Memorial Sloan Kettering Cancer Center

Building an Evidence-Based Nursing Enterprise: Lessons Learned and Meaningful Outcomes

STTI 29th International Nursing Research Congress

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

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

Keri Wagner RN, FNP-c, OCN®
Nurse Leader, Commack

Memorial Sloan Kettering Cancer Center

No conflict of interest

About MSK…

- NCI Designated Comprehensive Cancer Center
- ANCC Designated Magnet® Organization

Memorial Sloan Kettering Cancer Center

Organizational Planning for Adopting Evidence-based Practice

Memorial Sloan Kettering Cancer Center

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.

Memorial Sloan Kettering Cancer Center

Elizabeth and Rory’s Story

Memorial Sloan Kettering Cancer Center

2014…the Vision

Memorial Sloan Kettering Cancer Center

Structural Changes at the Nurse Executive Level

Creation of the Office of the Deputy Chief Nursing Officer

Memorial Sloan Kettering Cancer Center

Fundamental Tenets of Nursing Practice, Quality and Education

Memorial Sloan Kettering Cancer Center

Strengthening Evidence-based Practice across the MSK enterprise

Memorial Sloan Kettering Cancer Center

“The Memorial Way”

Memorial Sloan Kettering Cancer Center

In January 2017 the CNS reporting structure was centralized to support and strengthen a culture of inquiry across the care continuum.

Memorial Sloan Kettering Cancer Center

Early Adopters…
Early Followers…
Early Believers…
Cultivating Mentors

Our CNS Team

emorial Sloan Kettering
ancer Center

Memorial Sloan Kettering Cancer Center

Building a partnership…

Memorial Sloan Kettering Cancer Center

“What you permit you promote..."

Lynn Gallagher- Ford, PhD, RN

Memorial Sloan Kettering Cancer Center

A novel approach…

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

Memorial Sloan Kettering Cancer Center

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.

Memorial Sloan Kettering Cancer Center

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.

MSK
Nursing
Compassi
Advocac
elationsh
Excellen
We CARE
Every Day, Every Way
Memorial Sloan Kettering
Cancer Center

MSK
Nursing
Compassion
Advocacy
Relationships
Excellence
We CA
Every Day. Every
Memorial Sloan Kettering
Cancer Center
7th F

Memorial Sloan Kettering Cancer Center

- 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.

Memorial Sloan Kettering Cancer Center

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

Memorial Sloan Kettering 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.

Memorial Sloan Kettering Cancer Center

Actualizing Institutional Change: Applying Deliberate Strategies for Adopting Evidence-based Practice

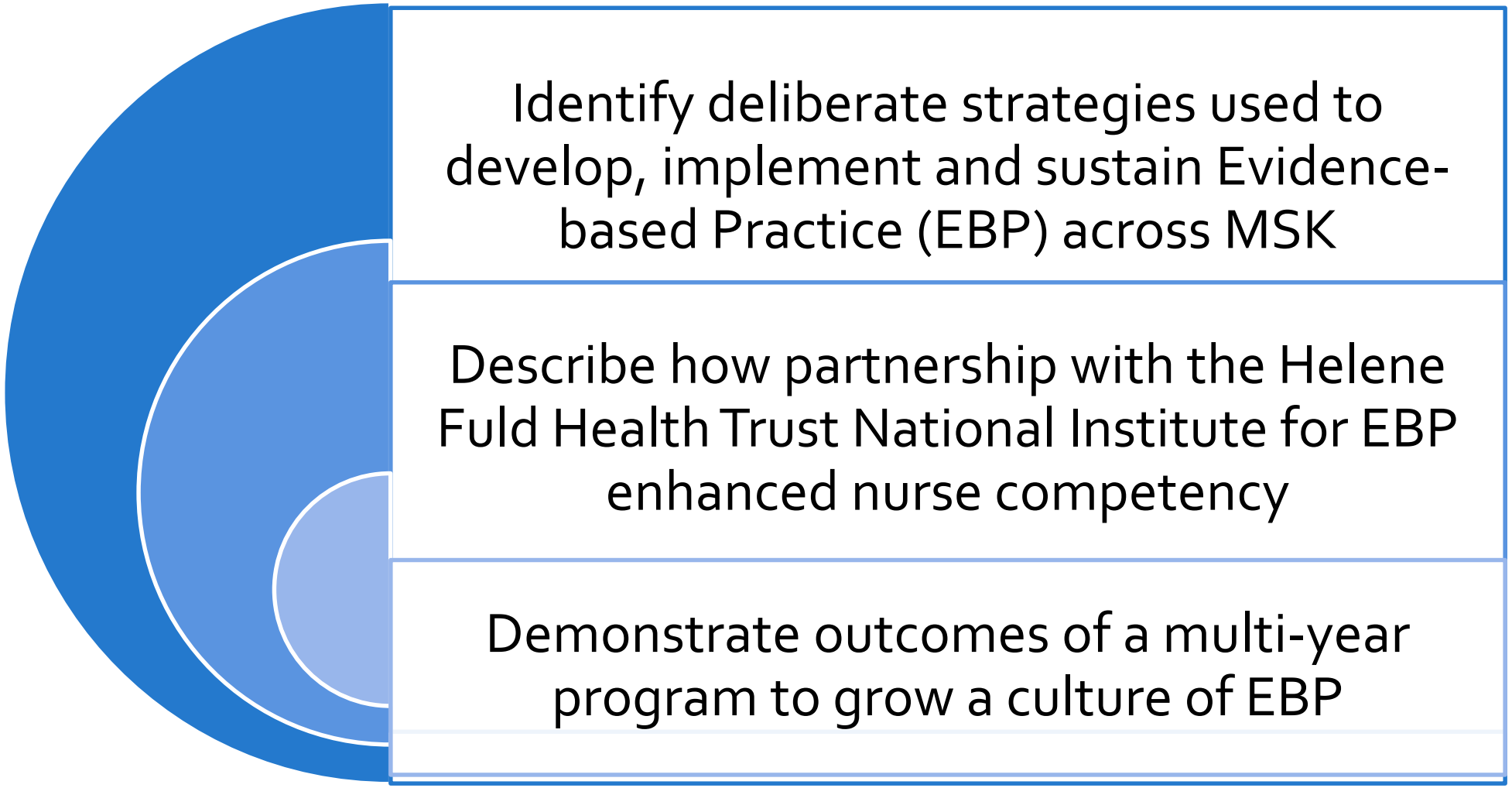
Nancy Houlihan MA, RN, AOCN®
Director of Nursing, Evidence-based Practice
Memorial Sloan Kettering Cancer Center
New York, NY, USA

