

2019

**DOCTOR OF
NURSING
PRACTICE
PROJECTS**



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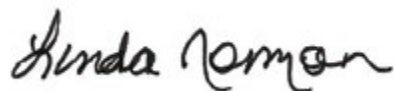


FOREWORD

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

Dean, Vanderbilt University School of Nursing



FROM THE DIRECTOR

The future of nursing is now as our 2019 DNP graduates lead interprofessional teams to create meaningful innovations that influence advanced nursing practice and healthcare.

The DNP projects of the 2019 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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Congratulations

**DNP
GRADUATES!**

Improving Discharge Planning for Adult Patients with Congestive Heart Failure

PURPOSE

The long-range purpose of this project was to reduce 30-day readmission rates of patients with congestive heart failure (CHF) by implementing a standardized nurse led discharge planning process on a cardiac specialty unit at a leading academic and referral hospital in Dallas, Texas.

METHODOLOGY

The Model for Improvement (MFI) was the methodology used for this project. Descriptive statistics were used to analyze the improvement project's data and compare post implementation results to baseline. Data collection involved determining the number of adult men and women over the age of 65 that were discharged with CHF and the number of CHF discharge planning tools that were utilized on a weekly basis. The results of this data determined the CHF discharge planning tool's rate of utilization over a five-week period.

RESULTS

A total of 53 patients were discharged with the diagnosis of CHF over a five-week period. The nursing staff used the standardized discharge planning tool with 33 of the 53 patients, resulting

in an overall usage rate of 62% in the five-week period. With comparing patient CHF readmission rates for the month of June 2018, the patients that received the CHF discharge planning tool had a 3.2 % readmission rate and the patients that did not receive a CHF discharge planning tool had a 23.5% readmission rate.

IMPLICATIONS FOR PRACTICE

The CHF discharge planning tool positively impacted Methodist Dallas Medical Center's (MDMC) discharge planning process. The staff nurses on a cardiac specialty unit increased utilization of the CHF discharge planning tool from 0% baseline to 62% over a five-week period. The increased utilization of the CHF discharge planning tool resulted in standardization of the discharge planning process for patients with CHF. Initial results indicated a decrease in the readmission rate when the discharge planning tool was used.



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ACUTE CARE
NURSE PRACTITIONER*

*FAMILY
NURSE PRACTITIONER*

*EMERGENCY
NURSE PRACTITIONER*

2019 DNP PROJECTS

Short-Course Critical Care Education for Emergency Department Registered Nurses

PURPOSE

The purpose of this project was to develop, implement and evaluate three short-course evidence-based critical care educational modules designed to increase the knowledge of the RN in the ED when caring for critically ill patients.

METHODOLOGY

The project was designed using a program development format with a quantitative, quasi-experimental design. Three evidence-based critical care educational modules were developed: mechanical ventilation, commonly used IV cardiac medications in the ED, and care of the dehydrated critically ill child in the emergency department. Evaluation was completed using a one group, pre-test and post-test design, measuring

knowledge acquisition with multiple choice questionnaires. The evaluation tool was developed and adapted, with permission, from the ED-BKAT2, a multiple choice test that measures basic knowledge in critical care nursing in the ED. It proved to be an effective measure of pre and post educational module knowledge acquisition.

RESULTS

Only two of the three planned modules were presented. There was a significant difference in the pre-test and post-test scores for the IV cardiac medications in the ED module suggesting knowledge was acquired. Ninety-one percent (n=21) of the 23 participants in the IV cardiac medications in the ED module showed a positive improvement in their test scores. The ventilator

educational module did not yield a significant difference in the pre-test and post-test scores, suggesting knowledge was not acquired after this short-course educational module. Twenty-three percent (n=3) of the nine participants showed a positive percentile improvement in their test scores.

IMPLICATIONS FOR PRACTICE

The findings of this DNP project support the use of short-course critical care education as a tool to acquire knowledge in the ED. Further studies in short-course critical care will be required to evaluate its utility in affecting clinical behavior change and resultant improvements in patient outcomes. The format of this DNP project may be adaptable for settings with time-limitations, resource scarcity and financially pressed settings.

Quality Improvement Project to Combat Workplace Aggression (WPA) Through Increased Requisite Knowledge to Identify and Manage WPA.

PURPOSE

The purpose of this quality improvement project was to increase the requisite knowledge of and capacity to effectively manage WPA among nurses assigned to a medical surgical nursing unit at a military medical hospital.

METHODOLOGY

A half-day educational inservice entitled, *Combating Workplace Aggression* was offered to registered nurses to increase their requisite knowledge of WPA and methods to manage it. Thirty-four nurses attended the educational inservice. Participants also completed pretest and posttest surveys.

RESULTS

A total of 34 attended the educational inservice and 25 completed both the pretest-survey and posttest survey. Change (Δ) in the pre and post-survey responses to the *Lateral and Vertical Violence in Nursing Survey (LVVNS)* were calculated and chi-square analysis utilized to test for significance among answers

demonstrating change. The results suggested a marked improvement in the ability of the nurses to recognize WPA behaviors and willingness to respond to WPA when witnessed. There was an increase in recognition of the widespread nature of WPA ($X^2=9.37, p=.009$), recognizing when a line had been crossed ($X^2=19.79, p=.001$), and enhancing the willingness to intervene when workplace aggression was recognized ($X^2=18.44, p=.001$).

IMPLICATIONS FOR PRACTICE

Nearly 50% of healthcare professionals have experienced WPA and an estimated one third to one half have experienced it within the last year. These harmful behaviors in health-care work environments are seen as common and are often treated as 'acceptable' or 'normative'. The outcome of this project demonstrates that an educational inservice to increase the requisite knowledge and methods to manage it could potentially decrease the prevalence of WPA.



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2019 DNP PROJECTS

Enhanced Recovery After Spine Surgery: A Quality Improvement Initiative to Improve Patient Outcomes

PURPOSE

Spine surgery is a particularly painful surgery that leaves patients at an increased risk of developing chronic pain; adding to the growing concern of opioid misuse. Providers are addressing this concern using multimodal analgesia to treat perioperative pain within a clinical pathway known as Enhanced Recovery After Surgery (ERAS). The purpose of this quality improvement project was to implement an ERAS clinical pathway for patients having elective spine surgery and evaluate postoperative pain scores, nausea and vomiting, PACU length of stay, and opioid administration compared to the same measures prior to implementation.

METHODOLOGY

An existing ERAS Clinical Pathway was adapted for use in elective spine surgery in accordance to the latest literature and ERAS guidelines. Retrospective data was collected for patients who had surgery in September 2018 and compared to patients who had similar surgeries in September 2017. Data gathered from the electronic health record included : postoperative pain scores, nausea and vomiting, PACU length of stay, and postoperative opioid

administration using opioid equivalents. Statistical analysis was performed using descriptive statistics.

RESULTS

The pre- and post-intervention project sample comprised 12 and 13 patients respectively. Statistically, significance was found in preoperative vs. postoperative pain scores for the post-intervention group (6.1 vs. 2.6, $p = 0.003$). The median value of morphine equivalents decreased by more than 50% post-intervention. There was no difference in PONV. An increase in PACU LOS was due to unforeseen challenges with hospital bed availability.

IMPLICATIONS FOR PRACTICE

Despite the small number of patients and limited time to implement this project, it is feasible to implement an ERAS clinical pathway in elective spine surgery. Utilization of an ERAS Clinical Pathway significantly reduces pain scores and total opioid required post-operatively. By standardizing treatment, patients experience less variability in care and enhanced recovery. Additional QI projects are needed to expand the use of ERAS in spine surgery.

Health Care Provider-Focused Cultural Competency Education About the LGBTQ Community

PURPOSE

The purpose of this quality improvement project was to develop and implement a cultural competence education program to increase registered nurses and patient care technicians' knowledge, awareness, and skills related to culturally competent care of lesbian, gay, transgender and queer (LGBTQ) patients as measured by the Sexual Orientation Counselor Competency Scale (SOCCS) survey.

METHODOLOGY

A framework based on Mezirow's transformative learning theory was used to design and implement a three-phase cultural competence education program. In Phase 1, the participants completed pre-SOCCS survey. In Phase

2, the participants attended a didactic lecture, observed a YouTube video, and completed three case studies. In Phase 3, participants completed the post-SOCCS survey.

RESULTS

A repeated-measures *t* test, detected a statistically significant increase in SOCCS awareness scores from pre SOCCS survey ($M = 4.857$) to post SOCCS survey ($M = 6.571$), $t(6) = 2.203$, $p = 0.035$. The total SOCCS, knowledge, and skills scores did not meet the p value (<0.05) needed to indicate statistical significance. The knowledge subscale scores improved from pre SOCCS survey results of ($M = 3.57$) to post SOCCS survey results of ($M = 4.5$), $t(6) = 1.00$, $p = 0.133$. The skills subscale pre SOCCS survey results of ($M = 2.853$)

improved to post SOCCS survey results of ($M = 3.143$), $t(6) = 1.543$, $p = 0.083$. The total pre SOCCS survey score ($M = 3.24$) was unchanged to post SOCCS survey total score of ($M = 3.20$), $t(6) = -0.141$, $p = 0.141$.

IMPLICATIONS FOR PRACTICE

This quality improvement project suggests that cultural competence education programs may produce an increase in nurses' knowledge, awareness, and skills of providing culturally competent care of LGBTQ patients. The minimal impact of the single cultural education, however, suggests that learning programs involving multiple learning sessions may be required to make significant improvements in nursing education and possibly improve patient care.



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NURSE PRACTITIONER*

2019 DNP PROJECTS

Improving Practice: Implementation of a New Treatment Guideline for Ureaplasma Urealyticum

PURPOSE

The purpose of this quality improvement (QI) project was to implement a ureaplasma urealyticum (UU) treatment guideline to improve healthcare provider ureaplasma treatment adherence in women of childbearing age that presented with reoccurring symptoms of urinary tract infection (UTI) and vaginitis.

METHODOLOGY

This QI project was conducted over a sixty-day post implementation period. Key elements of this QI project were to identify UU treatment gaps, increase provider knowledge, and awareness of UU treatment. The clinic team utilized the Plan-Do-Study-Act cycle of change and the Model for Improvement. The team developed an action plan to implement the UU treatment guideline created by the team leader. The women's health nurse practitioner (WHNP) utilized the treatment guideline when patients presented to the clinic with symptoms of vaginitis and UTI. The project data was collected using the REDCap software. Upon review of the project data, the team decided to adopt the UU clinical guideline.

RESULTS

Descriptive statistics were calculated to describe the data collected post implementation of the UU treatment guideline. Provider adherence increased from 0% to 100% after the implementation of the UU treatment guideline. When the WHNP adhered to the algorithm, the provider could more accurately identify women presenting with vaginitis and UTI symptoms which directly correlated with the need for UU testing.

