2021 Doctor of Nursing Practice Advanced Scholarly Projects



The DNP Advanced Nursing project is the culminating scholarly experience that demonstrates a synthesis of the DNP student's coursework and mastery of the advanced specialty within nursing practice laying the groundwork for the student's future scholarship and practice. The DNP Advanced Nursing project focuses on translating and integrating the principles of evidence-based practice using the systems approach to improve healthcare outcomes at the practice, patient, or health system level. The student identifies, develops, implements, and evaluates the Advanced Scholarly Project under the guidance of a graduate nursing faculty member. The focus of the project is to use evidence to improve clinical outcomes or to resolve gaps between evidence and implementation in clinical practice and health policy.

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A Message from The President

Dear DNP Graduates:

It is my honor to congratulate you on successfully completing our Doctor of Nursing Practice program. Your dedication and hard work has put you in a position to be a leader in the healthcare field. Your scholarly efforts have been most impressive, and you have earned the respect and admiration of your faculty, fellow students, and professional colleagues.

At this very special time, I extend to you my heartiest congratulations and wish you well as you pursue your chosen careers. Now is one of those times in history that our society is in critical need of strong and visionary leadership from our health care professionals, especially in light of the COVID pandemic. The pandemic has placed those in the healthcare field at a heightened level of responsibility, with the public relying on them more than ever before. Your resilience, creativity, and ultimately your determination to persevere in spite of the pandemic epitomizes your leadership abilities. The work you do is critical for a healthy community and I know you are well prepared to assume roles of significant leadership.

On behalf of the entire McKendree University community, I salute you on a job well done and congratulate you for this singular achievement, and I thank you for your efforts that serve us all.

Sincerely,

Daniel C. Dollins

Daniel C. Dobbins '81 President



A Message from

The Provost

Dear DNP Graduates:

There has never been a time where we have needed nurses, health care professionals, or leaders more than today. Graduating with a doctorate degree is always something special; however, graduating with a doctorate degree during a global pandemic is extraordinary. Congratulations to the McKendree University Doctor of Nursing Practice graduates.

You have completed discussion boards, quizzes, group projects, papers, and finally the Advanced Scholarly Projects. These projects are timely and can truly impact the healthcare field both locally and beyond. You have "made your mark" at McKendree University and will undoubtedly continue to make positive contributions to our society. Your Bearcat family wishes you well as you move forward in your career and life.

Sincerely,

A ani J. Egglesta

Tami J. Eggleston, Ph.D. Provost



A Message from

The Program Director

Dear DNP Graduates:

I want to extend my heartfelt congratulations for the successful completion of your Doctor of Nursing Practice in Ethical Leadership! How could any of us known that when you started the DNP program in fall 2019, you would be completing a DNP program during the COVID-19 pandemic?

You have brilliantly managed adversity and adapted during your DNP program by capitalizing on your strengths and strategically using these strengths to overcome the unprecedented demands of completing a DNP project during a pandemic. It has been challenging, but you have successfully navigated the trials that each of you faced. Along with the DNP nursing faculty, I am proud of your accomplishments, and together we celebrate your successful completion of the DNP program. Thank you for choosing McKendree University for your DNP in Ethical Leadership!

I wish you all the best in your future nursing leadership practice. May each of you continue to ethically lead the future of nursing!

Sincerely,

Dr. Richelle Rennegarbe Nursing Division Chair DNP Program Director



The primary purpose of the project was to provide "just in time" education to clinicians on discussing Goals of Care with Veteran patients and on practicing self-care. The secondary purpose was to survey clinician needs and attitudes on the barriers preventing clinicians from conducting Goals of Care Conversations to inform practice and provide for continued support.

