

Conducting DNP Scholarship in the Clinical Setting

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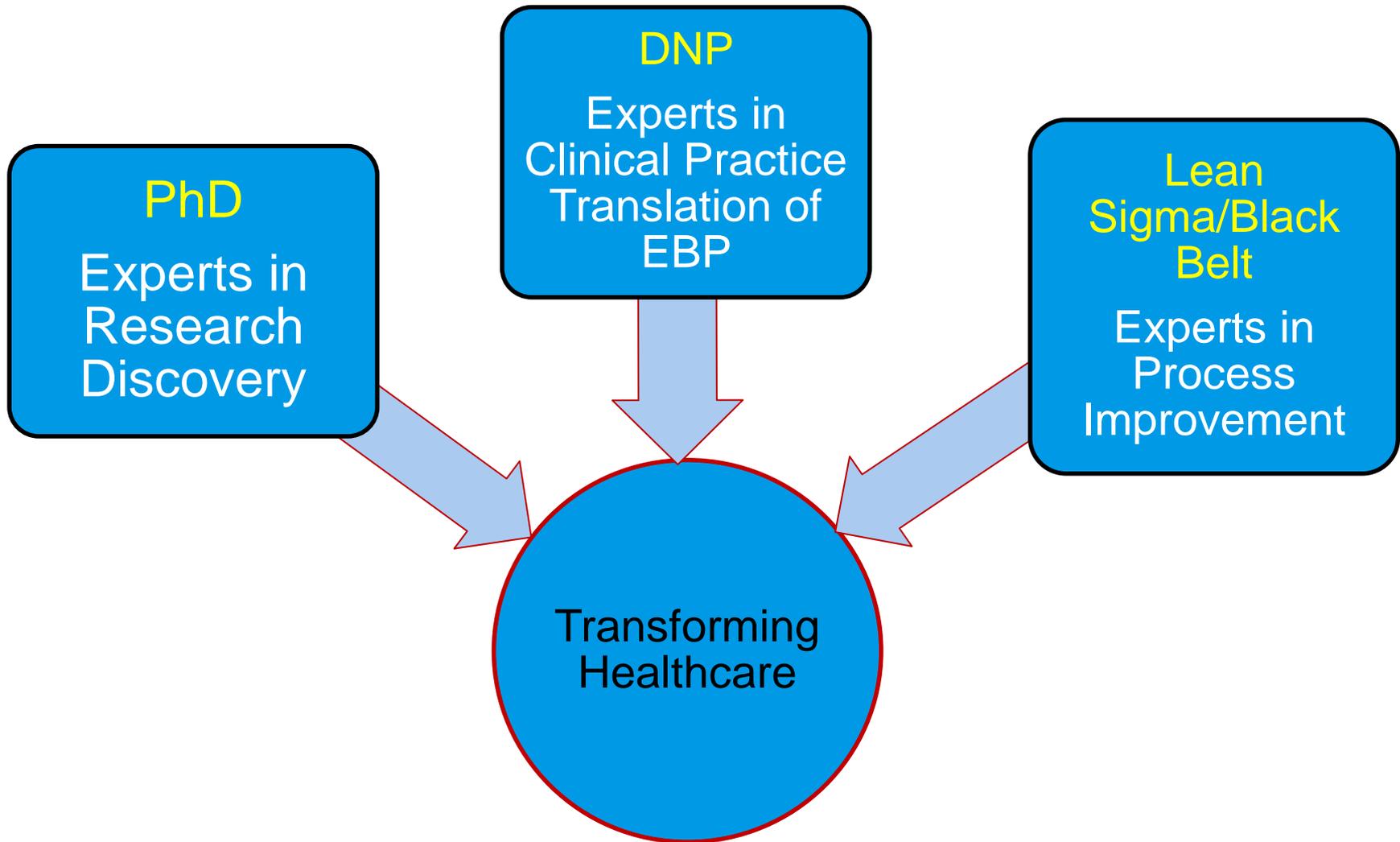
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Objectives

1. Describe and define the role of a DNP prepared nurse
2. Discuss the impact of collaborative partnerships involving DNP prepared nurses with intra and interprofessional colleagues to transform healthcare
3. Discuss examples of DNP scholarship in the clinical setting
4. Panel discussion with DNP clinicians

What is a Doctor of Nursing Practice?

