LEVERAGING EVIDENCE, LEADERSHIP, AND COLLABORATION TO BUILD BEST PRACTICE EBP PROGRAMS AND ACHIEVE RESULTS

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Evidence to Support the Use of the ARCC Model to Advance and Sustain EBP throughout Healthcare Systems

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VP for Health Promotion, University Chief Wellness Officer
Dean and Professor, College of Nursing
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The Ohio State University
The State of U.S. Healthcare and Health

- Preventable medical errors are a major cause of morbidity and mortality throughout the world (3rd cause of death in U.S.)
- The delivery of evidence-based care is highly variable with estimates of it occurring only 50 to 55% of the time
- Poor quality healthcare costs billions of dollars every year
- Healthcare spending could be reduced by 30% if patients receive evidence-based healthcare
Patient Outcomes With and Without Evidence-Based Practice

- Traditional Practice
- Evidence-Based Practice
EBP = The Quadruple Aim in Healthcare

- Enhance the patient experience (includes quality)
- Improve population health
- Decrease costs
- Improve the work life of healthcare providers
Research to Practice Gap

…..and this is for the 14% that make it

Kaylin’s Story:
Australian Dream Trip Turned Nightmare

Evidence-based Practice Process Models

• The Johns Hopkins Nursing Evidence-Based Practice Model (Dearholt & Dang, 2012)
• The Iowa Model of Evidence-Based Practice to Promote Quality Care (Titler et al., 2001)
• The Model for Evidence-Based Practice Change (Rosswurm & Larabee, 1999),
• The ACE Star Model of Knowledge Transformation (Stevens, 2012)
The ARCC© (Advancing Research and Clinical practice through close Collaboration) Model

**Potential Strengths**
- Philosophy of EBP (paradigm is system-wide)
- Presence of EBP Mentors & Champions
- Administrator/Leader Support

**Philosophy of EBP (paradigm is system-wide)**

**Presence of EBP Mentors & Champions**

**Administrator/Leader Support**

**EBP Implementation**

**EBP knowledge**

**Beliefs about the Value of EBP & Ability to Implement the EBP Process**

**Assessment of Organizational Culture & Readiness for EBP**

**Identification of Strengths & Major Barriers to EBP Implementation**

**Use of EBP Mentors; Perceived EBP Mentorship**

**Implementation of ARCC Strategies, including Interactive EBP Education and Skills Building Workshops**

**EBP Rounds & Journal Clubs**

**Higher Quality Healthcare and Improved Patient Outcomes**

**Decreased Healthcare System Costs**

**Job Satisfaction**

**Group Cohesion**

**Intent to Leave**

**Turnover**

**Potential Barriers**
- Lack of EBP Mentors & Champions
- Inadequate EBP Knowledge & Skills
- Low Beliefs about the Value of EBP & the Ability to Implement it

*Scale Developed + Based on the EBP paradigm & using the EBP process

© Melnyk & Fineout-Overholt 2005; Revised, 2017

ARCC© = Advancing Research & Clinical practice through close Collaboration
Multiple Studies Support the ARCC© Model

**Study #1**: Descriptive correlational study with 160 nurses

**Study #2**: A psychometric study of the EBP beliefs and EBP implementation scales with 360 nurses

**Study #3**: A randomized controlled pilot study with 47 nurses in the VNS

**Study #4**: A quasi-experimental study with 159 nurses in a clinical research medical center environment

**Study #5**: A pre-experimental study with 52 clinicians at Washington Hospital Healthcare System
Outcomes of Implementing the ARCC© Model at Washington Hospital Healthcare System

- Early ambulation in the ICU resulted in a reduction in ventilator days from 11.6 to 8.9 days and no VAP
- Pressure ulcer rates were reduced from 6.07% to .62% on a medical-surgical unit
- Education of CHF patients led to a 14.7% reduction in hospital readmissions
- 75% of parents perceived the overall quality of care as excellent after implementation of family centered care compared to 22.2% pre-implementation

Melnyk et al., 2017, Worldviews on Evidence-based Nursing
The First U.S. Study on Nurses’ Evidence-Based Practice Competencies Indicates Major Deficits That Threaten Healthcare Quality, Safety, and Patient Outcomes

