Implementation Science for Clinicians: Accelerating the Uptake of Evidence into Practice for Best Outcomes

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Associate Editor, Worldviews on Evidence-Based Nursing
Sigma Theta Tau International is an accredited provider of continuing nursing professional development by the American Nurse Credentialing Center (ANCC) Commission on Accreditation.

This activity is eligible for 1.0 contact hour.

To receive CPD contact hours learners must complete the evaluation form and be in attendance.

Conflict of Interest: Bernadette Melnyk is editor of *Worldviews on Evidence-Based Nursing*. She is part-owner of COPEforHOPE which does training workshops and disseminates the COPE Program for hospitals. Bernadette is owner of COPE2THRIVE, a company that disseminates her COPE Healthy Lifestyle and Mental Health Programs.

Sharon Tucker is Associate Editor of *Worldviews on Evidence-Based Nursing*. 
LEARNING OUTCOMES

• This session will describe implementation science as a key strategy for advancing evidence-based practice.

• The ARCC Model and a new accompanying implementation toolkit will be highlighted as one exemplar for promoting the uptake of evidence-based practice in health care settings.

• Challenges and opportunities to accelerate uptake of evidence-based practices in healthcare settings also will be discussed.
In God We Trust,
Everyone Else Must
Bring Data!
The IOM Roundtable on EBM

• Formed in response to the 2003 IOM’s Committee on the Health Professions Education Summit recommendation that

All healthcare professionals will be educated to deliver patient-centric care as members of an interdisciplinary team, emphasizing EBP, quality improvement approaches and informatics

• Ninety percent of healthcare decisions will be evidence-based by 2020

- The IOM Roundtable on EBP
The Quadruple Aim in Healthcare

• Enhance the patient experience (includes quality)
• Improve population health
• Decrease costs
• Improve the work life of healthcare providers
The Conceptual Framework to Support the EBP Paradigm

EBP Organizational Culture

- Research Evidence & Evidence-based Theories
- Clinical Expertise (e.g., evidence from practice, patient assessment & use as well as use of healthcare resources)
- Patient Preferences & Values
- Innovative Clinical Decision-making

Context of Caring*

Quality Patient Outcomes

* The Context of Caring allows for individualization of the patient-provider relationship

© Melnyk & Fineout-Overholt, 2003
Research to Practice Gap

......and this is for the 14% that make it

Implementation Science

- **Implementation science** is the scientific study of methods and strategies that facilitate the uptake of evidence-based practice and research into regular use by practitioners and policymakers.

- *The gap between what we know and what we do is lethal!*

- The field of implementation science seeks to systematically close that gap by identifying and addressing barriers that slow the uptake of research-based health interventions and evidence-based practices.
High Maternal Death Rate Shames America Among Developed Nations

700 mothers die each year in childbirth, many of them needlessly. Newborns are being left motherless, while hospitals know exactly how to reduce the awful toll.

Why Must We Accelerate Evidence-based Practice?

❖ Tongue Patch for Weight Loss
“...because we've always done it that way.”
Key Organizational Contextual Factors

• Organizational contextual features that influence implementation of EBP across healthcare

• Systematic integrative review

• Identified 6 organizational contextual features
  • Culture
  • Leadership
  • Communication and networks
  • Resources
  • Champions
  • Evaluation, monitoring and feedback

Other Key Implementation Factors

- Evidence behind the intervention
- Beliefs about its efficacy and value
- Feasibility within the setting
- Ease of implementation/fidelity
- Support
- Costs
The “So What Outcomes” Factor in an Era of Healthcare Reform

• Conducting research and EBP projects with high impact potential to positively change healthcare systems, reduce costs and improve health outcomes

• Key questions when embarking on a research study or an EBP project:

  So what will be the end outcome of the study or EBP project once it is completed?

  So what difference will the study or EBP project make in improving healthcare quality, costs or patient outcomes?

