

# MAKING EVIDENCE CARE



VICTOR MONTORI

@vmontori

• BERNADETTE MAZUREK MELNYK

YOU HAVE TO DREAM BEFORE YOUR DREAMS COME TRUE



THE FULD INSTITUTE IS MY DREAM COME TRUE

HAVE AN IMPACT



ON OTHERS

WE DON'T TRANSLATE EVIDENCE INTO PRACTICE



AN EVIDENCE ECOSYSTEM

...FALTERS DUE TO FOCUS ON EVIDENCE

MOST PEOPLE WE SEE HAVE MORE THAN ONE CONDITION

THIS CONFUSES PATIENTS AND FAMILIES

WE DESIGN PLANS AND BUILDINGS AROUND 1 DISEASE



WE NEED COORDINATION TO OVERCOME

INDUSTRIALIZED CARE

FOCUSED ON CHECKLISTS AND MAKING THE COMPUTER HAPPY



"YOUR TIME IS NOT IMPORTANT ... PLEASE KEEP WAITING!"



WE CARE MORE ABOUT PEOPLE WHO ARE NOT IN THE ROOM



WE ASK PATIENTS TO DO TOO MUCH

"READ THIS" "WATCH THIS" "LOG-IN"



WHEN THEY CAN'T DO IT, WE LABEL THEM AS

NON-COMPLIANT

FOCUS ON WHO THEY ARE!



EVIDENCE-BASED care



WE NEED EVIDENCE THAT WE CAN TRUST

GOOD EVIDENCE CONNECTED TO care

... WITH THE RIGHT CONTEXT AND INTENT

NO ONE WANTS TO BE A PATIENT AND BE FRIGHTENED



CARING IS A RENEWABLE RESOURCE



EVIDENCE-BASED CARE IS THE OPPOSITE OF INDUSTRIAL CARE

integrity

love

STOP CHASING GREED



IT TAKES CARING CONVERSATION

#FULDINSTITUTE



# SHARED DECISION MAKING



SHARON TUCKER



VICTOR MONTORI



MICHAEL FORBES



PAULA DUNHAM

Rekindle  
the Flame  
of Healing  
and Love



We're coming  
around ... Look at  
the evidence and  
experiment to  
improve safety



Care is a  
Team sport

We treat  
patients as  
"THEM"



CARING does  
NOT take a  
lot of extra  
time



... We may be  
the only ones  
who are their  
community



You have the  
right to say  
"NO" and create  
a better system



The system is most  
cruel when people  
are doing their job

Let's  
SLOW  
THINGS  
DOWN



Our systems  
are focused  
on the metrics  
and not on care  
... systems are  
CRUEL  
and CORRUPT



We force  
patients to  
make clinical  
decisions



We are  
the experts



I practice  
patient-sensitive  
care



They are  
the expert  
of their  
lives



Sometimes  
the patient  
doesn't have  
time for  
doing research



We must  
accept not  
knowing



The relationship  
is a role of  
the patient



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MARKER NINJA  
Trent Wakenight







