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DNP Project Matching Made Easy:
Identifying Academic and Clinical Healthcare Settings Opportunities

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Disclosures

▶ Presenters have no disclosures to report

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Objectives

1. Describe the process of assessing the need for practice improvement or practice change in a clinical site

2. Review steps for integrating evidence-based practice quality improvement into DNP projects

3. Highlight the results of a DNP project matching process at a southeastern university school of nursing

Overview

It is well recognized that ongoing clinical practice improvement is a necessary component of ensuring high-quality, safe, and high value healthcare.

Yet, clinical teams are often challenged to implement or effectively evaluate initiatives due to competing patient care demands, time, or manpower/resources.

Practice Improvement

Improvement methodologies are used nationally and internationally, to improve processes of care or patient outcomes.

Clinical Practice Improvement (CPI) is a commonly used methodology to address identified problems in the clinical area.
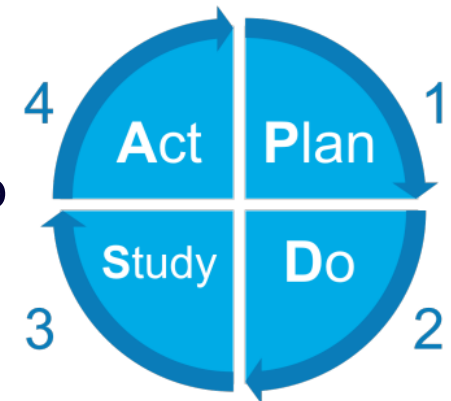
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Practice Improvement

Improvement Science is a commonly used methodology to address identified problems in healthcare.
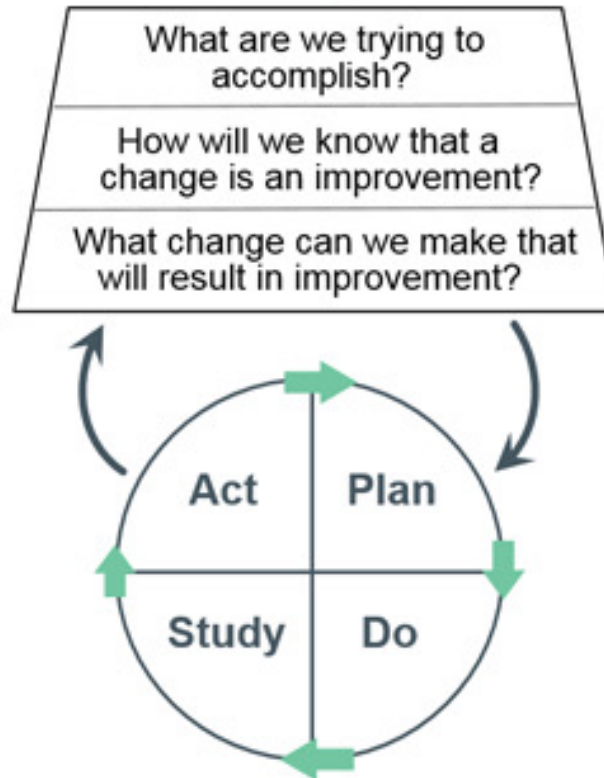
It involves identifying, defining and diagnosing the causes of a problem, before developing change ideas (interventions / possible solutions) and implementing interventions that may address the identified causes.

The change ideas (possible solutions) are tested using small-cycle testing called "Plan, Do, Study, Act" (PDSA) cycles.

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Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan
Study | Do

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Institute *for*
Healthcare
Improvement

QI Essentials Toolkit

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Example: Driver Diagram

Aim	Primary Drivers	Secondary Drivers	Change Ideas

Aim: Reduce by 50% colonization and infection with MRSA by August 1.

Primary Drivers:
- Reduce transmission of infection and colonization
- Reduce infection once colonized

Secondary Drivers:
- Decolonization
- Screening patients
- Good hygiene
- Reliable precaution routines
- Bundles

Change Ideas:
- Try chlorhexidine washcloths
- Test standing order for screening
- Feedback hand hygiene adherence rates
- Ensure ideal placement of sanitizer
- Incorporate adherence check on rounds
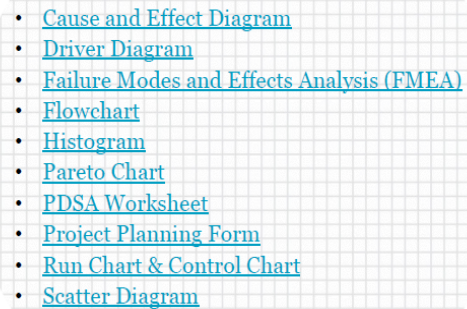
Practice Improvement and DNP Projects
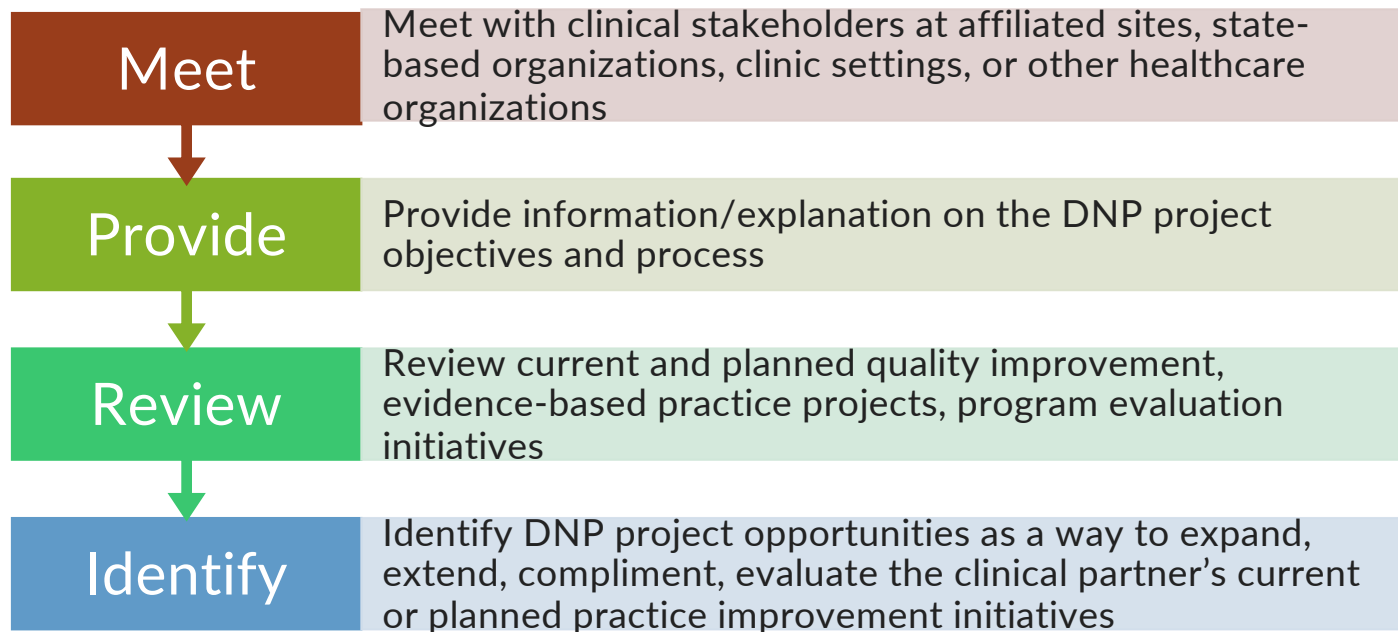
Overview

