Building an Evidence-Based Nursing Enterprise:
Lessons Learned and Meaningful Outcomes
STTI 29th International Nursing Research Congress

Kevin P. Browne, DNPe, RN, CCRN
Deputy Chief Nursing Officer

Nancy Houlihan MA, RN, AOCN®
Director, Evidence-based Practice

Keri Wagner RN, FNP-c, OCN®
Nurse Leader, Commack
No conflict of interest
About MSK...

- NCI Designated Comprehensive Cancer Center
- ANCC Designated Magnet® Organization
Organizational Planning for Adopting Evidence-based Practice
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 Designated Comprehensive Cancer Center.
2014...the Vision
Structural Changes at the Nurse Executive Level

Creation of the Office of the Deputy Chief Nursing Officer
Strengthening Evidence-based Practice across the MSK enterprise
“The Memorial Way”
In January 2017 the CNS reporting structure was centralized to support and strengthen a culture of inquiry across the care continuum.
Early Adopters...
Early Followers...
Early Believers...
Cultivating Mentors
Building a partnership...
“What you permit you promote…”

Lynn Gallagher-Ford, PhD, RN
A novel approach…

Create an innovative, deliberate and customized college level EBP course for 125+ nurse leaders.
The vision for EBP enculturation:

• 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.

• Immerse all of nursing leadership
  • Foundational to full actualization of the vision.
  • Without leadership engagement and buy in, immersion across the enterprise would be futile.
  • Foster 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.
• 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.
2 organizations came together...

• Strengthen MSKs EBP infrastructure
• Build EBP competence amongst its leadership
• Create a pool of early followers / adopters / mentors
• Built an effective program to address critical strategic goals
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.
Actualizing Institutional Change: Applying Deliberate Strategies for Adopting Evidence-based Practice

Nancy Houlihan MA, RN, AOCN®
Director of Nursing, Evidence-based Practice
Memorial Sloan Kettering Cancer Center
New York, NY, USA
Actualizing Institutional Change: Applying Deliberate Strategies for Adopting Evidence-based Practice

Nancy Houlihan MA, RN, AOCN®
Director of Nursing, Evidence-based Practice
Memorial Sloan Kettering Cancer Center
New York, NY, USA
Objectives

- Identify deliberate strategies used to develop, implement and sustain Evidence-based Practice (EBP) across MSK
- Describe how partnership with the Helene Fuld Health Trust National Institute for EBP enhanced nurse competency
- Demonstrate outcomes of a multi-year program to grow a culture of EBP
Key Strategies

• Intentional engagement of nursing leadership across the enterprise in the early stages of the project
• Proactive identification of critical/strategic issues to be addressed through the initiative
• Deliberate construction of teams assembled to transcend traditional silos, promote relationship building, and enhance communication across a complex organization
• Inclusion of practice partners affiliated with MSK from across the US
• Inclusion of MSK academic partners
• Creating a structure for sustainability

Early Adopters…
Early Followers…
Early Believers…
Cultivating Mentors…
# What We Did

| **Education** | Planned a 5 day EBP immersion with the FULD for MSK nurses in NYC |
| **Participants** | Selected cohort of Nursing Leadership to attend to ensure early adoption and support |
| | Assigned teams to reflect diversity of role and work setting |
| **Topics** | Chose strategic system and clinical initiatives for EB competency acquisition and leadership buy-in |
| **Follow-up** | Contracted with FULD for ongoing 15 month follow up coaching and boosters on projects |
| | Teams met timeline of deliverables e.g., evidence tables, recommendations, metrics… |
| **Cohort Completion** | Summit at 15 months with project presentation from 16 teams of nursing leaders |
| **Deliverables** | Evidence based project outcomes, value assessment and Return on Investment as applicable |
| **Research** | Measurement of knowledge, competence and attitude acquisition |
Implementation of Cohort 1

Comprehensive Plan to develop EBP Competencies
– Partnership with Helene Fuld Health Trust for EBP
– Knowledge, Skill and Attitude Acquisition

