



**Center for Nursing at the Foundation of NYS Nurses
Cathryne A. Welch Center for Nursing Research
2017 Clinical Team Practice Improvement Award**

**Nominate your clinical team for the Center for Nursing
2017 Clinical Team Practice Improvement Award**

The Center for Nursing Cathryne A. Welch Center for Nursing Research invites submissions for the *Clinical Team Practice Improvement Award*. This award, sponsored by the Foundation of NYS Nurses, is designed to recognize excellence in implementing a measurable clinical improvement in the practice setting. This award will be given to a clinical team using an evidence-based approach to make an identified practice change that results in demonstrated improvement in outcomes for the patient and family, staff, community, or organization.

We invite teams to contact your local Regional Research Alliance early in the application process for the names of mentors or contacts with whom you can discuss your project. You are also encouraged to read the article “Documenting an EBP project- Guidelines for what to include and why” by Worrall, P. Levin, R, and Cote-Arsenault, *Journal of the New York State Nurses Association*, Fall –Winter 2009-2010, pg12-19. Current members of the Foundation of New York State Nurses Center for Nursing Research and the Nursing Research Fellowship Program are ineligible to submit. However, they may participate as mentors and consultants.

Eligibility for the award includes:

1. One of the leaders of the clinical practice improvement team must be a Registered Nurse.
2. The practice improvement that is the basis for submission must have been completed within the past two years, or completed within the past five years with re-evaluation of outcomes within the past two years

The Submission Packet for the Evidence-Based Practice Award consists of the following:

1. Instructions for Submission
2. Submission Information and Summary
3. Instructions for rationale for receiving the award
4. Clinical Practice Improvement
5. Instructions for Letters of Support
6. Review Criteria for Award (for informational purposes only)

2017 Clinical Team Practice Improvement Award

Instructions for Submission

1. Complete and sign the Submission Information & Summary. Please submit an **electronic copy** to jwestcott@FNYSN.org as early as possible. This will enable us to monitor the number of submissions.
2. Complete the Clinical Practice Improvement narrative using scoring guidelines to organize content. Remember to include references using the current version of APA for formatting. Tables may be included in the text or as appendices. If tables are included as appendices, indicate in the narrative where tables would be placed. Submit by **March 15, 2017**
3. Be certain that any data are DE identified and aggregated wherever possible. This submission must NOT include any identifiable health information.
4. Please ensure that you obtain the following Letters of Support:
 - Chief Nursing officer, professional practice coordinator or director, or individual with similar responsibilities;
 - Registered professional nurse who regularly makes decisions regarding implementation of the change in practice at the point of care; and
 - If there is a family member or client who wishes to attest to the benefit of the evidence-based practice improvement their comments, while not required, will certainly be welcome and reviewed.
5. Please submit an electronic **copy** with scanned original signatures **by March 15, 2017** to:

Jeanne Westcott, PhD, RN
Research Specialist
The Center for Nursing Foundation of NYS Nurses
2113 Western Avenue, Suite 1
Guilderland, New York 12084
jwestcott@FNYSN.org

Note: the submission is not complete until we receive a complete packet and all forms are properly signed.

After the Submission Packets are received, members of the Center for Nursing Cathryne A. Welch Center for Nursing Research will review the packets and submit their recommendation(s) for the 2017 Awardee(s) to the Foundation of NYS Nurses Board of Trustees. The Board of Trustees will make the final decision on the awardee(s).

2017 Clinical Team Practice Improvement Award

Submission Information & Summary

Principal Applicant _____

Principal Applicant's
Signature _____ Date _____

Name/address of
Institution: _____

Title/position _____

Address (if different from above)

Telephone
Work _____; Other _____

Email _____

Name/address/title of the other members of the group. Please state their role(s) in the project. (Use additional space as needed):

Please provide a brief abstract describing your project.

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Using the criteria listed below please state why you think your team should be considered for the award. Please limit the description to 10 double-spaced pages (appendices do not count in the 10 page limit), 12 point font. APA format is required

Each of the following steps of the clinical practice improvement should be addressed:

- a. Describe the practice problem or issue including available relevant internal evidence (data).
- b. State the objective of searching for & implementing an evidence-based clinical practice improvement. Describe the process used to search for evidence to address the objective.
- c. Summarize the evidence. Using APA formatting, remember to include citations in the narrative and references at the end of the narrative.
- d. Include the evidence-based practice recommendations for implementation.
- e. Describe the protocol for the evidence-based practice change (Append the full protocol, such as a hospital policy, to the nomination packet).
- f. Describe the methods for implementing the protocol.
- g. Describe the methods for evaluating the effectiveness of the change, including any instruments that were used to monitor processes or measure outcomes. Append the instruments to the packet.
- h. Present the results of the evaluation of the practice change (include findings, interpretation of findings, recommendations based upon findings). What are the measurable benefits to patients/families/nurses/community?
- i. Describe the sustainability of the practice change. What is the length of time it has been in place? What demonstrates that the change is likely to become, or has become institutionalized.

Congratulations on your submission for this award!

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Instructions for Letters of Support

Thank you for submitting a Letter of Support for this Clinical Team Practice Improvement project. Single page Letters of Support should indicate the benefit of the practice change at the point of care.

Please indicate from which category you are submitting a letter:

- Chief Nursing officer or professional practice coordinator or director or individual with similar responsibilities;
- Registered professional nurse who regularly implements the change in practice at the point of care; or
- Family member or client who wishes to attest to the benefit of the evidence based practice their comments, while not required, will certainly be reviewed.

Please include a scanned copy of your Letter of Support with your signature in the submission packet to be submitted electronically to jwestcott@FNYSN.org

Thank You!

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For information only – do not complete.

CRITERIA	EVIDENCE	COMMENTS
<p>1. Each of the following steps of the Clinical Team Practice Improvement project will be addressed:</p>	<p>a. Describe the practice problem or issue including available relevant internal evidence (data).</p> <p>b. State the objective of searching for & implementing an evidence-based clinical practice improvement.</p> <p>c. Describe the process used to search for evidence to address the objective.</p> <p>d. Summarize the evidence. Using APA formatting, remember to include citations in the narrative and references at the end of the narrative.</p> <p>e. Include the evidence-based practice recommendations for implementation.</p> <p>f. Describe the protocol for the evidence-based practice change (Append the full protocol, such as a hospital policy, to the nomination packet).</p> <p>g. Describe the methods for implementing the protocol.</p> <p>h. Describe the methods for evaluating the effectiveness of the change, including any instruments that were used to monitor processes or measure outcomes. Append the instruments to the</p>	

CRITERIA	EVIDENCE	COMMENTS
	<p>packet.</p> <p>i. Present the results of the evaluation of the practice change (include findings, interpretation of findings, recommendations based upon findings). What are the measurable benefits to patients/families/nurses/community?</p> <p>j. Describe the sustainability of the practice change. What is the length of time it's been in place? What demonstrates that the change is likely to become, or has become institutionalized.</p>	
<p>2 Narrative Format Requirements</p>	<p>a. The submission will be typewritten, double spaced, using a 12 point font (Arial or Times Roman).</p> <p>b. Use APA format.</p> <p>c. Text should not exceed 10 pages not including appendices.</p>	
<p>3. Letters of Support should indicate in a single page the benefit of the practice change at the point of care.</p>	<p>a. Chief Nursing officer or professional practice coordinator or director or individual with similar responsibilities.</p> <p>b. Registered professional nurse who regularly implements the change in practice at the point of care</p> <p>c. If there is a family member or client who wishes to attest to the benefit of the evidence based practice their comments, while not required, will certainly be reviewed.</p>	