Building Capacity for Evidence-Based Practice in a Clinical Setting Through Mentorship and Infrastructure

17th Annual Building Bridges to Research Based Nursing Practice
May 12, 2017

Carol Klingbeil, DNP, RN, CPNP-PC
Clinical Assistant Professor of Nursing UW-Milwaukee
APRN- Urgent Care Children’s Hospital of WI
Disclosure Statement

• There are no relevant financial relationships related to this presentation.
• There is no sponsorship/commercial support of this presentation.
• The content being presented will be fair, well-balanced and evidence-based.
Learning Objectives

1. Introduction to program evaluation about EBP in a clinical setting.
2. Describe the studies within the Program evaluation.
3. Describe the mentoring workshop components and evaluation.
4. Describe the additional infrastructure with the EBP webpage.
Special Thanks

This project was implemented with success due to my team!

- Carolyn Ziebert
- Eileen Sherburne
- Cori Gibson
- Karen Gralton
- Wendi Redfern
- Barb Ruggeri
What’s the problem?

- Despite aggressive research agenda, the majority of **findings are not integrated into practice**.
- It takes **way too long** to translate research findings into practice.
Drivers for EBP

- The Institute of Medicine (IOM)
- ANCC Magnet Recognition Program
- Quality and safety issues
- Consumer groups
- Policy implications related to health equity care and cost issues
Evidence related to impact of EBP activities and culture on:

• **Quality & Safety**
  Better care based on evidence =30% better outcomes

• **Safe and effective care**
  Higher nurse satisfaction leading to improved staff retention (Magnet)

• **Patient Satisfaction improved**
Program Evaluation Studies

• 3 components:
  – Quantitative: Surveys
  – Qualitative: Focus groups
  – Benchmarking of other hospitals

• Focus groups
  • 33 nurses, 1 hour interviews with question guide
    ○ 6 executive leaders, 6 unit focused leaders, 7 staff nurses, 8 APN/CNS & quality/advanced roles
Focus Group Interviews

• What are the themes related to EBP barriers and advancement of EBP when interviewing groups of stakeholders such as staff nurses, leaders and APNs?

• Focus groups
  • 33 nurses, 1 hour interviews with question guide
    o 6 executive leaders, 6 unit focused leaders, 7 staff nurses, 8 APN/CNS & quality/advanced roles
Evidence

Provided framework for the question guide:

• Barriers
• Infrastructure
• Mentorship
• Leadership
### Barriers

<table>
<thead>
<tr>
<th>Literature</th>
<th>Focus Group Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>• time</td>
<td>• time consuming</td>
</tr>
<tr>
<td>• difficulty critically appraising the evidence</td>
<td>• not sure who the mentors are</td>
</tr>
<tr>
<td>• lack of administrative support</td>
<td>• overwhelming &amp; cumbersome</td>
</tr>
<tr>
<td>• <strong>lack of mentoring</strong></td>
<td>• unsure how to start</td>
</tr>
<tr>
<td>• lack of authority to change patient care practice</td>
<td>• budget/staffing for nurse replacement while doing EBP</td>
</tr>
<tr>
<td>• continue to use peers and colleagues more than evidence for clinical</td>
<td>• demands of patient care</td>
</tr>
<tr>
<td>questions</td>
<td>• complexity of changing practice &amp; push back with too much</td>
</tr>
<tr>
<td></td>
<td>change</td>
</tr>
<tr>
<td></td>
<td>• medical model/provider push back</td>
</tr>
<tr>
<td></td>
<td>• competing priorities</td>
</tr>
</tbody>
</table>

Bartelt et al., 2011; Linton & Prasun, 2013; Straka, Brandt, & Brytus, 2013; Pravikoff, 2006; Titler & Everett, 2006
Evidence

