



2018

DOCTOR OF NURSING PRACTICE
PROJECTS



SCHOOL OF NURSING
VANDERBILT UNIVERSITY®



2018



DOCTOR OF NURSING PRACTICE PROJECTS



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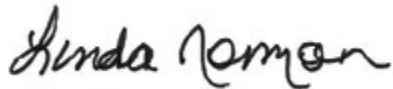
WELCOME

Foreword

Congratulations Doctor of Nursing Practice graduates!
You have met the rigorous standards of this program and achieved individual scholarly accomplishments showcased in this booklet.

You chose the Vanderbilt University School of Nursing to learn, transform and apply knowledge in new ways and you have certainly reached those goals. The Institute of Medicine's landmark *Future of Nursing* report calls for significantly more doctorally educated nurses to advance health care and you are prepared to implement that recommendation. You are now well equipped to make meaningful contributions within your own community, your interest area and throughout the world of health care. We are proud of you, and look forward to the difference you will make.

Sincerely,



LINDA NORMAN,
DSN, RN, FAAN
Valere Potter Menefee Professor of Nursing
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From the Director

The future of nursing is now as our 2018 DNP graduates lead interprofessional teams to create meaningful innovations that influence advanced nursing practice and healthcare.

The DNP projects of the 2018 graduates cross geographical and discipline boundaries to bridge gaps in evidence and practice. Self-described change experts, their impact on quality outcomes for patient-centric healthcare will be recognized across myriad organizations and settings nationally and globally.



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2018 DNP PROJECTS

Development of Perioperative Specific Hand Hygiene Guideline to Increase Application of Knowledge

PURPOSE

Compliance with hand hygiene protocols by perioperative nursing staff have been shown to be very low. Understanding of hand hygiene principles and My Five Moments, and their application to the perioperative setting is the first step in improving hand hygiene practice within the perioperative setting. The purpose of this quality improvement project was to assess whether a perioperative specific educational program can increase knowledge on hand hygiene and My Five Moments of Hand Hygiene by perioperative nursing staff.

METHODOLOGY

The intervention was a 30-minute educational program on perioperative specific hand hygiene and My Five Moments. Data was collected using an adapted

Hand Hygiene Knowledge Quiz from the World Health Organization, consisting of ten general knowledge questions and twelve perioperative scenarios.

RESULTS

Thirty-six perioperative nursing staff members, twenty-nine registered nurses and seven surgical technologists, completed both pre-test and post-test. Average pre-test score for all participants was 16.89 out of 22, and post-test average score was 18.42, a statistically significant increase of 1.53 ($t=5.01$, $p<0.05$, one tail). Improvements in knowledge test scores was shown overall and in all subgroups. The material presented in the hand hygiene educational program was shown to be applicable to both registered nurses and surgical technologists. Years of

perioperative experience did not impact results.

IMPLICATIONS FOR PRACTICE

This quality improvement project showed overall knowledge improvement of hand hygiene and My Five Moments application by perioperative nursing staff through the use of a perioperative specific hand hygiene and My Five Moments guideline. Understanding of hand hygiene principles and My Five Moments, and their application to the perioperative setting is the first step in improving hand hygiene practice within the perioperative setting. Application of these findings will be used to improve educational programs focused on improvement of hand hygiene compliance within the perioperative setting by perioperative nursing staff.

Debriefing: A Quality Improvement Project to Improve Teamwork and Communication in Relation to Obstetric Hemorrhage

PURPOSE

According to the World Health Organization, maternal mortality in the U.S has doubled since 1990. Similarly, obstetric hemorrhage, the leading cause of maternal mortality, is on the rise. The purpose of this quality improvement project was to improve teamwork and communication on a busy labor and delivery unit in an academic medical center through team debriefing after an obstetric hemorrhage.

METHODOLOGY

Nurses, certified nurse-midwives, physicians, anesthesia providers, and medical residents were educated on the value of debriefing after critical events such as obstetric hemorrhage. Education was primarily conducted through e-mails, posters, presentations, and one

on one conversations. Several simulations were organized to practice skills and debriefing. The TeamSTEPPS Teamwork Perceptions Questionnaire was used to measure teamwork and communication. The questionnaire was distributed to staff members before and after implementation of the improvement initiative.

RESULTS

The questionnaire consisted of 35 questions in five domains: leadership, communication, teamwork, situation monitoring, and team structure. Using descriptive statistics to analyze the results, a 4.7% improvement in the survey as a whole was found after the debriefing intervention was implemented. The communication domain saw the greatest improvement with an 8% increase.

Through the use of debriefing, staff members identified areas for improvement within the team as well as hospital processes. Feedback from staff members who debriefed was very positive.

IMPLICATIONS FOR PRACTICE

Due to the poor maternal and morbidity rates in the U.S, energy has focused on the prevention of and response to obstetric hemorrhage. This project demonstrated the positive impact that debriefing can have in the clinical setting. Debriefing is a low-cost intervention that can be implemented even in high volume settings to improve teamwork, communication, and ultimately patient outcomes.



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2018 DNP PROJECTS

Identification of the Potential for Prescription Drug Abuse

PURPOSE

Prescription opioid abuse is a growing national epidemic. In a particular family medicine clinic, it was estimated that the urine drug screen failure rate was 40-60%. The purpose of this quality improvement project was to evaluate whether the implementation of a prescription drug abuse potential screening tool would be beneficial in increasing the accuracy in identifying patients at risk of abusing controlled substances.

METHODOLOGY

Over a 4-week period, all adult patients seen by the nurse practitioner at a particular primary care clinic were screened via the NIDA Quick Screen and Modified-ASSIST for controlled substance abuse. The accuracy of the tool in identifying veracity was measured by comparing the patient provided answers

against documented urine drug screens and the patient's medication list via a retrospective chart review of the last three years. There was a 100% participation rate with 148 patients screened in total.

RESULTS

The NIDA Quick Screen was shown to be useful in identifying patients who abuse both tobacco and alcohol. When looking at veracity in reporting, the screening did not appear to be successful in identifying patients who abused drugs.

IMPLICATIONS FOR PRACTICE

More RCTs and systematic reviews are needed in regards to accuracy in identifying patients who misuse prescription drugs or use illegal drugs. Additionally, it would be beneficial to see the results of a study or project that compared the veracity of

patient completed screening forms and those completed with the assistance of a nurse or clinical assistant. It is suspected that the screening tool is an excellent way to identify patients who are ready to stop abusing or misusing drugs and a great opportunity to provide patient education.

Identifying and Addressing Barriers to the MOVE!® Program for Obese Veterans

PURPOSE

Obesity is prevalent among members of the United States veteran population. Forty percent of the 5.5 million veterans served annually in Veterans Health Administration (VHA) outpatient primary care clinics are obese. In one primary care clinic at the Dayton VA Medical Center 38% of the veterans are obese. VHA has recognizes negative health impact and implemented the *Managing Overweight and/or Obesity for Veterans Everywhere* (MOVE!®) Program. The primary aims of this scholarly project performed in one clinic at the Dayton VAMC were: (1) to identify barriers limiting usage of the MOVE!® Program by staff and veterans and (2) to identify potential strategies to reduce and remove barriers to enrollment in the MOVE!® Program.

METHODOLOGY

The project design was a quality improvement initiative to investigate the limited use and referral to the MOVE!® Program by veterans and clinical staff, respectively. Patients and staff were surveyed regarding current barriers to the program.

RESULTS

Sixty-eight percent of the veterans surveyed were interested in losing weight. Most patients (59%) were familiar with the MOVE!® Program, as were all staff (99%). Both groups identified lack of time as the most significant barrier to participation in the MOVE!® Program. Staff perceptions of patient motivation was identified as a factor preventing referrals; 37% of staff reported they believe patients were not motivated to make lifestyle changes.

IMPLICATIONS FOR PRACTICE

Potential strategies focused on time limitations and patient motivation. Offering the program at convenient times for veterans could improve enrollment. Improved education about the benefits of weight loss is another potential strategy to improve participation. An example of education for program promotion was the development of a healthy tool card that contained a reminder of the importance of weight loss and benefits of the MOVE!® Program.



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2018 DNP PROJECTS

Improving a Pediatric Integrated Behavioral Healthcare Program using the Chronic Care Model

PURPOSE

Access to quality behavioral healthcare for child and adolescent populations is limited, and the healthcare system has to be designed to improve access. Primary care providers make initial contact with behavioral health patients, yet they are not always able to meet the patient's behavioral health needs. Integrated behavioral healthcare (IBH) is one solution to improve access to quality behavioral healthcare for child and adolescent populations.

METHODOLOGY

A Plan, Do, Study, Act cycle was used as the methodological framework to assess an IBH program using the principles of the Chronic Care Model (CCM). The Assessment of Chronic Illness Care (ACIC) 3.5 was administered to providers and

support staff working in the IBH program. Interventions to improve the program were implemented, and the ACIC 3.5 was administered again.

RESULTS

The results of the first survey showed that the elements with the lowest scores were community linkage, self-management support, and clinical information systems. After the interventions, scores improved in community linkage and self-management support. Integrated behavioral healthcare programs can use the CCM to assess and improve the services they deliver to child and adolescent populations.

IMPLICATIONS FOR PRACTICE

Integrated behavioral healthcare has shown to improve the treatment of chronic care conditions,

and there is a trend in healthcare to integrate behavioral health services to meet the needs of patients. This study highlights the need for these programs to continue to assess how well they are addressing the needs of their patient population. This project showed that there are many areas of an integrated program that need quality improvement and highlighted the need for more education. This study also adds to the evidence on how an IBH program can care for child and adolescent populations and improve the care that is provided. Lastly, this study add evidence to the use of an advance practice nurse in an IBH program.

An Evidence-Based Pilot Intervention to Improve Bedside Registered Nurses' Self-Perceived Confidence and Self-Perceived Ability to Utilize Palliative Care Communication Strategies

PURPOSE

Effective communication is an important aspect of healthcare for patients requiring inpatient oncology and palliative care (PC) services. Inadequate communication decreases patient satisfaction and increases adverse patient outcomes. Registered nurses (RNs) are uniquely positioned to improve communication with patients and patient families. However, research shows that most RNs have not received PC communication training and feel insufficiently prepared to communicate with patients and patient families. This purpose of this pilot intervention was to provide RNs with PC communication education in an effort to increase RNs' perceived confidence and ability to communicate with families and care providers about complex PC topics.

METHODOLOGY

The project took place on two oncology floors in a large academic medical center. The project consisted of six one-hour educational sessions offered to RNs. The educational sessions consisted of didactic instruction on PC communication techniques and role-play simulations. For six weeks following the sessions, project investigators performed unit rounding to reinforce PC

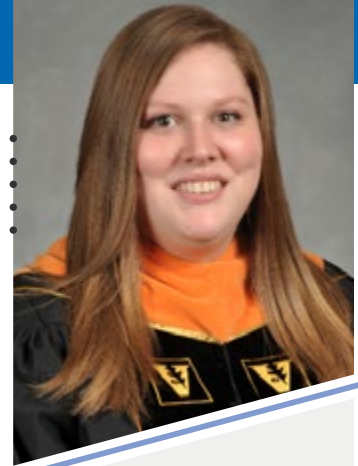
communication skills. To evaluate outcomes, a previously validated Likert-scale survey was utilized in a pre-intervention/post-intervention design. A numerical point value was assigned to each potential response on the survey Likert scale.

RESULTS

Twelve RNs (n=12) completed the pilot intervention. Overall pre-intervention to post-intervention survey scores increased by 10.3 points ($p < 0.01$). Self-perceived ability increased by an aggregate mean of 8.9 points ($p < 0.01$), and self-perceived confidence increased by an aggregate mean of 1.42 points ($p=0.10$).

IMPLICATIONS FOR PRACTICE

This pilot project supports that an economical one-hour educational session on PC communication techniques followed by educational reinforcement through unit rounding can successfully improve RNs' perceived ability to utilize PC communication skills. Implications for future research includes replicating this project on a larger scale and investigating correlations between increased levels of RN perceived confidence and ability in PC communication skills with patient satisfaction and outcomes.

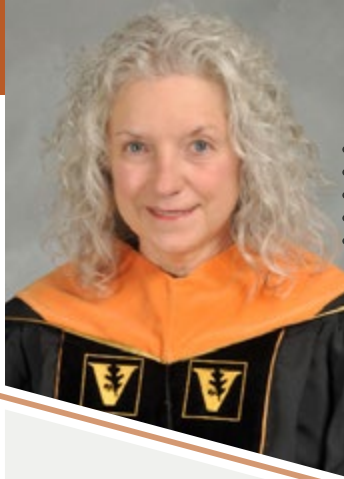


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2018 DNP PROJECTS

Magdalene House: An Aftercare Program for Women

PURPOSE

Incarceration among women is increasing in the United States. Aftercare is a critical component of societal reentry to decrease recidivism, promote personal health, and foster independent living. Magdalene House (MH) in Kerrville, TX is a developing two year residential aftercare program for women. The purpose of this project was to assess how women's lived experiences of overcoming human trafficking, prostitution, addiction, and/or abuse inform the development of a community based aftercare program.

METHODOLOGY

The project was guided by the PDSA framework and Watson's Philosophy and Science of Caring theory. Snowball sampling yielded 10 subjects who were consented prior to interviews. Demographic questionnaires and a structured interview guide were used to collect the subject's lived experiences.

RESULTS

Study participants for this community were biologically female, 41-61 years of age, education range from high school diploma to doctorate, and predominately white with history of incarceration. All experienced early childhood trauma and adult violence; all had survived

these experiences as well as human trafficking, prostitution, addiction and/or abuse. Program design recommendations made by the subjects stressed the importance of having the right people, those called with a servant's heart, working with MH residents.

IMPLICATIONS FOR PRACTICE

The rich information obtained through this project will improve MH program design by describing important care giver attributes. This DNP project provides a framework for understanding the lived experiences of human trafficking, prostitution, addiction and/or abuse, and creates a MH program that is evidence based and community informed.

Improving Patient Health Questionnaire 9 (PHQ9) Clinician Utilization Rates in a Primary Care Behavioral Health Setting

PURPOSE

Measurement based care is an underutilized evidence based practice in mental health. The PHQ9 is a reliable and valid depression rating scale, developed specifically for the primary care setting. The purpose of this project was to increase provider utilization rates of PHQ9 at pre-determined intervals within a primary care behavioral health setting.

METHODOLOGY

Retrospective and prospective chart reviews focused on utilization rates of provider-administered PHQ9 at pre-determined intervals. Specifically, utilization rates at baseline and within four weeks following treatment initiation were used as intervals based on the Veteran Administration/ Department of Defense clinical practice guideline recommendations for the treatment of depression. A one-time educational intervention and weekly motivational enhancement sessions were implemented prior to prospective chart reviews. Utilization rates from Fall of 2016 were compared to Fall of 2017 following intervention implementation in Fall of 2017.

RESULTS

Pre-intervention, utilization rate of PHQ9 at baseline was 76% and follow-up PHQ9 by week four of treatment utilization rate was 35%. After implementation of the educational intervention and weekly motivational enhancement sessions, utilization rates increased to 98% at baseline and 88% at four week follow-up.

IMPLICATIONS FOR PRACTICE

These findings support provider's ability to administer and engage in measurement based care. An educational intervention and weekly motivational enhancement sessions had a significant impact on improving rates of PHQ9 clinician utilization throughout the treatment of depression within a primary care behavioral health setting. Measurement based care is an evidence-based standard of practice, and through improving utilization rates of PHQ9, clinicians can begin to integrate and determine meaningful use of symptom rating scales throughout treatment.



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Adherence to Hepatitis C Birth Cohort Screening: A Retrospective Analysis of Providers at a Rural Federally Qualified Health Center

PURPOSE

The Centers for Disease Control (CDC) recommends one-time Hepatitis C (HCV) screening for patients born between 1945 and 1965. These patients are five-times more likely to contract HCV than any other birth cohort and approximately 50% of infected patients in the birth cohort have no other reported risk factors to prompt screening. The purpose of this project was to determine current HCV birth cohort screening practices amongst nurse practitioners, physician assistants, and medical doctors at a Federally Qualified Health Center in rural Idaho.

METHODOLOGY

Data, including patient and provider demographics, were collected from a provider survey and retrospective chart review. The survey

explored provider perceptions, barriers, facilitators, and knowledge related to HCV screening. A retrospective chart review involving a random sampling of 10 charts from each participating provider evaluated adherence to HCV birth cohort screening recommendations.

RESULTS

Time constraints and cost were identified as barriers by 50% of the providers. The remaining providers reported no barriers to screening. Providers inconsistently recognized CDC recommendations for HCV screening. Incorrect provider responses to questions about HCV screening guidelines suggested knowledge gaps as another barrier to screening. All six providers identified electronic prompts and patient education as facilitators to screening. The retrospective

chart review revealed a clinic-wide HCV screening rate of 1.7%. There was no correlation between patient characteristics and screening rates.

