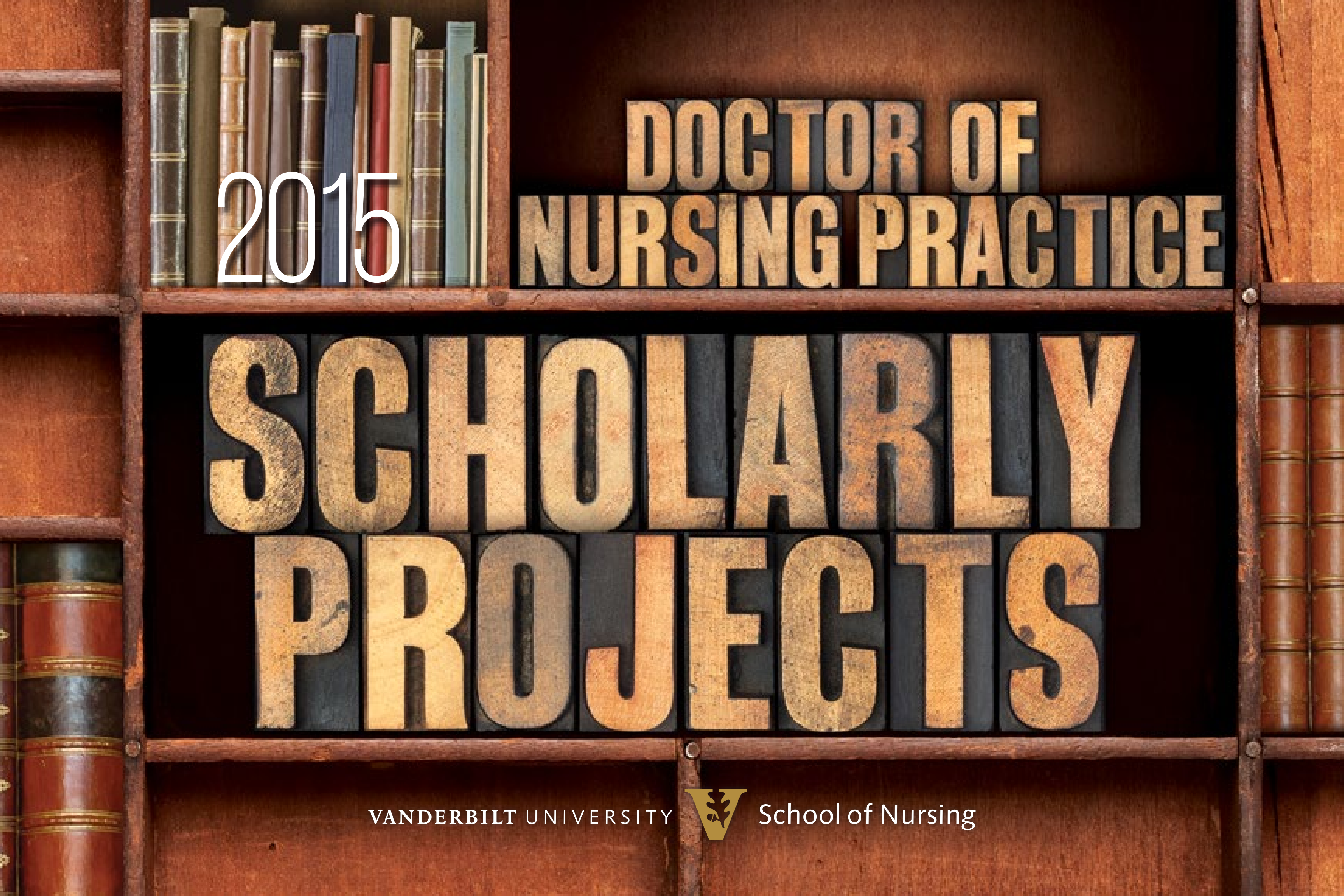

2015

# DOCTOR OF NURSING PRACTICE
# SCHOLARLY PROJECTS

VANDERBILT UNIVERSITY School of Nursing

# 2015

# DOCTOR OF NURSING PRACTICE SCHOLARLY PROJECTS

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

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 2015 DNP graduates lead interprofessional teams in creating meaningful innovations. The scholarly projects of the 2015 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.

Terri Allison Donaldson

Terri Allison Donaldson, DNP, ACNP-BC
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**KIMBERLY M. BODINE**

DNP, MSN, NINF

NURSING INFORMATICS

# Improving Clinicians' Compliance in Providing the Pediatric Asthma Home Management Plan of Care

## Purpose

In preparation for MU Stage 2, the multi-facility organization was exploring electronic data capture possibilities to support the pediatric asthma home management plan of care (PA HMPC) Clinical Quality Measure toward the improvement of patient outcomes and a reduction in readmissions. As a result, the purpose of this improvement project was an increase by 10% above the internal mean result for compliance in providing pediatric asthma patients and their caregivers with the PA HMPC.

## Methodology

The Model for Improvement methodology was selected for this scholarly project as this was an effective quality improvement tool that allowed for an accelerated evaluation of performance. The implementation of an electronic documentation tool at a multi-facility organization first required a pilot or a test of the ease of use and usability of the tool. This small scale testing of the tool helped to ensure clinician compliance in providing the electronic PA HMPC.

## Results

While the 10% improved compliance was not realized during the pilot implementation, the electronic documentation tool was successfully implemented. This technology supported clinician and provider documentation within MEDITECH 5.6.6 and the movement of this data to the final PA HMPC.

## Implications for Practice

As with any pilot implementation of a new technology, there were lessons learned that should be shared to inform future implementations. As this was the first time clinician and provider documentation had been incorporated into an electronically created form, the success of the MEDITECH 5.6.6 PA HMPC has the potential to impact future EHR solutions that utilize multidisciplinary documentation. Another project insight that has the potential to impact patient care was the successful use of EHR technology to meet Core Measure and EHR program reporting requirements.

# Measuring Documentation of Clinical Metrics for Diabetes Management to Achieve Patient Centered Medical Home Status

## Purpose

The purpose of this scholarly project was to improve electronic medical record (EMR) documentation of evidence-based clinical metrics and provider adherence to evidence-based recommendations for care of patients with type 2 diabetes mellitus, in order to improve clinic processes of caring for patients with T2DM and aid a rural, not-for-profit organization in achieving Patient Centered Medical Home Status.

## Methodology

A quality improvement project was implemented in a rural primary care clinic. A diabetes management protocol was developed to facilitate provider adherence to current evidence-based recommendations. A daily huddle sheet for clinic staff was created and implemented, EMR clinical reminders were activated, and a diabetes encounter template was developed to improve efficiency and effectiveness of clinic processes and documentation of critical information. Then, data collected in the EMR regarding documentation of diabetes foot exams performed, annual dilated eye exam referrals, and timely order of HgbA1C testing before and after implementation of these new processes were analyzed by the project leader.

## Results

Documentation of annual foot exams improved (+ 3%), annual dilated eye exam referrals remained stable (< 1%), and overdue A1c orders decreased (- 15%). Percentages of patients with HgbA1c values at the standard evidence-based goal of ≤ 7.0% improved (+ 9%). A1c values in the moderate range of 7.1-8.9% also increased (+ 7%), but levels in the highest category (≥ 9.0%) decreased (- 16%). Stakeholders and clinic staff provided positive feedback to the project leader.

## Implications for Practice

Quality improvement initiatives are effective in supporting documentation and provider adherence to evidence-based recommendations, as well as providing authentication of required processes for achieving Patient Centered Medical Home Status. Achieving higher quality care can be linked with improving benchmarked outcomes, and providing clinicians with useful information to implement process changes for management of chronic diseases.

**KAREN BRANCH**

DNP, MSN, FNP

FAMILY NURSE PRACTITIONER

**VANIA BROWN**

DNP, PMHCNS, NE-A, BC

PSYCHIATRIC - MENTAL HEALTH CNS

# Cultural Humility: A Patient-centric Process

## Purpose

The purpose of this scholarly project was to explore the concept of ***cultural humility*** by conducting an integrative review of the literature and consulting with subject matter experts to understand cultural humility. This scholarly project reviewed and synthesized current research and knowledge in the literature for vulnerable patient populations and synthesized the knowledge of subject matter experts to provide insights and strategies for providers working an increasingly complex population.

## Methodology

Data was collected using a comprehensive, computer-assisted search of full-text, peer-reviewed journal articles from 1997 to 2015 in 15 databases. The key search term was ***cultural humility***. Articles excluded were those not published in English, unpublished dissertations and abstracts without full articles. Key informant interviews were also conducted.

## Results

Thirty-one articles met the search criteria. The information was organized into literature resource grids and alphabetized by author. Information was sorted into purpose, method, applicable study limitations and relevant findings with associated strengths and weaknesses. Twenty-one high quality articles were identified as contributing culturally humble promotion tools and sorted into a companion literature resource grid. Additionally, thirteen occupations were identified in the literature review as valuing cultural humility and identified on the companion grid.

Three subject matter experts who occupy the field of nursing, medicine and academia were selected for their contributions to culturally congruent care. A structured questionnaire was developed to gain their insights into the concept and guide the consultation. A client-rated measure of cultural humility was discovered. The patient explanatory model was also discovered.

## Implications for Practice

Cultural humility is a patient-centric process reflected in the literature. Wider translation and dissemination of the concept is needed so advanced practice nurses and other practitioners can support a trust-based relationship and successfully mediate a wide range of feelings that can result when dealing with a diverse population.

# Initiating a Motivational Interviewing (MI) Learning Community: Enhancing Primary Care Provider Competence and Confidence to Integrate MI into Daily Practice

## Purpose

The purpose of this quality improvement project was to establish a Motivational Interviewing (MI) Learning Community to increase provider competence and confidence in integrating MI into daily practice in the primary care setting.

## Methodology

The Model for Improvement (MFI) framework guided this project. Five providers, who had previously attended an MI immersion workshop, participated in six, 60-minute MI Learning Community meetings over six weeks. Participants engaged in collaborative conversations about making a personal life change, where there was ambivalence. MI proficiency was assessed at baseline and post-Learning Community participation using the Video Assessment of Simulated Encounters – Revised (VASE-R). Assessments were administered and scored by expert MI trainers. Learning Community meetings included opportunities for discussion, practice, peer coaching, observation, and feedback.

## Results

VASE-R scores measured differences between baseline and post-learning community proficiency. Participant pre and post self-rating scores were compared. The Learning Community meetings assisted in developing MI peer coaches.

## Implications for Practice

Providers have a vital role in assisting patients with behavior change. Motivational Interviewing is a collaborative conversation used to evoke intrinsic motivation and commitment to change. Current evidence suggests patients receiving MI interventions demonstrate significantly better health outcomes. Motivational Interviewing training is typically offered as a one-time immersion workshop, where participants learn about MI. Ongoing practice, observation, coaching, and feedback are essential to acquire the knowledge and skills to apply MI into daily practice. Establishing an MI Learning Community, using peers as coaches, can have a positive influence in how providers build MI skills, thereby gaining the confidence to integrate MI into daily practice.

**SANDRA R. BROWN**

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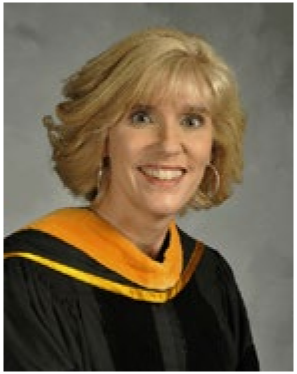

**RACHELLE BURLESON**

DNP, MSN, CNS

CLINICAL NURSE SPECIALIST

# An Examination of Nurses' Knowledge and Attitudes of Palliative Care in an Acute-Care Hospital in a Non-Metropolitan Setting

## Purpose

Formalized palliative care programs are scarce outside of metropolitan areas in the United States, especially in the south and Midwest, and unique challenges are associated with organizing palliative care programs in non-metropolitan hospital settings where differences in environment, infrastructure, and resources exist. The purpose of this project was to examine palliative care knowledge and attitudes of nurses who work in a non-metropolitan, acute-care hospital to inform future palliative care initiatives in settings where no palliative care programs exist.

