

2017 DOCTOR OF NURSING PRACTICE PROJECTS



SCHOOL OF NURSING
VANDERBILT UNIVERSITY



2017



DOCTOR OF NURSING PRACTICE PROJECTS

VANDERBILT UNIVERSITY




School of Nursing



MARY RAGLAND

WELCOME

A photograph of the entrance to O'Donoghue Hall. The building features a large stone archway on the left, with a brick wall to the right. A tree with yellowing leaves stands in the foreground, partially obscuring the brick wall. A black metal railing is visible in the lower left corner. A window with white blinds is visible on the brick wall. A small black plaque is attached to the tree trunk. A glowing lantern is visible on the left side of the archway.

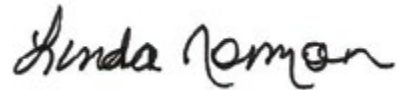
O'DONOGHUE HALL

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 2017 DNP graduates lead interprofessional teams in creating meaningful innovations. The scholarly projects of the 2017 graduates cross geographical and discipline boundaries in identifying gaps in evidence and practice. Self-described change masters, their impact on quality outcomes for patient-centric health care will be recognized across myriad organizations globally



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2017 DNP PROJECTS



CONGRATULATIONS

DNP GRADUATES!



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FNP-BC, APRN
EMERGENCY NURSE
PRACTITIONER**

Identifying Barriers to Family Presence During Emergency Department Resuscitative Efforts

PURPOSE

Family presence during resuscitation (FPDR) is defined as the practice of allowing family members to remain at the bedside during resuscitation of their loved one. Common in many inpatient units, FPDR is less frequently practiced in the emergency department (ED). The purpose of this project was to gain the perspective of health care providers in a particular ED in the Southeastern U.S., and determine what, if any, barriers exist that would inhibit FPDR in that department.

METHODOLOGY

A survey of emergency department health care providers was conducted to gather both qualitative and quantitative data about ED provider and nurse

perceptions of, and experience with, FPDR. Quantitative data was graphically depicted while qualitative data was thematized, with participant data exemplars provided.

RESULTS

Survey responses indicated that the two greatest barriers to implementing FPDR in the ED were concerns that witnessing resuscitation would be too traumatic for families and that family presence would place increased stress on the emergency team. Years of experience working in emergency medicine had no measurable effect on whether individuals support FPDR, while personal and professional experience with the practice seemed to make those individuals more accepting.

Finally, nurses and nurse practitioners appear to favor education and implementation of a formal FPDR policy, while physicians and physician assistants do not consider these components of potential implementation as important.

IMPLICATIONS FOR PRACTICE

Evidence shows that allowing family members to be present at the bedside during resuscitative efforts not only promotes holistic patient and family-centered care but also facilitates grieving and is therapeutic for the emergency care team. Project data reveals that providers and nurses largely support the implementation of the practice, and suggests that the need for education and a clear FPDR policy are important factors in doing so.



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NURSE PRACTITIONER-
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2017 DNP PROJECTS

Implementation of a Unit-Based Clinical Practice Guideline for the Management of Febrile Infants

PURPOSE

Recent studies have demonstrated significant treatment variation among providers in the management of febrile infants in emergency departments, which can increase patients' risk of poor outcomes. The primary objective of the quality improvement project was to increase the use of evidence-based practice recommendations for the management of febrile infants in a Pediatric Emergency Department (PED) to ensure that patients receive the recommended testing and treatment.

METHODOLOGY

The project was conducted in a large, urban PED. A clinical practice guideline (CPG) was

created based on the Philadelphia criteria and the highest level of evidence for the management of infants with HSV. The project participants and PED providers were asked to complete a data collection form to indicate whether patients' labs, antibiotics, and disposition were ordered according to the CPG during a five week data collection period.

RESULTS

Seventy-six percent of febrile infants were treated in accordance to the CPG. The percentage of infants less than or equal 28 days of age who received laboratory workup, antibiotics, and disposition in accordance to the guideline were 100%, 100%, and 66.7%, respectively. One hundred percent of infants 29 to 60

days of age received laboratory workup, antibiotics, and disposition in accordance to the CPG.

IMPLICATIONS FOR PRACTICE

The recommendations from the CPG help prevent unnecessary labs and hospitalizations in patients who can be safely discharged home. Additionally, the CPG recommendations help avoid occurrences of missed serious bacterial infections or HSV in infants. *estiae imus serio. Porpor maxim facimperum dolut precea debit, con corum doluptatur,*



Development and Implementation of a Critical Care Ultrasonography Workshop for Advanced Practice Providers

PURPOSE

Critical care ultrasonography is emerging as a standard of care in the management of critically ill patients. Therefore, advanced practice providers (APPs) working in the intensive care unit require competency in this skillset. Currently, there is no formal education requirement for ultrasonography for APPs. The aim of this project was to create a critical care ultrasonography workshop for APPs to fill this void.

METHODOLOGY

A prospective study evaluating knowledge acquisition related to ultrasound technique, image identification, and interpretation was performed. Provider confidence was evaluated. Knowledge acquisition was

evaluated using a 25-question, multiple choice and demonstration test. Participants were tested using the same test before and after workshop attendance.

RESULTS

Twenty-nine participants, including currently practicing advanced practice providers and adult gerontology acute care nurse practitioner students, completed the workshop. The mean pre-test score was 11.5 (41%) compared to a mean post-test score of 21.5 (86%). The mean difference between pre- and post-tests was 10.2 (40.8%). Post-test scores improved significantly when compared to pre-test scores ($t = 13.11$, $p < 0.001$). Participants rated confidence through multiple-

choice questions using a 5-point Likert scale. Mean confidence levels increased from 2.48 to 4.32 on a 5-point Likert scale.

IMPLICATIONS FOR PRACTICE

Implementing a critical care ultrasonography workshop for APPs improves provider ability to perform, identify, and interpret ultrasound imaging and may be a useful tool in management of patients in the intensive care unit.

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Nurse-Patient Medication Communication: Impact of Teach-Back on Patient Satisfaction

PURPOSE

The purpose of this scholarly project was to implement the teach-back method, a standardized medication communication process between nurses and patients, in an inpatient medical-surgical unit to improve patient satisfaction.

METHODOLOGY

The medical-surgical unit's stakeholders and project leader reviewed patient satisfaction scores with nurse-patient medication communication, identified the aims of the project, and developed a timeline for implementation of the teach-back method. The project team leader taught the teach-back method to forty-two nurses. The nurses implemented the medication communication

process for 30 days. The patient satisfaction data collected during the implementation period was compared to data collected prior to the deployment of the teach-back method.

RESULTS

Patient satisfaction scores with overall nurse-patient medication communication increased by 5% after implementing the teach-back method. Patient satisfaction increased 12.8% with nurse-patient communication about the purpose of an administered medication.

IMPLICATIONS FOR PRACTICE

The project's results suggest an improvement in patient satisfaction with nurse-patient medication communication using the teach-back method.

The method provides a concise, structured method to ensure two-way communication between the nurse and patient. Stakeholder buy-in to implement the teach-back method as a standard practice will be essential to maintain patient satisfaction.

Access & Barriers to Utilization of Palliative Care in Pediatric Pulmonary Hypertension

PURPOSE

The primary purpose of this project was to assess access to palliative care services among pediatric pulmonary hypertension programs. The secondary aim was to describe barriers to utilization of palliative care services.

METHODOLOGY

A survey using multiple choice and analog scale was distributed in May 2016 to query access and utilization of palliative care among pulmonary hypertension specialists in North America as well as attitudes regarding aspects of palliative care as it relates to pulmonary hypertension patients. Results were analyzed descriptively and reported as percentages and medians (interquartile range).

RESULTS

Of 30 surveys completed, 93% reported having access to palliative care. 82% of respondents with access reported they had utilized palliative care in the past, but only 64% in the last 12 months. The most common reason for referring to palliative care was for psychosocial, emotional, and/or spiritual needs related to terminal illness (86%). Concepts identified as barriers were negative connotation, timing of referral, increased anxiety, and lack of palliative care education.

IMPLICATIONS FOR PRACTICE

Adequate access to palliative care is reported, however utilization is suboptimal. Referral is also delayed, which may result in patients being less

prepared for end of life. Provider perceptions of palliative care support the notion of palliative care, but incorporation of these services is difficult due to its negative connotation, lack of knowledge surrounding palliative care, fear of increased anxiety with referral, and difficulty knowing when to refer.



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Evaluating Incidence of Unreported Blood and Body Fluid Exposure at a Large, Urban Adult Teaching Medical Center: A Pilot Study

PURPOSE

Millions of occupational exposures to bloodborne pathogens occur annually (Prüss-Üstün, Rapiti, & Hutin, 2005). The CDC estimates that only 50% of these are reported and recommends anonymous surveys for quality assurance of reporting programs (CDC, 2004). The frequency of unreported occupational blood and body fluid (BBF) exposures at a hospital is currently unknown.

METHODOLOGY

A CDC developed survey was adapted into an online survey for distribution to adult ER, ICU and OR hospital employees through departmental email lists.

RESULTS

Of the 22 exposures (needlesticks and splashes) that occurred over the last year, 54.55% (12) were unreported. Low risk exposure type was the most common reason cited for not reporting. The results of 54.55% unreported exposures are consistent with CDC estimates. The survey fulfills OSHA regulations requiring soliciting and documenting employee input regarding BBF exposures.

