

AACN 2019

Synergy,
Innovation, and
Sustainability @ Frontier
Nursing University

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Objectives

1. Identify how collaboration with industry partners could facilitate QI implementation projects at your institution.
2. Identify QI tools that could be used to strengthen your DNP projects.
3. Describe how DNP clinical faculty can mentor students during QI project planning, implementation and dissemination.



AACN White paper states DNP Projects should:

- ◆ Impact health care outcomes: directly or indirectly
- ◆ Contain systems or population level aggregate data
- ◆ Demonstrate implementation
- ◆ Plan for sustainability
- ◆ Include process and outcome evaluations which guide practice and policy
- ◆ Provide foundation for future scholarship
- ◆ Include evaluation from: academic, peer, and stakeholder
- ◆ Retrievable from digital repository

<https://www.aacnnursing.org/Portals/42/DNP/DNP-Implementation.pdf>



3 DNP Clinical Project Courses

Planning

Implementation

Dissemination



Project Planning Tools

- ◆ AHRQ Gap Analysis and Data Driven Planning
- ◆ IHI Cause and Effect Diagram
- ◆ IHI Charter
- ◆ AIM Final Presentation



DNP Project Implementation

- ◆ IHI's Plan/Do/Study/Act (PDSA) 2 wk cycles x4
- ◆ Aggregate data excel > (10) run charts
- ◆ 3 QI sessions which include:
 - ✧ Faculty mentoring
 - ✧ QI peer support
- ◆ Project Summary
- ◆ Final presentation



DNP Project Dissemination

- ◆ Storyboard: IHI annual conference
- ◆ Final Presentation: faculty, peers, stakeholders at project site
- ◆ SQUIRE paper



Pre:project Student Advising

- ◆ Topic: site driven, chosen term before planning, broad idea of gap in EBP
- ◆ Population health/system improvement
- ◆ Volume - high incidence
- ◆ Ability to be flexible: Accordion



Site Processes

- ◆ Credentialing
- ◆ Site mentor/sponsor forms
- ◆ Teacher/Learner forms
- ◆ Clinical Site Approval Forms
- ◆ Collaboration w/sites: benefits/interaction w/sponsor/mentor
- ◆ Innovation and synergy - MSN sites



IHI partnership

- ◆ Open school access
- ◆ IHI resources available to students + faculty
- ◆ Tools/literature/toolkits/webinars/newsletter
- ◆ Opportunity to present poster at national conference



DNP Project Outcomes

119 Primary Care: child abuse to literacy to antibiotic stewardship to DM to transgender care to palliative care

53 OB/gyn: BC transfers to PPH to simulations to IA to waterbirth to PP care to menopause to paps/STIs



Outcomes since 2017

37 MH: depression to anxiety to triage to addictions/opioid dependency

27 Process: ED throughput, Increasing enrollment

Geography of sites: Alaska to Florida to Maine to CA, Nepal, Africa, Haiti



Exemplars

- ◆ **Effective Tobacco Care:** Implementing Tobacco Use Guidelines in an Urgent Care Setting
- ◆ **Increase Timeliness of Skin to Skin Post Cesarean to Increase EBF Utilizing the USBC Toolkit**
- ◆ **Effective Screening and Patient Centered Treatment of Perinatal Depression at a Low Volume Birth Center**



Which best describes you?

Never a tobacco user

Current tobacco user

Attempting to quit

Former tobacco user

BREATHE



EASY

Are you interested in quitting Tobacco use?

