Title:
Overcoming Buzzwords and Variability Through a Nurse EBP Mentor Program

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Session Title:
Building EBP Capacity and Getting Results: What a Difference One Year Makes
Slot:
J 01: Saturday, 29 July 2017: 1:30 PM-2:45 PM
Scheduled Time:
1:50 PM

Keywords:
Collaboration, Evidence-based practice and Outcomes

References:


Abstract Summary:
This symposium describes the innovative work of a nationally recognized university-based EBP program in advancing EBP through a collaborative relationship with a large, Magnet designated Pediatric Health System to create a successful EBP program that is delivering improved care and significant outcomes.
Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tbody>
<tr>
<td>Identify a model to design and support an Evidence-Based Practice (EBP) mentor</td>
<td>Introduction to Children's Hospital Colorado's journey to evidence-based practice and the</td>
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<td>program.</td>
<td>selection of the Iowa Model for EBP projects and the ARCC Model for organizational</td>
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<td>support.</td>
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<td>Describe how a healthcare system integrated EBP to impact practice changes</td>
<td>Describe the comprehensive EBP Mentor program which includes exchange of ideas and solutions that promote the integration of technology into evidence-based nursing practice through web-based resources and comprehensive project tracking system and shared governance structures; Demonstrated outcomes including organizational assessment findings and resulting practice changes.</td>
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Abstract Text:

Purpose:

A comprehensive EBP Mentor Program was created to support point-of-care clinicians throughout the EBP process at a regional pediatric healthcare system.

Background:

It is widely recognized that evidence-based practice (EBP) improves patient outcomes, reduces costs, and standardizes practice (Fink, Thompson, & Bonnes, 2005; Harrison, Grapham, van den Hoek, Dogherty, Carley, & Angus, 2013; Melnyk, Gallagher-Ford, Long, and Fineout-Overholt, 2014; Stevens, 2013). Yet, studies have found that many point-of-care clinicians do not utilize EBP because of their beliefs about the difficulty of EBP and lack of knowledge and experience in implementing EBP in daily practice (Dogherty, Harrison, Graham, Vandyk, & Keeping-Burke, 2013; Fink et al, 2005; Stevens, 2013). Additionally, there is lack of consistency in how EBP is taught in formal education (Fink et al, 2005) resulting in lack of consistency in how EBP is carried out by individual EBP leaders within healthcare organizations once practicing professionally. The result is wide variability in the skills, tools, and resources utilized to carry out EBP in clinical practice.

A large, Magnet designated Pediatric Health System adopted EBP into its nursing vision, mission, strategic goals, and created clear job expectations for utilization of EBP at all levels of nursing. However, wide variability in the skills, tools, and resources utilized to carry out EBP persisted. An EBP Mentor Program utilizing the Advancing Research and Clinical Practice through Close Collaboration model (Fineout-Overholt, Melnyk, & Schultz, 2005) and in collaboration with a nationally recognized university-based EBP program was created to support point-of-care clinicians throughout the EBP process.

Methods:

An org assessment was conducted before implementation. A nationally recognized university-based EBP program was selected to train 100 clinical leaders. Participants developed strategies for integrating and
sustaining EBP into clinical practice. Participants emerged with an action plan and tools for implementing and sustaining EBP changes and for transforming their organizational culture. Organizational tools and a web-based support system was also created to aid EBP Mentors as they coach point-of-care clinicians through EBP projects and remove barriers to implementation. EBP projects and mentors were incorporated into new graduate residency and a new shared governance council combined EBP with quality improvement and nursing research to support nursing projects from inception to dissemination. An electronic project tracking system was created to give visibility to nursing projects and to store and communicate literature reviews through a web-based portal. Continuing education was created to hone clinician’s skills in mentoring and critical appraisal of research.

Results/Outcomes:

Baseline organizational assessment indicated high belief in and readiness for EBP but low demonstration of behavior reflective of this practice. In just one year, results included training of 100 EBP mentors: 13 EBP mentors have been through training more than once, with 12 interdisciplinary trained partners. Over 100 EBP projects completed with 33 practice changes implemented as a result; 9 new nurse-led research studies created. An additional 24 EBP projects successfully mentored after the immersions.

Implications for Nursing Practice:

Examples of changes in practice include: implementation of nurse bedside shift report/handoff; adoption of alcohol impregnated caps to reduce CLABSI; new thermometers to improve accuracy; adoption of pediatric intensive care delirium scoring tool; research on a dedicated patient/family education facility; alignment with national pediatric asthma treatment clinical care guidelines. Through individual EBP projects, knowledge, beliefs, and skills in EBP are developed in the point-of-care staff and strengthened in EBP Mentors. Research shows a strong EBP foundation increases competence in clinical practice and the use of EBP. Having EBP Mentors strengthens clinicians’ beliefs about EBP and their ability to implement it. Having standardized tools and resources reduces variability in how EBP is carried out and decreases confusion over what it means to practice EBP.