

Closing the Theory-to-Practice Gap

Quantifying the Impact of Ovid Synthesis for Clinical Improvement Projects

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This article presents a program evaluation study involving 18 health system leaders who use Ovid Synthesis, a web-based workflow solution for evidence-based practice, quality improvement, and research initiatives. The findings demonstrate the critical prioritization of standardization, collaboration, dissemination, and patient outcomes in order to successfully implement evidence-based practice (EBP) and how Ovid Synthesis successfully supports these priorities. Significant interest in measuring return on investment underscores the importance of demonstrating the value of EBP, in order to support continued investments in EBP practices.

INTRODUCTION

Evidence-based practice (EBP), quality improvement (QI), and research are important methodologies to improve the delivery of care and patient outcomes. As key competencies for clinicians, these methodologies are foundational topics in academic courses as well as in programs such as professional development inservices/workshops, residencies, EBP fellowships, and research intensives. EBP, QI, and research are therefore critical markers of excellence and, consequently, are embedded into certification programs or organizational designations for excellence such as the Magnet Recognition Program and Pathway to Excellence.

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The authors have disclosed that they have no significant relationship with, or financial interest in, any commercial companies pertaining to this article.

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DOI: 10.1097/NND.0000000000001098

BARRIERS TO EXECUTING EBP, QI, AND RESEARCH INITIATIVES

Despite their critical importance, clinicians and organizations face barriers in implementing EBP, QI, and research initiatives. A synthesis of 20 studies about nurses' perceptions of EBP found that making the leap from EBP training to implementation requires more collaboration with nursing leadership (Li et al., 2019) and more guidance from coaches and champions (Quigley et al., 2023). Although organizations embrace various models to facilitate EBP, models on their own are insufficient because they are not consistently adopted and implemented. This recent study (Duff et al., 2020) identified the following determinants to achieve an effective EBP environment: (a) the importance of a shared model to guide staff through the process; (b) support in the form of education, hands-on training, and knowledge infrastructure; (c) active team facilitation by direct care nurses and nursing leaders; and (d) a culture and leadership that encourages EBP.

In summary, existing studies identify barriers to effective EBP implementation and suggest the need for new organizational processes but do not offer practical technology solutions to streamline EBP, QI, and research efforts.

Innovation: Ovid Synthesis, an EBP, QI, and Research Workflow Solution

Ovid Synthesis (synthesis.ovid.com), a web-based workflow solution built for EBP, QI, and research initiatives, was created to address EBP, QI, and research challenges across health systems. Ovid Synthesis aims to reduce the overhead time spent on administrative and redundant tasks, improve the efficiency of projects produced through the use of a standardized workflow configured by the organization, quantify outcomes of projects through the use of a return on investment (ROI) solution built into each project, and positively impact team member engagement through transparent, easy collaboration tools, leading to less burnout and more joy in work (Barnsteiner et al., 2023).

METHODS

The purpose of this program evaluation was to quantify the value propositions that Ovid Synthesis provides to healthcare systems for the four key challenges mentioned above. A Leadership Survey was developed through an iterative process. First, the team worked with hospital and academic systems to identify a set of key benefits for both clinicians and leadership. Once the

value propositions were developed, Ovid Synthesis team members held focus groups with a subset of key health system leaders to assess their level of agreement with each benefit statement and understand the degree to which they were measuring or had plans to measure that benefit. The feedback data were reviewed to finalize the proposition statements for the survey.

The Leadership Survey was distributed to 40 leaders in EBP leadership roles at 18 health systems through Qualtrics. The results were analyzed for relevant qualitative items and themes.

RESULTS

Eighteen of the 40 leaders responded to the leadership survey, representing a response rate of 45% (see Table 1). Findings related to the four priorities are described below.

Standardization of Workflows and Guidance

The top priority and benefit focused on the standardization of EBP, QI, or research workflows and guidance for each step of the process. Ovid Synthesis provides a selection

of standardized templates that ensures that teams consistently use the same process. The templates include easy-to-access tips and examples, making it faster for novices to get the instruction they need where they need it.

An average priority rating of 4.61 (5-point scale) was given to this item. Top 2 box scores (T2Box%) showed 94% of hospitals rated standardization as a high to extremely high priority. In terms of perceived benefit to date, an average rating of 3.43 (5-point scale) was found. Top 2 box scores (T2Box%) showed 86% of hospitals rated standardization as a high to extremely high benefit.