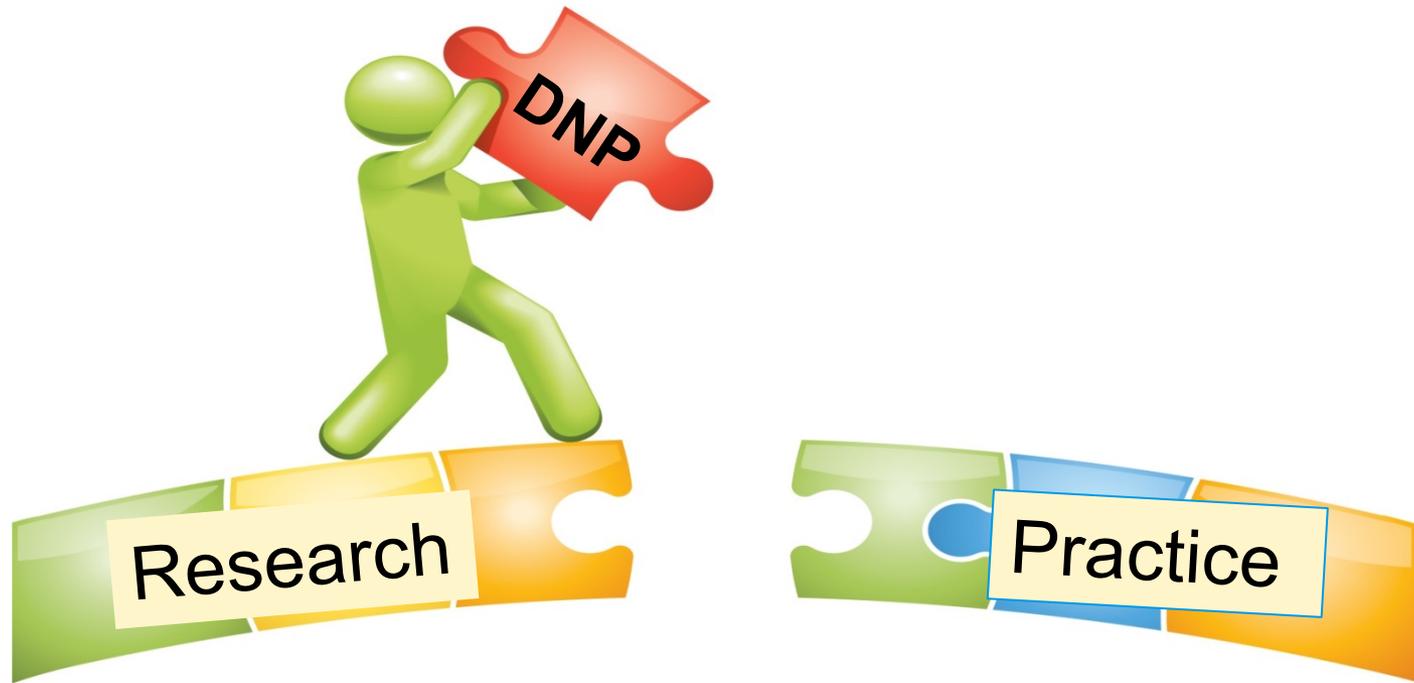


Collaboration to Drive Outcomes

Methods of Translation

- **Education**
- **Audit and feedback**
- **Bundles**
- **Clinical pathways**
- **Communication centered methods**
- **Decision support and order sets**
- **Practice guidelines**
- **Process redesign**
- **Protocols**
- **Quality and rapid cycle performance improvements**
- **Scorecards**
- **Dashboards**
- **Toolkits with practice resources**
- **Technology based solutions**

Doctor of Nursing Practice



Nursing is moving in the direction of other health professions in the transition to the DNP. Medicine (MD), Dentistry (DDS), Pharmacy (PharmD), Psychology (PsyD), Physical Therapy (DPT), and Audiology (AudD) all offer practice doctorates.

