Differentiating Between EBP, Research, and Quality Improvement

	EBP	Research	Quality Improvement (QI)
	"EBP is the process of shared decision-making between practitioner, patient, and others significant to them based on research evidence, the patient's experiences and preferences, clinical expertise or know-how, and other available robust sources of information" (Sigma Theta Tau International 2005-2007 Research Scholarship Advisory Committee, 208, p. 1). EBP is healthcare delivery based on the integration of the best research evidence available combined with clinical expertise, in accordance with the preferences of the patient and family (Sackett et al., 1996, 2000).	Research is the "systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge" (US Department of Health & Human Services, n.d.-b, para. 2)	"QI consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups" (US Department of Health and Human Services, 2011, p. 1) The six aims of healthcare quality are to provide safe, effective, patient-centered, timely efficient, and equitable healthcare (IOM, 2001)
Intent Who benefits	• Patients • Clinicians • Organization	• Clinicians • Scientific community • Subjects (on occasion)	• Patients • Clinicians • Organization
Purpose	• Improve quality and safety within the local clinical setting by applying evidence in health care delivery	• Contribute to and/or generate new knowledge that can be generalized	• Improve quality or safety of processes or patient experience within the local clinical setting • Improve efficiency or flow • Standardize work
Scope of interest	• Specific unit or patient population within an organization	• Generalize to populations beyond organization	• Specific unity or patient population within an organization
Methodology Processes or outcomes measurement	• Measures include knowledge, attitude, behavior/practices, outcomes, and balancing measures • Measures for key indicators using tools with face validity but may be without established validity or reliability	• Measures are complex • Measures take time to completed • Measures require a protocol detailing how to administer • Measures require preliminary tests of reliability, validity, specificity, and/or sensitivity	• Measures are simple and easy to use and administer • Measures for key indicators only • Measures developed locally
Design	• Iowa Model or other EBP process model	• Experimental • Observational • Descriptive	• Lean • Plan Do Study Act (PDSA) • Six Sigma
Suggested Terminology	• Project Director • Patients • Clinicians	• Investigator • Researcher • Participants • Subjects	• Project Lead • Patients • Clinicians

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Sackett, D. L., Rosenberg, W. M. C., Gray, J. A. M., Haynes, R. B., & Richardson, W. S. (1996). Evidence based medicine: What it is and what it isn't. *BMJ, 312*(7023), 71-72. https://doi.org/10.1136/bmj.312.7023.71

Sackett, D. L., Straus, S. E., Richardson, W. S., Rosenberg, W. M., & Haynes, R. B. (2000). *Evidence-based medicine: How to practice and teach EBM* (2nd ed.). Churchill Livingstone.

Sigma Theta Tau International 2005—2007 Research Scholarship Advisory Committee. (2008). Sigma Theta Tau International position statement on evidence-based practice February 2007 summary. *Worldviews on Evidence-Based Nursing, 5*(2), 57-59. https://doi.org/10.1111/j.1741-6787.2008.00118.x

US Department of Health & Human Services. (n.d.-b). *Quality improvement activities FAQs.* https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/quality-improvement-activities/index.html

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