

The Iowa Model of Evidence-Based Practice to Promote Quality Care: An Illustrated Example in Oncology Nursing

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Evidence-based practice (EBP) improves the quality of patient care and helps control healthcare costs. Numerous EBP models exist to assist nurses and other healthcare providers to integrate best evidence into clinical practice. The Iowa Model of Evidence-Based Practice to Promote Quality Care is one model that should be considered. Using an actual clinical example, this article describes how the Iowa Model can be used effectively to implement an actual practice change at the unit or organizational level.

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Nurses understand that evidence-based practice (EBP) improves the quality of patient outcomes while controlling the cost of healthcare (Melnyk, Fineout-Overholt, Gallagher-Ford, & Kaplan, 2012). But even in the year 2014, barriers and roadblocks exist to implementing EBP at the bedside or chair side. The Institute of Medicine estimated that it takes more than 17 years to implement a research finding into clinical practice (Institute of Medicine, 2001). Although research may exist that should be translated into practice, the time it takes to deliver these research-based interventions to patients takes too long. In their study of 1,054 RNs, Melnyk et al. (2012) discovered that although nurses value EBP, they required education, access to information, and time to implement EBP into daily practice. Nurses and other healthcare providers want their practice based in evidence, but they also acknowledge the barriers of lack of education and time to actually implement and use EBP.

EBP is a problem-solving approach to clinical decision making that integrates the best evidence from well-designed studies with a clinician's expertise along with patients' preferences and values

(Melnyk et al., 2012). Numerous EBP models are available to help nurses organize and systematically track progress in implementing evidence into practice, including the Stetler Model of Research Utilization (Stetler, 2001), the Iowa Model of Evidence-Based Practice to Promote Quality Care (hereafter referred to as the Iowa Model) (Titler et al., 2001), and the Johns Hopkins Nursing Model (Newhouse, Dearholt, Poe, Pugh, & White, 2005). These models provide a step-by-step guide on how to take a clinical problem and match it with an intervention based on research to make an organizational or departmental change to practice. Using a model for EBP change also can assist nursing departments in better focusing their limited fiscal and personnel resources on critical EBP activities (Gawliński & Rutledge, 2008). The current article will focus on one such model, the Iowa Model (Titler et al., 2001), as an example of how using a model can help focus on the process of implementing evidence-based changes (see Figure 1). The Iowa Model was selected because nurses find it intuitively understandable and it has been used in numerous academic settings and healthcare institutions (Gawliński & Rutledge, 2008).

Overview of Model

The Iowa Model can help nurses and other healthcare providers translate research findings into clinical practice while improving outcomes for patients. The first step in the Iowa Model is to identify either a problem-focused trigger or a knowledge-focused trigger where an EBP change might be warranted. Problem-focused triggers are those problems that derive from risk management data, financial data, or the identification of a clinical problem (e.g., patient falls). Knowledge-focused triggers are those that come forward when new research findings are presented or when new practice guidelines are warranted.

The next step in the Iowa Model is for the nurse or team to determine whether the problem at hand is a priority for the organization, department, or unit in which they work. Those problems that may have higher volume or higher costs associated likely will have higher priority from the organization. Organizational buy-in is crucial when working on EBP issues, so knowing the prioritization of the problem is important.

Once the priority has been determined, the next step is to form a team consisting of members that will help develop, evaluate, and implement the EBP change. The composition of the team will be determined by the problem at hand. Titler et al. (2001) pointed out that the team should include interested interdisciplinary stakeholders. This step is important and should include team players outside of those from nursing.

Once a team has been formed, the next step is to gather and critique pertinent research related to the desired practice change. The most important portion of this step is to form a good question (using the PICOT method [Guyatt, Drummond,