



DNP Scholarship Day

2018 DNP Graduating Class

Wednesday, April 25, 2018
University of Wyoming
Wyoming Student Union: Family Room
University of Wyoming Campus
Events begin at 8:15 a.m., complete by 5:30 p.m.

Program

8:15 a.m.	Introduction Mary Burman, PhD, RN, FAAN, FAANP Dean and Professor	
8:30 a.m.	Distinguished Roy & Fay Whitney Lecturer	p. 2
	Kathleen McCauley, PhD, RN, FAAN, FAHA “Transitional Care: Improving Quality and Reducing Cost”	
9:30 a.m.	Coffee and light breakfast with Whitney Lecturer	
10:10 a.m.	Intro to DNP Presentations Ann Marie Hart, PhD, FNP-BC Professor and DNP Program Director	
10:15 a.m.	Margaret Edmiston & Victoria Hall	p. 3
10:25 a.m.	Brenna Cain.....	p. 4
10:35 a.m.	Annalise Forsythe & Dana Thrash	p. 5
10:45 a.m.	Kanti Devkota.....	p. 6
10:55 a.m.	Nicolette Hanson & Shellie Hipsak	p. 7
11:05 a.m.	Thomas Lab Research Team	p. 12
11:15 a.m.	LUNCH BREAK UNTIL 1:15 p.m.	
1:20 p.m.	Tamara Mason.....	p. 8
1:30 p.m.	Rebecca Samberg & Nichole Taylor.....	p. 9
1:40 p.m.	Laura VanBrocklin.....	p. 10
1:50 p.m.	Monica Teichert & Annmarie Wilson	p. 11
2:00 p.m.	Ann Marie Hart Presentation:	See Abstract on p. 13
2:30 p.m.	Diane Boyle.....	See Abstract on p. 14
3:30 p.m.	Willow Ceremony & Reception	p. 15

Kathleen McCauley, PhD, RN, FAAN, FAHA



Distinguished Roy & Fay Whitney Lecturer

Kathleen McCauley is Professor Emerita of Cardiovascular Nursing at the University of Pennsylvania School of Nursing

McCauley to discuss Transitional Care Model (TCM)

The Transitional Care Model (TCM) is a "cost-effective advanced practice nurse-led model to improve the transitions of older adults who are navigating complex and often fragmented systems of care," according to McCauley's web page with University of Pennsylvania School of Nursing. The TCM is a recognized model of care to help older adults deal with the complicated health care systems of today.

"Continually improving outcomes in nursing education and clinical care is crucial," says Kathleen McCauley. "This has been the focus of my career."

Dr. McCauley's career has been and is continuing to be exceptional. She is Professor Emerita of Cardiovascular Nursing at the University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania. She is a clinical specialist in cardiovascular nursing and developed programs to improve patient outcomes at the Hospital of the University of Pennsylvania (HUP). She served as Associate Dean for Academic Programs from 2006-2015. Dr. McCauley retired in July 2016, but she continues her research with the Transitional Care Model (TCM).

Selected career highlights include:

- Fellow, American Academy of Nursing and Council on Cardiovascular Nursing
- Past president and board member, American Association of Critical Care Nurses
- Recipient, Dean's Award for Exemplary Citizenship, Penn Nursing
- Recipient, Expert Alumni Award for Clinical Excellence, Penn Nursing Society of the Alumni

Margaret Edmiston

DNP-PMHNP Candidate



*Margaret Edmiston
is from
Casper, Wyoming*

Victoria Hall

DNP-PMHNP Candidate



*Victoria Hall
is from
Cheyenne, Wyoming*

SHARED PRESENTATION

Project Title:

*Impact of Patient Crisis Plan Communication Tool
in an Inpatient Psychiatric Hospital*

Introduction: Seclusion and restraint are last-resort interventions that have potential for serious adverse physical and emotional effects. Crisis planning is one important tool to avoid seclusion and restraint episodes. This quality improvement (QI) project implemented a patient-specific crisis plan face sheet on an adult inpatient psychiatric ward at the Wyoming State Hospital, located in Evanston, Wyoming. The goal was to improve staff attitudes and beliefs regarding crisis intervention and decrease seclusion and restraint use.