Memorial Sloan Kettering Cancer Center

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

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

Memorial Sloan Kettering Cancer Center

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

Memorial Sloan Kettering Cancer Center

Follow up Timeline

- Set deliverables at each follow-up session

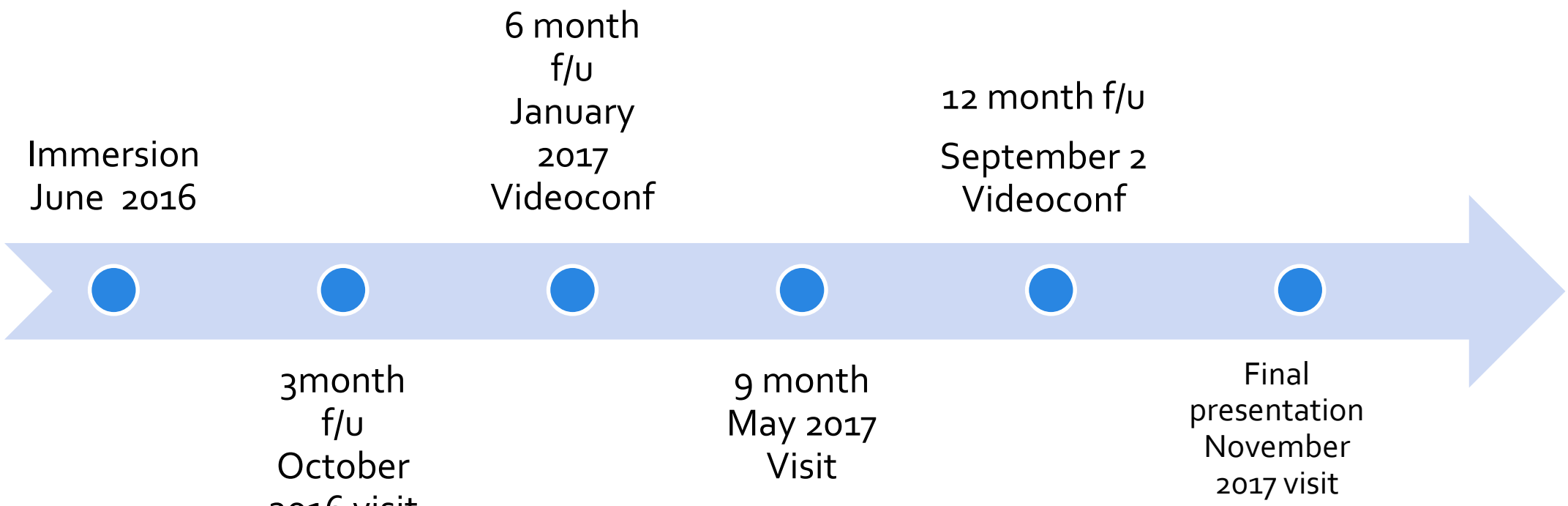


Table and Project Topics

Cohort 1	Cohort 2	Cohort 3
• Strategic initiatives • Pre-assigned by Executive Nursing Leadership	• Mixed clinical and system related projects • Suggestions provided. Teams chose their own topics within first hours of immersion	• Mixed clinical and system related projects • Preassigned topics with deliberate table assignments. Some teams chose a topic in advance based on real need

