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Evaluating 30 Day Rehospitalization After SBAR Implementation in Rounding

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Walden University
2018

Abstract

Evaluating 30 Day Rehospitalization After SBAR Implementation in Rounding

by

Michell Mulberry

MS, Rutgers, 2011

BS, Rutgers, 2007

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

April 2018

Abstract

Transferring from an acute care setting to a sub-acute rehabilitation (SAR) setting can be challenging for both patients and providers because communication errors may occur. The purpose of this project was to evaluate the effectiveness of a 2017 quality improvement (QI) initiative that was implemented to reduce 30-day rehospitalization in a SAR setting serving older patients. The project involved an evaluation of the implementation of the Situation, Background, Assessment, and Recommendation (SBAR) tool for patient rounding to decrease the incidence of 30-day re-hospitalizations. Aristotle's linear model of communication, which emphasizes the impact of message delivery on audience response, provided the framework for this project. The evaluation project was conducted using the project organization's internal database to determine if the 2017 QI initiative reduced 30-day readmissions to the hospital. Data were evaluated 3 months before the implementation of the 2017 QI initiative and 3 months after the start of the project. Components reviewed included length of stay, clinician authorizing transfer, day of the week, time of transfer, reason, and outcome of the transfer. There was a significant decrease in return-to-hospital for Monday through Friday, but an increase was seen on the weekend (Saturday-Sunday), mainly in the morning and evening. Full-time staff who had participated in the education program worked Monday through Friday. Weekend staff were part-time staff who had not participated in the SBAR training. There was no consistency in the reason for transfer to hospital. The introduction of the SBAR education program had a positive effect on the quality of life of patients readmitting to the hospital.

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Dedication

I dedicate this scholarly work to my God from above, who is first and foremost in my life. God has truly been by my side and made this all possible. To my husband, Vincent, I thank you for being by my side and offering continuous encouragement when I was ready to give up, I love you. Finally, to my 87-year-old dad, Enoch Wen, my best friend and biggest cheerleader, thank you!

Acknowledgments

I would like to acknowledge my chair, Dr. Diane Whitehead. You have been very supportive since I started the program in 2014. Never did you make me feel like I was a bother to you. Thank you so much for your wonderful gift of loving what you do. It is with gratitude that I say to my committee member, Dr. Barbara Barrett, and URR, Dr. Tracy Wright - thank you ladies so much for your support, comments, and suggestions. I would also like to thank you for your promptness.

My sincere appreciation goes to my late boss, best friend, mentor, and sister in Christ, Rachel, for encouraging me to pursue a doctoral degree. Rachael told me that I could do anything that I put my mind to. Thank you to the administrator for her constant encouragement and for allowing me to use the organizational database to obtain my data. A special thank you to all three of my children, Shakia, Usman, and Fatima, for putting up with me throughout all of my schooling years; my niece, Victoria, for always offering words of encouragement; my twin sister, Rachell, for always being there to listen as I vented; and, last, my best friend for life, my husband, Vincent Mulberry, thank you for your support, prayer, encouragement, and understanding throughout this scholarly journey.

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Section 1: Nature of the Project

Introduction

Unanticipated rehospitalizations often are preventable with a well thought out

interdisciplinary team approach (ITA), according to (Regalbuto, Maurer, Chapel,

Mendez, & Shaffer, 2014). Patients are being discharged from acute care facilities in a

sicker and weaker state than before their admissions, which has resulted in patient safety

and quality concerns (Unruh, Trivedi, Grabowski, & Mor, 2013). Regalbuto, Maurer,

Chapel, Mendez, and Shaffer (2014) noted that SARs and other facilities are mandated by

the Joint Commission on Accreditation (JCON) to enforce interdisciplinary collaboration

to ensure that quality and safety measures are followed throughout a patient's stay.

Quality patient care includes a commitment to nursing care while patients transition from

an acute care setting to a sub-acute rehabilitation (SAR) setting. Medicare, Medicaid, and

health maintenance organizations (HMOs) have reviewed quality metrics of acute care

institutions in the United States based on unanticipated 30-day rehospitalization (Haley,

Mei, & Spaulding, 2016).

Communication is the fundamental component of delivering quality and safe

patient care. Insufficient communication between members of the health care provider

team is viewed by JCON as a barrier to quality patient care (Regalbuto, Maurer, Chapel,

Mendez, & Shaffer, 2014). Furthermore, communication barriers contribute to hospital

readmission rates, Corley and Spooner (2016) noted. Communicating factual

observations of a patient's situation is a significant component of reducing 30-day

rehospitalizations (Corley & Spooner, 2016). As Unruh et al. (2013) observed, providers

are able to improve patient outcomes when they have the appropriate data necessary to make an informed medical decision. To ensure continuity of care while maintaining patient safety, health care professionals must, therefore, be educated on the various tools necessary to provide the appropriate information needed for advanced practice nurses (APNs) or medical doctors (MDs) (Corley & Spooner, 2016). Therefore, it is vital that nurses are aware of any barriers to communication such as those associated with patients with intellectual disabilities, which often poses a problem in long term-care facilities (Lewis, Gaffney, & Wilson, 2016). It is imperative that all healthcare providers, and members of the interdisciplinary team (IDT), including nurses focus on effective communication while delivering quality patient care.

Interdisciplinary team rounding is an approach in which bedside reporting is used to discuss pertinent patient care while involving the patient, family, licensed practical nurses (LPNs), registered nurses (RNs), a physical and occupational therapist, a pharmacist, and APNs (Reimer & Herbener, 2014). An interdisciplinary team rounding approach (ITRA) using Situation, Background, Assessment, and Recommendation (SBAR) communication is beneficial to maintaining patient safety and overall quality of care (Cornell, Gervis, Yates, & Vardaman, 2014). Communication using the SBAR tool represents four common areas in nursing: assessing the situation, obtaining background information, assessment of the current state of the patient, and future recommendations. According to the Institute for Healthcare Improvement (2018), use of the SBAR tool has been used for decades, has proven to be a successful tool that is precise and enriches patient communication among the IDT (Cornell, Gervis, Yates, & Vardaman, 2014). The

SBAR tool was implemented at the project site by the IDT during rounding to address each patient's current care plan, issues or concerns identified, and discharge plans. An interdisciplinary team rounding approach using SBAR lends to more effective communication that may otherwise be excluded or overlooked (Cornell et al., 2014). Prior to the implementation of SBAR at the project site, the nurse educator presented to the IDT how SBAR was to be used during ITRA.

