

Center for
Transdisciplinary
Evidence-based
Practice

CTEP is your partner in achieving and sustaining improved healthcare quality and patient outcomes.



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IMPLEMENTATION OF PROGRAMS AND INFRASTRUCTURES TO SUSTAIN EVIDENCE-BASED DECISION MAKING AND PRACTICE

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One Chief Nurse's Journey

- 2012: New Chief Nurse & newly minted DNP
- Refined/reinvigorated EBP Council
- 2013: Discovered educational opportunity



EBP Immersions Introductions

- Right Place at the Right Time
- Journey to EBP formalized education
- 2014: Two EBP Immersions
 - 42 nurses, 1532 CEUs, saving about \$108K



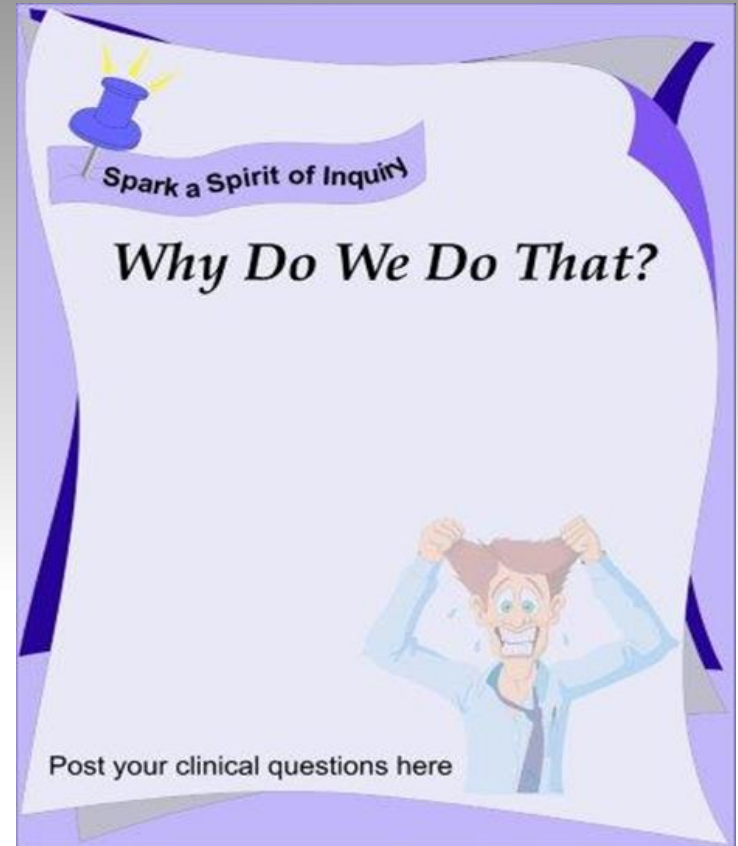


Setting the Stage

- Briefed Senior Air Force Nursing Leaders in 2014 & 2015
 - QI, EBP, and Research
 - EBP Leadership
- Developed hospital approval process for EBP projects
- EBP Immersions continued in 2015
 - Attendees from other Military hospitals and clinics
 - 63 nurses across 4 different facilities awarding 2,299.5 CEUs

Transforming into a Culture of EBP

- Expanded EBP Council
 - Create multidisciplinary council
- Created a Spirit of Inquiry
- Monthly Lunch and Learns
 - AJN 12-part EBP series
- EBP Focus Week
- Immersions expanded to include other disciplines
- AF Nurse Residency Program





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Evidence Based Practice Focus Week November 10-14

Evidence Based Practice
Answer.

A large magnifying glass with a black handle and a white lens. The lens is focused on the word 'Answer.' which is written in a large, black, sans-serif font. The words 'Evidence Based Practice' are written in a green, sans-serif font, curving around the top and right sides of the magnifying glass. There are also several question marks scattered around the graphic: a yellow one at the top right, a grey one at the bottom right, and a yellow one on the left side of the main text.

Asking is the

EBP posters will be on display in the atrium

Do you question what you do with your patients?
If so, bring your questions for the “crazy maker” box!
With each question you drop in the box or game you win, receive a prize entry!

Mon - 0800-1000 Kick Off Day - Bring your “crazy makers” for a free cup of coffee. Located near the dining area in the basement.

Tue - Veterans Day.

Wed - Lunch & Learn, part 3 - 1200 RM 37B
(E&T) Critical Appraisal of the Evidence - 1 CE.

Thu - Game Day - PICOT BINGO 1100-1400
RM37B Prizes awarded!!

Fri - Grand Finale - 1200 RM 37B
Basket winners announced!

“The important thing is
not to stop questioning.”
- Albert Einstein

POC: Tonya Smith, 257-3315

GMC Oct 2014



Making EBP a Reality in the AF NC....

- Immersions moved: School of Aerospace Medicine
- July 2015: Attended Tri Service Nursing Research Grant Camp
 - Met Nurses from Madigan Army Medical Center
- Sept 2015 Immersion
 - 5 Nurses from MAMC
 - First EBP Immersion in Jan 2015
- Oct 2015 applied for TRISERVICE Nursing Research Grant

Making EBP a Reality in the AF NC....

- Deputy Surgeon General (SG) USAF attended Dec 2015 Immersion
- ACNPs & CNS: Evidence for Utilization across AFMS
- Deputy SG sanctioned EBP working group
 - Create an Enterprise level clinical inquiry council
 - Develop/Standardize MTF EBP Councils
 - Design a plan for disseminating “best practices” throughout the AFMS





Making EBP a Reality in the NC....

- EBP Grant Awarded Jan 2016
- Dr. Lynn Gallagher-Ford Plenary Podium speaker at AF Senior Nursing Conference 2016
 - Concurrent Breakouts: PICOT and DISC survey
- Developed a Dissemination Proposal
 - Focus: Creating Local EBP Councils
- 2016 2 more EBP Immersions
- 2017 & 2018 Quarterly EBP Immersions continue



TriService Nursing Research Grant

- EBP Grant awarded entitled:
 - “Impact of Formal Education on Evidence-based Practice Competence of Nurse Team”
 - Standardized process for teaching, implementing and sustaining evidence-based decision making both in the clinical and leadership environments
 - EBP grant implemented an evidence-based education workshop that has been shown to be an effective strategy to increase the implementation of EBP in clinical facilities
 - **Innovation** in this project is the intentional recruitment of Tri-Level teams.
 - Teams will work together as EBP mentors to address clinical challenges through utilization of a tested, consistent process
 - Specifically, the purpose of this EBP Project is to determine if **Tri-Level Military Nursing Teams (Executive Leader, Clinical Leader, and Direct Care Clinician)** attending an EBP educational workshop is an effective strategy to build and sustain evidence-based competence, practice and culture.

