. The National Comprehensive Cancer Network ([NCCN], 2007) has provided guidelines for supportive care use of myeloid growth factors. Lyman (2005) reviewed previous NCCN guidelines and highlighted specific details regarding consequences of neutropenic complications, specifically hospitalization, mortality, substantial cost, poor quality of life, and reduced relative dose intensity, along with their

associated poor outcomes. Reduced chemotherapy dose intensity, resulting from either dose reduction or treatment delay, can compromise treatment outcomes in patients with curable cancers (Bonadonna et al., 2005). However, among a potentially curable population of 4,522 patients with non-Hodgkin lymphoma, 53% of the patients did not receive the optimal dose intensity believed to be a predictor of survival (Lyman, Dale, Friedberg, Crawford, & Fisher, 2004). Neutropenia has been identified as the primary reason for chemotherapy dose delays and dose reductions (Epelbaum, Haim, Ben-Shahar, Ron, & Cohen, 1988; Link et al., 2001). Based on the clinical evidence, Lenhart (2005) conducted a performance improvement project and implemented numerous interventions, including a neutropenia risk assessment, which was shown to greatly improve average relative dose intensity and ultimately improve overall quality of care. A similar performance improvement project was summarized by Donahue (2006), who confirmed the positive outcome of using a neutropenia risk-assessment tool as evidenced by a decrease in dose delays from 32% to 8.6% and dose reductions from 8% to 2.9%. The guidelines also have shown a positive impact on patients receiving adequate doses of chemotherapy (Lenhart). Based on the previously mentioned relationship between optimal dose intensity and maximum survival benefit (Bonadonna et al.; Lyman et al.), evidence clearly supports interventions

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Digital Object Identifier: 10.1188/08.CJON.365-367