Methods: With input from hospital leadership and staff, a face sheet was created for documenting individual triggers, warning signs, and coping skills. Staff were asked to complete face sheets for all existing patients and to begin completing face sheets with all newly admitted patients. Face sheets were placed in the 15-minute binders that staff use to round on each patient. We implemented two plan-do-study-act (PDSA) cycles, along with pre-, mid-, and post- intervention staff surveys. PDSA 1 implemented face sheets for every patient on the Adult Psychiatric Services Unit for two weeks. Based on post-PDSA 1 survey, PDSA 2 added

an “other” box to the face sheet and made efforts to increase face sheet completion rate. Seclusion and restraint data were monitored prior to and throughout the project.

Results: Staff beliefs were ambivalent after PDSA 2; 61.90% of surveyed staff were “undecided” regarding whether the face sheets are useful. Total number of seclusion episodes went from 14.6 episodes per month (Pre-PDSA) to 12 (PDSA 1) to 13 (PDSA 2). Duration of seclusion went from 569.8 hours per month (Pre-PDSA) to 26.99 (PDSA 1) to 16.33 (PDSA 2). Total number of restraint went from 67.8 episodes per month (Pre-PDSA) to 7 (PDSA 1) then 22 (PDSA 2). Total hours of restraint went from 118.516 hours per month (pre-PDSA) to 2.2 (PDSA 1) to 5.92 (PDSA 2).

Conclusions: Although patient-specific crisis planning is a valuable tool for crisis management, seclusion and restraint reduction programs require an extensive, multi-faceted approach. More PDSA cycles and staff input will be necessary for long-term reduction in seclusion and restraint.

Brenna Cain, RN, BSN

DNP-FNP Candidate



*Brenna Cain
is from
Casper, WY*

Project Title:

Improving Cervical Cancer Screening Rates in an American Indian Population

Abstract:

Cervical cancer is frequently an asymptomatic cancer caused by the human papillomavirus (HPV), which gradually develops on the uterine cervix. Routine use of the Papanicolaou (Pap) test for women in the United States has decreased cervical cancer incidence and mortality rates by 80% since 1960. Healthy People 2020 set a Pap test screening goal of 93%; however, data shows that American Indian (AI) and Alaskan Native (AN) women are among the lowest population to receive Pap tests with a rate of 70.2% in 2015. AI women in the Southern Plains region experience the highest incidence of cervical cancer for AI women nationwide. AI women are at increased risk for a diagnosis of metastatic cervical cancer. AI women in the Northern Plains region experience an occurrence of metastatic cervical cancer at a rate 6 times higher than that of non-Hispanic white women in the same area. Barriers to cervical cancer screening of AI women include generational trauma, moral stigmas, clinical barriers, and educational barriers. Many methods to improve cervical cancer screening in indigenous populations include culturally relevant educational material and verbal education, same day provider prompting, and self-collected HPV samples. This presentation will review the state of the science on cervical cancer screening, particularly in AI women, and will provide recommendations for primary care clinicians and other health professionals who work with AI women.

Annalise Forsythe

DNP-FNP Candidate



*Annalise Forsythe
is from
Boise, Idaho*

Dana Thrash

DNP-FNP Candidate



*Dana Thrash
is from
Laramie, Wyoming*

SHARED PRESENTATION

Project Title:

*Adolescent Depression Screening:
A Quality Improvement Project*

Introduction: Adolescent depression is a national public health concern. The purpose of this quality improvement project was to achieve a standardized process for adolescent depression screening and develop a resource for providers to facilitate appropriate care in the event of a positive screen.

Methods: Depression screening in accordance with current guidelines was implemented into a rural pediatric primary care clinic. Adolescents age 12-21 years were screened using the Patient Health Questionar-9 (PHQ-9). Three month-long Plan-Do-Study-Act (PDSA) cycles were completed with data collection at the end of each cycle. Data on the number of adolescent encounters for each cycle compared to the number of PHQ-9 screens documented was collected to determine rate of completion. Additionally, the number of documented screen positive results were gathered throughout each PDSA cycle. Newly documented depression diagnoses and documented intervention or follow up was gathered from the charts of those individuals who screened positive on the PHQ-9.

