
UNIVERSITY OF IOWA
DNP ADULT/GERONTOLOGY-
PRIMARY CARE NURSE
PRACTITIONER PROGRAM:

PARTNERSHIP FOR STUDENT
DNP PROJECTS

- An Introduction to UI DNP Student
Projects & Partnerships
-

IOWA

NURSING

CONFLICT OF INTEREST & DISCLOSURES

- I have no relevant financial relationships or conflicts of interest to disclose.
- I have no affiliations or financial interests that could be perceived as influencing the content of this presentation.



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DOCTORAL STUDIES



ABOUT THE DNP



DNPs are professional leaders in the provision of high quality, evidence-based care while simultaneously working to improve the overall healthcare system



Innovative, analytic, and to critically evaluate complex healthcare problems



Leadership is a cornerstone of the DNP degree



Engaged to support and lead interprofessional teams for the delivery of high-quality care.



Transforming healthcare within the community, state, or nationally, while improving patient safety and quality initiatives.

OUR GOAL FOR OUR STUDENTS

- Becoming independent health care **LEADERS** prepared to meet the challenges of the populations they serve.
- Demonstrate distinct nursing knowledge that values and treats patients holistically



CORE COMPETENCIES FOR PROFESSIONAL NURSING EDUCATION

- Education provided in each of the 10 domains:
 - Competency-based Framework
 - Foundation for the Preparation of the DNP role.





DNP PROJECT

BECOMING A SYSTEMS THINKER

“Constant curiosity about the word that you will never understand fully but you want to understand it a little better.” – Don Berwick

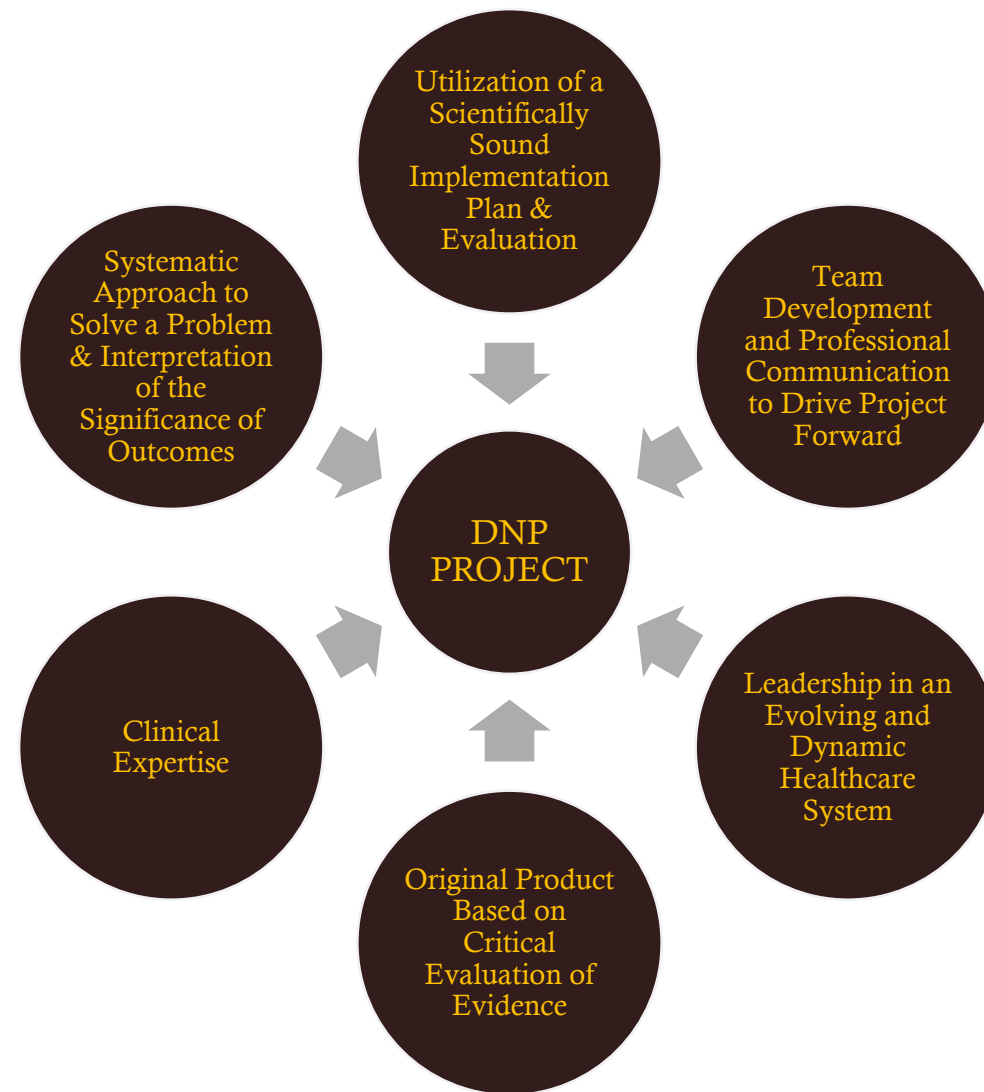
- Never thinks they have the whole answer
- Always willing to know what the next step to take is
- They’re...
 - Trying the next thing
 - Probing the material for answers
 - Listening to the noise
 - Thinking about what the next thing to do is