## Methodology

An exploratory, cross-sectional, 28-question survey was designed to examine nurse knowledge and attitudes in four important areas: the meaning of palliative care; nurse role in palliative care; factors related to provision of palliative care; and nurse communication in palliative care. Ninety-four surveys were distributed to nurses working in inpatient medical and critical care units of a 129-bed community hospital with a 47% participation rate.

## Results

The majority of respondents agreed that nurses play an important role in palliative care, which was strongly associated with end-of-life care. Almost 40% disagreed or were unsure of appropriateness of palliative care concurrent with curative treatment, and 19% were unsure of the target population for palliative care. There was no correlation between nurses' palliative care confidence to level of nursing education or inpatient unit. Physician hesitance or disagreement negatively affected palliative care communication and delivery of palliative care for up to one-third of nurses. Results reveal that lack of palliative care knowledge and a lack of resources that clarify nurse role and expectations is a major barrier to providing care.

## Implications for Practice

Assessment of nurses' knowledge and attitudes of palliative care provides a foundation upon which to develop future educational and practice initiatives that may empower nurses as patient advocates to identify palliative care needs and stimulate palliative and end-of-life communication among patients and their healthcare providers.

# Use of Pharmacogenetic Testing to Guide the Treatment of Depression: Case Studies

## Purpose

The purpose of this scholarly project is to describe pharmacogenetic testing in guiding the treatment of depressive disorders.

## Methodology

The charts of three clients with depression who had undergone genetic testing were reviewed to understand how pharmacogenetics-guided treatment affected the symptoms and severity of their depression. A spread sheet was used to gather information on each client's history, test results, treatment and outcomes. Outcomes were measured by assessing depressive symptomology and numeric depression scores. Symptomology was based on the DSM-V criteria for major depressive disorder and was determined by assessment of each client's subjective report of symptoms from their charts. Numeric depression scores were determined by assessing the client's subjective rating of his depression on a scale of "0" no depression, to "10", the worst depression imaginable. The findings were formulated into individual case studies.

## Results

Each of the three clients reported improvement in depression with a single medication change based on the individual genetic differences detailed in their genetic test reports. All three clients endorsed complete symptom remission within three months of undergoing the genetic testing.

## Implications for Practice

The client outcomes detailed in their case studies suggest that genetic testing may be a useful tool to guide the pharmacologic treatment of depression. The successful treatment of depression in these three clients suggests that psychiatric providers may have improved outcomes when using genetic information to influence treatment decisions.

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# A Clinical Practice Guideline for the Referral of Neonatal Intensive Care Unit Graduates to a Developmental Care Follow-Up Clinic

## Purpose

To develop a comprehensive, up-to-date, evidence-based CPG, which will identify the physiologic criteria that place a NICU graduate at-risk for developmental delay. Evidenced-based criteria will identify infants and help to ensure the proper referral to a developmental follow-up clinic upon discharge.

## Methodology

Stetler's Model of Research Utilization and the Health Belief Model were used to guide the development of this CPG. Interviews and shadow experiences were conducted to gather risk factors for delay. CPGs from other NICU's were collected. Risk factors were highlighted (see Appendix A) and further researched.

## Results

A CPG with recommendations for referral criteria was developed using a guideline template from the National Guideline Clearinghouse.

## Implications for Practice

Referral of infants to a neurodevelopmental follow-up clinic who have a diagnosis of any of the following; birth gestation less than 32 weeks, birth weight less than 1500 grams, perinatal asphyxia, metabolic problems, neurological abnormalities, infection, multiple gestation, respiratory problems, requiring ECMO or surgery while in the NICU, a high risk social environment, congenital and genetic problems, or prenatal growth abnormalities.

# Damage Control Resuscitation Guidelines: Knowledge Transfer to Military CRNAs Through Curriculum Development and Integration of Simulation

**JONATHAN CASEY**

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## Purpose

The U.S. military healthcare system has identified opportunities and led initiatives to improve the quality of care combat casualties receive in the warzone and across the continuum of care. Analysis of mortality statistics from recent wars in Iraq and Afghanistan have shown that hemorrhage is the most prevalent cause (over 90%) of all potentially survivable deaths.

The purpose of this scholarly project was to create a multi-modal educational platform to train military nurse anesthetists on two key United States Army Institute of Surgical Research (USAISR) clinical practice guideline (CPG) topics surrounding hemorrhage management and massive transfusion: ***Damage Control Resuscitation and Fresh Whole Blood***.

## Methodology

A curriculum was developed integrating Kolb's Experiential Learning Theory and provides various teaching methods, with an emphasis on simulation to attain knowledge transfer of these severe hemorrhage management CPGs to military CRNAs in a formal 19-day course.

## Results

Core curriculum components were developed to include lecture, iterative simulation exercises, clinical rotations in a civilian trauma operating room, and will culminate with a capstone simulation mass casualty exercise in a military field hospital setting. Guided by Kirkpatrick's Hierarchy of Evaluation, several evaluative measures to assess successful knowledge transfer have been incorporated into curriculum design.

## Implications for Practice

The current military healthcare system is facing many challenges and seeks novel approaches to maintain readiness and sustain or advance the clinical acumen of military healthcare providers in trauma and critical care. The educational curriculum developed for this project is a potential alternative to attain a high readiness posture in the military healthcare environment to promote evidence-based practices in resuscitation management of the most severely injured battlefield casualty, improved compliance with USAISR clinical practice guidelines, and potentially improve the survivability of the combat casualty population.

**MAUREEN CHARLES**

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WOMEN'S HEALTH NURSE PRACTITIONER

# Utilization Patterns and Provider Knowledge, Attitudes, and Beliefs of HPV Vaccination among Active Duty Men

## Purpose

The primary aim of this DNP project was to describe the current qHPV vaccine utilization patterns among active duty Air Force men ages 17 to 26 years old and investigate vaccination adherence rates. The secondary aim of the project was an initial attempt to explore provider knowledge, attitudes, and beliefs impacting HPV vaccination recommendations for young men at Luke Air Force Base (AFB), Arizona.

## Methodology

A descriptive design was used to identify (a) the utilization patterns and adherence rates of HPV vaccination among young men in the United States Air Force; and (b) describe knowledge, attitudes, and beliefs influencing HPV vaccine recommendations for male military members.

## Results

Utilization rates among officers were 10% whereas utilization rates among enlisted men were 31%. Overall utilization rates among active duty men were 34.9%, which is comparable to the utilization rates (34.5%) reported by the CDC for teens (13-17 years of age). Conversely, overall adherence rates were 5.3% which was significantly lower than the 13.9% adherence rate observed among adolescent boys.

Evaluating provider knowledge, attitudes, and beliefs revealed that only 8% of providers surveyed "always" recommend the HPV vaccine to male patients 19 to 26 years old. Knowledge deficits about HPV exist regarding which types of the virus cause what condition and the use of the quadrivalent HPV (qHPV) vaccine for the prevention of anal cancer.

## Implications for Practice

The project provided evidence that HPV vaccination is underutilized with poor adherence leaving an abundance of opportunities for improvement. Provider knowledge deficits identified from survey results indicate a need for further education on HPV and the qHPV vaccine. Expanding knowledge regarding qHPV indications for use as well as implications of HPV may result in increased vaccination recommendations by providers and increased information passed onto patients regarding the vaccine during the healthcare visit.

# Will a Lifestyle-based Education Program Improve Nutrition Knowledge and Food Choices in Obese Women Ages 40-65?

## Purpose

The purpose of the study was to evaluate the effectiveness of a lifestyle-based health program for women ages 40-65 years. The goal was to assess whether participants show improvement in nutrition knowledge and daily food choices after receiving education in a support group setting on nutrition and healthy eating.

## Methodology

A lifestyle-based health program was delivered in a support group setting designed to facilitate peer support. A curriculum was developed to provide education through weekly, two-hour sessions on healthy food choices and nutrition. over a four-week time frame. Two questionnaires were administered pre and post intervention. The Nutrition Knowledge Questionnaire (NKQ) identified the relationship between an individual's knowledge of nutrition, their demographic characteristics and their dietary practices. The Food Choice Questionnaire (FCQ) assessed reasons behind participants' daily food choices.

## Results

Sixteen women between ages 40-65 (M=51.9) participated in the study. The improvement in scores on the Nutrition Knowledge Questionnaire was found to be statistically significant. Knowledge related to the role between diet and disease showed the most improvement (56%). Participants showed reduction in unhealthy food choices based on responses to the FCQ, however it was not statistically significant in this four-week intervention.

## Implications for Practice

A lifestyle-based nutrition education program can provide midlife women with increased knowledge to make informed decisions related to their nutrition needs. This education can improve health outcomes when it effects a change in behavior. A study of longer duration might prove to be more effective in behavioral change in food choices. Further research is needed to determine if a support group setting improves the sustainability of these improvements.

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# An Evaluation of Provider Adherence to Hepatitis C Screening Guidelines in a HIV Population

## Purpose

The primary objective of this scholarly project was to assess the adherence of Hepatitis C Screening in a HIV population.

## Methodology

The project design was a retrospective chart review. Randomly, 200 of the clinic's approximately 2,800 patient's charts were reviewed. Inclusion criteria specified that participants must have HIV or AIDS and have been seen in the clinic at least once between 01/01/2011 and 12/31/2012.

For the purposes of this project, adherence to annual HCV screening was measured specifically by an HCV antibody screening twice for each patient in the study period, with the two screens being no more than 12 months apart. Also, a yearly HCV screening in 2011 and 2012 were calculated separately, but did not count towards yearly screening adherence.

## Results

Of the project sample, in 2011, 89 (50.0%) of uninfected subjects (n= 178) were screened, and in 2012, 58 (32.5%) of uninfected subjects were screened for HCV antibodies. The number of uninfected patients in the project sample that met the annual screening adherence guidelines (screening twice for each patient in the study period, with the two screens no more than 12 months apart) was 55 (30.8%)

## Implications for Practice

Awareness and improvement in HCV screening rates may capture unknown HCV infections that could be treated to a cure, thus providing a better quality of life for patients.

# Nurse Practitioner Adherence to National Asthma Guidelines: Behaviors, Attitudes, and Knowledge

## Purpose

The purpose of the study was to assess Nurse Practitioner adherence to asthma guidelines and explore the attitudes and beliefs that influence adherence. The National Asthma Education and Prevention Program (NAEPP) published guidelines that summarized the literature and offered evidence-based interventions for asthma. Even though there is evidence that guideline-based management can improve the outcomes for patients with asthma, studies suggest that provider adherence is poor.

## Methodology

A descriptive cross sectional study was conducted using an electronic REDCap survey. Adherence was determined by responses to four NAEPP guidelines: providing an asthma action plan, educating the patient/parent about self-management, screening for environmental factors, and prescribing an inhaled steroid. Adherence was defined as >90% compliant. Influences on behavior, such as attitude, efficacy, and agreement were also analyzed.

## Results

A total of 677 NPs participated in the survey (76% completed, 24% incomplete). The majority of the respondents were pediatric nurse practitioners in the primary care setting (80% pediatric, 20% family). The results were consistent with a previous study, which demonstrated that nurse practitioners were more adherent than physicians but still well below the >90% adherence benchmark. Nurse practitioners scored below the 50% percentile in two of the four-guideline components. The study also revealed that self-efficacy was positively influential to adherence.

## Implications for Practice

The survey illustrated that areas of opportunities exist to promote the use of disease management protocols and tools to help providers comply with guideline-based asthma care. The rapid expansion of electronic medical records offers one such opportunity to remind providers of guideline components. In today's health care environment, it is important for nurse practitioners to demonstrate that care provided by nurse practitioners are evidence-based and that appropriate guidelines are effective in managing disease and reducing cost.

**STACEY DENVER**

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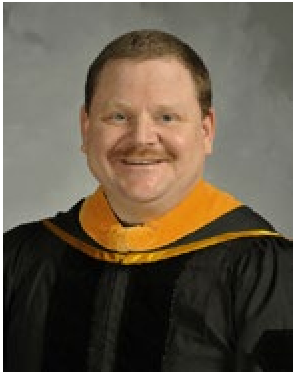
FAMILY NURSE PRACTITIONER



**CHRISTOPHER H. DUBEN**

DNP, MSN, NINF

NURSING INFORMATICS

# Ongoing Professional Performance Evaluation Process Improvement Utilizing Web-based Tools

## Purpose

The purpose of this project was to show that the OPPE process at this institution could be improved by creating a web-based database tool with electronic forms.