IMPLICATIONS FOR PRACTICE

Knowledge gaps, time constraints, and cost-related concerns likely contributed to low screening rates. At-risk patients are unlikely to be tested for HCV unless providers recognize risk-based and birth cohort screening recommendations. Implementation of an electronic prompt, patient education, and transparent pricing may improve HCV screening rates and reduce the number of patients with undiagnosed HCV.

Nurse Practitioner Use of Point of Care Ultrasound in Critical Care

PURPOSE

Point-of-care ultrasound (POCUS) is a goal-directed, bedside ultrasound examinations performed by a healthcare provider to answer a specific diagnostic question. The use of POCUS is now considered a standard of care in the management of critically ill patients in the intensive care unit (ICU) by multiple international professional medical organizations. Shortages in critically-care trained physicians led to increased utilization of nurse practitioners (NPs) on multi-disciplinary ICU teams. There is no current evidence demonstrating the ability of NPs to accurately utilize POCUS in the ICU. The purpose of this project is to determine NPs ability to accurately acquire and interpret POCUS images in a surgical intensive care unit (SICU).

METHODOLOGY

Eight NPs working in the SICU obtained POCUS images of the inferior vena cava (IVC) on randomly selected patients in the SICU. NPs documented their interpretation of the volume status of the patient based on the image via an online survey tool. Three physicians completing a fellowship in critical care reviewed each image and completed an online survey tool,

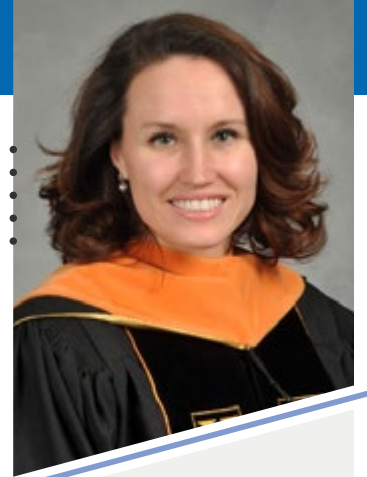
documenting adequacy of the obtained image and their interpretation of volume status blinded to the NP interpretation.

RESULTS

Fifty POCUS images of the IVC were acquired. Forty-three images adequately demonstrated the IVC resulting in 86% acquisition accuracy of POCUS image by the NP. Of the forty-three accurately acquired images of the IVC, thirty-six images were eligible for review of interpretation-seven images did not have interpretation agreement between at least two reviewers. Twenty-nine images were accurately interpreted resulting in 80.5% interpretation accuracy of POCUS image by the NP.

IMPLICATIONS FOR PRACTICE

NPs in the ICU are able to accurately acquire and interpret POCUS images at frequencies lower than demonstrated previously by ED NPs and intensivists. Further emphasis on POCUS education and training is needed for acute care NPs.

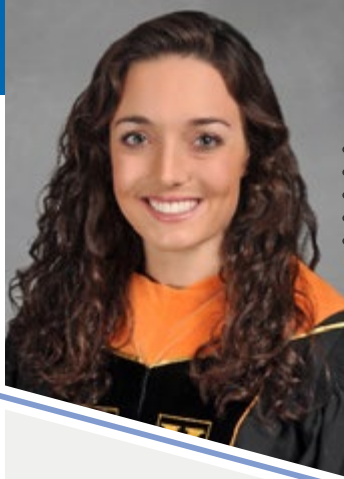


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An Atrial Fibrillation Clinical Decision Aid to Reduce 30-Day Readmission in Hospitalized Adults

PURPOSE

Atrial fibrillation (AF) is the most common arrhythmia, affecting an estimated six million people in the United States with an annual cost of \$6 billion. Nationally, the 30-day readmission rate for AF is around 15%. There is an increased focus on reducing length of stay and readmission rates by the Centers for Medicare and Medicaid Services and other payers. The purpose of this healthcare improvement project was to promote effective, evidence-based management of adult patients presenting to the Emergency Room with new-onset AF and reduce 30-day readmission rates for symptomatic AF.

METHODOLOGY

A clinical decision aid was developed in collaboration with Cardiology and

Emergency Medicine providers in accordance with the latest literature and *AHA/ACC/HRS Guidelines for the Management of AF*. Emergency Medicine providers were educated on the guidelines, current hospital quality metrics, and utilization of the decision aid. Data was collected for consecutive adult patients discharged with the primary diagnosis of nonvalvular AF. Data includes readmission rates and thromboembolic and bleeding risk stratification as defined by CHA2DS2-VASc and HAS-BLED scores. Standard statistical analysis was performed using chi-square.

RESULTS

In the three months prior to implementation, 82 patients presented to the ER with the primary diagnosis of nonvalvular AF, and 87 presented in the three months

post-implementation. The 30-day readmission rate for symptomatic AF decreased from 17% to 1.3% ($p = 0.01$). There was no significant difference in thromboembolic or bleeding risk stratification.

IMPLICATIONS FOR PRACTICE

AF treatment is variable by provider and results in decreased quality of patient care. Utilization of a clinical decision aid significantly reduces 30-day readmission for symptomatic AF by improving compliance with guideline-directed therapies. By reducing variation in treatment, patients receive safer, more reliable, cost-effective care. Further study is needed to improve risk stratification in AF.

Evaluation of a Standardized Pre-donor Management Guideline

PURPOSE

Transplantation has become the standard treatment for many patients with end-stage organ failure; however, lack of viable organs for transplantation in the U.S. results in an increased number of deaths among patients each year while waiting on an organ transplant. Evidence suggests that the use of standardized pre-donor management guidelines increases the number of organs available for transplantation.

METHODOLOGY

All patients referred for potential organ donation in the STICU at BUMC during a 3.5-year period (2013-2017). Retrospective data was collected and the 22-month period prior to implementation of a nurse practitioner-driven clinical practice guideline (CPG) was compared to the 22-month period following implementation of the guideline. Comparisons were analyzed

using descriptive statistics for demographic data and ordered logistic regression for primary and secondary outcomes.

RESULTS

Sixty-six donors were referred within the data collection period. The pre- and post-implementation groups contained 32 and 34 subjects, respectively. The primary outcome, the number of organs transplanted per donor, increased from 3 organs per donor to 4 organs per donor on average, while the secondary outcome, time from referral to donation, decreased from 2 days to 1 day on average during the period following implementation.

After age adjustment, there was a 2.7-fold increase in odds of getting one more transplanted organ per donor during the post-implementation group compared to the pre-implementation group (odds

ratio = 2.7; 95% confidence interval = 1.1 to 6.5; $p = 0.030$). The odds of delaying one more day to donation decreased by 70% during the post-implementation group compared to the pre-implementation group (odds ratio = 0.3; 95% confidence interval = 0.1 to 0.7; $p = 0.006$).

IMPLICATIONS FOR PRACTICE

Further global collaboration is necessary to improve the management of potential organ donors and develop additional practice guidelines. There can be a significant increase in number of organs transplanted per donor and a significant decrease in time from referral to donation with the use of a nurse practitioner-driven pre-donor management CPG. Nurse practitioners are integral in implementing evidence-based practice guidelines in the intensive care unit.

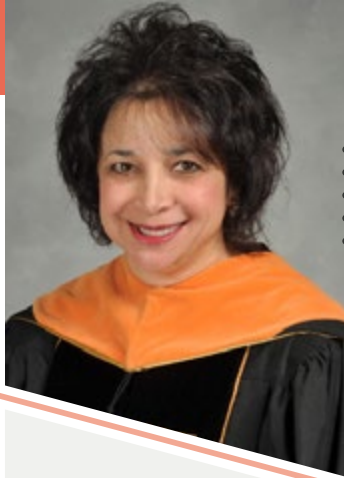


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Initiative to Improve Oncologic Management of Small Renal Masses: A Shared Decision-Making Model

PURPOSE

The finding of small renal mass (SRM) on radiological imaging and the potential of a cancer diagnosis is anxiety provoking for most patients. When diagnosed with a SRM, patients are confronted with multiple treatment options forcing a decision on a therapeutic course. The decision-making process often occurs in the absence of any framework to guide patients. The purpose of this project was to develop and implement a shared-decision-making (SDM) model for newly diagnosed patients. Specific goals of the SDM model were to improve patient knowledge, alleviate patient anxiety, and improve patient confidence to make evidence-based decisions.

METHODOLOGY

A SDM model was developed and implemented utilizing an educational video and a

structured provider discussion. Patient knowledge, anxiety, and confidence in decision-making was assessed using a pre- and post-intervention survey. Structured provider discussions included risks and benefits of each management strategy individualized to the patient's situation. Initial preference, informed preference and final treatment decision were recorded for each patient.

RESULTS

Ten Patients (N=10) participated in this project. The combined post intervention scores demonstrated an overall increase in patient knowledge. An analysis of individual scores revealed the majority of patients (n=7) experienced an improvement in knowledge of at least 25% with a mean improvement in knowledge of 35%; while the remaining

patients (n=3) experienced no change in knowledge. Fifty percent of patients reported a mean decrease in anxiety of 30% and among patients reporting improved confidence in decision making, confidence improved by a mean of 34%.

IMPLICATIONS FOR PRACTICE

The findings demonstrate the feasibility of implementing a SDM model with newly diagnosed patients. Results should encourage providers who aspire to incorporate a SDM model as a Best Practice for educating and counseling all such patients. Future phases of this project will focus on expanding the SDM model across a wider variety of providers within the practice.

Hypoxic Ischemic Encephalopathy and Therapeutic Hypothermia Educational Program for Neonatal Intensive Care Registered Nurses

PURPOSE

The purpose of this project was to improve patient outcomes in neonates with hypoxic ischemic encephalopathy (HIE) through a formal registered nurse (RN) education program aimed at increasing nursing knowledge about therapeutic hypothermia (TH) care in this population. The educational program was divided into three sessions specific to the level of neonatal care provided by the bedside RN.

METHODOLOGY

The project design was a matched pre-test and post-test, quality improvement program. Participants included 9 neonatal RNs in level I nurseries, and 14 RNs in the level II, and 25 RNs in the level III NICUs at three different hospitals in

Phoenix, AZ. The educational program was 30 minutes for each level, and included a PowerPoint presentation, case study analysis, the Sugar, Temperature, Airway, Blood pressure, Lab work, and Emotional support (S.T.A.B.L.E), neurological assessment checklist, and the S.T.A.B.L.E Therapeutic Hypothermia Candidacy Checklist was explained and distributed in the program.

RESULTS

Post-test scores were higher than the pre-test scores, which demonstrated knowledge acquisition. The mean pre-test score showed level I RNs answered 51% correctly, level II RNs answered 57% correctly, and level III answered 55% correctly out of 100%. The level I RNs answered 91% correctly, level II RNs 86% correctly, and level III 85% correctly

out of 100%. Dependent t-test results showed level I $t(9)=12$, level II $t(14)=7.07$, and level III $t(25)=7.46$, $p<0.05$.

IMPLICATIONS FOR PRACTICE

The results showed that the educational program was an effective means of increasing nursing knowledge on HIE and TH for this group of RNs. Further research is needed to demonstrate the program's generalizability. It should also be studied with larger groups of RNs to determine its validity.

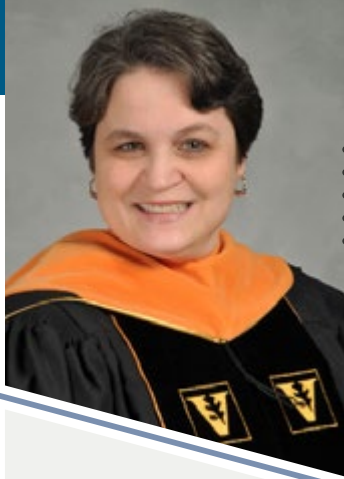


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2018 DNP PROJECTS

Factors Influencing Georgia Legislators' Decision-making on Nurse Practitioner Scope of Practice

PURPOSE

Limited access to healthcare, rural hospital closures, and physician shortages are significant issues in Georgia. However, Georgia remains one of the most restrictive scope-of-practice states for nurse practitioners. The limited scope results in barriers for nurse practitioners to provide necessary healthcare. The purpose of this project was to examine the factors that influence Georgia legislators' decision-making about nurse practitioner scope of practice. The aims of this study were to develop and administer a questionnaire to legislators from both the Georgia Senate and House of Representatives Health and Human Service Committees to determine how to develop nurse practitioner scope of practice policy strategies.

METHODOLOGY

From April 2017 through July 2017, Georgia legislators who served in both the Senate and House of Representatives Health and Human Service Committees were electronically invited to complete a 26-item questionnaire. This questionnaire was developed based on factors previously published as influencing legislator decision-making.

RESULTS

Nine legislators participated (18% response rate) and identified "expert testimony" and "constituents" as the most influential factors for legislative decision-making. "Communication in person" and "interest groups" influenced decision-making. "Media," "re-election," and "state legislative leader" were the least influential factors for legislative decision-making.

IMPLICATIONS FOR PRACTICE

An understanding of factors that are most influential on legislator decision-making is important when attempting to influence policy. The results of this study can assist nurse practitioners with improving communication, advocacy, strategy development, and strengthening collaboration with Georgia legislators when advocating for expanding their scope of practice.

Workflow Configuration Recommendations for Implementing an Effective Referral Follow-Up Process

PURPOSE

This DNP quality improvement project investigated current referral processes and workflows in the pediatric primary care setting. Recommendations were created for a closed loop referral process, and in-house workflow, utilizing electronic health records (EHR). The purpose was to increase the number of completed referrals and provide comprehensive health care and interventions for all pediatric patients.

METHODOLOGY

EHRs are utilized by providers; in hospitals, clinics, and independent practices. EHRs contain many workflow suggestions, specialty applications, and predictive analytics for providers. Current referral processes and workflows in the pediatric setting were reviewed and mapped. Several issues related to incomplete referrals were discovered. Pediatric patients were often referred to health specialists. Many did not complete the referral. Evaluation of the current referral process and workflow, identified gaps and incapacities in current systems. Using this information, quality improvement recommendations were created to decrease the number of incomplete referrals, using a new in-house workflow and EHR functionality available

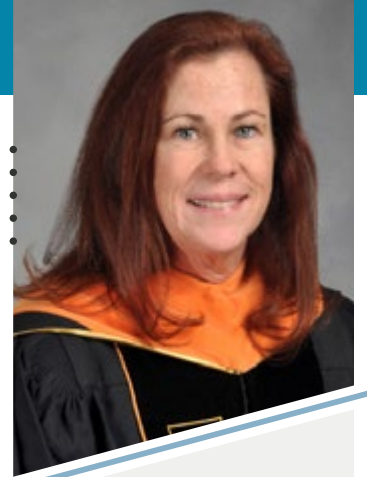
in a newly installed EHR systems to close the loop on all referrals. In addition, education was given to providers and adjunct users on the new workflow and EHR functionality.

RESULTS

Recommendations were created and shared with providers and practices to enhance a closed loop process for all referrals using the tools and workflows available in the new EHR. Actions were imposed to follow-up on, and complete, the referral loop enhanced by EHR analytics. Providers and practices can now monitor and measure incomplete referrals and take appropriate follow-up action.

IMPLICATIONS FOR PRACTICE

Decreasing incomplete referrals improves comprehensive care for all patients within the medical home. Closing the loop on specialty referrals improves health care for patients, decreases risky health behaviors, and lowers the volume of patients seeking emergency health services.



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2018 DNP PROJECTS

Barriers to Quality Palliative Care: Evaluation of Impact of End-Of-Life Nursing Education Consortium (ELNEC) On Advanced Practice Nurses

PURPOSE

The purpose of this DNP quality improvement project was to improve knowledge among advanced practice nurses (APN) providing palliative care at a Mid-South community health care company improving patients quality of life and decreasing preventable acute care services in the last year of life.

METHODOLOGY

This project involved implementing the ELNEC-core curriculum, an evidenced based educational program, to APN's providing palliative care to home bound patients (n=9). The ELNEC-KAT pre and post questionnaire was utilized to evaluate baseline knowledge in palliative and end-of-life care and to determine if the implementation of the ELNEC-core curriculum was effective in improving

knowledge in palliative and end-of-life care.

RESULTS

A paired *t*-test was used to analyze the information to determine the mean difference between the pre/post scores and determine level of significance in scores based on implementation of the ELNEC-core curriculum. There was a statistically significance difference in the scores for post ELNEC-KAT $M = 47.1$ and prior to intervention $M = 43.8$. The differences between the pre-test and post-test $M = 3.33$. Therefore, the ELNEC-core curriculum proved beneficial in improving knowledge in advanced practice nurses.

IMPLICATIONS FOR PRACTICE

Palliative care services is a highly structured system available for individuals suffering with life-limiting

illness; however, there is a shortage in palliative trained healthcare providers making it impossible to reach the proportion of American's living with chronic conditions. Implementing quality trained palliative care APN's to help fill the gap in care will improve quality of life for patients, decrease health care cost, and improve access to all individuals suffering with a life-limiting illness.

