

Implementing Evidence-based Practice in Real World Practice Settings:

Key Strategies for Publishing EBP Change Projects in Worldviews

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Editor, *Worldviews on Evidence-based Nursing*

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Column Editor, Implementing EBP in Real World Practice Settings

Worldviews on Evidence-based Nursing

Purpose of This Presentation

Describe key strategies for publishing
EBP change projects in
Worldviews on Evidence-based Nursing
as many EBP change projects never make
it to publication due to multiple barriers

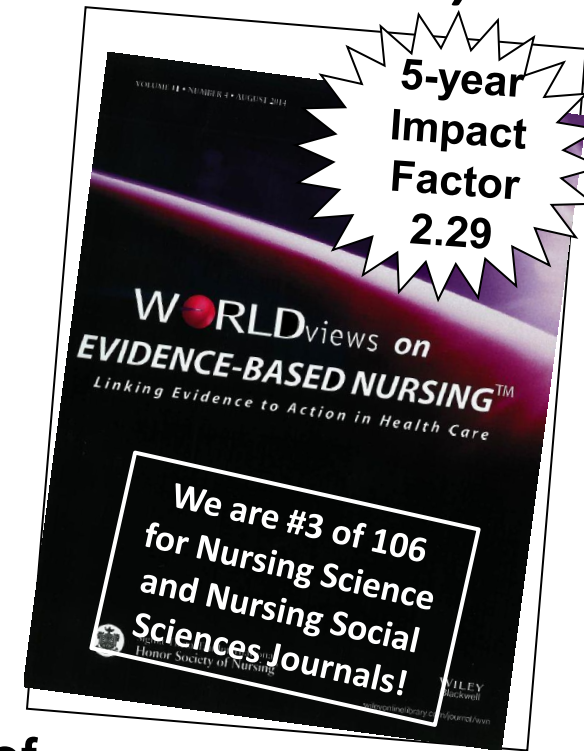
Worldviews on Evidence-Based Nursing™

Linking Evidence to Action (Current Impact Factor = 2.38)

Editor

Bernadette Melnyk, PhD, CNPN/PMHNP, FAANP, FAAN

- ✓ Gives readers methods to apply best evidence to practice
- ✓ Global coverage of practice, policy, education and management
- ✓ From a source you can trust, the **Honor Society of Nursing, Sigma Theta Tau International**



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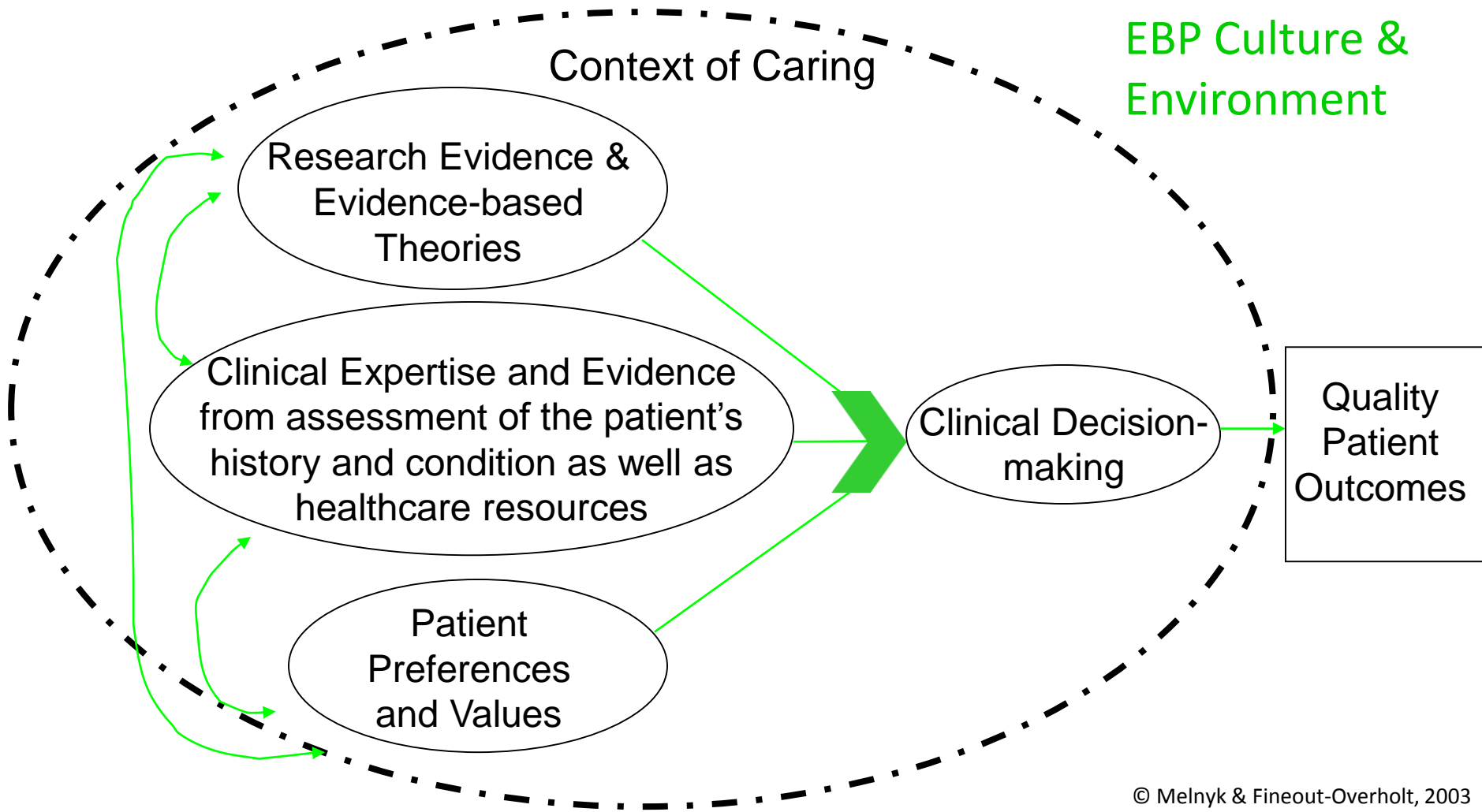
23-27 July 2015
San Juan, Puerto Rico



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***In God We Trust,
Everyone Else Must
Bring Data!***

The Merging of Science and Art: EBP within a Context of Caring & EBP Culture and Environment Results in the Highest Quality of Patient Care



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Why Must We Accelerate EBP?

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

The gap between the translation of research into practice and policy is huge; It often takes decades to translate research findings into practice and policy

Disseminating the project through publication is the first step in translating evidence into practice



The simple dissemination of information alone will not lead to uptake of EBP



A multi-component active strategy is necessary,
including clinician behavior
and organizational change strategies

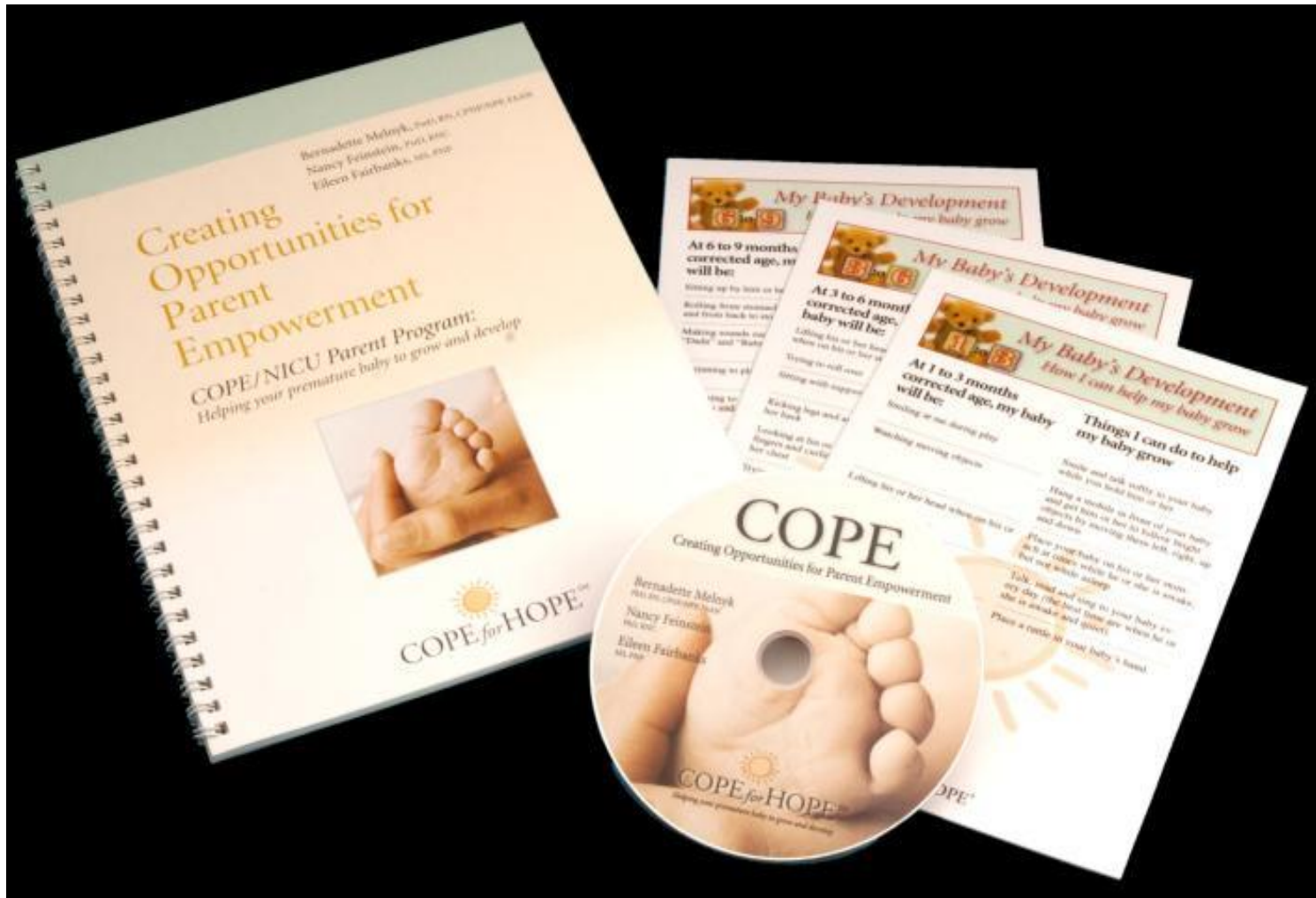
Reducing NICU Length of Stay, Hospital Costs and Readmission Rates with COPE (Creating Opportunities for Parent Empowerment) for Parents



