**Introduction**

- Patients and the public expect high-quality, safe care to be based on sound, scientific knowledge and the best clinical evidence.
- Deaths due to medical errors continue to occur and are the 3rd leading cause of death in the U.S. 1
- Studies show that evidence-based practice (EBP) promotes safe, quality care; however, traditional methods of practice persist. 2

**Background & Significance**

- Background: In addition to EBP, communication and collaboration are necessary for creating and sustaining a healthy work environment (HWE). 3
- When health care professionals do not communicate effectively, patient safety is at risk; therefore, collaboration is essential in the prevention of medical errors and improved patient outcomes. 45

**Objectives**

- **Objectives:** Implementation of an IEBPC will meet many of the American Association of Critical Care Nurse’s (AACN) HWE standards by:
  - Providing a forum for stimulating and fostering a culture of inquiry among front-line clinicians,
  - Improving the quality, safety, and satisfaction of patient care outcomes,
  - Mentoring frontline staff in incorporating EBP guidelines into practice, and
  - Promoting interprofessional collaborative practice.

**Methods**

- **Meetings:** Participants from various disciplines communicate and collaborate with each other monthly to complete activities and work on implementing EBP changes within the healthcare system.
- **Education:** A didactic program, content outline, and orientation manual for new members was developed.
- **Outcomes:** Members from 9 different disciplines (respiratory therapy, pharmacy, medical residents/physicians, physical therapy, speech therapy, case management, nursing/nurse practitioners, unit secretary, and a librarian).

**Interprofessional EBP Council**

- **Collaborative Practice:** Through an academic-practice partnership with Health Sciences Colleges, a biomedical library, and a healthcare system, faculty and administration developed an IEBPC.
- **Stakeholders:** Critical to the project was stakeholder involvement and buy-in; therefore, hospital administrative support for the project was established, and several meetings and presentations were offered to departmental leaders with administrative endorsement.

**SWOT Analysis:** A SWOT analysis was conducted to determine the strengths, weaknesses, opportunities, and threats.

**Steering Committee:**

- A steering committee for the IEBPC was created to:
  - Develop the mission, purpose, goals, and by-laws,
  - Determine a shared-leadership and reporting structure,
  - Create an orientation manual,
  - Select organizational EBP and interprofessional education models/evaluation instruments, and
  - Construct a curriculum to train IEBPC members.

- A kick-off and celebration meeting launching the IEBPC was held in a central location with refreshments and door prizes in May of 2018.

**Data Collection:** Pre-assessment data collected utilizing four instruments based on a 5-point Likert type scale.

- EBP Beliefs (EBPB) Scale 9,
- EBP Implementation (EBPI) Scale 8,
- EBP Competence Scale 10, and
- The Organizational Culture and Readiness for System-Wide Integration of EBP (OCRSIEP). 11

The goal was to gain insight into the current state of staff’s beliefs and competence, frequency of knowledge translation, and perceptions of the organizational culture and readiness for integration of EBP.

**Conclusion**

- Efforts are still ongoing; results will be used to guide further improvements.
- It is hypothesized that the implementation of an IEBPC utilizing an interprofessional shared governance model, as well as training in EBP, will have far reaching effects.

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**Figure 1. SWOT Analysis**

**Figure 2. Organizational Readiness for EBP**

**Figure 3. EBP Scales**