IMPLICATIONS FOR PRACTICE

By implementing evidence-based treatment guidelines in women's health, providers can standardize care, decrease errors in testing, and create a more positive experience for women. This QI project effectively demonstrated how the implementation of a UU treatment guideline assisted the provider with increased awareness on patient eligibility, testing, and treatment. By increasing provider adherence to a UU treatment guideline, providers can potentially decrease treatment failure in women and improve patient outcomes.

Standardized Education in Joint Replacement Patients: A Quality Improvement Project

PURPOSE

The purpose of this project is to implement a standardized, provider-led, preoperative education program to reduce the amount of telephone and portal inquiries received after the preoperative appointment prior to a total hip or knee replacement surgery and three weeks after the procedure.

METHODOLOGY

Retrospective chart reviews data on surgical patient phone calls and portal messages were tracked. Number of preoperative appointment visits for patients that met the inclusion criteria were also tracked to indicate adherence to the quality improvement project.

RESULTS

Our findings indicate that 96.7% of all participants in this QI project received the structured, provider-led education. We observed a 36% reduction in surgical patient phone calls and 13% reduction in surgical patient portal messages. The clinic noted a 29% reduction in patients phone and portal messages combined.

IMPLICATIONS FOR PRACTICE

This QI project did make tangible strides to reduce the number of patient inquiries received by a busy orthopedic clinic, and emphasized the importance of preoperative education that is comprehensive. This pilot project will be used to further guide and direct future pre-operative patient education in this busy practice.



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2019 DNP PROJECTS

Screening for Adverse Childhood Experiences: Raising Awareness of Staff Members

PURPOSE

Adverse Childhood Experiences (ACEs) profoundly effects a child's health and development yet knowledge of the evidence is lacking and screening is rare. The purpose of this project was to increase the knowledge of ACEs in the staff members of a federally qualified health center's pediatric primary care clinic and to raise their confidence to screen patients and families for adversity.

METHODOLOGY

Staff members were educated on the principles of pediatric growth and development, ACEs, toxic stress, attachment and resiliency over a six-week timeframe. At the conclusion of the project, a post-implementation questionnaire with multiple choice questions was used to measure their knowledge of the content and a zero to five Likert scale measured their confidence level to screen patients and families.

RESULTS

Participants demonstrated knowledge on eight out of the 10 questions and an overall average confidence score of four. A lack of understanding was identified on the two questions pertaining to toxic stress. Overall results were further categorized by job type in the clinic where participants with the lowest education attainment reported the lower confidence levels to screen for adversity.

IMPLICATIONS FOR PRACTICE

Educating staff members is key to a clinic's success. Investing in staff members with the least amount of influence and power in their workplace communicates their value to an organization. Raising the staff member's knowledge proved to increase their buy-in of the need for additional screening and made them more confident to discuss adversity with patients and families. An unintentional benefit was the increased self-awareness gained by the participants, a necessary component of screening patients and families for adversity.

Implications of a Standardized Electronic Clinical Event Documentation Template

PURPOSE

The purpose of the quality improvement project was to develop and implement a standardized clinical event documentation template to support nursing documentation. The aims were to: (1) compare the accuracy and completeness in the recording of rapid response clinical events before and after the implementation of the clinical event documentation template and (2) evaluate the usability of the clinical event documentation template.

METHODOLOGY

This quality improvement project used the Model for Improvement (MFI) including the Plan-Do-Study-Act (PDSA) cycle to guide the test of change for this project. The project involved identifying the criteria for documenting a standardized clinical event, developing the template, implementing the template with education and evaluating its effectiveness.

RESULTS

A review of the patient's electronic records pre and post-implementation of a rapid response event indicated a standardized

clinical documentation template optimized documentation compliance and quality with a statistically significant ($p < 0.05$) improvement in documentation of note content related to nursing problems, interventions, MD notification, legibility, comprehensiveness, and accuracy. Documentation of patient's outcomes did not demonstrate a statistically significant ($p = 0.092$) improvement. Perceived usability of the standardized clinical event documentation template demonstrated an overall Computer System Usability Questionnaire (CSUQ) score interval of 2.19 or score of 83.13%, which coincided with an above average CSUQ norm rating related to overall template usability and satisfaction.

IMPLICATIONS FOR PRACTICE

The utilization of a standardized clinical event documentation template can improve what is documented and communicated to increase visibility and access to patient information by providing an accurate reflection of a patient's health status for health care providers.



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Thermometer Usage in the Pediatric Oncology Patient Population



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PURPOSE

The purpose of this DNP clinical inquiry project was to assess the perspectives of nurses on a pediatric oncology unit on temperature measurement and evaluate if nurses were more motivated to follow a standardized temperature measurement protocol after receiving evidence-based education on the accuracy of various measurement methods.

METHODOLOGY

A pre-education survey was emailed to all unit nurses evaluating perspectives of nurses pertaining to the accuracy of different thermometers (oral electronic versus temporal) and the confidence of nurses in using different methods to attain a temperature reading. An online educational module providing evidence-based recommendations pertaining to the accuracy of various measurement methods was emailed to all unit nurses, followed by a post-education survey. A pre- and post-intervention analysis of the survey responses was conducted to determine if the education was effective in increasing the reported likelihood of nurses to follow a standardized temperature measurement protocol.

RESULTS

Descriptive statistics were calculated to describe the confidence of nurses in the accuracy of different temperature methods, as well as the confidence of nurses in utilizing various thermometers. Upon project completion, nurses reported increased confidence in the accuracy of oral and axillary temperature measurements, and stated they were more likely to use those techniques to obtain temperature readings as opposed to the temporal method.

IMPLICATIONS FOR PRACTICE

Accurate temperature measurement is an important component to providing high-quality patient care and minimizing costs and risks for patients and hospitals. Recommendations for a clinical practice guideline were presented to unit management with the goal of implementing a standardized temperature measurement protocol. The outcome of this project demonstrates that nurses are willing and motivated to participate in a standardized protocol, and that there is potential for improved patient outcomes, improved patient safety, increased efficiency, improved patient and family satisfaction, and decreased costs in the care of this vulnerable patient population.



CPOE Medication Safety: Using a Best Evidence Tool to Evaluate a Large Medical System

PURPOSE

This evaluative project utilized the Safety Assurance Factors for EHR Resilience (SAFER) computerized provider order entry (CPOE) guide to evaluate the design and configuration of the CPOE system in use at Vanderbilt University Medical Center (VUMC) to identify vulnerabilities or gaps in the system.

METHODOLOGY

The CPOE SAFER guide consists of 29 recommendations divided into three broad categories of safe health information technology (IT), using health IT safely, and monitoring health IT. Each recommendation was evaluated by the project team and defined as not implemented, partially implemented, or fully implemented.

RESULTS

A total of 86% ($n=25$) of recommended practices were scored as fully implemented in all areas, 10% ($n=3$) were scored as partially implemented in at least some areas, and 4% ($n=1$) were not implemented. Overall, VUMC was above the CPOE benchmark data with 86% of recommendations fully implemented versus 67% from a recent study of eight sites.

IMPLICATIONS FOR PRACTICE

Areas of vulnerability were identified and reviewed for future implementation or optimization of the VUMC CPOE system. This data can be utilized as a foundation for benchmarking annually or after future software updates. Also, this data can be utilized for benchmarking purposes at other similar institutions.



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2019 DNP PROJECTS

Social Boundaries in Young-Adult Females with Down Syndrome as a Foundation for Sexuality Education

PURPOSE

There is a tremendous unmet need for provider guidance on managing the sexual health of young adults with intellectual disabilities. The first step in addressing sexuality in this population is establishing comprehension of social boundaries. The effectiveness of the Circles iPad app in teaching appropriate social boundaries to young-adult females with Down Syndrome as a basis for further education on healthy sexuality in the clinic setting defines this pilot study.

METHODOLOGY

This pilot study evaluated improvement in comprehension of social boundaries in females with Down Syndrome between the ages of 16-25 years. The Circles iPad app served as the intervention tool.

RESULTS

Descriptive statistics provided data analysis for this study. Overall comprehension of appropriate social boundaries improved by 204% ($M = 18$, $SD = 4.6$) from baseline following the intervention. The results of this pilot study support the need for further research on the Circles iPad app in the sexuality education of young-adults with Down Syndrome.

IMPLICATIONS FOR PRACTICE

Sexuality is a fundamental human attribute, regardless of intellectual capabilities. Individuals with Down Syndrome receive less sex education than individuals with other intellectual disabilities. The Circles iPad app may serve as an effective tool in the development of a sexuality education curriculum for young-adult females with Down Syndrome.

Strategies to Increase HPV Vaccination Acceptance and Completion: A Quality Improvement Project

PURPOSE

The aim of this quality improvement project was to align the existing clinical practice with national clinical practice guidelines and standards of care for routine administration of HPV vaccine at 11 to 12 years of age.

METHODOLOGY

This quality improvement project addressed parental/caretaker knowledge of HPV and the HPV vaccine through provider discussion of an educational handout with parents/caregivers and missed vaccination opportunities by offering the HPV vaccine at every office visit. If parents/caretakers wished to think about the vaccine, they would receive a follow-up phone call to address additional concerns and schedule an

office visit if they wished to proceed with vaccination. HPV vaccine acceptance rates were compared to a pre-implementation rate after six weeks with a change of 5% noted as an improvement.

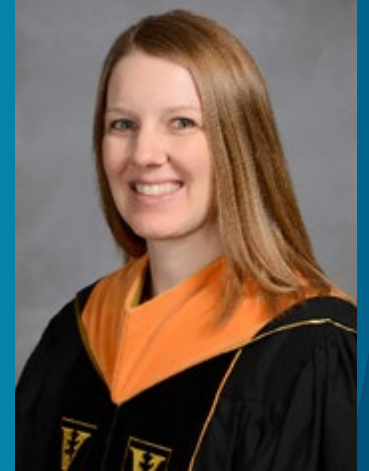
RESULTS

The HPV vaccine acceptance rate was 70% for well child examinations and 9% for acute visits, compared to pre-intervention rates of 40% and 9% respectively. Acceptance rate was seven out of 10 after the intervention compared to four out of 10 prior to the intervention for well child exams. Chi square test for independence was performed to determine the relation between the intervention and vaccine acceptance. The relation between these variables was not significant

$\chi^2=1.82, p=0.178$. Analysis was hindered by the low number of participants, with fewer than five in some categories. Due to the limitations, these results are not generalizable, but can be applied to similar populations and settings.

IMPLICATIONS FOR PRACTICE

Improvement in vaccination acceptance rates of a single provider's patients was shown with a limited number of participants. The project results will be used to expand current practices intending to address low HPV vaccination rates. Increasing vaccination rates will protect a greater number of individuals from future health concerns related to HPV infection.



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Safety and Security: Evaluating an Active Shooter Drill in the Primary Care Setting

PURPOSE

Currently, no standardized rubrics exist to guide primary healthcare facilities in planning, implementing, and evaluating active shooter drills. This DNP quality improvement project was designed to enhance the safety and security of a primary care clinic in rural New Mexico. An active shooter drill rubric was developed to complement an implemented full-scale active shooter drill. The participants' perceived efficiency and effectiveness of the active shooter drill was evaluated via an anonymous post-drill survey.