IMPROVING HEALTHCARE

1. What are you going to improve and by how much?
2. How will you know if a change is an improvement?
3. What changes can you make that will lead to improvement?



- **Quality Improvement or Evidence-Based Practice**
- **Partnership with community organization**
 - Possible sites include private or publicly funded clinics, primary or secondary schools, public health departments, state or national legislature, academic institutions, religious organizations, etc.
- **Project must be beneficial to the organization**



DNP PROJECT

PROJECT TIMELINE

- DNP project courses take place over 4 semesters or (two academic years)
- Selecting DNP project topic:
 - Based on the needs of a particular setting and the evidence provided.
 - Student demonstrates professionalism working with project site mentor and key stakeholders.
- **Student becomes the leader** of the project and responsible for all aspects of development, implementation and evaluation
- Student selects a project mentor and contracts the responsibilities/role for the project
- Ongoing project development occurs with feedback from faculty advisor, course faculty, and project site mentor
- **Students defend DNP project in last semester (Spring) to faculty panel and Disseminate their project: Poster presentations, Publications, Hardin Library Digital Repository**



Evaluation of the HPV Vaccination Rate and Identification of Facilitators and Barriers to the HPV Vaccination Uptake

Hao McKenna, MSN, RN, DNP-FNP Student
Mercy West Liberty Family Medicine Clinic

Introduction

Background:

- The HPV vaccine is 90% effective in preventing nine types of cancer.¹
- High prevalence in rural Iowa.²
- 2nd most costly STI next to HIV (\$775 million in 2018).³

Problem:

- HPV uptake remains lower than the Healthy People 2020 goal of 80% of adolescents age 13-15 years vaccinated.⁴

2019 HPV Completion Rate:^{4,5}

- National: 54.2%
- Iowa: 44.9%
- Muscatine County: 43.6%

- Although the Mercy West Liberty (MWL) Family Medicine Clinic The HPV wanted to improve adolescent HPV vaccination rates the prevalence of HPV vaccination provided by the clinic was unknown.

Purpose

Purpose:

To conduct a quality improvement project that will:

- Determine baseline data of the HPV vaccination rate at Mercy West Liberty (MWL).
- Identify facilitators and barriers to the HPV vaccination uptake.

Objectives:

- Determine baseline HPV vaccination rates and compare to rates of other adolescent vaccines at MWL.
- Describe MWL health professional's knowledge and attitudes about the HPV vaccine.
- Identify facilitators and barriers to HPV vaccination uptake at MWL.

Methods

- Project was deemed not human subjects research.
- The Iowa Model⁶ guided this quality improvement project (Fig. 1)

Setting: Mercy West Liberty (MWL) Family Medicine Clinic.

Sample:

- 125 visit records of adolescents (age 11-18) January 1, 2019 to September 1, 2020
- 6 healthcare professionals currently employed at MWL

Approach

Objective 1: Determine baseline HPV vaccination rates.

- Intellectus™ software used to analyze 20 months of EHR
- Derived descriptive statistics (e.g. counts, means)
- Evaluated group differences through chi-squared tests of significance (e.g. age, race, and biological sex).

Objective 2: Describe health professional's knowledge and attitudes about the HPV.

