

Clinical Inquiry Council Supports Innovation and Inquiry

Kristen Green-Meadows, BSN, RN, CCRN-CSC¹; Kirsten Wisner, PhD, RNC-OB, CNS, C-EFM, NE-BC¹; Julie Vasher, DNP, RNC-OB, CNS, NE-BC¹; Alyssa Erikson, PhD, MSN, RN, CNE²; and Mari-Anne Low, MS¹

Background

Nurses are expected to continually evaluate and improve patient care, systematically appraise and apply research and evidence into practice, and disseminate knowledge to advance the nursing profession (American Nurses Association [ANA], 2021, 2025). While larger academic medical centers often have departments dedicated to supporting professional development, evidence-based practice (EBP), and research; community hospitals without academic affiliations often encounter challenges developing the structures and processes needed to fulfill these professional expectations and successfully meet requirements for the New Knowledge, Innovations, & Improvements (NK) Component of the Magnet Model[®] (American Nurses Credentialing Center [ANCC], 2021). At Salinas Valley Health Medical Center, a 263-bed community hospital, support for these professional expectations is overseen by the Clinical Inquiry Council (CIC), part of the professional governance structure. This council's purpose is to promote and build capacity for nursing research and the use of EBP to advance clinical excellence. The council assists in the research and EBP process and fosters and supports investigative role development and the dissemination of findings.

The CIC supports nurses by mentoring and offering programs that guide the integration of research, EBP, and quality improvement (QI) into patient care and the professional practice environment. The council supports our EBP program using the Johns Hopkins EBP (JHEBP) Model (Bissett et al., 2025) and oversees an annual poster expo, an event where nurses and other professionals share leadership, education, quality or performance improvement, EBP, or research initiatives. The poster expo has been held since 2016 during hospital week. From 2016 to 2022, abstract submissions ranged from a low of five to a high of nine. The CIC members believed that the number of abstract submissions did not accurately reflect the volume of initiatives worked on throughout the medical center. More importantly, the relatively low number of submissions suggested that teams may need additional skill-building and support for the clinical inquiry, improvement, project management, and writing processes required for successful abstract submissions.

Purpose Statement

The purpose of this leadership initiative was to explore strategies to increase poster submissions so that the number of abstracts presented more accurately reflected the full scope of leadership, education, quality or performance improvement (PI), EBP, and research work occurring at the medical center.

Methods

From 2021-2025, the CIC members identified and implemented a series of interventions involving education, mentorship, and structured guidance in abstract writing to empower and engage nurses and other professionals to formally share their innovations at the annual poster expo at the medical center. The CIC conceptualized poster expo participation as an outcome resulting from competency with QI, EBP, and research. As such, this initiative focused on evaluating and improving organizational structures and processes needed to support nurses' and other professionals' ability to effectively lead and share improvement work. Secondarily this supported nurses' professional role obligations surrounding knowledge generation and dissemination (ANA, 2021, 2025; ANCC, 2021).

Two main outcomes were evaluated related to the interventions. First, because support for and use of EBP has been associated with improved patient outcomes (Connor et al., 2023; Melnyk & Fineholt, 2023), we evaluated mean annual scores for the following nurse-sensitive indicators (NSIs): catheter-associated urinary tract infections (CAUTI), central line-associated bloodstream infections (CLABSI), hospital-acquired pressure injury, hospital-acquired pressure injury stage 2 or higher (HAPI 2+), inpatient and ambulatory total falls, and inpatient and ambulatory injury falls. Second, we evaluated the volume of abstract submissions for each poster expo cycle. This initiative evolved over 4 years, from 2021 to 2025.

2021

- **Professional Governance Council Abstract Expectations:** Beginning in December 2021, an expectation was established that each council submit at least one abstract annually capturing council work done that year related to annual goals or ongoing projects. This was intended to formally capture council work and promote scholarly dissemination.

- **Quarterly Literature and Guideline Searches:** The Magnet Program Director (MPD), a project lead (KW), began teaching council leaders to perform quarterly reviews of their professional organizations' evidence-based guidelines and standards. This was then integrated into council agendas as a required quarterly guideline review process to ensure that council work reflected current specialty standards and best practices. The aim of this strategy was to ensure that councils integrated evidence-based guidelines into their practice changes, maintained active contact with their professional organizations to learn about recommended standards, and role-modeled use of professional standards to nurses and other professionals in their departments.

