

EBP Project Title: _____

Site Name: _____

EBP Project Leader/student:

Name: _____

Contact Phone: _____

Contact E-mail: _____

I am a student enrolled at: _____

(Project leader is the employee who leads the project if not a student)

Guidelines for Preparing an EBP Project

- Complete the *EBP Project Summary Form*
- Complete the *Request for EBP Review*
- Submit both documents to nursingebp@northwell.edu.
- Do not delete any of the text contained within this document
- Please make sure to keep an electronic copy of this document for future modifications if needed.

1. PREVIOUS PROJECT HISTORY

Has this project ever been reviewed and not approved?

☐ No ☐ Yes – if yes, please explain: _____

2. COMPLETE THE FOLLOWING SECTIONS

Background & Significance of the Problem *(How did you select this problem and why is it important? Include implications to patient care outcomes locally, regionally, nationally or globally)*

PICO(T) Question *(Include all components of the PICO(T)-patient/population, suggested intervention, comparison/current practice, and expected outcome)*

Location and Appraisal of the Evidence (Available evidence related to your PICO (T) question- *internal evidence* -patient outcomes/quality metrics; *external evidence*-evidence from systematic reviews, meta-analysis, or clinical practice guidelines).

Evidence Synthesis (Provide summary and synthesis of available evidence specific to your PICO (T) question)

Evidence-based recommendations for initiating new practice or changing practice (Include strength and quality of evidence for each recommendation).

Plan for Implementation Process (Evaluate current practice and compare with identified evidence. Describe any identified gaps. If current practice is not based on evidence, describe the implementation plan).

Outcomes Measurements/Results (Describe outcomes measures, specific to your PICO question. Please attach pre and post data collection tools).

Implications for Practice/Next Steps (Plan for spread & sustainability, , cost/ROI etc.)

3. PROJECT TIMELINE (Describe the estimated timeline of your project; Be specific)

4. REFERENCES (Provide relevant list of references).

Northwell Health Institute for Nursing
System Nursing EBP Review Committee

Request for EBP Review Form - (Internal and External Request)

Students:

- (1) Does your school have an affiliation agreement with Northwell Health for your specific program of study allowing you to conduct an EBP project? ☐ Yes ☐ No* (Please consult with your advisor)

*If no, please note that you cannot conduct an EBP project with Northwell Health until an affiliation agreement is obtained.

Faculty Chairperson:

- (1) I attest to the above student's program of study having an affiliation agreement with Northwell Health allowing the student to conduct research.
(2) I have reviewed and approved the attached final proposal being submitted to Northwell Health's **System Nursing EBP Review Committee** for its approval.

Committee Chair Signature

Date

- This form must be typed.
- Please submit completed form with your protocol to nursingebp@northwell.edu

Date of Submission: _____

Project Lead/student Name: _____ Email: _____ Phone #: _____

Facility: _____

Department: Nursing ☐ Yes ☐ No

(If No, please specify department) _____

School & Program Enrolled: _____

Project Title: _____

Submission Type: ☐ New Proposal ☐ Resubmission (For resubmission, please provide date of original review) _____

This project is on: ☐ 1) Developing evidence based recommendations (with strength and quality of evidence) to answer a clinical question

☐ 2) Implementation of evidence to initiate new practice or change current practice

If "2", have you submitted a Human Subjects Research Determination Request? ☐ Yes ☐ No

If yes, what was the determination? ☐ IRB review required ☐ IRB review not required

→ If IRB review is required, please submit a request for scientific review to nursingresearch@northwell.edu for a research study.

→ If IRB review is not required, the Human Subjects Research Determination Document must be attached along with this form.

If no, please submit for a human subjects' research determination to IRB

I am respectfully requesting a review of the attached proposal which uses the Guideline for Preparing an EBP project. All data collection forms that are described in the proposal are attached.

The following are additional considerations regarding the proposal for the Nursing EBP Review Committee:

I have notified the Research & EBP council chair at my site and discussed this project. ☐ Yes ☐ No

Signature of Project Leader: _____ Date: _____

