# Implementation of an Interprofessional Evidence-Based Practice Council (IEBPC) to Enhance Patient Outcomes and Empower Frontline Staff

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## 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. [3,4]

- Studies show that interprofessional training can help to improve effective communication among healthcare providers, thus improving patient care. [5-7]

- **Significance:** Organizational structures and processes designed to engage frontline staff in EBP and shared governance will build interprofessional teams that connect and work collaboratively for sustainable change. [8]

## Purpose

- The goal of the IEBPC is to engage and empower an interprofessional team of frontline staff to work together in the translation of EBP, to foster a HWE that supports excellence in patient care.
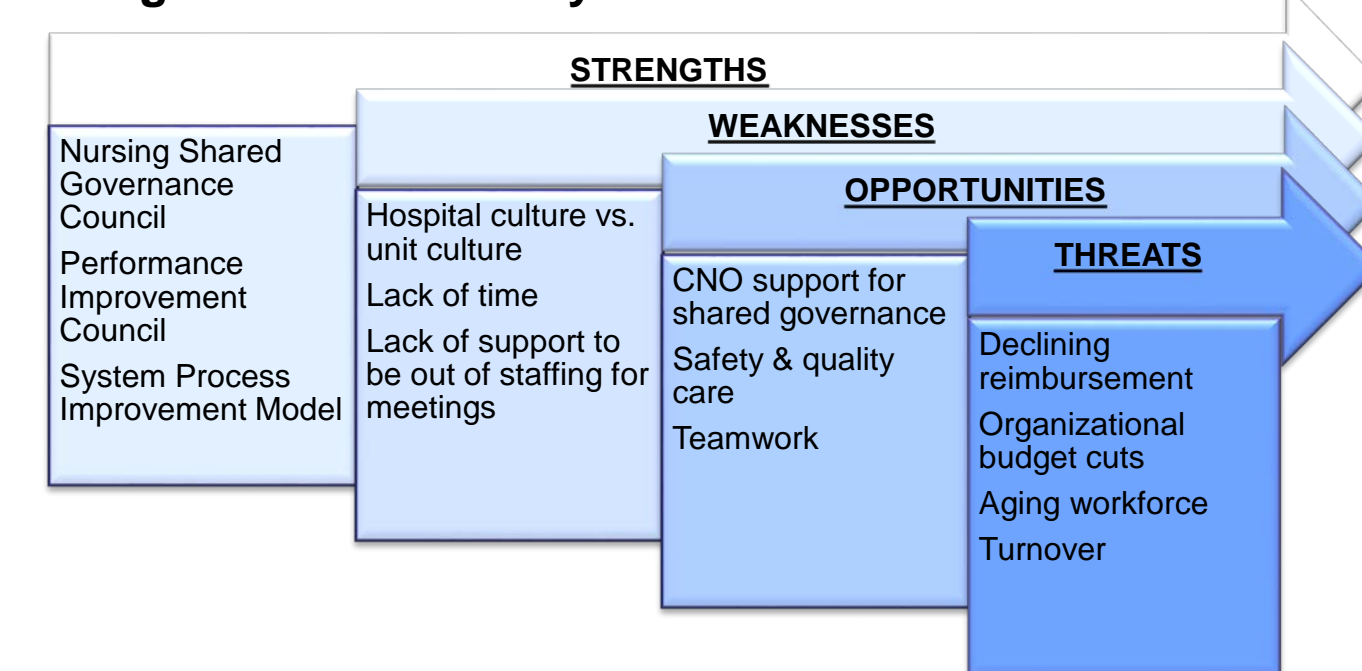
## Objectives

- **Objectives:** Implementation of an IEBPC will meet many of the American Association of Critical Care Nurse's (ACCN) 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.

## 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.

### Figure 1. SWOT Analysis



**STRENGTHS**
- Nursing Shared Governance Council
- Performance Improvement Council
- System Process Improvement Model

**WEAKNESSES**
- Hospital culture vs. unit culture
- Lack of time
- Lack of support to be out of staffing for meetings

**OPPORTUNITIES**
- CNO support for shared governance
- Safety & quality care
- Teamwork

**THREATS**
- Declining reimbursement
- Organizational budget cuts
- Aging workforce
- Turnover

- **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.

## 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.

### Table 1. Didactic Program Content Outline

| Meeting 1 | Introduction to Evidence-Based Practice |
|---|---|
| | • Define EBP |
| | • Discuss the importance of EBP in clinical practice |
| **Meeting 2** | **Evidence-Based Practice, Quality Improvement, and Research** |
| | • Definition of EBP, QI, and Research |
| | • Compare the differences and similarities of EBP, QI, and Research |
| | • Practice selecting what is EBP, QI, & research from example scenarios |
| **Meeting 3** | **Steps in Evidence-Based Practice** |
| | • Described the steps of EBP |
| | • Discussed the 1st step in EBP: What is a clinical (PICO) question, what are the elements of a good PICO question, and how to write a PICO question |
| | • Practice writing PICO question using a PICO question template |
| **Meeting 4** | **Searching the Evidence** |
| | • Describe the levels of evidence |
| | • Discuss where to search for the best evidence, and available library services/support |
| | • Demonstrate how to do a basic literature |
| **Meeting 5** | **Levels of Evidence** |
| | • Review how to conduct a basic literature search |
| | • Describe the importance of the levels of evidence and provide examples |
| | • Practice searching different databases |
| **Meeting 6** | **Critical Appraisal of the Evidence** |
| | • Discuss how to develop an evidence matrix |
| | • Review of EBP models and tools to evaluate the evidence |
| **Meeting 7** | **Translation of Evidence into Practice** |
| | • Summarize the evidence and determine if practice changes are indicated |
| | • Determine how changes should be implemented |
| | • Discuss how changes can be evaluated |
| **Meeting 8** | **Evaluation, Dissemination, and Sustainment of EBP** |
| | • Discuss the dissemination of results |
| | • Identify barriers and facilitators to implementation |

- Educational content delivered to the initial IEBPC members was focused on two core competencies:
    - EBP knowledge and skills, and
    - Interprofessional collaborative practice.