Education
• EBP Immersion- full week, college level course with CEUs
• Participants target: Nursing Leadership
• Goal: Create knowledgeable, skilled and supportive influencers
• 104 individuals – Chief and Deputy Chief Nursing Officers, Executive Directors, Nurse Leaders, Clinical Educators, Clinical Nurse Specialists, Nurse Practitioner Coordinators, Nurse Informatics Program Managers, Quality Managers
• Teams designed to reflect diversity in roles and work settings
• Topics assigned to reflect strategic institutional initiatives
• Track assignments: Mentor, Leader
Education

• Curriculum includes didactic information applied to real clinical scenarios
  ▪ Steps of EBP (Melnyk, 2014)
  ▪ Develop a PICO(T) question
  ▪ Conduct library search
  ▪ Learn rapid critical appraisal skills
  ▪ Synthesize evidence
  ▪ Teams present findings

• Follow up
  – 15 month commitment
  – 3 month progress assessment and coaching
    • Virtual
    • On site
  – Monthly boosters via email
Follow up Timeline

- Set deliverables at each follow-up session

- Immersion
  - June 2016

- 3 month f/u
  - October 2016 visit

- 6 month f/u
  - January 2017 Videoconf

- 9 month
  - May 2017 Visit

- 12 month f/u
  - September 2 Videoconf

- Final presentation
  - November 2017 visit
Table and Project Topics

<table>
<thead>
<tr>
<th>Cohort 1</th>
<th>Cohort 2</th>
<th>Cohort 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Strategic initiatives</td>
<td>• Mixed clinical and system related projects</td>
<td>• Mixed clinical and system related projects</td>
</tr>
<tr>
<td>• Pre-assigned by</td>
<td>• Suggestions provided. Teams chose their own topics within first hours of</td>
<td>• Preassigned topics with deliberate table assignments. Some teams chose</td>
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<tr>
<td>Executive Nursing</td>
<td>immersion</td>
<td>a topic in advance based on real need</td>
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<td>Leadership</td>
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<tr>
<td>Topics</td>
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<tr>
<td>• Falls</td>
<td>• Adopting Practice Change</td>
<td>• Chemotherapy Verification</td>
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<tr>
<td>• CAUTI</td>
<td>• Standardized Medical Emergency Response</td>
<td>• Oxygen Monitoring</td>
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<td>• CLABSI</td>
<td>• Mindfulness</td>
<td>• Outpatient Assessment Criteria</td>
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<td>• Extravasation</td>
<td>• Patient Identification</td>
<td>• Nighttime Assessment Criteria</td>
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<tr>
<td>• Handling Controlled Substances</td>
<td>• Palliative Care</td>
<td>• Moral Distress</td>
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<tr>
<td>• Peer Review</td>
<td>• 12 Hour Shifts</td>
<td>• Timing of Patient Education</td>
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<td>• Hand Off</td>
<td>• Telephone Triage</td>
<td>• Tube Feeding Practices</td>
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<td>• Peri op Benchmarks</td>
<td>• Nurse Empowerment</td>
<td>• Diabetic Cancer Patients</td>
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<td>• Outpatient Benchmarks</td>
<td>• Discharge Teaching Strategies</td>
<td>• Exit Interview Value</td>
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<td>• RN – RN Interactions</td>
<td>• Care of the Nurse Caregiver</td>
<td>• Retention</td>
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<tr>
<td>• Preceptor Development and Evaluation</td>
<td>• Palliative Care</td>
<td>• Complacency</td>
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<tr>
<td>• PPE and Chemotherapy</td>
<td>• Outpatient Wait Times</td>
<td>• Incivility</td>
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<tr>
<td>• Meeting Patient Emotional Needs</td>
<td>• Addiction in Cancer Patients</td>
<td>• Telehealth</td>
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<td>• Oral Chemotherapy Adherence</td>
<td>• Nausea and Vomiting in Chemo Patients: Non Pharma</td>
<td>• Debriefing</td>
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<td>• Response to Call Bells</td>
<td>• Nurse Engagement</td>
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<tr>
<td>• Improving Communication Across Organization</td>
<td>• Discharge Process</td>
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Team Work