  Measuring ROI is important for scalability

  So what will I measure as outcomes that will help scale the findings when the project is complete?
Translating the Creating Opportunities for Parent Empowerment Program (COPE) from Research to Real-World Practice Settings

FUNDING FOR THE COPE PREEMIE STUDY BY THE NATIONAL INSTITUTE OF NURSING RESEARCH
R01#05077
NR05077-04S1
Length of Stay (LOS) The “So What Outcome” in the COPE Preemie Study

![Bar chart showing NICU LOS and NICU + Transfer Hospital LOS with p < .05 significance marks.]
Development of the Creating Opportunities for Personal Empowerment (COPE) over 25 Years

First developed for youth hospitalized on an adolescent inpatient psychiatric unit
Components of the 15-Session COPE Healthy Lifestyles TEEN (Thinking, Emotions, Exercise and Nutrition) Program

- 7 SESSIONS OF COGNITIVE-BEHAVIORAL SKILLS BUILDING
- 8 SESSIONS OF NUTRITION AND PHYSICAL ACTIVITY EDUCATION
- 20 MINUTES OF PHYSICAL ACTIVITY IN EACH SESSION
- ALL SESSIONS ARE MANUALIZED
Cognitive Behavior Theory Guides COPE

The thinking/feeling/behaving triangle
COPE/TEEN Intervention

Knowledge
Personal Beliefs
Perceived Difficulty

↓ Depression
↓ Anxiety
↓ BMI
↑ Healthy Lifestyle Behaviors
↑ Self-esteem
↑ Social Skills
↑ Academic Performance
The COPE Clinical Trial with 779 High School Teens

• 11 Schools were randomly assigned to COPE or the Attention Control *Healthy Teens* Program

• Teachers integrated their intervention program into their health course curriculum once a week for 50 minute sessions over 15 weeks

*Funding Support*

NIH/The National Institute of Nursing Research
R01NR012171
In addition to decreases in depression, alcohol use and BMI and increases in physical activity, the Social Skills Rating System showed that the COPE group had higher average scores on the Cooperation, Assertion, and Academic Competence subscales; COPE students had higher grade performance.

* Teen Social Skills Rating System was completed by teacher at the end of the intervention (T1).
A Cost Analysis of Delivering the 7-Session COPE CBT-Based Program in Primary Care Settings

Findings indicated a cost savings of $14,262 for every hospitalization that is prevented with this program.

Melnyk, 2020, *Journal of Pediatric Health Care*
Successful Translation of COPE into Real-World Settings

• Now used in all 50 states and 5 countries
• Is delivered by healthcare providers in primary care settings and being reimbursed with the 99214 CPT code
• Other implementation sites include schools/universities, community and out-patient mental health settings, private counseling practices, after-school programs, FQHCs
The ARCC© Model: A System-Wide/Unit Model for Implementing and Sustaining Evidence-based Practice to Reach the Quadruple Aim in Healthcare

Potential Strengths
- Philosophy of EBP (paradigm is system-wide)
- Presence of EBP Mentors & Champions
- Administrator/Leader Support

Potential Barriers
- Lack of EBP Mentors & Champions
- Inadequate EBP Knowledge & Skills
- Low Beliefs about the Value of EBP & the Ability to Implement it

Assessment of Organizational Culture & Readiness for EBP*

Identification of Strengths & Major Barriers to EBP Implementation

Use of EBP Mentors; Perceived EBP Mentorship*

Implementation of ARCC Strategies, including
Interactive EBP Education and Skills Building Workshops
EBP Rounds & Journal Clubs

EBP Implementation*+#

Job Satisfaction
- Group Cohesion
- Intent to Leave
- Turnover

Decreased Healthcare System Costs

Higher Quality Healthcare and Improved Patient Outcomes

©Melnyk & Fineout-Overholt 2005; Revised, 2017
ARCC© = Advancing Research & Clinical practice through close Collaboration

*Valid and Reliable Scale Developed
+ Based on the EBP paradigm & using the EBP process
# Fuld EBP Implementation & Sustainability Toolkit
ARCC© Mentors Gain Skills in the 7 Steps of EBP and Individual Behavior & Organizational Culture Change

Step 0: • Cultivate a Spirit of Inquiry & EBP Culture

Step 1: • Ask the PICO(T) Question

Step 2: • Search for the Best Evidence

Step 3: • Critically Appraise the Evidence

Step 4: • Integrate the Evidence with Your Clinical Expertise and Patient Preferences to Make the Best Clinical Decision

Step 5: • Evaluate the Outcome(s) of the EBP Practice Change

Step 6: • Disseminate the Outcome(s)
Outcomes of Implementing the ARCC© Model at Washington Hospital Healthcare System

