

# **Beyond Direct Patient Care: Contributions of the DNP to Quality Improvement in Health Care Settings**

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# **Beyond Direct Patient Care: Contributions of the DNP to Quality Improvement in Health Care Settings**

## **OBJECTIVES**

Upon completion of this presentation, the learner will be able to:

- Examine the value of the DNP in Hospital and Medical Staff quality improvement activities.
- Explore quality improvement activities that the DNP can participate in within office practice, outpatient and inpatient care settings.
- Compare the components of the DNP scholarly project to the steps within a quality improvement project.

# The “Why behind this discussion” -Personal Reasons

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The Doctor of Nursing Practice (DNP) is a clinical doctorate that prepares the nurse graduate to assume advanced nursing roles in not only clinical practice but leadership.

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For various reasons, the DNP may not want to continue to directly care for patients but may wish to continue to contribute their knowledge and skill base.

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There are a number of experiences and skills that the DNP is able to effectively incorporate into health care settings.

# The “Why behind this discussion”

## -Professional Perspective

- Institute of Medicine recommendation for new models of health care delivery including systems redesign with increased emphasis on safety and quality improvement.
- The DNP can develop advanced competencies, enhance nursing knowledge, enhance leadership skills, develop parity with other health care professionals, and improve the image of nursing.
- The DNP program brings multiple new skills to nurse leaders and the healthcare system.
- Increased emphasis by external regulatory and other entities on required quality improvement activities.

Dunbar-Jacob, J., Nativio, D.G., & Khalil, H., (2013) Impact of doctor of nursing practice education in shaping health care systems for the future. *Journal of Nursing Education*, Vol 52, No. 8. 2013.

# Quick Recap: The Healthcare Industry— Select Historical Quality Improvement influencers

Florence Nightingale implemented practices during Crimean War that decreased mortality rate in the mid 1850s.

Joint Commission formed - Voluntary accreditation body promoting high quality standards in healthcare organizations.

CMS: UR committees established to i.d. if hospitals providing appropriate clinical services that met Medicare Conditions of Participation.

