



EVIDENCE-INFORMED HEALTH POLICY

USING EBP TO TRANSFORM POLICY IN NURSING AND HEALTHCARE

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FROM EVIDENCE-BASED PRACTICE TO EVIDENCE-INFORMED HEALTH POLICY

Using evidence-based practice (EBP) to transform clinical practice is the emerging norm in healthcare settings. Nurses and other healthcare providers are becoming ever more skilled in the use of EBP to improve quality and safety in patient care. But to transform health policy, using evidence is less straightforward; the process is complicated by the ever-changing political environment. As a result, policy is said to be “informed” by evidence rather than “based” on the evidence. Often, the best we can hope for is to synthesize the evidence in a way that can be useful for informing and influencing policymakers and other stakeholders, and for leveraging dialogue.

This evidence-informed health policymaking (EIHP) model translates the EBP language nurses use for their clinical decision-making to the world of health policymaking.

Evidence-informed health policy combines the use of the best available evidence- and issue-expertise with stakeholder values and ethics to inform and leverage dialogue toward the best possible health policy agenda and improvements (Loversidge, 2016a, p. 28).

There are eight steps of EIHP, which are comparable to the seven steps of the Melnyk and Fineout-Overholt (2015) EBP model. However, these steps are somewhat different; they are adapted to “fit” within the policymaking environment and process and, unusually, begin with zero. The steps are:

0. Cultivate a spirit of inquiry in the policymaking culture or environment.

During this step, sufficient questions about a health problem or issue are asked, and it is identified that the problem or issue is amenable to a solution in policy.

1. Ask the policy question in the PICOT format.

The PICOT format is used to ask the policy question. In policymaking, the acronym stands for population, intervention, comparison, outcome, and an optional time frame. The PICOT is used to drive the literature search, as in EBP, but can also be used for retrospective analysis of an existing or pending policy.

2. Search for and collect the most relevant best evidence.

Search strategies are used to find the best, most relevant evidence to answer the PICOT question to inform the policymaking dialogue.

3. Critically appraise the evidence.

The evidence is appraised to determine its strength and applicability to the policy problem.

4. Integrate the best evidence with issue expertise and stakeholder values and ethics.

During this step, evidence is integrated with the two other “legs” of the three-legged “EIHP stool,” as it is in EBP. However, the other two legs, or components, are different in health policymaking; these are issue expertise and stakeholder values and ethics.

5. Contribute to the health policy development and implementation process.

Nurses and other healthcare providers contribute to the development, and hopefully the ultimate implementation of, a viable policy option that is informed by evidence.

6. Frame the policy change for dissemination to the affected parties.

When a policy solution is reached and enacted, the target population, or public affected by the policy, must understand the policy and how it will affect them; this may require framing the policy in plain language.

7. Evaluate the effectiveness of the policy change and disseminate findings.

Ideally, policy changes are evaluated, and if they are successful, they are continued if they are not established as “evergreen” policy from the outset. If they are not, they should be “sunsetting” (repealed or eliminated).

References

- Loversidge, J. M. (2016a). A call for extending the utility of evidence-based practice: Adapting EBP for health policy impact. *Worldviews on Evidence-Based Nursing*, 13(6), 399–401. doi:10.1111/wvn.12183
- Melnyk, B. M., & Fineout-Overholt, E. (2015). *Evidence-based practice in nursing and healthcare: A guide to best practice* (3rd ed.). Philadelphia, PA: Lippincott Williams & Wilkins.



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