Problem Statement

The transfer of patients back to acute care within 30 days post discharge has resulted in decreased quality scores and patient safety concerns. Often, patients are have been transferred to a SAR in an effort to optimize their health potential in a supervised nursing setting, with the intention of reducing 30-day rehospitalizations (Unruh et al., 2013). Intrator et al. (2015) noted that placing APNs in SARs has proven to be effective in decreasing 30-day rehospitalizations. As Intrator et al. observed, APNs, on average, visit with more patients in facilities than physicians. At the SAR where the project was conducted, most of the nurses are LPNs with a few RNs working on each shift as supervisors, one director of nursing (DON), and one in-house APN who has the role of hospitalist for Monday-Friday day shifts. LPNs are caring for approximately 15-20 patients each depending on the shift. A large patient load such as this often leads to a lack of adequate assessment time (Hellerawa & Adambarage, 2015). Insufficient staffing and time for assessment make it imperative that other approaches to quality care and patient safety be pursued.

An ITRA using SBAR allows all parties involved in the direct care of the patient, including family (if applicable), to share thoughts and feelings toward care and identify any unusual problems as well as progress made (Cornell et al., 2014). This shared approach enriches communication among these stakeholders while giving the patient a sense of control over his or her well-being (Cornell et al., 2014). In addition, its use encourages members of the team to enlist help from others where necessary and to offer recommendations as needed (Cornell et al., 2014). In general, the use of SBAR during ITRA has shown effective in decreasing unexpected 30-day rehospitalizations. Communication has been shown to have a significant impact on overall patient safety, quality, and whether an unexpected rehospitalization occurs (Cornell et al., 2014). In this project, I evaluated the SAR administrators' implementation of the QI project to improve 30-day rehospitalization rates.

Purpose Statement

The purpose of this DNP project was to evaluate the impact of a 2017 implementation of an ITRA using SBAR in a SAR setting's 30-day rehospitalization rates. Researchers have found evidence that the SBAR communication guide is effective in improving communication of patient information among nursing staff. Also, SBAR has been shown to be effective in increasing team members' communication of findings and enhancing their assessment skills when incorporated into bedside rounding (Cornell et al., 2014). I undertook this project to gain insight about the success of the SAR setting's QI initiative. To conduct the evaluation and assess the effectiveness of the QI

implementation, I examined secondary data obtained from the organization's hospital tracking database.

Communication using SBAR not only enhances one's communiqué but it helps develop nurses' critical thinking ability when reporting to the APN or physician. Also, enhanced uniformity and predictability of communication is revealed through the use of SBAR (Cornell et al., 2014). The nurse educator at the SAR facility was given the SBAR resource material by the ARNP, to educate the staff before the QI project implementation. Using enhanced assessment skills, standardized communication, and ITRA, positive outcomes of decreasing 30-day re-hospitalization rates were observed in the clinical environment (Kearns, 2015). According to the facility ARNP, lack of standardized communication tools such as SBAR has, in the past, contributed to increased return to hospital rates in the sub-acute setting where the QI initiative was implemented. Inadequate communication among health care team members can lead to a gap in nursing practice resulting in increased 30-day rehospitalizations (Cornell et al., 2014).

I designed this DNP project to evaluate if the gap in return to hospital within 30 days of discharge decreased over a 3-month period. Specifically, I evaluated the data on the SAR setting's 30-day rehospitalizations 3 months before and 3 months after the implementation of the QI initiative to determine its effectiveness. In conducting the evaluation, I also wanted to supplement the existing body of knowledge on when and why patients' were being discharged to the acute care setting. According to Beadnell, Stafford, Crisafulli, Casey, and Rosengren (2016), to evaluate the effectiveness of data,

analysis must be done longitudinally. In other words, the same type of data was reviewed before and after the QI projects initiative.

Nature of the Doctoral Project

The nature of the DNP project was to evaluate the effectiveness of a QI initiative implemented by the SAR facility in April 2017. De-identified data on 30-day re-hospitalizations were provided by the institution. I conducted a literature review using various databases, including CINAHL, EBSCOhost, Medline, Ovid, ProQuest, PubMed, Medical Sciences, The Cochrane Library, Nursing and Public Health, and Point Click Care. I evaluated the effectiveness of the SAR facility's QI initiative by collecting data over a 3-month span pre and post implementation of the QI initiative.

Significance

Since 2010 when the Patient Protection and Affordable Care Act (PPACA) was enacted, hospital readmission rates in the United States have been assessed on a continuum for quality metrics as well as cost (Kirsch, Kothari, Ausloos, Gundrum, & Kallies, 2015). One quality metric is 30-day readmissions. The focus of this evaluation was on measuring the effectiveness of communication in reducing 30-day rehospitalizations in a SAR setting after the incorporation of SBAR into an ITRA. QI evaluations such as the one undertaken for this project can help to ensure that all patients within the SAR setting have an effective plan of care in place and that it is revised as appropriate (Reimer & Herbener, 2014). Communication of patient information using SBAR in ITRA should result in a decreased chance of error and, subsequently, enhanced patient safety (Reimer & Herbener, 2014). The multifaceted nature of human systems

makes it challenging to demonstrate the immediate impact of implementations within organizations (Johansson & Lu, 2017). Therefore, it is imperative that trust, collaboration, employee engagement, and job fulfillment are present when introducing or evaluating change (Johansson & Lu, 2017).

Summary

Post-acute 30-day readmissions have been a significant concern for Medicare, Medicaid, and HMO administrators. The Readmission Reduction Program reduces Medicare disbursements to U.S. hospitals for various reasons, including a high rate of readmissions (Corley & Spooner, 2016). Leaders of the SAR facility in this project identified a gap in practice that involved lack of communication among members of the interdisciplinary team during ITRA which resulted in 30-day hospital readmissions. Interventions are put into place to incorporate SBAR during ITRA, with the prediction that 30-day rehospitalization typically seen in a SAR setting would be reduced. The linear model of communication (Mishra, 2017) provided the framework for the evaluation of the impact of the 2017 QI project involving the use of SBAR in the SAR setting. In Section 2, I explain relevant concepts and offer a justification for my use of the linear model as the framework. In addition, I present a synthesis of seminal and scholarly works on the incorporation of SBAR during ITRA.

Section 2: Background and Context

Introduction

Transferring patients back to an acute care setting within 30 days of discharge poses a problem for patient safety, researchers have found (Cornell et al., 2014). Incorporating a communication tool such as SBAR can potentially close gaps in patient care, resulting in fewer 30-day hospital readmissions (Cornell et al., 2014). ? The purpose of this DNP project was to evaluate 30-day re-hospitalizations after the execution of ITRA using SBAR. The practice-focused question for this project was, Will implementation of SBAR for rounding in SAR facilities decrease the incidence of 30-day rehospitalizations. In a previous study conducted by Cornell et al. (2014), incorporating SBAR during ITRA proved effective in sharpening nursing assessment skills, therefore, leading to better patient outcomes.