## Methodology

Pre and post implementation surveys were utilized to show that the OPPE process could be improved. The surveys were distributed to three APRN managers at this institution. The managers oversee over 125 APRNs

## Results

The current OPPE process at this institution is time consuming and there are multiple points where data has to be transferred manually and at times by hand. The current process was in need of improvement. A web-based database with integrated electronic forms was created that proved to be an improvement over the current process.

## Implications for Practice

The future implications of the successful testing of this proof of concept will likely lead to the development of a production tool based on the proof of concept. A web-based OPPE tool could be simply a starting point for what could become a suite of web-based tools for the management of APRNs at this institution. Such as a web-based module that could be added to the OPPE tool to enable the integration of data from other systems within the institution, such as the EHR or procedure logs. The possibilities are numerous, but the consolidation of tasks and systems could be advantageous for the entire hospital system.

# Quality of Life Analysis in Menopausal Women Taking Dehydroepiandosterone (DHEA)

## Purpose

The symptoms associated with menopause (i.e. vasomotor symptoms, fatigue, mood lability, and pelvic floor changes) can impair a woman's quality of life (QOL). Some women consider hormone replacement therapy (HRT) to aid in managing these symptoms. Dehydroepiandosterone (DHEA) is a precursor hormone to androgen hormones, and is often used for hormone support. The purpose of this project was to identify whether or not there is a correlation between QOL measures (occupational, health, emotional, and sexual) and DHEA supplementation in naturally and surgically menopausal women.

## Methodology

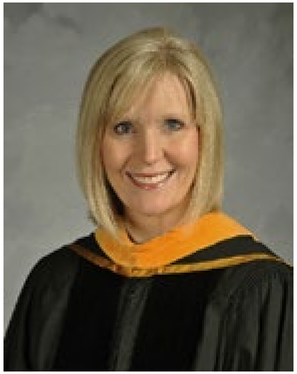
Menopausal women who take DHEA were identified via chart review and patient encounters. They were asked to complete the Utian Quality of Life (UQOL) survey. The survey consisted of 23 questions. Responses were obtained on a 5-point Likert scale.

## Results

Ten participants completed the survey. Descriptive statistics were used to analyze data, and a Pearson's r correlation test was performed to determine if there was a correlation between DHEA intake and QOL measures. Negative correlations between the dose of DHEA and QOL scores were found in all QOL categories (emotional ($r = -.627$), sexual ($r = -.396$), general ($r = -.327$)) except occupational ($r = .050$). Significance ($p < .05$) was achieved in the emotional QOL category. Higher QOL scores were often reported by women on smaller doses of DHEA.

## Implications for Practice

This project validates the need for further studies with a larger sample size to determine if there is a significant correlation between DHEA use and QOL in menopausal women. Data from this project supports current practice at the study site which is the use of a small doses of DHEA in this population. This project also brings another assessment tool (UQOL survey) and discussion topic to the patient-provider encounter.



**WENDY ENNEKING**

DNP, MSN, WHNP, ANP

WOMEN'S HEALTH
NURSE PRACTITIONER /
ADULT NURSE PRACTIONER

**LAURA FLAGG**

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ADULT NURSE PRACTITIONER

# Evaluation of Timeliness from Hematuria to Bladder Cancer Management at a Veterans Affairs Facility

## Purpose

The purpose of the study was to identify the length of time that veterans currently wait from the first finding of hematuria to the time of resection of a bladder tumor and to describe barriers to timely care at a mid-western VA facility. Findings are intended to guide future efforts to reduce the incidence of invasive bladder cancer requiring cystectomy.

## Methodology

All bladder tumor resections performed in 2012 and 2013 were searched by Current Procedure Terminology (CPT) codes to identify first bladder cancers that presented with hematuria. A retrospective chart review identified dates of first hematuria and tumor resection, and each interval in the workup where lags may occur. The median, range, and inter-quartiles were calculated. The longest quartiles were compared to improve system processes and patient education programming.

## Results

A cohort of 73 participants diagnosed in 2012 and 2013 waited a median 135 days from hematuria to bladder tumor resection. Ultimately, 27.8% had invasive disease. There was no significant difference in the rates of invasive disease between the microhematuria (26.1%) vs. gross hematuria groups (28.0%). Those with gross hematuria were resected statistically more quickly (median 121.5 days, range: 6 - 605, IQR 89 - 164.3) than for those with microhematuria (median 175 days, range: 26 - 874, IQR 109.5 - 404; $U(a) = 776.5$; $z = -2.39$, $p = .008$).

The largest variations occurred early in the consultation process, among patients who reported gross hematuria to their PCPs and in having consults placed for urologic evaluation.

## Implications for Practice

There are specific times of vulnerability in the recognition and workup of symptoms of bladder tumor and timely management that may ultimately affect patient outcome. This study highlights opportunities to improve VA timeliness through PCP and patient education of the risk of hematuria that is otherwise unexplained.

# Development and Implementation of Healthcare Providers Toolkit for Assessment and Intervention of Caregiver Burden

## Purpose

The purpose of this quality improvement project was to develop and implement a toolkit for healthcare providers to use to assess and intervene in caregiver burden.

## Methodology

This scholarly project had two phases and included: **(1)** development of a toolkit that included input from stakeholders including caregivers, healthcare team, community resource leaders and the healthcare providers within the practice. The toolkit includes a tool that healthcare providers can access in order to assess caregiver stress and provide available interventions to caregivers according to their measured level of stress, and **(2)** implementation of the toolkit in practice setting for one month, including assessment and intervention of caregiver burden with follow up of caregivers for feedback on the use of the interventions.

## Results

Thirty-nine percent (N=23) of caregivers were in the Level 3 or moderate to severe stress level, while 4% are in Level 1 or mild stress level. Follow-up calls to caregivers found that 60% felt that interventions were very helpful. One caregiver stated; "I never thought that anyone cared about me and what is going on inside our home as we try to take care of my mother. My own doctor does not ask how I am doing, much less my mother's doctor asking. At least I know there is hope and that someone does care."

## Implications for Practice

These findings suggest that assessment and intervention in caregiver burden by the healthcare provider can make a difference in the lives of caregivers. For the practice of the Advanced Practice Nurse, the applicability of this project is that the implementation of this toolkit within their practice could benefit the caregivers of the patients to lessen caregiver burden and increase the level of care for the chronically ill patient.

**LORI GRABNER**

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ADULT/GERIATRIC
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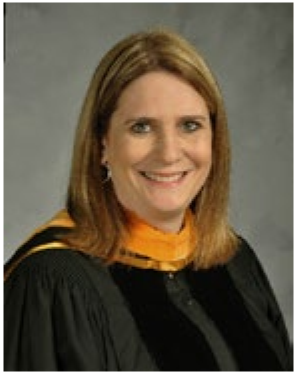


**KIMBERLY KAY HATCHEL**

DNP, MHA, HL

HEALTHCARE LEADERSHIP

# Evaluation of an Internet-Based Patient Engagement and Education Program to Provide Post Discharge Self-Management Support

## Purpose

The purpose of this retrospective analysis was to evaluate user acceptance of an internet based patient engagement and education program and the resultant impact on 30-day readmissions in adult patients discharged with HF.

## Methodology

A retrospective analysis was conducted utilizing descriptive statistics and additional qualitative information as applicable for the reporting of each aim. The project used existing data collected by the Medical Center of McKinney (MCM) and Roundingwell , LLC between March 1, 2013 and May 30th, 2014. This project had two primary aims: **(1)** to evaluate an internet based patient engagement and education program and the resultant impact on the 30-day readmission rates of adults discharged from MCM (260-bed acute care for-profit hospital outside of Dallas Texas) with HF and **(2)** to access provider acceptance of the patient engagement internet based software administering a tool utilizing the Technology Acceptance Model framework (TAM).

## Results

The results for each aim: **(1)** Examination of the readmission data from March 2013 thru February 2014 revealed an overall readmission rate of 25 percent. For the time period of the project March 2014 thru May 2014 the overall readmission rate was 22.5 percent indicating a downward trend in readmissions and **(2)** The numeric results of the ease of survey revealed neutral to somewhat agree responses as it related to the use of the application to enroll and manage patients.

## Implications for Practice

Today's changing reimbursement models and shifting priorities leave hospitals looking for alternative solutions to improve quality and reduce readmissions. The limited yet encouraging results from the study provide a promising platform for hospitals like Medical Center of McKinney to provide post-discharge follow-up in a different way. With private payers following the lead of CMS and aggressively pursuing pay for performance models these strategies become even more imperative for community hospitals.

# Improving Cultural Competency Resources for Oncology Providers

## Purpose

The purpose of this scholarly project was to provide cultural competency resources for oncology providers regarding end-of-life (EOL) care for Native American patients at a university hospital.

## Methodology

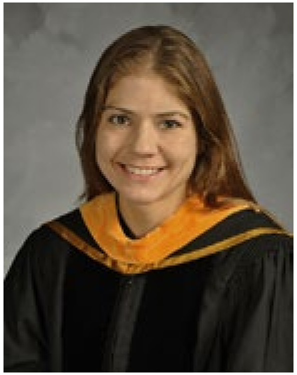
Eleven oncology providers (e.g. nurse practitioners (NPs), physician assistants (PAs), and fellow physicians) participated in a cultural competency training session and utilized a cultural competency reference guide when providing EOL care for Native Americans. A post-then-pre assessment evaluation was used to measure the providers' cultural competency knowledge using a Likert scale. The ***p***=value was set at .10 for the small sample size and to aid in reducing type II errors.

## Results

Overall, there was a statistically significant change in participants' self-report of cultural competency knowledge and behaviors regarding EOL care among Native Americans after utilizing the cultural competency reference guide. Specific areas that were significant included: **a)** acknowledging health differences between races/ethnic groups, **b)** greeting patients in a culturally appropriate manner, **c)** acknowledging family members' roles in patients' health care decisions, and **d)** the importance of paying attention to cultural expressions of pain, distress, isolation, and disagreement.

## Implications for Practice

The scholarly project has shown improved cultural competency regarding EOL care for Native Americans with the implementation of training and resource guides for providers. Providers who attend cultural competency training on EOL issues among Native Americans may improve their care to patients and families overall. Moreover, studies show that patient outcomes are improved when healthcare is provided in a culturally competent environment. Continued application and utilization of cultural competency training may improve patient care among Native Americans at EOL.



**HEATHER ANN HOWARD**

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ADULT NURSE PRACTITIONER

**DIANE HUMBRECHT**

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NURSING INFORMATICS

# The Impact of Medication Management within the Microsystem of a Heart Failure Unit.

## Purpose

The purpose of this project was to evaluate the accuracy of the discharge medication list for heart failure patients being discharged from an acute care community setting to home with transition nurse follow up.

## Methodology

A process improvement project was undertaken at a suburban teaching community hospital to investigate the accuracy of the discharge home medication list pre and post implementing three key interventions: Pharmacy review and correction of the admission home medication list, nursing review of the admission home medication list with the discharge home medication list and call for clarification, and the ability for transition nurses to update the home medication list after the patient is discharged.

## Results

Data were collected over a 30 day period of time post-interventions to determine outcomes of the new interventions' impact, changes in the discharge process for accuracy of the discharge medication list, and impact on readmission rates. Key findings through a collaborative effort of pharmacist, primary care nurses, and transition nurses included a decrease in the number of discrepancies needing to be questioned by the transition nurses from 39% to 10%. One patient was readmitted within 30 days but this patient refused four calls from the transition team.

## Implications for Practice

Hospitals should consider supporting the role of a pharmacist completing home medication reconciliation upon admission, replicating the nursing review of the admission home medication list with the discharge instructions as standard work, changing the nursing discharge documentation to note that the discharge medication list was reviewed with the admission home medication list, including the respiratory therapist involved in the COPD transitions program, and developing a communication tool to provide primary care providers with an accurate discharge home medication list. While not all of these were goals for this study, they should be the focus of future studies.

