



The Impact of Evidence-based Practice Infrastructure on the Roles and Responsibilities of Nursing Leaders

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Improving People's Lives
Through Innovations in
Personalized Health Care



THE OHIO STATE UNIVERSITY
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Objectives

- Discuss the impact of an advanced EBP culture on nurse leaders' roles.
- Identify strategies to facilitate role changes among nurse leaders to support a well-developed EBP environment.



Introduction

- Creating and sustaining a culture of EBP is challenging for nursing leadership.
- As EBP becomes immersed in the nursing culture, leaders must adjust and adopt to new ways of thinking and problem-solving.
- The roles and expectations of the leader change.



EBP Enculturation and Leadership Opportunities

- Nurse leaders at all levels of the organization must rethink:
 - How questions/problems are asked?
 - Who should be generating the questions?
 - What are the processes for problem-solving?
 - What are the tools for problem-solving ?
 - What is the support for problem-solving?



Example

Past

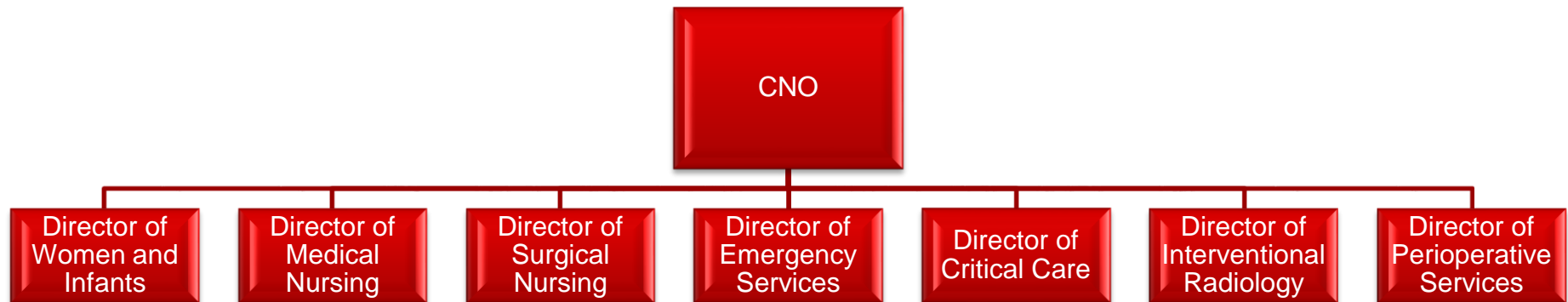
- Staff trigger the question and seek solution from manager.
- What is your opinion and how should we fix it?
- How have we done it in the past, or how have you done it in your other organization?
- Let's form a workgroup of managers to discuss and solve the problem.
- Implement a change based on leader opinion and input.
- Silo approach to change rollout.
- Inconsistent outcome measurement.

Present

- Staff trigger the question and approach manager with evidence.
- What does the literature tell us?
- Is there evidence?
- Evaluate and conclude: Do we need a practice change?
- Or, do we need nursing research?
- Consistent framework for implementation of change.
- Focused, consistent measurement of outcomes.

