2014
DOCTOR OF NURSING PRACTICE SCHOLARLY PROJECTS

VANDERBILT UNIVERSITY School of Nursing

2014

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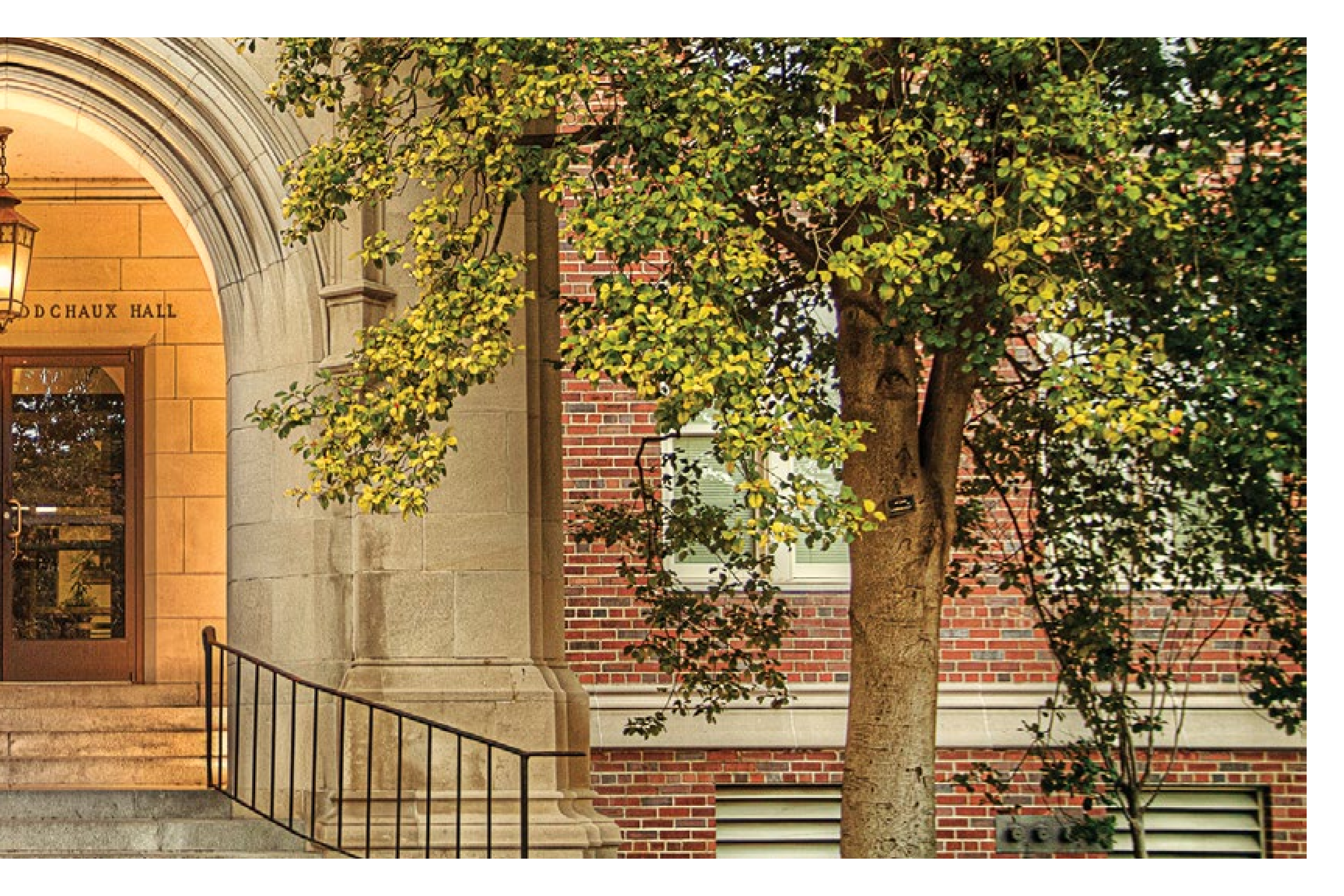
VANDERBILT UNIVERSITY School of Nursing

WELCOME


ODCHAUX 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 2014 DNP graduates lead interprofessional teams in creating meaningful innovations. The scholarly projects of the 2014 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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Terri Allison Donaldson
Director, Doctor of Nursing Practice Program
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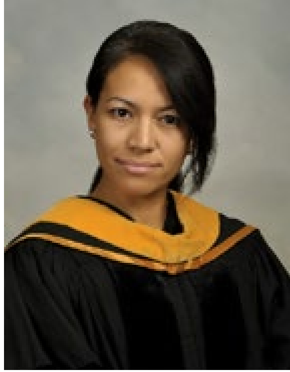


JANE ABANES

DNP, RN, MSN/ED, PMHNP-BC

PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER

Using A Web-Based Patient-Provider Messaging System to Enhance Patient Satisfaction Among Active Duty Sailors and Marines Seen in the Psychiatric Outpatient Clinic: A Pilot Study

Purpose

The pilot study determined the effectiveness of a secure online system on patient satisfaction in a psychiatric clinic.

Methodology

Active duty patients completed pre- and post-surveys using an online internet-based, Health Insurance Portability and Accountability Act (HIPAA) compliant questionnaire. Data were collected retrospectively on satisfaction scores from the surveys prior to implementation of the web-based messaging system then compared to the same satisfaction scores after implementation. Descriptive statistics were used to analyze the results.

Results

Among the 53 patients who were invited to register within the 12-week study, the number of patients who enrolled in the RelayHealth Communication System (RHCS) was 33. Seventeen of the 33 patients initiated messages yielding a 52% utilization rate. The post-survey showed a 96% overall satisfaction rate. Sixty-five percent (13/20) were overall "very satisfied" with web-messaging compared with the phone system, 25% (5) were "satisfied", and 10% (2) were neutral. Seventy-four percent (14/19) of patients rated the respectfulness and confidentiality of interactions with provider and staff as "very satisfied", 21% (4) as "satisfied", and 5% (1) as "neutral." Sixty-one percent (11/18) rated the ease of use and navigation of RHCS as "very satisfied", and 39% (7) as "satisfied."

Implications for Practice

The secure online communication system contributed to patient satisfaction. Provider and front office staff's regular use of the system was essential to the success of the web-messaging. Further research should explore effects of the system to patient satisfaction, patient stress level, clinic no-show rates, provider and staff satisfaction and productivity, access to care, and the number and time staff and providers spend on patient calls.

Daily Determination of Nursing and Physician Workload Based on Predicted Patient Demand in the Emergency Department

KEVIN ARMSTRONG

DNP, RN, MScN

HEALTH SYSTEMS MANAGEMENT

Purpose

The purpose of this quality improvement project was to explore the feasibility of determining nursing and physician workload in the Emergency Department (ED) by forecasting patient demand.

Methodology

Six years of historic patient demand data, from two EDs in New England, was used to develop a forecast of future patient demand. A time series forecasting method called Auto Regressive Integrated Moving Average (ARIMA) was used to generate forecasted patient demand for a six month period. Following that period, the actual demand was then compared to the previously developed forecast. The difference between the forecasted and actual patient demand was analyzed. By including date and time of patient arrival, length of stay, and patient acuity (as measured using CPT code level), patient arrivals as well as nursing workload (number of nurses needed each hour) and physician RVUs per hour were forecasted.

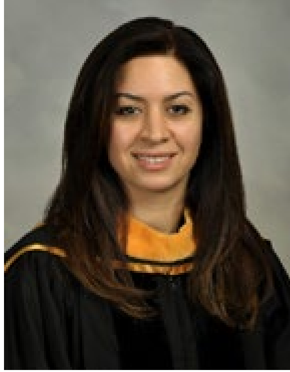
Results

The ARIMA forecast outperformed the naïve forecast by 24.8% in one ED and 22.9% in the other. The naïve forecast, in this project, was the traditional planning model used which assumed an average patient demand, and average nurse and physician workload each day.

Implications for Practice

This project demonstrated that in the two EDs studied, it was possible to predict daily patient demand as well as nursing and provider workload and to do so more accuracy than typical planning methods.

It is possible that by accurately forecasting patient demand variation in the ED, managers can plan to better match staffing resources to forecasted demand thereby increasing the quality of patient care and by reducing the costs of providing care.



SOHEYL ASADSANGABI

DNP, MSN, CNM

CERTIFIED NURSE MIDWIFE

Expectations and Perceptions of Intrapartum Care by Nurses, Physicians, and Nurse-Midwives in an Academic Health Center

Purpose

The purpose of this project was to explore women's satisfaction with intrapartum care provided at Vanderbilt University Hospital (VUH) Labor and Delivery Unit (L&D). The specific aim was to investigate three key concepts, labor support; shared decision-making; and customized patient care, for their impact and consequence on maternal satisfaction.There was a lack of information about patients' views of intrapartum provider care, which did not allow for targeted quality improvement. With the growing number of births at VUH L&D, assessment of patient satisfaction with intrapartum care may be indicated in order to continue to improve the quality of care.

Methodology

A preliminary study of patient's opinion regarding intrapartum care was conducted. A questionnaire was used to assess intrapartum patient satisfaction with provider care through the dimension of patients' expectations and perceptions in three specific domains.

Results

300 women agreed to participate and were given a questionnaire packet with instructions, 191 completed questionnaires (63.66%). Nursing care did not meet participant expectations except for the time spent with patients and support provided to their families. The results suggested that woman's perceptions of physician and midwife care did not meet their expectations in any areas. Providing information emerged as one common concept that was valued by the participants. Evaluation of intrapartum care should be considered separately for nurses, physicians, and midwives with a specific focus on women's expectations for each provider type. Other methods to study the childbirth experience, such as small group discussions or in-depth qualitative studies could be conducted.

Implications for Practice

This project served as a benchmark for future evaluation of intrapartum patient satisfaction. Further knowledge of maternal satisfaction with the childbirth experience could guide intrapartum care that will fulfill patients' expectations and ultimately improve satisfaction.

Evidence Based Care of Homeless Women: A Protocol for Depression

Purpose

The purpose of this project was to examine the healthcare services received by women living in a shelter for the homeless. The specific aims of this project were to: 1) examine the literature for best practices of providing care for homeless women and 2) develop a practice protocol for care based on best practices found in the literature.

Methodology

Fifty charts were randomly selected for review in a medical clinic located in a homeless shelter for women. Information gathered included acute and chronic diagnoses and treatment received, age, gender, and ethnic background. The most common diagnosis was identified as depression. An extensive literature review was done to identify best practices of the treatment of depression in homeless women.

Results

Based on the chart review, 64% (32 of 50) of the women were found to have depression as a diagnosis. Depression was prevalent in all ethnic backgrounds and age groups represented at the shelter. Three clinical practice guidelines were examined and eight research studies were evaluated to find the best evidence to treat depression in homeless women. Based on this review, a practice protocol for depression was developed.

Implications for Practice

Depression is a disease that is present in the homeless population and related to many different factors. The diagnosis is often untreated or undertreated. The protocol developed for this project will be used in the clinic to provide evidence based care for the treatment of depression. After approximately six months of use, the protocol will be evaluated for its effectiveness. Better treatment of depression in the homeless population can potentially improve the quality of life in this vulnerable population.

SARA L. BAUER

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ADULT NURSE PRACTITIONER

EMILY K. BROWNE

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PEDIATRIC NURSE PRACTITIONER-PRIMARY CARE

Body Mass Index Changes in Children with Acute Lymphoblastic Leukemia

Purpose

Children with acute lymphoblastic leukemia (ALL) are identified as having an increased risk of becoming overweight or obese, which can develop during therapy and persist into adulthood (Iughetti, Bruzzi, Predieri, & Paolucci, 2012; Love et al., 2011). Rapid weight gain during therapy, even if later reversed, can add to the physical and psychological morbidity associated with treatment for ALL. The problem facing clinicians is the lack of evidence supporting the timing and nature of interventions to prevent excess weight gain in children actively receiving therapy for ALL.

