The Nursing Shared Governance Structure as a Vehicle for Advancing EBP:
An Evidence-Based Approach

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Objectives for today's discussion

- Describe system-wide study data on nurses' beliefs in and implementation of EBP, as well as the organization's readiness for EBP.

- Discuss how a Shared Governance Structure used study evidence to develop system-wide strategies to enhance nurses' beliefs in and implementation of EBP and to promote EBP within the organizational culture.

A system of community hospitals……

Mission and Vision

Excela Health Mission and Vision

Mission: *"To improve the health and well-being of every life we touch."*

Vision: *We will be a high-quality, value driven community health and wellness system. We will proactively manage the health of the population we serve. Our caregivers and our community will work together to prevent disease or manage it with early intervention. We will continuously improve through education, communication and effective management. We will measure our progress by our communities' willingness to recommend us and by performance in national quality standards.*

Our Nursing Mission and Vision

Mission: *Delivering on the Excela promise to improve the health and well-being of every life we touch by providing exceptional patient centered nursing CARE.*

Vision: *The vision of Excela Health nursing is to support attainment of the Excela organizational vision by building a culture within nursing that promotes a positive patient experience, employee engagement, and overall quality of CARE.*

We will uphold our nursing mission through the practice of relationship based care and interprofessional collaboration.

We will assure nursing excellence by promoting education, professional development, leadership, and advocacy.

We will direct our evidence-based nursing practice in alignment with the Excela Health corporate goals of safety, quality, productivity, human development, and growth and margin.

We will endorse our professional practice environment that focuses on a shared governance model.

This vision is designed to help Excela as a whole acknowledge and achieve its vision to be a premiere high quality and value driven community health and wellness system as measured by achieving top decile performance against national quality standards.
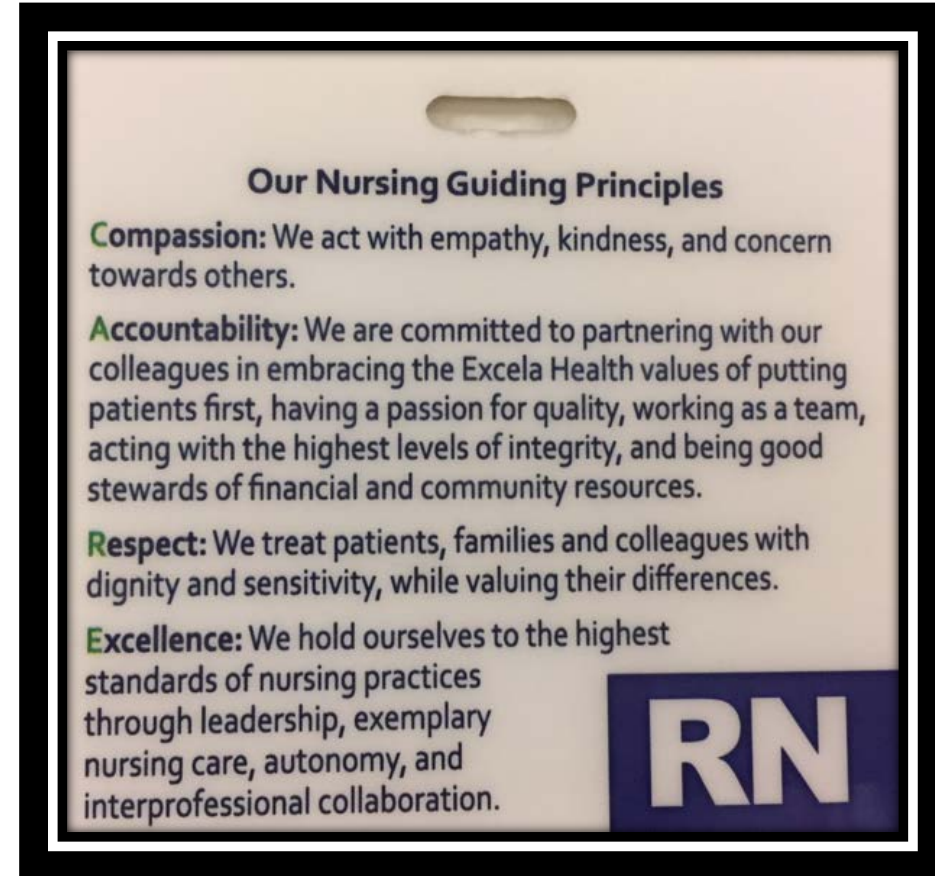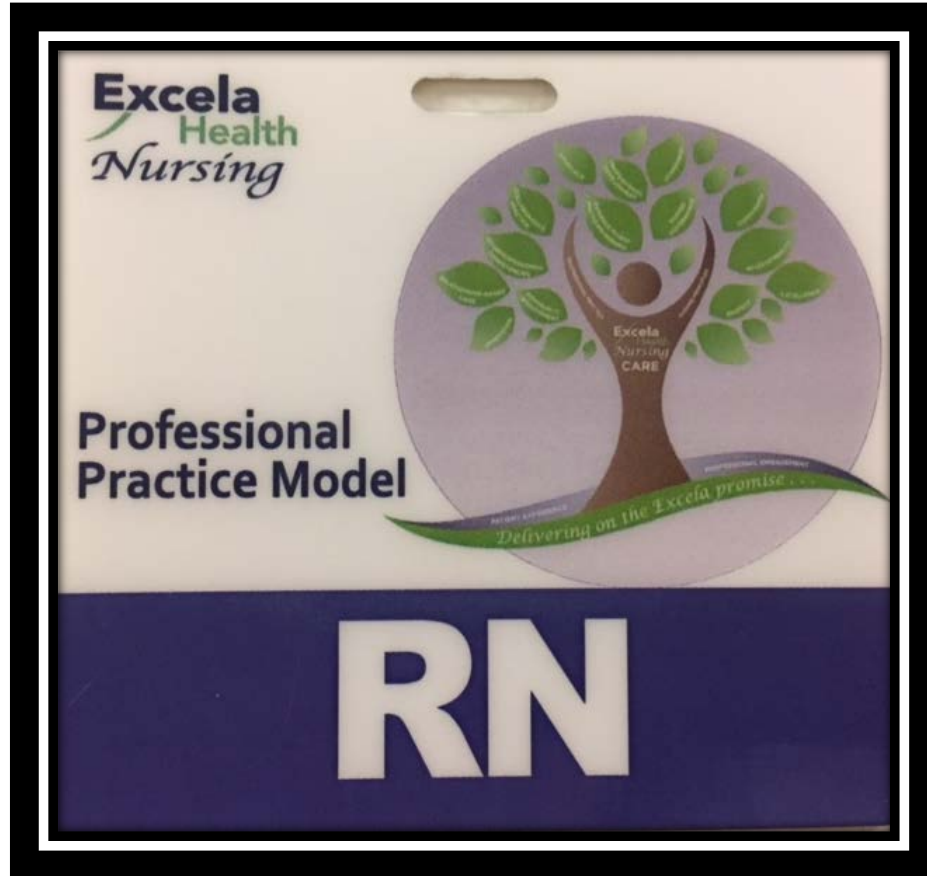
Professional Practice Model at Excela Health