Results: Increased adolescent depression screening rates were observed during the interventional period. Prior to the intervention, 3.4% of adolescent encounters were screened for depression. During PDSA Cycle I and II, 85.3% and 82.6% of adolescents seen for a physical exam or as a new patient were screened for depression respectively. The depression screening interventions of PDSA cycles I and II yielded four new diagnoses of depression. Screening inclusion criteria was modified for PDSA cycle III with criteria expanded to include all adolescent encounters. PDSA cycle III produced 47.7% of all adolescent encounters screened for depression and resulted in eight new diagnoses of depression.

Conclusions: Current research identifies a significant need for adolescent depression screening. The results of this quality improvement project demonstrate the effectiveness of implementing a depression screening protocol using the PHQ-9 screening tool in a rural pediatric primary care clinic.

Kanti Devkota, RN, BSN

DNP-FNP Candidate



*Kanti Devkota
is from
Kathmandu, Nepal*

Project Title:

Medication Adherence Improvement Project in a Rural, Free Primary Care Clinic

Introduction: Medication non-adherence is often a challenging issue for patients with chronic co-morbid conditions. Along with education and regular follow-up, blister packaging, text messages, and motivational interviewing (MI) have been shown to be effective in helping patients with medication adherence.

Methods: This quality improvement project implemented MI, blister packaging, pill organizers, and text messages to improve medication adherence in a rural free primary care clinic. Plan-do-study-act (PDSA) cycles were implemented. PDSA cycle #1 included 6 patients and incorporated MI, blister packaging, and text messages. PDSA cycle #2 included 4 patients and also incorporated MI, pill organizers, and text messages. PDSA cycle #3 included 4 patients and incorporated MI, choice-based packaging, and text messages. The intervention was evaluated using before-after study design to compare the medication refill time to calculate the medication adherence rate.

Results: Prior to the intervention, pharmacy refill record indicated that these patients were 70.9% adherent to their medications. During the intervention, patients reported 100% medication adherence. In comparison, clinic pharmacy refill records indicated that these patients were 95.8% adherent, indicating almost up 25% increase.

Conclusions: MI along with choice-based packaging and text messaging reminders helped to improve medication adherence in patients with chronic comorbid conditions in a rural free primary care clinic. Research of this clinical intervention is recommended at other primary care sites.

Nicolette Hanson

DNP-FNP Candidate



*Nicolette Hanson
is from
Casper, Wyoming*

Shellie Hipsak

DNP-PMHNP Candidate



*Shellie Hipsak
is from
Casper, Wyoming*

SHARED PRESENTATION

Project Title:

*Improving Depression Screening and Referral
at a Rural Federally Qualified Health Center*

Introduction: Depression is a common, often unrecognized, condition experienced in the primary care setting. The Patient Health Questionnaire-9 (PHQ-9) is a quick, valid, self-administered screening tool for depression recommended for use in primary care.

The facility's baseline PHQ-9 screening rate was 33.9% and the Improving Mood-Providing Access to Collaborative Treatment (IMPACT) referral rate for PHQ-9 scores ≥ 10 was 17.5%.

The purpose of project was to improve rates of PHQ-9 screening and IMPACT referrals to within the facility.

Methods: A new workflow for completion of PHQ-9 was implemented. Three, two-week rapid PDSA cycles were completed. Each patient received a laminated copy of the PHQ-9, dry erase pen, and was asked to circle his/her responses. Each patient's PHQ-9 score was totaled and entered into the electronic health record (EHR) by a medical assistant/registered nurse and reported to the provider. When a patient

scored ≥ 10 IMPACT was triggered. Once IMPACT was notified, a brief introduction to the patient and review of PHQ-9 screening occurred between the screening provider and the IMPACT response team. The provider then documented a referral to IMPACT or noted patient's refusal in the EHR.

Results: The project demonstrated an overall increase in patients screened by PHQ-9 from 33.9% to 38.8%. The IMPACT referral rate increased from 17.5% to 27.8%.

Conclusions: The project demonstrated aggregate improvement of PHQ-9 screening by 14.7% in six weeks, showing that with staff education, staff buy-in, and regular PDSA cycles depression screening processes can be improved.