- Used survey questions adapted from existing tools and the literature.⁷⁻⁹ (Table 1.)
- Demographic data collected included age, role in clinic, years at clinic
- Knowledge measured by correct/incorrect response to True/False questions
- Attitudes and perceived barriers were indicated based on a Likert scale
- Derived descriptive statistics (e.g. counts, means) using Intellectus™ software

Objective 3: Identify facilitators and barriers to HPV vaccination uptake.

- Open-ended interviews used to gain health professional perspectives
- Questions developed using clinical experience and the literature. (Table 1.)
- Identified themes and subthemes in the data analyzed using basic content analysis.¹¹

Table 1. Examples of Survey and Interview Questions

Knowledge	The HPV vaccine is most effective if given to the people who never had sex. [True/False]
	The HPV vaccine is effective at preventing many forms of cancer. [True/False]
Attitudes/Experiences	I encounter less resistance from parents and patients to begin the HPV series at age 13 versus at age 11 years. [Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree]
Perceived Barriers	Access to the HPV vaccine for Medicaid patients [is]: [A significant barrier, A major barrier, A minor barrier, No barrier]
Interview	Tell me how you introduced the HPV vaccine to parents and adolescents?

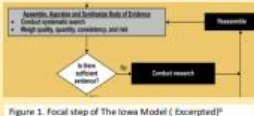


Figure 2 Mercy West Liberty (MWL) Family Medicine Clinic.

Results

Table 2. Characteristics of the Clinical Data Sample of Adolescents, 11-18 years old seen at Mercy Clinic, West Liberty for vaccination from January 1, 2019 to September 1, 2020. (N = 125)

Characteristic	n (%)
Age	
11-14 years old	53 (42.4%)
15-18 years old	72 (57.6%)
Gender	
Male	60 (48.0%)
Female	65 (52.0%)
Race	
Caucasian	62 (49.6%)
Hispanic	54 (43.2%)
Other	9 (7.2%)
Received at least one dose of HPV vaccine	
Yes	65 (52.0%)
No	60 (48.0%)
Completed HPV series (n=65; 52.0%)	
Yes	29 (44.6%)
No	36 (55.6%)

Demographics of EHR adolescent sample (Table 2.)

- Differences within sample by age (p<.001)
- No significant differences in race and gender (p=.567, p=.062)

Objective 1: Determine baseline HPV vaccination rates (Figure 3.)

- All adolescent vaccine administration rates were below HHP2020 goals for the study period
- HPV series completion rates lower than national and state standards but higher than Muscatine County
- Peak vaccination rate in August (Figure 4.)
- Unexpected gap in vaccination visits related to COVID19 (Figure 4.)

Demographics of Healthcare Professionals at MWL (Table 3.)

- Ages ranged from 25 to more than 60 years
- Majority are females
- Years of experience ranged from 1-5 years to more than 20 years

Objective 2: Describe health professionals' knowledge and attitudes about HPV.

- Knowledge
 - Average score of 91% correct
 - Areas of lowest knowledge related to:
 - Treatment of HPV infection
 - When to give the HPV vaccine
- Attitudes
 - All health professionals agreed that HPV vaccination was important for cancer prevention.
 - Prior experiences varied and impacted perceptions of the need for change or improvement
 - Health professionals attributed low rates of vaccination to different causes
 - Responsibility of HPV vaccine delivery
 - Approach and timing of vaccine introduction
 - Perception of access
 - Perception of parent or adolescent vaccine hesitancy

Objective 3: Identify facilitators and barriers to HPV vaccination uptake.

Facilitator: Cancer prevention promotion (1 theme only)

- Barriers: Three main themes
 - Vaccine Hesitancy of parents and adolescents
 - Clinic processes
 - System influences on health access

Figure 3. Adolescent Vaccines Rates-1/2019 to 9/2020

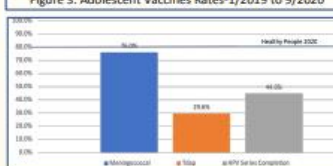


Figure 4. Trends in clinic vaccination rates 2019 & 2020



Table 3. Characteristics of Healthcare Professionals at Mercy Clinic, West Liberty (N=6)