Critical Thinking & Application

- Evidence-based practice
- Professional development
- Shared Governance
- Leadership
- Advocacy

Professional Practice Model

Excela Health Nursing BY THE NUMBERS

Employed At Excela Health

1,292

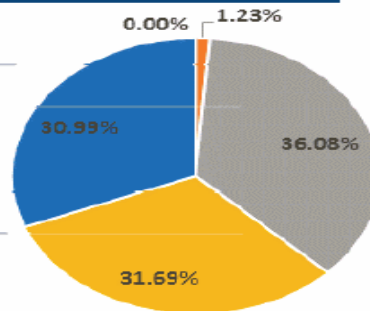| FEMALES	1172	MALES	120

Age Distribution of RNs

20–29	234	18.11%
30–39	253	19.58%
40–49	272	21.05%
50–59	353	27.32%
60–69	172	13.31%
70 +	8	0.62%

RN/CNC Education

Diploma	15%
Associate	34%
Bachelor	37%
Master	13%
Doctorate	1%

ADVANCED PRACTICE NURSES

CRNA	59	CRNP	53

Generation Pie Chart

Traditionalists	1925–1942	(white)
Baby Boomer (Retirement)	1943–1950	(orange)
Baby Boomer	1951–1965	(gray)
GenX	1966–1980	(yellow)
GenY (Millennials)	1981–2000	(blue)
GenZ	2001–2015	

Pie chart: 0.00%, 1.23%, 30.99%, 36.08%, 31.69%

% of RN's w/BSN or Higher Nursing Degrees

50.7%	2017 Licensed Staff (YTD)
50.00%	2017 Organizational Goal

% of Eligible RN's w/National Certification
(less Home Health, less two years experience)

17.72%	2017 Licensed Staff (YTD) (incl. CRNA/NP)
12.00%	2017 Organizational Goal

Turnover FY16 (July 2015 – June 2016)

