

# The Iowa Model: A Catalyst for Evidence-Based Practice Collaborations Near and Far

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## Background

The Iowa Model of Evidence-Based Practice (EBP) to Promote Quality Care (Iowa Model) provides direction for use of a systematic and scholarly process leading to safe, high quality health care.

## History

- In the early 1990s, a team of nurses from the University of Iowa Hospitals and Clinics and University of Iowa (UI) College of Nursing (CON) developed a model for using research findings to promote quality care in health care settings.<sup>1</sup>
- In 2001, authors revised the model to include the use of other types of evidence, and more specific information about pilot testing and implementing the practice change.<sup>2</sup>
- In 2014, a mixed-method descriptive survey of users' experiences with the Iowa Model in a variety of settings was conducted to investigate what revisions were needed.<sup>3</sup>
- In 2018, *EBP in Action: Comprehensive Strategies, Tools, and Tips from University of Iowa Hospitals and Clinics*, a how-to text that follows the Iowa Model, was published.<sup>4</sup>

The Iowa Model continues to outline an application oriented EBP process that shifts the primary focus from research to all existing evidence used to make the best clinical decisions and emphasizes implementation and sustainability for achieving best healthcare outcomes.

## Purpose

Discuss how the Iowa Model has been a catalyst for collaborations locally, nationally and globally.

## References

- 1 Titler, M. G., Kleiber, C., Steelman, V., Goode, C., Rakel, B., Barry-Walker, J., . . . Buckwalter, K. (1994). Infusing research into practice to promote quality care. *Nursing Research, 43*(5), 307-313.
- 2 Titler, M. G., Kleiber, C., Steelman, V. J., Rakel, B. A., Budreau, G., Everett, L. Q., . . . Goode, C. J. (2001). The Iowa Model of Evidence-Based Practice to promote quality care. *Critical Care Nursing Clinics of North America, 13*(4), 497-509.
- 3 Iowa Model Collaborative. (2017). Iowa Model of Evidence-Based Practice: Revisions and validation. *Worldviews on Evidence-Based Nursing, 14*(3), 175-182. doi:10.1111/wvn.12223
- 4 Cullen, L., Hanrahan, K., Farrington, M., DeBerg, J., Tucker, S., & Kleiber, C. (2018). *Evidence-based practice in action: Comprehensive strategies, tools, and tips from the University of Iowa Hospitals and Clinics*. Indianapolis, IN: Sigma Theta Tau International.