1919

1965

1850's

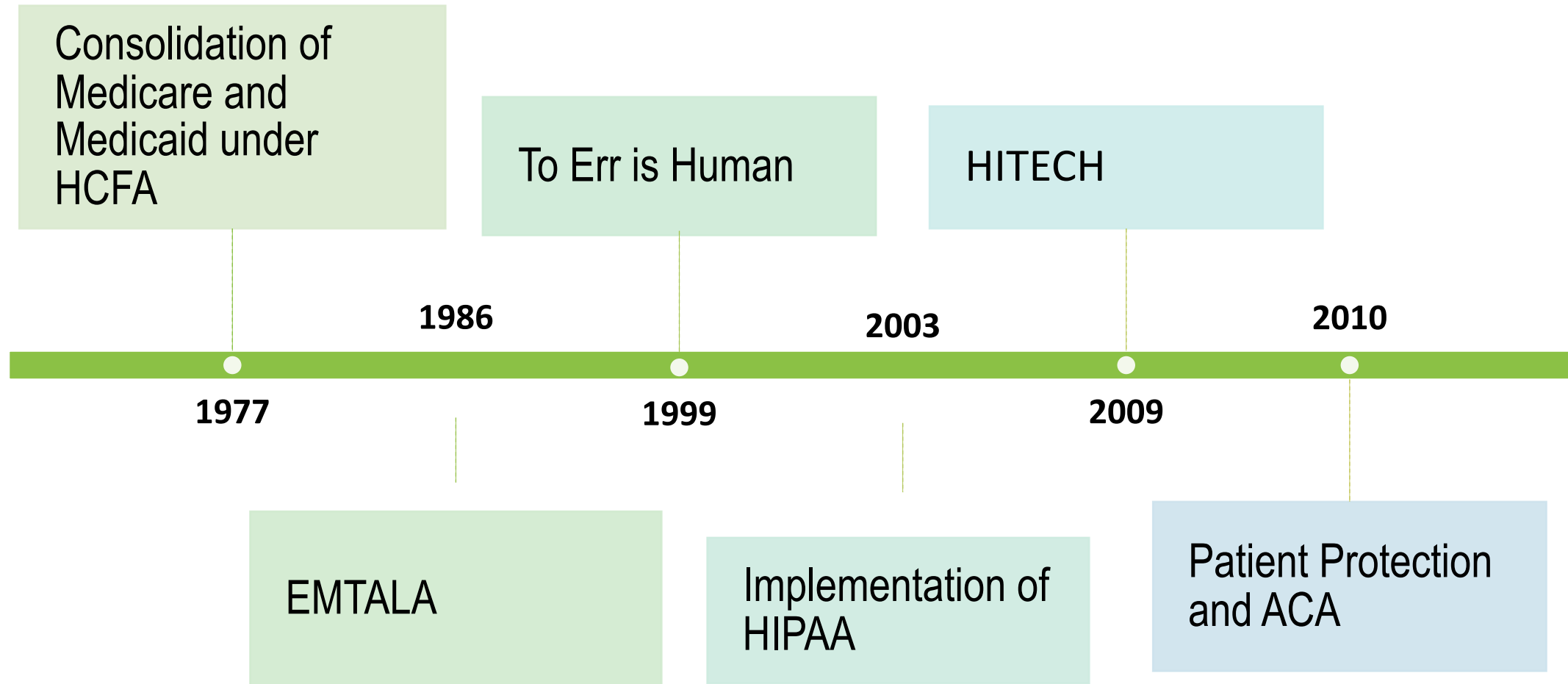
1951

1972

American College of Surgeons – Minimum Standards of care

Medicare and Medicaid programs signed into law

# Quick Recap: The Healthcare industry— Select Historical Quality Improvement influencers



# Starting Written Regulations

- The First Standards for Medical Staff & Organizations
- 1919-American College of Surgeons

## *The Minimum Standard*

1. That physicians and surgeons privileged to practice in the hospital be organized as a definite group or staff. Such organization has nothing to do with the question as to whether the hospital is "open" or "closed," nor need it affect the various existing types of staff organization. The word STAFF is here defined as the group of doctors who practice in the hospital inclusive of all groups such as the "regular staff," "the visiting staff," and the "associate staff."

2. That membership upon the staff be restricted to physicians and surgeons who are (a) full graduates of medicine in good standing and legally licensed to practice in their respective states or provinces; (b) competent in their respective fields and (c) worthy in character and in matters of professional ethics; that in this latter connection the practice of the division of fees, under any guise whatever, be prohibited.

3. That the staff initiate and, with the approval of the governing board of the hospital, adopt rules, regulations, and policies governing the professional work of the hospital; that these rules, regulations, and policies specifically provide:

(a) That staff meetings be held at least once each month. (In large hospitals the departments may choose to meet separately.)

(b) That the staff review and analyze at regular intervals their clinical experience in the various departments of the hospital, such as medicine, surgery, obstetrics, and the other specialties; the clinical records of patients, free and pay, to be the basis for such review and analyses.

4. That accurate and complete records be written for all patients and filed in an accessible manner in the hospital—a complete case record being one which includes identification data; complaint; personal and family history; history of present illness; physical examination; special examinations, such as consultations, clinical laboratory, X-ray and other examinations; provisional or working diagnosis; medical or surgical treatment; gross and microscopic pathological findings; progress notes; final diagnosis; condition on discharge; follow-up and, in case of death, autopsy findings.

5. That diagnostic and therapeutic facilities under competent supervision be available for the study, diagnosis, and treatment of patients, these to include, at least (a) a clinical laboratory providing chemical, bacteriological, serological, and pathological services; (b) an X-ray department providing radiographic and fluoroscopic services.