Increasing Knowledge of Cardiometabolic Monitoring of Individuals with Severe Mental Illness in Community Mental Health Clinic Staff

PURPOSE

The use of atypical antipsychotic medications is common in the treatment of severe mental illness and may result in metabolic side effects to include weight gain, dyslipidemia and glucose dysregulation. The purpose of this pilot study is to assess clinic staff knowledge of cardiometabolic monitoring of individuals with severe mental illness while on an atypical antipsychotic in a community mental health clinic.

METHODOLOGY

A retrospective chart review was conducted and 71 charts were identified with a primary diagnosis of severe mental illness with use of an atypical antipsychotic as treatment. The baseline cardiometabolic monitoring rates were evaluated include height, weight, body mass index, blood pressure, and fasting glucose and lipids. Assessment of provider knowledge of cardiometabolic monitoring guidelines was completed via survey pre and post educational intervention.

RESULTS

Baseline cardiometabolic monitoring rates remain low among individuals with severe mental illness on atypical antipsychotics. Provider knowledge of cardiometabolic monitoring increased post educational intervention.

IMPLICATIONS FOR PRACTICE

Barriers to cardiometabolic monitoring are multifaceted. The structure, process, and outcomes in community mental health need to be explored to better understand barriers to cardiometabolic monitoring in persons with a severe mental illness.

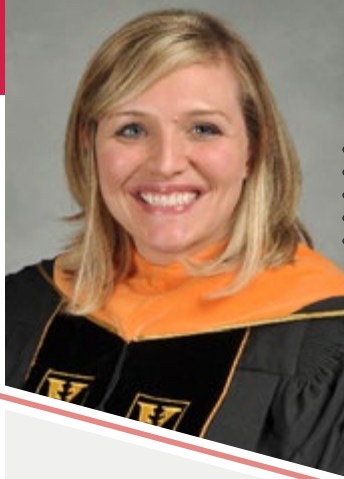


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Reducing pressure injuries in the PICU

PURPOSE

The aim of this quality improvement project was to implement evidence-based pediatric pressure injury prevention strategies to decrease the incidence of pressure injuries by reducing the rate from 8% to 6% in the PICU at a children's hospital in a large metropolitan city in the Midwest over a six week time period.

METHODOLOGY

This quality improvement project utilized the Model for Improvement including the Plan-Do-Study-Act (PDSA) cycle of change framework to implement the following evidence-based pediatric pressure injury prevention strategies: educating PICU nurses on risk factors for pediatric pressure injuries and prevention strategies, turning PICU patients every two hours, and ordering nutrition

2018 DNP PROJECTS

consults on all patients with a Braden Q score less than 16.

RESULTS

PICU nurses demonstrated a significant increase in knowledge following the pressure injury education session, $t(28) = 9.19$, $p < .001$, $d = 8.88$. PICU patient turning compliance improved from 47% to 63%. The ordering of nutrition consults for patients with a Braden Q scale risk score of 16 or less improved from 7% to 100%. The PICU pressure injury weekly incidence rate decreased from 8% to 3%.

IMPLICATIONS FOR PRACTICE

The quality improvement project improved the quality of care being delivered to patients in the PICU by increasing nurses' knowledge of pediatric pressure injury risk factors and evidence based prevention strategies, improving turning

compliance, and implementing an electronic trigger to enhance nutrition support for patients at risk of developing pressure injuries. The quality improvement project also decreased preventable patient harm to PICU patients by decreasing the pressure injury incidence rate.



Basic Supply Chain Education: A Program for Nurses

PURPOSE

The health care work environment should be conducive for nurses to care for their patients. The hospital supply chain department provides a vital service and supports the clinicians' work. The purpose of this project was to increase the nurse's knowledge of supply chain. This knowledge includes processes to improve efficiency, effectiveness, and the safe delivery of patient care related to products. A supply chain educational program was developed to meet the scholarly project's purpose.

METHODOLOGY

The quality improvement project was conducted using a Plan, Do, Study, Act (PDSA) design. An educational program and survey questions were developed based on six concepts: supply chain processes, staff interactions,

patient outcomes, safety, education, and financial impact. Seventeen RNs participated in the educational programs with 16 RNs completing both pre- and post-educational surveys.

RESULTS

The surveys were developed specifically for the quality improvement project. The survey validation was performed by raters using the Cohen's Kappa Statistic tool. The raters determined that the 30-question surveys were in near perfect agreement with the program's concepts. A paired t-test was used to measure the gap between the nurses' baseline knowledge and their knowledge after attending the program. The results showed there was statistical significance, specifically a reduction in the gap between baseline and post-surveys; with a

36.98% overall increase in the nurses' knowledge about supply chain.

IMPLICATIONS FOR PRACTICE

This quality improvement project supports offering basic supply chain education to nurses. This will help with the understanding of supply costs and waste, patient billing, safety, and activities related supplies. Instead of focusing on non-clinical activities, nurses can focus on patient care.

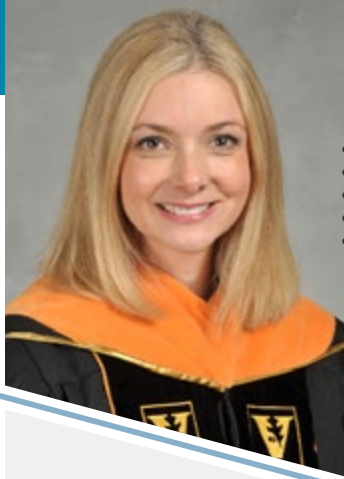


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2018 DNP PROJECTS

Involving Patient and Parents in Evidence Based Asthma Care

PURPOSE

The purpose of this quality improvement project was to implement standardized questionnaires to assess asthma control and potential barriers to pediatric asthma management.

METHODOLOGY

Paper surveys were distributed to patients and parents presenting for office visits in the outpatient clinic. The surveys assessed current symptom control, beliefs about the disease process and medications, and environmental disease triggers. All patients, ages 5 to 18 years old, who had a diagnosis of asthma, wheezing, or reactive airway disease OR had been prescribed an inhaled corticosteroid and/or albuterol in the past year were eligible to participate.

RESULTS

Survey results reached clinical significance with a negative correlation between Asthma Control Test (ACT) scores and Beliefs about Medications Questionnaire (BMQ). Patients with a low score on the ACT, indicating poor asthma control, were more likely to reveal a lack of knowledge about asthma control methods and negative perspectives of healthcare providers. An additional significant finding was that children who lived in rental properties were more likely to have a low ACT score.

IMPLICATIONS FOR PRACTICE

This data was used to provide recommendations on how to effectively implement a clinic wide initiative to provide pediatric asthma management according to nationally published National Heart, Lung, and Blood Institute (NHLBI) guidelines. By using

a needs based assessment for asthma management education, the healthcare provider has the opportunity to focus education in order to improve patient outcomes.

Long-acting reversible contraception: Increasing accessibility in a public health setting

PURPOSE

The Centers for Disease Control and Prevention recommends the use of long-acting reversible contraception (LARC) as the first-line contraceptive method to decrease unintended pregnancies. The purpose of this quality improvement (QI) project was to develop and implement updated eligibility criteria for LARC insertions, providing increased access to women of reproductive age in an effort to decrease the rate of unintended pregnancies.

METHODOLOGY

The QI project involved updating eligibility criteria for LARC insertions at a public health clinic, as well as ten off-site clinics in the same public health district in rural Georgia. A retrospective chart review obtained the dates of LARC insertion appointments using the previous criteria, focusing on date of request for and insertion of LARC. The same data was collected after implementation of the updated criteria. The average number of days between visits based on the previous criteria were compared to the average number of days between visits after implementation of the updated criteria, specifically focused on the number of same-day LARC insertions.

RESULTS

Fifteen LARCs were inserted during the 7-week project implementation period. After implementation of the updated criteria, a statistically significant decrease in the mean number of days between request for and insertion of LARC was noted: 65.82 (11 to 232) days to 3.47 (0 to 15) days ($t(75) = 59, p < 0.01$). Every woman who requested a LARC had a LARC inserted and over half of LARC insertions were provided the same day as requested.

IMPLICATIONS FOR PRACTICE

Advanced practice registered nurses working in public health settings fill an important gap in access to contraception for women who have a low income, are underinsured or uninsured. Raising awareness and identifying barriers which limit a woman's access to LARC is imperative to filling this gap. This project provides an example of how to address and fill this gap in contraceptive access and encourages the continual identification of barriers that limit access and availability to LARC methods for all women.



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2018 DNP PROJECTS

Improving Knowledge and Confidence of Medical-Surgical Nurses to Use Verbal and Non-verbal De-escalation Techniques in Caring for Agitated Psychiatric Patients

PURPOSE

The purpose of this quality improvement project is to increase registered nurses' knowledge of and confidence in using verbal and non-verbal de-escalation techniques when caring for agitated psychiatric patients on medical-surgical units in a general medical hospital.

METHODOLOGY

Ten nurses completed standardized measures of nursing knowledge and confidence in caring for agitated patients before and after participating in a 1-hour face-to-face education module on verbal and non-verbal de-escalation techniques for nurses on medical-surgical units in a mid-south, 250 bed, urban hospital.

RESULTS

The mean scores on the pre- and post-test 20-item multiple choice knowledge measure increased from 58.5% to 74.5%. The mean scores on the pre- and post-test 10-item Likert scale self-assessment of confidence in managing agitated patients increased from 4.88 to 8.62.

IMPLICATIONS FOR PRACTICE

The results support that a brief face-to-face educational module given to registered nurses can increase knowledge of and confidence in using verbal and non-verbal de-escalation skills while caring for agitated patients.



Identification of Viral Respiratory Illnesses in Children with Congenital Heart Disease

PURPOSE

The purpose of this quality improvement DNP project was to modify and standardize the preoperative anesthesia departmental processes for screening, documentation, and communication concerning viral respiratory symptoms in children with congenital heart disease.

METHODOLOGY

The project involved modifying the anesthesia pre-surgical evaluation to include specific symptoms suggestive of a viral respiratory illness. Each of the symptoms had a numerical score, following completion of the assessment, if the score was greater than or equal to six, a clinical decision-making algorithm was used to determine whether to cancel or proceed with cardiac surgery. A series of cases were evaluated for documentation compliance

using the modified assessment and if the clinical decision-making algorithm was applied. To evaluate the feasibility of the project process, the overall percentage of documentation of viral respiratory symptoms from the previous year were compared to the overall percentage of documentation of viral respiratory symptoms during the pilot period.

RESULTS

During the short data collection period, fifteen cases were reviewed. There was 100% documentation compliance for the seven viral respiratory symptoms in each of the cases evaluated post-implementation compared to only 8.3% documentation compliance in the pre-implementation cohort. The question addressing parental perception of the presence of cold symptoms was the

only aspect with a less than 100% documentation post-implementation, being present in only nine of the fifteen (60%) records.

IMPLICATIONS FOR PRACTICE

The outcome of this project was clinically significant and thus, warrants further use in anesthesia preoperative practice. This standardized preoperative viral respiratory illness-screening tool in conjunction with the clinical decision-making algorithm will be instituted throughout the department of pediatric anesthesia and used for all pre-surgical evaluations.



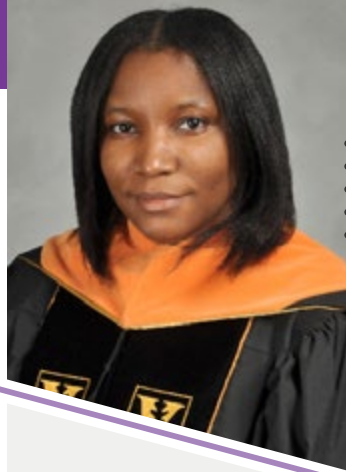
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2018 DNP PROJECTS

Assessing the Understandability and Actionability of an Educational Video Designed to Increase Patient Portal Access among Culturally Diverse Adults

PURPOSE

The purpose of this quality improvement project was to gain a perspective on the usefulness of a patient education video designed to inform patients about an existing patient portal and how to access it. The video presented the content such that patients could envision themselves successfully accessing their portal. Guided by the Model for Improvement with the PDSA cycle, this project aimed to determine the quality of the new educational video.

METHODOLOGY

This project consisted of one full PDSA cycle as part of a larger PDSA driven initiative to increase patient portal access. The investigator developed a cost-effective educational video to be used at various touchpoints to encourage

patients to access and use the portal. The video was viewed and rated by eight reviewers using the “Patient Education Materials Assessment Tool for Audiovisual Materials” (PEMAT-AV) with the outcome measures of an average PEMAT score of 70% for understandability and 70% for actionability.

RESULTS

The understandability of the patient portal educational video averaged at 98%, with a range of scores between 92%-100%, whereas the overall actionability average was 100%, with all the reviewers’ scores at 100%.

IMPLICATIONS FOR PRACTICE

These high PEMAT-AV scores supported the premise that patients of diverse cultural backgrounds and varying levels of health literacy could

understand and act on the key messages and processes explained in the video. The educational video provided a form of observational learning that guides patients through the portal registration process. If patients are able to successfully register for their portal, they may become more motivated to actively use it to manage their health. In addition, clinical staff including nurses can use the educational video to enhance the methods they currently use to promote the patient portal during the office visit. This approach will ensure that patients have the environmental and personal support and are given the opportunity to overcome challenges associated with portal access, which can also help identify patients with technical and/or low health literacy.

A Team Training Intervention to Improve Interprofessional Teamwork within a Neurology Practice

PURPOSE

The purpose of this DNP project was to create and administer a team training on effective Interprofessional Teamwork (IPT), and evaluate whether it improved trainees' knowledge of and attitudes toward IPT.

METHODOLOGY

I completed a Realist Synthesis examining the context, mechanisms, and outcomes of effective IPT, used it to create a team-training on IPT, and piloted the training within an interprofessional team at a private neurology practice. I administered an assessment measuring knowledge of and attitudes toward IPT before and after the team training, and evaluated the trainees' reactions to the training using a qualitative and quantitative post-test survey. The program would be considered a success

if trainees' knowledge of and attitudes toward effective IPT increased by 10% from baseline, and if more than 50% of trainees agreed or strongly agreed that the training was enjoyable, interesting, and applicable to their future work.

RESULTS

The training resulted in statistically significant and meaningful improvement in attitudes toward and knowledge about IPT. Trainees' knowledge increased by an average of 58% ($t=9.81$, $p=0.001$), with an effect size (0.90); and attitudes improved 26% from the pre-test to the post-test ($t=12.58$, $p=0.001$), with an effect size (0.86). Responses to the team training were positive. Ninety to 100% of trainees agreed or strongly agreed that they enjoyed the team training and found it valuable.

IMPLICATIONS FOR PRACTICE

Improvement in the trainees' IPT may help the team improve outcomes for patients. I plan to repeat the intervention for other teams in both inpatient and outpatient settings. If the program is effective in multiple settings, it has the potential to improve outcomes across the entire organization and demonstrate to company stakeholders the value of the DNP education in developing nurses' scholarly and leadership skills.



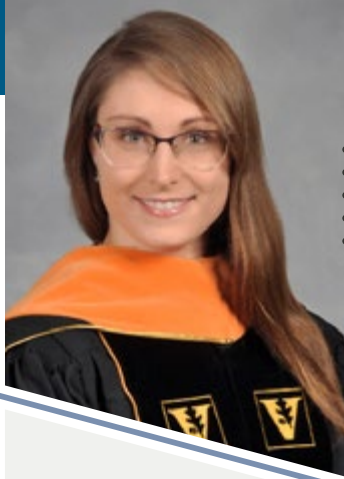
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Andrea Frantz

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2018 DNP PROJECTS

••••• Enhancing the Yale Office-Based Medicine Curriculum®: A Performance Improvement Project

PURPOSE

The purpose of this DNP quality improvement project was to create an intervention to promote quality engagement in interprofessional education among residents in an interprofessional residency program. A psychologist-guided Group Facilitations Skills Workshop built upon a pilot project aimed at enhancing the Yale Office-Based Medicine Curriculum® for an interprofessional setting.

METHODOLOGY

The intervention built upon Yale Office-Based Medicine Curriculum® content by implementing a psychologist-guided Group Facilitations Skills Workshop to enhance structured team-based learning. A pre-post-study design was used to evaluate the effectiveness of the intervention. Two groups of post-graduate nurse practitioner, internal medicine, and pharmacy residents completed a modified version of the validated Team Performance Survey pre- and post-intervention.

RESULTS

The logistical challenges of interprofessional education influenced changes in the pre-post study design. Pooled survey data was analyzed

using an unpaired *t*-Test and Mann-Whitney *U* test. Data were statistically insignificant as a result of small sample size and changes in study-design.

IMPLICATIONS FOR PRACTICE

Interprofessional education is a precursor to effective collaboration, leading to improved patient outcomes, clinical processes and efficiency. The project contributes to a better understanding of curriculum implementation for post-graduate residency education. The intervention can serve as an adjuvant for revitalizing case-based medicine curriculums and to encourage longitudinal healthcare culture change through enriching interprofessional interactions.