METHODOLOGY

Current literature was reviewed to identify key performance indicators and obtain recommendations to design an active shooter drill rubric. A full-scale active shooter drill was completed using the active shooter drill rubric. A post-drill Likert-scale survey evaluated participants' insights, thoughts, and experiences from the active shooter drill. A post-drill debrief with local authorities, health care management, and participants facilitated an open discussion on improvement opportunities for future active shooter drills in a primary care setting.

RESULTS

Seventy-one individuals participated in the full-scale drill and 50 participants returned post-drill surveys. The completed rubric identified opportunities to improve roles and responsibilities for healthcare management and employees, active shooter drill realism, and response reporting efficiency. Participants found the drill to be realistic and effective in practicing a response to an active shooter threat. Participants voiced an openness to future active shooter drills utilizing gunshot blanks or loud sounds. Participants expressed an interest in conducting a full-scale emergency drill.

IMPLICATIONS FOR PRACTICE

Healthcare facilities are vulnerable to active shooter events. Active shooter drills have the potential to save lives. Healthcare facilities have an obligation to prepare staff through comprehensive, realistic, and coordinated active shooter drills. The active shooter drill/rubric/post-drill survey elicited valuable feedback and identified improvement opportunities. Healthcare facilities may use the active shooter drill/rubric/post-drill survey to improve the safety and security of their facilities.



Implementing a Clinical Pathway for Initiating Basal Insulin in Primary Care

PURPOSE

This project aimed to identify primary care providers' perceptions of barriers to management of Type 2 Diabetes Mellitus (T2DM) and use of basal insulin, develop and implement a clinical pathway within these primary care clinics and educate providers regarding recent evidence-based recommendations for T2DM and use of the clinical pathway.

METHODOLOGY

An evidence-based educational session and tailored clinical pathway regarding T2DM management were developed and implemented at three primary/express care clinics within one organization. A survey was administered to providers immediately before and after the session to assess the providers' perceived

knowledge and confidence levels regarding T2DM and basal insulin, identify barriers to insulin use within these clinics and measure the impact of the session. Survey data was analyzed using descriptive statistics.

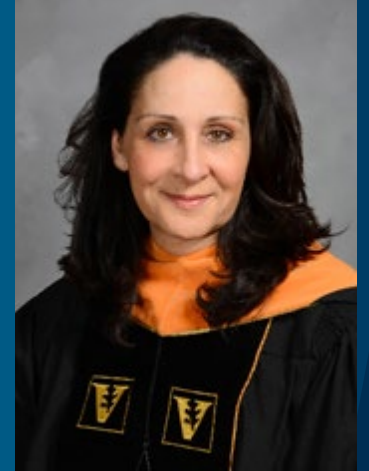
RESULTS

Perceived knowledge and/or confidence levels increased in 100% of the eight provider participants with a 13.6 % improvement in mean scores of eight pre- (34.125 out of 40, SD 5.11) and post-presentation survey questions (38.75 out of 40, SD 2.05). Seven barriers to basal insulin use were identified with patient refusal of insulin being the most frequently selected (88% pre, 75% post). There was variation in the percent of change of these barriers in the pre- and

post-surveys, ranging from no change to 100% decrease, but the mean percent change reflected a 57.8% decrease in selection of barriers after the session.

IMPLICATIONS FOR PRACTICE

Identifying barriers that primary care providers face and providing additional education and resources may better equip them to translate evidence-based recommendations into practice and facilitate more timely treatment of T2DM. Although this project met the initial aims of identifying barriers for these providers and providing them additional education and resources, implementation of the clinical pathway, root cause analysis of barriers and patient outcomes will need to be further assessed over time.



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2019 DNP PROJECTS

Deprescribing Near End of Life: A Quality Improvement Initiative

PURPOSE

Nurse practitioners practicing community-based palliative care have a unique opportunity to decrease an individual's overall medication burden near end of life. Many older adults with chronic illnesses residing in long-term care and assisted-living communities experience polypharmacy and medications are often continued past their therapeutic benefit. The purpose of this quality improvement project was to select the most appropriate validated instrument to guide medication assessment and to provide education to nurse practitioners for the purpose of decreasing medications in older adults, aged 65 or older with a limited life expectancy, residing in long-term care or assisted-living communities.

METHODOLOGY

The framework combined the Model for Improvement and Plan-Do-Study-Act (PDSA) cycle to implement a pre and post survey to assess the nurse practitioner's perceptions of the deprescribing process.

RESULTS

Three nurse practitioners completed 39 resident palliative care visits over the course of four weeks.

The number of visits positively correlated with number of medications deprescribed. The nurse practitioners reported an increase in confidence utilizing STOPPFrail and suggested the approach to deprescribing should be collaborative and interdisciplinary. Out of 26 residents, 48 potentially inappropriate medications (PIM) were identified. A total of 21 (43.75%) PIM were successfully deprescribed. There was a significant difference in the number of medications pre-implementation ($M = 15.58$, $SD = 5.71$) and post implementation utilizing STOPPFrail ($M = 14.77$, $SD = 6.04$; $t(25) = 3.33$, $p = 0.002$). Although the team did not achieve their goal of 20%, the overall number of medications decreased by 5.1%.

IMPLICATIONS FOR PRACTICE

STOPPFrail is a validated instrument specific to older adults with limited life expectancy. This instrument provided nurse practitioners the guidance and structure to identify and successfully deprescribe potentially inappropriate medications. Additional PDSA cycles utilizing STOPPFrail are necessary in order to identify associations between deprescribing and health outcomes.

Avoiding Fluid Volume Overload in Sepsis: A Quality Improvement Project

PURPOSE

The purpose of this DNP quality improvement project was to implement a dynamic hemodynamic variable-guided fluid resuscitation algorithm based on current literature evidence and the 2016 Surviving Sepsis Campaign guidelines in an adult population admitted to the hospital with a diagnosis of sepsis in order to reduce the incidence of fluid volume overload and utilization of interventions for fluid volume overload.

METHODOLOGY

A quality improvement project designed to promote provider adherence to current evidence-based practice guidelines and improve patient outcomes using the Model for Improvement and Plan-Do-Study-Act Cycle of change. Data were collected from 60 patients divided into a pre-implementation retrospective chart review and post-implementation phase following dissemination of the algorithm and pre-implementation findings.

RESULTS

There was a statistically significant difference between the incidence of FVO in the pre-implementation group compared with the post-implementation group, $X^2 (1, N=60) = 8.15, p = 0.004$. There was also a statistically significant difference in the use of interventions for FVO in the pre-implementation group compared with the post-implementation group, $X^2 (1, N=60) = 5.39, p = 0.02$. There were only 4 of 6 (67%) patients who received hemodynamic monitoring based on mean arterial pressure criteria.

IMPLICATIONS FOR PRACTICE

Fluid volume overload in the sepsis population is associated with poor patient outcomes as well as increased healthcare costs due to longer hospital stays and an increase in the need for medical intervention. The algorithmic approach to fluid resuscitation in the sepsis population results in a decrease in the incidence of FVO and a reduction in the utilization of interventions for FVO. More data is needed to evaluate the influence of dynamic hemodynamic monitoring on the incidence of and use of interventions for FVO.



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2019 DNP PROJECTS

Evaluation of Clinical Pathway Implementation for Total Knee Arthroplasty

PURPOSE

Professional societies promote the use of multimodal analgesic techniques in the perioperative setting to decrease opioid requirements, thereby reducing PONV and LOS.

The purpose of this Doctorate of Nursing Practice Scholarly Project was to evaluate whether the implementation of clinical practice guidelines introduced for TKA patients decreased postoperative pain, nausea and vomiting, and length of stay (LOS) in the post anesthesia care unit (PACU) in a small urban outpatient surgical center in the Southwest.

METHODOLOGY

A retrospective patient medical record review of 30 patients who underwent TKA using conventional methods and 30

patients who underwent TKA with the new clinical pathway guidelines was evaluated.

RESULTS

After completion of the retrospective medical record review, data was analyzed using two-simple independent t-test to compare LOS, amount of opioids, and PONV for TKA patients' pre-clinical guideline implementation and TKA patients post clinical guideline implementation. There were statistically significant differences ($p < 0.001$) in LOS, amount of opioids, and PONV between the 2 groups. The Wilcoxon rank sum test was used to compare pain scores in PACU and a significant difference between the pre and post-clinical pathways was noted. Descriptive statistics were used to analyze the

specific variables related to outcomes. This retrospective chart review indicates that clinical pathways for TKA are beneficial in improving pain scores, PONV, and LOS in PACU.

IMPLICATIONS FOR PRACTICE

This study demonstrated that by implementing a clinical pathway that incorporated a multimodal approach to pain control, not only was pain control achieved with fewer narcotics, but there was less PONV and decreased LOS in PACU. Breaking barriers and changing behavioral patterns is the duty and responsibility of all healthcare providers in order to provide safe, effective, and quality care to all surgical patients through collaboration of the perioperative team.

Nonpharmacological Anxiety Management Alternatives to Benzodiazepines in an Outpatient Psychiatric Clinic

PURPOSE

This quality improvement (QI) project aimed to assess the level of motivation of adults with long-term benzodiazepine (BZD) use to implement nonpharmacological alternatives for the management of anxiety in an outpatient psychiatric clinic.

METHODOLOGY

Sociodemographic data was collected on age, gender, race, duration of BZD use, BZD currently used, and prior attempts to discontinue. The Readiness Ruler (RR) was used to assess their level of motivation (1-10) to use nonpharmacological approaches for anxiety: yoga, diaphragmatic breathing, exercise, guided imagery, and mindfulness meditation. Participants completed the RR for the five approaches prior to receiving an educational handout about the risks of long-term BZD use and each alternative approach. The RR was also used to reassess for changes in participants' level of motivation. Descriptive statistics and paired t-tests were used for data analysis.

RESULTS

There were 103 participants in the QI project. The most frequently prescribed BZD was Alprazolam. The average duration of BZD use was 6.8 years. Sixty percent of participants were not using any nonpharmacological alternatives to manage their anxiety. Pre and post mean scores were the highest for exercise and lowest for yoga. Overall, RR scores increased by 0.04-0.51. Yoga was the only approach that had a paired t-test score that was statistically significant ($p=0.004$).

IMPLICATIONS FOR PRACTICE

These results suggest that printed education may increase motivation of long-term BZD users to integrate nonpharmacologic approaches to manage anxiety in an outpatient psychiatric clinic. Providing education about the risks of long-term BZD use can also create future opportunities to teach patients how to utilize these techniques.



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2019 DNP PROJECTS

Education to improve home care nurses point of care documentation: A quality improvement project

PURPOSE

The purpose of this project was to perform a post implementation evaluation of the incorporation of point of care (POC) documentation, using case study scenarios, into the EHR training to determine if there was improved timeliness of documentation by new home care nurses.