YES

NO

Reasons to continue Using Tobacco

Reasons for making a change

I enjoy Smoking

Smoking relaxes me

My family members smoke

I like the social aspect of smoking

I like to smoke when I drink

Smoking gives me a lift

Fear of weight gain if I quit

I'm addicted

Other: _____

Live longer

Set an example

Breathe easier

Save Money

Look and feel healthier

Improve my endurance

Improve my sex life

Improve taste and smell

Other: _____

I'd like to quit smoking by: _____



Smoking Cessation

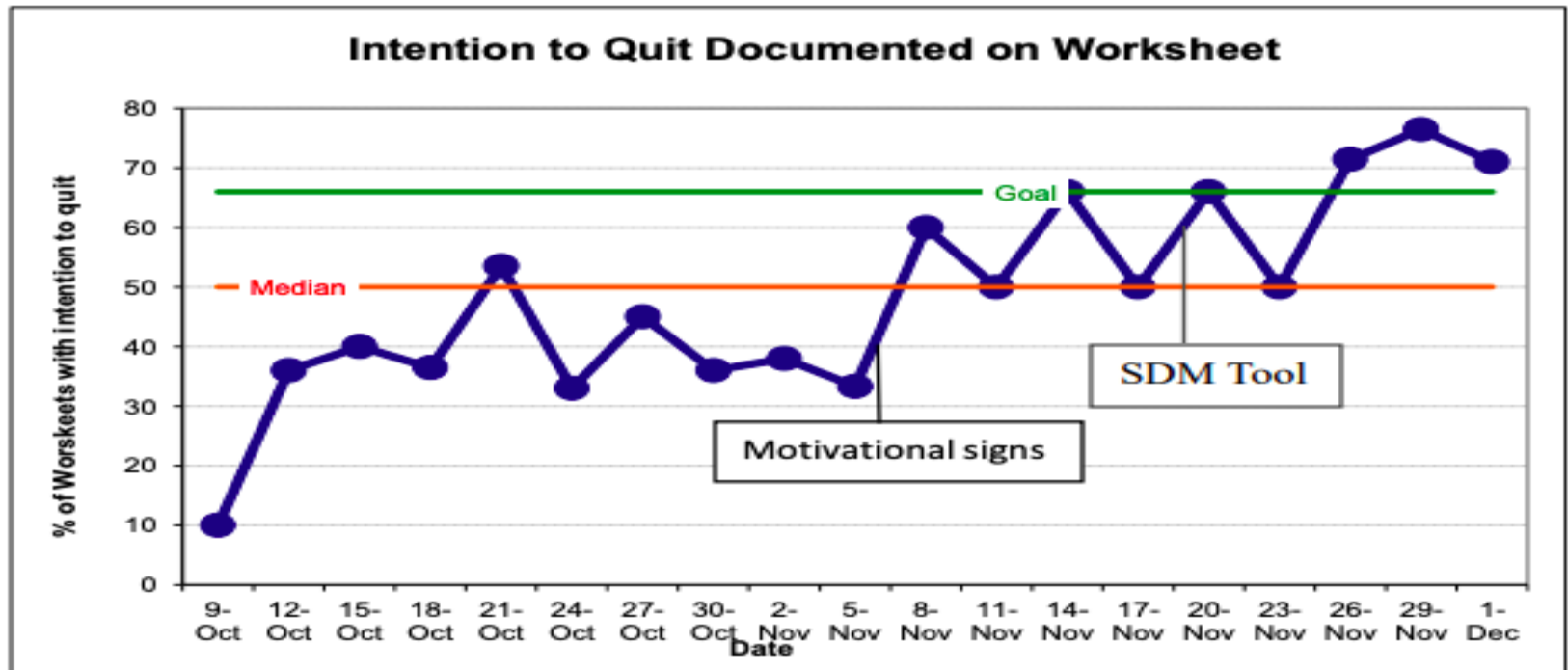


Figure 3: The above chart shows the percentage of those with the intention to quit indicated on the decisional worksheets. The most significant improvement occurred with the initiation of the motivational signs during PDSA three with a rate of 56.5%; the shared decision-making tool increased that rate to an average of 66.9% during PDSA four.