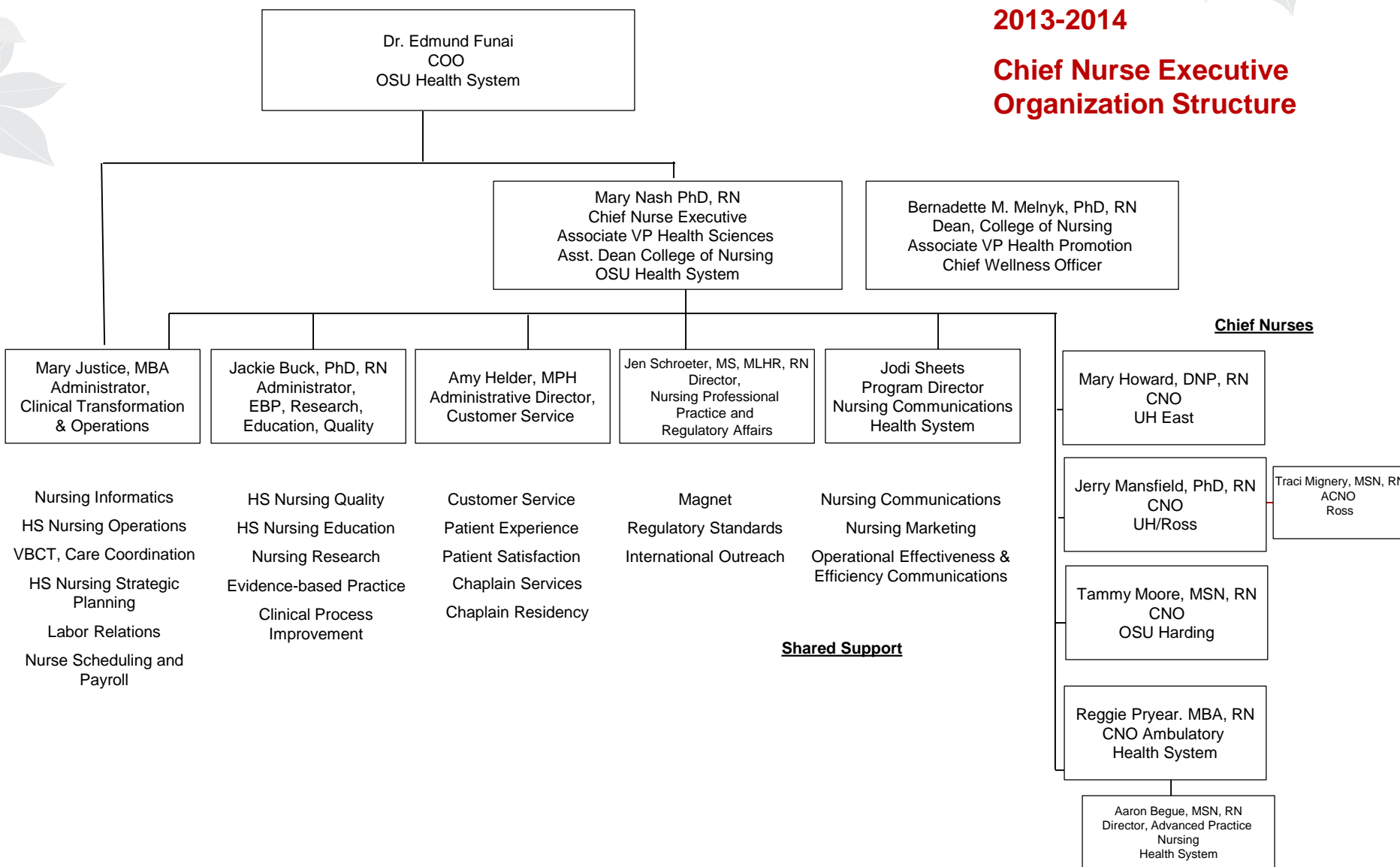


The CNE Role in Reshaping Culture: Moving to a Systems Approach



2013-2014

Chief Nurse Executive
Organization Structure





The Chief Nurse Executive Role in Reshaping Culture

- Picking the prime moment – when is the culture ripe?
- Selection of nurse leaders with expertise and commitment to EBP.
- Developing a strategic plan that threads EBP throughout.
- Making the business case to senior leadership of the organization.

Embedding EBP into Strategic Plan

- Leadership Development
 - Quality and Safety
- Productivity and Efficiency
- Collaboration and Partnerships

**Concepts of EBP Embedded In
All Strategic Strategies**

The Role of the Hospital-based Nurse Scientist

- The traditional hospital-based nurse scientist role:
 - Research generator
 - Educated in a research intensive paradigm
 - Metrics for success:
 - Number of ongoing research projects
 - Number of grants and dollars awarded
 - Publications and presentations
 - Role as teacher/mentor



The Role of the Hospital-based Nurse Scientist

- Promotes and assists RNs with clinical research (60%).
- Supports collaborative efforts with Ohio State's College of Nursing (20%).
- Conducts own research, secures grants, administers grants and disseminates findings for own program of research.
- Represents nursing research initiatives at the Health System, University and externally.