PICOT Questions

- In practicing clinicians (P), how does completion of an EBP Educational Workshop (I) compared to no formal EBP education (C) affect EBP knowledge, skills, attitudes (competencies) and implementation (O)?
- In organizations (P), how does training in teams (I) compared to training as individuals (C) affect knowledge acquisition, skill acquisition and implementation of knowledge and skills acquired (O)?



Brief Overview

- Unique opportunity and outcome
 - Determine if Tri-Level teams:
 - Effective in changing practice
 - Building and sustaining an evidence-based practice culture
- Outcomes will provide clarity for individual and group roles of Tri-Level Teams to implement, sustain & disseminate EBP within organizations
- Determine if developing EBP competence in hierarchal nursing teams is an effective strategy to build and sustain a culture of EBP



Grant Project Plan

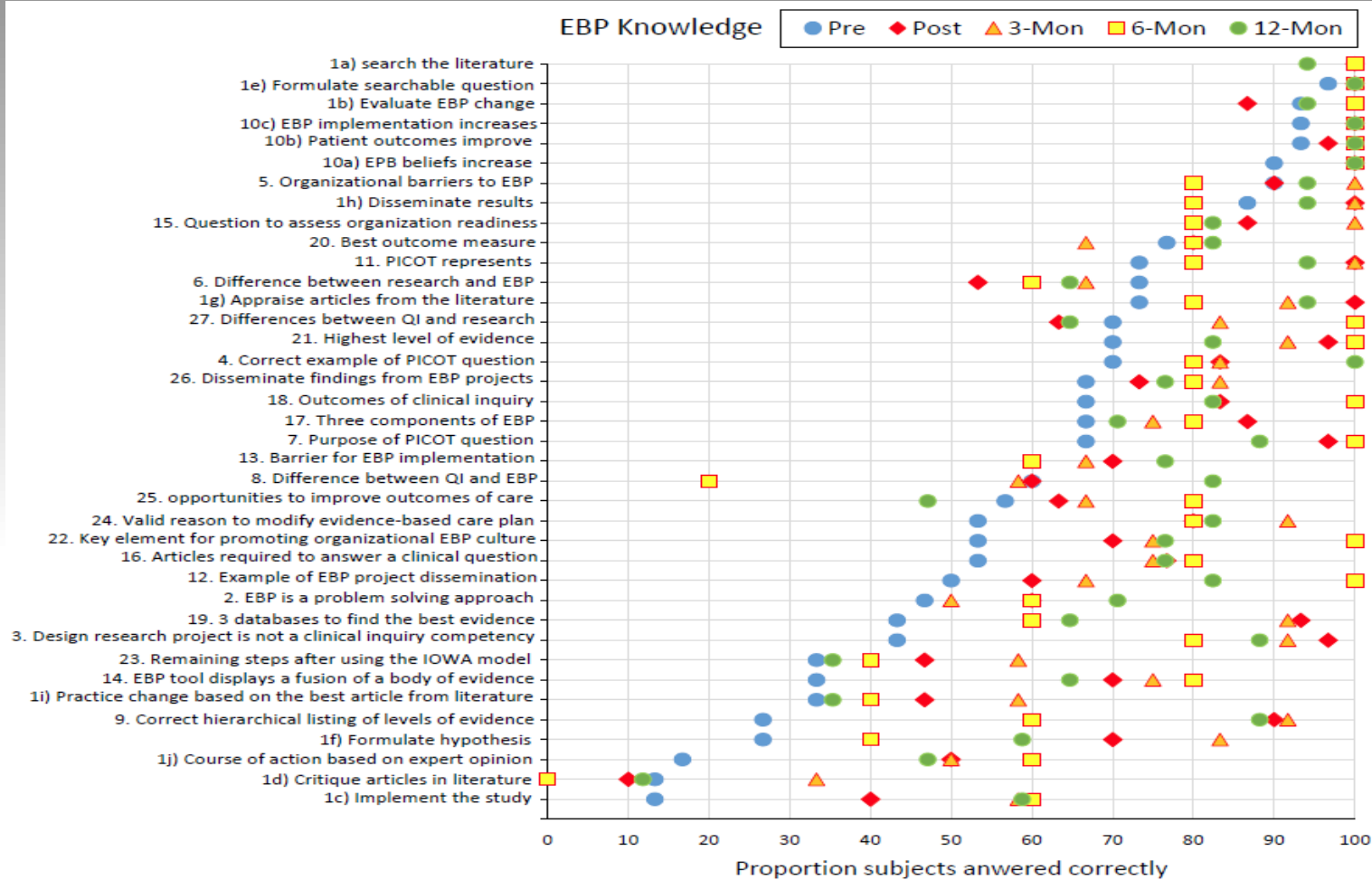
- Each member of the Tri-level teams completed an education program evaluation tool including
 - Demographic information
 - Organizational Culture & Readiness for System-Wide Implementation of Evidence-Based Practice (OCSIIEP) tool (19 items)
 - Evidence-based Practice Knowledge Assessment Questionnaire (EBP KAQ) (27 questions)
 - Evidence-Based Practice Beliefs (EBPB) tool (16 items)
 - Evidence-Based Practice Implementation (EBPI) tool (18 frequency items)
 - Evidence-Based Practice Competencies tool (13 – RN & 11 APN)
- Participants completed a five-day, in-person EBP Immersion Workshop at the United States Air Force School of Aerospace Medicine (USAFSAM) on Wright-Patterson AFB as a Tri-level team
- Two workshops were held: one for the inpatient facility teams, and one for the outpatient facility and the aeromedical evacuation teams.