METHODOLOGY

Scenario based education with POC documentation was implemented as a quality improvement project to improve the value and effectiveness of education of the EHR for home care nurses. The primary outcomes measured were the initiation of POC documentation during a home visit and the completion of the visit documentation in a 24 hour time period. Data was

collected retrospectively by examining the documentation report available through the vendors' note documentation status report. The specific data was measured for a one week period starting one month after participants' complete EHR training. Data was collected for both the pre and post implementation groups.

RESULTS

Quantitative data showed no statistical difference between the pre implementation and post implementation participants on completion of documentation within 24 hours from the small sample groups. Quantitative data from training evaluations showed a positive impact on learners' confidence and willingness to complete point of care documentation. Qualitative results showed

participants viewed scenario based training as interactive, meaningful and indicative of a change in practice to include POC documentation in the patients' home.

IMPLICATIONS FOR PRACTICE

This quality improvement project showed that the use of scenario based education with the incorporation of POC documentation positively affected the home care nurses' attitudes toward training and impacted their willingness to complete POC documentation in the home. Nurses' attitudes and willingness to document at the POC has significant implications to change practice. The results suggest continued evaluation of the use of scenario based education with point of care documentation as a format for more effective EHR training.

Proof of Concept Vascular Access Program in an Outpatient Nephrology Office

PURPOSE

The purpose of this project was to develop, implement, and assess feasibility of a vascular access program to ensure placement of an appropriate access for people with CKD stages four and five who are approaching kidney failure in a suburban nephrology practice.

METHODOLOGY

The project involved evaluation of a method to identify an appropriate target patient population. Once identified, the pilot Vascular Access program was implemented for 10% of the target population with data collected on the sample population to assess status of planning and preparation for renal replacement therapy. The time required to implement the project was collected and barriers to placement of an arteriovenous fistula were identified.

RESULTS

In the sample population, only 39% had selected a treatment modality and 39.3% were found to need a referral for modality education. The time required to enroll the entire target population was extrapolated based on an average time required per patient and totaled 19.8 hours.

IMPLICATIONS FOR PRACTICE

This project demonstrated that a vascular access program developed from evidence-based guidelines can be successfully implemented in an outpatient private nephrology practice. It would be beneficial to continue this project for a longer period of time to determine the feasibility of the maintenance phase of the project and to determine if the program improved timely referral for vascular access and patient outcomes.



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2019 DNP PROJECTS

Standardizing Placement Guidelines for Fast Track in a Pediatric Emergency Department

PURPOSE

The purpose of this quality improvement project was to standardize the patient placement process for fast track in an urban, academic, pediatric emergency department through the implementation of guidelines and subsequently improve staff satisfaction.

METHODOLOGY

Patient placement guidelines were developed based on a departmental needs assessment. Prior to implementation a pre-survey was distributed to nursing, paramedic, and nurse practitioner staff evaluating satisfaction related to current fast track patient placement practices. Guidelines were implemented over a four-week period, after which a post-survey evaluating staff satisfaction was distributed.

RESULTS

Individual pre and post surveys were compared via descriptive and inferential statistical analysis to evaluate impact of the guidelines on staff satisfaction. The mean scores for the staff survey increased positively on items addressing staff satisfaction after guideline implementation. Comparison of pre and post survey scores showed that the increase in staff satisfaction was statistically significant suggesting that patient placement guidelines had a positive impact on staff job satisfaction.

IMPLICATIONS FOR PRACTICE

Patient placement guidelines may assist in identifying appropriate patients for lower acuity treatment areas of the emergency department, improving staff satisfaction and ultimately flow as well as patient satisfaction. Guidelines should remain flexible enough to adapt to departmental volume and flow and be designed to foster communication amongst nursing staff and clinicians.

Decreasing New Nurse Graduate Turnover Through Mentorship in a Residency Program

PURPOSE

The purpose of this scholarly project was to examine the impact of a nurse residency mentorship program on new graduate nurses' intent to stay.

METHODOLOGY

The Model for Improvement framework was used to guide the project work. Impact of the mentorship program to nurse residency was measured by comparing existing internal survey data with participant responses after implementation, specifically related to the mentorship program and likelihood of retention which is reflected in the intent to stay indicator.

RESULTS

To evaluate the relationship between the intent to stay and participation in the residency mentorship program the Chi-squared test was used. The new graduate nurses that participated in the residency mentorship program had a significantly lower number of no responses to staying employed with UMH for the next three years. The result of the Chi-squared test rejected the null hypothesis and indicated that the residency mentorship program does positively impact the intent to stay among new graduate nurses. The outcomes significantly differed among non-program participants and program participants.

IMPLICATIONS FOR PRACTICE

A positive mentoring experience encourages mentees to become mentors. This type of mentoring experience encourages nurses within the nursing field to mentor new peers which may result in improved retention and quality patient care.



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2019 DNP PROJECTS

Utilization of the PHQ-9 and Pharmacogenetic Testing in Clinical Practice

PURPOSE

The purpose of this project was to evaluate the clinical utilization of pharmacogenetic testing in an outpatient psychiatric practice, integrate a standardized measure for assessing depressive symptoms, and capture data regarding treatment efficacy.

METHODOLOGY

Baseline PHQ-9 scores and medication regimens were recorded for 15 adults with major depressive disorder receiving care at an outpatient psychiatric practice who completed pharmacogenetic testing from May 7, 2018 to June 29, 2018. Repeat PHQ-9 scores and medication regimens were recorded at follow up appointments within six weeks post pharmacogenetic testing and compared with baseline data.

RESULTS

Compared with PHQ-9 scores, follow up scores ranged from a five-point reduction to a two-point increase in depressive symptoms. PHQ-9 scores were lower at follow up screening for all but one participant. Pharmacogenetic testing results suggested six of the 15 participants were

on a single medication with significant drug-gene interactions. After provider review, medications with significant drug-gene interactions were eliminated from the regimen for three of the six patients. Providers deemed it to be in the best interest of the remaining three patients to continue medications with significant drug-gene interactions.

IMPLICATIONS FOR PRACTICE

Pharmacogenetic testing is a useful clinical tool for guiding medication selection but does not replace provider judgment. There are currently no guidelines delineating whom to test and when. The Pharmacogenetic test results should be considered in addition to patient preference, medication cost, possible side effects, and immediate clinical needs.

Impact of Education on Disaster Response Knowledge in Pediatric Intensive Care Nurses

PURPOSE

Safety is threatened when disasters occur in a healthcare setting, but outcomes improve when nurses are knowledgeable about disaster response. Children with medical issues are especially vulnerable and pediatric providers should be prepared to deliver effective care during a disaster event. The purpose of this project was to assess disaster response knowledge in pediatric intensive care unit (PICU) nursing staff and to determine the efficacy of an online learning module intended to improve that knowledge.

METHODOLOGY

Seventeen registered nurses and nurse practitioners from an urban PICU completed an online learning module which provided education about institutional disaster response and assessed disaster response knowledge before and after that education. Demographic information was also collected to identify relationships between disaster response knowledge and highest level of education, years of nursing experience, and previous disaster experience.

RESULTS

Descriptive statistics were used to summarize the disaster response knowledge of PICU nursing staff before and after completion of the online learning module. A Wilcoxon Signed-Rank Test showed that post-test scores (Mdn = 0.93) were significantly higher than pre-test scores (Mdn = 0.67), $Z = 3$, $p < 0.05$. All demographic groups had higher post-test scores than pre-test scores. The sample size was too small to assign statistical significance to the demographic information but there were variations in test scores between demographic groups.

IMPLICATIONS FOR PRACTICE

Hundreds of healthcare facilities lose function annually due to disaster events. All providers, particularly those who care for children, should be prepared to respond during a disaster. This project demonstrates that online learning modules are effective for disaster response education and can be confidently implemented for staff education. Repeated exposure to the content, through scheduled review and simple access, is encouraged to limit decrease in knowledge over time.



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2019 DNP PROJECTS

Implementation of a Nurse Practitioner Led Oral Health Education Program for Medical Assistants in Primary Care

PURPOSE

Initial oral health screening questions are lacking in primary care, particularly among patients with diabetes. The purpose of this project was to implement and evaluate a nurse practitioner (NP) led oral health education program in a primary care clinic that incorporated a team approach with medical assistants (MAs) to increase their knowledge of oral health and improve utilization of oral health screening questions for patients with type 2 diabetes (T2D).

METHODOLOGY

An oral health education program for MAs regarding the connection between oral health and glycemic control was developed. Five self-report oral health questions were adapted from the National Health and

Nutrition Examination Survey (NHANES) for oral screenings. A pre-test was administered prior to the education program and post-test immediately after to assess change in oral health knowledge. After a one-week period, a survey to evaluate change in oral health screening practices and barriers to implementation was completed.

RESULTS

An increase in oral health knowledge and implementation of screenings for patients with T2D occurred among all participants. The mean score increased from 81% for the pretest to 95% for the posttest, reflecting a 17.3% increase in knowledge. The majority of MAs (62.5%) cited no barriers to implementing oral health screening questions. Others identified lack of patient

interest and understanding how to complete the screening questions (25%), and lack of time (12.5%) as moderate barriers.

IMPLICATIONS FOR PRACTICE

A team approach between NPs and MAs promotes the incorporation and documentation of preventive screenings. An oral health education program that equips MAs to initiate screenings is a feasible method to identify those with T2D in need of early dental referrals. Targeted patient screenings using adapted NHANES questions by MAs may improve diabetes and oral health outcomes for individuals with T2D.

Maternal Sepsis Screening Tool and Treatment Protocol: A Post-Implementation Process Evaluation

PURPOSE

The purpose of this DNP project was to compare maternal outcomes related to a sepsis diagnosis before and after implementation of a maternal sepsis screening tool and treatment protocol.

METHODOLOGY

The project design was a post-implementation process evaluation utilizing retrospective chart reviews conducted in the maternity department in a level III community hospital. Outcomes measures for the project included admission to the intensive care unit (ICU), mechanical ventilation and vasopressor requirement, ICU and total hospital length of stay.

RESULTS

The pre-implementation group had seven patients (58%) admitted to ICU while the post-implementation group had eight patients (57%) admitted to the ICU. Of the seven patients admitted to ICU from the pre-implementation group four (57%) required mechanical ventilation and three (43%) required vasopressors. For the post-implementation group only two (25%) required mechanical ventilation and two (25%)

required vasopressors. Mechanical ventilation showed a decrease of 56 % and vasopressor requirement showed a decrease of 41% post-implementation. Length of stay in the ICU for the pre-implementation group was 5.94 days compared to 3.23 days in the post-implementation group, indicating a 42% reduction in ICU length of stay. Total hospital length of stay was similar between groups at 8.39 days pre-implementation and 8.08 days post-implementation.

IMPLICATIONS FOR PRACTICE

Implementation of an obstetric-specific sepsis screening tool and treatment protocol showed improved patient outcomes. Maternal sepsis is a leading cause of preventable maternal morbidity and mortality. Data regarding early recognition and evidence-based treatment protocols will improve the understanding of sepsis in the perinatal population and contribute to the improvement of care with the ultimate goal of reducing maternal mortality and morbidity.



