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LEVERAGING EVIDENCE-BASED PRACTICE TO ACHIEVE MAGNET STATUS



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The Ohio State University, College of Nursing

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*"When an organization embarks on a journey to Magnet designation, it commits to the **highest quality health care**"* (downloaded from ANCC Magnet website August 2018).

**"New Knowledge, Innovation and Improvement Component:**  
Strong leadership, empowered professionals, and exemplary practice are essential building blocks for Magnet-recognized organizations, but they are not the final goals. **Magnet organizations have an ethical and professional responsibility to contribute to patient care, the organization, and the profession in terms of new knowledge, innovations, and improvements.** Our current systems and practices need to be redesigned and redefined if we are to be successful in the future. **This Component includes new models of care, application of existing evidence, new evidence, and visible contributions to the science of nursing**"

(downloaded from ANCC Magnet website August 2018).

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If an organization adopts and evidence-based approach to decision making then ***every decision is an exemplar for Magnet!***

- An evidence-based approach to decision making is a perfect way to meet **most of the sources of evidence (SOE)** required for Magnet.
- Everything you do, with an evidence-based approach to decision making... **includes**; integration of evidence, clinician engagement and expertise, patient voice.
- Everything you do, with an evidence-based approach to decision making... **results in**; pre and post measurements of outcomes and ROI.

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## The State of Healthcare in the US

- There are up to **400,000 unintended patient deaths** per year
- Receiving healthcare is the **3<sup>rd</sup> leading cause of death** in the US
- Patient **injuries** happen to approximately **18 million** individuals per year
- Only **5%** of medical errors are caused by incompetence where 95% of errors involve competent persons trying to achieve right outcomes in poorly designed systems with poor uniformity
- Patients only receive about **55%** of the care that they should when entering the healthcare system

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*“The unexplainable variation in practice and widespread quality and safety problems of overuse, underuse, and misuse of health care services are not problems caused by a few incompetent individuals but are problems of an entire delivery system.”*

Reinertsen .J.  
Zen and the art of physician autonomy maintenance.  
Annals of Internal Medicine 2003;138:992-995




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## The IOM Roundtable on EBM

Formed in response to the 2003 IOM's Committee on the Health Professions Education Summit recommendation that

All healthcare professionals will be educated to deliver patient-centric care as members of an inter-disciplinary team, **emphasizing EBP**, quality improvement approaches and informatics

- **Ninety percent of healthcare decisions will be evidence-based by 2020**

- The IOM Roundtable on EBP

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Recommendations for Creating High Reliability Organizations

- Conduct transdisciplinary team training
- Deliberately design key care processes
- Ensure that the team understands its key processes
- Error proof the organization
- Process standardization
- Cultivate a culture of EBP

A High Reliability Model for Health Care

Leadership

Commitment to zero Harm to patients

Safety Culture

Empowering staff to speak up about patient risks

Robust Process Improvement

Systematic data-driven approach to solving complex problems

(Riley, 2009; Melnyk, 2012)

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A Culture of Patient Safety: Essential Components

- Leadership
- Teamwork
- Evidence-based practices
- Communication
- Learning culture
- Just culture
- Patient-centered approach

(Sammer et al., 2010)

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Memory is fleeting

Knowledge of Best Current Care for Hypertensive Patients

The Slippery Slope

$r = -.54$   
 $p < .001$

Years since Medical School Graduation

From: Shin et al (1993), CMAJ, 969-976

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Staying current in practice requires action.

It cannot be achieved through passively.

You can't "wish" it.

**Period.**

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Evidence-based Decision Making

Evidence-based Practice

**Evidence-based decision making (EBDM)** is a problem solving approach that integrates the conscientious use of best evidence in combination with a professional's expertise as well as consumer/customer preferences and values.

**Evidence-based practice (EBP)** is a problem solving approach to clinical practice that integrates the conscientious use of best evidence in combination with a clinician's expertise as well as patient preferences and values to make decisions.

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Evidence-based practice; fully evolved

You don't "DO" evidence-based practice... sometimes.

You "ARE" evidence-based in your practice.....all day, every day.

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Why

Bother?

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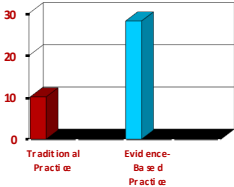
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Patient Outcomes IMPROVE

With Evidence-Based Practice



Practice Type	Outcome Level (approx.)
Traditional Practice	12
Evidence-Based Practice	28

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The answers to most of our questions are known!  
We just don't go get the answers!

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Despite an aggressive research movement,  
the majority of findings from research often  
*are not* integrated into practice

It takes approximately *17 years* for research findings to  
translate to practice!

Research findings are perceived to be:

- **inaccessible** to bedside clinicians
- **incomprehensible** to bedside clinicians
  - **irrelevant** to daily practice

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In spite of the evidence.  
In spite of the professional,  
ethical responsibility.

**We**

- ...conduct practice based in tradition and anecdotal  
information: that *we know is not best* practice
- ...deliver provider-centric care: that *we know is not best* for  
patients and families
- ...*tolerate the gap* between research and practice
- ...conduct inquiry without considering the "*So What Factor*"
- ...allow *barriers to EBP* to persist



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So....What's the evidence?

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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)

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The One Thing That Prevents You From Implementing EBP

	Total Responses
1. Time	151
2. Organizational culture, including policies and procedures, politics, and a philosophy of "that is the way we have always done it here."	123
3. Lack of EBP knowledge/education	55
4. Lack of access to evidence/information	51
5. Manager/leader resistance	48
6. Workload/staffing, including patient ratios	46
7. Nursing (staff) resistance	34
8. Physician resistance	24
9. Budget/payers	20
10. Lack of resources	

Things are changing!

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## Survey of Chief Nursing Officers

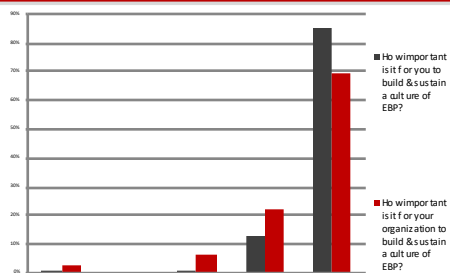
### Key Sections:

- 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



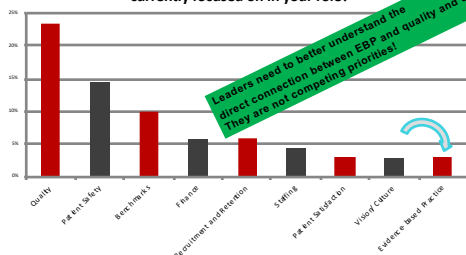
**Abstract Summary**  
This report presents the findings of a national survey of chief nursing officers (CNOs) regarding their perspectives on evidence-based practice (EBP) and its implementation in the workplace.

