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

Donna J. Copeland, DNP, RN, NE-BC, CPN, CPON, AE-C
Adult Health Department, College of Nursing, University of South Alabama, Mobile, AL, USA

Kristina S. Miller, DNP, RN, PCNS-BS, CNE
Maternal Child Nursing Department, College of Nursing, University of South Alabama, Mobile, AL, USA

Bridget Moore, DNP, MBA, NEA-BC, RNC-NIC
University of South Alabama & USA Children’s and Women’s Hospital, Mobile, AL, USA

Clista Clanton, MSLS
Biomedical Library, University of South Alabama, Mobile, AL, USA

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

Background/Significance: Patients and the public expect high quality, safe care to be based on sound, scientific knowledge and the best clinical evidence; however, approximately 98,000 patients die each year due to preventable medical errors (Institute of Medicine [IOM], 2000), and new reports attribute medical errors to the 3rd leading cause of death in the U.S. (Makary, & Daniel, 2016). Since the Institute of Medicine’s landmark account, studies show that evidence-based practice (EBP) promotes safe, quality care; however, traditional methods of practice continue (Harper, 2017).

In addition to EBP, communication and collaboration are necessary for creating and sustaining a healthy work environment (HWE) (American Association of Critical Care Nurses [AACN], 2005). The Joint Commission (2005) cited communication among healthcare providers as the leading cause of adverse events in the hospital setting. When health care professionals do not communicate effectively, patient safety is at risk; therefore, communication and collaboration are essential to preventing medical errors and improving patient outcomes (O’Daniel & Rosenstein, 2008; AACN, 2005). Several studies have demonstrated that utilizing interprofessional training can help to increase effective communication techniques among healthcare providers, thus improving patient care (Fagan, Connelly, Williams, & Fisher, 2018; Luetsch & Rowett, 2015; Weinstein et al., 2018).

To foster the principles of interprofessional EBP, communication, and collaboration in a hospital setting, there must be shared leadership, collective decision-making, and effective communication and teamwork. The significance of this project is that organizational structures and processes designed to engage frontline staff in research, EBP, and shared governance will help to build interprofessional teams that connect and work collaboratively for sustainable change (Dearmon, Riley, Mestas, & Buckner, 2015).

Purpose/Objectives: Through an academic-practice partnership with Health Sciences Colleges, a biomedical library (BL), and a healthcare system, faculty and administration developed an Interprofessional Evidence-Based Practice Council (IEBPC). The goal of the IEBPC is to engage and empower an interprofessional team of frontline staff to work together in the translation of best available evidence combined with clinical expertise, and patient ideals, to foster a HWE that supports excellence in patient care. This project is unique in that many shared governance councils currently exist, but few have taken an interprofessional approach.

Objectives of the IEBPC will help to meet many of the six aims discussed in the AACN’s HWE standards (2005).

- Foster an interprofessional academic-practice partnership between faculty, frontline staff, and administrators.
- Provide a forum for stimulating and fostering a culture of inquiry among front-line clinicians.
• Integrate evidence-based practice into performance improvement, policy development, clinical practice, and competency development.
• Improve the quality, safety, and satisfaction of patient care outcomes.
• Mentor frontline staff in incorporating evidence-based guidelines into practice and dissemination of practice change outcomes.
• Promote interprofessional collaboration among multiple disciplines through the promotion of teamwork, communication, shared leadership, and collective decision-making.

Methods: 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 all departmental leadership with administrative endorsement. A steering committee for the IEBPC was created and (a) developed the mission, purpose, goals, and by-laws, (b) determined a shared-leadership and reporting structure, (c) created an orientation manual, (d) selected organizational EBP and interprofessional education models/evaluation instruments, (e) and constructed a curriculum to train IEBPC members.

The IEBPC meets monthly to provide opportunities for advanced learning and training. Educational content delivered to the initial IEBPC members by the IEBPC faculty and librarian focused on two core competencies: EBP knowledge/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. The educational curriculum for the members of the IEBPC was divided into six meetings to include a discussion of (a) the purpose, benefits, and structure of the IEBPC; (b) research and EBP basics; and (c) effective interprofessional communication, leading interprofessional teams/providing support for the team, and interprofessional team roles.

During each meeting, participants from various disciplines must effectively communicate and collaborate with each other to complete activities and work on implementing EBP changes within the healthcare system. IEBPC members are given the authority to have shared-decision making when determining practice changes that are then disseminated to the necessary stakeholders within the hospital with the ultimate goal of improving patient outcomes based on evidence. This decision-making autonomy empowers the frontline staff, allows for positive recognition of their hard work, and cultivates leadership qualities in each participant.

Measurement: The following five instruments were utilized to measure outcomes of the implementation of an IEBPC pre-implementation and will be utilized again one year post-implementation.

• Organizational Culture and Readiness for System-Wide Integration of EBP Survey (Fineout-Overholt & Melnyk, 2006).
• EBP Beliefs Scale (Melnyk, Fineout-Overholt, & Mays, 2008).
• EBP Implementation Scale (Melnyk et al., 2008).
• Assessment of Interprofessional Team Collaboration Scale (Orchard, King, Khalili, & Bezzina, 2012).