Bridging the Gap in Healthcare

- ◆ **1999 IOM (Institute of Medicine) -To Err is Human**
 - 44,000- 98,000 preventable medical errors per year; Health care quality inconsistent and unreliable*
- ◆ **2001 IOM - Crossing the Quality Chasm**
 - Despite considerable resources devoted to health sciences research, transfer of knowledge into practice is often slow and haphazard.

Up to 17 years for evidence to be systematically utilized at the bedside

*Current data (2013) report 251,000-400,000 preventable medical errors

Re-envisioning graduate nursing education

◆ 2005 *Advancing the Nation's Health Needs*

- *NIH Research Training Programs*, the National Academy of Sciences* called for nursing to develop a non-research clinical doctorate to prepare expert practitioners who can also serve as clinical faculty
- AACN's work to advance the DNP is consistent with this call to action.

*Committee for Monitoring the Nation's Changing Needs for Biomedical, Behavioral, and Clinical Personnel

2010 IOM Future of Nursing report*

- ◆ **Nurses need to take a leadership role** in all settings to meet the demands of our changing health care system
- ◆ Linda Aiken's research reported that more nursing education is consistent with improved outcomes. The DNP prepares expert clinicians to contribute to an ever changing, extremely complex healthcare system

*Donna E. Shalala, Ph.D., chair of the Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine (IOM) 2010

Doctor of Nursing Practice

- ◆ Rapid expansion of knowledge underlying practice
- ◆ Increased complexity of patient care
- ◆ National concerns about the quality of care and patient safety
- ◆ Shortages of nursing personnel which demands a higher level of preparation for leaders who can design and assess care;
- ◆ Shortages of doctorally-prepared nursing faculty
- ◆ Increasing educational expectations for the preparation of other members of the healthcare team.

American Association of Colleges of Nursing, Position Statement on the Practice Doctorate in Nursing (2004)

American Association of Colleges of Nursing, The Essentials of Doctoral Education for Advanced Practice Nursing October (2006)

Academic Requirements

◆ Two Pathways

- BSN-to-DNP
- MSN-to-DNP

◆ Practicum Experience

- 1000 hours post baccalaureate
- Focus on obtaining experiences related to DNP Essentials

◆ DNP Project

- The knowledge, skills, and abilities to conduct DNP scholarly work is developed across the program and applied in the conduct of the DNP final project. The DNP final project is original work that establishes the translation of research into practice

DNP Essentials

- Scientific Underpinnings for Practice
- Organizational and Systems Leadership for Quality Improvement and Systems Thinking
- Clinical Scholarship and Analytical Methods for Evidence Based Practice
- Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

American Association of Colleges of Nursing, The Essentials of Doctoral Education for Advanced Practice Nursing
October (2006)

American Association of Colleges of Nursing, Re-envisioning the Clinical Education of Advanced Practice Registered Nurses
March (2015)