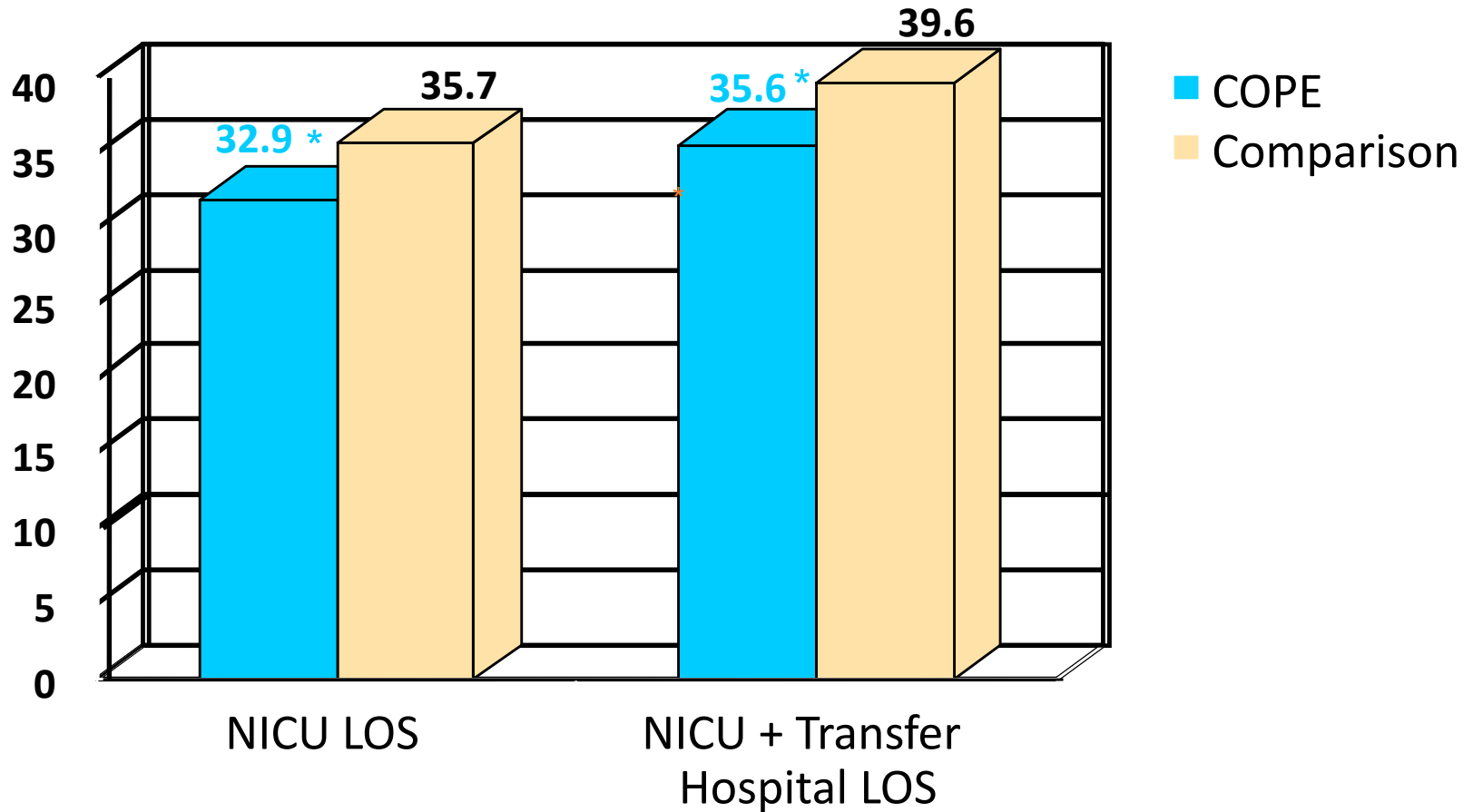
Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN

FUNDING FOR THIS WORK BY THE
NATIONAL INSTITUTE OF NURSING RESEARCH
R01#05077
NR05077-04S1

The COPE NICU Program



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**

Why Must We Accelerate EBP?

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

- ❖ **Daily changing of IV dressings**
- ❖ **Mayonnaise for head lice**
- ❖ **Sugar paste for pressure ulcers**
- ❖ **Albuterol delivery with nebulizers**
- ❖ **Checking placement of NG tubes with air**
- ❖ **Vital signs every 2 or 4 hours**
- ❖ **12 Hour Shifts for Nurses**

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

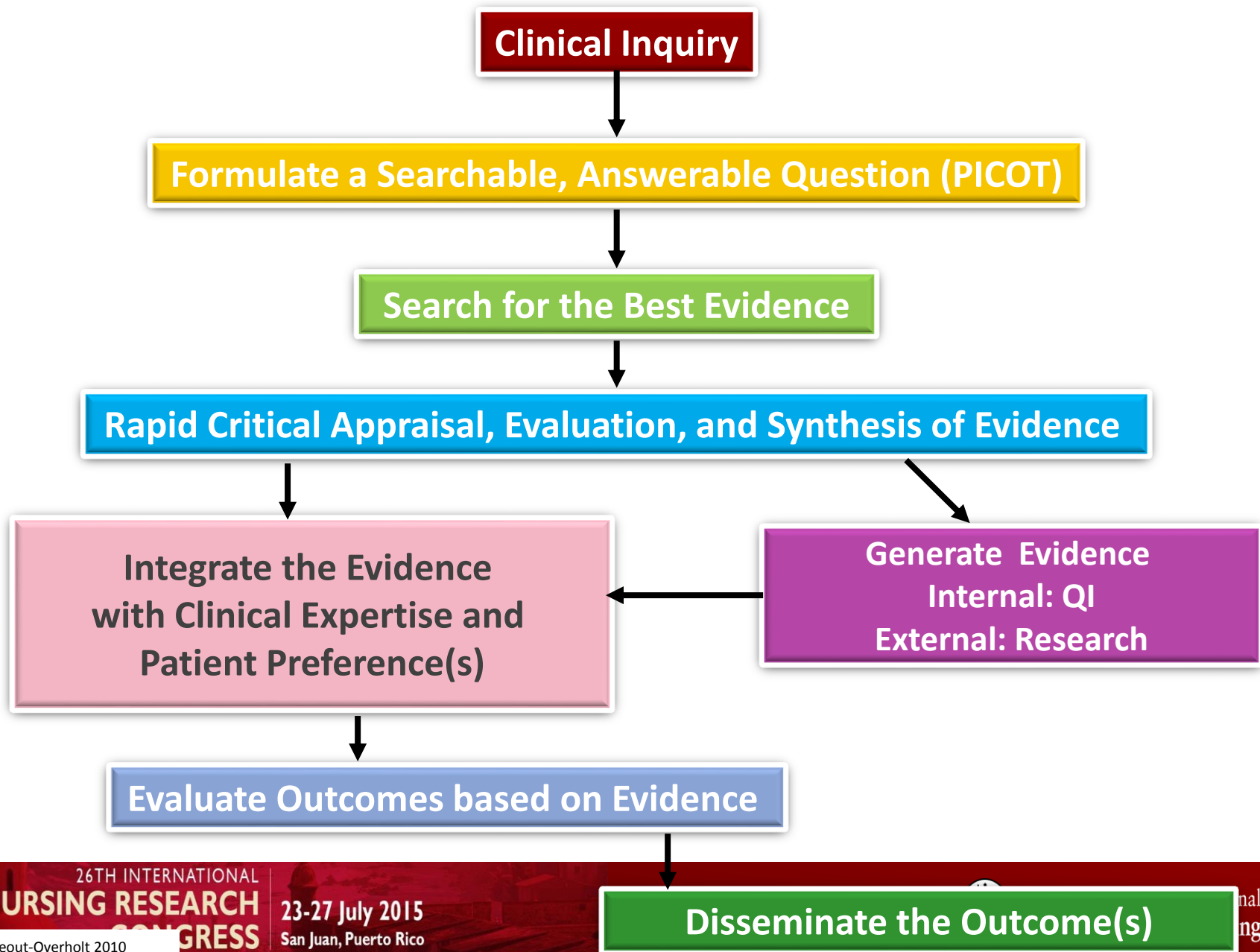
Step 5:

- Evaluate the Outcome(s) of the EBP Practice Change

Step 6:

- Disseminate the Outcome(s)

The EBP Process



American Journal of Nursing

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EVIDENCE-BASED PRACTICE Step by Step

By Bernadette Mazurek Melnyk, PhD,
RN, CPNP/PWHNP, FAAN,
Ellen Fineout-Overholt, PhD, RN,
FNP, FAAN, Susan B. Sivilucci, DNP,
RN, CNE, and Kathleen M.
Williams, PhD, RN

The Seven Steps of Evidence-Based Practice

Following this progressive, sequential approach will lead to improved health care and patient outcomes.

