BUILDING AN EVIDENCE-BASED NURSING ENTERPRISE: CRITICAL COMPONENTS FOR SUCCESS
CTEP is your partner in achieving and sustaining improved healthcare quality and patient outcomes.
BUILDING EBP COMPETENCE AND CAPACITY BY LEVERAGING OPPORTUNITIES AND PLANNING STRATEGICALLY

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Director; Helene Fuld National Trust Institute for Evidence-based Practice in Nursing and Healthcare
Clinical Associate Professor
The Ohio State University
College of Nursing
The State of Healthcare

- There are up to 400,000 unintended patient deaths per year (more than auto accidents & breast cancer)
- Patient injuries happen to approximately 15 million individuals per year
- Only 5% of medical errors are caused by incompetence where 95% of errors involve competent persons trying to achieve right outcomes in poorly designed systems with poor uniformity
- Patients only receive about 55% of the care that they should when entering the healthcare system
“The unexplainable variation in practice and widespread quality and safety problems of overuse, underuse, and misuse of health care services are not problems caused by a few incompetent individuals but are problems of an entire delivery system.”

Reinertsen, J.
Zen and the art of physician autonomy maintenance.
Annals of Internal Medicine.2003;138:992-995
Is EBP relevant?

- IOM roundtable 2003
- Future of Nursing 2010
- High Reliability Organizations
- Culture of Safety
- Joint Commission (JCAHO)
- Magnet
- CMS and other payers
- STTI
- Professional Nursing Organizations
- Patients and their families
Patient Outcomes IMPROVE With Evidence-Based Practice

![Graph showing comparison between Traditional Practice and Evidence-Based Practice]

- Traditional Practice
- Evidence-Based Practice
“It is the responsibility of nurses to deliver care based on evidence, for nurses to be able to access, evaluate, integrate, and use the best available evidence in order to improve practice and patient outcomes”.

STTI’s policy statement (2008);
The answers to most of our question are already known!
We just don’t go get the answers!
Why not?

SORRY I MISSED THAT EASY FLY BALL, MANAGER
I THOUGHT I HAD IT, BUT SUDDENLY I REMEMBERED ALL THE OTHERS I'VE MISSED...

THE PAST GOT IN MY EYES!
The real reasons

Honesty, I really don't know what EBP is.
The real reasons

- Confused
- Unclear
- Unsure
- Perplexed
- Lost
- Disoriented
- Bewildered
CTEP is an innovative enterprise that fosters EBP for the ultimate purpose of improving quality of care and outcomes.

- Enhance **EBP knowledge and skills** across disciplines to improve quality of care and outcomes
- Facilitate **organizational change** toward a sustainable EBP culture
- **Synthesize and disseminate evidence** to enhance evidence-based care
- Shape **health policy** through advocacy for EBP and application of the best evidence
- Assist clinicians and healthcare organizations in **rapidly translating research-based interventions** into real world practice settings to improve healthcare quality and patient/family outcomes
- **Conduct dissemination/implementation research**
So... What's the evidence?
Findings from our Recent EBP Study with U.S. Nurses; 2011

The State of Evidence-Based Practice in US Nurses: Critical Implications for Nurse Leaders and Educators

Melnyk, Bernadette Mazurek PhD, RN, CPNP/PMHNP, FNAP, FAAN;
Fineout-Overholt, Ellen PhD, RN, FNAP, FAAN;
Gallagher-Ford, Lynn PhD, RN;
Kaplan, Louise PhD, RN, ARNP, FNP-BC, FAANP

JONA: September 2012; Volume 42 (9)
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<tbody>
<tr>
<td>EBP is consistently implemented in my healthcare system</td>
<td>53.6</td>
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<td>My colleagues consistently implement EBP with their patients</td>
<td>34.5</td>
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<tr>
<td>Findings from research studies are consistently implemented in my institution to improve patient outcomes</td>
<td>46.4</td>
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<tr>
<td>EBP mentors are available in my healthcare system to help me with EBP</td>
<td>32.5</td>
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<tr>
<td><strong>It is important for me to receive more education and skills building in EBP</strong></td>
<td><strong>76.2!!</strong></td>
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<tr>
<td><strong>1. Time</strong></td>
<td><strong>151</strong></td>
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<tr>
<td><strong>2. Organizational culture, including policies and procedures, politics, and a philosophy of “that is the way we have always done it here.”</strong></td>
<td><strong>123</strong></td>
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<td><strong>3. Lack of EBP knowledge/education</strong></td>
<td><strong>61</strong></td>
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<td><strong>4. Lack of access to evidence/information</strong></td>
<td><strong>55</strong></td>
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<td><strong>5. Manager/leader resistance</strong></td>
<td><strong>51</strong></td>
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<tr>
<td><strong>6. Workload/staffing, including patient ratios</strong></td>
<td><strong>48</strong></td>
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Other Findings