# Current Volume of Regulatory Documents





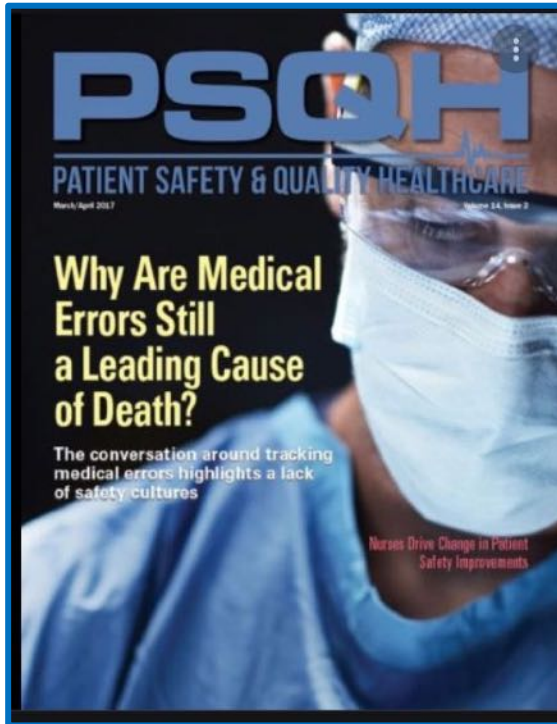


## **Where are we now?**

### **-Possible Survey entities and Standards for Compliance**

- **The Joint Commission**
  - Acute Care, Behavioral Health, Home Care, Clinical Lab Srvcs., Ambulatory Care
- **The Office of Inspector General**
- **The Center for Medicare & Medicaid Services**
- **State Department of Health**
- **Commission on Accreditation of Rehab Facilities**
- **NFPA/Life Safety Codes**
- **DEA; BNDD**
- **Diagnostic Imaging Regulators**
- **OSHA**

