



DOCTOR OF NURSING PRACTICE

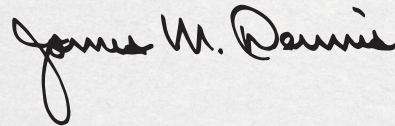
2019 ADVANCED SCHOLARLY PROJECTS

A Message from The President

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. 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!

Sincerely,



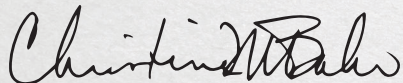
James M. Dennis
President



A Message from The Provost

Congratulations, Doctor of Nursing Practice graduates! I am proud of you for completing the DNP program at McKendree University. Your diligent work and commitment to achieving the highest level of learning in your field are admirable. It is a pleasure to showcase your Advanced Scholarly Projects in this publication. Your projects have undoubtedly had a direct impact on healthcare services in your communities.

As you graduate with your doctoral degree, I hope that you will take pride in having “made your mark” at McKendree University and beyond. Best wishes for continued success as nurse leaders!



Christine M. Bahr, Ph.D.
Provost



A Message from The Program Director

I want to extend my sincere congratulations for your vast accomplishments in the Doctor of Nursing Practice in Ethical Leadership! When you began this journey five semesters ago, you did so with trepidation and uncertainty, but, today you have exceeded all expectations.

You have capitalized on your strengths and harnessed those strengths to succeed in the DNP program. On behalf of the DNP nursing faculty, we are proud of your accomplishments, and along with you, celebrate your success. We wish you all the best in your future nursing leadership practice. Thank you for choosing McKendree University for your DNP, and for allowing us to guide you on the path to your true north in ethical leadership practice!

Richelle Rennegarbe, Ph.D., R.N., CENP
Professor of Nursing, DNP Program Director



A Message from The Division Chair

As I reflect on the nursing role in our existing health care system, it seems fitting to applaud these individuals that have persisted towards their goal of a Doctor of Nursing Practice in Ethical Leadership. I am proud, and at times humbled, by the amount of dedication, perseverance, and work that has been demonstrated by these colleagues.

I charge you all to take up the mantle of leadership and serve. Although you have completed this part of your journey, know that the one before you has only been made possible by your commitment to make a difference. Go make your mark.

Kelli D. Whittington, Ph.D., R.N., CNE
Assistant Professor of Nursing, Nursing Division Chair



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Empowering Critical Access Hospital Quality Managers to Effectively Administer Quality Programming by Development of an Evidence-based Resource Manual



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Effects of Template Implementation and Education on Bedside Reporting Frequency, Safety Alerts, and Nurse/Patient Satisfaction

Purpose

The purpose of this project was to design and execute a bedside reporting template and education while examining its effects on nurse/patient satisfaction, patient safety, and bedside reporting.

Methodology

One hundred sixty-two pre-implementation surveys and one hundred seventy-three post-implementation nurse satisfaction surveys were distributed via Survey Monkey. Information gathered included demographic data and nurse perceptions before and after template implementation including frequency of bedside report, satisfaction, report sufficiency, loss of information, patient inclusion, and the verification of report. Additional measurements included patient safety alerts and patient satisfaction scores as indicated by Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) three months before and after template implementation. Other interventions included the preparation and dissemination of a newly designed reporting tool, nurse education, and a patient informational brochure.

Results

Eighty-two nurses completed the initial survey (50.6%) and 102 (58.95%) completed the second survey. Findings demonstrated a decrease in nurse satisfaction and the verification of report with the implementation of the new reporting tool; however, reports revealed an increase in the frequency and sufficiency of bedside report, inclusion of the patient during report, and the feeling that important information was not lost during the process.

Patient satisfaction demonstrated inconsistent results across the hospital units when comparing both pre- and post-implementation numbers. Surveys indicated a

decrease in satisfaction when assessing both "nurse communication" and "staff working together"; however, the medical-surgical unit found an increase in patient satisfaction for both criteria.

Patient safety alerts decreased when comparing the pre- and post-implementation data. Three months before execution, there were five patient safety alerts and only one alert three months following template implementation. Although the results demonstrate a positive finding, no further information was divulged, so critique of the data was precluded.