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Alai Tan PhD

Melnyk et al 2018
Reported Level of EBP Competency by the Nurses

EBP Competency (Items 1 to 24)
1. Questions clinical practices for quality improvement
2. Describes clinical problems using internal evidence
3. Formulates clinical questions using PICO(T) format
4. Searches for external evidence for clinical questions
5. Critical appraisal of evidence
6. Critical appraisal of published research
7. Evaluation and synthesis of evidence
8. Collects data as internal evidence
9. Integrates external/internal evidences
10. Implements changes to improve care
11. Evaluates outcomes
12. Disseminates best practice evidences
13. Strategies to sustain an EBP culture
14. Systematically search for external evidence
15. Critically appraises pre-appraised evidence/studies
16. Integrates a body of external evidence
17. Leads trans-disciplinary teams
18. Generates internal evidence
19. Measures processes/outcomes of clinical decisions
20. Formulates evidence-based policies/procedures
21. Generates external evidence
22. Mentors others
23. Implements strategies to sustain an EBP culture
24. Communicates best evidence
The Latest Test of ARCC©: A Structural Equation Model

1. Figure shows the standardized coefficient (SE) of each path.
2. All paths are statistically significant.
3. The model has a close fit.
   - Chi-square = 84.8, df = 12, p<0.001 (due to large sample size)
   - RMSEA = 0.051 (90% CI: 0.041-0.061)
   - CFI = 0.987
   - TLI = 0.969
4. No significant modification indices
Components of the ARCC© EBP Mentor Role

• Ongoing assessment of an organization’s capacity to sustain an EBP culture;

• Building EBP knowledge and skills to assist clinicians in achieving the EBP competencies by conducting interactive group skills building workshops and one-on-one mentoring

• Stimulating, facilitating, and educating staff toward a culture of EBP, with a focus on overcoming barriers to best practice;

• Role modeling EBP
Components of the ARCC© EBP Mentor Role

• Conducting ARCC© EBP enhancing strategies, such as EBP rounds, journal clubs, newsletters, and fellowship programs;
• Working with staff to generate internal evidence through EBPI/evidence-based quality improvement projects
• Using evidence to foster best practice; and
• Collaborating with interdisciplinary professionals to advance and sustain EBP throughout the system
Creating an Organizational Culture and Environment to Sustain EBP
A Key Role for ARCC© EBP Mentors

Remember,
Culture Eats Strategy!
The only person that likes a change is a baby with a wet diaper!

ARCC © EBP Mentors Must Have Skills in Behavior Change
Critical Components of an EBP Culture

A Philosophy, Mission and Commitment to EBP:
- there must be commitment to advance EBP across the organization as evidenced in orientation, clinical ladders, evaluations

A Spirit of Inquiry:
- health professionals are encouraged to continuously ask questions, review and analyze practices to improve patient outcomes

EBP Mentors:
- who have in depth knowledge and skills in EBP, mentoring others, and overcoming barriers to individual and organizational culture change
Critical Components of an EBP Culture

Administrative Role Modeling and Support:
- leaders who value and model EBP as well as provide the needed resources to sustain it

Infrastructure:
- tools and resources that enhance EBP across the organization; computers for searching, up to date data bases, library resources

Recognition:
- individuals and units are rewarded regularly for EBP
Ask yourself:

What will you do if you know you can not fail in the next 2 years?

Who will you mentor and how will you facilitate a culture of EBP in the next 2 years?
Utilizing Evidence, Experience, and Intention to Build a Better EBP Program and Achieve Results

Dr. Penelope F. Gorsuch
DNP, RN, ACNP-BC, CCNS, CCRN-K, NEA-BC
Associate Director, Patient Care Services
Nurse Executive
Dayton VA Medical Center
Dayton Ohio
Advancing Research and Clinical Practice

Potential Strengths
- Philosophy of EBP (paradigm is system-wide)
- Presence of EBP Mentors & Champions
- Administrative Support

Potential Barriers
- Lack of EBP Mentors & Champions
- Inadequate EBP Knowledge & Skills
- Lack of EBP Valuing

Clinicians’ Beliefs
- About the Value of EBP & Ability to Implement the EBP Process

EBP Implementation
- Nurse Satisfaction
- Cohesion
- Intent to Leave
- Turnover

Decreased Hospital Costs

Improved Patient Outcomes

Implementation of ARCC Strategies
- Interactive EBP Skills Building
- EBP Rounds & Journal Clubs

Assessment of Organizational Culture & Readiness for EBP

Identification of Strengths & Major Barriers to EBP Implementation

© Melnyk & Fineout-Overholt, 2005

* Scale Developed
+ Based on the EBP Paradigm & using the EBP process
EBP Culture and Environment

EBP Organizational Culture

Context of Caring

- Research Evidence and Evidence-Based Theories
- Clinical Expertise (e.g., evidence from patient assessment, internal evidence, and the use of healthcare resources)
- Patient Preferences and Values

Clinical Decision Making

Quality Patient Outcomes

The Seven Steps* to EBP

• Step 0: Cultivate a spirit of inquiry along with an EBP culture and environment
• Step 1: Ask the PICO(T) question
• Step 2: Search for the best evidence
• Step 3: Critically appraise the evidence
• Step 4: Integrate the evidence with clinical expertise and patient preferences to make the best clinical decision
• Step 5: Evaluate the outcome(s) of the EBP practice change
• Step 6: Disseminate the outcome(s)

(*Melnyk & Fineout-Overholt, 2011)
Evidence-Based Practice Council Organizational Chart

Relationship Based Care philosophy is the theoretical underpinning for all council and committee work.