This is the second article in a new series from the Arizona State University College of Nursing and Health Sciences Center for the Advancement of Evidence-Based Practice. Evidence-based practice (EBP) is a problem-solving approach to the delivery of health care that integrates the best evidence from studies and patient care data with clinical expertise and patient preferences and values. When delivered in a context of caring and in a supportive organizational culture, the highest quality of care and best patient outcomes can be achieved.

The purpose of this series is to give nurses the knowledge and skills they need to implement EBP consistently, one step at a time. Articles will appear every two months to allow you time to incorporate information as you work toward implementing EBP at your institution. Also, we've scheduled "Ask the Authors" calls every two months to provide a direct line to the experts to help you resolve questions. See details below.

Research studies show that evidence-based practice (EBP) leads to higher quality care, improved patient outcomes, reduced costs, and greater nurse satisfaction than traditional approaches to care.¹ Despite these favorable findings, many nurses remain inconsistent in their implementation of evidence-based care. Moreover, some nurses, whose education predates the inclusion of EBP in the nursing curriculum, still lack the computer and Internet search skills necessary to implement these practices. As a result, misconceptions about EBP—that it's too difficult or too time-consuming—continue to flourish.

In the first article in this series ("Igniting a Spirit of Inquiry: An Essential Foundation for Evidence-Based Practice," November 2009), we described EBP as a problem-solving approach to the delivery of health care that integrates the best evidence from well-designed studies and patient care data, and combines it with patient

preferences and values and nurse expertise. We also addressed the contribution of EBP to improved care and patient outcomes, described barriers to EBP as well as factors facilitating its implementation, and discussed strategies for igniting a spirit of inquiry in clinical practice, which is the foundation of EBP, referred to as Step Zero. (Editor's note: although EBP has seven steps, they are numbered zero to six.) In this article, we offer a brief overview of the unitary EBP process. Future articles will elaborate on each of the EBP steps, using the content provided by the

Case Scenario for EBP: Rapid Response Team.

Step Zero: Cultivate a spirit of inquiry. If you've been following this series, you may have already started asking the kinds of questions that lay the groundwork for EBP, for example in patients with head injuries, how does supine positioning compare with elevating the head of the bed 30 degrees affect intracranial pressure? Or, in patients with supraventricular tachycardia, how does administering the β -blocker metoprolol (Lopressor, Toprol-XL) compared with administering no medicine affect

Ask the Authors on January 22!

On January 22 at 3:30 PM EST, join the "Ask the Authors" call. It's your chance to get personal consultation from the experts! And it's limited to the first 50 callers, so dial in early! U.S. and Canada, dial 1-800-947-5134 (international, dial 001-574-941-6954). When prompted, enter code 121028R.

Go to www.ajnonline.com and click on "Podcasts" and then on "Conversations" to listen to our interview with the authors.

- *Evidence-Based Practice, Step by Step*: 10-part series
- Articles appeared every other month
- Periodic "Ask the Authors" call-ins

See www.ajnonline.com

NURSING



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A Critical Step in EBP: The PICO(T) Question

Ask the burning clinical question in PICO(T) format

Patient population

Intervention or Interest area

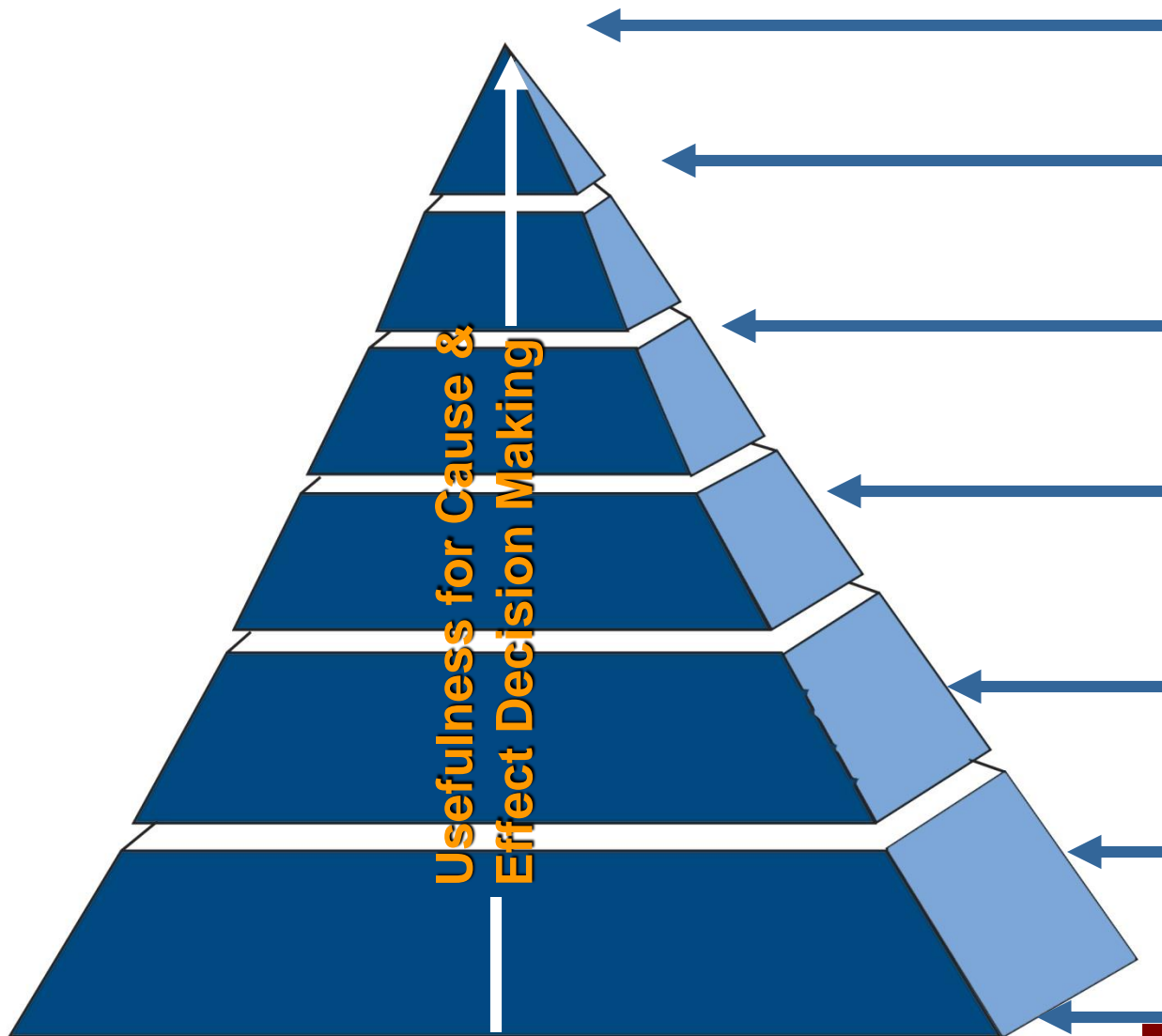
Comparison intervention or group

Outcome

Time

In *adolescents with depression (P)*, how does *CBT (I)* versus *interpersonal therapy (C)* affect *depressive symptoms (O)* *3 months after treatment (T)*?

Levels of Evidence



Systematic review or meta-analysis of all relevant randomized controlled trials (RCTs),

Evidence-based clinical practice guidelines based on systematic reviews of RCTs

Evidence obtained from at least one well-designed RCT

Evidence obtained from well-designed controlled trials without randomization and from well-designed case-control and cohort studies