# Utilization of Clinical Practice Guidelines: Barriers and Facilitators

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## Purpose

This purpose of this scholarly project was to seek understanding of factors that promote or prevent the implementation of evidence based-clinical practice guidelines at the point of care delivery. The objectives of the project were to evaluate internal reasons (knowledge, attitude and motivation) and external reasons (organization, work environment or guideline) influencing a clinicians' use of clinical practice guidelines.

## Methodology

The project employed a non-experimental descriptive design using a survey to gather qualitative and quantitative data. The survey was distributed to a convenience sample of all nurse practitioners and physician assistants working on a neuroscience specialty service at a community hospital. Of the potential subjects, 74% completed the survey. The survey assessed the core concepts of knowledge, behaviors and environmental factors impacting whether or not clinical practice guidelines were used for the acute management of patients with anti-coagulation related intracranial hemorrhage.

## Results

From the respondents' perspective, clinical practice guidelines were viewed as valid tools necessary to standardize patient care. The survey demonstrated a consistent use of the hospital specific anticoagulation reversal protocol. Participants in the project used guidelines to assist in clinical decision making with the ultimate goal of keeping patients safe and improving patient outcomes. Respondents exhibited proficiency in synthesis and integration of a complex set of guidelines to guide clinical decisions and treatment plans in challenging patient scenarios. Results revealed numerous facilitators promoting successful implementation of clinical practice guidelines and few barriers.

## Implications for Practice

Translating evidence efficiently to benefit patients in the daily demands of practice environments is fundamental to quality practice. Increased use of electronic clinical decision support tools translates clinical practice guidelines more rapidly to the patient encounter. Advanced practice providers possess the expertise required to bring clinical practice guidelines to the bedside more quickly to improve the health, quality and safety of neuroscience patients.

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HEALTHCARE LEADERSHIP

# Hospital-Based Skilled Nursing Facility Registered Nurse Knowledge, Attitudes & Beliefs of Nursing Peer Review Following Serious Adverse Events

## Purpose

The purpose of this descriptive study was to determine if hospital-based skilled nursing facility (HBSNF) registered nurses (RN) needed education, as well as ascertain their attitudes and beliefs regarding nursing peer review following serious adverse events.

## Methodology

Data were collected from 23 HBSNF registered nurses. A 16-question needs assessment was posted via the employing hospital's learning management system.

## Results

Demographic data resulted in modes of female, age 56-65 years old, with 1-5 years of experience, at a competent level and with an Associate's Degree in Nursing. Participants successfully defined peer relationship (82%) and serious adverse event (94%), identified the primary advantage of formalized peer review (71%) and prevailing reason to implement (71%), agreed the process would be beneficial to patient care (94%) and disagreed that confidentiality would be breached (65%). They were unable to identify the goal of nursing peer review (0%). Forty-one percent indicated they had worked in a facility using nursing peer review previously; 47% indicated they did currently. Thirty-five percent provided free-text comments supporting nursing peer review.

## Implications for Practice

Nursing peer review following serious adverse events is an evidence-based practice strategy that allows nurses to develop from unbiased, confidential review of and feedback regarding work performed. It should be included in routine nursing practice to increase nurse autonomy and empowerment, contributing to quality, cost-effective and safe patient care.

# Evaluation of an Internet-Based Patient Engagement and Education Program

## Purpose

Heart Failure (HF) treatment is largely dependent on the patient's ability to engage in effective self-management activities. When these behaviors are not completed, persons with HF are at risk for worsening heart function, hospitalization, and death. The purpose of this project was to evaluate an Internet-based patient engagement and education program (IBPEEP) at a 200-bed North Texas hospital.

## Methodology

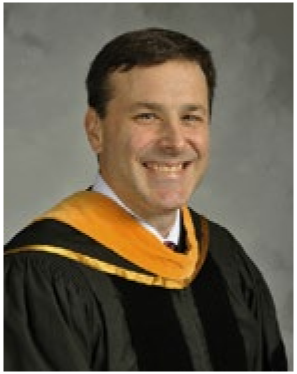
This program was offered to patients discharged with HF using the following aims: (a) describe the rate of engagement with the IBPEEP, (b) determine the IBPEEP's potential influence on perceived self-efficacy, and (c) investigate 30-day readmission trends at the hospital.

## Results

Of the 157 patients eligible, 28 (17.8%) patients were enrolled and of these 12 (42.9%) patients engaged with the system. These 12 patients had a significant increase in overall self-efficacy ($p<0.01$) and none of these patients had a 30-day readmission. Overall hospital readmission rates did not significantly change.

## Implications for Practice

Although these results were promising, the low numbers of patient precluded making any conclusions on the IBPEEP's overall effectiveness to improve self-efficacy or reduce 30-day readmissions. Further evaluation with larger numbers of patients is warranted.



**CHRISTIAN**
**KETEL**

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ADULT NURSE PRACTITIONER / NURSING INFORMATICS

**ERIN KYLE**

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HEALTHCARE LEADERSHIP

# Evaluation of AORN's *Periop 101: A Core Curriculum*™ in Orientation of Novice Perioperative Circulating Registered Nurses

## Purpose

The purpose of this improvement project is to evaluate the value of ***AORN's Periop 101: A Core Curriculum***™ in preparing the novice registered nurse (RN) for practice in the operating room. Because perioperative subspecialty education is largely absent from undergraduate nursing education, an effective evidence-based orientation curriculum is needed.

## Methodology

In order to address the research question: "is ***Periop 101***™ an effective orientation curriculum?" the Sisters of Mercy Health System of St. Louis including 33 hospitals hosts the study. This project used the Deming's Plan Do Study Act as a model for implementation and the Clinical Value Compass (clinical, functional, satisfaction, cost) for evaluation. Two domains were used for evaluation for this project: functional and cost. A pre/post test design followed the AORN-defined curriculum was used to evaluate the functional domain. In addition to this functional evaluation, cost effectiveness was measured by comparing overall orientation duration and related costs to historical averages.

## Results

One subject completed the curriculum, with improved scores on post-test compared with pretest. The length of orientation was 200 hours shorter than historic averages, representing a calculated savings of $4,370 per new hire novice RN.

## Implications for Practice

This project demonstrates that ***Periop 101*** is an effective and valuable curriculum used for preparing novice perioperative RNs for practice in the operating room.

# Evaluation of Urinary Incontinence Documentation in a Women's Health Practice

## Purpose

This project evaluated the documentation of urinary incontinence in a women's healthcare practice to identify documentation discrepancies between screening and diagnosis.

## Methodology

A retrospective analysis was performed on 243 electronic medical records of women, ages 21-65, who received annual gynecological examinations from April 1st, 2014 through June 30th, 2014.

## Results

Among 21 electronic medical records that had documented urinary incontinence, 14 showed positive screening without a corresponding diagnosis for urinary incontinence. The 67% discrepancy rate between screening and diagnosis indicated that accuracy occurred in only 33% of UI documentation.

## Implications for Practice

Quality of healthcare delivery for women who are reluctant to disclose symptoms of urinary incontinence requires accuracy in documentation for screening and diagnosis. Both are necessary to ensure that women are aware of treatment options and satisfied with care. Guideline development for urinary incontinence screening and diagnosis is necessary to assist in preventing undiagnosed and untreated urinary incontinence.

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**LAUREN LANGLEY**

DNP, MSN, PMHNP

PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER

# Structure, Process, and Outcomes Along the Primary and Behavioral Health Collaborative Care Continuum: An Integrative Review

## Purpose

The purpose of this project was to review and synthesize available literature on the continuum of collaborative care in primary care settings to examine the features of successful models of behavioral health and primary care and discuss implications for practice.

## Methodology

This study is an integrative review of the literature on collaborative care models to examine the structure, process, and outcomes of effective models and understand implications for practice. Alexander Blount's construct of the continuum of collaborative care was used to differentiate models of care as coordinated, co-located, or integrated. Avedis Donabedian's quality improvement theory guided the analysis of structure, process, and outcomes.

## Results

Sixteen studies of high-level evidence were analyzed. Thirteen studies featured co-located care, 2 studies featured coordinated care, and one study featured integrated care. The primary result of the review is that co-located care is the most common form of collaborative care being practiced. Use of a care manager, supervised by a psychiatrist and/or psychologist, who implemented a stepped care approach by providing psychoeducation, medication monitoring, and brief psychotherapeutic interventions in collaboration with a primary care provider is more effective at treating depression and anxiety than treatment as usual. This literature review suggests that registered nurses (RNs) in the role of anxiety or depression care managers can provide effective collaborative care.

## Implications for Practice

Collaborative care models offer increased access to mental health services, effective treatment of depression and anxiety disorders, and the potential for healthcare cost savings. The real world application of collaborative models of care needs to be more clearly described and more consistently practiced. Nurses of many educational backgrounds can play an important part in this evolution.

# An Integrative Review of Literature of Insulin R U-50 in Continuous Subcutaneous Insulin Infusion

**LUISA FERNANDA LEAL**

DNP, MSN, MBA, ANP

ADULT NURSE PRACTITIONER

## Purpose

To conduct an integrative review of the literature on best practice approaches for patients with type 2 diabetes and severe insulin resistance who require insulin R U-500 in a continuous subcutaneous insulin infusion (CSII) therapy.

## Methodology

Review of relevant literature from databases such as PubMed and Google Scholar from 2000 to 2014. The variables were sample size, age, gender, total daily dose before and after insulin R U-500, HbA1c, weight and hypoglycemic events. Articles were analyzed by using the Critical Appraisal Skills Program and a literature review table. Data analysis concluded with a discussion of results and its clinical practice implications.

## Results

Relevant articles included 31 studies, 13 research studies and 18 review articles. Results showed improvement in total daily dose of insulin and HbA1c results while using a CSII. This project concluded that using insulin R U-500 in a CSII is safe and effective in patients with type 2 diabetes and severe insulin resistance. Studies in this literature review represented four levels of evidence. The studies revealed that implementing insulin R U-500 in a CSII improved the discomfort associated with the MDIs, and increased adherence to treatment. The side effects of insulin R U-500 were weight gain and hypoglycemia.

## Implications for Practice

Using insulin R U-500 in a CSII is clinically effective with minimal side effects. The most common side effects were mild and severe hypoglycemia, and weight gain. The sample populations that experienced mild hypoglycemia were not significant, and severe hypoglycemia was problematic in two studies. Overall, patients forgot to ingest their meals, lost weight, or increased their insulin dose without consultation. Weight gain is not uncommon when using either insulin R U-100 or insulin R U-500 in MDIs or in a CSII due to the lack of improvement in dietary habits and lifestyle. The use of insulin R U-500 in a CSII therapy must be managed by healthcare providers (endocrinologists, nurse practitioners and physician assistants) in the endocrine setting.

**SHANNON M. LITTEN**

DNP, MSN, ACNP, FNP

ACUTE CARE / FAMILY NURSE PRACTITIONER

# Simplifying Emergency Resuscitation: Opportunities for Reducing Errors to Improve Patient Outcomes

## Purpose

Emergency resuscitation is highly stressful with multiple confounding variables. Psychological and environment stressors magnify human fallibility, amplifying fear experienced by providers during pediatric resuscitations. Essential to overcome this is efficiently designed systems and teamwork. Many cognitive aids have been developed to assist, but few studies have been conducted to verify efficiency. Compare two visual aids used in pediatric resuscitation, The ABCs of Resuscitation© (ABCs©) and The Broselow Pediatric Emergency Tape© (Broselow Tape©). Time for selection, accuracy of choices, relationship of these factors, and participant ratings of the tool were studied.

## Methodology

Thirty-six emergency healthcare providers from a variety of settings participated in this blinded, randomized controlled trial. Each participant answered questions in two case studies using one of the visual aids. Providers could either use the tool or refer to experience and memory from American Heart Association guidelines. Time to complete the case study and accuracy of answers were measured. Participants rated the tool on a Likert scale.