Nurse Executive Board

- Reward and Recognition Committee
- Professional Development Committee
- Nursing Research Committee
- Advanced Practice RN Committee

Evidence Based Practice Council

- Inter-Professional Unit Practice Councils
- Performance Improvement Committee
- Veteran Centered Care Council

Veteran

- Evidence-Based Practice Business Center
- Clinical Practice Committee
- Education Committee
- Implementation Committee
- Outcomes Committee
- Quality Management (sustainability)

Key: Solid line = reporting relationship; Dotted line = a collaborative relationship

This diagram is confidential for the use by the Dayton VA only.

Updated 01/05/18 Gorsuch, P.; Sampsel, D.; Slonaker, P.; Worley, J.; James, E.
Evidence-Based Practice Implementation Structure

Relationship Based Care philosophy is the theoretical underpinning for all council and committee work.

Nurse Executive Board

- Reward and Recognition Committee
- Professional Development Committee
- Nursing Research Committee
- Advanced Practice RN Committee

Evidence-Based Practice Council

- Inter-Professional Unit Practice Councils
- Implementation Committee
- Rotating Implementation Group
- Education Committee
- Clinical Practice Committee
- Outcomes Committee

Veteran Centered Care Council

- Quality Management (sustainability)

Key: Solid line = reporting relationship; Dotted line = a collaborative relationship

This diagram is confidential for the use by the Dayton VA only.
Updated 01/05/18 Gorsuch, P.; Sampsell, D.; Slonaker, P.; Worley, J.; James, E.
Dayton VAMC Evidence-Based Practice (EBP) Spirit of Inquiry Question Form

Directions:
1. Complete the form below with a spirit of inquiry clinical practice question you have.
2. Share the completed form with your Nurse Manager/Supervisor for their review.
3. After you discuss the idea with your Nurse Manager/Supervisor, you will submit the original form to the Evidence Based Practice Council Chair (Deli Sampsel). Please call her at ext. 2551.

Name: ____________________________
Department/Unit: ____________________________

Write your Spirit of Inquiry Question here:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Employee Signature: ____________________________ Date: __________

Nurse Manager/Supervisor Input:
1. Review question submitted and discuss with employee.
2. Make one copy for your files, and one copy for employees.

Describe any considerations the EBP Council should be aware for determining whether or not the question moves forward such as VA Directive/Policy, scope of practice, etc.:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Nurse Manager/Supervisor Signature: ____________________________ Date: __________

To be completed by EBP Council Chair

Date
Initiate

Spirit of Inqiy Question received

Approved to EBP Council meeting minutes for review

Email notification sent to employees to present Spirit of Inquiry at next EBP Council meeting

Spirit of Inquiry Information entered in EBP Business Center tracking database (Open or Archived)

Comments:

*Reference: 7 story, March, B. & Thomas, E. & Bethel, 2011, Dayton VA GMR, 30.0.0.7 (October 2013) Evidence Based Practice in Nursing and Health Care, World's Knowledge, San Diego. Dayton VA only. 09/11/15 Cordero, D., Sampsel, D., Weaver, J., Kinder, C.
Evidence-Based Practice
SharePoint Site

Alert: The information found on this SharePoint should not be copied and/or distributed without permission from the authors.

To request permission, fill out this form: (coming soon) and submit it to Deborah Sampsel.
Outcomes

• Engaged Executive & mid-level leadership
• Redesigned nursing shared governance structure
• Held ADPCS Strategic Planning Summit
  – Held the inaugural Nursing Service Town Hall Meetings with Nurse Executive and all Chief Nurses presenting our strategy
• Conducted 3 In-services for staff
  – The difference between QI, EBP, & Research
  – The 7-Steps of EBP
  – EBP Leadership
Outcomes

• Expanded the Nurse Executive Board to include all Nursing Leaders across the organization
  – Set up weekly meetings with 4 Chief Nurses
  – Led Nurse Manager Journal Club
  – Empowered Nurse Managers to lead their units
  – Supported Clinical Nurse Leaders (CNLs) in their work as EBP Mentors