Achieving improvement goals

Providing exceptional learning opportunities

Partnering with clinical organizations

Identify opportunities of value

Partnering

Meet	Meet with clinical stakeholders at affiliated sites, state-based organizations, clinic settings, or other healthcare organizations
Provide	Provide information/explanation on the DNP project objectives and process
Review	Review current and planned quality improvement, evidence-based practice projects, program evaluation initiatives
Identify	Identify DNP project opportunities as a way to expand, extend, compliment, evaluate the clinical partner's current or planned practice improvement initiatives

Advertising

Develop — Develop list of project opportunities including anticipated project timelines

Disseminate — Disseminate information to DNP faculty to raise awareness of the opportunity for DNP project matches

Communicate — Communicate opportunities to incoming and continuing students on an ongoing basis

The Process of
DNP Student – Project Matching

Student confers with committee chair

↓

Student completes a project match application

↓

Student reviews list of project opportunities

→

Application is reviewed

+ → Student signs participation agreement → Student and committee meet with stakeholders

− → Student is referred to committee chair
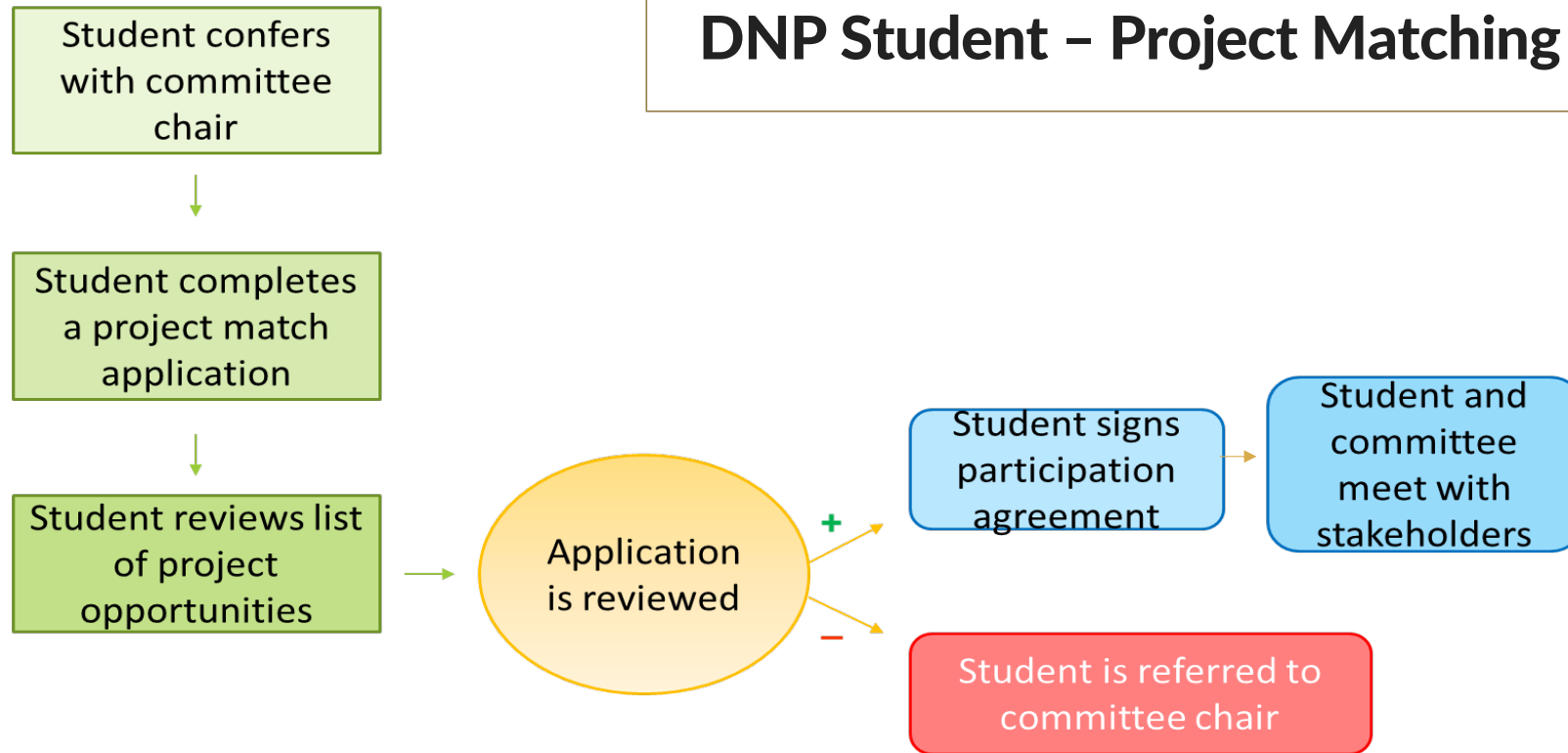
DNP Project Matching Interest Form – 1

