



CONSORTIUM

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Setting the standard for postgraduate training

**2023 Annual Conference:
Transforming Advanced Practice Postgraduate Training
Stronger Together: Setting the Standards**



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TRACK Two: Established Programs

**Expansion, Enhancements and Best Practices for
Existing Programs**

TRACK TWO: Grand Ballroom A

Thundermist!

H E A L T H C E N T E R

Post Graduate Psychiatric Nurse Practitioner Fellowship Overview

*Presenter:
Mary Rose, PMHNP-BC, CCM
Program Director*

History of Thundermist Health Center

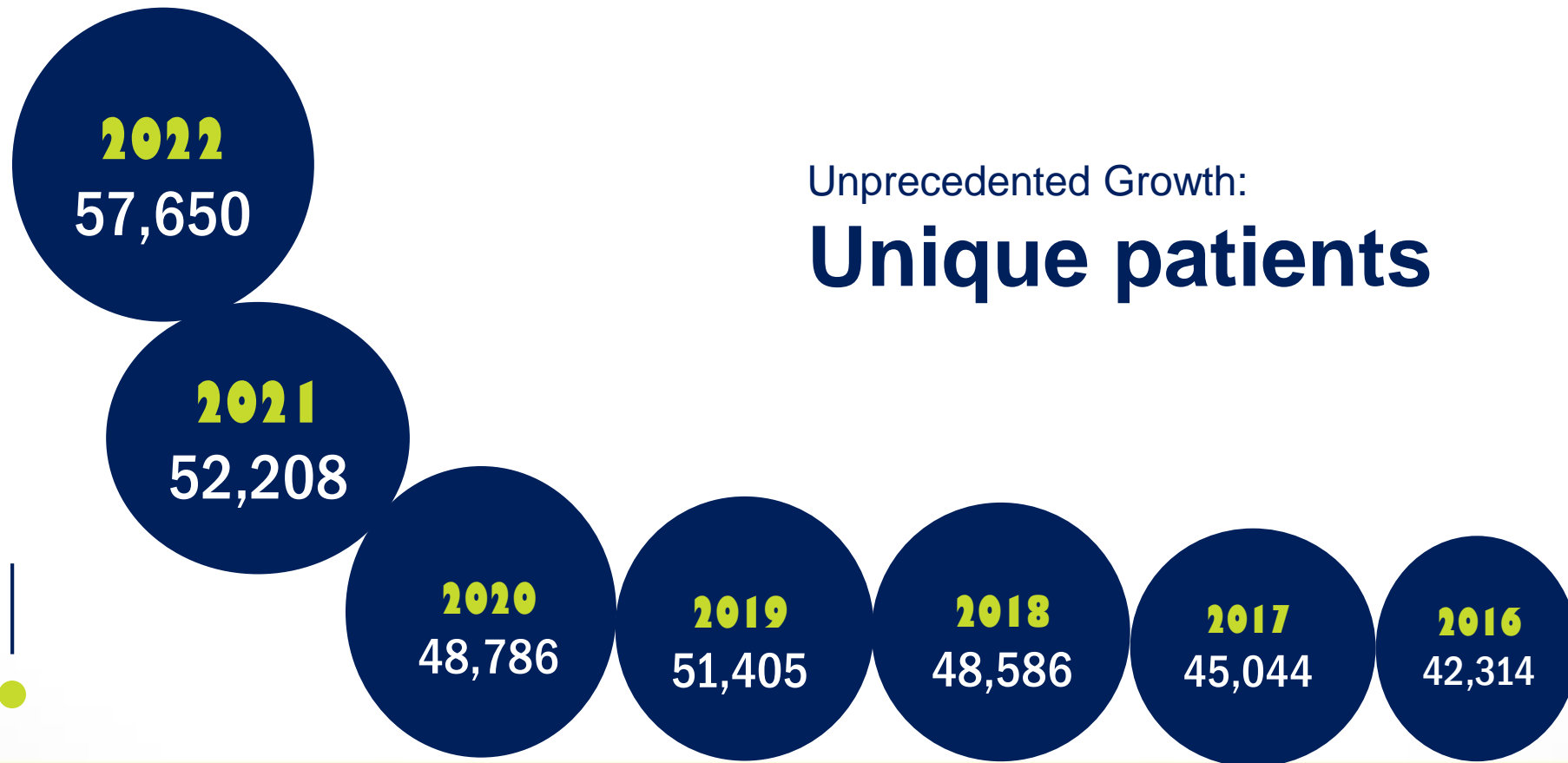
- Thundermist Health Center is a FQHC, serving 3 communities in Rhode Island: Woonsocket, West Warwick and South County for over 50 years.
- In 1969, THC started with a few people volunteering their time out of a public housing complex and became a health center just a few years later.
- THC is a patient-centered medical home and is NCQA accredited at the highest level in all eligible departments.
- Thundermist has grown significantly through the years offering medical, dental and behavioral health services at all locations.

History of the NP Fellowship Programs at THC

- The FNP Fellowship program started in 2015 & it was the first NP Fellowship program in the State of Rhode Island.
- The Psych NP Fellowship program was started in 2017.
- Reasons and Drivers for the Fellowships
 - THC is a teaching/mentoring institution
 - THC recognized that there was a significant need for training/workforce development and retention
 - To provide high quality training to better serve the under-served community