Average Response Rates across the 12-month study by role

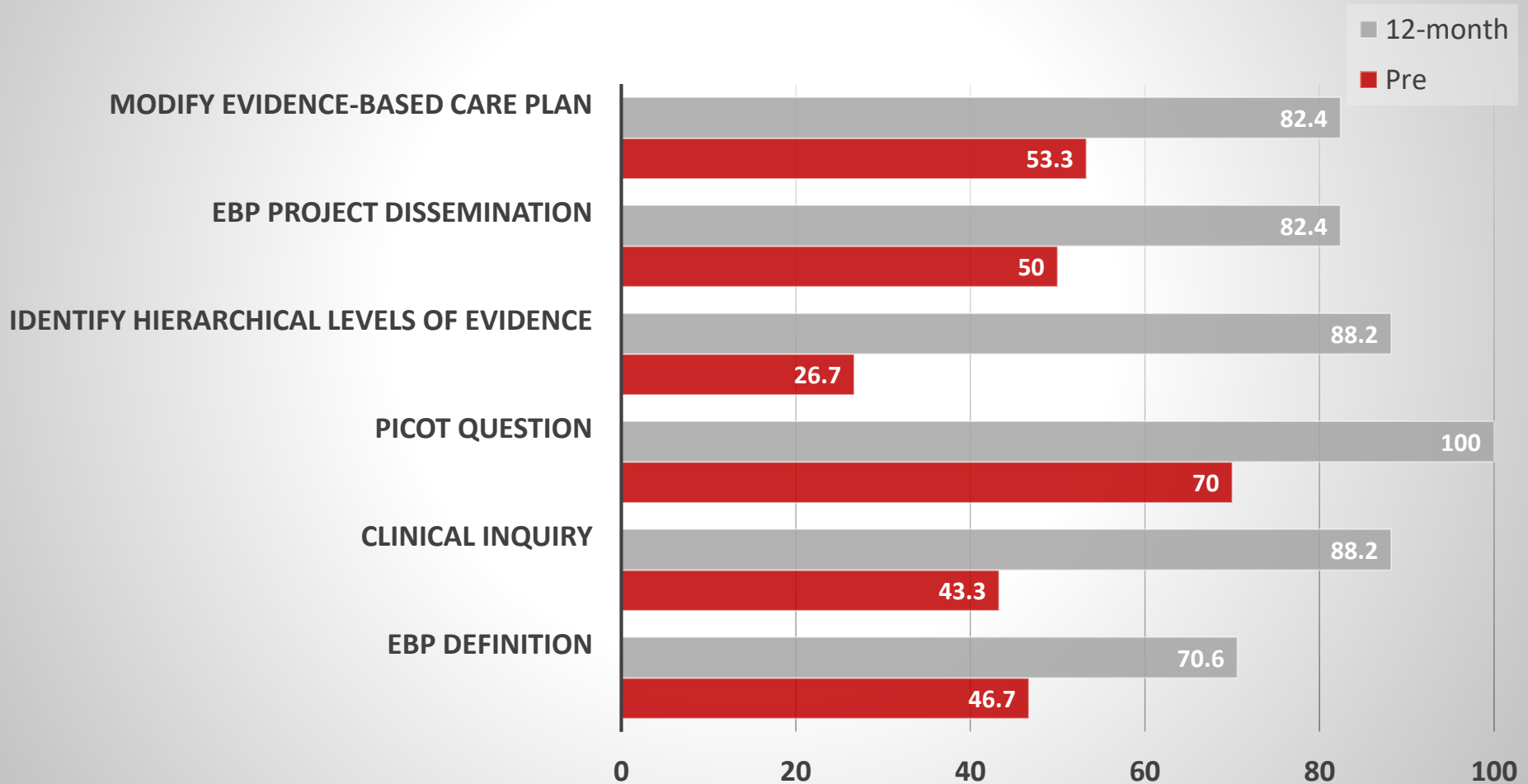
Direct Care Nurses (n = 11)	7
Chief Nurses (n = 10)	6
Mid-level, APN/Healthcare Integrator (n = 9)	2

