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Transforming Healthcare with Evidence-Based Practice

In this Nursing World Shared Practice Forum Podcast, Dr. Bernadette Melnyk, a globally renowned expert in evidence-based practice (EBP), discusses the critical importance of EBP in healthcare. This podcast covers the history of EBP, its impact on patient outcomes, and the return on investment for healthcare systems. Dr. Melnyk shares insights on building a culture that supports EBP, the role of EBP mentors, and the importance of clinician well-being.

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Worldviews on Evidence-based Nursing

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Speaker 1 *00:17*

Hello and welcome to this Nursing World Shared Practice Forum. I'm Ethan Schuler. I am a Nurse Practitioner in the Medical Surgical Intensive Care Unit at Boston Children's Hospital. I'm also chair of the Evidence-Based Practice Committee here at Boston Children's Hospital. We today have a very special guest.

Dr. Schuler *00:35*
We're welcoming Dr. Bernadette Melnyk. She's an inspirational speaker, innovator, leader, researcher, entrepreneur and globally renowned expert in evidence-based practice. She's a nurse clinician for well being, mental health and organizational change, with over 600 publications, including 11 books and $36 million in research funding as a principal investigator. She's led the evidence-based practice movement in nursing for over 25 years.

Dr. Schuler *01:02*
Dr. Melnyk is founder of COPE2Thrive, LLC, which disseminates her evidence-based COPE programs, and co founder of EBP Solutions, LLC, which works with healthcare systems across the nation and globe on improving the quality and safety of care through EBP. She's an elected member of the National Academy of Medicine, the National Academies of Practice, the American Association of Nurse Practitioners, and the American Academy of Nursing, where she's been recognized three times as an edge runner. Dr. Melnyk, we are so happy to have you with us today, and we'd love to pick your brain about evidence-based practice.

Dr. Melnyk *01:37*
I'm delighted to be with you today Ethan.

Dr. Schuler *01:41*
You have been inspirational to many of us engaging in this work for as long as long as I'm sure you can remember. And so we just wanted to start off by asking this, this is a top down endeavor, and so how can nursing leaders effectively create and sustain an EBP prioritizing culture, ensuring staff perception aligns with organizational support?

Dr. Melnyk *02:04*
I have long had a philosophy In God We Trust, but everybody else better bring data to the table. So I'm going to share best evidence with you, Ethan, today about how to build the system wide culture for evidence-based practice that sustains. And honestly it does have to start with an exciting vision, mission, strategic plan, and leaders have got to invest in it. Sadly, there are a lot of leaders throughout the country that see this as maybe a non essential item to really invest in. But we did our team a fabulous systematic, actually, it was the scoping review most recently that we published, and we looked at 636

Dr. Melnyk *03:18*
papers that instituted evidence-based practice changes. Out of those 636 papers, 89% of them showed positive patient outcomes with evidence-based practice. About 19% of those 636 papers measured return on investment. You've heard me talk a lot about return on investment, those 19% of papers found a positive return on investment with evidence-based practice. Bottom line, if you're a leader and you invest a dollar in evidence-based practice, you're going to get more than a dollar return. We in our profession, must be more focused on getting return on investment. We have to measure more so what

outcomes, because we live today in a US healthcare system that is very cost driven, and until we start showing hard so what outcomes and return on investment with the evidence-based changes we make, the needle won't move, continue to move slowly.

Dr. Schuler *04:54*
You've talked about how we haven't moved the needle over the last, say, 20 years, and so now we're down to a 15 year research to practice gap, and this is regarding evidence-based decision making. So what immediate actionable steps can hospitals take to accelerate the translation from evidence to the bedside?