Melnyk et al., 2017, Worldviews on Evidence-based Nursing

• Early ambulation in the ICU resulted in a reduction in ventilator days from 11.6 to 8.9 days and no VAP
• Pressure ulcer rates were reduced from 6.07% to .62% on a medical-surgical unit
• Education of CHF patients led to a 14.7% reduction in hospital readmissions
• 75% of parents perceived the overall quality of care as excellent after implementation of family centered care compared to 22.2% pre-implementation
1. Questions practice for the purpose of improving the quality of care
2. Describes clinical problems using internal evidence
3. Participates in the formulation of clinical questions using PICOT format
4. Searches for external evidence
5. Participates in critical appraisal of pre-appraised evidence
6. Participates in critical appraisal of published research studies
7. Participates in the evaluation and synthesis of a body of evidence
8. Collects practice data systematically as internal evidence
9. Integrates evidence from internal and external sources to plan EB practice changes
10. Implements practice changes based on evidence, expertise and pt. preferences
11. Evaluates outcomes of EB practice changes
12. Disseminates best practices supported by evidence
13. Participates in activities to sustain an EBP culture
Outcomes: Value

**Cost Benefit Analysis of External Female Catheter**

<table>
<thead>
<tr>
<th>Cost per patient</th>
<th>Cost of not using an External Female Catheter</th>
<th>Cost of using an External Female Catheter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average cost per CAUTI</td>
<td>$13,793</td>
<td></td>
</tr>
<tr>
<td>Cost of indwelling catheter kit</td>
<td>$13.64</td>
<td></td>
</tr>
<tr>
<td>Cost of incontinence bed pad ($0.73) x 6 per day per patient</td>
<td>$4.38</td>
<td></td>
</tr>
<tr>
<td>Cost of External Female Catheter $11 ($2 per day per patient)</td>
<td></td>
<td>$22.00</td>
</tr>
<tr>
<td>Suction canister ($1 per day per patient)</td>
<td></td>
<td>$1.53</td>
</tr>
<tr>
<td>Suction tubing (5 feet)</td>
<td></td>
<td>$0.29</td>
</tr>
<tr>
<td>Total cost to organization</td>
<td>$13,811.02</td>
<td>$23.82</td>
</tr>
</tbody>
</table>

**Potential cost savings per patient**: $13,787.20

**60 INDWELLING CATHETERS AVOIDED**

**9/1/18-12/31/18**

**COST SAVINGS**: $827,232
Types of implementation research

The Toolkit is based on the ARCC model and research from multiple sectors and fields including:

- EBP concepts
- Strategies found to be effective in healthcare settings
- Outcomes of EBP educational programs
- Change models, leadership theories, and attributes
- Mentoring theories and attributes
- Implementation science
Introduction

The **Toolkit** contains **standardized nomenclature** from the literature to:

- Continue to advance the science and conduct high quality, rigorous research
- Bring cultures of EBP to organizations for improving health care quality and safety and optimizing patient outcomes.
Includes the following tools:

✓ Evidence-based Initiative Charter
✓ Evidence-based Initiative Planner and Timeline
✓ Fuld ARCC EBP Initiative Implementation and Sustainability Guide
  Pre-initiative, Building the Case (Checkpoint 1 and Checkpoint 2), Implementation and Evaluation, Sustainment and Intentional Re-Assessment
✓ Summary Report Templates
## EVIDENCE-BASED INITIATIVE CHARTER

To guide the overall initiative.
## EVIDENCE-BASED INITIATIVE PLANNER AND TIMELINE

To launch and monitor initiative progress.

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>When</th>
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</thead>
<tbody>
<tr>
<td>Define the problem/issue to be addressed</td>
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</tr>
<tr>
<td>Ask the PICO(T) question, critically appraise and synthesize the evidence</td>
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</tr>
<tr>
<td>Develop Evidence-based Recommendations (EBRs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop the plan for implementing the EBRs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify outcomes to be measured</td>
<td></td>
<td></td>
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<tr>
<td>Develop business plan with Return on Investment (ROI) and Value of Investment (VOI)</td>
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<tr>
<td>Identify facilitators and barriers</td>
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<tr>
<td>Assemble diverse and talented team</td>
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<tr>
<td>Communicate timeline</td>
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<tr>
<td>Engage staff and stakeholders</td>
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<tr>
<td>Provide information</td>
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<tr>
<td>Roll out the change</td>
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<tr>
<td>Incremental rollout</td>
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<tr>
<td>Evaluate the change</td>
<td></td>
<td></td>
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<tr>
<td>Full rollout</td>
<td></td>
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<tr>
<td>Develop sustainment plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present Final Executive Summary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Celebrate success</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop dissemination plan</td>
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</table>
EVIDENCE-BASED INITIATIVE
SUMMARY REPORTS FOR SENIOR LEADERS