Outcomes: EBP Knowledge



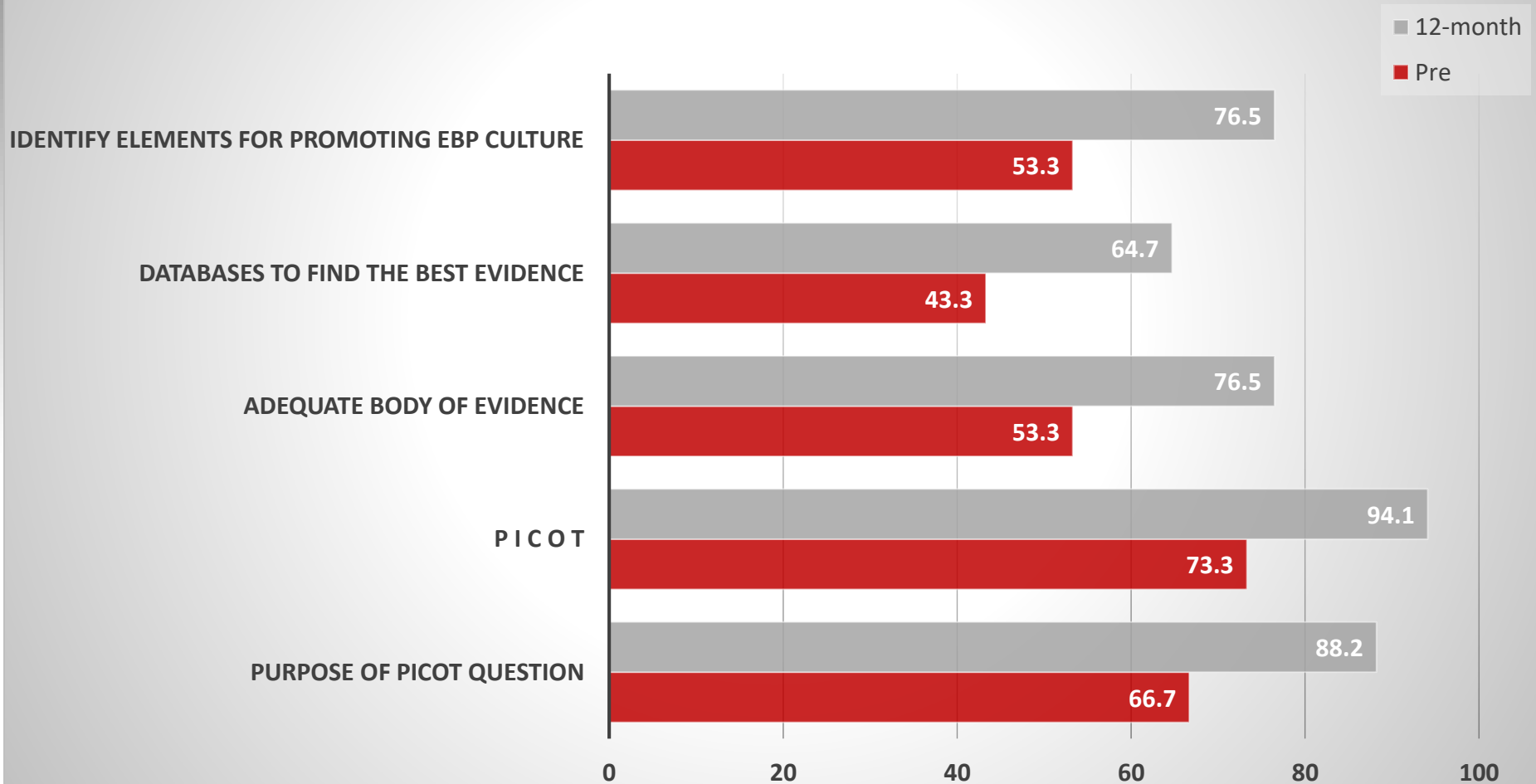
EBP Knowledge - Part 1

Change > 30% from Pre to 12-months



EBP Beliefs - Part 2

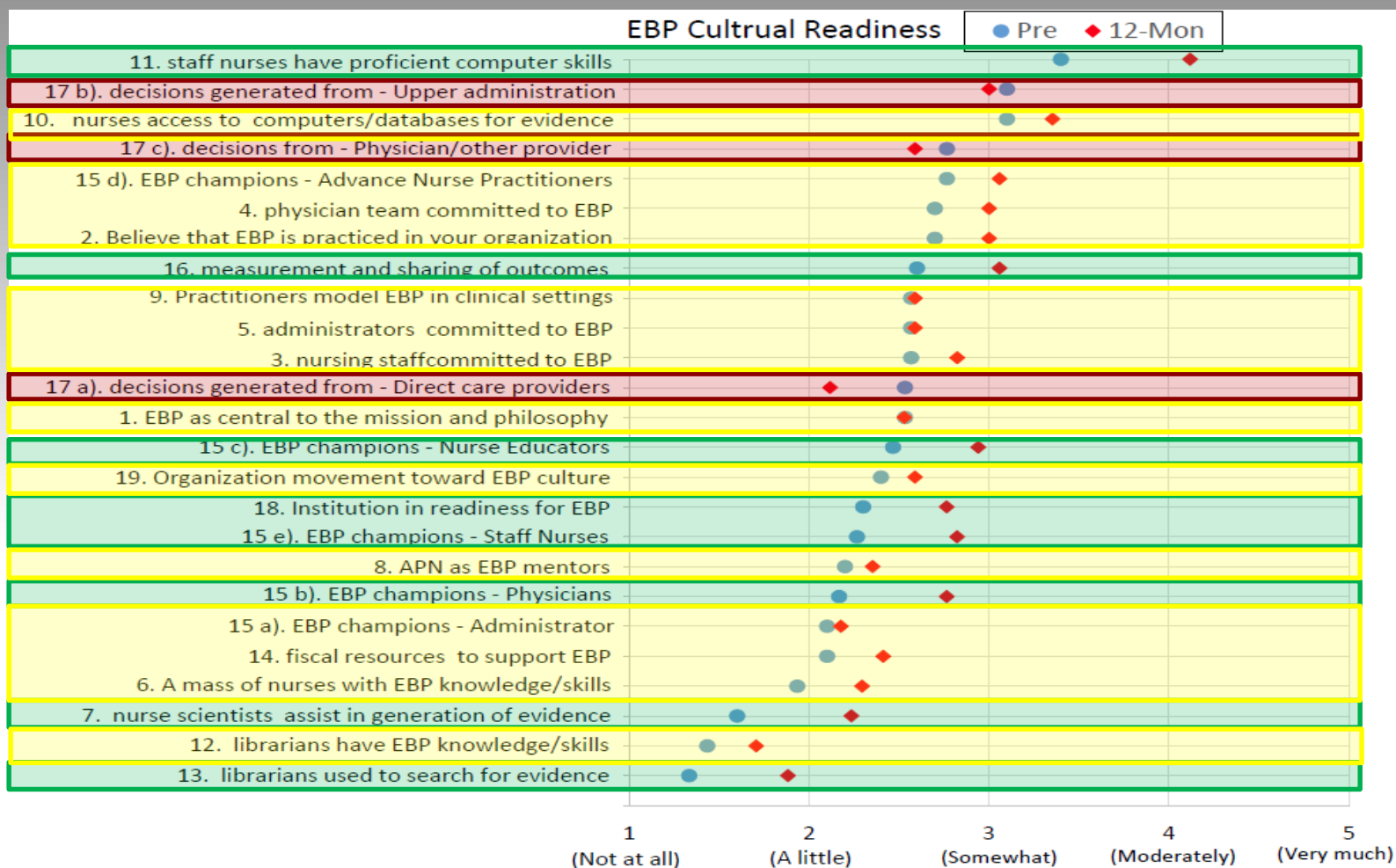
Change > 20 % from Pre to 12-months



EBP Knowledge – Key Points

- Least change on questions related to differentiating between EBP, QI & research
- All other questions, positive movement, but less than 20 %

