Collaborative Partnerships for Advancing Nurse Practice and Patient Outcomes through EBP Fellowships

Indiana’s Experience
"doing more together than alone"

Partnerships

- JBC colleagues and the Americas
- Joint appointments
- Advisory boards
- RN to BS program
- UG capstone partners
- Collegial relationships
What worked???

- Guidance and feedback
- Synergy
- Added value for everyone
- Hit priorities
- Clear expectations
Institutional Commitments to Ensure Project Success

- Paid time to attend fellowship workshops and approximately 4 hours per month
- Provide support and resources to the project
- Ensure project topic is a priority, can be supported, and has potential for success
- Ensure respective managers support project and team member
Fellowship Program Goals

- Find, evaluate and determine best nursing practices
- Lead implementation of the best available evidence into nursing practices
- Evaluate the effect of the nursing practice change on patient outcomes and safety
- Embed and sustain best nursing practices for safe, high quality patient outcomes
The Program

- Frameworks
- Team-built, interprofessional
- Tailored to context
- Practice-centered
Summary of Fellowship Program

- Teams of frontline staff and clinical leaders:
  - Attend a 5-day intensive workshop
  - Implement projects over a 10 month time frame
  - Return after 10 months for a 2-day follow-up workshop to address analysis and dissemination of project outcomes

Together they plan an evidence implementation project to solve a critical clinical problem
Overview of Content, May, 2012

Day 1: Ask
- Introduction
- Questioning
- Problem solving

Day 2: Acquire
- Types of evidence
- Search skills

Day 3: Appraise
- Appraisal skills
- Journal club

Day 4: Apply
- Changing practice
- Implementation science

Day 5: Assess
- Sustaining change
- Monitoring process and outcomes
- Presentation of proposals
Ideal Team Selection

- Clinical Leader
- Frontline Staff
- Frontline Staff

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Frontline Staff Qualifications

- **Influence**
  - Opinion leader and clinical expert within the unit/service

- **Education**
  - Minimum of a Bachelor’s degree with 2 years of experience

- **Position held in the organization**
  - Staff nurse from a variety of inpatient or outpatient areas
Clinical Leader Qualifications

- **Influence:**
  - Holds position influence change in the organization

- **Education**
  - Has obtained or pursuing a Master’s degree as a minimum (preferred)

- **Examples of positions held in the organization**
  - Advanced practice nurses, quality improvement specialists, nurse researchers, managers
Faculty Mentoring

Scaffolded mentorship

Established relationship
Guided plan

Team centered

Sensitive to needs
Flexible
Adaptive

Closure

Disseminate
Celebrate
Sustain
Phases of Fellowship Program

**Initial Training Phase**
- 5 days in May
- Immersion

**Implementation Phase**
- June – March
- Faculty mentored

**Completion Phase**
- 2 days in April
- Includes celebration and project presentations
## Attendance Options

<table>
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<tr>
<th>CNE</th>
<th>Graduate Credit</th>
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<tbody>
<tr>
<td>• 45 hours</td>
<td>• 3 credits</td>
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<tr>
<td>• Includes baseline</td>
<td>• Available as non-degree</td>
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<tr>
<td>and follow-up phases</td>
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Innovative Teaching Strategies

- Unfolding audio case study
- Lean Six Sigma tools
- QI Macros to ease analysis

Let’s see if we are on the same page:

- What is your personal definition of “evidence-based practice”?
Course Materials/Resources for the 5 As

- EBP textbook
- E-Toolkit including Lean Six Sigma tools, worksheets
- Project templates
- QI MS-Excel macro
- Ongoing access to university reference librarian and library databases
Costs

- Faculty: $23K
- S/E, Cater: $9K
- Institution: $6K

$1,700 per participant
How did it work and why?

- 26 participants, 10 teams, 9 hospitals
- All projects completed
- No attrition
- Two hospitals amplified the fellows’ projects into many projects
What challenged us?

- Sticking to the agreements—especially releasing staff from direct care
- Communication varied
- Organizational culture remained resistant
What challenged us?

- Competing priorities—eg EMR launches
- Expanding scopes
- Cost analysis – tools and access to information
What’s Next?