Rethinking the Nurse Scientist Role

- Engagement with and from clinical staff
 - Research problems generally arise from an individual interest.



EBP question tend to be more “unit-level” issues.



Rethinking the Nurse Scientist Role

- Collaborating with director of Evidence-based Practice
- Reemphasizing critical appraisal skills of nursing staff.



Article 3									
Author Year Title Country Funding	Theoretical/basis for study	Design/ Method	Number Characteristics Exclusion criteria Attrition	Independent variables IV1 = IV2 = Dependent variables	What studies used: reliability info (alphas) What studies used: reliability info (alphas)	What studies used: reliability info (alphas)	Statistical findings or qualitative findings	Level =	Strengths Limitations Risk or harm if implemented Feasibility of use in your practice
Ehrenkranz, J. 1992 <i>Lack of evidence of efficacy of cohorting nursing personnel in a neonatal intensive care unit to prevent contact spread of bacteria: an experimental study</i>		Cohorting versus non- cohorting and the affect on infection rates. 24 Bed NICU. Split into 2- 12 bed symmetrical sides. Randomized by coin flip into each side. Open unit had no restriction of nursing personnel to care of any patient. Closed unit had strict personnel- patient assignment	N=100 infants 44 to open 56 to closed Transfers in were placed according to bed availability. Infants in PCU who required readmission to the NICU were transferred to the Open Unit. 24 excluded -stays to brief for cultures	Cohorting was the sole IV	Two tailed t-test and Fishers exact test. Data on the prospective study of bacterial colonization were analyzed according to techniques for per-time data with a binomial probability. If number of observed cases was judged large enough a chi square test was utilized.		No evidence to suggest widespread failure of the cohorting system, or blurring of effects of cohorting by noncohorted personnel.	Level II	Closed unit-nurses had 1-2 specified patients. In the event that staffing needs necessitated working in the Open unit or PCU-they would remain off unit for 48 hours before returning to the closed unit. Nurses working in Open unit had no restrictions. Parents in both units encouraged to hold infants. Purported evidence of efficacy of cohorting as an independent activity does not withstand rigid scrutiny. Strict cohorting is an unproved burdensome and costly practice-which in this study diminished nursing morale. Strict hand washing practices are most important to prevent infection spread.

Evidence-based Project vs Research Project

- Initial Question: Has the implementation of the CIWA guideline improved care of the burn patient with alcohol withdrawal?
- Project Title: Recognition and Treatment of Alcohol Withdrawal Syndrome in Burn Patients: Impact on Nursing Care and Patient Outcomes Using a New Clinical Guideline.
- Literature Review: Guidelines had been developed.
- Project: Went research route but could have considered a broader EBP project.
- Outcome: Impact of the Implementation of Alcohol Withdrawal Guideline on Patients with Burn Injuries. (2011). Clinical Nurse Specialist: The Journal for Advanced Nursing Practice. 25 (6); 286-93.

Evidence-based Project vs Research Project

- Initial Question: Does early planning using the access guideline decrease length-of-stay in patients requiring longer-term vascular assess?
- Project Title: Early Assessment and Planning for the Appropriate Vascular Access Device: Impact on Length of Stay.
- Literature Review: Guidelines had been developed.
- Project: Went research route but could have considered a broader EBP project.
 - Too much time and effort dedicated to reviewing retrospective data.
 - Too little time focusing on implementation of the protocol.

