

Center for
Transdisciplinary
Evidence-based
Practice

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



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Evidence-based
Practice

Helping Leaders Recognize Their EBP Potential

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Evidence-Based Practice

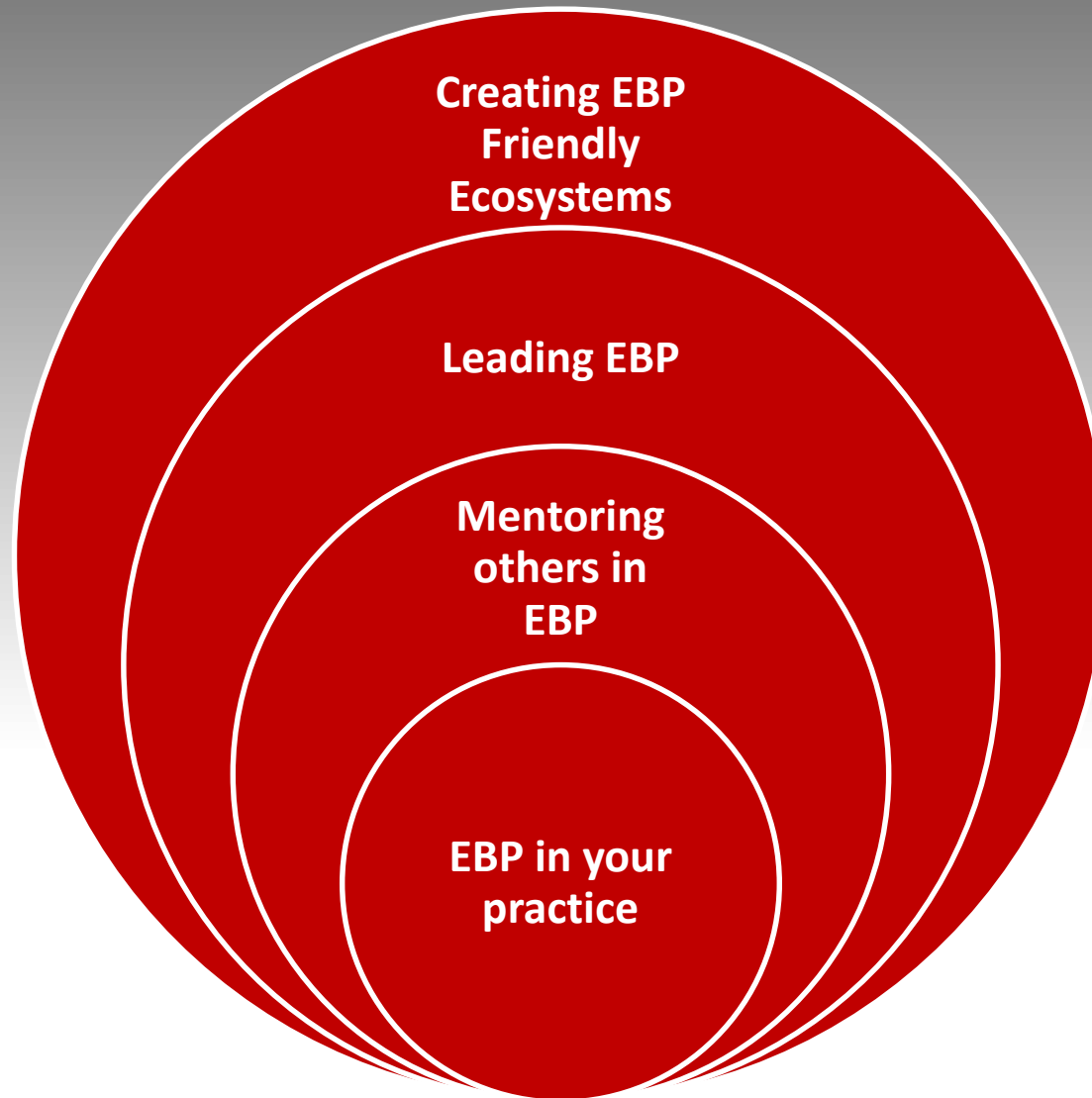
Evidence-based practice (EBP) is a problem solving approach to clinical practice that integrates the conscientious use of best evidence in combination with a clinician's expertise as well as patient preferences and values to make decisions about the type of care that is provided. Resources must be considered in the decision-making process as well.