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An Alternative Approach for the Treatment of Uncomplicated Acute Alcohol Withdrawal

PURPOSE

This project implemented a patient-centered clinical management pathway for the management of Alcohol Withdrawal Syndrome (AWS) in adult patients presenting to the hospital with acute alcohol intoxication. Evidence suggests that a symptom-triggered approach is most effective to promote administration of fewer doses of benzodiazepines, lower the total amount of medication used and shorten duration of treatment compared to use of a fixed-dosed, short-acting benzodiazepines approach. The project aimed to determine if a patient-centered clinical management pathway using chlordiazepoxide that is triggered by the patient's symptoms of alcohol withdrawal would decrease the duration of withdrawal episode, length of stay, amount and type of medication given, and development of complications, and reduce health care costs in comparison with the current practice using fixed-dose lorazepam.

METHODOLOGY

The project design was translating clinical evidence into practice. The project setting was a large health care system located in Tulsa, Oklahoma. A retrospective chart review was undertaken to analyze data about medication administration,

Clinical Institute Alcohol Withdrawal Assessment scores (CIWA-Ar), duration of alcohol withdrawal episodes, treatment complications, adjuvant medication used, length of stay and hospitalization cost while comparing a hospital fixed-dose protocol using lorazepam with a patient-centered clinical management pathway using chlordiazepoxide.

RESULTS

Project results revealed that the patient-centered clinical management pathway using chlordiazepoxide triggered by the patient's actual symptoms of alcohol withdrawal improved patient and health care system outcomes. Incidence of overmedication, duration of alcohol withdrawal episodes, treatment complications, and adverse patient outcomes were reduced. Hospital length of stay was decreased by one day in the symptom-triggered group compared to a fixed-dose group.

IMPLICATIONS FOR PRACTICE

Benzodiazepines remain the mainstream of treatment for AWS; however, a patient-centered clinical management approach using chlordiazepoxide guided by withdrawal severity is recommended for the management of uncomplicated withdrawal and should be widely implemented in acute care settings.



Improving Analgesia for Pediatric Long Bone Fracture Patients in the Emergency Department

PURPOSE

The purpose of this DNP quality improvement project, undertaken at a community hospital emergency department (ED) in Tennessee, was three-fold: 1.) improve provider knowledge regarding analgesia for pediatric patients presenting to the ED with long bone fracture, 2.) introduce intranasal (IN) fentanyl as a tool to expedite analgesia, and 3.) determine if education would translate into a practice change in analgesia prescribing for this population.

METHODOLOGY

An educational intervention was created discussing pediatric long bone fracture analgesia best practice and IN fentanyl. The educational module was disseminated electronically to all ED providers with

prescribing privileges. A single-group pre-and post- test design was used to evaluate provider knowledge, and a pre-and post- intervention chart review was used to evaluate for practice change.

RESULTS

Descriptive and inferential statistics were calculated to describe the knowledge level of providers pre- and post-intervention, as well as the rates and types of analgesia used pre and post intervention. After the educational module, providers had statistically significant increased knowledge regarding analgesia for pediatric long bone fracture patients in the ED, as demonstrated by two-tailed t-test. Additionally, the percentage of patients receiving no medication dropped from 15% to zero.

IMPLICATIONS FOR PRACTICE

Pediatric long bone fracture analgesia continues to be a challenge in the ED, with poor analgesia rates reported nationally. Educational interventions offer opportunities for improving ED provider knowledge regarding analgesia for pediatric long bone fracture. Future efforts should encourage provider education through more direct engagement, and working to improve access to safe, effective analgesia for pediatric long bone fracture patients.



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2019 DNP PROJECTS

Increasing Advance Care Planning Self-Efficacy in Primary Care

PURPOSE

Advance care planning (ACP) is a known component of preventive health care but is rarely incorporated into primary care due to practitioners' lack of knowledge and confidence. This project included the development and implementation of an educational workshop for primary care providers to increase awareness of ACP, to provide strategies for incorporating ACP in the clinical setting, and to improve ACP self-efficacy.

METHODOLOGY

This project was a program development and evaluation of an ACP educational workshop for primary care providers. Clinicians were recruited for a two-hour voluntary educational workshop. Self-efficacy was measured using the Advance Care Planning Self-Efficacy (ACP-SE) scale at baseline, immediately following the workshop, and two weeks after the workshop. Trends across individuals and demographic groups were observed.

RESULTS

Three clinicians attended the workshop, including medical doctors (MD) and a nurse practitioner (NP) practicing in either family practice or pediatrics. All participants showed improvement in self-efficacy after participating in the workshop, with higher rates of self-efficacy and maintained self-efficacy demonstrated by the family practice providers. Due to the small sample size, no statistical analyses were conducted.

IMPLICATIONS FOR PRACTICE

This project is a preliminary approach to interdisciplinary ACP training for clinicians. The successes in this project can guide future projects and studies that may include larger sample sizes, a more heterogeneous sample, an extended longitudinal analysis, and additional outcomes such as advance directive completion rates. Future studies can build on this project.

Improving Tracheostomy Care in the Adult Emergency Department through Education

PURPOSE

The purpose of this pilot study was to evaluate knowledge following an educational intervention for emergency bedside clinicians including registered nurses, paramedics, and emergency medical technicians on the proper care and management of the tracheostomy patient.

METHODOLOGY

This project involved educating emergency department clinicians through lecture and hands-on learning sessions. Pre and post tests were used to determine if a change in knowledge occurred. A jumpstart educational module was distributed to participants prior to live hands-on learning sessions. During hands-on learning sessions, participants simulated emergency scenarios requiring use of tracheostomy equipment. A reference educational packet was provided to participants for future reference.

RESULTS

The data was analyzed to obtain the overall average recorded score on the pre and post quizzes. Of the participants who completed both pre and post quizzes, the overall average pretest score was recorded as 45.72 and the average posttest score was 69.18, possible max score was 75. This was an average increase of 23.45. This increase in score indicated a positive association between the education provided and clinician knowledge.

IMPLICATIONS FOR PRACTICE

This project demonstrated that education improves emergency clinician knowledge regarding tracheostomy care. This can be translated to improved patient outcomes. Continued sustainability may be promoted by incorporating this education and training into annual competencies and on-boarding practices.



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Assessment of Effectiveness of Shared Medical Appointments to Enhance Veterans Self-Management of Type 2 Diabetes Mellitus

PURPOSE

The purpose of this DNP project was to assess the effect of Shared Medical Appointments (SMAs) on veteran's ability to self-manage Type 2 diabetes mellitus (T2DM). Measured changes included: 1) self- efficacy using the Diabetes Mellitus Self-Efficacy Survey (DMSES) instrument, changes in estimated average glucose (eAG) levels, changes in systolic and diastolic Blood Pressure (SBP and DBP) readings and changes in low density lipoprotein cholesterol (LDL-C) before and after attending weekly SMAs for four weeks.

METHODOLOGY

A sample of veterans (n=9) with uncontrolled T2DM (A1C > 8.5%) and with or without uncontrolled hypertension (>140/90 mmhg) and with or without uncontrolled dyslipidemia (LDL > 100 mgs/dl) agreed to participate. An interprofessional team led by an advance practice registered nurse (APRN) delivered didactic and interactive sessions. Pre and post intervention analyses were conducted to determine if attendance at the four SMAs led to improvements in the four measures.

RESULTS

Descriptive statistics were calculated to describe the percentage of change in each of the four measures. The mean DMSES score increased by 13%, mean eAG scores decreased by 23.6%, mean SBP decreased by 10.4 %, mean DBP decreased by 13.8% and mean LDL-C decreased by 33.9%. Improvement in the level of self-efficacy was reported by the group. In addition, clinical improvements were seen in glucose levels, blood pressure readings and LDL-C levels.

IMPLICATIONS FOR PRACTICE

Primary care providers are challenged to support disease self-management for an increasing number of veterans in the backdrop of a provider shortage. The results of this project demonstrates that SMAs can enhance self-efficacy and improve outcomes in T2DM for some veterans and therefore, should be offered in addition to traditional face- to- face appointments.



Assessment of Public Health Care Microvascular Screenings in Hispanic Patients with Diabetes

PURPOSE

Type 2 diabetes is a health disparity experienced by the Hispanic population and therefore, warrants assessment of clinical processes that impact outcomes in this population. The American Diabetes Association recommends that microvascular screening exams are conducted annually in patients with diabetes to screen for long-term complications; however, completion of microvascular screening exams in the primary care setting is often compromised by competing patient needs and rushed primary care visits. The purpose of this project was to evaluate the processes of care related to microvascular screenings rates in a public health primary care clinic for adult Hispanic patients with diabetes.

METHODOLOGY

A two-week retrospective medical record review of adult Hispanic patients with type 2 diabetes evaluated the rates of microvascular screening completion and assessed whether team-based or provider-centric care delivery, impacts outcomes. Data was extracted from 108 medical records.

RESULTS

Results indicate that team-based care delivery improves completion rates of monofilament screening tests along with improved efficiency of clinical resources to complete screenings ($p > .05$). Microalbumin and retinopathy screenings did not have a significant difference in completion rates among compared groups. Hispanic adults in this clinical practice have an average Hemoglobin A1C of 8.6%.

IMPLICATIONS FOR PRACTICE

Team-based delegation of monofilament tests improves completion rates as well as utilization of clinical resources. Provider-centric provider teams should adopt a team-based approach to monofilament screening to increase completion rates and improve access to Podiatry care. Analysis of diabetes quality indicators indicate that the adult Hispanic patients in this clinical practice are in need of improved diabetes control.



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2019 DNP PROJECTS

Pediatric Nurse Practitioner Onboarding in Critical Care: A Program Development Project

PURPOSE

The purpose of this DNP program development project was to develop a systematic onboarding program to improve preparedness for a successful role transition experience for new Pediatric Nurse Practitioners (PNP) in the Pediatric Intensive Care Unit (PICU).

METHODOLOGY

Evaluation of the current onboarding process and review of available literature supported the development of a new onboarding program. Methods to evaluate the current process included interviews with recently onboarded PNPs, collaborative SWOT (strengths, weaknesses, opportunities, and threats) analysis and survey analysis of the PICU PNP cohort's onboarding experiences. To address the identified needs, a number of animated educational videos were developed to enhance the current onboarding process. Topics for these educational videos included the daily routine in the PICU, the process for completing an efficient chart review, expectations for patient presentations during patient rounds, and educational opportunities available within the department and institution.

RESULTS

Literature review and results from interviews, SWOT analysis, and a survey identified the following key areas for improvement: preparation for patient rounds, inefficient navigation of the electronic medical record (EMR), perception of social isolation, few opportunities for education and simulation to build knowledge and skill, lack of support for preceptors, and unclear metrics to guide successful completion of PICU PNP onboarding.

IMPLICATIONS FOR PRACTICE

Implications for practice with this structured onboarding program include the ability to evaluate satisfaction with the program over time, adjusting the program as necessary to facilitate a successful role transition for PICU PNPs. With further study, this onboarding program may be applicable across a variety of practice settings that employ advanced practice providers. Importantly, our onboarding program may positively impact new provider relationships with patients and families by improving provider confidence.

