CTEP is your partner in achieving and sustaining improved healthcare quality and patient outcomes.
The Role of Leadership in Creating an Environment for EBP

Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FNAP, FNAAP, FAAN
Associate Vice President for Health Promotion, University Chief Wellness Officer
Dean and Professor, College of Nursing
The Ohio State University
College of Nursing

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
Objectives

• Discuss the importance of EBP in the clinical environment
• Describe a culture and eco-system that support EBP
• Develop strategies to address key barriers to EBP
The State of Healthcare

- There are 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
Recommendations for Creating a High Reliability Organization

(Riley, 2009; Melnyk, 2012)

- 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
The IOM Roundtable on EBM

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

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

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

  - The IOM Roundtable on EBP
Why Must We Accelerate Evidence-Based Practice in Healthcare Providers and Systems Across the U.S?
Patient Outcomes With and Without Evidence-Based Practice

Traditional Practice

Evidence-Based Practice
The So What Factor in an Era of Healthcare Reform

- Conducting research and EBP projects with high impact potential to positively change healthcare systems, reduce costs and improve outcomes for patients and their families
- Key questions when embarking on a research study or an EBP project:
  
  **So what** will be the end outcome of the study or EBP project once it is completed?

  **So what** difference will the study or EBP project make in improving healthcare quality, costs or patient outcomes?
Why Must We Accelerate EBP?

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

- It often takes a decade or two to translate research findings into practice and much of the research that is generated never makes it into real world clinical settings to improve the quality of healthcare and patient outcomes.
COPE (Creating Opportunities for Parent Empowerment): An Evidence-Based Program to Improve Outcomes in Critically Ill/Hospitalized Young Children, LBW Premature Infants & Parents
A 4 Day Shorter Length of Stay (LOS) for COPE Preterms Resulted in Cost Savings of $5000 per infant; 8 Day Shorter LOS for Preterms < 32 Weeks

* p < .05
Cost Analysis

- The net direct health care cost savings per child through NICU discharge after deducting the cost of the COPE intervention was $4,864.

- Further subgroup analyses for LOS based on birthweight revealed that COPE infants <1500 grams had an even shorter NICU length of stay (n = 90, 8.3 days), which resulted in even greater savings.
American Organization of Nurse Executives

The professional responsibilities of nurse leaders related healthy work environments, a culture of safety, and EBP include:

• accelerate EBP capacity
• integrate EBP into practice, policy, and procedure

(AONE, 2010)
You’re Unique Role in EBP

- Creating EBP Friendly Ecosystems
- Leading EBP
- Mentoring others in EBP
- EBP in your practice
Your role:
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)
So....What’s the evidence?
Recent EBP Study of U.S. Nurses

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

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

JONA: September 2012; Volume 42 (9)
<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>
<tr>
<td>The One Thing That Prevents You From Implementing EBP</td>
<td>Total Responses</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>1. Time</td>
<td>151</td>
</tr>
<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 (staff) 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>
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.
Conclusions for Leaders to Consider

• In contrast to the descriptive study published by Pravikoff and colleagues in 2005 that concluded *U.S. nurses were not ready* to embrace EBP, this study indicates that nurses across the country *are ready for and do value EBP.*

• Several barriers to EBP that participants cited have been *cited by nurses for over two decades!*

• Other barriers are *newly articulated.*
Conclusions for Leaders to Consider

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.
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
• Design: A descriptive correlational study

• Methods: An anonymous online survey was used with a list serve of 5100 CNEs provided by Elsevier; 1199 emails were returned

• After the initial email describing the study and asking for participation, 2 reminders were sent

• Sample: 327 of 3901 CNEs/CNOs initially responded; 276 completed the survey for a 7% response rate
• 93% of the CNEs were currently in the role
• Ages ranged from 32-68 (M= 55 years)
• Years in practice ranged from 8-47 (M=31 years)
• Years as a CNO ranged from <1- 32 (M= 9 years)
• 92% female; 94% White
• 6% bachelor’s degree; 69% master’s degree;
  8% PhD prepared; 10% DNP prepared
NDNQI Metrics

- Falls
- Falls with Injury
- Pressure Ulcers
- Pressure Ulcers (Stage 2 and above)
- Restraints
- Nursing Care RN Education
- RN Certification

- Below benchmark
- At benchmark
- Exceeding benchmark

Performance Metrics from Recent CNO Survey
Performance Metrics from CNO Survey: Core Measures

- Catheter Associated Urinary Tract Infections
- Pressure Ulcers (Stage 3 and 4)
- Vascular Cather Associated Infections
- Falls and Trauma
- Manifestations of Poor Glycemic Control

- Below National Rate
- Same as National Rate
- Above National Rate
How Important is EBP?

