Purpose: Discuss how the use of evidence, experience, and intention was applied to build a better EBP program with achievable results

Methods: As a new Chief Nursing Officer for a large complex medical center in the Veteran Administration, following five years of previous work leading EBP in the United States Air Force, evidence and experience drove the process of setting a new course for EBP at the VA. The first step was to adopt the ARCC model to guide the organizational change towards a culture of EBP. The ARCC framework provides leaders with a compass to navigate through understanding the organization’s culture and readiness for change while also assessing organizational strengths and weaknesses, identifying barriers, and developing mentors. In implementing this model at the VA, one of the greatest strengths to be leveraged and built upon was the staff. Some were knowledgeable of EBP from attending school, but none had attended a formalized educational program to learn and apply the concepts of EBP. Evidence shows that staff need formalized education in the 7-step processes of EBP to be effective EBP mentors. To address this, house-wide education in-services were conducted on EBP, QI, and Research, the 7-Steps of EBP, and EBP Leadership. These sessions were videotaped for off-shifts to view. A shared governance structure was in place but needed to be expanded to provide structure and process for effective implementation and sustainment of EBP. The shared governance structure was redesigned and expanded with structure, purpose and roles identified. A unique concept was implemented to support the calculation of costs of EBP initiatives and their projected and actual returns on investment. This concept was the EBP Business Center. It was created to track staff time (in FTEs) spent conducting the steps of EBP and then calculates the return on investment (ROI) of the outcomes once the practice change was implemented and evaluated. The EBP Business Center was supported by our finance department who assisted with the build, monetary savings and ROI analysis. Our council restructuring also included a strategy to manage sustainment; the addition of quality improvement staff to the council.

In the ARCC model, which has been tested in several research studies, the creation of EBP mentors has been shown to be paramount and critical to success. Ten frontline staff were competitively chosen to be educated as EBP mentors (advocates). These EBP advocates spent one day a month for six months learning and applying the concepts of EBP. External consultation from a nationally recognized organization specializing in development of EBP mentors was engaged to facilitate this component of the project. This consultation led to our Executive Team approving formalized EBP education program (a 5-day EBP immersions with follow up sessions) for 100 multidisciplinary leaders and staff over the upcoming year.

Bringing EBP to mid-level managers has been identified as a key strategy for success in creating and sustaining an evidence-based enterprise. With that in mind, the organization leveraged the nurse managers’ monthly book club in order for them to gain competence (knowledge, skills and attitude) in EBP. The book selected for the club was Implementing the EBP Competencies in Healthcare. This deep dive into the EBP competency literature served as the underpinning for launching the next initiative; integrating the EBP competencies for RNs and the APNs into job descriptions and other infrastructures. In addition, a mechanism was created that intentionally engages nurse managers in EBP initiatives. The Implementation Group within the EBP Council is responsible to provide the staff education, written policies and procedures, guidance for incremental rollouts, outcomes/measurement plans required, and QI for sustainment and dissemination for each EBP initiative across the organization. This Group invites appropriate nurse managers, on a rotating basis, to provide input to this process for EBP initiatives affecting their units.
**Results:** The adoption of the ARCC model guided the organizational transformation towards a culture of EBP. The ARCC framework provided leaders with a compass to navigate through understanding the organization’s culture and readiness for change while also assessing organizational strengths and weaknesses, identifying barriers, and developing mentors. The results are:

- Development of a team of EBP advocates and a cadre of EBP mentors
  - Two EBP immersions in 2018
- Redesign of a nursing shared governance structure
- Engagement of leadership in EBP
- Creation of the EBP Business Center
  - Tracks staff cost (FTE)
  - Tracks ROI
- Improvement in Organizational Metrics
  - RN Turnover rate improved 44.8%

**Conclusion:** The ARCC model provides leaders a compass to navigate their way through the complex healthcare environment to build an EBP culture by providing a framework for determining the organization’s readiness for change while assessing strengths and barriers they may encounter. Leadership, guided by evidence, experience, and intention combined with consultation and collaboration were found to be the key components of building a successful program.

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**Title:**
Utilizing Evidence, Experience, and Intention to Build a Better EBP Program and Achieve Results

**Symposium**

**Keywords:**
Evidence-based practice, Leadership and Program Development

**References:**


**Abstract Summary:**
This session will feature how a CNO built an EBP program by leveraged evidence-based models and resources along with her previous EBP knowledge and experience, combined with intention and persistence intention to build a better EBP program with measurable and achievable results.

**Content Outline:**
**Building an evidence-based EBP program at the VA**

- adopt the ARCC model
  - identify strengths and weaknesses,
The ARCC model provides leaders a compass to navigate their way through the complex healthcare environment to build an EBP culture by providing a framework for determining the organization’s readiness for change while assessing strengths and barriers they may encounter.

**First Primary Presenting Author**

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**Professional Experience:** I have been applying the concepts of EBP in my practice since 2010. Over the past years, I have attend formalized education where I am designated as an EBP Mentor. I was awarded a Tri-Service Nursing Research Grant in 2013 for $174,000, "Impact of Formal Education on Evidence-based Practice Competence of Nurse Team". The outcomes were to determine if Tri-Level teams are more effective in changing practice as well as building an evidence-based practice culture. The impact was to determine whether developing EBP competence in hierarchal nursing teams is an effective strategy to build and sustain a culture of EBP. The results of this EBP grant was presented at the 28th International Nursing Research Congress in Dublin, Ireland. I am The Associate Director of Patient Care Services/Nurse Executive at the Dayton VAMC, where I am utilizing evidence, experience and intention to build an EBP Program across the medical center.

**Author Summary:** Dr. Gorsuch is the Associate Director, Patient Care Services for the facility. She served as a Colonel in the United States Air Force with her last assignment as Dean and Chief Nurse, USAF School of Aerospace Medicine, Wright-Patterson Air Force Base Ohio. In her 28-year military career, she has held numerous clinical and leadership positions as a clinical nursing leader, Medical/Legal Consultant to the Surgeon General, Squadron Commander, Chief Nurse, Deputy Group Commander and Dean.