Sexually Transmitted Infections (STI) and Vaginitis Screening Methods in Urgent Care

PURPOSE

The purpose of this quality improvement project was to use a web-based education to standardize STI and vaginitis screening methods, in female patients presenting to the urgent care setting. The aim was to change clinicians' current beliefs and practices to reflect current evidence-based practice, with an emphasis on self-collected vaginal swabs (SCVS).

METHODOLOGY

The project settings were urgent care clinics affiliated with a large healthcare system in Western Washington. Project participants included clinicians currently practicing in the urgent care setting and licensed as either a physician, nurse practitioner, or physician assistant. Thirty-four clinicians received email invitations, and 25

participated. An e-learning module addressing STIs, vaginitis, and screening methods with an emphasis on SCVS was created and administered to the participants. A pretest and posttest were used to assess knowledge and intent to change practice. Data analysis occurred using a paired sample t-test for knowledge, a McNemar test for intent to increase use of SCVS, and descriptive statistics for demographics.

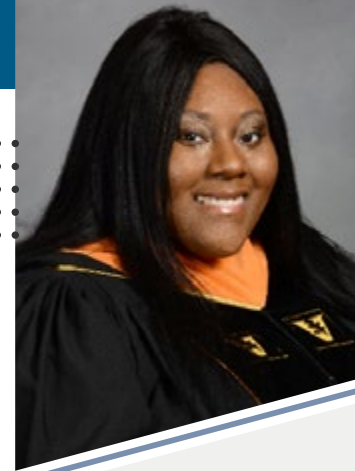
RESULTS

After completion of the module, the scores for knowledge revealed that there was a statistically significant mean difference increase of 29.20% between the pre-test ($M = 61.20$, $SD = 18.556$) and post-test ($M = 90.40$, $SD = 6.758$), $t(24) = -8.559$, $p < 0.001$. Additionally, the number of intended SCVS

use in asymptomatic patients increased and was statistically significant $X^2(1) = 4.500$, $p = 0.034$. Finally, the number of intended SCVS use in symptomatic patients increased and was statistically significant, $X^2(1) = 12.071$, $p < .0001$.

IMPLICATIONS FOR PRACTICE

Allowing patients to perform SCVS not only increases their satisfaction as it has proven to be a preferred practice but also potentially increases screening rates. With continued use and increased acceptance, SCVS will positively impact national key quality metrics and Healthy People 2020 goals, which both emphasize increased STI screening among women, to reduce rates of infections.

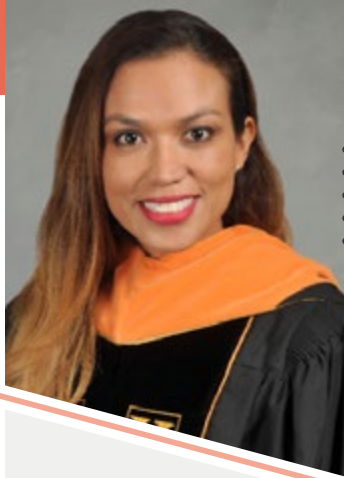


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Fanny Gallant

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2018 DNP PROJECTS

Development and Implementation of a Discharge Resource Guide for Kidney Transplant Recipients

PURPOSE

The purpose of this DNP quality improvement project was to restructure discharge teaching for kidney transplant recipients at a large academic hospital in the southeast by incorporating a written education guide with the aim to improve patient satisfaction with transition of care measures and communication of medication as well as to measure patients' self-efficacy.

METHODOLOGY

A multidisciplinary task force team lead by a nurse practitioner developed a patient resource guide to facilitate discharge teaching and serve as a patient reference after discharge. Self-efficacy was measured using a Likert-type scale questionnaire. Clinical significance and patient satisfaction with the information received was determined by patient and provider feedback via three questions.

RESULTS

Data was analyzed using descriptive statistics to calculate self-efficacy scores (n=10). Answers to the patient and provider feedback questions were clustered and thematically analyzed. The pre-intervention self-efficacy scores ranged from 42 to 57 ($\mu = 51.90$) and the

post-intervention scores ranged from 52 to 60 ($\mu = 57.70$). Data analysis revealed self-efficacy scores increased by 11% after the intervention. Participants and providers reported the guide was helpful to learn post-transplant health management and all participants were satisfied with the information received.

IMPLICATIONS FOR PRACTICE

Graft survival and long-term health outcomes depend heavily on the recipient's ability to learn and practice self-care behaviors to minimize the risk of postoperative complications, rejection and infection. Evidence shows kidney transplant recipients with high levels of self-efficacy exhibit more self-management behaviors. The integration of a patient resource guide as part of the discharge teaching protocol in this project demonstrated beneficial effects on self-efficacy and suggest a positive influence on patient satisfaction in regards to discharge education and information received to promote self-management.

Readiness, Recognition, and Response to Postpartum Hemorrhage

PURPOSE

The purpose of this DNP quality improvement project was to decrease the rate of postpartum hemorrhage (PPH) by improving readiness, recognition, and response of the entire healthcare team.

METHODOLOGY

The project involved education of the entire healthcare team on the implementation of a standardized PPH protocol and use of a PPH readiness cart. Data was collected pre- and post-implementation of the protocol to determine the rate of PPH at the facility. The intervention components of the project consisted of standardized use of a PPH protocol to determine the stage of hemorrhage, use of the PPH readiness cart and ongoing education to staff. Data collection was ongoing for the duration of the project.

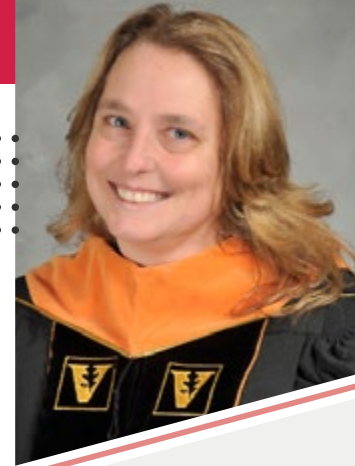
RESULTS

Descriptive statistics were calculated pre- and post-implementation to determine the rate of PPH, and the mean, mode and median of PPH blood loss. The pre-implementation (n=2865) PPH rate was 10.8% and post-implementation rate was (n=192) 8.5%. The mean rate of blood loss pre-implementation of 590 ml decreased to 572 ml post-implementation. The pre-implementation mode of blood loss of 500 ml was decreased to 300 ml post-implementation. The pre-implementation median blood loss of 500 ml was decreased to 350 ml post-implementation. Therefore, a clinically significant decrease in blood loss was observed post-implementation of the PPH protocol.

IMPLICATIONS FOR PRACTICE

Obstetrical units can reduce the amount blood loss in

postpartum women with the adoption of a standardized PPH protocol based on stage of hemorrhage. Staff education and the use of a standardized PPH protocol improves team readiness, recognition and response to obstetrical hemorrhage and therefore reduces maternal morbidity and mortality.

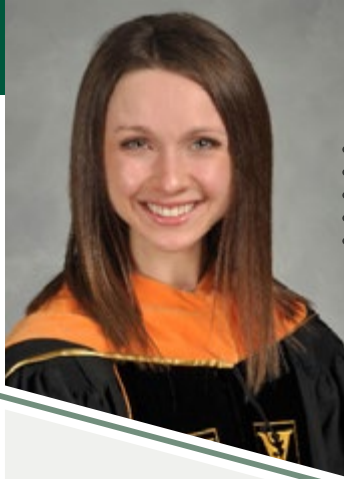


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2018 DNP PROJECTS

Implementation of a Perinatal Depression Care Bundle at a Midwifery Practice: A Quality Improvement Initiative

PURPOSE

Despite the prevalence of perinatal depression (PND), women cite shame, stigma, and lack of knowledge as barriers to seeking help for depressive symptoms during pregnancy and after childbirth. National healthcare organizations recommend systematic efforts to address PND in primary care and women's health settings. The purpose of this quality improvement project was to implement a PND care bundle at a certified nurse-midwife (CNM) practice, to help CNMs educate women about PND and direct those affected to mental health services.

METHODOLOGY

A PND care bundle was developed to help CNMs (N = 16) address PND in a universal manner during routine prenatal care. The care bundle included three elements: an educational

handout; a brief, provider-initiated discussion about PND; and lists of local and online mental health resources. The CNMs implemented the care bundle with pregnant women between 24 and 29 weeks of gestation. After four weeks, a retrospective chart review assessed the CNMs' adherence to the new bundle; the goal was 95% adherence.

RESULTS

Over four weeks, 51 prenatal visits met eligibility criteria for participation. The CNMs implemented the PND care bundle for 22 (43.1%) eligible visits. Feedback from the CNMs indicated that the care bundle was brief, easy to incorporate into routine care, and well received by women.

IMPLICATIONS FOR PRACTICE

This quality improvement project incorporated the

use of a PND care bundle for women seen during routine prenatal care. Although the CNMs did not reach the aim of 95% adherence during the first four weeks of care bundle implementation, they are now equipped with resources for educating women about PND and directing those affected to mental health services. Importantly, using a systematic approach to deliver PND education and resources reduces process variability and may de-stigmatize the illness, empowering women to seek help before depressive symptoms become severe.

Evaluation of Health Literacy in a Community Mental Health Clinic Serving Multi-ethnic Consumers

PURPOSE

This pilot study assessed health literacy of Hispanic, African-American, Caucasian and other minority groups served at an urban, mid-south community mental health clinic. Health literacy has been identified as an area that corresponds to poor healthcare outcomes in mental health populations.

METHODOLOGY

A prospective pilot study utilized the newest vital sign (NVS) tool to determine if a correlation existed between socio-demographics (gender, race, and level of education) and levels of health literacy (minimal, limited, and adequate).

RESULTS

A total of 40 participants completed this study. A chi-square test identified a statistically significant

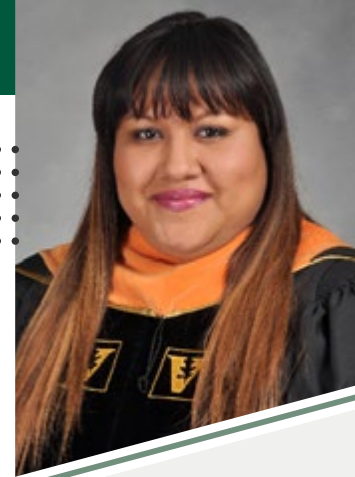
correlation between race and the levels of health literacy ($\chi^2(6, n=40) = , p < .05, 7.76$ Cramer's V-large effect) identifying Hispanics with a higher percentage of minimal literacy (25%). Higher levels of education had statistically significant correlations with adequate health literacy, while those who did not complete high school had greater than expected correlation with minimal levels of health literacy.

IMPLICATIONS FOR PRACTICE

Health literacy evaluations can assist in the development of positive outcomes with a holistic nursing approach. The core values of nursing (caring, integrity, diversity, and excellence) remind healthcare providers to view and approach the consumer as a whole and provide care tailored to their needs. Findings from this study indicate the need to

attend to Hispanic consumers' understanding of medication and health care instructions, use of medication labels in Spanish, and providing both verbal and written instructions in Spanish.

Health literacy evaluations expand upon the nursing core values by ensuring each consumer is being adequately evaluated to identify any additional healthcare needs. Advanced practice nurse practitioners (APN) are able to facilitate positive health effects using health literacy evaluations to insure individualized patient-centered care that empowers consumers to more fully understand and make health-related choices.



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Guideline Adherence in Veterans with Cirrhosis

PURPOSE

Cirrhosis is a late stage of liver fibrosis resulting from chronic liver disease. Hepatocellular Carcinoma (HCC) and gastroesophageal (GE) varices are two predictable and potentially life-threatening complications of cirrhosis. The American Association for the Study of Liver Disease (AASLD) guidelines recommends screenings for patients with cirrhosis. Inconsistent provider adherence with these guidelines was identified at a large medical center in the southeastern area of the United States. The purpose of this quality improvement project was to implement a guidelines-based electronic health record (EHR) template note, to prompt the provider to order correct screening for HCC and GE varices to increase adherence to AASLD guidelines.

METHODOLOGY

A three-month retrospective data analysis of pre-template and post-template note implementation was completed. Data was collected from charts of the first 100 patients who presented with a diagnosis of cirrhosis during the two designated periods.

RESULTS

Providers used the template note 74% of the time. Adherence with varices screening improved from 60% pre-template to 80% post-template. Adherence with HCC screening increased from 88% pre-template to 96% post-template.

IMPLICATIONS FOR PRACTICE

The template note is a sustainable quality improvement intervention to improve screening for HCC and GE varices in the GI/Hepatology department.

Development of an Evidence Based Protocol Using Erythropoiesis-Stimulating Agents for Improved Neurodevelopmental Outcomes in the Neonatal Intensive Care Unit.

PURPOSE

The purpose of the Doctorate of Nursing project was to create an evidence-based protocol (EBP) using erythropoiesis-stimulating agents (ESAs) in the extremely low birth weight (ELBW) infant population for improved neurodevelopmental outcomes in the Neonatal Intensive Care Unit (NICU).

METHODOLOGY

A synthesis of evidence was completed and results included 20 articles with two meta-analyses, eight randomized control trials, two retrospective studies, one prospective cohort study, two randomized control trials still in progress, and five qualitative articles.

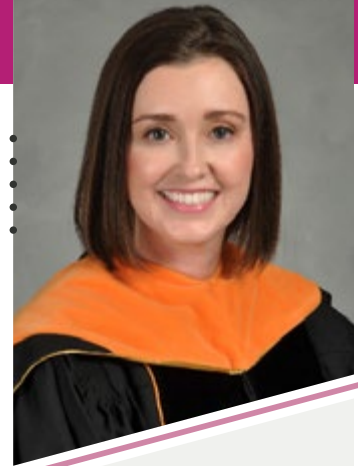
RESULTS

The EBP suggests that infants, less than 28 6/7 weeks' gestation at birth, should receive darbepoetin 10 mcg/kg every week, subcutaneously until 32 6/7 weeks' post-menstrual age. An educational session about the EBP was provided to Registered Nurses (RN) at a neonatal intensive care unit. A pre-and post-test assessed RNs' knowledge about the EBP. Nurses'

average pre-test score was 61% and the average post-test score of 94%. The educational session was adequate in educating RNs in the current practice setting. Further evaluation of the RNs' adherence to the EBP will be conducted. Additionally, the EBP will be implemented in August of 2017.

IMPLICATIONS FOR PRACTICE

The utilization of the EBP has the potential to improve neurodevelopmental outcomes in the ELBW infant population and strengthen the Advanced Practice Nurse Role within the current practice setting.



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Screening for Social Determinants of Health in Pediatric Primary Care

PURPOSE

Children living in poverty are vulnerable to the adverse effects associated with unmet basic needs such as food and housing. Poverty threatens the overall growth and development of children placing them at risk for poor physical, cognitive, behavioral, and emotional outcomes. Poverty is a form of toxic stress which can lead to significant negative outcomes into adulthood. Addressing social determinants of health (SDOH) in the pediatric primary care setting by screening for food and housing insecurity is within the scope of the pediatric primary care provider. The purpose of this scholarly project was the implementation of a food and housing insecurity screening and community resource referral process during well child visits.

METHODOLOGY

The Model for Improvement including the Plan-Do-Study-Act framework guided this quality improvement project in a rural health center. Families of children between the ages of one week to five years of age completed a self-administered five item evidence-based food and housing insecurity screening tool during pediatric well child visits. Staff provided a community resource guide for families screening positive for food and/or housing insecurity.

RESULTS

This quality improvement project identified a high percentage of children and families (24.5%, n=13) with unmet basic needs and demonstrated the feasibility of incorporating a SDOH screening and community resource referral process into well child visits.

IMPLICATIONS FOR PRACTICE

The strong scientific evidence regarding the adverse health outcomes associated with poverty and the clear SDOH screening recommendations, provide compelling reasons to maintain a screening and community resource referral process to help mitigate the toxic stress associated with unmet basic needs. With almost half of children in the United States living in poverty or near poverty, pediatric nurse practitioners have the opportunity to lead quality improvement initiatives to improve the outcomes of a vulnerable population.

Evaluation of the Use of Clinical Practice Guidelines for the Management of HF

PURPOSE

The purpose of the scholarly project was to measure hospital provider adherence to the American College of Cardiology Foundation (ACCF)/American Heart Association (AHA)/Heart Failure Society of America (HFSA) clinical practice guidelines (CPGs) for the management of heart failure (HF).

METHODOLOGY

A retrospective chart review was performed, utilizing an informatics digital report designed in coordination with the medical center's informatics team. This data abstraction report provided deidentified data regarding providers' utilization of evidence based HF care prior to and after implementation of HF CPGs at the medical center.