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

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

- Quality: 25%
- Patient Safety: 15%
- Benchmarks: 10%
- Finance: 5%
- Recruitment and Retention: 5%
- Staffing: 5%
- Patient Satisfaction: 2.5%
- Vision/Culture: 2.5%
- Evidence-based Practice: 2.5%
What % of your annual operating budget do you spend on building and sustaining EBP in your organization?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>15%</td>
</tr>
<tr>
<td>1 to 10</td>
<td>59%</td>
</tr>
<tr>
<td>11 to 25</td>
<td>18%</td>
</tr>
<tr>
<td>26 to 50</td>
<td>5%</td>
</tr>
<tr>
<td>51 to 100</td>
<td>2%</td>
</tr>
</tbody>
</table>
## Descriptive Statistics

<table>
<thead>
<tr>
<th>Measure</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>St. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>EBPPPractice_Beliefs_SUM</td>
<td>275</td>
<td>16.00</td>
<td>80.00</td>
<td>60.2</td>
<td>11.2195</td>
</tr>
<tr>
<td>EBPPPractice_Implementation_SUM</td>
<td>276</td>
<td>.00</td>
<td>72.00</td>
<td>27.8</td>
<td>14.9707</td>
</tr>
<tr>
<td>ORG_CULT_READINESS_SUM</td>
<td>276</td>
<td>14.00</td>
<td>70.00</td>
<td>41.9</td>
<td>11.8030</td>
</tr>
<tr>
<td>EBP_READINESS</td>
<td>276</td>
<td>1</td>
<td>5</td>
<td>3.41</td>
<td>1.180</td>
</tr>
<tr>
<td>Valid N (listwise)</td>
<td>275</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Organizational Readiness

In your organization, to what extent is there a critical mass of nurses who have strong EBP knowledge & skills?
• 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
• CNEs believe EBP results in higher quality of care, safety and improved patient outcomes, **YET** very little of their budgets are allocated to EBP.

• CNEs reported top priorities are quality and safety, **YET** EBP is rated as a low priority.

• CNEs beliefs in the value of EBP are strong, **YET** their own implementation of EBP is relatively low.
A National Forum with more than 150 CNEs/ CNOs

Leveraging Evidence-based Practice to Enhance Healthcare Quality, Reliability, Patient Outcomes and Cost Containment

AONE National Conference
March 12, 2014.
• Align EBP as a cost effective foundation for patient safety and quality.

• Establish a business case, budget, and resources to prioritize EBP as a strategic imperative.

• Focus recruitment/retention and accountability for performance on demonstration of EBP.
Recommendations: Nurse Executive Forum

• Provide a critical mass of EBP mentors; integrate EBP into orientation, continuing education, rounds, patient care conferences, councils and committees

• Integrate the new competencies for practicing professional nurses and advanced practice into clinical ladder systems and performance evaluations (published by Melnyk, Gallagher-Ford et al. in *Worldviews on Evidence-based Nursing*, February, 2014).
Recommendations:
Nurse Executive Forum

- Provide evidence-based tools and resources at the fingertips of interprofessional team members in the EHR to keep EBP in the forefront of patient care

- Mobilize interprofessional partners in all roles to integrate EBP, measure outcomes and celebrate successes

- Identify and advance healthcare policy to foster vibrant evidence-based practice environments
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 others 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.
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
Building an EBP Culture

An EBP culture means...
EBP is in the organizational DNA.

EBP is the foundation of how the organization functions on every level.
EBP *must be possible* for nurses real-world clinical work environments.

Who will make that happen?
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.
“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!**”
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 in 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”.

What are they doing though?
Top of license?
“More nurses” is not the answer.
How do we change this cultural norm?
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.

Antoine de Saint-Exupery

Simon Sinek TED Talk
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)
Know the differences and leverage the synergies of: Research, EBP, and QI

The EBP-Research- Quality Fusion Model

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

Copyright © 2014, Lynn Gallagher-Ford
Select a Model THAT WORKS (!).... to Advance EBP in Your Organization

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

Assessment of Organizational Culture & Readiness for EBP*

Identification of Strengths & Major Barriers to EBP Implementation

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*

↑ EBP Implementation*+

↑ Nurse Satisfaction
↑ Cohesion
↓ Intent to Leave
↓ Turnover

Decreased Hospital Costs

Improved Patient Outcomes

© Melnyk & Fineout-Overholt, 2005
Outcomes of Implementing the ARCC Model at Washington Hospital Healthcare System