• During immersion, teams:
  – Identify and discuss personality traits that allow for team success (DISC)
  – Collaborate on a specific topic
  – Work together with facilitator to demonstrate learning for real questions

• After immersion, teams
  – Reach consensus on plan to complete project
  – Utilize communication methods for sharing documents
  – Plan meetings using virtual tools
  – Complete work assignments (evidence reviews, synthesis tables, presentations)
  – Share resources appropriately

• Overcome barriers
  – Time
  – Negotiating coverage
Following Cohorts

**Cohort 2 June 2017**

- Participants changed to senior front line nurses, council chairs, incremental leaders
  - Added MSK affiliate members from Connecticut, Pennsylvania and Miami
  - Added Academic Partner- SUNY Stony Brook University
- Added Academic track
- Began MSK facilitator/mentor role development
- Completed 12 month follow-up in July 2018

**Cohort 3 June 2018**

- Participants focused again on senior front line nurses, council chairs, incremental leaders
  - Included MSK affiliate members from Connecticut, Pennsylvania and Miami
  - Added 2 Academic Partners- CUNY Hunter College and Molloy College
  - Interdisciplinary members: Social Work, Nutrition, Respiratory Therapy, Administrator, Pharmacist, Patient Representative
- Further developed MSK facilitator/mentor roles
- Completing 3 month follow-up in August 2018
Results...

- Inaugural EBP summit at MSK November 2017
  - 15 EBP projects from Cohort 1 presented to Nursing Leadership, staff, other disciplines, Fuld Faculty
  - Presentations included:
    - PICO questions, synthesis tables, internal evidence and practice or administrative recommendations
    - Implementation, outcomes and return on investment
Results...

- 300+ MSK nurses plus partners have developed EBP competencies
- 45 major hospital initiatives and clinical practice improvements developed, completed or underway
EBP RN Competencies: MSK vs. National Study Data

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

Helene Fuld Health Trust National Institute for EBP, 2017
Sustainability...

• Added EBP structure into the NEW RN Graduate Nurse Residency Program.

• Added EBP language into the Dept of Nursing Quality and Safety Plan.

• Strengthened Clinical Nurse Job Descriptions with EBP language.

• Q 3 month check-in’s with table members / CTEP leadership

• CTEP boosters

• Monthly PICOT reports

• NCARE© Organizational Citizenship CN III / CN IV
Next Steps

- Implementing a standardized method for EBP across a large Cancer Center with 3500 nurses at 10 local and regional sites can be accomplished through deliberate strategies.
- A partnership with the Fuld Trust allowed a committed organization to realize a goal of ensuring that front line nursing practice is always based on evidence.
- Future plans include ongoing immersions of staff nurses for sustainability, with MSK taking greater leadership for education and mentorship.
Nursing Leaders as Early Adopters of Evidence-based Practice; Outcomes of the Plan

Keri Wagner RN, FNP-C, OCN®
Nurse Leader
Memorial Sloan Kettering Cancer Center
Commack, NY, USA
Objectives

To provide details on how the executive leadership’s decision to educate nursing leadership (CNO/executive nurse leaders, mid-level managers, CNS, NPDS) in the initial EBP immersion positively impacted the success of the program.

To discuss how engaging leadership with a shared vision supports their knowledge of, and competence with, EBP which then cultivates an environment of learning, supporting and mentoring.

To describe how the immersion cultivated a spirit of inquiry among nursing leadership as well as the teams that report to them.
• The Immersion was only the beginning…
AGENDA
8:00-8:05 Welcome
Kevin Browne, MSN, RN, CCRN, Deputy Chief Nursing Officer

8:05-9:00 Keynote
Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN

Presentations
9:00-Falls 9:40-Preceptor Development and Evaluation
9:20-Peer Review 10:00-Handoff

Presentations
10:35-Extravasations 10:55-Oral Chemo Adherence
11:15-Response to Call Bells 11:35-CAUTI