Outcomes: Implementing an IEBPC that utilizes an interprofessional shared governance model, as well as training in EBP and interprofessional collaboration will include staff, work environment, and patient-centered outcomes. The IEBPC was implemented in May of 2018 and includes 51 members from 8 different disciplines including: respiratory therapy, pharmacy, medical residents/attending physicians, physical therapy, speech therapy, case management, and nursing/nurse practitioners, unit secretary, and a librarian. Out of the 51 members, 13 have been able to participate in IEBPC meetings and completed pre-survey data. Initial analysis of the data reveals that the majority of staff believe that EBP results in best clinical practice; however, there was a reported lack of confidence in the essential steps of EBP and or how to evaluate outcomes of clinical care. Furthermore, staff reported that they had never shared evidence with or worked together in an interprofessional team to translate evidence into practice.
**Recommendations:** This project is ongoing, but the preliminary data confirms the need for EBP and interprofessional training of staff. The goal of the IEBPC is to empower the staff to promote interprofessional collaboration among multiple disciplines in improving the healthcare outcomes. Staff input and feedback are essential in creating an environment of shared leadership, and an interprofessional structure is essential to maintaining positive, respectful relationships, communication, and collaboration among all disciplines in designing safer healthcare systems and maintaining a HWE (AACN, 2005).

**Title:**
Implementation of an Interprofessional Evidence-Based Practice Council to Enhance Patient Outcomes and Empower Frontline Staff

**Keywords:**
Evidence-Based Practice, Interprofessional Practice and Shared Governance

**References:**


Abstract Summary:
Through an academic-practice partnership, faculty and staff implemented an Interprofessional Evidence-Based Practice Council (IEBPC) to foster a healthy work environment that supports excellence in patient care. The goal of the IEBPC is to engage and empower an interprofessional team of frontline staff to collaborate in translating evidence into practice.

Content Outline:
Implementation of an Interprofessional Evidence-Based Practice Council to Enhance Patient Outcomes and Empower Frontline Staff

I. Introduction: Medical Errors in Healthcare

1. Approximately 98,000 patients die each year due to preventable medical errors (Institute of Medicine [IOM], 2000).
2. Medical errors are reported to be the 3rd leading cause of death in the U.S. (Makary, & Daniel, 2016).

II. Background: Healthy Work Environment (HWE)

1. Evidence-based practice (EBP), communication, and team collaboration are all necessary to provide safe, quality care (QSEN, 2018).

   • The IOM (2003), suggests that working in teams does not come inherent to healthcare providers and therefore, healthcare providers should be educated in interprofessional teams.
   • The IOM recommends (2010) providing continuing education for enhancing interprofessional EBP in the healthcare setting to improve patient outcomes.

III. Purpose: Interprofessional approach to Shared Governance

1. Aim
The aim is to engage and empower an interprofessional team of frontline staff to work together in the translation of evidence-based practice (EBP) to foster a HWE that supports excellence in patient care.

IV. Methods: Interprofessional Approach to Shared Governance

A. Academic-Practice Partnerships

- Through an academic-practice partnership with Health Sciences Colleges, a biomedical library (BL), and a healthcare system, faculty and administration developed an Interprofessional Evidence-Based Practice Council (IEBPC).

B. Stakeholder Involvement

- Hospital administrative support for the project was established, and several meetings and presentations were offered to all departmental leadership with administrative endorsement.

C. Steering Committee

- Mission/Vision/Goals/Objectives developed
- EBP Models and Tool Selection for Structured EBP Approach
- The Johns Hopkins Evidence-Based Practice Model (JHEBPM Selected
- JHEBPM provides a systematic framework for EBP education with mentoring program planning, execution, and outcomes data collection

D. Continuing Education/Orientation/Mentorships Program established for continuing education of interprofessional, frontline staff members.

- Topics included in the staff education were (a) the purpose, benefits, and structure of the IEBPC; (b) research and EBP basics; and (c) effective interprofessional communication, leading interprofessional teams/providing support for the team, and interprofessional team roles.
- All educational content was delivered through a combination of methods including a flipped classroom, team-based learning, self-study, and case study formats.

E. Meetings

- Monthly IEBPC meetings held to cover educational topics.
- Participants from various disciplines must effectively communicate and collaborate with each other to complete activities and work on implementing EBP changes within the healthcare system

F. Measurements

- Five instruments were utilized to measure outcomes of the implementation of an IEBPC
- Organizational Culture and Readiness for System-Wide Integration of EBP Survey (Fineout-Overholt & Melnyk, 2006).
- EBP Beliefs Scale (Melnyk, Fineout-Overholt, & Mays, 2008).
- EBP Implementation Scale (Melnyk et al., 2008).
- Assessment of Interprofessional Team Collaboration Scale (Orchard, King, Khalili, & Bezzina, 2012).

V. Outcomes
1. Preliminary Data Supports the Need for EBP and Interprofessional Training of Frontline Staff

- Initial data reveals that the majority of staff believe that EBP results in best clinical practice; however, there was a reported lack of confidence in the essential steps of EBP and or how to evaluate outcomes of clinical care.
- Staff reported that they had never shared evidence with or worked together in an interprofessional team to translate evidence into practice.