Methodology

The groundwork for the study began with offering online education to clinicians during the COVID-19 pandemic, but due to constraints of the pandemic necessary changes were made. Project binders with information on Goals of Care and clinician self-care were distributed to 15 sites. including 11 primary care clinics, a medical-surgical specialty clinic, an oncology clinic, a medical-surgical inpatient unit, and intensive care unit (ICU). The binders included several handouts describing techniques for preparing for and completing Goals of Care discussions with patients and handouts on combating role/caregiver stress and practicing selfcompassion. The binders also included a link to an intranet webpage with carefully curated information on Goals of Care, end-of-life care, ethical concerns, palliative care, and hospice. Links to internet sites for both clinicians and patients/families on discussing goals and wishes were provided in the binders. Surveys disseminated in the binders asked clinicians to identify whether barriers present in the literature affected their practice using convenience sampling.

Results

A total of 105 surveys were returned; and of those, 78% (n=82) were fully completed. Responses indicated 79% of those surveyed wished for more time to discuss Goals of Care with patients. A third of clinicians admitted to feeling conflict between their own morals and values and what they could do for their patients, while 84% have questioned their effectiveness during conversations with patients. Sixty-eight percent of clinicians indicated a desire for more education on Goals of Care and 88% agreed they would utilize a website for education on the topic. Nearly all of those surveyed confirmed a need for debriefing processes and confirmed feeling underappreciated, 99% and 95%, respectively.

Implications for Practice

Clinicians also acknowledged that role strain and competing responsibilities factored into the ability to provide effective care. Of the material provided, clinicians most valued handouts on reducing stress. Given the situation with the pandemic and the demands placed upon clinicians, more effort must be made to care for clinicians so they can care for patients. Further practice implications involve solidifying a multidisciplinary approach to comprehensive patient care, an approach that values the input of all team members. Qualitative measures to clarify clinician values and expectations and discussion of ways to support clinicians while meeting the needs of unique Veteran patients should be included in future endeavors.



Sage Lucille Banks D.N.P., R.N.

> Ethical Leadership

Dr. Helene Seibert Project Chair



Tommi Lynn

Cline

D.N.P., R.N., NE-BC

Ethical Leadership

Dr. Richelle Rennegarbe

> Project Chair

Implementation of an Onboarding Model to Reduce First-Year Nursing Turnover

Purpose

To employ a dedicated departmental educator liaison and develop a structured onboarding platform consisting of a tiered skills acquisition model (TSAM) with goal of reducing first-year nursing turnover.

Methodology

Population: June and September 2020 cohorts of new graduate nurses Intervention: Utilization of a TSAM and structured weekly touchpoints.

Comparison: Non-traditional orientation process

Outcome: Improved time-management for new graduate nurse

(NGN) and improved retention

Timeframe: Six months in total

Results

While overall first-year nursing for the organization increased to 52% in 2021 from 32% in 2020, the four pilot departments reported zero first-year nursing turnover in 2021 for both the June and September NGN cohorts. The COVID-19 pandemic imposed significant limitations for this project.

Implications for Practice

Studies with larger sample sizes will be beneficial to further test the effectiveness of TSAM on NGN retention. Dedicating time for preceptor training on use of TSAM is also needed to ensure understanding and consistency of the TSAM. Additionally, a more global assessment of training and orientation needs of the NGN as a result of the impacts of COVID is needed.

The purpose of this project presents targeted education related to transgender patient care to nurses in practice, thereby attempting to ultimately alleviate the health disparities among transgender individuals. Transgender individuals should feel safe and comfortable in the medical environment. Without that safety and comfort, these individuals may not seek the preventative care that they need.

Methodology

The project included an education focused practice intervention aimed at increasing the nurse's confidence level in providing culturally competent care to transgender patients and took place online through a webinar for the Academy Forensic Nursing (AFN) members. The intervention incorporated a ninety-minute targeted practice intervention with nurse participants with the AFN. The targeted practice intervention incorporated nursing considerations with transgender patients including correct terminology, accurate use of pronouns, therapeutic communication, nursing assessments, preventative health screening, prevalence of health disparities, social justice concerns, mental health, trauma, and stigma experienced by the transgender population.

