



DNPs in Executive Leadership: Capstone Publication as an Outcome Measure

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Session Objectives

- Describe the process for using capstone publication as a program outcome to promote evidence-based practice innovation and establishment of leadership roles for DNPs in diverse practice settings.
- Discuss how DNPs with a specialty in executive nursing leadership advanced evidence-based practice innovation in academic, regulatory, and acute care settings.
- Discuss PhD/DNP collaboration on Capstone projects as a foundation for advancement of evidence-based innovation.

Session Introduction & Background

**Capstone publication as a
program outcome measure
to promote
evidence-base
practice innovation &
establishment of DNP
leadership role**



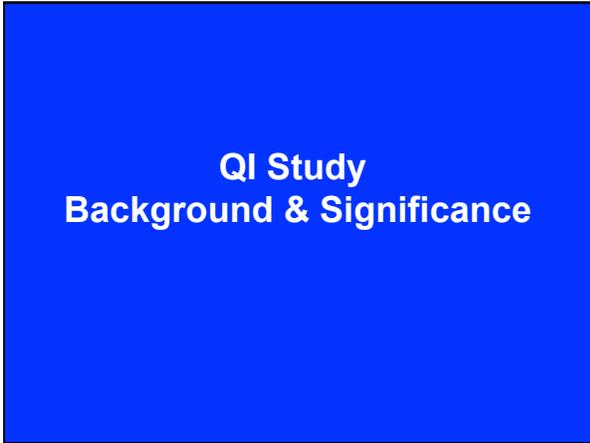
**A Systems Approach to
Improve Skin to Skin Care &
Breastfeeding Rates at
Hospital Discharge**

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Quality Improvement Research Study

Use of a video-ethnographic intervention
(PRECESS immersion method)
to improve skin to skin care & breastfeeding rates
(*Breastfeeding Medicine*, 2012)



**QI Study
Background & Significance**



**Early Skin to Skin Care:
Maternal Outcomes**

Examples

- Improves scores on tests that measure strength of attachment to baby
- Promotes maternal responsiveness (enduring)
- Reduces maternal stress
- Reduces pain after cesarean surgery
- Improves breastfeeding outcomes

Bramson et al., 2010; Bystrova et al., 2009; Soloojee, 2008; Handlin et al; 2009; Moore, et al., (2012)

**Early Skin to Skin Care:
Newborn Outcomes**

Examples

- **Promotes physiologic stability**
(e.g., blood glucose, body temperature, cardio-respiratory function)
- **Enhances self-regulation**
- **Reduces newborn crying**
- **Improves physiologic outcomes for compromised babies**
- **Improves breastfeeding outcomes**

Bramson et al., 2010; Moore et al., (2012); Mori et al, 2010; Ferber, 2004

Babies have 9 Normal Stages During Skin-to-Skin

- | | |
|--------------------|--|
| 1. Birth cry | Cry as lungs fill with air |
| 2. Relaxation | Have relaxed hands and no mouth movements |
| 3. Awakening | Make small movements of head & shoulders |
| 4. Activity | Make mouthing, suckling, & rooting movements |
| 5. Rest | Rest between any stage |
| 6. Crawling | Moves to breast with short periods of action & reaches breast & nipple |
| 7. Familiarization | Licks nipple, touches & massages breast |
| 8. Suckling | Attaches & breastfeeds |
| 9. Sleep | Falls into restful sleep |

Widström et al., 2010

Best Practice

All healthy mothers & babies have immediate, uninterrupted skin to skin care for at least 1 hour

& until after the first feeding, for breastfeeding women

World Health Organization and UNICEF 2009; Baby-Friendly USA, 2010

Problem Statement

Skin-to-skin care often is absent, delayed, or interrupted for routine procedures, despite supporting evidence

U.S. Department of Health and Human Services Centers for Disease Control and Prevention, 2012

Problem Statement

U.S. skin-to-skin rates

- 43% of mothers & newborns have skin-to-skin contact within 1 hour of uncomplicated vaginal birth, most of the time
- 32% of mothers & newborns have skin-to-skin contact within 2 hours of uncomplicated cesarean surgery, most of the time

U.S. Department of Health and Human Services Centers for Disease Control and Prevention, 2011

Purposes of Study

Part 1

Describe the rate of exclusive breastfeeding at hospital discharge in healthy mothers & babies who had immediate & uninterrupted skin-to-skin care after vaginal or cesarean birth, during a 5-day intervention (PRECESS immersion method)

Part 2

Assess for improvements & sustainability in monthly skin-to-skin & exclusive breastfeeding rates

PRECESS Immersion Method

- Education
- Expert mentoring in the routine work setting
- Video-recording during skin to skin care
- Reflection & interactive analysis
- Continued application of skills

Study Team

- **Advisors**
- **Hospital staff**
- **Experts from US & Sweden**

*PRECESS team, funded by
Health Children Project)



Study Results & Conclusions

Part 1 Results

Sample

- 11 mothers & babies

Birth

- 6 vaginal
- 5 cesarean surgery

Feeding choice

- 9 planned to breastfeed
- 2 did not

Part 1 Results

Skin to skin care

- 10 immediate
- 8 without interruptions

Breastfeeding

- 6 of the 9 went through all 9 stages
- 5 of the 6 babies who went through all 9 stages exclusively breastfed

Selected comments during PRECESS intervention

- Really! Our babies do this! I worked in L&D for 15 years & never saw it before.