To inform and update leadership throughout the process
FULD ARCC EBP INITIATIVE IMPLEMENTATION AND SUSTAINABILITY GUIDE

To facilitate implementation of EBP following the ARCC model along with implementation strategies delineated for both EBP initiative leaders (ARCC mentors) and organizational leaders. It has five sections:

i. Pre-initiative

ii. Building the Case (Checkpoint 1)

iii. Building the Case (Checkpoint 2)

iv. Implementation and Evaluation

v. Sustainment and Intentional Re-Assessment
FULD ARCC© EBP INITIATIVE IMPLEMENTATION AND SUSTAINABILITY GUIDE

<table>
<thead>
<tr>
<th>Pre-initiative</th>
<th>Building the Case (Checkpoint 1)</th>
<th>Building the Case (Checkpoint 2)</th>
<th>Implementation and Evaluation</th>
<th>Sustainment and Intentional Re-Assessment</th>
</tr>
</thead>
</table>

[Image of the table and diagram]
EVIDENCE-BASED INITIATIVE CHARTER

Team Leader(s):
Nancy, nurse manager of incremental roll-out unit

Background:
Non-ventilator hospital associated pneumonia is a common HAI with severe consequences and leads to increased LOS, mortality, morbidity and costs.
The quality department at a large Midwest healthcare organization identified that 5% of the non-ventilated patients were acquiring pneumonia during their hospital stay. (65 cases in 2020 & 2 deaths)

Clinical Inquiry:
The team is wondering if there is a best practice for preventing non-ventilator hospital associated pneumonia.

PICOT (Searchable) Question:
In hospitalized patients (P), how does best practices (I) compared to current practice (C) affect non-ventilator hospital associated pneumonia, NVHAP (O)?

Evidence-based Recommendations (EBRs) and Implementation Plan:
EBRS:
- Oral Care Bundle which includes - Performing oral care 4 times a day (after each meal and before bedtime) by RN or RTT
- Bundled Oral Care Equipment which includes - Soft-bristled toothbrush, Fluoride toothpaste, Antiseptic mouthwash, Non-petroleum lip moisturizer
- Aspiration Precautions which includes - Elevated HOB, Mobility, Infection Prevention Measures (hand washing, vaccinations, PPE)

Implementation Plan: Start with incremental roll-out on Med Surg 3 North, then organization-wide

Outcomes to be measured and Measurement Plan:
Outcomes: NV-HAP, Mortality, Cost, LOS, ATB Use & CLABSI
Measurement Plan: Meet with Quality and Infection Control departments for data related to outcomes and meet with Finance/Business Office for data related to LOS and Cost.

Facilitators:
Leadership, Managers on Units, Unit-based EBP Mentor/Champions, Respiratory Therapy, Quality, Infection Control, Staff Nurses, Pharmacy, and Providers.

Barriers:
Competing priorities, Time, Resistance to change, Supply management, Purchasing limitations, Stocking of new equipment.

Key Stakeholders:
Patients & Families, Leadership, Organization and the Patient Care Team, Clinicians on the units.
**PLANNER & TIMELINE**