Results

Through descriptive statistical analysis techniques, using the Transgender Inclusive Behavior Scale (TIBS) as a pre- and post-test included aggregate data changes. For each question on the TIBS, p-values from two sample t-tests to compare the means between pre-and post-intervention revealed several significant changes in behavior and self-efficacy. Significantly low p-values of less than 0.05 were noted in 10 of the 18 questions pre- to post-tests, suggesting the chance of random error due to probability to be low. Results suggested participants gained significant knowledge of caring for transgender individuals; thereby, increasing self-efficacy.

Implications for Practice

Findings from this educational practice intervention strongly supported the need for enhanced nursing education relating to the care of transgender individuals. Following the partnership with the AFN, partnerships with all stakeholders at this organization ensued. Implementation of this project at the AFN assisted in translation of evidence into nursing practice. The literature review presented highlighted crucial needs of addressing the serious gap in knowledge with all medical professionals related to the care of not only transgender individuals, but the entire LBGTQIA population.



Julie Annette Crawford

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Jason W. Dunn D.N.P., R.N., APRN, PMHNP-BC

> Ethical Leadership

Dr. Janice Albers Project Chair

Integrating Telehealth Open Appointments to Increase Appointment Adherence and Reduce Barriers

Purpose

Appointment non-adherence in the mental health setting, adversely affects patient treatment goals and delays for patients desiring an expedient appointment. The purpose of this study was to improve non-adherence rates by assimilating technology and appointment flexibility expanding opportunities for patients to complete their appointments utilizing virtual open appointments. The availability of telehealth open appointments presents opportunities and benefits for patients to increase access to needed mental health services; therefore, elevating the potential for improved outcomes.

Methodology

A retrospective review of aggregated clinic reports was conducted focused on appointment non-adherence data from the electronic health record. Data was obtained by generating batch reports for all missed appointments during the following months and appointment types. Phase 1: appointments scheduled face-to-face September 1, 2019 through November 30, 2019; Phase 2: scheduled telehealth appointments March 16, 2020 through June 16, 2020; and Phase 3: open telehealth appointments September 1, 2020 through November 30, 2020. Non-adherence data was analyzed for patterns of non-adherence rate improvements related to appointment type utilization. Kotter's Change Theory was utilized to enlist and challenge clinic employees to engage patients in the use of innovative technological solutions. A novel staff training program was developed and implemented utilizing Peplau's Theory of Interpersonal Relations to facilitate compassion and patient engagement.

Results

The phase 1 non-adherence rate was 5% and was consistent with the clinic's average non-adherence rate of 5% - 8%. The 16% non-adherence rate during phase 2 was unexpected since the barrier reducing benefits of telehealth had been reported by several researchers. The relationship between the COVID-19 pandemic and the unexpected increase in non-adherence rates cannot be overstated. Job loss, insurance coverage loss, and poor understanding of how to navigate telehealth provided some explanation for the increased rate. Clinic providers reported concerns that patients did not view telehealth appointments with the same importance as face-to-face appointments. The non-adherence rate for phase 3 was 14% and indicated an improvement from phase 2, but did not meet the expected outcome of improving pre-telehealth non-adherence rates. The improvement between phases 2 and 3 is likely because external factors such as employment and disease fears had improved by the end of 2020, as anecdotally self-reported by patients. The total number of patient appointments increased throughout the three phases including 992, 1105. and 1,180 respectably. The increase in total appointments during phases 2 and 3 is thought to be related to an increased demand for mental health services during the COVID-19 pandemic, a finding consistent with current research.