Concepts, Models, and Theories

Framework

The framework used for this DNP project was Aristotle's linear model of communication. Aristotle's model demonstrates effective communication through a rhetoric process (Mishra, 2017). The rhetoric process entails delivering the message in a manner that the audience can receive the message being conveyed. The goal of this DNP project was to incorporate the linear model of communication to determine if a QI project implemented in 2017 resulted in reduced 30-day rehospitalization at a SAR setting. A tenet of the linear model of communication is that the speaker must have credibility to influence the audience of a message (Mishra, 2017). Change involving communication is

warranted in sub-acute settings to reduce 30-day re-hospitalizations (Reimer & Herbener, 2014). It is imperative to have a speaker who presents information that holds the attention of the audience as well as captivates buy-in of the QI project. Figure 1e illustrates areas where communication can become misconstrued during the linear communication process.
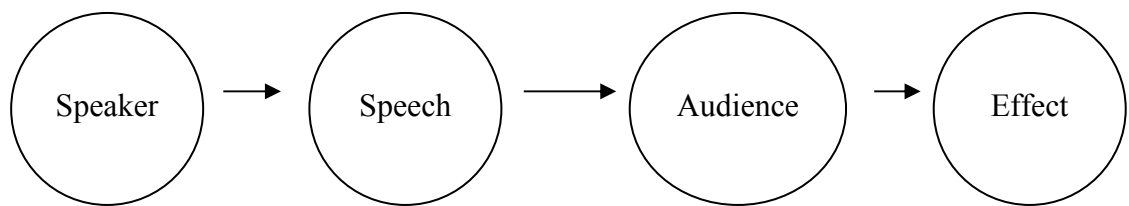
Figure 1. Aristotle's Model of Communication. Taken from: Mishra (2017). Retrieved from *https://www.businesstopia.net/communication/aristotles-model-communication*

Effective communication involves having a good communicator (Mishra, 2017). According to Middaugh (2017), communication can become misconstrued if the speaker is not prepared, does not know his/her target audience, holds no eye contact, and does not monitor his or her tone and pitch when delivering the speech. Target audiences formulate an opinion of the credibility of a speaker within the first few minutes of speaking; therefore, it is essential to know one's target audience and communicate effectively and

efficiently (Middaugh, 2017). Body language of the audience often offers a hint as to whether or not they are following the presenter (Mishra, 2017).

Definitions

Interdisciplinary team rounding approach (ITRA): An approach to patient care that has been found to be beneficial in improving communication of patient information from one department to another (Menefee, 2014).

Situation, background, assessment, and recommendation (SBAR): A communication tool used to identify a patient's status, examine the history of the patient, make an evaluation based on the data collected, and offer an informed recommendation that would benefit the patient (Cornell et al., 2014). SBAR has been used in previous studies and has been found to be effective when integrated during bedside rounding (Cornell et al., 2014).

Relevance to Nursing Practice

The scope of this literature search includes studies with a primary focus on 30-day hospital readmissions published in English between January 2013 and January 2018. Formative works on 30-day hospital readmissions and additional studies often cited in the literature were also incorporated. Because of the types of databases investigated and the time frame covered, the literature search was inclusive and time-consuming. Gathering the literature had to be conducted within the daily routine of the organization, leading very little time for error.

Significant literature was critiqued for theories and substantiation that offered support for the problem statement. The exploration of the literature search generated

more than 200 articles; however, careful critiquing and eliminating of articles I deemed too broad resulted in a total of 24 remaining articles. A literature review matrix (see Appendix B) was created to elucidate the designated articles according to Walden University Writing Center guidelines. The review of the literature revealed that communication among professionals during rounding in SAR settings has been lacking in quality, which has contributed to increased 30-day rehospitalizations (Cornell et al., 2014). ITR is imperative for the delivery of excellent patient care (Menefee, 2014). According to Menefee (2014), the Affordable Care Act stresses the importance of "public reporting and pay for performance" (p. 598). An ITRA can make a reassuring transformation in patient and facility outcomes (Menefee, 2014). Communication among group workers was observed according to Menefee and was described as inconsistent, without limitations, and dependent on the electronic health record for communication.

Menefee (2014) posited that, without proper communication, operative leadership, and communal accountability, interdisciplinary team collaboration could be ineffective. To increase communication among professionals during rounding in the SAR setting it is beneficial to incorporate a standardized tool to enhance communication such as SBAR (situation, background, assessment, and recommendation). The SBAR communication tool has been used in hospital settings for rounding and has been proven effective regarding patient safety and quality (Coley, 2015). Also, SBAR has been used during patient handoff to reduce communication errors (Stewart & Hand, 2017). Incorporating SBAR has engaged professionals to pay close attention to specific areas of

patient care that might be missed during a report excluding standardization (Stewart & Hand, 2017).

Rehospitalizations have been on the rise since 2008 and have cost federally funded programs such as Medicare and Medicaid billions of dollars annually (Unruh et al., 2013). A study conducted by Kind et al. (2014) revealed that one in every five hospitalized patients has returned within 30 days for a similar reason. Initiating a standardized tool during patient reporting helps to reduce the rise seen with 30-day rehospitalizations (Coley, 2015). According to Stewart and Hand (2017), including SBAR has added stability and predictability to nursing handoff and has been recognized as the communication tool of choice by the Joint Commission. Standardizing nursing handoff holds each nurse involved accountable for preventing 30-day-re-hospitalizations (Coley, 2015).

Prior to Medicare and Medicaid holding institutions responsible for 30-day re-hospitalizations, there was no standardization found during observation of nurse-to-nurse report. For example, report could be given in over the phone versus in person from nurse to APN. Stewart and Hand (2017) theorized that the use of the SBAR tool had formulated a shared language for reporting patient care and enhanced the confidence of speakers. In addition, use of SBAR has held nursing professionals accountable for reporting accurately during handoff and has solidified the perception of communication amid health care workers (Stewart & Hand, 2017). For this DNP project, SBAR was evaluated from a retrospective date query on its effectiveness for reducing 30-day readmissions.

Local Background and Content

Care and communication rendered in a SAR setting have a significant impact on whether 30-day re-hospitalizations can be avoided (Coley, 2015). The gap identified at the facility level begins with communication among the interdisciplinary team (Cornell et al., 2014). Communication using SBAR has proven to be a bridge between reduced quality of care and exceptional quality of care (Coley, 2015). Findings in the literature suggest that with standardization of communication in SAR settings, current issues in care can be addressed during ITRA (Cornell et al., 2014). SBAR has been proven effective in ITRA, improving healthcare outcomes and decreasing 30-day re-hospitalizations.