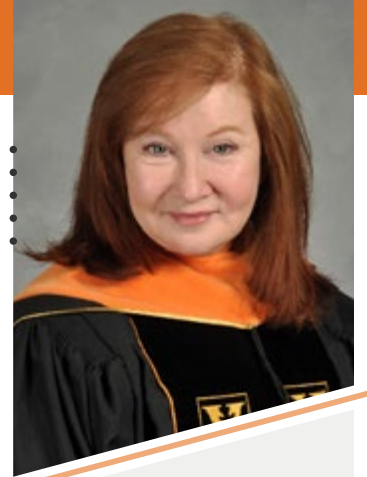
RESULTS

A total of 275 patients were evaluated during the two data collection periods. The average age of the pre-implementation group (n=145) was 68.98 years. The patient group was predominantly comprised of males (81%). Seventy-five percent of patients in this group was non-Hispanic/White, 22% Black, and 3% represented "other" racial groups. The average age of the post-implementation group (n=130) was 67.54 years. Seventy-eight percent was male; 22% female. The majority of patients in the group was non-Hispanic/White (73.93%), whereas 26% was Black, and 7% identified as "other." Prior to formal implementation of ACCF/AHA/HFSA CPGs at the medical center, health care providers adhered to the CPGs approximately 30.21% of the time when caring for

hospitalized patients with HF. After implementation, interprofessional team members demonstrated adherence to these CPGs approximately 82.15% of the time during the intervention period being measured.

IMPLICATIONS FOR PRACTICE

This project provides evidence that formal implementation of CPGs improves provider adherence, and thereby improves quality of care for hospitalized patients with HF. This process may be replicated and applied to management of other chronic diseases. This project also serves to build interest in further scholarly work investigating healthcare provider behaviors, the APRN's impact on implementation of CPGs, the impact of informatics on the implementation of CPGs, and patient satisfaction when CPGs are utilized.



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2018 DNP PROJECTS

Implementing Prolonged QT Interval EHR Alerts to Improve Patient Care

PURPOSE

Adverse drug events have been cited as a common problem within the hospital setting, and this DNP project was aimed at decreasing the risk of these events by notifying prescribers of the presence of abnormal EKG data within the confirmed or potential ischemic stroke population. This was done by creating a “first of its kind” EHR alert to decrease inappropriate prescription of ondansetron during hospitalization and determining the baseline prescribing habits in this population. This unique EHR alert works by notifying providers of documented prolonged QT values during order entry for ondansetron, as this medication has been shown to place patients at risk for prolonged QT induced arrhythmia and sudden death.

METHODOLOGY

This quality improvement based intervention utilized the Health IT Safety Framework with pre and post alert evaluation of prescribing habits. Randomized retrospective chart reviews utilizing strict inclusion and exclusion criteria were completed to evaluate demographic information, medication usage, and arrhythmia in both the pre and post alert intervention groups.

RESULTS

Chart review data tables, data analysis tables, and graphs showed a baseline prescription of contraindicated ondansetron on admission to the hospital in the potential or confirmed ischemic stroke population to be 56% for patients admitted to the floor and 57% for patients admitted to the ICU. After EHR alert implementation,

0% of the same population were prescribed ondansetron, thus decreasing the risk for QT based arrhythmia in this patient population. Prolonged QT values pre-death and the frequent development of prolonged QT values after hospital admission were also found during this study.

IMPLICATIONS FOR PRACTICE

The risk for adverse drug events from QT induced arrhythmias is amenable by the use of EHR-based alerts during the time of order entry in hospitalized patients. Additional safety mechanisms that utilize the EHR should be created to modify other risky practices.

Interprofessional Practice: Perspectives from Students and Nurse Managers

PURPOSE

The purpose of this quality improvement (QI) project was to measure perceptions of the interprofessional core competencies among students' in multiple healthcare disciplines (nursing, social work, occupational therapy) before and after they experience an interprofessional simulation. A second aim was to identify acute care hospital nurse managers' perceptions of new graduate nurse performance related to the interprofessional core competencies upon entering professional practice.

METHODOLOGY

This project used the revised Readiness for Interprofessional Learning Scale (RIPLS) for the students to complete prior to and following an interprofessional simulation. Nurse managers' used a survey of questions

modified from the Nurse Executive Center's Nursing Practice Readiness Tool.

RESULTS

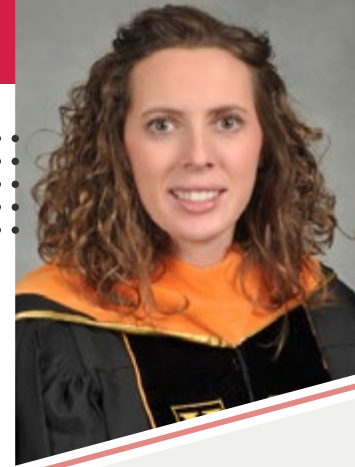
Results suggested no statistically significant differences in the RIPLS scores for the total sample size and individual discipline groups. The RIPLS mean scores of the nursing and occupational therapy students showed an improvement, with the nursing students having the largest improvement in mean scores. There were no statistically significant differences in RIPLS scores by gender or previous interprofessional experience at the pretest or posttest.

Nurse managers' positively perceived new graduate nurses' proficiency in the five interprofessional competency areas. For three of the five competency

areas (communication with physicians, communication with the interprofessional team, and ability to accept constructive criticism) results suggested new graduate nurses were weaker. Results suggest that new graduate nurses were perceived as most proficient in the ability to work as part of a team.

IMPLICATIONS FOR PRACTICE

Insight can be provided to educators on whether the knowledge/skills/attitudes related to interprofessional competencies are being transferred into the professional setting. Educators can use these findings to improve their approach to interprofessional practice content and how it is taught within the curriculum.

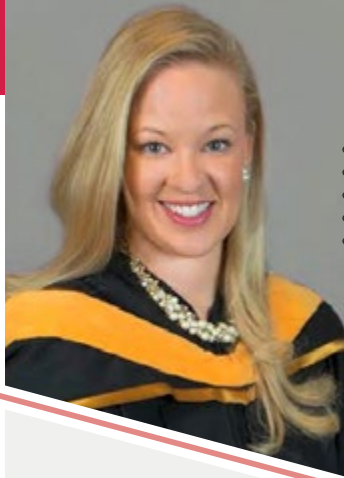


Cynthia
Hupert

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Jennifer Jabara

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*HEALTHCARE
LEADERSHIP*

2018 DNP PROJECTS

Impact of ELNEC Training on End of Life Knowledge and Perceived Competence in a Pediatric Clinical Research Setting

PURPOSE

The purpose of this project was to implement an evidence-based one-day Pediatric End of Life Nursing Education Consortium (ELNEC) training course for pediatric clinical research nurses to increase their knowledge related to the care of pediatric end-of-life (EOL) patients and their families.

METHODOLOGY

This project involved a one-day didactic education program using the Pediatric ELNEC curriculum framework to educate pediatric clinical research nurses. Prior to the education, participants completed the ELNEC Knowledge Assessment Tool (ELNEC-KAT) and Perceived Competence in Meeting ELNEC Standards (ELNEC-PC) assessments. Immediately following the completion of the program, participants again completed the assessments.

RESULTS

Twelve of the nurses were BSN prepared and two were MSN prepared; three reported previous EOL education. The pre-training ELNEC-KAT score mean was 82% and standard deviation was 7.84. The post-ELNEC training ELNEC-KAT score mean improved to 92.7%

and standard deviation was 4.76. Based on the pre- and post ELNEC-PC, participants reported an increased perceived competence in every element assessed including promotion of comfort care to dying patients, communication with patients and families, recognition of one's own attitudes surrounding death, and interdisciplinary collaboration.

IMPLICATIONS FOR PRACTICE

ELNEC training provides an evidence-based curriculum to increase nursing knowledge and decrease nursing discomfort associated with death and dying. The implementation of a pediatric clinical research focused EOL training will further develop and empower current and future staff with advanced information on communication, care at the time of death, cultural competence, and symptom management. Future plans include incorporation of the content into orientation for new-hires and quarterly EOL focused staff training. Investing in this education demonstrates organizational recognition of the challenges associated with caring for dying children, while providing continued educational resources to support those nurses trusted with pediatric end-of-life care.

Implementation of the Cornell Assessment of Pediatric Delirium Screening Tool in the Pediatric Intensive Care Unit

PURPOSE

The purpose of this project was to educate bedside nurses on a validated delirium screening tool (i.e. the Cornell Assessment of Pediatric Delirium [CAPD]) and pilot the implementation of regular delirium screening. The specific interventions were the creation and provision of a self-guided, educational module to facilitate the implementation of CAPD screening with subsequent evaluation of compliance in the PICU setting.

METHODOLOGY

In accordance with the Model for Improvement (MFI) conceptual framework, the project demonstrated the steps of the initial Plan, Do, Study, Act (PDSA) cycle. The Plan phase involved developing a delirium/CAPD educational module, which included a

pre-test and post-test, and designating a pilot period for use of the delirium screening tool. The Do phase consisted of the nurses completing the educational module and implementing the tool in the PICU setting. Analysis of pilot data revealed the module completion rate and the daily average compliance rate with use of the CAPD tool.

RESULTS

Sixty-four of 77 nurses completed the educational module, which translated to an 83% completion rate, exceeding the goal of 80%. A paired t-test compared pre-test and post-test scores. There was a significant difference in the pretest ($M=91.6$, $SD=7.06$) and post-test ($M=95.5$, $SD=4.89$) scores ($t=4.43$, $p<0.001$). These results suggest that the educational module was successful in providing the

bedside nurses with a baseline knowledge regarding delirium. However, the daily average compliance rate over the entirety of the pilot was 69%, falling short of the goal daily average compliance of 75%.

IMPLICATIONS FOR PRACTICE

As a result of the CAPD pilot, the project site has a new awareness of delirium. Routine delirium screening as an institution-wide initiative will be a wellspring for future endeavors, primarily understanding incidence. Results may indicate the need for multifaceted, interdisciplinary clinical pathways for pediatric delirium prevention and management.



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Provider Attitudes Toward Human Papillomavirus Vaccination Recommendations

PURPOSE

HPV vaccination rates in the U.S. (41.9% for females; 28.1% for males) and Florida (36.8% for females; 19.8% for males) are currently below the Healthy People 2020 goal of 80% coverage rate. The purpose of this innovative clinical project was to address the low rate of HPV vaccinations by exploring the attitudes of APNs regarding the provision of HPV vaccines for females and/or males between 9 and 26 years old within a primary care setting.

METHODOLOGY

One thousand randomized participants were electronically mailed a 69-item self-administered survey on REDCap to measure attitudes, adherence, knowledge, and barriers to three HPV vaccine recommendations. The list of providers was obtained from

the Florida Department of Health Public Data Portal. Data collection occurred from May 15-31, 2017. Data was analyzed using descriptive statistics.

RESULTS

Thirty-four of 1,000 (3.4%) participants completed the survey. Most respondents were female (94.1%) family nurse practitioners (64.7%) who provide care for females and males between 13 to 26 years old (94.1%). More than 50% of APNs had positive attitudes and considered themselves adherent toward all three recommendations. There was a lack of knowledge about concomitant administration (48%). Patient acceptability was the most potential practice barrier.

IMPLICATIONS FOR PRACTICE

APNs have a professional responsibility to advocate and

educate patients about primary prevention of communicable diseases through vaccinations. The theory of Reasoned Action suggests attitudes and beliefs are integral to increasing HPV vaccinations. Despite positive attitudes and adherence to recommendations, there was a low rate of knowledge about safe concomitant administration and perceived lack of patient acceptability. These results may help to inform future initiatives to educate APNs that it is safe to administer HPV vaccines with other vaccines during the same visit and recommend the HPV vaccine despite preconceived notions about lack of patient and/or parent acceptability of the vaccine.

Therapeutic Supplementation with Vitamin D3 in Post-Surgical Bariatric Patients

PURPOSE

Currently in practice, bariatric patients are on long-term therapy for low vitamin D levels with minor or no improvement. Data evaluating the treatment of low vitamin D levels comparing vitamin D2 and vitamin D3 supplementation is limited. The purpose of this DNP project was to evaluate the effect of vitamin D3 supplementation on vitamin D levels in bariatric patients.

METHODOLOGY

The design for this project was a retrospective chart review to assess the phenomenon of low vitamin D levels in bariatric patients receiving vitamin D replacement therapy. Participants ranged in age from 19-68 years and were 30 days to 35 years post-bariatric surgery. Data collected included vitamin D levels, age, race, gender,

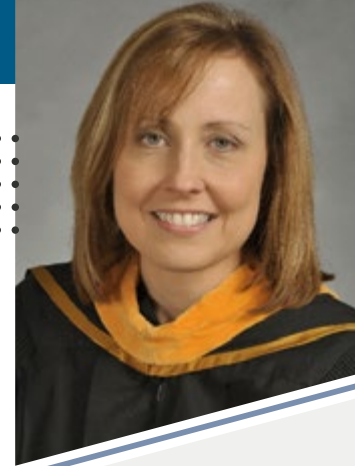
body mass index (BMI), type of bariatric surgery performed, co-morbidities, medications, insurance and zip codes.

RESULTS

Participants in this study (n = 42) consisted of 35 females and 7 males with an average age of 44.5 years. Results of the one-way ANOVA for the research question of interest resulted in statistically significant variation between three primary treatment categories consisting of therapy that included supplemental vitamin D3, no therapy or therapy excluding supplemental vitamin D3 as follows: $F(2, 121) = 14.499, p = 0.000$. The mean vitamin D level for the primary treatment category which included supplemental vitamin D3 was 39.47% higher than the treatment category that excluded supplemental vitamin D3.

IMPLICATIONS FOR PRACTICE

This project illustrated significant variation in the treatment groups using vitamin D3 to treat sub-therapeutic vitamin D levels when compared with those that excluded vitamin D3 supplementation. Based on these findings utilization of vitamin D3 to treat low vitamin D levels in bariatric patients is recommended.

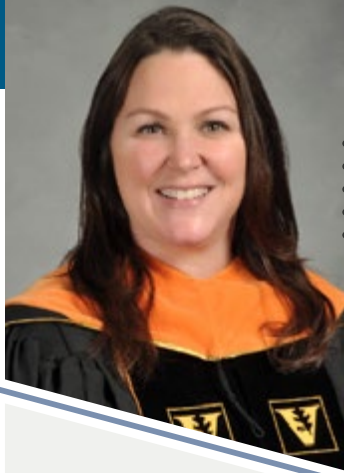


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A Photographic Diabetes Knowledge Instrument for Hispanic Patients: Adapting the Spoken Knowledge in Low Literacy for Diabetes Questionnaire

PURPOSE

The purpose of this study is to assess whether diabetic Hispanic Americans with low literacy rates can demonstrate their knowledge of diabetes better through the use of a questionnaire with photographs rather than a multiple choice questionnaire. The current questionnaire used to assess this populations' knowledge is the Spoken Knowledge in Low Literacy for Diabetes (SKILLD) tool. Many patients at the Fenix Clinic in Highwood, IL have very little education and are unable to read in their own language. Therefore, the intent of the study was to find a better way to assess existing knowledge about diabetes, in order to provide further education.

METHODOLOGY

Thirteen diabetic patients in an outpatient Primary Care Clinic in Highwood, IL with a Hemoglobin A1c level greater than 8.0 mg/dL were interviewed after their routine appointment with their Primary Care Provider. The SKILLD questionnaire was verbally administered to the patients and they were given ten questions with multiple-choice answers. The patients were then given an adapted questionnaire with the same ten questions, but the answers were photographs.

RESULTS

The photographic questionnaire was determined to have a large effect based on a t-test and calculation of Cohens D. Statistically speaking, this is significant, and reinforces the need to use photographs for diabetes education with low literacy populations.

IMPLICATIONS FOR PRACTICE

This project breaks down barriers of health literacy and overall lack of formal education skills such as reading, and provides meaningful dialogue between a patient and their Provider. Through the use of a photographic questionnaire, one can identify gaps of knowledge that can facilitate a discussion to teach the patient more about their diabetes. Furthermore, assessing knowledge through photographs can transform how to fundamentally assess understanding patients have about their health, and provide a platform in all languages and cultures to provide education.

Probing the Feasibility of Implementing a Psychiatric Nurse Practitioner Residency Program in an Economically Disadvantaged, Adult Community Mental Health Outpatient Setting

PURPOSE

In 2010, the Institute of Medicine recommended implementing nurse practitioner residency programs to ease stress related to transition to practice. This paper examined the feasibility of implementing a psychiatric nurse practitioner residency program in an adult, economically disadvantaged mental health outpatient setting where limited psychiatric nurse practitioners practice.

METHODOLOGY

Data was collected from newly licensed psychiatric nurse practitioners with less than one year of working experience and employees of an outpatient adult mental health community clinic via surveys to determine need for a psychiatric nurse practitioner

residency program, and readiness for implementing change within an agency. Administrative staff were interviewed to determine logistical, economical, technical and staff readiness of program implementation. Survey data was analyzed for central tendency and compared against established data ranges. Interview data was reviewed for common themes.