Topics

Cohort 1	Cohort 2	Cohort 3
• Falls • CAUTI • CLABSI • Extravasation • Handling Controlled Substances • Peer Review • Hand Off • Peri op Benchmarks • Outpatient Benchmarks • RN – RN Interactions • Preceptor Development and Evaluation • PPE and Chemotherapy • Meeting Patient Emotional Needs • Oral Chemotherapy Adherence • Response to Call Bells • Improving Communication Across Organization	• Adopting Practice Change • Standardized Medical Emergency Response • Mindfulness • Patient Identification • Palliative Care • 12 Hour Shifts • Telephone Triage • Nurse Empowerment • Discharge Teaching Strategies • Care of the Nurse Caregiver • Outpatient Wait Times • Addiction in Cancer Patients • Nausea and Vomiting in Chemo Patients: Non Pharma • Nurse Engagement • Discharge Process	• Chemotherapy Verification • Oxygen Monitoring • Outpatient Assessment Criteria • Nighttime Assessment Criteria • Moral Distress • Timing of Patient Education • Tube Feeding Practices • Diabetic Cancer Patients • Exit Interview Value • Retention • Complacency • Incivility • Telehealth • Debriefing

ng

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

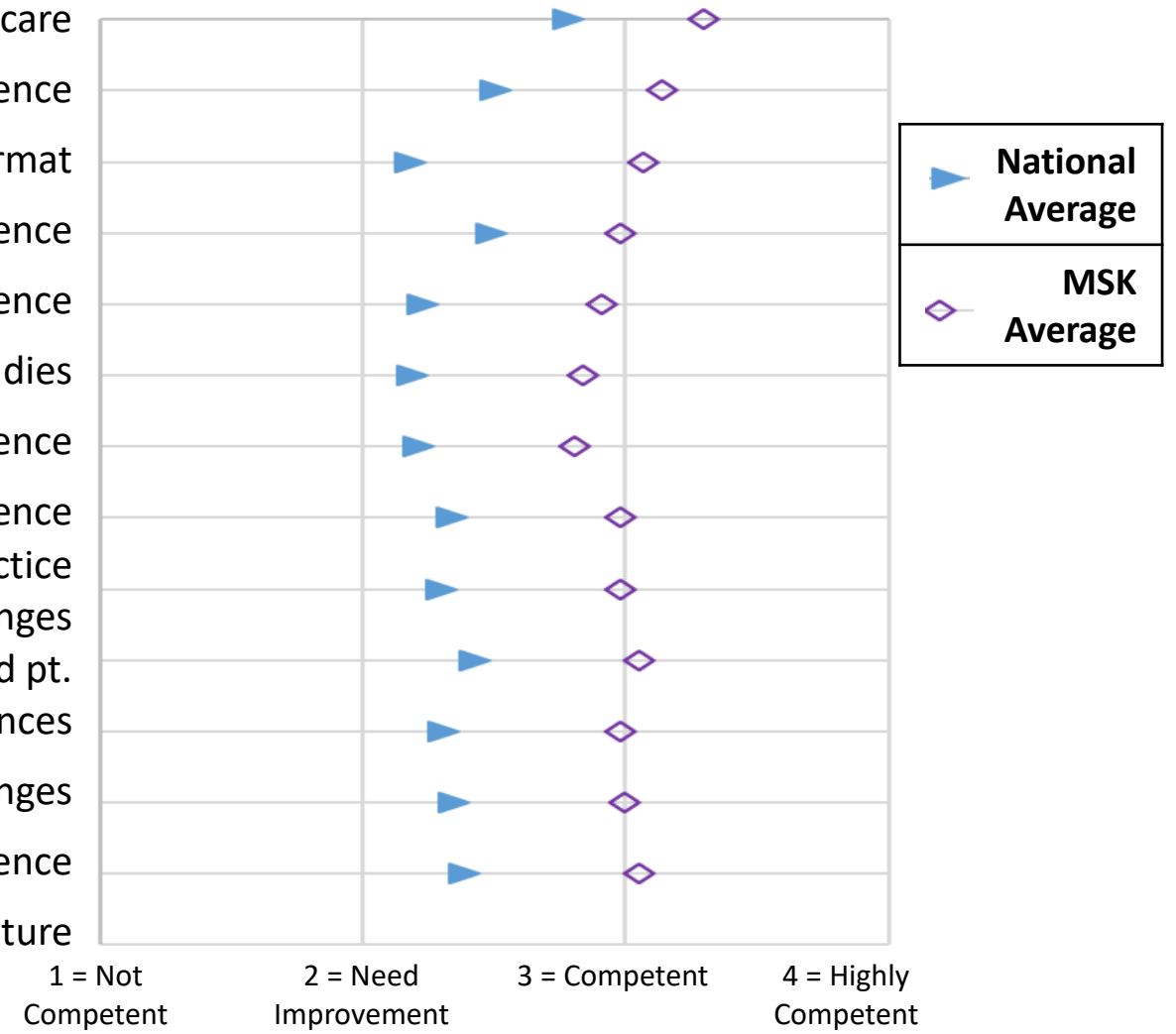
Results…

- 300+ MSK nurses plus partners have developed EBP competencies
- 45 major hospital initiatives and clinical practice improvements developed, completed or underway