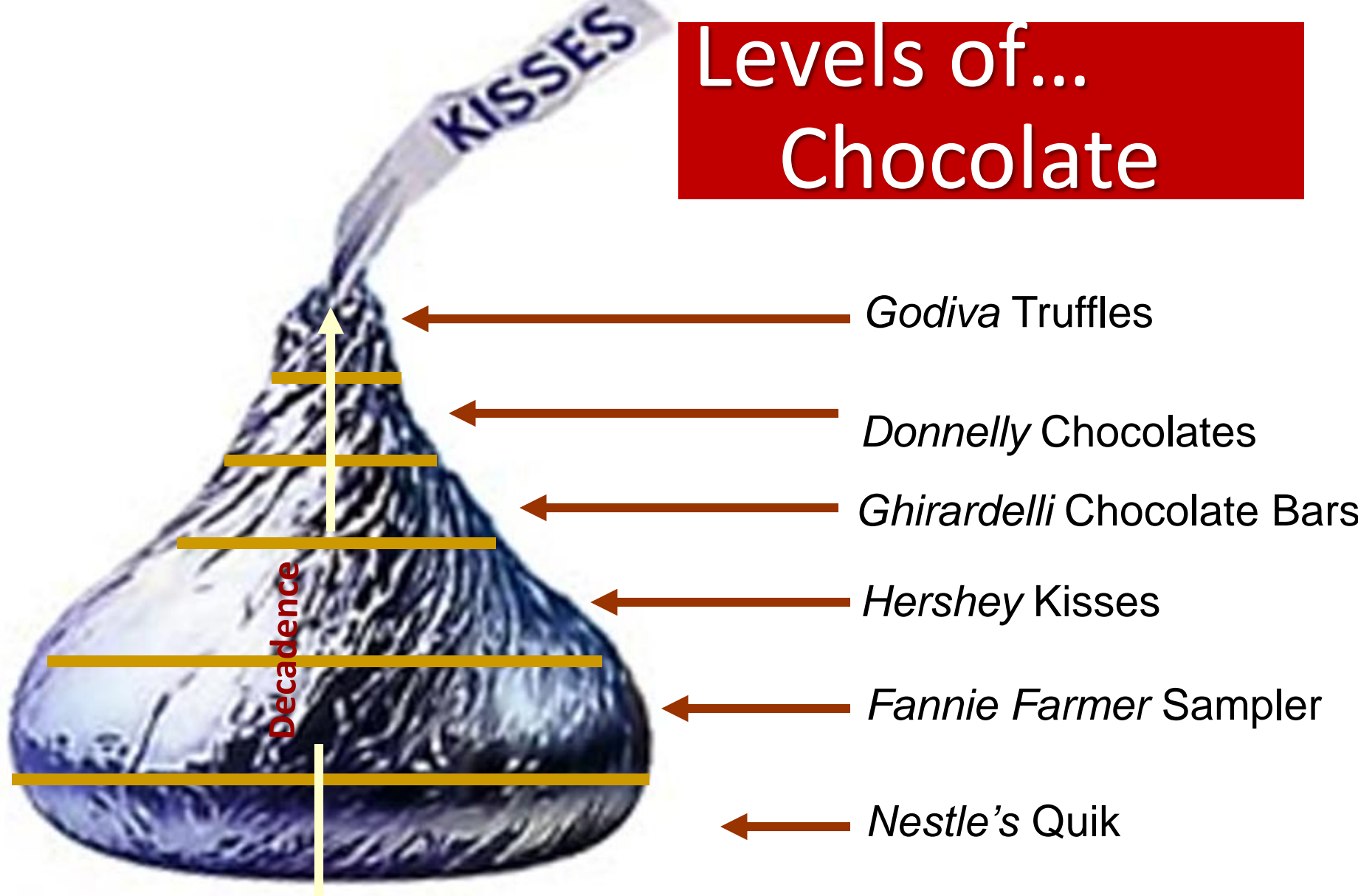
Evidence from systematic reviews of descriptive and qualitative studies

Evidence from a single descriptive or qualitative study

Evidence from the opinion of authorities and/or reports of expert committees



Levels of... Chocolate



“Inspirational quotes are fine, but you’ll motivate more people with chocolate.”

Modified from Julia Sollenberger, University of Rochester

Why Measure the Outcomes of EBP?

The “So What” Outcomes reflect IMPACT!

- *EBP's effect on patients*

- ❖ Physiologic (complication reduction; health improvement)
- ❖ Psychosocial (quality of life; depressive and anxiety symptoms; patient satisfaction with care)
- ❖ Functional improvement

- *EBP's effect on the health system*

- ❖ Decreased cost, length of stay, rehospitalizations
- ❖ Nursing retention / job satisfaction

We Must Show a Return on Investment with Research & EBP

It is critical to establish ROI with Research Studies and EBP projects; ROI helps with sustainability of EBP

We must conduct cost analyses and measure quality indicators, which include:

- hospital-acquired conditions (HACs) declared by the Centers for Medicare and Medicaid (CMS) as preventable unless present upon admission to the hospital (Centers for Medicare & Medicaid Services (CMS), 2014); or
- those included in the scoring for the value-based purchasing program (VBP) that CMS began in 2013, whereby incentive payments will be distributed across all hospitals performing in the top 50% on selected quality indicators. These incentive payments are based on how closely hospitals follow best clinical practices and how well they enhance patients' experiences of care (CMS, 2012).

An Essential Element Required for Conducting an EBP Project and Publishing It

A Vision with Specific Written Goals
We must begin with the end in mind



Ask yourself:

- *What would you do if you knew you could not fail in the next 2 to 3 years?*

The Purpose of the *Worldviews* Implementing and Sustaining EBP in Real World Practice Settings Column

To share the best evidence-based strategies and innovative ideas on how to promote and sustain evidence-based practices and cultures in clinical organizations

Vision

This column is the premier place to share innovative programs, projects, strategies, tactics and ideas implemented in real world clinical environments to build, promote, and sustain evidence-based practices and cultures

The Column's Mission

To facilitate the dissemination of evidence-based projects, strategies and tactics to enhance integration of EBP in a broad variety of clinical settings. The content may come from outcomes management, quality improvement, evidence-based practice change implementation projects, as well as organizational and/or leadership initiatives

Author Guidelines

Length

Up to 1200 words

References

References cited for these submissions are limited; 5-10 references

Key Messages

- Follow the author guidelines
- You never get a second chance to make a great first impression!



Three Scenarios with Submitted Manuscripts

- Accept
- Revise and resubmit
- Reject - Typical reasons include:
 - A similar paper was recently published
 - Writing style not clear- a fatal flaw!
 - Poor writing
 - Poor logic and flow
 - Inadequate description of the steps of EBP

Revising and Persisting!

- Important Facts to Remember
 - Very few papers are accepted without revisions
 - Many well written papers are rejected because the content and focus would be better suited to another journal
 - The paper is NOT you!

Shocked

I can't believe they didn't like my work!



Stressed!

*I don't have the time right now to
rewrite the paper*



Exhausted

This process is wearing me out!



Strategies for Resubmission

- Read the comments carefully and allow yourself a few days to “grieve”
- Remember that the comments are meant to be constructive with an aim to help create a stronger manuscript
- Put the comments away for a few days
- Evaluate the comments
- Seek guidance from seasoned authors
- Pay attention to and address the reviewers’ concerns

Suggestions for Revision

- Write a cover letter when resubmitting that explains exactly how you have addressed the reviewers' suggestions, point by point (provide page number, paragraph and sentence for the revisions)
- Highlight changes in the paper
- Meet the resubmission deadline provided by the editor

Suggestions for Revision

- If you do not agree with a suggestion, provide a rationale for why you are not making the suggested change in the cover letter
- If you decide not to resubmit the paper to the same journal, a letter to the editor explaining your decision is professional courtesy



Implementation of Evidence-based Practice Submissions

The 7 Steps of the EBP Process are the template for these submissions.

Background: Include *clinical inquiry* or the background of the problem that led to development of strategy and tactics for an evidence-based practice change, including a description of the key stakeholders and the setting in which strategy was used (e.g., type and size of clinical setting, demographics of stakeholders involved).

PICOT question formulated: State the PICOT question.

Implementation of Evidence-based Practice Submissions

Search Strategy: Include databases and strategies used in the search for best evidence to support project/change.

Critical Appraisal of the Evidence: Include the process undertaken to determine the quality and strength of the evidence to support the project/change, including a concise summary and synthesis of the body of evidence from the critical appraisal process.

Implementation of Evidence-based Practice Submissions

Integration of the Evidence with Clinical Expertise and Patient Preferences; Clinical Decision and Implementation of Practice Change: Include key steps, strategies, tools, and tactics developed and used in the implementation of the evidence-project/change.

Outcomes: Include outcomes related to the project/change implemented, including methods used to evaluate the outcomes.

Dissemination: Include venues of dissemination utilized and planned for the future.

Implementation of Evidence-based Practice Submissions

Linking Evidence to Action:

Include 3 to 6 bullets with action items on how readers should use the evidence from this paper to advance EBP



Linking Evidence to Action

- EBP mentors are effective knowledge and skill brokers who can lead EB practice change projects that improve healthcare quality.
- Evidence-based clinical protocols can be implemented to guide best practice and improve patient care and outcomes.
- Skillful nursing judgment and evidence-based nursing actions can improve patient care and outcomes.
- EBP mentors, with in-depth knowledge and skills in EBP and the change process, are essential to clinical organizations as they develop initiatives to promote quality and safety.

Transformation of Organizational Culture and/or Environments Submissions

Introduction/Background: Include the background of the issue and identification of the strategy (“tactic”) for integration of EBP, audience for whom and setting in which strategy was used (e.g., type and size of clinical setting, demographics of stakeholders involved). What was the impetus for designing or using this particular strategy?

Detailed Description of Strategy: Include key steps, strategies, tools, and tactics developed and used in the implementation of the organizational change.

Transformation of Organizational Culture and/or Environments Submissions

Results: Include outcomes related to the strategy implemented as well as the methods used to evaluate outcomes of the strategy(ies). Timelines related to the organizational change should be included.

Next Steps: Include next steps planned to further imbed and sustain the organizational change.


Dissemination: Describe venues of dissemination utilized and planned for the future.

Transformation of Organizational Culture and/or Environments Submissions

Linking Evidence to Action:

Include 3 to 6 bullets with action items on how readers should use the evidence from this paper to advance EBP

Linking Evidence to Action

- 
- An innovative and robust approach to engage and empower nurses to develop and implement evidence-based clinical guidelines can be achieved.
 - Supporting nurses in frontline clinical settings fosters evidence-based practice skills.
 - Unit based strategies can be employed by nurse unit managers and education teams to reduce variation in practice by using evidence-based clinical care.
 - Publishing evidence-based clinical guidelines on the internet can have a far reaching influence on practice.