## Results

The majority of calculations resulted in statistical significance. The ABCs© group was faster and more accurate for case study one than the Broselow Tape© group (1.1 vs. 1.8 minutes, 96% vs. 87%, $p < 0.05$). They were also more accurate in the second case study (77% vs. 34%, $p < 0.05$) and rated the tool higher on a Likert scale (average 24/25 vs. 18/25, $p < 0.05$). Results were not statistically significant regarding the time for case study two, however, the ABCs© group was 20 seconds faster on average than the Broselow Tape© group. There was no statistically significant correlation between timing and accuracy of either group.

## Implications for Practice

Results indicate that the ABCs© chart is faster and more accurate for pediatric resuscitation, potentially impacting the medical population by minimizing provider stress. Ultimately, this may lead to decreased errors and improved outcomes.

# Development of a Business Plan for a Medical Clinic for Women Who are Homeless or Near Homeless Due to Substance Abuse

## Purpose

The purpose of this project is to develop a business plan for a clinic that specializes in the medical health care needs of adult women ages 19 to 65 who are homeless or near homeless from substance abuse and possible co-occurring mental health disorders.

## Methodology

The PEPPA framework was used to develop a business plan for a free medical clinic at a drug and alcohol rehabilitation facility located in Nashville, TN. An analysis of both 6 months of resident data and interviews with stakeholders, including residents, were significant sources of data for the business plan.

## Results

A free advanced practice nurse led medical clinic will offer history and physicals, non-emergency acute care, and population specific education.

## Implications for Practice

A free medical clinic could lead to improved medical care, improved adherence to medical treatment plans, and improved population outcomes.

**MARGARET LOGAN**

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**SUSAN KRAUSER LUPEAR**

DNP, MS, CRNA

CERTIFIED REGISTERED NURSE ANESTHETIST

# Perioperative Nurses' Knowledge of Indicators for Pressure Ulcer Development in the Surgical Patient Population

## Purpose

To assess perioperative nurses' knowledge of evidence-based risk factors considered indicators for pressure ulcer development in the surgical patient population.

## Methodology

A link to a 16-question assessment tool, in the form of a survey, was e-mailed to 53 perioperative registered nurses who practiced in an academic Level I trauma center. The content of the questions assessed the perioperative nurses' knowledge of four indicators identified in the literature to be relevant to the development of a pressure ulcer.

## Results

The findings of this project suggest a gap in the perioperative nurses' knowledge of evidence based indicators for pressure ulcer development in the surgical patient population. These results, recommend that perioperative nurses receive evidence- based education of pressure ulcer risk factors. However, the 44% response rate of perioperative nurse participants indicates a need for further assessments to ensure a clear and accurate assessment of the perioperative nurses' knowledge of indicators for pressure ulcer development in the surgical patient population.

## Implications for Practice

The current healthcare environment is rapidly changing and with it so must patient care. It is essential that nurses have the information and tools necessary to meet the needs of the patient and society. The current evidence identified during this project dispels the historical assumptions that preventing pressure ulcers is not possible. The current evidence provides specific knowledge to allow appropriate actions taken, thereby enabling perioperative nurses to take an active role in the prevention of pressure ulcers in the surgical patient population.

# A Quality Improvement Project to Test the Effectiveness of a Patient-Centered Pathway and Discharge Tool on Heart Failure Patient Engagement

## Purpose

The purpose of this quality improvement project was to evaluate the effectiveness of two tools designed to enhance heart failure patients' engagement in their care. The tools were developed for this project based upon lean principles and were intended to provide the patients a graphical representation of what to expect during their hospitalization, their transition home and improve their ongoing symptom management.

## Methodology

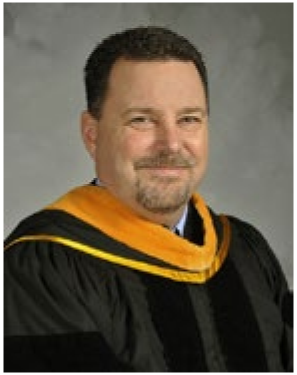
A pre/post test design was utilized to evaluate effectiveness of quality improvement initiative over two eight week periods. The population sample consisted of Heart Failure patients admitted to three telemetry units at a suburban community hospital by hospitalist group physicians. Pre-implementation (n=52); post-implementation (n=58). In order to evaluate the impact on patient engagement the following data was collected: patient satisfaction scores for "Communication with Nurses", "Communication with Doctors", "Discharge Information" and "Care Transitions" as well as average length of stay.

## Results

Patient satisfaction score improved in three out of the four domains while length-of- stay was reduced by 0.4 days per patient. The reduction in length of stay represents a potential cost savings of $23,000 over the eight week time period.

## Implications for Practice

Utilization of graphical images with patient-centered communication tools may improve patient engagement and disease management. The results of this pilot project indicate these tools enhanced translation of healthcare information into a format that is easy for patients to understand and follow. Future analysis should focus on the sustainability of the performance improvement, the impact on readmission rates and whether the tools can be modified to improve the outcomes of other patient populations.



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**SUSAN MARIE MEGAS**

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PSYCHIATRIC - MENTAL HEALTH CNS

# A Quality Improvement Project to Evaluate the Current Telephone Triage System for Timeliness, Accuracy, and Satisfaction for an Adult Behavioral Health Clinic

## Purpose

The purpose of this project was to determine whether the existing telephone triage system of an adult behavioral health clinic of an academic medical center resolved patient-related telephone calls within the time standards established by the clinic, the types of calls marked ***Urgent***, and the level of satisfaction of those who used the clinic telephone triage system.

## Methodology

All patient-related telephone calls made to the clinic and that were electronically entered in the clinic database over four weeks. Calls were identified as “prescription”, “clinical”, or “administrative”. Satisfaction surveys were distributed to providers, patients, Central Intake Office personnel, and front desk personnel of the clinic.

## Results

Of the 291 total calls made to the clinic over four weeks, the highest volume of calls was “prescription” (176), followed by “administrative” (60), and “clinical” (55): 1) 88.64% of the “prescription” calls met the clinic standard of call resolution ≤ 48 hours; 2) 56.4% of the “clinical” calls met the clinic standard of call resolution ≤ 24 hours; 3) 95% of the “administrative” calls met the clinic standard of call resolution within two weeks. Of the 51 calls marked “urgent”, 43 were “prescription” and the remaining eight were “clinical”. The Central Intake Office that is comprised of non-clinical personnel spent the most time on calls (greater than three hours a day), and who determined if a call was ***Urgent*** was the group least satisfied with the current clinic telephone triage system.

## Implications for Practice

This quality improvement project demonstrates that the highest volume of calls for an adult behavioral health clinic are “prescription” calls that also had the greatest volume of calls marked ***urgent***. This is an interesting finding that illustrates the importance of understanding which practical strategies, therapeutic skills, and other interventions are needed to manage all patient-related telephone calls to the clinic, and by whom.

# Provider Attitudes Towards Managing Depression in the Primary Care Setting

## Purpose

The purpose of this scholarly project is to identify primary care provider attitudes towards depression and the barriers that providers believe interfere with the management of depression. The results from this project will inform future scholarly activities surrounding depression care in the primary care setting.

## Methodology

The Depression Attitudes Questionnaire (DAQ), a 20 question survey about depression and depression management was used to assess provider attitudes and beliefs in a Federally Qualified Health Center. In addition to the DAQ, additional survey questions regarding barriers were used including two free text short answer questions.

## Results

All of the providers reported that primary care is an appropriate setting for managing a depressed patient's needs, including the use of antidepressants. However, there was strong agreement that working with depressed patients is "heavy going". Time constraints and access to specialists were seen as barriers.

## Implications for Practice

Primary care is an appropriate setting in which to manage depression but providers identified the need for more support. Measures aimed at increasing access to specialists, as well as system changes to allow more time to see depressed patients, may improve provider satisfaction and patient care.

**JANE MERGY**

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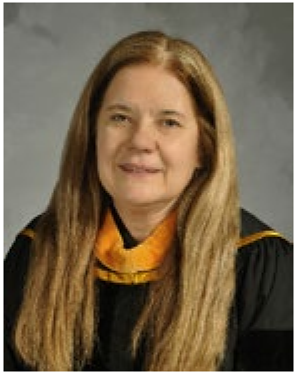
FAMILY NURSE PRACTITIONER



**ROSEMARIE MILANO**

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# Assessing Daily Workload of the Advanced Registered Nurse Practitioner: Proposal of a Nurse Practitioner Surgical Service Resource Team at Oregon Health and Science University

## Purpose

The purpose of this scholarly project was to furnish a creative solution to the prevailing staffing needs within the surgical division at Oregon Health and Science University by assessing ARNP workload and proposing the creation of an ARNP Resource Team.

## Methodology

Guided by Kotter's Organizational Change Theory, this quality improvement project assessed the daily workload of ARNPs working on six surgical services within the surgical division at OHSU. A workload assessment worksheet was developed specifically for this project with indicators specific to the surgical service ARNPs.

## Results

Using the created ARNP workload assessment worksheet, four of the six surgical service areas studied had a mean score . which indicated that additional ARNP resources were required. This collected data supports the creation of a new ARNP Surgical Services Resource Team. An unexpected outcome was increased communication among surgical service ARNPs regarding staffing challenges.

## Implications for Practice

This project demonstrates that by exploring alternative role development options, in conjunction with addressing system wide staffing issues, this project was able to initiate a cultural change within the OHSU health system. Additionally, future research opportunities further supporting the project goals and objectives were identified.

# Identifying Barriers to the Treatment of Female Sexual Dysfunction

**CARY SPIERS OASTER**

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## Purpose

Female sexual dysfunction affects nearly 50 million American females and is commonly unreported and thus under diagnosed. There is a significant gap between the number of women who seek treatment for and the number of women who suffer from female sexual dysfunction, which suggests that barriers exist leading to failure of the treatment of this disorder. The purpose of this descriptive study was to explore barriers preventing assessment and management of female sexual dysfunction within an individual clinical setting and the impact the identified barriers had on patient care.

## Methodology

In order to determine which barriers were present within the practice, a survey was distributed to the health care providers. Each provider rated from 1 to 10 the degree to which the following items affected their treatment of female sexual dysfunction: professional training, personal attitudes and beliefs, time constraints, lack of effective therapies, and gender differences.

## Results

This project showed that all the items on the survey were considered barriers. While lack of effective therapies and time constraints were considered to be the most major barriers, there were no items considered to be non-barriers. The project also revealed that among the providers, the range of results was variable except for the barriers of lack of effective therapies and time constraints. This again supported that these were agreed upon barriers office wide.

## Implications for Practice

This study indicated that future interventions should be targeted at all five survey items in order to reduce them to non-barriers in regards to the treatment of female sexual dysfunction. If more providers are aware of the barriers and initiate efforts to overcome them, more women can receive the treatment they deserve and the gap between the number of women with female sexual dysfunction and the number of women engaged in treatment of female sexual dysfunction can begin to close.

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# Improving the Quality of Healthcare in Rural Tennessee Adolescents: Fostering Resilience Through Effective Coping Mechanisms

## Purpose

The purpose of this project was to identify coping mechanisms utilized by some rural Tennessee adolescents residing in Grundy County.

## Methodology

A descriptive design was utilized to identify coping strategies utilized by rural Tennessee adolescents based on answers to the self-answered questionnaire A-COPE. The convenience sample consisted of 15 adolescents encountered at the Palmer Medical Clinic in Palmer, Tennessee.

## Results

The adolescents who participated in this project recorded various coping mechanisms (positive and negative) while residing in a community where many citizens participate in risky behaviors. Although the sample size was small, this project can provide a starting point for healthcare providers as they encounter adolescents who are in need of assistance with identifying effective coping mechanisms in their own lives.

## Implications for Practice

By understanding and identifying current coping mechanisms, healthcare providers are better equipped to determine areas where at-risk adolescents need help to develop positive coping mechanisms and to find ways to reduce negative coping mechanisms in this vulnerable population. Thus, Grundy County healthcare providers can better serve the adolescent population and help adolescents in transitioning into young adulthood. These professionals' heightened awareness will also lead to greater psychological and physical health among at-risk adolescents.

# Mindfulness Interventions to Improve Self-Care Among Graduate Nursing Students: A Literature Review

## Purpose

The literature review synthesizes best evidence of mindfulness meditation for stress among nursing students and medical professionals, to support development of a mindfulness-based curriculum for graduate nursing students.