11.52% YTD	Bedside RN/CNC Voluntary Turnover
<14.28% YTD	Target
<13.68% YTD	Saratoga

Turnover FY17 (July 2016 – June 2017)

11.96% YTD	Bedside RN/CNC Voluntary Turnover
<14.9% FY17	Target
<13.68% FY17	Saratoga

Top 5 Reasons of Termination (RN/CNC)

VOLUNTARY	INVOLUNTARY
Other Employment	Casual Requirement Not Met
Relocation	LOA Expired
Personal Reasons	Discipline
Retirement	
Resigned–No Notice/Reason	

Staff by Length of Service

<1 year	80
1-5 years	442
6-10 years	262
11-15 years	164
16-up years	344

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Excela Nursing Shared Governance Model
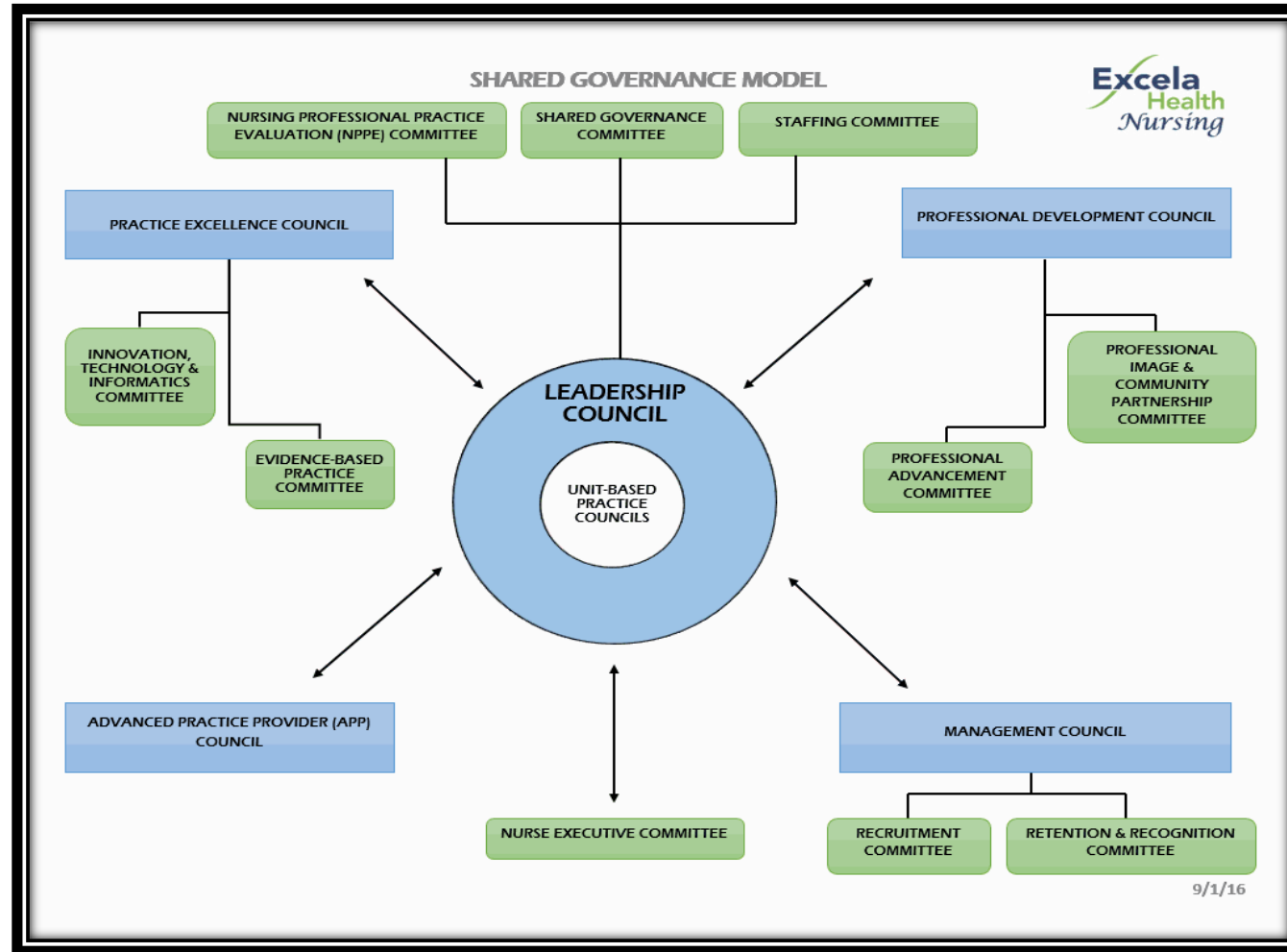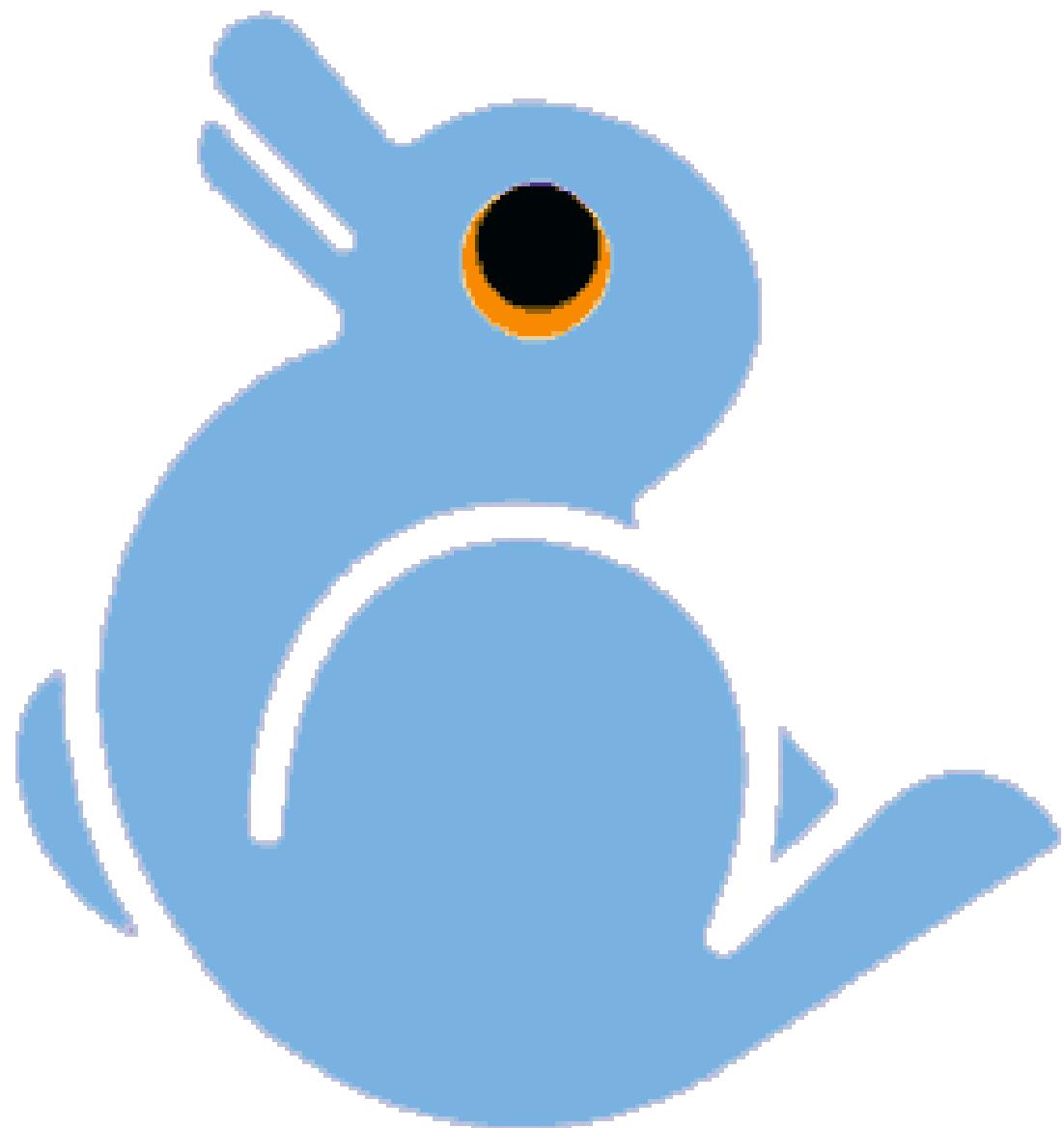
Why undertake strategic planning?

- Strategic planning provides a road map for the organization to follow.

- Strategic planning allows us to respond to the issues we are facing by creating the future proactively, rather than responding to the external and internal environment in a haphazard way (Drenkard, 2001).

1) Advance Nursing Practice Excellence and Transformation

Goal: Establish systematic approaches to support safe, efficient, and effective patient-driven care in all settings and programs.