How does it happen?

- ✓ Manuscript is submitted by the author(s)
- ✓ AE reviews and makes recommendation to WV Editor
- ✓ WV Editor sends letter to author with AE comments and (hopefully) invitation to work together!
- ✓ Revision and review process begins
- ✓ Revision and review continues until manuscript is ready for publication





Improving Patient Care through XXXXXXXX

Journal:	Worldviews on Evidence-Based Nursing
Manuscript ID:	WVN-15-065
Manuscript Type:	Implementing EBP Column
Keywords:	Education/Curriculum/learning, Evidence-based practice, Mentorship, Nursing Practice, Professional issues/Professional ethics/Professional standards, Quality improvement/Quality of care/Quality of services



**Manuscript is
submitted;
The journey
begins!**



31-May-2015

Dear Author:

Manuscript ID WVN-15-065 titled "Improving Patient Care through Nursing Engagement in Evidence-Based Practice," which you submitted to Worldviews on Evidence-Based Nursing, has been reviewed. The comments of the column editor are included at the bottom of this letter.

The column editor has recommended minor revisions to your manuscript. Therefore, I invite you to respond to her comments and revise your manuscript.

To revise your manuscript, log in to <https://mc.manuscriptcentral.com/wvebn> and enter your Author Center, where you will find a purple star adjacent to "Click here to submit a revision" under "Author Resources." Please click on the underlined "here" in that phrase.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer. Please also highlight the changes to your manuscript within the document by using bold or colored text. Be sure citations and references are in the accepted style for the journal (see the author guidelines for examples).

Once the revised manuscript is prepared, you can upload it and submit it through your Author Center.

When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) in the space provided. You can use this space to document any changes you make to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewer(s).

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Because we are trying to facilitate timely publication of manuscripts submitted to Worldviews on Evidence-Based Nursing, your revised manuscript should be uploaded within 30 days. If it is not possible for you to submit your revision in that time period, please let us know as soon as possible. Otherwise, we have to consider your paper as a new submission if the time limit expires.

Once again, thank you for submitting your manuscript to Worldviews on Evidence-Based Nursing. I look forward to receiving your revision.

For more information on OnlineOpen and how it works, visit <http://authorservices.wiley.com/bauthor/onlineopen.asp>

Warm regards,
Bern

Dr. Bernadette Melnyk
Editor in Chief, Worldviews on Evidence-Based Nursing
melnyk.15@osu.edu

Response from WV Editor



Response from WV Column Editor

Column Editor's Comments to Author:

Thank you so much for your excellent column submission and your wonderful work to advance EBP at XXXX! Your program sounds fantastic, your outcomes are very impressive, and most importantly here...I believe the work you are doing serves as a great exemplar of what can be done in "real world settings" with good leadership and strong commitment to advancing EBP.

So, this is a perfect fit for the column!

There is some minor editing needed and I am not sure we will be able to fit all of your tables into the space allotment we have for the column, but i believe that together...we can work together to creatively include everything!

Please contact me at gallagher-ford.1@osu.edu and let me know if you are interested in working with me to make the minor adjustments needed in order to make this terrific submission "good to go" for the column!

Thank you so much for taking the time to create this well written manuscript and disseminating your great work in advancing EBP! I look forward to hearing from you soon and to working with you!

Communication Begins!

Original Message-----

From: XXXXXXXX

Sent: Monday, June 01, 2015 9:28 AM

To: Gallagher-Ford, Lynn P.

Cc: xxx, xyz

Subject: FW: Worldviews on Evidence-Based Nursing - Decision on Manuscript ID WVN-15-xxx

Good Morning Dr. Gallagher-Ford,

Thank you for your kind comments. We are excited to work with you to make the necessary edits to the manuscript, and look forward to hearing from you!

Thanks again,

Florence

Florence Nightingale RN, PhD

Director, XXXXXXX

E: nightingale@xyz.edu

P: 123-456-7891

100 Perfect Place

Somewhere, USA, 12345

-----Original Message-----

From: Gallagher-Ford, Lynn P. [<mailto:gallagher-ford.1@osu.edu>]

Sent: Tuesday, June 02, 2015 12:41 PM

To: Nightingale, Florence

Subject: worldviews manuscript; next steps

Florence,

Great! I will review the manuscript in "track changes" and forward it to you with my suggestions. **My suggestions will be for your review and consideration. Once you have a chance to review my suggestions...send it back to me and we will work back and forth until we have it....perfect!**

I will get that first reviewed version to you next week.

I am so excited that you are interested in working with me to get this done!

Lynn

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

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Columbus, Ohio 43210

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gallagher-ford.1@osu.edu

If your actions inspire someone to dream more, learn more, do more, and become more, you are a leader. John Quincy Adams

Original Message-----

From: Gallagher-Ford, Lynn P. [<mailto:gallagher-ford.1@osu.edu>]
Sent: Wednesday, June 10, 2015 8:30 AM
To: Nightingale, Florence
Subject: RE: worldviews manuscript; next steps

Florence,

Attached please find your manuscript with my suggestions/recommendations for your consideration. I am attaching 2 versions....the one with "changes accepted" is easier to read (although "Track Changes" is a great feature....it makes the document really hard to read)! So the "changes accepted" version only includes the comments. Please use whichever version you prefer as we work together on this.

Please review and respond.

I am totally open to you "pushing back" on any points I have made...it's your story!

I look forward to hearing back from you soon and working together to finalize this manuscript!

Lynn
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

Practice

Introduction/Background:

The Medical University of xxxx is one of the nation's top academic health science centers, with a xxxx-bed medical center (xxxx Health), and six colleges that train approximately xxxxx health care professionals annually

Comment [LGF1]: How can you make this claim. I am sure you have been identified in "xxx in US News and World Report..." Don't need to get too wordy here, but need to back this up in some way.

The xxxx Center for Evidence-Based Practice (EBP), housed jointly in the Library and the Quality Management department of the xxxx Hospital, aims to promote scientific inquiry, evidence-based practice, and quality outcomes at xxxx. Through education, the development of evidence-based clinical decision support tools, and outcomes research, the Center for EBP has begun to transform the culture of xxxx into one that strives to incorporate best medical evidence into clinical practice on both an individual and systematic level.

Comment [LGF2]: What about nursing and other healthcare evidence? I would prefer you just say "evidence"....it's more inclusive.

The Center for EBP has initiated this cultural change through educational courses that teach clinicians about the theory, practice and dissemination of EBP. One such course is the EBP Nurse Scholars Course.

Comment [LGF3]: Suggestion....change to: "One of the strategies implemented by the Center for EBP to promote cultural change is an educational course (program?) ; the EBP Nurse Scholars Course, that teaches.....". Is it a course or a program? Is it only for nurses (as the name infers), or is it for all clinicians (as the sentence infers)? Need to clarify one way or the other.

Detailed Description:

Nurses serve on the frontline of health care, and have a unique opportunity to improve patient care through EBP. Best practice only occurs when staff continually ask questions about treatment and care, have the resources and skills necessary to search for and appraise research evidence, implement the evidence in practice, and evaluate its effectiveness. The staff nurse is a critical link in bringing research-based changes into clinical practice. However, xxxx experience in preparing practicing nurses for EBP was limited.

Comment [LGF4]: Not sure

Comment [LGF5]: I understand the grammar here....If you are saying they "are" then the verb (improve) needs to be "improving". If you are saying "have the unique opportunity to" then the verb needs to be "improve. Can't do both in the same sentence...as it is currently written.

Comment [LGF6]: Sugg

Comment [LGF7]: Suggestion....move this to be the 2nd sentence in this paragraph.

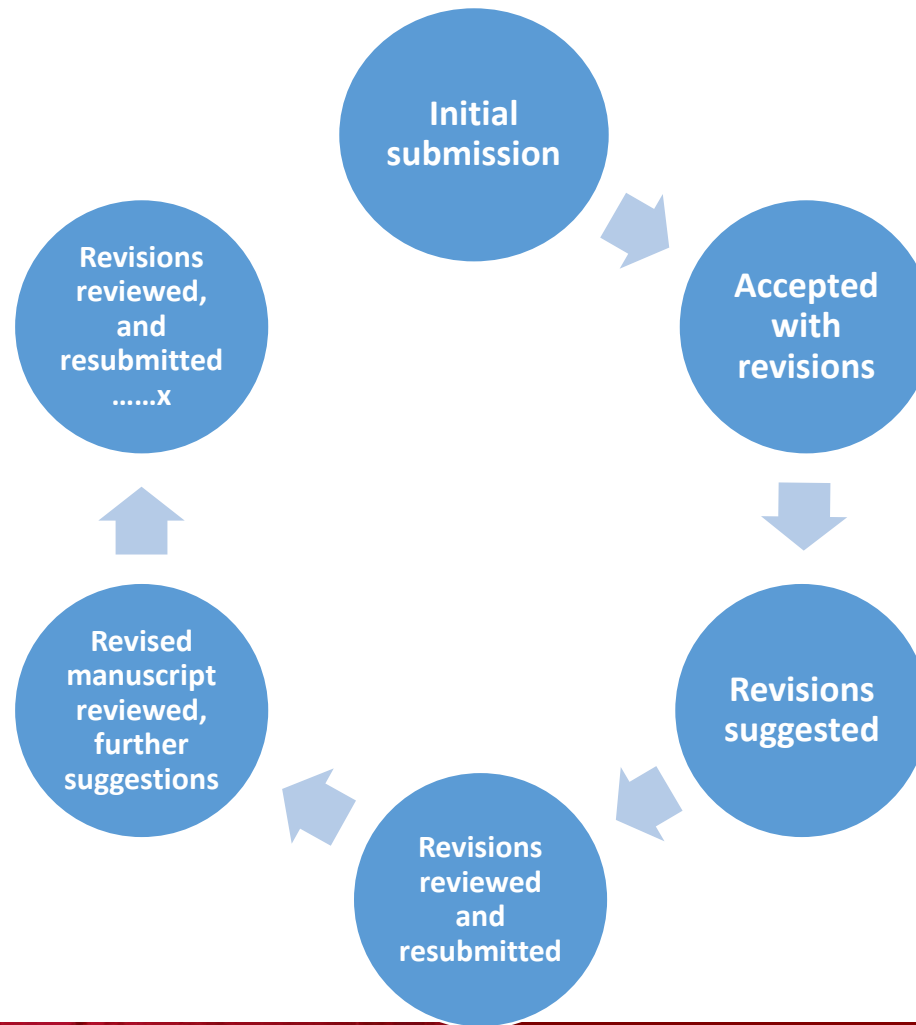
Comment [LGF8]: Need to tell the reader something about this other Center....