Characteristic	n(%)
Age	25 to >60 years of age
25-50	3 (50%)
51-60	2 (33.3%)
> 60	1 (16.7%)
Gender	
Male	1
Female	5
Role	
Primary care providers	3
MD	2
ARNP	1
Nursing Staff	3
RN	1
LPN	1
MA	1
Years of experience	
1 year to 5 years	3 (50%)
10 years to 20 years	2 (33.3%)
More than 20 years	1 (16.7%)

Table 4. Supporting interview quotes for main themes

Vaccine Hesitancy	<ul style="list-style-type: none"> "Parents believe getting the HPV vaccine is a 'green light' or 'permission slip' for sex." "Adolescents do not want an extra shot [than those required for school]." "Parents only want vaccines that are required for school." "I tell them I got [the vaccine], and I am fine." "I tell them the HPV vaccine is to prevent cancer."
Clinic Process Barriers	<ul style="list-style-type: none"> "There is a huge gap in yearly physicals between 12 to 16 years old unless they are in sports." "There is no walk-in for vaccination." "Can't get [parent] consent when adolescents come to visit by themselves." "I have yet to make it a habit to review vaccines every time adolescents are in the office."
System Barriers	<ul style="list-style-type: none"> "We are not a VFC clinic [and can't administer vaccines to Medicaid patients]." "Muscatine Public Health comes to the clinic one a month to vaccinate VFC qualified adolescents."

Evaluation

Objective 1:

EHR Analyses

- Younger age associated with increased reception rate (p<.001)
- No significantly association with gender or race (p=.06, p=.57)
- Only 17.6% of adolescents received the HPV vaccine along with Meningococcal and Tdap (p<.001)
- Opportunity to implement interventions would be prior to August
- Healthcare professionals were generally informed
- Variability in attitudes, experiences, and perceptions could impede how healthcare professionals make recommendations

Objective 2:

Survey Analyses

Objective 3:

Interview Analyses

- Identified three common barriers

Limitations

- Retrospective EHR review period may not have captured HPV completion because it is given in series.
- This project only look at administered vaccines.
- COVID-19 disrupted vaccination from March to May of 2020.

Recommendations

Addressing Vaccine Hesitancy	Healthcare professionals training: <ul style="list-style-type: none"> Announcement delivery of HPV vaccine information Bundle recommendation of vaccines Establish strong, universal, and consistent recommendation
Clinic Process Change	Avoid missed opportunities: <ul style="list-style-type: none"> Walk-in vaccination Implement preset orders to allow for nurse only visits Vaccinate at sick visits Consent reminder process prior visits Install reminder systems [letters, electronic messages]
System Change	<ul style="list-style-type: none"> Re-enrollment into the VFC program Increase frequency of Muscatine Public Health visits

Conclusions

- HPV completion rate along with other adolescents' vaccines are below the Healthy People goal of 80%.
- HPV vaccination uptake is complex and will require multi-faceted interventions.
- It is important to establish baseline vaccination rate prior to implementation of a quality improvement project.
- Targeted interventions will ensure success.
- Dissemination:
 - This project will be presented at the MWL monthly staff meeting.
 - Journal manuscripts in progress.

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Evaluation of a PHQ-2/9 Depression Screening Process

Erin Fox-Hammel MSN, RN, DNP-FNP and PMHNP Student
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Introduction

- Problem:** Accessibility, availability, and acceptability are barriers for rural MH disparities.¹
- 50 Million Americans live** in rural areas, **18.7%** suffers MH; **60%** lives in shortage areas, **65%** receive MH care from PCP; & **90%** MH services in Met./Urban areas.¹⁻⁴
- Iowa:** 40% live in rural areas; 1 in 5 have MH condition.⁵⁻⁶
- USPSTF:** Depression screen for Adults, validated tool for better MH outcomes.⁷
- Good self-care behaviors** prevent Mental Health & Physical health complications.⁸

Purpose

To alter and evaluate a depression screening process in a rural Iowa medical clinic.

- Expanded screening process for depression and self-care needs
- Staff Perceptions of ease and efficiency
- Provider experiences and observations of the psychological implications of COVID-19.

Methods

Project was deemed not human subjects' research

- Setting:** NESCO Family Medical Clinic in Zearing Iowa.
- Population:** Adults 19 to 89 years old for all primary care visits.