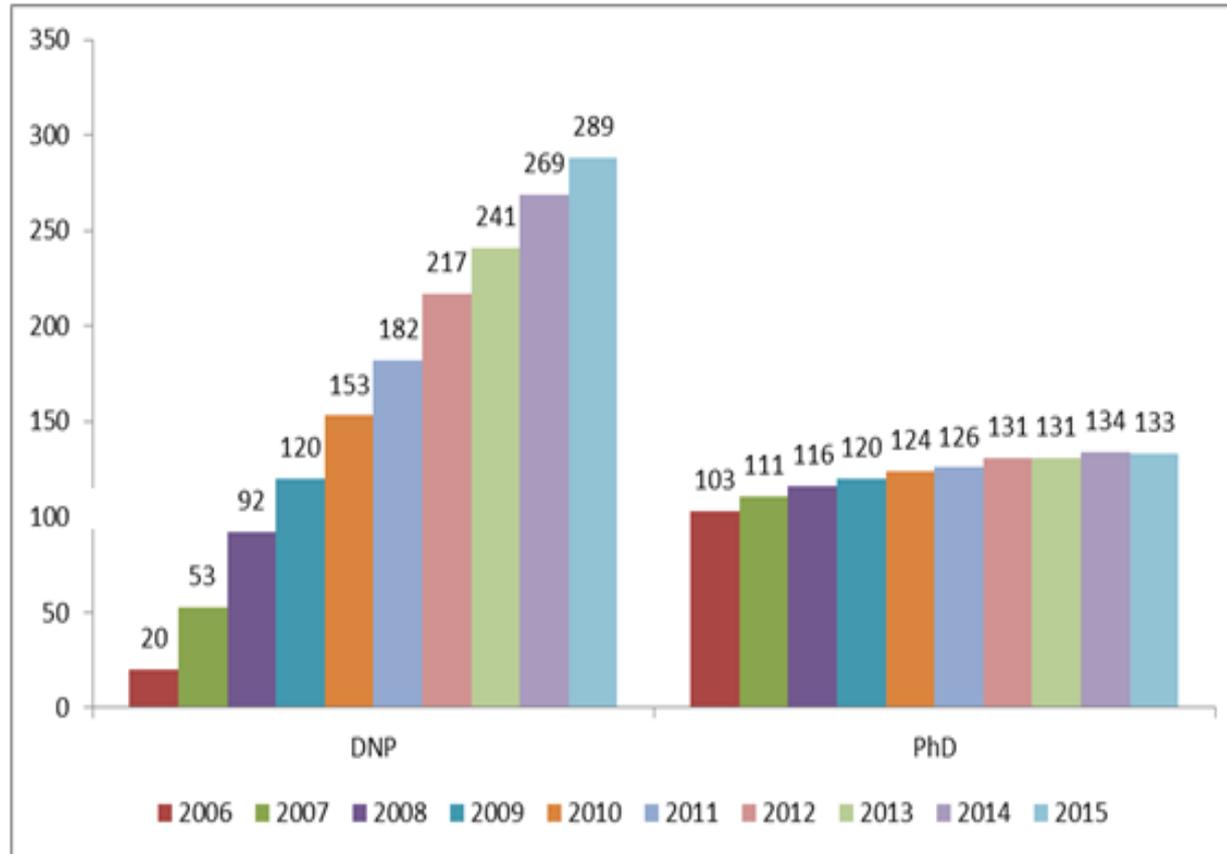
DNP Essentials

- Health Care Policy for Advocacy in Health Care
- Inter-professional Collaboration for Improving Patient and Population Health Outcomes
- Clinical Prevention and Population Health for Improving the Nation's Health
- Advanced Practice Nursing

American Association of Colleges of Nursing, The Essentials of Doctoral Education for Advanced Practice Nursing
October (2006)

American Association of Colleges of Nursing, Re-envisioning the Clinical Education of Advanced Practice Registered Nurses
March (2015)

Academic Nursing Doctorate Programs



American Association of Colleges of Nursing (2015) annual report:
Academic Nursing A Year at a Glance www.aacn.nche.edu

DNP Programs

- ◆ October 2006 AACN Position Statement on Practice Doctorate in Nursing
 - “Essentials of Doctoral Education”
- ◆ Commission on Collegiate Nursing Education (CCNE) began accrediting DNP programs in Fall 2008.
 - To date, 125 DNP programs have been accredited by CCNE.

Juliane Jablonski DNP, RN, CCRN, CNS

**Sedation in the ICU: Changing Traditional
Patterns of Practice**

JoAnne Phillips DNP, RN, CPPS

**Evaluation of Telemetry Utilization on
Medical Surgical Floors**

DNP Translational Project

◆ Clinical Problem/Background

- Telemetry use that is not based on accepted evidence based guidelines can contribute to alarm fatigue and can lead to the disabling, silencing or ignoring of alarms.
 - Increase the risk to patient safety
 - Potentially result in adverse patient outcomes.