IMPLICATIONS FOR PRACTICE

Medical center education efforts could focus on reasons cited for not reporting exposures, increasing employee familiarity with reporting processes. Additionally, future implications for practice from the increased

BBF exposure reporting data generated by this project will help better identify unsafe practices, procedures and devices, leading to stronger recommendations to hospital management for device purchasing, practice and procedure modification as well as reduction in the incidence of future exposures and their many associated costs. Institutionally this survey could be used annually going forward to monitor the true incidence of BBF exposures and the subsequent effectiveness of BBF exposure prevention, education and reporting processes. Lastly, given the recent push in healthcare for quality driven reimbursement, there are potential implications for occupational blood and body fluids exposure rates to be monitored as a quality indicator.

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Implementation of the Female Sexual Function Index Adaptation for Breast Cancer Survivors in an Outpatient Surgical Breast Practice

PURPOSE

The purpose of this project was to implement the Female Sexual Function Index adaptation (FSFI-BC) screening tool among breast cancer survivors to identify sexual dysfunction following breast cancer treatment and allow for evaluation of a practice change for quality improvement.

METHODOLOGY

Patients meeting inclusion criteria received an information letter discussing the screening tool and project purpose upon clinic visit check-in. Consented participants completed a screening tool and demographic information sheet, de-identified to maintain confidentiality, prior to their office visit. The project leader scored the data based on clinical interpretation

guidelines and shared results with participants during the visit. Those who screened positive for sexual dysfunction were given the opportunity to discuss treatment options and referral to appropriate specialists.

RESULTS

During a three-week data collection period, 49 of 66 patients who met inclusion criteria participated in the project. Forty (81.6%) of the participants met criteria for further evaluation of sexual dysfunction. Five (10.2%) participants had equal or better sexual functioning as prior to their diagnosis. Four (8.2%) participants were excluded due to missing data. Twelve (30%) participants who met criteria for follow up were distressed about

their sexual function at least half the time. Twenty-two (55%) participants were not distressed about their sexual function, and six (15%) were excluded for missing data. Overall, it is clear sexual dysfunction is prevalent in this patient population; however, the degree of distress it causes varies considerably.

IMPLICATIONS FOR PRACTICE

Advanced practice nurses serve a critical role in the comprehensive care and support of breast cancer survivors. Identification of sexual dysfunction is key to the evaluation and management necessary for survivors' improved health outcomes. This project supports use of the FSFI-BC by advanced practice nurses in identification of survivors with sexual dysfunction.



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Capturing ASD in the Trauma Population

PURPOSE

Early recognition of Acute Stress Disorder (ASD) in trauma patients is crucial from both an early treatment standpoint and avoidance of progressing to PTSD, which can lead to long-term mental and physical suffering. In an effort to determine if trauma patients in a large Level I trauma center in the Southeast were being evaluated for ASD, and referred to psychiatry appropriately, a qualitative improvement study was developed to determine if the trauma nurse practitioners (NPs) had requested a psychiatric referral without the use of the *Stanford Acute Stress Reaction Questionnaire* (SASRQ).

METHODOLOGY

The aims of this project were to: 1) take a small sample of the trauma population using the SASRQ tool

for assessing ASD, 2) identify the percentage of those patients who scored positive for ASD versus those who scored negative, and 3) determine if any of the individuals who scored positive on the SASRQ had a psychiatric consult already initiated by one from the trauma team.

RESULTS

After results were tabulated, 18 of the 50 trauma patients scored positive for ASD (36%). Of the 18 patients who scored positive, only 2 patients received a psychiatric consultation for evaluation and treatment. The SASRQ tool picked up an additional 16 patients (32%) that could have been eligible for a psychiatric consultation.

IMPLICATIONS FOR PRACTICE

This demonstrates that there is a gap in the current patient system

that allows the trauma NPs to gather appropriate data related to the psychosocial needs of the trauma population. This also supports the next steps in the process, which is to determine if the process needs to be streamlined in order to handle more psychiatric consultations. Lastly, initiating a new protocol for capturing ASD early on into the admission process can offer early psychologic intervention with treatment to aid in prevention of developing PTSD.

Increasing Appropriate Use of Mechanical Venous Thromboembolism Prophylaxis

PURPOSE

The purpose of the project was to evaluate the change in nursing practice that resulted from providing education and implementing a clinical practice guideline for nursing management of mechanical venous thromboembolism (VTE) prophylaxis. The primary goal was to improve nursing compliance with mechanical VTE prophylaxis management.

METHODOLOGY

The project design was a quality improvement initiative. The first two weeks involved baseline data collection with a survey to identify nursing knowledge and a daily rounding tool to identify nursing management of mechanical VTE prophylaxis. Nursing staff was then educated on the need for compliance with clinical practice guideline recommendations

for management of mechanical VTE prophylaxis. The final two weeks involved further data collection with a survey to identify post-intervention nursing knowledge and a daily rounding tool to identify post-intervention nursing management of mechanical VTE prophylaxis.

RESULTS

The project took place in the Cardiovascular Intensive Care Unit of a non-profit acute care hospital in northeast Texas. Of the 32 registered nurses (RNs) recruited for participation, 21 RNs participated. The baseline survey revealed that while nursing staff agreed VTE is a significant healthcare concern, knowledge of clinical practice guideline recommendations for mechanical VTE prophylaxis management was inconsistent. The results of the project's post-intervention survey

identified an increase in nursing knowledge of clinical practice guideline recommendations for management of mechanical VTE prophylaxis. However, the results of the project's post-intervention daily rounding tool failed to identify a positive change in the percent use of mechanical VTE prophylaxis following the educational intervention.

IMPLICATIONS FOR PRACTICE

An educational opportunity that reinforces clinical practice guidelines may improve nursing knowledge of the recommendations for management of mechanical VTE prophylaxis. However, more efforts are needed to determine an effective intervention for improving nursing management of mechanical VTE prophylaxis per clinical practice guideline recommendations.



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2017 DNP PROJECTS

Measuring Utilization of Infant Massage Therapy in the Neonatal Intensive Care Unit

PURPOSE

The goal of this project was to identify performance gaps and areas for quality improvement related to the use of infant massage therapy services among premature infants. The purpose of this scholarly project was to identify the number of premature infants who did and did not receive a referral for infant massage therapy (IMT) in a large academic neonatal intensive care unit (NICU).

METHODOLOGY

A retrospective chart review was completed on infants born over an 18 month period to determine infants who did and did not received IMT during hospitalization. The project setting was at a large academic, not for profit healthcare system, located in Ann Arbor, Michigan. The chart review was narrowed

to retrieve data from those born with a corrected gestational age of 32 weeks or greater who met inclusion criteria for massage therapy. A total of 1,260 participants were included in the sample size.

RESULTS

Data analysis from this project supports the need for clinical practice changes. Detailed understanding of several performance gaps on current practices can be used to bring awareness to providers to effectively impact future practice. First, it was shown that only 9.7% (n=122) of infants that qualified for IMT had received a referral. Furthermore, the documentation of those that received a referral exhibited a lack of vital information for how the infant was identified, who completed the referral, and the indication for therapy. The

literature review indicates that enhancing the use of IMT services in the NICU will provide purposeful and effective sensory stimulation that will support the development of sensory organization and multisensory perception, as evidenced by improved infant organization.

IMPLICATIONS FOR PRACTICE

Positive health benefits provided by infant massage therapy may decrease hospital expenditures, along with costs associated with long-term management for complications of preterm infants. Increasing educational opportunities is recommended for the continued expansion and improvement of IMT utilization in the NICU. The implementation of routine massage therapy in the NICU may have an impact on hospital finances, as well as, patient outcomes.



Development of a Training Guide to Mitigate Disruptive Behavior in the Emergency Department: A Patient Safety Initiative

PURPOSE

Interprofessional disruptive behavior creates a substantial threat to patient safety with potentially fatal outcomes. The purpose of this project was to develop a training guide for emergency department (ED) staff designed to promote awareness and identification of disruptive behavior (DB), and teach mitigation techniques to maintain and advocate for a culture of patient safety.

METHODOLOGY

Project objectives were discussed with key stakeholders and approval was obtained to proceed with training. Necessity of DB training and management was determined through interviews with ED staff and the risk manager. Training

content was developed through synthesis of pertinent literature and implemented in a one-hour lecture / discussion session. The *Emergency Nurses Association (ENA) Workplace Violence Toolkit* provided material that was adapted into a pre/post test. Data was extracted from the tests and a de-identified demographics sheet for analysis.

RESULTS

Participant disclosure: positively identify manifestations of DB (89%); have personally experienced DB at work (100%); 89% have been instructed to report DB but only 33% have made formal reports; experientially state reporting does not result in decreased DB events (100%); acknowledge a negative effect

on job performance, sets a negative tone, hinders working relationships, and has a negative impact on patient safety (100%); report no prior DB mitigation training (44%); feel at least moderately prepared to manage DB (67%- pre-training; 89% post-training).

IMPLICATIONS FOR PRACTICE

Tolerance of DB and non-reporting results in poor patient outcomes and increased financial burden. DB mitigation training is imperative to inaugurate a culture of safety change.