In the SAR setting where the DNP project was conducted, patient care was rendered by LPNs, RNs, therapists, and one APN in the role of hospitalist. Also, medical doctors as well as APNs, came into the building two-three times a week to do rounds on their patients. With quality and safety as the goals of healthcare, while reducing 30-day re-hospitalization, it is imperative that other members of the interdisciplinary team became familiar with the communication tool (SBAR) that was introduced to ITRA. Standardized communication, using SBAR has prompted those among the interdisciplinary team to collect data appropriate to the patients' current situation to communicate efficiently and effectively during ITRA (Cornell et al., 2014). Coley (2015) posited communication in SAR would ultimately affect overall health outcomes, which is why standardization of communication, using SBAR during ITRA remains essential.

Role of The DNP Student

I am an APN and the expert leader full-time in the clinical milieu where the project was conducted. My incentive to initially assist with the 2017 implementation and now evaluation of the QI project was during hire in March of 2017. The administration at the SAR facility noticed a major incline with 30-day re-hospitalization. Prospective biases such as misconstrued data was controlled by only pulling deidentified data from the facilities database where I have no control.

Summary

Communication using the SBAR tool represents four common areas in nursing; Situation, Background, Assessment, and Recommendations. According to the Institute for Healthcare Improvement (2018), the SBAR tool is a technique that offers a model that is used to enrich patient communication among an interdisciplinary team. The four areas identified in addition to ITRA assisted the interdisciplinary team in identify current issues that needed to be addressed to prevent 30-day re-hospitalizations while in a SAR setting. However, 30-day re-hospitalizations continued to occur despite the QI project implementation. Further assessment/evaluation was needed to try and make sense of the underlying problem. Members of the interdisciplinary team were forced to assess intimately specific areas about to the patients' current health status to discuss during ITRA with other members of the team.

Discrepancies in the way that SBAR was delivered as the communication tool may play a role in this continuing gap in care. This DNP project was designed to evaluate

the effectiveness of 30-day return to hospital rates after the implementation of SBAR was

introduced to ITRA. The project was carried out throughout the facility on all admissions.

Section 3 of this project presents the evidence from prior studies containing

organizational data which backs the necessity for intercession.

Section 3: Collection and Analysis of Evidence

Introduction

Patients returning to the hospital within 30 days of discharge have become an increasing challenge for nursing facilities. There are various reasons as to why this is occurring, i.e. Lack of standardized communication, and language barriers. However, evaluation at the SAR facility where the QI project was implemented identified nonconsistent communication as a contributing factor. This QI project was intended to address the identified gap in practice using a standardized communication tool during ITRA. The theoretical framework for this evaluation project was the linear model of communication, which discusses communication as a linear process involving the speaker, speech, occasion, audience, and effect (Mishra, 2017). Communication occurs through rhetorical language. In other words, the speaker presents material to the listener in a manner that persuades him or her a certain way (Mishra, 2017).

In Section 3, clarification is presented for the practice-focused question, project purpose, and key concepts. In addition, there is a description of the sources of evidence and how they reinforced the evaluation project. The process for conducting the literature search, the use of a measurement tool for data collection, ethical considerations, and statistical data analysis are also presented.

Practice-Focused Question

There is an institutional policy at the practice site that embraces the use of the standardized communication tool SBAR; however, SBAR was not consistently implemented to decrease 30-day rehospitalizations. Additionally, the absence of pertinent

patient information during ITRA often led to omitted treatment of ill patients, which potentially contributed to their return-to-hospital. A gap in practice associated with lack of standardized communication during ITRA had been identified within the organization. In this QI evaluation project, I addressed the following practice-focused question: Will implementation of SBAR for rounding in SAR facilities decrease the incidence of 30-day rehospitalizations?

Outcomes from prior studies specified that adjustment in communication as a positive step toward improving patient outcomes by reducing 30-day re-hospitalizations (Kearns, 2015). The purpose of this doctoral project was to evaluate the impact of a 2017 SBAR in the SAR setting on 30-day rehospitalization rates. Hospital 30-day re-admission rates were evaluated before and after the initiation of SBAR into ITRA through a computerized program (Point Click Care) that the institution uses for data analysis. The following key terms were used for this doctoral project:

Definitions of Terms

30-day hospital readmission: Patients who were released from the hospital for whatever reason end up back within 30 days. Not all returns to hospitals are preventable (Almkuist, 2017).

Mnemonics: A method used to support memory (Mocko, Lesser, Wagler, & Francis, 2017). An example of a mnemonic is SBAR, which stands for situation, background, assessment, and recommendation (Cornell et al., 2014). SBAR is a uniform communication tool used in nursing to enhance team-based communication (Kostoff, Burkhardt, Winter, & Shrader, 2016). Another mnemonic used in the project is ITRA,

which stands for interdisciplinary team rounding. ITRA refers to when various persons from multiple disciplines come together for the benefit of the patient round and to discuss patient care.

Point click care database: A web cloud-based program where documentation of patients' medical records is kept confidential in one location but easily accessed via mobile devices as well as computers (PointClickCare, 2018).

Shift supervisor: A RN or LPN designated by the facility to oversee all patient care and who is assigned tasks throughout the facility on a shift (Cantu, 2016). He or she is responsible for assessment, diagnosis, implementation, and evaluation of a patients' condition before calling the APN or MD.

Team rounding: A practice which involves the interdisciplinary team going from patient room to patient room to discuss pertinent information in order to enhance quality of care by involving the patient and family (Bahr, Siclovan, Opper, Beiler, Bobay, & Weiss, 2017).

Sources of Evidence

The organization's operational data includes continual hospital tracking documentation entered into the Point Click Care database by the nurses. The facility provided organizational data pertaining to return to hospital and patient admission. The interdisciplinary team consistently implemented SBAR after the quality improvement plan was initiated on April 1, 2017. Deidentified data from the facility included a 3-month report of 30-day readmissions, the time frame between discharge and readmission, the provider type (MD or ARNP), shift when discharge occurred, and the reason(s) for

readmission. Data was provided for the 3 months prior to the QI implementation and 3 months after implementation. The facility provided a signed letter of cooperation (see Appendix A) supporting this project.

Analysis and Synthesis

Data was compared pre-and post-implementation of the SBAR ITRA project. During this DNP evaluation project, de-identified data were studied in category format. For example, I reviewed various segments of the organizational data base regarding hospital readmissions before I could synthesize the data. Recommendations for changes in the current process were developed and presented to the administration at the SAR facility.

Summary

In Section 3, I described the procedures for analysis and synthesis of the data. Section 4 will present the interpretation of the research findings, execution, strengths, and constraints of the DNP project, and recommendations for forthcoming research. Prior to implementing this evaluation, approval from the Institutional Review Board at Walden University # 02-28-18-0555354 was obtained.

