BUILDING EVIDENCE-BASED PRACTICE IN A COMPLEX SYSTEM: THE VISIONARY APPROACH IN THE U.S. AIR FORCE
CTEP is your partner in achieving and sustaining improved healthcare quality and patient outcomes.
BUILDING A PROGRAM TO BRING EVIDENCE-BASED PRACTICE TO THE U.S. AIR FORCE NURSING ENTERPRISE

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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.”

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

![Bar Chart]

- 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.

CULTURE
EATS
STRATEGY
FOR
LUNCH
PETER DRUCKER

justsdandak.com
The real reasons
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%
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: 5%
- Vision/Culture: 5%
- Evidence-based Practice: 5%
## EBP Competencies

### Practicing Registered Nurses

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>Questions practice for the purpose of improving the quality of care</td>
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<tr>
<td>2.</td>
<td>Describes clinical problems using internal evidence</td>
</tr>
<tr>
<td>3.</td>
<td>Participates in the formulation of clinical questions using PICOT format</td>
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<tr>
<td>4.</td>
<td>Searches for external evidence</td>
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<tr>
<td>5.</td>
<td>Participates in critical appraisal of pre-appraised evidence</td>
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<tr>
<td>6.</td>
<td>Participates in critical appraisal of published research studies</td>
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<td>7.</td>
<td>Participates in the evaluation and synthesis of a body of evidence</td>
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<tr>
<td>8.</td>
<td>Collects practice data systematically as internal evidence</td>
</tr>
<tr>
<td>9.</td>
<td>Integrates evidence from internal and external sources to plan EB practice changes</td>
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<tr>
<td>10.</td>
<td>Implements practice changes based on evidence, expertise and pt. preferences</td>
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<tr>
<td>11.</td>
<td>Evaluates outcomes of EB practice changes</td>
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<tr>
<td>12.</td>
<td>Disseminates best practices supported by evidence</td>
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<tr>
<td>13.</td>
<td>Participates in activities to sustain an EBP culture</td>
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EBP Beliefs

I believe....

1. EBP results in best care for patients
2. Clear about the steps of EBP
3. I can implement EBP
4. Critical appraisal is an important part of EBP process
5. EBP guidelines can improve clinical care
6. I can search for the best evidence in a time efficient way
7. I can overcome barriers to implementing EBP
8. I can implement EBP in a time efficient way
9. Implementing EBP will improve the care that I deliver
10. I am sure about how to measure outcomes of clinical care
11. EBP takes too much time
12. I can access the best resources in order to implement EBP
13. EBP is difficult
14. How to implement EBP sufficiently enough to make practice changes
15. Confident about my ability to implement EBP where I work
16. The care I deliver is evidence-based
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 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!
Educating people about EBP

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?
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.
Evidence-based Practice
Making it a reality in your organization
A transformational journey to improve healthcare quality and patient outcomes

Our 2017 workshops: July 10-14, October 2-6 in Columbus, OH

This unique program provides a "deep-dive" immersion into evidence-based practice. Participants will learn the step-by-step evidence-based practice process as well as effective strategies for integrating EBP in clinical and academic organizations of any size or level of complexity. Participants will return from this experience with an action plan for implementing and sustaining evidence-based practice changes and transforming their organizational culture. Bring your practice partner to collaborate on improved outcomes.

Participants can choose one of three specialty tracks: 1. Mentor 2. Leader 3. Faculty
The half-day specialty tracks in the 5-day EBP immersion program include content specifically focused on responsibilities of individuals in these unique roles.

In addition to five days of intensive education in EBP and 37 contact hours of continuing education for nurses, participants will have access to The Ohio State University Library resources for one year, lifetime access to monthly EBP webinars, EBP listeners membership, access to CTEP EBP resources, and an opportunity for networking with like-minded individuals.

If you are looking for a single program to ignite and sustain the evidence-based practice shift in your organization, this is it!

Registration fee for this workshop is $1,200 per participant; $1,000 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 Gavaghan-Ford, CTEP director, at gavaghan-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, The Ohio State University College of Nursing
Lynn Gallagher-Ford, PhD, RN, ODFNP, NE-BP, director of the Center for Transdisciplinary Evidence-based Practice, and clinical associate professor, The Ohio State University College of Nursing
Cindy Zellefrowe, DNP, MSN, RN, LN, APN-BG, 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.

This Nano Planner and Planning Committee have 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 their own ideas.

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

To successfully complete this program and receive contact hours, you must attend at least 80 percent of the course.

CTEP partners:

The Ohio State University Nationwide Medical Center

The James

Nationwide Children's

Nationwide Children's Hospital

CTEP is your partner in achieving and sustaining improved healthcare quality and patient outcomes.
ctep-ebp.com
3 Tracks; Mentor, Leader, Academic

The Ohio State University College of Nursing
5 Day EBP Immersion

SCHEDULE
Thursday (Leadership Track)
8:00 to 10:00  Communication Styles (DISC) & Group Activity
10:00 to 12:15  Leading EBP - Part 1
12:15 to 1:00  Lunch
1:00 to 2:00  Leading EBP - Part 2
2:00 to 2:45  Creating a Vision for EBP
2:45 to 3:15  Putting It All Together
3:15 to 4:45  Mentor EBP Work In Groups
4:45 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

Change is the only constant.
Coming Soon...after 10 years of persistence!

The Helene Fuld National Institute for Evidence-based Practice in Nursing & Healthcare at The Ohio State College of Nursing

First National Summit: Transforming Healthcare through EBP
October 18-20, 2017
Columbus, OH.

Save the Date!