• Consulted with The Ohio State University College of Nursing The FULD, on a QI Project on Building EBP Advocates for 6 months educated 10 Direct Care Nurses on the 7-steps of EBP
Outcomes

• Conducted 2 EBP Immersions through OSU The FULD for 98 Interprofessional leaders at the Dayton VA (Creating EBP Mentors)
  – Expanded the EBP Council to interprofessional and open membership
  – Created a spirit of inquiry
  – Developed the structure, process and outcome measurements processes
  – Created EBP Business Center
    • Tracks staff cost (FTE)
    • Tracks ROI
Outcomes

• Dayton VAMC Best Place to Work (Quality) score is VA
• Ranked 53 out of 129 VA facilities for the RN turnover rate
  – Improved 44.8%

• Nursing Sensitive indicators:
  – Falls decreased by 11%
  – 39 less pressure ulcers throughout our facility (1 pressure ulcer is average at $60K additional hospital costs)
  – Missed medications down by 45%; (average medications given per month 148,000; average number of missed meds per month 0.01418)
  – Zero CLABIS
  – Zero CAUTI in Acute Care
  – Implemented CAUTI protocol to Long Term Care
    • Zero CAUTI in LTC last 6 months
UTILIZING EXPERTISE, EXPERIENCE, AND LESSONS LEARNED TO BUILD EFFECTIVE EBP PROGRAMS THAT SUSTAIN

Lynn Gallagher-Ford, PhD, RN, NE-BC, DPFNAP, FAAN
Senior Director, Helene Fuld Health Trust National Institute for EBP in Nursing & Healthcare Director, Clinical Core, Helene Fuld Health Trust National Institute for EBP in Nursing & Healthcare The Ohio State University College of Nursing
Why Bother?
Patient Outcomes IMPROVE With Evidence-Based Practice
The answers to most of our questions are known!
We just don’t go get the answers!
So….What’s the evidence?
US Nurses Readiness for Evidence-based Practice (2005)

67% sought information only from colleagues
39% felt they “rarely or never” needed information
58% reported “not using research at all to support practice”
82% never used a hospital library or a librarians’ assistance
76% had never done a CINAHL search
77% never received instruction in use of electronic databases

(Pravikoff et al., 2005)
Our 2011 EBP Study of EBP in U.S. Nurses

The State of Evidence-Based Practice in US Nurses: Critical Implications for Nurse Leaders and Educators

Melnyk, Bernadette Mazurek PhD, RN, APRN-CNP, FAANP, FNAP, FAAN;
Fineout-Overholt, Ellen PhD, RN, FNAP, FAAN;
Gallagher-Ford, Lynn PhD, RN;
Kaplan, Louise PhD, RN, ARNP, FNP-BC, FAANP

JONA: September 2012; Volume 42 (9)
## Percent of Respondents Who Agreed or Strongly Agreed with the Following Statements

<table>
<thead>
<tr>
<th>Statement</th>
<th>%</th>
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<tbody>
<tr>
<td>EBP is consistently implemented in my healthcare system</td>
<td>53.6</td>
</tr>
<tr>
<td>My colleagues consistently implement EBP with their patients</td>
<td>34.5</td>
</tr>
<tr>
<td>Findings from research studies are consistently implemented in my institution to improve patient outcomes</td>
<td>46.4</td>
</tr>
<tr>
<td>EBP mentors are available in my healthcare system to help me with EBP</td>
<td>32.5</td>
</tr>
<tr>
<td>It is important for me to receive more education and skills building in EBP</td>
<td>76.2</td>
</tr>
</tbody>
</table>
# The One Thing That Prevents You From Implementing EBP

<table>
<thead>
<tr>
<th>1. Time</th>
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<tbody>
<tr>
<td>2. Organizational culture, including policies and procedures, politics, and a philosophy of “that is the way we have always done it here.”</td>
</tr>
<tr>
<td>3. Lack of EBP knowledge/education</td>
</tr>
<tr>
<td>4. Lack of access to evidence/information</td>
</tr>
<tr>
<td>5. Manager/leader resistance</td>
</tr>
<tr>
<td>6. Workload/staffing, including patient ratios</td>
</tr>
<tr>
<td>7. Nursing (staff) resistance</td>
</tr>
<tr>
<td>8. Physician resistance</td>
</tr>
<tr>
<td>9. Budget/payors</td>
</tr>
<tr>
<td>10. Lack of resources</td>
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</tbody>
</table>
• More highly educated nurses reported being more clear about the steps in EBP and having more confidence implementing evidence-based care

• The more years in practice, the less nurses were interested in and felt it was important to gain more knowledge and skills in EBP
The Helene Fuld Health Trust
National Institute for Evidence-based Practice

Key Sections:

- CNO demographics
- Hospital metrics (core measures)
- Patients’ perspectives of care (HCAHPS)
- Nurse-sensitive metrics (NDNQI)
- Organizational data (e.g., % of BSNs, % of nurses certified, whether a clinical ladder system exists)
- Highest priorities for the CNOs
- EBP scales
- EBP-related metrics
  - Value of EBP
  - Budget for EBP
  - Organizational structures to support EBP, councils
How Important is EBP

How important is it for you to build & sustain a culture of EBP?