The Center for EBP, and the Center for Professional Excellence at xxxx, partnered to develop a 12-week, project-based course to prepare nurses to engage in EBP. The EBP Nurse Scholars Course provided nurses with a comprehensive overview of EBP, preparing them to frame clinical questions, perform literature searches, analyze and evaluate evidence, and translate that knowledge into something clinically meaningful. Members of the Center for EBP staff, and Library faculty provided lectures, and individual consultations on; framing clinical questions, conducting comprehensive literature searches, understanding statistics commonly reported in research articles, and appraising and summarizing evidence using the GRADE criteria. As a part of the course, nurses selected a specific hospital policy, and applied their knowledge to evaluating the evidence base for it, ensuring the policy reflected current evidence, and best practice.

Suggested revisions



Revisions reviewed and re-submitted... as many times as needed!



The **RCH Nursing Research** team provide guidance and practical assistance at all stages of guideline development. This includes supporting nurses' capacity to synthesise evidence (Kinney, Lima, McKeever, Twomey, & Newall, 2012). In addition to one-on-one support, the Nursing Research team developed and implemented workshops to guide nurses through the entire process of guideline development (Kinney et al., 2012).

Comment [LGF2]: I thought this support came from the NCEC team...as described above. This is the first mention of the Nursing Research Team. Are they the same? Are the Research Team members part of the NCEC? This is confusing...please clarify.

During development, each clinical guideline is circulated to key stakeholders for comment and refinement prior to being **tabled** at NCEC meetings. When guidelines are identified that require consumer consultation, the organisation's Strategy and Improvement team are contacted to provide appropriate representation. Primary authors and NCEC delegates collate feedback and format the document before the guideline's review at the NCEC. When finalised to NCEC satisfaction, the guideline is forwarded to the NCEC Chair for sign-off and is then uploaded to the RCH internet site.

Comment [LGF3]: "tabled" needs to be clarified...as noted above.

The final step acknowledges that writing of a clinical guideline is only one step in translating evidence into practice (Rycroft-Malone, 2008). Of equal importance is consideration of how nurses will be informed of available clinical guidelines and how to support guideline implementation into practice. Guideline writers are supported to develop an education and implementation plan, with a template provided to guide this Process. Primary guideline author/s and NCEC delegate, in conjunction with departmental senior nursing team, are responsible for ensuring an education and implementation plan is instigated following the guideline's ratification.

Results

As of January 2015, the NCEC actively manages 70 guidelines. In 2014, 16 new guidelines were published and 3 were reviewed and updated via the NCEC. An additional 20 new guidelines are in development, demonstrating the growing impact of the NCEC's approach to engaging clinical nurses in a process to promote evidence based practice.

Audits of clinical guideline use and tracking of website traffic to specific guideline pages are conducted to evaluate clinical guideline utilization. Evaluations conducted to date have demonstrated that clinical guidelines have indeed improved; the consistency of nursing practice (i.e. reduced variation) and nursing documentation of care delivery. These are summarised in Table 1.

Getting Closer!



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Ready to resubmit FINAL manuscript!

From: Gallagher-Ford, Lynn P. [<mailto:gallagher-ford.1@osu.edu>]

Sent: 24 April 2015 14:07

To: Clara Barton

Subject: RE: Red Cross manuscript....FINAL

Clara,

This looks great!

I am attaching the very final version (with 2 tiny grammatical corrections on page 1). Please just correct those and then resubmit it to Worldviews as soon as possible!

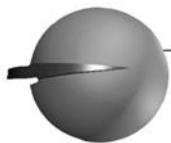
Thank you so much for your wonderful EBP work and for sharing it with the world through this manuscript!

If I ever get to xxxxx I would love to visit your hospital and meet your team! Maybe we could work that out!

Thanks for the tip on using balloons in Track Changes too! It is much better!

Lynn

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



Implementing EBP Column

An EBP Mentor and Unit-Based EBP Team: A Strategy for Successful Implementation of a Practice Change to Reduce Catheter-Associated Urinary Tract Infections

Tina L. Magers, MSN, RN-BC

This column shares the best evidence-based strategies and innovative ideas on how to facilitate the implementing of EBP principles and processes by clinicians as well as nursing and interprofessional students. Guidelines for submission are available at <http://onlinelibrary.wiley.com/journal/10.1111/ISSN1741-6787>

BACKGROUND

Catheter-associated urinary tract infections (CAUTIs) are the most common hospital-associated infections. Approximately 25% of all hospitalized patients experience a short-term urethral catheter (UC), and the most common mitigating factor in all patients with UCs is the number of days catheterized. Long-term acute care hospitals (LTACHs) are particularly challenged with healthcare-associated infections due to their population experiencing complicated healthcare conditions and an average length of stay (LOS) of greater than 25 days.

Multiple studies have described reminder systems that significantly reduced the number of catheter days (CDs), and excellent results have been achieved when a nurse-driven protocol is used to evaluate the necessity of continued urethral catheterization.

A multidisciplinary team led by an evidence-based practice (EBP) mentor implemented an EBP practice change project in an LTACH facility in a medium-sized hospital in the south-eastern region of the United States. Several activities were organized by the EBP mentor to facilitate the work of the staff that had identified themselves as committed to improving the care of patients with catheters through implementation of an EBP change project. The EBP mentor partnered with the staff to develop a searchable PICOT question; find, appraise, and synthesize the current best evidence to answer the clinical question; and design the algorithm for the catheter removal protocol. The EBP mentor took on specific responsibilities to move the project forward including facilitating the project through high-level organizational committees and navigating barriers related to introducing an evidence-based, nurse-driven protocol in an acute care setting. However, the EBP mentor was particularly careful to continually remind the staff that the EBP project be-

longed to them and that the mentor was there to teach them and support them through the project. The EBP mentor functioned as the "guide on the side" as the staff took the lead on key pieces of the EBP practice change project including: development of teaching materials and timing of teaching sessions for staff and physicians, data collection processes, tracking compliance with the new protocol, and outcomes dissemination.

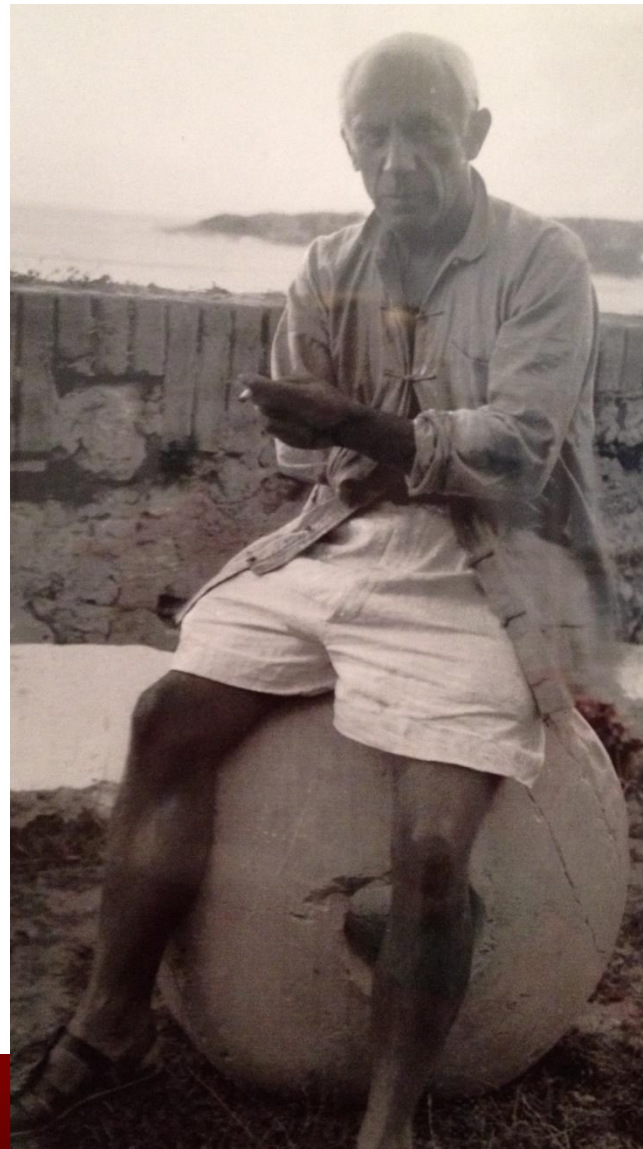
CLINICAL INQUIRY AND PICOT QUESTION

The clinical inquiry of this project was related to reducing CAUTI rates in LTACH patients. This population was of particular interest because LTACHs are especially vulnerable to CAUTIs, due to multiple comorbidities, a compromised baseline health status, and extended LOS when hospitalized. The PICOT question developed was: In adult patients hospitalized in an LTACH (P), how does the use of a nurse-driven protocol for evaluating the appropriateness of short-term UC continuation or removal (I), compared with no protocol (C), affect the number of catheter days (O₁) and CAUTI rates (O₂) over a 6-month period (T)?

