

Sigma Theta Tau International's 29th International Nursing Research Congress

Organizational Planning for Adopting Evidence-Based Practice

Kevin Browne, MS, RN, CCRN

Nursing, Memorial Sloan Kettering, New York, NY, USA

Purpose:

This session will describe the vision and associated structural changes undertaken to build, educate, actualize and sustain an evidence-based infrastructure across nursing leadership at this ANCC Magnet® and NCI comprehensive cancer center. Through a deliberate partnership with the Helene Fuld Health Trust National Institute for Evidence-based Practice in Nursing and Healthcare, a spirit of inquiry was ignited, EBP bench strength developed and ROI demonstrated.

Methods:

In 2014, the department of nursing at this ANCC magnet® designated and NCI designated comprehensive cancer center underwent structural changes at the executive nursing level. The divisions of nursing practice, quality and education were combined under the newly created office of the Deputy Chief Nursing Officer. Using a high reliability framework, the Deputy CNO set out to strengthen the departments approach to evidence-based practice (EBP). Recognizing CNSs as EBP experts and early EBP adopters, additional reporting changes were necessary to actualize the full vision. In January 2017 the CNS reporting structure was centralized to support and strengthen a culture of inquiry across the care continuum. A partnership with the Fuld, at the Ohio State University College of Nursing was put in motion to create an innovative, deliberate and customized college level EBP course for 225 + nurse leaders. The vision for EBP enculturation included a call to validate existing policies, procedures and standards of care to ensure current nursing practice was up to date and in alignment with the evidence. Leadership immersion was foundational to full actualization of the vision. Without leadership engagement and buy in, immersion across the enterprise would be futile. As all nursing leadership was required to participate in the immersion, a safety net was created in the event one level of leadership failed to buy into the enculturation. This unique approach fostered collegial relationships, broke down existing silos, strengthened the department and built a unique EBP capacity.

Results:

Through institutional support, the vision was actualized fully with completion of two leadership cohorts in partnership with the Fuld. A third cohort is planned for 2018. This presentation will include the strategies engaged to secure funding to launch the program create an environment for EBP readiness and success.

Conclusion:

Institutional change requires careful planning and engagement of experts. Collaboration with the Fuld was pivotal to bringing EBP structures and processes to every chairside, bedside and tableside across the care continuum. As an internationally recognized oncology nursing service, applying evidence to nursing care delivery ensures our leadership in cancer care.

Title:

Organizational Planning for Adopting Evidence-Based Practice

Symposium

Keywords:

Collaboration, Evidence-based Practice and Organizational Readiness

References:

6 References:

Melnyk B., Fineout-Overholt E. (2015). *Evidence-based Practice in Nursing & Healthcare: A guide to best practice*. 3rd^{ed}. Philadelphia, PA: Wolters Kluwer/Lippincott Williams & Wilkins.

Melnyk, B., Fineout-Overholt, E., Gallagher-Ford, L., & Kaplan, L. (2012). The state of evidence-based practice in US nurses: critical implications for nurse leaders and educators. *Journal of Nursing Administration*, 42(9), 410-417.

Melnyk, B., Gallagher-Ford L., & Fineout-Overholt, E. (2017). *Implementing the EBP competencies in healthcare; a practical guide for improving quality, safety and outcomes*. Indianapolis, IN: Sigma Theta Tau International.

Melnyk, B., Gallagher-Ford, L., Long, L. E., & Fineout-Overholt, E. (2014). The establishment of evidence-based practice competencies for practicing registered nurses and advanced practice nurses in real-world clinical settings: Proficiencies to improve healthcare quality, reliability, patient outcomes, and costs. *Worldviews on Evidence-Based Nursing*, 11(1), 5-15.

Pravikoff, D., Pierce, S., & Tanner, A. (2005). Evidence-based practice readiness study supported by academy nursing informatics expert panel. *Nursing Outlook*, 53(1), 49-50.

Stetler, C.B., Ritchie, J.A., Rycroft-Malone, J., & Charns, M.P. (2014). Leadership for evidence-based practice: Strategic and functional behaviors for institutionalizing EBP. *Worldviews on Evidence-based Nursing*, 11(4), 219-226.

Abstract Summary:

This session will describe the vision and associated structural changes undertaken to build, educate, actualize and sustain an evidence-based infrastructure across nursing leadership at this ANCC Magnet ® and NCI comprehensive cancer center.

Comments to Organizers:

Unwithdrawn with session

Content Outline:

1 Organizational Planning for Adopting change to EBP

1. Self assessment at executive and departmental level
 1. Readiness for expansion of organization
 2. Reorganization of executive nursing structure/roles
 3. Centralization of Clinical Nurse Specialis infrastructure
2. Reaching goal to ensure policy and standards were EB
 1. Validate Memorial way
 2. evaluating framework EB, close a gap
 3. New evidence adoption
3. Choosing EBP partner: Bern Melnyk and Helene Fuld
4. Engaging leadership
 1. NL, CNS, NPDS
 2. Ensuring buy in with immersion
 3. Breaking down silos at levels and across divisons

First Primary Presenting Author
Primary Presenting Author
Kevin Browne, MS, RN, CCRN
Memorial Sloan Kettering
Nursing
Deputy Chief Nursing Officer
New York NY
USA

Professional Experience: Memorial Sloan Kettering • Senior Director, Deputy Chief Nursing Officer - July 2014 – current • Director, Critical Care and Pediatric Nursing Services - January 2009 – March 2015 • Nurse Leader, Pre Surgical Services - April 1998 – December 2008 • Nurse Leader, Endoscopy - January 2001 – August 2003 Maimonides Medical Center • Nurse Manager, Cardiac Surgical Services - February 1995 – April 1998 • Thoracic and Cardiovascular Clinical Nurse Specialist - June 1993 to February 1995 The New York Hospital - Cornell Medical Center • Thoracic and Cardiovascular Clinical Instructor - 1992 – 1993 • Staff Nurse Cardiothoracic Intensive Care Unit / Surgical Inpatient Unit - 1987 – 1992 Woodside Senior Assistance Program Catholic Charities • Part Time Mental Health Nurse - 1990-1992

Author Summary: Kevin has been a nurse for 29 years. He is a member of the Executive Nursing Leadership Team at Memorial Sloan Kettering Cancer Center (MSKCC) in New York City. As the Deputy CNO he is responsible for the integration of practice, quality and education for 3000+ Registered Nurses and 800+ support staff. He is certified by the American Association of Critical Care Nurses, currently resides in Brooklyn and is pursuing his DNP.