EBP *must be possible* for nurses real-world
clinical work environments.

Who will make that happen?



You're Unique Role in EBP





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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?



WORLDviews on EVIDENCE-BASED NURSING™

ELSEVIER

Advisory Report

THE OHIO STATE UNIVERSITY **CTEP**
COLLEGE OF NURSING

A National Survey & Forum for Nurse Executives: Leveraging Evidence-Based Practice to Enhance Healthcare Quality, Reliability, Patient Outcomes and Cost Containment

EXECUTIVE SUMMARY
The opportunity for leaders to collectively and boldly advance evidence-based practice as standard for healthcare is before us. This advisory research-based report and its recommendations provide insights on making this a reality.

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.*





ORGANIZATIONAL ASSESSMENT



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

**“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!”



“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-Exupéry

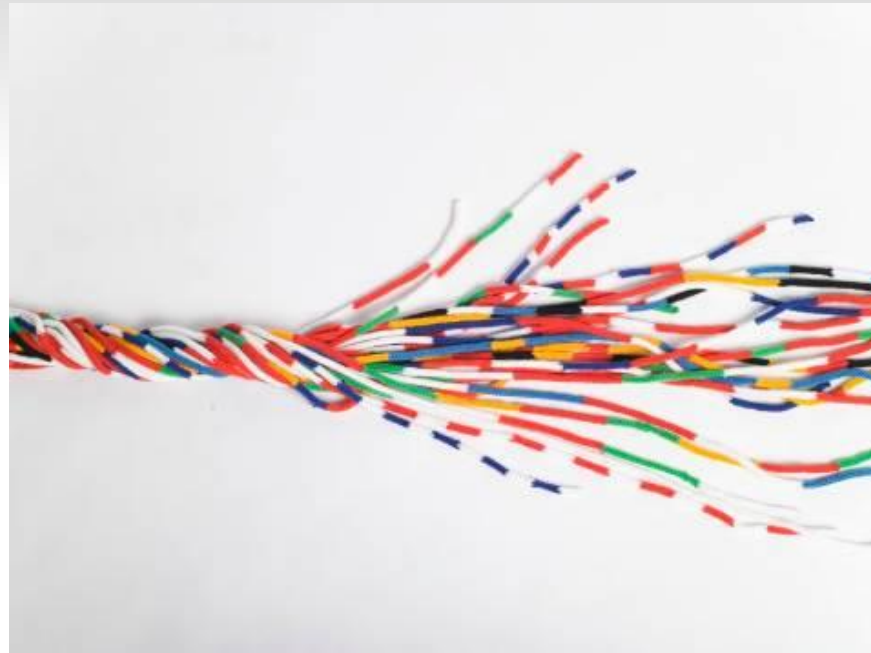


Simon Sinek TED Talk

Beliefs are *the key* to Implementation of EBP

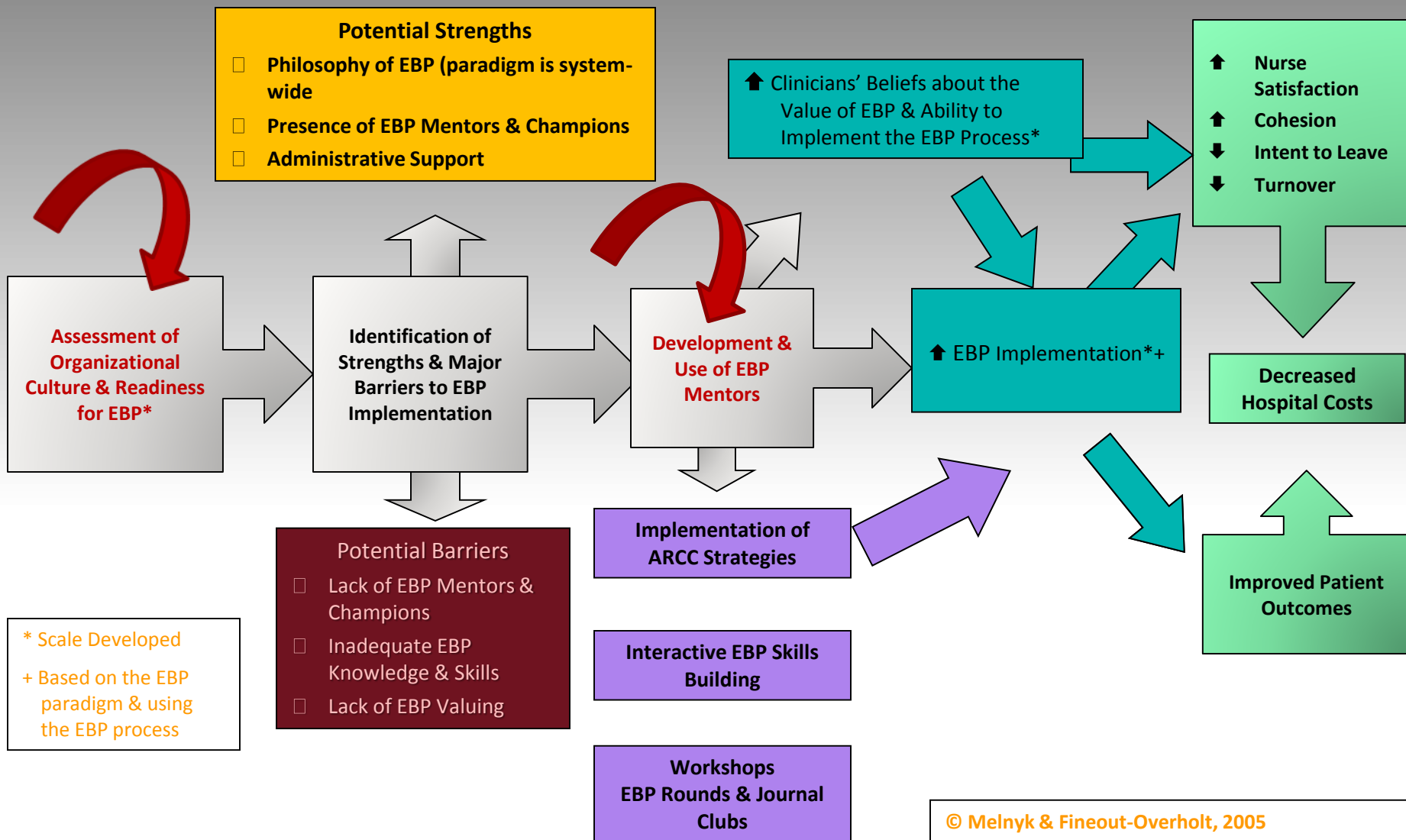
2 types of Beliefs

1. Belief in **the value of EBP**
2. Belief that **we can do EBP here**
(their ability and confidence in implementing EBP)



Select a Model THAT WORKS (!).... to Advance EBP in Your Organization

The ARCC Model



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”

(Melnik & Fineout-Overholt 2011)

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

WORLDviews on
EVIDENCE-BASED NURSING™

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

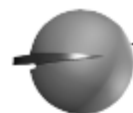


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Original Article

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

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ABSTRACT

Keywords:
evidence-based
practice,
competencies,
healthcare quality

Background: 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 still not the standard of care delivered by practicing clinicians 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.

Aim: 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 80 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.

Linking Evidence to Action: Incorporation of these competencies into healthcare system expectations, orientations, job descriptions, performance appraisals, and clinical ladder promotion processes could drive higher quality, reliability, and consistency of healthcare as well as reduce costs. Research is now needed to develop valid and reliable tools for assessing these competencies as well as linking them to clinician and patient outcomes.

