**Assiignment 8.1: Evidence-Based Practice Case Study**

The coordination of care through integrated delivery systems is at the foundation of health care delivery in the United States. Often a primary goal of government officials, public health professionals, and health care administrators, measuring care coordination is a key performance indicator that directly correlates with the overall success of the health system (Johnson & Stokopf, 2010).

Northwestern Hospital first opened its doors back 1882 in Minneapolis, Minnesota. Early hospitals were small, often with fewer than 50 beds, unsanitary, and nonscientific compared to their modern counterparts (Allina Health). Moreover, they mainly served the poorest members of the community or patients who were mentally ill or facing life-threating illnesses. Northwestern Hospital was an early pioneer in the establishment of what would eventually become evidence-based practice (EBP) and featured one of the first schools of nursing in the United States (Allina Health).

**Introduction**

For over a century Northwestern Hospital’s use of EBP has enabled clinicians and practitioners to incorporate best treatment practices at the point of patient care in both their hospital and ambulatory organizations. For example, Northwestern’s goal to enhance quality delivery and overall patient care hastened the formation of a new entity, Minneapolis Medical Center Incorporated (MMCI). In 1966, Northwestern Hospital, along with other health care facilities in the Minneapolis area, formed the nucleus of an organization that would significantly master care coordination and delivery in the ensuing decades. Ultimately, an EBP environment created a standard of patient care that enabled MMCI to advance care delivery and health care education and lay the foundations of a modern health care delivery system.

**Case Report**

MMCI established a culture of continuous quality improvement (CQI). Wenke, Jongwha, LaClair, and Paz (2013) have linked CQI to better clinical quality and improved patient satisfaction. The best practice in EBP methodology is to ensure that patient care is coordinated and of high quality through the use of objective clinical data from credible sources and references. By the 1980s, a desire to add resources and support services for the coordinated care of patients such as physical rehabilitation helped lead an evolution from Northwestern Hospital to MMCI and then formation of Abbott Northwestern Hospital. Since that time, the hospital’s health services offerings have grown into a primary health system, supporting cardiovascular care, medical education, and health plans.

**Conclusion**

MMCI recently went through a merger and is now part of a larger health system called Allina Health that serves patients in locations across the Midwest. It has significantly expanded its portfolio of services that utilize EBP to guide care including mental health services, neuroscience, orthopedic care, and cancer treatment. Additionally, decision makers in nursing and medicine throughout this newly formed health system must understand and master each care component to maximize system efficiency and effectiveness.

**Assignment**

**Write a 3-4 page paper answering the following questions. Please include at least 2 scholarly resources to further support your positions.**

**Questions**

1. In your own words, what is EBP?
2. Is it a worthy goal for U.S. health care delivery? Why or why not?
3. How has MMCI/Allina Health used EBP? Are most other hospital systems in the United States using EBP in similar ways or are there difference in the adoption of EBP?
4. Based on your own knowledge and possibly your own community, what impacts do healthcare mergers have on patient care and EBP?

Cite all sources in APA format.

**References**

Allina Health. (n.d.). https://www.allinahealth.org

Johnson, J., & Stoskopf, C. (2010). *Comparative health systems. Global perspectives*. Boston, MA: Jones & Bartlett Publishers.

Wenke, H., Jongwha, C., LaClair, M., & Paz, H. (2013). Effects of integrated delivery system on cost and quality. *American Journal of Managed Care*, *19*(5), e175–e184. http://dx/doi/org/10.2471/BLT.13.126698