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2017 DNP PROJECTS

Implementation of a Diabetic Foot Exam Tool in a Rural, Mobile Primary Care Clinic

PURPOSE

The purpose of this Doctor of Nursing Practice (DNP) quality improvement (QI) project was to increase the frequency of provider-documented foot exams in a rural, mobile primary care practice in adult patients with Type 2 Diabetes Mellitus (T2DM) to promote better diabetes outcomes.

METHODOLOGY

This QI project investigated a new method of implementing evidence-based recommendations for diabetic foot exams in a busy rural, mobile primary care setting, incorporating provider education, an electronic template, and a novel evidence-based 3-minute foot exam tool. The conceptual framework used to guide this

project was Avedis Donabedian's quality of care model of structure, process, and outcomes.

RESULTS

Frequency of provider-documented foot exams for patients with T2DM were analyzed pre- and post-intervention (n=50), yielding a substantial 68% improved frequency of provider-documented foot exams one month post-intervention [(X)2], (1, n=50) =23.16, $p < .05$, $\phi = .68$]. Education and implementation of this evidence-based 3-minute foot exam tool and electronic template yielded statistically significant and clinically important results.

IMPLICATIONS FOR PRACTICE

This project increased provider

awareness of evidence-based standards for diabetes care and positively influenced practice patterns in this clinic. The QI initiative addressed Healthy People 2020, Centers for Disease Control, American Diabetes Association, and World Health Organization evidence-based goals of reducing diabetes complication costs and assisting patients in achieving a maximum quality of life. These results can be replicated by DNP professionals in other primary care and ambulatory practice sites to increase provider-documented foot exams for patients with DM. Using this QI project as a model, similar quality of care improvement initiatives founded on evidence-based standards could be implemented for other chronic conditions.

Strategies and barriers to engaging dual-eligible beneficiaries in hospital patient and family advisory programs

PURPOSE

The purpose of this scholarly project was to identify successful strategies and barriers to engaging dual eligible beneficiaries receiving both Medicare and Medicaid benefits in hospital Patient and Family Advisory Programs (PFAPs) and to discuss implications for practice.

METHODOLOGY

A quality improvement project was conducted involving recorded telephone interviews of 12 dual eligible patients and four (4) of their providers to identify strategies for, and barriers to, patient and family engagement in a hospital-based PFAP. A modified version of Minnitti and colleagues (2014) *Individual and Family Engagement* 10 item questionnaire and interview

tool to identify strategies and barriers to patient engagement in the Medicaid population was used to guide the interview process and collect patient and provider responses. A content analysis was performed to analyze interview data including coding of key words under effective strategies and barriers by patient and provider and then identifying themes that emerged.

RESULTS

Patient and provider interviews yielded seven (7) overall themes that described strategies and barriers around patient and family engagement. Five of the themes were common to both patients and providers: facilitating dialogue, communication, information sharing, respect and mobility. Additionally, patients identified

individual patient actions as a sixth theme and providers identified patient/provider education as a seventh theme.

IMPLICATIONS FOR PRACTICE

Findings in this project serve to inform health systems, hospitals and providers of essential ways to involve dual eligible patients in PFAPs. Many of the identified strategies, including improved communication, better information sharing, greater respect, and targeted education programs provide a foundation for organizations to successfully launch PFAPs that include dual eligible patients as full partners. Involvement of this population in evaluating and changing how care is delivered can improve the overall patient experience, improve outcomes and reduce healthcare costs.



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Transformational Leadership and the Impact on Patient Satisfaction

PURPOSE

The purpose of the project was to evaluate the impact of transformational leadership process change strategies on patient satisfaction. The aim of the project was to determine if the rural health center's In-Patient Shared Leadership Council, who operates under the transformational leadership principles, process change strategies improved the results of the patient satisfier question, *"what is the likelihood of the patient to recommend the rural health center."*

METHODOLOGY

This study was a quality improvement project which analyzed patient satisfaction data, specifically the likelihood to recommend (LTR) the hospital to family and friends with process improvement change

strategies under the constructs of transformational leadership. The plan do study act (PDSA) quality improvement model guided the project, analysis and outcomes.

RESULTS

The project results were displayed using a bar graph depicting the monthly patient satisfaction results and the process improvement strategies that were implemented: way finding signage, medication reconciliation, interdisciplinary team rounds, patient report, patient phone decals, patient cards, admission packets, veteran brochure, and television guide for patient rooms. The overall results indicate the system goal of 82% was not achieved. The average actual LTR 73.81% was significantly different from the goal of 82%.

The mean difference statistics, the actual LTR is 8.18% lower than the goal. Due to a small sample size significant statistical data was not obtained.

IMPLICATIONS FOR PRACTICE

The purpose of measuring transformational leadership principles, process improvement strategies, and patient satisfaction through the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey was to gauge each patient's perception of the individual services provided. The results of the surveys continue to be invaluable to improving practice through communication of the healthcare team and with patients along with improving processes that lead to improved practice, patient satisfaction and patient outcomes.

The Use of Positive Psychology and Strength Identification in Women Living in Poverty

PURPOSE

Positive psychology and its focus on the positive aspects of life have gained momentum in psychology as a method of promoting individual wellbeing, especially in the area of strength identification. However, there has been limited investigation of positive psychology in nursing, especially in vulnerable women living in poverty. The specific needs of individuals living in poverty receives little attention as current local, state, and federal programs are structured to address the material gaps instead of promoting existing personal resources, such as perceived strengths. In this project, strength identification was introduced as a means of caring for women living in poverty.

METHODOLOGY

The VIA Character Strengths Survey served as the primary tool to identify the top five strengths utilized by the study participants on a daily basis. The project explored the feasibility and utility of strength identification, as a tool of Positive Psychology, in a group of women who were impoverished as defined by lack of income.

RESULTS

A majority of the participant strength profiles included spirituality, humility and kindness as one of the top five strengths. Four out of five profiles identified spirituality as one of the top two strengths in this sample made up of 80% African Americans. Spirituality

and religiosity are recognized as strengths and coping mechanisms within the African American population.

IMPLICATIONS FOR PRACTICE

This project provides the first evidence as to which strengths women living in poverty may use most frequently and lays the foundation for additional study into the use of positive psychology in a population made vulnerable by poverty. This project also supports previous evidence that spirituality is a key strength in the African American population.



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2017 DNP PROJECTS

Effectiveness of Utilizing an After-hours Telemedicine Service for Residents of Select Skilled Nursing Facilities to Reduce Hospital Readmission Rates

PURPOSE

The purpose of this project was to assess the effectiveness of implementing an after-hours telemedicine service to reduce hospital readmission rates among skilled nursing facility residents.

METHODOLOGY

A retrospective case-control study was conducted by collecting hospital readmission data on 25 facilities 6 months pre-implementation; and months 2-7 months post-implementation of the telemedicine program. A paired t-test and Spearman's correlation test were used to analyze the data.

RESULTS

Testing at a $p < .05$ level of significance, there was no significant difference in hospital readmission rates pre-and post-implementation of the telemedicine service; however, Spearman's rank correlation coefficient indicated a positive correlation between the number of telemedicine visits and percent change in hospital readmission rates.

IMPLICATIONS FOR PRACTICE

Telemedicine has the potential to positively impact the quality of patient care, increase provider reach, decrease unnecessary hospitalizations, and reduce healthcare costs when used appropriately. Advanced practice nurses need to be proactive and integrate innovative technology platforms into traditional practice settings to increase provider reach and improve patient access to care.



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Preceptor Preparedness for Nurse Practitioner Clinical Education

PURPOSE

Preceptors and clinical education are an integral part of nurse practitioner (NP) education. The increased demand for NP's and the need for prepared preceptors has strained an overburdened healthcare system. In order to facilitate optimal clinical education for NP students, adequate clinical preceptor preparation is essential. Preceptor preparation is comprised of both internal and external preparedness components. The purpose of this project was to describe perceived preceptor preparedness and identify needs of clinical preceptors of NP students.

METHODOLOGY

Preceptors involved in the clinical education of NP students were invited to complete an online *Graduate Preceptor Survey*. A descriptive research design was

utilized to analyze data regarding preceptor perceptions of preparedness. Additionally, other categories identified preceptor perceptions of organizational support, relationship with schools of nursing faculty, rewards, disincentives, and barriers to precepting were explored.

RESULTS

The majority of survey participants (n = 49, 81.7%) responded they felt well prepared to be a preceptor. While not all components of internal preceptor preparedness were explored, preceptor participants reported possessing the necessary skills, experience, and knowledge of the preceptor role for the clinical education of NP students. External components of preceptor preparedness such as training, orientation, understanding of NP student clinical education, and NP program

requirements are strengthened by faculty involvement. However, no significant correlation was identified between preceptor's perceptions of external preparedness and active faculty engagement.

IMPLICATIONS FOR PRACTICE

Little research exists regarding both internal and external preceptor preparedness at the graduate level. While faculty involvement does not appear to be essential to preceptor preparedness, preceptors need continued support, guidance, training, and preparation to meet the clinical educational needs of NP students. Successful preceptor preparedness will enhance the quality of education for the NP student giving them the tools to be successful thereby contributing to quality patient care and improved patient outcomes.