Evidence-based Project vs Research Project

- Initial Staff Question: Does poor suctioning technique by clinicians caring for neonates on nasal continuous positive airway pressure increase the unit rate of MRSA?
- Literature review: ZERO literature (evidence) for suctioning practices in neonates on NCPAP. No clinical policy.
- Research Project #1: Suctioning Care of the Infant on Nasal CPAP.
- Publication: Nasal Continuous Positive Airway Pressure: A Multisite Study of Suctioning Practices in the NICUs. *Advances in Neonatal Care*. 2013. 13(2).
- Research Project #2: A pilot study of Responses to Suctioning Among Neonates on Bubble Nasal Continuous Positive Airway Pressure. In progress; funded by the National Association of Neonatal Nurses.

The OSU Research Council

Initial Mission: To impact the delivery of personalized nursing care through the generation, utilization and advancement of the scientific base for nursing practice and to create a culture of nursing inquiry and scholarship by promoting nursing research.

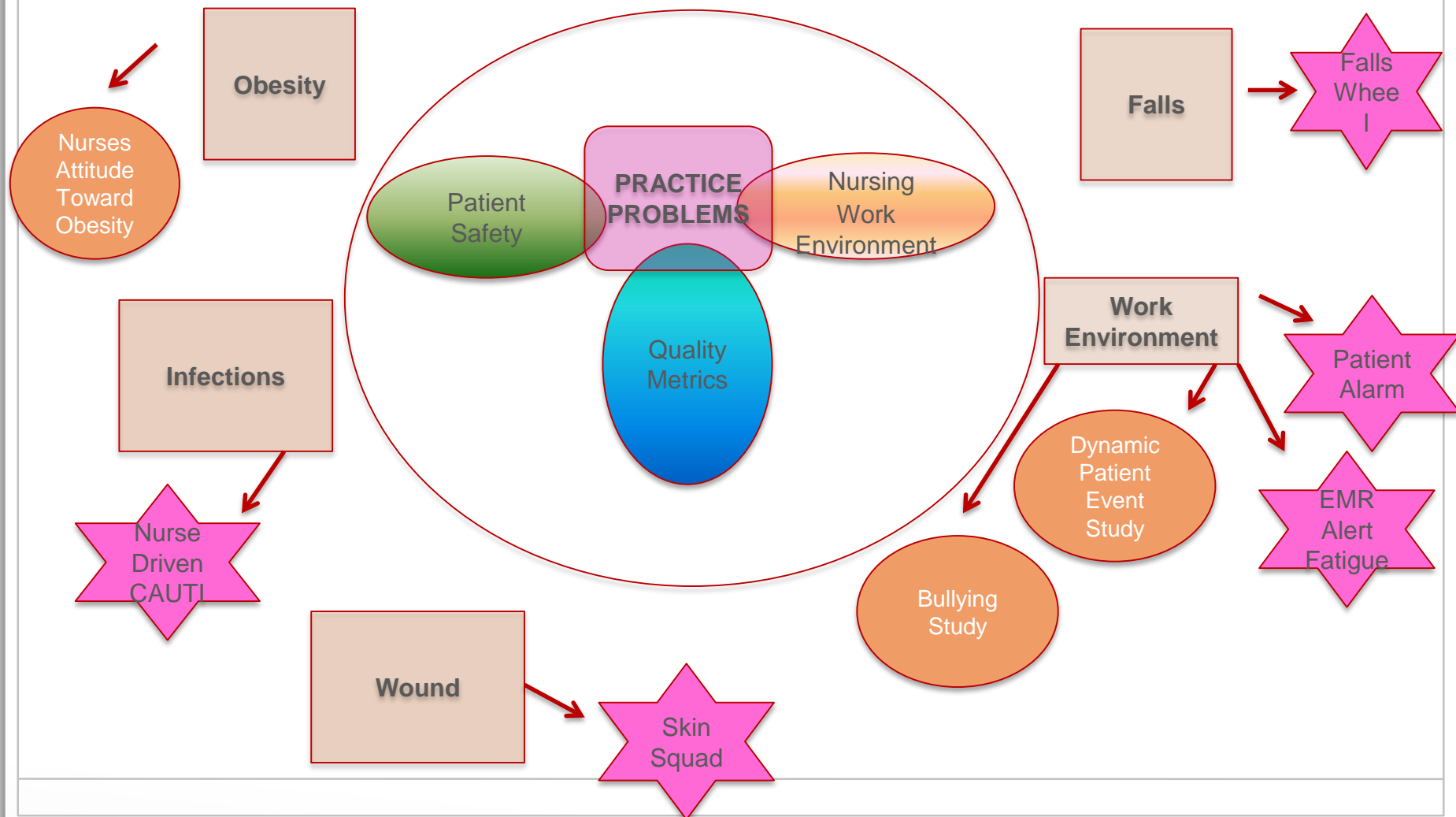
- Identify and develop at least 3-4 Clinical Practice Problem groups based on known performance metrics.
- Identify research competencies/expectations in various jobs/titles.
- Increase the number of scholarly presentations and publications.