How important is it for your organization to build & sustain a culture of EBP?
As a CNO/CNE, what are the top priorities that you are currently focused on in your role?
Study of EBP in Nurses in Professional Development (ANPD)
EBP Competencies

Practicing Registered Nurses

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

I believe....

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

Strongly Agree
EBP Implementation

In the past 8 weeks I have:

1. Used evidence to change practice
2. Critically appraised evidence from a research study
3. Generated a PICO question about my practice in my organization
4. Informally discussed evidence with a colleague
5. Collected data on a patient problem
6. Shared evidence from studies in the form of a report/presentation with colleagues
8. Shared an EBP guideline with a colleague
7. Evaluated the outcomes of a practice change
10. Shared evidence from a study with a multi-disciplinary team member
11. Read and critically appraised a clinical research study
14. Used an EBP guideline to change clinical practice or policy
16. Shared the outcome data collected with colleagues
15. Evaluated a care initiative by collecting client outcome data
13. Accessed the National Guidelines Clearinghouse
12. Accessed the Cochrane database of systematic reviews
9. Shared evidence from a research study with patient/family member
17. Changed practice based on client outcome data

The same things they rate themselves least competent in...they are doing quite frequently!
Quality improvement is a systematic process used by healthcare systems to analyze existing data and improve its processes or outcomes for a specific patient population (Kring 2008; Shirey et al. 2011). Example: PDSA QI model:

- a change is (PLAN)ED based on brainstorming solutions to a problem/area for improvement
- the plan carried out (DONE)
- results are analyzed (STUDY)
- (ACT)ions are decided upon to continue to improve and sustain the outcome.
Evidence-based Quality Improvement is the ANSWER!

EBP \[\rightarrow\] good idea (best practice)

QI \[\rightarrow\] good process

Bad idea + bad process = bad outcome
Good idea + bad process = bad outcome
Bad idea + good process = bad outcome

ONLY...

Good idea + good process = good outcome
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

Bernadette Mazeuk Melnyk, RN, PhD, APRN-CNP, FAANP, FNAP, FANN
Lynn Gallagher-Ford, RN, PhD, DPFNAP, NE-BC
Lisa English Long, RN, MSN, CNS
Ellen Fineout-Overholt, RN, PhD, FAAN
There is a tremendous need to enhance nurses’ skills so that they achieve competency in EBP in order to ensure the highest quality of care and best population health outcomes. **Academic programs** should ensure competency in EBP in students by the time of graduation and **healthcare systems** should set it as an expectation and standard for all clinicians.
## Correlations among EBP Competency and EBP Culture, Knowledge, Beliefs and EBP Mentoring

<table>
<thead>
<tr>
<th></th>
<th>Mean (SD)</th>
<th>Pearson Correlation Coefficient</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Competency</td>
</tr>
<tr>
<td>Culture</td>
<td>80.2 (21.9)</td>
<td>0.29</td>
</tr>
<tr>
<td>Knowledge</td>
<td>19.5 (7.0)</td>
<td>0.43</td>
</tr>
<tr>
<td>Beliefs</td>
<td>56.7 (8.5)</td>
<td>0.66</td>
</tr>
<tr>
<td>Mentoring</td>
<td>21.4 (10.9)</td>
<td>0.69</td>
</tr>
</tbody>
</table>

P < 0.001 for all the Pearson correlation coefficients
State of Self-reported EBP Competencies by Nurses Across the United States (N = 2075)

EBP Competency

1: Questions clinical practices for quality improvement
2: Describes clinical problems using internal evidence
4: Searches for external evidence for clinical questions
10: Implements changes to improve care
13: Strategies to sustain an EBP culture
12: Disseminates best practice evidences
8: Collects data as internal evidence
11: Evaluates outcomes
9: Integrates external/internal evidences
24: Communicates best evidence
23: Implements strategies to sustain an EBP culture
5: Critical appraisal of evidence
19: Measures processes/outcomes of clinical decisions
7: Evaluation and synthesis of evidence
6: Critical appraisal of published research
3: Formulates clinical questions using PICO(T) format
22: Mentors others
21: Generates external evidence
16: Integrates a body of external evidence
14: Systematically search for external evidence
20: Formulates evidence-based policies/procedures
15: Critically appraises pre-appraised evidence/studies
18: Generates internal evidence
17: Leads trans-disciplinary teams