◆ Project Aim

- Examine practice patterns for the ordering and discontinuation of telemetry monitoring on two medical-surgical units at a university medical center
- Examine nurses' attitudes and practices related to alarm safety on two medical-surgical units at a university medical center

◆ Literature Review

- Six studies reported on the use of telemetry outside the AHA guidelines
- Seven studies reported that telemetry is not indicated for ED patients with chest pain (once myocardial infarction has been ruled out)

DNP Translational Project

◆ Methods/Interventions

- DMAIC (Define, Measure, Analyze, Improve, Control) Methodology
 - Define
 - Measure
 - Telemetry Utilization
 - Attitudes and Practices related to Alarms
 - Analyze
 - Age, gender, primary diagnosis, class of telemetry order based on the AHA guidelines (class I, II, III), discipline that ordered telemetry
 - Congruence of order with the clinical status
 - Telemetry hours of monitoring
 - Predicted vs actual hours of telemetry monitoring
 - Improve /Control: outside the scope

DNP Translational Project

◆ Outcomes

- Telemetry Utilization
 - 68% of the telemetry orders were not supported by the American Heart Association guidelines
 - 43% of the orders demonstrated congruence with the patient's clinical status
 - The mean time difference between the predicted and actual length of monitoring was over 43 hours
- Alarm Safety Survey
 - Nuisance alarms occur frequently, disrupt patient care and reduce trust
 - Frequent false alarms are the most important alarm safety issue
 - The data on both units were similar

DNP Translational Project

◆ **Lessons Learned**

- Following EBP guidelines
 - Number of patients on telemetry
 - Time on telemetry
 - Nuisance alarms
 - Alarm Fatigue

◆ **Dissemination**

- Unit Based Clinical Leadership and Unit Councils
- Executive summary to CNE
- Patient Safety Steering Committee
- NACNS – supports the work on Alarm Fatigue
 - National podium presentation
- National Coalition on Alarm Safety
 - National webinar presentation

Athena Fernandes
DNP, MSN, MCP, RN-BC

**Exploring Patients Experiences,
Expectations, and Satisfaction with
Point of Care Electronic Documentation**

DNP Translational Project

◆ **Clinical Problem/Background**

- Nurses are tasked with simultaneously assessing the patient, maintaining conversation flow, establishing trust, developing a therapeutic relationship, and engaging in data entry.

◆ **Project Aim**

- To identify strategies for clinicians to adopt and facilitate the building of a therapeutic and trusting relationship during point of care electronic documentation (POCED)

◆ **Methods/Interventions**

- Qualitative Descriptive Study
- Conducted structured one on one interviews with 20 hospitalized medical surgical patients

DNP Translational Project

◆ Results

- Patient expectations and perspectives
 - Reduce patient errors and improve accuracy (30%)
 - Convenient and efficient (40%)
 - Improve quality and clarity (65%)
- Positive
 - Facilitated patient and care team information sharing (75%)
- Negative
 - Non-participating observer during POCED (5%)
 - Interfered with visitation (15%)
 - Redundant information gathering (10%)
 - Problematic equipment and nighttime issues (20%)

DNP Translational Project

◆ Implementation Pearls

- Brainstorm
- Choose something you are passionate about
- Identify a project of high value to the organization
- Access for necessary resources to make the project successful
- Define all tasks sequentially; Use QI and project management tools
- Develop a timeline
- Identify barriers
- Identify resources needed to accomplish each task
- Cost / Benefit analysis
- Identify and engage all stakeholders
- Seek expert advice always and often

DNP Translational Project

◆ **Lessons Learned**

- It takes a village – Colleagues, Faculty, Family, Friends
- Don't be afraid to ask for help
- Don't lose heart when you are thrown curveballs
- Those who care about you, want you to succeed and are happy to help
- You are special because you are a nurse

Lindsey Rehl DNP, CRNP, RN, FNP-BC

Sexual Retirement

**The myth healthcare providers just won't let go of:
A survey in a Philadelphia internal medicine clinic
and retirement community**

DNP Translational Project

◆ **Clinical Problem/Background**

- Sexual health of the older adult is largely ignored in the primary care setting, while the rates of STD's in older adults continues to grow, and sexual dysfunction is often unaddressed

◆ **Project Aims:**

- To elicit evidence to support a practice change regarding the sexual health assessment of patients over the age of 50 and seen within the participating clinics
- Identify barriers to implementing a practice change.

