CTEP is your partner in achieving and sustaining improved healthcare quality and patient outcomes.
Paving the road to EBP; Whose job is it?

Lynn Gallagher-Ford, PhD, RN, DPFNAP, NE-BC
Director; Center for Transdisciplinary Evidence-based Practice
Clinical Associate Professor
The Ohio State University
College of Nursing
1. Describe the current state of healthcare related to EBP.
2. Describe the critical components of an EBP culture.
3. Identify critical roles that clinicians and leaders play in establishing and sustaining evidence-based practice as the foundation to decision-making/care.
4. Describe current barriers to EBP.
5. Describe facilitators of EBP culture shift.
6. Discuss integration of strategies to promote and sustain EBP.
The State of Healthcare

- There are up to 400,000 unintended patient deaths per year (more than auto accidents & breast cancer)
- Patient injuries happen to approximately 15 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
The Cost of Poor Quality Healthcare

- Poor quality healthcare cost the United States about 720 billion dollars in 2008
- Wasteful healthcare spending costs the healthcare system 1.2 trillion dollars annually
- The U.S. healthcare system could reduce its healthcare spending by 30% if patients receive evidence-based healthcare

-RAND
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
Factors that Reduce Errors in Healthcare Systems

Effective communication and teamwork

Evidence-based interventions, which also improve standardization of care and decrease variation

Improved systems design, which includes:

- Use of checklists
- Decreasing interruptions
- Preventing fatigue and decreasing stress
- Avoiding task saturation
- Improving environmental conditions
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

(Riley, 2009; Melnyk in press)
A Culture of Patient Safety: Essential Components

- Leadership
- Teamwork
- Evidence-based
- Communication
- Learning
- Just
- Patient-centered

(Sammer et al., 2010)
Memory is fleeting

The Slippery Slope

Knowledge of Best Current Care for Hypertensive Patients

Years since Medical School Graduation From: Shin et al (1993), CMAJ, 969-976

$r = -0.54$

$p < 0.001$
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 about the type of care that is provided. Resources must be considered in the decision-making process as well.
Resuscitation of an asphyxiated infant.
The Steps of EBP

• Step 0: Cultivate a Spirit of Inquiry & EBP Culture
• Step 1: Ask the PICO(T) Question
• Step 2: Search for the Best Evidence
• Step 3: Critically Appraise the Evidence
• Step 4: Integrate the Evidence with Your Clinical Expertise and Patient Preferences to Make the Best Clinical Decision
• Step 5: Evaluate the Outcome(s) of the EBP Practice Change
• Step 6: Disseminate the Outcome(s)
Clinical Inquiry

Formulate a Searchable, Answerable Question (PICOT)

Search for the Best Evidence

Rapid Critical Appraisal, Evaluation, and Synthesis of Evidence

Integrate the Evidence with Clinical Expertise and Patient Preference(s)

Generate Evidence
Internal: QI
External: Research

Evaluate Outcomes based on Evidence

Disseminate the Outcome(s)
GOAL
Patient Outcomes IMPROVE With Evidence-Based Practice
In spite of the evidence. In spite of the professional, ethical responsibility.

We...

Deliver care based in tradition and anecdotal information: that we know is not best practice

Deliver provider-centric care: that we know is not best care for patients and families

Tolerate the gap between research and practice

Keep making decisions the (flawed)way we always have

Allow barriers to EBP to persist
Tradition-based care

Practices routed in tradition are often outdated and do not lead to the best patient outcomes.

Can you name some?
Why *drives us* to do things this way?
Why do we tolerate this?
What would you want/expect for your family?
- Changing IV sites q 72 hours
- Strict NPO after MN for surgical patients
- Waking stable patients for routine vital signs at night
- Albuterol delivered with nebulizers

....30% clinicians in the U.S. are consistently evidence-based in their practice.
Provider-centric care
Practices and systems structured to meet provider needs do not lead to the best patient outcomes

Can you name some?
What *drives us* to do things this way?
Why do we tolerate this?
What would you want/expect *for your family*?
- Physicians rounding late at night
- “Giving report” at the desk
- Infants returned to a central nursery
- Testing bundled based on provider schedules
- Vital signs q 4 hours
- Restricted visiting hours
- Nurses working 12 hour shifts
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 (reach) to practice!