RESULTS

Survey data indicated a psychiatric nurse practitioner residency program was desired by new practitioners, but the agency was not at a point of readiness for successful implementation. Administrative interviews indicated an openness to having a psychiatric nurse practitioner residency program,

but technical, logistical and economic barriers prevent implementation at present time.

IMPLICATIONS FOR PRACTICE

The Institute of Medicine recommended implementing nurse practitioner residency programs in 2010. Research indicates nurse practitioners desire residency programs, but programs require agency readiness. The outcome of this project demonstrates barriers agencies face and must address to ensure successful program implementation.



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2018 DNP PROJECTS

Improving Inter-Facility Handoff Communication for Stroke Patients Transfers

PURPOSE

The purpose of this project was to improve the availability of medical information for stroke patients transferring from external facilities to the Neurocritical Care Unit (NCU). The patient flow center (PFC) coordinates transfers from external facilities and receives information about the patient's medical history. Prior to this project, the information received by the PFC was not reliably entered into the electronic medical record (EMR) until after the patient had arrived. This delay adversely affected patient care. The purpose of this quality improvement project was to identify and implement a process to improve communication of clinical information between providers at the transferring and receiving facilities for patients admitted to the stroke service.

METHODOLOGY

The project utilized the Model for Improvement (MFI) and the Plan/Do/Study/Act (PDSA) process improvement methodology. The MFI outlines how to identify and implement change to improve system deficiencies. The transferring process was evaluated in a flow diagram. Implementation of a handoff form was identified as a method to improve

communication. The form was filled out by the PFC staff and uploaded into the EMR. The process in the PFC was modified to include collecting standardized clinical information, and uploading the information into the EMR thirty minutes prior to the patient's arrival.

RESULTS

A baseline audit prior to implementation revealed less than 40% of patient EMRs contained clinical information before the patient's arrival. However, once the new process was implemented, 75% of stroke patients admitted to the NCU had information uploaded into their EMRs at least 30 min prior arrival.

IMPLICATIONS FOR PRACTICE

Seventy percent of adverse events can be attributed to failed communication. Standardizing handoff communication reduces communication barriers and improves patient safety.

CLABSI Prevention in the ICU through the Application of High-Reliability Principles

PURPOSE

The purpose of this quality improvement project was to maintain a zero tolerance for central line-associated blood stream infections (CLABSIs) in the intensive care unit (ICU) at an independent, non-profit acute care community hospital by creating a culture of high-reliability through the implementation of a daily device round.

METHODOLOGY

The principles of high-reliability guided a daily device round led by nursing leadership to improve RN knowledge and reliable utilization of a central venous line (CVL) maintenance bundle to decrease CLABSI rates. This methodology was guided by the five key principles of high-reliability which included: *a preoccupation with failure*– a failure mode effect analysis was conducted to determine process failures that increase patients’ risk of developing a CLABSI; *a resistance to simplify observations or experiences*– development of a process flow diagram of daily CVL maintenance; *a sensitivity to operations*– implementation of an evidence-based CVL maintenance bundle checklist utilized to determine knowledge and user reliability; *a commitment to resilience*– daily review of CVL bundle aspects to identify

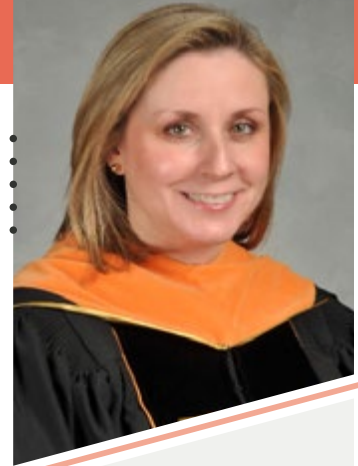
interventions that had not been reliably performed; and finally, *a deference to expertise*– frontline RNs provided valuable feedback that was utilized to develop a plan of action that was quickly implemented to proactively prevent potential CLABSIs.

RESULTS

Overall improvement in CLABSI prevention was demonstrated by a decreased CLABSI rate and device utilization ratio (5.85 vs. 0.0; 0.35 vs. 0.27). Synthesis of the data revealed an increase from 75% to 100% in RN knowledge and reliable utilization of the daily CVL maintenance bundle. After further analysis, it was determined that the results indicated a clear shift in unit culture towards high-reliability.

IMPLICATIONS FOR PRACTICE

Implementing a zero tolerance for HACs, such as CLABSIs, through the utilization of the key principles of high-reliability theory encourages staff accountability and demonstrates meaningful improvements in patient and organizational outcomes.



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2018 DNP PROJECTS

Utilization of Psychiatric Healthcare Services in Clients Living with HIV

PURPOSE

Routine appointment adherence is critical to the management and stabilization of the HIV disease process. Poor adherence to healthcare appointments is associated with a quicker progression of HIV, drug-resistant strains of HIV, and increased likelihood of mortality. This observational study aims to examine whether a previously published, 7-item modified risk prediction tool (RPT) utilized to predict the likelihood of clients missing their next medical appointment, can be used to predict psychiatric appointment non-adherence in clients living with HIV. The RPT focuses on 7 risk factors: history of poor medication adherence, history of non-attendance to medical appointments, substance abuse, viral load, CD4 count, heavy prior exposure to antiretroviral treatment (ART), and prior ART failure.

METHODOLOGY

This study was conducted at an outpatient medical home for clients living with HIV and involves a sample size of 143 clients. Using logistic regression, the odds ratios were estimated for clients in low, medium, and high-risk categories attending their next psychiatric appointment.

RESULTS

Medium [OR 0.31, 95% CI 0.10-0.99, *p*-value 0.05] and high-risk [OR 0.08, 95% CI 0.02-0.30, *p*-value 0.00] clients, when compared to low-risk clients, were less likely to attend their next psychiatric appointment. Thusly, the modified RPT tool, originally utilized to predict for medical appointment adherence, was shown to be predictive of psychiatric appointment adherence for clients living with HIV.

IMPLICATIONS FOR PRACTICE

In the future, this RPT could be utilized to identify at-risk clients and provide those individuals with resources that increase their likelihood of psychiatric appointment adherence.

Confident Caring for Pediatric Patients with Inborn Errors of Metabolism in the Emergency Department

PURPOSE

Pediatric patients with inborn errors of metabolism (IEM) are at significant risk for metabolic decompensation requiring swift treatment during acute illness in the emergency department (ED). Without timely evidence-based care, patients are at risk for serious sequelae due to underlying disease state exacerbation. Current evidence suggests the majority of non-genetics healthcare care providers (HCPs) and registered nurses lack adequate training and confidence in care recommendations for patients with IEM resulting in potential delays in treatment and increased risk of poor outcomes. The purpose of the project was to improve HCPs confidence and knowledge in the care of pediatric patients with IEM in the pediatric ED

through the use of a clinical pathway and an educational module with the ultimate goal of improving patient outcomes by decreasing variation in care provided and limiting delays in care.

METHODOLOGY

Pediatric ED HCPs and registered nurses participated in a quality improvement project (n= 17). Each completed pre- and post- educational intervention knowledge assessment tests (KAT) to evaluate knowledge and confidence in providing appropriate clinical care for patients with IEM during acute illness before and after an educational intervention.

RESULTS

All participants improved from pre-to-post intervention in knowledge and confidence of evidence-based care for

patients with IEM. Aggregate improvement in knowledge was 18% and aggregate improved self-reported confidence was 30%. The most substantial improved were registered nurses with 25% knowledge increase and 37% confidence increase after intervention.

IMPLICATIONS FOR PRACTICE

Self-reported confidence in the care for patients with IEM and knowledge of evidence-based care practices can be improved via self-paced educational modules. Obtainment of additional post-intervention data will deepen the understanding of the educational intervention impact on participants. The impact on patient outcomes of this educational intervention needs to be assessed, specifically with regard to quality and consistency of care.

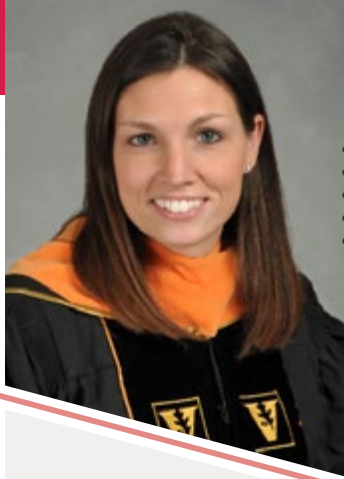


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••••• Evaluation of a Transition to Practice Program as a New Graduate Nurse Retention Strategy

PURPOSE

Turnover during the first year of nursing practice is higher than during any other time in a nurse's career. Transition to Practice (TTP) programs are designed to provide new graduate nurses with support and resources during their first year of practice. The purpose of the DNP project was to evaluate the impact of a TTP program on the first-year retention of new graduate nurses.

METHODOLOGY

Retrospective retention data were extracted from the organization's talent management system to determine retention and turnover statistics. A chi-square test for independence evaluated the relationship between retention rates and participation in the TTP program.

RESULTS

The results of the project demonstrated a statistically significant difference in 1-year retention rates for new graduate nurses that participated in the TTP program. The participants in the TTP program had a statistically significant lower total turnover rate $X^2 (1, n=112) = 4.35, p < .05$ and terminations only turnover rate $X^2 (1, n= 86) = 20.96, p < .05$ when compared to the pre intervention group.

IMPLICATIONS FOR PRACTICE

A gap exists between what new graduate nurses learn in school and what they are expected to do in practice. The demands placed on new graduate nurses are often unrealistic and lead to feelings of frustration and dissatisfaction between both nursing leaders and new graduate nurses. Providing new graduate

nurses with additional support and resources will help to eliminate some of the pressures experienced. The scope of the problem reaches beyond the health system that implemented the TTP program. Commitment from nursing leaders, managers, and experienced nurses to provide new graduate nurses with the additional support and resources is necessary for successful transition into their new role.

Implementation of an inpatient nurse practitioner role in a pediatric population to improve patient and family satisfaction

PURPOSE

The purpose of this quality improvement project is to evaluate the impact on the patient and family satisfaction scores when a nurse practitioner joins the inpatient pediatric Neurology team to focus on the transition of care. This project includes a review of the literature regarding best practices in transition of care, the role of the nurse practitioner in transition of care services, and the impact the nurse practitioner has on patient and family satisfaction. A comparison of patient and family satisfaction scores before and after the implementation of this role will provide the data to evaluate the role. A secondary purpose of this project is to assess the impact of this role on team satisfaction.

METHODOLOGY

This is a quality improvement project to evaluate the impact on patient and family satisfaction scores after the implementation of an inpatient nurse practitioner on the pediatric Neurology team. Patient and family satisfaction data were analyzed pre- and post-implementation. Additional information was obtained from the Neurology team members to assess their satisfaction with the role via a REDCap survey.

RESULTS

The patient and family satisfaction data were evaluated using a trend analysis. Of the eight survey questions evaluated, six of the questions showed a positive trend. The staff survey supported this positive trend.

IMPLICATIONS FOR PRACTICE

Transitions of care from the inpatient to the outpatient setting are stressful times for family and for clinical staff. Implementing a nurse practitioner who focuses on this transition can improve patient, family, and staff satisfaction. Further evaluation is needed to determine the greater benefit of the role on readmissions and post-discharge emergency room visits.



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2018 DNP PROJECTS

Proactive Nursing Management of Constipation in the Skilled Nursing Facility

PURPOSE

Constipation is a major health issue in the skilled nursing facility (SNF). The purpose of this quality improvement project was to improve the quality of care given to residents with constipation admitted to the post-acute care rehabilitation unit (PAC-RU) of the skilled nursing facility. The aims of the project were to increase documentation of the risk factors of residents developing constipation by 15% compared to the current documentation status in the unit, and to improve the nurses' knowledge of constipation by 15% also.

METHODOLOGY

The project involved educating a core group of nurses on constipation and implementing a standardized evidence-based constipation risk assessment tool - the Norgine Risk Assessment

Tool for Constipation - on the PAC-RU. The post-intervention analysis focused on determining if there was an improvement in the nurses' knowledge of constipation and in the use of the tool to assess and document residents' risks for developing constipation during their stay on this unit.

RESULTS

Results from this project show that the admission nurse completed the tool on all 20 residents (100%) admitted into the unit during the project period. This demonstrated a significant improvement in the documentation of the risk factors for constipation in residents using the Norgine Risk Assessment Tool. The education program in this project improved participating nurses' knowledge of constipation by only 7%. This seemingly slight improvement can be attributed to the fact

that the nurses had a high pre-education knowledge of constipation.

IMPLICATIONS FOR PRACTICE

The outcome of this project indicates that nursing documentation of constipation risk factors in SNF residents can be achieved using the Norgine Risk Assessment tool and by educating the nurses about constipation. The nurses will be able to promptly identify residents at risk for developing the catastrophic complications of constipation and plan proactive interventions to mitigate their negative impacts on residents, nurses, and healthcare.

A Multi-Pronged Approach to Increase the Number of Diabetic Retinopathy Screening Referrals in a Rural Primary Care Clinic: A Quality Improvement Project

PURPOSE

The purpose of this quality improvement project was to increase annual diabetic retinopathy (DR) screening referrals in adults with diabetes at a rural primary care clinic. Increased DR screening referrals in this target population will promote early detection and treatment of DR.

METHODOLOGY

This quality improvement project utilized an educational session for medical assistants and clinicians to improve knowledge of DR and the screening examination guidelines. Electronic health record workflow patterns were modified to incorporate prompts for discussion, documentation, and dissemination of pre-selected

education materials for all patients with diabetes as well referrals to eye specialists. Pre- and post-intervention surveys were completed by medical assistants and clinicians.

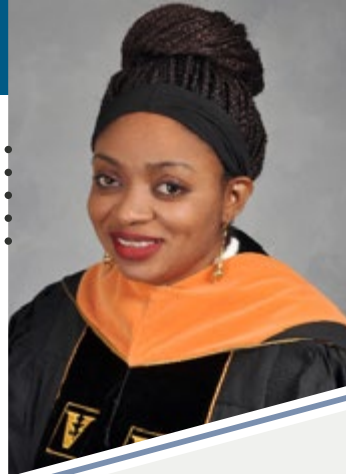
RESULTS

The number of DR screening referrals and the medical assistants' perceptions of their knowledge of DR and comfort with guidelines improved after this intervention. The number of referrals made to an appropriate eye care provider for annual DR screening examinations pre- and post-intervention increased by 140%.

IMPLICATIONS FOR PRACTICE

Early detection and treatment of DR can reduce the incidence of DR related vision loss. The results of this

project indicate enhanced effects of utilizing multiple interventions (educational session, EHR workflow modification, and patient educational materials) to increase the number of referrals to appropriate eye care providers for DR screening examinations, which is in accordance with other studies that utilized multiple interventions to improve eye care.



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2018 DNP PROJECTS

••••• Gynecologic Oncology Survivorship: Patient Perceived Self-Efficacy After the Implementation of a Survivorship Care Plan

PURPOSE

The purpose of this scholarly project was to implement a newly developed gynecologic cancer survivorship care plan (SCP), provide cancer specific patient education and create a mechanism to generate quarterly reports monitoring the administration of SCPs within the gynecologic practice. The overarching aims of this project were to (a) improve patient knowledge, confidence, and self-efficacy; and (b) fulfill the American Society of Clinical Oncology (ASCO) and Commission on Cancer (COC) accreditation requirements for reporting use of SCPs.

METHODOLOGY

Patients diagnosed with endometrial, ovarian or cervical cancer and being treated with curative intent were eligible to participate. Patients completed the Managing Self-Efficacy

for Chronic Disease Scale (SEMCDs) prior to initiation and at the conclusion of their treatment regimen. Patients received evidence-based, cancer specific education and were provided a cancer specific SCP. Pre- and post- scores were evaluated to assess patient knowledge, perceived self-efficacy and confidence.

RESULTS

A total of 32 (n=32) female patients diagnosed with endometrial (n=12), ovarian (n=13) or cervical (n=7) were eligible to participate. Descriptive statistics were used to compare pre- and post- questionnaire scores for all patients and also for each group of patients based on cancer diagnosis. A statistically significant improvement in patient self-efficacy and confidence was demonstrated for all patients.

Ovarian and cervical cancer patients demonstrated the most improvement between pre- and post- scores. An Excel spreadsheet was created for record keeping and a process was implemented to monitor and report the use of SCPs for accreditation requirements.

IMPLICATIONS FOR PRACTICE

SCPs are an essential component of quality cancer care. The development and implementation of SCPs promotes consistent follow-up, improves patient self-efficacy and confidence, and creates a standardized process for meeting accreditation requirements. Based on the results of this scholarly project, the goal is to expand the use of SCPs throughout the organization and provide all cancer patients with a cancer SCP specifically tailored to fit their individual needs.

End of Life Nursing Education: A Quality Improvement Project

PURPOSE

The need for quality end of life (EOL) care has been documented and the literature supports the significance of EOL education for nursing students, but there remains a deficit in key areas such as knowledge, skills, organization, and teamwork. The purpose of this DNP quality improvement project was to increase nursing knowledge in EOL care at a small, for-profit hospice organization utilizing the End of Life Nursing Education Consortium (ELNEC) curriculum.

