

EBP: LOOKING BACK TO MOVE FORWARD

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Research, QI and EBP Is there still confusion?

Research	QI	EBP
Generates new knowledge	Improves local systems	Search for and appraise evidence to answer a clinical question
Research questions are usually directional: Does the use of sitters decrease falls in hospitalized elders?	QI questions are about fixing problems: why is our fall rate so high?	PICOT questions are not directional: In hospitalized elders, how does a bed alarm compared to sitters affect fall rates?
Not for the purpose of clinical decision-making	Ideas, one at a time are selected and tested using QI models	Exhaustive search for evidence, appraise of evidence for validity, reliability and applicability. Quality + Strength of evidence = confidence to act
Carry out the study, analyze results, disseminate	Carry out the test of change; plan, do, study, act	Implement the evidence, evaluate outcomes and disseminate

EBP

From rituals to value-based practices

From practices to innovation and improvement

From a passing thought to a way of doing business

(Heron-O'Grady & Mabb, 2015)

EBP

Paradigm

...Foundational for transforming health care to ultimately deliver the highest quality of care and best patient outcomes.

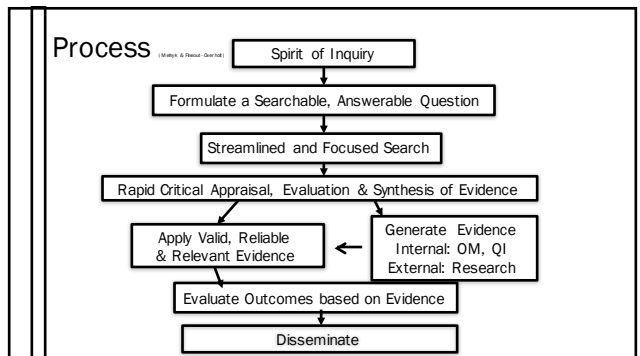
(Lofgren, Reed-Owens, 2014; Wilson, 2010, p 188)

...Assists organizations in attaining high reliability (Melnyk, 2007)

EBP Paradigm

critical elements to impact patient outcomes

Evidence +
Clinician expertise +
Patient/Organizational Preference



A short walk down EBP memory lane

- 1972 Archie Cochrane - Cochrane Collaboration
- 1991 Gordon Guyatt - Evidence-based Medicine
- 1996 David Sackett – Defined EBM
- 2000 US EBP movement - To Err is Human
- 2001 IOM Crossing the Quality Chasm - Rule 5
- 2002 ANA Nursing's Agenda for the Future

EBP Models Over 40 models (Stevens, 2013)

- ACE Star Model of Knowledge Transformation
- ARCC Model
- Iowa Model
- Johns Hopkins Model
- Promoting Action on Research Implementation in Health Services Framework
- Stetler Model
- PARIHS framework

EBP *the* Standard to Transform Healthcare

So, are we there yet.....?

Catalysts and Obstacles to EBP

- What are your catalysts?
- What are your obstacles?

EBP implementation Did you know?

The greater the number of years in practice, the less nurses were interested in and felt it was important to gain more knowledge and skills in EBP ($r = -0.12$; $P < .01$)

Levels of education were positively correlated with being clear about the steps in EBP ($r = 0.26$; $P < .01$) and reported more confidence in implementing EBP ($r = 0.13$; $P < .01$)

Melnik, B. M. et al. (2012)

5 – 12 years ago What Prevented EBP Implementation?

- Organizational cultures and environments that do not support EBP
- Lack of time
- Lack of knowledge and skills
- Perception that EBP is time-consuming
- Belief that EBP is burdensome
- Lack access to evidence

(Dolan et al., 2011; Magill et al., 2011; Stevens et al., 2010)

5 – 10 years ago Facilitators of EBP implementation

- strong beliefs that EBP improves patient care and outcomes
- a solid foundation of knowledge and skills
- access to EBP mentors
- leaders that model EBP in their practices
- organizational cultures that support evidence-based care

(Mays, & Reed-Owens, 2011; Oates, et al., 2010; Mays, Reed-Owens, Gagliardi, & Orr, 2010; Mays, Reed-Owens, & Mann, 2008)

10 years ago.....

- Other than “time”, the greatest personal barrier to using information in practice was “lack of value for research”
- The greatest organizational barrier to using information in practice was “presence of other goals with a high priority”
- 58% never used a research report
- 57% had a hospital library
- 77% had never had instruction in electronic searches

Prokoff, Nevo, & Tenen (2002). Nursing Outlook, 50 (1)46-50

4 years ago What RNs Said They Needed

- Online education and skills building modules in EBP
- Access to an EBP mentor
- Regular Web seminars conducted by experts in EBP

Mays, S. M., et al. (2010)

4 years ago What RNs said they needed or strongly need

- Online resource center where best EBPs are housed and experts are available for consultation
- Tools that can help implement EBP with patients

Mays, S. M., et al. (2010)

4 years ago What was one thing that would have helped the most in daily implementation of EBP?