## How Important is EBP?



## How High a Priority is EBP?

As a CNO/CNE, what are the top priorities that you are currently focused on in your role?



### Annual Operating Budget Allocated to EBP

What % of your annual operating budget do you spend on building and sustaining EBP in your organization?	Frequency	Percent %
0	41	15%
1 to 10	162	59%
11 to 25	49	18%
26 to 50	15	5%
51 to 100	6	2%

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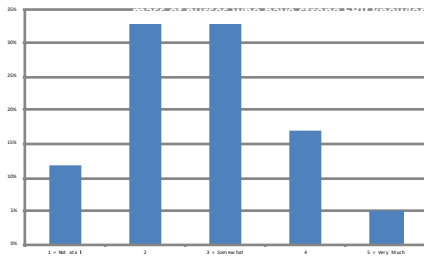
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### Organizational Readiness




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- More than 1/3 of hospitals are **not meeting benchmarks** for NDNQI performance metrics.
- Almost 1/3 of hospitals are **above national benchmarks** for core measures (e.g., falls, pressure ulcers).
- Approximately 55% of CNEs report that EBP is practiced in their organization from "not at all" to "somewhat."
- There are **inadequate numbers of EBP mentors** in healthcare systems to work on EBP with direct care staff and create EBP cultures/ environments that sustain according to approximately 75% of the CNEs.

There is a Disconnect




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**A new tool in your EBP Toolbox!**



**Evidence-based Practice Competencies for Practicing Registered Nurses and Advanced Practice Nurses**



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**Findings**

Lynn Gallagher Ford, PhD, RN, DPFNAP, NE-BC  
Bindu Thomas, MEd, MS

ANED ANNUAL CONVENTION  
July 19-22, 2010  
David L. Lawrence Convention Center  
Pittsburgh, Pennsylvania  
Workshops: July 18-19, 2010

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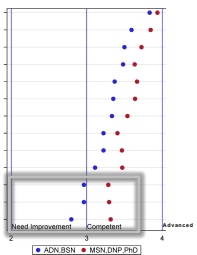
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**EBP Competencies**

**Practicing Registered Nurses**

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 the evaluation and synthesis of a body of evidence
7. Participates in critical appraisal of published research studies
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



Legend: ■ ADN,BSN ■ MSN,DNP,PHD

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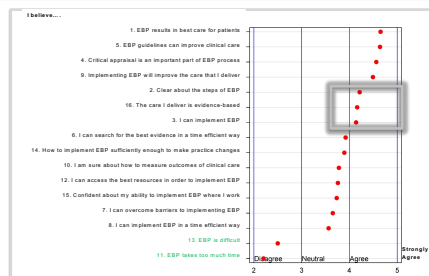
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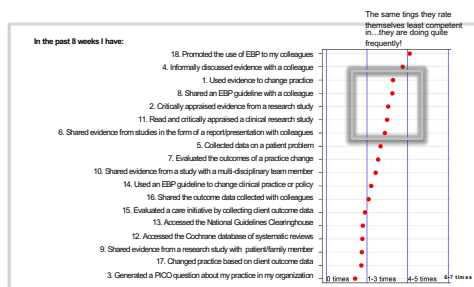
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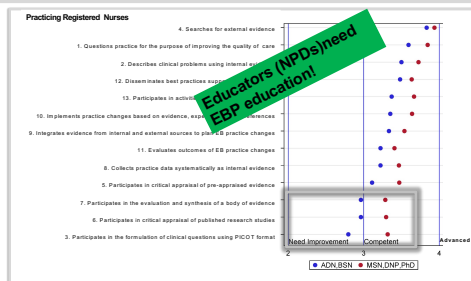
## EBP Beliefs




## EBP Implementation



## EBP Competencies





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WORLDviews on


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Aims:

- describe the state of EBP competency in nurses across the U.S.
- determine important factors associated with EBP competency

Methods:

- Cross sectional anonymous descriptive survey with nurses across the U.S.



Melnyk et al 2018

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WORLDviews on

EVIDENCE-BASED NURSING™

Sample:

- 2,344 nurses from 19 hospitals/healthcare systems
- Mean age = 44.5 years
- 92% female
- 85% non-Hispanic White
- 58% had a bachelor's degree
- 69.2% worked in a Magnet organization



Melnyk et al 2018

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The First U.S. Study on Nurses' EBP Competencies Indicates Major Deficits that Threaten Healthcare Quality, Safety and Patient Outcomes

Melnyk, Gallagher-Ford, Zellefrow et al., 2018, Worldviews on Evidence-based Nursing

Aims:

- describe the state of EBP competency in nurses across the U.S.
- determine important factors associated with EBP competency

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Sample:

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### EBP Competencies Self Assessment

**Evidence-Based Practice Competencies for Practicing Registered Professional Nurses**

Please identify your level of competence for each of the EBP competencies using the following scale (Item 1 = Not Competent, Item 2 = Need Improvement, Item 3 = Competent, Item 4 = Highly Competent)

Competency	1	2	3	4
1. Questions clinical practices for quality improvement				
2. Describes clinical problems using internal evidence				
3. Formulates clinical questions using PICOT 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 evidence				
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				

**Evidence-Based Practice Competencies for Practicing Advanced Practice Nurses**

Please identify your level of competence for each of the EBP competencies using the following scale (Item 1 = Not Competent, Item 2 = Need Improvement, Item 3 = Competent, Item 4 = Highly Competent)

Competency	1	2	3	4
1. Questions clinical practices for quality improvement				
2. Describes clinical problems using internal evidence				
3. Formulates clinical questions using PICOT 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 evidence				
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				