Implications for Practice

Appointment non-adherence continues to create patient care challenges for mental health clinics. Emerging technologies are reshaping the nature of patient engagement. Based on project findings, assimilation of technology and appointment flexibility expand patient access to mental health services. Based on staff suggestions triggered by the training grounded in Peplau's Theory of Interpersonal Relations, innovative use of the open appointment time during the project was trialed leading to preliminary findings that integration of telehealth open appointments for acute appointments is a viable option for patients seeking urgent access to mental health treatment. The results of this project advance the potential of telehealth in the mental health setting to improve appointment adherence and access to care.

Improving Awareness of Practice Drift Through Mindful Attention and Reflection

Purpose

The purpose of this project was to improve the awareness of practice drift among nursing staff through mindfulness and reflection. Two specific aims were incorporated throughout the project. First, nursing staff assigned to the behavioral health unit would achieve increased awareness of practice drift through reflection and mindfulness. Second, the nursing staff would encompass a greater sense of mindfulness and situational awareness. It was postulated nursing staff could become more mindful of their actions; therefore, improve awareness of practice drift by reflecting upon their actions and interactions throughout their shift.

Methodology

The project was a quality improvement project directed toward increasing awareness of practice drift and mindful choices. The project design was a mixed method quantitative pretest-posttest with a qualitative examination of submitted reflection sheets. The Mindful Attention Awareness Scale (MAAS) was used for the pretest to assess the baseline state of mindfulness of the staff. Education sessions were completed with staff covering practice drift, mindfulness, mindful choices, reflection, and accountability. Staff were then asked to reflect upon their actions and interactions over a period of four weeks. The MAAS tool was used for the posttest to assess improved mindfulness of the staff. Weekly sessions were held with the nurse manager to review leadership principles such as root cause, 5 Whys, and accountability.

Results

Comparison of the pretests and posttests reflected a positive movement for each of the 15 statements on the Mindful Attention Awareness Scale. The positive shift in scores from the pretests to the posttests represents improved or enhanced mindfulness among the staff. The higher mean scores on the posttests represents staff being more attentive and possessing a heightened sense of awareness in their daily activities. Ten of the 15 statements on the MAAS yielded greater than 10% change from pretests to posttests. The nursing unit also experienced a decrease in practice drift as evidenced by a decrease in employee coachings by nursing leadership during the six months post-project implementation.

Implications for Practice

Reflection and enhanced awareness through mindfulness of one's actions can improve awareness of practice drift and decrease the use of workarounds and drift. Mindful attention to evidence-based policies, procedures, processes, and practice guidelines has a positive impact on patient care and organizational culture. Open dialogue regarding practice drift and the practice of mindfulness can become embedded in the culture of the nursing unit. Improved mindfulness, increased awareness, following processes and procedures equating to decreased deviance from expected practice reflects literature regarding high reliability organizations.



Avalena Darlene Edelen D.N.P., MSN, R.N.

> Ethical Leadership

Dr. Janice Albers Project Chair



Amanda

Ernst

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Ethical Leadership

Dr. Richelle

Rennegarbe

Project

Chair

Nurse Competency Days: Creation of an Effective Educational Technique for Practicing Nurses

Purpose

The purpose of this project was to determine best practices when educating nurses, specifically in the form of a competency or skills day. This project aimed to enhance participation, prevent attendance and retention barriers, and improve the overall comprehension of topics covered during the skills day event while increasing nursing satisfaction with the process.

Methodology

The research project compared an in-person nursing skills day with a virtual skills day using an electronic survey and testing. The study used a mixed-method research to collect qualitative and quantitative data in a triangulation design intended to provide more meaningful interpretation of the data.

Results

Overall, nurses were highly satisfied and felt more confident after both the in-person and the virtual skills day event. Fifty-two percent of nurses preferred learning virtually, noting the ability to complete learning while on shift and on their own schedule. Nurses in both groups wanted more in-depth learning and an opportunity to learn skills specific to their unit and daily practice. There was no definitive difference in expense or competence after either day, indicating virtual skills days are a viable modality for future learning. Over 73% of nurses were highly satisfied with both events.