Smoking Cessation

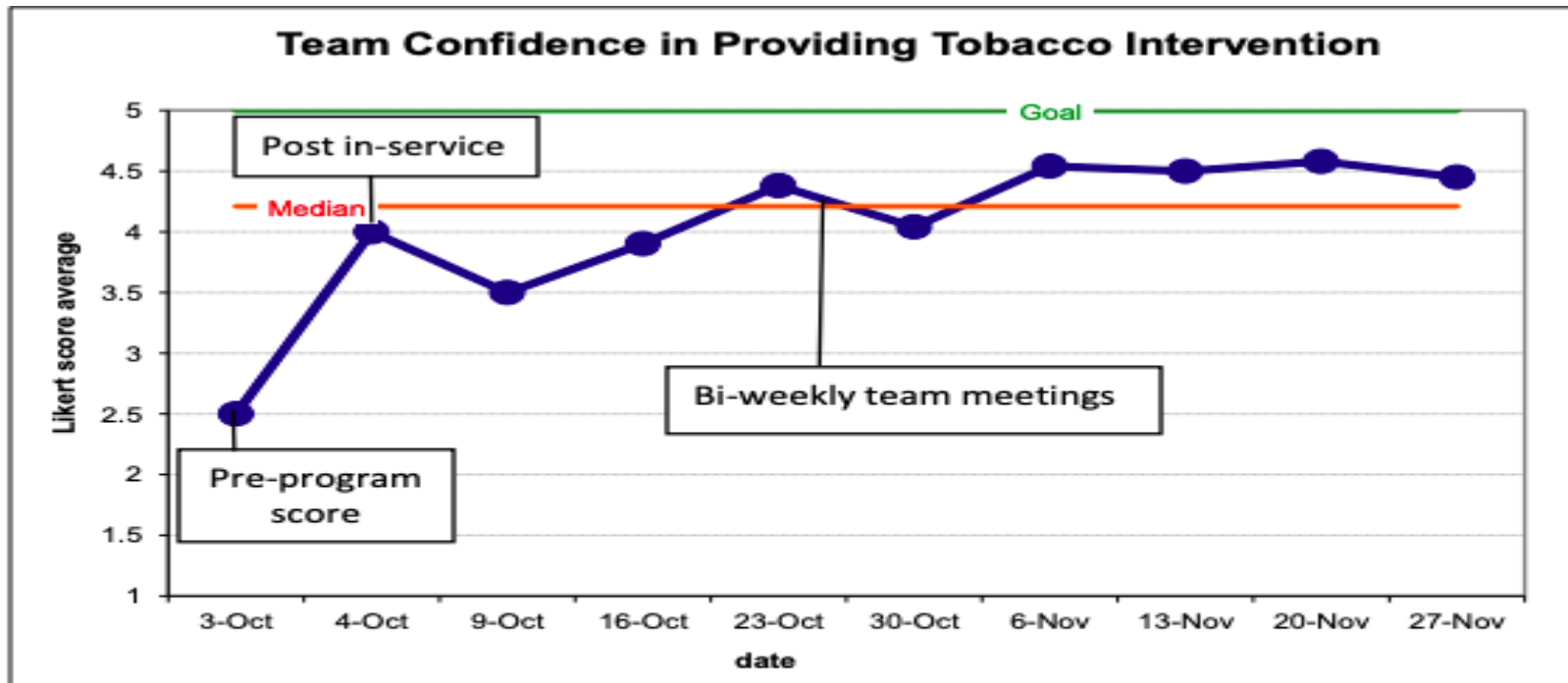


Figure 2. The above chart shows the trending Likert confidence score, from the pre-implementation score of 2.5 to the final project index score at 4.5. The most significant gain occurred after the educational in-service; a steady gain was also seen with team meetings.