<table>
<thead>
<tr>
<th>Mentorship</th>
<th>Infrastructure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentorship has the biggest impact on EBP beliefs, readiness &amp; confidence to implement.</td>
<td>Limited evidence although connected with leadership evidence.</td>
</tr>
<tr>
<td>Mentorship quality a factor; mentor skills as well as EBP knowledge &amp; skills.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mentorship</th>
<th>Infrastructure</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Unclear who are the mentors.</td>
<td>• Department of EBP needed to coordinate resources</td>
</tr>
<tr>
<td>• Need more with mentor training.</td>
<td>and mentors.</td>
</tr>
<tr>
<td>• Need small projects to build experience/confidence in mentoring.</td>
<td>• Need a visual to help simplify process and identify</td>
</tr>
<tr>
<td>• Need to leverage more roles in organization who can mentor: APNs,</td>
<td>resources.</td>
</tr>
<tr>
<td>CNS, MD, DNP, supervisors, previous EBP fellows.</td>
<td>• Lack of knowledge of existing resources: librarian,</td>
</tr>
<tr>
<td>• Need to support CNS mentorship role &amp; help them carve out time.</td>
<td>EBP and Nursing Research Council, mentors.</td>
</tr>
<tr>
<td>•</td>
<td>• Needs to be more visible on evaluation.</td>
</tr>
<tr>
<td>•</td>
<td>• Organizational process to answer clinical questions</td>
</tr>
<tr>
<td>•</td>
<td>needed.</td>
</tr>
<tr>
<td>•</td>
<td>• Leverage students in MSN or DNP programs; list of</td>
</tr>
<tr>
<td>•</td>
<td>project options and track their progress.</td>
</tr>
<tr>
<td>•</td>
<td>• Focus on sustainability of changes.</td>
</tr>
<tr>
<td>•</td>
<td>• Funding for projects.</td>
</tr>
</tbody>
</table>

© Children's Hospital of Wisconsin. All rights reserved.
"Now is the time to emphasize curiosity and that we are a learning organization to get this to be a part of the culture. We’re slowly changing the culture to being curious and staying up on the mood elevator by saying, ‘Boy, that’s interesting, is that something that might work here?’"

From an APN
What’s the answer?

• Barriers are known, need to move on.
• Creative solutions to accelerate EBP integration into health care settings must be implemented.
• Nurses must be leaders and full partners in this effort.
Many specific recommendations:

• Need visual to simplify process & identify resources.
• Need an identified lead and department for EBP to coordinate.
• Needs to be a shared vision that is articulated by leaders and staff.
• Need to connect it to other initiatives.
• Need to partner with students and faculty.
• **Build the mentor pool and support the CNS role.**
• Communicate and celebrate through visuals, in meetings and forums.
Small Grant Award

- $1000 translation award from BB 2015 Conference
- CHW leadership and EBP and Nursing Research Council confirmed mentorship and building a webpage to promote EBP resources and mentors was the best plan for the organization.
Team and Plan
Established

Many questions?
- Who?
- When?
- What?
- How?
- Did it make a difference?

© Children’s Hospital of Wisconsin. All rights reserved.
Who?

- Faculty were current mentors (6)
  - Most experienced leading projects
  - DNP students/recent grads
  - Medical Librarian

- Participants were:
  - In-patient CNS group for units (10)
  - Policy and Procedure lead (1)
  - Child Life Lead and previous fellowship participant
When and What?

• Doodle for best days
• Content and availability deemed 2 four hour sessions
• Late summer and early fall
• Needed to attend both sessions
• Consider this a pilot

$1000
The Iowa Model of Evidence-Based Practice to Promote Quality Care

Problem Focused Triggers
1. Risk Management Data
2. Process Improvement Data
3. Internal/External Benchmarking Data
4. Financial Data
5. Identification of Clinical Problem

Knowledge Focused Triggers
1. New Research or Other Literature
2. National Agencies or Organizational Standards and Guidelines
3. Philosophies of Care
4. Questions from Institutional Standards Committee

Consider Other Triggers

Is this Topic a Priority For the Organization?

Yes

Form a Team

Assemble Relevant Research & Related Literature

Critique & Synthesize Research for Use in Practice

Yes

Is There a Sufficient Research Base?