SEARCH STRATEGY

A systematic search of the literature was conducted based on the PICOT question. Keyword and controlled vocabulary searches included the following terms: catheter-related; urinary catheterization; urinary tract infection, prevention, and control; catheter-associated; and protocol. The search yielded 37 individual studies, six systematic reviews, and six major guidelines that addressed the PICOT question. This yield

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reflected that there was a large body of evidence to be reviewed in preparation for this project.

CRITICAL APPRAISAL

Rapid critical appraisal was undertaken to determine whether the literature identified in the search was "relevant, valid, reliable, and applicable to the clinical question" (Melnik, Fineout-Overholt, Stillwell, & Williamson, 2010 p. 52). In appraising each study or review, the level of the evidence (based on an evidence hierarchy), quality of the evidence (whether the study or review was well conducted), and applicability (whether each study or review answered the teams' clinical question) were determined (Fineout-Overholt, Melnik, Stillwell, & Williamson, 2010a [Part I]). Based on the rapid critical appraisal process, 14 individual studies and one systematic review were included in the body of evidence to be synthesized. An evaluation table was created to organize studies, and synthesis tables were developed to represent similarities, differences, and common themes among the findings in the applicable studies (Fineout-Overholt et al., 2010b [Part II]). Based on the appraisal and synthesis of the evidence, it was determined that a practice change was needed to provide the best care possible to our LTACH population.

INTEGRATION OF THE EVIDENCE WITH CLINICAL EXPERTISE AND PATIENT PREFERENCES; CLINICAL DECISION AND IMPLEMENTATION OF PRACTICE CHANGE

As the practice change planning was undertaken, several key characteristics of successful organizational change were considered by the EBP mentor: team building, institutional approval, setting a clear vision, communication for buy-in, persistence, and recognition of short-term successes (Gallagher-Ford, Fineout-Overholt, Melnik, & Stillwell, 2011). Building a project team was a critical first step to the project. The team assembled included a wide range of key stakeholders, and the team's work was established by defining the goals and purpose of the project early in the process. The stakeholders agreed their goal was to improve the quality of the care provided using best practice, and the purpose was to design, implement, and evaluate an evidence-based approach to CD and CAUTI reduction by using a nurse-driven protocol.

The EBP mentor took the lead on organizational and hierarchical aspects of the project, whereas the staff focused on aspects related to project implementation on the unit. This thoughtful distribution of the EBP project work, leveraging roles and relationships in the organization, promoted efficiency, attention to detail, timeliness in response to questions or concerns, and the overall success of the project. The EBP team nurses developed the protocol algorithm as well as the education plan to promote consistent implementation. They were emphatic about conducting the education sessions themselves and did so through multiple small group in-services. The

EBP mentor collaborated with the physician medical director of the hospital to present the draft protocol and evidence to the medical executive committee for approval, developed the written tools to be used by nursing and physician staff, led the preparation of the institutional review board (IRB) application, and provided ongoing support and leadership to the EBP team members as the project rolled out.

OUTCOMES

The evaluation of outcomes included determining whether the number of device days and CAUTIs decreased after the practice change was implemented. Baseline data from 12 months prior to the practice change were compared to data gathered 6 months after the project was implemented using a t-test. The results reflected a statistically significant reduction in CDs ($\downarrow 26.1\%$; $p \leq .001$, medium effect size = .65 and 95% CI of 2.9–3.8) and a clinically significant reduction in CAUTI rates ($\downarrow 33\%$; $p = .49$, small effect size = .23 and 95% CI of 1.7–4.4). The results of this project reflected that important patient outcomes were successfully improved and sustained by skillful nursing judgment and evidence-based nursing actions.

RECOGNITION AND CELEBRATION

The EBP team and the EBP mentor paid careful attention to providing ongoing praise and recognition throughout the project implementation phase. In addition, it became clear that ongoing reminders, feedback, and recognition were critical to sustaining the practice change and outcomes. The EBP team was diligent in monitoring compliance, looping back to colleagues and peers in a timely fashion with feedback and re-education when needed, and acknowledging champions along the way. The unit-based team approach, with EBP mentor support and guidance, was a powerful strategy for successfully implementing and sustaining an innovative EBP change.

DISSEMINATION

The team disseminated the results of the project to internal and external audiences. Internally, reports were provided to several councils and committees across the organization including a final report being sent to the hospital IRB Committee. Externally, the project was presented at a local Sigma Theta Tau Chapter Conference, and nationally at the 2012 Nurse Manager Congress and a national EBP workshop. An article was published in the *American Journal of Nursing* in June 2013 (Magers, 2013). WVN



LINKING EVIDENCE TO ACTION

- EBP mentors are effective knowledge and skill brokers who can lead EBP change projects that improve healthcare quality.

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- Evidence-based clinical protocols can be implemented to guide best practice and improve patient care and outcomes.
- Skillful nursing judgment and evidence-based nursing actions can improve patient care and outcomes.
- EBP mentors, with in-depth knowledge and skills in EBP and the change process, are essential to clinical organizations as they develop initiatives to promote quality and safety.

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Implementing EBP Column

Implementing and Sustaining EBP in Real World Healthcare Settings: Transforming Evidence-Based Leadership: Redesigning Traditional Roles to Promote and Sustain a Culture of EBP

Lynn Gallagher-Ford, PhD, RN, DPFNAP, NE-BC
Column Editor for "Implementing and Sustaining EBP in Real World Healthcare Settings"

This column shares the best evidence-based strategies and innovative ideas on how to promote and sustain evidence-based practices and cultures in clinical organizations. Guidelines for submission are available at <http://onlinelibrary.wiley.com/journal/10.1111/ISSN1741-6787> under "Special Features."

Evidence-based practice (EBP) is an essential characteristic of individual clinicians as well as the healthcare environments in which they provide care. To deliver the highest quality of evidence-based care across and throughout each patient experience, deep and lasting changes must be made in traditional organizations. Implementing meaningful organizational changes to promote and sustain EBP as the foundation of all practice and decision making requires ample knowledge, evidence-based care, resources, and courage. This may seem like a short and simple list, but actualizing these critical elements requires more than sending a few people to an EBP conference, designating a computer on each patient care unit or staff to access articles, changing the name of the DNA or council, or buying an electronic resource that be implemented and sustained over time for EBP to become the DNA of an organization. Because the realities of healthcare organizations are ever changing and complex, they provide rich opportunities for dynamic leaders to be innovative in making EBP a reality.

STRATEGIES IMPLEMENTED TO ACHIEVE A HIGH IMPACT, TRANSFORMATIVE CHANGE

When a large, complex healthcare system set out to transform to an evidence-based organization, a nurse administrator (NA),

responsible for nursing quality, research, EBP, and education across the health system, began by conducting cultural and structural assessments of the organization related to preparedness for EBP as well as a comprehensive review of the NA's role and responsibilities for determining the best course of action. The NA consulted with EBP experts and the literature to determine the most effective and efficient changes that could be made within the NA's scope of authority, which would render the greatest impact on the organization's transformation to EBP.

In the NA's evidence-based approach to making this leadership decision, it was found that the development of a cadre of EBP mentors to drive EBP across the organization was a well-tested and effective strategy (Levin, Finnest-Overholt, Melnyk, Barnes, & Vetter, 2010; Melnyk, 2007; Melnyk et al., 2004; Wallin, Ewald, Wikblad, Scott-Findlay, & Arnetz, 2006). EBP mentors, as first described in the ARCC model and later advanced practice nurses (APNs) who have outstanding knowledge and skills in EBP along with expertise in individual and organizational change (Melnyk & Finnest-Overholt, 2010). The NA also found that APNs, particularly clinical nurse specialists (CNSs), are well suited for the role of EBP mentor. In the NA's organization, the CNSs reported to managers and directors in a variety of roles in the nursing department and had erratic

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Leveraging Shared Governance Councils to Advance Evidence-Based Practice: The EBP Council Journey

Lynn Gallagher-Ford, RN, PhD, DPFNAP, NE-BC

This column shares the best evidence-based strategies and innovative ideas on how to facilitate the implementing of EBP principles and processes by clinicians as well as nursing and interprofessional students. Guidelines for submission are available at <http://onlinelibrary.wiley.com/journal/10.1111/ISSN1741-6787>.