Methodology

We performed a retrospective analysis of children (n=398) enrolled on Total XV, St. Jude Children's Research Hospital's institutional ALL protocol, between 2000-2007. Body mass index (BMI) z-scores were calculated at multiple time points during the on-therapy and off-therapy periods and analyzed for longitudinal changes.

Results

At diagnosis, children age 1-10 years old had lower BMI z-scores than those age >10. Younger children had a statistically significant increase in BMI z-scores between induction day 19 and start of consolidation (P <0.0001), and surpassed the scores of the older children. The younger cohort had an additional significant increase in BMI z-scores during reinduction II (P=0.03). At the end of therapy, and during the off-therapy period, the BMI z-scores of older children were near baseline, but the younger children's scores remained significantly above their baseline levels.

Implications for Practice

The latter half of induction therapy appears to be the ideal time to introduce interventions to prevent excessive weight gain. Children <10 years of age may benefit the most from such interventions. Care must be taken to balance the goals of wellness promotion during a time of great adjustment for patients and families.

Abundance Model for Home, Purpose, Community and Well-being in a Small House Nursing Home

Purpose
The purpose of this project was to develop a model of care delivery for a small house nursing home, which would provide home, purpose, well-being and involvement with the community.

Methodology
Literature reviews were conducted to identify key components to the provision of home, community involvement, purpose and well-being. Opportunities for improvement of the current small house model of care in the United States and in Europe were also identified utilizing published research and site visits. This information was then synthesized into a new model of care delivery for a small house nursing home incorporating the current regulatory requirements for skilled nursing facilities.

Results
The outcome of this project is *The Abundance Model for Home, Purpose, Community and Well-Being in a Small House Nursing Home*. This model focuses on assisting the elder to live a full and meaningful life; the model honors the individual's need for purpose and giving to others regardless of their level of physical or mental health. Opportunities were created throughout the model to provide for these needs; including a unique staffing model, unique professional roles and approach to care. The environment of care was designed to promote the development of a strong sense of home and also provide as setting that is supportive to a life rich in purpose. Healthcare is provided in the model as a means towards helping the individual elder to live a life full of purpose.

Implications for Practice
In the United States, the fastest growing segment of the population is those older than 85. The growth in this population will increase the need for long-term care services. However, there is widespread dissatisfaction with the traditional nursing home model of care delivery. The *Abundance Model* is a response to the need for a new model of care.

REBECCA CASE

DNP, MS, RN, CNS

CERTIFIED NURSE SPECIALIST

TAAKA MICHELLE CASH

DNP, MPH, MSN, RN, PMHNP-BC

PSYCHIATRIC MENTAL HEALTH FAMILY NURSE PRACTITIONER

Assessment of Evidence-based De-escalation Guidelines in an Inpatient Geropsych Unit

Purpose

The purpose of this quality improvement project was to assess the extent to which nurses assessed symptoms of agitation or aggression prior to administering psychotropic drugs and to establish a baseline for practice among nurses in this particular unit. A second purpose of this project was to determine whether the nurses' actions during the assessment phase of providing care fell at, above, or below e recommended guidelines.

Methodology

The Sir Charles Gairdner Nurse Practitioner's Mental Health Clinical Protocol for aggression and agitation was the tool used to determine a baseline for the process (assessment) and action taken by the nurse. Chart data was collected to determine the current baseline activities for which pre-assessments were given for action phase one (loss of control) or action phase two (risk assessment for aggression), and reflected a baseline for current patterns. The sample of 30 charts was comprised of all geriatric patients older than 55 years of age admitted to the inpatient behavioral unit during the years 2012 and 2013 who exhibited symptoms of aggression or agitation.

Results

The analyzed data suggests for this inpatient behavioral unit, the baseline for which nurses practice at or above in assessing for agitation and aggression without administering a psychotropic is approximately 83%, and the baseline which nurses practice at or below in assessing for agitation and aggression when administering a psychotropic to de-escalate behavior is approximately 17%.

Implications for Practice

These findings reveal that nurses assess for antecedents and warning signs of agitation and aggression despite the absence of tools to guide clinical decision-making. This baseline percentage of compliance will be useful in improving organizational process planning and improving adherence to set guidelines of practice in assessment and use of psychotropic administration.

Exploring the Cost Effectiveness and Impact on Patient Outcomes of Acute Care Nurse Practitioner (ACNP) vs. Registered Nurse (RN) Participation on Rapid Response Teams (RRT)

Purpose

In order to assess the effectiveness of the quality improvement initiative of adding an ACNP to the Medical ICU RRT, a comparison of patient outcomes, interventions, and costs with and without ACNP leadership was analyzed.

Methodology

Matched case-control design was utilized for a sample of 50 patients who received an ACNP led RRT and 50 patients who received an RN led RRT. Data analysis involved the use of descriptive statistical analysis and chi square testing of retrospective data of RRT calls from January 1, 2012 through December 31, 2012.

Results

ICU transfer was more likely with ACNP calls, 36% vs. 48%. Patient's length of stay (LOS) after RRT was not significantly different between the two groups. Code status was addressed by RN led group on 4% of calls vs. 10% of ACNP led calls. Communication by the ACNP with the primary team was documented significantly more than the RN led team, 70% vs. 98%. More interventions were documented by ACNP led team, 90% vs. 50%. ACNP led calls generated a billable note not permitted for RNs for an average collection of $93.83 per call.

Implications for Practice

Based upon project results, implications include the consideration of the implementation and addition of the ACNP to a hospital's RN led RRT. Project results clearly show ACNP led RRTs provide timely, therapeutic interventions and critical communication skills when patients decompensate outside of the ICU. Acute care nurse practitioner led teams provide otherwise lost revenue in settings where they are billing providers. In critical and acute care settings where ACNPs practice, the addition of their skill set is especially useful.

CHERRY B. CHASSAN

DNP, MSN, ACNP

ACUTE CARE NURSE PRACTITIONER

AVNI CIRPILI

DNP, RN, NEA-BC

HEALTH SYSTEMS MANAGEMENT

Newly Graduated RN's Perception of Psychiatric Nursing

Purpose

To examine the how newly graduated RNs hired into the nurse residency program in a large academic center rated the value of psychiatric nursing. The project also examined the newly graduated RNs' perceptions towards psychiatric nursing, undergraduate psychiatric nursing educational experience and mental illness.

Methodology

Data was collected from 33 newly hired graduate RNs in a large academic medical center. The RNs were asked to complete the Nurses' Perception of Psychiatric Nursing questionnaire on REDCap to measure their self-rating of the value of psychiatric nursing and their perception of psychiatric nursing, undergraduate psychiatric nursing educational experience and mental illness.

Results

Newly graduated RNs valued psychiatric nursing giving it an overall rating of 4.27 (SD=0.84) on a 5 point scale. They also agreed that psychiatric nurses make a significant contribution to healthcare (M=4.27, SD=0.57). There was a statistically significant relationship between their perception of their undergraduate psychiatric nursing experience and psychiatric nursing

Implications for Practice

This project provides evidence that psychiatric nurse educators can utilize to examine their own undergraduate psychiatric nursing programs to ensure that they are stimulating and rewarding to future newly graduating RNs. It also provides evidence for nurse executives to examine how their systems can be supportive of undergraduate psychiatric nursing clinical experiences.

Academic Electronic Health Record System Criteria Relevance And Attitudes Toward Adoption In Accredited Schools of Nursing

Purpose

Ascertain nursing faculty's opinion on relevance of selection criteria for Academic Electronic Health Record (AEHR) systems, and obstacles to adopting AEHR systems. Scope: Despite substantial evidence supporting the need for nursing graduates to be skilled users of Electronic Health Record (EHR) systems, schools have been slow to incorporate this content. Few have access to an EHR or AEHR system in the instructional environment.

Methodology

A national online survey was sent to Deans/ Directors of 570 accredited baccalaureate programs, requesting a faculty member with experience or interest in instructional and healthcare technology rate 110 AEHR selection criteria from "not relevant" to "very relevant," and give opinions about obstacles to system adoption.

Results

116 faculty responded. These respondents ranked 95 of 110 (86%) system selection criteria items as highly relevant. Items ranked most relevant were nursing orders, summary discharge plans, teaching and care plans, medication administration functions, allergy alerts, medical history, orders, ancillary results, and case scenarios. The results did not support previous findings that cited faculty's lack of experience and skills using her/AEHR systems as the most significant barrier to adoption. 65% of the respondents said they had used an EHR and rated their experience and skill level using an EHR as high to extensive. Respondents identified lack of funding, high costs of these systems, heavy workload and lack of educational support as the greatest barriers to adoption.

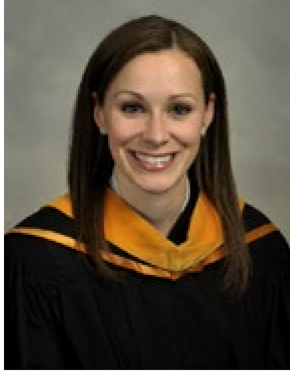
Implications for Practice

Correct faculty's misconceptions concerning AEHR systems' costs; provide faculty instructional support and work release time to integrate AEHR systems into curriculum; and develop a structured checklist that faculty can use to evaluate AEHR systems based on the most relevant selection criteria. Conclusions: Adopting these recommendations can accelerate the implementation of AEHR systems in curricula to better prepare nursing graduates to practice in a highly technological, informatics-rich healthcare work environment.

REGINA COLE

DNP, RN-BC, CPHIMS

NURSING INFORMATICS



COURTNEY J. COOK

DNP, MSN, ACNP

ACUTE CARE NURSE PRACTITIONER

Induced Hypothermia in Neurocritical Care: Establishing a Standardized Shivering Assessment and Treatment Protocol

Purpose

The purpose of this study was to evaluate the assessment and management of shivering in patients who received induced hypothermia (IH) therapy for cerebral edema and refractory intracranial pressure in the neurocritical care population.

Methodology

A retrospective chart review was conducted from January 1, 2012 through January 1, 2013 and included all patients who received IH therapy in a Level I Trauma Hospital. While 11 patients were identified, the final sample size (N=8) was the result of 3 patients having iatrogenic hypothermia. A comprehensive literature review was conducted using the MESH terms "hypothermia, induced" and "brain edema" for human subjects within the past 5 years; 92 articles were identified. Ultimately, 27 articles were included after reviewing each abstract. This literature provided the basis for creating the modified pharmaceutical treatment protocol.

Results

The current method of shivering assessment and management in the Neuroscience Intensive Care Unit was studied and compared to the comprehensive literature review in order to identify strengths and weaknesses of the present care delivery model. Specific areas of interest included: (1) how shivering was assessed (2) what order and/or class of pharmaceuticals was administered (3) and to what degree was shivering resolved. During this study, shivering was documented in 12.5% of patients and was only identified as present or absent. No attempt to qualify or quantify the degree of shivering was utilized.

Implications for Practice

Shivering is a common complication of IH and has been identified as a factor that increases morbidity and mortality. Shivering increases the body's metabolic demands and reduces oxygen and nutrient delivery necessary for brain tissue viability. By establishing a standardized shivering assessment and treatment protocol in the Neuroscience Intensive Care Unit, this complication can be more accurately monitored and consistently managed in order to improve outcomes in this sensitive patient population.