- Education
- Access to information
- Time
- Online clearinghouse of EBP information
- Organizational support/awareness

Mays, S. M., et al. (2010)

4 years ago

74% of the U.S. nurses surveyed indicated the need for additional education in EBP

- Two new barriers reported were:
 - Resistance to EBP by nurse managers and leaders
 - Traditional organizational cultures that often upheld the philosophy of “that is the way we do it here”

(Mays, Reed-Owens, Gagliardi-Ford, & Hays, 2012)

2 years ago EBP Competencies

(Staley, C. & Phipps, D. C. (2014). *Real-World Clinical Settings: Proficiencies to Improve Healthcare Quality, Reliability, Patient Outcomes, and Costs*. Washington, DC: American Association of Colleges of Nursing)

- 13 competencies for RNs
- 11 additional competencies for APNs

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

What do Nurse Executives say about EBP?

Meinyk, G. & Ford, T. (2014). *Journal of Nursing Management*, 22(10), 1211-1218.

- benchmarks for NDNQI performance metrics
- national benchmarks for core measures (falls, pressure ulcers)
- very little of their budgets are allocated to EBP and EBP is listed as a low priority.
- top priorities are quality and safety, EBP is rated as a low priority

- EBP beliefs are strong; EBP is relatively low
- More than 50% of CNOs believe that EBP is practiced in their organization from “not at all” to “somewhat”
- inadequate numbers of EBP mentors in healthcare systems”⁽¹⁶⁾

5 Recommendations from AONE Forum

- Align EBP as a cost effective foundation for patient safety and quality, leveraging data for interprofessional evidence-based planning, decision making, and process improvement.

5 Recommendations from AONE Forum

- Establish a business case, budget, and resources to prioritize EBP as a strategic imperative.
- Focus recruitment/retention and accountability for performance demonstration of EBP.

Recommendations from AONE Forum

- Provide a critical mass of EBP mentors in healthcare systems; integrate EBP into processes.
- Integrate the EBP competencies for practicing professional nurses and advanced practice nurses as an expectation for performance and into clinical ladder systems.

Transforming Healthcare: Getting Past the SPLAT



Commitment

EBP

Leaders are Critical to Guide EBP

- Evidence-based leaders guide or direct a group through integration of the EBP process as a foundational construct of their practice and leadership decision making.
- Create the culture.

Stangor, B. M., Plessi-Owen, E., Gagner-Ford, L., & Quinn, L. The status of evidence-based practice in US nurses: critical implications for nurse leaders and educators. *Journal of Nursing Administration*, 2012, 42(9), 499-517.

To Advance EBP

- | | |
|-------------------------|--------------------------------|
| ▪ Common vision | ▪ Critical mass of EBP mentors |
| ▪ Commitment | ▪ Role model |
| ▪ Strategic plan | ▪ EBP Fellows program |
| ▪ Team to guide the way | ▪ Journal clubs |
| ▪ Champions | ▪ EBP poster sessions |

Create a critical mass: A size, number or amount large enough to produces a particular result

http://www.stangor-nelson.com/EBP_09_07

- Group of individuals
- Passion and vision
- The same aim
- Share similar ideals
- Willing to act upon their own convictions

So, how can you as an individual lead the EBP movement?

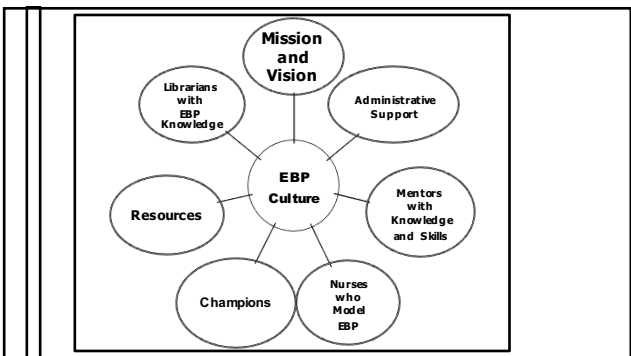
- <https://youtu.be/hO8MwBZl-Vc>

Tipping point: Malcom Gladwell

<http://www.gladwell.com/tippingpoint/index.html>

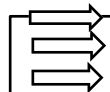
- Culture Transformation: Leaders Support EBP
- Articulate the vision
 - Provide the resources to get the work done
 - Integrate EBP in organizational processes
 - Publically navigate EBP barriers
- Worldviews on EvidencebasedNursing 2014,11:1:5 - 6

- Culture Transformation: Leaders provide Incentives and Recognition
- Recognize EBP achievements
 - Sabbaticals for EBP projects
 - Protected time
 - Laptops



Get the Gene!!!!

EBP Gene



Quality Healthcare
Making Data Relevant

Outcomes

The Huddle

We haven't had a fall in 68 days.

Transforming Health Care Takes
Continuity and Consistency (©1994 2015 Harvard Business Review)

Making changes requires knowledge, skill, the will
and time....

It involves Staying Power... being in for the long
haul

.....and shifting the paradigm from doing things
better to *doing better things*