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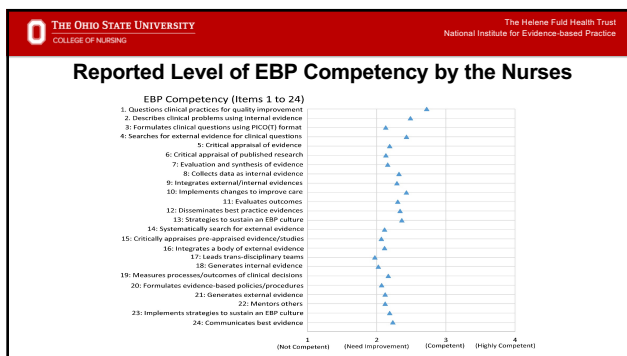
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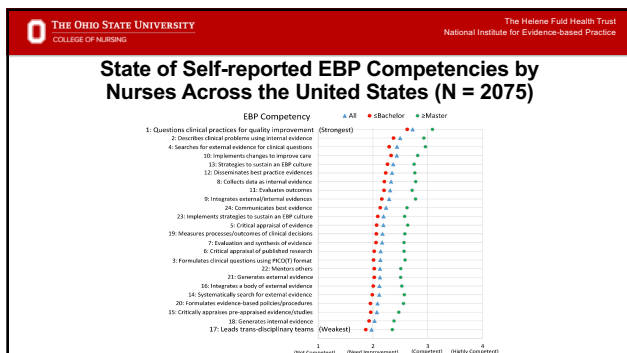
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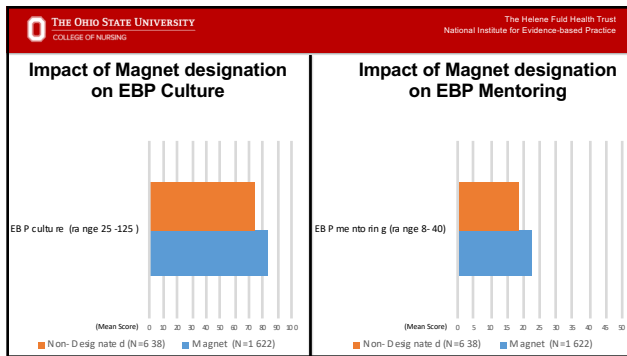
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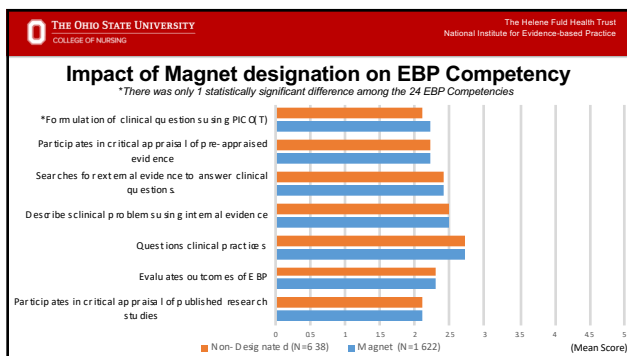
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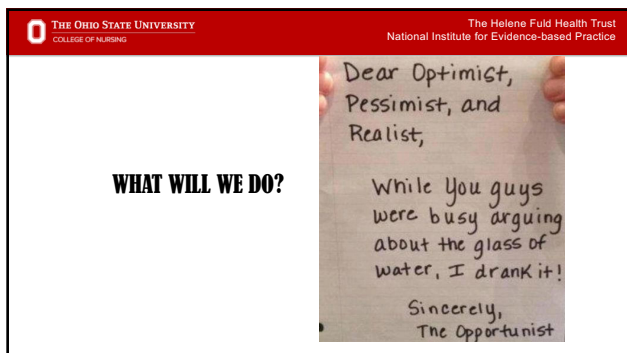
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Here's the plan:

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Critical Components of an EBP Culture

A Philosophy, Mission and Commitment to EBP:

there must be commitment to advance EBP across the organization; administration as well as other disciplines

A Spirit of Inquiry:

health professionals are encouraged to continuously 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 change

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Critical Components

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

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## ORGANIZATIONAL ASSESSMENT

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### Assess where your organization is at!

**Tools are available:**

Organizational **Culture and Readiness** for System-wide Integration of Evidence-based Practice Survey (Friedrich-Overholt & Melnyk, 2005)

Evidence-Based Practice Changes Survey (VanPatter-Gale, 2009)

Organizational Readiness to Change Assessment instrument (ORCA) (Hettlich, C., 2008)

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### 2 Key Concepts to Consider

- Do you have culture, context and climate that support EBP?
- Is your organization ready for EBP?



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Leaders create the culture...period.

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And...

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### 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
- Communicate on 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).

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**Established a common definition of what *we all* mean by an “evidence-based recommendation”**

*“my awesome article from 1991”*

**vs**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
LOC	VI	II	II	II	II	II	II	II	II	II	II	II	II	II	II	II	II	II	II	II	II	II	II	II
CVCS	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
USGPV Response Time	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
Admission	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
Pain	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
Patient Satisfaction	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓

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**Structure to build EBP on: EBP MODELS**

1. Utilize an EBP *Organizational Model* (ARCC, PARIHS).

2. Utilize an EBP *Project Model* (7 steps of EBP, Iowa, Hopkins, Rosszurm and Larabee, Clinical Scholar, etc!)

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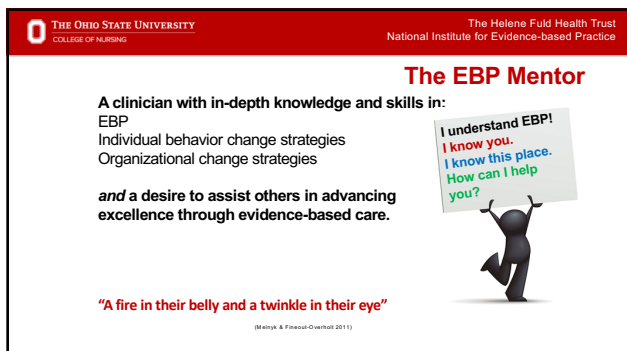
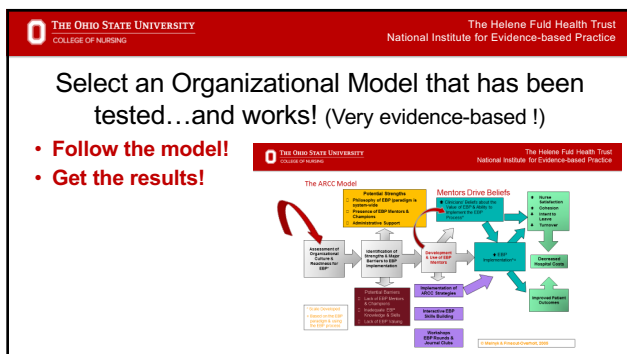
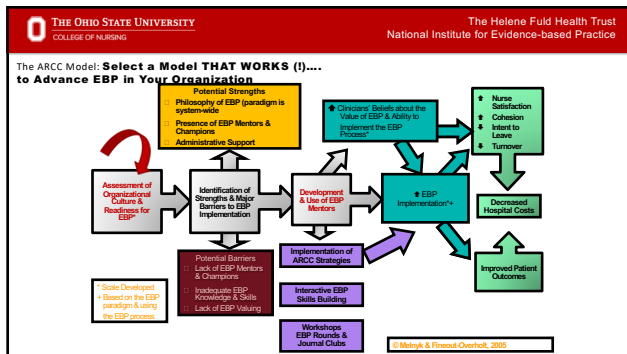
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EBP Beliefs Drive EBP Actions


Beliefs are *the key* to Implementation of EBP

2 types of Beliefs

1. Belief in the value of EBP

2. Belief that we can do EBP here

(their ability and confidence in implementing EBP)



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“When nurses’ beliefs about the value of EBP *and* their ability to implement it are high, they have more success in implementation of evidence-based care than when their beliefs are low.”