# USING BEST EVIDENCE TO CURB THE OPIOID EPIDEMIC IN THE DAYTON VETERANS ADMINISTRATION MEDICAL CENTER

DAYTON HAD BEEN GROUND ZERO FOR OPIOID ADDICTION



KATHRYN HILS



VICTOR KNAPP



SANDI SMART

THE WORST CALL IS WHEN A **PATIENT HAS DIED**

MOST PATIENTS FIRST EXPERIENCE OPIOIDS DUE TO **TRAUMA**

MANY TURN TO **HEROIN** WHEN **PRESCRIPTIONS RUN OUT**

WHY OHIO? CONFLUENCE OF INTERSTATES

THE VA MEDICAL CENTER IS AN OPEN CAMPUS ... PEOPLE SELL DRUGS HERE TO VETERANS

WE RELY ON **OBSERVATION** IN A VERY POROUS ENVIRONMENT

MANY SUFFER FROM **BRAIN TRAUMA** AND MULTIPLE FACTORS

DESIGNING A **NEW SOLUTION**

JOURNAL RESEARCH

MEDICINE ASSISTED THERAPY IS THE KEY

PSYCHO-THERAPY ALONE DOES NOT WORK

**MAT** IS OUR CORNERSTONE

**INTEGRATION**

... GETTING VETERANS INVOLVED IN **MAKING CHOICES**

KEEP PUTTING INFORMATION IN **PEOPLES' FACES**

THE FUTURE

SEEING OPIOIDS CUT WITH DRUGS LIKE COCAINE...

... FORMING **OPIOID ADDICTION**

CLASSIFY DEPENDENCY AS **MILD, MODERATE OR SEVERE**

CREATING WAYS TO ACCESS **NALOXONE**

GIVEN TO 1 IN 5 VETERANS VERSUS 1 IN 69 CITIZENS

**TIME** IS THE BIGGEST FACTOR IN **HELPING PEOPLE**

GROW MORE **MULTI-DISCIPLINARY TEAMS SOLUTIONS**



**QUALITY IMPROVEMENT PROJECT:  
 INCORPORATING EVIDENCE-BASED PRACTICE INTO THE NURSING CULTURE AT OHIO'S HOSPICE INC.**

LINDA QUINLIN  
 LEAH GUTHRIE

WHAT DOES THE EVIDENCE SAY?  
 WHAT DO NURSES KNOW?

CONDUCTED A SURVEY OF OHIO NURSES...  
 ... LED AN EDUCATION SESSION

FORMED A PICOT QUESTION

LEARNED POSTER CREATION TECHNIQUES

ROUNDING SESSION

JOURNAL CLUB

THE VALUE OF MENTORING

WE CREATED AN EBP COMMITTEE

LESSONS LEARNED:  
 • STAKEHOLDER ENGAGEMENT  
 • MAKE THIS FUN AND POSITIVE  
 • BUILD INTER-DISCIPLINARY TEAMS

PEOPLE CALLED US TO BE ON THE COMMITTEE

**VISITATION PRACTICES IN MAGNET & PATHWAY TO EXCELLENCE FACILITIES WITH ADULT INTENSIVE CARE UNITS**

KERRY MILNER  
 SUZANNE MARMO  
 SUSAN GONCALVES

ADULT ICUs  
 OPEN: ADULT VISITATION

STUDY: WHAT ARE CURRENT VISITATION PRACTICES?

51% OF HOSPITALS REPORTED OPEN VISITATION

... WE CALLED ONLY 18% ALLOW OPEN VISITATION

NURSES' ATTITUDES ARE A BARRIER TO OPEN SETTINGS

WE MANAGED QUALITATIVE, QUANTITATIVE AND CLINICAL BARRIERS

WE TALKED TO NURSES ABOUT:

EMPATHY  
 GOVERNANCE  
 POLICY  
 GOAL

OUR GOAL IS TO HELP NURSES AND MAKE THEM CHAMPIONS

WE ALSO SAW NEED TO UNBURDEN NURSES AS HAVING SOLE RESPONSIBILITY FOR OPEN VISITATIONS

**PRACTICE DRIFT PD**

KEVIN BROWNE

PD IS A SHIFT FROM POLICY

PD PRESENTS RISK!

PD CAN BECOME THE CULTURAL NORM

AND MANY AREN'T AWARE OF IT!

PD IS A FORM OF DEVIANCE

WE TALKED TO THEM ABOUT PD

OUR NURSES AND DOCTORS ARE GOOD PEOPLE!

THEY ARE OVER BURDENED

MOST PARTICIPANTS HAVE 10+ YRS. EXPERIENCE

THIS STUDY WAS INSPIRED BY BAD BEHAVIOR BY GOOD PEOPLE

HAVE YOU EVER DRIFTED OR SEEN SOMEONE DRIFT?