Pilot the Change in Practice
1. Select Outcomes to be Achieved
2. Collect Baseline Data
3. Design Evidence-Based Practice (EBP) Guidelines(s)
4. Implement EBP on Pilot Units
5. Evaluate Process & Outcomes
6. Modify the Practice Guideline

Base Practice on Other Types of Evidence
1. Case Reports
2. Expert Opinion
3. Scientific Principles
4. Theory

Conduct Research

Yes

Is Change Appropriate for Adoption in Practice?

No

Continue to Evaluate Quality of Care and New Knowledge

Disseminate Results

Institute the Change in Practice

Monitor and Analyze Structure, Process, and Outcome Data
- Environment
- Staff
- Cost
- Patient and Family

- a decision point


REQUEST TO:
Department of Nursing
The University of Iowa Hospitals and Clinics
Iowa City, IA 52242-1009

© Children's Hospital of Wisconsin. All rights reserved.
What? and How?

• Focus on how to mentor not EBP knowledge.
• Used the Iowa Model as structure and AJN EBP Article Series.
• Focus on resources
• Build a webpage to support housing resources for future use.
• Incorporate many examples and highly interactive.
• Use new IRB educator in organization to discuss many IRB questions.
• Build a binder for resources for work-shop.
## Content

<table>
<thead>
<tr>
<th>Day 1 (12-4 pm)</th>
<th>Day 2 (8-12 pm) (3 weeks later)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EBP Mentorship and Mentor Principles</td>
<td>Designing and Piloting the Practice Change</td>
</tr>
<tr>
<td>Identifying Triggers/Opportunities and Formulating the PICO(T)</td>
<td>IRB Process and Pathway</td>
</tr>
<tr>
<td>Forming a Team</td>
<td>Integrating and Sustaining the Practice</td>
</tr>
<tr>
<td>Searching and Organizing the Literature &amp; Using your Medical Librarian</td>
<td>Disseminating Results and Showcasing the Results and Accomplishments</td>
</tr>
<tr>
<td>Appraising and Synthesizing the Evidence</td>
<td>Mentoring Assignments and Developing your Plan</td>
</tr>
</tbody>
</table>
How?

- Allowed lots of time for questions and used teach-back for previous content.
- Connected with organizational mentors for additional support.
- Highlighted EBP Webpage on Intranet for resources.
- Used organization endorsed mentoring work-book for mentorship principles.
- Contact Hours awarded.
- Follow-up evaluation.
- Support and reward faculty with textbook:
  
At the end of today’s workshop I would rate my confidence level about mentoring EBP as:

<table>
<thead>
<tr>
<th>No confidence</th>
<th>Minimal Confidence</th>
<th>Somewhat Confident</th>
<th>Confident</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>4 (3)</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
Evaluation

List 2-3 things you are concerned about or still have questions about after the workshop:

- How much should I be responsible for setting timelines and deadlines for projects.
- Time commitment needed to mentor.
- Will staff be given time for projects?
- How to best use identified mentor so I’m successful leading on my own and will I be able to mentor without the help of a mentor.
- How long it will take to feel comfortable.
- Will there be other teaming/networking opportunities for mentors? Is there a running list of mentors and projects in case I have questions.
- How do I make sure the lit. search is exhausted.
- IRB approval.
- Determining QI/EBP/research
Within the next six months, I plan to work with/mentor a team to:

- Conduct a EBP project
- Update a Policy & Procedure
- Present at Nursing Grand Rounds or our Clinical Practice Council
- Submit an abstract to present at a conference or meeting
Evaluation

- The workshop materials/binders were helpful.
- The series of 12 AJN articles helped refresh my understanding of the EBP process and were a valuable portion of the workshops.
- The balance of reading the articles and attending the workshops was appropriate for my learning needs.
- The three week time period between workshop sessions gave me enough time to prepare for the next session and complete the required work.
Questions
References


This is an article that is part of a whole series of articles in 2010 highlighting the different steps of the EBP Process.