Research findings are perceived to be:
- inaccessible to bedside clinicians
- incomprehensible to bedside clinicians
- irrelevant to daily practice
Decisions making based on....

1. Have a meeting
2. Brainstorm
3. Try something

How’s that working for you?
Traditional Problem Solving Approach

Timeline

1. Problem persists
2. Brainstorming session
3. Idea selected
4. Resources spent on idea
5. Idea implemented
6. Success/failure measured

Problem persists
Evidence-based Problem Solving Approach Timeline

1. Problem Identified
2. Evidence reviewed & synthesized
3. Evidence-based solution selected
4. Resources spent on solution
5. Success/failure measured
6. Problem resolved
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)
Findings from our Recent EBP Study with U.S. Nurses; 2011

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

Melnyk, Bernadette Mazeuk PhD, RN, CPNP/PMHNP, FNAP, FAAN;
Fineout-Overholt, Ellen PhD, RN, FNAP, FAAN;
Gallagher-Ford, Lynn PhD, RN;
Kaplan, Louise PhD, RN, ARNP, FNP-BC, FAANP

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

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

- More highly educated nurses reported being more clear about the steps in EBP and having more confidence implementing evidence-based care.

- The more years in practice, the less nurses were interested in and felt it was important to gain more knowledge and skills in EBP.
# The One Thing That Prevents You From Implementing EBP

<table>
<thead>
<tr>
<th>1. Time</th>
<th>151</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Organizational culture, including policies and procedures, politics, and a philosophy of “that is the way we have always done it here.”</td>
<td>123</td>
</tr>
<tr>
<td>3. Lack of EBP knowledge/education</td>
<td>61</td>
</tr>
<tr>
<td>4. Lack of access to evidence/information</td>
<td>55</td>
</tr>
<tr>
<td>5. Manager/leader resistance</td>
<td>51</td>
</tr>
<tr>
<td>6. Workload/staffing, including patient ratios</td>
<td>48</td>
</tr>
<tr>
<td>7. Nursing (colleague) resistance</td>
<td>46</td>
</tr>
<tr>
<td>8. Physician resistance</td>
<td>34</td>
</tr>
<tr>
<td>9. Budget/payors</td>
<td>24</td>
</tr>
<tr>
<td>10. Lack of resources</td>
<td>20</td>
</tr>
</tbody>
</table>
Conclusions

- Organizational cultures and politics are perceived as barriers to EBP.
- Current work environments are not supportive of EBP/best practice.
- Managers and leaders are perceived as barriers to EBP.
Things have changed!
It's complicated

Some things are easier than others!
Why is this so difficult in nursing?
Nurses are Busy!
The work of adult and pediatric ICU nurses

Individual nursing activities are rarely sustained for long periods of time.

Nurses perform; high number / large variety of activities within short periods of time.

The average number of nurse activities per hour was 125!

ICU nurses switch between activities every 29 seconds!

“...nurses’ work is unremittingly busy and frequently changing.”
“Are you asking me to implement EBP on top of everything else that I do?”
“No, I am asking you to make EBP the foundation for everything you do!”
EBP *must be possible* for nurses real-world clinical work environments.

Who will make that happen?
Will we thrive or barely survive?
Together, we define our real-world clinical work environments
What we permit, we promote!
What we do, we declare!
WHAT WILL WE DO?

Dear Optimist, Pessimist, and Realist,

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

Sincerely,
The Opportunist
Individuals function within an organizational context

Both matter.
Both must be assessed and addressed...Simultaneously.
Everyone must participate; This is a team sport!
A multi-pronged approach is essential.