Assessing Potential Usefulness of a Peer Education Program Developed for Homeless Patients Receiving Care from Mobile Health Clinics

PURPOSE

The purpose of the DNP project was to develop a model of patient outreach based on best practices and to investigate its potential usefulness for homeless adults. The project involved the development, implementation, and evaluation of a peer education program designed for use at a mobile health clinic (MHC). Both peer education and MHCs are recognized as innovative models for healthcare delivery and recommended for outreach to vulnerable patient populations in order to decrease health disparities.

METHODOLOGY

Phase One of the project involved the development of educational modules based on evidence-based practice. Using

Community Based Participatory Research as a framework, the modules were then evaluated by community stakeholders. Stakeholder feedback directed the revision of the modules before they were utilized in Phase Two of the project: the “Be a Friend, Teach a Friend” peer education program. Pre and posttests were administered to identify gaps in knowledge as well as identify effectiveness of the program.

RESULTS

Comparison of pre and posttest data revealed a baseline understanding of the peer educator role and necessary communication skills. Posttest results showed improvement in knowledge of local resources. However results indicated a need for further teaching addressing

the importance of maintaining a relationship with a primary care provider. Qualitative feedback identified a common theme of peer education perceived as an empowering model of patient outreach specific for those in the homeless community.

IMPLICATIONS FOR PRACTICE

Project results show promise for integrating peer education into MHC services. Utilizing peer education to address topics of interest to homeless patients may improve health literacy, self-care skills, and establishing or maintaining continuity of care. Future uses may also include collaboration of MHC peer educators with local health services in order to increase health care access, improve outcomes, and reduce health disparities.



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Piloting a Program to Evaluate the Effectiveness of Pelvic Floor Rehabilitation in the Treatment of Female Stress Urinary Incontinence

PURPOSE

The purpose of this project was to identify and implement a validated evaluation tool in an established pelvic floor rehabilitation program for the treatment of female stress urinary incontinence. A secondary aim was to assess the feasibility of use for this tool and to analyze the collected outcome data, in order to assess the efficacy of the program.

METHODOLOGY

An extensive literature review was conducted and the International Consultation on Incontinence Questionnaire-Urinary Incontinence-Short Form (ICIQ-UI-SF) was identified as the most appropriate tool for this population based on its inclusion of both symptomology

and the effect that this has on quality of life. Point values were assigned to each response so that a sum score could be obtained and documented, and feasibility was assessed based on the amount of time dedicated to discussion, and on subjective perceptions from both the patients and the provider.

RESULTS

Eight new patients participated in this pilot project, and 15 treatment sessions were conducted during the implementation phase. There was a 100% completion rate noted, and discussion time was found to be minimal, ranging from 8-28% of the allotted appointment time. Based on these findings, the ICIQ-UI-SF was determined to be an efficient and effective evaluation

tool. Although data was limited, an overall decrease was noted in sum scores, demonstrating a reduction in symptoms and an improvement in quality of life.

IMPLICATIONS FOR PRACTICE

The use of this tool fills a current need for standardized evaluation and documentation of both patient satisfaction and program success. By continuing to use this validated questionnaire, outcome measures for this pelvic floor rehabilitation program can be documented. This will eventually provide data to evaluate the success of non-surgical treatment options for female stress urinary incontinence, thus providing current and relevant information in which to base informed consent.



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2017 DNP PROJECTS

Impact of Critical Care Pain Observation Tool Education on Intent to Change Practice in a Military ICU

PURPOSE

Acute pain accompanying routine nursing interventions is a leading stressor for critical patients, resulting in negative health outcomes. Behavioral pain scales provide valid clinical patterns that improve intensive care unit (ICU) pain management and clinical outcomes. The project intent was to demonstrate an educational intervention would increase knowledge of pain assessment and demonstrate intent to utilize the Critical Care Pain Observation Tool (CPOT) routinely in a multidisciplinary military ICU.

METHODOLOGY

This evidence based practice project compared results from a pre and post intervention survey following a 15-minute voice over power point was offered to Nurses, General Surgeons, and Critical Care Intensivists (N=30).

RESULTS

Improvement in knowledge scores from the pre-to-post-test surveys was statistically significant with a mean score of (M=67.6190), standard deviation of (SD=19.46987) and a standard error of the mean of (SEM=3.55470) on the pre-test survey and (M=87.1921) with (SD=11.02927) and (SEM=2.04808) on the post-test survey. In order to evaluate the efficacy of the educational intervention, an independent samples test was performed using a two-tailed t test for Equality of Means ($t(46.179) = -4.771, p < .05$) indicating the educational intervention was statistically significant in improving knowledge scores. Three survey questions gathered data about the respondent's belief of personal skill, other provider's skill, and intent

to incorporate an evidence based pain assessment into clinical practice related to pain assessment. The statistical evaluation of distributions failed to demonstrate significant change, however intent to incorporate the tool was approaching significance ($p = .06$).

IMPLICATIONS FOR PRACTICE

This project adds valuable information related to the daily practice of military ICU staff. Knowledge generated will support future projects evaluating practice change before and after tool implementation and the use in varied military ICU environments such as austere deployed environments and in-flight critical care transport.

Effects of a Coding and Documentation Improvement Program for Ambulatory Care Nurse Practitioners

PURPOSE

To develop, implement, and evaluate a coding and documentation improvement program for a group of health insurance employed ambulatory care nurse practitioners.

METHODOLOGY

Pre and Posttest design to determine the effects of two medical record qualitative metrics using an educational coding and documentation program, and to determine participant perceptions of coding and document skill development.

RESULTS

The education that was provided improved the quality of the medical record by increasing one out of the two metrics studied. In addition, the nurse practitioners believed that coding and documentation is important to learn.

IMPLICATIONS FOR PRACTICE

Coding and documentation can improve the financial health of the organization. Learning to code and document correctly improves the nurse practitioners skills to maintain competency, which improves the integrity of the population health database of a major health insurance corporation.



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Impact of Educational In-Service on Provider Utilization of the Patient Health Questionnaire in Measurement-Based Care for Patients with Depressive Disorders

PURPOSE

The purpose of the project is to increase provider utilization of the PHQ-9 policy for patients with depressive disorders.

METHODOLOGY

The study is a quality improvement project to improve provider utilization of the Patient Health Questionnaire (PHQ-9) through an educational in-service at community mental health clinics. Two retrospective chart reviews were conducted to compare practice patterns before and after the in-service. Sociodemographic data was also collected in order to illustrate general characteristics of the population.

RESULTS

The PHQ-9 utilization among providers served as the main data collection tool. A total of four providers attended the in-service. The four providers had pre-intervention percentages of 0%. The post-intervention data demonstrated no improvement and had congruent results of 0% ($n=4$).

IMPLICATIONS FOR PRACTICE

The quality improvement project demonstrates that a 30-minute educational in-service in PHQ-9 utilization was ineffective in changing provider behavior as determined by descriptive statistics from retrospective chart reviews. The major implication from the project is that changing practice patterns among providers is unsuccessful through a single intervention. Furthermore, the participation of only four providers indicates the need for additional strategies to recruit participation at in-service education and to motivate clinic providers to integrate measurement based practice in a meaningful way.

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Care Coordination of Mental Healthcare: Creating a Referral Pathway from Primary Care

PURPOSE:

Outpatient practice settings of mental healthcare and primary care do not communicate well regarding care for shared patients. Due to lack of coordination, persons with severe mental illness (SMI) are under or untreated. This scholarly project examined the impact of a referral path from primary care to mental healthcare and attendance rates along with days to care for the SMI patient.

METHODOLOGY:

Patient charts were selected to include adults with a SMI, with or without substance abuse issues, referred to mental healthcare from primary care. Electronic medical records were searched for referred patients from one primary care medical home (PCMH) clinic to one community mental health (CMH) clinic for a matched time frame in both 2015 and 2016, before and after the referral path was created.

RESULTS:

The main outcome measure was time to treatment in days from referral dates. Secondary measures included demographics, ICD10 diagnoses and Patient Health Questionnaire (PHQ-9) scores. 2015 and 2016 PCMH patient referrals (n20) show a lower number of days to care by 40% after the referral pathway was created.

IMPLICATIONS FOR PRACTICE:

Creating a referral path between agencies benefits the patient in gaining access to care by reducing wait times and possibly other factors which are discussed. Healthcare access and attendance for the SMI patient remains a problem that may be improved by increasing attention to coordinating referrals.

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Early Transplant Referral for the Patient with Severe Alcohol Hepatitis

PURPOSE

Severe alcohol hepatitis (SAH) remains a controversial topic when discussing liver transplantation. To date, there is no cure and transplantation is the only effective intervention once conservative management has failed. Despite this viable treatment option, inpatient transplant referral is rarely initiated. The purpose of this project was to increase awareness of appropriate transplant referral criteria in an effort to increase liver transplant referrals.

METHODOLOGY

Based on previously identified clinical practice norms, we developed and implemented a care plan pathway-screening tool to assist hospitalists

and hepatology providers in identifying hospitalized patients with SAH criteria appropriate for liver transplant referral. The tool was implemented for a two-week time frame. Pre and post tool transplant referrals were calculated to determine effectiveness with increasing the awareness of early transplant referrals in the patient admitted with SAH.

