
Ovid® Synthesis

Excellence in nursing: Implement evidence-based care to elevate clinical and financial outcomes



By: Margo A. Halm, PhD, RN, NEA-BC
at the VA Portland Healthcare System

Executive summary

Nurses are on the front line when it comes to delivering quality patient care. Hospitals and healthcare settings must invest in the tools and education to empower nurses, enable evidence-based practice (EBP), deliver patient-centered care, and support continuous quality improvement (QI) initiatives. Such efforts pay dividends in terms of improved clinical outcomes and patient safety, increased job satisfaction, Magnet® designation, and ultimately financial incentives for the institutions. However, recognizing the benefits is different than realizing them. Active investment in an innovative solution that offers these essential benefits is an important step towards gaining a significant return on investment along a healthcare organization's journey to achieving nursing excellence.

Nurses have the education, empathy, and resourcefulness needed to maximize the quality of care throughout all aspects of a patient's healthcare journey.

Introduction

Nurses have the education, empathy, and resourcefulness needed to maximize the quality of care throughout all aspects of a patient's healthcare journey. They routinely innovate and adapt their clinical practice to meet the changing needs of each unique patient.

However, too often, the nursing staff is stretched thin. Time and resource constraints make it challenging to undertake, extract, and synthesize research, then use the data-driven findings to implement consistent EBP and nursing protocols. In addition, healthcare organizations may lack the consistent leadership and commitment necessary to implement data-driven care as standard practice.

It can be discouraging when a healthcare organization unevenly embraces EBP and implements QI initiatives, threatening aspirational goals. In fact, failure to prioritize EBP and QI contributes to burnout among nurses, exacerbating the current nursing shortage across the U.S. A recent study in the *The Journal of Nursing Administration* illustrates the impact of achieving Magnet® designation – finding that Magnet® hospital nurses were 18% less likely to be dissatisfied with their job and 13% less likely to report high burnout.¹

Evidence-based care requires a concerted effort to identify what the clinical and scientific community has studied, evaluate the findings, and consistently and smoothly implement evidence into routine patient care. This process includes internal and external sources of research, best practices, and lessons learned from the collective nursing community.

Translating clinical research into best practices at the point of care

In 2010, the Institute of Medicine (IOM) set a target that by 2020, 90% of all healthcare decisions should be based on evidence. Yet, industry estimates suggest only 25–35% of healthcare decisions meet this standard.²

Two primary factors are partly responsible for the persistent gap between how often EBP is achieved compared to the IOM's aspirational industry-wide goal. First, too often, the status quo mindset – this is just how we've always done it – encourages a culture that may not be committed to continuous improvement. Second, too many hospitals and other healthcare settings have not invested the necessary time and resources or secured

buy-in from top management. Without these supports, the nursing community is left to function on an ad hoc basis, with mixed results.

Studies show when healthcare organizations implement EBP and QI programs, readmissions alone could be reduced by 44%, with additional impacts on hospital stays, medication errors, hospital-acquired infections, falls, and pressure injuries.³ While improved clinical outcomes are the top priority, it should not go overlooked that developing a strong culture of EBP and QI also improves job satisfaction and reduces nurse attrition.

Meanwhile, cultures that don't fully support patient care risk reputational harm. This harm can create disadvantages in competitive regional markets, undermine future business collaboration opportunities, and hinder optimal placement in national and local quality rankings. Failure to consistently use evidence-based care as the guiding principle also creates direct and indirect financial penalties — for patients and healthcare organizations. For example, patients incur out-of-pocket expenses when they are unable to manage chronic health conditions or complex medication regimens properly or when they experience preventable disease progression or hospital readmissions. Compounding these financial impacts, many patients also experience lost wages due to these preventable medical issues.

Meanwhile, for healthcare organizations, an important driver for pursuing evidence-based care today are the penalties imposed by the Centers for Medicare & Medicaid (CMS) on hospitals that do not meet target metrics on specific aspects of healthcare. These critical metrics include the patient's length of stay, 30-day readmission rates, harms related to patient falls, hospital-acquired pressure injuries, hospital-acquired infections, central-line-associated bloodstream infections, catheter-related urinary tract infections, and more.

A technology backbone is essential

Having a strong, centralized technology framework is critical for supporting initiatives related to both EBP and QI and achieving Magnet designation. Over the years, many hospitals and healthcare settings have developed homegrown solutions or partnered with vendors whose software solutions only address part of the challenge. However, these piecemeal approaches tend to be limited in scope and capabilities.

By contrast, Wolters Kluwer's Ovid® Synthesis is an evidence-based practice workflow solution designed to give nurses the tools to enable evidence-based care. Ovid Synthesis helps nurses and researchers create focused research queries, conduct literature searches, and curate the most relevant findings to address the question. The solution's easy-to-use export features can be used to disseminate clinical findings in a timely and effective way. As a result, the findings can be used to inform the development of evidence-based practice frameworks and nursing protocols that ensure more consistent, data-driven patient care.

The system's key features include standardized expert workflow templates that are designed based on specific use cases. The templates provide step-by-step guidance, as well as real-time visibility into the status of all EBP and QI projects within the

Penalties imposed by CMS are not insignificant.