The Process to Accreditation

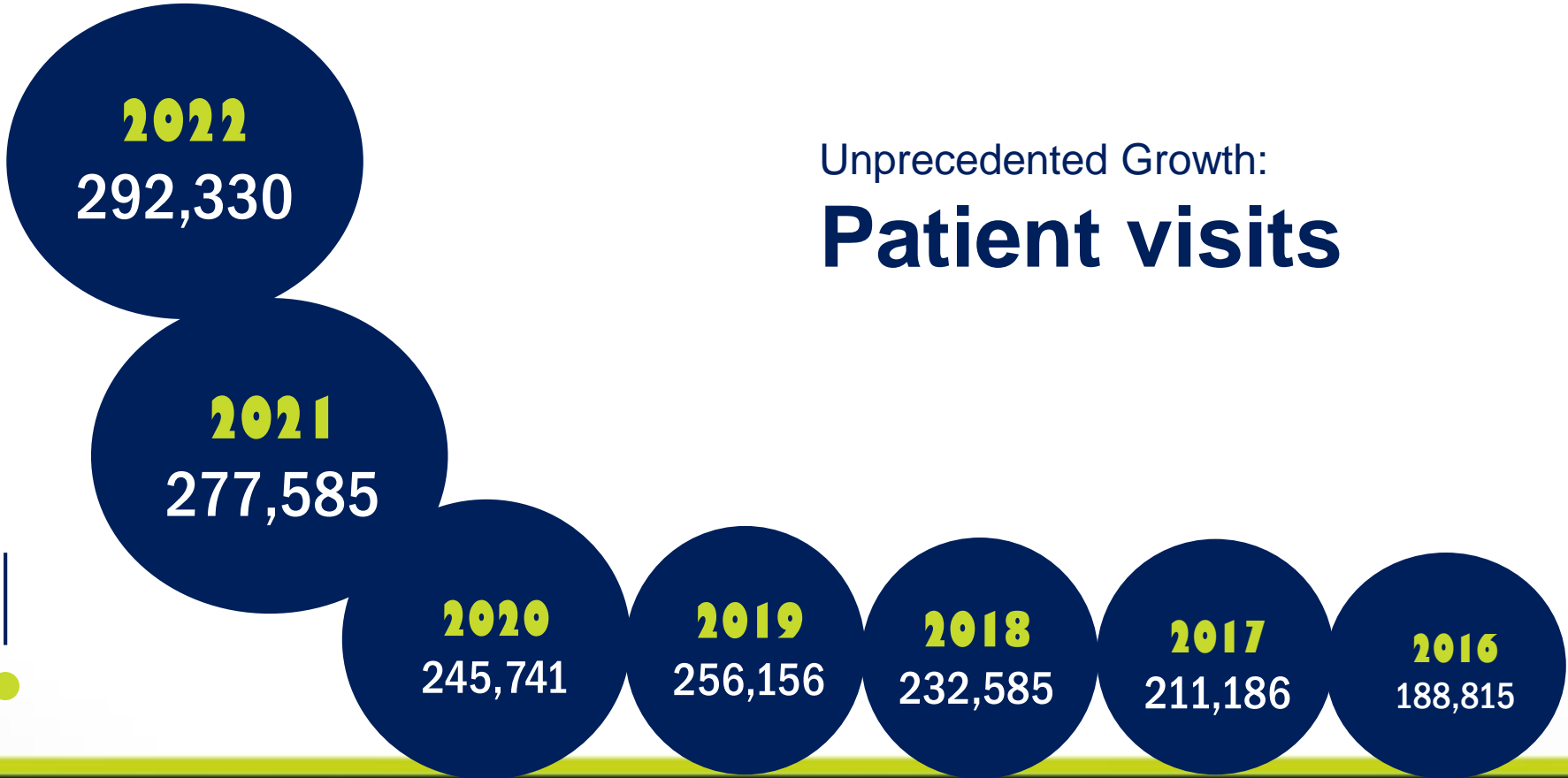
- THC decided to seek accreditation for both the FNP and Psych NP Fellowships concurrently.
- At the time, it made sense to seek accreditation for both programs to ensure both programs achieved this goal.



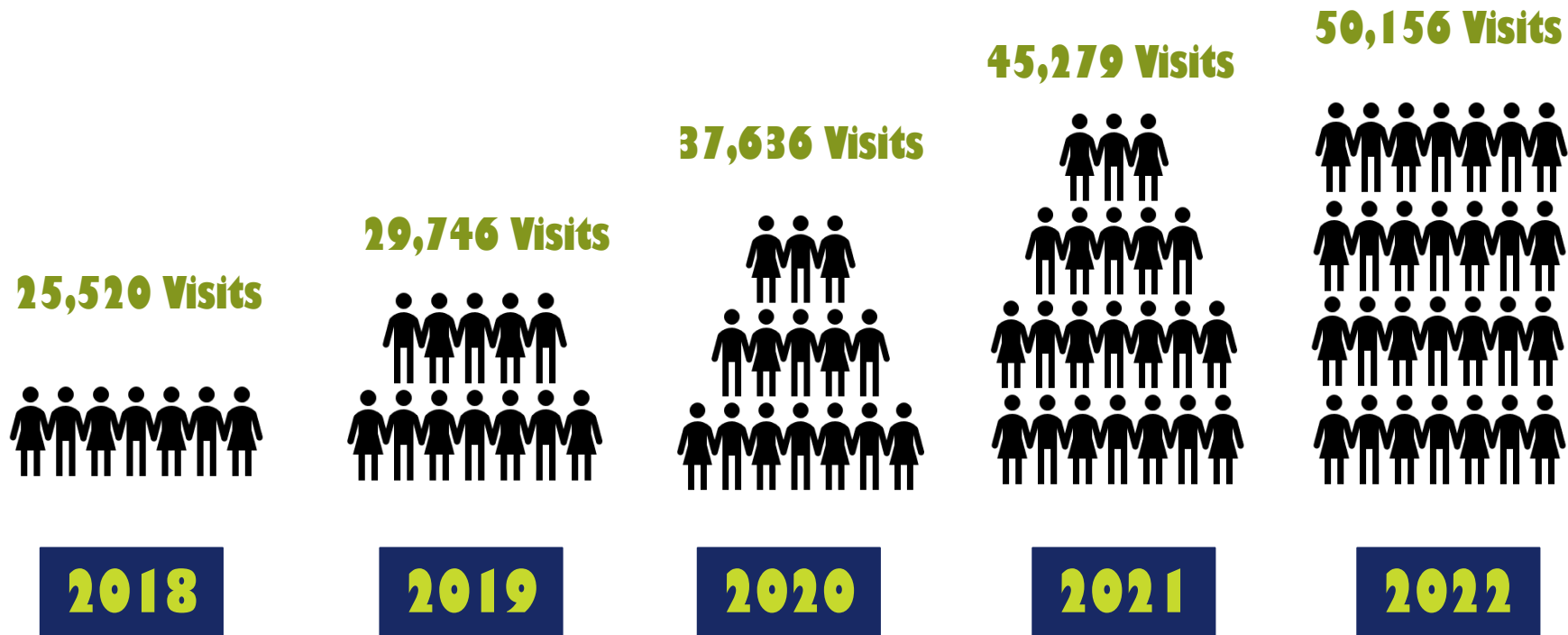
Unprecedented Growth:

Unique patients

Unprecedented Growth:
Patient visits



Behavioral Health Visits



Thundermist PMHNP Fellowship Mission

Our mission is to prepare new nurse practitioners to provide exceptional care to patients with complex medical, behavioral health, and social needs. Fellows will be provided with one year of intensive training to support them in developing the skills to deliver comprehensive health care as the leader of a robust care team. They will develop long-lasting skills to achieve outstanding clinical quality outcomes, address social determinants of health, and create health equity among the populations they serve.

Thundermist PMHNP Fellowship Vision

Our vision is to create a nurse practitioner workforce that is clinically and culturally competent, socially just, and highly effective. Fellowship training will lead to a nurse practitioner with a healthy work-life balance that fosters a long-term career caring for underserved communities across the country.