Diagnosis and Treatment of Mild Traumatic Brain Injury in the Non-Deployed Setting

Purpose

The purpose of this project was to develop a clinical recommendation for the diagnosis and management of mild traumatic brain injury (mTBI) for the primary care provider working within the Department of Defense (DoD) or Veterans Administration (VA).

Methodology

A review of current scientific literature including existing clinical practice guidelines (CPG) was reviewed along with the current VA/DoD CPG for the management of concussion was performed.

Results

The state of the science literature was then incorporated into a new clinical recommendation including acute, sub-acute and chronic phases of mild traumatic brain injury. This recommendation was condensed from a 112 page clinical practice guideline to 21 pages.

Implications for Practice

This clinical recommendation, "Diagnosis and Management of Mild Traumatic Brain Injury/ Concussion in the Non-Deployed Setting", has the potential to be a very useful tool for primary care providers evaluating and treating mTBI through the Military Health System. The anticipated result is improved education of providers, leading to improved patient outcomes.

HELEN C. CORONEL

DNP, MSN, FNP-BC

FAMILY NURSE PRACTITIONER

BEVERLY COTTON

DNP, MSN, PPCNP

PEDIATRIC PRIMARY CARE NURSE PRACTITIONER

Clinical Skills Training for Sexual Assault Examiners in the Indian Health System

Purpose

A descriptive comparative design was used to evaluate perceptions of self-confidence and competency among healthcare providers after completion of Indian Health Service's SAE training program. The training was based on a curriculum designed to incorporate culturally appropriate knowledge, improve attitudes, and increase clinical competency related to the identification, prevention, and treatment of sexual violence in American Indian and Alaska Native communities.

Methodology

Data were collected from 59 participants who completed either SAE didactic plus clinical skills training with professional patients, didactic plus direct patient care training, or didactic training only. A modified version of the National League of Nursing's Student Satisfaction and Self-Confidence in Learning Survey (NLN, 2006) was used to assess participants' level of self-confidence and perceived competency with the training they received.

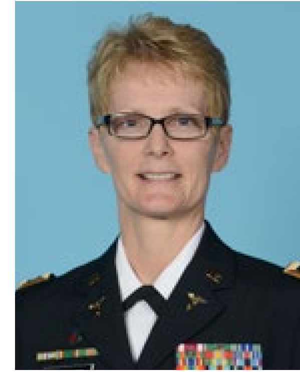
Results

The results revealed no differences among the professional patients and direct patient care training groups in self-confidence. However, the direct patient care training group (M = 4.30, SD = .57) had higher scores in perceptions of competency than the professional patients training group (M = 4.22, SD = 1.03) .The difference was statistically significant (t (146) = -.58, p. = .020). The direct patient care training group also had higher scores in overall perceptions of competency in conducting sexual assault examinations (M = 81.9, SD = 10.5) than the professional patients training group (M = 67.6, SD = 17.8) and the group without clinical skills training (M = 39.7, SD = 29.4).

Implications for Practice

This evaluation suggests that IHS' culturally appropriate SAE training results in providers who feel self-confident and competent to conduct sexual assault examinations. Logistically, IHS should continue to provide clinical skills training with professional patients but should also seek opportunities to provide direct patient care preceptorships through high volume clinics to allow for a variety of training formats.

Development and Implementation of a Palliative Care/End-of-Life Hospital Room and Palliative/End-of-Life Education Program



CHERYL A. CREAMER

DNP, MSN, ACNP-BC, CCNS

ACUTE CARE NURSE PRACTITIONER

Purpose

The purpose of this quality improvement project was to create and implement a designated palliative/end-of-life care hospital room specifically designed to meet the needs of military beneficiaries at end-of-life and provide evidence-based education for the clinical nursing staff.

Methodology

The end-of-life hospital room was designed according to identified patient and family needs in the literature. The teaching and training of the clinical staff was conducted during a two-day course utilizing the End-of-Life Nursing Education consortium (ELNEC) Core Curriculum.

Results

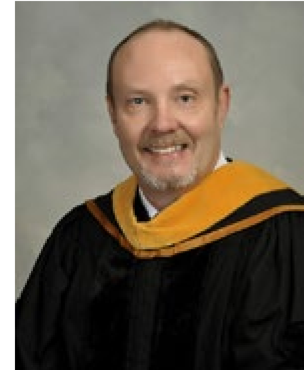
Data analysis consisted of the evaluation of a change in pre-and-post knowledge utilizing the *End-of-Life Professional Caregiver Survey* and pre-and-post death attitudes scores utilizing the *Death-Attitude Profile-Revised (DAP-R)* survey after the implementation of the educational course. The convenience sample consisted of 25 licensed and non-licensed clinical nursing staff on an acute care, medical-surgical unit. The mean clinical experience level for all clinician participants was 1.9 years, including 9 months of prior palliative/end-of-life experience collectively. The average age of participants was 29 years, with 33% male and 66 % female. T-test analysis using repeated measures design was used pre and post educational instruction. There was a statistically significant improvement in aggregate mean scores from pre-and-post knowledge values (*End-of-Life Professional Caregiver Survey*) n=21, t= -8.86, p<0.001, with a mean increase from a score of 55.6 (pre) to 72.7 (post). The *DAP-R* comparison results of pre-and-post testing demonstrated a significant decrease in *Fear of Death and Death Anxiety* for all participants, t=3.47, p= 0.002 and a mean decrease of 25.7 to 22.4.

Implications for Practice

This quality improvement project increased nursing knowledge, decreased fear of death and death anxiety, and provided an environment conducive to promoting dignity during death. These results represent improved practices and contribute to the overall quality of life and care provided to military beneficiaries at Landstuhl Regional Medical Center.

CONGRATULATIONS
DNP GRADUATES!

Initial Visit Clinical Pathway for Patients with Dementia



PHILIP V. DAVIS

DNP, MBA, MSN, APRN

ADULT PRIMARY CARE NURSE PRACTITIONER

Purpose

The purpose of this project was to develop an evidenced based, clinical pathway for the initial evaluation of dementia patients into a primary care or specialty practice.

Methodology

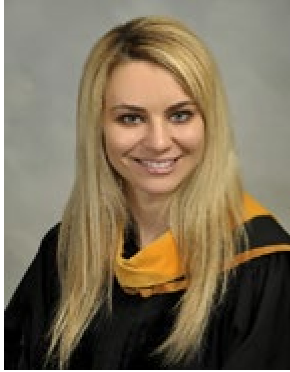
This project followed the integrative review methodology, which is a five stage process. It is designed to bring the best evidence into practice.

Results

This clinical pathway summarizes the best evidence for the first office visits of a patient suspected of cognitive impairment into a single instrument. It is designed to be used in multiple care settings to evaluate patients suspected of dementia or to form a baseline for patients with a dementia diagnosis. The evaluation includes both psychological and physical evaluations so that a complete assessment of the patient's status can be obtained while ruling out other causes for memory loss.

Implications for Practice

The product of this study will improve the ability of the healthcare provider to deliver optimal care, improve the work environment for nurses, improve staff education and provide a vehicle for improved knowledge translation.



OLGA
DAYTS

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ADULT ACUTE CARE
NURSE PRACTITIONER

Evidence-Based Protocol for Diagnosis and Treatment of Catheter Associated Urinary Tract Infection in Adult Neurocritical Care Patient Populations

Purpose

The purpose of this quality improvement initiative was to (1) examine prescribing practices for treatment of CA-UTI within NCU patient population, (2) determine whether these practices followed recommendations in Infectious Diseases Society of America (IDSA) guideline, (3) develop an evidence-based protocol for diagnosis and treatment of CA-UTI in adult neurocritical care patient population.

Methodology

The data analysis consisted of descriptive statistical analysis of retrospective data of all positive urine cultures in NCU at VUMC from July 2011 - June 2012. The unit of analysis was a positive urine culture, classified as CA-UTI. The outcome of interest was prescribing practices for treatment of CA-UTI within NCU patient population and whether these practices followed recommendations of IDSA guideline.

Results

Treatment of CA-UTI in NCU at VUMC over 12-month period was examined. The results revealed that variation in prescribing practices for treatment of CA-UTI within NCU patient population was not consistent with recommendations of IDSA guideline. Out of 40 episodes of CA-UTI, 70% of episodes were treated appropriately, while 30% were treated divergently. Therefore, in phase 1 of this project, evidence-based protocol was developed to standardize practice in diagnosis and treatment of CA-UTI.

Implications for Practice

In phase 2 of this project, evidence-based protocol will be vetted for organizational approval and implementation. Translating research into practice is challenging; however, developing evidence-based protocols may facilitate adoption of evidence-based medicine within organizations. The development of this protocol set the stage for clinical research to determine if it will improve patients' outcomes, decrease antimicrobial resistance, and reduce healthcare costs.

Feasibility of An Annual Skin Screening Clinic for the Medically Underserved

Purpose
The purpose of this project was to implement and evaluate the feasibility of an annual skin cancer screening program for the medically underserved at a free clinic in Marion, Indiana.

Methodology
The project design was a clinical initiative open to all clients of Bridges to Health Free Clinic. Participants were provided with a total body skin exam as well as educational information on sun safety and the importance of skin screenings. Data collected included number of participants, number of provider referrals, number of worrisome lesions discovered and demographic information.

Results
The participation rate of 64.9% supported the feasibility of the skin screening program. The skin screening program allowed for detection of seventeen worrisome lesions and all of these patients were referred to either he small procedure clinic, the general surgeon or the dermatologist for definitive treatment.

Implications for Practice
The project affirmed that clients in this setting are interested in total body skin exams and will participate in the screening program. Furthermore, there were a significant number of worrisome lesions discovered which underscores the importance of this screening exam and the need for healthcare providers to either perform or refer patients for skin cancer screening on a regular basis.

BETH DEKONINCK

DNP, MSN, FNP-BC

FAMILY NURSE PRACTITIONER

STUART D. DOWNS

DNP, MSA, RN, NEA-BC, CENP, CPHQ

HEALTH SYSTEMS MANAGEMENT

A Secondary Analysis of CNO Turnover Rates Within A Large Proprietary Health System: Patterns and Associated Patient Outcomes

Purpose

The purpose of this scholarly project was to examine the Chief Nursing Officer (CNO) turnover rates of a large proprietary healthcare system ("The Corporation") from 2005 to 2012. Primary emphasis of this retrospective data analysis was placed on patterns noted in turnover data, and whether or not an association exists between nurse executive turnover and eight nursing outcomes. Evidence suggests that 62% of CNOs intend to vacate the position within five years for many reasons, which may potentially have a negative impact on nursing outcomes related to the performance of the nation's 2.7 million practicing registered nurses.

Methodology

An eight-year historical databank of turnover and nursing outcomes data from 50 hospitals in 11 states was analyzed. The study was exclusive of subject interviews and surveys, and 28 of the 50 hospitals were used in the final analysis.

Results

The Corporation recognized a 23.4% turnover rate for the 8-year analysis period, which is comparable to national turnover rates of 21% - 25%. Yet, despite an increase of the first year turnover of RNs from 26.0% the year prior to CNO turnover to 32.9% the year after the CNO turnover year, a negative correlation was present between CNO turnover and nurse-sensitive outcomes in hospitals where CNO turnover was recognized.

Implications for Practice

Hospitals should deploy solid succession planning strategies within nursing services in an effort to maintain solid nursing leadership that focuses on optimal patient care outcomes despite the duration of its senior nursing leader, and endeavor to deploy tactics that drive CNO retention. Future analysis should be conducted to determine if there is an association between nursing outcomes and not-for-profit hospitals where there was recognizable CNO retention.

