ABSTRACT

Significance: The IOM in 2011 articulated a vision for nursing care that fosters practice to the fullest level in order to optimize patient care. While healthcare quality has improved over the past decade, delays in transferring research findings to bedside continue.

Objectives: Across healthcare settings, there is a need to continually update care based on new research results and changing care guidelines. However, certain evidence-based practice (EBP) skills are not well known by every nurse. In order to address this learning need, an EBP Fellowship was developed.

Strategy: The Iowa model and educational program were used as templates for the Fellowship. We modified the program significantly to a primarily guided workshop format. This change allowed the Fellows more personal practice time with the two research nurse mentors. The Fellows were chosen by three criteria: (1) guiding interest in the Fellowship; (2) previous commitment to practice change; and (3) proposal idea for an EBP intervention. To generate clinical inquiry we replicated the "Sacred Cow Project" prior to the application process for year three.

Outcomes: Fifteen projects have been implemented over the past 3 years. The program is exceeding expectations with very high scores on learning objectives. In addition, leader and fellow comments 6-months following an earlier fellowship indicated that the Fellowship increased nursing leadership skills and has positively impacted care.

Conclusions: This Fellowship has facilitated advances in nursing by implementing EBP in 15 areas of patient care. This mentorship approach recognizes and rewards those nurses invested in optimizing care.

Implications: The tailoring of a nationally recognized EBP educational program to a workshop format was developed. The purpose of the program is to foster improved patient care. The guidance during each step of the process has improved acquisition of these EBP skills.

BACKGROUND AND LITERATURE REVIEW

BACKGROUND

• 20–25% of patients received treatments are that are either unnecessary or potentially harmful (Grol & Grimshaw, 2003)
• 30–40% patients do not receive EBP care
• DHIH has prioritized "high value, safe and effective health care" for the United States healthcare system
• Former HHS Secretary Sebelius’ vision:
  • the decline of preventable injuries in hospitals by 40% as well as the reduction of readmissions by 20%
• These goals could:
  • save the lives of 60,000 patients
  • present over 1.5 million from complications
  • reduce Medicare costs by $55 billion dollars over 10 yrs
  • reduce other payer’s costs as well.

LITERATURE REVIEW

• patients are admitted to acute care hospitals because they are in need of nursing care
• quality of that nursing care is based on the nurse’s education and the environment in which she works (Allen, 2011)
• most nurses have graduated decades earlier in a program that did not have an emphasis on research or EBP (Red Din Nursing, 2010)
• many nurses are not expert at interpreting current research or using the results to change practice
• hospital outcomes are showing improvement, but important disparities remain [AHRO, 2013]
• the 77% of hospitals that have improved over the past 10 years continue to have safety concerns.
• an EBP nursing fellowship is an ideal mechanism to implement evolving healthcare knowledge into practice
• The purpose of the EBP fellowship program is to promote the implementation of safe and effective nursing care by providing the skills needed to apply evidence from research.