1:00-1:30 Plenary Session
Lynn Gallagher-Ford, PhD, RN, DPFNAP, NE-BC

Presentations
1:30-PPE and Chemotherapy
1:50-Improving Communication across Complex Organizations
2:10-CLABSI 2:30-RN to RN interactions

Presentations
2:55-Outpatient Benchmarks AND Meeting Patients Emotional Needs
3:15-Controlled Substances 3:35-Perioperative Benchmarks

4:00-Plenary Session
EBP @ MSK: Just What We Do
Naney Houlihan, MA, RN, and AOCN, Director, Evidence-based Practice

4:45-Closing Remarks
Elizabeth McCormick, MSN, RN, CENP
Senior Vice President, Chief Nursing Officer
Summit Highlights

• 15 EBP presentations
  – Shared successes/challenges
  – Saw varying stages of projects
  – Re-energized cohort 1 participants
  – Engaged cohort 2 participants
  – Spotlight: Preceptor Development Project

• Cohort 2 – Summit planned 16 months post immersion
  – Spotlight: Acupressure for CINV
What did the evidence show

- Preceptors are experienced, clinically competent nurses who function as a teacher, advocate, and role model.
- They are responsible for guiding, directing and supervising a new nurse.
- The preceptor is also responsible for facilitating the socialization of the new nurse into the work environment and the profession of nursing.

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Criteria Based Preceptor Selection:
- CNS sign-off on skills
- NL sign-off on requirements/character
- Unit agreement (peer review component)
- NPDS for Preceptors maintains copy for files and may audit in observations
- Preceptor self-assessment
  - Self-Assessment completed prior to Workshop & submitted to NPDS for Preceptors – reviewed in Workshop

Preceptor Preparation
- Preceptor workshop
- Annual Refresher
- Evaluation by preceptor and preceptee
Return on Investment

• Turnover
• Satisfaction
• Decreased preceptor burnout
• Retention
• Evaluations
• Patient Outcomes

• Next Steps
• Webpage for Preceptors on Nursing Web
  – Program description
  – Application
  – Resources
  – References
What did the evidence show

• Digital P6 acupressure in conjunction with pharmacotherapy reduces suffering in the chemotherapy patient

• To be successful:
  - Standardization of care
  - Validated tool for measurement of N/V and relief
  - Multiple delivery methods of education
Recommendations Based on the Evidence

• Create a Standard of Care
  – Digital P6 acupressure for chemotherapy induced nausea and vomiting
• Educate the front line nursing staff on digital P6 acupressure
  – Utilize integrative medicine for training
  – Identify superusers
• Teach patients and caregivers
  – Utilize Patient education material created by integrative medicine
    • Written material
    • Video
• Standardize N/V measurement tool
  – Granted permission to utilize Validated tool – RHODES INVR (Index of Nausea Vomiting/Retching)
  – Collaborating with nursing informatics to create standardized assessment
Return on Investment

• Reduction in suffering in the chemotherapy patient
  – Reduced use of anti-emetics
  • Reduce cost (medication cost vs free intervention)
  • Reduce medication related side effects

• Next Steps
  – Monitor for effectiveness
  – Add to the RHODES Index

1. Complete one INVR Scale starting at 7, 8, or 9 p.m. on _______________________.
   (date)

2. Choose the best hour for your schedule.

3. Beginning with your chosen hour, complete one INVR Scale every 12 hours at the same clock hour for six times.
   Example: 7 p.m. - 7 a.m. or 8 a.m. - 8 p.m.

Please answer the following questions:

How many times in the 12 hours did you take your medication for nausea/vomiting? ______________________

Did the medicine help your nausea and/or vomiting? ______________________

How many times in the 12 hours did you use acupressure as taught to you? ______________________

Did the acupressure help your nausea and/or vomiting? ______________________
Cohort 1 - Preceptor Development and Evaluation

What did the evidence show

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Return on Investment

- Turnover
- Satisfaction
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- Retention
- Evaluations
- Patient Outcomes

Next Steps

- Webpage for Preceptors on Nursing Web
  - Program description
  - Application
  - Resources
  - References
Cohort 2 - Nausea and Vomiting in Chemo Patients: Non Pharma