Vanderbilt Anticipatory Care Team (vACT): Health Care Team Effectiveness

NANCYE R. FEISTRITZER

DNP, RN

HEALTH SYSTEMS MANAGEMENT

Purpose

The purpose of this scholarly project was to measure baseline perceptions of team effectiveness and development by administering a modified version of the PeaceHealth Team Development Measure (TDM) to both the patient care team and the unit based team on one orthopedic surgical Vanderbilt Anticipatory Care Team (vACT) unit designated for proof of concert (POC). vACT is an improvement effort utilizing a unit-based provider within a medical-surgical clinical microsystem that has the potential to significantly impact the organization's care delivery model.

Methodology

The TDM is a self-report survey created to measure team development and promote team quality improvement in the healthcare setting. A pre- test design was utilized with the survey tool being administered 30 days prior to initiation of the POC.

Teams then received training on the vACT model, roles and processes using the Agency for Healthcare Quality and Research (AHRQ) TeamSTEPPS® methodology.[19]

Results

Two of the four components of the TDM were in place at the start of the proof of concept; cohesiveness and communication, with two other components, role clarity and goals and means clarity, absent. None of the components was firmly in place

The unit-based POC team has an opportunity to develop into a more effective care team. The team training conducted as part of the proof of concept provided additional skills to enable the team to establish baseline skills.

Implications for Practice

The vACT proof of concept is underway at Vanderbilt and team development is being incorporated as a component of a larger redesign of the delivery of inpatient care. Areas of future emphasis and training must include further role clarity coupled with a more comprehensive understanding of the goals and means the team has available. In addition, the solidification of all components of the team will be an area of emphasis and development.

TAYLOR C. FIFE

DNP, MSN, PMHNP, APRN-BC

PSYCHIATRIC-MENTAL HEALTH ADULT NURSE PRACTITIONER

Impact on Aberrant Behaviors in Persons with Intellectual Disabilities and Co-Morbid Mental Health Disorders: An Observational Review of a Specialized Interdisciplinary Approach to Care

Purpose

This project presents an observational review of how challenging behaviors may be impacted within the context of a specialized interdisciplinary approach in the provision of care for persons with intellectual disability (ID) and co-morbid mental health disorders in the outpatient clinical setting.

Methodology

In 2008 the Behavioral Health and Intellectual Disability Clinic at Vanderbilt (BHID-V) was developed to provide a specialized interdisciplinary model of care for persons with ID and comorbid mental health disorders. This project was based on a retrospective review using data collected from patients who received care at the BHID-V clinic between 2008-2012. The Aberrant Behavioral Checklist (ABC), administered at baseline and 6-month clinic visits was used to assess change in challenging behaviors. Patients were stratified by IQ scores of mild, moderate and severe/profound deficits. Dependent t-tests were conducted comparing baseline and 6-month scores on each of the five subscales on the ABC.

Results

Of the 245 patients receiving care at BHID-V, 48 patients had ABC measures at baseline and 6-months. No significant differences were found in the mild and severe/profound ID patients across the five ABC subscales. In the moderately ID patients significant reductions between baseline and 6-month ABC scores were found for inappropriate speech ($M=2.4$, $SD=2$, $t(13)=2.3$, $p \leq .05$) and hyperactivity ($M=8.5$, $SD=2$, $t(13)$, $p \leq .05$).

Implications for Practice

Project findings suggest that there may be an association between reduced inappropriate speech and hyperactivity in persons with moderate ID from a specialized interdisciplinary team. While limited by sample size, this project provides support for the use of a specialized interdisciplinary team approach to care for persons with ID and co-morbid mental health disorders and the need for systematic completion of outcome measures at clinic visits linked with specific services received to enable future evaluations.

Adolescent Sexuality, Pregnancy, and Contraception: Educating Mothers of Adolescents in Rural Georgia

BETH ANN GIST

DNP, MSN, CNM, WHNP-BC

CERTIFIED NURSE MIDWIFE / WOMEN'S HEALTH NURSE PRACTITIONER

Purpose

The purpose of this project was to increase the knowledge base of a group of mothers of adolescents regarding adolescent sexuality, the consequences of teen pregnancy, and facts regarding contraceptives.

Methodology

Recruitment of participants was through an open invitation to mothers of adolescents in a Catoosa County, Georgia church. The two-hour educational session included 27 participants and used a pre-post-test design. Between testing, the participants were provided with a teaching session regarding teen sexuality, consequences of teen pregnancy, and facts about contraceptives.

Results

The knowledge level increased following the educational session as evidenced by the post-test mean score of 9.7 (97%) over the pre-test mean score of 6.11 (60%). One hundred percent of participants expressed that following the educational offering, they were more likely to talk to their teen(s) about sex and the consequences of teen pregnancy. With respect to being more likely to discuss methods of birth control with their teen(s), 24 (89%) stated "yes" and three (11%) replied "not sure". These three women desired additional information about contraception.

Implications for Practice

Health care providers working with adolescents need to include parents when discussing the above mentioned topics. When knowledge level increases, parents are more likely to speak to their children regarding these topics, and teen pregnancy rates should decrease.

SANDRA L. GREENO

DNP, MSN, RN

HEALTH SYSTEMS MANAGEMENT

An Evaluation of Nurse Leadership Education and Training Processes

Purpose

The purpose of this project was to explore whether experiential learning concepts are being used with nursing leadership higher education and within workplace training programs. Additionally, other teaching processes used with these programs to enhance nurse leader skills, confidence, and effectiveness were examined.

Methodology

This was an exploratory project that involved the analysis of new nurse leaders self reported leadership skills strengths, weaknesses, and learning needs before their inpatient care area implemented a new leadership model. The other items collected in the survey were origins of leadership knowledge, teaching strategies, and demographics. Additionally, the project involved the examination of the online courses and teaching methods used in a school of nursing masters of science leadership and management program.

Results

The analysis of nursing leadership higher education and leadership skills of new nurse leaders revealed further study is needed to identify the areas of leadership education and training that would benefit from the use of experiential learning concepts to enhance new leader self confidence and effectiveness.

Implications for Practice

Consider the impact of the nurse leader on the lives of nurses and other staff as well as managing a complex clinical operation. Nurse leaders are exposed to theories, concepts, and principles from multiple disciplines throughout higher education and with on the job training. When the nurse begins a new leadership position, the integration of that knowledge with the real world frequently occurs as the leader encounters issues that need to be resolved. Using experiential learning model would enhance the new leader's skill level and confidence to deal with the predictable, unexpected human behaviors, and issues. By practicing leadership skills in an artificial environment, the concepts and theories learned transition from conceptual to a concrete experience thereby enhancing the nurse leader's confidence.

A Picture is Worth a Thousand Words: Improving Surrogate Decision-Making in Traumatic Brain Injury

Purpose

This project serves to evaluate the effect of providing detailed information regarding a patient's traumatic brain injury (TBI) via computerized tomography scan for a visual cue on surrogate decision making.

Methodology

Surrogate decision-makers for patients admitted to Carolinas Medical Center diagnosed with TBI with a Glascow Coma Scale Score of eight or less were asked to participate in this study. A total of ten surrogate decision makers were shown a normal Computerized Tomography (CT) brain scan in comparison with their loved one's CT brain scan with the injury. The injury was identified on the scan as well as information was given on the basic function of that area of the brain. At the time of discharge whether by death or transition to a lower level of care, surrogates were given a survey to evaluate what was helpful in making decisions.

Results

In comparing verbal communication and visualization of the CT scan for helping surrogate decision makers, visualization was slightly more helpful with a mean of 4.7 ($SD = 0.67$). The mean for verbal communication was 4.1 ($SD = 1.29$). One hundred percent of participants reported that time spent with the nurse practitioner was extremely helpful in making decisions regarding their loved one's care ($M = 5.0$, $SD = 0$).

Implications for Practice

This intervention is effective in supporting surrogates through the decision making process and warrant inclusion in communication for those who are responsible for patients who have endured a TBI. The most significant finding of this project was the importance of spending time with surrogates in order to help them with decision-making. This intervention will allow for surrogates to feel comfortable in making the correct decisions.

BRITNEY SUMMER HAGY

DNP, ACNP-BC

ACUTE CARE NURSE PRACTITIONER

KAREN HANDE

DNP, MSN, ANP-BC

ADULT PRIMARY CARE NURSE PRACTITIONER

Measuring Endoscopic Performance for Colorectal Cancer Prevention Quality Improvement in a Gastroenterology Practice

Purpose

Colorectal cancer (CRC) is the third leading cause of cancer death in the United States, but the majority of cases are thought to be preventable by the use of screening colonoscopy. A gastroenterology private practice lacked quality measures to evaluate the practice's efforts to prevent CRC. This project assessed the practice's adherence to CRC prevention (CRC-P) benchmarking measures regarding colonoscopy performance.

Methodology

Colonoscopy performance data were gathered from 90 chart reviews using a modified form of The Colorectal Cancer Prevention Data Collection Form, including age, gender, documentation of CRC risk assessment, recommended post-polypectomy and post-cancer surveillance time, presence or absence of colorectal polyps, cecal intubation, adenoma detection rate, quality of bowel preparation, and colonoscope withdrawal time. The practice stakeholders and the primary investigator reviewed the data, identified practice deficiencies, conducted root cause analysis, and developed practice changes to implement.

Results

The practice was substandard in documenting CRC risk assessment, recommendation for surveillance and absence or presence of polyps, and mean colonoscope withdrawal time. The practice met the standards for cecal intubation rate (100%), mean adenoma detection rate for males (33.7%) and females (30.1%), and quality of bowel preparation (91.5%). System issues were discovered as the root cause for practice deficiencies. Opportunities for improvement included routine documentation of all standardized metrics for each colonoscopy performed, completion of CRC risk assessment for every patient, provide recommendations for future surveillance, and measure colonoscope withdrawal time. Implementing the prioritized recommendations and routinely benchmarking care are warranted to ensure effective practice to improve outcomes for CRC-P.

Implications for Practice

Achieving higher-value care has led to increased efforts to improve systems for measuring care, using these measures for quality improvement and directly linking quality outcomes to reimbursement. Benchmarking outcomes provides clinicians with useful comparisons to set targets for improvement and demonstrate excellence.

Development of an Assessment Tool to Measure Maternal Perception of the Effectiveness of Attending Childbirth Education Classes

NICOLE HERNDON

DNP, MSN, RN, NEA-BC, NNP-BC

HEALTH SYSTEMS MANAGEMENT

Purpose

Development of an evidence-based tool to assess the mother's perception of the effectiveness of a childbirth education program that takes into consideration maternal health literacy and cultural appropriateness.

Methodology

MEDLINE, CINAHL (Cumulative Index for Nursing and Allied Health Literature), PSYCInfo, and ERIC databases were used for an electronic literature search to identify appropriate research articles published in English from 1995- 2013. Inclusionary criteria included the following: (a) studies with childbirth education as an intervention, (b) studies evaluating the effectiveness of childbirth education, (c) studies related to health literacy and childbirth education, (d) tools to measure a woman's satisfaction with childbirth education, and (e) tools to measure self-efficacy.

Results

A systematic review of the literature found that four factors—personal expectations, the amount of support from caregivers, the quality of the caregiver-patient relationship, and involvement in decision making—override the influences of age, socioeconomic status, ethnicity, childbirth preparation, the physical birth environment, pain, immobility, medical interventions, and continuity of care, when women evaluate their childbirth experience. Expectations are context specific, therefore cultural consideration is necessary to consider. Few patient satisfaction studies included the patient's perception of care, were grounded in theory, and reported the instrument used or psychometric data obtained. Specific studies that use valid tools to measure maternal patient perception are few. A combination of the Postnatal Parent Expectations Survey and the Mackey Childbirth Satisfaction Rating Scale were used to develop the assessment tool.