(Melnyk et al. 2004)



Clinicians with stronger beliefs about EBP

implement evidence-based care more often

report higher group cohesion and job satisfaction

perceive their organizational culture as more positive and ready for EBP

(Melnyk et al. 2011)

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Strategic Investment

There HAS BEEN an INVESTMENT in EBP!

...and there have been many RETURNS ON THAT INVESTMENT...we are seeing them displayed today!

Maximizing Return on Investment

Minimizing Risk of Ignoring



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## Do not attempt this without addressing the TIME issue

EBP takes time...

so do boring non-productive meetings!

Release time needs to be provided

EBP time needs a great name!

"Non productive time"; NO!

"Incredibly productive time"; YES!

Many EBP initiatives are about DE-IMPLEMENTING time wasters!



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## WHAT "TOO BUSY" CAN DO FOR YOU!



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TIME

"Are you asking me to implement EBP  
on top of everything else  
that I do?"



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TIME

“No, I am asking you to make EBP the foundation for everything you do!”



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“How will we ever find a way to do this?”



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



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How do you problem solve?

1. Have a meeting
2. Brainstorm
3. Try something
4. Repeat
5. Repeat
6. Repeat
7. Repeat
8. Repeat

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Why isn't this called "non-productive time"??



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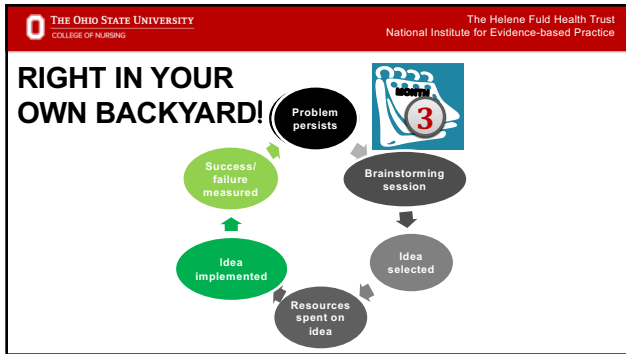
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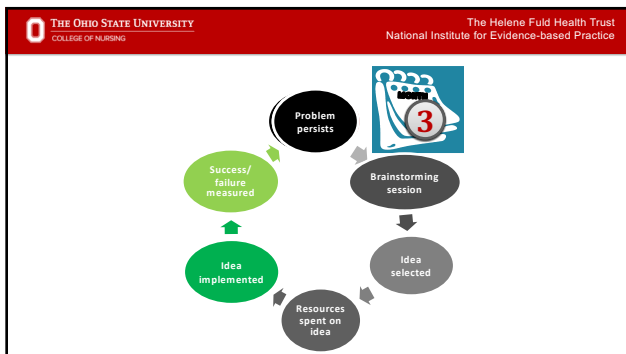
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Let's do the numbers...

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Where does EBP fit?

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EBP, Research, Innovation, and QI Alignment Model

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[illegible]

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## Build EBP competence in the organization



**Competence;**  
Knowledge  
Skills  
Attitude



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## Evidence-based decision making; a SHARED Competency



Nursing



Medicine



Allied Health  
PT, OT, RT,  
SW

← Evidence-based decision-making/practice →

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Clinicians Must

Develop **Competence** in EBP

**Competence requires:**  
Knowledge, Skills and Attitude

**Knowledge: Know** the steps of EBP


- ❖ Education needed

**Skills: Participate** in the EBP process

- ❖ Practice needed

**Attitude: Promote** a culture of EBP

- ❖ Expectations and Accountability needed



**What = EBP Competence?**  
**How will we measure EBP Competence?**

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**A new tool in your EBP Toolbox!**



**Evidence-based Practice Competencies for Practicing Registered Nurses and Advanced Practice Nurses**

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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 Mazurek Melnyk, RN, PhD, CPNP/PMHNP, FNAP, FAANP, FAAN  
 Lynn Gallagher-Ford, RN, PhD, DPFNAP, NE-BC  
 Lisa English Long, RN, MSN, CNS  
 Ellen Fineout-Overholt, RN, PhD, FAAN

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**Evidence-Based Practice Competencies**

**Practicing Registered Professional Nurses**

1. **Questions clinical practices** for the purpose of improving the quality of care.
2. **Describes clinical problems** using internal evidence.\*  
 (internal evidence\*= evidence generated internally within a clinical setting, such as patient assessment data, outcomes management, and quality improvement data)
3. **Participates in** the formulation of clinical questions using PICOT\* format. (\*PICOT=Patient population; Intervention or area of Interest; Comparison intervention or group; Outcome; Time).
4. **Searches for** external evidence\* to answer focused clinical questions. (external evidence\*= evidence generated from research)

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## Practicing Registered Professional Nurses

5. **Participates in** critical appraisal of pre-appraised evidence (such as clinical practice guidelines, evidence-based policies and procedures, and evidence syntheses).
6. **Participates in** the critical appraisal of published research studies to determine their strength and applicability to clinical practice.
7. **Participates in** the evaluation and synthesis of a body of evidence gathered to determine its' strength and applicability to clinical practice.
8. **Collects** practice data (e.g., individual patient data, quality improvement data) systematically as internal evidence for clinical decision making in the care of individuals, groups and populations.