Outcomes: EBP Culture and Readiness

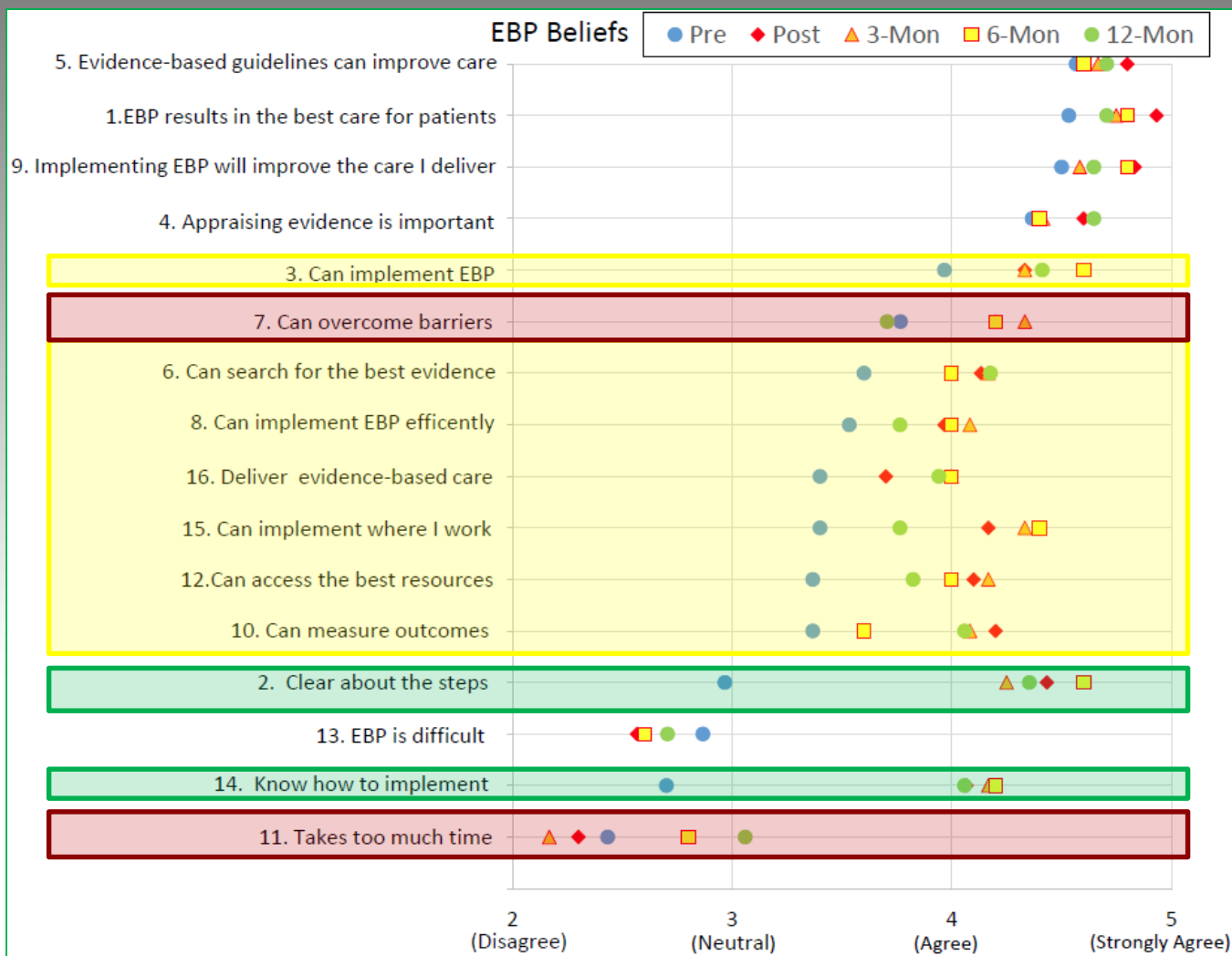




Organizational Culture/Readiness for EBP

– Key Points

- Strong positive movement on EBP Champions: Nurse Educators, Staff Nurses, and Physicians
 - Almost no movement on Administrators as EBP Champions
- Other strong positive movement on the following:
 - Nurses' computer skills
 - Sharing Outcomes
 - Overall Readiness
 - Utilization of nurse scientists and librarians
- Negative movement all related to question # 17, related to who makes decisions