(Strongest)
(Weakest)
Evidence-based Practice Readiness; A Concept Analysis
(Schaefer, J. & Welton J., 2018)

**NURSING**
- Plural; a collective group of qualified nurses
- Autonomy and authority to implement EBP in their practice
- Time away from the bedside allocated to EBP activities

**TRAINING**
- Purposeful applicable, hands-on training.
- Additional to nursing school knowledge
- Tailored to fit the nurses’ specific learning needs

**EQUIPPING**
- Ensuring access to computers, library resources and mentors.
- Communication re; what resources are available and how to access them.

**LEADERSHIP DEVELOPMENT**
- Leaders setting the EBP culture; asking questions, allocating resources, and implementation support.
- Development and integration of EBP mentors.

**Readiness:** prepared mentally and/or physically for some experience or action (EBP). Prepared for immediate use”.

(Merriam and Webster dictionary, 2018).
So what have we come to know?

What Matters?

- **A vision** for an evidence-based enterprise
- **Organizational culture**
- **Readiness** for EBP
- **Leadership**
- **Strategic planning**
- **EBP competence** (knowledge skill and attitude)
- **Organizational infrastructures**
- A tested **EBP Model**
- **Resources** (people, time, mentors)
- Connecting **EBP, quality and research**
- **Persistence**
- **Courage**

What doesn’t matter?

- **Size**
- **Complexity**
- **Academic affiliation**
- **Prestige**
- **Location**
- “**Status**”
Clear vision

Think success

...at the outset
Rewards are as Big as Your Dreams

Thinking little goals yields little achievements.

Thinking **big** goals yields big achievements!

You must dream it, before you can do it!
Get people inspired!

If you want to build a ship, don’t drum up people to gather wood and nail the planks together. Instead, teach them a passionate desire for the sea.

Antoine de Saint-Exupéry

It’s not what you do... it’s why you do it. Simon Sinek
Critical responsibilities that leaders must ensure

...in an EBP environment:
• Support
• Encourage
• Give “voice” to clinicians
• Negotiate work conditions
• Provide education
• Role model
• Raise the call to a common purpose/continuous commitment
• Keep momentum going
Engaged leadership
CULTURE EATS STRATEGY FOR BREAKFAST

Peter DRUCKER

CULTURE EATS STRATEGY FOR LUNCH

PETER DRUCKER
Strategic Planning

Identify your strengths and barriers to implementation of EBP.

Set SMART goals based on your vision and your institution’s vision.

What are your immediate goals? long-term goals?

WRITE IT DOWN…set a timeline.

How will you measure your success?
The ARCC® Model: Select a Model THAT WORKS (!).... to Advance EBP in Your Organization

- Potential Strengths
  - Philosophy of EBP (paradigm is system-wide)
  - Presence of EBP Mentors & Champions
  - Administrative Support

- Potential Barriers
  - Lack of EBP Mentors & Champions
  - Inadequate EBP Knowledge & Skills
  - Lack of EBP Valuing

- Implementation of ARCC Strategies
- Interactive EBP Skills Building
- Workshops
- EBP Rounds & Journal Clubs

- Development & Use of EBP Mentors

- EBP Implementation*+

- Improved Patient Outcomes
- Nurse Satisfaction
- Cohesion
- Intent to Leave
- Turnover
- Decreased Hospital Costs

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What’s the Connection?

Mentors impact Beliefs

Two Types of Beliefs

1. Belief in the value of EBP
2. Belief that we can do EBP here

Beliefs drive Implementation
In order to have a RETURN ON INVESTMENT...
There must be an INVESTMENT to begin with!

Maximizing Return on Investment

Minimizing Risk of Ignoring
“How will we ever find a way to do this?”

“Where will we ever find the time to do this?”
Integrate the Competencies

- Job Descriptions
- Clinical Ladders
- Interdisciplinary Policy and Procedure Committees
- Shared Governance
- Onboarding/Orientation
- Residency Programs
- Journal Clubs
- Interdisciplinary Rounds
Persistence

NEVER, NEVER, NEVER, NEVER, NEVER, NEVER, NEVER, NEVER, QUIT!

Winston Churchill
You cannot discover new oceans unless you have the courage to lose sight of the shore.

