Implementation Science: A Roadmap and Toolkit for Attaining and Sustaining Evidence-Based Practice Changes

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North Bay 6th Annual Evidence-Based Practice & Research Conference
Attain, Engrain, Sustain: The Pathway to Implementation Science
SCIENTIFIC THEORY

- A scientific explanation to a pattern in the natural world
- Many observations and much evidence is needed in order to create a valid theory.
- Scientific investigation is a key part when creating theories.
- Theories may be supported by scientific evidence but may be incorrect.
  - Evidence may change with time; better technology
  - Example: Geocentric (earth in middle of solar system) to Heliocentric model (sun in middle of solar system)
Objectives

- Introduce EBP implementation within a roadmap of change
- Review implementation science models and tools for accelerating change
- Apply a stages of change framework to understanding EBP implementation processes
- Discuss implementation strategies that can facilitate the uptake of evidence into practice
- Improve confidence in ability to implement and sustain evidence-based practices change
Roadmap for EBP Implementation

First Milestone
Listen nonjudgmentally

Second Milestone
Get team together and secure leadership support

Third Milestone
Select the most fitting strategies for the practice and site.

Fourth Milestone
Evaluate the change and continue to monitor outcomes.
Who likes change?
Exercise

Cross your arms.

When you are comfortable, cross your arms the other way.

Why is the second attempt more uncomfortable, even though it’s basically the same action?
### The Steps of EBP

<table>
<thead>
<tr>
<th>Step 0:</th>
<th>Cultivate a Spirit of Inquiry &amp; EBP Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1:</td>
<td>Ask the PICO(T) Question</td>
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<tr>
<td>Step 2:</td>
<td>Search for the Best Evidence</td>
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<td>Step 3:</td>
<td>Critically Appraise the Evidence</td>
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<td>Step 4:</td>
<td>Integrate the Evidence with Your Clinical Expertise and Patient Preferences to Make the Best Clinical Decision</td>
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<tr>
<td>Step 5:</td>
<td>Evaluate the Outcome(s) of the EBP Practice Change</td>
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<tr>
<td>Step 6:</td>
<td>Disseminate the Outcome(s)</td>
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</tbody>
</table>
We are done WONDERING!!

Now we need to IMPLEMENT THE PRACTICE CHANGE AND MEASURE THE IMPACT!

WE KNOW WHAT TO DO!!
Road Bifurcation

Decisions About the Practice Change

What implementation strategies are best to move this forward? Do we move it forward or delay? Are the barriers those we can overcome or do we need to step back? Or, do we need more implementation strategies to keep moving forward?
What Is Implementation as it Relates to EBP?

- A series of action steps to put into effect the decision to change
- A core competence to improve healthcare quality
- The most challenging step in the EBP process
Implementation of EBP Across Disciplines

Weng et al. investigated the EBP practices of six groups of professionals (n=6160)

Figure 2: Frequency of evidence-based practice implementation for clinical decision-making among six groups of healthcare professionals.
Numerous Practice Gaps

WHY?
In a relationship
Engaged
Married
☑ It’s complicated
Divorced

It will be messy at times !!!!
What is Implementation Science?

The scientific study of methods to promote the systematic uptake of research findings and other EBPs into routine practice to improve the quality and effectiveness of health services and care.

Where and Why Did Implementation Science (IS) Emerge?

- Challenges associated with the use of research
- Research to practice gap cited in literature
  - 17 years for 14% of practices (Balas et al., 2000)
- Need to establish the theoretical bases of implementation and strategies to facilitate

What is Translation?

Process of turning observations in the laboratory, clinic and community into interventions that improve the health of individuals and the public — from diagnostics and therapeutics to medical procedures and behavioral changes.

What is Translation Science?

The field of investigation focused on understanding the scientific and operational principles underlying each step of the translational process.