an Kettering
Cancer Center

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

Memorial Sloan Kettering Cancer Center

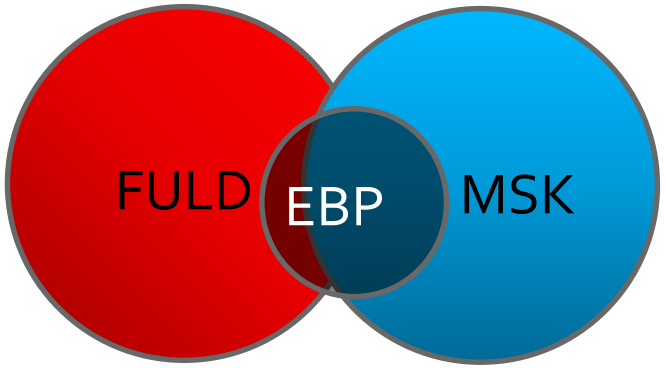
Sustainability…

- 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

Memorial Sloan Kettering Cancer Center

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



Memorial Sloan Kettering Cancer Center

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…

Memorial Sloan Kettering Cancer Center

Cohort 1 Summit

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
Nancy Houlihan, MA, RN, and AOCN, Director, Evidence –based Practice

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

Memorial Sloan Kettering Cancer Center

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

Cohort 1 - Preceptor Development and Evaluation

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.

ATTRIBUTES OF A PRECEPTOR		
Knowledge	Skills/Abilities	Attitudes
Policies and procedures	Patient care	Mature
Practice standards	Communication	Respectful
Unit/area routines	Use of equipment	Realistic
Documentation	Use of resources	Patient
Available resources	Interpersonal relationships	Flexible
Adult learning principles	Work organization	Dependable
Methods of teaching and learning	Problem-solving	Supportive, encouraging
	Decision-making	Positive
Teamwork	Priority-setting	Has a sense of humor
Time management	Delegation	Constructive

Recommendations Based on the Evidence

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

Cohort 2 - Nausea and Vomiting in Chemo Patients:Non Pharma

What did the evidence show

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

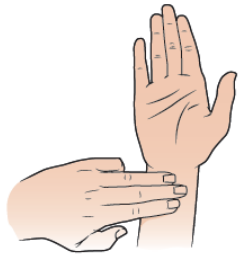


Figure 1.
Placing 3 fingers across wrist

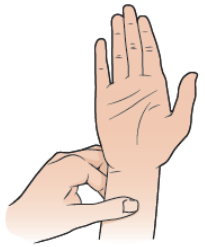


Figure 2.
Placing thumb on point below index finger

- To be successful:
  - -Standardization of care
  - -Validated tool for measurement of N/V and relief
  - -Multiple delivery methods of education