Section 4: Findings and Recommendations

Introduction

The evidence-based DNP evaluation project developed from an acknowledged problem in the institution where there was a significant amount of 30-day readmission to the hospital after discharge. Evidence from various studies indicates that lack of communication is often associated with poor patient outcomes (Corley & Spooner, 2016). The practice-focused question for this project was, Will the implementation of SBAR for rounding in SAR facilities decrease the incidence of 30-day rehospitalizations? The purpose of the QI project was to evaluate whether a 2017 QI initiative involving the implementation of SBAR during ITRA in the SAR setting was effective in reducing 30-day return to hospital admissions. The problem statement addressed a decrease in quality scores and patient safety concerns with transfers back to the acute care setting within 30 days of discharge. Evidence for this project came from de-identified data collected from the institution's electronic health record database. Analytical strategies evolved from the presentation of 3-month report of 30-day readmissions data before and after the 2017 QI initiative was implemented, the time frame between discharge and readmission, the provider type (MD or ARNP), shift when discharge occurred, and the reason(s) for readmission.

Findings and Implications

The purpose of this DNP project was to evaluate whether there was a reduction of 30-day hospital readmissions after the implementation of a 2017 QI project. The purpose was met by extracting de-identified data from the SAR's online protected health

information database. De-identified data were extracted for all less than 30-day

readmissions 3 months before the 2017 QI project was implemented by the institution

and 3 months after the implementation. Six main areas were central to this evaluation

process: (a) length of stay prior to discharge, (b) clinician authorizing transfer, (c) day of

the week transfer took place, (d) time of day, (e) reason for transfer, and (f) outcome of

the transfer. Table 1 shows the length of stay prior to return to hospital and the clinician

authorizing the transfer, Table 2 shows the day of the week the transfers took place, and

the time of day the transfer happened. Table 3 shows the reason for the transfer and the

outcome of the transfer.

Table 1

Length of Stay and Clinician Authorizing

	Length of Stay prior to QI project	Length of Stay post to QI project	Clinician Authorizing Transfer prior to QI project	Clinician Authorizing Transfer post to QI project
Amount of time in SAR before discharge				
2 days or less	8	10		
3-6 days	13	9		
7-29 days	20	28		
Authorizing clinician				
PCP			38	40
NP or PA			3	3
Covering physician			0	0
Other			0	4

The results from the Point Click Care database revealed that overall length of stay improved after the implementation of the 2017 QI project. However, clinicians authorizing the most return to hospitals did not change; PCPs and covering physicians

were sending patients to the hospital more than the ARNPs. There was a significant difference in the amount of discharges ordered by physicians as compared to ARNPs noted during the DNP evaluation project.

Table 2

Day of the Week of Transfer and Time of Transfer

Days of the week	Days of the week transfers took place prior to QI project implementation	Time of Day prior to QI project implementation	Days of the week transfers took place post to QI project implementation	Time of Day post QI project implementation
Monday	4		5	
Tuesday	4		7	
Wednesday	7		1	
Thursday	7		7	
Friday	6		7	
Saturday	7		10	
Sunday	6		10	
Morning		6		12
Afternoon		18		18
Evening		12		15
Night		5		2

According to the data entered into the Point Click Care database, there was a decrease in 30-day return-to-hospital seen Monday-Friday, but a significant increase seen during the weekend (Saturday and Sunday) after the 2017 QI project was implemented. In addition, discharges were noted to increase during the morning and evening after the 2017 QI project implementation.

Findings from the DNP evaluation project were consistent with other studies in terms of communication and education breakdown. He, Kalbfleisch, Li, and Li (2013) found that there is a lack of communication between health care professionals. Grim et al. (2010) found that patients are lacking in knowledge of their disease process.

The outcome of determining if there was a reduction of 30-day hospital readmissions after the implementation of the 2017 QI project was met because the data was clear and concise. While there was shift in the days of the week that the discharges occurred, overall, there were six more 30-day hospital readmissions after the 2017 QI project was implemented than before initiation. Weekend staff consists of few regular staff and more as needed staff who did not receive training on the SBAR tool. Therefore, implementation of SBAR for rounding in SAR facilities did not decrease the total incidence of 30-day re-hospitalization due to the weekend increase.

Findings from this DNP evaluation project generated opportunity to implement organizational support such as educating staff, patients, and health care providers on topics specific to reducing readmissions, as well as anticipatory guidance. Social change was supported by recognizing an educational gap in healthcare that can lead to organizational growth while improving patients' quality of stay in a SAR setting.

Recommendations

It is highly recommended that the evaluation period increases from three months before and three months after increase to three months before and six months after the QI project implementation. Initiating a new project could result in errors, therefore, choosing and longer evaluation period could possibly benefit the organization more. Educating

weekend staff on the use of the SBAR tool may be beneficial in decreasing 30-day re-admission rates on the weekends just as it did during the week. Educating the patients on which signs and symptoms that he or she needs to report would help with reducing 30-day hospital readmissions (Grim et al., 2010). Health care providers at the organization can be taught the importance of anticipatory guidance, and the significance of educating their patients on identifying future problems and when to notify the health care provider (Grim et al., 2010). During the analysis of data, it was identified that while Monday-Friday discharges decreased, Saturday and Sunday discharges increased. Full time staff worked during the week while part time staff worked on weekends. The weekend staff did not participate in the SBAR education program.

While the findings for clinicians authorizing the most return to hospitals did not change, PCPs and covering physicians were sending patients to the hospital more than the ARNPs, therefore, utilizing more ARNPs in periods of increased discharges may improve outcomes.

It may be beneficial to health care organizations to hire a weekend ARNP. Hiring ARNPs to work weekends has decreased chances of return to hospital because of access of care and decreased waiting times of the patients (Grant, Lines, Darbyshire, & Parry, 2017).

<p style="text-align:center">Strengths and Limitations of the Project</p>

Strengths

The fundamental strength of this DNP evaluation project rested upon the successful evaluation of the use of the SBAR tool used in ITRA and its effect on 30-day

readmissions. This evaluation project added to the current body of knowledge by discerning the differences between 30-day hospital readmissions prior to the 2017 QI project implementation and 30-day hospital readmissions post. Another identified strength is lack of data bias in data results; once all the data is imported into the database the calculations are automatically generated. At the end of the project, a follow up action was initiated by this DNP student with the educator to discuss educational opportunities to make the 2017 QI project successful. Finally, findings from this evaluation project could offer opportunities for the next DNP scholar to continue the process of research translation in pursuit of ongoing evaluation and improvement of 30-day re-hospitalizations.

Limitations

The evaluation project was conducted using three months of data prior to and post the implementation of the 2017 QI Project, which may not have been enough time to successfully evaluate the new data. Another possible limitation; inadvertent is omission of data by the organization, may have affected the outcome of the evaluation.

<div align="center">

Summary

</div>

The section of the paper focused on the discussion of findings and recommendations for future capstone projects. The strengths and limitations of the project were identified. Section 5 presents the plans for dissemination of my doctoral project. Also included is an analysis of myself.