- More highly educated nurses reported being more clear about the steps in EBP and having more confidence implementing evidence-based care.
- The more years in practice, the less nurses were interested in and felt it was important to gain more knowledge and skills in EBP.
Chief Nurses: How Important in EBP?

How important is it for you to build & sustain a culture of EBP?

How important is it for your organization to build & sustain a culture of EBP?
As a CNO/CNE, what are the top priorities that you are currently focused on in your role?

- Quality: 25%
- Patient Safety: 15%
- Benchmarks: 10%
- Finance: 5%
- Recruitment and Retention: 5%
- Staffing: 5%
- Patient Satisfaction: 2.5%
- Vision/Culture: 2.5%
- Evidence-based Practice: 2.5%
EBP Competencies

Practicing Registered Nurses

4. Searches for external evidence

1. Questions practice for the purpose of improving the quality of care

2. Describes clinical problems using internal evidence

12. Disseminates best practices supported by evidence

13. Participates in activities to sustain an EBP culture

10. Implements practice changes based on evidence, expertise and pt. preferences

9. Integrates evidence from internal and external sources to plan EB practice changes

11. Evaluates outcomes of EB practice changes

8. Collects practice data systematically as internal evidence

5. Participates in critical appraisal of pre-appraised evidence

7. Participates in the evaluation and synthesis of a body of evidence

6. Participates in critical appraisal of published research studies

3. Participates in the formulation of clinical questions using PICOT format
EBP Beliefs

I believe....

1. EBP results in best care for patients
5. EBP guidelines can improve clinical care
4. Critical appraisal is an important part of EBP process
9. Implementing EBP will improve the care that I deliver

2. Clear about the steps of EBP

3. I can implement EBP

6. I can search for the best evidence in a time efficient way
14. How to implement EBP sufficiently enough to make practice changes
10. I am sure about how to measure outcomes of clinical care
12. I can access the best resources in order to implement EBP
15. Confident about my ability to implement EBP where I work

7. I can overcome barriers to implementing EBP
8. I can implement EBP in a time efficient way

13. EBP is difficult

11. EBP takes too much time
In the past 8 weeks I have:

1. Used evidence to change practice
2. Critically appraised evidence from a research study
3. Generated a PICO question about my practice in my organization
4. Informally discussed evidence with a colleague
5. Collected data on a patient problem
6. Shared evidence from studies in the form of a report/presentation with colleagues
8. Shared an EBP guideline with a colleague
10. Shared evidence from a study with a multi-disciplinary team member
11. Read and critically appraised a clinical research study
12. Accessed the Cochrane database of systematic reviews
13. Accessed the National Guidelines Clearinghouse
14. Used an EBP guideline to change clinical practice or policy
15. Evaluated a care initiative by collecting client outcome data
16. Shared the outcome data collected with colleagues
17. Changed practice based on client outcome data
18. Promoted the use of EBP to my colleagues

The same things they rate themselves least competent in...they are doing quite frequently!
We never learned it is school!
The Challenge

Providing a comprehensive learning experience about EBP to a diverse learning community.
Challenges:

Outcomes driven education programs require intensive uptake of new information, and tremendous skill building acquisition by the learners.

The program must resonate for every learner.

- Learners are from **multiple generations**.
- Learners are from **varied disciplines**.
- Learners arrive with **varied backgrounds** in EBP.
- Learners arrive with **varied interest** in EBP.
Adult learners are not like children

Children:
• Learning is continuous and varied.
• Learning is their job.
• Little opportunity to attach learning to a skill or task.
• Learning “just for the sake of it”.