Memorial Sloan Kettering Cancer Center

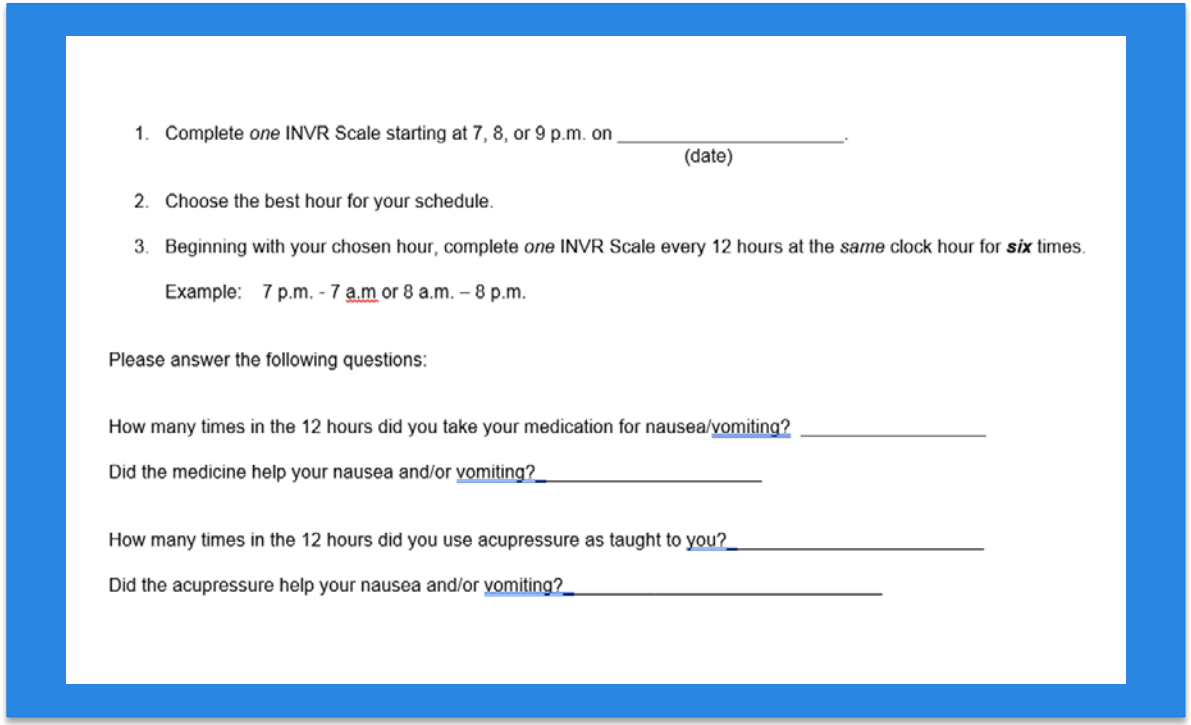
Recommendations Based on the Evidence

- 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?_____

Memorial Sloan Kettering Cancer Center

Cohort 1 - Preceptor Development and Evaluation

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.

ATTRIBUTES OF A PRECEPTOR		
Knowledge	Skills/Abilities	Attitudes
Policies and procedures	Patient care	Mature
Practice standards	Communication	Respectful
Unit/area routines	Use of equipment	Realistic
Documentation	Use of resources	Patient
Available resources	Interpersonal relationships	Flexible
Adult learning principles	Work organization	Dependable
Methods of teaching and learning	Problem-solving	Supportive, encouraging
	Decision-making	Positive
Teamwork	Priority-setting	Has a sense of humor
Time management	Delegation	Constructive

Recommendations Based on the Evidence

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

Cohort 2 - Nausea and Vomiting in Chemo Patients:Non Pharma

What did the evidence show

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

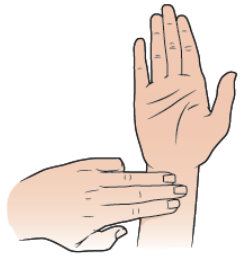


Figure 1.
Placing 3 fingers across wrist

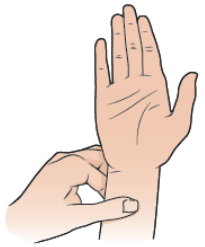


Figure 2.
Placing thumb on point below index finger

- To be successful:
  - -Standardization of care
  - -Validated tool for measurement of N/V and relief
  - -Multiple delivery methods of education