- Early ambulation in the ICU resulted in a reduction in ventilator days from 11.6 to 8.9 days and no VAP
- Pressure ulcer rates were reduced from 6.07% to .62% on a medical-surgical unit
- Education of CHF patients led to a 14.7% reduction in hospital readmissions
- 75% of parents perceived the overall quality of care as excellent after implementation of family centered care compared to 22.2% pre-implementation
ORGANIZATIONAL ASSESSMENT
### 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>
</tr>
<tr>
<td>Step 2:</td>
<td>• Search for the Best Evidence</td>
</tr>
<tr>
<td>Step 3:</td>
<td>• Critically Appraise the Evidence</td>
</tr>
<tr>
<td>Step 4:</td>
<td>• Integrate the Evidence with Your Clinical Expertise and Patient Preferences to Make the Best Clinical Decision</td>
</tr>
<tr>
<td>Step 5:</td>
<td>• Evaluate the Outcome(s) of the EBP Practice Change</td>
</tr>
<tr>
<td>Step 6:</td>
<td>• Disseminate the Outcome(s)</td>
</tr>
</tbody>
</table>
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
The EBP Mentor

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)
Who Should the EBP Mentors Be?

Who are the “natural knowledge brokers” in the organization?

Who do the nurses “go to” for answers to their clinical questions now?

- CNSs
- Nurse Educators
- NPD Specialists
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 way we always have.

Allow barriers/myths to EBP to persist.

Effective??/Timely??/ Really??
Decisions making based on....

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

How’s that working for you?
How much time does the old paradigm waste?
Everyone accepts this time waster...that’s the way we’ve always done it!
Traditional Problem Solving Approach

Timeline

1. Idea selected
2. Resources spent on idea
3. Brainstorming session
4. Idea implemented
5. Success/failure measured
6. Problem persists
   
   MONTH
   
   3
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
Create “supportive environments with sufficient resources for nursing research, scholarly inquiry, and the generation of knowledge” (Nurse Administrator Workgroup, 2008)

**EASY**

- education/skill building
- operational budgets/EBP resources
- revamp documents to require EBP expectations
- EBP mentor positions
NOT SO EASY

- workload
- time
- nurse managers support
- spaces and systems
- positions
- Healthy/professional practice work environment:
  - autonomy
  - control over their practices
Simple passive provision of resources and information will not lead to uptake of EBP

A multi-focal strategy is required
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?*
Build your EBP Toolkit!

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 Mazeuckle 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
Original Article

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

Bemadotto Mataruk Melnyk, RN, PhD, CPN/MPH/MPH, FNAP, FAAN, FAAN = Lynn Gallagher-Ford, RN, PhD, PFNP/MPH, NE-BC; Lisa English Long, RN, MSN, CN-S; Ellen Finaut-Ottoholt, RN, PhD, FAAN

ABSTRACT

Keywords: evidence-based practice, competencies, healthcare quality

Although it is widely known that evidence-based practice (EBP) improves healthcare quality, reliability, and patient outcomes as well as reduces variations in care and costs, it is not the standard of care delivered by practitioners across the globe. Adoption of specific EBP competencies for nurses and advanced practice nurses (APNs) who practice in real-world healthcare settings can assist institutions in achieving high-value, low-cost evidence-based health care.

Aims: The aim of this study was to develop a set of clear EBP competencies for both practicing registered nurses and APNs in clinical settings that can be used by healthcare institutions in their quest to achieve high performing systems that consistently implement and sustain EBP.

Methods: Seven national EBP leaders developed an initial set of competencies for practicing registered nurses and APNs through a consensus building process. Next, a Delphi survey was conducted with 60 EBP mentors across the United States to determine consensus and clarity around the competencies.

Findings: Two rounds of the Delphi survey resulted in total consensus by the EBP mentors, resulting in a final set of 13 competencies for practicing registered nurses and 11 additional competencies for APNs.

Evidence-based practice competencies for practicing advanced practice nurses

All competencies of practicing registered professional nurses plus:

14. Systematically conducts an exhaustive search for external evidence* to answer clinical questions. (external evidence*: evidence generated from research)

15. Critically appraises relevant preappraised 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)

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.

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.

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

Maximizing Return on Investment

Minimizing Risk of Ignoring
INDIVIDUAL ASSESSMENT
Leaders must get engaged in EBP. Leaders must be EBP myth busters.

- Actively, publicly navigate EBP barriers
- Evidence-based leadership decisions...only!
- Model EBP behaviors
- Create the best practice environment
- Declare EBP expectations
- Hold self and others accountable to EBP expectations
- Integrate EBP into mission, organizational language, job descriptions, performance evaluations, clinical ladders...
What kind of leader are you?
EBP fits perfectly!