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

Antoine de Saint-Exupery
Every organizational leader… (not just nursing leaders) must get engaged in EBP.
Leading EBP

• Role model EBP
• Advocate for EBP resources needed
• Invest in EBP as a strategic initiative
• Integrate EBP; mission, organizational language
• Develop EBP Mentors/Roles
• Implement EBP competencies
• Navigate barriers to EBP publicly
• Expect EBP; interview questions, job descriptions,
• Require EBP; performance evaluations, clinical ladders
• Be an EBP Myth Buster; time, money, “we don’t know how to do this”
Assess where your organization is at!

Tools are available:

Organizational Culture and Readiness for System-wide Integration of Evidence-based Practice Survey (Fineout-Overholt & Melnyk, 2006)

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

Organizational Readiness to Change Assessment instrument (ORCA) (Helfrich, C., 2009)
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
Critical Components of an EBP Culture

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

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

Recognition:
• individuals and units are rewarded regularly for EBP
Declare EBP in the Nursing Philosophy

PROFESSIONAL NURSING PRACTICE
OUR PHILOSOPHY

The professional practice of nursing combines scientific precision with empathy in caring for and nurturing of patients. The performance of those activities contributes to their health, recovery, or peaceful, dignified death.

Nurses thrive in an environment that promotes clinical quality and safety driven by clinical expertise with a focus on education, communication and autonomy in practice.

Nurses provide the highest level of quality driven, patient-centered care utilizing current evidence-based knowledge.

Nurses fulfill this responsibility by assuring their education is current and on-going, working collaboratively with physicians and other members of the healthcare team and actively participating in autonomous decision-making in their practice.
The ARCC Model

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

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

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

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

EBP Implementation*+

Nurse Satisfaction
Cohesion
Intent to Leave
Turnover

Decreased Hospital Costs

Assessment of Organizational Culture & Readiness for EBP*

Identification of Strengths & Major Barriers to EBP Implementation

Development & Use of EBP Mentors

Improved Patient Outcomes

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

© Melnyk & Fineout-Overholt, 2005
A clinician with in-depth knowledge and skills in:

- EBP
- Individual behavior change strategies
- Organizational change strategies

and a desire to assist others in advancing excellence through evidence-based care.

“A fire in their belly and a twinkle in their eye”

(Melnyk & Fineout-Overholt 2011)
# EVIDENCE-BASED PRACTICE

Making it a reality in your healthcare organization

A transformational journey to improve healthcare quality and patient outcomes

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**Upcoming workshop dates:**
- March 25-29, 2013
- September 16-20, 2013
- December 2-6, 2013

This unique program is a “deep-dive” immersion into evidence-based practice, as well as effective strategies for integrating and sustaining EBP in clinical organizations of any size or level of complexity. Participants will return from this experience with an action plan for implementing and sustaining evidence-based practice changes and transforming their organizational culture.

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

CTEP is your partner in achieving and sustaining improved healthcare quality and patient outcomes.

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## CTEP workshop on the campus of The Ohio State University

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>Making the case for EBP Introduction to EBP</td>
<td>Understanding research methods</td>
<td>Critical appraisal; systematic reviews</td>
<td>Implementing an evidence-based practice change</td>
<td>Dissemination of EBP projects</td>
</tr>
<tr>
<td>Assessing your organizational culture</td>
<td>Searching strategies and techniques</td>
<td>Critical appraisal; facilitated classroom setting</td>
<td>Communication styles (SDC)</td>
<td>Dreaming past the possible</td>
</tr>
<tr>
<td>Clinical Inquiry and PICOT questions</td>
<td>Manter EB project work</td>
<td>Evaluation and synthesis of evidence</td>
<td>Thu Mentor Panel, leading and embedding change</td>
<td>Presentation and awards ceremony</td>
</tr>
<tr>
<td>Manter EB project work</td>
<td>Critical appraisal of evidence</td>
<td>Manter EB project work</td>
<td>Creating a vision for EBP</td>
<td>Closing remarks</td>
</tr>
<tr>
<td>Evening reception</td>
<td>Critical appraisal; intervention studies</td>
<td>Managing your bibliography</td>
<td>Putting it all together</td>
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<td></td>
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<td>Integrating evidence into decision making</td>
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<tr>
<td></td>
<td></td>
<td>Understanding, measuring, and evaluating outcomes</td>
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</table>

**Registration fee**: This workshop is $2,500 per participant, $2,250 per participant for groups of three or more. Fee includes daily light breakfast, lunch and snacks, and a weekend evening reception. No refunds can be given; payment may be applied to a different immersion date within one year.

