LEADERSHIP & PROFESSIONAL DEVELOPMENT

Mary Ellen Smith Glasgow, PhD, RN, ACNS-BC • Associate Editor

A Successful Evidence-Based Practice Model in an Acute Care Setting

Dorothy Brockopp, RN, PhD, Judy Schreiber, RN, PhD, Karen Hill, RN, DNP, NEA-BC,
Terry Altpeter, PhD, EJD, RN, MSHA, CPHG, Krista Moe, MS, EdS, and Sharon Merritt, BSN, RN

The process and resources required to develop and maintain a strong evidence-based practice (EBP) environment in an acute care setting are described in this article.

Two years after the development of an EBP plan at a 383-bed community Magnet® hospital (redesignated in 2010), 34 projects are ongoing, 9 articles have been published in peer-reviewed journals, numerous presentations of data have occurred, and 9 studies have been funded. In addition to funded studies, presentations, and publications, changes in practice as a result of nurse-initiated projects occur on a regular basis. The success of this EBP plan can be attributed to the presence of the following five components: (a) a clear philosophical direction for nursing in the institution, (b) supportive administrative goals and actions, (c) resources dedicated to the goal of EBP, (d) communication strategies designed to facilitate EBP, and (e) clear definitions of the three evaluation processes used in acute care institutions: research, EBP projects, and quality assurance (entitled performance improvement in the authors' institution).

Philosophical Foundation for Nursing

Watson's (1985) Theory of Caring provides the philosophical foundation for practice within the institution. Watson's carative factors form the basis for the provision of care as well as the framework for gathering evidence to support practice. The following 10 primary factors are key to studying and understanding nursing as the science of caring at the authors' institution: the formation of a humanistic-altruistic system of values; the instillation of faith and hope; the cultivation of sensitivity to one's self and to others; the development of a helping and trusting relationship; the promotion and acceptance of the expression of positive and negative feelings; the systematic use of the scientific problem-solving method

for decision making; the promotion of interpersonal teaching and learning; provision for a supportive, protective, and (or) corrective mental, physical, sociocultural, and spiritual environment; assistance with the gratification of human needs; and the allowance for existential and phenomenologic forces (Watson, 1985). Considerable effort has been given to developing and integrating these factors throughout the institution (Birk, 2007). The concept of caring is applied to patients, healthcare providers, and all staff within the hospital.

Administration

Figure 1 describes the interactions of various components of the nursing organization in relation to EBP. A central feature of this model is the close working relationship of the chief nurse executive, the director of performance improvement (quality assurance), and the EBP consultants. The chief nurse executive is committed to advancing EBP and provides the necessary support for individuals to pursue evidence in relation to a clinical problem. The goal of continually improving practice is a given within the organization, and collecting data before and after any attempt to change practice is required. Nurse managers, educators, and bedside nurses are encouraged to identify practice problems and work with others to resolve them. Performance evaluations are, to some extent, based on a willingness to continuously improve practice by gathering evidence and/or translating existing evidence into practice. Movement to the top of four levels of the clinical ladder requires bedside nurses to be actively involved in the conduct of a project. The director of performance improvement works closely with the EBP consultants, rather than in isolation, to develop projects together, mentor students in clinical doctoral programs, and discuss overall goals toward improving nursing practice.

Research, Evidence-Based Practice, and Performance Improvement Activities

Clarity of institutional performance improvement goals assists nurses to understand expectations relative to EBP as well as resources available. Clear definitions of research, EBP, and performance improvement, as well as a description of associated activities, have been approved by the institution's nursing and allied health research council. The following descriptions are provided to all nurses involved in EBP.

Evidence-based practice: EBP is an integration of the best evidence available, clinical expertise, and the values and preferences of the individuals, families, and communities who are served (Rycroft-Malone, Bucknall, & Melynk, 2004).

EBP projects are defined as those projects that address a clinical issue that has immediate implications for practice. Participants may be patients and/or healthcare providers. Results may be generalizable to the population of interest. Usually, however, results initially are applicable to the project sample. Watson's (1985) Theory of Caring forms the conceptual base for most projects. The process used is as follows: (a) identification of a clinical problem or issue, (b) involvement of constituency, (c) selection of an intervention, (d) selection or development of measures, (e) collection of data pre- and postintervention, (f) analysis of data (both descriptive and inferential statistics), (g) implications for practice articulated, (h) change in practice, and (i) practice change monitored for future opportunities for improvement. Projects also may involve collection of baseline data and or secondary analysis of existing data sets. In general, EBP projects are submitted to the institutional review board for approval.

Research: Research is defined as "a scientific process that validates and refines existing knowledge and generates knowledge that directly and indirectly