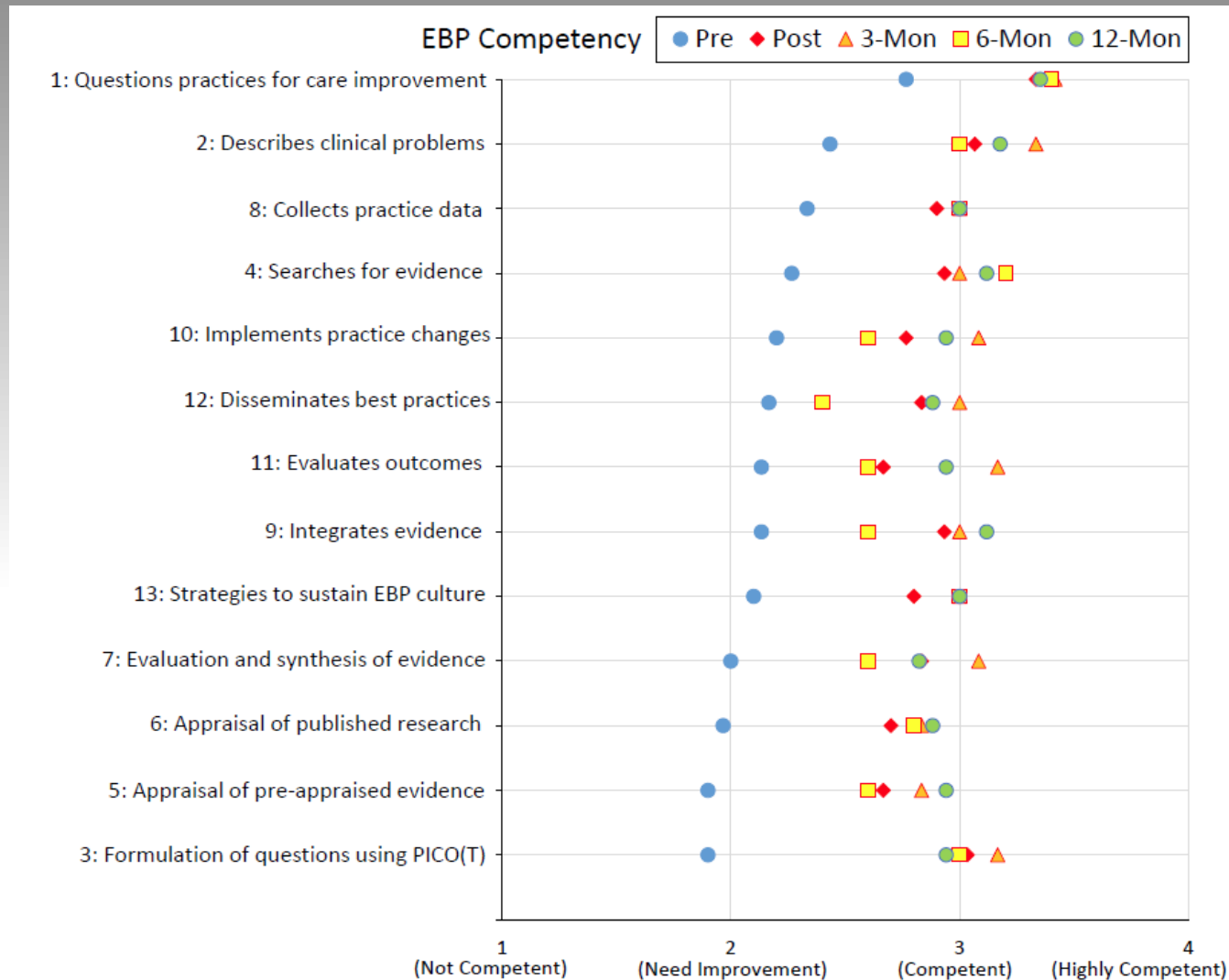




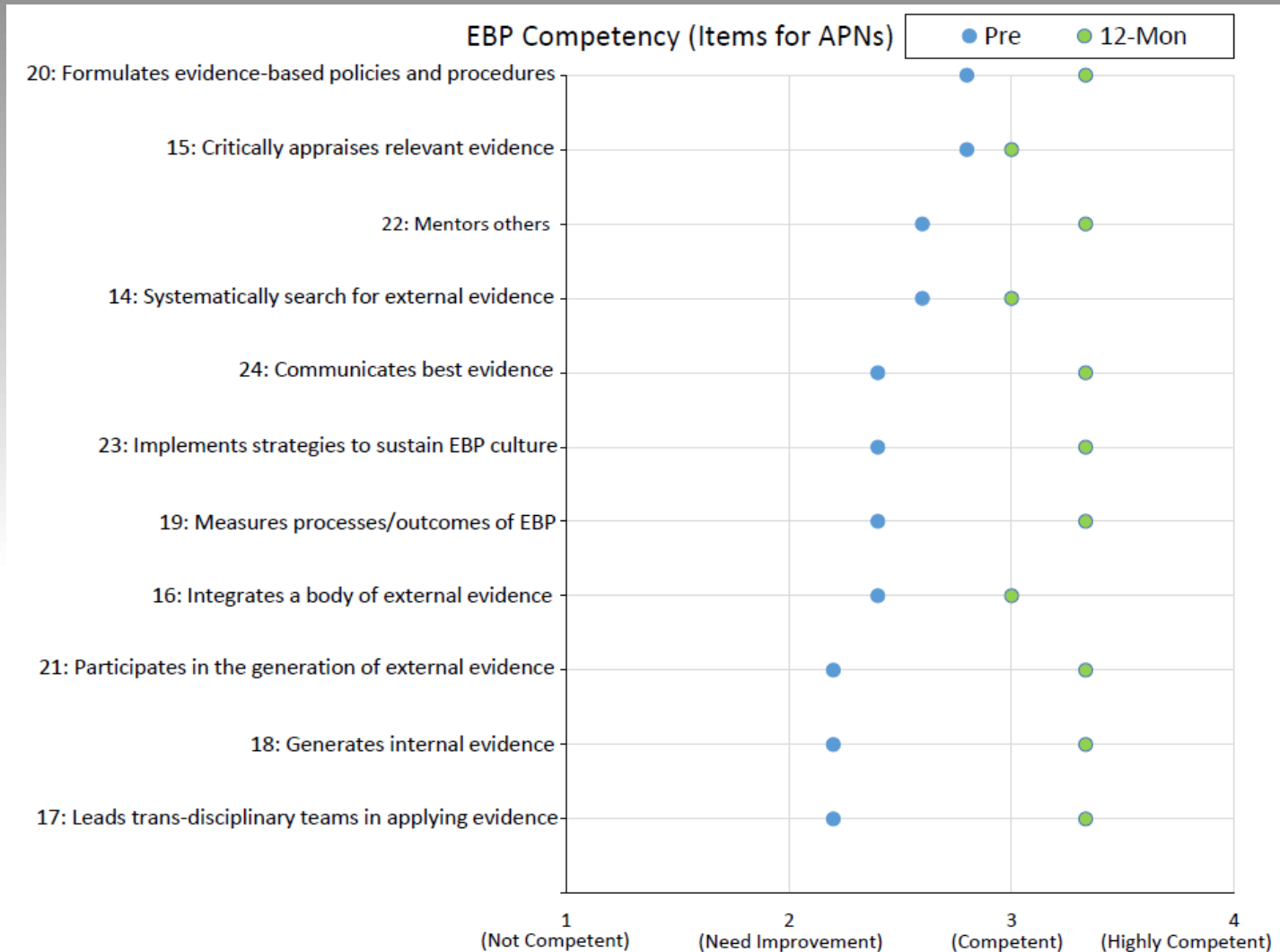
EBP Beliefs – Key Points

- Strong positive movement on:
 - Clear about the steps
 - Know how to implement
- Negative movement on:
 - Can overcome barriers
 - It takes too much time
- Moderate positive movement on all others