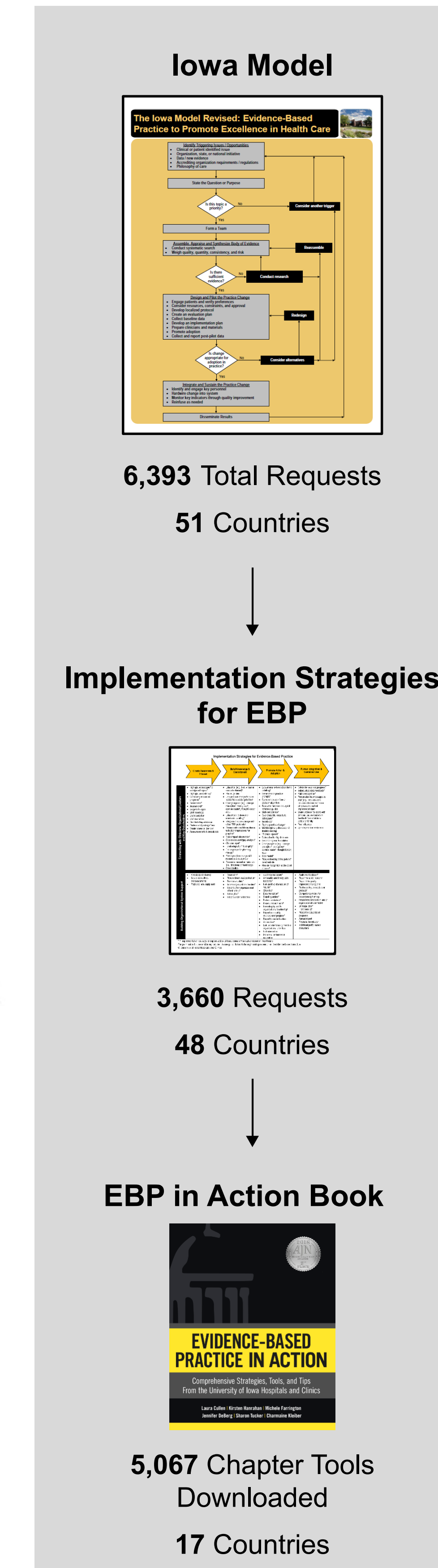
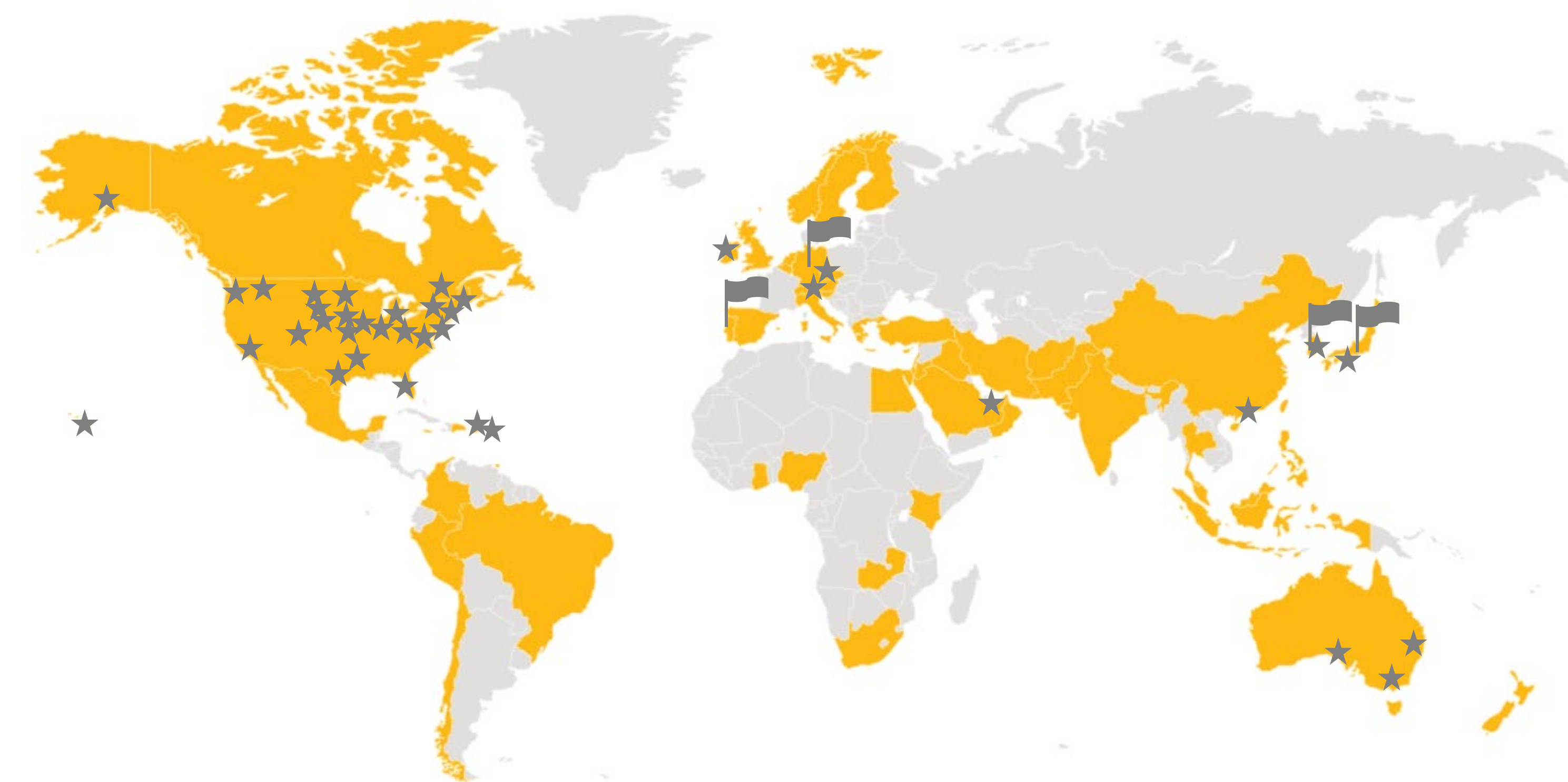
## Reach

### Local - State of Iowa



### National and Global – Across the United States and the World

- ★ Presentations **90**
- ★ EBP Workshops **70**
- Countries requested Iowa Model **51**
- **Conference Participants** using Iowa Model
- 🚩 Iowa Model Translations **4**



## Evaluation

### Local

The Iowa Model is used as the EBP process model in our 800 bed Academic Medical Center. It is used in a variety of development programs including: Preceptor Workshops and Staff Orientation, New Graduate and Experienced Nurse Residency Programs, EBP Change Champion Program, Staff Nurse EBP Internship, Clinical Leadership Development Academy, Executive Leadership Academy and an Advanced EBP Competencies Program. The Iowa Model recently became the primary EBP process model for students at the UI College of Nursing.

### National

In 2018, the 25<sup>th</sup> National Evidence-Based Practice conference had over 300 participants from 29 US states and 1 from abroad. Many are drawn in by the Iowa Model and report EBP work using it. Across the US, the Iowa Model has been a catalyst for more than 50 keynote and podium presentations and 70 EBP workshops. Formal and informal partnerships continue to be developed with academic and clinical settings to either use the Iowa Model or provide assistance with the EBP process.

### Global

Collaborations were formed to translate the Iowa Model into four languages (German, Japanese, Korean and Portuguese) and a text book into Japanese. Recently, the Iowa Model has been a catalyst for visiting scholars from Australia, Japan and South Korea.

## Conclusions

In summary, the Iowa Model has been a catalyst for EBP collaboration near and far. Improved operational and healthcare outcomes have been demonstrated, although given the reach and ripple effect, the full impact is difficult to measure.

## Acknowledgements

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