Implications for Practice

The complex hospital environment and patient condition necessitates clear and concise communication to ensure safety. Bedside reporting is one way to address the needs of the hospital staff and its patients. Although multi-faceted, bedside reporting implementation that considers the needs of the staff and is paired with education, can improve outcomes for both nurses and patients.

Compassion Fatigue: When Caring Takes a Toll

Purpose

The purpose of this project was to determine the needs of intensive care unit (ICU) nurses and emergency room (ER) nurses regarding compassion fatigue. The nurses' needs and risks areas were identified, and training was developed to address compassion fatigue awareness, prevention, interventions, and resources. Anticipated outcomes included career enrichment and increased compassion satisfaction among nursing staff, overall improvements in patient outcomes related to improved care, and sustainability options to grow compassion fatigue awareness organization wide.

Methodology

Professional Quality of Life (ProQOL) survey packets were disseminated to all full-time, part-time, and per diem ICU and ER nurses employed in an acute care facility. The nurses completed the ProQOL survey packets to determine areas of concern related to compassion fatigue. Quantitative data was gathered and analyzed. A Compassion Fatigue Training Module was created based on the data. The Compassion Fatigue Training Module was assigned to the ICU and ER nurses. Nurses completed the training, including a quiz and learning evaluation.

Results

Quantitative data was collected in two phases. The first phase of data collection and analysis was comprised of the ProQOL survey data. Ninety-four surveys were distributed. The anticipated return rate was 30% with an actual return rate of 36.2%. Data from the ProQOL survey was utilized to generate the creation of the Compassion Fatigue Training Module. The Compassion Fatigue Training Module was assigned to the ICU and ER nurses. Nurses were given six weeks to complete the training, quiz, and learning evaluation. The second phase of data collection involved analysis of the learning

evaluations completed by the nurses. Ninety-four nurses were assigned compassion fatigue training with 78.7% completing the training, and 76.6% completing the learning evaluation. The results of the learning evaluations demonstrated significant learning occurred with 98.6% of nurses reporting knowledge gained, 100% of participants were able to list resources and interventions to counteract compassion fatigue, and 97.2% of the nurses felt the program was valuable.

Implications for Practice

Compassion fatigue training improved ICU and ER nurse awareness about the condition while infusing knowledge about prevention, interventions, and resource utilization. Implications for practice are plentiful with nurses gaining the ability to self-reflect, improving work-life balance, improving career satisfaction, providing compassionate patient care, and improving outcomes for themselves and patients while promoting a supportive work environment. The project sparked many ideas for growth with sustainability suggestions including the development of a compassion fatigue awareness committee to oversee training, keep educational materials up to date with current research, and expand the program to include all providers of patient care throughout the organization encompassing the main facility and all ancillary facilities.



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Improved Access/Sustainability of a Hospital-Based Outpatient Lactation Clinic RN-IBCLC via Enhanced Administrative Practices

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Purpose

The purpose of this project was to develop and implement administrative and billing practices for an existing RN-IBCLC-led outpatient lactation clinic at a Baby Friendly community hospital in suburban southern Illinois. It was thought that creating a financially viable service would allow the outpatient lactation clinic to grow, potentially resulting in increased access to this important service and improved breastfeeding outcomes in the surrounding community. Improved breastfeeding outcomes advance public health and the economy.

Methodology

Semi-structured telephone interviews were conducted with IBCLC's and/or managers of Hospital-Based Outpatient Lactation Clinics in Illinois and the project hospital's parent-organization and attempted with representatives from health insurance companies in Illinois. Data related to increasing utilization was collected using a simple tally of patients kept in a paper log. Success related to the goals of registering patients, documenting in the electronic health record (EHR), clinic structure, and model of care was tracked through descriptive notes taken by the investigator.

