The Evidence-Based Practice and Research (EBPR) Council serves as a resource for Patient Care Services providing evidence-based practice (EBP) and research processes. The Council facilitates the use of EBP knowledge to enhance patient outcomes. When sufficient high-quality evidence isn’t available to answer clinical questions about improving patient care, the Council facilitates the development and implementation of research studies to test patient-centered innovations. The Council strives to develop a culture of inquiry and to embed new knowledge, innovations and improvements throughout the organization.

**Elements of Success**

Direct-care clinical nurses are essential to the success of the program. They are able to identify ingrained practices that can be evaluated with evidence. The EBPR Council meets monthly to work collectively with the clinical nurses on projects; in between, the nurses read evidence and collect and analyze data.

A systematic approach to conducting EBP. Through utilization of the Evidence-Based Practice Improvement (EBPI) model (Levin, et al, 2010), we systematically search, appraise and synthesize the evidence, develop innovation plans and perform small tests of change using the Plan-Do-Study-Act methodology to evaluate processes before outcome – ensuring robust implementation and evaluation.

In addition, expert mentoring, strong shared governance structures, standardized processes and robust education foster our culture of inquiry.

We have presented our projects at the ANA quality Conferences and the Eastern Nursing Research Society Scientific Sessions, as well as our annual fall symposium. We have received awards from the Foundation of the New York State Nurses Evidence-Based Practice Award and Plantree.

**Examples of Success**

- Practice changes to maintaining normothermia in peri-operative patients.
- Evidence-based protocol for sedation in mechanically ventilated patients.
- Improved care for women after c-section with the use of abdominal binders to decrease pain and support ambulation.
- Decreasing venipunctures through use of blood collected during peripheral IV insertion or through existing peripheral IVs.
The Center for Patient-Centered Innovation
Northern Westchester Hospital
Evidence-Based Practice and Research

Program Description
Gain insight into the important ingredients for successful implementation of Evidence-Based Practice and Nursing Research and successfully completed multiple EBP projects and nursing research studies to answer clinical questions and improve the quality of patient care based on evidence.

We will share the hospital’s model for success that empowers Clinical Nurses, to not just ask questions, but to answer them.

Learn about our robust education program with mentoring from a PhD-prepared nurse scientist that enables Clinical Nurses to lead the development and implementation of EBP projects and Nursing Research studies.

Understand how the adoption of a standardized model from EBP, the Evidence Based Practice and Improvement (EBPI) Model (Copyright 2007 Visiting Nurse Service of New York and Rona F. Levin), supports a systematic process to improve the quality of patient care through implementing EBP changes with a focus on practice improvement.

Bring this program to your facility, contact Fay Wright PhD, RN, APRN-BC
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Peripheral IV Insertion Laboratory Value Comparisons with Venipuncture Research Study Poster Presentation

Equivalent of laboratory values between peripheral venipuncture and samples from an existing saline lock device

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Method

The project was a true experimental study conducted in our institution where an intervention was put into place. A total of 100 patients were enrolled in the study. Data was collected before and after the establishment of a new saline lock device. The study was non-randomized and participants were non-stratified. The data was collected by the nursing staff and verified by the nursing director.

Results

The data was analyzed using the paired t-test and the Wilcoxon signed-rank test. The mean difference was calculated and the significance level was set at 0.05. The results showed a significant difference between the peripheral venipuncture and the saline lock device.

Conclusion

The study results indicated that the saline lock device was equivalent to peripheral venipuncture in terms of laboratory values. The results may have implications for future practice and research in this area.

References


Normothermia EBP project sustainability poster presentation