Theories, Models & Frameworks in Implementation Science

The Helene Fuld Health Trust
National Institute for Evidence-based Practice Model to Advance EBP

The ARCC Model

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

Assessment of Organizational Culture & Readiness for EBP*

Identification of Strengths & Major Barriers to EBP Implementation

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

Development & Use of EBP Mentors

Implementation of ARCC Strategies

Interactive EBP Skills Building

Workshops EBP Rounds & Journal Clubs

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

Increased Nurse Satisfaction

Increased Cohesion

Decreased Intent to Leave

Decreased Turnover

Decreased Hospital Costs

Improved Patient Outcomes

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

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IA EBP Model: A Process Model

Determinants Framework

RE-AIM: Evaluation Framework

Consolidated Framework for Implementation Research (CFIR)

Rogers Theory of Diffusion of Innovation
Rodgers 5-Step Change decision process

1. **Knowledge**
   Occurs when individual is exposed to the change

2. **Persuasion**
   The individual’s perception is formed
   • Can be favorable or unfavorable

3. **Decision**
   The change is adopted or rejected

4. **Implementation**
   Re-invention can occur

5. **Confirmation**
   The individual needs reinforcement

Five Key Attributes

1. **Relative Advantage**
   - The degree to which an innovation is perceived as better than current practice
   - Larger perceived benefit leads to increased rate of diffusion

2. **Compatibility**
   - The more easily an innovation can be integrated into existing patterns, the faster it will diffuse

3. **Complexity**
   - Perception of the difficulty to understand and use an innovation

4. **Trialability**
   - The degree to which an innovation can be tried out

5. **Observability**
   - The degree to which the results of an innovation are easily observable to others

(Rogers, 1995)
Rate of Adoption

- Innovators: 2.5%
- Early Adopters: 13.5%
- Early Majority: 34%
- Late Majority: 34%
- Laggards: 16%
Resistance to Change

• Too satisfied with current position
• Power in question – bring people into the light
• Ask brilliant questions
• Fear of unknown
• Normal routine is disrupted

Top 10 Reasons for Resistance to Change -Toni Gattari
• Not my idea
  • Doesn’t have to be, steer them, when their idea they will do it
  • Leaders steer and not tell people what to do – empower, encourage, direct, guide, impact

• Fear of failure

Top 10 Reasons for Resistance to Change - Toni Gattari
• Purpose unclear
  • Don’t expect people to be like you
• Lose something of value because of the change
  • Where is return on investment
• Rewards of change don’t match the effort required

Top 10 Reasons for Resistance to Change - Toni Gattari
• Change requires additional commitments
  • Have to do more
• Tradition and habits of the past
  • Always done it this way
  • Accountants will want to save money

Top 10 Reasons for Resistance to Change - Toni Gattari
Break: Mindfulness Exercise
SO, What Does the Science Teach Us?

Systematic Review – Li et al. (2018) aimed to
- Identify most commonly reported organizational contextual factors that influence the implementation of evidence-based practices across healthcare settings

Findings: 6 Factors
- Organization culture
- Leadership
- Networks and communication
- Resources
- Evaluation, monitoring and feedback
- Champions

All inter-related
What Strategies Are You Confident in Using?

Let’s take a few minutes to complete the EBP Implementation Strategies Self-Efficacy Scale in your packet.
Scoring

1. Add all item scores and divide by 29 to provide overall average item response
2. Note where your items had the lowest self-efficacy
3. Note where your items had the highest self-efficacy
4. Notes items can be targets for change
Expert Recommendations for Implementing Change (ERIC) Project

Refined published compilation of implementation strategy terms and definitions using wide range of stakeholders with expertise in implementation science and clinical practice.

Expert panel reached consensus on a final compilation of 73 implementation strategies.

Influencing Change—All Washed Up!

