How a comprehensive, evidence-based workflow solution can yield ROI organization-wide
**Executive summary**

Evidence-based practice (EBP) improves patient care and supports continuous quality improvement (QI). However, gaps exist between evidence-based knowledge and implementing it in practice. Investing in a comprehensive technological solution for developing EBP can close those gaps and yield a great “return on improvement” (ROI) – most notably through better internal communications, patient outcomes, financial gains, and career development.

**Introduction**

Whether transitioning into practice, improving clinical practice, or climbing the next rung of their career ladder, clinicians need to be lifelong learners and practice improvers. Organizationally, that requires resource-intensive efforts to ensure a culture of continuous learning — with the expectation that it will lead to sustainable outcomes in improved patient care, financial performance, and individual career satisfaction. While return on investment is a well-known standard, “return on improvement” may be a better descriptor in this case — particularly with regard to implementing EBP and QI.

Consistent reliance on EBP and QI can help institutions avoid costly performance-related penalties and reduced reimbursement imposed by the Centers for Medicare & Medicaid Services when critical metrics tied to clinical outcomes are unmet. In 2010, the Institute of Medicine set an industry-wide target that by 2020, 90% of all healthcare decisions should be based on evidence. Yet in 2023, industry estimates suggested that only 25–35% of all healthcare decisions met this standard.¹

A recent survey of nurses in academic roles, nurse residency programs, and Magnet® designation revealed the top three challenges to fully implementing EBP in their institutions:

1. **Insufficient EBP experience**
   - how to translate theory into practice
2. **Workflow silos**
   - which limit coordination across departments
3. **Lack of standardization**
   - which hinders large-scale change

Across all survey groups, 49% of the respondents identified these three barriers as the greatest challenges to furthering EBP.

**The double-edged sword of EBP initiatives**

Evidence-based research initiatives in health systems hold the key to better patient outcomes and financial performance departmentally and organization-wide, but these programs are time-intensive. Moreover, despite widespread agreement on the importance of EBP and QI, the training ground for those skills is uneven.

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Few ASN-prepared nurses receive such training. Most recent BSN-prepared nurses receive some EBP training but are unsure how to apply that knowledge or lack experience in doing so. A recent study showed only half of fourth-year nursing undergraduates knew how to apply EBP to make practice changes.

Lack of knowledge and skills in practicing and implementing EBP and QI, insufficient time to perform the research, lack of resources, limited support, and lack of financial, material, and human resources contribute to low adoption of EBP. However, innovative learning methods that apply theory to clinical practice can overcome these barriers.

**One solution, many uses**

Ovid Synthesis is a transformative solution that bridges the gap between theory and practice. This solution can be an organization-wide answer to standardizing training and facilitating EBP and QI in a way that levels the field with staff’s varying past experience while accelerating an organization’s culture of learning. The evidence-based workflow solution streamlines the cycle from the identification of clinical problems to the implementation of clinical solutions based on evidence.

Its user-friendly features, standardized workflows, and helpful prompts enable nursing staff, regardless of experience, to:

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<th>Create a PICOT question or aim statement</th>
<th>Perform literature searches</th>
<th>Collaborate with team members and mentors</th>
<th>Develop an evidence table</th>
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<td>Implement improvement through iterative cycles</td>
<td>Craft a project goal statement to align with the organization’s strategic plan, mission, vision, and values</td>
<td>Automate the production and dissemination of a finished project in various formats — as a report, a PowerPoint presentation, and more.</td>
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Studies show that clinical decision support and collaborative study improve EBP integration, both of which are built into Ovid Synthesis. The tool encourages collaboration at each step of the process, including a critical appraisal of the research findings, which automatically builds an evidence table for the study. Mentors can view all projects organization-wide to ensure no duplicative effort occurs and that best practices are spread. On the project’s back end, Ovid Synthesis provides a repository for all improvement activity so it can be measured, tracked, and spread across multiple locations.
Jane Barnsteiner, PhD, RN, FAAN, Editor, Research and QI at the American Journal of Nursing and Professor Emerita, University of Pennsylvania School of Nursing, states that when nurses participate in collaborative, well-organized, properly supported EBP and QI projects, they feel less burnout and want to be involved in more projects. Barnsteiner underscores that Ovid Synthesis provides the standardization and systemization needed to walk nurses through every step of an EBP or QI project.