Smoking Cessation

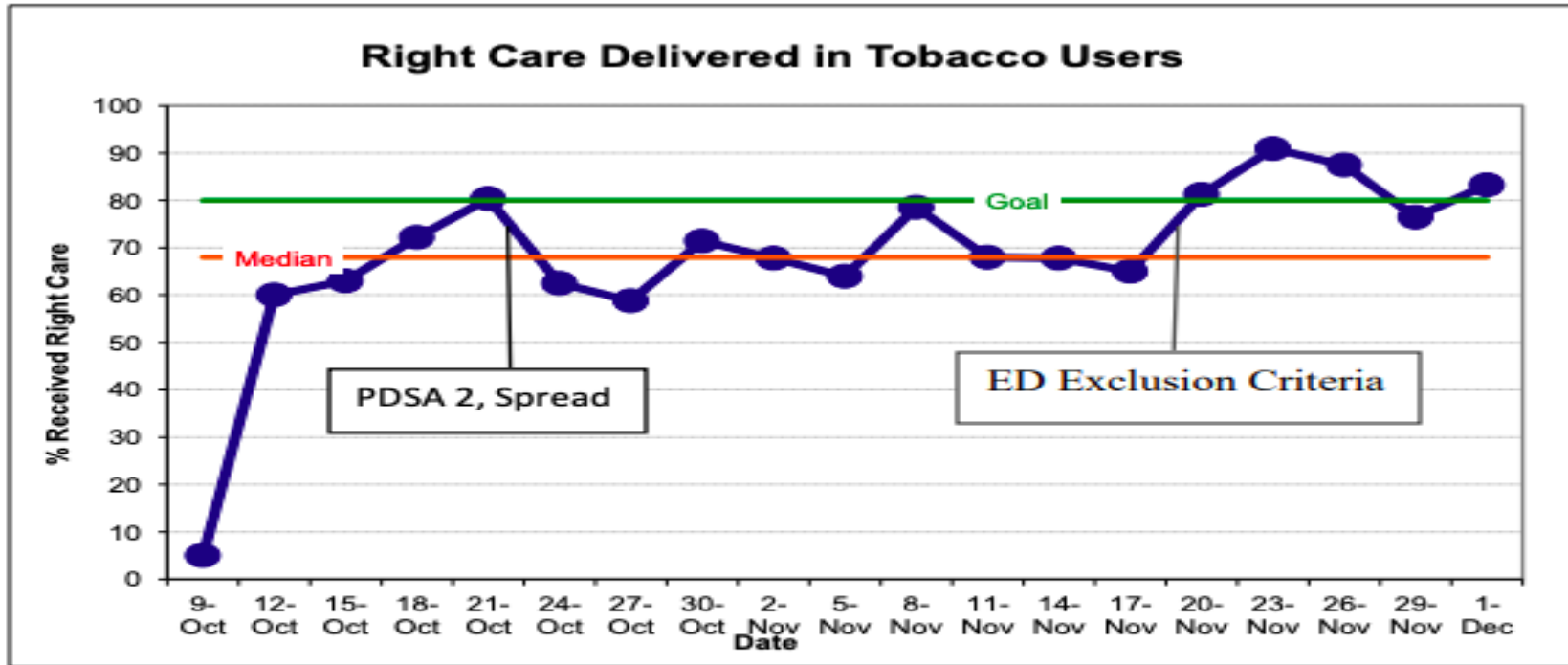


Figure 4: The above chart exhibits the correct care delivered to tobacco users as entered into the case management log. The spread of the project to all regular providers decreased the metric of appropriate care; adding the exclusion for emergency department transfers to the log increased the metrics from 69% in PDSA three to an average of 83% in cycle four.



Exclusive Breastfeeding

Intervention	Measure type	Operational definition	Baseline	Goal	Result
Team Engagement	Process	# of staff who engaged in tests of change / # of staff invited	N/A	50%	36%
	Outcome	Increase the mean team score of staff that feel confident participating in skin-to-skin care in the OR to 100 % in 8 weeks	20%	100%	82.5%
Patient Engagement	Process	# patients using SDM tool/ # patient encounters	N/A	100%	66%
	Outcome	# of patients who breastfeed in the 1 st hour/ # patients who had SSC in the operating room that planned breastfeeding	45%	100%	80%
Implement skin-to-skin in the OR	Process	# of infants who had timely skin-to-skin in the operating room / # of cesarean section encounter	0%	100%	54%
	Outcome	Mean 1 st latch score Sum of first latch scores/ # of breastfeeding newborns who had SSC	Median 6.5	10	Median 9.3
Right care checklist	Process	# of completed checklists/ # of patient encounters	N/A	100%	75%
	Outcome	# patients with skin-to- time done and documented / # of patient encounters)	20%	100%	78%
AIM	Outcome	EBF rate at discharge by mother's choice after SSC in the OR	5%	30%	50%
Balance Measure	Outcome	Mean temperature of a newborn in the OR will be above 97.3F	N/A	97.3F	98.3F