Implications for Practice

This assessment tool can be used to collect data on the childbirth class participants, including demographics/sociodemographics, health literacy level, and perspectives on the effectiveness of the education received in childbirth class to improve childbirth class curricula. The tool is applicable to capturing data for descriptive, retrospective, cross-sectional design studies on the effectiveness of any childbirth education class.

CHRISTINA CAMILLE HUDSON

DNP, MSN, APRN, FNP-BC, PMHNP-BC

PSYCHIATRIC MENTAL HEALTH FAMILY NURSE PRACTITIONER

Cultural Expressions of Intergenerational Trauma and Mental Health Nursing Implications for U.S. Health Care Delivery Following Refugee Resettlement: An Integrative Review of the Literature

Purpose

The purpose of this integrative review of the literature is to examine cultural expressions of intergenerational trauma among refugees following resettlement, and to determine culturally sensitive mental health care practice implications for healthcare providers working in U.S. health care delivery.

Methodology

Data was collected utilizing a comprehensive computer-assisted search in CINAHL and PsychARTICLES / ProQuest from 2003 to 2013 of full text, peer-reviewed, scholarly journal articles, published in English using search terms refugee, cultural expression, and trauma (intergenerational, collective and historical). Eight articles met selection criteria and were analyzed using Gadamer's philosophical interpretation of play, symbolism, and festival in *The Relevance of the Beautiful*, which provides a relevant framework for classifying data extracted from the literature.

Results

Six recurrent themes were identified important to refugee healthcare delivery: silence, communication, adaptation, relationship, remembering, and national redress.

Implications for Practice

When providing healthcare to refugees, practitioners need to: 1) evaluate the role of silence in refugee healthcare delivery as an aspect of protection or nondisclosure; 2) be aware of the cultural influences on communication patterns that may influence the risk of intergenerational transmission and the refugee's ability to assimilate into the community; 3) understand the role of adaptation in grief related to past trauma; 4) understand that remembering, both individually and collectively, can reflect the loss and suffering experienced individually and communally; 5) appreciate that artistic modes of expression may play an important role in processing grief; and 6) be mindful that relationships are critically important to the refugee community in relation to individual expression of intergenerational trauma. Practitioners can influence public policy and need to be aware of the significance of making amends through the role of government and national redress in relation to populations who have experienced historical trauma.

What Factors Influence Term Pregnant Women in a Midwifery-Led Practice to Elect Self-Intervention for the Purpose of Cervical Ripening or Labor Induction

Purpose

The purpose of this initial exploration was to identify whether term pregnant women in a nurse-midwifery led practice used complementary alternative therapies (CATs) for the purpose of cervical ripening and labor induction (IOL), what type of CATs were used, and what influenced their decision.

Methodology

A questionnaire was designed based on findings in the literature. This questionnaire was completed by women during their scheduled postpartum visit.

Results

Of the 60 women who participated in this project, 39 (65%) reported that they used one or more CATs to enhance cervical ripening or IOL. The most common methods were walking (74%) followed by vaginal intercourse (69%). The main sources of information regarding CATs came from family and friends (74%) and health care providers (62%) followed by the internet (54%). The factors that most influenced CAT use were "fear of a medical IOL" (62%) and "felt these methods were safe to use in term pregnancy" (59%).

Implications for Practice

The use of CATs is prevalent in this practice setting despite the paucity of evidence on safety and efficacy. Certified nurse midwives should facilitate open dialogue with patients regarding risks and benefits of CATs, as well as provide educational initiatives. Future research initiatives are warranted in order to provide evidence regarding safety and efficacy with CAT use in pregnancy.

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CERTIFIED NURSE MIDWIFE

M. THERESE JAMISON

DNP, ACNP-BC

ACUTE CARE
NURSE PRACTITIONER

Methods to Prevent Hospital Readmissions 30 Days After Coronary Artery Bypass Graft Surgery (CABG)

Purpose

The purpose of this scholarly project was to design an action plan to prevent hospital readmissions 30 days after CABG surgery. The aims of this project were to:
1.) identify at risk or vulnerable patients for readmission, 2.) redesign current discharge-teaching processes for patients and families, and 3.) formulate a clinical practice protocol to prevent hospital readmissions.

Methodology

An extensive review of the relevant literature and site visits to academic and community hospitals was conducted to identify best practice for the transitions in care delivery from pre-admission to 30 days after CABG surgery.

Results

A tracking tool was developed to identify at risk or vulnerable patients for hospital readmission, discharge-teaching handouts were redesigned for the electronic medical record for patients and families after CABG surgery, and a clinical practice protocol was formulated to prevent hospital readmissions 30 days after CABG surgery. The clinical practice protocol is a comprehensive pathway across the care continuum that was founded in interprofessional and multidisciplinary team building and best practice.

Implications for Practice

Retrospective data will allow clinicians to identify at risk or vulnerable patients for hospital readmissions. The implementation of the action plan will be analyzed over a one-year period starting July 1st, 2013. The retrospective data will serve to inform the interprofessional and multidisciplinary team on future revisions to the action plan.

Structural Empowerment and Role Definition of Unit-Based Advanced Practice Registered Nurses (APRN)

Purpose

The purpose of this scholarly project was to define and implement the role of the unit-based APRN within the proof of concept unit for an innovative model of care, the Vanderbilt Anticipatory Care Team (vACT). An addition purpose was to explore the validity of a proposed concept map for structural empowerment of inpatient APRNs.

Methodology

The role description and implementation plan for the unit-based APRN were developed through the use of Bryant-Lukosius and DiCenso's (2004) PEPPA framework. The principles of participatory action research embedded in the PEPPA framework were used to analyze qualitative and quantitative data to determine deficiencies in care that could be improved by the APRN role.

The structural empowerment concept map was evaluated and revised through structured interviews of 10 inpatient APRNs in current practice. The qualitative data obtained from these interviews was used to revise the proposed concept map.

Results

An innovative APRN role was developed, defined and implemented with specific foci designed to address deficiencies in the current care delivery model. Qualitative data related to structural empowerment obtained through interviews of APRN participants supported the importance of concepts outlined in the proposed concept map. The concept map was also revised to include physician attitudes and behaviors as an additional contributor to structural empowerment.

Implications for Practice

The results of this scholarly project have the potential to impact practice by providing an example of an innovative APRN consistent with the IOM (2011) recommendations. The proposed concept map for structural empowerment of inpatient APRNs also has the potential to inform leadership practices that promote the success of future APRN roles.

PAMELA JONES

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HEALTH SYSTEMS MANAGEMENT

APRIL N. KAPU

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ACUTE CARE NURSE PRACTITIONER

Quality and Financial Impact of Adding Nurse Practitioners to Inpatient Care Teams

Purpose

The purpose of this scholarly project was to examine the financial impact of adding nurse practitioners (NPs) to inpatient care teams at Vanderbilt University Hospital.
SCOPE: National initiatives targeting quality, safe and cost-effective health care have created the optimal environment for NPs to showcase their abilities and contributions. Identifying outcomes that are directly affected by NPs and quantifying data in terms of dollars can make a powerful statement in the valuation of NP practice. Value can be garnered in terms of revenue generation and cost-effectiveness of hiring NP providers, however a considerable financial impact can be in cost avoidance and cost savings by means of NP associated outcomes of care.

Methodology

This was a retrospective, secondary analysis of return on investment after adding NPs to 7 teams, either primary, dynamic intervention and/or unit-based. Institutional software was used to abstract billing, acuity and length of stay data and NP-associated quality metrics. Billing data and average length of stay were compared to designated years pre and post adding NPs, converted to risk-adjusted scores and compared internally and externally utilizing the University Health Consortium (UHC) database.

Results

Gross collections compared to expenses for 4 NP-led teams for 2 year time periods were 62%, 36% and 47% with 2 teams having a positive margin of +60% and +32%. Average risk adjusted length of stay for 5 teams pre and post adding NPs, compared to hospital and UHC for each respective time period was 1.11/.94, 1.19/.92, 1.39/1.25, 5.37/3.59, 1.1/.99. Dashboards demonstrated quality data via adherence to team standards of care.
RECOMMENDATIONS: Adding NPs to inpatient care teams can improve delivery of quality, cost-effective care.

Implications for Practice

This project demonstrated the value of adding NPs to inpatient care teams by means of generated revenue, reduction in length of stay and standardization of quality care.

Mercury Courts Clinic House Calls Program: Guideline Development

LAUREN LAKVOLD

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FAMILY NURSE PRACTITIONER

Purpose

Recognizing resident need for increased access to primary care services, a subsidized housing provider, Urban Housing Solutions (UHS), partnered with Vanderbilt University to open Mercury Courts primary care clinic. Though the clinic represents great progress towards meeting many needs of the target population, the interprofessional team realized this population's degree of vulnerability warranted the initiation of a new home-based service line. The overarching goal of this project was to establish an innovative, sustainable, and cost-effective healthcare delivery method that would improve the health status of this population. Therefore, this project focused on the development of an evidence-based and population-specific guideline for medical home visits for home bound, frail elders, and other low income adults with complex medical conditions within an urban, low income, and medically underserved community.

Methodology

The first step of the project included a needs assessment comprised of several interviews with key informants, including the health service coordinator, health advocate, and UHS service coordinators. UHS residents were also interviewed using a newly developed health perception and information survey. Survey data was analyzed using descriptive statistics, and key themes from the interviews were extracted and analyzed. Information from the needs assessment and a literature review were used to draft the first guideline.

Results

The results clearly indicated this unique population would not derive maximum benefit from a traditional house calls program. Thus, the scope of this new service expanded to a Mobile Care Coordination Service, which will be first and foremost, a community-based program that provides 1) enhanced care coordination, 2) house visits (medical and non-medical), and 3) community outreach.

Implications for Practice

The needs assessment clearly indicated the need for expanded clinic services; therefore, the clinic will utilize this newly developed guideline to direct the initial launch of the Mercury Courts Mobile Care Coordination service.

BRANDI J. LAMBERT

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ADULT PRIMARY CARE
FAMILY NURSE PRACTITIONER

Integration of a Child Dietary Education Program into a Private Practice

Purpose

The purpose was to implement a clinic-based healthy lifestyle education intervention for elementary school-age children using the evidence based curriculum by The Organwise Guys (OWG) Company.

Methodology

A Pre-test was given to each of the 11 participants in the first week of the 4 week program. This test helped to determine the child's knowledge of healthy eating and exercise habits prior to going through the curriculum. After the 4 sessions, a post-test was given to each child who completed the entire program (p=9). The answers to the questions were then grouped by class/age and evaluated for knowledge improvement.

Results

The sample consisted of mostly girls (89%). Kindergarten test results were unchanged. However, first, second, third and fifth grade participants all had improved test scores; an increase of 7.14%, 6.67%, 50%, and 8.33%, respectively. There were 2 children who did not finish the program and their pretests were not included in the above scores. Fourth grade was not represented in this project due to lack of volunteers from that age group.

Implications for Practice

This program introduces a new way of informing young patients about the importance of healthy lifestyle choices. This education technique can be implemented in pediatrician and nurse practitioner offices in an effort to combat childhood obesity.

Quality Improvement in Newborn Screening: Barriers to Timely Notification, Referral and Care

Purpose

The quality improvement project explored the impact of an intensive educational workshop on the identified knowledge deficit of primary care providers on matters of inborn errors of metabolism detected on newborn screening. The objective was to determine if developed tools for primary care health professionals could develop a greater knowledge, understanding and confidence with newborn screening thereby improving timeliness of care.