Implications for Practice

Education for nurses should focus on daily tasks, as well as critical care and required educational topics. Nurses preferred completing education on their own schedules and wanted the ability to refer back to the information presented. Virtual learning may be a sustainable and a satisfactory way to educate large numbers of nurses, but hands-on training should complement any learning or skills sessions. It is important to offer survey opportunities after every learning event and to frequently offer new subject material to engage learners. High quality virtual learning is important to overall engagement; and hospitals should consider hiring nurse educators who have experience in instructional design.

The purpose of this project was to spread knowledge and awareness of car seat recommendations and safety regulations throughout the communities served by a rural hospital obstetrics unit. There was a dual focus including (a) Registered Nurse (RN) and Certified Nurse Assistant (CNA) car seat education and policy development, and (b) car seat education for caregivers prior to infant discharge from the obstetrics unit. The purpose of focusing on knowledge and awareness was to prevent injuries associated with improper car seat use. In order to achieve the overall purpose, the project was broken down into phases. Each project phase was designed and guided based on Lewin's Charge Model.

Methodology

A gap analysis was completed on the current car seat safety education completed at the rural hospital obstetrics unit. Based on the gap analysis and systematic review of the literature, gaps were recognized and addressed throughout the project. Collaboration with local and regional experts, including obstetrics unit director, Illinois Department of Transportation Traffic Safety Liaison and SSM Health Cardinal Glennon Injury Prevention Nurse Coordinator, was utilized to plan education for RNs and CNAs on car seat use and educating caregivers. A virtual education program was created and deployed to all RNs and CNAs employed in the obstetrics unit. Pre- and post-education questionnaires were created to evaluate learning. A policy was developed and implemented utilizing a shared vision for car seat education with the obstetrics unit, collaboration with regional experts, and was based on the American Academy of Pediatrics (AAP) car seat guidelines. The policy included verbal and written education and utilized the teachback method. A post-policy implementation questionnaire was used to evaluate policy adherence. A tool kit was developed for a community outreach program that would take place within three years of project completion and would be sustainable for continued implementation.

Results

Of the 31 RNs and CNAs invited to participate in the virtual education, 27 completed the education. In comparing pre- and post-education questionnaires, there were overall gains in confidence and knowledge levels reported by the RNs and CNAs. There was a 46.5% increase in the confidence in understanding current Illinois laws about restraining children up to age thirteen years. Almost 96% of RNs and CNAs reported confidence in providing parent and caregiver education after completing the virtual car seat education. This is a 14.3% increase as a direct result of participating in the virtual education. Almost 96% of participants were confident recommending appropriate car seats for newborns up to thirteen years old after completing the virtual education. This was an increase of 17.8% that showed a vast and measurable improvement after completion of the virtual education. After policy implementation, 100% of participants reported using the car seat safety education policy in practice all of the time. One hundred percent of participants reported confidence providing car seat safety education, as outlined in the policy, to caregivers. Twenty-five percent of respondents specified that the caregivers verbalize gained knowledge after completing car seat safety education sometimes and 75% participants responded that caregivers verbalized gained knowledge all of the time.

Implications for Practice

This project provided replicable, virtual, consistent, evidence-based education for RNs and CNAs. Collaborations were solidified to maintain future support for education and resource allocation. The policy was structured with step-by-step caregiver instruction for simplicity of policy adherence and consistency. The tool kit and education permit the ability to provide community outreach of car seat education and demonstration with a health fair. The rural hospital obstetrics unit possesses the formal systems and processes to not only empower RNs and CNAs to adhere to AAP policy recommendation, but also the regional collaborative relationships and embedded resources to propel car seat education within the rural community.