Collaboration and Project Dissemination

The second and third priorities were focused on collaboration between clinicians using Ovid Synthesis to eradicate silos across teams by project, unit, and discipline and to establish systemness and focus on project dissemination to enable poster and paper exports, which match program requirements. Because it is web based, Ovid Synthesis enables teams to work together virtually and share live updates, thus facilitating collaboration between team members and leadership. The average priority rating for collaboration of 4.50 (5-point scale) was given, and top 2 box scores (T2Box%) showed 89% of health systems rated collaboration as a high to extremely high priority. In terms of benefit to date, an average rating of 3.36 (5-point scale) was found. For dissemination, an average priority rating of 4.39 (5-point scale) was given. Top 2 box scores (T2Box%) showed 94% of health systems rated dissemination as a high to extremely high priority. In terms of benefit to date, an average rating of 3.33 (5-point scale) was found. Top 2 box scores (T2Box%) showed 83% of health systems rated dissemination as a high to extremely high benefit. Of health system respondents, 15%–34% were currently tracking these metrics. Over 50% of health systems are not currently evaluating project dissemination but reported future plans to do so. Between 15% and 54% were not evaluating these metrics but were interested in doing so in the future.

Patient Outcomes

The fourth and last priority focused on the degree to which Ovid Synthesis supports improved patient outcomes by promoting a culture of clinical inquiry, innovation, and best practices. The Leadership Survey indicated that Ovid Synthesis provides a linkage opportunity between EBP and patient outcomes. These findings validate the efforts to implement and sustain EBP within an organization.

An average rating of 4.28 (5-point scale) was given to this item. Top 2 box scores (T2Box%) showed 78% of health systems rated patient outcomes as a high to extremely high priority. In terms of benefit to date, an average rating of 2.78 (5-point scale) was found. Top 2 box scores (T2Box%) showed 56% of hospitals rated patient outcomes as a high to extremely high benefit. Over 50% of health systems were

Characteristic	Total = 18, n
Highest level of education	
MSN	3
PhD	7
DNP	6
MLS	2
Role	
Nurse scientist, Director of Nursing Research	1
EBP Program Manager	3
Director of System Research	1
Director of Professional Development	2
Director of Practice	3
Magnet Program Director	2
Director of Library Services	2
Director of Nursing Innovation	2
Director of Quality Improvement	1
Director of Education	1
Practice setting	
Hospital nonteaching	4
Hospital teaching	14

Note. EBP = evidence-based practice.

not currently evaluating impact on patient outcomes but plan to in the future. Thirty-three percent reported interest with no current or future plans, whereas 8% reported no interest in this metric.

Table 2 provides a summary of the priority, benefit, and evaluation ratings. Of the priorities studied, results indicated benefits had been delivered for improved standardization, collaboration, and dissemination. The benefit related to improved patient outcomes delivered less benefit to date. These findings are likely due to the necessary time to effectively design and execute an effective practice change (Tucker & Gallagher-Ford, 2019). As a result, although patient outcomes may not be a leading indicator in the early stages of Ovid Synthesis use, health systems should expect to see improvement in patient outcomes over time when Ovid Synthesis is implemented in a supportive evidence-based culture. In terms of evaluation, standardization and dissemination are priority areas currently being evaluated by most organizations. Organizations have future plans to measure the impact of Ovid Synthesis on patient outcomes.

Health system stakeholders also shared four additional benefits of Ovid Synthesis in qualitative comments collected in the Leadership Survey. These benefits included (a) reinforcing improved culture of clinical inquiry, (b) greater learning, (c) opportunity for external collaboration, and (d) saved time in administrative tasks for program oversight or EBP education workload due to coaching and prompts embedded in Ovid Synthesis.

DISCUSSION

The results of this evaluation provide valuable insights into the priorities and perceived benefits of Ovid Synthesis among a small sample of health system stakeholders ($n = 18$ organizations). The findings reveal a clear alignment between the priorities identified by these stakeholders and the perceived benefits of implementing Ovid Synthesis, which has important implications for the strategic focus of health systems.