Results

Tests of change through plan-do-study-act (PDSA) cycles were based on the outcome of a gap analysis. Modifications to implementation were made dependent on PDSA cycle findings until optimized RN-IBCLC-led outpatient lactation clinic administrative practices for the facility and processes became streamlined. Despite limited literature to guide administrative practices, the project met the aims of patient registration and EHR documentation; however, extensive policy and systems barriers existed that prevented success in identifying a workable revenue stream despite the

efforts of this investigator in collaboration with parent system-level managed care, finance, and compliance departments. After reviewing the results of interviews with participants from system and Illinois facilities with key stakeholders, the solution agreed upon to provide sustainability to the program was to utilize outpatient lactation visits as a community benefit to quantify lost revenue of services provided and aid the hospital. Even though the lack of revenue equaled lack of department growth, the community benefit option added a layer of stability to the program as it stands.

Implications for Practice

This project provided a model for other organizations examining best practices in administrative and funding options for IBCLC-led outpatient lactation clinics; thereby, creating sustainable breastfeeding support leading to improved health of mothers, babies, and the community. Further work is needed at the health system, insurance company, and political levels to making outpatient lactation services via an RN-IBCLC easy to access and affordable to mothers through insurance billing.

Utilizing Telehealth Training to Increase Nurse Self-Efficacy and Reduce Costs by Assigning Appropriate Level of Care

Purpose

The purpose of this project was to examine the impact of using standardized telehealth protocols and telehealth training on nursing self-efficacy, as well as any associated decreases in patient use of emergency departments (ED) and urgent care (UC) centers. As a healthcare strategy, telehealth services are expanding to improve patient experiences and decrease costs while ensuring safe patient care. Telehealth practice allows patients to speak to a nurse over the telephone and receive an assessment followed by safe, healthcare advice. Telehealth is a generic term for remote delivery of healthcare by a range of options, including landline, mobile phones, video tele-conferencing and internet. This project centered on telephone triage nursing practice with a goal of connecting military health care recipients with the suitable level of care resulting in positive patient outcomes. Communication skills and training are very important for the telehealth nurse to be successful and gain confidence. A professional telehealth educational program can influence self-efficacy and promote nursing confidence; thereby, improve patient outcomes. The Air Force Medical Home (AFMH) model is structured to improve patient safety and outcomes that encompasses coordination of patient care across multiple settings, and telehealth nurses serve in a pivotal role in patient management.

Methodology

Telehealth nurses received a six-week, standardized training program that included a self-assessment, preceptor-led tandem triage exercises, Schmitt-Thompson Clinical Content (STCC) protocol reviews, telehealth training videos, and training with six health specialties, to include referral management centers, exceptional family member programs, health care integrators, disease managers, and group practice manager. This was an Air Force-wide training initiative with participants from Joint Base San Antonio-Randolph

Air Force Base (JBSA-R) and Scott Air Force Base (SAFB) participating in the project. The self-efficacy of the telehealth nurses at these two locations who received standardized training were measured before and after training completion using the Nursing Care Self Efficacy Scale (NCSES). The NCSES was completed by 30 nurses pre-training and 26 post-training. ED and UC utilization rates were also assessed during the pre-training and post-training periods and compared to determine changes in ED and UC rates.

Results

The NCSES survey demonstrated nursing confidence levels increased in 13 of 16 items at both locations post-training. JBSA-R and SAFB clinics consisted of seasoned telehealth nurses who averaged 19.6 years of nursing experience. The survey participants had significant clinical confidence prior to completion of training. In addition, there was no statistical significance in the volume of patients utilizing the UC or ED after indoctrination of the telehealth training and protocol use. It was ascertained that telehealth is a necessary part of healthcare and not a money saving strategy, but an essential cost of providing safe care.

Implications for Practice

Standardized telehealth training and use of evidence-based telehealth protocols for nurses appear to enhance self-efficacy levels in nurses. The use of a structured telehealth training plan and use of STCC standardized protocols may impact the nurse's ability to appropriately coordinate patient care services; thereby, improve patient outcomes. Applications of standardized training and protocols can translate to other military health care services to include Army and Navy facilities. The historic military healthcare transformation of unifying all military healthcare services into one health care system has commenced. The application of standardized telehealth training and protocol use can translate and enhance joint medical service partnerships.



