American Academy of Ambulatory Care Nursing
Shaping Care Where Life Happens

EBP TOOLKIT

CLINICAL AREA

☐ Primary Care ☐ Telehealth ☐ Specialty Care ☐ Urgent Care ☐ ED
☐ Outpatient Surgery ☐ Home Health ☐ School Nursing ☐ Community Health ☐ Other

TEAM MEMBERS/ROLES: Lead, clinical expert, EBP champion, mentor/consultant

Name	Title	Role

PROBLEM
Describe the current problem this initiative targets. How prevalent is it?
What impact does the problem have on patient, team, organizational outcomes?
Include internal practice data if available.

Triggers
How was the problem identified?

☐ Knowledge trigger – New evidence-based guideline, systematic review, clinical study

☐ Practice trigger – Safety, risk management or quality issue (e.g., performance on nurse sensitive or patient experience indicator), variation in practice, financial concern

STEP 1. Formulate PICO(T) Question
What is the clinical, educational or administrative question?
What are the PICO(T) components?

P (*Patient, population, problem*):

I (*Intervention, if applicable*):

C (*Comparator*):

O (*Outcome*):

T (*Timing*):

Stakeholders
Specify role: Approval, resource, interested party, team member

Name	Position	Role

STEP 2. Search for Internal & External Evidence

Internal Practice Data

External Search Strategy

Search or MeSH Terms:

Boolean Operators: ☐ AND ☐ OR ☐ NOT

Limiters: ☐ English ☐ Research ☐ Year range _____ ☐ Other

Databases: ☐ CINAHL ☐ PubMed ☐ Cochrane Library ☐ Joanna Briggs ☐ Other:

STEP 3. Critically Appraise External Evidence

Evidence Table

Author/ Year	Design/ Methods	Sample/N	Findings	LOE/ Quality

Synthesis Table

Note if outcomes significantly improved or worsened ($p<.05$) or remained same ($p>.05$), or not applicable/ measured

Author	LOE/ Quality	Sample Size	Outcome 1	Outcome 2	Outcome 3	Outcome 4
Jones et al. (2024)	I/A	250	Improved	N/A	Stayed same	Worsened

Appendix D

Evidence Level and Quality Guide

Evidence Levels	Quality Ratings
Level I Experimental study, randomized controlled trial (RCT) Explanatory mixed method design that includes only a level I quaNtitative study Systematic review of RCTs, with or without meta-analysis	**QuaNtitative Studies** **A High quality**: Consistent, generalizable results; sufficient sample size for the study design; adequate control; definitive conclusions; consistent recommendations based on comprehensive literature review that includes thorough reference to scientific evidence. **B Good quality**: Reasonably consistent results; sufficient sample size for the study design; some control, fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence. **C Low quality or major flaws**: Little evidence with inconsistent results; insufficient sample size for the study design; conclusions cannot be drawn.
Level II Quasi-experimental study Explanatory mixed method design that includes only a level II quaNtitative study Systematic review of a combination of RCTs and quasi-experimental studies, or quasi-experimental studies only, with or without meta-analysis	**QuaLitative Studies** No commonly agreed-on principles exist for judging the quality of quaLitative studies. It is a subjective process based on the extent to which study data contributes to synthesis and how much information is known about the researchers' efforts to meet the appraisal criteria. *For meta-synthesis, there is preliminary agreement that quality assessments of individual studies should be made before synthesis to screen out poor-quality studies*[1]. **A/B High/Good quality** is used for single studies and meta-syntheses[2]. The report discusses efforts to enhance or evaluate the quality of the data and the overall inquiry in sufficient detail; and it describes the specific techniques used to enhance the quality of the inquiry. Evidence of some or all of the following is found in the report: • Transparency: Describes how information was documented to justify decisions, how data were reviewed by others, and how themes and categories were formulated. • Diligence: Reads and rereads data to check interpretations; seeks opportunity to find multiple sources to corroborate evidence. • Verification: The process of checking, confirming, and ensuring methodologic coherence. • Self-reflection and scrutiny: Being continuously aware of how a researcher's experiences, background, or prejudices might shape and bias analysis and interpretations. • Participant-driven inquiry: Participants shape the scope and breadth of questions; analysis and interpretation give voice to those who participated. • Insightful interpretation: Data and knowledge are linked in meaningful ways to relevant literature. **C Low quality** studies contribute little to the overall review of findings and have few, if any, of the features listed for high/good quality.
Level III Nonexperimental study Systematic review of a combination of RCTs, quasi-experimental and nonexperimental studies, or nonexperimental studies only, with or without meta-analysis Exploratory, convergent, or multiphasic mixed methods studies Explanatory mixed method design that includes only a level III quaNtitative study QuaLitative study Meta-synthesis	