Identifying Barriers to Postpartum Depression Screening in the Women's Health Outpatient Setting

PURPOSE

Postpartum depression is the most common and underdiagnosed complication after childbirth, affecting one in nine women in the United States. Early identification of postpartum depression is vital to successful treatment and prevention of negative maternal and infant health outcomes. The purpose of this project was to determine if universal postpartum screening was being performed at an outpatient women's health clinic and identify barriers that deter the providers from universal screening.

METHODOLOGY

A self-developed, 12 item paper survey with five point Likert-scale questions addressing frequency of postpartum depression screening and barriers to screening was distributed to the physicians and nurse practitioners at an outpatient women's health clinic. Survey responses were analyzed individually and with summary statistics.

RESULTS

Providers estimated screening for postpartum depression at the six-week postpartum visit 81% of the time. Verbal screening was the unanimous method used. Most commonly recognized barriers to postpartum depression screening in the outpatient women's health setting were lack of time (47%), limited access to mental health services to refer patients to (38%), and perception that patients do not want to discuss postpartum depression (13%).

IMPLICATIONS FOR PRACTICE

Universal postpartum depression screening is central to early detection and treatment of postpartum depression. This project supports current evidence that women's health providers are not universally screening for postpartum depression at the six-week postpartum visit. Future quality improvement projects will focus on evaluating strategies aimed at overcoming the barriers identified by this project.



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2019 DNP PROJECTS

Emergency Provider Competence and Confidence in Caring for Pediatric Patients Presenting with Generalized Metabolic Signs and Symptoms

PURPOSE

Health care providers demonstrate a lack of knowledge and confidence in caring for patients with diagnosed and undiagnosed metabolic diseases. Accurate and timely care is important for patients with metabolic diseases to avoid rapid decompensation and significant negative health outcomes. The purpose of the DNP project was to evaluate the effectiveness of an online educational module containing a clinical pathway detailing appropriate care for pediatric patients presenting with generalized metabolic signs and symptoms on increasing pediatric emergency providers' knowledge and confidence in delivering appropriate care to patients with undiagnosed metabolic diseases.

METHODOLOGY

Over a 5-week period, pediatric emergency providers completed a pre-intervention survey, viewed an online educational module, and completed a post-intervention survey. Surveys were used to assess pediatric emergency provider knowledge and confidence in caring for pediatric patients presenting with generalized metabolic signs and symptoms. The online educational module containing a clinical pathway detailed appropriate

assessment and management for pediatric patients presenting with generalized metabolic signs and symptoms. Statistical analysis was used to evaluate pre- and post-intervention change among provider knowledge and confidence.

RESULTS

Eleven pediatric emergency providers participated in the project. Statistical analysis showed that the online educational module did contribute to significant increases in knowledge (66%-90%) and confidence (69%-90%) among all providers from the pre-intervention survey to the post-intervention survey. 100% of providers correctly answered the survey item related to the correct clinical pathway on the post-intervention survey.

IMPLICATIONS FOR PRACTICE

Pediatric emergency department providers lack knowledge and confidence in caring for patients presenting with generalized metabolic signs and symptoms. An online educational module can be a valuable resource for increasing provider knowledge and confidence in caring for patients presenting with generalized metabolic signs and symptoms, ideally leading to positive patient outcomes.

Perception of Patient Safety Post Quality Improvement Training

PURPOSE

The purpose of this DNP scholarly project was to determine if a 4-hour training on high reliability organization (HRO) concepts and error prevention behaviors is changing the attitudes and perceptions of the 81 MDG staff toward patient safety.

METHODOLOGY

The framework for this DNP scholarly project was the High Reliability Organization Theory and its relationship to organizational culture, quality, improvement, and patient safety. The project design was the plan-do-study-act (PDSA) improvement cycle. Staff new to the 81 MDG received the 4-hour training within their first month of arrival to the facility. The participants were administered the Health Professional Education in Patient Safety Survey (H-PEPSS) pre-training and one-month post training. The results were analyzed along the six (6) domains of patient safety. Post training results were compared to pre-training for the same participant. Change in attitude was determined by the difference between the pre and post training aggregated mean scores along the six(6) domains of patient safety.

RESULTS

A negative change was observed from pre-training to post-training in four (4) of the six (6) domains of patient safety contrary to results observed by Ginsburg et al., (2012), but correlated with the findings of the literature review.

IMPLICATIONS FOR PRACTICE

The United States Air Force (USAF) and the 81st Medical Group (81 MDG) are pursuing recognition as a high reliability organization under the mantra of Trusted Care. The goal is to eliminate preventable patient harm. This initiative was one of many implemented by the USAF to improve patient safety; however, errors continue to occur. High reliability status cannot be achieved without continual process improvement including assessment of the results of initiatives implemented such as the current four (4) hour training.



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2019 DNP PROJECTS

Implementation of a Neonatal Non-Invasive Ventilation Clinical Practice Algorithm

PURPOSE

The purpose of this quality improvement project was to measure the impact of a clinical practice guideline algorithm on healthcare professional (HCP) knowledge of neonatal non-invasive ventilation. Current practices are based upon guidelines that are lengthy, role-dependent, and not easily accessible by all team members. With the increase in premature births worldwide, there is a need for improvement in ventilatory strategies in the neonatal intensive care unit (NICU).

METHODOLOGY

This project took place over a four-week period in a Level-III NICU, involving a multidisciplinary team of healthcare professionals (neonatologists, neonatal nurse practitioners, physician

assistants, registered nurses, and certified respiratory therapists). This project used a paired sample t-test to compare pre-test and post-test mean scores (from the same participant), before and after non-invasive ventilation algorithm implementation.

RESULTS

Descriptive statistics summarized sample demographics, including age, years' of NICU experience, and type of HCP. Of the 32 respondents, 16 were registered nurses (50%), 12 advanced practice providers (38%), and four certified respiratory therapists (12%). The mean age of project participants and years of experience was 44 years-old (standard deviation: 13.53) and 12 years (standard deviation: 10.71), respectively.

Comparison of pre/post-tests revealed a 6% increase in scores, however, did not result in statistical significance (p value = 0.95).

IMPLICATIONS FOR PRACTICE

Multidisciplinary evidence-based respiratory care of the neonate is paramount in securing the best chance at a healthy life due to the associated morbidity and mortality of premature birth. By creating innovative ways of providing multidisciplinary care, HCPs can take an active role in decreasing the morbidity and mortality associated with premature birth by improving the quality of respiratory care. Quality improvement in the neonatal population is of critical importance to improve outcomes and quality of life.

Midwifery Postpartum Clinical Guideline Following a Term Stillbirth

PURPOSE

Midwives care for women during labor and delivery, delivering both viable and non-viable babies. Evidence-based postpartum care guidelines specifically related to midwifery following a term stillbirth are not readily available. Literature and current guideline reviews found multiple interventions used to provide care for bereaved postpartum women without identifying best care practices. The purpose of this project was to develop an evidence-based guideline for best practices by midwives following a term stillbirth at a women's clinic in the southeastern United States. Because no protocol currently exists, a midwifery postpartum clinical guideline is needed following a term stillbirth.

METHODOLOGY

A needs assessment; a current guideline review; CINAHL, PubMed, and Medline literature reviews; and physician and midwife surveys were used to develop a guideline for implementation. The need for the a recommendation in the standard of care was determined by interviews and surveys that identified a gap in care at the clinic. A clinical guideline was developed

for best practices by midwives based on the needs assessment, ACNM, AWHONN, ACOG, NICE, a bereavement program, and a current literature review.

RESULTS

A postpartum clinical guideline was developed that promotes care by midwives at the clinic for midwife-delivered women following a term stillbirth. The guideline was approved by administration for implementation by midwives at the clinic.

IMPLICATIONS FOR PRACTICE

Sadly, stillbirth may be a part of the labor and delivery experience. Midwives desire to practice in a compassionate manner with proper preparation. This guideline is a tool and a resource for best care by midwives for effective, compassionate, evidence-based care for women after a term stillbirth. A comprehensive and compassionate midwifery guideline promotes both physical and emotional support for women in their grief following hospital discharge after a term stillbirth.



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2019 DNP PROJECTS

Implementation of Substance Use Screening Among Pregnant Women in the Outpatient Setting

PURPOSE

Substance use in pregnancy can have profound and lasting effects on both mother and fetus. The use of a validated tool in screening for substance use allows clinicians to engage in conversations about substance use with a consistent, structured, evidence-based approach. The purpose of this project was to evaluate readiness to incorporate a validated substance use screening tool in a private outpatient clinical setting.

METHODOLOGY

A PowerPoint presentation was developed and presented to key stakeholders, after which attendees completed a five-item questionnaire. The questionnaire used a Likert scale to evaluate participant responses where a response of “1” indicated “not at all” and a response of “5” indicated “very much.” Descriptive statistics were used to evaluate results.

RESULTS

When asked whether the proposed change was important, average participant response was 3.3. When asked whether participants considered the proposed change feasible, average response was

4. When asked whether the respondent would be willing to incorporate the proposed change into their clinical practice, mean response was 3.7. When asked how challenging it would be to implement this change into clinical practice, average response was 2.7. Time investment of screening, verbal versus written screening options, training options for providers regarding follow-up to positive screening results, and community resources for treatment represented stakeholders’ greatest concerns in relation to substance use screening implementation.

IMPLICATIONS FOR PRACTICE

The proposal of modification in substance use screening practices for pregnant women generated valuable information for project implementation moving forward. Clinicians engaged in a presentation highlighting the benefit of substance use screening using a validated tool and considered possible routes for implementation in their practice. The importance of continued education and addressing specific concerns was highlighted through the feedback that was generated. In addition, areas of readiness and hesitancy were identified in order to provide additional education and support.

Implementation of the ELNEC-Core Curriculum in the Correctional Setting

PURPOSE

The purpose of this quality improvement project was to implement the End of Life Nursing Education Consortium (ELNEC)-Core training in the correctional setting to increase palliative care knowledge among correctional healthcare providers.

METHODOLOGY

Convenience sampling was utilized by recruiting healthcare providers including Registered Nurses, Nurse Practitioners, and Physicians at a large, male, state correctional facility. The ELNEC-Core training was administered in an 8-hour course. In addition, corrections-specific content was developed to accompany each training module. Demographic data, pre- and post-test evaluation scores, and post-training feedback were analyzed using descriptive statistics, a paired t-test, and thematic analysis of qualitative data.

RESULTS

The average score on the pre-test was 77.78 and the average score on the post-test was 82.72. A paired t-test was performed at the level of 0.05 (two-tailed test). No statistically significant

difference was found between the pre- and post-test scores among participants ($t=1.58$). This is most likely due to small sample size ($n=6$). The project objective to have participants achieve an average score of 80% or greater on the post-test was achieved. While the increase in post-test scores was not statistically significant, there may be clinical significance as participants not only showed improved knowledge but also improved confidence in palliative and end of life care knowledge and skills.