METHODOLOGY

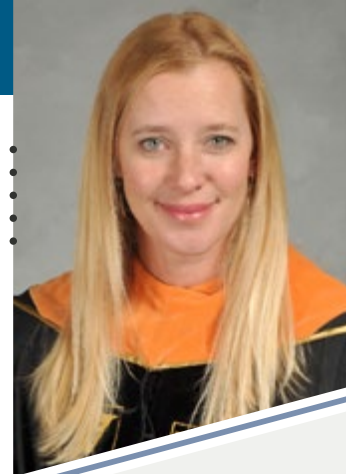
The project involved completing the ELNEC curriculum with a small group of nurses working at a for-profit hospice in Tennessee. The ELNEC-Knowledge Assessment Test (ELNEC-KAT) was utilized to measure nursing knowledge before and after the intervention in a pre-test/ post-test design.

RESULTS

The results of a paired t-test analysis indicate that there was a significant difference in the pre-test scores ($M=44.5$, $SD=2.66$) and the post-test scores ($M=47$, $SD=2.28$); $t(6) = 5.84$, $p = .001$ with an average increase of 2.5 points on the ELNEC-KAT.

IMPLICATIONS FOR PRACTICE

Nursing knowledge in EOL care is a vital component of caring for a rapidly growing aging population. Nurses working in hospice should be educated in the latest, evidence-based practices while dealing with patients at the end of their lives. The results of this study indicate that the ELNEC curriculum is an effective program to increase nursing knowledge and can be utilized for continuing education in hospice organizations across the United States.



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2018 DNP PROJECTS

••••• Motivators and Barriers to Pharmacogenetic Testing for Guided Use of SSRIs in Adolescent Depression

PURPOSE

Pharmacogenetic testing (PGT) of CYP450 enzymes 2C19 and 2D6 to guide medication decision-making is not routinely used by prescribers treating adolescent depression with SSRIs despite evidence it decreases trial and error prescribing and adverse clinical effects. The purpose of this project was to better understand Ozark Center associated prescribers' perceptions of barriers and motivators for using PGT and the Clinical Pharmacogenetics Implementation Consortium (CPIC) guideline and use this information to develop clinic-specific recommendations to use PGT and the CPIC guideline when prescribing SSRIs for adolescents. A project-specific framework developed from the Consolidated Framework for Implementation Research (CFIR) and the Promoting Action on Research Implementation in Health Services (iPARIHS) framework guided this project.

METHODOLOGY

Data was collected from semi-structured interviews with participants associated with Ozark Center who prescribed SSRIs for adolescent depression (n=17). The author-developed interview guide contained 10 sets of questions;

each included an open-ended component and a component that used a Likert style response set. Each question was guided by the project's conceptual framework.

RESULTS

Cost was perceived as the main barrier to using PGT for medication decision-making, followed by insufficient knowledge of the clinical utility of PGT and lack of specific clinical guidelines endorsed by their clinical workplace or professional organizations. Motivators identified by providers included the belief that PGT will be done routinely in the future as a major part of personalized medicine. Prescribers wanted more information and research about PGT and were interested in various educational methods and potential presentations.

IMPLICATIONS FOR PRACTICE

A set of clinic-specific recommendations were developed based upon these findings. Recommendations included guidelines for informational presentations about the clinical utility and practical aspects of utilizing PGT in the clinical setting. In addition, an algorithm flow chart was created to guide prescribers in using PGT and the CPIC guideline.

Implementation of an Evidence-Based Triage Protocol for Nurses in a New Primary Care Practice

PURPOSE

Recent increases in healthcare demands have prompted the utilization and uptake of remote healthcare delivery. Telephone and patient portal triage protocols are widely used modalities to remotely assess and manage patients in a safe and timely manner. The purpose of this scholarly project was to examine the impact of an evidence-based primary care triage protocol in a midwifery clinic newly offering primary care services.

METHODOLOGY

The triage protocol tool was selected using the American Academy of Ambulatory Care Nursing (AAACN) Scope and Standards of Practice of Telehealth Nursing. A triage registered nurse (RN) received a live training session on the utilization of the protocol. A chart audit was then

conducted on patients who received primary care triage by the triage RN. The most common complaints received, triage method, identification of opportunities for triage improvement, duration of interaction, and nurse satisfaction with the primary care triage protocol were the measured outcomes.

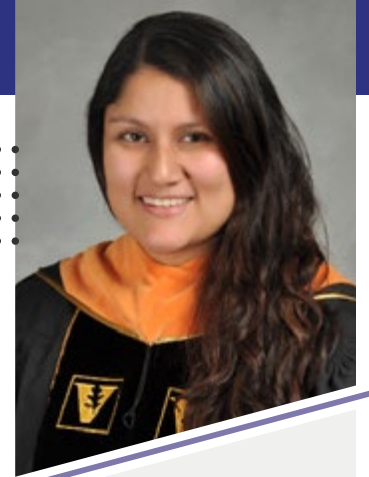
RESULTS

Twenty-three total triage encounters occurred. Telephone triage was the main method of triage used with the shortest interaction time of 4.3 hours from point of contact to resolution of complaint. Medication administration, side effects, and refills were the most common patient complaints received. Opportunities for improvement involved nurse education on medications commonly used in primary

care. Lastly, nurse satisfaction with the primary care protocol score was high with a score of 5 out of 5.

IMPLICATIONS FOR PRACTICE

Implementation of an evidence-based primary care triage protocol in a specialty setting serves as a tool for triage decision-making for triage RNs. Initial results suggest high nurse satisfaction with a live training session and focused intervention on providing medication education resources to triage RNs. The outcomes of this project demonstrate that protocol revisions targeted to addressing triage nurse training needs are necessary to improve collaborative and quality care for patients.



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2018 DNP PROJECTS

••••• Chronic Venous Insufficiency: Evaluation of quality of life after outpatient corrective procedures

PURPOSE

The purpose of this quality improvement project was to obtain a better understanding of the impact of intervention on patients' quality of life who were diagnosed with clinically significant venous insufficiency.

METHODOLOGY

A retrospective chart review was performed of the Chronic Venous Insufficiency quality of life questionnaire (CIVIQ), in 50 patients who underwent either endovenous thermal ablation (TA) or cyanoacrylate adhesive embolization (CAE). To evaluate the influence of each intervention on quality of life improvement (QoL); analysis of the change in Global Index Scores (GIS) and CIVIQ total scores between the thermal ablation subjects and cyanoacrylate embolization subjects pre-intervention and 30 days post intervention was performed.

RESULTS

The results support two of the three aims with statistically significant measures in both interventional groups total scores and GIS values; when comparing pre procedure and 30-day post intervention data. However, the third aim was not supported as the comparison

between the TA and CAE 30-day post procedure scores was not statistically significant. QoL improvement was identified in both groups, however, the CAE group was not statistically different than the TA group.

IMPLICATIONS FOR PRACTICE

The results indicate QoL improvement with both thermal ablation and cyanoacrylate embolization: Justifying an expansion in practice to include cyanoacrylate embolization as an interventional option for patients with clinically significant venous insufficiency. Secondly, the results can be expounded upon, to include a longer post-procedure time-frame (90 days) and additional participants; leading to increase validity and potential publication. Lastly, the CIVIQ tool places a quantifiable value on quality of life impairment, allowing documentation of patient outcomes in compliance with performance outcome metrics proposed by the Centers for Medicare and Medicaid (CMS).

Implementation of a Nurse-Drive CAUTI Prevention Algorithm

PURPOSE

An unanticipated increase in catheter-associated urinary tract infection (CAUTIs) on the adult cardiovascular thoracic step down unit negatively impacted the organizational goal of reducing hospital acquired infections. The nursing literature recommended timely removal of indwelling urinary catheters (IUCs) as an effective nursing intervention for reducing CAUTIs. The purpose of this scholarly project was to empower nurses to utilize a nurse-driven IUC removal algorithm and reduce the CAUTI incident rate by 50%.

METHODOLOGY

This quality improvement project used the Model for Improvement to implement a change in nursing practice. The project team performed daily urinary catheter rounds to assess IUC indication, utilization of the algorithm, and provide one-to-one nursing education. The use of visual management tools including Foley catheter magnets and a project status board influenced the practice change.

RESULTS

In order to communicate the results, the project status board displayed run charts, line graphs, and pie charts. The algorithm utilization rate

was 57%, the CAUTI incident rate per 1,000 patient days decreased by 37%, and no new infections occurred during the six-week project. Observation data identified urinary retention as the most frequent IUC indication (35% of patients) and the vascular surgery service as the highest admitting service (33% of patients) of patients with IUCs.

IMPLICATIONS FOR PRACTICE

Evidence based practice implemented by staff nurses with nursing leadership support is an effective way to improve nursing practice. Visual management tools are an efficient and meaningful way to change clinical practice. Through data analysis, the project team identified a need for nursing guidelines to reduce urinary retention post IUC removal in vascular surgery patients.



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2018 DNP PROJECTS

Developing an Implementation Strategy for Dialectical Behavior Therapy in Community Mental Health Centers

PURPOSE

Dialectical Behavior Therapy (DBT) is an empirically supported treatment that can help people achieve stable mental health through training in emotional regulation processes. The aim of this project was to develop an implementation strategy for DBT while examining the benefits and drawbacks associated with this treatment modality.

METHODOLOGY

The PARIHS framework was used as a guide to develop a systematic strategy for implementing DBT in community mental health settings. The first element of this framework explores the quality and value of the evidence-based treatment to be implemented. The benefits of implementing DBT treatment were presented

along with known barriers.

The second element was addressed by administering individual REDCap surveys to DBT clinicians and psychiatric administrators designed to elicit participants' knowledge and beliefs about the process of implementation. The third element was addressed by summarizing the survey content with the synthesized literature and developing an implementation strategy that addresses the community mental health center needs.

RESULTS

Based on the responses from the DBT experts surveyed, administrative buy-in, adequate training funding, and decreased clinical case load were identified as critical components for DBT program implementation. Significant barriers to DBT program implementation include a

significant investment of time and adequate financial resources. Prior to program implementation, the level of commitment from leadership, clinicians, and payers as well as identified barriers need to be addressed.

IMPLICATIONS FOR PRACTICE

Research has shown DBT to be an effective treatment, but difficult to implement in practice. The development of a implementation strategy can be utilized to help bring DBT treatment to various practice settings. This project has demonstrated that the PARIHS framework, used prospectively for development of implementation strategies is a good fit for DBT treatment models. Successful implementation of a treatment program that used PARIHS prospectively would allow for improved access to DBT.

Initiative to Improve Antibiotic Stewardship in Otolaryngology Practice

PURPOSE

Each year more than 2 million people in the United States become infected with antibiotic resistant organisms. Antibiotic resistant infections lead to high healthcare costs, lengthy and complicated treatment courses, and death in at least 23,000 cases annually. Judicious antibiotic use has been identified as the most effective strategy at combating antibiotic resistance. The project focused on implementing an education program aimed at decreasing unnecessary antibiotic use in the outpatient setting. The purpose of this project was to elicit positive changes in provider behaviors, as they related to appropriate antibiotic use.

METHODOLOGY

An antibiotic stewardship education program was presented to otolaryngology

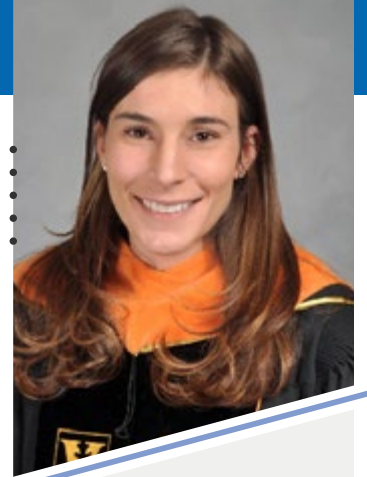
providers (n=20). It included supportive materials to aid providers and patients in better understanding the threats of antibiotic resistance, reasons for appropriate treatment choices, and a provider decision tree tool. Pre-and post-tests were administered to assess impact of session on providers' likelihood to adopt suggested practices.

RESULTS

The total mean pre-and post-test scores for all test item responses were 73.72 (SD 5.83) for pre-test items, and 85 (SD 5.71) for post-test items. The mean difference between total scores was 11.2 (SD 6.48). ($t=5.7, p<0.0001$). For individual participant scores, the total mean pre-and post-test were 40.5 (SD 4.2) for pre-test items, and 46.75 (SD 3.99) for post-test items. The mean difference between total scores was 6.35 (SD 5.84). ($t=4.78, p<0.0001$).

IMPLICATIONS FOR PRACTICE

The project findings revealed that education regarding antibiotic stewardship practices was capable of directly impact providers' intentions to make positive practice and prescribing changes. The findings support future projects aimed at promoting antibiotic stewardship as a means of decreasing antibiotic misuse.

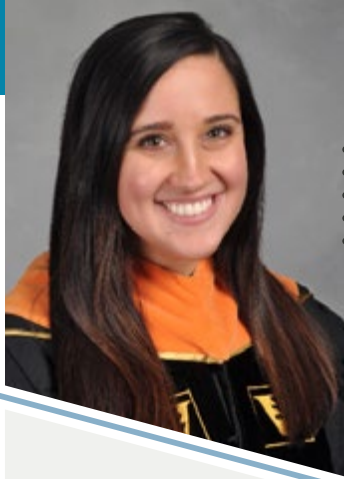


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2018 DNP PROJECTS

••••• A Quality Improvement Project to Increase the Rate of HPV Vaccination Initiation in Adolescents

PURPOSE

According to the Centers for Disease Control and Prevention, 9vHPV can decrease incidence of cervical cancer and genital warts and increase herd immunity against human papillomavirus. There is a lack of education about the human papillomavirus and the vaccine (9vHPV) to prevent against the virus. The aim of this quality improvement project was to increase the initiation rate of 9vHPV at a small pediatric practice.

METHODOLOGY

A standardized script was created so that all conversations between healthcare professionals and patients and their parents or guardians included the wording of 9vHPV being *recommended* rather than *optional*. Educational material,

HPV Vaccine for Teens and Preteens, from the Centers for Disease Control and Prevention was the standard handout given to each adolescent and their parent or guardian. Standardized education and communication was to be provided at each adolescent visit.

RESULTS

During the four-week implementation period, there was an overall 11% increase from the baseline initiation rate of the HPV vaccine for eligible adolescents.

IMPLICATIONS FOR PRACTICE

The use of standardized education documents presented to all patients and their parents or guardians established health education as the mainstay of the project and provided information about the importance of

prevention and protection from the virus. Standardized education and communication between providers and patients is crucial when discussing recommended vaccinations. The continuation of the standardized education and communication is important in the effort to increase the rate of HPV vaccination among eligible adolescents. An increased vaccination rate will impact the rate of cervical cancer and genital warts.

Creating a Quality Improvement Process for Midwifery Care

PURPOSE

In the United States, certified nurse-midwives care for 12% of all vaginal births. The philosophy, approach and management style of midwifery care are different from physician care, therefore, midwives need a unique midwifery-specific quality review process. This project entailed the development of a midwifery-specific quality assurance (QA) process for the Vanderbilt University School of Nursing (VUSN) nurse-midwife faculty practice.

METHODOLOGY

A review of the midwifery literature found no method to measure the quality of midwifery care for QA reviews. Based on Kennedy's Model of Exemplary Midwifery Practice, the DNP student developed three midwifery care processes describing midwifery-specific actions

promoting normal physiologic birth. An expert panel of nurse midwives constructed a Midwifery Checklist and a QA process flow map. The Midwifery Checklist was field-tested on a random sample of women who delivered during the study period.

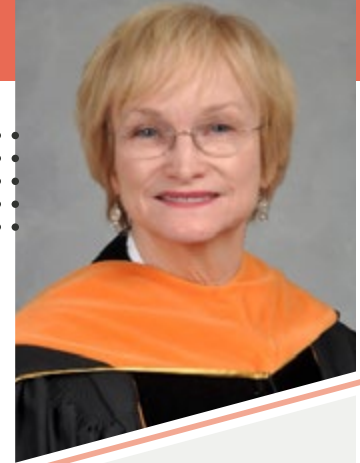
RESULTS

Nurse-midwives documented clinical care and patient education thoroughly but missed charting details about midwifery-specific birth care. Communication with team members, a key issue for a safe birth culture, was excellent regarding urgent issues but lacking for routine formats.

IMPLICATIONS FOR PRACTICE

The Midwifery Checklist is a tool for examining midwifery care practices that promote normal physiologic birth. This project provides details of the development and

findings from the first PDSA cycle utilizing the Midwifery Checklist. Nurse-midwives are encouraged to revise and trial the Midwifery Checklist to evaluate strengths and weakness in their own practices. By focusing on midwifery-specific care processes, midwives in the hospital setting can lead quality oversight for their own profession.