Section 5: Dissemination Plan

Dissemination of DNP academic work allows practitioners as well as other health care providers to accomplish their role as change agents. In addition, dissemination of scholarly work is more appealing to an organization when promotion is up for discussion (Bertram et al., 2015). I plan to present the findings of my DNP evaluation project during a private luncheon for administrative staff of the SAR. This plan was carried out using visual aids such as posters and a PowerPoint presentation, with the hope that it will raise awareness to present and future options of decreasing 30-day hospital readmissions. I also envision publication in nursing journals as well as presenting at a peer-reviewed nursing conference.

Analysis of Self

Achieving a doctorate in nursing practice (DNP) validates the developing need for expert nurse leaders who can be transparent while circumnavigating complex healthcare needs while successfully executing modernizations (Rodriguez, 2016). My obligation as a DNP graduate will be to continue to work at the bedside while remaining in an administrative role, I will continue to promptly produce data and implement new knowledge that will enhance patient outcomes and quality of life. In my administrative role, I am expected to maintain the role of leader, teacher, patient advocate, and change agent.

Practitioner

My experience throughout this DNP program has been a major life changing experience. Initially, I questioned how I was going to complete the practicum hours

necessary to obtain the DNP degree while working a full-time job. Throughout this

course work for my DNP, I always reminded myself of my goals of leading the health

care industry into the future through evidence-based practice. Furthermore, I am prepared

as a DNP graduate to take on a faculty role in a school of nursing (Rodriguez, 2016). This

involves the skills learned during my practicum experiences that were necessary to lead a

clinical based institution while delivering leadership content.

During my practicum experience I was privy to viewing various policies and

procedures, none of which I ended up using throughout this journey. In fact, my

practicum experience is what made me think about my current evaluation project. It was

noticed that policies on preventing return to hospital were lacking, rounding was not

being performed in the facility, and nurses were not familiar with SBAR. In April 2017,

the organization wanted to implement the QI initiative immediately to see if 30-day

return to hospital would decrease. The initiative was implemented in April 2017. Because

it was already implemented, I decided to evaluate its effectiveness as part of my DNP QI

project.

Scholar

For this DNP educational process, I had to complete a literature review which was

very time consuming. In completing this review of literature, I gained a wealth of

knowledge that was needed for a complete understanding of what synthesizing and

evaluating evidence entails (Beadnell et al., 2016). While reviewing the literature I

noticed that I had a different outlook on certain topics than other researchers. For

example, my perception of SAR facilities was not limited to just rehabilitation patients,

but long-term care patients as well. I also had a complete moment of realization that if time permitted more scholarly research would be completed.

Engaging in activities that will be geared toward advanced nursing knowledge, better patient outcomes, and organizational growth in nursing are my motives as a DNP scholar. I would like to share my knowledge with others using technology, journalism, professional organizations, and face-to-face presentations. Engaging in clinical scholarship will require improvement in the nursing profession, while implementing new data (Carter, Mastro, & Vose, 2017). In addition, as a DNP scholar I look forward to taking the role of educator in an academic setting as a faculty member. The latter role will allow me to contribute to the discipline of nursing, while helping future nurses.

Project Manager

The completion of my DNP evaluation project allowed me to review all aspects of a 2017 QI initiative that was quickly put into place by the ARNP at the organization. The ARNP was given a new at the facility and was told what needed to be done immediately upon hire to decrease 30-day hospital readmissions. Prior to the implementation of the new initiative, I involved the staff by asking their input of how they thought the initiative should be carried out. My goal as the DNP project manager was to evaluate if the 2017 QI initiative was effective. According to Mayo (2017), when deciding on a DNP project topic, one must take into consideration whether the gap in local practice is well defined while making sure when the change was projected, the evidence is solid. Evidence-based research is appreciated at my practice site, which made completing my project evaluation easier than I anticipated.

According to Mayo (2017), prior to beginning any DNP project there must be evidence that a gap in practice exists. In my situation, the gap was identified at my practice site prior to my hire. However, upon hire it was brought to my attention what the gap in practice was and I was asked to immediately put into place what was originally going to be my DNP project. However, I decided to go ahead and implement the QI project as a part of my job, then later evaluate its effectiveness as my DNP final project. Project management involves planning and implementation in a purposeful effort of finalizing the project by its deadline (Ramos Freire, Rocha Batista, & Martinez, 2016).

Summary

The DNP evaluation project has provided the opportunity for the organization to expand upon the 2017 QI initiative by utilizing the research data to address areas of weakness, as well as build upon the programs strengths. Learned through this project is the effect that having an ARNP in one's SAR facility has a major impact on return to hospital rates. In addition, it was also learned that future evaluations as such should take into consideration that three months of data before and after the QI project initiative may not be enough time to get an accurate assessment of the data results.

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Appendix A: Site Approval

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APPENDIX A

Site Approval Documentation for Quality Improvement Doctoral Project

Partner Site
Contact Information
Date 2-12-2018

Michell Mulberry

The doctoral student, [Insert Student Name], is involved in a Quality Improvement project at our organization, and is therefore approved to access and analyze internal, deidentified site records that I deem appropriate to release for the student's doctoral project. This approval to use our organization's data pertains only to this doctoral project and not to the student's future scholarly projects or research (which would need a separate request for approval).

I understand that, as per DNP program requirements, the student will publish a scholarly report of this QI project in Proquest as a doctoral capstone (withholding the identity of the site).

The student will be responsible for complying with our organization's internal policies and requirements regarding access and use of site data for QI purposes.

I confirm that I am authorized to approve these activities in this setting.

Signed,

████████████████████████

Authorization Official Name

Title *Executive Director*

Appendix B: Literature Review Matrix

Reference	Framework	Research Question(s)/Hypothesis	Research Methodology	Analysis & Results	Grading the Evidence
Almkuist, K. D. (2017). Using teach-back method to prevent 30-day readmissions in patients with heart failure: A systematic review. *Medsurg Nursing, 26*(5)*,* 309-351.	Not discussed	Implementing Teach-back method to improve patient outcomes	Systematic review	Systematic review of data, there was a reduction in readmissions when teach-back method was utilized.	Level I
Bahr, S. J., Siclovan, D. M., Opper, K., Beiler, J., Bobay, K. L., & Weiss, M. E. (2017). Interprofessional health team communication about hospital discharge. *Journal of Nursing Care Quality, 32*(4), 285-292.	Consolidated	Implementation of an interprofessional team rounding process to improve health team communication about hospital discharge.	Qualitative design	Voluntary comparative analysis method transcriptions and notes showed contrasting results of team rounding.	Level VI