RESULTS

Despite the narrow window of implementation, the referral tool significantly increased referrals of SAH patients to the transplant team. The percentage of referrals prior to tool implementation was 8.3% compared with 37.5% of SAH patients being referred for transplant evaluation following use of the tool. An unexpected

result was increased dialogue between the primary providers and transplant team providers thus enhancing the overall care of the patient.

IMPLICATIONS FOR PRACTICE

The literature is not clear on appropriate timing for referral of SAH patients for liver transplant. Hepatology and hospitalist providers may also be unsure of the appropriateness for SAH referral. When conservative treatments fail, liver transplant is the last viable treatment option in patients suffering from alcohol related liver failure. The use of a multidisciplinary pathway tool by general providers improves timely transplant referral has the potential to improve outcomes in patients suffering from SAH.

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Comparing a Crisis Stabilization Unit with a Psychiatric Unit: A Cost-Effectiveness Analysis

PURPOSE

The purpose of this scholarly project was to compare a psychiatric crisis stabilization unit (CSU) with an acute inpatient unit through a cost-effectiveness analysis.

METHODOLOGY

The World Health Organization's steps for conducting a cost-effectiveness analysis was chosen to guide this project's framework and evaluation. This project included participants ages 18 and older that were hospitalized between May 1, 2016 and June 5, 2016. Descriptive statistics were utilized to compare patient demographic information, patient diagnosis on discharge, average cost per patient stay, average length of stay, and the overall patient satisfaction survey results

for each cohort. Costs measured included average overall cost per patient stay. Effectiveness was measured through analysis of recidivism rates and results from patient satisfaction surveys from each unit, respectively. Statistical tests were utilized to compare the significance of recidivism rates between the two units.

RESULTS

Financially, consumers saved more and had a shorter length of stay in the crisis stabilization unit; however, the inpatient unit had less operating costs for the organization. There were no statistical differences found between the recidivism rates of either unit, implying that the amount of intensive services rendered by each unit did not affect the rate of readmissions

over a thirty-day period. Due to the limited number of patient satisfaction surveys retrieved from the crisis stabilization unit (n=1), the results were omitted from the comparison analysis. Based on these results, it appears that CSU's are most cost-efficient to the consumer with comparable effectiveness to the inpatient psychiatric unit.

IMPLICATIONS FOR PRACTICE

Crisis stabilization units have less financial burden and a shorter length of stay than inpatient units for the consumer. However, given that the organization was running more a deficit operating the CSU, it is imperative to identify and eliminate areas of added expense for sustainability of the unit.

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2017 DNP PROJECTS

Implementing the I-PASS Handoff Tool to Standardize the Handoff Communication Process

PURPOSE

The purpose of this DNP quality improvement project was to improve the handoff communication process among hospitalist physicians and advanced practice providers at an Academic Medical Center and decrease the number of preventable adverse events by implementing the evidenced-based, standardized I-PASS Handoff Tool.

METHODOLOGY

The project involved educating hospitalist physicians and advanced practice providers to utilize the I-PASS Handoff Tool when transferring professional responsibility of patient care to an oncoming provider. A pre- and post-intervention analysis of the providers was conducted to

determine if the implementation of the I-PASS Handoff tool was effective in decreasing preventable adverse events that resulted from miscommunication, or lack of communication, during patient handoff.

RESULTS

Descriptive statistics were calculated to describe the number of patient adverse events and poor outcomes before and after implementation of the I-PASS Handoff Tool. The total number of pre-intervention preventable adverse events (n=47) was compared with the total number of post-intervention preventable adverse events (n=9). The mean of pre I-PASS adverse events was 2.5, and the mean post I-PASS adverse events was 0.31. Therefore, a substantial

reduction in the number of preventable adverse events was observed when the I-PASS Handoff Tool was utilized.

IMPLICATIONS FOR PRACTICE

Handoff failures contribute to approximately two-thirds of sentinel events in hospitals throughout the United States. The Joint Commission and other regulatory agencies have mandated that all healthcare organizations develop and implement a standardized handoff process. The outcome of this project demonstrates that utilization of a standardized handoff tool, such as I-PASS, to communicate patient status can potentially reduce preventable adverse events due to miscommunication between providers.



Establishing an Evidence-Based Educational Framework for the Implementation of the Role of the APN-NP into Abu Dhabi

PURPOSE

Currently, the Emirate Abu Dhabi is in the process of establishing a scope of practice for the newly recognized role of the Advanced Practice Nurse – Nurse Practitioner (APN-NP). The purpose of this project was to identify gaps in knowledge related to APN-NP scope of practice in Abu Dhabi and to develop an evidence-based education plan to overcome these gaps.

METHODOLOGY

Data were collected from 239 returned surveys received from Cleveland Clinic Abu Dhabi staff who work directly with an APN-NP. Twenty-two questions focused on the knowledge of the role and scope of practice recognized in the United States (US).

RESULTS

Three of the 22 specific questions highlighted a lack of understanding of the role as it has been established and normalized in the US. The specific areas included the ability to diagnose illness and disease, develop treatment plans independently

without the assistance of the physician, and prescribe controlled substances/narcotics.

IMPLICATIONS FOR PRACTICE

APN-NP's are an important part of the healthcare workforce. They provide care in areas where physician shortages occur. Staff working with the APN-NP must be well educated on the training, competencies, and scope of practice of the APN-RN if the role is to be embraced by regulating authorities in order to gain full scope privileges with minimal restrictions.

**NIKKI LYNN
MILLER**

**DNP, APN, FNP-BC
FAMILY NURSE
PRACTITIONER**



CYNTHIA K. MORRISON

DNP, MSN, PMH-NP, FNP
PSYCHIATRIC-
MENTAL HEALTH / FAMILY
NURSE PRACTITIONER

2017 DNP PROJECTS

Measuring the Impact of the “5-2-1-0 Let’s Go!” Evidence-Based Childhood Obesity Prevention Program at a Community Mental Health Center

PURPOSE

The purpose of the quality improvement project was to provide education to children, adolescents, and their families on healthy nutrition, physical activity, and consequences of childhood obesity by introducing the *5-2-1-0 Let’s Go* Obesity Prevention Program in a Community Mental Health Center. Over the past three decades, childhood obesity rates in America have tripled, and today, nearly one in three children in America are overweight or obese. Second generation antipsychotics (SGA) commonly prescribed to children and adolescents with behavior and mood disorders can compound the risk of childhood obesity.

METHODOLOGY

The *5-2-1-0 Let’s Go* Obesity Prevention Program is an evidenced based educational program designed to promote healthy behaviors in the primary care setting. This was a 6-week quality improvement pilot program introduced in a Community Mental Health Setting. The project included weekly individual educational sessions with a pre and post test study design. Outcome measures included BMI-for-age percentile, increase knowledge regarding the *5-2-1-0 Let’s Go* program, and an increase in daily healthy behaviors.

RESULTS

There were 22 participants who completed the 6-week program. There was an increase in knowledge regarding healthy

behaviors and an increase in daily healthy behaviors based on the responses of the Healthy Habit Questionnaire post intervention. Anthropometric data collected pre-post intervention remained stable and found no change to the BMI-for-age percentile.

IMPLICATIONS FOR PRACTICE

Sustained and integrated efforts to combat childhood obesity through education and appropriate screening can have a significant impact. Diet, physical activity and the familial psychosocial environment are all well established as risk factors for obesity in childhood. Practice efforts aimed at awareness, education, and sustainability are necessary for addressing the complex problem of childhood obesity.

Initiating a Peer Led Support Group for Patients Living with Nontuberculous Mycobacterial Infection

PURPOSE

The purpose of this project was to describe perceptions of quality of life in patients living with pulmonary nontuberculous mycobacterium infection (PNTM) as part of a needs assessment to assist with planning and development of a peer led support group and support group leader resource manual.

METHODOLOGY

This DNP project explored the needs of persons living with PNTM using the St. George's Respiratory Questionnaire (SGRQ). Examining the needs of this population provided necessary information in planning support measures for these patients. With this information, the DNP student created a resource manual for peer support group leaders and

facilitated the initiation of a peer led support group for mid-south community PNTM patients.

RESULTS

The needs assessment conducted using the SGRQ provided valuable insight into the wide variety of patient experiences living the PNTM. Eighty-three percent of patients surveyed reported some degree of impairment in their quality of life related to living with PNTM. The patient responses indicated greater difficulty with exercise tolerance, activities of daily, and fatigue. These results were used to develop educational resources and facilitate the first two peer support group meetings.

IMPLICATIONS FOR PRACTICE

Implications for practice: The incidence of PNTM infection is

increasing, partly because of improved awareness and better diagnostic testing and partly due to the aging population. Education and awareness of PNTM will facilitate improved recognition, accurate diagnosis, and successful treatment for patients with PNTM. Education and awareness will also support patients living with PNTM and improve perceptions of quality of life.



**JANET FLYNN
MULROY**

DNP, ACNP, CCNS, CCRN

ACUTE CARE

NURSE PRACTITIONER



**PETE
O'DONNELL**

**DNP, MSN, PMHNP, FNP
FAMILY AND PSYCHIATRIC
NURSE PRACTITIONER**

2017 DNP PROJECTS

Description of Monitoring Patterns of Metabolic Side Effects of Atypical Antipsychotic Agents at a Northeastern U.S. Veterans Healthcare Facility

PURPOSE

This quality improvement project was undertaken to review the metabolic monitoring practices for patients taking atypical antipsychotic agents at a United States Veterans healthcare facility in the northeast. This project identified: (1) how many patients were prescribed atypical antipsychotic agents; (2) the frequency with which they received metabolic monitoring, and; (3) the type of provider (medical or psychiatric) who ordered the monitoring labs or tests.