DNP Project Matching Interest Form

Resize font:
⊞ | ⊟

Thank you for your interest in participating in Vanderbilt University School of Nursing's Doctor of Nursing Practice (DNP) Project matching initiative. As part of the DNP project matching opportunity with Vanderbilt University Medical Center, clinical site partner, or regional/state or national initiatives, students are linked with a project focus and participate in various aspects including data collection, data analysis, project evaluation, or project expansion work.

While project data is often proprietary and not within the purview of the DNP student to independently publish, opportunities to be included as a co-author on project related presentations and publications exist, depending on the project. Additionally, DNP students often have the opportunity to submit an abstract to present a poster on their DNP project related work.

VUSN faculty help to oversee the DNP student matching process and ongoing student progress, in conjunction with the DNP Project Chair.

In order to best assess project match opportunities, please provide the following information:

Name:
* must provide value

Email:
* must provide value

DNP Program

Year of Entry to DNP program:

5 or 6 Semester Program Track: ○ 5 Semester   ○ 6 Semester

reset

DNP Project Matching Interest Form – 2

Semester of anticipated enrollment in the course 8105: DNP Integrative Application of Evidence-Based Practice:

Year of entry to course 8105:

Semester of entry to course 8105   ○ Fall   ○ Summer   ○ Spring

reset

Prior Clinical/nursing background:

Expand

Current clinical/nursing position, if any:

Expand

Areas of interest related to DNP project:

Expand

Comments (optional):

FAQs

Are matched projects guaranteed?

How are matched projects different from other projects?

What is a student's involvement in publishing/presenting project results?

How rigid is the project timeline?

DNP Project Opportunities

A number of VUSN students have been matched with DNP projects.

These opportunities have proven beneficial for the student, who works with an established team, to implement or evaluate an initiative.
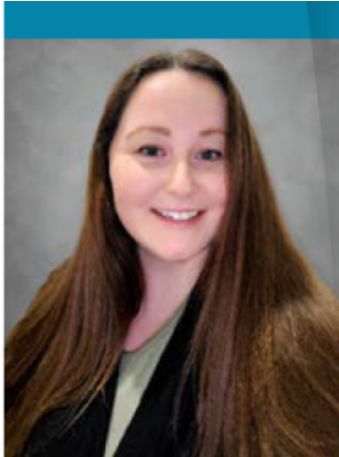
It is also beneficial for the project teams, as they value having DNP student contributions.

Examples of VUSN DNP Student Project Matches

BREANNA BUCCO

DNP, MSN, RN, CPNP-PC

Pediatric
Nurse Practitioner -
Primary Care

Evaluating the Talk with Me Baby Program in the Home Visitation Setting

PURPOSE

The present qualitative improvement study investigated and evaluated the perceptions, benefits, barriers, and if/how the care coordinators are using TWMB in the home visitation setting. Previous research shows that a child's vocabulary at age three is the strongest predictor of the child's ability to read proficiently by the end of the third grade (Zauche et al., 2017). The TWMB program is geared at improving language development, providing language-rich interactions, improving home language environments, and increasing reading ability by third grade. In 2018, Tennessee held a home visitation summit that presented the TWMB skills to 400 home health visitors. However, no follow up evaluation was conducted.

METHODOLOGY

This quality improvement project utilized a twenty-two-question virtual survey as the primary tool for collecting evidence. The survey was emailed to the 400 home visitors that attended the summit. Data analysis was conducted using descriptive statistics.

RESULTS

Results from the evaluation showed that the trainees evaluated the improvement of language development and nutrition of their patients at a 4.86 on a scale of zero to ten. The trainees evaluated the benefit of the TWMB skills at a 5.29 on a scale of zero to ten. Multiple barriers were identified. Time was a significant barrier for 42.9% of participants and 35.7% identified the patient's culture as a barrier to implementation of the TWMB skills.

IMPLICATIONS FOR PRACTICE

Future implications should address the barriers identified in the evaluation for the home health setting, updates on the TWMB skills and coaching to keep the trainees active and confident with the skills, enhancement of the TWMB coach training, and creation of additional resources to help the trainees implement the TWMB skills. Future research should be conducted into home literacy environments (HLE) and how they impact language development, gender, parental involvement, and race.

National APRN Practice and Pandemic Survey: California Results

PURPOSE

This project aimed to describe barriers to APRN full practice authority in California and examine the effects of lifting restrictions on APRN practice due to the healthcare demands of the SARS-CoV-2 (COVID-19) pandemic.

METHODOLOGY

The National APRN Survey was designed to identify and evaluate the impact of some states' decision to temporarily remove practice barriers to APRN full practice authority during the pandemic. Survey participants included APRNs from California who are willing to participate. Existing quantitative and qualitative data were analyzed.

RESULTS

Over forty-one percent of participants reported a reduction in the outpatient visits, including new patient, preventative, chronic, and acute care visits. Over 53% of outpatient APRNs reported a reduction in revenue as a result. The utilization of telehealth in the outpatient setting during the pandemic reached 70.5%. Sixty-six APRNs (37.9%) identified difficulty in obtaining referrals/consultation and securing supplies in outpatient and inpatient settings during the pandemic. Over 60% of participants reported inpatient reduction in revenue. Qualitative analysis of open-ended questions revealed that inpatient providers were frequently reassigned to different services. Even after the removal of practice restrictions, 53% of APRNs reported no changes in their practice authority.

