Translating the Evidence: Analyzing DNP Capstones as Exemplars of Excellence in Clinical Outcomes

Barbara A. Anderson
DrPH, RN, CNM, FACNM, FAAN
Learning Objectives:
• The learner will be able to analyze completed DNP projects in regard to quality improvement, clinical outcomes, enablers, barriers and lessons learned

• The learner will be able to engage in interactive dialogue, integrating lessons learned from clinical outcomes based upon selected completed DNP projects

The author declares no conflicts of interest, sponsorship or commercial support.
Exemplar Projects

Using the DNP Essentials,* this presentation uses content analysis to demonstrate translation of evidence-based knowledge into patient outcomes and system changes.

These exemplar projects** show movement toward change in practice, improving patient outcomes, sustainability and, in some cases, cost containment.


Essential I
Scientific Underpinnings for Practice

• **Transformation of Knowledge**

  • This DNP Project examined barriers to practice leading to burnout among clinically-practicing CNMs

  • Researched evidence-based practice (EBP) findings on factors leading to burnout among CNMs. Few recent studies done.

  • Compared EBP findings with identified barriers to practice among practicing CNMs
Essential I

• **Outcome & Sustainability**

• **KEY POINTS**

• Childcare, long hours and emotional exhaustion are current identified barriers leading to burnout for CNMs

• American College of Nurse Midwives (ACNM) supported the project and followed capstone outcome in addressing national response to barriers to practice

• This capstone demonstrated use of **scientific underpinnings for practice**
Essential II
Organizational/Systems Leadership

• Transformation of Knowledge
  • Incorporated one aspect of the Chronic Care Model: group visits

• Implemented and evaluated the impact of diabetic group visits on clinical indicators in a rural primary care clinic

• This project was one of 22 sites nationally in the ongoing Academic Chronic Care Collaborative (ACCC)
Essential II

• **Outcome & Sustainability**

• **KEY POINTS**

  • Sustainable system level change using Chronic Care Model as foundation of care

  • Group visits improved all aspects of patient perceptions of care and > than 50% improvement 6/7 clinical indicators

  • Hemoglobin A1C improved among ALL participants

  • This capstone demonstrated use of leadership for systems level change
Essential III
Clinical Scholarship/Analytical Methods for Evidence-based Practice

- **Transformation of Knowledge**
  - Developed a program for emergency nurses to prevent compassion fatigue and strengthen resiliency skills in a high acuity setting.
  - Implemented interactive group training in ER settings
  - Collaborated with the national compassion fatigue prevention & resiliency training
Essential III

• **Outcome & Dissemination**

• **KEY POINTS**

• Collaborated with a validated national program on compassion fatigue
• Before intervention, 60% of participants had symptoms of secondary traumatic stress (STS); After intervention, 41% had STS (19% improvement)
• Project has been widely disseminated in peer reviewed journals & ER continuing education programs
• This capstone demonstrated use of clinical scholarship in developing an EBP program
Essential IV
Information Systems/Technology to Transform Health Care

• **Transformation of Knowledge**
  • This DNP Project developed a data collection tool for micro-costing care at a freestanding birth center (FBC)
  
  • First micro-costing analysis of this cost-effective community-based model of maternity care

• Partnered with American Association of Birth Centers (AABC) & national Strong Start Initiative grant
Essential IV

• **Sustainability & Cost Containment**

• **KEY POINTS**

• Tool is an initial step in demonstrating cost-effectiveness of community-based FBC care for low risk pregnant women

• Tool can be used by FBC for business cost analysis and to provide comparison data to insurance providers and legislators on safe alternatives to hospital births for low risk women

• This capstone demonstrated use of **information systems** for improvement of health care
Essential V
Health Care Policy for Advocacy in Health Care

• **Transformation of Knowledge**

  • This DNP Project targeted policy makers in the federal government on the limitations of “incident to” billing for nurse practitioner (NP) services in the Medicare system.
  • Targeted Congressional groups responsible for Medicare policy
  • Used Economic Efficiency theory to explain productive efficiency of NPs in Medicare system
Essential V

- **Outcomes & Dissemination**

- **KEY POINTS**
  - Collateral learning was realizing the need for NP unity in group advocacy through professional grouping and coalition building
  - Identified and built relationships with key community partners who support NP providers (APHA, AANP, AARP)*
  - This capstone demonstrated advocacy for health care policy for just and equitable reimbursement for NPs

*American Public Health Association; American Association of Nurse Practitioners; American Association of Retired Persons;
Essential VI
Interprofessional Collaboration

• Transformation of Knowledge

• This DNP Project was an interprofessional cross cultural collaboration to decrease hypothermia among neonates.
• It implemented & evaluated the impact of an educational program on skin-to-skin care at birth
• Conducted at a rural health center in northern Uganda in collaboration with Uganda Ministry of Health, the nursing staff and the Teso Safe Motherhood Project
Essential VI

• **Outcome and Dissemination**

• **KEY POINTS**

  • Incorporated into standard of care; prepared nurses in low tech, low cost approach in resource-scarce area

  • Published in the *International Journal of Childbirth*, peer-reviewed journal of ICM/WHO*

• This capstone demonstrated **interprofessional collaboration to improve health outcomes**

• *International Confederation of Midwives/World Health Organization*
Essential VII
Clinical Prevention/Population Health

• Transformation of Knowledge

• This DNP Project shifted hypertension management from individual care to a group management model

• Addressed a leading preventable, population health issue that contributes to disability and mortality

• Implemented in a worksite primary care clinic serving employees of a large corporation
Essential VII

• **Outcome and Dissemination**

  • KEY POINTS

  • Organizational change in model of care focused on prevention and group support

  • Required systems change in billing procedure with cost containment factor

  • Resulted in decreased B/P; 4 lb average weight loss; no increase in medication dosage; and validated increase in self-efficacy among participants

  • This capstone demonstrated a clinical prevention model to improve population health
This capstone project designed a high fidelity simulation program to develop critical thinking skills in graduate nursing students.

- Incorporated technical and communication skills, interprofessional teamwork and competency assessment.
- Used case scenarios and clinical narratives as key learning tools.
Essential VIII

- **Outcomes and Dissemination**

  - Graduate nursing students demonstrated increased confidence and decreased verbalized fear of emergent clinical events post-simulation education.

  - Findings are well published in peer reviewed journals exemplifying a team approach to authorship.

  - This capstone demonstrated transformation of the learning environment to prepare graduate nursing students for advanced nursing practice.
Conclusion

Content analysis of eight completed DNP capstone projects identified impacts on health care delivery, advocacy and quality improvement.

The DNP prepared nurse is transforming decisions and practices at the bedside, in the classroom and in the boardroom.