BACKGROUND

Evidence-based practice (EBP) is a life-long problem-solving approach to the delivery of health care that integrates the best evidence from well-designed studies (i.e., external evidence) and integrates it with a patient's preferences and values and a clinician's expertise, which includes internal evidence gathered from patient data. When EBP is delivered in a context of caring and a culture as well as an ecosystem or environment that supports it, the best clinical decisions are made that

yield positive patient outcomes (see Figure 1; Melnyk & Fineout-Overholt, 2010).

Research supports that EBP promotes high-value health care, including enhancing the quality and reliability of health care, improving health outcomes, and reducing variations in care and costs (McCloskey & Anderson, 2008; Melnyk, Fineout-Overholt, Gallagher-Ford, & Kaplan, 2012; Prokoff, Pierce, & Tanner, 2005). Even with its tremendous benefits, EBP is not the standard of care that is practiced consistently by clinicians throughout the United States and globe (Pink, Thompson, &

Evidence-based practice competencies for practicing registered professional nurses

1. Questions clinical practices for the purpose of improving the quality of care.
2. Describes clinical problems using internal evidence.* (internal evidence* = evidence generated internally within a clinical setting, such as patient assessment data, outcomes management, and quality improvement data)
3. Participates in the formulation of clinical questions using PICOT* format. (*PICOT = Patient population; Intervention or area of interest; Comparison intervention or group; Outcome; Time).
4. Searches for external evidence* to answer focused clinical questions. (external evidence* = evidence generated from research)
5. Participates in critical appraisal of preappraised evidence (such as clinical practice guidelines, evidence-based policies and procedures, and evidence syntheses).
6. Participates in the critical appraisal of published research studies to determine their strength and applicability to clinical practice.
7. Participates in the evaluation and synthesis of a body of evidence gathered to determine its strength and applicability to clinical practice.
8. Collects practice data (e.g., individual patient data, quality improvement data) systematically as internal evidence for clinical decision making in the care of individuals, groups, and populations.
9. Integrates evidence gathered from external and internal sources in order to plan evidence-based practice changes.
10. Implements practice changes based on evidence and clinical expertise and patient preferences to improve care processes and patient outcomes.
11. Evaluates outcomes of evidence-based decisions and practice changes for individuals, groups, and populations to determine best practices.
12. Disseminates best practices supported by evidence to improve quality of care and patient outcomes.
13. Participates in strategies to sustain an evidence-based practice culture.

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.
19. Measures processes and outcomes of evidence-based clinical decisions.
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.

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





Must be designed to:

- Resonate with contemporary leaders
- Increase confidence to lead, role model, and support EBP
- Promote personal reflection related to EBP knowledge, skill, and attitude
- Focus on increasing knowledge about EBP, developing EBP skills, and adopting a positive attitude toward EBP
- Applying EBP in leadership decision making
- Leveraging leadership style and communication attributes to support and promote EBP
- Heighten leaders' awareness of their UNIQUE roles/responsibilities in creating EBP cultures/ecosystems

Example Objectives;

Role of Leadership in Creating EBP Friendly Environments for Organizations to be Successful

Discuss the organizational elements that support an EBP culture.

Discuss the role of leadership in supporting, promoting, and sustaining EBP.

Describe the importance of integrating EBP with strategic imperatives of the organization.

Identify strategies to hardwire EBP into systems.

Leadership support

- Peer support
- Understand the culture of one's organization
- Identify and engage stakeholders
- Identify and engage EBP champions
- Leaders as mentors
- Leaders as EBP role models
- Responsibilities of leaders to create and enhance clinical environments that support EBP
- Budgeting for EBP resources, personnel, operations and capital budgets
- The "so what factor" of EBP practice change projects
- Integrating EBP activities with the Strategic mission and vision
- EBP Competencies
- Leadership decision-making scenarios

A CTEP workshop on the campus of The Ohio State University

EVIDENCE-BASED PRACTICE

Making it a reality in your healthcare organization

A transformational journey to improve healthcare quality and patient outcomes



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

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

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

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



Implementing an EBP Practice Change; The Leadership Disconnect & Opportunities

Identify key checkpoints in planning an EBP change

Describe key components of the organizational environment that support the EBP change process

Discuss strategies for implementing an EBP change

List current literature that describes the relationship between leaders and EBP.