Current Practice Assessment

Tool Developed & Staff Education

Implementation & Evaluation

- Expanded depression screening process
- Developed self-administered depression screener & self care assessment.
- Education with pre- and post surveys
- Implementation of depression screening tool.
- Data collection: PHQ-9 & self-inventory; chart review on preceding PHQ scores; Bi-weekly staff check-in's
- Bi-Weekly Staff Check-in's
- Evaluation and analysis of data

Outcomes

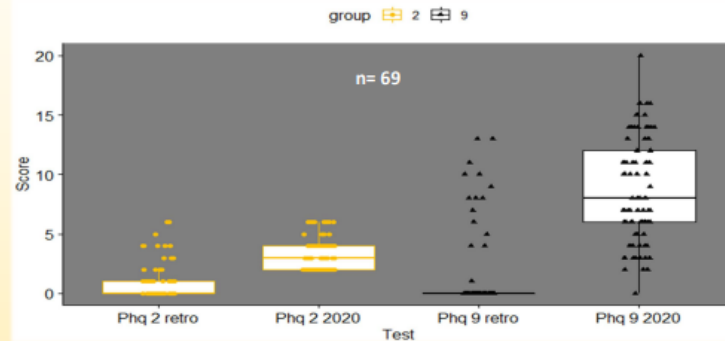
Staff Perceptions

- Scope:** # of staff
- Simple to use
- Effective for depression & identification of self-care
- Efficient Process; Preferred over Prior Process
- Staff Comments:** "patients are more honest when they read and write an answer"

- staff (unknown)

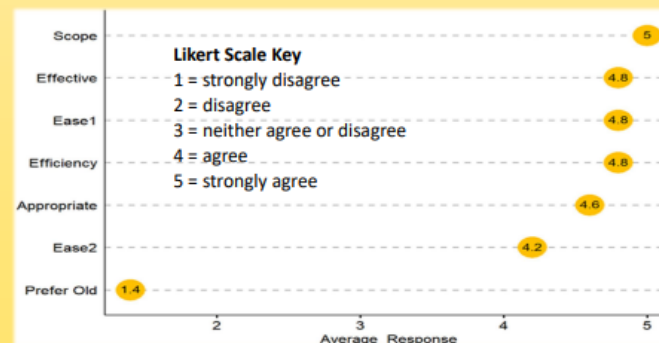
- Paired T-tests:** PHQ-9 significantly higher in 2020
- PHQ-9: 95% CL is 5.5 to 7.8 higher, estimated difference 6.7

Test	Scores Retrospective	Scores 2020	Lower Bound	Estimated Change	Upper Bound	P Value
PHQ-2	1.029	3.217	1.810	2.188	2.567	<2.2e16
PHQ-9	1.721	8.382	5.496	6.662	7.828	<2.2e16



- Self-care inventory:** Highest need identified Physical, followed Emotional, & then Psychological per 100 patients.

Measure	Per 100 patients	Lower	Estimate	Upper	P Value
Physical need		0.840	0.922	0.964	<.001
Emotional need		0.718	0.816	0.886	<.001
Psychosocial need		0.512	0.623	0.723	0.03



What are the psychological implications you have observed from patients due to the pandemic?

- Provider 1:** "Our old people are suffering, dying from loneliness and fear. The virus is potentially serious in some people, but our policies surrounding it causes additional suffering, especially in the nursing homes"
- Provider 2:** " Due to the pandemic, there is even more mental health concerns in this community, not to mention the MH that is already suffered"

Evaluation

- Self-administered screening tool:** effectively identified depression symptoms & self-care needs
- PHQ-9 scores: higher 2020 visits
- Self-Care:** Highest: Physical; then Emotional; & psychological least
- Staff Views: simple & efficient
- Limitations:** sample size; manual documentation-possible errors, saturation of depression screeners.
- Future Recommendations:** Repeat after Pandemic ; Adolescent Pop.