Amanda Nichole Korte

> D.N.P., MSN, R.N., FNP-BC

> > Ethical Leadership

Dr. Janice Albers Project Chair



Utilization of a Virtual Escape Room to Assess the Health Beliefs of College Students Related to Sexually Transmitted Infections

Purpose



Ethical Leadership

Dr. Janice Albers Project Chair The purpose of this project was to assess the sexual health beliefs of community college students before and after an evidence-based educational escape room experience. The focus of the project using the Health Belief Model, was to determine the impact of an evidencebased sexually transmitted infections (STI) education program on the participants' knowledge level, perceptions, and self-efficacy to exercise mitigation behaviors surrounding STIs. Through an extensive review of data and research, it was established that young adults aged 15-24 experience an increased incidence of STIs demonstrating the need to provide effective STI education for college-aged students. To address learning preferences of this population, gamification was researched to create an interactive virtual escape room to provide sexual education and assessment.

Methodology

A correlational design was used to assess relationships between knowledge of STIs, attitudes about sexual behavior, and availability of STI treatment centers before and after an interactive escape room educational session. Quantitative data was gathered from a convenience random sample of college students aged 19 years or older using the STD-KQ and STD Attitude surveys. These surveys were completed before and after the interactive educational virtual escape room for comparison data.

Results

After the students' completion of the virtual escape room, analyzation of aggregate data revealed an increase in knowledge in all STD-KQ survey categories. STD Attitude Survey statistics indicated that the participants realized their perceived susceptibility to, along with the severity of STIs, and plans to address barriers to reduce the predisposition to risky sexual behavior to achieve the benefit of improved sexual health. All participants were able to identify two facilities for STI testing and treatment.

Implications for Practice

Community college STI education is crucial to positively impact this high risk and complex population's sexual health. Educators and health care providers must implement innovative and interactive educational methods to engage college students to promote safe and informed decisions about their sexual health. The interactive virtual escape room format was an effective method to address the obstacles associated with sexual health education identified by college-aged individuals. Gained knowledge generates awareness and self-efficacy to guide decisions and actions in the future regarding sexual behavior.

The purpose of the project was to create a mentorship program for newly hired nursing staff at a critical access hospital in Southern Illinois. The goal of the mentorship program was to create a supportive culture for employees that would improve satisfaction, increase nurse retention, and decrease the overall hospital nurse turnover rate.

Methodology

The evidence-based project used an ethnomethodology qualitative research design. The project manager developed a mentorship program that included a mentor education program that educated mentors about the roles and responsibilities of the mentors, and the timeline that mentors will work with mentees. The project manager utilized pre- and post-mentorship engagement surveys and nurse turnover rates to evaluate the success of the program.

Results

The hospital's 2019 nurse turnover rate was 18.6%, and the nurse turnover rate six months (January 2020-June 2020) prior to implementation was 17.7%. The nurse turnover rate was 4.4% for the quarter (July 2020-September 2020) immediately following implementation. The turnover rate for the second quarter (October 2020-December 2020) post-implementation was 0%. The employee engagement survey also showed positive results post-implementation of the mentorship program. The mentees all responded with a strongly agree when asked if they felt supported in their current position, if they felt comfortable asking co-workers for assistance, and if they plan to be working for the hospital in one year.

Implications for Practice

Nursing shortages are a legitimate concern for healthcare facilities across the United States with some organizations reaching critical levels. Organizations that face critical nursing shortages will find it difficult to comply with regulatory requirements, patient safety, and potential quality of care issues. Not only are there the potential patient safety concerns facing organizations with nurse staffing shortages, but also the financial implications from the high cost of nurse turnover rates. The implementation of a mentorship program is an innovative way to improve employee engagement while reducing nurse turnover at the same time to ensure quality of patient care, and improved financial stewardship.



Kendra Kae Taylor D.N.P., MSN, R.N.

