

**TRANSFORMING
HEALTHCARE WITH
EVIDENCE-BASED
PRACTICE**

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Quality Healthcare

- *Degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge*

90% of Healthcare Decisions will Reflect the Best Available Evidence (IOM Round table on Evidence-based Medicine, 2009)

EBP
the Standard to Transform Healthcare

Delay.....in evidence

EBP

Paradigm
 ...Foundational for transforming health care to ultimately deliver the highest quality of care and best patient outcomes. (Murray, Rosen-Greiner, 2004; Whelan, 2010, p 100)

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

EBP Paradigm

critical elements to impact patient outcomes

Evidence +
 Clinician expertise +
 Patient/Organizational Preference

EBP - A Lifelong Priority for Informing Practice

"conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients." (Sackett et al 1996)

understanding of current and credible scientific evidence is a process, not a single encounter" (Murray et al 1990)

EBP is NOT a project

EBP
 A culture of critical inquiry is paramount.

Is transforming on your to do list?

Creating a culture of a spirit of inquiry

...to open the mindsto new avenues
 To be curious!

Triggers to Curiosity

- Good Mood
- Working with Others
- Participating in Novel or Complex Activities

Murray et al. 1990; Hirtel et al., 1996) (Isaac, Sansone, & Smith 1999; Sansone and Thoman 2005) (Silvia 2005; Silvia 2006; Silvia 2008)

Are you thinking impossible.....

Curiosity Practice

"One can't believe impossible things.
There's no use trying", said Alice.

"I dare say you haven't had much practice,"
said the queen. "When I was your age, I
always did it for half an hour a day. Why,
sometimes I've believed as many as six
impossible things before breakfast."

Culture of asking questions.....

*Curiosity is an essential element in information
access*

(HEDGE & APRIL, 2008)

~~Just asking another
healthcare professional's
advice about what care
to deliver~~

More experience ≠ quality care.....

...a negative association between
increased experience and
performance for all
outcomes assessed

Quilty M, Fletcher RL, Sauer W (2005) Systematic review
The relationship between clinical experience and quality of healthcare. *Annals of Internal Medicine* 142(10):697-705.

Half-life of a Professional

- Computer 1 year
- Nursing 2 – 5 years
- Accounting 5 – 8 years
- MD knowledge peaks 5 years
declines after 10 years

(Dubin, 1990; Ferrell, 1988; van Leeuwen et al, 1995)

If you do what you've always done, you'll get what you've always gotten!

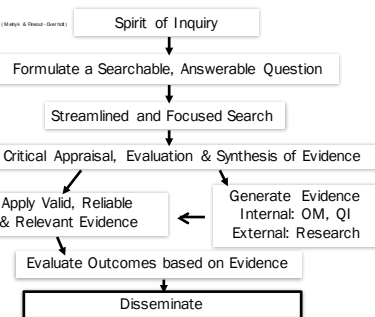
Anthony Robbins

EBP *the Standard to Transform Healthcare*

- Performance variation leads to unreliability
- Performance variation leads to inability to learn from the "process"

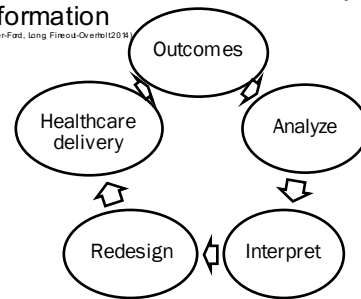
(Rosen, 2006)

Process



EBP Leads to Innovation, Reliability and Transformation

(Melnik, Gallagher-Ford, Long, Finrod-Owen, 2010)



Transformation = *irreversible change*

- alters the culture of the institution by changing select underlying assumptions and institutional behaviors, processes, and products;
- is deep and pervasive, affecting the whole institution;
- is intentional; and
- occurs over time"

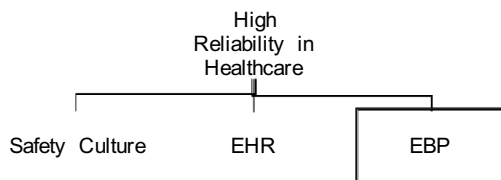
(Baker H. & G. Green, 1998, p. 2)

Reliability is the Aim

The right process produces the right results

(Rosen, 2006)

Determinants of High Reliability in Healthcare



Published in 2005. For and on behalf of the American Association of Colleges of Nursing (AACN), Health Research and Educational Trust.

High reliability

Process = a series of steps to produce an outcome

Patient care delivery is the result of processes

Tools:

- Process maps
- Control charts
- Health care bundles

Process Standardization

Achieving
uniformity
in how care is delivered

HRO

- Collective mindfulness
- Achieve and maintain exemplary levels of safety

(Chassin & Loebl)

EBP

- Spirit of inquiry
- Improve individual, organizational outcomes for quality care

HRO

- Pre-occupied with failure
- Never satisfied that they have not had an accident
- Report deviations from expected performance - sentinel events

(Chassin & Loebl)

EBP

- Preoccupied with improving quality of care
- Avoid the status quo (approach to care)
- Report benchmarks not met

HRO

- Resilience – capability to recognize potential errors early and contain them
- Deference to expertise
- Patient centered

(Chassin & Loebl)

EBP

- Monitor outcomes to recognize areas for improvement and prevent below benchmarks
- Expert EBP mentors
- Patient centered

What is your organization's commitment to a culture of EBP?

- (a) status quo commitment
- (b) indifferent commitment
- (c) competitive commitment
- (d) reformative commitment

The EBP vision is palpable in my institution

- 5 Extremely so
- 4 Very much so
- 3 Somewhat
- 2 Not very much
- 1 Not at all

EBP Knowledge and Skill-o-Meter

- 5 - Expert in all steps
- 4 - Sound knowledge and skill in all steps
- 3 - Sound knowledge and skill in PICOT, searching and appraising
- 2 - OK with PICOT and Search
- 1 - Would not be able to independently do any of the steps

To what degree do you believe EBP improves patient, provider and organizational outcomes?

- 5 extremely believe
- 4 strongly believe
- 3 believe
- 2 somewhat believe
- 1 do not believe

Transformation

Doing better things (Britnell, 2015)

Be patient and wise

Thank you!