


Perioperative Nursing Leaders Implement Clinical Practice Guidelines Using the Iowa Model of Evidence-Based Practice 1.3 www.aorn.org/CE

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Purpose/Goal

To provide the learner with knowledge specific to implementing clinical practice guidelines using the Iowa Model of Evidence-Based Practice for Perioperative Nursing Leaders.

Objectives

1. Describe barriers that affect how staff nurses practice.
2. Discuss how surgical site infections (SSIs) result in poor outcomes.
3. Describe an example of using clinical guidelines to reduce the incidence of SSIs.
4. Identify theoretical models that can be used to guide clinical decision making and evidence-based practice (EBP).
5. Explain use of the Iowa Model.

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Ms White and Dr Spruce have no declared affiliation that could be perceived as posing potential conflicts of interest in the publication of this article.

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ABSTRACT

Many health care organizations, nursing leaders, and individual clinicians are not providing care consistently based on evidence and many are not aware of the evidence that is available. Preventable complications have an adverse effect on hospital reimbursement and the burden is placed on hospital personnel and nursing leaders to use current evidence to improve care and prevent complications, such as surgical site infections. Using AORN resources, leadership involvement and ownership, and implementing a theoretical model will contribute to implementing daily evidence-based practice and help to decrease the chasm between research and practice. *AORN J* 102 (July 2015) 51-56. © AORN, Inc, 2015. <http://dx.doi.org/10.1016/j.aorn.2015.04.001>

Key words: *evidence-based practice, EBP, clinical practice, guidelines, AORN.*

Evidence-based practice (EBP) should be the standard of care in all perioperative facilities. However, care is not always provided based on evidence, and often perioperative leaders are unaware of the evidence that is available. Research has shown variation in the quality of care throughout the United States and within individual facilities.¹ Preventable complications have an effect on hospital reimbursement and the burden is placed on hospital personnel and nursing leaders to use current evidence to improve care.²

Perioperative nursing leaders, including executives, managers, and educators, must recognize that variability in care has the potential to affect outcomes, safety, and health care costs. Failure to align care with the patient's need and support that care with evidence may prove to be costly to facility resources and pose a threat to patient safety.³ Research has found that most staff nurses practice based on how they were taught by senior

nurses and not based on what has been proven to work.⁴ When making clinical decisions, nurses use other sources of evidence, such as reflection on their own experiences, rather than EBP.⁵ Time constraints, lack of skill, and knowledge deficits have been found to be barriers to providing EBP.

Perioperative nursing leaders are in the perfect position to integrate best evidence into clinical practice by developing skills, becoming EBP champions, overcoming barriers, and supporting EBP among health care team members.⁶ Clinical practice guidelines, such as AORN's *Guidelines for Perioperative Practice*,⁷ can help perioperative nursing leaders by translating the abundance of literature related to EBP into clear recommendations for patient care. Clinical practice guidelines promote a more consistent, safe, and cost-effective approach to patient care through the application of EBP.⁸

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