What did the evidence show

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How many times in the 12 hours did you use acupressure as taught to you? ___________________

Did the acupressure help your nausea and/or vomiting? ___________________
And it did not stop there…
Building a Structure for Sustainability

• System resources

• Frontline/Clinical skill development resources

• Academic resources
System Resources

- Policy and Procedure manual restructuring
- Reviewed and revised based on evidence
- Added synthesis tables and levels of evidence
- Leveraged and maximized the Lippincott policy and procedure tool kit
  - Collaborated with Wolters Kluwer to amplify evidence
- Capitalized on robust shared governance structure
  - Integrated EBP principles into council operations
    - Updated bylaws to include EBP language and process
    - Ongoing review process through our shared governance structure
- Formalized Nursing Standards of Care using an EBP framework
Clinical Device and Product Evaluation Process

• Revised membership to key individuals
• Director EBP in a leadership position
• Created a standardized a template for product requests which is inclusive of
  – A PICOT
  – Supporting evidence
  – Value analysis

Spotlight: Non-invasive female urinary devices
• Evidence: Female urinal vs external female catheter
• Outcome: Utilizing external female catheter
  – Reduction of CAUTI
  – Improved skin care
  – Increased patient and nurse satisfaction
Staff/Clinical Resources

• Job descriptions strengthened to include EBP expectations

• Revised career advancement
  – Utilized Benner novice to expert
  – Redefined standards and expectations with EBP components

• Created Staff Resources
  – Website with learning platform based resources
  – Strengthened and redesigned library and librarian resources
  – Enhanced access to mentors
EBP Education

- Resource building presentation created and delivered by CNS team
- Target audience – front line nursing staff at every level
- 90 minute workshop
- Piloted with councils/committees
- Incorporated into routine offerings

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### Meeting Minutes

**PICOIT Question Workshop**

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>Timing</th>
<th>Supplies Needed</th>
<th>Other Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sign in Entry Survey Completed and Collected Handouts distributed</td>
<td>5 minutes</td>
<td>Attendance Sheet, Entry Surveys</td>
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<tr>
<td>Intro to EBP and the CTEP method (PPT)</td>
<td>10 minutes</td>
<td>Pre-Developed PowerPoint</td>
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<tr>
<td>Break out into Scenario groups</td>
<td>15 minutes</td>
<td>4 Flip charts (~ 5 people per chart), Markers, Scenarios</td>
<td>Instructors to walk around and provide light guidance and feedback</td>
</tr>
<tr>
<td>Report out PICOIT questions written with feedback</td>
<td>5 minutes</td>
<td>Instructors utilize scenario with answers for guidance as needed</td>
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<tr>
<td>Advanced Search Strategies (PPT)</td>
<td>15 minutes</td>
<td>Pre-Developed PowerPoint</td>
<td></td>
</tr>
<tr>
<td>Breakout for synonym development and Search Strategies</td>
<td>20 minutes</td>
<td>4 Flip charts, Markers, Instructor answer sheets with ideal search strategies available for reference as needed</td>
<td>Instructors give feedback to groups while rounding to get correct outcomes; Instructors encourage groups to quickly look at the strategies completed by other groups</td>
</tr>
<tr>
<td>Next Steps: Database Selection and EBP Presentation Application</td>
<td>20 minutes</td>
<td>Goes over EBP presentation worksheet and discusses NCCARE integration</td>
<td>Instructors open floor to staff ideas for EBP presentations/topics</td>
</tr>
</tbody>
</table>

Credit - Deborah O'Shea, CNS
CN III Maintenance Presentation example

- RN-RN Interaction
  - Improving communication between nurses

- Evidence Based Intervention
  - Team Huddles
  - Electronic communication education
  - Multi-modality interactions

Credit - Elaine Andreana, CN III
CNS students

- CNS Student program
  - Partnership Hunter College and Molloy College, Schools of Nursing
  - 10 – 14 students /semester
  - Created a structured onboarding
    - 3 hour orientation
    - Introduction to EBP course utilizing the Melnyk model
  - PICOT question development
  - After 12 weeks: EBP presentation regarding practice change and quality improvement

- CNS Student Program example:
  - 10 students all completed and presented EBP projects
  - 5 of these presented their work effort at NACNS
• **PICOT Question #1**
  – In patients receiving high alert medications, how does a structured dose verification process compared to clinician preference?

