

NURS-FPX4025 Assessment 2 Applying an EBP Model

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Applying an Evidence-Based Practice Model

Evidence-based practice models provide structured frameworks that guide nurses through the process of translating research into practice. These models offer a systematic approach that ensures evidence is appraised, implemented, and evaluated rigorously. This paper applies an established EBP model—the Iowa Model of Evidence-Based Practice—to a clinical problem, demonstrating how a systematic framework supports the implementation of evidence-based change to improve patient outcomes.

Overview of the Iowa Model

The Iowa Model of Evidence-Based Practice is a widely used framework that guides clinicians through the process of identifying problems, evaluating evidence, and implementing change. The model begins with identifying a triggering issue or problem, determining whether it is a priority for the organization, forming a team, gathering and appraising evidence, piloting the change, and evaluating and sustaining the results (Iowa Model Collaborative, 2017).

The model's stepwise, decision-point structure makes it practical for frontline nurses and adaptable to a variety of clinical settings. At each decision point, the model prompts the team to consider whether to proceed, providing a logical, structured pathway from problem identification to sustained practice change. This clarity and practicality have made the Iowa Model one of the most widely adopted EBP frameworks in nursing.

The Iowa Model's emphasis on organizational priorities and team-based implementation reflects the reality that evidence-based practice change occurs within organizational contexts. By incorporating considerations of organizational priorities and engaging interdisciplinary teams,

the model ensures that practice changes are feasible, supported, and sustainable. This organizational focus distinguishes the Iowa Model and contributes to its effectiveness.

Application to a Clinical Problem

Consider the clinical problem of high rates of catheter-associated urinary tract infections (CAUTIs) on a medical-surgical unit. Applying the Iowa Model, the elevated CAUTI rate serves as the triggering issue. CAUTIs are a common, costly, and largely preventable healthcare-associated infection, making them an appropriate focus for evidence-based practice change.

Because CAUTIs compromise patient safety, increase costs, and are subject to regulatory and reimbursement considerations, the issue is a clear organizational priority. The Iowa Model prompts the team to confirm this priority before proceeding, ensuring that resources are directed toward problems that matter to the organization. Having confirmed CAUTIs as a priority, the team proceeds to the next steps of the model.

A team of nurses, infection preventionists, and physicians would be formed to gather and appraise evidence on CAUTI prevention. The evidence strongly supports interventions such as nurse-driven catheter removal protocols, strict aseptic insertion technique, and daily review of catheter necessity. The team would critically appraise this evidence, confirming its quality and applicability, before designing an intervention. The team would then pilot a nurse-driven removal protocol on the unit, monitoring CAUTI rates and adherence to the protocol.

Implementation and Evaluation

Following the pilot, the team would evaluate outcomes by comparing CAUTI rates before and after implementation, along with measures of protocol adherence and staff feedback.

This evaluation determines whether the intervention achieved the desired reduction in infections and whether it was implemented as intended. The Iowa Model's emphasis on evaluation ensures that practice changes are assessed rigorously before being adopted more broadly.

If the pilot demonstrates reduced infection rates, the practice change would be adopted unit-wide and integrated into standard workflows and policies. Integration into policies and workflows is essential to sustaining the change, as it embeds the new practice into the routine operations of the unit. Ongoing monitoring would ensure the change is sustained and continues to deliver benefits over time.

The Iowa Model's emphasis on piloting and evaluation reduces the risk of implementing ineffective changes and builds confidence among staff that the new practice is beneficial. By testing the intervention on a small scale before full implementation, the model allows the team to refine the intervention and demonstrate its value, which supports staff buy-in and sustainability. This careful, evidence-based approach exemplifies the value of using a structured EBP model.

Benefits of Using an EBP Model

Using a structured EBP model such as the Iowa Model offers significant benefits. The model provides a clear, logical pathway that guides the team through the complex process of translating evidence into practice. This structure reduces the likelihood of missteps and ensures that important considerations, such as organizational priorities and rigorous evaluation, are not overlooked.

The model also promotes collaboration and engagement by incorporating team-based implementation. By forming an interdisciplinary team and engaging staff throughout the process, the model leverages diverse expertise and builds the buy-in necessary for sustainable change.

This collaborative approach strengthens both the quality of the intervention and the likelihood of its successful adoption.

Finally, the model supports sustainability by emphasizing integration and ongoing monitoring. By embedding the practice change into policies and workflows and monitoring its continued effectiveness, the model helps ensure that improvements are maintained over time. These benefits illustrate why structured EBP models are valuable tools for advancing evidence-based practice and improving patient outcomes.

Conclusion

Applying the Iowa Model of Evidence-Based Practice to the problem of catheter-associated urinary tract infections demonstrates how a structured framework guides the translation of evidence into practice. By systematically identifying the problem, confirming its priority, appraising evidence, piloting an intervention, and evaluating outcomes, nurses can implement sustainable, evidence-based changes that improve patient safety.

EBP models such as the Iowa Model are invaluable tools for advancing nursing practice. They provide structure, promote collaboration, and support sustainability, ensuring that evidence-based changes are implemented rigorously and maintained over time. By using these models, nurses can translate research into practice effectively, improving the quality and safety of care and producing better outcomes for patients. As healthcare organizations increasingly prioritize evidence-based care, proficiency in applying EBP models will remain an essential competency for nurses at every level of practice.

References

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