DNP Translational Project

Literature Review: Why is this important Now?

- ◆ **1988: 66%** of men and **33%** of women between the ages of **80** and **102** were still sexually active (Bretschneider and McCoy, 1988)
- ◆ **2007: 73%** of men and women **57-64** years of age and **53%** of men and women **65-74** years of age are still engaging in various sexual activities (Lindau et al, 2007)
- ◆ **2013: >50%** of men and women over the age of **55** describe themselves as sexually active (Bach, Mortimer, VandeWeerd and Corvin, 2013).
- ◆ Rates of HIV and other sexually transmitted infections among adults over 50 has been steadily rising over the last two decades (CDC, 2015; Johnson, 2013; Tangredi et al, 2008)

DNP Translational Project

Methods/Interventions:

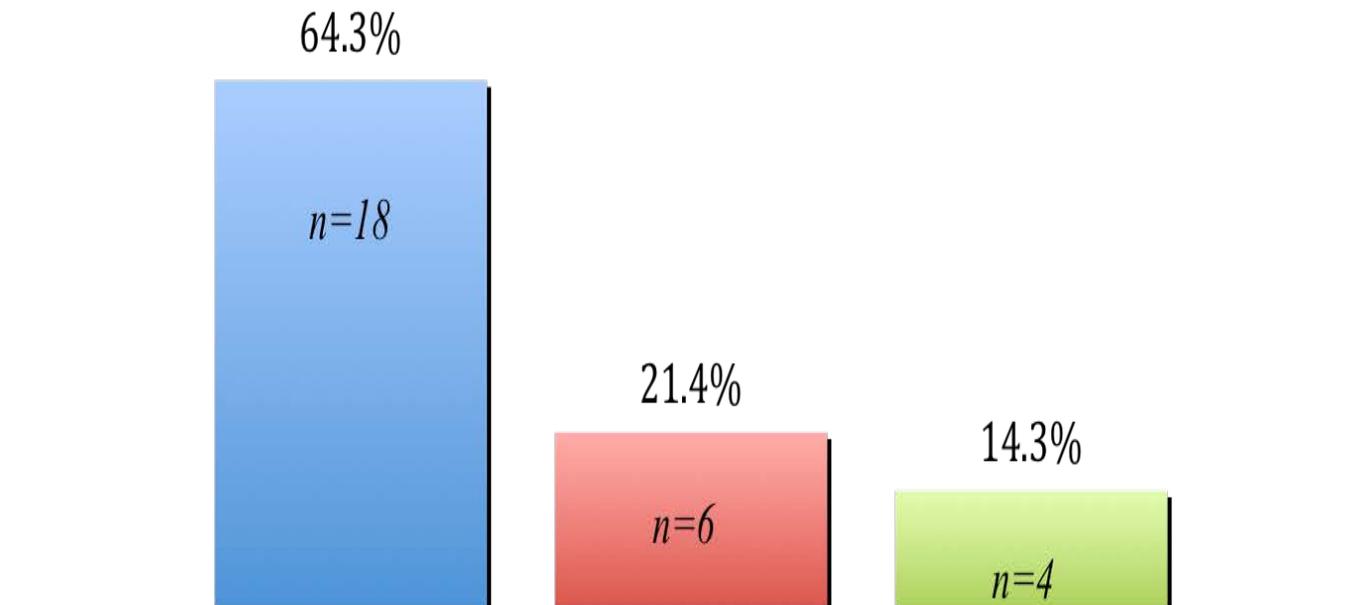
- ◆ A 35 questions survey entitled, *Assessing the Aging Patient's Experience and Willingness to Discuss Sexual Health with a Healthcare Provider* was developed based on a survey created by Farrell and Belza (2012)
- ◆ Inclusion criteria:
 - English speaking patients seen in either of the participating clinics, over the age of 50, and able to complete the survey independently
 - Participating clinics
 - Internal Medicine Clinic, 67% of patient >50 yrs of age
 - Retirement Community Clinic, 100% of patients > 50 yrs of age
- Exclusion criteria:
 - Non-English speaking and/or history of dementia