VI. Conclusion

1. The process is ongoing; however, it is hypothesized that the implementing of an IEBPC that utilizes an inter-professional shared governance model, as well as training in EBP and interprofessional collaboration will have far-reaching patient-centered outcomes.

2. Recommendations

- Staff input and feedback are essential in creating an environment of shared leadership
- An interprofessional structure is essential to maintaining positive, respectful relationships, communication, and collaboration among all disciplines in designing safer healthcare systems and maintaining a HWE (AACN, 2005).

VII. References


First Primary Presenting Author

**Primary Presenting Author**
Donna J. Copeland, DNP, RN, NE-BC, CPN, CPON, AE-C
University of South Alabama
Adult Health Department, College of Nursing
Assistant Professor
Mobile AL
USA

**Professional Experience:** Professional Experience Dr. Donna Copeland has earned a doctorate degree in nursing practice in executive nursing administration. As an assistant professor Dr. Copeland has taught graduate courses in evidence-based practice, nursing research, and leadership in nursing administration. Dr. Copeland has participated in many scholarship opportunities as an assistant professor as the principal investigator for an interprofessional education collaborative to teach undergraduate students to work in an interprofessional team to improve the health of the community, which was recently published. Dr. Copeland works for a local hospital in the Quality Management department where she leads many evidence-based practice and quality improvement projects including: Fall Reduction, CLABSI Prevention, CAUTI Prevention, Bedside Nurse Report, Asthma Care etc.

**Author Summary:** Dr. Donna Copeland is an Assistant Professor at the University of South Alabama in the Adult Health Department. Dr. Copeland earned her DNP from the University of South Alabama in Executive Nursing and is board certified as a Nurse Executive. Dr. Copeland also works in the Quality Management Department at a local hospital with over 10 years of experience in leading quality improvement and evidence-based practice initiatives to improve the patient care practices.

Second Secondary Presenting Author

**Corresponding Secondary Presenting Author**
Kristina S. Miller, DNP, RN, PCNS-BS, CNE
University of South Alabama
Maternal Child Nursing Department, College of Nursing
Assistant Professor
Mobile AL
USA

**Professional Experience:** Dr. Kristina Miller has earned a doctorate degree in nursing practice and completed many research project which have adequately prepared her to speak to the use of an Interdisciplinary Evidence-Based Practice Council. Dr. Miller has previously taught nursing research courses both at the undergraduate and graduate level for the past 7 years. Additionally, Dr. Miller is a board certified Pediatric Clinical Nurse Specialist and has worked on many interdisciplinary projects before (one of which is published) which has prepared her to speak on the interdisciplinary component of this project.

**Author Summary:** Dr. Kristina Miller is an Assistant Professor at the University of South Alabama in the Maternal Child Nursing Department. Dr. Miller earned her DNP from Samford University with a sub-specialty in nursing education. She is also a board certified Pediatric Clinical Nurse Specialist and a Certified Nurse Educator. She has over 10 years of pediatric nursing experience and is highly involved in helping to incorporate evidence-based practice through the role of the bedside nurse.

Third Secondary Presenting Author

**Corresponding Secondary Presenting Author**
Bridget Moore, DNP, MBA, NEA-BC, RNC-NIC
**Professional Experience:** Dr. Moore has earned a doctorate degree in nursing practice with a focus in Executive Nursing Administration. Dr. Moore works as an assistant professor at the University of South Alabama where she had taught the undergraduate nursing courses for Evidence-Based Practice and has led a research project incorporating Team-Based Learning Activities to transform the curriculum in how Evidence-Based Practice is taught at the College of Nursing.

**Author Summary:** Dr. Bridget Moore is an Assistant Professor at the University of South Alabama in the Adult Health Department. Dr. Moore earned her DNP from the University of South Alabama and is board certified as a Nurse Executive. She is also certified as a Registered Nurse, Certified in Neonatal Nursing. Dr. Moore has over 20 years of nursing experience and is active in implementing evidence-based practice at the bedside in the Neonatal Intensive Care Unit-Based Council.

Fourth Secondary Presenting Author

**Corresponding Secondary Presenting Author**
Clista Clanton, MSLS
University of South Alabama
Biomedical Library
Professor
Mobile AL
USA

**Professional Experience:** Clista Clanton, MSLS is the Assistant Director of Strategic Initiatives at the University of South Alabama’s Biomedical Library. She is a clinical librarian with 16 years of experience in collaborating with health science faculty and clinicians to foster and implement evidence-based practice methodologies and programs in academic and clinical settings. Ms. Clanton has worked as a member of an interprofessional team focused on providing health and wellness services to vulnerable patient populations in Mobile, AL, providing expertise on health literacy, EBP/literature searching, and data management practices.

**Author Summary:** Clista Clanton, MSLS is the Assistant Director of Strategic Initiatives at the University of South Alabama’s Biomedical Library. She is a clinical librarian with 16 years of experience in collaborating with health science faculty and clinicians to foster and implement evidence-based practice methodologies and programs in academic and clinical settings.