The Road to Accreditation

In 2021, the THC FNP and Psych NP Fellowships decided to seek accreditation through the Consortium for Advanced Practice Providers. Rather than accredit one program at a time, we choose to seek accreditation for both the FNP and Psych NP programs.

The Road to Accreditation

- Challenges

- Completion of two Self-Studies and meeting all of the criteria of the accreditation standards for both programs
- Exponential increase in documentation

- Results

- Both programs were accredited after extra work on the evaluation process

Accreditation

In 2022, the Thundermist Health Center Fellowships, after rigorous program building of our curriculums and evaluation processes, received national accreditation from the Consortium for Advanced Practice Providers.

We are fully invested in maintaining the highest standards for Psychiatric NPs continued education and experience. We are committed to the continued growth and evaluation necessary to support a healthy and happy transition into practice.

Psych NP Fellowship Components

- Thundermist Health Center orientation
- Community tours/Immersive experience
- 24 Hours of dedicated Precepted Clinics weekly
- 8 Hours of weekly specialty rotations
- Didactic Sessions - Weekly sessions in partnership with internal Thundermist experts and external experts in psychiatry and related topics

Psych NP Fellowship Components Continued

- Weekly Fellowship Operations meeting
- Weekly debrief sessions with Program Director & full Fellowship Operations members
- Every other month Fellowship Advisory Committee
- External Advisory Committee

Psych NP Fellowship Components Continued

- Quality improvement project – selection, development, research, prep & presentation training
- C-TIER Training – Center for Telehealth, Innovation, Education, & Research
- Master Psychopharmacology course through NEI
- Quarterly case review sessions with a THC on-staff Pharmacist

Psych NP Fellowship Specialty Rotations

1. Women & Infants – **(10-12 Weeks)** Peri & Post Natal Psych Care
2. Hasbro Hospital Pediatric Emergency Room **(12 Weeks)** Pediatric Psychiatric Crisis Evaluations
3. Hasbro Children's Hospital – **(4 Weeks)** Gender & Sexual Health Services Clinic – Trans competency
4. C-TIER - **(2 Weeks)**
5. Infectious Disease – **(2 Weeks)**

Psych NP Fellowship Specialty Rotations Continued

6. Community Engagement – (2 Weeks each)
 1. Shower to Empower
 2. Medical Respite
 3. Mobile Medical Unit
 4. Community Health Team
 5. Medication Assisted Treatment Team
 6. Social Services Team, etc.
7. Personal Time Off - (4 Weeks)
8. CME - (1 Week)

Goals of the Psych NP Fellowship

Goals of the Psych NP Fellowship are to proficiently train the fellows and prepare them for their first year of clinical practice. The concepts and principles they learn in the Fellowship will contribute to their success in their long-term career.

- Conducting 782 patients visits during the dedicated precepted clinics in the Fellowship year. Full-time psychiatric nurse practitioners at Thundermist conduct approximately 2,200 visits per year.
- LGBTQIA+ competence in practice with an emphasis on Trans care. Thundermist has a Trans Health Access Team that serves over 1,700 Trans patients.
- Competence with specialty populations facilitated by specialty clinic rotations.
- Complete C-Tier program – telemedicine competence through Old Dominion University.
- Competence delivering care to patients on Buprenorphine.

Nurse Practitioner Fellowships at Thundermist Health Center

- Similarities between the programs
 - Orientation
 - Community tours
 - Precepted clinics
 - Specialty rotations
 - Didactic sessions
 - Quality improvement project
 - Weekly debriefs and Fellowship Advisory Committee meetings
 - Quarterly meetings with the THC clinical pharmacist
 - Programs start and end at the same times

Differences in the NP Fellowship programs

Family NPs	Psychiatric NPs
<ul style="list-style-type: none">▪ Procedure clinics▪ Monthly meetings with clinical pharmacist▪ 3 Fellows▪ CHC sponsored didactics▪ Different Preceptors▪ Different Salaries▪ Different Specialty Rotations	<ul style="list-style-type: none">▪ Different Specialty Rotations▪ 2 Fellows▪ THC sponsored Psychiatric didactics▪ Different Preceptors▪ Different Salaries

Components of Setting up a Psychiatric NP Fellowship

- Orientation
 - Introduction to the Fellowship
 - Meet and greets
 - Shadowing experiences with experienced Psych NPs
 - Community tours
 - EHR training
 - Buprenorphine training
- Precepted Clinics:
 - Decide on the number of clinical hours per week
 - Select expert preceptors
 - Design clinical schedule with ramps

Components of Setting up a Psychiatric NP Fellowship

- Specialty Rotations
 - Determine which specialty rotations would be most valuable for the experience of the fellows
 - Establish contracts with external sites
- Internal Advisory Committee for Weekly Meetings
- Accreditation
 - Consider whether you want the program to be accredited and at what point you want to pursue accreditation
 - THC Psych NP Fellowship was established 2017 and accredited in 2022.
- Weekly reflective journals

Lessons Learned

- Selection of Fellows

- Dilemmas:

- Do you pick the best candidates or the candidates that need the Fellowship the most?
 - Do you pick candidates with extensive nursing experience, no nursing experience or limited nursing experience?
 - How do you determine if the candidate has the qualities of resilience, perseverance, flexibility, emotional maturity and determination?

- Lessons learned:

- Ensure that you know, as program leaders, what the goals are for each Fellow. Some Fellows may weigh didactics more heavily than specialty rotations or vice versa.

Lessons Learned

- Determine the number of Fellows that should be included in the program.
 - THC has had program years with 1 Fellow, 2 Fellows or 3 Fellows.
 - We found that 2 Fellows worked best for scheduling, precepting and specialty rotations.
- Ensure that you can determine if the Fellow is overwhelmed beyond their level of recovery.
 - This requires honesty and transparency from the Fellow and evaluation and awareness from the program leaders.
- Ensure that preceptors communicate openly about the Fellow's struggles and challenges.
- Establish which specialty rotations are most valuable to the Fellows.

Lessons Learned

- Be flexible regarding the duration of specialty rotations and any other changes that need to be made during the Fellowship to make the experience meaningful.
- During the first 3-4 months of the Fellowship, the Fellows are most challenged due to:
 - building their panel,
 - being exposed to vicarious trauma,
 - time management,
 - documentation,
 - complexity and acuity of patients,
 - and fatigue.

Lessons Learned

- During the next 3-4 months, the Fellows are gaining confidence through learning time management, boundaries, collaboration, more efficient documentation and providing effective patient care.
- In the last 3-4 months, the Fellows are developing greater work-life balance, seeking more complicated cases, efficiently managing difficult clinical situations and navigating being a proficient Psychiatric Nurse Practitioner.

Fellowship Financial Considerations

- Determine if grant funds are available to off-set the cost of the Fellowship.
- Determine the salary for the Fellows during their Fellowship year.
 - Salary should be increased to market value during their second year.
- During the Fellowship year, the program often has a low profit margin depending on the productivity of the Fellows.

