**Improving Patients’ Outcome**

In the recent past, there has been a notable increase in the number of non-communicable diseases spread in the world(Jatinder T. Virdee & Book, 2016). America, like all other countries of the world, it has experienced its fair share of this increase. In this paper, it seeks to expound more on cancer as one of the communicable diseases and approach the IOWA health model in exploring how cancer patients can benefit from evidence-based practice to ensure that nursing care provided to such patients, especially postoperatively is of good quality and timely. In this paper, there is the formulation of the problem in nursing, determine the organization's commitments, create a squad to collect and evaluate the evidence, discern if judicious evidence I present to execute  clinical transformation, implement a pilot change to test the feasibility, evaluate the changed plan and disseminate the outcomes.

Oncology patients, especially ones that are diagnosed once the disease has spread, and are started on chemotherapy tend to require more specialized nursing care that is a majority of times tailor-made as the response to treatment is different amongst the different people (Brown, 2008). Such patients, especially after they undergo a debunking surgery is prone to developing a surgical site infection which is a deadly post-operative condition with  high mortality and morbidity connotation (White & Spruce, 2018). A challenge that exists in the set up is that there are not as many oncology nurses as there are patients leading to a nursing care insufficiency and needs mismatch as general nurses are directed to take care of these oncology patients.

This has led to the development of complications that would have otherwise been avoided if the quality of care was improved and the mismatch addressed. This is amplified by the number of surgical site infections that are seen in post debunking surgery on patients who are diagnosed with cancers and require some form of surgery(Jatinder T. Virdee & Book, 2016). This number of surgical site infection incidences can as well be linked to the fact that over the recent past, care offered by the nurses is based on what they learn from the  senior nurses who have been in the practice longer vis a vis what is evidence-based hence leading to a system run by anarchy rather than science-based (White & Spruce, 2018).

The organization's commitment to training more oncology nurses is on the rise with more of the general nurses being recruited into more specialized training. This is done with the aim of ensuring that the number of nurses available to take care of the patients who are diagnosed with cancer is adequate and that there will not be a situation where the demand of nurses outweighs their supply (Schaffer, Sandau, & Diedrick, 2012). The effort is such that the number of nurses that are able to provide palliative care is increasing steadily and the number of patients who can access the services of these nurses both at home and in the hospital is steadily increasing every day. This has helped in the lowering of mortality caused by poor patient care associated with a low skilled nature of the professionals providing the service(Stone Casey & Coston, 2015). Special interest is drawn to the first few days of post-operative period when most patients require more specialized and targeted care to ensure quick recovery time not develop surgical site infections.

This paper seeks to focus on evidence-based nursing service provision to cancer patients who are in their post-operative phase with the aim of reducing the incidences of surgical site infection. In the first phase, the problem has been identified as being the incidence of surgical site infection developing in the post-operative phase. This problem will be evaluated from an organizational point of view. Whether the organization is committed to the achievement of evidence-based care for  cancer patients in their post-operative phase is essential in determining the quality of healthcare. If the organization is committed, a team is formulated with the aim of gathering information needed to improve care based on the evidence available. This team assesses the available evidence and whether it is sufficient to be used in the formulation of a health model that might work in a clinical setup. If the evidence is not sufficient, research will be carried out, starting with a pilot study that will help in characterizing the target population and to refine the research question to be tailor-made and easily understood based on the target population characteristics. Once the pilot study is conducted the plan is re-evaluated and the information consolidated and disseminated (Brown, 2008).

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