• Often we underwhelm overwhelming problems

• Solution
  • Combine at least 4 or more strategies known to influence change
Context Assessment Index (CAI)

- Developed to assess organizational readiness for EBP implementation
- Used Promoting Action on Research Implementation in Health Services Framework
  - Emphasizes successful evidence implementation dependent on inter-relationship of the evidence, quality of context, and expert facilitation
- Tested validity and reliability of CAI

**TABLE 3**  
The finalised Context Assessment Index (CAI)

For each of the following statements, please put a cross in one box only.  
SA - Strongly Agree; A - Agree; D - Disagree; SD - Strongly Disagree

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>Personal and professional boundaries between HCPs&lt;sup&gt;a&lt;/sup&gt; are maintained</td>
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<tr>
<td>02</td>
<td>Decisions on care and management are clearly documented by all staff</td>
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<td>03</td>
<td>A proactive approach to care is taken</td>
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<td>04</td>
<td>All aspects of care/treatment are based on evidence of best practice</td>
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<td>05</td>
<td>The nurse leader acts as a role model of good practice</td>
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<td>06</td>
<td>HCPs provide opportunities for patients to participate in decisions about their own care</td>
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<tr>
<td>07</td>
<td>Education is a priority</td>
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<td>08</td>
<td>There are good working relations between clinical and non-clinical staff</td>
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<td>09</td>
<td>Staff receive feedback on the outcomes of complaints</td>
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<td>10</td>
<td>HCPs in the MDT have equal authority in decision making&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>11</td>
<td>Audit and/or research findings are used to develop practice</td>
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<td>12</td>
<td>A staff performance review process is in place that enables reflection on practice and goal setting and is regularly reviewed</td>
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<td>13</td>
<td>Staff have explicit understanding of their own attitudes and beliefs toward the provision of care</td>
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<td>14</td>
<td>Patients are encouraged to be active participants in their own care</td>
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<td>15</td>
<td>There is high regard for patients privacy and dignity</td>
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<td>16</td>
<td>HCPs and health care support workers understand each others’ role</td>
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<td>17</td>
<td>The management structure is democratic and inclusive</td>
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<td>18</td>
<td>Appropriate information (large written print, tapes, etc.) is accessible to patients</td>
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<td>19</td>
<td>HCPs and patients work as partners, providing individual patient care</td>
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<td>20</td>
<td>Care is based on a comprehensive assessment</td>
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<td>21</td>
<td>Challenges to practice are supported and encouraged by nurse leaders and nurse managers</td>
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<td>22</td>
<td>Discussions are planned between HCPs and patients</td>
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<td>23</td>
<td>The development of staff expertise is viewed as a priority by nurse leaders</td>
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<td>24</td>
<td>Staff use reflective processes (e.g., action learning, clinical supervision, or reflective diaries) to evaluate and develop practice</td>
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<td>25</td>
<td>Organisational management has high regard for staff autonomy</td>
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<tr>
<td>26</td>
<td>Staff welcome and accept cultural diversity</td>
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<td>27</td>
<td>Evidence-based knowledge on care is available to staff</td>
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<tr>
<td>28</td>
<td>Patients have choice in assessing, planning, and evaluating their care and treatment</td>
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<tr>
<td>29</td>
<td>HCPs have the opportunity to consult with specialists</td>
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<tr>
<td>30</td>
<td>HCPs feel empowered to develop practice</td>
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<td>31</td>
<td>Clinical nurse leaders create an environment conducive to the development and sharing of ideas</td>
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<td>32</td>
<td>Guidelines and protocols based on evidence of best practice (patient experience, clinical experiences, and research) are available</td>
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<tr>
<td>33</td>
<td>Patients are encouraged to participate in feedback on care, culture, and systems</td>
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<tr>
<td>34</td>
<td>Resources are available to provide evidence-based care</td>
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<tr>
<td>35</td>
<td>The organisation is non-hierarchical</td>
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<tr>
<td>36</td>
<td>HCPs share common goals and objectives about patient care</td>
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<tr>
<td>37</td>
<td>Structured programmes of education are available to all HCPs</td>
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</tbody>
</table>

<sup>a</sup>Health care practitioners, <sup>b</sup>Multidisciplinary team.
Organizational Culture and Readiness for System-wide Integration of Evidence-based Practice Scale

• Measures extent to which cultural factors that influence system-wide implementation of EBP exist in the environment, and perceived readiness for integration of EBP
• Established face and content validity, with internal consistency reliabilities>.85.
• Organizational culture highly and positively related to beliefs about EBP and EBP implementation

Organizational Culture & Readiness for System-Wide Integration of Evidence-based Practice Survey

Below are 19 questions about evidence-based practice (EBP). Please consider the culture of your organization and its readiness for system-wide implementation of EBP and indicate which answer best describes your response to each question. There are no right or wrong answers.