# What's THE RISK Without Effective Quality Improvement Processes?



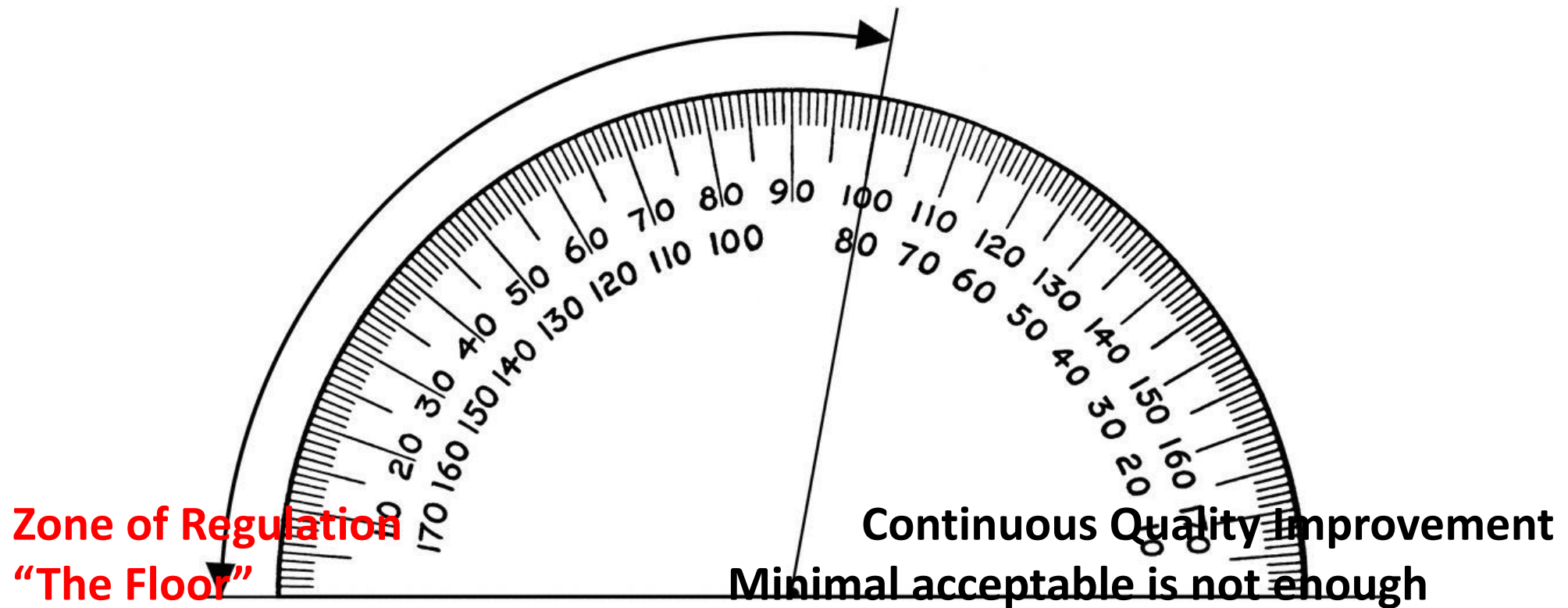
## TODAY'S TOP STORIES

1. Amazon pays for employees to travel for cancer care [Full story](#)
2. Family to sue Geisinger over NICU death [Full story](#)
3. Patient burned in 'suspicious' fire at Michigan hospital [Full story](#)
4. The key to streamlined care transitions? Interfacility relationships, according to 2 health IT experts. [Learn more](#)
5. Boy dies after fall at Alabama children's hospital [Full story](#)
6. Cleanliness issues exist at many VA facilities, report finds [Full story](#)
7. What does a digital clinical workspace look like? Hear from Sentara Healthcare's technical architect during this [upcoming webinar](#).
8. EEE death count rises to 13 [Full story](#)



## CONSEQUENCES OF QUALITY ISSUES IN HEALTHCARE SETTINGS

# The Quality of Care Continuum



# THE VALUE OF THE DNP IN HOSPITAL & MEDICAL STAFF QUALITY IMPROVEMENT ACTIVITIES

- Institute for Health Care Improvement's Triple Aim:
  - -Improve population health
  - -Improve the patient experience of care
  - -Reduce per capita cost
- A major driver and challenge for health care transformation: eliminating medical errors and improving patient safety .
- Institute of Medicine: The Future of Nursing: Recommendation: "...to double the number of nurses holding doctoral degrees to enhance nursing's ability to partner with physicians and others to lead change in health care.

Johnson, C. (2017). The role of the DNP in Quality improvement and patient safety initiatives. In DNP Role Development for Doctoral Advanced Nursing Practice. Dreher, H.M, & Glasgow, M.E. S., Editors, 2<sup>nd</sup> Edition, Springer Publishing Co., New York, NY.

Redman, R.W., Pressler, S. J., Furspan, P., Potempa, K. (2015). Nurses in the United States with a practice doctorate: Implications for leading in the current context of health care. Nursing Outlook 63, 124-129.

Health care organizations should be not just functioning to meet compliance requirements but towards continuous quality improvement.  
So how do we get there?





**The “How” to Accomplish these challenges?  
-Ideas...**

## Establishment of a High Reliability Organization (HRO).

What is a HRO?

A HRO is an organization that operates in a highly complex environment for extended but with minimal deviations or catastrophic events.

A HRO focuses on 3 pillars to help achieve zero harm:

- LS Commitment
- Continuous Process Improvement
- A Culture of Safety

# Description of the DNP Program

The DNP Program is designed to prepare Nurses to:

1. Integrate nursing science with theories and knowledge from interdisciplinary sciences to advance the health of people and quality of advanced nursing practice.
2. Adapt organizational and systems leadership for quality improvement and systems thinking.
3. Translate, evaluate, and disseminate evidence in to practice.
4. Select, use, and evaluate information technology systems to monitor and improve healthcare outcomes.
5. Engage in policy analysis, formulation, implementation, and advocacy activities to improve healthcare locally, regionally, nationally, and /or globally.
6. Lead interprofessional teams in the evaluation of complex issues to create change in healthcare delivery systems and health care outcomes.
7. Evaluate appropriate methods and models in partnership with families, individuals, groups, communities, and providers to improve health, prevent disease, and address gaps in population-based health care.
8. Formulate a professional practice model using advanced and specialized knowledge and skills in the specialty role.
9. Formulate a professional framework integrating reflective practice that facilitates ethical reasoning, cultural humility, and advocacy anchored in social justice.