BACKGROUND

A hospital with progressive nursing leadership set out to transform and reinvent professional nursing practice. One strategy in this reformation was the replacement of existing committees with shared governance councils. Melnyk et al. (2004) has defined shared governance as a practice model, founded on the cornerstone of participation, ownership, equity, accountability, and ownership. Culturally sensitive and empowering framework of discipline and accountability-based decisions. A disciplinary design for excellent patient care has operationalized shared governance as a "dynamic staff-leader partnership, shared decision-making, improving quality of care, safety, and patient satisfaction." Under this model, the nursing department of shared governance was moving from traditional nursing governance to a model of participation, ownership, and

council and the Coordinating Council. The transformation journey included drafting constitutions for the councils; transitioning traditional committees (who were all in administrative roles) to council facilitators; and the nurses as council chairpersons. An overview of staff committee members chose to participate in this new council approach. The transition to these new roles was supported during the transition. The Coordinating Council and Research Council had different development trajectories. The council launched smoothly as it was the council chairpersons and administrative staff nursing officer. Its intent was for the staff chairpersons to meet and provide council updates, and distance. Once the other council was established, the Coordinating Council was from the very beginning.

The Research Council, on the other hand, was difficult to establish even with knowledgeable administrative support. The establishment of this council role and began with the concept of organizations (Melnyk, 2007). Through this work, the specific environment in which implementation, utilization, and creation of evidence may take place" (McCormack et al., 2002, p. 101) and has been described as including three characteristics: organizational culture, leadership, and measurement or evaluation. More recently, Dughery et al. (2013) found that contextual factors exist at four levels: individual, environmental, organizational, and cultural and "influence facilitation of evidence-based practice in real situations at the point-of-care" (p. 129).

Researchers have identified aspects of context supportive to implementation of EBP, including creation of a culture where EBP is valued and expected, where dialogue between administration and staff is prevalent and encouraged (2008). Additionally, development of practitioners' EBP knowledge and skills, availability of resources, including access to EBP mentors (Melnyk 2007), and adequate staffing and time to review and implement evidence are critical (McElrath, 2004; Rycroft-Malone, 2005). Finally, developing nurses' skills to negotiate organizational complexities is important to successful integration of evidence into nursing practice (French, 2005).

INTRODUCTION

A growing body of research has emerged related to moving beyond the barriers to evidence-based practice (EBP) toward implementing strategies to successfully implement and sustain EBP in organizations (Melnyk, 2007). Through this work, the concept of organizations in which implementation, utilization, and creation of evidence may take place" (McCormack et al., 2002, p. 101) and has been described as including three characteristics: organizational culture, leadership, and measurement or evaluation. More recently, Dughery et al. (2013) found that contextual factors exist at four levels: individual, environmental, organizational, and cultural and "influence facilitation of evidence-based practice in real situations at the point-of-care" (p. 129).

The American Nurses Association Scope and Standards for Nurse Administrators states that nurse administrators are responsible to "integrate research findings into practice" and "create a supportive environment with sufficient resources for nursing research, scholarly inquiry, and the generation of knowledge" (American Nurses Association, 2008, p. 41). Newhouse (2007) states that nursing leaders are a "significant force in the success of EBP because they allocate the human and material resources that provide the context for nurses' work environment and shape the culture for resource use" (p. 24).

The role of the nursing leader in creating the context for implementing and sustaining EBP has been clearly articulated in the literature, yet challenges in the "real world" of practice seem daunting and bog the following questions: "What can one leader do to make EBP the foundation of practice in a real world setting?" and "Can one leader positively affect change in a setting that has a long history of paternalistic decision making and power, which is deeply steeped in traditional nursing hierarchies and roles?" The answer is yes, one nurse leader can influence the context and the culture of an organization to support a transformation to an EBP friendly facility.

DESCRIPTION OF THE STRATEGIES AND OUTCOMES

This journey began with one nursing leader believing that an EBP transformation was possible and taking action to make it a reality. First steps included acquisition of EBP knowledge and skills, which were empowering and built confidence to

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Implementing and Sustaining EBP in Real World Healthcare Settings: A Leader's Role in Creating a Strong Context for EBP

Lynn Gallagher-Ford, RN, PhD, DPFNAP, NE-BC
Column Editor for "Implementing and Sustaining EBP in Real World Healthcare Settings"

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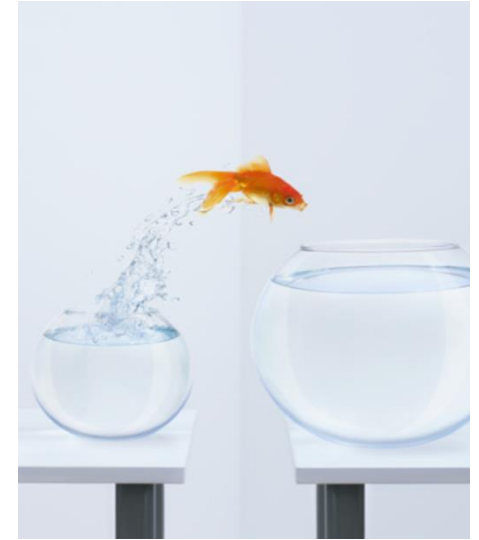
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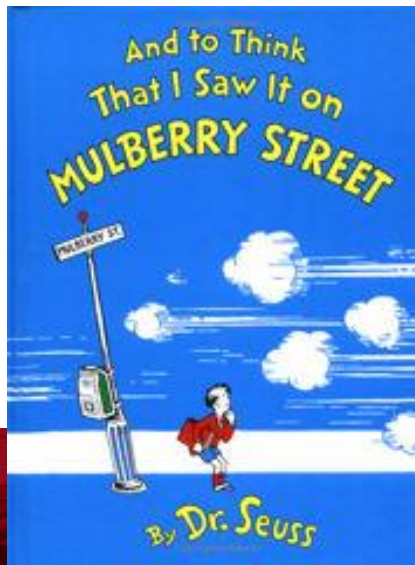
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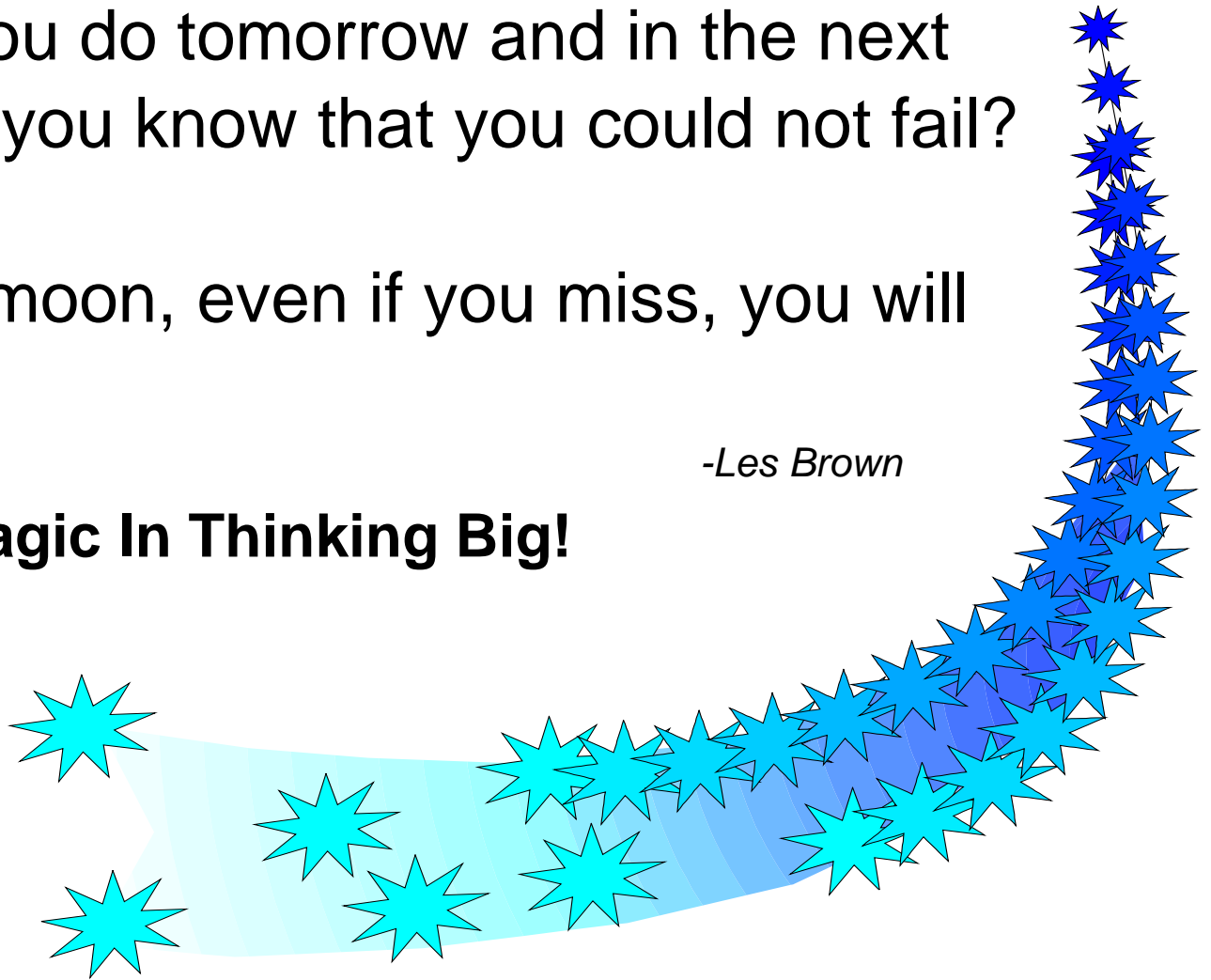
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