Evidence Levels	Quality Ratings
Level IV Opinion of respected authorities and/or nationally recognized expert committees or consensus panels based on scientific evidence Includes: • Clinical practice guidelines • Consensus panels/position statements	A **High quality:** Material officially sponsored by a professional, public, or private organization or a government agency; documentation of a systematic literature search strategy; consistent results with sufficient numbers of well-designed studies; criteria-based evaluation of overall scientific strength and quality of included studies and definitive conclusions; national expertise clearly evident; developed or revised within the past five years B **Good quality:** Material officially sponsored by a professional, public, or private organization or a government agency; reasonably thorough and appropriate systematic literature search strategy; reasonably consistent results, sufficient numbers of well-designed studies; evaluation of strengths and limitations of included studies with fairly definitive conclusions; national expertise clearly evident; developed or revised within the past five years C **Low quality or major flaws:** Material not sponsored by an official organization or agency; undefined, poorly defined, or limited literature search strategy; no evaluation of strengths and limitations of included studies, insufficient evidence with inconsistent results, conclusions cannot be drawn; not revised within the past five years
Level V Based on experiential and nonresearch evidence Includes: • Integrative reviews • Literature reviews • Quality improvement, program, or financial evaluation • Case reports • Opinion of nationally recognized expert(s) based on experiential evidence	**Organizational Experience (quality improvement, program or financial evaluation)** A **High quality**: Clear aims and objectives; consistent results across multiple settings; formal quality improvement, financial, or program evaluation methods used; definitive conclusions; consistent recommendations with thorough reference to scientific evidence B **Good quality**: Clear aims and objectives; consistent results in a single setting; formal quality improvement, financial, or program evaluation methods used; reasonably consistent recommendations with some reference to scientific evidence C **Low quality or major flaws**: Unclear or missing aims and objectives; inconsistent results; poorly defined quality improvement, financial, or program evaluation methods; recommendations cannot be made **Integrative Review, Literature Review, Expert Opinion, Case Report, Community Standard, Clinician Experience, Consumer Preference** A **High quality**: Expertise is clearly evident; draws definitive conclusions; provides scientific rationale; thought leader(s) in the field B **Good quality**: Expertise appears to be credible; draws fairly definitive conclusions; provides logical argument for opinions C **Low quality or major flaws**: Expertise is not discernable or is dubious; conclusions cannot be drawn

1 https://www.york.ac.uk/crd/SysRev/!SSL!/WebHelp/6_4_ASSESSMENT_OF_QUALITATIVE_RESEARCH.htm
2 Adapted from Polit & Beck (2017).

Strength of Evidence - ©The Johns Hopkins Hospital/ Johns Hopkins University School of Nursing

☐ Strong compelling evidence, consistent results - Solid indication for practice change is indicated.
☐ Good and consistent evidence - Consider pilot of change or further investigation.
☐ Good but conflicting evidence - No indication for practice change; consider further investigation for new evidence or develop a research study.
☐ Little or no evidence - No indication for practice change, consider further investigation for new evidence, develop a research study or discontinue project.

Best Evidence Recommendation

STEP 4. Apply Best Evidence

Identify key organizational context and cultural factors and readiness for the EBP change, including facilitators/ strengths and barriers/challenges:

Describe your EBP practice change to communicate your implementation plan in an organizing sentence:
Example: We are organizing Who (constituency) to do What (measurable aim) by How (tactics) in order to Why (motivating vision) by When (timeline)

Identify Metrics – How will you know the change was an improvement?
Specify metric (process & outcome), data source, data collection frequency, team member who will collect

Action Plan Details

	Task	Responsible Person	Target Date
1			
2			
3			
4			
5			

STEP 5. Evaluate Outcomes

Process:

Outcomes:

STEP 6. Disseminate Outcomes

Specify plan to disseminate findings within and outside the organization.

Internal Audiences: ☐ Staff Meeting ☐ Leadership Meeting ☐ Committees
☐ Interprofessional Meeting

External Audiences: ☐ Poster ☐ Podium ☐ Scholarly Publication