—L&D nurse

- “During my other cesarean, I had to just lie there & stare at the ceiling. My mom held my daughter before I did! Holding my baby skin to skin made time go faster.”

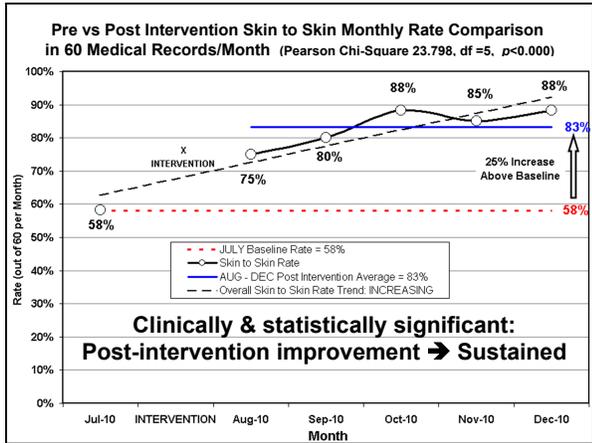
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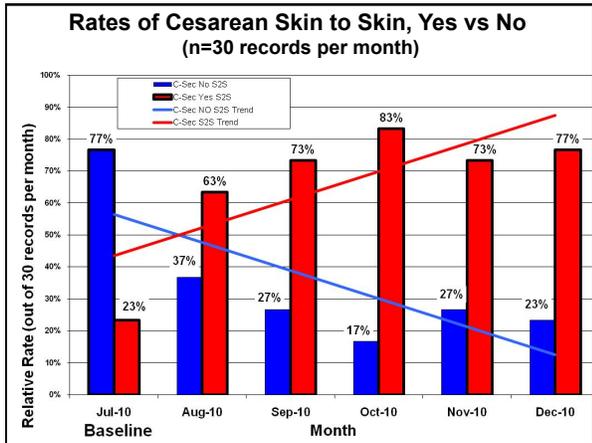
Selected Interprofessional Solutions

- Staffed RN for mother & for newborn during skin to skin care (nurse manager)
- Used nasal cannula vs mask & placed EKG leads away from breasts during cesarean to allow skin to skin care (CRNA)

Video of Skin-to-Skin during Cesarean Surgery









Bottom Line

- Nurse staffing affects skin to skin care
- Skin to skin care may reduce maternal stress during cesarean surgery
- Babies who complete all 9 stages may be more likely to exclusively breastfeed at discharge
- PRECESS immersion method may rapidly improve skin to skin care



Crenshaw, J.T. et al. (2012). Use of a video-ethnographic model (PRECESS immersion method) to improve skin-to-skin care and breastfeeding rates. *Breastfeeding Medicine*, 7(2), 69-78.

Dissemination

Includes

- Multiple international, national, regional, & local

International & National Expert on Evidence-Based Maternity Practices

Examples:

- AAN expert panel on breastfeeding
- Representative, US Breastfeeding Committee
- NDNQI expert panel on perinatal nurse-sensitive quality measures
- National task force on critical role of nursing in achieve breastfeeding outcomes
- FAAN inductee (October 2012)
- Publications & other areas of research
- International & national consultant

Capstone publication as a program outcome measure to promote evidence-base practice innovation & establishment of DNP leadership role

Data Analysis of Texas RNs with Multiple Disciplinary Actions

Melinda Hester, RN, DNP

The purpose of the evidence-based capstone project was to evaluate the effect of Texas Board of Nursing mandated remediation on the recurrence of practice related disciplinary actions for RNs in the State of Texas

Background

- Nursing regulation is an emerging field
- Remediation is routine in disciplinary actions
- Little is known about the efficacy of remediation
- Evidence is needed to determine if remediation is effective
- Prevention of nursing error is paramount

Study Design

- ◆ Retrospective Secondary Data Analysis
- ◆ Sample
 - 59 RNs with more than one disciplinary action related to practice violations
- ◆ Timeframe of Study
 - January 1, 2004 - December 31, 2008

Findings

- **Demographic trends**
 - Older caucasian females with many years of experience had multiple disciplinary actions
 - Higher proportion of males in comparison to U.S. and Texas male RN population
 - Twice as many held an ADN than a BSN
 - Most were educated in the U.S.