[illegible]

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## Practicing Registered Professional Nurses

- 9. Integrates evidence** gathered from external and internal sources in order to plan evidence-based practice changes.
- 10. Implements practice changes** based on evidence and clinical expertise and patient preferences to improve care processes and patient outcomes.
- 11. Evaluates outcomes** of evidence-based decisions and practice changes for individuals, groups and populations to determine best practices.
- 12. Disseminates best practices** supported by evidence to improve quality of care and patient outcomes.
- 13. Participates in** strategies to sustain an evidence-based practice culture

[illegible]

**Evidence-Based Practice Competencies**

**Advanced Practice Nurses**

**All of the Competencies for the Practicing Registered Professional Nurse**

**+**

**11 Additional Competencies**

**Note the difference in action verbs!**

[illegible]



## Evidence-Based Practice Competencies

### Advanced Practice Nurses

14. **Systematically conducts** and exhaustive search for external evidence\* to answer clinical questions. (external evidence\*: evidence generated from research)
15. **Critically appraises** relevant pre-appraised evidence (i.e., clinical guidelines, summaries, synopses, syntheses of relevant external evidence) and primary studies, including evaluation and synthesis.
16. **Integrates** a body of external evidence from nursing and related fields with internal evidence\* in making decisions about patient care. (internal evidence\*= evidence generated internally within a clinical setting, such as patient assessment data, outcomes management, and quality improvement data)

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### Advanced Practice Nurses

17. **Leads transdisciplinary teams** in applying synthesized evidence to initiate clinical decisions and practice changes to improve the health of individuals, groups, and populations.
18. **Generates internal evidence** through outcomes management and EBP implementation projects for the purpose of integrating best practices.
19. **Measures processes and outcomes** of evidence-based clinical decisions.
20. **Formulates** evidence-based policies and procedures.

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### Advanced Practice Nurses

21. **Participates** in the generation of external evidence with other healthcare professionals.
22. **Mentors others** in evidence-based decision making and the EBP process.
23. **Implements strategies** to sustain an EBP culture.
24. **Communicates** best evidence to individuals, groups, colleagues, and policy-makers.

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## EBP Competence

### Outcomes

- Consistent, best practice in healthcare
- Higher quality care
- Higher reliability of care
- Improved patient outcomes
- Cost savings
- Clinician engagement
- Increased teamwork




WOW! We want all of these!

- Consistent, best practice in healthcare
- Higher quality care
- Higher reliability of care
- Improved patient outcomes
- Cost savings
- Clinician engagement
- Increased teamwork



WOW! We want all of these!



[illegible]





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# Teach EBP; Most never learned it in school





The new grads cannot be the only people in the enterprise who know EBP!

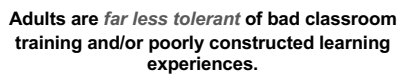
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# Adult Learners



Adults are *far less tolerant* of bad classroom training and/or poorly constructed learning experiences.

Adults *quickly and easily judge* the value of the learning and its relevance to their lives/needs to acquire particular skills or knowledge.



**Adults *quickly and easily* judge the value of the learning and its relevance to their lives/needs to acquire particular skills or knowledge.**

[illegible]

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**Evidence-based Practice**  
Making it a reality in your organization

A hands-on immersion program to increase evidence-based quality and patient outcomes

**2-DAY IMMERSION PROGRAM**

**1-DAY IMMERSION PROGRAM**

**2-DAY IMMERSION PROGRAM**

**1-DAY IMMERSION PROGRAM**

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**State of Self-reported EBP Competencies by Clinicians who attend a Fuld 5-day EBP Immersion Program**

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**Once you have EBP competence built, then how do you grow it?**

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## Integrate the Competencies

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

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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"*



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## Create the EBP Mentor Role/Job Description

- ❖ Stimulates, educates, facilitates and supports nursing staff and healthcare providers in creating a culture of evidence-based practice (EBP).
- ❖ Fosters critical thinking about clinical issues to encourage nurses' use of evidence in making clinical decisions.
- ❖ Conducts EBP rounds, huddles and journal clubs to bring best evidence from research studies forward for implementation to improve patient outcomes.
- ❖ Leads EBP project teams.



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## Build an Effective EBP Council

- Council Composition**
  - Leadership**
    - Chair:
      - Doctoral prepared APN, CNS or
      - Masters prepared APN,CNS or
      - EBP expert
    - Co-Chair: CNS or direct care nurse
    - Liaison: Nurse Executive
    - Advisor: Nurse Scientist
  - Membership**
    - Representation from all units/disciplines
    - Formalized education in EBP, developed as EBP Mentors

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## Build an Effective EBP Council

- Define council purpose & structure**
  - Unit-based Practice Councils
  - Facility-wide EBP Steering Council
  - Separate Meetings
- Garner Executive Leadership & Organizational Support**
- Determine selection criteria for council membership** (seek out those who have attended the EBP Immersion Workshop)
- Define roles of council members**
- Develop approval/priority and dissemination processes**

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## Results:

### Your EBP council is...

- **Empowering staff**
- Providing **leadership growth**
- Creating **meaningfulness**
- Providing opportunities to participate in the **strategic vision**
- **Improving quality of care**
- Enhancing **job satisfaction**
- Providing opportunities for **leaders to collaborate with staff**
- Allowing staff to **control their practice**
- Building **accountability for quality patient outcomes**

(Brody et.al. 2012)

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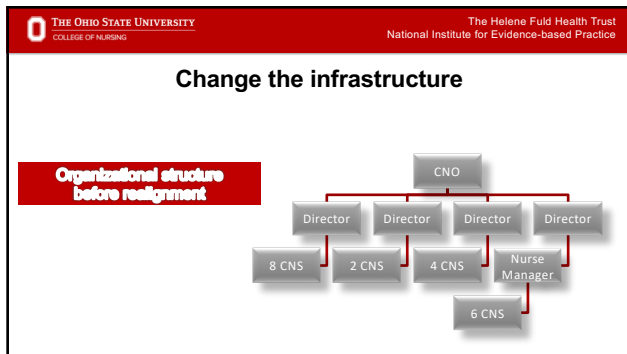
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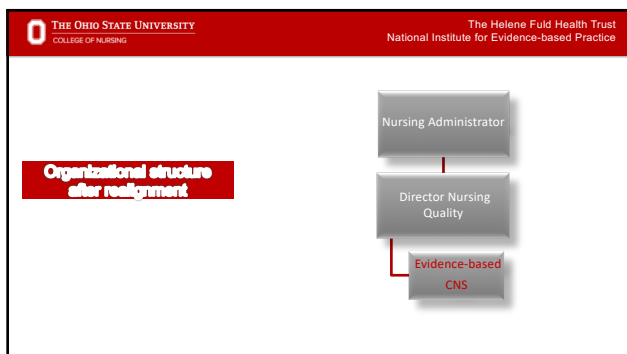
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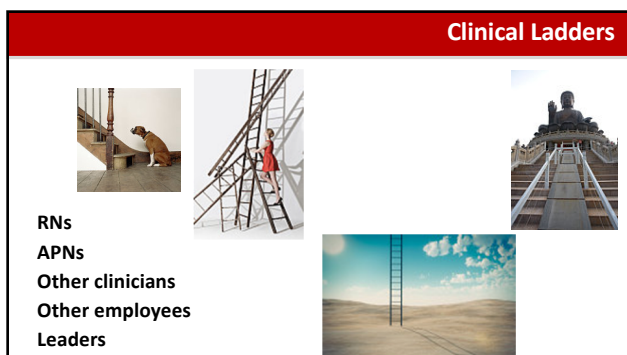
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# Clinical Ladder Program

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*

A red push button with a white base, with two red arrows pointing from the list of activities to it.