Tamara Mason

DNP-FNP Candidate



*Tamara Mason
is from
Cheyenne, Wyoming*

Project Title:

Increasing Rates of Colonoscopy Completion at a Federally Qualified Health Center

Introduction: Colorectal cancer was the second leading cancer killer of both men and women in the United States in 2014. Early detection of colorectal cancer translates to a 91% survival rate after five years. Patients who experience metastasis have an 11% survival rate at five years. The gold standard for early detection of colorectal cancer is the colonoscopy, however only one in three patients complete a colorectal cancer screening. The purpose of this quality improvement project is to improve the rate of colonoscopy completion within a federally qualified health center by implementing a combination of interventions.

Methods: All patients referred for colonoscopy received a colorectal cancer screening educational brochure. A patient navigation team comprised of three medical assistants initiated one to three phone calls to the patients referred for colonoscopy to determine barriers to completion of the procedure. As few as three but as many as five communication tools known as the 5 A's (assess, advise, agree, assist, and arrange) were utilized during communication with patients. Two month-long PDSA cycles were completed to compare the total number of referrals for colonoscopy to the number of colonoscopies completed.

Results: In comparison to the 10% of colonoscopies completed in 2015 at this federally qualified health center, the rate of colonoscopy completion increased in both of the two PDSA cycles. In PDSA Cycle I, 43% of patients who were referred for colonoscopy completed the procedure. In PDSA Cycle II, 37% of total colonoscopy referrals ended with patients completing colonoscopies.

Conclusions: A combination approach utilized by staff while attempting to increase colonoscopy completions led to an increase in total colonoscopies completed. The distribution of patient education and implementation of patient navigation through phone calls using specific communication tools produced a successful intervention.

Rebecca Samberg

DNP-FNP Candidate



*Rebecca Samberg
is from
Casper, Wyoming*

Nichole Taylor

DNP-PMHNP Candidate



*Nichole Taylor
is from
Rawlins, Wyoming*

SHARED PRESENTATION

Project Title:

*Reconfiguration of System Practices
for a Depression Screening Protocol*

Introduction: Primary care providers (PCPs) face the challenge of implementing depression screening on a regular basis and entering data accurately in the electronic health record (EHR). The objective of this quality improvement (QI) project was to create a standardized depression screening protocol within a primary care clinic to increase the rate of PHQ-9 completion and accurate data entry into the EHR system

Methods: The QI interventions were training of staff, development of written protocols, implementation of visual aids, accurate data entry, and reconfiguration of data coding using four-week Plan-Do-Study-Act (PDSA) cycles in a federally qualified community health center (FQHC).

Results: PDSA cycle #1 focused on the implementation of staff training through writing formal processes for PHQ-9 administration and accurate data entry; resulting with an increased screening rate from 0% to 18.8%. PDSA cycle #2 showed an increased screening rate from 18.8% to 27.5%, which concentrated on the reconfiguration of data coding. PDSA cycle #3 resulted with an increased screening rate from 27.5% to 31.6% and focused on initial implementation of the visual aid reminder card. PDSA

cycle #4 required revision of the visual aid reminder card to include elimination of the shapes to accommodate for more writing surface and resulted with an increased screening rate of 21.9%. The final PDSA cycle #5 required a final revision to the visual aid card to include additional uniform data system measures, and resulted with an increased screening rate from 21.9% to 26.3%. Finally, a randomized physical hand count of PHQ-9 screenings was performed per FQHC funding requirements. The hand count revealed that 74% of the PHQ-9 screenings were appropriately administered and documented for the reporting year of 2017.

Conclusions: The quality improvement project proved staff training, written protocols, implementation of the visual aids, accurate data entry, and reconfiguration of data coding increased depression screening rates, as well as standardized a depression screen protocol in a primary care clinic.

Laura VanBrocklin

DNP-FNP Candidate



*Laura VanBrocklin
is from
Denver, Colorado*

Project Title:

*Improving Attendance to Cardiac Rehabilitation
through the use of a Brief Motivational Interviewing Script*

Introduction: The purpose of this quality improvement effort is to improve cardiac rehabilitation attendance for clients with a diagnosis of heart failure.