IMPLICATIONS FOR PRACTICE

Lessons learned from survey responses during the pandemic should lead to significant changes that improve organizational performance, remove barriers to full practice authority, address staff and patient safety and well-being, and thus increase the level of preparedness for a future crisis. As health care leaders, APRNs have an essential role in affecting these changes and working with policymakers and administrators to ensure that the lessons learned from this crisis are put to good use.

NELLY AGHILI

DNP, RN, AGACNP-BC

Adult-Gerontology
Acute Care
Nurse Practitioner

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Music in the Intensive Care Unit: Registered Nurses' Perceptions

PURPOSE

The purpose of this DNP project was to assess registered nurses' (RNs) perceptions of the acceptability, appropriateness, and feasibility of a therapeutic music program in the intensive care unit (ICU) and identify any barriers or facilitators to this intervention.

METHODOLOGY

The DNP project examining RNs' perceptions of music in the ICU followed a program development and evaluation model. Registered nurses' perceptions of the appropriateness, acceptability, and feasibility, as well as any facilitators and barriers, of a therapeutic music program in the medical ICU (MICU) environment were obtained through a descriptive survey using a convenience sample. The pilot was conducted in a 35-bed adult MICU at a level one trauma and academic medical center with over 65,000 annual inpatient admissions. All RNs who were exposed to the music sessions were invited to participate in an anonymous survey through workplace email.

RESULTS

Data collected from Likert scale responses was evaluated using descriptive statistics. A frequency chart provided a visual representation of the responses addressing facilitators and barriers. The survey was completed by 15 RN staff members who worked in the MICU, who overwhelmingly agreed that therapeutic music in the ICU is acceptable and appropriate. Respondents also felt that therapeutic music in the ICU is feasible, but responses were less positive. The survey respondents unanimously identified a patient and family-centered care environment and ICU leadership with an open mind to new approaches to patient care as facilitators to therapeutic music in the ICU. The most significant barrier to therapeutic music in the ICU was reported to be the severity of a patient's illness.

IMPLICATIONS FOR PRACTICE

Findings from this survey provided information on RNs' perceptions of acceptability, appropriateness, and feasibility of therapeutic music in the MICU and identified facilitators and barriers to this intervention. The largely positive feedback from RNs was supportive of therapeutic music in the ICU. Furthermore, the identification of barriers and facilitators will enable future programs to be developed and implemented more effectively.

MELISSA PEARSON

DNP, AG-ACNP, ENP, FNP

Adult-Gerontology Acute Care Nurse Practitioner

FNP/Emergency Nurse Practitioner

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ISABELL STOLTZ

DNP, RN, MN, CCNS

Clinical Nurse Specialist

Impact of LEAP! Mentorship Program on APPs at VUMC

PURPOSE

Leadership Excellence in Advance Practice (LEAP!) is a mentoring program at Vanderbilt University Medical Center (VUMC) that provides a dedicated forum for advanced practice providers (APPs) to network with experienced nursing leaders to facilitate the acquisition of knowledge and skills essential to leadership in the complex world of healthcare. This project evaluated the impact of the LEAP! mentorship program on APPs using the Strong Model of Advanced Practice as a framework.

METHODOLOGY

Survey respondents provide insight into the impact of LEAP! on their careers using a Likert scale. Descriptive statistics were used to report these findings. Two open-ended items were evaluated using thematic analysis to identify motifs from the program.

RESULTS

Of 69 surveys sent, 28 surveys were returned (40.5%). Participants reported a moderate impact of this program. The most impactful area of the LEAP! mentorship program was Support of Systems (N=25, 86%). Other areas of impact were Research (N=23, 82%), Education (N=22, 79%), Direct Patient Care (N=21, 75%), and Leadership (N=21, 75%). The thematic analysis mirrored these results and overwhelmingly APPs would recommend the LEAP! Mentorship Program to their colleagues.

IMPLICATIONS FOR PRACTICE

The results of this study provided insight for program directors on the impact of LEAP!. Participants reported this mentorship program had a moderate impact on their roles. VUMC now has a tool to track the impact of LEAP! mentorship program on its participants.

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Impact of COVID-19 on Illinois APRN Practice

PURPOSE

The purpose of this study was to review data from a national survey specific to the state of Illinois including open ended survey responses regarding the influence of the COVID-19 pandemic on Advanced Practice Registered Nurse (APRN) practice and to understand the effect of the COVID-19 pandemic had on patient care and APRN practice in Illinois.

METHODOLOGY

For this DNP scholarly project, a qualitative design- thematic analysis- was utilized to evaluate Illinois APRNs, currently working, responses to open-ended questions from the national APRN survey. The data was analyzed to understand APRNs lived experiences and perceptions of the impact of the COVID-19 pandemic on Illinois APRN practice.

RESULTS

Descriptive statistics were used to describe the respondents by practice setting, education, and years in practice. Two hundred thirty-two (N=232) provides responded including 189 (3.4%) NPs, 23 (9.9%) CNS, 8 (3.4%) CRNA and 17 (7.3%) CNM and included one hundred thirty-one (n=131)

coded Illinois APRN open responses. As a result of the pandemic 38 (29.8%) providers reported role changes, 25 (19.1%) reported having to provide care to COVID-19 patients or provided COVID-19 testing, 13(10%) responded that their workload increased, 22 (16.8%) responded that telehealth became feature of their practice. Additionally, (55.4%) reported a decrease in new patient visits and (64.3%) reported decrease in preventative health visits, (53.7%) reported a decrease in chronic care visits and (48.4%) providers reported a decrease in acute care visits.

