BUILDING EBP CAPACITY AND
GETTING RESULTS:
WHAT A DIFFERENCE
ONE YEAR MAKES

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Lynne Gallagher-Ford, PhD, RN, DPFNAP, NE-BC
Kathleen Martinez , MSN, RB, CPN
Diedre Bricker MSN RN CRRN CPHIMS
CTEP is your partner in achieving and sustaining improved healthcare quality and patient outcomes.
BUILDING EBP COMPETENCE AND CAPACITY BY LEVERAGING OPPORTUNITIES AND PLANNING

Lynn Gallagher-Ford, PhD, RN, DPFNAP, NE-BC
Director; Center for Transdisciplinary Evidence-based Practice
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
“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!
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.
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)
EBP is consistently implemented in my healthcare system 53.6
My colleagues consistently implement EBP with their patients 34.5
Findings from research studies are consistently implemented in my institution to improve patient outcomes 46.4
EBP mentors are available in my healthcare system to help me with EBP 32.5
It is important for me to receive more education and skills building in EBP 76.2

<table>
<thead>
<tr>
<th>Reason</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>151</td>
</tr>
<tr>
<td>Organizational culture, including policies and procedures, politics, and a philosophy of “that is the way we have always done it here.”</td>
<td>123</td>
</tr>
<tr>
<td>Lack of EBP knowledge/education</td>
<td>61</td>
</tr>
<tr>
<td>Lack of access to evidence/information</td>
<td>55</td>
</tr>
<tr>
<td>Manager/leader resistance</td>
<td>51</td>
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<tr>
<td>Workload/staffing, including patient ratios</td>
<td>48</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.
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: 5%
- Vision/Culture: 5%
- Evidence-based Practice: 5%

Chief Nurses:
How High a Priority is EBP?
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

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**Graph:**

- **Need Improvement**
- **Competent**
- **Advanced**

**Legend:**

- ADN, BSN
- MSN, DNP, PhD
## EBP Beliefs

I believe....

<table>
<thead>
<tr>
<th>Number</th>
<th>Statement</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>EBP results in best care for patients</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Clear about the steps of EBP</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I can implement EBP</td>
<td></td>
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<tr>
<td>4.</td>
<td>Critical appraisal is an important part of EBP process</td>
<td></td>
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<tr>
<td>5.</td>
<td>EBP guidelines can improve clinical care</td>
<td></td>
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<tr>
<td>6.</td>
<td>I can search for the best evidence in a time efficient way</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>I can overcome barriers to implementing EBP</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>I can implement EBP in a time efficient way</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Implementing EBP will improve the care that I deliver</td>
<td></td>
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<tr>
<td>10.</td>
<td>I am sure about how to measure outcomes of clinical care</td>
<td></td>
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<tr>
<td>11.</td>
<td>EBP takes too much time</td>
<td></td>
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<tr>
<td>12.</td>
<td>I can access the best resources in order to implement EBP</td>
<td></td>
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<tr>
<td>13.</td>
<td>EBP is difficult</td>
<td></td>
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<tr>
<td>14.</td>
<td>How to implement EBP sufficiently enough to make practice changes</td>
<td></td>
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<tr>
<td>15.</td>
<td>Confident about my ability to implement EBP where I work</td>
<td></td>
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<tr>
<td>16.</td>
<td>The care I deliver is evidence-based</td>
<td></td>
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The diagram shows the distribution of beliefs from Strongly Disagree (1) to Strongly Agree (5).
EBP Implementation

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
7. Evaluated the outcomes of a practice change
8. Shared an EBP guideline with a colleague
9. Shared evidence from a research study with a patient/family member
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.
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 learn best by participation

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.
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).
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.

The "guide on the side"
- Student-centered approach.
- Teacher’s role is like a coach who facilitates the student's learning.
- Student is expected to develop those skills through practice and experience.
- Students construct rather than receive knowledge.