**For further information or questions about this seminar, accommodations, or pricing, contact Lynn Gallahger-Ford, CTEP director, at gallahger-ford.1@osu.edu or Lynn Eilingworth, program manager, at eilingworth.1@osu.edu.**

To register, go to [www.nursing.osu.edu/ctep-registration](http://www.nursing.osu.edu/ctep-registration)

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

**Expert EBP faculty to include (upon availability):**
- B. M. M. Molek, RN, NNP-BC, FAAN, associate vice president for health promotion, university chief wellness officer, and dean of The Ohio State University College of Nursing
- Lynn Gallahger-Ford, PhD, RN, NAP, NE-BC, director of the Center for Transdisciplinary Evidence-based Practice, and clinical associate professor, The Ohio State University College of Nursing
- Lisa English-Ling, MSN, RN, CNS, expert EBP mentor and clinical instructor, The Ohio State University College of Nursing
- Ellen Finniss-Ovstahl, PhD, RN, FAAN, dean and professor, Gordon School of Professional Studies, chair, Department of Nursing, East Texas Baptist University

* Co-authors, EBP in Nursing & Healthcare: A Guide to Best Practice

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**The Ohio State University College of Nursing**

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3185 Neil Avenue
Columbus OH 43210

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[www.nursing.osu.edu/ctep](http://www.nursing.osu.edu/ctep)

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Center for Transdisciplinary Evidence-based Practice

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**Our CTEP partners:**

- Wexner Medical Center
- Nationwide Children's Hospital
- U.S. Army (BLS)
Organizational Alignment

• Realigned CNS’s in the Health System to report to Health System Nursing Administration
  – Direct report to director of Nursing Quality
  – Indirect reporting structure to Nursing EBP
  – Job description, evaluation, explicit expectations

• Shared vision for EBP

• Central reporting structure for EBP work

• Revised CNS Role to include “EBP Mentor”

• Revised CNS Job Description to include EBP deliverables.
Organizational Structure
Before Realignment

CNO

Director
- 8 CNS

Director
- 2 CNS

Director
- 4 CNS

Director
- Nurse Manager
- 6 CNS
Organizational Structure After Realignment

- Nursing Administrator
- Director Nursing Quality
- CNS
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.
Facilitates research when there is not sufficient evidence to address clinical issues

Collaborates with other healthcare providers in the use of evidence in clinical decision-making

Leads development of practice guidelines, policies and procedures, standards or practice based on evidence.

Mentors nursing staff to disseminate evidence through regional and national presentations and peer reviewed journals.
A new tool in your EBP Toolbox!

Evidence-based Practice Competencies for Practicing Registered Nurses and Advanced Practice Nurses
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
Specific Aim

The aim of this study was to...develop a set of clear EBP competencies for registered nurses and APNs...working in real world clinical settings,

To be used by healthcare institutions in their quest to achieve high performing systems that...consistently implement and sustain EBP.
**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)
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.
Evidence-Based Practice Competencies

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
Advanced Practice Nurses

All of the Competencies for the Practicing Registered Professional Nurse

+ 11 Additional Competencies

Note the difference in action verbs!
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)
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.


20. Formulates evidence-based policies and procedures.
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.
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”
Opportunities to Integrate EBP Competencies

Onboarding/Orientation/Residency Programs

- RNs
- APNs
- Leadership
5. Participates in the critical appraisal of published research studies to determine their strength and applicability to clinical practice.

6. Participates in the evaluation and synthesis of a body of evidence gathered to determine its’ strength and applicability to clinical practice.

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. Disseminates best practices supported by evidence to improve quality of care and patient outcomes.