Depression Management

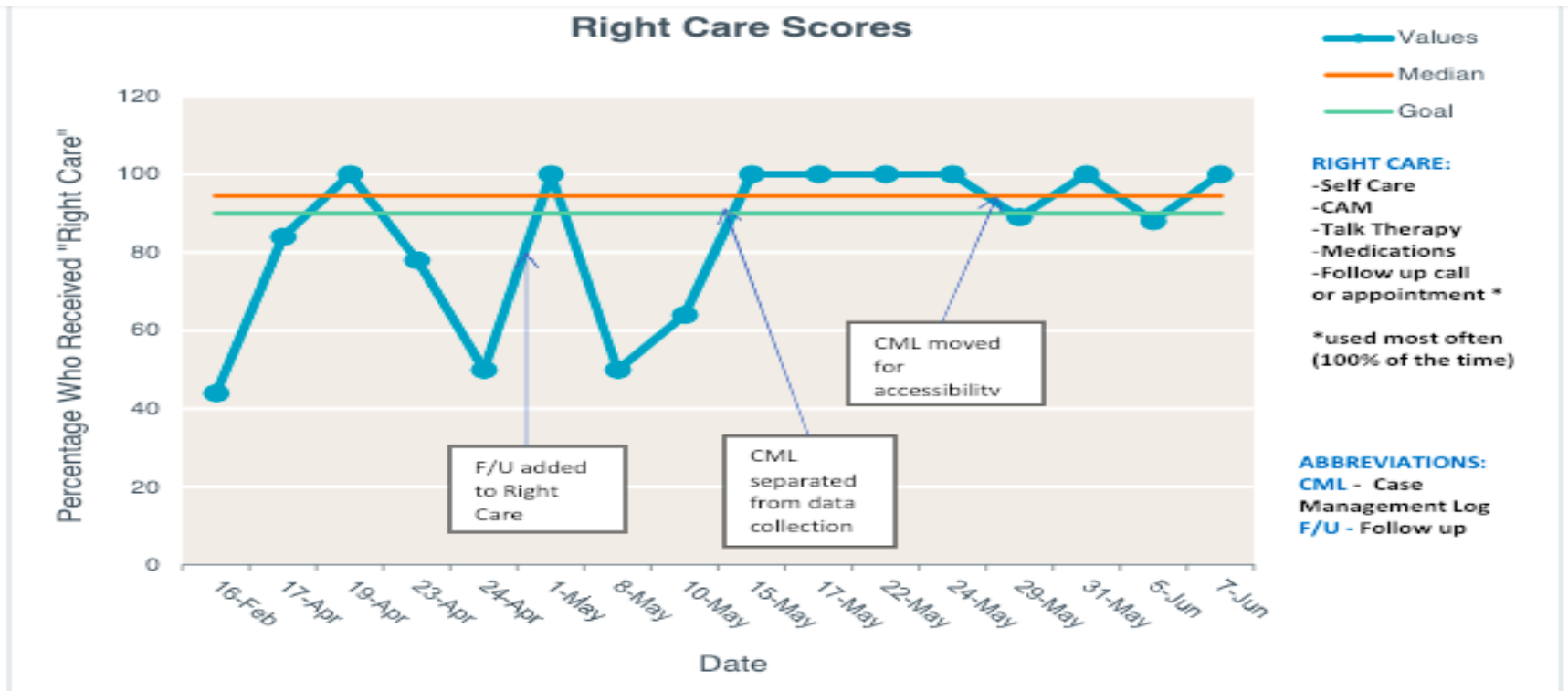


Figure 3. Right care outcome run chart. Right care was inconsistent initially, but by the last two PDSA cycles clients were receiving right care 96% of the time. The factors that contributed to this turn around included (a) shifting team engagement strategies from team huddles to engaging the team through a participation contest and a QI project bulletin board (b) having the EPDS administered and scored prior to the visit with the CNM, and (c) the team's growth in knowledge and skills in managing perinatal depression.