## Methodology

After using the PRISMA or CONSORT checklists, a total of 46 peer-reviewed journal articles were selected. Two comprehensive literature tables were created, identifying the type of study (randomized controlled trial or literature review), key concepts, study purpose, and sample population.  Where appropriate, theoretical framework, study design, and hypothesis were delineated. Evidenced based components of mindfulness meditation interventions were also identified, as well as gaps in the research which requires further study.

## Results

The literature synthesis demonstrates the efficacy of mindfulness training in reducing stress and anxiety in health care students and professionals. Consistent practice of mindfulness in addition to the prescribed mindfulness intervention was positively correlated to increased benefits and improved study outcomes. In other words, the more regularly mindfulness interventions were practiced and induced ***state*** mindfulness (short-term changes experienced during meditation, including activation of theta and alpha brain waves, increased regional cerebral blood flow, and changes in anterior cingulate cortex and dorsolateral prefrontal areas of the brain), the greater the benefits experienced by practitioners, leading to development of ***trait*** mindfulness (long-term neurological changes, specifically increased activity in the frontal attentional system and parietal structures, resulting from regular and consistent meditative practice). Studies of these mindfulness interventions focused on mood, cognitive-behavioral, or neurological changes after meditative practice.

## Implications for Practice

Introducing mindfulness during nursing school assists nurses in the early development of coping skills during times of stress and anxiety, providing a structured manner in which stress may be addressed and reduced. It also gives participants a unique set of skills which they may continue to use in their own self-care after the intervention has concluded.

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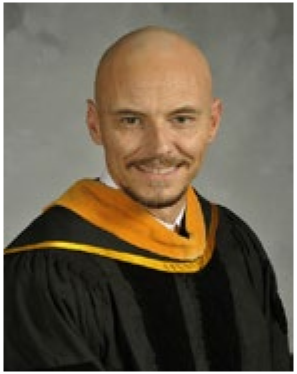

**TREY PIRKEY**

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FAMILY NURSE PRACTITIONER

# APRNs Enhance Patient Access to Safe, High-Quality Health Care

## Purpose

Access to healthcare is inadequate in the United States. Texas has the worst healthcare outcomes data in the U.S. Patient access to Advanced Practice Registered Nurses (APRNs) is statutorily limited. Full-practice authority for APRNs could improve patient access to care. Overcoming statutory barriers is purposeful to enhance patient access to care, improve patient outcomes, and decrease healthcare costs.

## Methodology

A literature search performed on PubMed/ MEDLINE, CINAHL, and Google Scholar was utilized with the terms “full-practice authority,” “advanced practice registered nurse,” together with “safety,” and “quality” to yield relevant information. A Power Point poster and podium presentation was developed and presented to the Coalition for Nurses in Advanced Practice.

## Results

A synthesis of the fifty-year body of evidence related to APRN quality of care confirms APRNs provide high-quality, safe, cost-effective care. The main purpose of APRN supervision laws is not safety, and serves only to limit competition and monopolize healthcare through the use of government over-regulation. A comparative analysis between physician care and APRN-provided care demonstrates equality in outcomes. Analysis of the literature indicates the use of supervisory laws does not enhance patient safety. APRN supervision laws are counterproductive to healthcare access.

## Implications for Practice

APRNs are a sensible solution to this country’s inadequate healthcare access problem. Statutory regulations required for APRNs seem to be arbitrary in nature, and are not related to any evidence. No connection between restrictions to APRN practice and patient safety has been established. APRN practice safety results remain consistent regardless of whether the APRN practices independently, or as part of a team. Many stakeholders are not familiar with the full capabilities of the APRN. APRNs have an inherent obligation to improve patient access to healthcare. Improved access to safe, high-quality healthcare provided by APRNs may improve patient outcomes, and decrease healthcare costs.

# An Evidence-Based Roadmap to Healthy Work Environments for Nurses: Closing a Gap in the Literature Through Development of a Toolkit

## Purpose

The primary aim of this scholarly project was to develop an evidence-based, best practice toolkit that would support nursing leaders' efforts to incorporate the American Association of Critical Care Nurses' six essential standards of a healthy work environment (HWE) into the current practice setting.

## Methodology

The project design included an independent review of the current literature, synthesis of the findings, and subsequent development of an evidence-based summary of the existing literature in the format of a toolkit for nursing leaders.

## Results

This toolkit created an evidence-based link between theory, research, and leadership practice, and serves as a guide for nursing leaders to use as they strive to translate the knowledge of HWEs into meaningful applications in their respective practice settings. Dissemination of this toolkit will augment nursing leaders' potential for achieving excellence, and could improve the future adoption of cultures that facilitate HWEs by providing step-by-step, evidence-based guidance and support that has been unavailable up to this time.

## Implications for Practice

In order to make lasting and successful changes to the work environment, nursing leaders need readily available and easy to use resources to guide their efforts to ensure evidence-based changes are executed appropriately and efficiently. The contents of the toolkit are applicable to nursing leaders across settings and have the potential to enhance the work environment in any organization; the enhancement could lead to improved job satisfaction, increased retention, enhanced quality of care, and improved patient satisfaction.

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# Development of an Evidence-Based Neonatal Discharge Pathway Based on the Principles of Family-Centered Care

## Purpose

The purpose of this scholarly project was to develop an evidence-based neonatal intensive care unit (NICU) discharge pathway specifically designed to improve the NICU discharge process and to implement the principles of family-centered care (FCC).

## Methodology

The European Pathway Association's Eight-Step Method for pathway development was followed to develop the NICU Discharge Pathway. The eight steps included: selection of the care population, literature review and extraction of activities, synthesis and selection of clinical activities, compilation of key activities and timelines into a chart/algorithm, detailed description of key interventions, translation into a set of process and outcome indicators, and piloting of the pathway.

## Results

16 discharge teaching topics were identified as essential components of a comprehensive discharge teaching pathway. Additional topics were added related to current standard processes specific to the project facility (developmental care and infant driven feeding). The final pathway was depicted in a bedside poster for staff and family to easily view progress and future goals. The Family-Centered NICU Discharge Pathway will be piloted at the project facility (a level II NICU) after foundational education and materials for staff and families are in place.

## Implications for Practice

Evidence supports family-centered care and a comprehensive discharge process in the NICU. However, implementation continues to be a challenge. Implementation of the Family-Centered NICU Discharge Pathway provides a more comprehensive and consistent discharge process, involves parents early and throughout their infant's NICU journey, ensures teaching and skill building throughout the infant's hospitalization, improves parent readiness and confidence to assume full care on discharge, and provides a tangible means of implementing the principles of family-centered care.

# Barriers to Achieving Diabetic Quality Measures in a Family Practice Clinic

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## Purpose

National health expenditure data show that health care spending continues to grow in the United States. Quality measures and pay-for-performance have emerged as leading initiatives to reduce health care costs and improve quality of care. Reimbursement is largely determined by reported quality measure data. For this reason, clinics must emphasize quality measures for viability and profitability. The purpose of this study was to identify barriers hindering the achievement of diabetic quality measures for Medicare Advantage Plan patients in a family practice clinic. Therapeutic low-density lipoprotein (LDL) cholesterol levels were the most difficult to achieve in 2013 and were the focus of this project.

## Methodology

A retrospective chart review was performed of the Medicare Advantage Plan's diabetic patients who did not meet the quality measure for LDL goal in 2013. A data collection tool was created which contained provider, patient, and healthcare system barriers that may impact the achievement of LDL goals.

## Results

The study found that providers did not adjust statin medications when elevated LDL levels were documented at later visits. In 2013, providers adjusted 18 (50%) of 35 subjects' statin dose after reviewing an out-of-range LDL level. In addition, statin therapy intensity was not concurrent with the ATP 4 Guidelines. For example, 21 (64%) of 33 subjects were prescribed medium or high intensity statin therapy which showed that 12 (36%) of subjects were receiving subtherapeutic treatment. Also, the data analysis showed that 10 patients were incorrectly identified as not achieving the quality measure for LDL control. This error demonstrates the challenge of gathering accurate patient data for quality measures.

## Implications for Practice

This study informs providers on barriers to achieving diabetic quality measures. These barriers are modifiable and can be targeted to improve patient outcomes and reimbursement.

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ADULT NURSE PRACTITIONER

# Delineating Cardiovascular Disease Burden through Risk Assessment: Implications for Population Health Strategies in an Accountable Care Organization

## Purpose

The purpose of this project was to transform evidence-based clinical guidelines for cardiovascular disease risk into relevant, evidence-based management data and guide the development of a system-specific population health strategy in an accountable care organization (ACO), leveraging data to inform a unified decision-making process for clinical and administrative leaders' effort to improve CVD outcomes. The identification and prevention of CVD (cardiovascular disease) is a high priority for improving care and reducing costs in healthcare systems throughout the world, and new evidence-based guidelines were recently published to guide prevention efforts. To better effect patient outcomes, new knowledge must be transformed into relevant forms, including utilizing accurate, applicable, actionable, and accessible clinically-based evidence to inform evidence-based management decisions.

## Methodology

A retrospective chart review was conducted on 17,115 patients within an integrated health system, identifying individuals eligible for CVD primary prevention. Predictive risk algorithms were applied retrospectively and a baseline assessment of short-term and long-term risk burden in the ACO population was obtained.

## Results

ACO population specific data were produced by age and risk strata. In the age 20-39 group, 58% were at low, 42% at high lifetime risk. In the age 40-79 group, 34% were at low, 66% at high 10-year risk; a subgroup analysis showed 67% of this group (age 40-59) at low 10-year risk had high lifetime risk.

## Implications for Practice

These research-based data provide system-level, system-specific, evidence to ACO leadership for utilization in developing population health strategies. This data improves the understanding of the public health and System burden associated with CVD, the need for prevention versus intervention, variance in risk assessment timeframes; and for guidance in budgeting, acquiring, and allocating resources.

# Medication Documentation and Downtime: Recommendations for Safe Practice

## Purpose

The purpose of this project was to investigate the accuracy of the medication documentation process during and after a prolonged planned electronic health record (EHR) downtime. Specific objectives included identifying documentation patterns in order to provide recommendations to reinforce documentation accuracy after a downtime and improve the safety of the medication administration process.

## Methodology

A process improvement initiative was undertaken to investigate the accuracy of the medication documentation process after a prolonged system downtime on a Medical unit and Medical Intensive Care Unit (MICU) at a large academic medical center. The last time a p.o. or IV medication was documented on the paper medication administration record (MAR) during the downtime was compared with the first time the same medication was documented on the electronic medication administration record (eMAR) after the downtime ended.

## Results

Results demonstrated overdependence on technology as confirmed by nursing staff's lack of familiarity with use of downtime paper MARs. Overall, finding medication data from the downtime period was challenging. Scanned paper MARs were either not present in the EHR or were missing pages in 52% (n= 27) of the MICU patients and 15% (n=8) of the Medical patients in the sample (n=52). Of 112 medications administered during this time period, 38% (n=42) had timing issues, with missed (n=18), late (n=12), or medications administered too soon (n=10) commonplace on both units.

## Implications for Practice

Recommendations include scheduled downtime drills to rehearse proper use of MARs as well as focused manager education and auditing tools to improve compliance with downtime policy. As a result of this project, national practice recommendations were made to the Office of the National Coordinator for Health Information Technology to update its Contingency Planning Guide and to the American Nurses Association (ANA) to add disaster informatics as a core competency to the ANA ***Nursing Informatics: Scope and Standards of Practice***.

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# The Application of the Virginia Mason Production System to Improve Large Scale Quality Outcomes in an Acute Care Hospital

## Purpose

Within the healthcare system there is a lack of evidence based, standardized care delivery processes, leading to variations in practice and outcomes of care. The Toyota Production System (TPS) holds promise as a means to transform care, but little evidence exists in the literature to demonstrate the impact of the method on large-scale outcomes of care. The purpose of this project was to develop, implement and evaluate a standardized approach to improve care processes using the TPS.

## Methodology

The project was designed as a descriptive non-experimental pre-post design study. The study took place within eight inpatient units in a 336-bed acute care hospital. Standard methods and measures were developed and applied to a series of seven 5-day Rapid Process Improvement Workshops (RPIW) focused on selected clinical value streams. Standardized methods and tools were tested through PDSA cycles to improve the care processes. Data were collected using experienced-based design measurement tools for leaders conducting the workshops, patient satisfaction results and patient length of stay.