12. Participates in strategies to sustain an evidence-based practice culture.
Opportunities to Integrate EBP Competencies

Clinical Ladders

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

Examples of activities in these areas include:

- Serving on unit and hospital committees
- Demonstrating excellent patient care in complex situations
- Providing education to other healthcare providers
- Precepting other staff members
- Obtaining continuing education credits
- Participating in quality improvement initiatives
- Evaluating and utilizing nursing research
- Achieving specialty certification
- Participating in evidence-based practice projects
Opportunities to Integrate EBP Competencies

Policy and Procedure Committees

• Transdisciplinary Opportunity
Opportunities to Integrate EBP Competencies

Shared Governance Councils

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

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

EBP expectations for....
All members? Chairs Only? Administrative Facilitators?
Where does EBP fit?
Research: “What is the best thing to do?”

EBP: “Are we doing the best thing?”

QI: “Are we doing the best thing...right every time?”
Silos: The next generation

- Silo 1: Evidence-based Practice
- Silo 2: Research
- Silo 3: Quality
Could they be circles?
Could we all get along?
The EBP-Research- Quality Fusion Model

Organizational/Leadership Questions
Performance Metrics Questions
Clinical Questions

Implement Evidence-based Practice Change

Sufficient Evidence to Support a Practice Change
Insufficient Evidence to Support a Practice Change

Conduct Research: Generate Evidence Collect Internal Evidence

Monitor and Sustain Evidence-based Practice Change through QI Process

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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
Early Adopters 13.5%
Early Majority 34%
Late Majority 34%
Laggards 16%
Innovators 2.5%
Culture shift
Organizational Culture

The behaviors and beliefs characteristic of a particular social, ethnic, or age group.
Organizational Context

The set of circumstances or facts that surround a particular event, situation – background, milieu

what's the weather in the organization today?

Organizational Climate
It Can Be Done!

Vision and Leadership,
Belief,
Planning,
and
Persistence!
Clear vision

Think success

...at the outset
Engaged leadership
• Believe that the change is important
• Belief in one’s ability to accomplish the vision: key element for behavior change and success
• Useful framework for guiding individual behavior change: Cognitive behavior theory (CBT)
  – Beliefs affect emotions, behaviors, and the ability to successfully function or attain goals

“Whether you think you can, or you think you can’t, you are probably right.”
Henry Ford
• Identify your strengths and barriers to implementation of EBP (This is your baseline...Where you are now!)

• Set goals based on your vision or your institution’s vision of how you plan to implement and sustain EBP within your culture.

• What are your immediate goals? Long-term goals?

• How will you measure your success?
NEVER, NEVER, NEVER, NEVER, NEVER, NEVER, NEVER, NEVER, QUIT!

Winston Churchill
Barriers That Impact
The Shift to EBP and Sustaining EBP
BARRIER: Skepticism

STRATEGY:

Educate people; appeal to their emotions about why a change to EBP is critical

- Enhance their beliefs that they can do EBP
- Use motivational techniques
- Provide examples of EBP: improves care and patient outcomes
Barrier: The Past

Strategy:
Acknowledge the past and why it is difficult to “let it go”
Explore emotions related to old/new
Declare commitment to provide support
It Can Be Done!

Vision and Leadership, Belief, Planning, and Persistence!
Clear vision

Think success

...at the outset
• Believe that the change is important
• Belief in one’s ability to accomplish the vision: key element for behavior change and success
• Useful framework for guiding individual behavior change: Cognitive behavior theory (CBT)
  – Beliefs affect emotions, behaviors, and the ability to successfully function or attain goals

“Whether you think you can, or you think you can’t, you are probably right.”
Henry Ford
• Identify your strengths and barriers to implementation of EBP (This is your baseline...Where you are now!)

• Set goals based on your vision or your institution’s vision of how you plan to implement and sustain EBP within your culture.

• What are your immediate goals? Long-term goals?

• How will you measure your success?
NEVER, NEVER, NEVER, NEVER, NEVER, NEVER, NEVER, NEVER, QUIT!