Beadnell, B., Stafford, P. A., Crisafulli, M. A., Casey, E. A.& Rosengren, D. B. (2016). Methods for quantifying the clinical significance of change during intervention program participation. *Evaluation & The Health Professions, 39*(4), 435-459.	Not discussed	Assessing the practical of clinical significance of a programs outcome determines the effectiveness.	Secondary analysis	Two sets of analysis (JT-based and LTA) approach which yielded clinically significant improvement in participants beliefs and intentions.	Level I
Bertram, A., Yeh, H. C., Bass, E. B., Brancati, F., Levine, D., & Cofrancesco, J. (2015). How we developed the GIM clinician-educator mentoring and scholarship program to assist faculty with promotion and scholarly work. *Medical Teacher, 37* (2), 131-135.	Not discussed	Implementation of a clinician-educator mentoring and scholarship program to assist clinical educators with key components of their job.	Application of a GIM program to assist CE's with scholarly work.	Manuscript examinations and survey were data collection methods.	Level VII
Cantu, D. V. (2016). Nursing. *Children's Technology & Engineering, 21* (1), 7-9.	Not discussed	Discussion of the required education to become a registered nurse, pay discrepancy in wages of male and female nurses, and nursing duties such as taking vitals of patients, recording patient histories, and collaborating with physicians.	N/A	According to the U.S. Census Department (2011), female registered nurses earned an average of 91 cents to every dollar a male registered nurse made.	Level VII

Carter, E. J., Mastro, K., & Vose, C. (2017). Clarifying the conundrum: Evidence-based practice, quality improvement or research? *JONA, 47* (5), 266-270.	The Magnet Model	Encouraging nurses to engage in clinical scholarship.	Performance Improvement	Clinical scholarship exists, but educators must partner to ensure nursing course work align across the continuum.	Level VII
Coley, M. (2015). Communication and the 6Cs using the SBAR tool. *British Journal of Healthcare Assistants, 9*(4), 202-203.	Not discussed	Effective communication is necessary for successful outcomes.	Performance Improvement	Using the SBAR tool as guidance prevents data omission	Level VII
Cornell, P., Townsend Gervis, M., Yates, L., & Vardaman, J. M. (2014). Impact of SBAR on nurse shift reports and staff rounding. *Medsurg Nursing, 23*(5), 334-342.	Not discussed	SBAR leads to shorter report times and provides more consistency during interdisciplinary rounding.	Observational study	3 sets of observations using ANOVA and Kruskal-Wallace test revealed that SBAR enables more focused and consistent reports while fostering effective communication among nurses.	Level IV
Grant, J., Lines, L., Darbyshire, P., & Parry, Y. (2017). How do nurse practitioners work in primary health care settings? A scoping review. *International Journal of Nursing Studies, 75,* 51-57.	Not discussed	Examining the role of nurse practitioners and determining their contribution to improved outcomes	A scoping review design	Literature review of 74 articles revealed that Nurse practitioner interventions are proven to contribute to positive patient outcomes.	Level V
Grim, R. D., McElwain, D., Hartmann, R., Hudak, M., & Young, S. (2010). Evaluating causes for unplanned hospital	Classification Framework	To classify reasons for readmission while determining if there were specific factors	Retrospective study	Descriptive analysis and nonparametric *t* test was also used. Only 17% of readmissions were attributed to premature	Level IV

readmissions of palliative care patients. *American Journal of Hospice & Palliative Medicine 27*(8), 526-531.		associated with unplanned palliative care readmissions.		hospital discharge.	
Haley, R., Mei, Z., & Spaulding, A. (2016). Hospital value-based purchasing and 30-day readmissions: Are hospitals ready? *Nursing Economics, 34*(3), 110-116.	Donabedian Model	To assess the relationship between TPS and readmissions due to its use in evaluating quality of care.	Descriptive study	Multivariate analysis revealed that Medicare and Medicaid recipients have a higher incidence of hospital readmission related to their multiple comorbidities.	Level V
He, K., Kalbfleisch, J. D., Li, Y., & Li, Y. (2013). Evaluating hospital readmission rates in dialysis facilities; adjusting for hospital effects. *Lifetime Data Analysis, 19*(4), 490-512.	Regression model	Are dialysis centers at fault for the majority of readmission to the hospital?	Evaluation Methodology	A hierarchal linear model was used to determine that dialysis centers are not at fault for all the hospital readmissions.	Level V
Hellerawa, K. S. S. M. & Adambarage, D. C. (2015). The nursing shortage impact on job outcome. *Journal of Competitiveness, 7* (3), 75-94.	Not discussed	Investigating how nursing shortage affects quality patient care.	Explanatory Research design	Statistical analysis showed a significant relationship between nursing workload and shortage. Also, a positive relationship between workload and quality patient care was shown.	Level VI
Intrator, O., Miller, E. A., Gadbois, E., Kofi, Acquah, J., Makineni, R., Tyler, D. & Acquah, J. K. (2015). Trends	Not discussed	Examine Nurse Practitioners (NPs) and PAs practice in nursing homes	Standardized search of online database involving NPs and PAs practice in NHs	Box and Whisker plots used to describe the distribution on NPs and PAs in NH. Results revealed that there was an increase in the	Level V

in Nurse Practitioner and Physician assistance practice in nursing homes, 2000-2010. *Health Service Research, 50*(6), 1772-1786.				amount of NPs and PAs used in nursing homes.	
Johansson, L. & Linshuang, L. (2017). Reasonable leaps of faith. *OD Practitioner, 49*(2), 17-25.	Logic model	Demonstrating impact for organizational development as practitioners.	Evaluation study	Impact of organizational development practitioners is not always proven.	Level V
Jones, K. H., Laurie, G., Stevens, L., Dobbs, C., Ford, D. V., Lea, N. (2016). The other side of the coin: Harm due to the non-use of health-related data. *International Journal of Medical Informatics, 97*(2017), 43-51.	Governance Framework	Explore why the non-use of data is difficult to ascertain.	Case study approach	The non-use of health data is difficult to attribute unequivocally, and actual proven evidence is sparse.	Level IV
Kearns, E. (2015). EB98 Implementing Evidence-based practice: Initiating bedside rounding. *Critical Care Nurse, 35*(2), e48-e48.	Not discussed	Initiating bedside rounding to improve quality of patient care.	N/A	Patients were more satisfied	Level V
Kind, A. J., Jencks, S., Brock, J., Yu, M., Bartels, C., Ehlenbach, W., Greenberg, C., & Smith, M. (2014). Neighborhood socioeconomic disadvantage and 30-day rehospitalization: A retrospective cohort study. *Annals of Internal Medicine, 161*(11), 765-774.	Not discussed	Evaluate the association between neighborhood socioeconomic disadvantage at the census block group level, as measured by the Singh validated area deprivation index (ADI), and 30-day rehospitalization.	Retrospective cohort study	Medicare data revealed no significant differences in 30-day rehospitalization across the disadvantaged socioeconomic groups.	Level IV