- 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**

[illegible]

## Leadership Job Description; Example

**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.

- Assesses 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.

[illegible][illegible]

### Opportunities to Integrate EBP Competencies

#### Onboarding/Orientation/Residency Programs

RNs

APNs

Leadership

**Evidence-based Practice;  
Let's Get Started!**

Lynn Gallagher-Ford, PhD, RN, DPNAP, NE-BC  
Director, Center for Transdisciplinary Evidence-based Practice  
Clinical Associate Professor  
The Ohio State University  
College of Nursing

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### Evidence-based Policies and Procedures

- The underpinning of practice!
  - AND
- The underpinning of litigation/defense!

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**Formalized, written policies and procedures fulfill a number of important purposes:**

- **Facilitate adherence with recognized professional practices.**
- **Promote compliance** with regulations, statutes, and accreditation requirements (e.g. HIPAA, EMTALA, CMS Conditions of Participation, DNV/Joint Commission).
- **Reduce practice variation**
- **Standardize practices** across multiple entities within a single a health system.
- **Serve as a resource** for staff, particularly new personnel.
- **Reduce reliance on memory**, which, when overtaxed, has been shown to be a major source of human errors or oversights.

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- What if the policy is not correct?
- What if the policy is not current?
- What if the best practice changed the day after you reviewed the policy?
- What if the policy .....?

oops!

WRONG!

What should the clinician do?

The right thing or what the policy says?

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Journal Clubs

- Participates in the critical appraisal of published research studies to determine their strength and applicability to clinical practice. ✓
- Participates in the evaluation and synthesis of a body of evidence gathered to determine its strength and applicability to clinical practice. ✓
- Integrates evidence gathered from external and internal sources in order to plan evidence-based practice changes. ✓
- Implements practice changes based on evidence and clinical expertise and patient preferences to improve care processes and patient outcomes. ✓
- Disseminates best practices supported by evidence to improve quality of care and patient outcomes. ✓
- Participates in strategies to sustain an evidence-based practice culture. ✓

Read articles that address your PICOT questions!

People will show up.

Use jigsaw approach.

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Messaging;

How do you get them there?

“It’s not *what you do*, It’s *why you do it*”.

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.

Simon Sinek TED Talk

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**What does **EVERY** individual clinician (employee) in the organization need to do ?**

- Assess** personal EBP beliefs and values
- Learn and practice** the skills for EBP
- Develop** a reflective/inquiring approach to practice
- Promote** a spirit of clinical inquiry
- Participate** in the EBP process

**Do it.**



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One clinician at time!

**The Innovation-Decision Process**

- Knowledge**
  - Occurs when adopter is exposed to innovation
- Persuasion**
  - The adopter's perception is formed
    - Can be favorable or unfavorable
- Decision**
  - The innovation is most likely adopted or rejected
- Implementation**
  - Re-invention can occur
- Confirmation**
  - The adopter seeks reinforcement



(Rogers, 1995)

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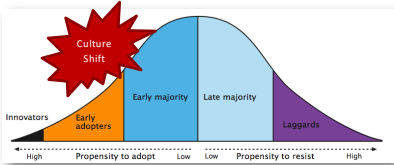


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Time

**EBP itself, is an "innovation."**



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## 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"

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## What if...you were evidence-based in all of your decisions? How would that align with being Magnet "ready" to begin with?

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Background

- ▶ The CVICU is an extremely high acuity unit
- ▶ Nurses take about 2 years acclimatize to the role-fast paced, high intensity
- ▶ Challenges Include: Rapid growth, staffing, limited skill mix, new nurses are assigned sicker patients sooner
- ▶ Perceived lack of support
- ▶ Perceived lack of time for level of mentorship needed

EBP exemplar shared with permission from a participant:

Fuld EBP immersion program, Stanford Children's Hospital Spring 2016.

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## Significance

- ▶ **Cost: Retention, Turnover**
  - ▶ **Future Nursing Shortage**
  - ▶ **Patient safety – greater than 20% <2yrs**  
(Hickey et al., 2014)
- Patient Satisfaction: Press-Ganey**

EBP exemplar shared with permission from a participant: Fuld EBP immersion program; Stanford Children's Hospital Spring 2018.



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## Problem/Clinical Inquiry

- ▶ There are no mentorship programs currently available in my unit. We have grown exponentially over the past year and we still have another 12 beds to open on an entirely different floor. I believe that a structured, evidence based, multifaceted mentorship program would help retain nurses and increase patient safety. Ideally this would include mentorship in the form of 1:1 mentoring, clinical support nurses as unit based mentors, availability of a clinical nurse mentor out of count.
- ▶ Ultimate Goal: Create a culture of mentorship where mentoring values/practices become "the norm" and "incivility" becomes taboo (JACHO Sentinel Event Alert #40)

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## PICOT Question

In nurses, how does mentorship compared to no mentorship affect retention?

- ▶ P- Nurses
- ▶ I- Mentorship
- ▶ C- No Mentorship
- ▶ O- Retention

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## Synthesis: Levels of Evidence

Levels of Evidence	1	2	3	4
Level I: Systematic review of meta-analysis				
Level II: Randomized controlled trial				
Level III: Controlled trial without randomization	X			
Level IV: Case-control or cohort study				
Level V: Systematic review of qualitative or descriptive studies				X
Level VI: Qualitative or descriptive study, CPG, UI Review, GI or EBP project	X	X	X	
Level VII: Expert opinion				

LEGEND: X=type of study

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## Synthesis: Outcomes Table

Outcome	1	2	3	4
Job Satisfaction	I	HC	HC	I
Decreased Intent to Leave/Retention	I	HC	I	I
Increased Group Cohesion	I	HC	HC	HC
Self-efficacy	HC	I	HC	HC
Commitment	HC	I	HC	HC
Communication	HC	I	HC	I
Increased Goals	HC	I	HC	I
Security	HC	I	HC	HC
Leadership Readiness	HC	I	HC	HC
Cost savings	HC	HC	HC	I
Professional Identity	HC	HC	HC	I
Future Salary	HC	HC	HC	I

SYNTHESIS: I = Increased, D = Decreased, HC = No Change, NR = Not Reported, NA = Not Applicable, ? = applicable or present

### REFERENCES

- 1) Miller, Mitchell, Maruy, Researcher-developer, Miller Davis, Tracy, & Hastings (2018). Implementing evidence-based practice effectiveness of a structured multifaceted mentorship program.
- 2) Weary, J. A., & Liden, R. E. (2010). Mentoring Practices Benefiting Medical Nurses.
- 3) Larkin, M., & Maitland, M. (2018). Improving the effectiveness of a structured multifaceted mentorship program for newly registered nurses: a systematic review.
- 4) Clark & Lay (2018). The effectiveness and application of a mentorship program for newly registered nurses: a systematic review.

