

# Engaging and Enacting the Doctor of Nursing Practice Essentials in Redesigning a Robust Infection Prevention Program

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## Background

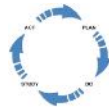
- A doctorally-prepared nurse was hired to fulfill the infection preventionist role within Spectrum Health Continuing Care (SHCC) in Grand Rapids, MI
- The Doctor of Nursing Practice (DNP) essentials were leveraged as the infection prevention program was assessed and redesigned

## Purpose

- To illustrate the value of inter-professional collaborative efforts led by a DNP-prepared infection prevention nurse utilizing DNP Essentials through clinical process/quality improvement and program redesign in a 250-bed post-acute setting
- To describe qualitative and quantitative outcomes achieved in managing and improving clinical and program outcomes

## Methods

### Plan-Do-Study-Act (PDSA) Quality Improvement model



#### What are we trying to accomplish?

- Strengthen infection prevention processes by building new tools, honing measurements, and fostering collaborative partnerships
- Engage the inter-professional team through program redesign and relationship building

#### How will the infection prevention program be developed?

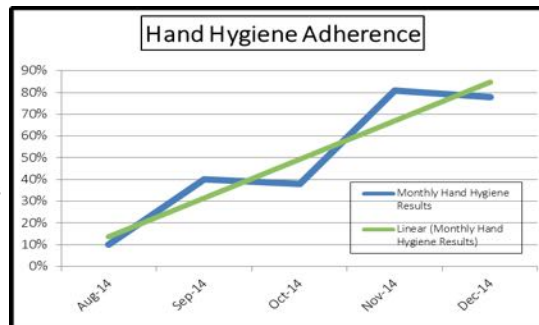
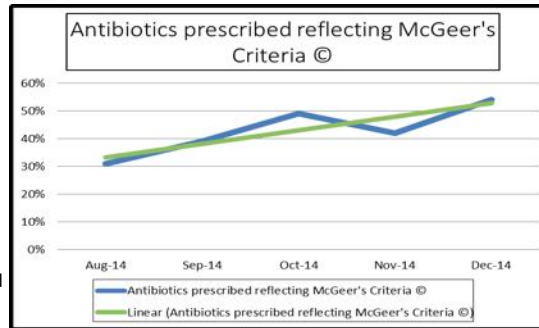
- Create and share program vision centered on mission, values, DNP Essentials
- Establish credibility and engage with staff and the inter-professional team
- Complete antibiotic and lab reviews; develop new tools, metrics, dashboards
- Review of infection surveillance, clinical conditions, antibiotic stewardship with leaders & clinicians through daily rounds and regular meetings
- Create newly built monthly reports/dashboards for team review, decision-making through use of PDSA model
- Design behavior-based programs to improve infection prevention

#### How will we know we achieved improvement?

- Improved infection prevention structure, processes and quality outcomes resulting from action plans and team engagement
- Improved Hand Hygiene, Antibiotic Stewardship & Clinical Process outcomes

#### What changes can we make that will result in improvement?

- Cultural changes rooted in strong leadership, team-centered accountability, and maintaining three top strategic initiatives through infection prevention program redesign



## Results

- Maximized clinical and nursing productivity with impact of the triple aim of quality, cost and experience (Institute for Healthcare Improvement, 2015)
- Refinement of data collection tools, resistant organism signage, and standardized provider order forms led to improved processes for the infection preventionist and inter-professional team
- Improved clinician knowledge and support (e.g. McGeers Criteria© for Antibiotic Use pocket reference, McGeers Criteria© antibiotic order sets)
- Improved standardized antibiotic data collection processes
- Decreased facility acquired infection rates by 60% (↓)
- Decreased infections within McGeers© Criteria diagnoses by 50% (↓)
- Improved adherence of antibiotic stewardship (McGeer's© criteria) with when treating diagnoses by 23% (↑)
- Improved hand hygiene adherence from 10% to 82% (↑)

## Discussion and Implications

- Application of PDSA method was deemed effective to redesign processes
- Creation of unit-based dashboards and quality metrics guided monthly quality meeting dialogue, action plans and further program development
- Leveraged teamwork and creative processes to capitalize on efficiency
- Case consultations among leaders and inter-professional team
- Redesigned monthly reports to reflect SBAR format (Situation, Background, Assessment, Recommendations), including current action plans and opportunities; distributed to organization leaders and staff
- Value of DNP-prepared nurse engaged with intra-professional practice teams

## References

- Spectrum Health Continuing Care. (2014). *Infection Prevention Monthly Report statistics – December 2014*. Retrieved on December 20, 2015, from Spectrum Health Continuing Care.
- Institute for Healthcare Improvement. (2015). IHI triple aim initiative. Retrieved on December 23, 2015, from <http://www.ihl.org/engage/initiatives/tripleaim/Pages/default.aspx>

## Acknowledgements

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- SHCC Fuller Rehabilitation and Nursing Center Leadership Team