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Impact of Leader Rounding on Improving Employee Engagement and Culture of Safety

Purpose

The purpose of this project was to examine the impact of leader rounding on improving employee engagement and culture of safety. The goal of this project was an improvement in the Agency for Healthcare Research and Quality (AHRQ) culture of safety survey and Advisory Board employee engagement survey question results post-implementation of leader rounding methods. The expected outcome was an increase in the number of patient safety reports and decrease in the number of patient harm as the safety culture improved. Improved employee engagement expected outcome was improved employee satisfaction and decreased employee turnover.

Methodology

Cross-sectional study methodology was utilized for the project. The selected AHRQ culture of safety survey and Advisory Board employee engagement questions from 2017 were compared prior to implementation of leader rounding as the baseline of the safety culture and employee engagement. The August 2018 AHRQ and engagement pulse survey were collected pre-intervention and served as the second baseline. Post-leader rounding intervention selected AHRQ culture of safety and Advisory Board employee engagement survey was administered to the orthopedic unit staff.

Results

The 2019 post-intervention survey participation was 52 employees yielding a 60% participation rate. A two proportions hypothesis test was used to determine whether the proportion of defectives (or yield) of one group was statistically different from the proportion defective (or yield) of another group. This project tested the yield that was a measure of the number of good or positive responses comparing survey results

of 2018 to 2019, and 2019 to 2017 assuming a 95% confidence level. The good or positive responses were considered the desired response for both the negatively and positively worded questions. The AHRQ culture of safety and Advisory Board employee engagement positive results analysis was conducted using the two proportions hypothesis test found a statistical difference between the survey responses for all responses with the exception of question five. Question five, I receive the necessary support from employees in other units/ departments to help me succeed in my work had no statistical difference between the two periods. The change in percentage of positive responses was 75% in 2019 compared to 71% in 2018. The patient safety event reporting comparison revealed a 10% decrease in patient safety reports. The patient harm event comparison demonstrated a 16% decrease in harm events. The decrease in patient harm events was comprised of hospital-acquired infections, falls, and pressure injuries. The orthopedic unit's total employee turnover decreased from 22.7% in 2017 to 12.9% in 2018. Patient outcomes improved from 2017 to 2018 with the 16% reduction of hospital-acquired conditions.

Implications for Practice

Standardize leader rounding improved the culture of safety, employee engagement, reduced patient harm, and decreased employee turnover. Rounding is a leadership practice that impacts human performance and increases consistency in outcomes. Rounding provides a chance for leaders to connect with frontline employees and patients, directly observe what affects daily operations, as well as identify and resolve issues. Leadership rounding is an important tool utilized by High Reliability Organizations to create superior levels of predictable, repeatable processes, share feedback, and learning. Leader rounding is valuable as an ongoing part of an organizational-wide initiative to improve safety, quality, and customer service. Rounding is a leadership practice used to strengthen the Reaching for Zero journey.

Maintaining Older Adult Functional Status: Increasing Ageism Awareness and Patient Mobility

Purpose

The purpose of this project was to examine the staff perception of older adult care and older adult functional status on admission to and discharge from two inpatient medical-surgical pilot units. The hypotheses for this study were (1) the perception of ageism will decrease after staff education, and (2) older adult baseline functional status will be maintained after implementation of an older adult mobility protocol. It was also postulated that there would be a decrease in the older adult patient length of stay after the implementation of the processes.

Methodology

The research project consisted of a quantitative study with a classic quasi-experimental design and implementation of a unit-based quality improvement project, an older adult mobility protocol. Thirty-four staff members (RNs, LPNs, and PCAs) voluntarily participated in a pre-education test on the intervention units. Thirty staff members voluntarily participated in a pretest on the control unit. The test included demographic information, questions related to older adult mobility care, and ageism, and Kogan's Attitudes Toward Old People (measures perception of ageism). The intervention units received education on older adult care, mobility, and ageism as part of the unit-based quality improvement project requiring all staff to participate in the education. The intervention units had 34 staff members voluntarily participate in a post-education test. The control unit had 30 staff members voluntarily participate in a post-test. On the intervention units, an older adult mobility protocol was initiated as part of the unit-based quality improvement project. The Principle Investigator scored the Katz Activities of Daily Living (a measure of functional ability) on admission and discharge of the 149 patients.