# Reflect on the typical curriculum of courses and assignments that must be achieved in fulfillment of the DNP:

-Scholarly reading and writing	-Statistics and Data Analysis	-Epidemiology/ Pathophysiology	-Exploring Evidence for Improving Outcomes	-Evaluative Methods for Evidence-Based Nursing Practice
-Advanced Health Assessment across the Lifespan	-Financial Organization of U.S. Healthcare	-Ethics in Healthcare Organizations	-Organizations as Adaptive Systems	-Organizational Transformation
	-Managerial Finance	-DNP Scholarly Project Seminar	<a href="http://catalog.creighton.edu/graduate/graduate-programs-courses/nursing/doctor-nursing-practice-dnp/">http://catalog.creighton.edu/graduate/graduate-programs-courses/nursing/doctor-nursing-practice-dnp/</a>	

# The Value of the DNP in Hospital & Medical Staff Q.I. Activities

## COURSEWORK/COMPETENCIES

## APPLICATION WITHIN A HEALTH CARE SETTING

<b>Statistics and Data Analysis</b>	<b>Analysis and Preparation of Internal and External Reports on Patient Outcomes</b>
<b>Epidemiology/Pathophysiology</b>	<b>Chart Analysis / Peer Review</b>
<b>Exploring Evidence for Improving Outcomes</b>	<b>Development of Care Standards; Standards of Practice</b>
<b>Evaluative Methods for Evidence-Based Nursing Practice</b>	<b>Implementation of Evidence-Based Nursing Practices Peer Review</b>

# The Value of the DNP in Hospital & Medical Staff Quality Improvement Activities

Coursework/Competencies	Application within a Health Care Setting
<b>Advanced Health Assessment across the Lifespan</b>	<b>Peer Review</b>
<b>Financial Organization of U.S. Healthcare</b>	<b>Administrative Roles within the HC Setting</b>
<b>Ethics in Healthcare Organizations</b>	<b>Chair/Participation of Case Reviews of Ethics Referrals to Ethics Committees</b>
<b>Organizations as Adaptive Systems</b>	<b>Change Management</b>
<b>Organizational Transformation</b>	<b>Leadership of Change Management</b>
<b>Managerial Finance</b>	<b>Administrative Roles within the HC Setting</b>
<b>DNP Scholarly Project/Seminar</b>	<b>Submission of publications on behalf of the Organization; Leadership of major health care projects</b>