IMPLICATIONS FOR PRACTICE

The results of the project demonstrate, if SOP restrictions were lifted, during the pandemic, there would have been increased healthcare access and improved health outcomes. Specifically, implementing SOP changes could have reduced COVID-19 deaths in Illinois' hardest hit communities. Likewise, SOP changes would have reduced the death toll in Cook County by 8%. These findings support granting NPs full practice authority to ease the healthcare workforce shortage.

CORY R. WILLIAMS
DNP, APRN, AGACNP-BC

Adult-Gerontology Acute Care Nurse Practitioner

Barriers to Text Support after Hospital Discharge

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VANDERBILT UNIVERSITY

Hannah Hirschfeld, MSN, FNP-C
Natasha McClure, DNP, RN, CPNP

INTRO
- Hospital readmissions are expensive and often preventable.
- The Vanderbilt Discharge Care Center is working to reduce readmissions by checking on discharged patients via text.
- Up to 31% of patients are opting out of this service.

METHODS
- To understand why patients are choosing not to get the texts from the DCC, I called and spoke with 25 patients who had recently opted out.
- I asked the patients why they opted out, if there was anything that could have improved their experience, and if they would have preferred a phone call instead of a text.
- I categorized the answers into four groups: no need, problem with the system or technology, preference, or dissatisfaction.

RESULTS

Reason	Number	Feedback
Did not have a need	13	"I liked that it helped me know who to call if I needed help. Texts were good, short and sweet. Opted out because I felt better." "I'm not entirely sure of the purpose, I think I would have just called my PCP if I needed help." "The texts were fine, they weren't overly intrusive, they just went on for a long time."
System or technology problem	7	"There was a lot going on at discharge, it would have been nice to get a phone call the first day out to explain it. Texts preferred but would have been nice to have a phone call to explain it and start it off."
Personal preference	4	"I would have preferred a phone call. It's sometimes just nice to hear a human voice." "I would have called someone if I needed help, didn't need to keep getting all those texts. Fewer texts would have been nice."
Dissatisfaction	1	"I called in and felt like no one was taking me seriously. It felt like it was pointless, so I opted out." "Psych support would be good. It can take months to get in with specialists after discharge, so having someone to talk to who would really listen and help with mental health would have been good." "Text preferred, but maybe a phone call every third day or something."

Most people in this project who opted out of text support after hospital discharge did so because they *did not feel the need* to be checked on any longer.

Most participants reported they *preferred texts* over phone calls.

Communication Preferences

Number of Participants

Preferred Text | Preferred Phonecall | No preference
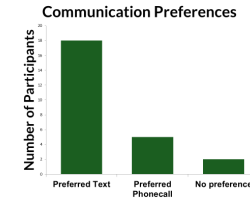
DISCUSSION
- The findings from this project indicate that most patients who opted out of the service simply did not require it any longer.
- Patients believe this is a great service and appreciate being checked on.
- The DCC should continue the post-discharge texts, though may consider a phone call as the first method of communication immediately after discharge.
- Based on patient feedback, the DCC may consider decreasing the duration of the service.
- The DCC could consider offering patients the choice between check-ins via text or phone call as some patients do prefer to speak with someone.
- Future researchers have an opportunity to evaluate if post-discharge check-ins truly do reduce hospital readmission rates.