DISCUSSION AND QUESTIONS



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TRACK TWO: Grand Ballroom A

Session Two will begin at 2:15pm



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**Bolstering QI Projects:
Boot Camp for Supporting Your Trainees QI
Projects**

Garrett Matlick DNP, MPH, FNP-BC, PMHNP-BC

Jill M. Terrien PhD, ANP-BC

Objectives

- Discuss QI projects as part of the post-graduate training year, including the purpose and utility both for trainees as well as their sponsoring organizations
- Review timing, support and mentoring for project support
- Present QI project exemplars and options

Background

- Institute of Medicine (IOM, 2000): *To Err is Human*
- IOM (2001): *Crossing the Quality Chasm: A Health System for the 21st Century*
 - Seminal reports bringing to the foreground the importance of quality improvement
 - Quality models originated with Donabedian in 1966 (with updates over time).
- Academic faculty are knowledgeable but there may be residual difficulties in helping students and post-graduate trainees differentiate research and QI
 - AACN noted importance in 2004 with DNP essentials and doubled down in 2021
 - However, Durham, et al. (2023) noted that in a survey SON deans, only 13% of faculty were satisfied with DNP QI projects
 - Lack of accounted time in academic workload, large student bodies/faculty shortages

Conceptual Frameworks/Translational Models

- Plan Do Study Act (PDSA)
 - Cyclic process that does not require the same repeated order
 - Most common theoretical approach for implementing, reflecting upon, and revising QI projects
- Project Based Learning (PjBL)
 - Step-wise process focuses on learner to reflect and determine its utility (McDermott, 2022)
 - Problem Identification/"Question" Development
 - Sustained Inquiry/Collaboration
 - Real-World Applicability
 - Role of Trainee within Engagement
 - Reflection (lessons learned)
 - Critique and Revision (bi-direction with trainee and mentor) (revision can be about future QI efforts)
 - Public Product (dissemination and ability to articulate QI process)

QI Projects as a Part of the Post-graduate Trainee Year

◆ Utility of QI Projects from the Trainee Perspective:

- Does the trainee have any prior experience (either with a job or recently graduated with DNP)?
- Purpose of QI initiatives:
 - Enhances clinical skills through practical applications
 - Opportunities for professional growth and leadership development
 - Understanding the importance of quality improvement process:
 - Improve efficiency, reduce inconsistencies, convey administrative/workflow obstacles
 - Increased engagement and motivation among trainees
 - Enhanced resume/CV for any future career prospects (if they eventually move from site)

QI Projects as a Part of the Post-graduate Trainee Year

- ◆ Utility of QI Projects from the Sponsoring Organization Perspective:
 - Enhanced patient care and safety outcomes
 - Improved organizational performance and efficiency
 - Meeting accreditation and regulatory requirements
 - Fostering a culture of continuous improvement (kaizen)
 - Advancing reputation, involvement and standing within the local and greater communities
- ◆ Key Points
 - Importance vs. necessity
 - Any follow-on or sustainable projects
 - Legacy projects
 - QI person available?

Timeline Best Practices (flexible)

- ◆ Example timeline with September program start date:
 - Introduction and Didactics of QI (October-November)
 - Topic Identification and Rough Draft of Implementation Plan (December-January)
 - Literature Review (January)
 - Determine Resources (Human and Physical) and Plan Implementation (January-February)
 - Implementation of Intervention(s) (March-May)
 - Evaluation of Outcomes/Analysis and Interpretation of Data (April-May)
 - Dissemination (May-June)

Timeline Best Practices (cont.)

- ◆ Introduction to QI, Data, and Your Organization (October)
 - Understand organization priorities, meet QI leaders/staff
 - Understand scope of QI project
- ◆ Topic Identification and Rough Draft of Implementation Plan (November-January)
 - Begin completing project charter
 - Draft global aim statement
- ◆ Complete cause-and-effect diagram to help with project focus
 - Initial flowchart of process
- ◆ Literature Review (January)
 - Not an explicitly required step; it is a good idea and would fit in when there is more certainty about the project focus.

Timeline Best Practices (cont.)

- ◆ Determine Resources (Human and Physical) and Plan Implementation (January-February)
 - Stakeholder analysis and interviews
 - Obtain and analyze baseline data (or develop plan to do so)
 - Revise/enhance flowchart and/or project focus based on above
- ◆ Implementation of Intervention(s) [Testing of Change Ideas] (March-May)
 - Develop list of ideas for change and prioritize list
 - Complete one or more cycles of change (PDSA)
- ◆ Evaluation of Outcomes/Analysis and Interpretation of Data (April-May)
 - Begin summarizing what trainees have learned (are learning)
 - Revise project expectations based on progress to date
- ◆ Dissemination (May-June)
 - Present the progress to date on your project to peers
 - Present/share with other organizational stakeholders

Didactic Topics (an example from CHCI)

- ◆ An overview of Quality Improvement (10/13)
- ◆ Care Observations & Stakeholder Considerations (10/2)
- ◆ Organizing your Improvement Project (11/10)
- ◆ Global Aim and Fishbone Diagram (12/8)
- ◆ Process Mapping (Flowcharts) (12/22)
- ◆ Measurement to Inform Change (1/12, 1/26)
- ◆ An Approach to Testing a Change (2/9)
- ◆ Communication about your Improvement Effort (2/23)
- ◆ Stakeholder Analysis & Conflict Management (3/9)
- ◆ Managing Up and Gaining Leadership Buy-In (3/23)
- ◆ Negotiation (4/13)
- ◆ Negotiation and More About Cycles of Change (4/27)
- ◆ Sustaining your Improvement Effort (5/11)
- ◆ Resident Presentations (5/25, 6/8, 6/22)

QI Project Options

◆ Single vs team approach

– Single:

- Independence and individual learning opportunities
 - More freedom in project choice
- Enhanced focus on personal accountability and time management
- Potential limitations in project scope and breadth
 - Difficult to delegate tasks to non-existent team members
 - » May not be able to manage time by self

– Team:

- Collaboration and synergy among team members
 - Development of teamwork and communication skills
- Easier to delegate tasks
- Potential limitations: disagreement on project topic and approach
 - Possible conflict of personalities and work styles

Support and Mentoring

◆ Mentorship:

- Direct, individualized feedback
 - Periodic summaries for aspects of project submissions received as they come in
- Bi-weekly office hours for trainees to confer with faculty on projects.
- As needed meetings (for time-sensitive questions/issues)
- Interpersonal communication

◆ Support

- Organizational/clinical leadership buy-in (do they see the utility in its implementation?)
 - See initial slides
- Business intelligence (if it's available, pulling data)
- Clinic staff (who may be involved in the implementation and data collection process)
- Patients (if they are involved in some way, i.e. surveys, screening tools, etc.)