You must risk.
Educate about EBP; we never learned it in school!
Leverage your new grads! They KNOW EBP!
The Helene Fuld Health Trust National Institute for Evidence-based Practice

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

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

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

Participates can choose one of three specialty tracks: 1. Mentor 2. Leader 3. Faculty

The faculty specialty tracks in the 3-day EBP immersion program include content specifically focused on responsibilities of individuals in these unique roles.

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

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

Registration fee for this workshop is $2,200 per participant; $2,500 per participant for groups of three or more. Fee includes daily light breakfast, lunch and snacks. No refunds can be given; payment may be applied to a different immersion course within one year.

For further information or questions about this workshop, accommodations, or pricing, contact Lynn Eglin-Ingalls, CTEP program manager, at eglinwhit.thomas.edu or lynn.gallagher-ford@osu.edu, or CTEP director, at gallagher-ford@osu.edu.

To register, please visit ctep-epb.com.

Please note: To participate in this workshop, you must bring a laptop computer (and we suggest a separate mouse) with Windows XP or higher, or Mac 10.5 or higher.

This program will award 37 contact hours of continuing education for nurses.

Center for Transdisciplinary Evidence-Based Practice

The Ohio State University College of Nursing
760 Kinnear Rd.
Columbus, OH 43212
614-688-1175
ctep-epb.com

The Ohio State University College of Nursing is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

The Rutgers Maimonides Nursing and Allied Health Library has no conflicts of interest to disclose.

Lynn Gallagher-Ford and Bernadette Mokros, MedPharm, are nationally known experts in EBP and coauthors of books about EBP. The conflict of interest with the program will be free from bias.

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

To successfully complete this program and receive credit hours, you must attend at least 90 percent of the course.

Our CTEP partners:
Once you have EBP competence built, then how do you grow and sustain it?
Onboarding/Orientation/Residency Programs

RNs
APNs
Leadership

Evidence-based Practice; Let's Get Started!

Lynn Gallagher Ford, PhD, RN, DPFNAP, NE-BC
Director, Center for Transdisciplinary Evidence-based Practice
Clinical Associate Professor
The Ohio State University
College of Nursing
EVERY Job Description and Performance Appraisal

RNs: pull EBP language directly from the competencies!
“questions,” “describes,” “participates in,”
“searches,” “collects,” “integrates,”
“implements,” “supports,” “disseminates”

APNs and Leaders: pull EBP language directly from the competencies!
“systematically conducts,”
“critically appraises,”
“mentors,” “leads”
Create Supportive Infrastructure for EBP

Organizational Alignment

Realigned CNS’s in the Health System to report to Health System Nursing Administration

– Direct report to director of Nursing Quality
– Indirect reporting structure to Nursing EBP
– Job description, evaluation, explicit expectations

• Shared vision for EBP
• Central reporting structure for EBP work
• Revised CNS Role to include “EBP Mentor”
• Revised CNS Job Description to include EBP deliverables.
Organizational Structure
Before Realignment

CNO

Director
Director
Director
Director

8 CNS
2 CNS
4 CNS
Nurse Manager

6 CNS
EBP, Research and Quality Director Job Description

JOB KNOWLEDGE: Service Areas - Demonstrates and utilizes skills and knowledge to effectively direct services in areas of responsibility.
• Educates and mentors staff and leadership teams in EBP, research and quality methodologies.
• Role models EBP in daily practice.
• Assures integration of EBP, research, and quality processes across disciplines and the organization.

LEADING PEOPLE - Recruits, hires, ……. employees to provide quality service in a manner consistent with XXX values.
• Assembles effective EBP, research, and quality teams. Monitors effectiveness of teams and provides data supported outcomes of teams’ work.
• Provides a healthy work environment that supports best (evidence-based) practices, best patient outcomes and employee satisfaction.

FINANCIAL MANAGEMENT - Develops and controls department budget within xxx percent of budget standards.
• Assures that all EBP, research and quality projects include a business plan and estimated ROI prior to launch.
Opportunities to Integrate EBP Competencies

Clinical Ladders

RNs
APNs
Other clinicians
Other employees
Leadership
The Clinical Ladder program at XXX Medical Center recognizes and rewards staff nurses for clinical expertise in delivering direct care to patients. The participating RN is recognized with a promotion from Staff Nurse II to Staff Nurse III or IV and an increase in base salary. The Clinical Ladder program is a voluntary program in which the nurse demonstrates expertise in the areas of clinical management, educational activities, evidence-based practice, and research.