Objectives:
- Set a new standard of excellence in autonomous, accountable, and caring nursing practice, committed to patient advocacy and innovative care in a climate of trust and collaboration.
- Support a culture that empowers nurses to make decisions about their practice through shared leadership and a defined Professional Practice Model.
- Maintain a culture of quality and safety by utilizing national standards as a guide to facilitate excellence in nursing practice.
- Establish a care delivery model that drives patient/family and staff satisfaction.
- Embrace innovation.

2) Intensify an Evidence-Based Practice (EBP) and Translational Research Approach

Goal: Create an environment of inquiry in which all nurses apply the best available evidence to improve health care delivery and outcomes throughout Excela Health.

Objectives:
- Assess Excela nurses' beliefs and abilities to implement evidence based practice and measure existing organizational culture and readiness to practice from an evidence base within Excela Health.
- Promote a culture of professional autonomy and confidence to utilize an EBP approach to clinical practice.
- Support an interprofessional EBP approach across the continuum of care.

e identified.
Nursing leaders across the system will serve as initiative champions to assure successful attainment of these objectives.

3) Promote Leadership, Excellence and Career Development

Goal: Enhance the competent, dedicated, compassionate, and high-performing nursing workforce and assure leadership excellence through organizational initiatives.

Objectives:
- Establish a work culture where expectations support healthy, safe work environments.
- Support all nurses in all settings to attain their highest level of professional development and career achievement.
- Set a standard of excellence across the organization that supports leadership development at all levels and for all positions.
- Establish succession planning as an ongoing initiative within Excela Nursing.

4) Foster Financial Stewardship and Workforce Management

Goal: Nurses at all levels will identify measures to safely and effectively improve operations and will support recruitment and retention of nurses.

Objectives:
- Increase staff engagement in process improvement utilizing the LEAN methodology.
- Establish system-wide staffing strategies/standards that will address patient safety and the delivery of quality nursing care.
- Ensure that professional nurses providing direct patient care have the opportunity to provide input in determining hospital staffing plans.
- Create a more experienced, highly educated, and more diverse nursing workforce with nurses practicing to the full extent of their education and license.
- Contribute to the attainment of Value-Based Performance.

5) Enhance Nursing Image and Community Partnerships

Goal: Promote visibility of Excela Nursing and community engagement.

Objectives:
- Promote a positive image for Excela Health Nursing within the organization.
- Identify opportunities to recognize and reward Excela Health Nurses.
- Promote a positive image of Excela Health Nurses in the community.
- Increase visibility of Excela Health Nursing within professional circles across the region, at the state level and nationally.

Nursing Research/EBP Strategic Planning

- Literature search revealed few publications report on the development of strategic plans within nursing, especially with relation to nursing research and EBP

  - Hauck et al (2013) used pre/post study data to create and implement their strategic plan for EBP
  - Shoemaker and Fischer (2011) used health system-based data to create and evaluate their strategic plan related to nursing resources

We needed a baseline . . .

- *Measuring Correlates of EBP in a Community Hospital System*
  (Burns, Noonan, Medley & Bernardo, 2016)

- The purpose of this cross-sectional descriptive study was to measure nurses' beliefs and implementation of EBP and to measure the existing organizational culture and readiness to practice from an evidence-base at Excela Health.

Study Methods

- **Design**
  - ➢ Cross-sectional survey design
  - ➢ Data were obtained from individual nurses through electronic survey methods, which allowed for anonymity and confidentiality.

- **Sample**
  - ➢ Eligible for participation were nurses (RN's and LPN's) employed full-time, part-time or casual within Excela Health.
  - ➢ Institutional Review Board approval was obtained.

Study Measurements*

- Four instruments:

  - ➢ Demographic Profile
  - ➢ EBP Beliefs Scale (EBP-B)
  - ➢ EBP Implementation Scale (EBP-I)
  - ➢ Organizational Culture and Readiness for System-Wide Integration of EBP Scale (OCRSIEP)

  *Permission obtained from the authors (Melnyk & Fineout-Overholt) to use the instruments in this study.

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Demographic Profile

➢ Age
➢ Years of employment within the hospital system
➢ Years of experience as a professional nurse
➢ Level of nursing education
➢ Practice role
➢ Practice specialty

EBP Beliefs Scale (EBP-B)

- Designed to measure nurses' beliefs about EBP.
- Consists of 16 items that are answered using a 5-point Likert Scale (1=strongly disagree to 5=strongly agree).
- Range of scores is 16 to 80.
- Mean scores $>$ 64 indicate a firm belief in EBP

EBP Implementation Scale (EBP-I)

- Measures the actual implementation of EBP through self-report of engagement in expected behaviors of evidence-based clinicians.