Findings

- Remediation decreased across the disciplinary actions and suggests that TBON mandated remediation was effective
- Only 4 of the 59 RNs went on to commit a third disciplinary action
- The TERCAP® Instrument may be one vehicle to share information about errors
- More research is needed

Implications

- The types of remediation should continue to be individualized based on the types of practice violations

More study needed

- Why ADNs had 3 times the number of practice breakdowns compared to BSNs and received a third disciplinary action
- Why more experienced nurses had multiple disciplinary actions compared to nurses with fewer years of experience

Significance Continued

Identified practice breakdowns in multiple disciplinary actions

Professional Responsibility/Patient Advocacy

Documentation

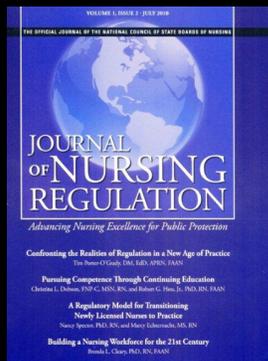
Medication Administration

Analyzed types of remediation in multiple disciplinary actions

Information contributes to knowledge at T BON

Capstone publication as a program outcome measure to promote evidence-base practice innovation & establishment of DNP leadership role

Dissemination



July 2011

Data Analysis of Texas RNs with Multiple Disciplinary Actions

Melinda Gleason Hester, MS, RN, DNP; Alexia Green, PhD, RN, FAAN; Mary Beth Thomas, PhD, RN; and Mary Benton, PhD

The purpose of this secondary data analysis was to evaluate the effect of mandated remediation on the recurrence of practice-related disciplinary actions for registered nurses (RNs) in Texas. Helping nurses learn not to engage in practices that result in their return to the state board of nursing for disciplinary action protects patients. Identifying factors that may lead nurses to recidivate is an important step in preventing nursing practice violations. The sample for this study was 59 RNs who received more than one disciplinary action for practice violations during a 5-year period. Additional demographic variables were studied to identify covariate relationships.

Thousands of nurses incur disciplinary action each year in the United States, yet the disciplinary process and the **Background** Nursing is the profession that spends the largest part of its time

Dissemination

- Podium presentation to the Texas Board of Nursing, October 2011
- Poster presentation at the TTUHSC Capstone Symposium, April 2011
- Transitioned into a DNP Leader within current role at the Texas Board of Nursing
- Podium presentation at the NCSBN Scientific Symposium on 9/12/12 in Arlington, Virginia

Capstone Publication as an Outcome Measure

- Dissemination continues
- Publication signified the beginning of the DNP Executive Leadership role
- Viewed as an expert:
 - Committee work
 - Contested court case
 - Development of two pilot projects
 - Alternative to discipline project

Capstone publication as a program outcome measure to promote evidence-base practice innovation & establishment of DNP leadership role

**New Graduate Nurse Residency Program:
A Cost-Benefit Analysis**

Sylvain Trepanier, DNP, RN, CENP

Purpose

The purpose of this study was to conduct a cost-benefit analysis of a nursing residency program based on turnover rate & contract labor usage.

Background

- NGRNs reporting “reality shock”
- Residency-perceived cost prohibitive
- Healthcare environment (nursing shortage, decreased length of stay, increased patient acuity, complex technology, challenging reimbursement, increased pressure for nurse leaders to decrease the orientation / education hours to meet financial demands)

Cost of Turnover

The cost of replacing a NGRN is between \$49,000 and \$92,000 per nurse.

(Beecroft, Kunzman and Krozek, 2001; Contino, 2002; Robert Wood Johnson Foundation, 2006; Jones, 2008)

New Graduate Registered Nurses Residency Program

- A new graduate residency program has both direct and indirect costs, which may vary based on the length of the program (nonproductive time) and other costs such as program development, training of preceptors, employing additional educators.
- When the residency is outsourced to a company, there are per resident costs for the services provided.
- The cost of residency programs is perceived as prohibitive for community based facilities.

Design and Methodology

Secondary data analysis using data collected by a national provider of NGRN residency program and a multi-site healthcare corporation headquartered in the southwest United States.

Population and Sample

- The analysis included a total of 15 hospitals in California, Florida, Georgia, Nebraska, Missouri, Tennessee, and Texas.
- All hospitals were considered community-based hospitals with the exception of one academic medical center.

Total Cost-Benefits

◆ This savings translates between \$10 and \$50 savings per-patient-day.



Implications

- A residency program is financially favorable for a community-based hospital both on NGRNs turnover and contract labor usage.
- Significant cost-savings can be obtained in training NGRNs via a residency as compared to a traditional orientation model.

Capstone publication as a program outcome measure to promote evidence-base practice innovation & establishment of DNP leadership role

Dissemination Plan

Publication

Journal of Nursing Economic\$ (August 2012)

Presentation

American Organization of Nurse Executives, Boston (Poster)

International Nursing Administration Research Conference, Denver (Podium)

Versant Center for Advancement of Nursing, (National Webinar)

Versant Client Conference, New Orleans (Podium)

Dissemination Outcomes

- Recognized as a national authority on NGRN residency programs
- Reached thousands of leaders across the United States, Canada, and United Kingdom
- Editorial board, *Nurse Leader*
- Expert reviewer, *Journal of Nursing Economic\$*
- Expert member, national advisory council for Versant's Center for the Advancement of Nursing
- Paradigm shift where a residency for new graduate nurses is now viewed as an investment and not an expense

**Session
Discussion, Conclusion,
Questions...**

**For a copy of the final
presentation, please email:**

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