- Innovative leader
- Transformational leader
- Servant leader
- Authentic Leader
Innovation Leadership

- Empower Staff
- Encourage challenging the status quo
- **Creative ways of implementing EBP & structures to sustain EBP**

**Categories of competencies**
- Essence of innovation
- Innovation knowledge
- Self-knowledge and competence
- Collaboration
- Synthesis
- Formulation
- Managing knowledge
- Coaching
Transformational Leadership

- They lead by inspiring with energy, enthusiasm, and compassion
- Leaders and followers are pursuing the same goal as partners
- Create and sustain EBP through the trusting deep relationships they have cultivated

- **4 main dimensions**
  - idealized influence
  - inspirational motivation
  - intellectual stimulation
  - individualized consideration
Servant Leadership

• Shares power, focuses on growth and well being of followers
• Their success is in how well their team develops and grows
• **EBP is easily enculturated by building a strong belief in it within these successful teams**

❖ Foundational Characteristics

✓ Listening  ✓ Foresight
✓ Empathy  ✓ conceptualization
✓ Healing  ✓ Stewardship
✓ Awareness  ✓ Commitment to growth
✓ Persuasion  ✓ Building community
Authentic Leadership

• Role models for doing the right thing and being ethical

• **Lead EBP through role modeling as well as engaging and motivating the team**

  ❖ **Four Behaviors**
  
  - Balanced processing
  - Internal moralized perspective
  - Rational transparency
  - Self-awareness
Gain knowledge about EBP

External:

• EBP process
• Change process
• EBP Frameworks & Models
• Research/EBP/QI

Internal:

• Your style
  – Emotional Quotient Inventory (EQi); Leadership Practices Inventory (LPI); Management Style Quotient (MSQ)
• Your resources and support
• Your attitude about EBP
• Your organizations’ readiness for EBP
Be evidence-based in your practice

- To answer management/leadership questions
- To help answer clinical questions
- To role model best practice
- To “walk the talk”
Lead 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”
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?
Leading Change:
The Most Powerful Variable in Success=

What is experienced and seen in the clinical area is what will most likely predict future behavior.

- Bob Berenson
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
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
Lead by Example: Start doing ....

Your EBP Action Statement

One thing that you will do... to promote EBP in your organization... starting on Monday?

SHARE

It’s evidence-based!
• Written goal
• Visual trigger
EBP ACTION STATEMENT

Because I know I cannot fail, I will

______________________________________

______________________________________

______________________________________


to promote EBP in my organization!
I will do this by: ____________(date)

Signature: ________________________________
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 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 the autonomous decision-making related to their practice.
Add EBP language to all job descriptions and performance appraisals

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”
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.
EBP, Research and Quality Director Job Description

JOB KNOWLEDGE: Service Areas - Demonstrates and utilizes skills and knowledge to effectively direct services in areas of responsibility.

• Educates and mentors staff and leadership teams in EBP, research and quality methodologies.
• Role models EBP in daily practice.
• Assures integration of EBP, research, and quality processes across disciplines and the organization.

LEADING PEOPLE - Recruits, hires, ....... employees to provide quality service in a manner consistent with XXX values.

• Assembles effective EBP, research, and quality teams. Monitors effectiveness of teams and provides data supported outcomes of teams’ work.
• Provides a healthy work environment that supports best (evidence-based) practices, best patient outcomes and employee satisfaction.

FINANCIAL MANAGEMENT - Develops and controls department budget within xxx percent of budget standards.

• Assures that all EBP, research and quality projects include a business plan and estimated ROI prior to launch.
Integrate EBP Competencies into...

Onboarding/Orientation/Residency Programs

RNs
APNs
Leadership

Evidence-based Practice; Let’s Get Started!

Lynn Gallagher-Ford, PhD, RN, DPFNAP, NE-BC
Director; Center for Transdisciplinary Evidence-based Practice
Clinical Associate Professor
The Ohio State University
College of Nursing
Opportunities to Integrate EBP Competencies

Clinical Ladders

RN
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
Integrate EBP Competencies into Organizational Structures...

Policy and Procedure Committees

• Transdisciplinary Opportunity
Integrate EBP Competencies into 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?
<table>
<thead>
<tr>
<th>XYZ Council</th>
<th>Year One</th>
<th>Year Two</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate Attendance (XXX%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate Participation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of relevant ongoing education (XXX hours)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Role on Council Project:_______</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence Integrated into Project</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcomes and ROI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissemination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Council Specific Deliverables: 1, 2 , x.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WANT AD:
The CTEP at The Ohio State University College of Nursing...in Columbus Ohio, is looking for innovative and energetic partners to pilot the integration of EBP competencies in their organizations.

If interested, please contact Lynn Gallagher-Ford.
Problem persists

Success/failure measured

Idea implemented

Resources spent on idea

Brainstorming session

Idea selected

1 2 3

Problem persists

Lead by Example: Stop doing this
Problem Identified

Evidence reviewed & synthesized

Evidence-based solution selected

Success/failure measured

Resources spent on solution

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
Questions?