Providing Feedback Mid-Training (Example)

Project Charter

Problem Statement	→	<ul style="list-style-type: none"> Determine how social determinants of health interfere with the optimal health outcomes desired for hypertensive patients within the community.
Team Members	→	<ul style="list-style-type: none"> Sarah Feeler Nicole Ford Lisa Nelson Tiara Williams
Central Question/ Why work on this now?	→	<ul style="list-style-type: none"> Current losses: Increase in prevalence of chronic conditions associated with uncontrolled HTN (kidney disease, DM, etc.)
Measures	→	<ul style="list-style-type: none"> TBA (first QI 11/10/22)
Milestones/ Dates	→	<ul style="list-style-type: none"> First QI meeting – 11/10/22
Scope	→	<ul style="list-style-type: none"> TBA

Global Aim

We aim to improve	→	<ul style="list-style-type: none"> Optimal health outcomes and quality of life for uncontrolled hypertensive patients within the minority population by determining which social determinants are most prevalent and how they interfere with the adequate management of this underlying condition.
In	→	<ul style="list-style-type: none"> HealthLinc Valparaiso
The process begins with	→	<ul style="list-style-type: none"> Determining which social determinants are most prevalent amongst the minority population via survey
The process ends with	→	<ul style="list-style-type: none"> Selection of intervention that aides in the improvement of blood pressure control
Working on this now we expect	→	<ul style="list-style-type: none"> To determine prevalent social determinants amongst population
It is important to work on this now because	→	<ul style="list-style-type: none"> We realize that social determinants of health are not being properly assessed for these individuals which is likely contributing to inadequate blood pressure control thus leading to various complex co-morbid conditions.

Providing Feedback Mid-Training (Example) (cont.)

QI Project Plan (Rough Draft)

JAN 2023

1/6: Reintroduce QI project with providers and associated MAs; we will discuss the role of both the provider and MAs in collecting data

Social determinant of health (SODH) surveys (English/Spanish) will be handed out during meeting for providers/MAs to hand out at start of patient visit for patients that meet criteria (non-Caucasian uncontrolled HTN (>140/90) patients)

1/28: Meet with providers regarding how handing out of surveys is going

FEB 2023:

2/9: FNP residency QI project discussion with QI team (10a-11a)

2/10: Final day to dispense surveys by providers/MAs

2/16: Begin to fully interpret all surveys and determine most prevalent SODHs

2/23: FNP residency QI project discussion with QI team (10a-11a)

2/27: Have all surveys interpreted; determine top 3 SODHs

MARCH 2023:

Within this month, we will determine what resources HealthLinc already has to help with SODH for these patients; if we do not already have resources for them, we will determine an intervention

By the end of 2nd-beginning of 3rd week of this month, we will begin implementation of interventions

We will reach out to patients with + SODH during this time and discuss intervention(s) for them based on assessment

APRIL 2023/MAY 2023

Being to schedule follow-up appointments for BP and determine if intervention (s) helped with improvement of blood pressure

Providing Feedback Mid-Training (Example) (cont.)

Faculty Comments: This looks like a great topic. It is an issue that many/most health centers are focusing on. We also heard that this is a key priority for AGENCY X's QI initiatives in 2023, so this topic will allow you to work on something important to your health center. Congratulations on the work you have accomplished thus far.

Your Flowsheet above provides a very realistic approach to many of the milestones you are anticipating in your project. Based on the flowsheet, it appears the next work you plan to do is handout surveys on SDoH to your

population of focus. It could be useful to create a flowchart for what the process will look like for handing out surveys. This flowchart could be used in your discussions with providers and MA's. Do you have a way of flagging (identifying) patients in your target population prior to their arrival? This could help in making sure surveys are given out. Is there a script you will create for the person handing out the survey (with instructions, other information, how to return the survey, etc.)? Have you piloted the survey with anyone, especially a patient or two? How long will you collect the survey data? What is your analysis plan for the survey data?

Also, we think it would be helpful to consider who else you might want to gain insights from as a partner on this project? Roles that come to mind include health educators, community health workers, and social workers. Finally, since this is a QI priority, is there an aspect the QI department would find helpful to have you as providers work on related to this topic? Sorry for so many questions. We hope these are helpful. We are looking forward to assisting you with this project. Great work!!

**courtesy of Mark Splain, CHCI*

QI Pitfalls

- ◆ Delays in project development: lack of education for leadership and staff in benefits and aspects of good QI projects
 - Projects are often too broad (i.e. improving the health of all patients with diabetes at the clinic)
 - Projects may not be considered important to the organization (Needs Assessment)
 - Perhaps trainee believes they are, but lack of sufficient data to “sell” project
 - Important to elicit feedback from stakeholders
- ◆ Delays in implementation: resource constraints (financial, time, human), organizational culture
 - “In a survey completed by over 400 attendees at a QI conference, relational issues such as lack of staff motivation, negative staff behaviors, poor quality of communication, and lack of leadership involvement were the most frequently identified QI barriers” (Rodriguez, 2022)

QI Pitfalls (cont.)

- ◆ Lack of clear project goals and objectives
- ◆ Inadequate stakeholder engagement and buy-in
- ◆ Insufficient resources or time allocation
- ◆ Ineffective data collection and analysis methods
- ◆ Failure to sustain and disseminate project outcomes
 - For legacy projects, future trainees may not be interested in the same topic

Ethical Considerations

- ◆ Application of Informed Consent in QI Projects
 - QI projects often involve routine clinical data analysis and intervention
 - There are often measures in place when patients complete initial documentation when becoming a patient that provides consent for QI measures
 - Thus, formal informed consent for each QI initiative may not be needed
 - However, this depends heavily on the project details
 - Is the intervention clinical? If so, in what way?
 - But it also depends on the scope of the initiative
- ◆ Waiving Informed Consent (IRB)
 - Justified when the following is met: minimal risk, anonymity retained, no significant impact on patient care, does not affect rights/welfare, could not be practicably carried out without waiver.
 - Federal Regulation: 45cfr46.116(d)
 - Important to consider, especially if there is intent to publish

QI Project Exemplars

Academic DNP Program & FNP Residency 2022-2023

- Healthcare Training in Trauma-Informed Care and Resilience Identification and Support
- Improving Opioid Prescribing for Chronic Non-Cancer Pain in a Primary Care Setting
- Screening for and Addressing Transportation Barriers to Healthcare as a Social Determinant of Health (team)
- Minding the Gap: Improving Co-Occurring Disorders Recovery Through Integrated Care (team)
- Improving Screening for HPV-Related Malignancies in People Living with HIV
- Gender Inclusive Adult Primary Care Screening
- Improving the Quality of COPD Care Using a Nurse-led Intervention
- Healthcare Proxy Initiative (team)
- Expanding Access to Contraceptive Care Across the Organization
- Improving Access and Care: PrepRx
- Improving the Quality of Patient Referrals



