Evidence-based Leadership: Key Strategies for Building a Sustainable EBP Culture to Improve Healthcare Quality, Safety, Patient Outcomes and Costs

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Evidence-based Leaders and Leadership

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In God We Trust, Everyone Else Must Bring Data!
The State of Healthcare

- There are up to 420,000 unintended patient deaths per year (James 2014).
- Patients only receive about 55% of the care that they should when entering the healthcare system.
- Poor quality healthcare costs the United States about 720 billion dollars every year.
- The U.S. healthcare system could reduce its healthcare spending by 30% if patients receive evidence-based healthcare.
The Merging of Science and Art: EBP within a Context of Caring & EBP Culture and Ecosystem Results in the Highest Quality of Patient Care

Context of Caring

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

Quality Patient Outcomes

EBP Culture & Environment

© Melnyk & Fineout-Overholt, 2003
The *So What* Outcome Factors in an Era of Healthcare Reform

- Conducting research and EBP projects with high impact potential to positively change healthcare systems, reduce costs and improve outcomes for patients and their families
- Measuring outcomes that the healthcare system is most focused on

Key questions when embarking on a research study or an EBP project:

**So what** will be the end outcome of the study or EBP project once it is completed?

**So what** difference will the study or EBP project make in improving healthcare quality, costs or patient outcomes?
COPE (Creating Opportunities for Parent Empowerment): An Evidence-Based Program to Improve Outcomes in Critically Ill/Hospitalized Young Children, LBW Premature Infants & Parents
The COPE NICU Program

Creating Opportunities for Parent Empowerment

COPE/NICU Parent Program: Helping your premature baby to grow and develop

FUNDING FOR THIS RESEARCH BY THE NATIONAL INSTITUTE OF NURSING RESEARCH

R01#05077
NR05077-04S1
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

NICU LOS

NICU + Transfer Hospital LOS

COPE Comparison

*p < .05
The State of Evidence-Based Practice in US Nurses: Critical Implications for Nurse Leaders and Educators

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JONA: September 2012; Volume 42 (9)
Findings from our Recent EBP Survey with over 1000 U.S. Nurses (Melnyk et al., 2013; JONA)

- More highly educated nurses reported being more clear about the steps in EBP and having more confidence implementing evidence-based care.

- The more years in practice, the less nurses were interested in and felt it was important to gain more knowledge and skills in EBP.
<table>
<thead>
<tr>
<th>Statement</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>EBP is consistently implemented in my healthcare system</td>
<td>53.6</td>
</tr>
<tr>
<td>My colleagues consistently implement EBP with their patients</td>
<td>34.5</td>
</tr>
<tr>
<td>Findings from research studies are consistently implemented in my institution to improve patient outcomes</td>
<td>46.4</td>
</tr>
<tr>
<td>EBP mentors are available in my healthcare system to help me with EBP</td>
<td>32.5</td>
</tr>
<tr>
<td>It is important for me to receive more education and skills building in EBP</td>
<td>76.2</td>
</tr>
</tbody>
</table>
# The One Thing That Prevents You From Implementing EBP

<table>
<thead>
<tr>
<th>Factor</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Time</td>
<td>151</td>
</tr>
<tr>
<td>2. Organizational culture, including policies and procedures, politics, and a philosophy of “that is the way we have always done it here.”</td>
<td>123</td>
</tr>
<tr>
<td>3. Lack of EBP knowledge/education</td>
<td>61</td>
</tr>
<tr>
<td>4. Lack of access to evidence/information</td>
<td>55</td>
</tr>
<tr>
<td>5. Manager/leader resistance</td>
<td>51</td>
</tr>
<tr>
<td>6. Workload/staffing, including patient ratios</td>
<td>48</td>
</tr>
<tr>
<td>7. Nursing (staff) resistance</td>
<td>46</td>
</tr>
<tr>
<td>8. Physician resistance</td>
<td>34</td>
</tr>
<tr>
<td>9. Budget/payors</td>
<td>24</td>
</tr>
<tr>
<td>10. Lack of resources</td>
<td>20</td>
</tr>
</tbody>
</table>
Key Sections:

- CNO demographics
- Hospital metrics (core measures)
- Patients’ perspectives of care (HCAHPS)
- Nurse-sensitive metrics (NDNQI)
- Organizational data (e.g., % of BSNs, % of nurses certified, whether a clinical ladder system exists)
- Highest priorities for the CNOs
- EBP scales
- EBP-related metrics
  - Value of EBP
  - Budget for EBP
  - Organizational structures to support EBP, councils
### Annual Operating Budget Allocated to EBP

<table>
<thead>
<tr>
<th>What % of your annual operating budget do you spend on building and sustaining EBP in your organization?</th>
<th>Frequency</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>41</td>
<td>15%</td>
</tr>
<tr>
<td>1 to 10</td>
<td>162</td>
<td>59%</td>
</tr>
<tr>
<td>11 to 25</td>
<td>49</td>
<td>18%</td>
</tr>
<tr>
<td>26 to 50</td>
<td>15</td>
<td>5%</td>
</tr>
<tr>
<td>51 to 100</td>
<td>6</td>
<td>2%</td>
</tr>
</tbody>
</table>
Performance Metrics: Core Measures

- Catheter Associated Urinary Tract Infections
- Pressure Ulcers (Stage 3 and 4)
- Vascular Catheter Associated Infections
- Falls and Trauma
- Manifestations of Poor Glycemic Control

- Below National Rate
- Same as National Rate
- Above National Rate
How Important is EBP?