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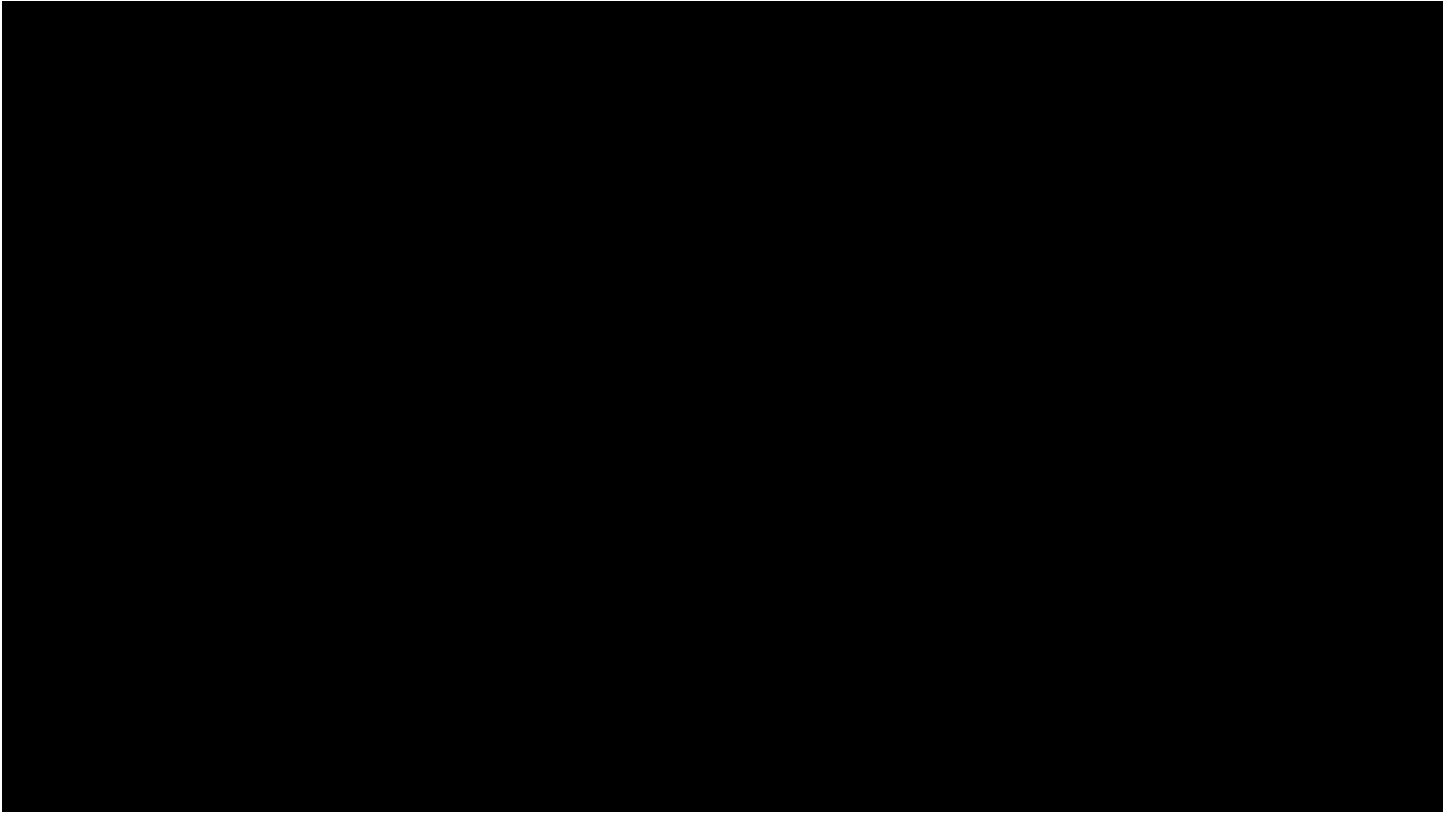
DNP Project Discussion With Delaney Boyce
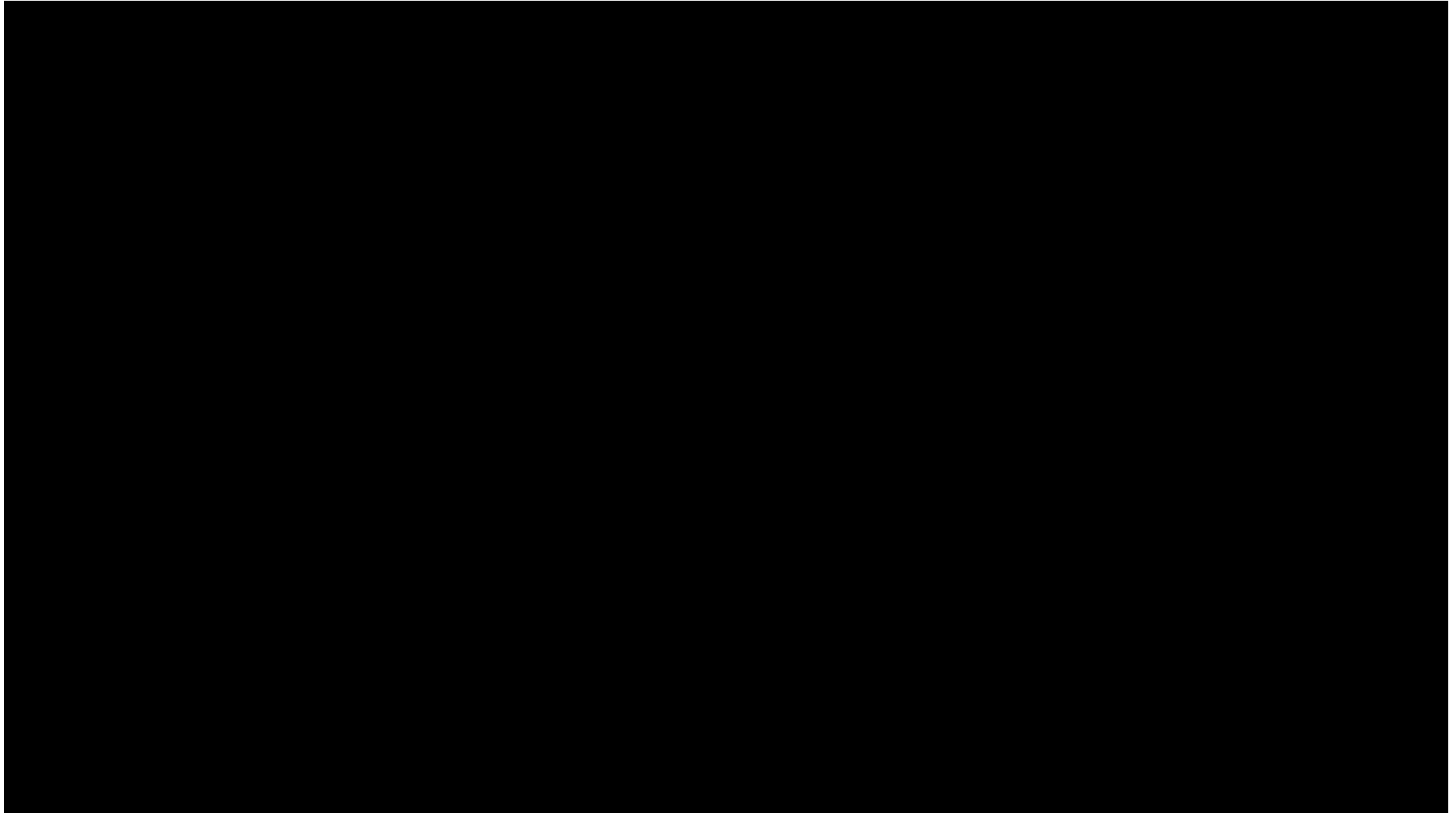
DNP Project Discussion With Violet Robb

Examples of current VUSN DNP Student Projects

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Comparing the use of virtual sitters to in-person sitters for at-risk hospitalized patient

Assessing the impact of a discharge care center and post discharge follow up on hospital readmissions

Enhancing interview skills for nurse residency program applicants

Reducing rates of primary cesarean sections with use of a national collaborative

BirthTOOLS.ORG
TOOLS FOR OPTIMIZING THE OUTCOMES OF LABOR SAFELY

THE AMERICAN COLLEGE OF NURSE-MIDWIVES HEALTHY BIRTH INITIATIVE™
Reducing Primary Cesareans