Results

The difference between the average of the pre-intervention (125.3) and post-intervention (138) Kogan's Attitude Toward Old People scores on the intervention

unit was statistically significant with a p-value of .006. Length of stay in 149 post-intervention patients (3.43) was statistically significant with a p-value of .000 compared to 149 retrospective patients (5.87). On the intervention unit, there were 149 pre-intervention Katz ADL screenings completed with scores ranging from zero to five with an average 2.637. There were 149 post-intervention Katz ADL screenings with scores ranging from two to six with an average 4.687. The difference was statistically significant with a p-value of .000. Providing ageism education in the healthcare setting may increase healthcare knowledge of older adult care, increasing mobility and decreasing ageism. The clinical implications indicated the patient may return to prior level of care. The clinical significance to an older adult with a reduced length of stay may mean the difference in maintaining functional mobility and performing activities of daily living independently. Improving care processes through supportive education and mobility protocol implementation was an achievable goal for staff in transition.

Implications for Practice

This project demonstrated a culmination of practice inquiry, identifying an older adult issue related to functional mobility, and implemented a sustainable mobility protocol after decreasing healthcare ageism through education. The project underpinned the need for an older adult mobility protocol. Development of an older adult mobility standard of care fostered safety promotion and improved quality through health care interventions. Increased awareness and improved outcomes may precipitate an improved unit culture of mobility through the improved perception of care and safety. Future care process improvement may support increased satisfaction of patients, family members, and staff. A culture of older adult mobility and routine care practices strengthened the unit culture change. This project allowed for partnerships to develop and collaboration of the interdisciplinary healthcare team. Based on findings, the protocol will be rolled out at all applicable units at Norton Hospital. Once established, the older adult mobility protocol will be offered across the system.



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Postoperative Capnography

Purpose

The purpose of this project was to enhance the clinical judgement skills of the bedside registered nurses (RNs) in the Postoperative Anesthesia Care Unit (PACU) as related to postoperative airway complications associated after surgical procedures. The specific aims were to integrate Anesthesia Classification System (ASA) and key patient biometrics that could potentially lead to postoperative airway complications as a means of fostering clinical judgement development. Utilizing postoperative capnography (ETCO₂) assisted in the alignment with the organizational goal of Reaching for Zero harm events postoperatively.

Methodology

Data was collected via a pre- and post-test questionnaire developed by this researcher with guidance from the Chief of Staff, Chief of Anesthesia, and a model of best practices. The questionnaire evaluated the basic educational knowledge of the key personnel in relation to airway management in the PACU setting. This questionnaire was distributed to current bedside PACU RNs and educational faculty who work with staff in the current PACU model. Based on analysis of the pre-test, insight from the Chief of Staff, and model of best practices, a protocol was developed. An educational training session was developed regarding the proposed ETCO₂ protocol, to include evaluations pre- and post-implementation. Following the development, training, and deployment of the protocol, skill observations were observed, a post-test was utilized, and data analysis was completed.

Results

A total of 13,719 surgical cases requiring intervention were reviewed from the year 2016 to a year-to-date 2018. Based on the data analysis of the patients undergoing preoperative assessment, 3.6% were ASA 1, 32.4% were ASA 2, 53.2% were ASA 3, 11.8% were ASA 4, and .347% were in either ASA 5 or 6. With over 50%

of patients presenting with Severe Systemic Disease, the role of the post-anesthesia nurse is crucial in maintaining safety. Sound clinical judgment would allow the nurse to determine if ETCO₂ would be beneficial and could change the outcomes of the patient's prognosis. Another assessment important in determining high-risk patients is body mass index (BMI). Utilizing the same data analysis of the patients undergoing preoperative assessment, 23% were noted to have a BMI in the normal range, 30% were in the overweight range, and 45.1% were in the obese range. With nearly three-quarters of all patients in this data analysis being overweight or obese, it is imperative that post-anesthesia nurses demonstrate clinical judgment in order to promote patient safety. Results were examined from the post-test questionnaire. Results indicated an initial shift in a negative direction on the anesthesia classification system question, while other data remained consistent from the pre-test questionnaire. This indication asserts that adult learners need more training and experience to be able to advance their clinical judgment skills. It also confirmed additional training is needed on a regular basis as most bedside staff revealed they are not as familiar with anesthesia terminology at the stage of their careers. This lack of knowledge speaks to the transition of the novice nurse to that of advanced beginner (Benner, 1982).