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define the problem/issue to be addressed</td>
<td>NV-HAP</td>
<td>January 2021</td>
</tr>
<tr>
<td>Ask the PICO(T) question, critically appraise and synthesize the evidence</td>
<td>Done</td>
<td>January 2021</td>
</tr>
<tr>
<td>Develop Evidence-based Recommendations (EBRs)</td>
<td>Done</td>
<td>January 2021</td>
</tr>
<tr>
<td>Develop the plan for implementing the EB change</td>
<td>Ongoing</td>
<td>March 2021</td>
</tr>
<tr>
<td>Identify outcomes to be measured</td>
<td>Done</td>
<td>February 2021</td>
</tr>
<tr>
<td>Develop business plan with Return on Investment (ROI) and Value of Investment (VOI)</td>
<td>Ongoing</td>
<td>March 2021</td>
</tr>
<tr>
<td>Identify facilitators and barriers</td>
<td>Done</td>
<td>February 2021</td>
</tr>
<tr>
<td>Assemble diverse and talented team</td>
<td>Ongoing</td>
<td>March 2021</td>
</tr>
<tr>
<td>Communicate timeline</td>
<td>TBD</td>
<td></td>
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<tr>
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<td>TBD</td>
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</tr>
<tr>
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<td>TBD</td>
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<tr>
<td>Roll out the change</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>Incremental rollout</td>
<td>Ongoing</td>
<td>May 2021</td>
</tr>
<tr>
<td>Evaluate the change</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>Full rollout</td>
<td>TBD</td>
<td>July 2021</td>
</tr>
<tr>
<td>Develop sustainment plan</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>Present Final Executive Summary</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>Celebrate success</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>Develop dissemination plan</td>
<td>TBD</td>
<td></td>
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</tbody>
</table>
SUMMARY REPORT FOR SENIOR LEADERS - INTRODUCTION OF THE INITIATIVE

Names of Initiative Team Leaders:

Nancy, Nurse Manager

Names of Initiative Team Committee:

Lynn and Laura

Date:

2/1/21

Scope

Non-ventilator hospital acquired pneumonia (NV-HAP) accounts for more than 60% of hospital acquired pneumonia in the United States. The estimated cost of one NV-HAP is $40,000. NV-HAP also impacts hospital LOS, mortality, and quality of life. Within our organization, 5% of non-ventilated patients acquire pneumonia (60 cases) during hospital stay. Evidence-based interventions for NV-HAP have been identified in the literature; yet not all are currently incorporated within our organization. A summary of the literature indicates oral care bundles, quality oral care equipment, aspiration precautions, oral care protocol, and infection prevention measures are key interventions to prevent NV-HAP and need to be implemented within our organization to provide highly reliable, quality care (see attached synthesis tables).

Proposed Plan

Summary of proposed Evidence-based Implementation Plan:

Months 1-3: Work with senior leadership to secure approvals and obtain needed resources for oral care kits.

Month 3-5: Integrate the evidence-based recommendation via educational activities (champions, email, unit council, & staff meetings); perform incremental roll out on Med-Surg 3 North.

Month 5-7: Perform auditing and just in time feedback to staff; gather feedback and data biweekly from staff. Troubleshoot implementation barriers.

Month 7-9: Continue roll out to entire system. Perform auditing and in time feedback. Hardware change into routine practices.

Implications

Implementation of best practices for NV-HAP prevention has a potential to positively impact hospital cost, length of stay, mortality, morbidity, and quality of life. Prevention of just one non-ventilator hospital acquired pneumonia case can lead to a net saving of $40,000. 5% of our inpatient clients that aren’t ventilated acquire pneumonia, therefore, in the next year we could potentially save 2.6 million USD by implementing evidence-based interventions.
# Pre-Implementation

**Ohio State University College of Nursing**

**Helene Fuld Health Trust National Institute for Evidence-based Practice in Nursing and Healthcare**

## Fulfill ARCC EBP Initiative Implementation and Sustainability Guide

This guide is divided into five sections: Pre-initiative, Building the Case, Checkpoint 1, Building the Case - Checkpoint 2, Implementation and Evaluation of Outcomes, Sustainability and Intentional Re-Assessment.

The guide describes strategies for two unique roles: Initiative Leader and Organizational Leader. Often, two different people fulfill these roles, however, one person may function as both the Initiative Leader and the Organizational Leader concurrently.