Outcomes: EBP Competency - RNs



Outcomes: EBP Competency - APNs

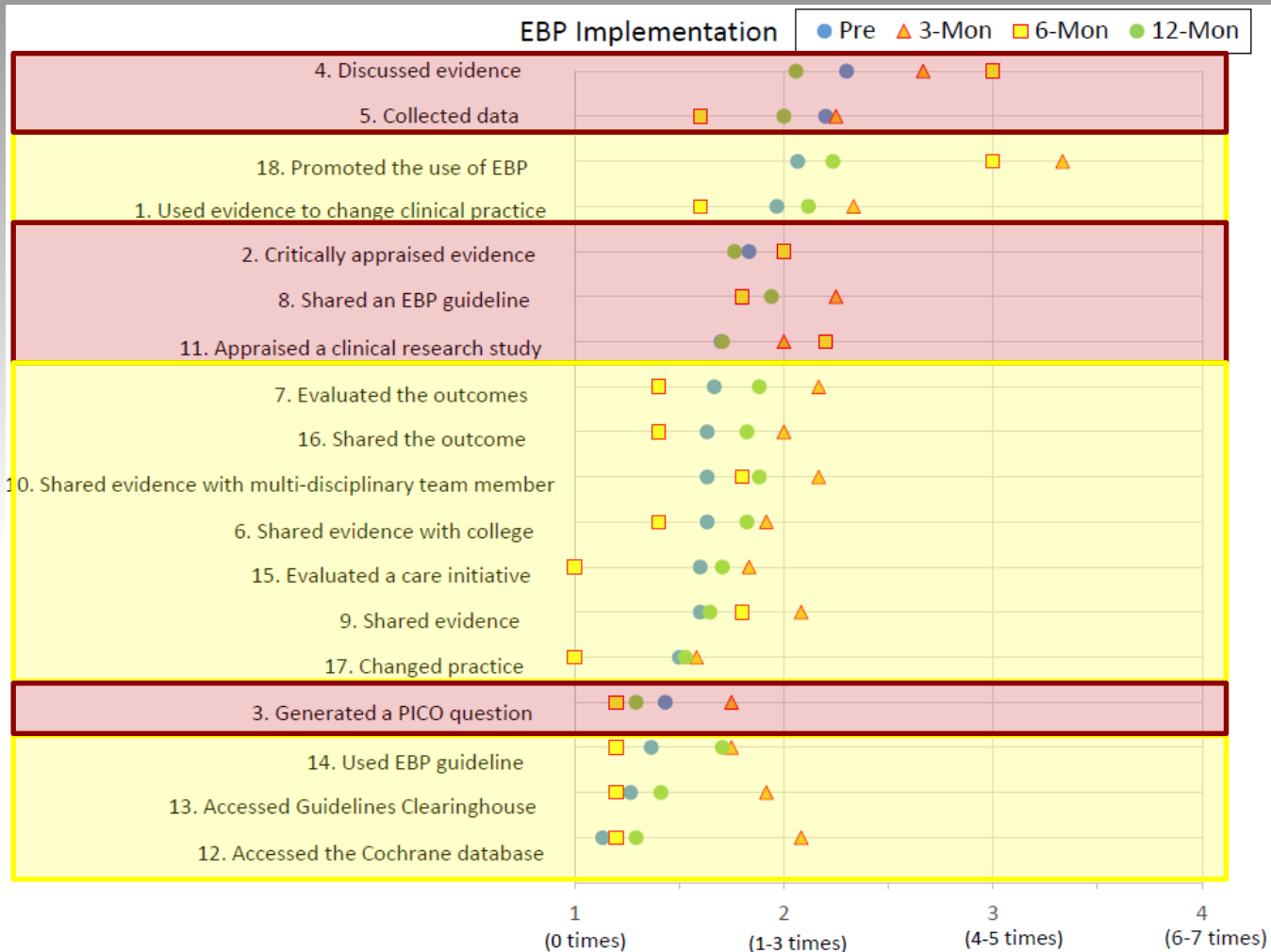




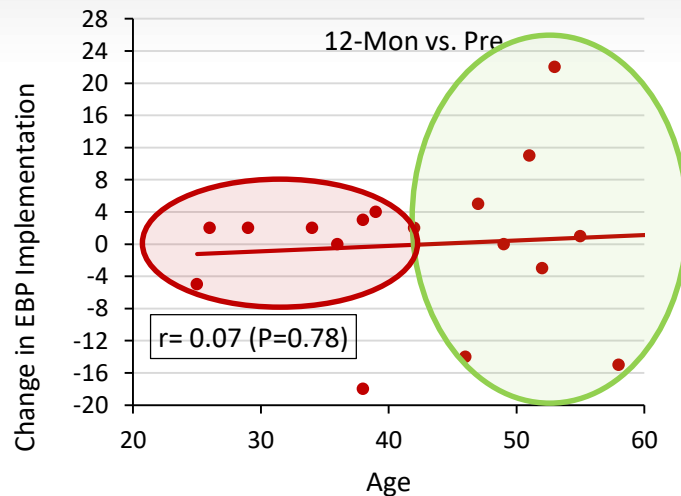
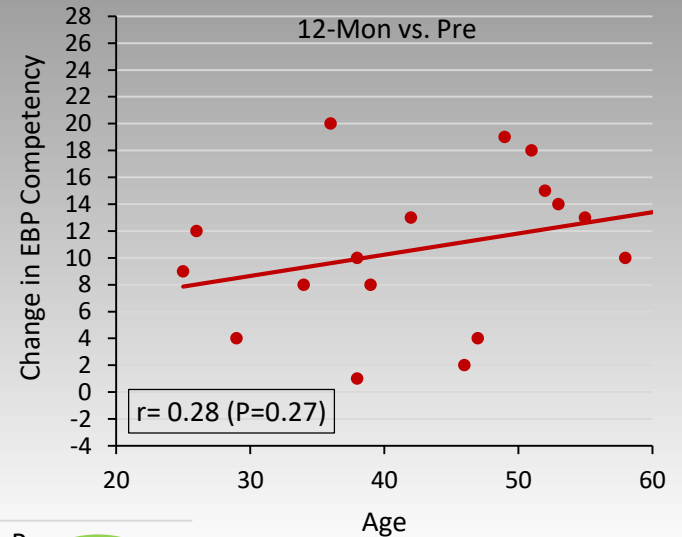
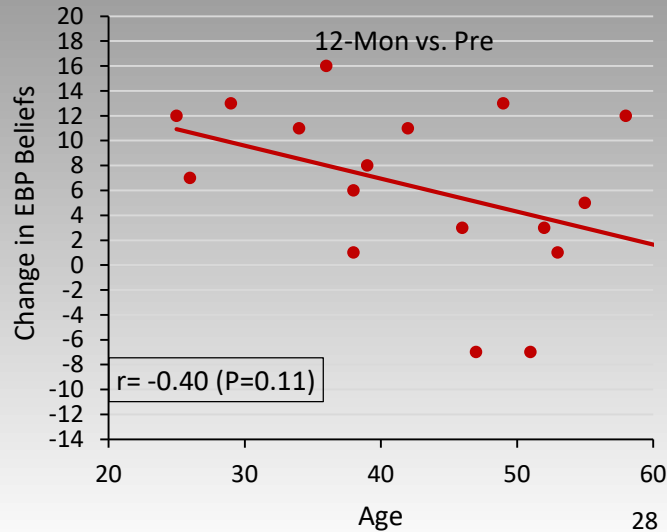
EBP Competencies – Key Points