2022

- **Professional Dues Reimbursement:** To further support council interaction with professional organizations, funding was secured to reimburse professional association membership dues for council chairs, co-chairs, and advisors. Councils were given the option to assign one additional council member to perform the quarterly guideline review if this was not covered by council leadership. This ensured support for councils to integrate specialty guidelines.

- **CIC Mentoring:** The project lead (KGM) implemented a formal mentoring framework that paired each council with a CIC mentor. Mentors round on their council(s) to provide individualized guidance on project development, literature and guideline searches, journal clubs, and abstract writing. Education was developed by CIC leaders (KGM, JV) to support CIC mentors.

- **Professional Editing:** Professional abstract editing by two of the project leads (KW, ML) was implemented to support authors to develop their abstract in a structured abstract format and refine grammar, sentence structure, and clarity.

- **Nurse Leader EBP Cohort:** To support enculturation of EBP by ensuring that nurse leaders role-modeled its use, one of the project leads (JV) taught a 4-day nurse leader EBP cohort focused on building skill and confidence in using the EBP process. The Chief Nursing Officer (CNO) asked nurse leader participants to focus on the Press Ganey[®] *communication with nurses'* patient experience domain, pursuing an EBP question and initiative relative to their units.

- **Expanded Funding for EBP Support:** The MPD and CNO acquired funding to support the annual EBP class. A contract was secured with an external expert (AE) with experience teaching EBP and research and who served as department chair for the nursing program at the nearby state university.

2023

- **EBP Cohort Revision:** After observing persistent issues with full EBP project implementation and dissemination, the MPD worked with the new EBP lead to expand the annual EBP education from a 1-day class to a 4-day cohort program. Content from the 4-day nurse leader cohort was adapted for clinical nurses and further refined to provide in-the-room support and dedicated time to work on question development, literature searches, evidence appraisal and synthesis, and abstract development using the JHEBP Model. All professional governance chairs, co-chairs, and advisors were required to attend within one year of assuming their professional governance leadership role.

- **Abstract Development Classes:** Dedicated sessions in 2023 and 2025 provided instruction on abstract writing and required elements for different types of improvement projects.

- **Dedicated Project and Abstract Support:** The EBP lead offered on-demand office hours during and after EBP cohorts to support nurses to develop and implement projects and later during the abstract cycle to write and edit their abstract.

- **Venue Relocation for Visibility:** The poster expo was moved to the cafeteria, with posters lining the perimeter walls to enhance accessibility and engagement.

2024

- **Designated Executive Sponsor for EBP Teams:** A nurse leader was assigned to each EBP team to serve as an executive sponsor. Teams consulted with the executive sponsor to ensure their EBP question was relevant and aligned with organizational priorities, as well as for feedback about their action plans. In addition to the designated executive sponsor, teams were also connected to a data facilitator for determining appropriate metrics and data sources related to their EBP project.

- **EBP Project Deliverables:** To support EBP project progression to the translation phase, we scheduled due dates for completed JHEBP appendices over the course of the 4-day EBP cohort training. This included question development and stakeholder analysis due at the end of day 1; evidence appraisal tools at the end of day 2; evidence synthesis prior to day 3; and translation and action planning at the end of day 3. Participants completed sections of the publication tool throughout the cohort. On day 4, teams presented their implementation plan to the group.

2025

- **EBP Cohort Resources:** New resources were created to support nurses in the EBP cohort. The problem identification form was implemented for participants to complete prior to the first workshop. The form prompted participants to describe the problem, identify data that supported the problem, and verify if there was a related council referral. The executive sponsor signed the form which reflected their support for the project. Additionally, the EBP lead developed short video recordings on problem identification, question development, search strategies, and appraisal. These videos were available for EBP cohort participants to reinforce concepts from the workshops and help clarify the EBP process steps.

- **Venue Relocation:** The poster expo was moved to a dedicated space in a courtyard between the cafeteria and adjacent building. It became the highlight event of hospital week.

- **Inaugural Best-in-Class Awards:** Implemented awards for each abstract category recognizing excellence in leadership, education, QI/PI, EBP, research, and a crowd favorite award. Voting for awards was conducted by CIC leaders, the CNO, and a physician leader.

- **Progressive Abstract Template and Rubric Revisions:** While the abstract guidelines and scoring rubric were revised each year, in 2025, detailed abstract guidelines for each type of initiative were developed to standardize expectations for abstract submissions and improve the quality of submissions. The guidelines were converted to a checklist format so that authors and reviewers could use them for submissions and scoring.