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*FAMILY
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Measuring Adherence to the Healthy Eating and Physical Activity Standards for YMCA After School Programs

PURPOSE

In 2011, the YMCA implemented the Healthy Eating and Physical Activity (HEPA) Standards nationally in response to the rising obesity epidemic. The purpose of this project was to evaluate adherence to HEPA standards in a rural North Carolina (NC) YMCA after school program (ASP).

METHODOLOGY

The HEPA Standards Out-of-School Self-Assessment was administered to the administrators and counselors at the NC YMCA ASP to measure the organization's adherence to the standards.

RESULTS

Ninety-two percent (n=12) of YMCA employees completed the HEPA Out-of-School Survey. Of those, 25% (n=3) were administrators who

supervise the ASP and 75% (n=9) were counselors at the YMCA ASP. An evaluation of the performance outcomes revealed six areas of success and six areas for improvement. Six SMART aims were designed and presented to the YMCA board of directors based on the survey findings.

IMPLICATIONS FOR PRACTICE

Community participation is essential to develop and successfully execute strategies to improve HE and PA in ASPs. Community stakeholders should be consulted and included in discussions throughout the assessment process. Future interventions should consider healthy snack options that are the most cost effective and easily accessible. Identification of vendors, who support community organizations and may facilitate access

and availability to healthy snack options, should also be recognized as a future intervention. If storage and cost were not barriers, many YMCA and community organizations could successfully adhere to the HEPA standards. Specific aims for the YMCA to improve compliance to the national HEPA standards will guide future quality improvement initiatives.

Evaluating the Impact of a Retired Electronic Clinical Quality Measure on Provider Documentation and CAUTI Rates

PURPOSE

The purpose of this DNP quality improvement project was to evaluate the impact of a retired electronic Clinical Quality Measure (eCQM), Surgical Care Improvement Project, (SCIP-178), on physician practice and patient outcomes. No previous review of eCQM retirement had been conducted by The Centers for Medicare and Medicaid Services (CMS) or The Joint Commission (TJC). It was unknown if facilities would continue with quality care documentation or if quality outcomes would be sustained without an incentivized program to drive the quality performance.

METHODOLOGY

Data was collected from 161 facilities within a healthcare organization focusing on a specific electronic health

record (EHR) query where physicians were required to document about urinary catheter maintenance for surgical inpatients. The urinary catheter query data from two quarters prior to retirement of SCIP-178 were compared to data captured from the first two quarters after the measure was retired. The data was compared to determine if there was any change in the frequency of physician documentation. Secondly, the rate of Catheter-associated Urinary Tract Infections were evaluated before and after the measure was retired.

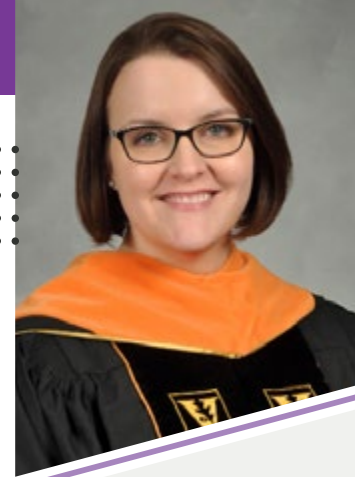
RESULTS

No significant changes were measured in the frequency of documentation or CAUTI rates after the measure was retired. A review of the frequency of physician

documentation compared to the total number of surgical inpatients during the same time period showed that the difference was small when total patient numbers were taken into account.

IMPLICATIONS FOR PRACTICE

No changes occurred within the practice of the healthcare organization because of this project. The issue of planning for the retirement of eCQMs was brought to the attention of both TJC and CMS. Both organizations expressed interest in the findings of the project to improve upon their current process of retiring measures while maintaining expectations of high quality care in the inpatient setting.

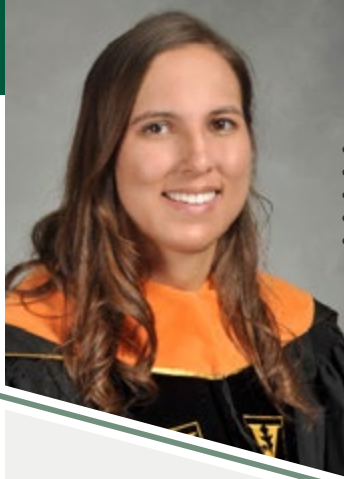


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2018 DNP PROJECTS

••••• Attitudes of Nursing Staff Toward Patients who are Homeless and have Mental Illness in a Hospital

PURPOSE

The purpose of this project is to improve attitudes of nursing staff toward homeless persons with mental illness through education about the needs of this population.

METHODOLOGY

A survey of attitudes of 23 nursing staff members in an academic medical center was conducted to assess educational needs on an acute medical unit with a high admission rate of homeless patients with mental illness. A revised version of the Health Professionals' Attitudes Toward the Homeless Inventory (HPATHI) was used to survey participants before and after an educational intervention about persons experiencing homelessness and mental illness.

RESULTS

There was a positive increase in the average mean score on the revised HPATHI post-intervention. The qualitative portion revealed positive and negative attitudes toward this patient population and barriers to care. Although some participants interpreted their answers as displaying more positive attitudes, the survey scored them as more negative.

IMPLICATIONS FOR PRACTICE

Many people with mental illness currently experiencing homelessness in the United States were impacted by the deinstitutionalization movement. Persons who are homeless and have mental illnesses are prevalent and particularly vulnerable. Negative attitudes of healthcare providers can prevent persons from obtaining healthcare while education on the homeless population with mental illness can improve attitudes of healthcare workers.

Improving Nursing Documentation in the Birth Center Setting

PURPOSE

The purpose of this quality improvement project was to improve nursing documentation in the birth center setting. Many variances were noted with documentation in the medical record due to lack of clear guidance, making it difficult to find pertinent information. Leadership recognized the need for enhanced use of the medical record as a communication tool.

METHODOLOGY

The primary intervention was to create a documentation guideline for birth attendants that outlined requirements for documentation that were congruent with the standards recommended from professional organizations. Prior to implementation, an educational session was held to educate staff. A checklist prompt was created to

encourage compliance by outlining major components of the guideline, giving staff the ability to check off elements as they completed documentation. A pre- and post-implementation medical record audit was completed to assess change. A secondary aim, satisfaction among birth attendants, was assessed via pre- and post-implementation surveys to evaluate staff thoughts on documentation guidance, resources, and comfort level.

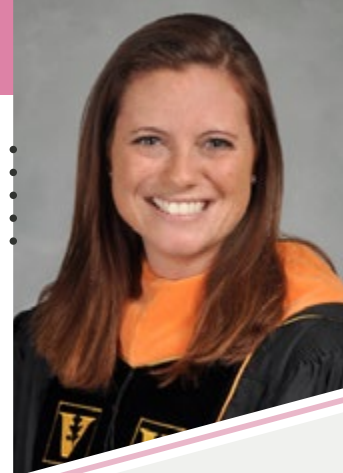
RESULTS

Descriptive statistics were used to describe compliance with the new documentation guideline. Twelve specific documentation elements were assessed. Documentation compliance with the guideline was 100% on five elements pre and post implementation and improvement was noted in the remaining seven elements

after project implementation. There was an overall increase in staff satisfaction when results between pre- and post- implementation surveys were compared. The post-implementation survey assessed usefulness of the checklist prompt which was rated to be helpful 90% of the time.

IMPLICATIONS FOR PRACTICE

Improved documentation leads to enhanced communication within the healthcare team, promotes care coordination, patient safety, and workspace efficiency. Staff in any setting should have clear guidance on documentation. This project showed the feasibility of improving documentation with the implementation of an evidence-based guideline with additional prompting resources.



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Motivational Interviewing Enhanced Medication Visits

PURPOSE

The purpose of this quality improvement initiative was to measure antidepressant medication (ADM) adherence among adult outpatients newly diagnosed with major depressive disorder and to improve treatment effectiveness by increasing ADM adherence.

METHODOLOGY

A retrospective chart review of all new patients (n=259) who were seen by psychiatric mental health nurse practitioners at an urban community mental health center between November 1, 2016 to April 30, 2017 identified 121 adults, aged 18 years and older, newly diagnosed with major depressive disorder. These patients were aggregated into two cohorts: Cohort I: n=38 received motivational interviewing enhanced medication visits

and Cohort II: n=83 received standard care medication visits. Major depressive disorder was diagnosed by using the Physician Health Questionnaire (PHQ-9) score of 10 or higher. Antidepressant medication adherence was measured by using the Proportion of Days Covered by prescription medication percentages.

RESULTS

Descriptive statistics for both cohorts confirmed similar sociodemographic characteristics. A two-tailed independent samples t-test was performed. Cohort I (Motivational Interviewing enhancement) had a statistically significant increase in medication adherence compared to Cohort II (standard medication treatment). Cohort I mean adherence score was 71%. Cohort II mean adherence score was 37%.

IMPLICATIONS FOR PRACTICE

Antidepressant medication treatment effectiveness is limited by high rates of ADM non-adherence. Major depressive disorder is an affliction affecting more than 350 million individuals of all ages worldwide according to the World Health Organization. Motivational interviewing enhanced medication visits for adults living with major depressive disorder is a promising approach for psychiatric nurse practitioners to incorporate during their brief 15-20 minute medication encounters to increase antidepressant adherence and help fill the psychotherapy gap. Most importantly, Motivational Interviewing is a patient-centered approach, which has been shown to enhance patients' insight and attitudes toward their treatment and provide patients a glimpse of success.

Development and Evaluation of a Delirium Response System

PURPOSE

Delirium is one of the most common problems facing hospitalized older adults, accounting for over 1.5 million in-patient days. It is estimated that up to 75% of these patients suffering from delirium are unrecognized and undertreated. The purpose of this DNP quality improvement project was to improve the provider notification rates of first time positively screened delirious patients among hospitalist physicians and advance practice providers at a community hospital by implementing a delirium response system.

METHODOLOGY

Through the utilization of Roger's diffusion of innovation theory supporting the theoretical framework and the Iowa-Model of Evidence Based Practice supporting the implementation framework,

a delirium response system was developed and piloted for a duration of 30 days.

RESULTS

100% (N= 6) of first time positively screened delirious patients during the duration of the pilot had the delirium response system activated. 100% (N= 6) of those patients had a provider notification note documented in the electronic medical record (EMR). In return, there was notable observation of physician and advance practice provider documentation reflecting a delirium diagnosis in the EMR of patients screening positive for delirium.

IMPLICATIONS FOR PRACTICE

It is estimated that the delirium total direct one-year health care cost ranges from \$143 to \$152 billion dollars every year, which is over \$124

billion more than nonfatal falls and \$51 billion more than diabetes. With a 100% provider notification rate through the implementation of the delirium response system, providers are in a better position to begin assessing and managing patient's delirium earlier in the patient's clinical course. There is also notable benefit because physicians and advance practice providers have a delirium expert who can recommend the most evidence-based care practices. In return, the patient's outcomes are more likely to improve due to the enhanced evidence-based care delivery outlined in the checklist utilized by the delirium response system.



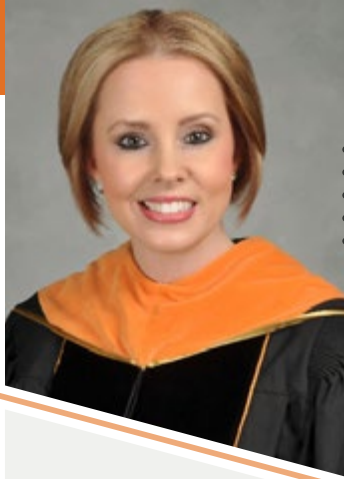
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2018 DNP PROJECTS

•••• Implementation of a Pressure Ulcer Risk Assessment In-Service •••• to Improve the Accuracy of Nurses' Braden Risk Scale Scores: •••• A Quality Improvement Project

PURPOSE

The Braden Risk Scale (BRS) is a reliable and validated tool used to assess patients at risk for skin breakdown. The BRS score can range from 6, high risk for skin breakdown to 23, low risk for skin breakdown. RNs are responsible for skin assessments on each of their patients; however, a lack of understanding and inconsistent application of the BRS often negates the effectiveness of this scale. In the Southwestern United States, in an acute care hospital, only 40% of Registered Nurses and Licensed Practical Nurses accurately score the BRS. The purpose of this quality improvement project was to increase the accuracy of the nurses' BRS scores.

METHODOLOGY

Pretest case studies, an educational in-service on how to accurately score the BRS, and a posttest assessment to determine improvement were implemented with 42 nurses on a medical-surgical unit.

RESULTS

The educational intervention between pretest and posttest scores improved by six percent ($p > 0.5$).

IMPLICATIONS FOR PRACTICE

Implementation an educational in-service to improve BRS scores is described. Rationale as to why the in-service did not improve BRS are discussed. Further research must be conducted on staff shortages and overtasking nurses to determine the root causes for inaccurately scored the BRS scores.



Quality Improvement Project of Implementing the BreatheEasy Mobile Application

PURPOSE

Early recognition of asthma symptoms and the consistent use of an asthma action plan are imperative for the management of asthma. One way to reduce barriers to adherence of asthma action plans includes the implementation of technology. The purpose of this project was to implement an electronic asthma action plan through the use of the BreatheEasy mobile app to increase patient satisfaction, compliance, and effective management of asthma exacerbations.

METHODOLOGY

A pre and post-test design was used to evaluate the effectiveness the intervention of utilizing technology to provide a convenient asthma action plan to patients to increase patient knowledge and management of asthma. The

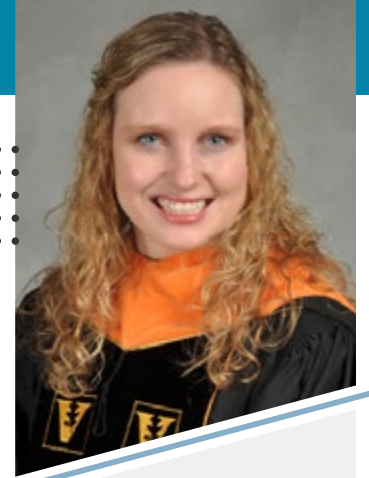
inclusion criterion included patients between 12-18 years of age with persistent asthma.

RESULTS

The pre-test and post-test scores were measured on a Likert scale from one to five. There were five questions using the Likert scale on the pre- and post-test questionnaire. The higher scores indicated a greater understanding of using an action plan, increased ability to recognize asthma exacerbations, and improvement in asthma control with use of asthma action plan. The average pre-test score for the five participants was 23.2 with the standard deviation of 0.45. The average post-test score was 25 with a standard deviation of zero. The average difference between the pre-test and post-test scores was 1.8 with a standard deviation of 0.45.

IMPLICATIONS FOR PRACTICE

There was a positive increase in the participant's use of an asthma action plan, recognition of symptoms, and knowledge regarding what to do in the event of an asthma attack. Participants can use this knowledge to improve their ability to manage their asthma symptoms and improve their overall quality of life. Therefore, the BreatheEasy app did show a positive impact on participants with a diagnosis of asthma and has the potential to benefit additional patients.



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2018 DNP PROJECTS

••••• Implementing Skin-to-Skin Contact in the Operating Room During Non-Urgent Cesarean Birth

PURPOSE

The purpose of this DNP quality improvement project included policy development for skin-to-skin contact in the operating room, staff education, and implementation of this intervention for women experiencing non-urgent cesarean birth of neonates of at least 37 weeks' gestation not requiring NICU admission. The effect of the intervention on breastfeeding exclusivity was evaluated at hospital discharge.

METHODOLOGY

The exclusive breastfeeding rate for a sample of women having experienced cesarean birth was recorded for three months before and two months during project implementation. During implementation, nurses completed de-identified data forms, documenting maternal sociodemographic

characteristics and neonatal characteristics (1- and 5-minute Apgar scores, birth weight, vital signs at the initial assessment, and again at 30 and 60 minutes after initiation of skin-to-skin contact). Nurses also recorded occurrences and duration of skin-to-skin contact in the operating room and recovery room, recovery room only, or no skin-to-skin; location of the first breastfeed; and the first and last LATCH scores during the hospital stay.

RESULTS

The exclusive breastfeeding rate at hospital discharge for women having experienced cesarean birth increased slightly during project implementation from 34% to 37%, but this was not significant $X^2(1, n=147) = .12, p > .05$. Prior to implementation, nurses rarely offered skin-to-skin contact in the operating

room. During implementation, 96 women experienced cesarean births, 37 of whom had completed data forms. Of those with completed data forms, 25 women received skin-to-skin contact in the operating room.

IMPLICATIONS FOR PRACTICE

Implementing skin-to-skin contact in the operating room is a worthy endeavor for the nurse leader desiring to enact practice change and improve outcomes for women and their neonates. Gaining administrative support for adequate staffing and policy adoption are the next steps in fully implementing skin-to-skin contact in the operating room for every woman and neonate experiencing non-urgent cesarean birth.



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