Methodology

Pediatric primary healthcare providers participated in a developed educational workshop entitled, ACTION (Advocating Care for Timeliness In Outpatient Newborn screening) with curriculum covering the newborn screening process and an overview of the metabolic conditions included on Newborn Screening in the State of Virginia. Participants completed two surveys: a baseline (pre-workshop) and a 2-month post workshop. The surveys assessed the participant's knowledge and confidence on matters of newborn screening and metabolic diseases. The Iowa Model of Evidence-Based Practice and Theories of Integrated Care provided the theoretical framework.

Results

Although using a small sample size this quality improvement project demonstrated that primary healthcare providers may often have many misconceptions, poor understanding and low to moderate confidence on matters of newborn screening and inborn errors of metabolism. Furthermore, the findings are consistent with improvements in perceived knowledge, comfort and confidence in newborn screening and the metabolic disorders screened following the implementation of educational interventions.

Implications for Practice

As evidenced by this project, there is a clear need for newborn screening, genetic and metabolic education for primary care providers given their increasingly involved role in genetic tests and diseases of patients in their care. With educational interventions and more accessibility to resources and improved interdisciplinary collaborations provider knowledge and confidence could be improved. Results highlight areas for improvement of provider knowledge and confidence that may be utilized to develop a minimum standard of care of genetics and metabolism in primary care.

NICOLE L. LAVIN

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PEDIATRIC NURSE PRACTITIONER-PRIMARY CARE

The Use of Fresh Whole Blood and its Effect on Survival Rates in Massive Trauma: Review of a War Trauma Database

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CERTIFIED REGISTERED NURSE ANESTHETIST

Purpose

Using an established war trauma database, this project sought to determine if fresh whole blood administered in the wartime environments of Iraq and Afghanistan was associated with improved patient outcomes after life threatening hemorrhage compared to those patients transfused with recommended ratios of stored component therapy.

Methodology

This was a retrospective study of US Military combat casualties who received massive blood transfusions, primarily after penetrating trauma. Two groups were compared - those who received fresh whole blood (FWB) and those who received 1:1:1 component therapy (CT) according to an established massive transfusion protocol. The primary outcome was 28 day survival while secondary outcomes included ICU, ventilator and total number of hospital days.

Results

Of 955 patients analyzed there were 117 in the FWB group and 838 in the CT group. The primary outcome, 28 day survival, was significantly higher in the CT cohort as compared with the FWB group, 782 of 838 (93%) versus 95 of 117 (81%) respectively ($p=0.005$). However, injury severity scores were higher and extent of hemorrhage was greater for the FWB group along with prolonged secondary outcomes measured. The mean ICU stay, total ventilator days, and length of hospitalization were all higher for the FWB group.

Implications for Practice

The results of this project indicate fresh whole blood was selected over component therapy for more severely injured patients in the war zone. This evidence and previously published retrospective studies suggest fresh whole blood is more effective than 1:1:1 component therapy in treating massive hemorrhage and the acute coagulopathy of trauma. Unfortunately, the success with the use of fresh whole blood has failed to change transfusion practices in US trauma centers. Prospective, randomized clinical trials comparing the use of fresh whole blood and component therapy in civilian trauma centers are needed.

Evaluation of a Monitoring Intervention to Improve Timeliness of Care for Veterans with Signs of Lung Cancer

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ADULT PRIMARY CARE NURSE PRACTITIONER

Purpose

The purpose of this project was to evaluate the impact of an interdisciplinary quality improvement intervention to improve timeliness of care for veterans presenting with signs of lung cancer within the VA Tennessee Valley Healthcare System. The intervention was a reporting code used by radiology with subsequent monitoring by the pulmonary nurse practitioner who initiated appropriate lung nodule follow up or timely initiation of lung cancer treatment. The intervention was developed to expedite identification of suspicious lung nodules and was implemented as standard of care in September 2011.

Methodology

The study population consisted of two groups of retrospective chart reviews of veterans with abnormal lung nodules identified during the time period of June 1, 2013 through August 31, 2013. These data were obtained through electronic lists of radiographic images generated by two separate radiology codes, which captured veterans with lung nodules through monitoring of the lung nodule code (n=268) and generic radiographic abnormality code (n=131). Charts were assessed for demographic data, smoking history, lung nodule characteristics, and the number of days between abnormal image to acknowledgement to the next clinical step.

Results

62 (23%) veterans identified through monitoring of the lung nodule radiology code and 29 (22%) veterans identified by the generic abnormality radiology codes required initiation of further follow up care by the pulmonary nurse practitioner. Consequently, these individuals may not have received appropriate lung nodule follow up or timely care without this monitoring intervention.

Implications for Practice

The results of this study suggest that the monitoring intervention had a clinically significant impact on the appropriate and timely management and evaluation of lung nodules. The study also characterized the status of an ongoing lung cancer initiative within the current system of care and identified meaningful areas for further process improvement and interdisciplinary collaboration.

ELIZABETH MORSE

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FAMILY NURSE PRACTITIONER

Culturally Appropriate Appointment Reminders: Assessing The Communication Preferences Of Patients With Limited English Proficiency

Purpose

The purpose of this DNP project was to assess the communication preferences and the telephone, text and email usage of Spanish- and Arabic-speaking patients with LEP who attend the Center for Women's Health (CWH) at VUMC.

Methodology

220 Spanish and Arabic-speaking patients were surveyed using an instrument designed to capture the experience of LEP patients receiving telephone messages from VUMC in English, how these patients currently use SMS technology and/or access email, the costs they incur for these services, and their preferences for and receptiveness to receiving appointment reminders or making appointment cancellations through a variety of modalities including text, email, phone or direct mail.

Results

55% of patients surveyed reported either not receiving an appointment reminder, or reported difficulty understanding the reminder they did receive (n=220). This suggests that the current system is both inefficient and culturally inappropriate and may be contributing to the no-show rate of patients with LEP. 91% of all patients surveyed preferred to be contacted in their primary language regardless of their ability to read, write, speak, or understand English. Significant variation in preferences was found within and between language groups suggesting that we focus our efforts on data collection systems that capture patient preferences, thereby informing effective, appropriate HIT and appointment reminder systems.

Implications for Practice

This project offers missing data on the preferences of Spanish and Arabic-speaking patients and strongly suggests that creating language appropriate appointment reminders in both phone and text formats might decrease the no-show rate among patients with LEP. Additionally, creating these options now reflects Vanderbilt's commitment to honoring the preferences of all patients and not just those patients who speak the dominant language. Such mindfulness is in accordance with accreditation guidelines defined by CMS and The Joint Commission. This project highlights how addressing a seemingly small inefficiency in the system may improve quality and continuity of care rather than contributing to existing health disparities.

Implementation and Evaluation of A Usability Checklist In The Design of An Electronic Medical Record

Purpose

To implement and evaluate a usability checklist in a redesign of the electronic medical record (EMR) deployed in the mother-baby and neonatal intensive care units at the University of Kentucky.

Methodology

A usability checklist was adopted and modified based on a review of the literature for attributes of usability. This checklist was incorporated in the iterative design phase of a redesign of electronic medical record nursing documentation for OB/ Mother-Baby and NICU patient populations. The checklist was further utilized in the user acceptance testing to ensure screen design and data flow was acceptable. Satisfaction was measured pre and post system redesign using the computer system usability questionnaire (CSUQ). Efficiency metrics measured human performance and interaction with the system pre and post system redesign using a keystroke-level model (KLM) program Autoit mouse recorder.

Results

The analysis was computed using a paired t test. Pair 1, the PRECentimeters = 835.11 and the POSTCentimeters = 374.33 (p=.00028) reflecting decreased mouse scrolling. Pair 2 the PREMouseClicks = 246.56 and the POSTMouseClicks = 142.96 (p=.00051) reflecting decreased mouse clicks. Pair 3 reflected a PREKeyPresses = 216.89 and a POSTKeyPresses = 115.15 (p=.00004) reflecting a decrease in the keystrokes. Lastly, the Pair 4 results reflected a PRETime = 0:12:48.10 and POSTTime = 0:07:01.26 (p=.00005) reflecting a 45% decrease in nursing time documenting. CSUQ satisfaction (n=188 pre and n=79 post) experienced a 42% return rate with an overall mean increase from 4.01 to 4.93 reflecting a 22.5% increase.

Implications for Practice

Implementation of a usability checklist provides a focus on the user interface design to enhance the efficiency and satisfaction of the electronic medical record. This study demonstrates that focusing on usability may provide a more efficient way to document requiring less time in non-patient care tasks and increase the end-user satisfaction with the EMR tool. This checklist should become standard work to improve EMR success.

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NURSING INFORMATICS

PHILLIP YEE PARCON

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ACUTE CARE NURSE PRACTITIONER

Evaluation of the Clinical Effectiveness of Care Bundle Implementation in the Competency of Care of Critically Ill Patients

Purpose

To promote critical care practice standards and improve patient-goal directed care using a critical care bundle methodology in two adult intensive care units of a 502-bed community hospital. Three project objectives were established as follows: (a) identify a practical ICU-specific care bundle mnemonic in recalling the vital needs of the ICU patient, (b) provide a stepwise approach to optimize ICU evidence-based care, and (c) evaluate the clinical application of the critical care bundle in the ICU patient care continuum.

Methodology

Knowledge aptitude among the critical care team was measured before and after an educational workshop introducing the FAST HUGS BID* critical care bundle concept and implementation plan using Vanderbilt University's REDCap electronic data capture software. Clinical quality indicators of the care bundle were established and used to gauge compliance and adherence to recommended ICU clinical practice guidelines. Employment of the care bundle was observed during handoff communication and appraisal of care performance. (**FAST HUGS BID*** - ***F****eeding,* ***A****nalgesia,* ***S****edation,* ***T****hromboprophylaxis,* ***H****OB elevation,* ***U****lcer prophylaxis,* ***G****lycemic control,* ***S****kin Care,* ***B****reathing trial,* ***I****ndwelling catheter,* ***D****elirium*).

Results

Knowledge competency of the critical care team did not change significantly after the educational workshop, with the exception on the element on glycemic control in ICU. However, there was significant observed improvement in clinical practice compliance and adherence to clinical practice guidelines and in care bundle utilization in actual practice.

Implications for Practice

Practice gaps in ICU could mean harmful clinical patient outcomes. To attain efficacy in the management of the complex ICU patient, hospital systems must integrate multidisciplinary educational and clinical strategies that optimize care coordination and awareness of shared interprofessional accountability and collaboration across the patient care continuum. The application of the care bundle mnemonic in ICU exhibited practice changes supporting for better systems of care performance. Further investigations should be conducted to measure the impact of the FAST HUGS BID care bundle methodology on patient clinical outcomes.

Vessel Health and Preservation: Integration of Guidelines and Best Practice Recommendations into Clinical Practice

CATHY
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ADULT NURSE PRACTITIONER

Purpose

The purpose of this project was to determine the association between the timeliness of vascular access device (VAD) selection with phlebitis, infiltration and extravasation rates in an adult medical-surgical unit by developing and then evaluating the pre and post-implementation results of a vascular access algorithm within 48 hours of admission.

Methodology

Data were collected from 50 patients admitted to the pilot unit within 48 hours of admission, pre and post-implementation. Pertinent data points included: age, date of admission, number of venipuncture attempts prior to consultation, number of VADs since admission, vascular access history, vascular access integrity, admitting diagnosis, comorbidities, current medications, presence of infiltration, extravasation, or phlebitis at time of consultation, and requesting service. Data were analyzed to compare results pre and post implementation.

Results

Twelve patients (24%) were found to have an infiltration or extravasation; two patients (4%) had chemical phlebitis at the time of consultation. During the pilot period, patients averaged 11.1 venipuncture attempts to establish or maintain peripheral IV access within 48 hours of admission.