Memorial Sloan Kettering Cancer Center

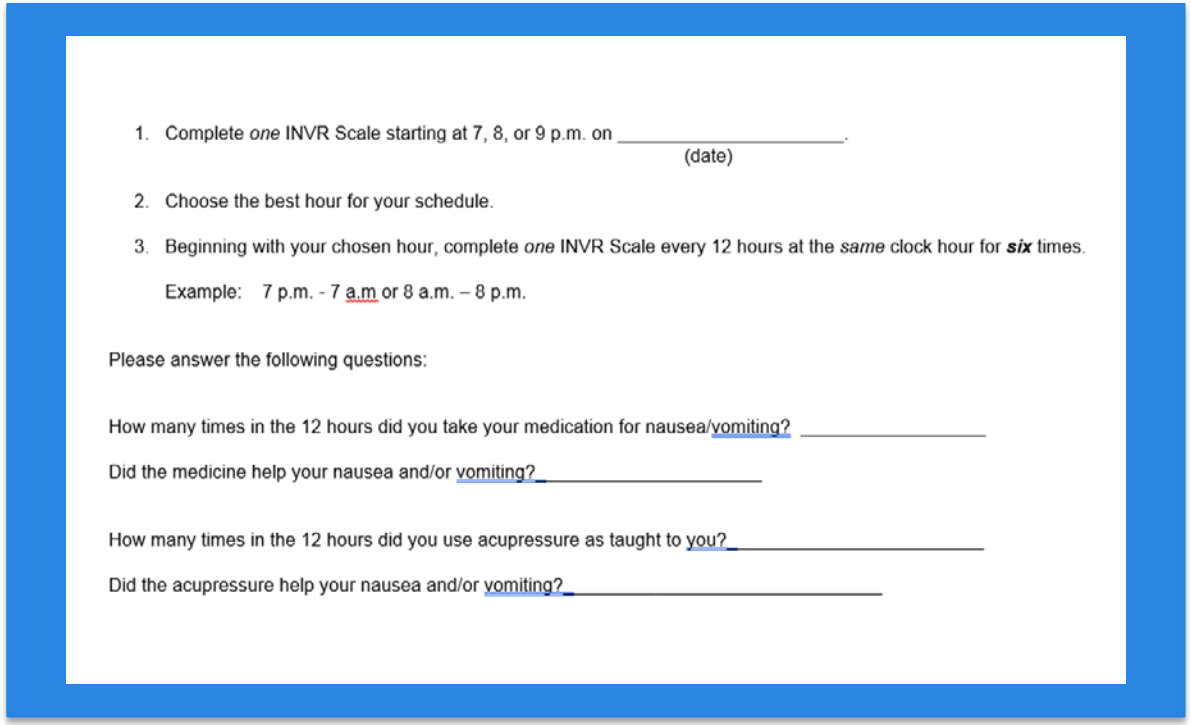
Recommendations Based on the Evidence

- 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? _____

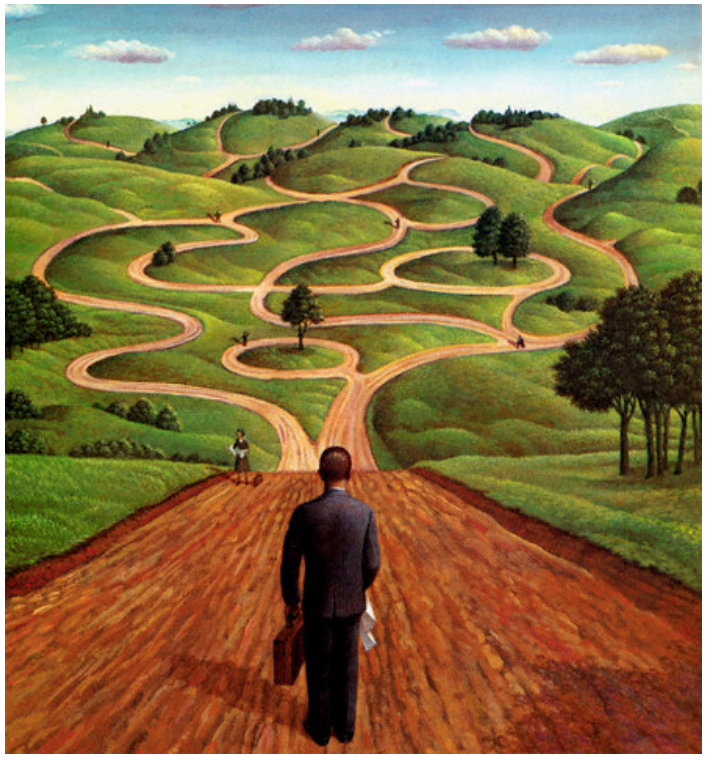
Did the medicine help your nausea and/or vomiting?_____

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

Did the acupressure help your nausea and/or vomiting?_____

Memorial Sloan Kettering Cancer Center

And it did not stop there…



Building a Structure for Sustainability

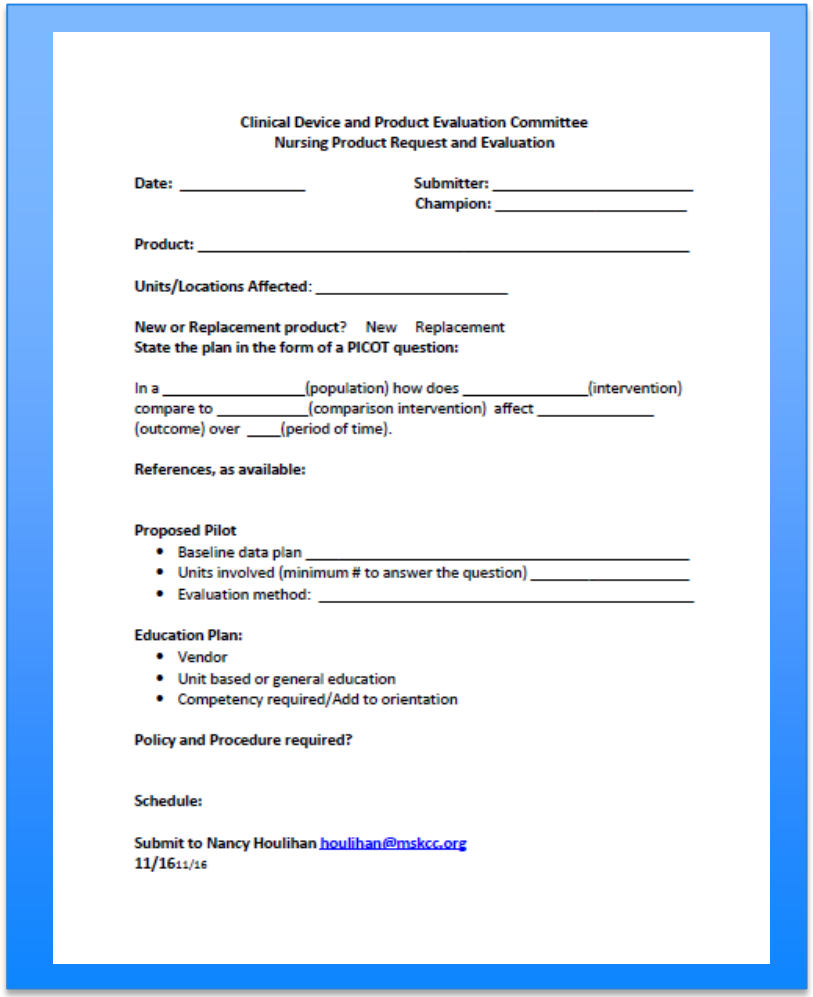
- **System resources**
- **Frontline/Clinical skill development resources**
- **Academic resources**