The OSU Research Council

- What are our current roles and responsibilities as they are related to nursing research? What are our professional expectations? What are the organization's expectations?
- How do we “carve out” the time to participate in research?
- What kind of research/EBP projects are feasible within the current structure of our work environment?



Practice Problem Groups



Research and EBP Council Transitions

- Nurse scientist moves from committee chair to mentor.
- Director of Education moves to committee chair with staff RN as co-chair.
- EBP work previously focused in the Policy and Procedure Council and Clinical Practice Council, and has now moved to the Research Council.

Moving Research into Practice

- Initial question: Can we improve oral health in post-stroke patients with dysphagia in the rehabilitation setting?
- Research question: To determine the impact of an oral care protocol on: (1) Oral cavity health; (2) The acquisition MRSA.
- Process: Traditional randomized control trial.
- Outcome: Pilot Study of Oral Care Protocol on Post-Stroke Survivors. Rehabilitation Nursing Journal (in press).
- Translation: Rehabilitation staff are routinely assessing the oral cavity of patients. New selection of oral care products with emphasis on the needs of the individual patients.

Role of the Administrator of Quality, Research, Education & EBP

A word cloud visualization on a black background with white text. The words are arranged in a circular pattern, with some words being larger and more prominent than others. The words include:

- Practice
- Research
- EBP
- Quality
- Based
- Evidence
- Education
- Leadership
- Facillitator
- Mentors
- Development
- CON
- Faculty
- Mentor

Role of the Administrator

- Provide the vision for EBP across the Health System.
- Collaborate with director of EBP to create a strategic plan for EBP.
- Engage EBP into the quality process.
- Developing a systemwide approach to “spread the wealth.”
- Strategic placement of EBP mentors and projects.
- Collaboration with the Center for Transdisciplinary Evidence-based Practice (CTEP) at the College of Nursing.



Systems Approach to EBP, Quality, Research & Education



Provide the Vision for EBP

- Grow transformational EBP leaders and mentors.
- Increase skill in information literacy through education and mentoring.
- Foster a culture of innovation and EBP.
 - Challenge the status quo and old practices.
- Create and build the EBP infrastructure.
- Create and sustain partnerships with Ohio State's College of Nursing.
- Provide consistent evidence-based solutions to improve quality of care across the continuum.



Developing a System to “Spread the Wealth”

- Developing a system to “spread the wealth.”
 - 5 hospital system
- Strategic placement of EBP mentors and projects.
 - Created a cadre of mentors with clinical nurse specialists (CNS).
 - Monthly CNS meetings to discuss issues and projects.
- Shared governance committees
 - Quality & EBP
 - Clinical Practice



A Systemwide Team Approach to EBP and Quality

Past

Quality issue from unit-level.

Unit manager meets with nursing quality manager.

Plan-Do-Check-Act created by manager.

Change implemented by manager.

Unit-level outcomes measured.

Present

Quality issue identified from system level.

Evidence-based search with EBP mentors (CNS team).

Synthesis tables developed by EBP teams and provided to quality team.