Bundle Name: Intermittent Auscultation

Readiness
Every unit

- Provides initial and ongoing training for all maternity care professionals on evidence-based approaches to fetal heart rate (FHR) assessment, including intermittent auscultation (IA) and associated standardized documentation.[1-9]
- Establishes a unit culture that supports the evidence-based use of IA as the preferred method of FHR monitoring for women at no a priori risk for developing fetal acidemia during labor and/or are at low risk for uteroplacental insufficiency.[2,4,6-16]
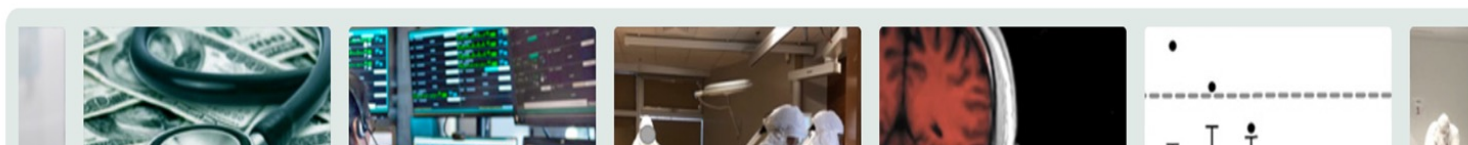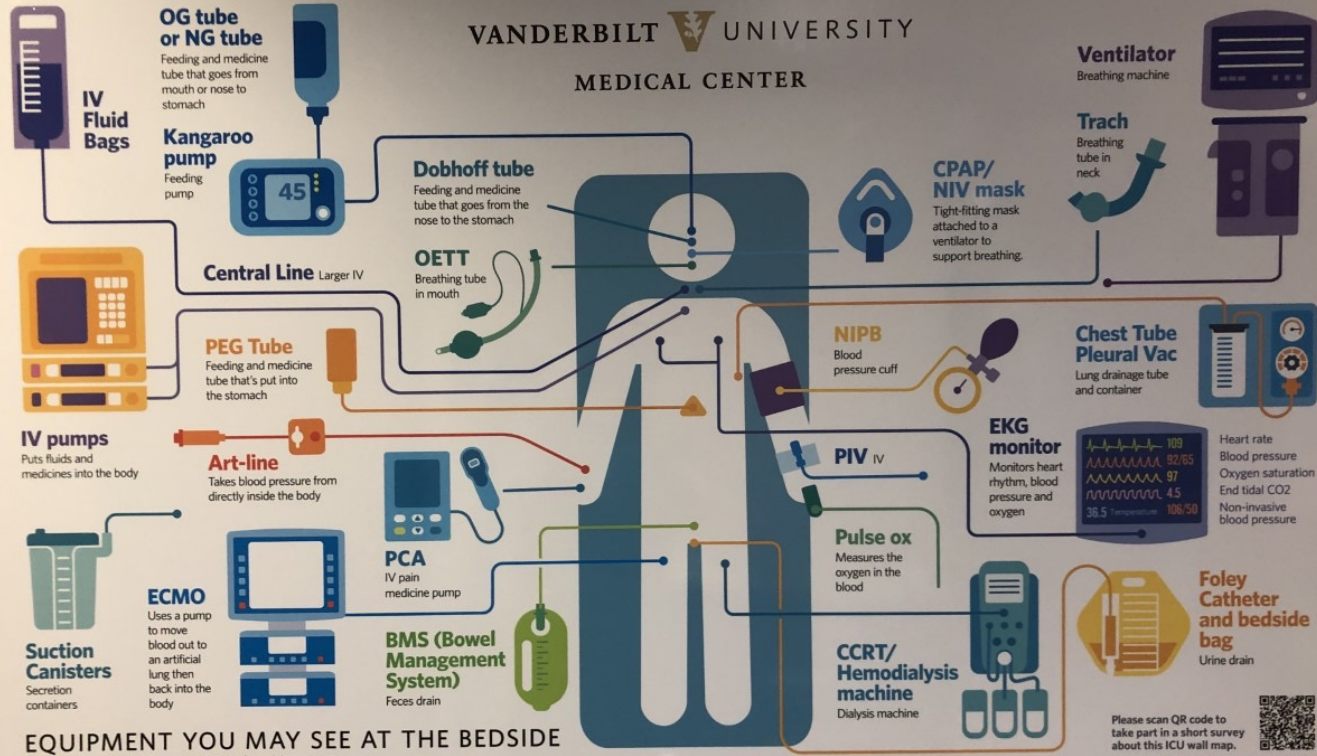
National COVID-19 Clinician Survey Review

VANDERBILT V UNIVERSITY
MEDICAL CENTER

IV Fluid Bags

OG tube or NG tube
Feeding and medicine tube that goes from mouth or nose to stomach

Kangaroo pump
Feeding pump
45

Dobhoff tube
Feeding and medicine tube that goes from the nose to the stomach

Central Line Larger IV

OETT
Breathing tube in mouth

CPAP/ NIV mask
Tight-fitting mask attached to a ventilator to support breathing.

Ventilator
Breathing machine

Trach
Breathing tube in neck

PEG Tube
Feeding and medicine tube that's put into the stomach

NIPB
Blood pressure cuff

Chest Tube Pleural Vac
Lung drainage tube and container

IV pumps
Puts fluids and medicines into the body

Art-line
Takes blood pressure from directly inside the body

PIV IV

EKG monitor
Monitors heart rhythm, blood pressure and oxygen

Heart rate
Blood pressure
Oxygen saturation
End tidal CO2
Non-invasive blood pressure

109
92/65
97
4.5
106/50
36.5 Temperature

PCA
IV pain medicine pump

Pulse ox
Measures the oxygen in the blood

Suction Canisters
Secretion containers

ECMO
Uses a pump to move blood out to an artificial lung then back into the body

BMS (Bowel Management System)
Feces drain

CCRT/ Hemodialysis machine
Dialysis machine

Foley Catheter and bedside bag
Urine drain

Please scan QR code to take part in a short survey about this ICU wall map.