### Pre-initiative: Initiative Leader (ARCC Mentor)

<table>
<thead>
<tr>
<th>Task</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send summary report for senior leaders - introduction of the initiative (involve executives)</td>
<td>2/1/2021</td>
</tr>
<tr>
<td>Ensure EBDM/P Charter is complete (develop formal implementation plan)</td>
<td>Completed and presented to the EBP Council, 2/1/2021</td>
</tr>
<tr>
<td>Garner leadership support (discuss/obtain formal commitments)</td>
<td>Received approval from CNO, COO, &amp; CMO, 2/5/2021</td>
</tr>
<tr>
<td>Educate about EBDM/P initiative</td>
<td>Met with C-Suite, 2/5/2021</td>
</tr>
<tr>
<td>Assemble diverse and talented teams and coalitions</td>
<td>Nancy chosen as lead and she has chosen the team and champions, 2/1/2021</td>
</tr>
<tr>
<td>Identify inter-professional collaborators within and across departments</td>
<td>Met with RT (Bryan), Quality (Allen), and Infection Control (Lucky). Initiative champions identified, 2/4/2021</td>
</tr>
<tr>
<td>Incremental roll out (include plan for ongoing evaluations, make adjustments)</td>
<td>System wide roll-out: July 2021</td>
</tr>
<tr>
<td>System wide implementation (include plan for ongoing evaluations, make adjustments)</td>
<td>NV-HAP initiative overview presented at Med-Surg 3 North unit-based council/staff meeting in 2/22/2021. Q&amp;A session held. Concerns addressed. Email about overview of the initiative sent out.</td>
</tr>
</tbody>
</table>

### Pre-initiative: Organizational Leader

<table>
<thead>
<tr>
<th>Task</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess organizational readiness for EBDM/P initiative (utilize a valid and reliable assessment tool)</td>
<td>Completed Fall of 2020</td>
</tr>
<tr>
<td>Ensure leadership engagement (facilitate formal commitments, involve and align executives)</td>
<td>Completed February 2021</td>
</tr>
<tr>
<td>Collaborate on initiative strategy (provide information and obtain local consensus)</td>
<td>Met with leadership from RT, Infection control and Quality to get consensus in February 2021</td>
</tr>
<tr>
<td>Address and secure resources</td>
<td>Completed March 2021</td>
</tr>
<tr>
<td>Allocate resources (budget, protected time, incentives, etc.)</td>
<td>Completed March 2021</td>
</tr>
<tr>
<td>Develop resource related agreements (internal and/or external)</td>
<td></td>
</tr>
<tr>
<td>Align EBDM/P work with organizational goals/priorities/data</td>
<td></td>
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</tbody>
</table>

Organizational goal/priority: decrease HAIs, NVHAP 2020=65 cases
### BUILDING THE CASE – PART 1

#### THE OHIO STATE UNIVERSITY
College of Nursing

<table>
<thead>
<tr>
<th>Building the Case – Checkpoint 1: Initiative Leader (ACCC Mentor)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>In progress</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Leadership Sponsor: 25/2/2021, Inter-professional, 2/15/2021.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Frontline staff, 2/1/2021.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Competing priorities: Time, Resistance to change, Stopping of new equipment.</strong></td>
<td></td>
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<tr>
<td><strong>Completed, February 2021</strong></td>
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</table>

#### FULL ARCC EBP INITIATIVE IMPLEMENTATION AND SUSTAINABILITY GUIDE

<table>
<thead>
<tr>
<th>Building the Case – Checkpoint 2: Organizational Leader</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facilitate engagement of staff and stakeholders, initiative, team, coalitions, (inter-professional and hierarchy).</strong></td>
<td>Email from leadership sponsor to team, 2/25/2021. Leadership sponsor attended/E&amp;O staff at 3/5/2021 team meeting.</td>
</tr>
<tr>
<td><strong>Share/remote initiative with c-suite.</strong></td>
<td>Leadership sponsor updated c-suite, 2/19/2021</td>
</tr>
<tr>
<td><strong>Share/promote initiative with middle managers/leaders.</strong></td>
<td>Leadership sponsor shared with middle managers/leaders, 2/25/2021</td>
</tr>
<tr>
<td><strong>Manage resistance.</strong></td>
<td></td>
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</tbody>
</table>

- Deliver information and education to the individuals on the frontline of the initiative (Mobile show on the road)
- Share draft documents for input/review (staff, stakeholders, and team)
- Engage leadership (executive, senior and mid-level)
  - Activate formal commitments
  - Leverage advisory board/workgroup

- 65 cases in 2020 and 2 deaths
- Decrease HAIs

- Leverage unit communications (newsletter, huddles, meetings)
- Visual triggers (buttons, posters, flairs etc.)
Special Themed Issue on Implementation Science to Advance Evidence-Based Practice

Implementation Science: Application of Evidence-Based Practice Models to Improve Healthcare Quality
Tucker et al.

Validation of the Implementation Climate Scale in Nursing
Ehrhart et al.

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