- Strong and sustained positive movement on all RN & APN competencies

Outcomes: EBP Implementation



Change from Pre to 12-months by Age





TriLevel Team Project Outcomes

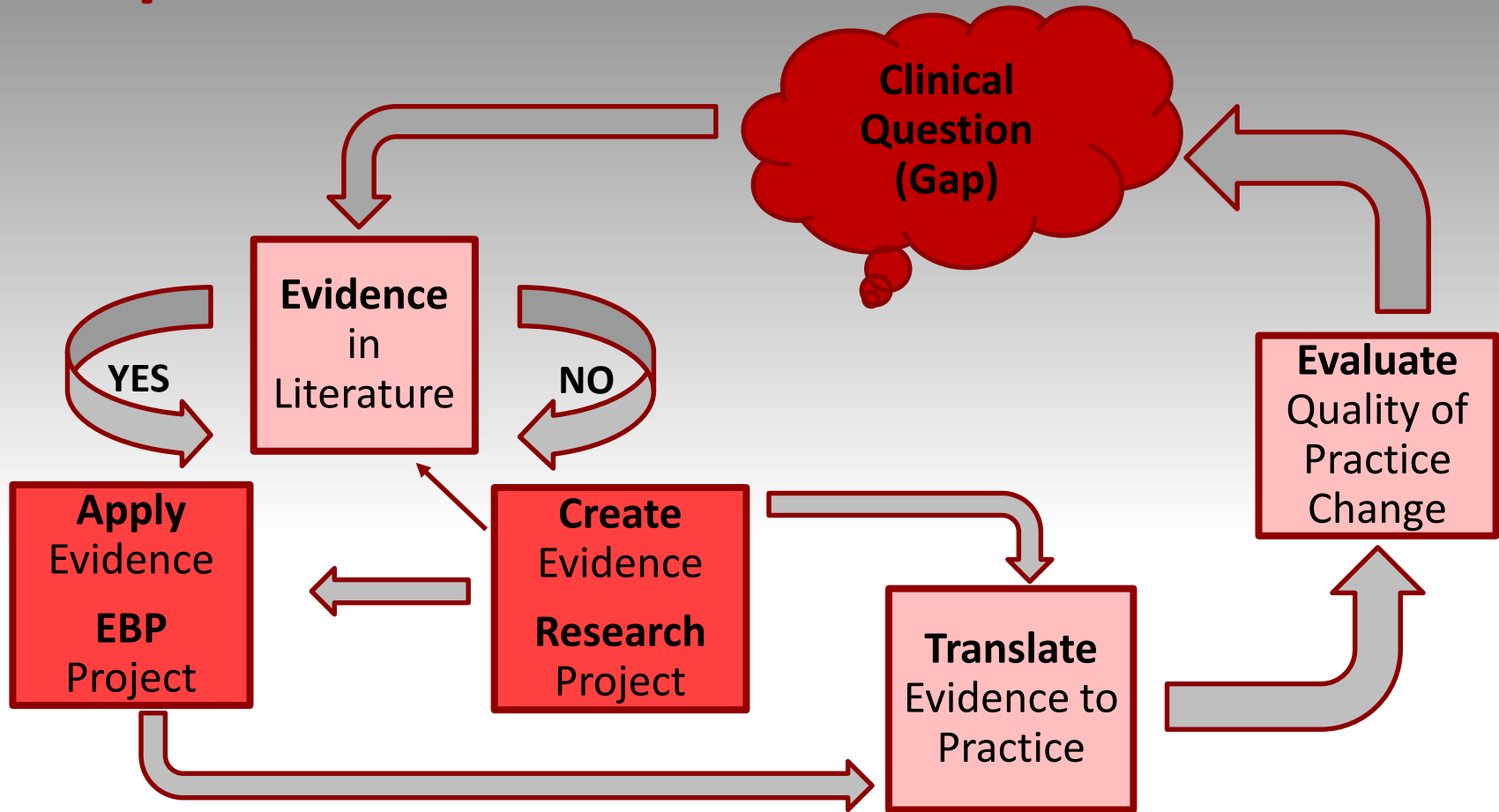
- 30 EBP Mentors created across 10 facilities
- 3-6-12 month teleconference follow-ups
 - 3 & 6 months 10/10 teams; 12 month follow-up 8/10 teams
 - Only 4/10 (40%) of Trilevel teams intact after 12 months
- Implementation
 - 9 of 10 (90%) of teams implemented EBP project
- Dissemination
 - 1 of 10 teams presented project at Conference
 - 1 of 10 teams presented project at CTEP Webinar



Evidence-based Practice Councils

- Outcomes supported the need for
 - Structured process is needed in an organization to build, implement, sustain, and disseminate EBP
 - Processes must include mechanisms for educating the concepts of EBP
- Evidence supports implementation of EBP Councils at every AF MTF to provide structure & processes to build, implement, sustain, & disseminate EBP
- Based on the evidence, it is recommended for Evidence-based Practice (EBP) Councils be implemented at every MTF (hospital or clinic) across the AF to provide structure and processes to build, implement, sustain, and disseminate EBP in the real-world setting

Enterprise Solutions



EBP Leadership in your Organization

- Assess facilities readiness
- Organization mission
- Educate EBP Mentors
- Create Mentor job descriptions
- Implement EBP Competencies
- Design an EBP Council
- Evaluate Patient Outcomes