Implications for Practice

Clinical judgment is a foundational practice that takes time to develop into a comfortable, competent, practice level. The aspect of clinical judgment will continually be monitored as best practices evolve over time within the PACU setting. Clinical judgement skills are not easily mastered in a short period of time. Continual development of clinical judgement skills is required in order to enhance the development from novice to expert. End-tidal carbon dioxide monitoring in the postoperative setting is a quality safety measure that was integrated at an opportune time within the facility; thus, positively impacting patient safety. Nurses are required to provide the safest patient care possible within the scope of their practice while enhancing their clinical judgment skills.

Empowering Critical Access Hospital Quality Managers to Effectively Administer Quality Programming by Development of an Evidence-based Resource Manual

Purpose

The purpose of the project was to develop a comprehensive quality management resource manual for Critical Access Hospitals (CAHs) that are served by the Illinois Critical Access Hospital Network (ICAHN). The resource manual was designed based on CAH quality managers' needs and evidence-based quality practices. The central purpose of the quality management resource manual involved empowering CAH quality managers with evidence-based tools to effectively administer quality programming; thus, elevating the quality of care delivery, improving outcomes for patients and populations served, and securing financial viability within their respective organizations.

Methodology

In order to complete a gap analysis and determine the needs of the CAH quality managers, a survey tool was developed by the researcher in conjunction with a quality manager peer group and the scholarly project committee. The peer group consisted of four quality managers who were employed by ICAHN-affiliated hospitals. The survey questions were structured to ascertain both quantitative and qualitative data including demographic, hospital affiliation, position oversight, job responsibilities, as well as qualitative data with open-ended questions entailing insight into what the respondents deemed beneficial in their own training, what they would have liked for training, and further comments. Three doctoral-prepared committee members reviewed the final survey for content. Approximately one hundred surveys were disseminated to quality managers within the ICAHN system via Survey Monkey for the gap analysis. The gap analysis was completed and the quality manual was drafted based on the analysis, current evidence-based quality practices and resources, Benner's Novice to Expert Model, and adult learning principles. The quality manual was provided in draft form at the ICAHN quality leaders meeting and revised based on that feedback prior to being disseminated to the quality managers throughout

the ICAHN system. A post-quality management resource manual implementation survey was used to assess quality manager satisfaction with the manual and determine need to revise information in the manual.

Results

The results for the initial survey included 38 responses. There were 27 fully completed responses, 11 respondents chose not to answer all questions. Of the 38 respondents, 22 had worked in healthcare greater than 20 years and an additional 16 have worked in healthcare quality for greater than 10 years. 31 of the respondents worked in independent CAHs. The gap analysis revealed that respondents had oversight of hospital quality/process improvement, regulatory, risk management, and medical staff functions. These results along with the qualitative data served as the foundation to guide the development of the comprehensive quality management resource manual.

Implications for Practice

Novice, advanced beginner, and competent CAH quality managers must become proficient in a diverse and complicated leadership role. Proficient and expert CAH quality managers must keep abreast regarding current evidence-based practice. The role of the quality manager in CAHs is complex. CAHs have limited staff and resources confounded by patient populations who experience elevated levels of health disparities; therefore, effective quality management requires effective resources and guidance to address the unique demands experienced by quality managers. The gap analysis provided a basis for the quality management resource manual to provide resources and guidance for quality managers at all levels of practice. The innovative project designed a quality manual tailored for CAH quality managers and serves as a model to replicate for additional resource manuals. Access to evidence-based tools to effectively administer quality programming is projected to empower CAH quality managers to ultimately elevate the quality of care delivery, improving outcomes for patients and populations served, and securing financial viability within their respective organizations.



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