IMPLICATIONS FOR PRACTICE

Correctional healthcare providers are becoming increasingly challenged with the difficulty of caring for patients with complex chronic diseases and at the end of life. The biggest hurdle to providing palliative care to patients in correctional settings may be the lack of palliative care education, tailored to this population. An implication of this project is that the provision of palliative care education, utilizing trainings such as ELNEC, may improve correctional healthcare providers' ability to provide high quality care for incarcerated patients.



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2019 DNP PROJECTS

Implementation of an Emotional Intelligence Coaching Strategy to Increase Leadership Effectiveness

PURPOSE

Effective leaders recognize the emotional aspects of people and are aware of their own emotions, causes, and consequences of emotions on team dynamics. The purpose of the DNP quality improvement project was to increase the leadership effectiveness of the nurse practitioner (NP) team leaders in Vanderbilt Heart and Vascular Institute through a structured coaching program based on the competencies of emotional intelligence (EI).

METHODOLOGY

The project involved each project participant completing an EI assessment through the MHS EQ-i 2.0 tool to evaluate their baseline EI. Based on the results of the baseline assessment, a structured and customized coaching strategy

was developed for each participant focused on identified opportunities for improvement and growth. Throughout the project implementation, each participant logged situations in which they used one of their coaching EI strategies. Lastly, each participant completed a post-intervention survey on their perception of the effectiveness of the coaching strategy to improve their leadership effectiveness.

RESULTS

The NP team leaders expressed an increased self-awareness of their emotions and the importance of managing their emotions to ensure their personal leadership effectiveness. Merely the awareness of the competencies of EI and how it impacts the individuals as a leader proved

valuable to NP team leaders. Leadership development rooted in competencies of EI provide value to a leader.

IMPLICATIONS FOR PRACTICE

The intentional development of frontline leaders on the competencies of EI has an impact on the effectiveness of the leader. The awareness of a leader on the needed areas of improvement in their perception and appraisal of emotions both personally and in others leads to the ability of a leader to self-regulate and manage their emotions and the emotions of others. The investment of time in frontline leaders with structured and customized coaching efforts can have a profound impact on the leadership development to the leader over time and as well as their effectiveness as a leader.

Providing Evidence-Based Sepsis Care in a Rural Emergency Department: A Multidisciplinary Approach

PURPOSE

The purpose of this quality improvement project was to introduce a sepsis bundle checklist to improve compliance with established national three-hour sepsis treatment bundles in a rural community hospital Emergency Department (ED).

METHODOLOGY

The ED nursing and provider staff were educated on the use and applicability of a customized checklist for the project facility based on Surviving Sepsis Campaign recommendations and Society of Critical Care Medicine sepsis guidelines. Retrospective chart reviews conducted pre-and post-intervention compared sepsis treatment failure rates and 3-hour bundle compliance.

RESULTS

Overall sepsis treatment failure rates dropped from 75% in the pre-checklist time period to 57% post checklist implementation. The pre-intervention phase saw a failure rate of 25% for the 3-hour treatment bundle; after implementation the failure rate was 0%. Significant improvement was made in both the 3-hour and overall sepsis treatment groups.

IMPLICATIONS FOR PRACTICE

Lack of early recognition and initiation of evidence-based treatment leads to increased morbidity and mortality with sepsis. Establishing a protocol which encourages early recognition and treatment of sepsis contributes to improved outcomes for patients. The final outcome of this project demonstrates the positive effect that utilization of a checklist can have on patient care to ensure that the best evidence-based care is provided.



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**NURSING
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2019 DNP PROJECTS

A Decision Support Tool to Evaluate Nursing Documentation for Burden Reduction Opportunities

PURPOSE

Studies show that nurses currently spend as much as 35-50% of their time documenting in the patient chart, impacting their time to perform direct patient care activities. This project utilized an electronic decision support tool to evaluate current nursing admission assessment documentation to identify opportunities for burden reduction.

METHODOLOGY

One hundred twenty-seven admission assessment elements were evaluated against ten weighted criteria. Project site leadership and subject matter experts participated in a focus group to review and approve the criteria and assign weights to each. The decision support tool was used to capture evaluation responses and a value score was

calculated for each assessment element. Thresholds were applied to the resulting scores, separating the elements into categories of retain, remove, and review. The results of the project, presented to nursing leadership at the project site will provide the opportunity to review the recommendations and implement changes to improve nursing documentation efficiency.

RESULTS

Of the 127 admission assessment elements evaluated, 30 (24%) assessment elements were recommended for retaining, 40 (31%) for removal, and 57 (45%) for further review. Elements in each category have common characteristics that help determine their recommendation. The elements identified for removal had

scores below the lower established threshold. Ten of the 40 items identified had a total value score of zero. By eliminating all assessment elements recommended for removal, the project site can achieve a 31% reduction in documentation burden.

IMPLICATIONS FOR PRACTICE

Nurses providing direct patient care are excellent sources of information on how nursing practice directly impacts patient outcomes, but there is an added burden as the need for well documented information adds to the growing volume of required documentation. By implementing processes to evaluate assessment elements to include or remove, we can improve efficiency and decrease burden of documentation for all nurses.

Impact of Lower NP to PT Ratios on PCICU Nurse Practitioner Workload

PURPOSE

The DNP project is a quality improvement project to describe the impact of Nurse Practitioner to patient ratios on workload of the pediatric cardiac intensive care NP. The project uses an end of day survey composed of demographic information, NASA-TLX tool, time spent in tasks and acuity categorization of patients.

METHODOLOGY

The PCICU NPs completed the end of day survey at the end of dayshift over 30 days. There was a 72% response rate, with 65 surveys completed.

RESULTS

While no relationship between NP to patient ratios and NASA-TLX workload scores were found, there is a relationship between NP years of experience, time spent performing admissions, discharges/transfers, managing critical events and consulting other services. The more time spent in admissions, discharges/transfers, managing critical events and consulting other services the higher the NASA-TLX scores. The lower the NP years of experience the higher the NASA-TLX workload scores. The higher acuity patients in the assignment increased workload scores.

IMPLICATIONS FOR PRACTICE

In developing staffing models and assignments NP experience and patient acuity should be considered. Although all factors in the work needed to care for a patient cannot be anticipated, consideration of certain tasks and distribution amongst the team should be considered. Consideration for novice NPs introduction into the pediatric cardiac critical care environment should be given, such as consideration of fellowships.



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2019 DNP PROJECTS

Deprescribing Proton Pump Inhibitors in a Rural Health Population

PURPOSE

Proton pump inhibitors (PPIs) are one of the most prescribed and most frequently used over-the-counter (OTC) medications in the United States. Many times, health providers prescribe this class of medication for inappropriate indications or PPIs are continued far past the recommended course of treatment.

METHODOLOGY

This Doctorate of Nursing Practice (DNP) project implemented an evidence-based deprescribing protocol for rural health clinic patients who have been on a PPI for greater than 12 weeks whom it is no longer indicated for and to deprescribe their PPI within a six-week timeframe. Data was analyzed using descriptive statistics.

RESULTS

Twenty-five participants, (80.6%,) completed or initiated the deprescribing process. The average length of time that a participant was taking a PPI was 28.8 months (or 2 ½ years), with the mean of 33 months (19.7).

IMPLICATIONS FOR PRACTICE

The deprescribing process was shown to be successful within an adult population in a healthcare clinic and can potentially be applied to other classes of medications.

A Resilience and Stress Management Program to Improve Joy in Work

PURPOSE

Accountable care organizations (ACO) employ nurse and social work care managers with the goal of assisting affiliated medical practices and the ACO in achieving the triple aim by improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care. Care managers work in high stress medical practices and are at risk of decreased joy in work, burnout, and stress. The purpose of this project was to develop a pilot stress reduction and resilience program for ACO care managers in the form of a two session lunch and learn series aimed at decreasing burnout and stress, and improving resilience.

METHODOLOGY

A pilot program in the form of a lunch and learn mini-series based on the Stress Management and Resiliency Training (SMART) program, was delivered to care managers aimed to improve joy in work by decreasing burnout and stress and increasing resilience. The program was offered to 38 community care managers in two 90 minute sessions over the course of four weeks. Survey measures assessing burnout, stress, and resilience were administered to all eligible participants prior

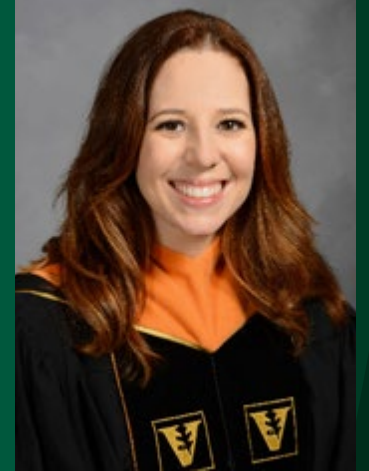
to and after the completion of the mini-series. The results were evaluated using a paired t-test comparing pre and post survey scores of those that participated in both sessions of the lunch and learn mini-series.

RESULTS

The scores gathered from the pre and post intervention surveys demonstrated decreased burnout and stress, though not of statistical significance. Additionally, demographic data of the sample was collected and qualitative measures were assessed through analysis of concepts and themes, yielding a high degree of satisfaction of the intervention and significant interest in future stress management, wellness, and resiliency opportunities in the future by both attendees and non-attendees.

IMPLICATIONS FOR PRACTICE

Implications for future practice include evidence for healthcare institutions that brief interventions that require little time away from clinical practice may be beneficial in decreasing burnout and stress in care managers, with possible application to other health care professionals.



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Early Identification and Transport of the Septic Patient in the Urgent Care Setting

PURPOSE

The purpose of this project was to decrease urgent care length of stay prior to ED transfer of the potentially septic patient through implementation of an urgent care specific sepsis protocol.

METHODOLOGY

An urgent care specific sepsis protocol, based on the Surviving Sepsis and the Get Ahead of Sepsis Campaign recommendations, was created and introduced to clinical staff, along with an educational program focused on early identification and care of the septic patient. A pre and post sepsis education survey measured staff's sepsis care knowledge. Urgent care length of stay for patients transferred to the ED with possible sepsis was compared pre and post protocol implementation.

RESULTS

Descriptive statistics were calculated to determine change. Pre/post sepsis education survey group aggregate scores were evaluated. The pre/post education scores were 70% and 86% respectively. A retrospective chart and ED transfer log review was conducted pre and post protocol implementation. Pre-implementation, 44 patients were transferred

to the ED, 14 with an infectious process, and of the 14, 4 received sepsis workup in the ED. Urgent care length of stay for these patients averaged 49.5 minutes. Post-implementation, 50 patients were transferred to the ED, 19 with an infectious process, and 3 received sepsis workup in the ED. The average urgent care length of stay for these patients was 112 minutes.