DNP Translational Project

Outcomes

Since Turning 50, Has your medical provider discussed your sexual health with you?

■ No ■ Yes ■ Don't Recall

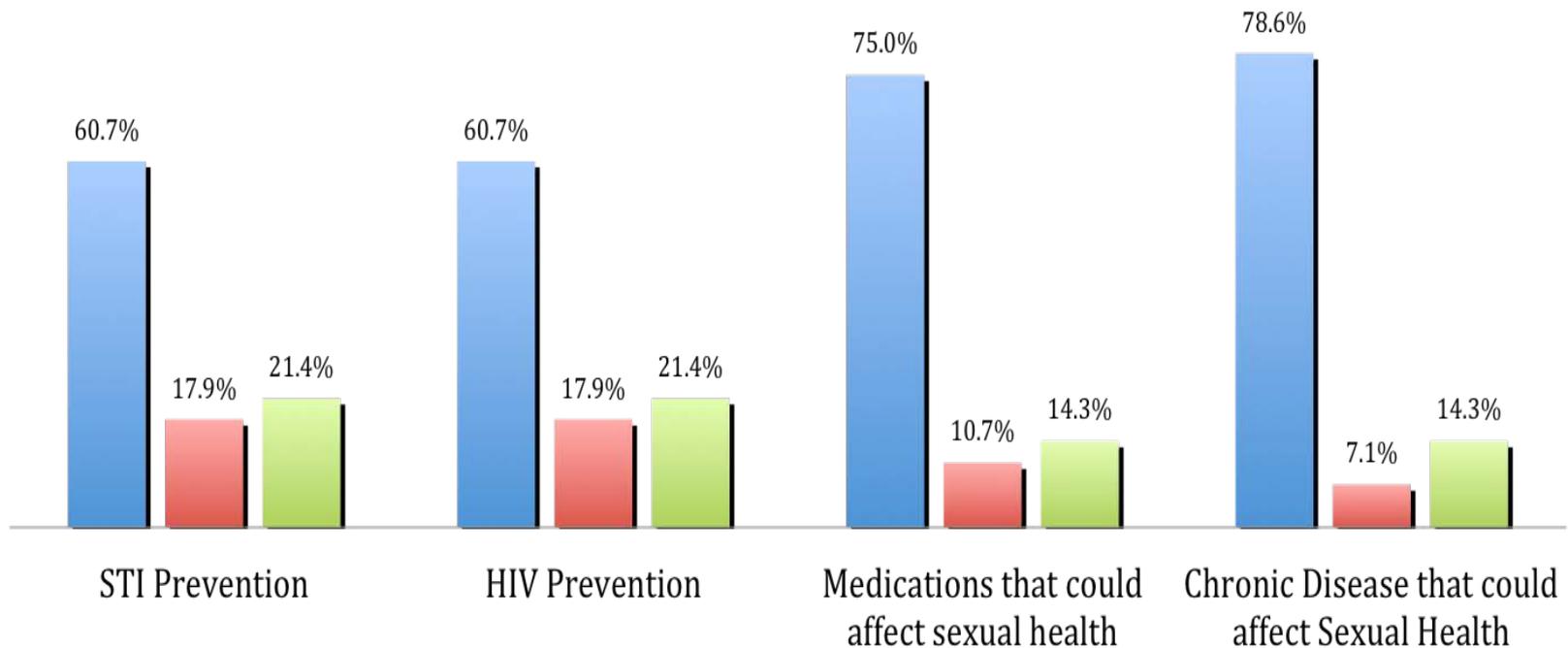


DNP Translational Project

Outcomes

Has your medical provider ever discussed?