Kirsch, J. L., Kothari, S. N., Ausloos, J. M., Gundrum, J. D., & Rallies, K. J. (2015). Reasons for 30-day postoperative readmissions for Medicare patients at a community-based teaching hospital. *American Surgeon, 81*(4), 381-386.	Not discussed	Patients who had a readmission were compared with those who were not readmitted to identify any potential risk factors for readmission.	Retrospective study	Statistical analysis included y2, Wilcoxon rank sum, and t test. If the patient suffers from any complications within a 30- to 90-day timeframe, no additional payments would be made to the hospital for services.	Level IV
Kostoff, M., Burkhardt, C., Winter, A., & Shrader, S. (2016). An interprofessional simulation using the SBAR communication tool. *American Journal of Pharmaceutical Education, 80*(9), 1-8.	Not discussed	Determine the impact of interprofessional simulation using SBAR	Controlled trial without randomization	Survey; improvement was observed with pharmacy students in terms of self-perception of interprofessional competence and attitudes toward interprofessional collaboration.	Level III
Lewis, P., Gaffney, R. J., & Wilson, N. J. (2016). A narrative review of acute care nurses' experiences nursing patients with intellectual disability: Underprepared, communication barriers and ambiguity about the role of caregivers. *Journal of Clinical Nursing, 26*(11-12), 1473-1484.	Not discussed	How nurses experience caring for those with intellectual dishabilles in an acute setting	Narrative approach	Systematic review of literature revealed that nurses where underprepared, had challenges communicating with patients with intellectual disabilities, and experienced ambiguous expectations for caregivers regardless if they were paid or not.	Level V
Mayo, A. M. (2017). Time to define the DNP capstone project. *Clinical Nurse Specialist, 31*(2), 63-65.	Not discussed	Explanation of what comprises a DNP Capstone project	Descriptive study	Lack of consensus for evaluating evidence-based practice projects abounds and is negatively effecting the dissemination of DNP student work.	Level VI

Menefee, K. S. (2014). The Menefee model for patient-focused interdisciplinary team collaboration. *JONA, 44*(11), 598-605.	Menefee Model	Without interdisciplinary collaboration evidence-based plans of care will be ineffective	Performance improvement	Interviews conducted with positive feedback	Level VI
Middaugh, D. J. (2017). Nursing Management. Watch your language! *Medsurg Nursing, 26*(1), 64-65.	Not discussed	Using body language to enhance communication.	Performance Improvement	N/A	Level VII
Mocko, M., Lesser, L. M., Wagler, A. E., & Francis, W. S. (2017). Assessing effectiveness of mnemonics for tertiary students in a hybrid introductory statistics course. *Journal of Statistics Education, 25*(1), 2-11.	1. Do students use mnemonics and find them helpful in introductory statistics? 2. Is there an association between student self-reported usage of mnemonics and self-reported reduction in anxiety from taking tests or learning statistics? 3. Is there a difference in the self-reported and measured learning objectives as measured by exam questions, among those with high	Discussion of how students assess the usefulness of mnemonics and evaluate the relationship between anxiety and mnemonics use.	Lecture	Survey used to find out that mnemonics are helpful and is in demand in math and statistical course work.	Level VII

	versus low self-reported use of mnemonics?				
Ramos Freire, E. M., Rocha Batista, R. C., & Martinez, M. R. (2016). Project management for hospital accreditation: A case study. *Online Brazilian Journal of Nursing, 15*(1), 96-108.	Not discussed	Describe the implementation of Project managing techniques, based on the propositions of the Project Management Body of Knowledge (PMBOK).	Descriptive case study	Descriptive manner using a chronological approach revealed that the project enabled team awareness, decrease of internal resistance and a higher acceptance of the final deliveries.	Level VI
Reimer, N., Herbener, L. (2014). Round and round we go: Rounding strategies to impact exemplary professional practice. *Clinical Journal of*	Lean Theory	Provide rounding methodology, including its purpose, structure, and outcomes, emphasizing	Systematic review	Quantitative evaluation using four metrics to determine no single change can achieve patient and staff satisfaction and exemplary clinical outcomes;	Level V

Oncology Nursing, 18(6), 654-660.		implementation on a unit at Lehigh Valley Hospital.		instead, multiple rounding methodologies can assist in goal attainment.	
Regalbuto, R., Maurer, M. S., Chapel, D., Mendez, J., & Shaffer, J. A. (2014). Joint commission requirements for discharge instructions in patients with heart failure: Is understanding important for preventing readmissions? *Journal of Cardiac Failure, 20*(9), 641-649.	Not discussed	Identify demographic and clinical characteristics that predict HF patients' understanding of their discharge instructions.	Prospective cohort study	Multivariable linear regression analyses were conducted to examine which clinical and demographic factors predicted understanding. No patients with a perfect understanding score were readmitted within 30 days, and thus we observed a significant difference in time to readmission among patients with incomplete understanding compared with those with complete understanding (P 5 .044).	Level IV
Rodriguez, E. S. (2016). Consideration for the Doctor of Nursing practice degree. *Oncology Nursing Forum, 43*(1), 26-29.	Not discussed	Describe the DNP program	N/A	Descriptive study	Level VI
Russell, C. L., & Ponferrada, L. (2012). How to develop an outstanding conference research abstract. *Nephrology Nursing Journal, 39* (4), 307-342.	Not discussed	An explanation of what an abstract entail.	Retrospective review	A research abstract provides highlights of your work's value, innovation, and excitement	Level V
Stewart, K. R. & Hand, K. A. (2017). SBAR,	Situation-Background-	Determine the effectiveness of SBAR	Systematic review	Data was analyzed using a table looking for patterns. Four	Level V

Communication, and patient safety: An integrated literature review. *Medsurg Nursing, 26*(5), 297-305.	Assessment-Recommendation (SBAR) framework	during patient handoff communication between healthcare workers.		patterns were identified; SBAR is proven effective in communication across disciplines and is well received by professionals.	
Unruh, M. A., Trivedi, A. N., Grabowski, D. C., Moe, V. (2013). Does reducing length of stay increase rehospitalization of Medicare fee-for-service beneficiaries discharged to skilled nursing facilities? *Journal of the American Geriatrics Society, 61*(9), 1443-1448.	Not discussed	Analyze the relationship between length of stay and rehospitalization.	Retrospective cohort study	Medicare hospital claims using the implementation of Medicare**'s** post-acute care transfer policy as a quasi-experiment revealed Medicare**'s** post-acute care transfer policy led to immediate declines in length of stay.	Level IV
Warren, E. (2015). Evidence-based practice. *Practice Nurse, 45*(12), 27-32.	Not discussed	The importance of revalidation in evidence-based practice (EBP) for practice nurses.	N/A	There is too much data out to read it all but continuing professional development requires you to at least have a passing familiarity with those journals and guidelines pertaining to your area of expertise.	Level VII