**Ovid Synthesis as a “one-stop shop”**

Lya M. Cartwright-Stroupe, DNP, APRN, CPNP-PC, NEA-BC, NPD-BC, Director, West Virginia University Health System Nursing Professional Practice and Education, states that Ovid Synthesis “is a one-stop shop” and is a standard part of the WVUH nursing curriculum.

The system currently utilizes Ovid Synthesis in three major ways:

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<th>In the academic setting</th>
<th>With nurse residents</th>
<th>In nursing excellence/ Magnet® designation</th>
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<td>University graduate and doctoral-level nursing students who do clinicals within the health system are trained to use Ovid Synthesis for an EBP/QI project.</td>
<td>Nurses transitioning to practice develop an EBP project in Ovid Synthesis. It's also used for logging nursing professional activities to build a nursing portfolio.</td>
<td>Ovid Synthesis is used to gather stories and outcomes as part of the Magnet designation process.</td>
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Cartwright-Stroupe also wants to pursue "stacked" projects — that is, having a group pick up where another project leaves off. This would be particularly beneficial in furthering DPN and PhD projects that, due to time constraints, may not be completed to the point of sustainability. Plans are also in progress to implement Ovid Synthesis as part of WVUH nursing’s clinical ladder, called CAPE (Clinical Advancement for Professional Excellence). Nurses seeking upward movement in CAPE will enter demonstrations of competencies, accomplishments, and engagement into a customized template for CAPE review. Additionally, Cartwright-Stroupe wants to customize an Ovid Synthesis template to recapitulate IRB questions — in essence, creating a pre-IRB checklist for nurses. To that end, she notes how easily Ovid Synthesis templates and dashboards can be modified to meet organizational needs.

At the opposite end of the spectrum, Cartwright-Stroupe plans for Ovid Synthesis to be integrated into their earliest course of study, their Aspiring Nurses program, a 21-month diploma program. WVUH is slated to launch Aspiring Nurses in 2025. The first rollout will be on their Morgantown campus.
Applications beyond nursing

Cartwright-Stroupe states her organization is expanding its plans for utilizing Ovid® Synthesis. “We want to initiate collaborative projects between nursing and other departments. I think the sky is the limit for collaboration and education through this outstanding product.”

Amy Six-Means, MLIS, medical librarian and liaison within the Nursing Research & Evidence-Based Practice department at Children’s Health in Dallas, TX, has a similar vision. When she asked nurses how they knew they were using EBP, they answered, “We use the policies.” That was a clarion call for early case use with nurses, but it also ignited a spark for using Ovid Synthesis with Policy Development, which would cross multiple disciplines. Amy is intent on disseminating Ovid Synthesis to further EBP in departments beyond nursing. Physical Medicine & Rehabilitation (PM&R) and Risk Management have expressed high interest in using Ovid Synthesis for research and interdisciplinary collaborations. PM&R is a natural fit for collaboration among the therapeutic disciplines comprising that department.

Ovid Synthesis bridges the gap, yields ROI

Organization-wide, Ovid Synthesis puts the power of EBP into clinicians’ hands while ensuring standard workflow is followed which ensures evidence-based outcomes. It bridges the theory-to-practice gap, streamlines the process from question to project completion, and empowers users to deliver innovative patient care based on the most current evidence. The return on improvement with patient outcomes is apparent and reflected within each project. Subtler forms of that return include support of professional development, growth in critical thinking and shared decision-making, prevention of burnout, and creating a workplace environment designed for lifelong learning.

Acknowledgments

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Scan the QR code to visit the Ovid Synthesis website to learn more, or contact sales@ovid.com for a personalized demo.

References