Dr. Melnyk *05:15*
Hospitals and healthcare systems, the C Suites have got to invest in EBP people infrastructure to really get it off the ground. So about 20 some years ago, my colleague and I started to develop our ARCC model, and we have about 12 studies now that support the relationships in that model. The key intervention strategy in ARCC is the development of a critical mass of evidence-based practice mentors that are skilled in EBP that work hand in hand with point of care clinicians on evidence-based practice change. Those studies on ARCC have showed places who develop a critical mass of these evidence-based practice mentors, that leads to more EBP in an organization, more competency, which then leads to improved quality, quality safety of care, better patient outcomes. But here's what's really key that we showed in one of our latest studies: nurses who were more competent in EBP, had more mentorship in EBP, existed in an EBP culture - they were more satisfied in their jobs. So there was less nursing turnover, and that's part of return on investment, too. With the shortage of nurses that we have across the United States, evidence-based practice is empowering, people get excited. They get up on a Monday morning and say, I'm so excited to go to work. But truly, in addition to high quality, safe care, you have a great return on investment, because your people are happy, they're engaged, they feel productive, so there's less turnover.

Dr. Schuler *07:57*
And that feeling of being valued also speaks to value on investment. And I'm wondering, how does that fit into this the secret sauce of really, what makes the case for EBP?

Dr. Melnyk *08:10*
So my secret sauce for every healthcare system reaching the quintuple aim in healthcare is evidence-based practice that's got to be in the DNA, in the culture, because culture impacts how people feel and what they do. Plus clinician wellbeing, because we are living in an era right now where the burnout rate from the most recent national studies, including my own, is 40 to 60%.

Dr. Melnyk *08:49*
That is huge. All of my studies have shown if a clinician is burnt out. They make more medical errors. They're more depressed. Think about this. Nurses specifically have a higher suicide rate than the general population and Ethan, I'm sad to say, only about 20% of nurses follow evidence-based guidelines for healthy lifestyle behaviors like physical activity, healthy eating, drinking alcohol in moderation, sleeping seven hours a night and stress reduction. So if we're not walking the talk, it's similar to leaders not walking the talk with both evidence-based decision making and well being. If leaders aren't going to walk the talk their people aren't going to do that either. So the last piece of the

secret sauce, besides EBP plus clinician well being, is making sure we take health equity under consideration and include the social determinants of health.

Dr. Schuler *10:17*
Now we've talked so much about return on investment, value on investment, and nurses, we're not trained as financial analysts. And so what is your advice for a mentor and a mentee who they're taking on an EBP project, and they want to include a return on investment component. And if you asked me, I'd say, I don't know who to talk to exactly. You know about where to find, you know, what does that study cost? What does the supply that I'm interested cost? And so what's your advice for someone who is undertaking a project and has zero ground to start.

Dr. Melnyk *10:55*
We make it more complicated than it really needs to be. Return on investment truly is not that complicated, and I'm going to give an example that I think everybody will understand. So me and my team worked with Memorial Sloan Kettering out of New York City for four years. We built a critical mass of 400 evidence-based practice mentors in that institution. Your organization, Boston Children's, is doing a fabulous job of mentoring people in EBP and building this critical mass as well. But there was an inter professional team there who really were disheartened because they were seeing an increase in CAUTIs or urinary tract infections in bedridden women. So they asked a good PICO question. In hospitalized bedridden women, how do Foley catheters, compared to external urine collection devices, affect urinary tract infections? They did a great systematic review of the evidence, and their conclusion in their synthesis of that evidence was they really should be using external urine collection devices instead of Foley catheters. They changed practice on this one unit to begin with, and they saved themselves 60 CAUTIs, which was a cost savings for that hospital of about $880,000

Dr. Melnyk *13:01*
between just September and December of this quarter. And so they took this data back to their C suite to show them this happened just in a quarter with one EBP change project. Their CEO got so excited by what was found with this evidence that they said, let's keep preparing more EBP mentors, because if they're doing this kind of work that is cost saving, and you can easily go to your finance department and say, what's the cost of a hospital stay? What's the cost of a readmission rate? What's the cost of a fall, a CAUTI? And then you figure your return on investment out based on the number of complications that you prevented with evidence-based practice. It's it's really not hard. People make it harder and more complicated than it really is. Bottom line is we in our profession really got to strengthen our ability to make the ROI case, because without that, it's going to be hard for the C suite to really see the value and the return on their investment.