How important is it for you to build & sustain a culture of EBP?

How important is it for your organization to build & sustain a culture of EBP?
How much do you believe implementation of EBP improves quality & patient outcomes?
Organizational Readiness

In your organization, to what extent is there a critical mass of nurses who have strong EBP knowledge & skills?
How High a Priority is EBP?

As a CNO/CNE, what are the top priorities that you are currently focused on in your role?
Follow-up to the National Survey

A National Forum with more than 150 CNEs/ CNOs

Leveraging Evidence-based Practice to Enhance Healthcare Quality, Reliability, Patient Outcomes and Cost Containment

AONE National Conference
March 12, 2014.
Recommendations
Nurse Executive Forum

• Align EBP as a *cost effective foundation for patient safety and quality*.
• Establish a *business case, budget, and resources* to prioritize EBP as a strategic imperative.
• Focus recruitment/retention and *accountability for performance* on demonstration of EBP.
• Develop a critical mass of *EBP mentors*.
• Integrate the new *EBP competencies*.
• Provide evidence-based *tools and resources* at the fingertips of interprofessional team members *in the EHR* to keep EBP in the forefront of patient care.
• Mobilize *interprofessional partners in all roles to integrate EBP*, measure outcomes and celebrate successes.
• Identify and advance *healthcare policy* to foster vibrant evidence-based practice environments.
American Organization of Nurse Executives

The professional responsibilities of nurse leaders related to healthy work environments, a culture of safety, and EBP include:

- accelerate EBP capacity
- integrate EBP into practice, policy, and procedure

(AONE, 2010)
Leaders Must Help the Team to Catch an Exciting Vision with Specific Goals

*We must begin with the end in mind!*

*Where Do We Go from Here?*
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.
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
Building an EBP Culture and Environment

Potential Strengths
- Philosophy of EBP (paradigm is system-wide)
- Presence of EBP Mentors & Champions
- Administrative Support

Potential Barriers
- Lack of EBP Mentors & Champions
- Inadequate EBP Knowledge & Skills
- Lack of EBP Valuing

Clinicians’ Beliefs about the Value of EBP & Ability to Implement the EBP Process*

EBP Implementation*+

↑ Nurse Satisfaction
↑ Cohesion
↓ Intent to Leave
↓ Turnover

Decreased Hospital Costs

Improved Patient Outcomes

Assessment of Organizational Culture & Readiness for EBP*

Identification of Strengths & Major Barriers to EBP Implementation

Development & Use of EBP Mentors

Implementation of ARCC Strategies

Interactive EBP Skills Building

Workshops
EBP Rounds & Journal Clubs

* Scale Developed
+ Based on the EBP paradigm & using the EBP process

© Melnyk & Fineout-Overholt’s ARCC Model, 2005
Outcomes of Implementing the ARCC Model at Washington Hospital Healthcare System

• Early ambulation in the ICU resulted in a reduction in ventilator days from 11.6 to 8.9 days and no VAP
• Pressure ulcer rates were reduced from 6.07% to .62% on a medical-surgical unit
• Education of CHF patients led to a 14.7% reduction in hospital readmissions
• 75% of parents perceived the overall quality of care as excellent after implementation of family centered care compared to 22.2% pre-implementation
Use Available Resources to Advance EBP

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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Ellen Fineout-Overholt, RN, PhD, FAAN
What Can **You Do** to Build, Promote and Sustain EBP in Your Organization?

**Leaders:**

- Reflect
- Gain Knowledge
- Be an EBP Role Model and Mentor Others
- Lead EBP
- Build EBP Cultures and Environments
Diffusion of Innovation

- Early Adopters: 13.5%
- Early Majority: 34%
- Late Majority: 34%
- Laggards: 16%

Innovators: 2.5%

Culture shift
Ask yourself:

• What will you do if you know you cannot fail in the next 2 to 5 years?

• What can we do together if we know we cannot fail?

• What is the smallest EBP change that you can make tomorrow in your healthcare system that would have the largest positive impact for your patients’ outcomes?
The Next 2-3 Years

What can we do together in the next 2 to 3 years if we know that we cannot fail?

Let’s shoot for the moon, even if we miss, we will land amongst the stars

-Les Brown

There Is A Magic In Thinking Big!
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