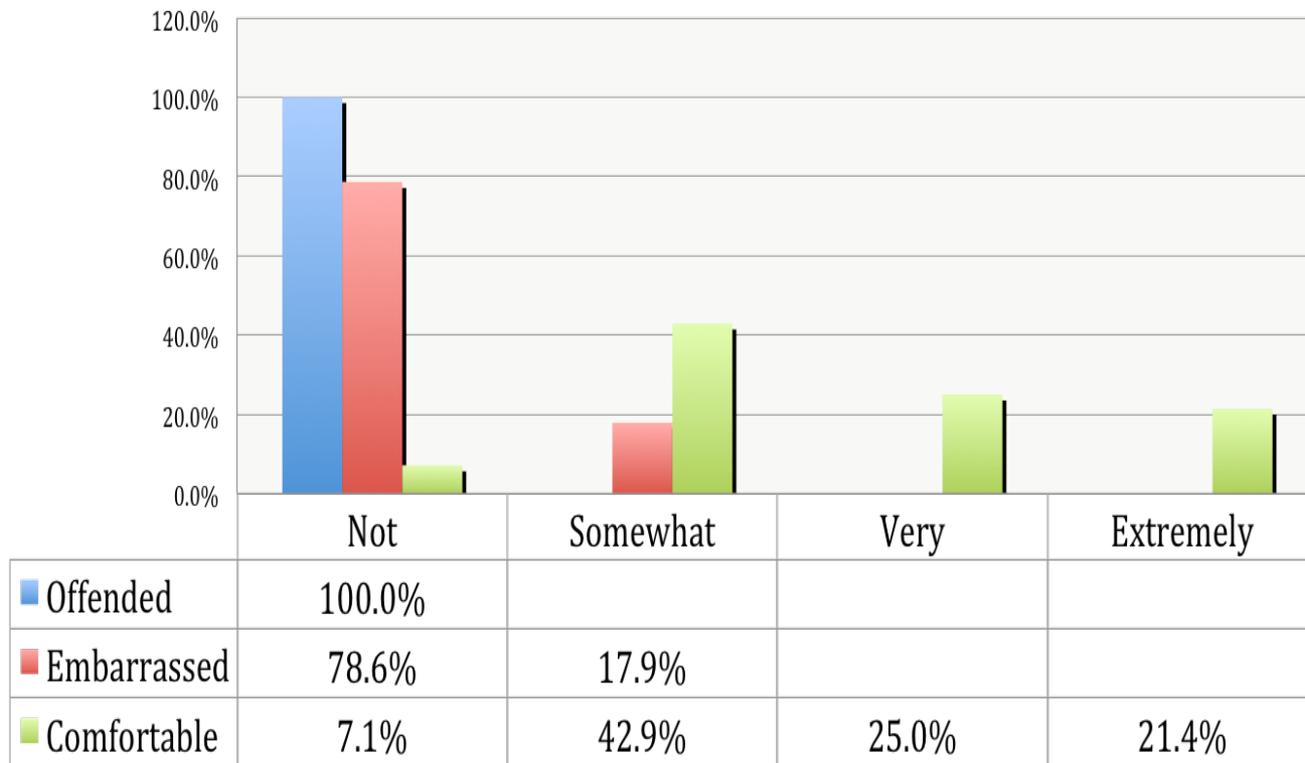
■ No ■ Yes ■ Don't Recall



DNP Translational Project

Outcomes

Patient attitudes towards discussing sexual health with their HCP



DNP Translational Project

◆ Dissemination

- Participating Clinical Sites
- Sigma Theta Tau Poster Presentation

◆ Lessons Learned

- Its never to early to choose your site or your topic, but it can be too late
- Your DNP project is confined to the limitations set by your program
- Everything is a learning opportunity