METHODOLOGY

A retrospective chart review of 149 patients who were prescribed atypical agents comprised the sample. Charts were reviewed for the period of November 2014 to November 2015.

RESULTS

A total of 113 patients (76.5%) had an atypical agent prescribed before the study period began in November 2014. There were 36 (23.5%) who were started on a new atypical antipsychotic agent during the period from November 2014 to November 2015. For the 149 studied, 93.9% had at least one of the metabolic parameters measured during the one year period of the chart review. Within the entire study group, blood pressure was measured at least once in 90.6% of patients, followed by body weight at 87.2%, fasting plasma glucose at 78.5% and lipids at 73.2%. Blood pressure was measured 2.78 times per patient during the project period. For any of the metabolic variables, monitoring was ordered most

often—75% of the time—by the primary care provider. The psychiatric provider ordered monitoring less than 10% of the time, and other providers ordered monitoring 15% of the time during the one-year study period.

IMPLICATIONS FOR PRACTICE

The results were encouraging that metabolic parameters are being monitored. However, the primary care provider, most often ordered and monitored for metabolic abnormalities, not the provider who prescribed the atypical agent. This suggests that close coordination between primary care and psychiatric providers is necessary to ensure optimal patient outcomes



Adherence to an Adult Evidence-Based Sepsis Guideline in a Critical Access Emergency Department: A Quality Improvement Project

PURPOSE

The purpose of this scholarly project was to evaluate the adherence to the “Adult Sepsis, Severe Sepsis, Septic Shock Algorithm” by emergency department (ED) care providers at Shenandoah Memorial Hospital. The algorithm is grounded in the *Surviving Sepsis Campaign (SSC): International guidelines for management of severe sepsis and septic shock: 2012*.

METHODOLOGY

A retrospective chart review (RCR) was conducted from January 1, 2016 through March 31, 2016 and included patients > 18 years of age who were discharged, admitted, or transferred from the ED with a final diagnosis of sepsis, severe sepsis, septic shock, cellulitis, urinary tract infection, and/

or pneumonia and who met the systemic inflammatory response syndrome (SIRS) criteria or answered “yes” to any of the three infection screening questions on the sepsis algorithm. While 433 patients were identified, the final sample size (N=88) met inclusion criteria for chart review. Medical records were systematically reviewed using the Sepsis RCR Algorithm for Chart Review, and the Sepsis Quality Metric Abstraction Tool (SQMAT) was utilized to extract individual patient information from patients’ electronic medical record.

RESULTS

Adherence to the sepsis algorithm was demonstrated in only 6.8% of patients. While 77.3% of patients received antibiotics for sepsis during their emergency department visit;

only 8.8% of patients received antibiotics within the target goal time of 60 minutes, averaging 166.6 minutes. Obtaining a coagulation panel and administration of an adequate fluid bolus based on level of sepsis identified also had low adherence rates.

IMPLICATIONS FOR PRACTICE

Improving sepsis care requires early recognition of the disease process, early intervention, and use of evidence-based practice. Several barriers to adherence were identified, such as lack of a data collection and tracking methods, and reporting results of sepsis algorithm adherence. Further investigations will be required to identify potential barriers related delayed antibiotic administration and interventions with low adherence rates.





A Proof of Concept Implementation of a Patient Activation Measure as a Supportive Tool for Care Coordination of a High Risk Population

PURPOSE

Insignia Health's *Patient Activation Measure (PAM 13)* is a validated survey that assesses a patient's self-reported knowledge, skill, and confidence to manage their health. Patients who are motivated to participate in their health care utilize the system more effectively and, in many cases, enjoy better health and less hospitalization. The purpose of this proof of concept implementation was to introduce care coordinators who manage high-risk patients to the PAM 13, then seek their assessment of the tool's value in their practice.

METHODOLOGY

Six care coordinators serving the Vanderbilt Health Affiliated Network and Vanderbilt Medical Group administered the PAM 13 to 29 new patients. The tool assigned each patient to an

activation level between 1 (low) and 4 (high). After reviewing the designated activation level for each patient, care coordinators participated in a focus group to discuss their experience.

RESULTS

Care coordinators concluded that the PAM 13 is a valuable tool. They integrated the PAM 13 questions into their standard 86-question intake survey, both for convenience and to avoid patient self-perception bias. They found that knowledge of a new patient's activation level facilitates the opportunity to expeditiously provide resources and education to increase activation. Care coordinators expressed interest in utilizing the tool to measure the efficacy of education and other interventions on patient activation. They also noted value in the ability

to correlate patient activation levels with clinical outcomes and resource utilization.

IMPLICATIONS FOR PRACTICE

The positive reception of the PAM 13 tool lends legitimacy to consideration of wider implementation across the institution. A more extensive deployment has the potential to affect both clinical outcomes and cost in high-risk populations.

JANINE PALM

DNP, MSN, RN
HEALTHCARE LEADERSHIP

Facilitating Successful Post-Acute Care Patient Transition Through Effective Hospitalists' Discharge Documentation

PURPOSE

The purpose of this project was to evaluate hospitalists' discharge summary documentation of patients discharged to specified skilled nursing facilities (SNFs) to determine if omission of certain discharge component definitions were associated with 30-day readmissions.

METHODOLOGY

This study involved a retrospective chart review of 129 hospitalist discharge summaries for patients discharged from a 150-bed hospital to six surrounding SNFs over a 2-month period. Discharge summary documentation was analyzed for the presence of 13 discharge summary components that represented the Joint Commission's guidelines for a discharge summary. Logistic regression, T-tests and descriptive statistics were used in data analysis.

RESULTS

Among 129 patients, there were 29 (22.48%) total readmissions. Readmissions were not statistically associated with specific discharge summary components or discharge summary completeness ($p=0.78$). Race was significantly associated with readmissions ($p=0.029$), with African American patients statistically more likely to be readmitted than Caucasians ($p=0.04$). African American patients were 11 times more likely to be readmitted if medical follow up was omitted from their discharge summary (OR=11.0). Descriptive analysis among providers suggested providers with more complete discharge summaries had lower readmission rates. Results of this project did not show a significant association between discharge summary components or discharge summary completeness and

readmission status. However, this finding does not necessarily diminish the importance of information present in discharge summaries across care settings.

IMPLICATIONS FOR PRACTICE

This project prompted the development of a new technological design for the hospitalist discharge summary template to improve accuracy, thoroughness and completeness of discharge summary documentation. Implications of this new template may include improvement in patient safety, reduction of adverse events at SNFs, and reduction in 30-day readmissions from SNFs. Areas of future study include accuracy and thoroughness of discharge summary documentation, the role of race on readmissions, and the role of individual provider documentation on readmissions.



KAREN PAYNE

DNP, MSN, MPH,

AGACNP-BC

ADULT GERONTOLOGY

ACUTE CARE

NURSE PRACTITIONER



Long-Acting Reversible Contraception to Decrease Unintended Pregnancy in College Women

PURPOSE

Unintended pregnancy is a significant problem in the U.S. for college women ages 18 to 24 years. An underutilized method of contraception to prevent unintended pregnancy in this group is a long acting reversible contraceptive (LARC) method. The purpose of this scholarly quality improvement project was to determine if college aged women enrolled at one Midwest university would utilize LARC if offered through the student health center.

METHODOLOGY

An extensive literature review was undertaken to determine advantages and barriers to LARC utilization and to identify evidence based strategies for increasing the use of LARC among college women. A survey was constructed to assess

student desire for access to LARC through Student Health Services, likelihood of LARC utilization, and knowledge of LARC that may or may not impede seeking out LARC methods.

RESULTS

Results of this scholarly project revealed a significant number of participants “would” or “would consider” utilizing the campus health clinic for LARC services. There was a clear preference for the intrauterine device, although college women also expressed interest in the contraceptive implant. Data analysis indicates significant interest in LARC (utilization) through Student Health Services (access) and a clear need for education about LARC methods (knowledge), demonstrating the value of this scholarly quality improvement project.

IMPLICATIONS FOR PRACTICE

Readily accessible LARC methods on campus through the student health center could decrease unintended pregnancy in high-risk college aged women. Lack of knowledge regarding LARC is a barrier to use of these highly effective contraceptive methods among college women that must be addressed through comprehensive contraceptive education. Advance practice nurses may play an important role in increasing awareness of and access to these contraceptive methods.

LARA EMILY
RIVERA

DNP, MSN, APRN, CNM
CERTIFIED NURSE-MIDWIFE



Standardization of National ENP Post-Graduate Fellowships: A Proposed Curriculum

PURPOSE

The purpose of this project was to propose a standardized national ENP Post-Graduate Fellowship curricula that will provide the consistent approach to advanced clinical and didactic specialty-focused training required to meet the demands of a dynamic and unpredictable emergency care environment.

METHODOLOGY

Initial research was conducted to appraise available literature on current specialty ENP post-graduate fellowships and review didactic and clinical content. 9 ENP fellowship program directors were contacted to provide program demographics and curricula content. A comparative gap-analysis was

conducted on the descriptive data that was compared with ENP core competencies and other national emergency provider organizations for consistency and standardization.