Codman Square Health Center

Improving Communication Between Providers and Nursing in Relation to Hypertension Nurse Visits

With Permission of FNP resident and Residency Director Kyla Biegun FNP
Codman Square Health Center
Family Nurse Practitioner Residency

Opportunity Statement



Codman Square
Health Center

An opportunity exists to improve the number of hypertension nurse visits ordered by providers

An opportunity exists to improve provider instruction to nursing

An opportunity exists to improve provider and nurse satisfaction with hypertension nurse visits

Expected Outcomes



Codman Square
Health Center



Increase the number of hypertension nurse visits that are ordered by family medicine providers



Improve the generic hypertension nurse visit order utilized by providers

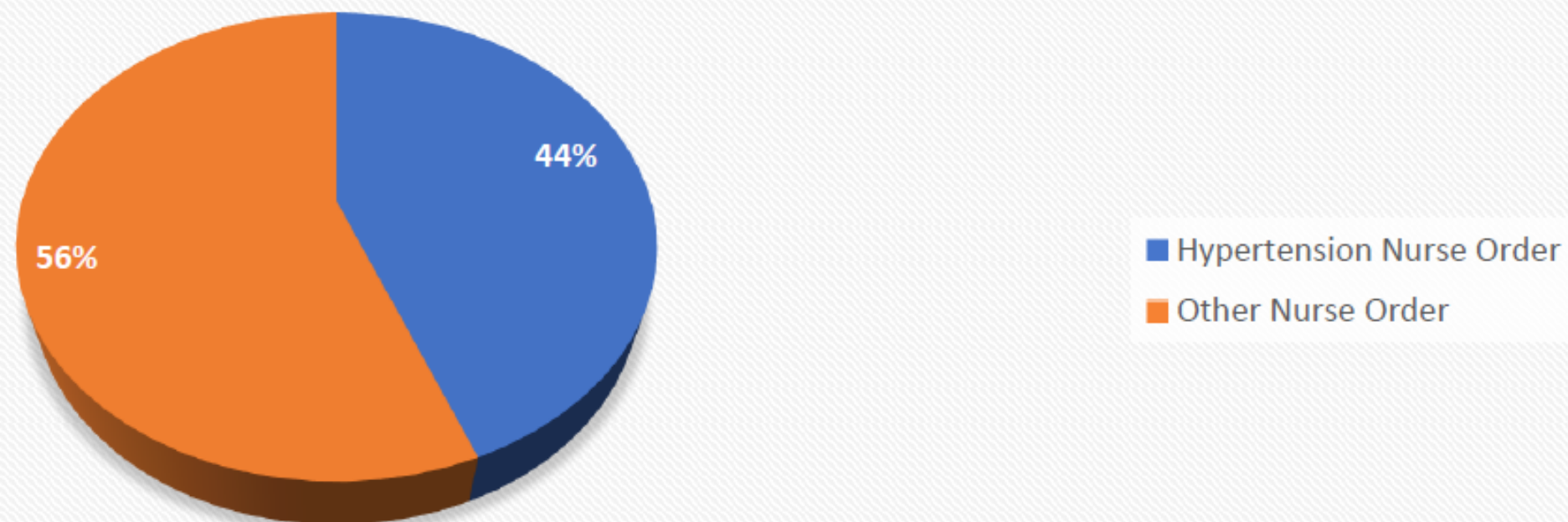


Increase provider and nurse satisfaction with the hypertension nurse visit

Nurse Visit Order:

- Reason for Nurse Visit: ***
- Specific Diagnosis Being Addressed: ***
- Orders, Parameters, and Recommendations: ***
- Follow-Up Plan: ***
- DNKA Plan (if patient does not present for appointment): ***

Nurse Orders placed from October 1, 2022- January 1, 2023



- Surveys were developed and sent to team members in order to determine provider and nurse satisfaction regarding hypertension nurse visits and order
 - Team Members:
 - Four Family Medicine Providers (MD's and NP's)
 - Three Nurses

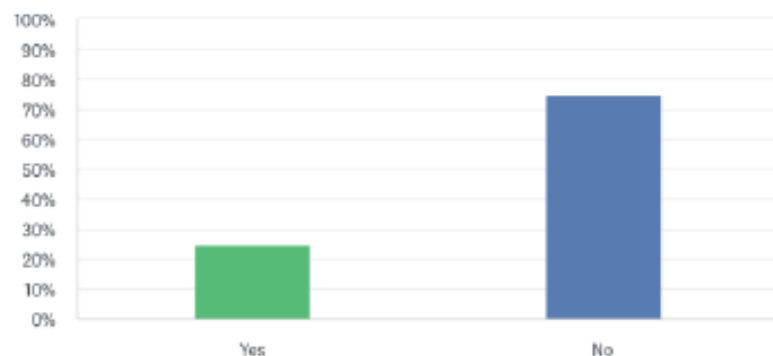
Provider Survey



Codman Square
Health Center

Do you use the dot phrase (nurseorder) in your note in order to provide nurses with instruction when referring the patient for a hypertension nurse visit?

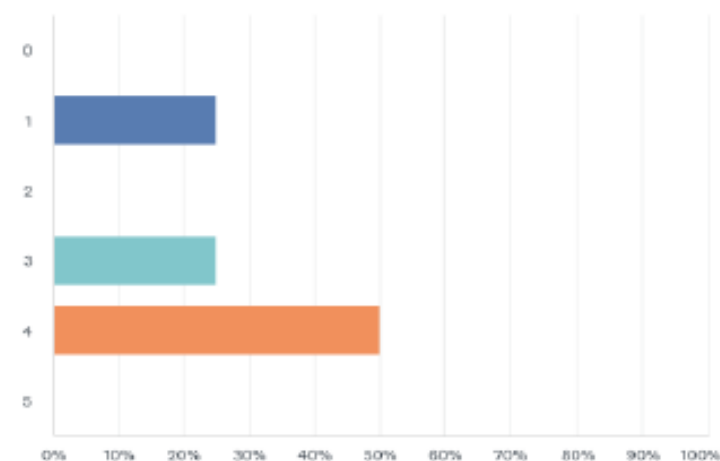
Answered: 4 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	25.00% 1
No	75.00% 3
TOTAL	4

On a scale of 0-5 how user friendly is the dot phrase (nurseorder) when using it for hypertension nurse visits? (0 being not user friendly at all and 5 being completely helpful)

