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Title: Academic Practice Partnership: Collaborating to Improve Quality in Acute Care Services

Purpose: This presentation will describe a collaborative partnership between Central Baptist Hospital (CBH) and University of Kentucky College of Nursing (UKCON). This exemplar demonstrates how an academic/practice partnership can improve access to quality health care services, provide a cost effective strategy to support the care of the critically ill patient and improve clinical outcomes through advanced nursing practice leadership and evidence-based practice. This partnership exemplifies aspects of administrative, research, and practice leadership of advanced practice nurses in an acute care community hospital.

Objective 1: Describe the background of the initiative and the precepts of the academic/service collaboration between CBH and UKCON Faculty Practice

Objective 2: Describe the definition of EBP at Central Baptist Hospital and the structures to support practice innovations.

Objective 3: Describe the role of the advanced practice nurse intensivist, and the impact on quality health care services and improved clinical outcomes.

Abstract:

Background

Meeting the expectation of delivering safe, effective, and timely health care services within current financial and workforce constraints requires collaborative partnerships between academia and practice leaders. The Patient Protection and Affordable Care Act addresses primary care and prevention as a key health care strategy. It also serves as a mandate for hospitals to establish programs prioritizing patient safety and quality improvement. True performance improvement in health care requires a skilled and knowledgeable workforce with resources that include research support and nurses prepared at the advanced practice level to bridge the gap to clinical excellence by promoting evidence-based practice inquiry and implementation. Collaborative partnerships between academic and practice organizations help to provide leadership and expertise to assist hospitals in improving outcomes in a cost effective manner while supporting the growth of clinical scholarship outside educational
institutions. The Institute of Medicine: The Future of Nursing Leading Change, Advancing Health Consensus Report released October 5, 2010 (www.iom.edu/nursing) recommends expansion of opportunities for nurses to lead and diffuse collaborative improvement efforts within interdisciplinary teams to conduct research, redesign and improve practice environments and health systems. Academic practice partnership can provide a framework for redesigned care delivery models such as the incorporation of the advanced practice nurse intensivist into the team. At CBH, this role has resulted in decreases in ventilator acquired pneumonia incidence, decreased central line infections and decreased use of restraints within the critical care environment. In addition, improvements have been noted in the use of standardized, evidence-based order sets and adherence to clinical protocols. This model also serves as an exemplary seamless clinical rotation site for APRN students enrolled in a Doctor of Nursing Practice (DNP) program.

Aim

The purpose of this presentation is to describe the history and implementation of a successful academic/service partnership and how the advent of APRNs in the critical care environment promoted collaboration and improved outcomes.

Results

A member of the UKCON faculty practices as an APRN on the interdisciplinary intensivist APRN service for 12 hours per week along with two full-time APRN’s (36 hours per week). The primary responsibility of the APRN service is to serve as a clinical resource for nurses, physicians, and other allied health professionals within the critical care environment. In addition, the APRN serves as a mentor and preceptor for APRN students. In their roles the APRNs function as acute care nurse practitioners providing cross medical coverage for patients in collaboration with a physician intensivist practice. The holistic nursing approach used by the APRNs supports increased emphasis on prevention and comprehensive patient care management across the continuum. A secondary benefit to the partnership has been increased satisfaction on the part of the staff nurses in levels of clinical support. Since the onset in 2008, patient outcome data including ICU days, ventilator days, ventilator associated pneumonia rates and urinary catheter related infections have decreased. Adherence rates to the venothromboembolism and sepsis protocols have increased. Central line infections have decreased, despite increased use of central catheters. Team members, hospital administrators and school leaders are highly satisfied with the implementation of this role and the ongoing partnership.

The organization has adopted the definition of EBP from Sigma Theta Tau (http://nursingsociety.org/aboutus/Positionpapers/Pages/EBN_positionpaper.aspx.). Leaders in the hospital have defined appropriate projects as those addressing clinical issues that have immediate implications for practice. Nursing leaders work with the APRNs, EBP Consultant from the College and staff nurses to apply results generally or to specific populations. Watson’s Theory of Caring forms the conceptual basis for nursing and research. This approach also supports the framework for EBP. The APRNs provide support to the nurses within the critical care environment for each step of the EBP process resulting in consistency and validity of data and outcomes.
Implications

This partnership has increased opportunities for nurses to lead and manage collaborative efforts with physicians and other members of the health care team to conduct research, redesign and improve practice delivery, improve practice environments for nurses and improve health systems. It has also resulted in the provision of excellent clinical rotations for DNP students and for transition of students into open positions when available thus supporting the recruitment efforts of the organization.