Implementing Evidence-Based Practice in Policies and Procedures

BY DERI ROSS PRYOR

WRITING HEALTHCARE POLICIES AND PROCEDURES is a tricky business. So many factors must come into play, such as adhering to regulations, and balancing patient needs with organizational concerns, all while minimizing risk. The use of evidence-based practice (EBP) or guidance is crucial when creating laundry policies.

According to Brian Hurwitz, Professor of Medicine at King’s College, London, in his clinical review on the topic, “evidence-based” refers to:

“Reliable, observational, inferential, or experimental information forming part of the grounds for upholding or rejecting claims or belief... Evidence-based guidelines claim to be authoritative in the sense of embodying a combination of best evidence and judgment, designed to ensure that recommendations are valid and reliable. For guidance to be binding on clinicians it must be trustworthy.”

The book Evidence-Based Practice in Nursing & Healthcare defines EBP as “the conscientious use of current best
evidence about patient care.” This would include seeking out relevant and current research, and utilizing tools such as Centers for Disease Control and Prevention (CDC) guidelines. Relating this practice to a laundry would draw upon that laundry’s experience and the evidence-based on their data, quality improvement projects, and evaluation and collaboration with the customer’s Infection Preventionist. If a customer requests a change that goes against current evidence for best practice, this is an opportunity for the laundry to educate and utilize its own evidence to offer alternatives.

A prime example of why this type of customer education is important is the mucormycosis outbreak at Children’s Hospital in New Orleans which killed five children between 2008 and 2009. As reported by the New York Times, the cause was linked to the mishandling of linens on the part of the hospital staff and included a request from the head of housekeeping to the laundry provider to stop wrapping clean linen carts in plastic because it got caught in the wheels. The housekeeping staff was also washing bed linens in an on-premises machine, requiring TLC to educate them why the chemicals they were using were too weak to render the linens hygienically clean.

When considering the adoption of EBP into laundry policies and procedures it is important to understand the importance of each element/step to achieving the desired outcome. It is also important to understand how to interpret the sources that influence those decisions. Kristy Goode MSN-Ed, RN of Encompass Group puts this into perspective in terms of using evidence when making key decisions: “Evidence-based guidance is designed to help key stakeholders, healthcare professionals, and organizations choose and implement interventions that are designed to improve outcomes... Evidence-based guidance should include criteria for identifying ‘evidence-based’ interventions. The difference between recommendations and evidence is the level of data supporting the research.”

What is the decision-making process for applying EBP to laundry policies & procedures? First it is important to distinguish policy from procedure. Fontaine Sands, DipPH, MSN, CIC, Associate Professor at Eastern Kentucky University, and ALM Clinical Advisor, describes policy as a very general guideline whereas a procedure is where the detail of day to day practice is outlined.

“For example,” Sands says, “for infection control, we follow current CDC guidelines. That is our policy, but we do
not outline what each of those guidelines is because the CDC will make changes and then our policy would need to be continuously updated. In our procedures, we get prescriptive — this is where we detail what we do based on CDC guidelines.

Sands says both policies and procedures should be reviewed annually to make sure they are up to date. Since policies are kept broad, they often need minimal changes, whereas individual or multiple procedures might change due to new EBP recommendations. She says the first step is to determine what evidence and guidance you are going to use, i.e., the CDC or some other research entity. Then you have to understand how to interpret their recommendations.

Sands says, “You have to understand the rating so you understand how strong the recommendation is and if it should be implemented.” She goes on to point to the CDC rating system. “If it’s a 1A everyone should be implementing it; it’s a standard of care because there is enough evidence. But if it’s a 1B recommendation, what does that mean? When do you use it? If you’ve done all the 1A recommendations but still have an outcome you haven’t reached, then you implement all the 1Bs.” She emphasizes the time it takes to fully absorb the enormity of responsibility in writing policy and procedures and understanding EBP. “We teach an entire class just on this,” she says of her nursing program at Eastern.

Whether the policies and procedures in question involved actual clinical care or something like laundry and textiles decisions, the process should be the same. There should be a dedication to using evidence-based guidance at any time a new textile technology is considered, or a change from disposable to reusable is proposed, or a new way of transporting textiles is recommended, and so on. This requires a critical appraisal of the evidence source used, including the recognition of possible bias. Evidence-Based Practice in Nursing & Healthcare describes bias in this context as “anything that distorts study findings in a systematic way and arises from the study methodology.” Bias can arise from the participants chosen to be involved in a study who have a conflict of interest. It can arise from not having enough participants, meaning the results are not random enough for a reliable outcome. It is also important to look at who initiated the study to begin with; if there is a conflict of interest there, results may not be trustworthy.

While this is by no means a deep dive into policy and procedure writing, it is designed to raise questions and awareness so those that are either the decision makers or those who deal with decision makers can take an honest appraisal of their process and see if it is evidence-based. If the desired outcomes are not being achieved, it may be time to look at changes to current policies and procedures, and more importantly, the informational sources being used to write them.

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**CDC Rating Categories**

Recommendations are rated according to the following categories:

- **Category IA.** Strongly recommended for implementation and strongly supported by well-designed experimental, clinical, or epidemiologic studies.
- **Category IB.** Strongly recommended for implementation and supported by certain experimental, clinical, or epidemiologic studies and a strong theoretical rationale.
- **Category IC.** Required by state or federal regulation, or representing an established association standard.
- **Category II.** Suggested for implementation and supported by suggestive clinical or epidemiologic studies, or a theoretical rationale.
- **Unresolved Issue.** No recommendation is offered. No consensus or insufficient evidence exists regarding efficacy.

Excerpts from CDC Laundry & Bedding recommendations:

- Use hygienically clean textiles (i.e., laundered, but not sterilized) in neonatal intensive care units. **Category IB**
- Do not use dry cleaning for routine laundering in health-care facilities. **Category II**
- Bag or otherwise contain contaminated textiles and fabrics at the point of use. **Category IC**

(OSHA: 29 CFR 1910.1030 § d.4.g)

All of the above are from the Guidelines for Environmental Infection Control in Health-Care Facilities, Recommendations of the CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC), U.S. Department of Health and Human Services, 2003

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