Quality team incorporates the evidence into the quality improvement plan.

Nursing Education creates standardized education and rollout plan for Health System.

Outcomes measures reflect both unit and Health System.

No evidence – consult with nurse scientist to consider nursing research study.



Facilitation of Graduate Student Projects

- Increasing number of graduate students internally and externally with EBP school projects.
- Graduate Student Feasibility Committee:
 - Reviews for feasibility at our institution.
 - Reviews projects for alignment with organization's mission, vision and values.
 - Right project in the “right unit.”



Development of EBP Leaders

- EBP Mentors
 - 5-day immersion
 - Retreat
- Staff Nurses
 - 1-day education
- Nurse Leaders
 - 5-day immersion
 - 1-day education
 - MS & DNP programs
 - Future programs



EBP Intranet Site

You are here: Evidence Based Practice

Evidence Based Practice

Overview

Introduction to EBP
EBP Mentors

Evidence in Action

Educational Opportunities

Standards of Practice

Health System Nursing Policies
Mosby's Nursing Skills
OSUWMC Nursing Levels of Evidence

Evidence-Based Competencies

Internal Resources

Evidence Based Practice Resources
Health Sciences Library
Clinical Practice Council

External Resources

EBP Tutorials



Nursing Evidence-Based Practice

OSUWMC Health System Evidence-Based Practice

The nursing evidence-based practice program of the OSUWMC Health System Nursing Department of Quality, Research, Education, and EBP provides services to support and promote the advancement of nursing practice and patient care through the integration of best available evidence. The nursing evidence-based practice program is led by Jackie Buck, PhD, RN, Susan Bejciy-Spring, MS, RN-BC, CMSRN, CNS, and Jill Niese, MS, BSN, RN.

Evidence-based practice is an approach to problem-solving and decision-making in patient care and healthcare delivery that integrates:

- the best available evidence from research and credible non-research sources
- the clinician's professional experience and expertise
- the patient's personal preferences and values

Evidence-based practice is central to our goals of providing world-class patient care, achieving the highest quality patient outcomes, attracting and retaining a workforce of excellent nursing professionals, and providing a workplace environment for nursing practice to thrive. It has been demonstrated in a variety of clinical studies that patients who receive healthcare based on the best available evidence experience more positive outcomes and less adverse

Events

There are no items to show in this view of the "Events" list.



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Evidence-based Leaders

- Guide, support and embrace EBP.
- Create a culture of EBP.
- Build environments where EBP can thrive and survive.
- Self-actualization of EBP knowledge and skill.
- Role model.
- Publically navigate the barriers.
- Reward achievement.



Engaging Other Nurse Leaders in EBP

- Including support for EBP in job description of nurse manager and nursing directors.
- Using EBP frameworks in leadership meetings – “taking about the evidence as leadership decisions are made.”
- Leader Development:
 - Evidence-based Leader
 - Nurse Leader Development Program
 - Proposal for EBP curriculum for leaders
 - EBP Mentor Development
- Thoughtful selection of leadership conferences.

Collaboration with College of Nursing

- Collaboration with CTEP at Ohio State's College of Nursing:
 - Mentor development
 - EBP facilitators
- Faculty in EBP courses.
- College of Nursing EBP Steering Committee participation.



Remain Committed to Guiding Principles

- **The Core of Nursing is Knowledge and Caring.** The actual work that nurses do will change, but core values will remain.
- **Care is User-based.** Care will be directed in partnership with the patient/client or population needs and will be respectful of the diversity of the health belief models of all users.
- **Knowledge is Access-based.** The knowledge base of the nurse will shift from “knowing” a specific body of knowledge to “knowing how to access” the evolving knowledge-base to support the needs of those for whom care is managed.
- **Knowledge is Synthesized.** The processing of accessed knowledge will shift the work of the nurse from critical thinking to “critical synthesis.” Synthesis occurs as care is coordinated across multiple levels/disciplines/settings.

Thank You