Dr. Schuler *14:39*
And you've talked a lot about culture eats strategy for breakfast, lunch, dinner, dessert. And so your latest example of implementing on one unit, bringing that evidence as a resource to gain more resources. And then that speaks to the scalability from, you know, one unit to many units, and then more savings on top of that, more return on investment. And so that empowerment by that group of individuals that that took on that project to enact a change. And you could even argue fight culture, because it could have been standard practice at the time to only use that specific catheter, and up until then. You know that's empowering for that team. And so that, I think, speaks to what you had said before about EBP empowers clinicians, and therefore, in many ways, leads to this benefit of less

burnout and feeling productive. And I was wondering if you can expound on a little bit more about the sort of like tangible effects that that has for anyone engaging in EBP.

Dr. Melnyk *15:42*
You bet, before I do that, though, I think it's really important to highlight the findings of the recent national study our team did. I was really interested in how much budget chief nurse execs and officers were putting into evidence-based practice at their healthcare system or a hospital. So we did a study with 115 chief nurses across the country. We asked them, what percent of your budget are you putting into EBP? And we collected a lot of great so what outcomes and the NQI [Nursing-Sensitive Quality Indicators] metrics, core performance metrics, so a lot of cost data. But what we found, which, to me, is so sad, so only about one out of three, or I should say one out of three chief nurses didn't invest any percent of their budgets in EBP. Another 27% only invested 1 to 4% of their budgets in EBP, but we went on to analyze the data, and what we found

Dr. Melnyk *17:08*
is the chief nurses who invested more of their budgets in EBP had less complications in their hospitals, less falls, less trauma. What was really important was to see less turnover in their nurses. So again, not only does EBP have great patient outcomes. It also empowers staff. They're more satisfied, they stay. And we need our staff to stay because of the severe shortages that are occurring across the country that also are impacting the quality and safety of care.

Dr. Schuler *18:00*
I think there's this underestimation of the post pandemic effect, where we feel like everything's okay and that, you know, burnouts getting better, and staff are staying and and you've dispelled that myth with evidence.

Dr. Melnyk *18:15*
That that is clearly a myth. I think people expected a return to pre covid levels a lot faster than what has really happened. Because those burnout rates remain at 40 to 60%. I mean, think about this, we're looking at one out of three nurses who are suffering from depression and clinical anxiety and a higher suicide rate. And suicide is preventable, but we've got to do a better job. So we've got to do three things. We got to fix system issues that we know are broken. We got to build cultures of evidence-based practice and well being. We've got to build the culture where people believe they matter. A lot of my national studies show if people believe they matter to their organization and they exist in a culture that supports EBP and wellbeing and innovation, they have much better mental health outcomes and less burnout. And then we have to offer evidence-based programs that we know work to build mental resiliency, mindfulness, and cognitive behavior skills-building programs. But if we know things work, why don't people just say, Okay, we know these things work. Let's go ahead and translate that into our clinical settings as fast as we can, not taking 15 years, because that's what the research shows now. Think about that 15 years, that's on average. So that could be 20 years. That could be 25 years. At that rate, we close the research practice time gap by two years in two decades. So at that rate, it could take 150

Dr. Melnyk *20:41*
more years for this paradigm shift to happen where quality of evidence is produced, and everybody says, that's the best evidence, and now let's just implement it in our setting. We have so much opportunity in front of us.

Dr. Schuler *21:01*
And that speaks to the importance of ROI and including that as part of each project. Because, you know, as you said, money talks, and so if you come armed with evidence, but then the evidence for implementation, you could say, I mean, perhaps that's been that missing piece, and why the needles only move two years and two decades.