Methods: The setting of implementation is in a metropolitan, safety net hospital with a diverse clientele in preparation for bundled care initiatives for outcome-based reimbursement for clients diagnosed with heart failure. An initial questionnaire of cardiac rehabilitation participants diagnosed with heart failure was completed to identify barriers to attending cardiac rehabilitation. A literature review was completed to find a cost-effective intervention to assist with overcoming motivation as a barrier to cardiac rehabilitation. A brief motivational interviewing script (BMIS) for exercise was selected as an intervention in addition to a current standard of care for an inpatient educational process by an educational team trained in motivational interviewing. Rapid bi-weekly Plan-Do-Study-Act (PDSA) cycles were conducted with the core team of educators, and monthly PDSA cycles were completed with a hospital-wide interdisciplinary team to assess effectiveness of the BMIS, evaluation of applicability to the client population, and ways to enhance team communication of client readiness for exercise prior to cardiac rehabilitation attendance. The educational team members were interviewed following the intervention for suggestions and opinions on the PDSA process and recommendations for further process improvement

Results: Prior to the BMIS, from the months of July 2017 through September 2017, the Healthy Hearts team completed the standard of education for 35 clients diagnosed with heart failure, with one client that attended their initial cardiac rehabilitation visit. Following the BMIS intervention there was a result of 2 out of 21 patients that were able to attend cardiac rehabilitation for their initial visit.

Conclusions: BMIS regarding exercise can be added to current heart failure patient educational protocols to enhance the health provider's understanding of what the client has already tried and create client-centered exercise goals. Although there is not a strong statistical correlation between the intervention and cardiac rehabilitation initial visit attendance, the health care team noted an improvement in the quality of conversations around exercise in a post-intervention survey.

Monica Teichert

DNP-FNP Candidate



*Monica Teichert
is from
Torrington, Wyoming*

Annmarie Wilson

DNP-FNP Candidate



*Annmarie Wilson
is from
Lingle, Wyoming*

SHARED PRESENTATION

Project Title:

*Using Team Huddles
to Improve Provider Satisfaction with Inbox Messaging*

Introduction: Electronic stress and indirect patient care responsibilities are contributing to provider burnout and creating obstacles for achievement of the Triple Aim. The objective of this quality improvement project is to use team huddles to improve provider satisfaction in a rural primary care clinic that currently reports low provider satisfaction related to the prescription refill process.

Methods: Two pilot teams were chosen to implement team huddles. Team A consisted of a provider and a registered nurse (RN) and Team B consisted of a provider and medical assistant (MA). Plan-Do-Study-Act (PDSA) cycles, developed by the Institute for Healthcare Improvement (IHI), were utilized to implement change. PDSA cycle 1 was completed with Team A, while PDSA cycles 2 and 3 were completed with Team B. A baseline satisfaction survey was administered before implementation of huddles. Then identical post-implementation surveys were administered after each PDSA cycle.

Results: Team A had dramatic results after PDSA cycle 1 with improvement of satisfaction, enthusiasm, and quality of the medication refill process. Team B had mild improvement after PDSA cycle 2 within satisfaction, enthusiasm, and quality of the medication refill process, however, less improvement was noted after PDSA cycle 3. Both teams showed a decrease in the time the provider spent on refilling medications.

Conclusions: Team huddles may be a potential solution for improving provider satisfaction related to inbox messaging and medication refill processes. Team huddles can decrease time spent on medication refill requests for providers. However, time spent stayed the same and potentially increased for the RN/MA, which was expected. Additionally, trusting relationships, complete clinic buy-in, and training among all staff members may contribute to successful team huddles.

Thomas Lab Research Presentation



Jenifer Thomas, PhD; Director, Mentor / Team Members: Taylor Chaulk-Pikula, Sarah Clinkenbeard, Colter Linford, Tessa Woods

Project Title:

Perceptions of the Term Prediabetes among Various Health Professions

Description: The ways in which individuals communicate about type 2 diabetes risk status is important because such communication can impact individual participation in behaviors that prevent or delay the disease. The goal of this project is to explore health care professional use and perceptions of the term “prediabetes”. A pilot study of this survey was conducted in spring 2016 with a small group of health care providers in Wyoming. The survey was updated and edited based on results and feedback from the 2016 pilot. A College of Health Sciences Seed Grant provided the group with the opportunity to gain a larger perspective and better understanding of the use of term “prediabetes”. The current survey was distributed to health care professionals throughout the mountain west region. The group will present preliminary analysis of data from this survey.

