Implementing Evidence-based Practice in Real World Practice Settings:

Key Strategies for Publishing EBP Change Projects in Worldviews

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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

Time to submit … Time to subscribe:
www.blackwellpublishing.com/wvn
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

Research Evidence & Evidence-based Theories

Clinical Expertise and Evidence from assessment of the patient's history and condition as well as healthcare resources

Patient Preferences and Values

Clinical Decision-making

EBP Culture & Environment

Quality Patient Outcomes

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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

![Bar chart showing NICU LOS and NICU + Transfer Hospital LOS for COPE and Comparison groups.](image)

**NICU LOS**
- COPE: 32.9 *
- Comparison: 35.7

**NICU + Transfer Hospital LOS**
- COPE: 35.6 *
- Comparison: 39.6

* indicates *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

1. **Clinical Inquiry**
2. **Formulate a Searchable, Answerable Question (PICOT)**
3. **Search for the Best Evidence**
   - Integrate the Evidence with Clinical Expertise and Patient Preference(s)
   - Generate Evidence
     - Internal: QI
     - External: Research
5. **Evaluate Outcomes based on Evidence**
6. **Disseminate the Outcome(s)**
American Journal of Nursing

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

See www.ajnonline.com
A Critical Step in EBP: The PICO(T) Question

Ask the burning clinical question in *PICO(T)* format

- **P**atient population
- **I**ntervention or Interest area
- **C**omparison intervention or group
- **O**utcome
- **T**ime

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

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 obtained from at least one well-designed RCT.

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

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

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

- 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
Manuscript is submitted; The journey begins!
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 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!
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, XXXXXX
E: nightingale@xyz.edu
P: 123-456-7891
100 Perfect Place
Somewhere, USA, 12345
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
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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
Title: Improving Patient Care

Practice

Introduction/Background:

The Medical University is one of the nation's top academic health science centers, with a 800-bed medical center (M University Health), and six colleges that train approximately 800 health care professionals annually.

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.

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.

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.

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.
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).

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.

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 utilisation. 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.
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

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 45 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 southeastern 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 belonged 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 (O) and CAUTI rates (O) 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...
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” (Melnyk, Finney-Oberholtz, Stillwell, & Williamson, 2010, p. 52). In appraising each study or review, the level of evidence (based on an evidence hierarchy), the quality of the evidence (whether the study or review was well conducted), and applicability (whether each study or review addressed the teams’ clinical question) were determined (Finney-Oberholtz, Melnyk, Stillwell, & Williamson, 2010 [Part I]). Based on the rapid critical appraisal process, 44 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 (Finney-Oberholtz 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, Finney-Oberholtz, Melnyk, & 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 effect 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, teamwork in response to questions or concerns, and the overall success of the project. The EBP team nurses developed the protocol as well as the education plan to promote consistent implementation. They were enthusiastic about conducting the education sessions themselves and did so through multiple small group in-services.

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 CD: (4.46% p ≤ .001, medium effect size = 0.45 and 95% CI of 4.29-5.68) and a statistically significant reduction in CAUTI rates (1.76% p = .024, small effect size = 0.23 and 95% CI of 1.74-4.4). The results of this project reflected that important patient outcomes were successfully improved and sustained by skillful nursing practice 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 feedback, 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).

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

References
REMEMBER.....

Author Guidelines

*Length*
Up to 1200 words

*References*
5-10 references

THIS IS A GREAT PLACE TO START YOUR WRITING CAREER!
“I’ve looked at life from both sides now....”

• It is intimidating.
• It takes courage.
• You need to be confident in your content.
• You *may* have to face rejection (at first).
• Believing it’s possible and perseverance are keys to success.
• You can do this.
You cannot discover new oceans unless you have the courage to lose sight of the shore.

You must risk.
You must have courage.
EBP Competencies for Practicing Nurses and Advanced Practice Nurses

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.

Download free at:

Bernadette Mazeurek Melnyk, RN, PhD, CPNP/PMHNP, FNAP, FAANP, FAAN
Lynn Gallagher-Ford, RN, PhD, DPFNAP, NE-BC
Lisa English Long, RN, MSN, CNS
Ellen Fineout-Overholt, RN, PhD, FAAN
Persistence is a Key to Success

Theodor S. Geisel wrote a children’s book that was rejected by 23 publishers. The 24th publisher sold 6 million copies of the first “Dr. Seuss Book.”
“...because we’ve always done it that way.”
The Next 2-3 Years

What would you do tomorrow and in the next 2 to 3 years if you know that you could not fail?

Shoot for the moon, even if you miss, you will hit the stars

There Is A Magic In Thinking Big!

-Les Brown