- 18 items scored with a 5-point frequency scale of how often in the previous 8 weeks the respondents performed the item in question (1= zero times to 5 = more than 8 times).

- Range of scores is 18 to 90.

- It is expected that evidence-based clinicians would be implementing behaviors reflecting EBP at least 6-7 times in the last 8 weeks; therefore, overall scores falling below 72 indicate that clinicians are not actualizing EBP within their work environment

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Organizational Culture and Readiness for System-Wide Integration of EBP Scale (OCRSIEP)

- Measures the extent to which cultural factors that influence the implementation of EBP exist in the environment and the perceived readiness for integration of EBP

- Consists of 26 items answered with a 5-point frequency scale
  (1 = none at all to 5 = very much)

- Range of possible scores is 25-125
  - Scores <100 indicate an opportunity for growth for EBP within the organization
  - Scores > 100 indicate acceptance of EBP within the organization

Data Collection

- Nurses were informed of this study through their system email accounts and nursing intranet.

- Recruitment commenced prior to the study deployment and continued throughout the data collection period.

- The researchers contracted with a third party to create a customized electronic survey to collect the study data.

- Researchers sent out the survey link to respondents. The study consent form, demographic profile and study instruments were contained in the survey. Approximately 15 minutes of time was required to complete the study data collection instruments.

- Data were collected over a 21 day time period in 2015.

- At the conclusion of the data collection, the third party delivered a data file to the research team for statistical analyses.

Data Analysis

- Statistical analyses were conducted using SPSS v 20.

- Level of significance was set at $p < 0.05$.

- Research questions were answered using measures of central tendency and parametric tests.

Results

- There were 1,398 eligible nurses.

- Of these nurses, 585 consented, and 578 enrolled in the study.

- Complete data were available from 341 (61%) respondents; thus, the total sample size was 341, and all analyses were based on this number.

- These 341 nurses represented 24.4% of the total professional nursing population within the community hospital system.

Demographic Data (N=341)

Demographic Characteristic	Data
Age	Range=22-75 years Mean=47.88 years SD=11.46 Mode=58 years
Years practicing at Excela Health	Range= <1 year to 42 years Mean= 14.27 years SD=10.87 Mode= 10 years
Years of practice as a nurse	Range= <1 year to 46 years Mean= 22.03 years SD=12.70

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Demographic Data (N=341)

Nursing Education	
• Bachelor's degree in nursing	n=132 (38.7%)
• Associate degree in nursing	n=88 (25.8%)
• Diploma in nursing	n=58 (17.0%)
• Master's degree in nursing	n=55 (16.1%)
• Doctoral degree in nursing	n=3 (0.9%)
• LPN	n=5 (1.5%)
Practice role	
• Staff nurse	n=191 (56.0%)
• Other	n=67 (19.6%)
• Clinical nurse coordinator	n=42 (12.3%)
• Nurse manager	n=17 (5.0%)
• Advanced practice nurse	n=15 (4.4%)
• Charge nurse	n=9 (2.6%)

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Scale Analysis

Measure/Scale	OCRSIEP	EBP-B	EBP-I
Measurement • **Mean (SD)** • **Mode** • **Median** • **Range**	74.89 (+/-18.51) 75 75 25-120	56.49 (+/-8.5) 49 56 18-81	34.70 (+/-15.94) 19 31 19-89
Interpretation	>100 =cultural acceptance of EBP *There is an opportunity for organizational growth with EBP.	>64 =firm belief in EBP *Nurses are unsure of their belief in EBP.	>72 =practicing from an evidence-base *Nurses are not actualizing EBP within their work environment.

Application of Study Findings – Nursing Research/EBP Strategic Plan

- Study findings differentiated between organizational acceptance and opportunities to improve EBP

- The Nursing Research/EBP Strategic Plan:

  ➢ First draft crafted by the Nursing Research Consultant; review, comments, additions, approval by Nursing leadership.

  ➢ Updated to incorporate study findings, to align cultural considerations with strategic planning process and outcomes.

Staying focused on our Nursing Strategic Plan

Objective 1:

Establish the **infrastructure** to support the development and maintenance of evidence-based practice and research at Excela Health.