Prioritization of EBP

Ovid Synthesis was developed with a focus on standardization of workflows, collaboration, dissemination, and patient outcomes. The survey validated that these are high priorities for the health system and that Ovid Synthesis fully addresses them. These priorities reflect a pragmatic approach to implementing EBP, with a strong emphasis on operational efficiency. The top priority, standardization of workflows, indicates that stakeholders see a pressing need to streamline processes within their organizations. By standardizing workflows, health systems can reduce variability, minimize errors and duplication, and improve the consistency of care delivery, all of which contribute to increased efficiency. Less than 15% of hospitals were currently evaluating the metrics for improved standardization. Although over 50% of hospitals were not currently conducting evaluations, they reported plans to do so in the future.

Collaboration and dissemination were also highlighted as key priorities, suggesting that stakeholders recognize the importance of working together and sharing knowledge to achieve the best possible outcomes. This focus on collaboration reflects the complex, interdisciplinary nature of health care, where different teams and departments must work together to implement EBP successfully. Meanwhile, dissemination is crucial for ensuring that the best practices and evidence are not only developed but also widely shared and adopted across the organization.

Finally, prioritizing patient outcomes reinforces the ultimate goal of EBP: to enhance the quality of care and improve patient health. It underlines that all other efforts are ultimately aimed at achieving better outcomes for patients.

Perceived Benefits of EBP

The stakeholders reported that the greatest benefits of EBP align with their priorities, listed in the same order: standardization, collaboration, dissemination, and patient outcomes. This alignment suggests that the stakeholders' expectations are being met when Ovid Synthesis is implemented effectively.

TABLE 2 Program Evaluation Score Summary

Priority/ Benefit	Priority Rating (1–5)/Top 2 Box % ^a	Benefit Rating (1–5)/ Top Box % ^b	Evaluation % ^c			
			Currently Evaluating	Not Evaluating But Have Plans	Interested But No Plans to Evaluate	No Interest in Evaluating
Standardization	4.61/94%	3.43/86%	13%	44%	32%	1%
Collaboration	4.50/89%	3.36/93%	7%	43%	45%	5%
Dissemination	4.39/94%	3.33/83%	16%	31%	31%	4%
Patient outcomes	4.28/78%	2.78/56%	0%	58%	33%	8%

^aPercentage of ratings in Top 2 boxes: high or extremely high priority.

^bPercentage of ratings in Top 2 boxes: high or extremely high benefit.

^cAverage percentage across evaluation metrics.

The consistent emphasis on standardization as both a priority and the most significant benefit reinforces the view that streamlining workflows is critical for achieving efficiency and improving overall system performance.

Collaboration and dissemination being perceived as major benefits indicate that when health systems implement EBP, they experience improvements in teamwork and the effective spread of knowledge. This likely leads to more cohesive care teams and better-informed decision-making, which are essential for delivering high-quality care.

Measurement of Return on Investment

An overwhelming 98% of health systems reported that they are either currently measuring, planning to measure, or interested in measuring the ROI of Ovid Synthesis. This strong focus on ROI highlights the growing recognition of the need to quantify the value of EBP initiatives.

Measuring ROI is critical for justifying the investments in EBP, QI, and research tools, including Ovid Synthesis, especially in resource-constrained environments. It allows health systems to demonstrate the financial benefits of improved efficiency, collaboration, dissemination, and patient outcomes. Additionally, by measuring ROI, organizations can make more informed decisions about where to allocate resources, prioritize initiatives, and identify areas for further improvement.

The high interest in ROI measurement also indicates that stakeholders are increasingly focused on accountability and evidence of impact. This trend is expected to drive more rigorous evaluation of EBP programs, leading to more data-driven decision-making and the optimization of healthcare practices.

CONCLUSION

Addressing EBP, QI, and research challenges requires leadership commitment, empowered clinicians with shared governance, and investment in workflow tools that enable high-quality, evidence-based care within a supportive culture. The findings of this program evaluation survey show that incorporating Ovid Synthesis addresses health system priorities and reduces the barriers clinicians face in executing EBP, QI, and research. Additionally, respondents' strong focus on ROI underscores the growing priority of quantifying the value of EBP, QI, and research initiatives. By enhancing the professional experience for clinicians and providing opportunities for healthcare organizations to achieve clinical excellence, Ovid Synthesis supports the pursuit of improved patient safety and clinical outcomes.

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