Adults:
• Learning is “in the moment”.
• Opportunity to apply learning to work/skills.
• Often do not have the scaffolding or support to do so.
Adults tend to want to learn “in the moment”; they seek out learning that is relevant for them at that time.
Adults learn best by participation
When adult students are active in their learning they are able to develop critical thinking skills, receive social support systems for the learning, and gain knowledge in an efficient way. (Karge et al., 2011).
Application of Learning

The need for immediate application of theory to practice.

• *Focus on problems* as opposed to just context.

• Assignments should be *individualized and personalized*.

• Doing assignments that *pertain to their real life situation* allows natural generational preferences to occur.

What’s *YOUR* PICOT question?

Adult Learners
Adults are self-directed.

Teachers are facilitators.
The "sage on the stage"

- Traditional teacher-centered approach.
- Teacher’s expertise is the center of the course.
- Student’s role is to assimilate the knowledge by listening, watching, reading, and studying.

...“death by power point”
The "guide on the side"

- Student-centered approach.
- Teacher’s role is like a coach who facilitates the student's learning.
- Knowledge is transferred regarding techniques and strategies.
- Student is expected to develop those skills through practice and experience.
- Students **construct rather than receive** knowledge.
Adults are far less tolerant of bad classroom training and/or poorly constructed learning experiences. Adults quickly and easily judge the value of the learning and its relevance to their lives/needs to acquire particular skills or knowledge.
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<th>Monday</th>
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<tbody>
<tr>
<td>Introduction to EBP</td>
<td>Review of research methods</td>
<td>Critical appraiser</td>
<td>Communications styles (ESC)</td>
<td>Dissemination of EBP projects</td>
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<td>Making the case for EBP</td>
<td>Effective searching for evidence</td>
<td>systematic reviews</td>
<td>Mentor Track</td>
<td>Dreaming past the possible</td>
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<td>Assessing your</td>
<td>Search strategies and</td>
<td>Evidence-based</td>
<td>Leader Track</td>
<td>Presentation and awards</td>
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<td>techniques</td>
<td>guidelines</td>
<td>Faculty Track</td>
<td>ceremony</td>
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<td>Clinical inquiry and PICO</td>
<td>Mentored EBP project work</td>
<td>Evaluation and</td>
<td>Creating a vision for EBP</td>
<td>Closing remarks</td>
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<td>questions</td>
<td>Introduction to critical</td>
<td>synthesis of</td>
<td>Putting it all together</td>
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<td>Mentored EBP project work</td>
<td>appraisal of evidence</td>
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Registration fee for this workshop is $2,100 per participant; $1,900 per participant for groups of three or more. Fee includes daily light breakfast, lunch and snacks. No refunds can be given; payment may be applied to a different immersion date within one year.

For further information or questions about this workshop, accommodations, or pricing, contact Lynn Ellingsworth, CTEP program manager, at ellingsworth.1@osu.edu or Lynn Gallagher-Ford, CTEP director, at gallagher-ford.1@osu.edu.

To register, please visit ctep-ebp.com.

Please note: To participate in this workshop, you must bring a laptop computer (and we suggest a separate mouse) with Windows XP or higher, or Mac 10.5 or higher.

Expert EBP faculty to include (upon availability):
- Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FNAP, FAAN, associate vice president for health promotion, university chief wellness officer, and dean of The Ohio State University College of Nursing
- Lynn Gallagher-Ford, PhD, RN, DPNAP, NE-BC, director of the Center for Transdisciplinary Evidence-based Practice and clinical associate professor, The Ohio State University College of Nursing
- Cindy Zeller, DNP, MSN, RN, APN-BC, assistant director of the Center for Transdisciplinary Evidence-based Practice, and assistant professor of practice, The Ohio State University College of Nursing

This program will award 37 contact hours of continuing education for nurses.

Continuing Education Disclosure Statement:
The Ohio State University College of Nursing is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

The Nano Planning and Planning Committee has no conflicts of interest to disclose.

Dr. Lynn Gallagher-Ford and Bernadette Mazurek Melnyk are nationally known experts in EBP and co-authors of books about EBP. The content they present will be from their books.

There are no commercial support or sponsorships for development of this program.