YES! IT'S HAPPENING AROUND US!

WE SAW VALUE IN HELPING THE PRECEPTOR



CREATING A CULTURE OF EVIDENCE-BASED DECISION MAKING

EXAMINATION OF INCIVILITY TRAINING



ASHLEY BANDURCHIN



LEADERSHIP, THE WORK ENVIRONMENT, AND RECOGNITION, IMPACT OF VALUE

ACTIONS

- FRONT-LINE TRAINING
- AUTHENTIC LEADERSHIP TRAINING

CRUCIAL CONVERSATIONS

OUTCOMES:

- ATTRITION RATES ↓
- MORE CERTIFICATIONS

MORE RECOGNITION

84 EBP MENTORS

10 EBP PROJECTS

CARE BRAVELY

REDUCED BULLYING & BAD BEHAVIOR

OUR WORK ENVIRONMENT IS COMPLETELY DIFFERENT

SHARING IS CARING: A SYSTEM FOR STATEWIDE DISSEMINATION OF EVIDENCE-BASED PROJECTS

KATHERINE FINN DAVIS



WORKSHOPS, TRAINING & INTERNSHIPS FOR NURSES ACROSS HAWAII

MANY PARTNERS TALKING ABOUT THE SAME THINGS IN SILOS

A LESSON OF EBP IS TO SHARE

WE MADE SHARING PRACTICES SIMPLE

OUR REPOSITORY

EXPECTED OUTCOMES

- MORE GROUPS AND INTEREST IN EBP

We've climbed a CRAGGY STAIRCASE to get to SMOOTH GROUND



UTILIZING EVIDENCE, EXPERIENCE AND INTENTION TO BUILD A BETTER EBP PROGRAM AND ACHIEVE RESULTS

PENELOPE GORSUCH



WE KNOW THAT MOST NURSES DON'T HAVE EBP KNOWLEDGE

WE KNEW WE NEEDED TO TRAIN IN EBP & BUILD INFRASTRUCTURE

THE VALUE INCLUDED HR AND NURSE RETENTION

THIS EDUCATION IS FOR EVERYONE!

... IT'S PART OF TAKING CARE OF YOUR PEOPLE

LOOK TO THEIR STRENGTHS!

IN ANY NEW ROLE, WE BRING EXPERIENCE AND INTENT



WE DID AN EBP ASSESSMENT OF OUR ORGANIZATION

JAN 2018

OUR FIRST EBP IMMERSION

USE A SYNTHESIS TABLE

- BUILD A CADRE
- HAVE MENTORS
- USE A SIMPLE STRATEGIC PLAN

CONTINUOUSLY PROCESS AND IMPROVE!

OUR INTENT ACHIEVED BETTER PATIENT OUTCOMES

# Leadership in EBP

PRESENTATIONS



# EVIDENCE-BASED QI

ENABLES EB CARE



LYNN GALLAGHER-FORD

We've become COMFORTABLY NUMB...

## VARIABILITY VS QUALITY

Where do we expect **RELIABILITY**?



1,100 people per day DIE due to OUR SYSTEMS

IF YOU DON'T DIE FROM CANCER OR HEART DISEASE, OUR SYSTEMS WILL KILL YOU!