Discuss the connections between EBP outcomes

Discuss the importance of EBP in improving patient & nursing outcomes and achieving benchmarks, ROI

Differentiate between management and leadership.

Differentiate how key attributes of leadership styles can be leveraged to drive EBP.

Tools for planning a practice change

- Context, Climate & Culture
- Barriers & Facilitators
- Vision & Leadership, Belief, Planning & Persistence

- Utilize tools and organizational strengths
- Plan for barriers & challenges
- Assess progress and make adjustments
- Recognize and celebrate successes

- JONA article
- CNO survey
- Other current literature over time

- Professional Practice
- Clinician outcomes
- Patient outcomes
- Organizational outcomes

- Impact that EBP can have on healthcare organizations:
 - Achieving benchmarks
 - Sustaining quality
- Strategies to position EBP activities within organizations to dovetail with patient and nursing benchmark activities
- Impact of EBP on shifting from tradition-based care to evidence-based care

- Management activities
- Leadership activities

- Transformational Leadership
- Transactional Leadership
- Innovation Leadership
- Servant Leadership
- Authentic Leadership

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”

Assess where you are at!

What do you **know** about EBP?

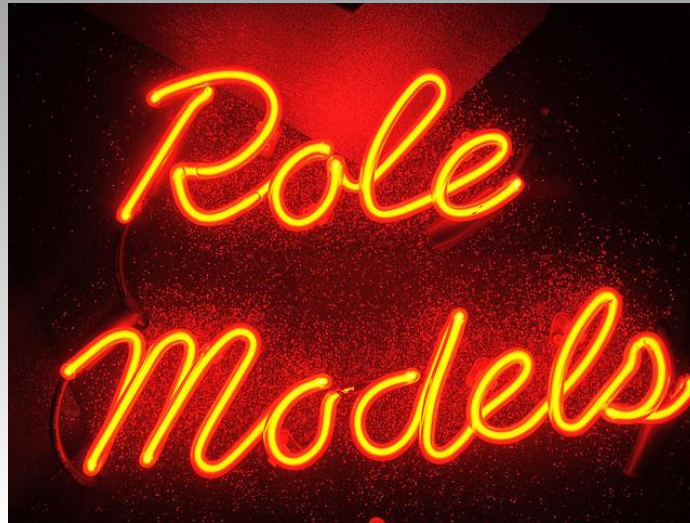
What do you *Believe* about
EBP?

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!**

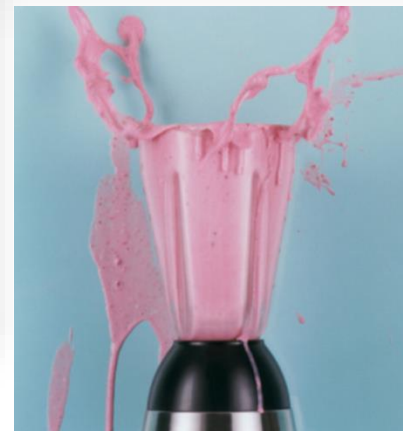
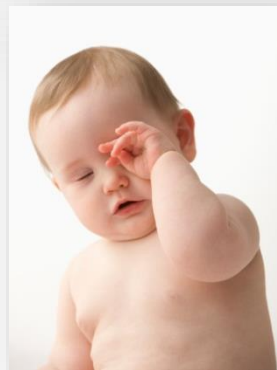
NEVER, NEVER, NEVER, NEVER, NEVER, NEVER, NEVER, QUIT!

Winston Churchill



Barriers That Impact the Shift to EBP and 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





Your EBP Action Statement

**One thing that you will do...
to promote EBP in
your organization.**

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: _____

Do not try to boil the ocean



“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
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