EBP Steps 4 and 5: Implementing and Evaluating an EBP Project with the “So What” Outcome Factors

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The So What Factor: Sustainability…

Gotta Know What You are Sustaining…

A paradigm and life-long problem solving approach to clinical decision-making that involves the conscientious use of the best available scientific evidence (including a systematic search for and critical appraisal of the most relevant evidence to answer a clinical question) and internal evidence with one’s own clinical expertise and patient values and preferences to improve outcomes for individuals, groups, communities and systems.

The Conceptual Framework for Healthcare

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

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The So What Factor: Sustainability…

◆ Shift in Paradigm

◆ Learning Organizations

◆ EBP Mentors

◆ Leadership

Starting Place: Are YOU Ready for EBP??

◆ How to determine where gaps exist
  - What are the characteristics of your organization
  - What are the characteristics of a learning organization

◆ What is the current context of your organization

◆ Mechanisms to evaluate readiness of the organization for EBP
The So What Factor: Sustainability…

- Shift in Paradigm
- Learning Organizations
- EBP Mentors
- Leadership

Characteristics of EBP Culture (aka Learning Organization)

- Shared Vision
  - Deemed MOST IMPORTANT
  - Collectively moving unit forward toward a common goal
  - Vision internalized by critical mass

Characteristics of EBP Culture (aka Learning Organization)

- Systems thinking
  - Processes interrelated - effect one another
  - Multiple units affect the whole
  - All those working in an organization affect outcomes

Characteristics of EBP Culture (aka Learning Organization)

- Personal Mastery
  - Lifelong Learning mindset
  - Supported by administration
  - Failure expected & viewed as evolutionary

Characteristics of EBP Culture (aka Learning Organization)

- Mental Models
  - Think, think, think
  - Why is a common question
  - Solutions are not traditional

Characteristics of EBP Culture (aka Learning Organization)

- Team Learning
  - No “us vs. them”, rather “we”
  - Focus on how change affects the unit vs. me
  - Speaking freely & honestly is expected
### EBP Facilitates Forces of Magnetism

- **Quality of Nursing Leadership**
  - Risk-takers, strong, knowledge
- **Organizational Structure**
  - Unit-based decision making
- **Management Style**
  - Incorporates staff in decision making
- **Competitive compensation**
- **Professional models of care**
  - Nurses are empowered to direct change & practice

### EBP Facilitates Forces of Magnetism

- **Quality of Care & Quality Improvement**
  - Nurses use internal data for practice change
- **Consultation & Resources**
  - EBP Mentors!
- **Autonomy**
  - Grassroots decision making
  - Professional eb standards
- **Community embeddedness**
  - EB consumer
- **Nurses teach**
  - EBP Mentors!

### Image of Nursing

- Nurses are central to EB interventions that lead to quality patient outcomes

### Interdisciplinary relationships

- EBP must be interdisciplinary to be successful

### Professional development

- Fostering life-long learning with opportunity for education, development & personal growth

### The So What Factor: Sustainability…

- **Shift in Paradigm**
- **Learning Organizations**
- **EBP Mentors**
- **Leadership**

### Context of an EBP Culture

- **Caring**
- **Inquisitive**
- **Non-traditional**
- **Learning**
- **Visionary**
- **Forward moving**
- **Strong leaders with commitment to EBP**
- **High belief in effect of EBP on outcomes**

### The ARCC Model

- Potential Strengths
  - Philosophy of EBP paradigm
  - Presence of EBP Mentors & Champions
  - Administrative Support
- Potential Barriers
  - Lack of EBP Mentors & Champions
  - Inadequate EBP Knowledge & Skills
  - Lack of Valuing EBP Interactive EBP Skills Building
- Outcome
  - Improved Patient Outcomes
  - Decreased Hospital Costs
  - Nurse Satisfaction
  - Reduced Turnover

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Sustainability Comes from Overcoming Barriers

- Consider Solutions to:
  - Majority of RNs have little to no research or EBP language
  - Older RNs no EBP language in coursework
  - Use evidence from research, conduct of research not differentiated
  - Clinical expertise, patient preferences seen as totally unrelated to research evidence

The So What Factor: Sustainability…

What is experienced and seen in the clinical area is what will likely predict future behavior

Bob Berenson

The So What Factor: Sustainability…

- Shift in Paradigm
- Learning Organizations
- EBP Mentors
- Leadership

Sustainability Comes from Committed Leadership

- Many individuals think that a title gives them power and positions them as a leader
- However, good leaders know that they need to earn their leadership by garnering the trust, respect and support of their team

Sustainability Comes from Committed Leadership

- Creating an exciting vision
- Communicating clearly
- Establishing and maintaining trust
- Having candor & transparency
- Being knowledgeable
- Listening to and showing your team that you care

Sustainability Comes from Committed Leadership

- Admitting mistakes
- Believing in the team
- Role Model
- Having passion
- Going from one failure to the next with enthusiasm (Winston Churchill)
- Mentoring others
Sustainability Comes from Committed Leadership
◆ Trust is the outcome of a leader’s actions
◆ Create a large “trust bank” with your team that will not be drained the first time that you make a mistake
  -Stephen Covey
◆ With trust comes teamwork & collaboration

Sustainability Comes from Committed Leadership
◆ Be transparent- willing to disclose information
◆ Have integrity
◆ Follow through on what you say
◆ Delegate and believe in the team
◆ Hold people accountable for their behavior
◆ Have a “no secrets” policy
◆ Be fair; don’t show favoritism
◆ Give credit to your team; appreciate and thank them