Depression

05/28/18

Use of Perinatal Decision Support and Prophylaxis Tools

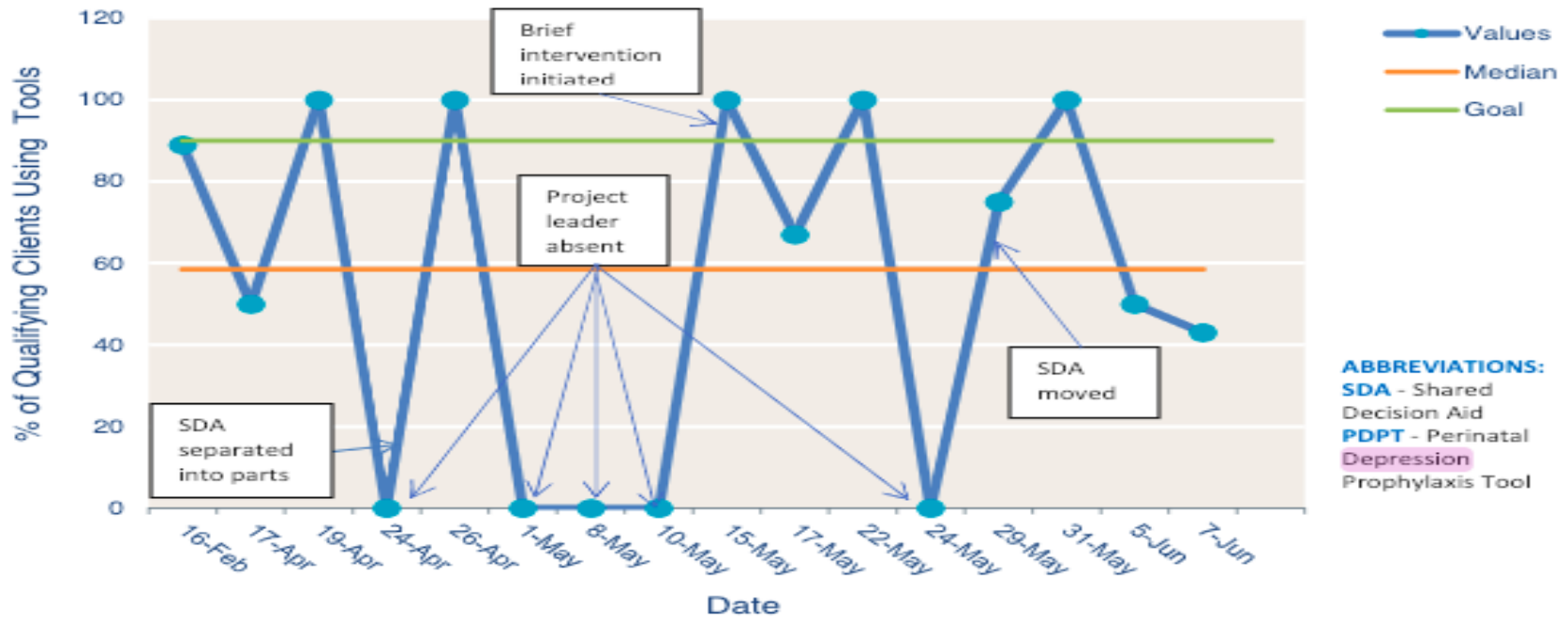


Figure 1. Client engagement process run chart. This run chart's erratic pattern demonstrates the difficulty experienced in implementing the shared decision aid. The aid was utilized 52.3% of the time, significantly less often than the predicted rate of utilization (90%). Several TOC were trialed to increase utilization, none of which had significant effect. The initiation of the brief preventive intervention, however, increased the usage of the project client engagement tools.



Student's Key Learnings

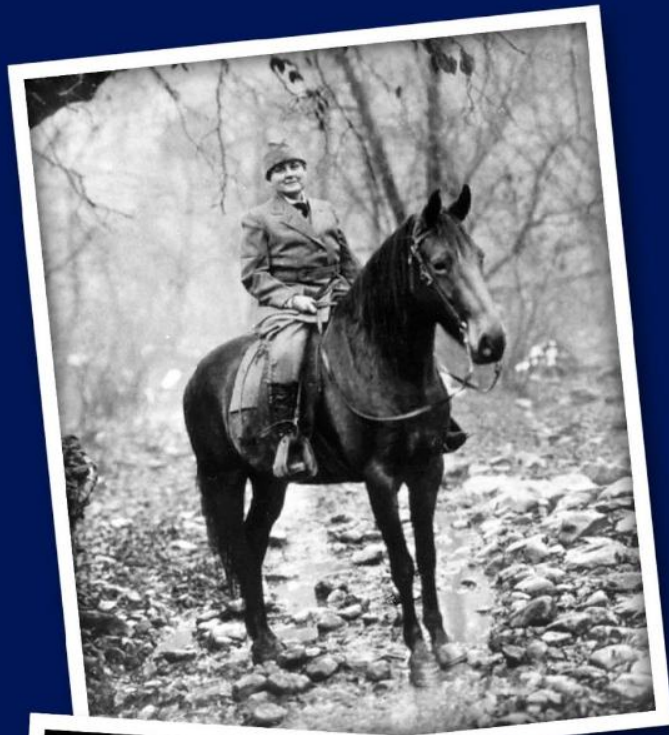
- ◆ Teamwork is EVERYTHING
- ◆ It's hard to put into words the profound learning that I EXPERIENCED at FNU
- ◆ I feel confident in my ability to identify and analyze a clinical practice gap and then implement a defined standardized process that close's that gap.



Recommendations for future

- ◆ Collaboration between educational institutions
- ◆ QI Project Map- IHI Chapter Map
- ◆ QI institutions who are interested in synergizing with DNP educational institutions
- ◆ Depository of DNP leaders who are implementing QI as mentors





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