Conclusions

- Increase in PHQ-9 scores from 2020 visits than retrospectively.
 - (1) administration difference of depression screening process
 - (2) Pandemic consequences
- Staff: Process simple, easy and efficient
- Dissemination:** Presentation to NESCO Family Medical Clinic & Possible Publication in The Journal of Rural Health

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Introduction

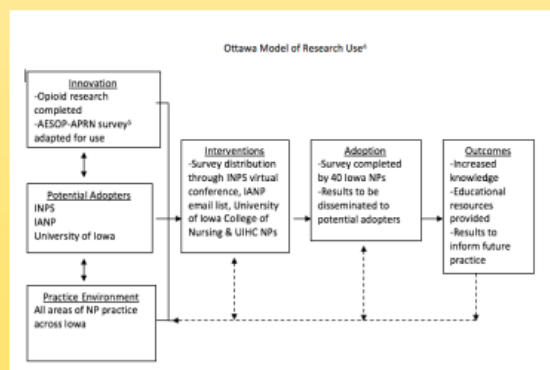
- The problem to be addressed in this project is opioid prescribing for chronic pain management
- Long-term or high dose use of opioids increases risk of patients suffering from opioid use disorder, overdose, and death¹, which has a very high economic burden estimated at \$78.5 billion annually².
- Primary care is a setting where many long-term opioid users receive their therapies, and up to one fourth of these patients experience opioid addiction¹.
- From 2005 to 2017, the number of opioid-related deaths in Iowa increased by more than triple³

Purpose

- Purpose:** To describe opioid prescribing practices of Iowa nurse practitioners, including knowledge and utilization of evidence-based practice recommendations, and obtain data about education received by nurse practitioners in graduate programs on opioid prescribing and dependence
- Objective 1:** Identify current opioid prescribing practices of Iowa nurse practitioners
- Objective 2:** Identify NP knowledge of educational resources for opioid prescribing and their likelihood of utilizing these resources
- Objective 3:** Evaluate time spent on opioid prescribing in NP program curriculum

Methods

- IRB approval was received
- Population: Iowa nurse practitioners



Outcomes



Evaluation

- Survey responses were collected from 40 Iowa nurse practitioners identifying current opioid prescribing practices
 - Study recruitment was limited by last minute alterations in collection methods due to COVID-19
- Survey results showed many providers are aware of educational resources available on opioid prescribing and interested in further education on the topic
- Time spent on opioid education in NP programs varied, with many respondents unsure of the quantity of education or reporting very little/not enough
- Respondents generally did not feel well prepared to manage patients with chronic pain or addictive disorders based on their training

Conclusions

- Survey Impacts:**
 - Increased knowledge of opioid prescribing practices of Iowa nurse practitioners
 - Communication of available resources for continuing education on opioid prescribing for providers
 - Identification of gaps in knowledge and education of ARNPs on opioid prescribing & chronic pain management
- Challenges:**
 - Engaging survey respondents was a challenge as in-person recruitment and presentation of the project to local providers was not possible due to COVID-19
 - Specific number of hours spent on opioid training was difficult to ascertain as many respondents did not remember or did not have specific training dedicated to this topic
 - While this survey targeted ARNPs who currently practice in Iowa, some may not have been educated in Iowa
- Dissemination:**
 - Project defense at the University of Iowa
 - Dr. P. Bruckenthal, creator of AESOP-APRN survey
 - INPS & IANP leadership
 - University of Iowa College of Nursing
- Sustainability:**
 - This survey could be expanded to a wider audience in the future or adapted for use in other states as well

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The Implementation of a LGBTQ Health Education Intervention in an Interdisciplinary Mobile Clinic

James Kinney BSN, RN, FNP-DNP Student
University of Iowa Mobile Clinic

Introduction

- According to the Institute of Medicine (IOM), many healthcare providers "are not trained to provide care for LGBT individuals, and providers themselves report a lack of knowledge about the issues facing their sexual- and gender-minority patients."¹
- Less than one third of physicians addressed sexual orientation with adolescents due to lack of comfort with the conversation and uncertainty about addressing orientation, as well as lack of knowledge of resources available to the LGBT community.²
- Another study examined nurses' comfort with the LGBT community and found that 79% had no specialized training with the population, 12% stated they were not comfortable providing care, and 20% wished they had more training available.³

Purpose

- Purpose: To improve the LGBT-Development of Clinical Skills Scale (LGBT-DOCSS), Clinical Preparedness, Attitudinal Awareness, and Basic Knowledge scores of interdisciplinary volunteers from the UI Mobile Clinic
- Enhance the patient satisfaction experienced by the LGBTQ community when accessing healthcare services
- Objective 1: Deliver LGBTQ health education intervention to 20% of active UI Mobile Clinic volunteers
- Objective 2: Improve baseline scores on LGBT-DOCSS⁴ by 20%
- Objective 3: Improve LGBTQ patient satisfaction scores by 20% from baseline