Implications for Practice

Successful early VAD assessment requires a multidisciplinary effort. This project demonstrated there are specific diagnoses that are associated with frequent venipuncture attempts and may require prolonged vascular access. The combination of these factors along with the high number of venipuncture attempts further demonstrated that venous depletion is a growing problem. A proactive approach to VAD selection early in the hospital course is essential to preserve vessels for future access.

The Role of Therapeutic Alliance In Medication Management of Depression

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PSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER

Purpose

While stronger therapeutic alliance (TA) has been shown to decrease premature dropout in psychotherapy for depression, the evidence for whether TA improves outcome during medication treatment is mixed. This project examined the therapeutic relationship between clinician-patient interactions during treatment with antidepressant medications.

Methodology

The sample consisted of 77 patients on medication from a randomized controlled trial for major depressive disorder. TA was measured by the patient rated version of the Working Alliance Inventory (WAI). Treatment outcome was measured by the Hamilton Rating Scale for Depression (HRSD).

Results

Higher levels of TA did not predict symptom change early in treatment (week 2). However, WAI scores at week eight did predict a change in HRSD ($\beta = -.31$, $p = .012$). This same pattern held with rates of remission and premature drop out. Week 2 data were not significant for either survival analysis, but for week 8, each unit increase in WAI increased the likelihood of remission by a factor of 1.01, 95% CI [1.00 - 1.019]. For dropout, each unit increase in WAI score at week 8 decreased the likelihood of dropout by a factor of 0.98, 95% CI [0.97 - 0.996].

Implications for Practice

While the nature of the relationship between therapeutic alliance, treatment retention, and time to remission remains somewhat unclear, a more rapid recovery and thus potential financial savings necessitate more focus on the therapeutic relationship during antidepressant treatment.

Implementation of an Action Plan at Discharge for Patients with COPD

Purpose
The purpose of this scholarly project was to implement a practice change by developing a written Action Plan for adults hospitalized for chronic obstructive pulmonary disease (COPD). A primary goal of this project was to prevent COPD exacerbations through the use of self-adjustment of medication.

Methodology
COPD patients who had one or more hospitalizations in the year preceding (n = 15) received a written Action Plan for prompt treatment of exacerbations with the instructions to initiate standing prescriptions for both antibiotics and prednisone with a change in 2 or more symptoms such as increased dyspnea, increased sputum volume and/or purulent sputum for at least 24 hours.

Results
Efficacy of Action Plan was evaluated with 2 written multiple choice questions and one open-ended question designed to assess patient attitude after instruction on Action Plan. Action Plan was found very helpful by 83% and another 17% found Action Plan helpful. No one reported Action Plan was not helpful. The results showed a positive attitude toward the Action Plan.

Implications for Practice
Findings from the study are being used to develop a medical center-wide Action Plan to guide further CQI efforts to improve COPD management.

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ACUTE CARE NURSE PRACTITIONER

JACQUELINE RENNER-BANGURA

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FAMILY NURSE PRACTITIONER

Increasing Influenza Vaccination Rates in Children attending an Urban Family Health Clinic: A Pilot Project

Purpose

To examine the effect of an educational intervention on the knowledge, skills, beliefs, and attitudes of clinical staff at an urban family clinic toward offering the influenza vaccine to children.

Methodology

Educational sessions on the Epidemiology and Prevention of Vaccine-Preventable Diseases were conducted with physicians and medical assistants in a family clinic in Nashville, Tennessee. Knowledge of physicians was assessed with case study responses.
A skills checklist was utilized for the evaluation of the medical assistants' skills in vaccine administration. Beliefs and attitudes toward offering the influenza vaccine to patients were evaluated with use of a pre and posttest questionnaire. The Theory of Planned Behavior (TPB) provided the framework for the questionnaire.

Results

The first component of the TPB which measured the *attitudes* of the clinical staff toward offering the vaccine to patients showed a 16.3% increase from pre to post intervention activities. The second component of the TPB, *subjective norm*, a measure of how others' influence their decision to offer the influenza vaccine, showed an increase of 13.4%.
There was a decrease of 8.8% in *perceived behavioral control*, the third component of the TPB. This measure demonstrates a decrease in their perception of barriers to offering the vaccination to patients. The fourth component addressed the clinical staff's *intention* to offer the influenza vaccine to patients. This increased by 21.4% from pre to post intervention.

Implications for Practice

This project demonstrated that ongoing education of clinical staff is an important aspect in increasing the influenza vaccination recommendations to patients. The findings of this project could inform development of educational interventions which target clinical staff involved in influenza administration to children.

Advance Care Planning: Physician Orders for Life-Sustaining Treatment in the Nursing Home

Purpose

The purpose of the scholarly project was to educate licensed nursing staff working in the nursing home (NH) about advance care planning (ACP) and implementation of the Georgia Physician Orders for Life-Sustaining Treatment (POLST) as an ACP tool. Regular ongoing ACP discussions, nurse education on ACP, and an ACP form such as the POLST will help improve care for NH residents by honoring treatment preferences and preventing unwanted treatments like cardiopulmonary resuscitation (CPR), feeding tubes, and transfer to the hospital at the end of life.

Methodology

A gerontological nurse practitioner (GNP) presented a three part educational module on ACP and the POLST as part of a quality improvement project to the licensed nursing staff. A standardized form was used to perform a pre-educational chart audit for residents admitted to the rehabilitation unit to determine baseline documentation of ACP and the POLST. A post-educational chart audit was done of the residents admitted during the 30 day period after completion of the educational module to determine if there was an increase in the use of the POLST. A third audit of long-term residents, identified by social worker as having completed a POLST was also conducted.

Results

Seventy-two percent of the licensed nursing staff attended the initial session on ACP and the POLST; 11% attended all three sessions. No residents on the rehabilitation unit had POLST forms documented compared to 5.8% of the long-term care residents.

Implications for Practice

The POLST can be used as an ACP tool in the NH. Ongoing education of the licensed nursing staff is needed to facilitate ACP discussions and use of the POLST with all NH residents. The GNP plays an important role in education of staff, patients, and families and can provide ongoing education on ACP and the POLST to ensure patient treatment preferences are honored.

LAUREN ROBBINS

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ADULT NURSE PRACTITIONER/ GERONTOLOGY

LYDIA D. ROTONDO

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CRITICAL CARE CLINICAL NURSE SPECIALIST

Implementation of a Wound Pain Assessment Program in an Outpatient Wound Clinic

Purpose

This performance improvement project evaluated the integration of formalized wound pain assessment (WPA) into routine care in an outpatient wound clinic.

Methodology

Implementation consisted of: (1) selection of valid WPA instruments for pain intensity rating and neuropathic pain screening, (2) development of a wound pain staff education program, (3) completion of a one-week WPA trial using a convenience sample, and (4) evaluation of staff documentation compliance and trial feedback.

Results

Seventy four patients were included in the clinic trial. Patients self-reported pain intensity using the Numeric Rating Scale (NRS) recorded before, during, and after wound dressing change. Patient participation rate was 94 percent. All participants had baseline NRS scores recorded and 80 percent had complete NRS data for the three assessment intervals. Ninety nine percent of Douleur Neuropathique (DN4-inteview) neuropathic pain screening scores were documented. Trial evaluations demonstrated staff competency in performing and incorporating WPA into routine care without disruption of clinic workflow. Staff also recognized WPA as an important care adjunct. Additional analysis of pain rating scores was studied for descriptive patterns and used to identify areas for future performance improvement activities.

Implications for Practice

Patients often report wound care pain as the most difficult aspect of living with a wound. Formalized wound pain assessment is the foundation of effective wound pain management. This scholarly project demonstrated that WPA using the NRS and DN4-interview tools is both feasible and effective in a high-volume, regional outpatient wound clinic. WPA should be integrated into routine clinic care.

Comparative Analysis of Two Diabetes Care Workflow Models Providing Annual Exams to American Indians with Diabetes Mellitus

Purpose

The purpose of this project was to perform a comparative analysis of diabetes care workflow models that provide annual foot, dental and eye exams to American Indians with diabetes mellitus.

Methodology

Two closed system facilities were identified that provided annual eye, foot, and dental exams as part of the diabetes standards of care. Workflow processes were documented from scheduling the appointment(s) for annual eye, foot, and dental diabetes care to patient discharge or "did not keep appointment" status. Retrospective aggregate annual diabetes audit data were obtained from each facility for years 2010, 2011, and 2012. Primary data used for comparison were dental, foot, and eye exam rates. Secondary data included aggregate demographic data, A1C, blood pressure, and LDL.

Results

Data analysis revealed higher foot, eye, and dental exams rates occurred during an all-inclusive group visit compared to individual visits. These findings support and are consistent with current literature, that closed systems and group appointments have generally been the setting in which organized efforts to improve diabetes care have been most successful.

Implications for Practice

This scholarly project identified a diabetes care workflow model where high exam rates for annual diabetes foot, dental, and eye exam rates were identified. This model can be used by other facilities to evaluate their workflow and tailor the model to their patients' needs.

MICHELLE RUSLAVAGE

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HEALTH SYSTEMS MANAGEMENT

MICHELE SAZAMA

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ADULT NURSE PRACTITIONER

Development of the CE Workshop-Creating Balance with Stress: Improving Quality of Life for Nurses

Purpose

Development of an evidence-based CE workshop entitled, Creating Balance with Stress: Improving Quality of Life for Nurses. Objectives: provide information, explore concepts, apply theoretical perspectives, explore evidence-based self-care modalities to balance stress & prevent illness, and facilitate creation of personalized health plans.

Methodology

An extensive literature review was conducted using Medline, MeSH terms included: “stress, psychological,” “nurses/psychology,” and “nurses/trends.” Scholarly articles (139) were also obtained using Cochrane Review, Ebsco Host, CINAHL, Ovid, and journal websites. Search terms included: nursing, stress response, psychoneuroimmunology, self-care, quality of life, resilience, hardiness, communication, burnout, exhaustion, and retention. Evidence-based information was utilized to create seven workshop modules.

Results

The CE workshop may be presented at any academic institution, medical facility, or professional organization. Focused on health promotion and disease prevention for nurses, the workshop incorporates evidence-based practice, holistic care, Eastern medicine, Native American spirituality, and Western science.

Implications for Practice

Chronic stress exposure without adaptation contributes to immunosuppression, prolonged inflammation, and the development of disease processes. Participation in the CE workshop may enhance coping skills and self-care modalities for nurses to balance the negative effects of stress in the environment. Effective stress management has been demonstrated to improve quality of care, communication, patient safety, job satisfaction, and retention while reducing risk of exhaustion and burnout.

The Development Of An Education Module To Reduce Diabetes Risk In An Employee Population

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FAMILY NURSE PRACTITIONER

Purpose

The purpose of this project was to develop an evidence-based education module regarding type 2 diabetes risk reduction in an electronic format to be used in the Vanderbilt University employee wellness program, Go For the Gold (GFTG). Content of the education module was based on the Lifestyle Balance Program of the Diabetes Prevention Program (DPP), and the 2013 Diabetes Treatment Guidelines.

Methodology

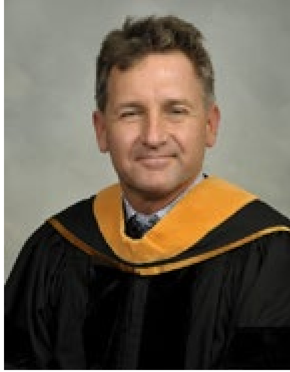
The type 2 diabetes risk education module was developed in an electronic format compatible with the existing platform of the GFTG program. All employees who participated in the 2013 GFTG program were offered the opportunity to complete the module as a part of the annual wellness program.

Results

The education module developed was viewed by 13,079 Vanderbilt employees as an optional activity in the 2013 Wellness Actions Log, and is available on the Health and Wellness diabetes resource page (http://healthandwellness.vanderbilt.edu/news/2011/09/diabetes-awareness-and-prevention/).

