



Empowering Point-of-Care Clinicians as Evidence-Based Practice Change Champions

Care Delivery

Competency: Align evidence-based care efforts with cost-saving strategies under value-based contracts

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BACKGROUND

The University of Iowa Health Care has been a leader in evidence-based practice (EBP) since the movement's infancy in the 1980s. Researchers and clinicians at the university designed a unique model for practice change now used worldwide, [The Iowa Model](#), based on Roger's Diffusion of Innovation theory. A number of training programs were developed to expand the EBP capacity for the health system and externally. The cornerstone program is the organization's [EBP Staff Nurse Internship](#) which trains point-of-care nurses to lead EBP improvements to address clinical issues identified by staff in their day to day operations (what they refer to as a "bottom-up" approach). In response to the growing prevalence of value-based payments – which align nicely with their existing focus on continually enhancing the quality of care – the organization sought to develop an additional program to implement practice change specifically related to the organization's strategic objectives and quality metrics. As such, the EBP Change Champion program was developed. The program achieves a unique balance of "top-down" EBP while maintaining meaningful engagement of the relevant internal stakeholders.

About The University of Iowa Health Care

The University of Iowa Health Care is a quaternary academic medical center encompassing a number of hospitals and clinics across the state as well as a physician group. The health system has been a participant in BPCIA since 2018.

Location: West Des Moines, IA

Website: www.iowahealthcare.org

APPROACH

The EBP Change Champion program is a 12-month program which empowers point-of-care clinicians, primarily nurses, to design and implement practice change within their unit. Although the clinical topics addressed by the program are driven from the top by organizational priorities, clinicians spearhead the effort, with support from an interprofessional group of clinicians, leader partners, and internal EBP and quality improvement (QI) experts.

The first phase of the program is the selection of emerging leaders from each unit and clinic to act as EBP Change Champions. In order to participate in the program as an EBP Change Champion, a participant must have an interest and clinical expertise but also need to have positive social influence, strong communication skills, and association with "early adopters" and opinion leaders at the clinical site. Additionally, the program requires that clinicians chosen to participate are members of the governance committee related to the topic – not uncommon given the particularly engaged staff at University of Iowa Health Care.

In addition to the point-of-care nurse who acts as the project lead, a leader partner in a managerial position on the unit also participates. The leader partner helps validate the change agent role, helps facilitate connections for the EBP Champion, and can help drive practice change with unit staff who are particularly resistant.

Senior leaders, management teams, and QI nurses select the topics. Together, EBP Champions and leader partners narrow topics for EBP work to adapt to local patient needs. The EBP Champions and leader partners then undergo training related to EBP implementation and evaluation of the selected clinical topic, drawing upon the expertise of the EBP and QI program staff as well as clinicians at the organization with subject matter expertise in the chosen topic. EBP Champions use this training, in coordination with their own clinical expertise and familiarity with the local unit climate, to tailor evidence-based interventions to their individual clinical area and patients. Once the EBP Champions complete the 12 hours of training and have begun to implement the tailored intervention at their respective clinical site, they continue to attend regular check-ins with the EBP and QI program staff to maintain momentum, discuss challenges, and share learnings between units. In addition to the meetings with program process experts, Champions have regular meetings with the governance committee related to the practice change topic to update the committee on progress, trouble shoot any issues that arise, and plan next steps.

Between meetings, EBP Champions work on implementation of the practice change among their team. They share developed materials explaining the practice change and rationale for change, and work to redesign the practice change or implementation plan and troubleshoot for peers at the point of care. At the conclusion of the program, EBP Champions gather to celebrate the successes and accomplishments throughout the 12-month program.

RESULTS TO DATE

One of the early EBP Change Champion program topics focused on reducing catheter-associated urinary tract infections. Since the implementation of the associated practice changes in March of 2017, the participating units have seen only two infections in the 35 months since, impressive given that [nationally](#) there are on average seven infections per 1000 catheter-days.

CHALLENGES

Identifying the ideal clinician to act as an EBP Change Champion takes careful consideration. The characteristics of a successful informal peer leader, though well researched, are often difficult to measure, making for a complex selection process. Successful adoption of the practice change hinges on the ability of the EBP Champion to influence peers, so selecting the right person to participate is imperative.

Because of the highly engaged culture at the University of Iowa Health Care, nurses and other interprofessional clinicians expect to be involved in collaborative organizational efforts and feel empowered to design and implement changes in tandem with governance committees. This contributes to the success of the program at the University of Iowa Health Care but organizations without such a culture would need extra planning and resourcing when implementing a similar program.

KEY LEARNINGS

- **Start small** – In order to direct focus, the program selects one topic for practice change annually. Additionally, a small number of EBP Champions are selected to allow program staff to fully invest in participants. This strategy has led the program to have a greater impact than when devoting attention to many disparate topics and with too many individuals.
- **Chose the right staff** – The EBP Change Champion program utilizes nurses and other point-of-care clinicians to drive practice change, rather than physicians or administrators. Nurses can influence every other discipline and have a front-line perspective, interacting closely with patients and family members daily.
- **Provide dedicated time for EBP** – Research shows that for EBP work to be successful, clinicians need dedicated time away from clinical responsibility to focus solely on the EBP initiative at hand. As such, program funding goes toward compensating the unit to hire replacement staffing for the time spent by the EBP Champion in the program.
- **Require commitment** – In order to participate in the program, clinicians selected as EBP Change Champions are required to sign a 12-month commitment agreement. This ensures that participants are dedicated to supporting efforts from beginning to end, reducing program attrition and improving sustained change.

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