RESULTS

7 ENP program directors responded to provide descriptive data about their programs that was used for the analysis. Standards were identified among core educational competencies, orientation processes, certifications and introduction to emergency medicine courses, core clinical rotations, elective rotations, core skills labs, workshops and simulations. Didactic content was defined by conferences, group lectures and national models for emergency medicine lectures.

IMPLICATIONS FOR PRACTICE

Standard national ENP post-graduate fellowships will provide consistent entry level-training for APRN's seeking employment in emergency care, highlight the specialized role of the ENP when compared with other APRN practices and eliminate role confusion and barriers to practice. Specialty trained ENPs are prepared to meet the demands of our current healthcare system.

SUSANNA RUDY

DNP, MSN, MFS, AG-ACNP-BC,

FNP-BC, ENP, CCRN

EMERGENCY

NURSE PRACTITIONER



An Assessment of Provider Barriers to Postpartum Depression Treatment

PURPOSE

To assess mental health and maternal healthcare providers perceived barriers to postpartum depression (PPD) screening and treatment. The results will be utilized in the future to develop interventions to help overcome these barriers to treatment of PPD for women in the perinatal period and improve maternal PPD healthcare.

METHODOLOGY

This quality improvement (QI) project consisted of a 25-question survey and collected both quantitative and qualitative data. Thirty-two mental health and maternal healthcare providers completed the survey. Survey items included demographic information, barriers to PPD

assessment and treatment, knowledge of PPD assessment techniques and the treatment options available for women in the perinatal period.

RESULTS

All providers reported that the assessment and management of maternal PPD healthcare needs was important. However, there were different perceived barriers to offering assessment and treatment options. The common barriers were: lack of mental health referral resources and long wait times for mental health care appointments (100%), lack of providers' allotted time to screen for PPD (87%), time constraints due to lack of ancillary staff (87%), and patients' fears about seeking mental health treatment (81%).

IMPLICATIONS FOR PRACTICE

The findings from this QI project suggest that the participants' barriers to PPD treatment can be diminished with enhanced support (staff, referral resource options, and timeliness of appointments for further mental health care). Increased availability of expert PPD consultation services and staff educational programs about PPD, enhanced public awareness of treatment options and routine use of current PPD clinical practice guidelines may decrease provider barriers and improve women' perinatal mental health care.

**WILLA ROSE
SHIELDS**

DNP, MNSc, PMHNP

PSYCHIATRIC-

MENTAL HEALTH

NURSE PRACTITIONER

Provider Adherence to Adolescent Sexual Behavior Risk Reduction Assessment Guidelines

PURPOSE

The purpose of this study was to identify performance gaps in provider compliance with established ACOG and CDC guidelines regarding HPV vaccination uptake and sexual behavior risk evaluation guidelines. Study results provide quality improvement measures for early adolescent gynecological visits for providers and healthcare systems.

METHODOLOGY

A retrospective chart review was conducted on adolescents patients between 13-19 years of age, who initiated care at an outpatient women's health clinic located in a rural Midwestern community.

A self-developed data collection form incorporating elements of the CDC metrics of evidence-based

guidelines for sexual history taking and HPV vaccination screening was used for the chart review. Measurement variables included provider evaluation of the following: HPV vaccination status, HPV vaccine recommendation and initiation if unvaccinated, and evaluation of sexual activity when appropriate including the 5 P components (partners, practices, prevention, protection, past history).

RESULTS

The mean age of adolescent patients to enter the clinic and establish care was 16. In the study 69% were evaluated for the HPV vaccination, fewer than 40% had received the vaccine, less than 30% were then recommended for the vaccine, and 15% initiated the vaccination series. Over half were found to be sexually active, however,

specific quality measures lacked in assessment. Frequency for provider evaluation of birth control use was 63.8%, condom use 40.6%, number of partners 21.7%, type of sexual practices 2.9%, and history of STIs 20.3%.

IMPLICATIONS FOR PRACTICE

Advanced practice nurses working with adolescent populations can optimize assessment and evaluation approaches for sexual behavior risk reduction. Identifying risky adolescent sexual behavior and reviewing HPV vaccine uptake at initial gynecologic exams can considerably improve health outcomes. Assessing adherence to current practice guidelines on these two representative variables during adolescent reproductive health visits is the first step to achieving improved outcomes.



NICOLE SOVEY

MSN, DNP, WHNP-BC

**WOMEN'S HEALTH
NURSE PRACTITIONER**

Improving Provider Implementation of the AAP Oral Risk Health Assessment Tool in Pediatric Primary Care

PURPOSE

The purpose of this project was to increase provider knowledge about the significance of early childhood caries (ECC), educate providers on the identification and management of ECC according to American Academy of Pediatrics guidelines, and improve provider adherence to oral health risk assessment guidelines.

METHODOLOGY

The project design was a quality improvement initiative including an education in-service with both didactic and interactive content for pediatric providers within the organization. This project aimed to address a gap in the current literature on the application of Ajzen's Theory

of Planned Behavior (TPB) to preventative oral health guideline implementation in pediatric primary care. The project included pre- and post-intervention questionnaires with content based on the TPB.

RESULTS

This intervention led to an improvement in intention, attitude, and perceived behavioral control and increased impact of subjective norms on behavior for both the combined group analysis as well as a subgroup analysis between doctorally-prepared providers and masters-prepared providers. Demographic results suggested pediatric providers receive little or no training on oral health as a part of their school curriculum.

IMPLICATIONS FOR PRACTICE

The findings from this project support that each construct of subjective norms, attitudes, and perceived behavioral control can be positively changed by an education in-service based on the TPB regardless of experience level or advanced degree type. Education interventions based on the TPB may be developed on other health topics and in different specialties to promote positive change to provider behavior. Understanding theoretical principles that may positively or negatively impact interventions to enact change is paramount, as nurse leaders are positioned to impact change in the profession and overall healthcare arena.



CHRISTA SZABO

DNP, MSN, PNP
PEDIATRIC NURSE
PRACTITIONER –
PRIMARY CARE

Assessment of medication adherence among low-income patients with hypertension at the Clinic at Mercury Court

PURPOSE

The purpose of this project was to assess and identify the potential barriers to medication adherence in low-income patients with hypertension (HTN), in order to develop and design future evidenced-based strategies that improve medication adherence in low-income patients with hypertension.

METHODOLOGY

The setting was a clinic which provided care for low-income patients by utilizing an interprofessional model of practice. Participants of this project completed surveys eliciting demographic information, self-report of medication adherence, and self-report of barriers to adherence.

providers and multidisciplinary graduate students assisted patients with low level of literacy in completing the surveys. The results of surveys analyzed by using descriptive statistics.

RESULTS

Total population adherence to medication rate was surprisingly high (87%). The most cited barriers to medication adherence were the lack of supportive system such as family/friends (60%) and difficulty paying for medication (49%). The least reported adherence barriers were complication of medication instruction (34%), trouble with refilling medication (39%), and concerns about side effects (39%).

IMPLICATIONS FOR PRACTICE

The intercollaborative effort of this model of a multidisciplinary practice to provide low-cost or free medication for the low-income patients allows for a more holistic approach to care. This multidisciplinary model has improved utilization of resources and may have contributed to high adherence to medication, reduced medication instruction complexity, and facilitated the refill process.



**SHERIN
TAHMASBI**

**DNP, MSN, FNP
FAMILY NURSE
PRACTITIONER**



Enhancing Patient Safety and Quality through the Analysis of a Health Information Technology Incident Response Program

PURPOSE

The purpose of the qualitative study was to develop a better understanding of patient safety incident themes related to health information technology (HIT) while examining the overall HIT safety risks at an academic medical center.

METHODOLOGY

The project leveraged the sociotechnical model to assist with incident theming and comparison. The data was abstracted from two sources: the quality and safety incident reporting application and the HIT reporting application. Three phases were completed: a retrospective analysis of HIT safety incidents, a review of reporting patterns between the two incident management systems and a risk analysis of the overall HIT incident reporting processes.

RESULTS

Overall, 2 percent (n=249) of the total incidents reported were HIT-related. Of the 249 HIT-related events, 69% of the incidents created a hazardous environment. These incidents appeared to be mostly clustered around medication events that were categorized within the clinical workflow/communications or user interface of the socio-technical model. The study identified that users were more likely to report workflow/communication incidents to the quality reporting system, whereas incidents directly involving hardware or software were more likely to be reported to the HIT reporting application. While the HIT reporting application was not intended for patient safety issues, there were 87 pharmaceutical incidents

reported that were identified as patient safety related. During the final phase, the risk assessment led to the identification of HIT incident reporting patterns and risk identification as related to the overall HIT incident reporting process.

IMPLICATIONS FOR PRACTICE

The study results supported the importance of identifying risks related to HIT patient safety events in order to better understand and improve overall work processes. The project highlighted implications for improved planning around HIT patient safety surveillance, incorporation within enterprise patient safety programs, improved safety through system design and usability, enhanced reporting processes, and the integration of patient safety within all application training.