- All educational content was delivered through a combination of methods including: a flipped classroom, team-based learning, self-study, and case study formats.

## Measurement

- **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 [9],
    - EBP Competence Scale [10], and the
    - Organizational Culture and Readiness for System-Wide Integration of EBP Scale (OCRSIEP). [11]

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

## 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).

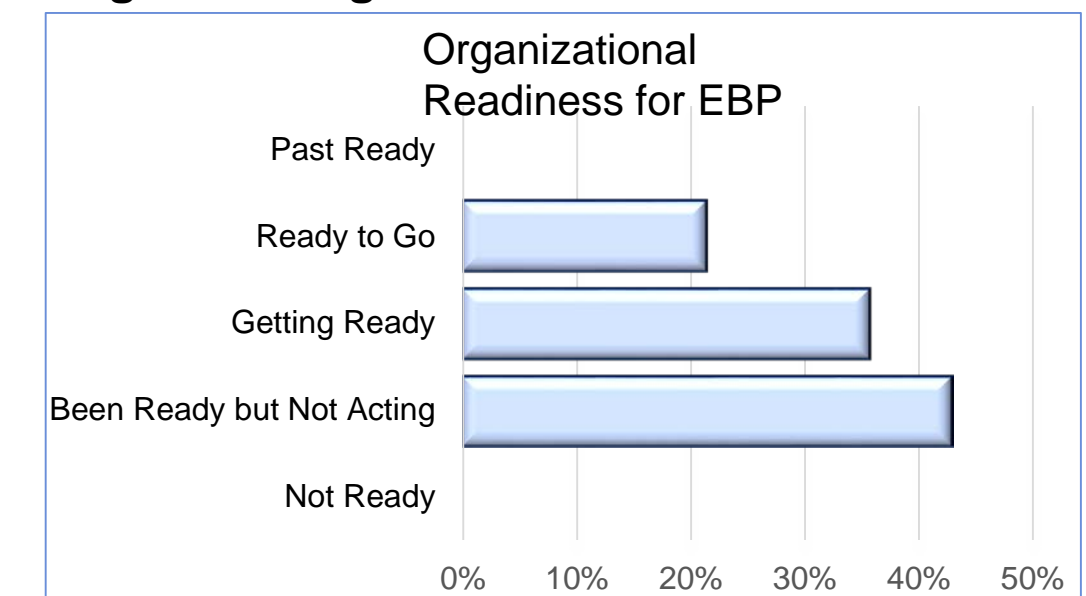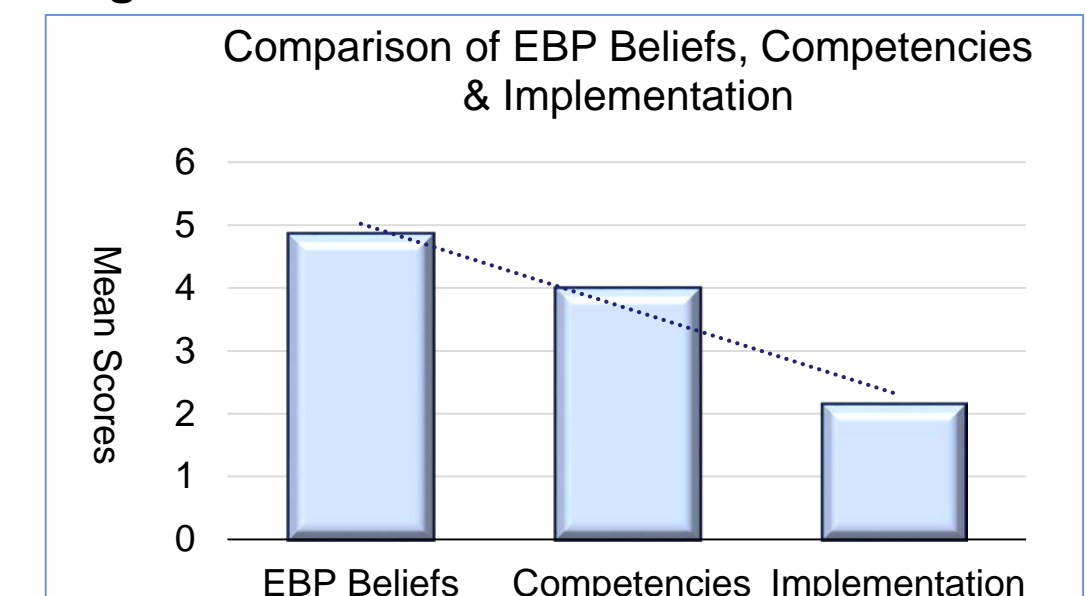### Figure 2. Organizational Readiness



### Figure 3. EBP Scales



- Preliminary data support the need for EBP training of frontline staff.

- Initial data reveal that staff believe that EBP results in best clinical practice; however, there was a gap in staff's understanding of the:
    - Fundamental concepts related to EBP and
    - Processes necessary to find, translate, and evaluate 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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