Answered: 4 Skipped: 0



ANSWER CHOICES	RESPONSES
0	0.00% 0
1	25.00% 1
2	0.00% 0
3	25.00% 1
4	50.00% 2
5	0.00% 0
TOTAL	4

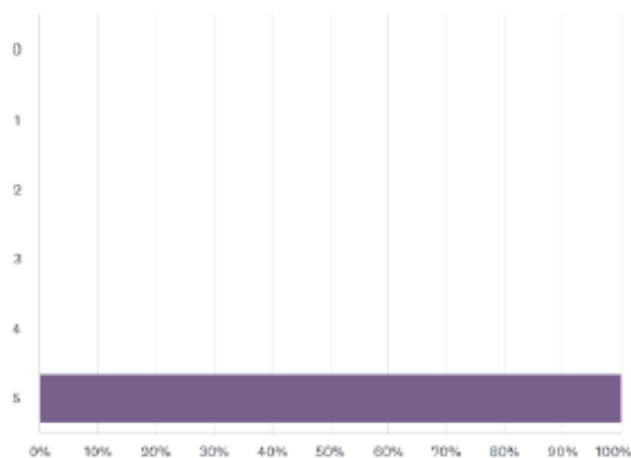
Provider Survey



Codman Square
Health Center

On a scale of 0-5 how helpful would it be if certain criteria was already embedded into the dot phrase (nurseorder). 0 being not helpful at all and 5 being completely helpful. Example: Lifestyle modifications (diet and exercise), medication reconciliation, blood pressure goal

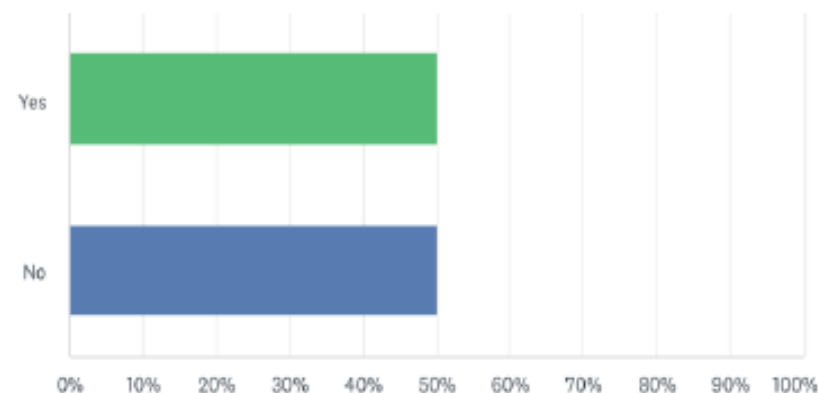
Answered: 4 Skipped: 0



ANSWER CHOICES	RESPONSES
0	0.00% 0
1	0.00% 0
2	0.00% 0
3	0.00% 0
4	0.00% 0
5	100.00% 4
TOTAL	4

Would you like nurses to inquire about stress when performing hypertension nurse visits?

Answered: 4 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	50.00% 2
No	50.00% 2
TOTAL	4

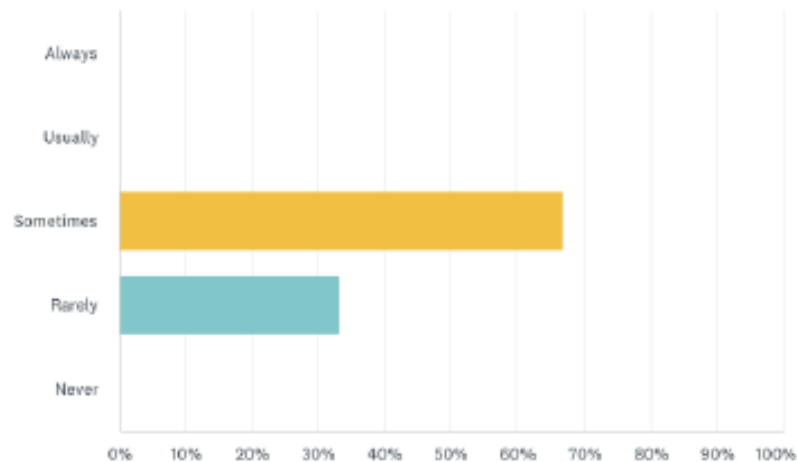
Nursing Survey



Codman Square
Health Center

How often do providers (MD's, NP's, Residents) provide instructions in their note regarding hypertension nurse visits?

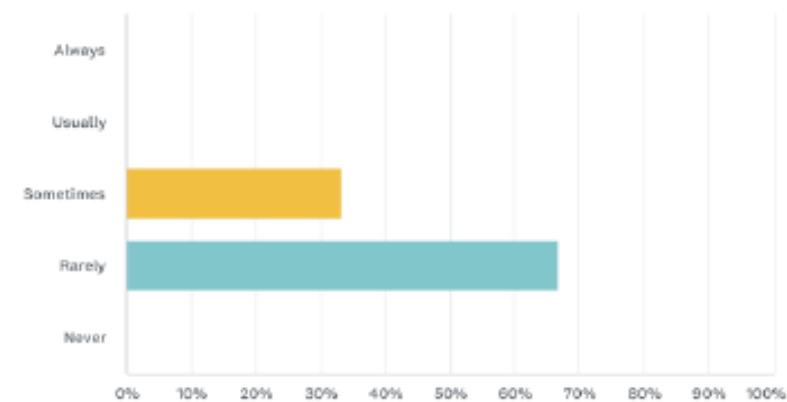
Answered: 3 Skipped: 0



ANSWER CHOICES	RESPONSES
Always	0.00% 0
Usually	0.00% 0
Sometimes	66.67% 2
Rarely	33.33% 1
Never	0.00% 0
TOTAL	3

How often do providers utilize the dot phrase (nurse order) in their note when providing instruction for the hypertension nurse visit? The dot phrase (nurse order) which provides instruction should usually be found at the bottom of the note. Example: Nurse Visit Orders a) Reason for Nurse Visit: b) Specific Diagnosis being addressed: c) Orders, parameters and recommendations: d) Follow-up Plan: DNKA Plan (if patient does not present for appointment)

Answered: 3 Skipped: 0



ANSWER CHOICES	RESPONSES
Always	0.00% 0
Usually	0.00% 0
Sometimes	33.33% 1
Rarely	66.67% 2
Never	0.00% 0
TOTAL	3

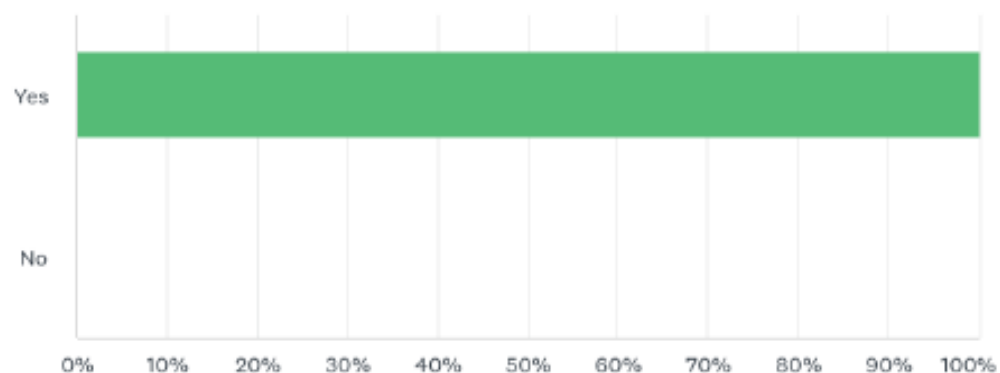
Nursing Survey



Codman Square
Health Center

Would you like the provider to provide instruction in their note on when to schedule a follow-up nurse visit if the patient has not reached their blood pressure goal?