Strategy

- Initiate at least one system-wide EBP project by 12/2015
- Disseminate the trajectory of Excela Nursing projects and progress in professional practice
- Create a process for EBP project approval, mentoring for project completion and dissemination

Outcome

- Completed the EBP study data collection and analysis in 11/15
- Nursing retreats held in 2015 to showcase Excela Nursing projects and progress in professional practice
- Nursing EBP and Translational Research Days held in 2015, 2016 and 2017
- Process in place to approve EBP projects and mentor staff through EBP Committee

Annual Dissemination of Nursing QI, Evidence and Research Forum

– Interdisciplinary attendance has increased

– Diverse speakers and themes with broad appeal

Attendees	2015	2016
Staff	47	36
Nursing (other) Managers, Infection Control, Quality, Education, Informatics, Safety	27	41
Ancillary Depts	7	8
Faculty/Students	7	16
Total	88	101

Annual Dissemination of Nursing QI, Evidence and Research Forum

- Poster participation for staff and ancillaries has increased.
- Also showcases posters presented outside of organization.

Poster Participants	2015	2016
Staff	4	6
Nursing (other) Managers, Infection Control, Quality, Education, Informatics	4	12
Ancillary Depts	1	4
Faculty/Students	1	0
Physicians	3	2
Outside participants	5	3
Total posters	**10**	**15**

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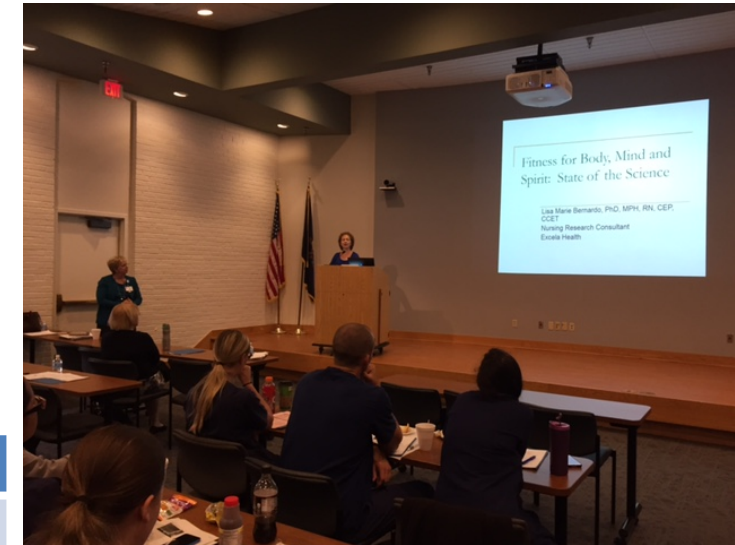
Objective 2:

Create, disseminate and evaluate **education** offerings related to the **differentiation of QI, EBP and research**, the process of EBP, the process of research and the process of professional presenting and publishing.

Strategy

- Create a comprehensive EBP curriculum for nursing leadership and nursing staff

Outcome

- Dissemination of EBP 1, 2 and 3 completed
- 91% to 100% of staff completed these online, mentored modules
- EBP 4 and 5 will be deployed in 2017-2018

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EBP Curriculum

EBP Curriculum	Dissemination Dates and Venues	Target Audience and Attendance Rates
Evidence-Based Practice I: Introducing Quality Improvement, Evidence-based Practice and Research	February – August, 2016 **Online Net Learning** (30 min. self-learning module)	All Excela Health RN's and LPN's • 1116 staff (99%) completion
Evidence-Based Practice II: Beginning the Process with PICO and Appraisal	February, 2016 **EBP Overview** (2.5 hrs. lecture/discussion & 30 min. practice activity) **Train-the-Trainer Classroom** (1.5 hrs. lecture/discussion) March, 2016 **EBP Overview (**1.5 hrs. lecture/discussion & 30 min. practice activity)	Nursing VP's, Directors, Nurse Managers, Educators • 67 staff (100%) attendance Educators, EBP Committee Chair • 10 staff (100%) attendance EBP Committee members, EBP Champions, others • 29 staff (97%) attendance

	March – September, 2016
	Online Net Learning (1.5 hrs. self-learning module & 30 min. practice activity)
	
	• Module 1 : Introduction to Evidence-based Practice
	  April – June, 2016
	
	• Module 2 : Creating the Clinical Question
	  July – September, 2016
	
	• Module 3 : Appraising the Evidence
	  September – November, 2016
		All Excela Health RN's
		
		• Module 1 : Introduction to Evidence-based Practice
		  1226 staff (99%) completion
		