Dr. Melnyk *21:22*
Absolutely. I mean, implementation science helps us. And a lot of people mix up implementation science with evidence-based practice, thinking it's the same thing, and it's really not. Implementation science is rigorous research where we study what are the facilitators of EBP, what are the barriers to EBP. We have a lot of descriptive studies, but we don't have hardly any intervention studies that say this is what works best and the fastest. So that field of science is still what I call in its toddlerhood or preschool hood, and there, again, is a lot of opportunity there. One of the biggest challenges we have, in addition to measuring ROI, is

Dr. Melnyk *22:25*
the fact that we continue to conduct so many single, descriptive or qualitative studies. And that's lower level evidence. We need more intervention researchers to do randomized, controlled trials, so we get to the systematic reviews, which are the strongest level of evidence to guide our practices. But we still have a lot of gaps there. So we need innovators, too. When evidence doesn't exist, we need to innovate. But do you know nurses don't think of themselves as innovators. What they tell me all the time across the country, "I found a good work around, Bern." And I say that's not just the work around, you're an innovator. And they'll kind of look at me puzzled, but it's true, nurses are innovators, but to make an innovation stick, you got to gather the evidence behind it.

Dr. Schuler *23:37*
And that speaks to the importance of being a DNP, a Doctor of Nursing Practice, and having the ability to take evidence and apply it. But in order to, you know, to really bring this full circle, at least I found in my professional career, having a PhD as a mentor and a partner in these endeavors who can really bring this full circle, and can bring that strength and methodology and rigor and think about some of the more like theoretical aspects of things. I find that to be very helpful. And I think that anyone who is looking to, you know, to at the very beginning, having a PICO question, getting the evidence that you need, and then implementing, measuring outcomes, and then figuring out you know how best to move forward, and including ROI and VOI. I think that those pairings are so important. And, you know, nurse scientists are, I think, underutilized in many ways. And so we should always tap their expertise, because we are not, you know, methodologists, you know, we know how to, how to apply this at the bedside. And so, you know, I've heard you say the importance of of DNP/PhD collaborations in some of your talks, and so, you know, personally, I subscribe to it myself, and it can only be productive.

Dr. Melnyk *24:54*
Absolutely. But in academia across the country, we often confuse the DNPs, because, think about it, we still have so many PhDs, who are wonderful PhDs, who know research methods, but they really don't intimately know evidence-based practice. So in a lot of places, DNPs are getting confused because their chairs of their projects are encouraging them to do research instead of evidence-based practice change. So that's the other paradigm that has got to shift in this country, because what it's resulting in is a lot of confusion. That doesn't mean DNPs can't be a great part of a research team, contributing ideas, bringing to researchers where the gaps in evidence that we need you to fill? But DNPs should be the best translators rapidly of evidence into real world practice settings to improve outcomes.

Dr. Schuler *26:19*
And you've always said DNP equals EBP. I still, I still have a pin that you gave me many years ago with that written on it.

Dr. Melnyk *26:26*
That is so so true, and that's an easy way to remember it, and we've got to be using our DNPs to be the best EBP mentors within our healthcare systems. And translators of evidence to impact policy change is also really important, because I get back to this issue that I published an editorial on every hospital in the country has a quality improvement department, but not all quality improvement is evidence-based quality improvement. We have lean, we have six sigma. We have Plan-Do-Study-Act and in those paradigms of QI, the first four steps of EBP are often missing, so you'll bring a problem to the C suite. Oh, my goodness, we're having more falls or ventilator associated pneumonias or whatever it is. And instead of asking the PICO question and going through its search and synthesis of the literature so you know what the best intervention strategy is. People throw a bunch of ideas and spaghetti up on the wall, and we see what sticks, and we come out and say, that's what we need to do. So we've got to start calling QI, evidence-based QI departments, and really making sure we're bringing those first four steps of EBP into that QI department on a consistent basis.

Dr. Schuler *28:25*
You've spent many years developing evidence-based practice competencies and testing them and validating them. And if you had to pick one, do you think there's one that's the most important?

Dr. Melnyk *28:37*
I think it gets back to step zero in EBP, clinical inquiry within a strong culture that supports it, or EBP. If your clinicians are satisfied with the status quo. If they're satisfied with this is the way we do it here, because this is the way we've done it for all these years, things aren't going to change. And you've got to cultivate such a culture where questioning is the standard. So you've got to make EBP the standard or norm within the institution. Think about what happened with smoking. You know, we went to a movement where you weren't allowed to smoke anymore inside buildings, right? It became the norm to be non-smoking. What we got to do in our institutions is create EBP as the norm, clinical inquiry as the norm. And you're not looked like you have two heads if you start to question, you know what's the best evidence behind this practice? But it is standard, the norm.