## Evidence-based Practice Change Recommendation

- Based on review of the evidence it is the **recommendation to implement an evidence-based mentorship program across the nursing enterprise**
  - Structured
  - Evidence-based conceptual framework
  - Multifaceted
  - Convenient
  - User Friendly

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## Evidence-based Practice Change Implementation Plan

- ▶ Key Action #1: Present project to key leadership stakeholders for support
- ▶ Key Action #2: Collaborate with key leadership on development
- ▶ Key Action #3: Present to Shared Governance, NPDS, CNS
- ▶ Key Action #4: Present to frontline staff during staff meetings
- ▶ Key Action #5: Work at all level for implementation
- ▶ Key Action Step #6: Implement the evidence-based mentoring program

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## Evidence-based Practice Change Implementation

Select EB mentoring program

Develop education, budget, implementation, and measurement plan

Implement EB mentoring program across the nursing enterprise

**Elements of Mentoring Culture**

Mentoring Practices: **mentoring**, **mentoring**, **mentoring**

Mentoring Benefits: **mentoring**, **mentoring**, **mentoring**

Mentoring Challenges: **mentoring**, **mentoring**, **mentoring**

Mentoring Outcomes: **mentoring**, **mentoring**, **mentoring**

Approval for EB mentoring plan January 2016

Implementation of EB mentoring program July 2016

Measurement of EB mentoring program  
Pre: June 2016  
Post: December 2016  
Year 1: July 2017  
Year 2: July 2018  
Ongoing annually in July

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## Measure outcomes

▶ **Outcomes**

- ▶ **Retention rates:**
  - ▶ All nursing categories: CNO, directors, managers, staff
  - ▶ pre, post (6 months), 1 year, 2 years, annually
- ▶ **ROI related to retention:**
  - ▶ pre, post (6 months), 1 year, 2 years, annually
- ▶ **Competence**
  - ▶ All nursing categories: CNO, directors, managers, staff
  - ▶ pre, post (6 months), 1 year, 2 years, annually
- ▶ **Professional Growth**
  - ▶ All nursing categories: CNO, directors, managers, staff
  - ▶ pre, post (6 months), 1 year, 2 years, annually

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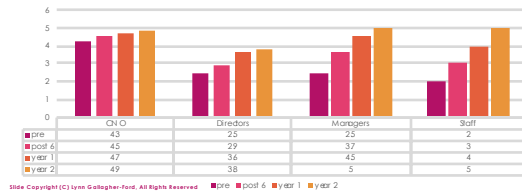
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## Evidence-based Mentoring Program Outcomes

Mentoring program outcomes:  
Competence scores by nursing groups



## Mentoring program TL6

Provide one example with supporting evidence, of a mentoring plan or program for; Clinical nurses, Managers, AVP/Directors/APNs, CNO

**AND/OR:**

**NK3;** Provide one example with supporting evidence, of clinical nurses' implementation of an **evidence based practice that is new to the organization.**

Provide one example with supporting evidence, of clinical nurses' implementation of an **evidence based practice to revise an existing practice.**

**NK5;** Provide one example with supporting evidence, of an **innovation within the organization involving nursing.**

**NK7;** Provide one example with supporting evidence, of an improved outcome associated with nurse involvement with the **design or redesign of the work environment.**

**NK3;** Provide one example with supporting evidence, of clinical nurses' implementation of an **evidence based practice that is new to the organization.**

Provide one example with supporting evidence, of clinical nurses' implementation of an **evidence based practice to revise an existing practice.**

**EP1;** Provide one example with supporting evidence, of an improved outcome associated with an evidence-based change made by **clinical nurses in alignment with the organizations professional practice model.**

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## A clinical practice change example from a staff nurse; Ultrasound Guided PIVs

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**Clinical Inquiry:**

There is an overuse of central lines at my organization due to "poor venous access" and I am wondering if increasing the use of ultrasound guided IV's will reduce the number of central lines placed.

**PICOT Question:**

In hospitalized adults in need of intravenous (IV) access, how does ultrasound guided IV starts compared to standard IV starts affect the number of central lines?

**Search/Critical appraisal of the evidence/Evidence-based recommendation....**

- Assess patients for DIVA (difficult IV access) status
- Utilize UGPIV insertion for DIVAs

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Synthesis of the Levels of Evidence

	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	
I	2																												
II	8	√	√				√	√	√		(5)				√											√	(6)		√
III	2										√	(2)														√		(1)	
IV	2													√						√									
V	0																												
VI	12	√			√	√				√		√				√		√	√		√	√		√	√				
VI	1																√												