IMPLICATIONS FOR PRACTICE

Nearly 80% of septic patients develop sepsis outside of hospitals and 70% of patients with sepsis have comorbidities requiring frequent medical care. Performance improvement measures aimed at early recognition of sepsis in the urgent care setting are essential to improved outcomes. This project demonstrates that sepsis education increases clinical staff knowledge concerning sepsis recognition and care. Improvement of urgent care length of stay prior to ED transfer of the potentially septic patient was not demonstrated. Further investigation to determine breakdowns within the protocol is necessary. Additional studies to determine the impact of early sepsis recognition programs in the urgent care setting on ED outcomes, achievement of core measures, and patient mortality are warranted.



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Evaluation of Hyperglycemia Management Related to Pre-Treatment Glucocorticoid Administration in Breast Cancer Patients

PURPOSE

Glucocorticoid-induced hyperglycemia is a common problem among breast cancer patients because of their chemotherapy regimen including three days of oral dexamethasone to prevent common side effects related to their treatment. Current literature recommends screening and managing all oncology patients who receive glucocorticoids for hyperglycemia to prevent complications that lead to an increased risk of infections, shorter disease-free intervals, and overall higher rates of mortality. The purpose of this DNP project was to evaluate if oncology providers were educating and managing glucocorticoid-induced hyperglycemia in newly diagnosed breast cancer patients.

METHODOLOGY

The project consisted of retrospectively reviewing all charts of newly diagnosed breast cancer patients in 2016 who received three days of oral dexamethasone, as part of their chemotherapy regimen, to determine if they were screened for glucocorticoid-induced hyperglycemia, and appropriately treated. Of the 610 initial patient charts reviewed, 50 patients were included in the project.

RESULTS

Eighteen patients of the 50 developed glucocorticoid-induced hyperglycemia throughout their oncology treatment. One patient received education related to glucocorticoids, while the other 49 patients did not. No patients were treated for hyperglycemia while in office, despite the

highest blood glucose reading being 334 mg/dL in one of the patient charts reviewed. None of the patients were routinely screened for the development of hyperglycemia or had follow-up for management.

IMPLICATIONS FOR PRACTICE

Currently, the providers at the DNP project site are not aligning with the literature recommendation to screen and manage all patients for glucocorticoid-induced hyperglycemia. Providers and registered nurses need to be educated on the effects of hyperglycemia during oncology treatment, best treatment modality for glucocorticoid-induced hyperglycemia, and alternatives for managing this complication if the providers do not feel comfortable addressing this issue.



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Applying the HEART Score to Enhance Advanced Practice Provider Risk Stratification and Management of Chest Pain in the Emergency Department

PURPOSE

In Emergency Departments (ED), “chest pain” (CP) is a common chief complaint. For advanced practice providers (APP) in this setting, a reliable scoring system is essential to risk stratify and manage CP. The HEART score places patients into “low,” “moderate,” and “high” risk categories. This project assessed APP stratification and management trends before and after a HEART score educational module.

METHODOLOGY

ED APPs completed a survey describing perceptions of managing CP. A retrospective electronic medical record (EMR) analysis was completed analyzing APP stratification and management trends.

Trends were appraised prior to and following a HEART score educational module. A second survey was distributed assessing APP perceptions determining if enhanced knowledge of HEART scoring improved confidence in stratifying these patients.

RESULTS

Survey results indicated APPs strongly agreed they are prepared to manage CP of any acuity. EMR data noted that of 66 (n/100) patients referred to physicians, the pre educational module number of HEART score stratified “low risk” cases was (n=27). The HEART score educational module was then provided to the APP team. A post-educational module analysis of EMR data noted 54 (n/100) patients were referred to a

physician, with a 19% decrease in “low risk” referrals (n=19). Follow-up surveys yielded higher levels of APP confidence. A HEART score educational module was noted to improve APP ability to appropriately risk stratify and manage CP.

IMPLICATIONS FOR PRACTICE

The ability of APPs to accurately risk stratify and manage CP patients presenting with varying levels of acuity is imperative to triage and timely treatment. Application of the HEART score is a reliable method to improve the breadth of the APP role in their ED when evaluating CP. APPs are better equipped to manage all acuity levels of CP which improves ED flow, decreases unnecessary admissions, and may reduce cost expenditures.



Enhancing Parental Education on Attention Deficit Hyperactivity Disorder and Individualized Education Programs

PURPOSE

The purpose of this DNP quality improvement non-experimental project was to enhance parental knowledge on Attention Deficit Hyperactivity Disorder (ADHD) and Individualized Education Programs (IEPs) by using an educational brochure with a five-minute question and answer session with a healthcare provider in a private outpatient clinic setting.

METHODOLOGY

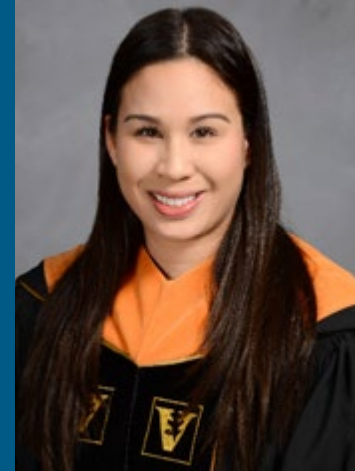
The project involved educating parents of children with ADHD by providing them with an educational brochure developed by the American Psychiatric Association with an additional insert on IEPs to relay basic information on ADHD and IEPs, followed by a five-minute question and answer session with a healthcare provider. The project utilized a ten item pre-test and post-test design, incorporating questions from the Knowledge of Attention Deficit Disorder Scale (KADDS) to evaluate the impact of the educational brochure on parental knowledge.

RESULTS

Descriptive statistics were used to analyze the pre-test and post-test data. The study sample included 74 parents of children with ADHD. Results revealed a 16% increase from pre-test to post-test scores, which correlated with increase in parental knowledge from baseline. Results indicated the use of a psychoeducational brochure enhanced parental knowledge on ADHD and IEPs.

IMPLICATIONS FOR PRACTICE

The body of evidence revealed that providing psychoeducational interventions to parents increased knowledge, positive attitudes and behaviors towards children with ADHD. Providing reliable education to parents is important because children with ADHD are at an increased risk for adverse outcomes, such as lower academic achievements, conduct problems, trouble maintaining friendships and involvement in the justice system. Organizations should implement a standardized process in educating parents on ADHD and IEPs to ensure parents are receiving valid information. Outcomes in this project demonstrate utilizing an educational brochure is beneficial in enhancing parental knowledge.



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2019 DNP PROJECTS

Implementation of an Intraventricular Hemorrhage Bundle for Very Low Birth Weight Infants in the Neonatal Intensive Care Unit

PURPOSE

The purpose of this quality improvement project was to develop and implement an intraventricular hemorrhage (IVH) bundle to decrease the incidence of IVH among very low birth weight (VLBW) infants. The incidence of IVH was evaluated prior to and following implementation of the IVH bundle, in order to evaluate the effectiveness of the IVH bundle.

METHODOLOGY

The project design was a quality improvement project and utilized the Model for Improvement (MFI) and was organized into the Plan, Do, Study, Act (PDSA) model. Formal education was provided to the nursing staff as a powerpoint presentation and simulation exercises. An IVH bundle order set was created and uploaded into the hospital's documentation system. Infants were compared using common risk factors and demographics, prior to and following implementation of the IVH bundle.

RESULTS

The data in this project was analyzed using the chi-square statistic. The incidence of intraventricular hemorrhage rates decreased by 23 percentage points, or 60.5%, following implementation of the IVH bundle. The p value was 0.32, which was statistically significant and suggests that the IVH bundle did make a positive impact. Use and compliance of the IVH bundle was assessed by retrospective chart reviews and was 100%.

IMPLICATIONS FOR PRACTICE

The results of the project showed that the IVH bundle made a positive impact in decreasing the incidence of IVH among VLBW infants. Further work is needed to analyze the effectiveness of the IVH bundle over a larger time period to provide more meaningful data.

Transforming to Patient-Centered Care- An Evaluation of a Quality Improvement Project

PURPOSE

The patient centered medical home (PCMH) model of care, which promotes comprehensive, integrated and coordinated patient-centered care, has become a potential solution to rising costs and diminishing quality of care in the United States. The purpose of this project was to determine if changing the model of care in a Primary Care Practice (PCP) from a chronic and episodic model of care to a PCMH model of care improved the quality of care provided to its patients.

METHODOLOGY

Using HEDIS (Healthcare Effectiveness Data and Information Set) scores provided by Amerigroup, Blue Cross Blue Shield (BCBS) and United Healthcare (UHC) managed care organizations (MCOs), this project compared the PCP's pre-PCMH HEDIS scores from each MCO to its post-PCMH scores in three clinical areas: adult BMI assessment rates, adult diabetic HgA1c testing rates, and childhood immunization administration rates, to determine if changing the practice's model of care improved quality of care in those clinical areas.

RESULTS

Using descriptive analytics, the organization demonstrated improvement in adult BMI screening rates for Amerigroup, BCBS and UHC members, and improvement in childhood immunization administration rates for UHC members. Chi Square statistics revealed improvement in adult diabetic HgA1C screening rates for both Amerigroup and UHC members, improvement in adult BMI screening rates in BCBC members, and improvement in childhood immunization administration rates for UHC members.

IMPLICATIONS FOR PRACTICE

HEDIS scores provide the organization with measurable ways to track progression toward clinical quality improvement benchmarks. The information gained from HEDIS scores provided the PCP with opportunity to identify potential gaps in care, develop strategies for improvement, and track progression of targeted HEDIS measures. As a result, the PCP was able to quantifiably demonstrate improved care to all patients treated within the PCMH in at least one of the three clinical areas, regardless of payer source.



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2019 DNP PROJECTS

Implementation of a Depression Screening Tool in a Supportive Oncology Clinic

PURPOSE

While clinical practice guidelines (CPGs) exist to improve patient care, numerous interpersonal and external factors complicate their implementation. The American Society of Clinical Oncology (ASCO) endorses use of a CPG to assess and treat depression in adult cancer patients. The specific tool recommended by ASCO for depression screening is the PHQ-9. The purpose of this translation of evidence into practice project was to measure provider adherence to this CPG and make recommendations to increase CPG adherence.

METHODOLOGY

A retrospective chart audit measured provider adherence to the ASCO CPG on all newly consulted patients in a supportive oncology clinic

during a seven month period. A total 103 charts were reviewed for documentation of a PHQ-9 completion. Results of the chart audit were presented to the providers, and SMART recommendations were made to increase adherence. Pre- and post-surveys measured provider knowledge and use of the ASCO CPG.

RESULTS

Results indicated that depression screenings were completed on 17% of newly consulted patients. In the patients who were screened for depression, 41% of those were positive for moderate to severe depression. In open-ended questions, providers indicated that time restrictions, ineffective system processes, and limited resources impacted their ability to adhere to the CPG.

IMPLICATIONS FOR PRACTICE

Gaps between recommended use and actual use of CPGs in patient care can be related to both interpersonal and external barriers. While increasing the use of guidelines in practice is challenging, understanding the factors that act as facilitators for increased implementation can direct efforts to improve translation of evidence into practice.



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