• **PICOT Question #2**
  – In patients receiving continuous intravenous medications, how does a double check process compared to a single check process affect medication error rates?

• **PICOT Question #3**
  – In the healthcare industry, how does medication double checks based on an aviation process compared to the traditional medication double checks affect medication error rates?

• **What do we know**
  – Based on the literature, double checking medication are helpful but not the ONLY resolution to medication errors.
  – Distractions and interruptions are active factors which contributed to medications errors.
  – A checklist provides a structured and orderly process for tasks.

• **Evidence Based Recommendations**
  – Develop a process to minimize interruptions during double checking process.
  – Establish a check list procedure during the independent double checking process.
  – Be judicious with the use of independent double check process
  – Be vigilant about all medication processes
Partnership with Academia

- Partnership with the Deans of schools of nursing in the local market
  - Hunter College– Bellevue School of Nursing
  - Molloy College, The Barbara H. Hagan School of Nursing
  - SUNY Stony Brook, School of Nursing (Early Adopter)

- Invited faculty to attend EBP Immersion with MSK staff
  - Created an academic track for the immersion
  - Partners collaborated with team/tables projects
  - Goal: Align curriculum with Melnyk method

- Spotlight: Stony Brook Faculty day to teach EBP
  - Program collaboration between FULD, MSK and Stony Brook
### Supporting our Academic Partners

**Stony Brook School of Nursing**

**Spring 2018 Retreat Teaching and Learning Evidence-based Practice: Implications for Curriculum Development**

**April 24, 2018**

<table>
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<th>Event</th>
<th>Location</th>
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<tr>
<td>8:00 a.m. to 8:30 a.m.</td>
<td>Registration/Breakfast</td>
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<td></td>
<td>Dean’s Suite &amp; Dean’s Conference Room</td>
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<tr>
<td>8:30 a.m. – 8:45 a.m.</td>
<td>Welcome</td>
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<tr>
<td></td>
<td>Dr. Marijean Buhse, Chair, Dept. of Graduate Studies</td>
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<td>Dr. Carol Della Ratta, Chair, Dept. of Undergraduate Studies</td>
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<td></td>
<td>Dr. Cindy G. Zellefrow, Director, Academic Core at The Helene Fuld Health Trust National Institute for Evidence-based Practice in Nursing &amp; Healthcare Assistant Professor of Practice, The Ohio State University College of Nursing</td>
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<tr>
<td></td>
<td>Dean’s Conference Room</td>
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<tr>
<td>8:45 a.m. to 9:00 a.m.</td>
<td>Ice Breaker</td>
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<td>Dean’s Conference Room</td>
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<tr>
<td>9:00 a.m. to 9:45 a.m.</td>
<td>“Permission Granted – Clearing the Confusion around EBP”</td>
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<td>Dr. Cindy G. Zellefrow</td>
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<td>Dean’s Conference Room</td>
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<tr>
<td>9:45 a.m. to 10:00 a.m.</td>
<td>BREAK – Take a moment for a little mindfulness and relaxation</td>
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<tr>
<td>10:00 a.m. to 10:30 a.m.</td>
<td>“EBP LIVE at Memorial Sloan Kettering”</td>
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<tr>
<td></td>
<td>Kevin Brown</td>
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<td>Chris Brooks</td>
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<td>Dean’s Conference Room</td>
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**Memorial Sloan Kettering Cancer Center**
EBP Taking Hold...

• We have built an evidenced based infrastructure that has gained momentum
  – Widely recognized and accepted
  – Palpable
  – Integrated
  – Embraced
  – Valued
  – Sustained

Tenured, empowered, engaged front line staff
Mature shared governance model
Promotional and career development program
Recent Magnet designation
Questions…