For instance, in FY21, Medicare issued penalties resulting in an average reduction in payment of

**0.64%
for 82%**
of hospitals evaluated.

These reductions over the next fiscal year will cost hospitals more than

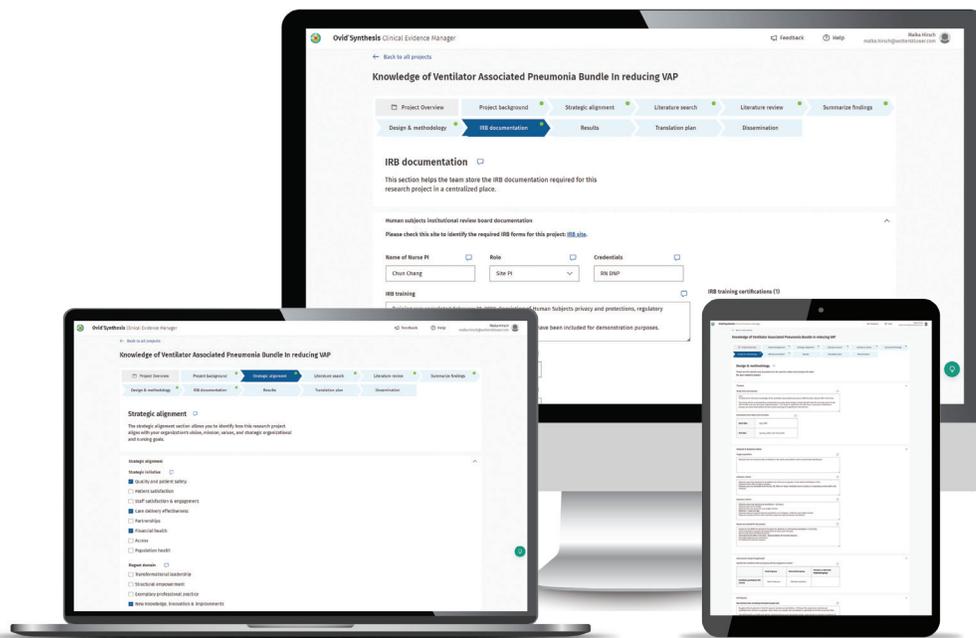
\$521MM⁴

To get full reimbursement in FY23, hospitals and healthcare settings must also meet new targets set by CMS related to 14 specific hospital-acquired infections.

organization — with executive- and project-level dashboards. These features allow site administrators, coaches, and mentors the ability to offer guidance and support to move improvement initiatives forward.

Notably, the solution includes a number of tools to help nurses, residents, and students develop the most relevant research query following a PICO question model (that is, to frame the research query using a standard format in terms of Patient/Population/ Problem, Intervention, Comparison, and Outcomes). The PICO question then guides the literature search to follow. Findings from the literature search are organized into an easy-to-use critical appraisal table.

Ovid® Synthesis is a technology-based workflow solution designed to give nurses the tools and support they need.



Multiple stakeholders can access the critical appraisal table and add comments. This access enhances visibility, breaks down silos, improves communication among teams, and fosters a more collaborative culture — a hallmark of any hospital that has earned Magnet® designation.

The final step in the process — dissemination of the research findings — is made easy by Ovid Synthesis. This process includes embedded tools that simplify the translation of evidence-based findings into various formats, with export templates including Microsoft Word, PowerPoint, poster formats, and more. These options automate and streamline the dissemination of the research findings to stakeholders so they can eventually translate the best available evidence into improved treatment at the point of care and consistent, data-driven nursing protocols.

While the Ovid Synthesis system is designed with many standardized workflow templates, it also allows for a degree of customization to meet the specific needs of the facility – capabilities not typically available when relying on fragmented or homegrown software solutions.

As the saying goes: “Nothing changes if nothing changes.” Efforts to gain leadership commitment, empower nurses with shared governance, and invest in tools that enable high-quality, evidence-based care will create a culture of EBP and continuous practice improvement. As a result, the organization will enrich the professional experience for nursing staff, increase revenue through Magnet® designation and reduction of financial penalties, and provide opportunities for the healthcare organization to achieve nursing excellence and improve clinical outcomes and patient safety.

Acknowledgment

The author would like to thank Maureen Shawn Kennedy, MA, RN, FAAN, Editor-in-Chief Emerita, *American Journal of Nursing*, and Jane Barnsteiner, PhD, RN, FAAN, Editor of Translational Research and QI, *American Journal of Nursing* and Professor Emerita, University of Pennsylvania School of Nursing, for their thoughtful contribution during the development of this position paper.

References

1. Nurse Outcomes in Magnet® and Non-Magnet Hospitals. *JONA: The Journal of Nursing Administration*. 2019; 49 (10S): S19-S24. doi: 10.1097/NNA.0000000000000801.
2. National Institutes of Health, National Library of Medicine, Institute of Medicine, Leadership Commitments to Improve Value in Healthcare: Finding Common Ground: Workshop Summary, National Academies Press, Washington, DC, 2009. <https://www.ncbi.nlm.nih.gov/books/NBK52847/>
3. Alyahya, Mohammad S et al. “Integrating the Principles of Evidence Based Medicine and Evidence Based Public Health: Impact on the Quality of Patient Care and Hospital Readmission Rates in Jordan.” *International journal of integrated care* vol. 16,3 12. 31 August 2016, doi:10.5334/ijic.2436
4. Rau, J. (2021, October 28). Medicare punishes 2,499 hospitals for high readmissions. *Kaiser Health News*. Retrieved March 31, 2023, from <https://khn.org/news/article/hospital-readmission-rates-medicare-penalties/>



Margo A. Halm, PhD, RN,
NEA-BC at the VA Portland
Healthcare System