## Results

The application of standardized improvement methods and processes resulted in improved experiences of the RPIW leaders. The reductions in patient length of stay ranged from 10% to 49%. Patient satisfaction did not demonstrate a significant change. This was a successful pilot study limited by sample size and an abbreviated timeframe for implementation.

## Implications for Practice

Future implementation of the TPS within healthcare continues to hold promise as a transformational system leading to marked improvements in outcomes of care. The application of standardized tools and methods can be scaled to impact larger system changes and be spread to other organizations. This approach also enhances the experience and engagement of clinicians and leaders in making improvements in care processes.

# Implementing Quality and Safety Education for Nurses (QSEN) Competencies into an Adult Health Clinical Nursing Course

## Purpose

The purpose of this quality improvement project was to increase undergraduate nursing students' knowledge, skills, and attitudes relevant to the Quality and Safety Education for Nurses (QSEN) competency of safety, which was identified as a critical performance area. The question that this project examined was: Can chosen QSEN interventions that are incorporated into the course curriculum increase student competency of safety?

## Methodology

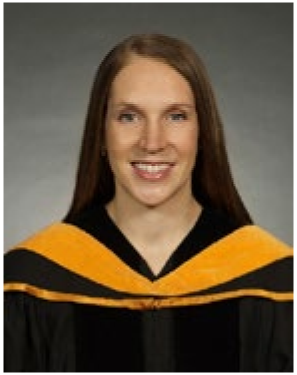
Two interventions were incorporated into the curriculum in order to increase student competency: 1) a student-designed simulation project (SDSP); and 2) a "Good Catch" and error reporting program (GCER). A control group (n = 16) and experimental group (n = 8) were evaluated with a dependent sample t-test (pre- and post-test design) using the QUISKA2 Assessment Tool.

## Results

For the experimental group (n= 8) the project interventions were not found to be statistically significant t(7) = 1.87, p < .05; however, the t value achieved with this project was only 0.025 less than the level needed for significance. While the results of this project were not found to be statistically significant due to a low number of participants, the aim of this project was exceeded with mean scores increasing by 25%, while the control group only increased by 12%.

## Implications for Practice

The SDSP was beneficial in improving students' understanding of quality and safety in healthcare. Students designed scenarios that addressed medication errors, critical team communication, prioritization, and hand-off reporting using their own creativity to deliver valuable information to the entire clinical group. Implementing the GCER helped create a culture of safety within this clinical section and also helped build student confidence in the quality improvement process. Improving nursing education by providing students with curriculum designed to achieve the QSEN competencies better prepares students to provide safe care resulting in improved patient outcomes.



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# Diabetes Type 2 Screening in Hispanic Adults in a Rural Setting

## Purpose

The purpose of this project was to screen, analyze and describe risk factors for T2DM among Hispanic adults ages 18 and older, through completion of a three-hour community health fair/screening event in rural New Mexico.

## Methodology

Sixteen participants completed the NIH's National Diabetes Education Program (NDEP) screening tool, "Are You at Risk for Type 2 Diabetes?" (http://www.ndep.nih.gov/media/NDEP_Risk_test.pdf, 2009) and a demographic questionnaire was administered to eligible participants. All participants received a brochure, developed by the Diabetes Prevention Project, highlighting strategies to prevent diabetes (Prevengamos La Diabetes Tipo 2. Paso a Paso. (Prevent Type 2 Diabetes. Step by Step, 2009) (NDEP-72).

## Results

The ages of eligible participants ranged from 22 to 58, with the mean age of 32.5 years old, mode age 33. Fifty-six percent of participants reported a family history of T2DM, with the most common family member reported with a diagnosis as mother (n=5), and grandmother (n=4). The scores from the scores from the NDEP screening tool were:

| | | |
|---|---|---|
| Scored at or below 5: | n=5 | (21%) |
| Scored above 5 | n=12 | (79%) |

## Implications for Practice

Type 2 Diabetes Mellitus is an important public health issue, particularly in New Mexico.
As of 2011, approximately 9.9 % of the population, (154,800) have been diagnosed with diabetes, and 197,020 (adults ages 18 and older both diagnosed and undiagnosed with diabetes (NMTOD.org, 2013). The results, while limited in sample size, highlight the importance of identifying Hispanic adults at risk to develop T2DM. Future consideration may include targeting screening at participants younger than 45. Recommendations include identifying effective strategies for diabetes screening/prevention and care through community action planning.

# Tailoring Hemoglobin A1C Goals According to the Frailty of Patients with Diabetes in a Primary Care Clinic

## Purpose

The purpose of this project was to develop and implement a screening tool for identifying frailty in diabetes and establish an evidence-based protocol for tailoring A1C levels for individuals identified as having frailty in diabetes. Establishing a protocol for this population was anticipated to lead to more individualized treatment of diabetes and reduce diabetes-related risk.

## Methodology

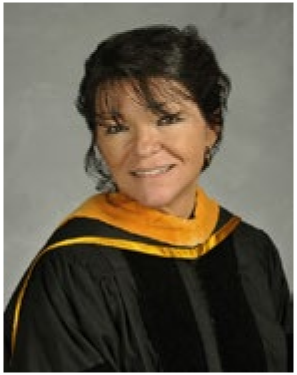
A quality improvement project was implemented in a rural primary care clinic. A screening tool was developed using criteria related to diabetes co-morbidities, functional status, and frailty indicators. Following training, the tool was used by providers for each patient encounter related to a diabetes diagnosis (n=40). Hemoglobin A1c goals for patients identified as having frailty in diabetes were adjusted from the standard goal of less than 7% to 7.0-8.0%. Further adjustments for special circumstances, such as persistent hypoglycemia, were discussed in the protocol. Patients were educated using specific education materials developed by providers at the clinic. Specific data was tracked and analyzed by the project leader. At the conclusion of the project, feedback regarding processes, provider experiences, and patient feedback was elicited by the project leader.

## Results

The range of patient age was 35-91 years (mean=76 years), with A1C levels ranging from 5.6% to 13.1%. Approximately 52.5% (n=21) of patients with diabetes screened were identified as having frailty in diabetes, requiring adjustment of goal A1c level. Thirty-three percent (n=13) of the patients with frailty in diabetes had A1c levels out of their tailored goal range: too low (n=4) or high (n=9). Providers provided positive feedback.

## Implications for Practice

In order to provide optimal, tailored care to patients with diabetes, advanced practice nurses must stay aware of current research and evidence-based recommendations. The ability to adequately appraise research and disseminate it into clinical practice is key to improving diabetes outcomes and containing healthcare costs.



**LORRIE THOMPSON**

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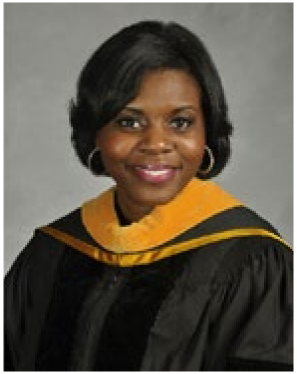
FAMILY NURSE PRACTITIONER



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EMERGENCY NURSE PRACTITIONER

# Feasibility of Nurses Measuring Gait Speed in Older Community-Dwelling Emergency Department Patients

## Purpose

The purpose of this project was to determine the feasibility of implementing gait speed screening by ED nurses, and describe if an individualized social work intervention was correlated with decreased 30-day ED readmissions among community-dwelling adults 65 years and older.

## Methodology

The ED nurses implemented the gait speed screening over the course of four weeks. Gait speed was measured using a stopwatch and a 4-meter walking distance. Prior to discharge, the nurse instructed the patient to walk (from a standing still position) at a usual pace for a distance of 4-meters. Patients with a gait speed slower than 1.0m/s were considered high-risk and referred to the social worker for care coordinator intervention.

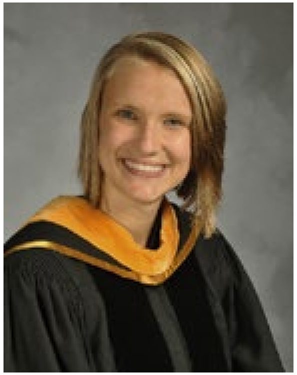
## Results

A total of 35 participants were screened throughout the course of this project. Of the 35 participants screened, 18 (51.4%) were males and 17 (48.6%) were females. The mean age and standard deviation (SD) was (M=75.37, SD= 7.96) and the median age (interquartile range) was 75 (68-82). Gait speed mean and SD was (M=0.86, SD=0.28) and median gait speed (interquartile range) was 0.92 (0.63-1.10). The ED nurses completed approximately 60% of the gait speed screens whereas the DNP student completed approximately 43% of the gait speed screens. Feasibility was also established among the social worker in providing individualized interventions for 52% (n=11) of the high-risk patients. The results of this project did not demonstrate a statistically significant correlation between social work intervention and reduction of 30-day readmissions to the ED among high-risk patients.

## Implications for Practice

The results of this project demonstrate feasibility and the clinical value of implementing gait speed screening in the ED among patients 65 years and older. Future implications for practice should require that adults 65 years and older receive the gait speed screen in the ED prior to discharge with continuous care coordination for older adults. Establishing gait speed trajectories may provide ED clinicians with baseline gait speed data to further evaluate for improvement or decline in functional status.

# Development of a Prenatal Breastfeeding Education Course to Promote Breastfeeding Success in Low-Income Women



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PEDIATRIC NURSE PRACTITIONER-PRIMARY CARE

## Purpose

The health benefits of breastfeeding to both infants and their mothers are widely known and promoted. Low-income women are particularly vulnerable to low rates of breastfeeding as well as being at greater risk for poor health outcomes of their infants. The purpose of this scholarly project was to develop an intervention to support low-income, first-time mothers who choose to initiate breastfeeding in achieving their intended goal for breastfeeding duration.

## Methodology

This project was accomplished in a four-phase process: **(1)** development of an evidence-based prenatal curriculum that addresses common breastfeeding challenges faced by low-income, first-time mothers, **(2)** obtaining feedback about the curriculum from experts as well as women similar to the intended audience, **(3)** refinement of the curriculum based on feedback, and **(4)** obtaining feedback on refined curriculum to finalize for future implementation.

## Results

Two experts in health disparities, maternal-child health community program development and evaluation and breastfeeding worked with the author from the onset of the project. In addition, two clinical experts and six low-income women contributed feedback related to their breastfeeding experiences. Feedback was focused on the feasibility, content and delivery strategies of the curriculum. After the first round of feedback and initial refinement to the curriculum, each participant agreed that the changes she offered were fully incorporated into the curriculum and that no additional changes were necessary. The project culminated in a fully implementable breastfeeding curriculum and educational resource ready to be deployed for low-income women.

## Implications for Practice

A breastfeeding curriculum designed around current breastfeeding literature, focused on the needs of low-income, first time mothers and incorporating expert feedback has great potential in many different settings. The breastfeeding curriculum and breastfeeding resource created through this scholarly project has the potential to directly impact and improve the health outcomes of low-income, first-time mothers and their infants by providing a unique and evidence-based resource for breastfeeding support.

**SHEILA UMAYAM**

DNP, MSN, PNP-PC

PEDIATRIC NURSE PRACTITIONER-PRIMARY CARE

# Obesity and Type 2 Diabetes Mellitus Education through a School-Based Health Care Mobile Service

## Purpose

Tennessee ranks fourth nationally for pediatric obesity (Irwin, Irwin, Miller, Somes, & Richey, 2009). The purpose of the project was to create obesity management and type 2 diabetes mellitus (T2DM) prevention education materials through a Tennessee school-based health care mobile service. The materials were created to promote health, improve health literacy, and encourage self-care among school children.

## Methodology

The project design was the creation of written materials adapted from the American Academy of Pediatrics (AAP) and Centers for Disease Control and Prevention (CDC). The target population included Tennessee school children ages 7 to 11 years old considered overweight or obese according to body mass index. These children are identified at their Early Periodic Screening, Diagnosis, and Testing examinations performed by the school-based health care mobile service nurse practitioners.