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



Clinical Device and Product Evaluation Committee
Nursing Product Request and Evaluation

Date: _____ **Submitter:** _____
Champion: _____

Product: _____

Units/Locations Affected: _____

New or Replacement product? New Replacement
State the plan in the form of a PICOT question:

In a _____(population) how does _____(intervention) compare to _____(comparison intervention) affect _____ (outcome) over ____(period of time).

References, as available:

Proposed Pilot
- Baseline data plan _____
- Units involved (minimum # to answer the question) _____
- Evaluation method: _____

Education Plan:
- Vendor
- Unit based or general education
- Competency required/Add to orientation

Policy and Procedure required?

Schedule:

Submit to Nancy Houlihan houlihan@mskcc.org
11/1611/16

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

Memorial Sloan Kettering Cancer Center

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

Memorial Sloan Kettering Cancer Center
Department of Nursing

Meeting Minutes
PICOT Question Workshop

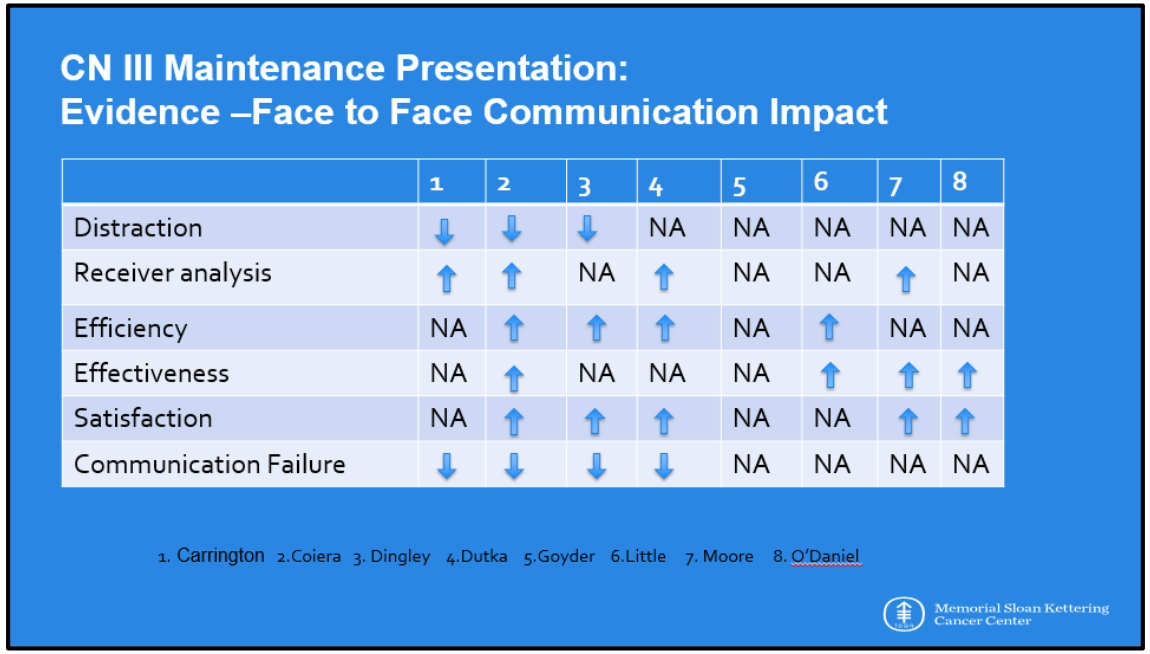
WeCARE
Every day. Every way.

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

Credit - Deborah O'Shea, CNS

Memorial Sloan Kettering Cancer Center

CN III Maintenance Presentation example



CN III Maintenance Presentation:
Evidence –Face to Face Communication Impact

	1	2	3	4	5	6	7	8
Distraction	⇩	⇩	⇩	NA	NA	NA	NA	NA
Receiver analysis	⇧	⇧	NA	⇧	NA	NA	⇧	NA
Efficiency	NA	⇧	⇧	⇧	NA	⇧	NA	NA
Effectiveness	NA	⇧	NA	NA	NA	⇧	⇧	⇧
Satisfaction	NA	⇧	⇧	⇧	NA	NA	⇧	⇧
Communication Failure	⇩	⇩	⇩	⇩	NA	NA	NA	NA

1. Carrington 2.Coiera 3. Dingley 4.Dutka 5.Goyder 6.Little 7. Moore 8. O'Daniel

Memorial Sloan Kettering Cancer Center

Credit - Elaine Andreana, CN III

- RN-RN Interaction
  - Improving communication between nurses
- Evidence Based Intervention
  - Team Huddles
  - Electronic communication education
  - Multi-modality interactions

Memorial Sloan Kettering Cancer Center

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

CNS Student - Spotlight

- **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?