**CARLA
TEASDALE**

**DNP, MSN, RN-BC, CPHIMS
CERTIFIED NURSE
INFORMATICIST**



**ALEXANDRA
THOMPSON
BATEMAN**

DNP, MSN, CPNP-PC

**PEDIATRIC
NURSE PRACTITIONER -
PRIMARY CARE**

Patient Absenteeism in Developmental Medicine

PURPOSE

Patient absenteeism is a threat to patient care; results in decreased provider productivity, and can threaten a patient's medical outcome. Within developmental behavioral pediatrics, research supports that timely evaluation, diagnosis, and treatments are important factors in long-term developmental outcomes.

METHODOLOGY

The participants of this project were patients scheduled for developmental behavioral evaluations in the Division of Developmental Medicine within September and October, 2016. Patients were randomized into the intervention and group control groups. Patients in the control group received the standard visit notifications. Patients in the intervention group received a call from the

medical provider prior to the visit. Attendance was tracked for both groups.

RESULTS

The study included 38 scheduled patient appointments. All patients in the intervention group attended their scheduled appointments. Comparatively, the control group included a number of no shows and cancellations, with a 13.6% no-show rate. Although more patients in the control group no-showed to their scheduled appointments than the intervention, the results were not statistically significant. Patients in the intervention group were not less likely to no show to a scheduled appointment than were patients in the control.

IMPLICATIONS FOR PRACTICE

This intervention requires additional information before

it can be recommended for practice. First, the intervention should be studied over a larger period of time, as well as a variety of providers. A larger sample size is needed to accurately determine the significance of the intervention on visit attendance. Additionally, it would be important to study the cost-effectiveness of this intervention.



**JENNIFER
TOURVILLE**

**DNP, CPNP
PEDIATRIC
NURSE PRACTITIONER -
PRIMARY CARE**

Parental Education to Reduce Emergency Department Visits for Children with Fever

PURPOSE

The purpose of this scholarly project was to identify and implement a parental education plan related to pediatric fever in a primary care setting to improve parental knowledge of fever with the goal to decrease unnecessary ED visits.

METHODOLOGY

A convenience sample of 30 caregivers with children between the ages 6 months and 10 years was selected for participation after presenting to a primary care pediatric office for a sick or well visit. A 6-item pretest regarding fever, proper treatment, and ED use was administered to participants before receiving an educational handout. Parents were then given a 6-item posttest with the same questions.

RESULTS

The average age of children of participating families was 4 years. Caregivers were predominantly white (93) mothers (83%) with Medicaid insurance coverage (80%). The Wilcoxon Signed Rank Test was used to evaluate significance. A significant increase in fever knowledge was found, $p = 0.0198$,

but there was no significant change regarding ED use for fever.

IMPLICATIONS FOR PRACTICE

Because the findings of this project showed that an educational intervention regarding fever significantly improved parental fever knowledge, this could improve patient outcomes related to fever treatment and should be continued. However, since there was no change in ED use for fever, determining why parents continue to seek urgent care for fever is necessary.



**HANNAH LOUISE
WACHTMEISTER**
DNP, MSN, CPNP
PEDIATRIC
NURSE PRACTITIONER -
PRIMARY CARE

Implementation and Evaluation of An Oral Health Education Program

PURPOSE

The purpose of this scholarly project was to implement an evidence based oral health education session through motivational interviewing as well as the use of a PowerPoint presentation for caregivers of preschool aged children in an effort to improve their oral health outcomes.

METHODOLOGY

The participants in the study were the caregivers of children between 4-5 years of age at a primary care pediatric office in Clarksville, TN. Caregivers attended an information session that included an oral health and cavity prevention lecture with motivational interview and completed pre- and post-tests before and after the intervention. Inclusion criteria include caregivers of all socioeconomic status, race, ethnicity, age, gender and marital status.

RESULTS

The results showed that although there were some changes in knowledge from pre-test to post-test, out of the 12 participants, only two of these had statistically significant changes.

IMPLICATIONS FOR PRACTICE

Primary care providers are a primary source of the education caregivers get regarding the health of their children. We need to take the time to educate caregivers on when to bring their child to the dentist, how to brush their teeth, when to floss, what foods are good and when their children can be trusted to effectively brush their teeth on their own.



Studying the Effects of Communication Strategies on Emergency Department Length of Stay and Perceptions of Teamwork

PURPOSE

The purpose of this project was to measure the effects of multidisciplinary rounding on staff perceptions of teamwork and emergency department (ED) length of stay for adult behavioral health patients. This quality improvement project measured the perceptions of teamwork of 30 staff members who care for patients with behavioral health patients in the ED using the TeamSTEPPS questionnaire.

METHODOLOGY

This study used a non-experimental pre-and posttest design to assess patient length of stay and employee's perceptions of teamwork before and after implementation. The 20-item Brief Teamwork Perceptions Questionnaire

(T-TPQ) was used to measure employee perception of teamwork pre and post intervention.

RESULTS

Due to rounding, interdisciplinary patient care and perceptions of teamwork improved during the 4-week trial. The study improved overall employee perceptions of teamwork by 36.5 percent. Multidisciplinary rounding did not have a direct effect on emergency department length of stay, and the average length of stay for adult behavioral health patients increased by 13.4%.

IMPLICATIONS FOR PRACTICE

The Substance Abuse and Mental Health Services Administration's (SAMHSAs) goal is to improve the quality of behavioral health care

by creating integrated behavioral health teams. This study shows that multidisciplinary rounding has a positive effect on teamwork which, upon further study, could have an effect on patients quality of care. With the dynamic nature of the ED, this study could help lay the foundation for future studies studying the complexities of multidisciplinary care and its effect on patient outcomes.

**MARQUITA D.
WALLACE**

DNP, MSN, FNP-C,

PMHNP-BC

PSYCHIATRIC-

MENTAL HEALTH

NURSE PRACTITIONER



Developing an Evidence-Based Educational Session to Improve Mammography Awareness

PURPOSE

The purpose of this project was to increase mammogram screening awareness for all women by developing an educational session that will support and encourage females 40 years of age and older who, by the American Congress of Obstetricians and Gynecologists meet mammography guidelines.

METHODOLOGY

The quality improvement study was conducted on 50 participants utilizing a pre-test, educational intervention, post-test.

RESULTS

Paired t-test was performed to determine if this intervention increased participant's knowledge regarding breast cancer and mammography screening. Results indicated the intervention was effective in increasing knowledge. Participant post-test knowledge improved by 2.7 points ($p < 0.0001$) as demonstrated in the paired t-test.

IMPLICATIONS FOR PRACTICE

The blend of education and screening offer a real life solution that enlightens, empowers and liberates women to not just gain knowledge but to understand the full compass of breast cancer awareness. With the increased knowledge, the next step is to investigate, understand, and alleviate barriers that prevent women from having access to mammography screening beyond their knowledge deficits. The results will be used to tailor messages and communications in order to increase mammography screening awareness for all.

**PAULA
"MICHELLE"
WYATT**

**DNP, MSN, RN, IOCI
HEALTHCARE LEADERSHIP**



Barriers to the Implementation of Pediatric Overweight and Obesity Guidelines in a School Based Health Center

PURPOSE

The purpose of this scholarly project was to identify the barriers to the implementation of the 2007 American Academy of Pediatrics' (AAP) Recommendations for Treatment of Child and Adolescent Overweight and Obesity in a school based primary care setting. Identifying barriers to the implementation of current guidelines will support practice changes to improve the care for overweight and obese children.

METHODOLOGY

This project applied a quality improvement design using the Plan, Do, Study, Act (PDSA) cycle. An electronic survey was administered to five pediatric nurse practitioners (PNPs) and six licensed practical nurses (LPNs) working in six school

based health clinics in New York. The survey assessed perceived barriers to guideline implementation and knowledge of, attitudes towards, and adherence to these guidelines.

RESULTS

The most commonly cited primary care based barriers were lack of patient compliance (100%), family lifestyle such as sedentary behaviors and poor eating habits (100%), and the poor dietary practices and sedentary behaviors common in America (100%). The most commonly cited school based barrier was that children have little control over the groceries purchased and foods cooked at home (100%). PNPs also cited the lack of parent presence during appointments (100%). There were

gaps in guideline knowledge and discrepancies in assessment, counseling, and treatment practices. Only half of the LPNs believed they had adequate training. All PNPs agreed that having practice protocols readily available in the school clinic would be beneficial.

IMPLICATIONS FOR PRACTICE

Issues that can be immediately addressed should be the focus of the next phases of the PDSA cycle. Continuing education regarding the management of overweight and obese children should be provided to the school based staff. Clear, straightforward protocols should be available in the school clinics. Barriers embedded in cultural and home life contexts, however, will likely be more difficult to impact.

LYDIA YEAGER

DNP, MSN, RN, CPNP-PC

PEDIATRIC

NURSE PRACTITIONER -

PRIMARY CARE

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- Resources for career networking and job postings
- Our alumni website, chock full of ways you can get involved with current students, faculty and other grads
- VUSN/Vanderbilt social and professional events around the U.S. and abroad
- Lists and lists of benefits of being a graduate of VUSN
- Photos... lots of photos



Please ensure that we have your latest contact information.

Contact:

BETSEY USHER,

Director of Alumni Relations
betsey.usher@vanderbilt.edu
615-322-4836

Or you can log onto:
www.vuconnect.com to update
your information at Vanderbilt.

** If you want to opt out of certain means of being contacted, please let us know that, too.*



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