- **JHEBP Updates:** In alignment with the 2025 JHEBP Model revisions emphasizing the use of synthesized literature such as professional guidelines, we began teaching nurses to first review their professional organization's available guidelines before conducting literature searches when approaching improvement projects.

Results

Of the NSIs we evaluated, only inpatient total falls (see Figure 1) and injury falls rates (see Figure 2) decreased year-over-year from 2020 to 2025. The other measures, CAUTI, CLABSI, HAPI, and HAPI 2+, did not improve. Abstract submissions increased from 7 in 2020 to 21 in 2025 (see Figure 3). The event in 2025 was a main feature for the organization's hospital week, drawing substantial attention and attendance. The 2026 abstract submission cycle is currently underway with 18 abstracts in review.

Figure 1

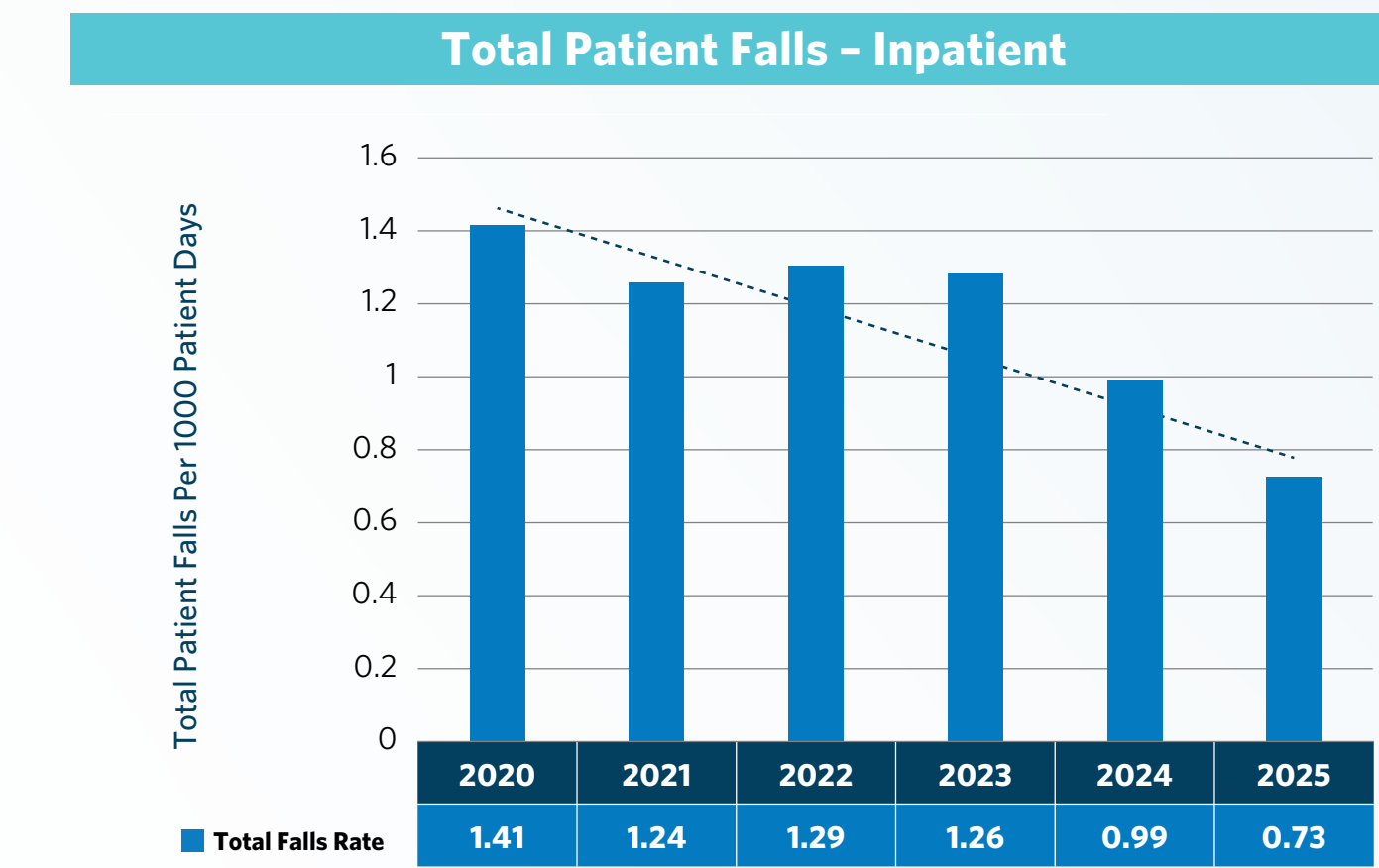


Figure 2

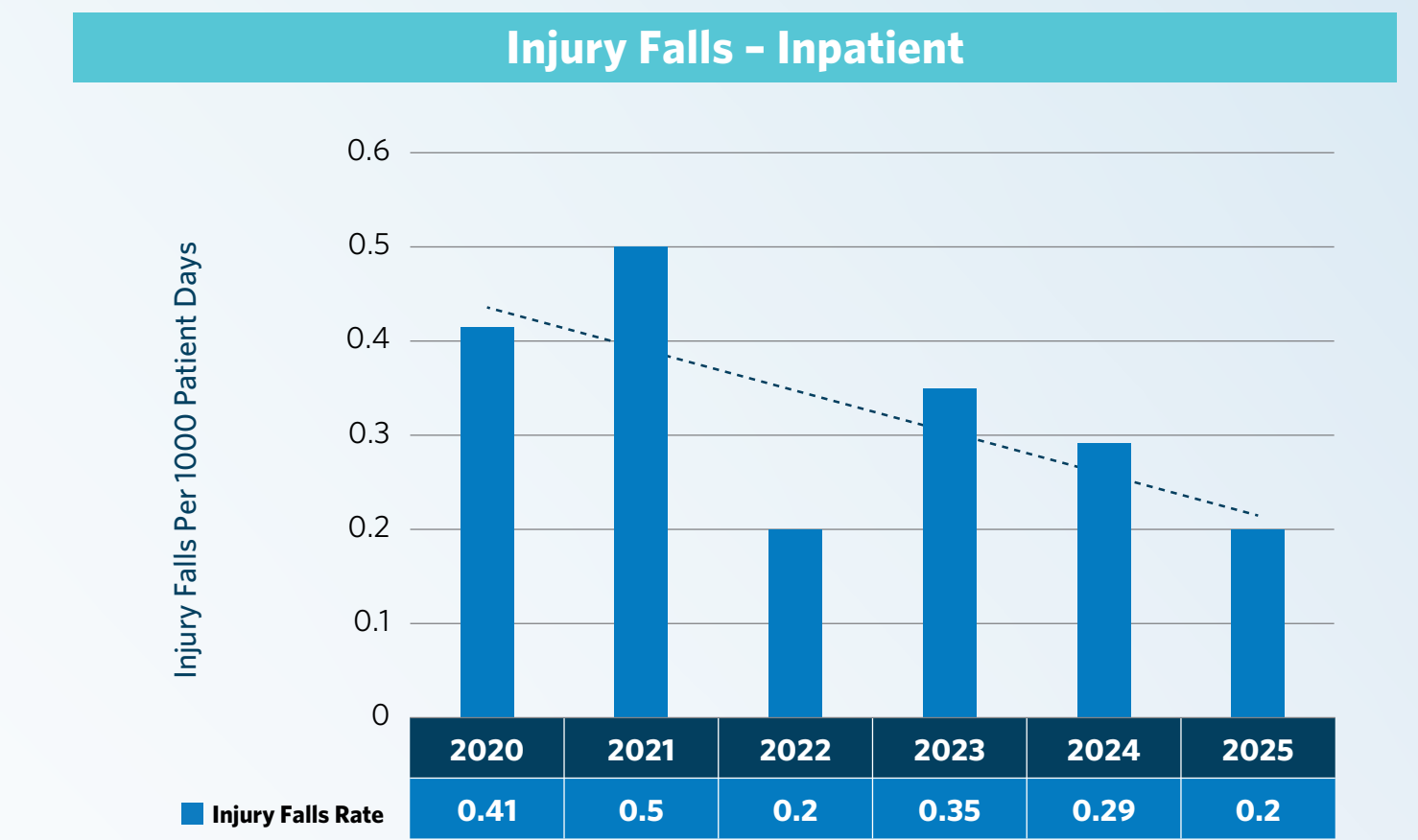
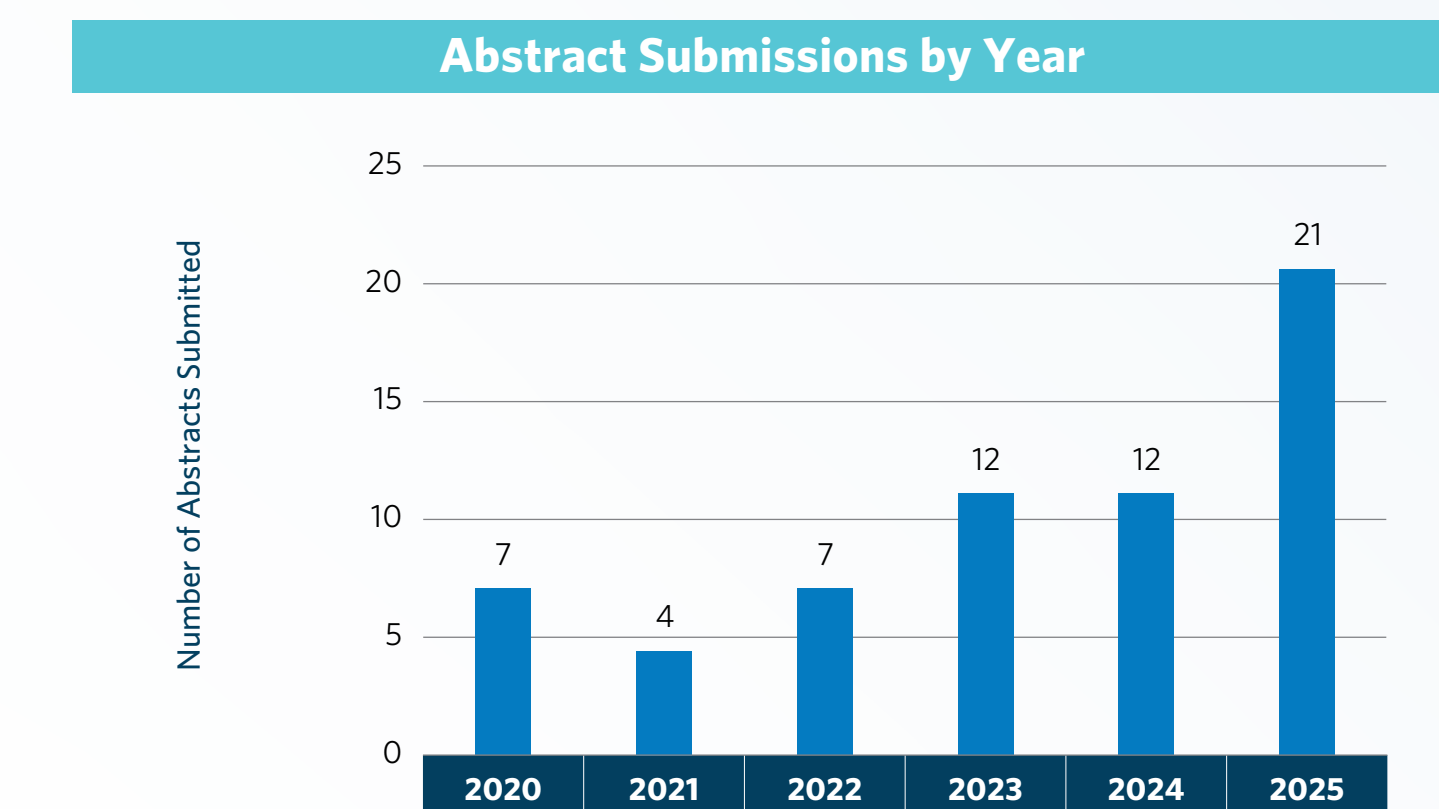


Figure 3



Conclusions

This initiative focused on expanding nurses' and other stakeholders' competency with QI, EBP, and research through structured support and mentoring from the organization's CIC. Support included additional funding and resources, an EBP cohort revision, dedicated abstract writing support, reimbursement for professional organization dues, heightened poster expo visibility, and poster awards. While abstract submissions increased, NSIs did not consistently improve. A potential reason is that all aggregated annual data were already outperforming below national benchmarks, making the available range for improvement limited. However, improving falls was a common project topic in the annual EBP cohorts, and this measure did improve. Using a nurse satisfaction question related to the use of QI or EBP would have been valuable, but this survey is not administered annually, limiting our ability to make year-over-year comparisons. Using a validated scale to measure competency with QI or EBP would have been a more direct measure of the initiative's success. Future goals of the CIC include increasing the number of abstracts disseminated externally, increasing enrollment in the EBP cohorts, and expanding abstract writing support.

References

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¹ Salinas Valley Health, Salinas, CA

² California State University, Monterey Bay, Seaside, CA