Who is on your team? Who do you LEAD?
The Socialite
The Dreamer
The Finisher
The Note Taker

The So What Factor: Sustainability…
ACTION!
http://www.youtube.com/watch?v=x51EIXjhiEU&feature=related

Sustainability Requires Understanding:
Research Versus EBP
◆ Research: Systematic investigation designed to generate knowledge/external evidence
◆ EBP: Integration of the best evidence from well designed studies with a clinician’s expertise and patient preferences to guide best practices; focuses on the translation of evidence from research into clinical practice

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)
Levels of Evidence for Questions
(from Melnyk & Fineout-Overholt, 2011)

- **Level I:** Evidence from a systematic review or meta-analysis of a body of evidence, including all relevant randomized controlled trials
- **Level II:** Evidence obtained from at least one properly designed randomized controlled trial
- **Level III:** Evidence obtained from well-designed controlled trials without randomization
- **Level IV:** Evidence obtained from well-designed case control and cohort studies
- **Level V:** Evidence from systematic reviews of qualitative or descriptive studies
- **Level VI:** Evidence from a single qualitative or descriptive study
- **Level VII:** Evidence from opinion of authorities and/or reports of expert committees

Sustainability Requires Outcomes

- Evaluating outcomes of an EBP change is important to determine whether the findings from research are similar when translated into the real world clinical practice setting.
- When an effective intervention from research is translated into clinical practice where confounding variables are not controlled and the patients are not the same as those used in research, the outcomes in the real world may be different.

Which Outcomes:

- Are the outcomes of interest sensitive to change?
- How will the outcome of interest be measured (subjectively through self-report and/or objectively by observation)?
- Are there valid and reliable instruments to measure the outcomes of interest?
- Who will measure the outcomes and will training be necessary?
- What is the cost of measuring the outcomes?

When to measure:

- Before the practice change (at baseline)
- Shortly after the practice change (short-term follow-up)
- More long-term after the practice change, which provides data on the sustainable impact of the EBP change

What about Process Measures That Lead to the Outcomes

- Process measures are how the EBP change is being implemented (e.g., Are the staff implementing the practice change as designed; Is it being consistently implemented; What are the barriers or facilitators of the EBP change?)

Talk about barriers to successful EBP Implementation
Reducing Falls in a Definitive Observation Unit: An Evidence-Based Practice Institute Consortium Project

- The PICO Question (Step 1)
  In a convenience sample of inpatients determined to be at high risk for falling, will identifying and modifying practices determined to be obstructive to implementation of an evidence-based fall prevention practice measurably reduce the occurrence of falls compared with current practice?

Steps of an EBP Implementation Project

- Identify the problem; include data on the prevalence of the problem in your setting
- Ask the PICO question
- Search for and critically appraise the evidence
- Evaluate and synthesize the evidence
- Decide upon the best evidence-based practice change

Steps of an EBP Implementation Project

- Identify goals for implementation of the EB practice change, methods to be undertaken (e.g., education of staff, use of protocol sheets), potential barriers with strategies, outcomes to be measured, time-line and persons responsible for each goal
- Obtain IRB approval if needed
- Collect baseline data

Reducing Falls in a Definitive Observation Unit: An Evidence-Based Practice Institute Consortium Project

- The Search for Evidence (Step 2)
  - A literature review of published fall-related research was conducted
  - 100 publications underwent initial review, and then narrowed to 22 for thorough review; 18 were finally selected to be used to guide this EBP implementation project (most of the studies were conducted without random assignment)

Steps of an EBP Implementation Project

- Implement the evidence-based practice change
- Measure the process and outcomes of the evidence-based practice change
- Disseminate the outcomes and celebrate the success!
Reducing Falls in a Definitive Observation Unit: An Evidence-Based Practice Institute Consortium Project

- Critical Appraisal & Synthesis of the Studies from the Search Led to the Following Conclusions (Step 3)
  - The etiology of falls is multifactorial
  - The following interventions reduce falls
    - Regular hourly rounding
    - Educational oversight of an active prevention protocol
    - An assessment tool
    - Ensuring appropriate lighting, clearing clutter, and removing trip hazards

Implementing Evidence in a Definitive Observation Unit

- Integration of the Evidence to Determine the Practice Change (Step 4: Action)
  - Baseline data was collected regarding current practices to prevent falls, including surveys with nurses and physicians regarding what interventions they were using that helped to prevent falls.
  - Based on external and internal evidence, a SAFE (Specialty Adult Focused Environment) area and evidence-based fall prevention protocol was embedded into a new standard of evidence-based care for fall prevention.

Facilitators

The RN Champions were determined to be a key ingredient to the success of this project.

Implementing Evidence in a Definitive Observation Unit

- Evaluate the outcomes of the EBP change (Step 5)
  - In the previous three quarters before the EBP protocol was implemented, fall rates rose from 3.0/1000 patient days to 4.87/1000 patient days.
  - In the first phase of the EBP change, fall rates dropped to 3.59/1000 patient days and staff knowledge increased regarding use of the fall prevention protocol.

The Steps that are Critical for Sustainable Change

- Establish PICOT
- Search for Evidence
- Evaluate & Synthesis
- Formulate your plan based
- Collect baseline data
- Begin Implementation
- Evaluate IMPACT
- Tell others about your work
Approach each clinical issue one bite of the chocolate elephant at a time!

Expect CHANGE

CELEBRATE A JOB WELL DONE

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