<table>
<thead>
<tr>
<th>Item</th>
<th>None at All</th>
<th>A Little</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To what extent is EBP clearly described as central to the mission and philosophy of your institution?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. To what extent do you believe that EBP is practiced in your organization?</td>
<td>1</td>
<td>2</td>
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<tr>
<td>3. To what extent is the nursing staff with whom you work committed to EBP?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tr>
<tr>
<td>4. To what extent is the physician team with whom you work committed to EBP?</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. To what extent are there administrators within your organization committed to EBP (i.e., have planned for resources and support [e.g., time] to initiate EBP)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>6. In your organization, to what extent is there a critical mass of nurses who have strong EBP knowledge and skills?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>7. To what extent are there nurse scientists (doctorally prepared researchers) in your organization to assist in generation of evidence when it does not exist?</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
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<tr>
<td>8. In your organization, to what extent are there Advanced Practice Nurses who are EBP mentors for staff nurses as well as other APNs?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>9. To what extent do practitioners model EBP in their clinical settings?</td>
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<td>2</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. To what extent do staff nurses have access to quality computers and access to electronic databases for searching for best evidence?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>11. To what extent do staff nurses have proficient computer skills?</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
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<tr>
<td>12. To what extent do librarians within your organization have EBP knowledge and skills?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>13. To what extent are librarians used to search for evidence?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. To what extent are fiscal resources used to support EBP (e.g., education-attending EBP conferences/workshops, computers, paid time for the EBP process, mentors)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>15. To what extent are there EBP champions (i.e., those who will go the extra mile to advance EBP) in the environment among: a. Administrators?</td>
<td>1</td>
<td>2</td>
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<td>b. Physicians?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>c. Nurse Educators?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>d. Advance Practice Nurses?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>e. Staff Nurses?</td>
<td>1</td>
<td>2</td>
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<td>16. To what extent is the measurement and sharing of outcomes part of the culture of the organization in which you work?</td>
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<td>17. To what extent are decisions generated from: a. direct care providers?</td>
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<td>b. upper administration?</td>
<td>1</td>
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<td>5</td>
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<tr>
<td>c. physician or other healthcare provider groups?</td>
<td>1</td>
<td>2</td>
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<td>5</td>
</tr>
<tr>
<td>18. Overall, how would you rate your institution in readiness for EBP</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>19. Compared to 6 months ago, how much movement in your organization has there been toward an EBP culture, (place a hatch mark on the line to the right that indicates your response)</td>
<td>1</td>
<td>2</td>
<td>3</td>
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Your success in driving EBP changes through an organization will depend on:

• Excellent understanding of your organization!

• Meticulous planning for implementation!

• Authentic real listening!

• Listening without judgement!

It is Not About the Nail
Understanding your organization - Review

Culture          Context          Climate          Mission & Vision, Strategic Plan, Executive Support and Governance Model

Shared Mental Framework

What’s Your EBP Score?
Understanding your organization - Review

**Shared mental framework** exemplifies an institution’s most closely held values and ideals that inspire and motivate administrators, researchers, and clinicians to participate in practice change.