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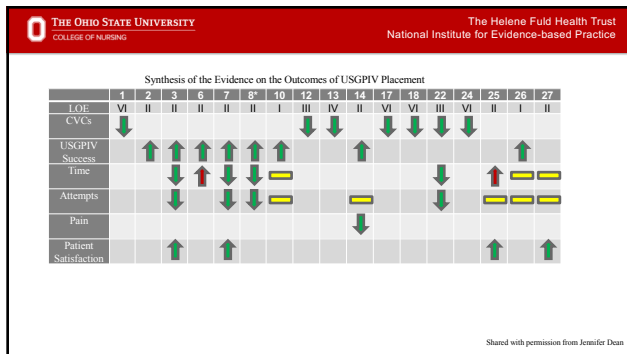
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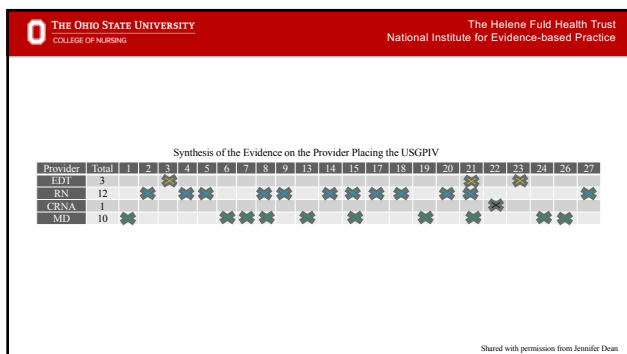
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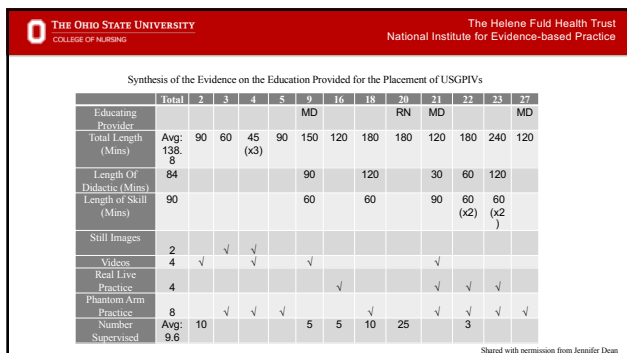
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Synthesis of the Evidence for Content in USGPV Education

	Total	3	5	9	17	20	21	22	23	27
U/S Machine Use	4			✓		✓			✓	✓
U/S Machine Disinfection	1								✓	
U/S Physics/Image Acquisition	6	✓	✓	✓	✓		✓	✓		
Technique Explanation	5	✓	✓	✓			✓	✓		
Upper Extremity Anatomy	5			✓		✓	✓	✓	✓	
Complications	2			✓				✓		
Documentation	1			✓						

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Implement the EB practice change																						
<p>► Key Action #1: Present project to key leadership stakeholders for support</p> <p>► Key Action #2: Collaborate with key leadership on development</p> <p>► Develop the UGPIV budget plan</p> <p>► Develop the UGPIV education plan</p> <p>► Develop the UGPIV rollout plan</p> <p>► Develop the UGPIV outcomes measurement plan</p> <p>► Key Action #3: Present to Shared Governance, NPDS, CNS</p> <p>► Key Action #4: Present to frontline staff during staff meetings</p> <p>► Key Action Step #5: <b>Implement the evidence-based program</b></p>																						
																						

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Measurement plan																						
<p><b>Central venous catheters (CVC's)</b></p> <p>Total # of CVCs placed</p> <p>pre, post (6 months), 1 year, 2 years, annually</p> <p>ROI for decreased # of CVCs placed</p> <p>pre, post (6 months), 1 year, 2 years, annually</p> <p><b>CLABSIs</b></p> <p>Total # of CLABSIs</p> <p>pre, post (6 months), 1 year, 2 years, annually</p> <p>ROI for decreased 3 of CLABSIs (\$35,000-\$50,000/event)</p> <p>pre, post (6 months), 1 year, 2 years, annually</p> <p><b># of IV attempts</b></p> <p><b>Patient Satisfaction</b></p> <p><b>Time</b></p>																						
																						

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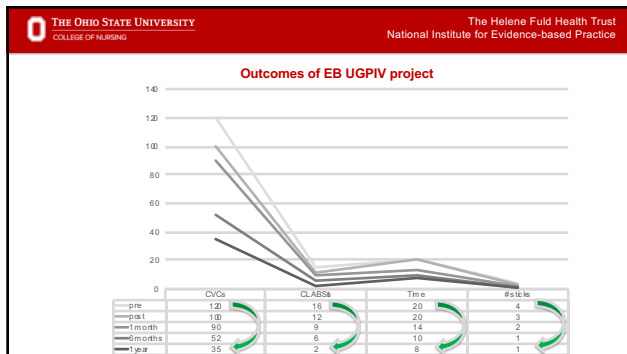
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### ROI of EB UGPIV/DIVA project ("So What?" outcomes!)

**CLABSI**

- Pre CLABSI costs: 16 x \$35,000 = \$560,000
- 1 year CLABSI costs: 2 x \$35,000 = \$70,000
- CLABSI avoidance @ 1 year = **\$510,000**

**Cost of one IV sticks (IV kit @ \$5/time; staff @ \$3.00/time)**

**#IV sticks/DIVA**

- Pre IV stick costs: (4sticks) \$20 x \$12 = \$32/DIVA
- 1 year IV stick costs: (1stick) = \$5 x 3 = \$8/DIVA
- Average # DIVA's/year = 80,000
- Savings/DIVA = \$24
- IV sticks savings 1 year = **\$1,920,000**

**Total EB UGPIV/DIVA project ROI @ 1 year = \$2,430,000**

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### EB UGPIV Project; TL8

Provide one example, with supporting evidence, where clinical nurse(s) utilized data to advocate for the **acquisition of a resource**, in support of the care delivery system.

**AND/OR:**

**TL9:** Provide one example, with supporting evidence, of an improvement in patient care or the nursing practice environment associated with **communication between the clinical nurse(s) and the CNO, AVP/director, nurse manager.**

**NK6:** Provide examples, with supporting evidence, of an improved outcome in a care setting associated with a clinical nurse(s) involvement in the **adoption of technology.**

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**EP18:** Eight of the most recent consecutive quarters of **unit level nurse sensitive clinical indicator data to demonstrate outperformance** of the mean, median and mode...**CLABSI**.

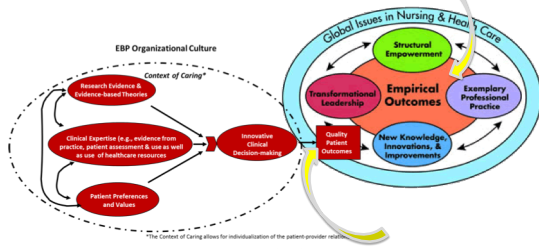
**NK3:** Provide one example with supporting evidence, of clinical nurses' implementation of an **evidence based practice that is new to the organization.**

Provide one example with supporting evidence, of clinical nurses' implementation of an **evidence based practice to revise an existing practice.**

**NK5:** Provide one example with supporting evidence, of an innovation within the organization involving nursing.

[illegible]

## Synergy of EBP and Magnet

[illegible]

## Magnet and EBP

## What is Magnet really looking for related to EBP?

–Integration into Onboarding and 3 projects/year after that?

– NO

- Integration into Onboarding and *continuously after that?*

**YES!**

[illegible]



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Evidence-based decision-making underpins every component of Magnet.

An evidence-based organization is perfectly set to be a Magnet organization.



Thank you!

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Contact information

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