

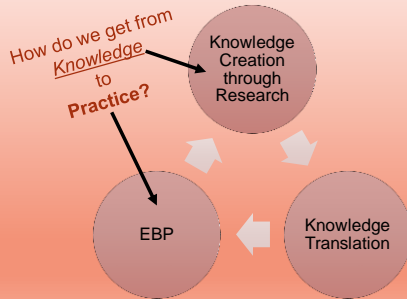
## A MULTIPRONGED APPROACH TO IMPLEMENT EVIDENCE-BASED PRACTICE: ONE MEDICAL CENTER'S JOURNEY



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## Knowledge Translation



## National/State Initiatives are Supported

- **National Academies of Medicine (NAM)**

Recommendations that support EBP
Nurses should be encouraged to use the full extent of their education and knowledge
Nurses should be key players and full partners in the redesigning of health care
- **Quality and Safety Education for Nurses (QSEN)** calls for competencies in **EBP** and **Quality Improvement**

- **State of Maine**



- **American Association of Colleges of Nursing (AACN)**  
\*Baccalaureate Essential III
- **Magnet**
  - Patient Safety
  - Patient Satisfaction
  - RN attraction; RN retention

## Why the Gap?



### Nurses:

- Adopt EBP at low rates
- Use peers or physicians
- Rely on what they learned in nursing school
- Lack time and knowledge on how to obtain EBP
- Lack understanding of research concepts
- Lack skills to evaluate existing research studies

(Pravikoff et al., 2005)

(Stanley et al., 2011)

(Taylor et al., 2016)

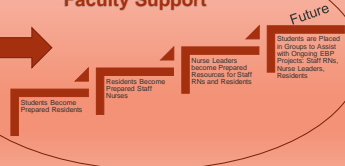
## The EBP Integration Process

Phase I – SON Faculty Facilitates Learning Using Similar Processes

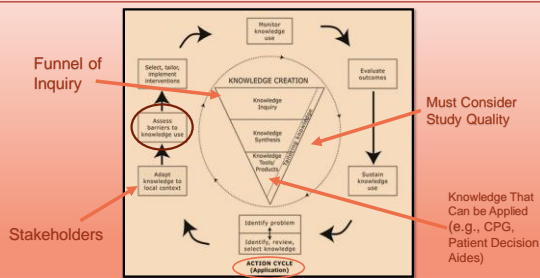


Phase II – EBP Integration

Faculty Support



## Translational Framework The Knowledge to Action Framework



(Munice et al., 2013)

## Didactic Content

- History of EBP and Critical Need for EBP
- PICOT Format
  - Significance
  - Literature review
    - Search
    - Clinical Practice Guidelines
- Synthesis (overall findings)
- The Change Plan
  - Culture, barriers, stakeholders, supports, promotion, supplies, sustainability, measurable outcome, and dissemination

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## Limitations

- Competing priorities
  - Staffing, site visits from regulatory agencies
- Time limits by residents
  - Scheduling/group work
  - Residents working the night shift
- Unknown procedures
  - Human subjects review process from the internal review board (IRB)

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