It serves as a catalyst of change within the organization.
Meticulous planning for implementation

Preparing
• Assemble a diverse and talented EBP initiative team
• Engage staff and key stakeholders in the process
• Select an implementation checklist
• Plan for outcomes measurement & ROI
• Develop timeline
• Maintain fidelity of the planned change
• Provide information in a timely fashion

Implementing
• Stick to the timeline
• Conduct an incremental roll-out when indicated
• Conduct the comprehensive roll-out
• Measure outcomes
• Recognize great moments and celebrate success
Assemble a diverse and talented team

Who would YOUR key players be?
Assemble a diverse and talented team

- Select EBP Initiative Champions
- Select EBP Mentor
- Understand the Influence of “Leaders”
Engage staff and key stakeholders in the process

- EBP initiatives must be made relevant to the individuals who work and lead in the setting where the initiative will be implemented
Select implementation tool

- ARCC Implementation Checklist, Melnyk & Fineout-Overholt, 2019
- EBP Project Planner, Gallagher-Ford & Melnyk, 2015
- EBP Project Timeline, University of Iowa Hospital & Clinics, 2018
EBP practice change
implementation fidelity
Planning for outcomes

• Based on the evidence, why are you moving forward?
• What outcomes will you be able to improve based on the evidence?
• Are the outcomes the same as the outcomes you started with in your PICO(T)?
• How are you going to measure all of these different outcomes?
Types of outcomes
Clinical outcomes

**Patient**
- Heart rate, blood pressure, disease management, full term, healthy baby
- Knowledge
- Comfort, quality of life, satisfaction
- Relations, family members

**Provider**
- Satisfaction (patient and employee)
- Retention rates
- Group cohesion
- Cost savings returned to provider
- Patient safety

**System**
- Length of stay (LOS)
- Cost factors
- Morbidity and mortality
- Patient safety
Non-clinical outcomes

**Receiver**
- Satisfaction with product
- Knowledge gained
- Compliance to activity
- Health and wellness
- Improved test scores

**Provider**
- Satisfaction (student and/or employee)
- Retention rates
- Performance reviews
- Cost analysis

**System**
- Graduation rates
- Customer satisfaction
- Sustainability
- Increase of income
Identifying outcomes - ACTIVITY

• Look at your PICO(T) question
• What was the “O” in your PICOT?
• What “O”s did you find from your literature search?
Change is TOUGH!

66% of change initiatives fail to achieve desired goals (Harvard Business Review, 2006).

98% of organizations indicated they should have executed the transition more quickly (Feldman & Spratt, 1999).

70% of change efforts fail & 10% are highly successful (Kotter, 2008).
Basic assumptions for change in an organization

- Changing an organization is a highly emotional process
- Group change requires individual change
- No fundamental change takes place without strong leadership
Basic assumptions for change in an organization

- The leader must be willing to change before he or she expects other to change
- The bigger and more drastic the change, the more difficult the change
- The greater the number of people involved, the tougher the change will be to effect
Understanding Individual Change Process

The Transtheoretical (Stages of Change) Model is based on the theory that individuals follow a circular rather than linear path as they flow through a series of stages to modify behavior.

- Precontemplation (not ready)
- Contemplation (getting ready)
- Preparation with plan (ready)
- Action (moving forward)
- Maintenance (managing and preventing drift)
- Termination (when appropriate)
Behavior change

• When you hear – “CHANGE IS TOUGH”:
  • Don’t ignore the resistance, actively explore it
  • Look for the best in others—and yourself
  • Keep things in perspective…do what you can do, and let go of the rest
  • Take pride in your work and achievements

“People always move toward someone who increases them and away from anyone who decreases them.”

John C. Maxwell
Conduct an incremental roll-out when indicated

- Plan the initiative
- Do (Implement)
- Check
  - Outcomes
  - Deviations
  - Successes
  - Staying on track
- Act
  - Make necessary changes for facility-wide rollout
Conduct the comprehensive roll-out

• Review the incremental roll-out data (outcomes, experience, feedback, etc.)
  • Get help to analyze the data if needed
• Make adjustments as indicated
• Roll-out across the organization
• Continue to gather data
Recognize great moments and celebrate success

• Provide opportunities for advancement
• Reward/recognize clinicians as well as initiatives
• Have fun and celebrate!
Share your EBP stories: Disseminate

- Poster presentations
- Podium presentations
- Grand rounds
  - Local
  - Regional
  - National
  - International
Everyone Matters

Thank You!

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