Implications for Practice

In the short term, the descriptive data will provide information about diabetes risk in the Vanderbilt employee population. The actions that employees indicate they would like to take in response to completing the module will provide feedback for the development of future wellness programing. In the long term, the results of the project have the potential to provide the foundation for a larger quality improvement intervention aimed at the reduction of diabetes risk in Vanderbilt employees.



JOHN SHIELDS

DNP, CRNA, APN

CERTIFIED REGISTERED NURSE ANESTHETIST

Assessing Nurse Knowledge of Intrahospital Transport

Purpose

Intrahospital transport (IHT) consists of five distinct elements, including planning, equipment, monitoring, use of personnel and communication. The purpose of this project was to assess nurse knowledge of IHT and these core elements.

Methodology

Data was collected from provider groups including 40 intensive care unit (ICU) nurses, 42 nurse anesthetists and 37 student nurse anesthetists working in the trauma service at a magnet hospital. The survey assessed nurse knowledge of hospital policy of the five core elements of intrahospital transport and compared provider groups, experience with IHT, experience in current role, age and previous training.

Results

Overall correct scores for all provider groups using the assessment was 53%. In comparing provider groups, significant differences existed between provider groups in knowledge of planning, use of personnel and communication. Failure modes during IHT exist as individual provider groups responsible for a particular element may be unfamiliar with the correct process. No differences could be attributed to experience, age or previous training.

Implications for Practice

This study provides evidence that knowledge of IHT policy is inconsistent among provider groups, indicating the need for knowledge translation. IHT appears to be more of an interface of cultures instead of a team with similar practice patterns and knowledge. A quality improvement initiative should be considered incorporating interdisciplinary training to improve this process.

The Assessment of Off-Label Usage of Antipsychotics in Middle Tennessee Nursing Homes

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Purpose

The Centers for Medicare and Medicaid Services (CMS) released an initiative in April 2012 with a national goal to reduce antipsychotic drug use among nursing home residents by fifteen percent by the end of 2012 (CMS, 2012). This DNP scholarly project aimed to assess the off-label usage of antipsychotic medications by considering the alignment between current practice in Middle Tennessee nursing homes and clinical practice guidelines based on CMS requirements.

Methodology

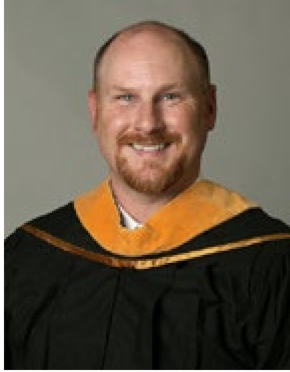
A retrospective chart review was conducted using a sample of 78 patients with a diagnosis of dementia in six nursing homes in Middle Tennessee. Forty-three of the charts were in urban nursing homes that had a psychiatric mental health nurse practitioner (PMHNP) directly writing orders, and 35 were in rural nursing homes where a PMHNP gave recommendations to the primary care provider. Adherence to clinical practice guidelines was measured in two main categories: documentation of gradual dose reductions; and documented reasons for initiating or increasing dosages.

Results

All of the nursing homes in the sample showed an overall decrease in the percentage of patients prescribed antipsychotics since the CMS initiative was released. The results show a significant difference between the rural and urban nursing home groups. The urban group with PMHNPs giving direct orders had greater adherence to documentation of gradual dose reduction guidelines, $x^2(1, n = 78) = 6.22$, $p < .05$, $V = 0.28$, and greater adherence to documentation of reasons for initiating or increasing dosages, $x^2(1, n = 78) = 6.51$, $p < .05$, $V = 0.29$.

Implications for Practice

The significant difference in the two groups shows a need for further exploration of the impact of PMHNPs giving direct orders to enhance adherence to clinical practice guidelines and CMS requirements.



EDWARD ALLEN SIZEMORE

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FAMILY NURSE PRACTITIONER

Development of Telehealth Referral Guideline for Chronic Obstructive Pulmonary Disease

Purpose

To develop a telehealth referral guideline for advanced practice nurses (APNs) in primary care working with patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) with limited access to specialist in rural areas.

Methodology

Templates for referral criteria and clinical indications for a specialty referral using telehealth were created by the APN. A telehealth patient satisfaction survey was created to evaluate four main areas describing patient encounters during a telehealth office visit. A Likert scale was used in which an “Excellent” rating was 5, “Very good” was 4, “Good” was 3, “Fair” was 2, “Poor” was 1 and the last rating was “Does Not Apply”. Two questions regarding the telehealth visit required a “Yes” or “No” response. In addition, categorical values were used to capture the age of the participants and included <18 years, 18-30 years, 31-40 years, 41-50 years, 51-64 years and >65 years. Patient gender and whether or not the patient was new or returning was collected as well. Once 30 surveys were completed, responses were entered into an Excel spreadsheet and analyzed using IBM SPSS statistical software.

Results

The scholarly project results did support the Determinants of Health conceptual framework and objectives by demonstrating that the use of a telehealth referral guideline for COPD was well received by the patients and assisted the APN in rural Wolfe County, Kentucky in appropriately determining the need for a referral to a specialist.

Implications for Practice

This telehealth referral guideline established itself as an integral tool for the APN to promote overall better health and outcomes for diagnosing, managing and treating COPD patients. The results of this scholarly project show potential for application of telehealth referrals to other medical specialties in rural areas.

The Need for Standardization of the Handoff Process for the Anesthesia Department at Ochsner Kenner Medical Center

Purpose

This was a DNP scholarly quality improvement project aimed at creating both a standardized tool and protocol for use by anesthesia personnel at Ochsner Kenner Medical Center during the handoff process of post-procedural patients. To ascertain the current standardization of anesthesia handoff across the state of Louisiana, a statewide survey was electronically disseminated to CRNAs through LANA (Louisiana Association of Nurse Anesthetists). The survey included questions on handoff format, form (verbal, written, face-to-face), barriers and specific patient data that should be included in a handoff. Using the survey results, a standardized handoff tool and handoff protocol was developed for use at Ochsner Kenner Medical Center.

Methodology

Initial needs assessment was done through 1) literature review of the current standards of handoff nationally and internationally, 2) utilization of data from Dr. Donnelly's DNP project and 3) personal experience as a CRNA for 5 years at Ochsner Kenner Medical Center (OKMC). The PDSA (Plan-Do-Study-Act) cycle of quality improvement was the basis for this DNP project. *Data Sources: Data was collected through an electronic survey of Louisiana CRNAs with 143 respondents.*

Results

The survey results analysis revealed twenty-two pieces of patient data that was included in the standardized handoff tool. The form chosen was a modified SBAR, concurrent with the preferences of the survey respondents. Results also showed a clear preference of face-to-face reporting, while identifying three important barriers commonly seen in practice in Louisiana. The data was used to shape the protocol for anesthesia handoff created for Ochsner Kenner Medical Center.

Implications for Practice

This project identified the need for standardization statewide, while reinforcing national data collected previously collected by Dr. Joanne Donnelly. Increased patient safety through standardization of the handoff process is the primary potential benefit of this project. The anesthesia department at OKMC can also become compliant with The Joint Commission's Standard PC.02.02.02, Element of Performance 2 through use of the standardized handoff tool and protocol.

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CERTIFIED REGISTERED NURSE ANESTHETIST

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FAMILY NURSE PRACTITIONER

Exploring Barriers Among Primary Care Providers In Referring Patients To Hospice

Purpose

Hospice continues to be underutilized in the United States and primary care providers have been identified as being a possible aspect to barriers in referring to hospice. The increasing baby boomer population entering Medicare will increase complex chronic conditions that will benefit from hospice care to both patients and families. The purpose of this project was to explore barriers to hospice referral among providers in a primary care practice setting.

Methodology

A cross sectional quantitative study was utilized with a convenience sample of 75 providers in a northern Florida primary care practice affiliated with a Level 1 trauma center and academic university.

Results

Sixty-five percent of providers invited to participate completed the survey. Overall, the most of the providers reported a positive response toward hospice (70%). and none reported a bad experience with hospice. A majority (90%) supported living wills, but less than half had one personally (46%). Providers were comfortable discussing hospice with patients (70%) and discussing living wills (70%). Time was a significant barrier to initiating discussions about hospice (45%). A needs assessment revealed zero referrals in a six month period prior to the survey implementation.

Implications for Practice

The results from this survey and the number of hospice referrals from the practice shows there may be a discrepancy between provider attitudes toward hospice and their actual referral practices. In addition, studies have reported that when providers complete their own living will, they are more apt to discuss these documents with patients and families. The Diffusion of Innovation theoretical framework suggests steps to take to improve providers' ability to adopt new practices, thereby increasing hospice referrals. Addressing barriers to hospice referral in primary care will serve to increase the likelihood of patients and families being referred to hospice and improve care at the end of life.

ACNP-Intensivists: Evaluating a Model of Care

BRIANA WITHERSPOON

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ACUTE CARE
NURSE PRACTITIONER

Purpose

The purpose of this project were to determine if there was a significant difference in unit mortality rates and ICU length of stay with the addition of ACNPs to the Neuro critical care team.

Methodology

A retrospective cohort design was utilized to compare two different models of care. The first model was a physician only model of care, and the second was a collaborative model with both ACNPs and physicians. There were 46 patients in each cohort, all with the diagnosis of ischemic cerebrovascular accident. The cohorts were matched by gender, age and UHC expected mortality Chart reviews were used in the second cohort to verify ACNP frequency of contact.

Results

Results showed no significant change in ICU mortality rates or unit length of stay with the addition of ACNPs to the neuro critical care team (4.35% and 6.52%) and (6.41 days vs. 6.91 days). While there was a higher mortality rate (2 vs.3) in the collaborative care model, all three patients in the ACNP/MD group were transitioned to comfort care per family request.

Implications for Practice

While this project supports the idea that ACNPs are safe ICU providers, more studies are needed to verify these findings.

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PSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER

Development of an Evidence-Based Teaching Curriculum to Empower Charge Nurses in Tennessee's Regional Mental Health Institutes

Purpose

As frontline leaders working on inpatient psychiatric units, charge nurses rarely receive preparation for a leadership role. This common omission is evident in Tennessee's Regional Mental Health Institutes (TRMHI). The purpose of this project was to develop an evidence-based teaching curriculum for charge nurses with the intent to improve nurse retention, employee satisfaction, and to ultimately improve patient care.

Methodology

Focus groups were conducted via televideo with charge nurses and nurse executives from four state psychiatric institutes. Full-time nurses and nurse managers were invited to participate. Twelve nurses responded and group times were arranged. The goal of the focus groups was to identify topics and resources needed for charge nurse development. Extensive notes were taken and analyzed for content to be included in the teaching initiative. Phone interviews were used to provide member-checking; this ensured correct interpretation of the groups' needs.

Results

A four-hour curriculum was developed to supplement standard nurse orientation at TRMHIs. Content extracted from the focus groups included organizational goals, role expectations, prioritizing, communication and conflict resolution. All participants agreed that these topics were important to accomplish their goals. These topics were then used to create the curriculum which was approved by the Commissioner of the Department of Mental Health and Substance Abuse.

Implications for Practice

Based on the focus group analysis and support from literature, the development of a curriculum for charge nurses to gain role mastery is a necessary step to improve nurse retention and employee satisfaction, ultimately leading to improved patient outcomes. The curriculum will be pilot tested at one of the four institutes, evaluated and revised if necessary before implementation at the others. The goal of this project was to create a curriculum to advance charge nurses. Future implementation will determine the success of its impact on patient care.

VANDERBILT UNIVERSITY
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