Methods

- Project was deemed not human subjects research
- Setting: University of Iowa Mobile Clinic
- Population: University of Iowa Mobile Clinic Volunteers
- Project will be implemented in two separate phases:
 - Educational Phase - Fall 2018
 - Educational module with topics with permission from the National LGBT Health Education Center was available to volunteers on UI Mobile Clinic ICON site from November 2018 - February 2019
 - Clinical Phase - Spring 2019
 - UI Mobile Clinic LGBTQ Clinic held March 16th, 2019
 - Data analysis took place from February 2019 - March 2019

Outcomes

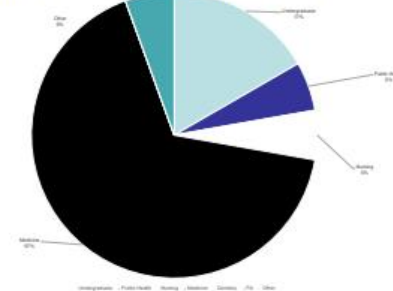
- LGBTQ educational intervention was delivered via ICON to UI Mobile Clinic volunteers
 - Goal – completion by 20% of active UI Mobile Clinic Volunteers
- Qualtrics pre- and post-survey LGBT-DOCSS⁴ were completed by participants receiving the LGBTQ health educational intervention
 - Goal - 20% improvement from baseline scores
 - Higher scores indicate higher levels of clinical preparedness and knowledge, as well as less prejudicial attitudinal awareness regarding LGBT clients/patients⁴
- LGBTQ Clinic Intake Form and Patient Satisfaction Survey implemented into UI Mobile Clinic resources for use at future LGBTQ Clinics
 - Partnerships developed with community organizations in order to connect LGBTQ patients with appropriate and accessible services

Evaluation

- 12% of active UI Mobile Clinic volunteers completed LGBTQ educational module
- 18 respondents completed both the pre- and post-intervention LGBT-DOCSS and provided contact information for participation in UI Mobile Clinic LGBTQ Clinic
- 5 patients attended the Shelter House Clinic with LGBTQ services, but did not identify as LGBTQ
- Paired t-test analysis yielded the following results:

N=18	LGBT-DOCSS	Clinical Preparedness	Attitudinal Awareness	Basic Knowledge
PREDATA				
Mean	5.20	3.67	6.59	5.44
SD	0.71	1.42	0.47	1.01
POSTDATA				
Mean	5.87	4.71	6.64	6.57
SD	0.69	1.18	0.48	0.77
MEAN IMPROVEMENT	13%	28%	1%	21%

- The following graph displays participant demographics by discipline:



Conclusions

- Project findings included improved scores on the LGBT-DOCSS, as well as the Basic Knowledge and Clinical Preparedness subscales, of volunteers within the UI Mobile Clinic
- The Attitudinal Awareness subscale did not yield statistically significant improvements post-intervention
- Sustainable LGBTQ resources implemented for future UI Mobile Clinic LGBTQ Clinics
- Due to the interdisciplinary nature of the UI Mobile Clinic, data could be applied to various disciplines in order to develop curricula related to care of the LGBTQ community

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PARTNERSHIP & COLLABORATIONS



NURSING FACILITIES & COMMUNITY PARTNERSHIPS FOR DNP PROJECT IMPLEMENTATION



Benefits to Partnership:

- Addressing the pressing clinical or health system challenges with latest evidence-based practices or quality improvement tools
- Opportunity for Academic-Practice Collaboration
- Contribution for improving patient outcomes or staff education/development
- Opportunity to impact the leadership and development of the DNP student, while having hands-on experience in project implementation
- Opportunity for team building and interprofessional collaboration skills, which can support staff development
- Highlight the project site's contribution with project dissemination.

THANK YOU FOR YOUR INTEREST IN PARTNERING & CREATING REWARDING
OPPORTUNITIES FOR OUR STUDENTS





CONTACT INFORMATION



- Please reach out if interested to partner and provide resource contact information.
- Please provide any **potential patient care, patient safety, health system, and/or quality initiatives** that our students can support in a future **DNP project**.

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