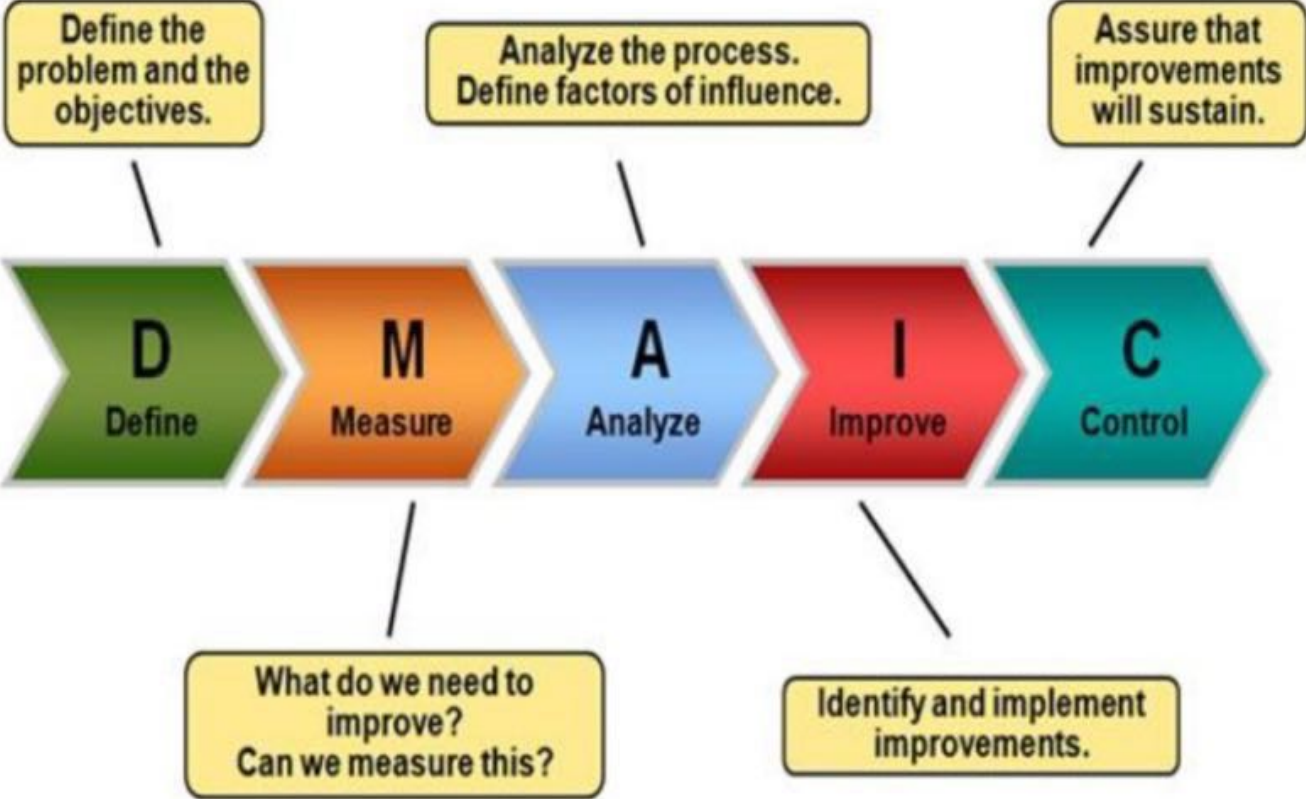
## **Quality Improvement Activities that the DNP can participate in within Health Care Settings**

- Development of Standards of Practice, Policies/Procedures, Care Maps
- Research and implementation of evidence-based practice.
- Review of patient events through Root Cause Analysis studies
- Concurrent review of patient records for events/management of care
- Analysis and Interpretation of data/reports
- Coordination of Medical Staff Committees/Case Review
- Risk Management/Expert witness work
- Peer Review activities
- Development of Issue Briefs
- Development of public health policies/position statements
- Leader of major multidisciplinary teams
- Writing for publication on behalf of one's organization

# Examples of application

- EXAMPLES OF COMMITTEE WORK
  - Advanced Practice Registered Nurses
  - Environment of Care/Patient Safety
  - Ethics & Compliance
  - Executive Nursing Committee
  - Executive Committee of the Medical Staff
  - Peer Review
  - Pharmacy and Therapeutics
  - Radiation Safety

# Comparison of the Components of the Steps within a Quality Improvement Project to those within a DNP Scholarly Project



# The Steps within the DNP Scholarly Project

## DMAIC

- **DEFINE THE PROBLEM & OBJECTIVES**
- **MEASURE –WHAT DO WE NEED TO IMPROVE? WHY? HOW MEASURE?**
- **ANALYZE THE PROCESS. DEFINE FACTORS OF INFLUENCE**
- **IDENTIFY AND IMPLEMENT IMPROVEMENTS**
- **CONTROL –ASSURE THAT IMPROVEMENTS WILL SUSTAIN**

## DNP Scholarly project

- **DEVELOP THE PROBLEM STATEMENT**
- **NEEDS ASSESSMENT**
- **GOALS OBJECTIVES & MISSION STMT**
- **THEORETICAL UNDERPINNINGS**
- **WORK PLANNING**
- **EVALUATION PLANNING**
- **IMPLEMENTATION**
- **INTERPRETATION OF THE DATA**
- **UTILIZATION AND REPORTING OF RESULTS**

Zaccagnini, M.E., & White, K. W., (2015). The Doctor of Nursing Practice Essentials. A New Model for Advanced Practice Nursing.3<sup>rd</sup> Edition. Jones & Bartlett Learning; Burlington, M.A..





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