Examples of activities in these areas include:
- Serving on unit and hospital committees
- Demonstrating excellent patient care in complex situations
- Providing education to other healthcare providers
- Precepting other staff members
- Obtaining continuing education credits
- Participating in quality improvement initiatives
- Evaluating and utilizing nursing research
- Achieving specialty certification
- Participating in evidence-based practice projects
Policy and Procedure Committees

• Transdisciplinary Opportunity
Shared Governance Councils

"A dynamic staff-leader partnership that promotes collaboration, shared decision-making and accountability for improving quality of care, safety, and enhancing work life." Vanderbilt

• Research and EBP Council
• Quality Council
• Clinical Practice Council
• XYZ Council

EBP expectations for....
All members? Chairs Only? Administrative Facilitators?
WHAT WILL WE DO?

Dear Optimist, Pessimist, and Realist,

While you guys were busy arguing about the glass of water, I drank it!

Sincerely,
The Opportunist
Outcomes of Implementing the ARCC© Model at Washington Hospital Healthcare System

- Early ambulation in the ICU resulted in a reduction in ventilator days from 11.6 to 8.9 days and no VAP
- Pressure ulcer rates were reduced from 6.07% to .62% on a medical-surgical unit
- Education of CHF patients led to a 14.7% reduction in hospital readmissions
- 75% of parents perceived the overall quality of care as excellent after implementation of family centered care compared to 22.2% pre-implementation
Building a relationship...
Sustainability… Cohort 1; examples of outcomes:

Structures built:

• Added EBP language into the Department of Nursing Quality and Safety Plan
• Integrated EBP language into the Clinical Nurse Job Descriptions
• Added EBP structure into the NEW RN Graduate Nurse Residency Program
• Integrated EBP into Clinical Ladder progression NCARE© CN III / CN IV

Projects initiatives implemented:

• Restructured the Falls Prevention program to include all employees in all location (valets, front desk, gift shop, environmental services and all clinicians) based on evidence
• Implemented a perioperative initiative to mitigate pressure ulcer risk across the perioperative period
• Revamped the entire Preceptor Program based on evidence
• Revised Peer Review program based on evidence
MSK EBP RN Competencies

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

1 = Not Competent
2 = Need Improvement
3 = Competent
4 = Highly Competent

National Average
MSK Average
Snowball effect; Fuld synergies!

This is where live!

This is what I do!

This is what happens!
Evidence-Based Practice Council Organizational Chart

Relationship-Based Care philosophy is the theoretical underpinning for all council and committee work.

Key: Solid line = reporting relationship; Dotted line = a collaborative relationship
This diagram is confidential for the use by the Dayton VA only.
Updated 01/05/18 Gorsuch, P.; Sampsel, D.; Slonaker, P.; Worley, J.; James, E.
Evidence-Based Practice Implementation Structure

Relationship Based Care philosophy is the theoretical underpinning for all council and committee work.

Key: Solid line = reporting relationship; Dotted line = a collaborative relationship
This diagram is confidential for the use by the Dayton VA only.
Updated 01/05/18 Gorsuch, P.; Sampsel, D.; Sloanaker, P.; Worley, J.; James, E.
Dayton VA Medical Center EBP Process Business Center Model
Integrated with Melnyk’s 7 Step* Process

Step 0 Inquiry

Step 1 Form PICO(T) Question

Step 2 Search the Literature

Step 3 Critically Appraise & Synthesize Evidence

Step 4 Integrate the Evidence
- Make Practice Change Recommendation
- Set the Measurements
- Select Data Input & Choices
  - Clinical/Satisfaction/Financial
- PICO(T) Question Finalized
- Implementation Plan written (with input from Council teams, Supervisor & EBP Coach)
- EBP Council Approves, Monitors & Supports Project
- Project is Implemented

Step 5 Evaluate the Outcomes
- Patient Outcomes
- Organizational Outcomes
- Clinicians’ Outcomes
- Evaluate Satisfaction Ratings
- Compare to Business Outcomes

Step 6 Disseminate EBP Findings

STOP Project
- Re-evaluate, Start Over, or Discontinue

*Reference 7 Steps: Melnyk, B. & Fineout-Overholt 2013, Evidence-Based Practice in Nursing and Healthcare, Wolters Kluwer
Evidence-Based Practice SharePoint Site

Alert: The information found on this SharePoint should not be copied and/or distributed without permission from the authors.

To request permission, fill out this form: (coming soon) and submit it to Deborah Sampsel.
So, the work goes on. We can do this!

See you next year!
References


• Melnyk, B. M. (2012). Achieving a high-reliability organization through implementation of the ARCC model for systemwide sustainability of evidence-based practice. *Nursing Administration Quarterly*, 36, 127-135. [http://dx.doi.org/10.1097/NAQ.0b013e318249fb6a](http://dx.doi.org/10.1097/NAQ.0b013e318249fb6a)


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