Answered: 3 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	100.00% 3
No	0.00% 0
TOTAL	3

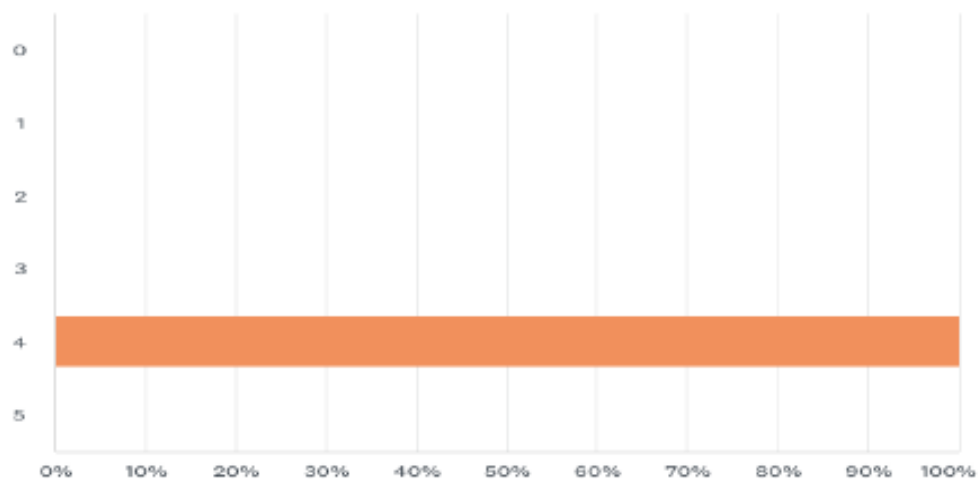
New Hypertension Nurse Order

- Reason for Nurse Visit: Blood Pressure Check
- Specific Diagnosis Being Addressed: Add drop down menu with these selections
 - Uncontrolled Hypertension
 - Elevated BP without diagnosis of hypertension
- Orders, parameters, and recommendations:
 - BP Goal: *** (Route note to PCP if BP above goal)
 - Medication Reconciliation
 - How is the patient taking their medication? (ex: As prescribed, weekly)
 - Education: DASH Diet and Exercise
 - Other:
- Follow- Up Plan:
 - Schedule follow- up BP check nurse visit in *** weeks
 - Schedule follow-up with PCP in *** weeks
- If patient does not present for appointment: Add drop down menu with these selections
 - Please call to re-schedule appointment
 - Other:

Provider Surveys Post Intervention

On a scale of 0-5 how user friendly is the new dot phrase (.nurseorderhtn) when using it for hypertension nurse visits? (0 being not user friendly at all and 5 being completely helpful)

Answered: 1 Skipped: 0

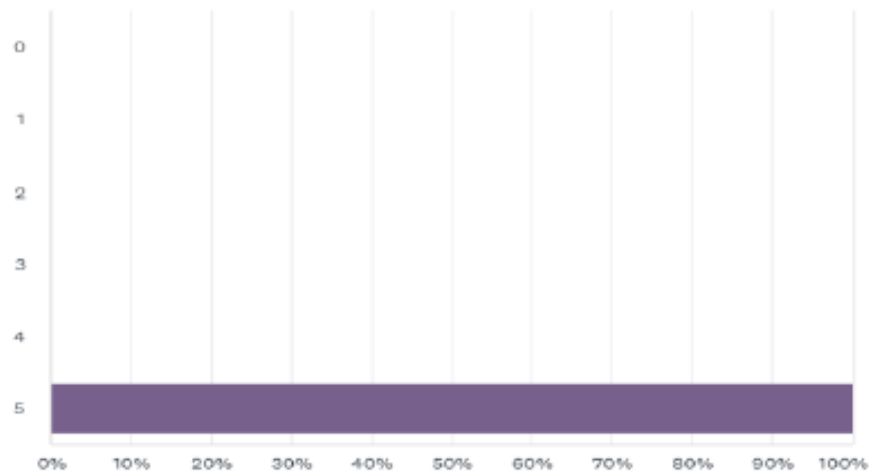


ANSWER CHOICES	RESPONSES
0	0.00% 0
1	0.00% 0
2	0.00% 0
3	0.00% 0
4	100.00% 1
5	0.00% 0
TOTAL	1

Nursing Survey Post Intervention

On a scale of 0-5 how user friendly is the new dot phrase (.nurseorderhtn) when using it for hypertension nurse visits? (0 being not user friendly at all and 5 being completely helpful)

Answered: 1 Skipped: 0



ANSWER CHOICES	RESPONSES
0	0.00% 0
1	0.00% 0
2	0.00% 0
3	0.00% 0
4	0.00% 0
5	100.00% 1

Final Hypertension Nurse Order

- **Nurse Visit Order:**
- Reason for Nurse Visit: Blood Pressure Check
- Specific Diagnosis Being Addressed: Add drop down menu with these selections
 - Uncontrolled Hypertension
 - Elevated BP without diagnosis of hypertension
- Orders, parameters, and recommendations:
 - BP Goal: *** Please repeat BP if elevated (Route note to PCP if BP is above goal)
 - Review home BP log and document range for SBP and DBP in nursing note
 - Assess medication adherence. How is the patient taking their medication? (ex: as prescribed, weekly, how often do they skip doses)
 - Please question stress and if there is any recent tobacco use
 - Medication Reconciliation
 - Education: DASH Diet and Exercise
 - Other:
- Follow- Up Plan:
 - Schedule follow- up BP check nurse visit in *** weeks
 - Schedule follow-up with PCP in *** weeks
- If patient does not present for appointment: Add drop down menu with these selections
 - Please call to re-schedule appointment as soon as possible

Learning Lessons



Continue to check in with team members in order to confirm that intervention is being utilized



Continue to check in with team members in order to gain real time opinions regarding intervention



Reflect back to charter to make sure you are on track

Questions?

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