Credit: Rufus W. Beverly CNS Student, Wayne Quashi CNS

- **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

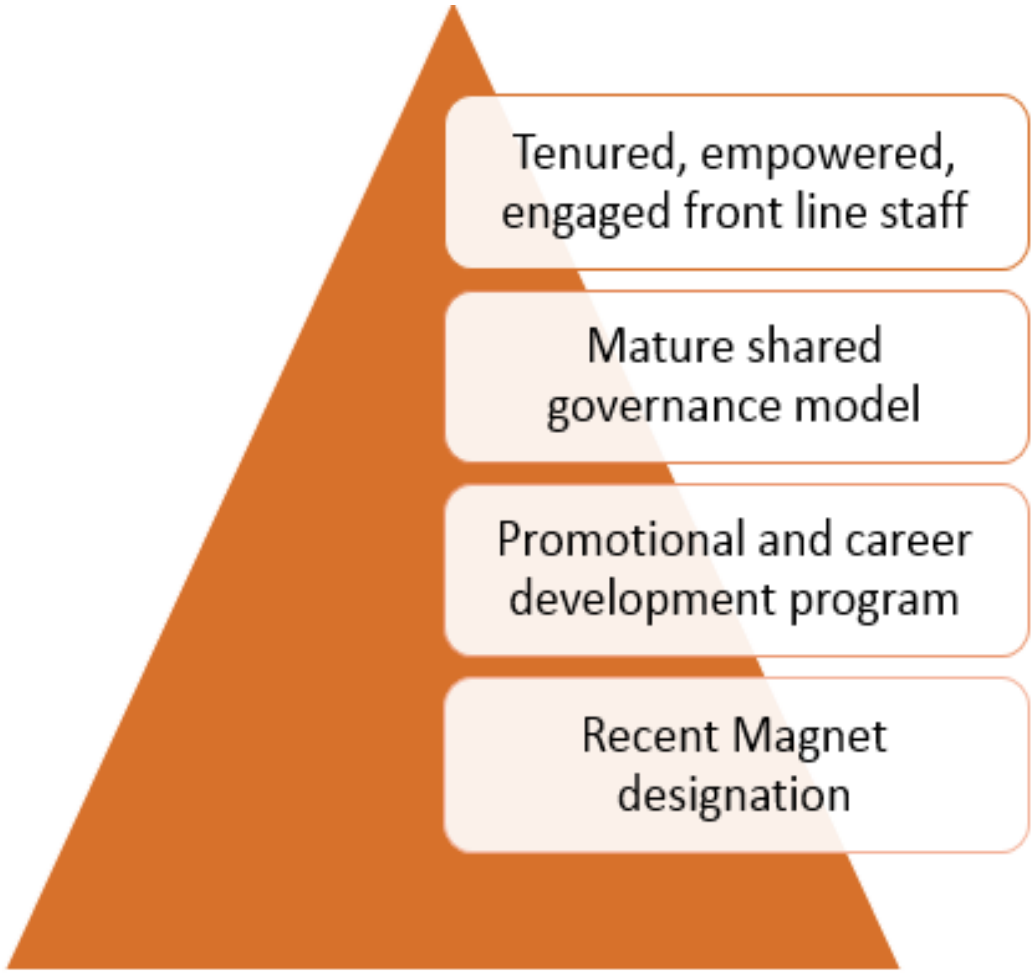
Spring 2018 Retreat Teaching and Learning Evidence-based Practice: Implications for Curriculum Development
April 24, 2018

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

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



Questions…

Memorial Sloan Kettering Cancer Center

References

Fineout-Overholt. (2011). Evidence-Based Practice, Step By Step: Following the Evidence: Planning for Sustainable Change. *American Journal of Nursing* , 54-60.

Ford, G. (2014). Implementing and Sustaining EBP in Real World Healthcare Settings: A Leader's Role in Creating a Strong Context for EBP. *Worldviews on Evidence- Based Nursing* , 72-74.

Melnyk. (2009). Igniting a Spirit of Inquiry: An Essential Foundation for Evidence-Based Practice. *American Journal of Nursing*, 49-52.

Melnyk. (2010). Asking the Clinical Question: A Key Step in Evidence- Based Practice. *American Journal of Nursing* , 58-61.

Melnyk. (2010). Evidence-based practice step by step: Critical appraisal of the evidence: part I. *American Journal of Nursing* , 47-52.

Melnyk. (2010). Evidence-Based Practice: Step by Step: The Seven Steps of Evidence-Based Practice. *American Journal of Nursing* , 51-53.

Melnyk. (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* , 5-15.

Melnyk. (2016). Implementing and Sustaining Evidence-based Practice in Healthcare Settings: What Works! *Worldviews on Evidence-Based Nursing*, 79-80.