## GOOD IDEA + GOOD PROCESS = GOOD OUTCOME



We're expected to be **EXPERTS** ... BUT IN THE PAST, HAVEN'T CARED ABOUT EBP

We've tried **Six Sigma & Lean**



EBP + QI HAVEN'T BEEN LINKED

Get the **QUALITY PEOPLE** to the TABLE



## Load this all together... AND LOOK AT PROCESS IMPROVEMENT.

I HAVE A BLACK BELT IN **EBP**

I HAVE A BLACK BELT IN **SIX SIGMA & LEAN**

### LET'S TEAM UP!

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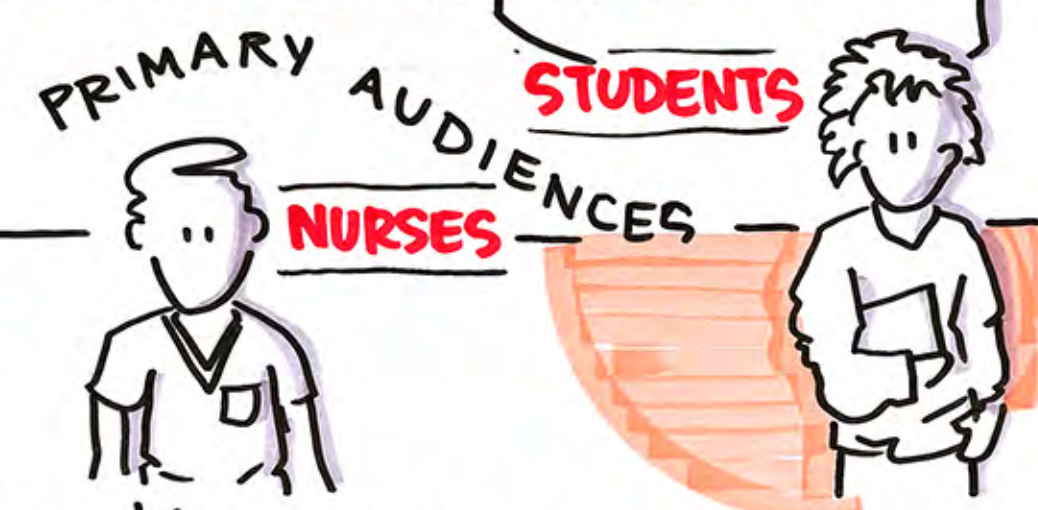
MARKER NINJA Trent Wakenight



OUR GOAL:  
TO BE YOUR  
**CPG SOURCE**

- 131 MEDICAL SOCIETIES
- 70+ COUNTRIES
- REVIEWED RECOMMENDATIONS

TRUSTWORTHY GUIDELINES  
**TRUST SCORECARD**



**DEBUT:**  
**EGT REC CENTER**

DEVELOPERS  
VETTED AGAINST  
IOM STANDARDS



JANICE KACZMAREK

COMPARE AND VET  
**CLINICAL RECOMMENDATIONS**

# ECRI GUIDELINES TRUST

CLINICAL PRACTICE GUIDELINE CONTENT

GUIDELINE DEVELOPMENT GROUP



- EVIDENCE REVIEW
- LITERATURE SEARCH
  - STUDY SELECTION
  - EVIDENCE SYNTHESIS

THE TRUST REVIEW FOCUSES ON  
**CLEAR RECOMMENDATIONS**



- CHALLENGES**
- USING GUIDELINES
  - LACK OF CLARITY
  - COMPARING GUIDELINES

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Care for patients --be PRESENT!!!

# EVIDENCE-BASED CARE

What did you hear today that Surprised you, concerns you, excites you, and inspires you?



a Healthcare SYSTEM built on Kindness and Care

CLINICIANS!

PROVIDERS

BAN MEDICAL ERRANDS

## CHANGE INDUSTRIALIZED HEALTH CARE

WHEN PATIENTS CAN'T SUSTAIN EXPECTATIONS, WE LABEL THEM AS NON-COMPLIANT



## REVOLT AGAINST THE SYSTEM

Ketogenic diet impact on African American women's Health

Social determinants of Health MATTER!



EBP IS NOT ANOTHER SILO!

THE CONCEPT OF bias IN PUBLISHED evidence & HOW TO MITIGATE THIS

THERE ARE BETTER WAYS TO CARE FOR OUR NAS babies!

BE UNHURRIED!

# DREAM BIG

PROCEED UNTIL APPREHENDED