EQUIPMENT YOU MAY SEE AT THE BEDSIDE
To spend more time with the poster please take a picture

DNP Project Discussion With Chuck Venable

Examples of ongoing VUSN DNP Student Projects

Vanderbilt Hospital-at-Home (1)

Consider the experiences of VHaH nurses and how their experiences can be used to improve onboarding and interviewing/hiring. Consider the skillsets of acute care and home health nurses as they relate to home hospitalization.

Patients are only eligible for HaH if there is a caregiver or someone else in the home. Consider a day in the life of a VHaH caregiver, as well as caregiver burden, and how that may be used for patient/caregiver/provider education and process improvement.

VHaH is interested in the right collective dose of nursing care, considering all nursing roles in HaH. Consider the surveillance, attention, and monitoring burden, and when telehealth calls and visits become burdensome.

VHaH is interested in clinical documentation related to HaH needs. The organization wants to identify these needs and consider how clinical documentation be modified and/or maximized for VHaH.

Vanderbilt Hospital-at-Home (2)

VHaH is interested in medication safety practices and is interested in exploring the role of telemonitoring in medication administration, particularly as related to safety, pain assessment, and collaboration with pharmacy.

VHaH is invested in ensuring patient safety and is interested in vulnerabilities and safety risks for patients. Consider how these can be identified and mitigated.

VHaH is interested in how the patient/caregiver experience compares to previous inpatient experiences. Consider locus of control as one area of interest.

Vanderbilt Psychiatric Hospital

VPH IS INTERESTED IN STUDYING THE USE OF TELEHEALTH AS AN INTERVENTION FOR CAREGIVER BURDEN IN THE AMBULATORY CARE ENVIRONMENT.

THE ORGANIZATION WANTS TO DEVELOP A STRATEGY TO OVERCOME STAFF/PROVIDER BARRIERS AND IMPLEMENT A PRACTICE GUIDELINE.

Additional Stakeholders

VHAN

MCJCH at Vanderbilt

TN Department of Education

TN Department of Health

AARP of TN

Greater TN VA

DNP Project Matching: Additional Considerations

1. Having a clear understanding of the organization/stakeholder goals to advance their practice improvement initiatives is important

2. The DNP project should be of value to the organization/stakeholder and not simply focus on the DNP student's interests

3. Specific project requirements should be identified:
   - i.e.. requirement for VA system employment to have access to data/dashboards
   - i.e.. whether the project opportunity can be conducted virtually if student lives in another state with limited onsite presence only during the DNP intensive/onsite class time

DNP Project Matching: Additional Considerations

4. Provide ongoing mentorship to the DNP student to ensure that the development of the matched project is consistent with the initially identified focus

5. Ensure that faculty overseeing DNP projects are aware of the project matching process goals/objectives

6. Engage students in matching projects can enable them to fast-track through the process proposal and implementation processes.

Resources

Academic-Practice Partnerships: Building a sustainable model for Doctor of Nursing Practice (DNP) projects

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Survey Question	DNPPOC Members (n = 11)
Improved communication across Academic-Practice Partnership	100% (11/11)
Improved quality of DNP projects	50% (5/10)
Clarify role expectations of clinical leaders	82% (9/11)
Improved identification of facilitators	100% (11/11)
Improved DNP student expectations	82% (9/11)
Improved expectations of student advisors	73% (8/11)
Improved distribution of work across clinical areas	55% (6/11)
Increased sustainability of DNP Projects	36% (4/10)

Fig. 5. Percent of respondents who Agreed or Strongly Agreed to the DNP Project Oversight Committee survey questions.

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JAANP

Optimizing impact through the Tiered Doctor of Nursing Practice Project Model

Sheila Melander, PhD, APRN-BC, FCCM, FAANP, FAAN (Associate Dean)[1], Patricia B. Howard, PhD, RN, NEA-BC, FAAN (Executive Associate Dean)[1], Tracy E. Williams, DNP, RN, FNAP, FAAN (Senior Vice President and System Chief Nursing Officer)[2], Kim Tharp-Barrie, DNP, RN, SANE, FNAP (Vice President)[3], Peggy El-Mallakh, PhD, RN, PMHNP-BC (Associate Professor)[1], & Tricia MacCallum, BA (Project Manager)[4]

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ACADEMIC

PRACTICE/SYSTEM

Faculty advisor

System nursing leaders

Student

Identification of student generated ideas
for DNP proposal / project

Discussions with student and system nursing
leadership to identify system and patient gaps

Discussion with advisor to refine idea
and align with theoretical framework

Feasibility discussion regarding patient population
of system or unit identified for study

DNP project committee identified

Project mentor / champion identified to serve as
clinical mentor

Summary

- Identifying, developing, and implementing practice improvement-related DNP projects that benefit patients, clinical sites, and students can be achieved with a strategic matching process.

- The process can be beneficial to organizations/healthcare systems as well as to the DNP students, who have the opportunity to work with interprofessional teams on practice improvement projects

- Students often benefit from exceptional learning opportunities obtained through the DNP project matching process

Key Points

• NP Faculty play a key role in identifying, developing, and implementing practice improvement initiatives that can serve as a basis for DNP projects to benefit patients and clinical organizational goals.

• Establishing a formal process for DNP project matching can benefit organizations, healthcare systems, and DNP students, who have the opportunity to work with interprofessional teams on practice improvement projects.

• Matching DNP students with clinical system improvement or evaluation projects offers an opportunity to advance practice improvement initiatives.

Discussion/QA