Ann Marie Hart, PhD, FNP-BC, FAANP

DNP Program Director / Professor



Abstract:

New Graduate NPs' Preparedness for and Transition into Clinical Practice: 2012-2016

Background: Numerous studies indicate that NP-delivered care results in patient outcomes comparable to physician-delivered care, often with higher rates of patient satisfaction. Despite NPs' successful track record, little is known about new NPs' preparedness for and transition into actual clinical practice. Learning about new NPs' preparedness for clinical practice is an important step in the work to continually improve NP education and practice. The last national study regarding this topic was conducted in 2012 with NPs (n=698) who had graduated between 2006 and 2011, the results of which were informative and had significant implications for NP education and assisting new NPs as they transition into practice. Since 2011, NP practice and education have experienced many changes. Thus in order to understand newer NPs' perceptions of preparation for clinical practice and their transition into practice, a revised survey was developed for NPs who graduated between 2012 and 2016.

Methods: The current web-based survey was developed using items from the 2012 national survey and included new and expounded items based upon the limitations of the 2012 survey. The survey contained 109 multiple-choice and six open-ended items related to perceptions of preparedness for clinical practice, number of hours and types of clinical experiences during NP education, and support and transition with first NP position. Eligibility criteria included graduating from an initial NP program between 2012 and 2016, NP licensure in the U.S., and having practiced as an NP. The survey was launched on October 31, 2017 and was distributed using a variety of mechanisms to ensure a varied, national sample

Presentation: This presentation will address what is known about NPs' preparedness for and transition into clinical practice. It will discuss the current survey and its results, and it will conclude with recommendations for improving NPs' preparedness for practice and for facilitating their transition into practice.

Diane Boyle, PhD, RN, FAAN

Wyoming Excellence Chair in Nursing / Professor



Abstract:

Relationship of Wound, Ostomy, and Continence Certified Nurses and Healthcare-Acquired Conditions in Acute Care Hospitals

Purpose. Our study purpose was to describe the (a) number and types of employed WOC certified nurses in acute care hospitals, (b) rates of hospital acquired pressure injury (HAPI) and catheter associated urinary tract infection (CAUTI), and (c) effectiveness of WOC certified nurses with respect to lowering HAPI and CAUTI occurrences.

Design: We employed a descriptive comparative design using retrospective analyses of year 2012-2013 data from the National Database of Nursing Quality Indicators (NDNQI).

Participants and Settings: The sample comprised 928 NDNQI hospitals that participated in the 2012 NDNQI RN Survey (source of specialty certification data) and collected HAPI, CAUTI, and nurse staffing data during the years 2012 to 2013.

Analyses: Descriptive statistics summarized the number and types of employed WOC certified nurses, the rate of HAPI and CAUTI, and HAPI

risk assessment and prevention intervention rates. Chi-Square analyses were used to compare the characteristics of hospitals that do and do not employ WOC certified nurses. ANCOVA models were used to test the association between WOC certified nurses and HAPI and CAUTI occurrences.

Results: Just over one-third of the study hospitals (36.6%) employed WOC certified nurses. Continence care (CCCN) nurses were employed in fewest number. Hospitals employing wound care (CWOCN, CWCN, and CWON) specialty certified nurses had lower HAPI rates and better pressure injury risk assessment and prevention practices. Stage 3 and 4 HAPI occurrences among hospitals employing CWOCN, CWCN and CWONs (0.27%) were nearly half the rate of hospitals not employing these nurses (0.51%). There were no significant relationships between nurses with specialty certification in continence care (CWOCN, CCCN) or ostomy care (CWOCN, COCN) and CAUTI rates.

Willow Ceremony



About the Willow Ceremony:

The Willow Ceremony encourages Doctor of Nursing Practice (DNP) students as they continue to prepare for their chosen Family Nurse Practitioner (FNP) or Psychiatric Mental Health Nurse Practitioner (PMHNP) career.

Awards also presented at this ceremony include:

- DNP Program Community Partner of the Year AwardPeak Wellness Center
- Excellence in Advanced Practice Nursing Award..... Elizabeth DePrince Smith, MSN, CPNP
- Peter K. Simpson “Advanced Practice Nursing Fan” AwardJoseph Schaaf, M.D.