To successfully complete this program and receive contact hours, you must attend at least 80 percent of this course.
3 Tracks; Mentor, Leader, Academic

The Ohio State University College of Nursing
5 Day EBP Immersion

SCHEDULE

Thursday (Academic Track)
8:00 to 9:00 Communication Styles (DSC) & Group Activity
10:00 to 11:30 Leading EBP: Part 1
11:30 to 11:45 Lunch
11:45 to 12:15 The Mentor Angle: Leading & Facilitating Change - Part 1
12:15 to 1:45 The Mentor Angle: Leading & Facilitating Change - Part 2
1:45 to 2:15 Continue From 9:00
2:15 to 3:15 Members Only: Work in Groups
3:15 to 3:45 Members Only: Check-In, Evaluation & Planning for Tomorrow
3:45 to 5:00 Wrap-Up (PowerPoint Check-In), Evaluation & Planning for Tomorrow
Placing the learning *within or close to the workplace setting* means:

- The learning experience can be coupled with the learner’s work role
- Likelihood that the learning will be transferred into practice is increased
- There will be motivation and meaning attached to the learning
That’s why...we are on the move!
On-site program advantages

- Customized planning and program
  - audience mix (disciplines, roles)
  - size of the group
- Ability to modify program
- Managing logistics!
- Unique needs/goals incorporated
- Alignment with strategic initiatives
- Ongoing support
- EBP capacity building
- Customized follow-up
CENTER FOR TRANSDICIPLINARY EVIDENCE-BASED PRACTICE COLLABORATION WITH MEMORIAL SLOAN KETTERING CANCER CENTER
TO ADVANCE & SUSTAIN EBP

VISION:
To advance & sustain evidence-based practice system-wide through a multi-step consultation agreement.

The CTEP Organizational Development in Evidence-based Practice (CODE) Program is designed to develop EBP mentors and establish the foundation of a sustainable EBP culture and environment to improve patient care and outcomes. Outcomes generated from this initiative will reveal the ROI of investment through:
1. demonstration of the impact of EBP mentors
2. implementation of system-wide, cost effective, evidence-based care
3. designation as a regional Center for Evidence-based Practice

OBJECTIVES:
1. To conduct a system’s wide assessment of organizational EBP culture and readiness and current status of EBP knowledge, beliefs, and implementation at Memorial Sloan Kettering Cancer Center prior to the program and post program implementation (longitudinal @ end of week 1, @3 months and @12 months). The comprehensive assessment will include participation from across disciplines and will include leadership, staff and other selected key stakeholders.
2. To conduct a 16 month CTEP Organizational Development in Evidence-based Practice Program.
   a. The EBP mentors will develop specialized knowledge and skills in using evidence to create, sustain and evaluate practice change to improve outcomes.
   b. The EBP leaders will not only develop specialized knowledge and skills in using evidence to create, sustain and evaluate change to improve outcomes, but they will also learn how to create the organizational environment/culture where EBP can be successfully implemented and sustained.
3. To assess the impact of the Program on participants, the organization, and selected patient outcomes.

The proposed program will consist of 5 total visits (10 days) as outlined below.

Visit 1: (5 days)
See content detail: Appendix 1

Day 1
Pre tests: (baseline data collection)
• Overview of EBP
• Clinical inquiry
• PICOT questions

Day 2
• Research methodology review
• Searching for evidence
• Critical appraisal I

Day 3
• Critical appraisal II
• Evaluation and synthesis
• Integrating evidence
• Measuring outcomes

Day 4
(2 tracks; mentor track and leader track)
• Communication styles
• Tracks
• Managing/Leading Change
• Creating an EBP vision

Day 5
• Dissemination
 • Action Plans
 • Post test

Visit 2 @ month 3 (2 days)
Review of individual projects:
timeline/key stakeholders/budget/planned outcomes/data collection plan….
Implementation, Sustainability of Change, & Outcome Analysis

Visit 3 @ month 9 (1 day)
Review of projects
Outcome Analysis and Interpretation

Visit 4 @ month 16 (1 day)
Mentoring EBP
Leading EBP
Evidence Dissemination
Celebration

*Visit for EBP Competency Integration (1 day)
Timing to be determined
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<th>Visit 1: (5 days)</th>
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<td>Dissemination Action Plans</td>
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