> Ethical Leadership

Dr. Richelle Rennegarbe Project Chair



Changing the Conversation: Providing Patient-Centered Care to Veterans in Acute Care

Purpose

Simone Thomas D.N.P., MSN, MSHS, R.N., NPD-BC

> Ethical Leadership

Dr. Helene Seibert Project Chair The Institute of Medicine challenged the health care industry to develop a system that is affordable, patient-centered, respectful, and responsive to patients' needs and values (Institute of Medicine, 2001). The Veterans Health Administration (VHA) answered the call by introducing the concept of Whole Health. One of its main characteristics is to change the focus from "what is the matter with you" to "what matters to you". Knowing patients' goals and values provides the provider and/or team the tools to develop a patient-specific treatment plan allowing the patient to elicit their own motivation to achieve these goals. Recognizing that the inpatient setting represents the optimal venue to introduce the Whole Health concepts (VHA Office of Patient-centered Care & Cultural Transformation, 2018), the purpose of this project was to introduce "mission, aspiration, and purpose" (MAP) questions exploring patients' values and goals into the admission assessment.

Methodology

Nurses were instructed in motivational interviewing techniques prior to implementation to facilitate the interview process. The information gained through the MAP questions was shared in shift-change report and incorporated in teaching and care activities. The project attempted to answer whether the additional information would impact nurse/ patient communication and nurses' perception of the quality of care provided. The six-item normed Caring Behavior Inventory (CBI) was used to measure perceived caring behaviors pre- and postimplementation. Three additional questions regarding the perceived value of asking MAP questions provided qualitative data.

Results

Findings indicated positive results in nurses' perceived caring behavior in the CBI items "being hopeful and sensitive to patients' needs", although results did not show statistical relevance. Nurses' personal statements from the qualitative data set confirmed these results.

Implications for Practice

Motivational interviewing techniques and the implementation of MAP questions improved the patient-nurse communication and understanding. Veterans' treatment plan can be aligned to individuals' goals and enlist their intrinsic motivation that in turn improves adherence, and ultimately, better patient outcomes.

Development of an Internal Mock Survey Program: A Journey Towards High Reliability

Purpose

The purpose of the proposed DNP scholarly project was to build a systematic approach for regulatory leaders to reliably organize a regulatory compliance program using the high-reliability principles and adopting general systems theory.

Methodology

The project was developed and implemented in four distinct phases. The method for obtaining participants for the project was through convenience sampling. The sample population was generalized to the target population of twenty-three hospital campuses and critical access hospitals across the health system, as all twenty-three hospitals are governed by the same rules and regulations codified in the Medicare Conditions of Participation (CoPs). The proposed size of the sample was two hospitals with accreditation expiration dates between January 1, 2021 and July 31, 2021.

Results

The DNP scholarly project's expected outcome was to sufficiently evaluate compliance with the Medicare CoPs by developing and implementing an internal mock survey program. The post-implementation analysis of the internal mock survey program demonstrated the ability to successfully evaluate compliance with the Medicare CoPs using evidence-based traces. The evaluation validated that an internal mock survey could be just as robust as mock surveys conducted by external consultants while significantly less costly.

Implications for Practice

Healthcare organizations cannot afford to continue to treat regulatory compliance as a survey readiness activity. The focus of regulatory compliance must change from survey readiness to patient readiness and safe care delivery. For healthcare organizations to maintain compliance with the Medicare CoPs, programs such as regularly scheduled and well-planned mock surveys should be implemented. A well-performed mock survey followed by immediate, complete, and sustainable corrective actions demonstrates the organization's preoccupation with failure, meaning all findings and noncompliance, big or small, are addressed.



Olabisi Denise Crispina Wilson

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> Ethical Leadership

Dr. Richelle Rennegarbe Project Chair

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Top Row: Sage Lucille Banks, Tommi Lynn Cline, Julie Annette Crawford, Jason W. Dunn, Avalena Darlene Edelen, Amanda Ernst Bottom Row: Amanda Nichole Korte, Dana R. Longmeyer, Kendra Kae Taylor, Simone Thomas, Olabisi Denise Crispina Wilson























M C K E N D R E E U N I V E R S I T Y