Dr. Schuler *30:05*
Do you still find in your travels across healthcare organizations and systems, that even after all this time that you've been beating the drum for EBP, do you still feel nationally, that time is still this huge barrier?

Dr. Melnyk *30:18*
Yes, I think it is. It's incredible Ethan to me that since the late 1990s when I began to really pound the drum and lead this movement within nursing especially, it's sometimes hard for me to believe 26 years have passed. And yes, do I see promising pockets where this is happening, and people are implementing, say, my ARCC model, and really start to get some beautiful outcomes. Yes, I see that, that's encouraging. That inspires me to keep beating the drum. But paradigm shifts take so long, and patience is not one of my fortes, to be honest with you. Like I wanted to help, but now I was so hoping, like my dream, I can remember where I was at when the Institute of Medicine, it's called the National Academy of Medicine, said EBP had to be one of the five core competencies for all health professions. That was back in the early 2000s.

Dr. Melnyk *31:43*
So when I heard that, I'm like, yes, my dream by 2020 this is going to be in the DNA of every practicing clinician in the country. It's 2025, we're not there yet, but I'm not giving up hope, and I'm going to continue beating the drum. I was hoping by now, maybe I wouldn't have to still travel the US and globe, still doing keynotes and workshops on this topic. But I'm a very persistent person, and if I'm blessed to live to be 100 I think there still is going to be a need for me to continue beating this drum.

Dr. Schuler *32:33*
I think that begs the next best question, which would be, if you knew that you could not fail, what would you do in the next three to five years?

Ethan Schuler *32:42*
You are such a good mentee. Because how many times have you heard me ask that question. Quite a few. I ask that question. Everybody who I've ever interviewed over the past 20 some years of my really lively administrative career as both a dean and a vice president and a chief wellness officer for a huge public land grant university and medical center, surprisingly, so few people are able to tell me what their dream is. And I want to leave folks with my secret sauce for a successful life and career. And that's the three D's. The ability to dream big. I always have a new dream. You know, before I make my heavenly journey, I want to launch a non profit, 501(c)(3)

Ethan Schuler *33:51*
for mental health, for children, teens and young adults. And I plan to do that sometime in the next year. But nothing happens unless first a dream. You've got to know where you're going, or you're going to end up someplace else. And then you've got to discover that's all about risk taking. You know, I've been often told that "Maybe you should stop asking for forgiveness at this point Bern." You know, you've been here for three years or four years now, but you got to risk take because most people, when they get to the end of their life, they don't regret what they did. They regret what they didn't do. And then lastly, you've got to persist through the character builders.

Dr. Melnyk *34:46*
There are going to be many character builders in pursuit of the dream, and the most successful people in life are the people who continue to put the dream in front of them. They keep it bigger than their fears, bigger than their uncertainties. They take the risk, and they persist and persist and persist. Because the dream is worth it, and the dream is worth having an impact and really having positive outcomes for the people that you most care about.

Dr. Schuler *35:28*
My hope for you is that we'll be sitting down 10 years from now and we'll be able to say it's now, it's 15 years seemed way too long, and now it's way less than that.

Dr. Melnyk *35:39*
I would love that, Ethan. So that's the goal, and together, everybody accomplishes more, sincerely. I mean, there's so much yet to do, and so much opportunity, and to keep doing it in silos isn't going to result in that outcome. So teams together, we can build those, we can make an impact and really make a difference throughout the country for the people who we love and care about.

Dr. Schuler *36:16*
Well, thank you so much for coming and sharing your knowledge, your expertise. For inspiring us a decade ago and coming back and and re-inspiring us for another decade to come. We we've really enjoyed having you here today, and thank you so much.

Dr. Melnyk *36:31*
It's been great. Thank you.