

## ABSTRACT REQUEST CHECK - SHEET

Please identify the following:

Track (Select one)

DNP in Practice / Clinical

DNP in Nursing Education

DNP in Practice / Clinical (Select at least one)

Cost effective measures and/or techniques

Improving access

Improving quality

Bridging the gap between evidence and actual clinical practice by teaching nurses on how to use evidence in practice.

DNP in Nursing Education (Select at least one)

Curriculum changes as a result of the inclusion of DNPs on faculty

Change in trends of nursing education with the inclusion of DNPs on faculty

Addition or augmentation of formal evidence-based practice courses

Setting (Select all environments that reflects your professional work setting)

Academia

Independent practice

Clinical collaborative practice

Aggregate care environment  
Systems Leadership

Local

Regional

National

International

An Intradisciplinary Evidence Based Practice (EBP) Program Manual  
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Objectives: This project aim to guide the creation of EBP program in healthcare organizations using the following strategies:

1. Training of shared governance department representatives as EBP champions.
2. Creation of EBP tools to provide support for EBP projects.
3. Sustain EBP culture change through the creation of EBP competencies and policy.

The Institute of Medicine (2001), reported that current health care delivery system is plagued with inefficiencies that resulted in numerous preventable deaths, medical errors, escalating health care cost and poor quality of health care and outcomes. The IOM Committee on the Health Professions Education (2003) states, "Health professionals should be educated to deliver patient-centered care, as members of an interdisciplinary team, emphasizing evidence-based practice (EBP), quality improvement approaches, and informatics." The use of EBP in National Patient Safety initiatives has proven to reduce the burden of illness and the unnecessary cost of patient disability and death (Morath, 2006). Although EBP was deemed important, nurses still relied on experiential knowledge, organizational policies/audit reports as basis for practice (Gerrish & Clayton, 2003). Lack of time, resources and perceived authority to change practice were barriers identified in accessing evidence. The authors suggest that organizations need to consider multiple strategies to facilitate/ promote EBP. **Framework:** Diffusion of Innovation (Rogers, 2003) proposes that willingness to adopt new ideas is dependent on the adopter's awareness and interest. The Shared Governance (SG) model (O'Grady, 2007) uses multidirectional trustworthy communication as the basis for staff participation in determining nursing standards and quality of care. SG concept has not been widely used as an avenue for introducing practice change.

**Methodology:** Baseline EBP knowledge will be measured among pilot participants. EBP champions (3 per department) will attend a 2-day 8- hour workshop. Educational content will include the identification of a quality improvement project; collect baseline data on proposed project; conduct a literature search; identify relevant EBP guidelines/practice standards; create a department intradisciplinary project team. Proposals will be presented to management. Upon approval, the project will be implemented and outcomes will be measured 3 and 6 months of implementation. The EBP champions and their teams will present project results during the first annual EBP/Research conference. Project support includes an EBP consultant, technological resources and library services. **Evaluation:** EBP competencies will be evaluated based on project outcomes. An EBP/research policy and staff competencies will be created. This competency will be required of all practicing providers. **Challenges:** The current economy presents lack of resources as the major challenge in EBP implementation. SG reps will serve as both EBP agents of change and EBP preceptors thus saving education hours. Translation of evidence as basis for quality improvement projects is a great approach for creating cost effective innovations to address patient safety issues. Finally, EBP champions will take the lead in promoting intradisciplinary collaboration. Empowering staff to actively participate in decision-making will create a culture of accountability, teamwork and effective organizational adaptation to a chaotic healthcare milieu.