		• Module 2 : Creating the Clinical Question
		  1166 staff (93%) completion
		
		• Module 3: Appraising the Evidence
		  1133 staff (91%) completion

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EBP Curriculum

EBP Curriculum	Dissemination Dates and Venues	Target Audience and Attendance Rates
Evidence-Based Practice III: Designing, Conducting and Evaluating an EBP Project: Non-experimental Designs	February, 2017 **Train-the-Trainer Classroom** (2.0 hrs lecture/discussion)	Nursing VP's, Directors, Nurse Managers, Educators • 25 staff (61%) attendance EBP Committee members, EBP Champions, others • 7 staff (23%) attendance Video placed on Intranet for viewing.
	Online Net Learning (2.0 hrs. self-learning module & 1-3 hrs. practice activity) • Module 1: Non-experimental designs • Module 2: Participants • Module 3: Outcome measures • Module 4: Methods • Module 5: Adverse events • Module 6: Data analysis	All Excela Health RN's Modules being deployed Fall 2017.
Evidence-Based Practice IV: Changing Nursing Practice with Evidence	To be deployed Fall, 2017	
Evidence-Based Practice V: Disseminating Evidence Through Presentations and Publications	To be deployed Spring, 2018	

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Objective 3:

Disseminate evidence-based and research-related project findings through professional publication and presentation venues.

Strategy

- Submit manuscripts for publication
- Submit abstracts for presentation
- Design a method for notifying leadership of available scholarships, grants, awards
- Create a process for mentoring nurses in presentations and publications
- Establish a tracking system for monitoring growth in the number of scholarship activities by Excela nurses

Outcome (2016-2017)

- 4 manuscripts submitted, 2 accepted, 2 rejected, 1 in progress
- 13 regional posters, 1 regional presentation, 4 state posters, 3 state presentations, 8 national posters, 5 national presentations
- Quarterly distribution of available scholarship opportunities
- Scholarship Group formed within EBP Committee to mentor nurses in scholastic activities
- Tracking system created, with online access available

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Objective 4:

Initiate and participate in **interdisciplinary evidence-based practice** and research projects.

Strategy

- Outline an EBP and research trajectory at Excela Health

Outcome

- Structured Interprofessional Bedside Rounds (SIBR) successfully implemented and presented nationally
- Nursing value-added activities study submitted for presentation at AONE; manuscript underway
- Two EBP projects completed in 2017:
  - Mind-body practices education
  - Prenatal education revitalization
- Three nursing research grants submitted for funding; none were funded
- Two research studies in progress:
  - Survey of nurses' EBP and research priorities
  - eDelphi study of nurses' EBP and research priorities

Conclusion…Strategy for Action

- A survey of Excela Health nurses demonstrates that beliefs and implementation of EBP can be strengthened within our existing organizational culture.

- Based on these findings, actions are underway to support EBP through effective strategic planning and shared governance strategies.

Strategy for Sustainability... (We're on an anti-drift campaign)

- Implementation of Restructured of Nursing Shared Governance Model.
- Annual Evidence-based Practice and Nursing Research Day.
- Scholarly Endeavors Workgroup created to foster professional advancement and development.
- eDelphi Study on obtaining consensus for a nursing research trajectory underway.
- Funding for EBP and nursing research projects.
- Re-survey of nurses in 2018 to measure changes in correlates of EBP.

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References

- Hauck, S., Winsett, R. & Kuric, J. (2013). Leadership facilitation strategies to establish evidence-based practice in an acute care hospital. *Journal of Advanced Nursing, 69(3),* 664-674.

- Shoemaker, L & Fischer, B (2011). Creating a nursing strategic planning framework based on evidence. *Nursing Clinics of North America, 46,* 11-25.

- Kaplan, L, Zeller, E., Damitio, D., Culbert, S. & Bayley, K. (2014). Improving the culture of evidence-based practice at a Magnet hospital. Journal for Nurses in Professional Development, 30(6), 274-280.

- Melnyk, B., Fineout-Overholt, E., Gallagher-Ford, L, & Kaplan, L. (2012). The state of evidence-based practice in US nurses. Journal of Nursing Administration, 42(9), 410-417.

- Melnyk, B., Fineout-Overholt, E, Giggleman, M & Cruz, R. (2010). Correlates among cognitive beliefs, EBP implementation, organizational culture, cohesion and job satisfaction in evidence-based practice mentors from a community hospital system. Nursing Outlook, 58, 301-308.

- Melnyk, B., Fineout-Overholt, E. & Mays, M. (2008). The evidence-based practice beliefs and implementation scales: Psychometric properties of two new instruments. Worldviews on Evidence-Based Nursing, 5(4), 208-216.

- Thiel, L. & Ghosh, Y. (2008). Determining registered nurses' readiness for evidence-based practice. Worldviews on Evidence-Based Nursing, 5(4), 182-192.

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THANK YOU

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