Winston Churchill
Barriers That Impact

The Shift to EBP and Sustaining EBP
BARRIER: **Skepticism**

**STRATEGY:**

Educate people; appeal to their emotions about why a change to EBP is critical

- Enhance their beliefs that they can do EBP
- Use motivational techniques
- Provide examples of EBP: improves care and patient outcomes
Barrier: **The Past**

Strategy:
Acknowledge the past and why it is difficult to “let it go”
Explore emotions related to old/new
Declare commitment to provide support
Barrier: Lack of a sound, written strategic plan

Strategy:

• Plan carefully

• Communicate the written strategic plan so that everyone is clear on what needs to be done
Barrier: Resistance

Strategy:

• Assist people with overcoming their fears and anxieties
• Provide information
• Develop trust
• Address it
**Barrier:** Lack of resources

**Strategy:**

- Start small (not many resources are needed for EBP rounds and journal clubs)
- Negotiate for additional resources!
Barrier: Fatigue

Strategy:

- Pace yourselves
- Recognize efforts
- Celebrate small successes
Barrier: **Subterfuge**

**Strategy:**

- Select EBP Champions strategically
- Role Model EBP
- Understand the influence of “leaders”
  - formal and informal
  - positive and hostile
- Publicly navigate negative behaviors
Weathering the Storms
Barriers That Impact **Sustainability**

- Attitudes and Emotions: Skepticism, Resistance, Fear,
- Competing Clinical Priorities/Time
- Resources
- Resistance and Fatigue
- Lack of a strategic plan
- Existing organizational politics
- Lack of administrative support
Problem persists

Lead by Example: Stop doing this

Success/failure measured

Brainstorming session

Idea implemented

Idea selected

Resources spent on idea

Problem persists

MONTH 3
Problem identified
Evidence reviewed & synthesized
Evidence-based solution selected
Resources spent on solution
Success/failure measured
Problem resolved
Accepting the answer: “because we’ve always done it that way here”.

Supporting (or making) leadership decisions that are not based on evidence!

Accepting variation based on “provider preference”.

Mixing up EBP, research and QI.

Conducting quality initiatives without any evidence to inform the initiative!

Doing “research” on problems we already know the answer to!

Saying things like: “we researched the literature” and “evidence-based research” and “we’re using evidence-based practice”.
Do not try to boil the ocean
**Start with the low hanging fruit...**

- High impact/low effort
- Politically benign

AND then.... *push it to the next level!*
Don’t go in there alone!

Use your resources!

- your team:
  - up and down
- information clearinghouses
- experts
- literature
• **Evidence-Based Practice, Step by Step:** 12-part series

• Articles appeared every other month

Most hits in AJN history

• Sigma Theta Tau print award for 2011

Google: AJN EBP series
CTEP is your partner in achieving and sustaining improved healthcare quality and patient outcomes.

nursing.osu.edu/ctep
Decisions and care that are evidence-based and patient-centered will always be the right answer.

Evidence is the great equalizer. Evidence is a gift.

“When evidence drives the discussion, hierarchy and power don’t drive the discussion. Evidence is the only thing I have ever seen really level the playing field.” (T. Magers, 2013)
You cannot discover new oceans unless you have the courage to lose sight of the shore.

You must risk.
What do you know about EBP?

What do you Believe about EBP?

What have you ALREADY DONE to promote EBP?

What can you do to promote EBP?
“The important thing is not to stop questioning.”
Albert Einstein
EBP “To Do” list

- Invest in EBP ✓
- Become more knowledgeable in EBP process ✓ ✓
- Utilize an organizational framework for EBP ✓ ✓
- Write a strategic plan for EBP ✓
- Declare EBP in your Mission ✓
- Develop EBP capacity (EBP mentors) ✓
- Create organizational structures to support EBP ✓
- Establish an EBP job in the organization (with expectations and deliverables)! ✓
- Integrate the EBP competencies ✓
- Use EBP to inform clinical and leadership decisions ✓
- Insert EBP language in daily operations; “evidence”, “literature”, “appraisal” ✓