## Results

The pediatric obesity education materials included education on the importance of maintaining a healthy weight, instructions on achieving a healthy weight through the AAP's "5, 2, 1, 0" lifestyle intervention, guidelines for healthier eating habits, and advice on how to increase physical activity. The T2DM education materials included a simple explanation of high blood sugar and its effects. These materials reiterate the AAP's "5, 2, 1, 0" lifestyle intervention, healthier eating habits, and increased physical activity in order to prevent high blood sugar. The Director of Patient Education at Vanderbilt University Medical Center, Lane Stiles, MA, was consulted to ensure the materials' readability and face-validity.

## Implications for Practice

Before the creation of these education materials, all materials at the school-based health mobile service were created for parents. With these materials created for children, they have opportunities to improve their own health literacy and perform self-care habits such as healthy eating and exercise.

# Does Using a Standardized Preeclampsia Education Tool Increase Nurses’ Knowledge and Improve Patient Education?

## Purpose

Currently, there is no standardized educational handout to improve the nurse’s ability to provide standardized, evidence-based education to women with preeclampsia. An educational tool was created using a pictographic format with a focus on worsening symptoms of preeclampsia, future risk for chronic disease such as cardiovascular disease and diabetes, and modifiable risk factors. The goal was to evaluate and validate the pictograph with the nursing staff with plans for future use as a handout for patients with preeclampsia.

## Methodology

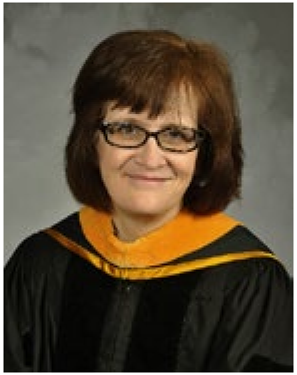
The study was a non-experimental pretest/posttest design. The sample size consisted of approximately 50% of the registered nurse population of a mother/baby unit in central California. Initial participation by 30 RNs was obtained; 26 completed the posttest.
This non-experimental pretest/posttest survey was based on the use of a visual based educational tool. The participants took a pretest which consisted of eight questions: two demographic questions, five knowledge based questions, and one self-reflective question on level of confidence in the delivery of evidence-based education related to preeclampsia. The nurses used the tool for two weeks at which time a posttest was administered. The pretest and posttest results were measured, as well as the level of confidence.

## Results

Improvement in nurse’s knowledge ranged from a decrease of 9% to an increase of 75%. Overall the pretest and posttest showed an improvement on correct answers of 33%. The use of pictures in patient education has been shown to improve patient recall for patients of all types including those with lower literacy scores.

## Implications for Practice

The results of the non-experimental survey with nurses show an increase in knowledge that may be transferred to patient applications. Further evaluation will be needed once implemented as a standard educational handout for the patient population.



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# Political Advocacy and Participation Education in Selected Baccalaureate Nursing Programs

## Purpose

In spite of the number of nurses in the United States, nurses do not have a strong influence on politics through political advocacy and participation. There is a gap in the literature in the operationalization and mobilization of nurses to engage in the political process. To date there is no summative evaluation of curricula for political advocacy and participation within traditional baccalaureate nursing program (BSN). This project attempted to answer the question: To what extent was political advocacy and participation included and operationalized in traditional BSN programs in the United States?

## Methodology

Purposive sampling of 78 BSN programs within specified geographical regions of the United States was utilized. An on-line survey was completed by deans of the respective schools. The survey was developed to identify the curricula in the BSN programs on political advocacy and participation.

## Results

While all respondent deans(n=35) reported the introduction of the topic of political advocacy and participation, the barriers to participate and lack of unity among faculty involvement was evident. Several programs (n=5) do not expose and encourage faculty and students on political advocacy and participation.

## Implications for Practice

BSN students need to understand nursing's unique role as a member of the health care team and to visualize the influence of politics and public policy on that role. Nurses, as providers and consumers of health care services, have professional and personal experiences regarding the problems and possible solutions to share with policy decision makers advocating for their patients and their profession. This study highlighted deficits in the implementation of the knowledge of political advocacy and participation. Identification of effective curriculum and removal of barriers to participation in the nursing programs may improve the political socialization of nurses.

# Improving Nurses’ Knowledge of Neonatal Pain

## Purpose

The purpose of this quality improvement project was to measure the knowledge of neonatal pain and pain assessment of NICU nursing staff before and after providing an educational session discussing current literature and guidelines for neonatal pain evaluation and treatment.

## Methodology

A pre-posttest design was utilized before and after a one-hour educational session. NICU staff were recruited using email and signage posted throughout the NICU. Forty-six staff completed the pretest; 30 staff attended the educational session and 27 staff completed the pretest.

## Results

Nurses knowledge and understanding of neonatal pain increased following the educational session as evidenced by a mean score of 55.58% compared to a pretest score of 44.8%.

## Implications for Practice

The essential approach to treating neonatal pain is the ability to recognize the signs and symptoms these infant are displaying. Providing NICU nurses with education on the physiology of neonatal pain and potential for short and long-term neurologic consequences may increase recognition and documentation of neonatal pain and provide more consistent pain management.

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HEALTHCARE LEADERSHIP

# Exploring the Nurse Manager's Role and Impact on Staff Engagement, Retention and Quality

## Purpose

This scholarly project assessed the nurse manager relationship effectiveness as measured by the Leader Member Exchange (LMX) Survey and the impact of that score on nurse-sensitive quality indicators (NSI), retention, BSN and engagement levels of staff nurses working within that nursing unit. The NSI include falls, central line blood stream infections, hospital-acquired pressure ulcers, and catheter-associated urinary tract infections (CAUTI).

## Methodology

A descriptive, cross sectional design was used to collect data from 89 nursing units and 58 nurse managers across a 5 hospital system. The convenience sample completed the 7 question LMX survey including demographics. The LMX survey was completed by 923 nurses which represents a 35.7% response rate. Employee engagement data came from the organization's annual electronic survey. Existing hospital data depicting NSI was compared for each nursing unit, BSN data and retention/turnover data was assessed, analyzed and compared for each nursing unit.

## Results

The results regarding the BSN rate and nurse retention illustrate no significance to the nurse manager relationship. CAUTI demonstrated a significant relationship to LMX ($p = .05$). Employee engagement overall showed no correlation; however, when separated into domains and specific questions there was a positive correlation between the LMX score and the six of the eight domains. The engagement domains demonstrating a positive correlation to LMX included communication and input ($p \leq .01$), feedback and recognition ($p \leq .01$), manager effectiveness ($p \leq .001$), perception of mission and values ($p \leq .05$), perception of professional growth ($p \leq .01$), and teamwork ($p \leq .05$).

## Implications for Practice

The outcomes of this study align with the literature and provide further evidence that articulates the value of measuring the nurse manager relationship. The breath and impact of the nurse manager role are significant and this work should inspire CNOs to understand their team using LMX.

# Evaluation of Clinician Satisfaction with an Electronic Health Record System in Primary Care

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## Purpose

Use an evidence-based tool to evaluate clinician user satisfaction with an implemented electronic health record system (EHR) in a primary health care practice (PHP) setting. This project also quantitatively and qualitatively analyzed the survey data for average responses to ordinal questions and themes regarding clinician satisfaction with the EHR system.

## Methodology

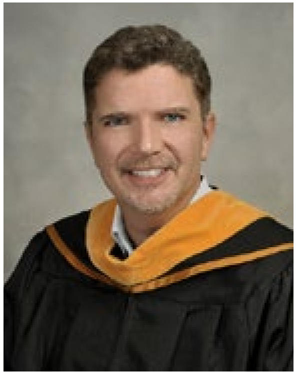
A modified evidence-based evaluative survey was used for an urban primary care organization to evaluate qualitatively and quantitatively the perceptions of EHR clinician end-users. The setting included a large, five clinic, urban primary care organization in the South currently utilizing a previously implemented EHR. An email containing a link to access the electronic survey was sent to 45 current clinicians who use the EHR. The survey was made available for a period of two weeks and three days; reminders were sent weekly and 24 hours prior to survey deadline.

## Results

The data was aggregated for analysis. Among the 45 clinicians who were invited to complete the EHRCS survey, the response rate was 26.6%. Twelve clinicians accessed the electronic survey, 10 of the 12 completed the entire survey. One clinician did not respond to the final four survey questions and another clinician completed all but the two response-type questions (prompts). About 75% of clinician respondents were satisfied overall with the EHR system.

## Implications for Practice

This project linked clinician's responses to the need to optimize the EHR system. Limitations include use of an electronic survey that may have limited the response rate, ongoing unrest in the organization and timing of survey implementation. Without identification of factors affecting clinician satisfaction with an EHR, the impact of the implemented EHR system may continue to effect the work environment as well as the clinician's desire to use the system.



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# HIV Stigma within Healthcare Settings: Implications for Retention in Care in Middle-Tennessee*

## Purpose

This DNP scholarly project aimed to understand how people living with HIV and AIDS (PLWHA) in Middle Tennessee have experienced and/or perceived HIV-stigma within healthcare settings and as a result, explore implications for retention-in-care.

## Methodology

Focus groups were conducted with PLWHA who reside in rural areas (n=10) and urban areas (n=8). Focus group transcripts were analyzed using qualitative and quantitative content analyses; data were considered separately by rural or urban residence and collectively as a larger data set (N=18). Socio-demographic surveys provided descriptive characteristics of each focus group.

## Results

Rural participants most frequently described HIV-stigma experiences that occurred in emergency departments whereas urban participants implicated Veteran's Administration clinics and hospital in-patient settings. Both groups cited physicians as the healthcare employee most commonly associated with HIV-stigmatizing behavior. Perceptions of stigma included "the look," a particularly telling gaze or stare and reluctance for physical contact. Gloves used for phlebotomy procedures were considered overt acts of stigma among many rural participants. For all participants, HIV-stigma encounters provoked worry, disappointment, and feelings of vulnerability. Participants desire healthcare services characterized by a sense of normalcy and feel engaged-in-care when providers seem authentically concerned for their total well-being. Additional stigmas and demographic characteristics, such as age, confounded HIV-stigma experiences, particularly among rural participants.

## Implications for Practice

Findings have potential to enlighten future research and inform innovative healthcare interventions to diminish HIV-stigma's impact and positively influence retention-in-care.

**This project was funded by a grant provided by Sigma Theta Tau International, Iota Chapter*

# The Implementation of an Annual Competency on Pediatric Procedural Sedation for PICU APNs

## Purpose

The purpose of this project was to implement annual competencies on pediatric procedural sedations and provide evidence-based practices and current guidelines for the PICU APNs, which would result in improved knowledge and provide comfort level on performing procedural sedations. Improved provider knowledge and comfort level would in turn improve patient outcomes by fulfilling successful sedation events with minimal to no complications.

## Methodology

A Likert scale survey and a 25-question sedation test were administered to 6 APNs both before and after the educational didactic session and simulation exercise. Pre- and post- survey and test scores were evaluated for an increase in comfort and proficiency level and increase in knowledge based on test scores. A simulation exercise was used after the didactic component of the project to assess management of a pediatric patient in respiratory distress during a sedation event. Direct observation was used to verify proper patient management and improved outcome of a patient undergoing sedation.

## Results

The average survey score increased from 3.6 to 4.2, and the average test score increased from 74.7 to 87.3. The results were not tested for statistically significant change due to the low sample number, but overall the increase in both survey and test averages indicated an increase in knowledge and comfort level of pediatric sedations. Observation of patient outcomes in a simulation exercise revealed excellent management of a patient in a respiratory distress situation by all the APNs involved.

## Implications for Practice

This project showed that it is beneficial for PICU APNs to receive an educational course on pediatric procedural sedations because it increased their comfort level when providing sedation and increased their knowledge base on this procedure. APNs should stay abreast of the latest evidence based practices and guidelines on pediatric procedural sedation, and an educational course will provide this information. An increase in knowledge and skill level can potentially improve healthcare outcomes for those pediatric patients who receive sedation.

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PEDIATRIC NURSE PRACTITIONER - ACUTE CARE

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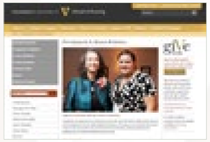

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