 

### Center for Nursing at the Foundation

### of New York State Nurses

### Cathryne A. Welch Center for Nursing Research

**2025 *Rona F. Levin Evidence-Based Practice***

***Improvement Award (EBPI Award)***

# Nomination Packet

The Foundation of New York State Nurses Cathryne A. Welch Center for Nursing Research invites nominations for the Rona F. Levin *Evidence-Based Practice Improvement Award, heretofore known as the EBPI Award.* This award, sponsored by the Foundation of New York State Nurses, is designed to recognize excellence in implementing research in the practice setting. This award will be given to a team using best evidence to make a practice change that results in demonstrated improvement in outcomes for the patient and family, staff, community, or organization.

For those new to the process, we recommend reviewing the resources on the Foundation website

**Eligibility for the award includes**:

1. One of the leaders of the evidence-based practice (EBP) project must be a registered nurse, licensed in NYS. Teams can self-nominate.
2. The evidence-based practice project 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.
3. Institutions which have won the EBP or Clinical Practice Improvement Award in the past two (2) years are not eligible.

Nominations and supporting documents must be submitted electronically by **May 16, 2025** to:

##### Deb Elliott at delliott@cfnny.org

The Nomination Packet for the Rona F. Levin Evidence-Based Practice Improvement Award consists of the following forms:

1. Instructions for Nominators
2. Nominator’s Form
3. Nominee’s Information and Statement
4. Instructions for Letters of Support
5. Review Criteria for Award (for informational purposes only)

**Instructions for the Nominator**

1. Secure the nominee’s permission to submit her/his name(s) in nomination for the award.
2. Complete and sign the Nominator’s Form.
3. Give the nominee the Nominee Information and Statement form for completion. This document must be submitted by **May 16, 2025.**
4. Please ensure that you, or the nominee(s), obtain Letters of Support from each of the following:
	* Chief Nursing officer or professional practice coordinator or director or individual with similar responsibilities; and,
	* Registered professional nurse who regularly makes decisions regarding implementation of the change in practice at the point of care.
5. Please submit an electronic copy with original signatures by **May 16, 2025** to:

#####  Deb Elliott@cfnny.org

Note: the nomination is not complete until we receive all documents for the application packet and all forms are properly signed.

After the Nomination Packets are received, members of the Center for Nursing at the Foundation of NYS Nurses Cathryne A. Welch Center for Nursing Research will review the nominees and submit their recommendation(s) for the 2025 Awardee(s) to the Center for Nursing at the Foundation of NYS Nurses Board of Trustees. The Board of Directors will make the final decision on the awardee(s).

Thank you for submitting this nomination!

### Nominator’s Form

Name of Nominee(s)

Name/address of

Institution:

Please describe, in 3 double-spaced pages or less, the Evidence-Based Practice activity you are submitting for consideration for this award, and why you believe this is an outstanding example of how research-based evidence has improved practice.

Please ensure that you, **or the nominee(s),** obtain the following Letters of Support and include them in the Nomination Packet

* + Chief Nursing Officer or professional practice coordinator or director or individual with similar responsibilities; and,
	+ Registered professional nurse who regularly makes decisions regarding implementation of the change in practice at the point of care.

In addition, 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.

Nominator’s Information

Signature Date

Name

Title/position

Address

Telephone (Please indicate preferred contact method)

Work ; Other

Email

### Nominee’s Information and Statement

Principal Nominee

Principal Nominee’s

Signature Date

Name/address of

Institution:

Title/position

Address (if different from above)

Telephone (Please indicate preferred contact method)

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):

Using the criteria listed below please state why you think your group should be considered for the award. Please limit the description to 10-15 double-spaced pages (appendices do not count in the page limit), 12-point font (Arial or Times Roman). Current APA format is required.

Each of the following steps of the EBPI project should be addressed:

1. Describe the practice problem or issue including available relevant internal evidence (data) and significance of the problem to the agency.
2. Assess the agency or organization in terms of context in which this is occurring (e.g., rural versus urban, small versus larger facility, stakeholders, inter-professional collaboration, governance model, and resources).
3. Identify the EBP or practice improvement model or other specific framework used to guide the project.
4. State the focused practice question.
5. Describe the process used to search for evidence to answer the practice question. Include search strategy.
6. Critically appraise and synthesize the evidence; include a table of evidence. Identify the tools used to appraise the evidence.
7. Include the practice recommendations for implementation.
8. Describe the protocol for the evidence-based practice change. Include plan for small test(s) of change and how those interim results would be used to revise or inform the final practice change protocol.
9. Describe the methods for implementing the protocol, including methods of stakeholder involvement, the collaborative process, and team members involved.
10. 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.
11. 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?
12. Describe how the practice change was disseminated or future plans for dissemination. If dissemination is not intended, state the rationale.
13. 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 standard practice.
	* Please send **an electronic cop**y of the above information and your statement by **May 16, 2025**

to: **Deb Elliott delliott@cfnny.org**

* + Please ensure that the Letters of Support have been obtained and have been forwarded.

Congratulations on your nomination for this award!

#### **Instructions for Letters of Support**

Thank you for submitting a Letter of Support for this Evidence-Based Practice 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 return your Letter of Support with original signature electronically to:

## Thank You!

**For information only – do not complete.**

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| --- | --- | --- |
| **CRITERIA** | **EVIDENCE** | **COMMENTS** |
| 1. Each of the following steps of the EBPI project will be addressed: | a. Organizational Context (supports/resources and challenges; governing model). |  |
|  | b. Describe the practice problem or issue including available relevant internal evidence (data). Significance to the organization. |  |
|  | c. Identify the Model or other specific framework used to guide the project. |  |
|  | d. State the focused practice question, including the population, the new intervention, comparison, and desired outcome. |  |
|  | e. Describe the process (search strategy) used to search for evidence to answer the practice question. Include search strategy. |  |
|  | f. Critically appraise and synthesize the evidence; include a table of evidence. What tool(s) were used to appraise the evidence. |  |
|  | g. Include the practice recommendations for implementation. |  |
| **CRITERIA** | **EVIDENCE** | **COMMENTS** |
|  | h. Describe the protocol for the evidence-based practice change (Including small test(s) of change and how those results impacted the final innovation protocol.  |  |
|  | i. Describe the methods for implementing the protocol. |  |
|  | j. 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. |  |
|  | k. 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? |  |
|  | l. Describe how the practice change was disseminated or future plans for dissemination. If dissemination is not intended, state the rationale. |  |
|  | m. 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 standard practice. |  |
| **CRITERIA** | **EVIDENCE** | **COMMENTS** |
| 2. Narrative Format Requirements | a. The submission will be typewritten, double spaced, using a 12-point font (Arial or Times Roman). |  |
|  | b. Use most current APA format. |  |
|  | c. Text should not exceed 15 pages not including appendices. |  |
| 3. Letters of Support should indicate in a single page the benefit of the practice change at the point of care. | a. Chief Nursing officer or professional practice coordinator or director or individual with similar responsibilities. |  |
|  | b. Registered professional nurse who regularly implements the change in practice at the point of care. |  |