

2019

# Decreasing Hospital Admission Rates in Long-Term Care

Melanie R. Meissner  
*Walden University*

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# Walden University

College of Health Sciences

This is to certify that the doctoral study by

Melanie Meissner

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

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Walden University  
2019

Abstract

Decreasing Hospital Admission Rates in Long-Term Care

by

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MS, Walden University, 2015

BS, Ohio University, 2013

Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

Walden University

May 2019

## Abstract

Each year, hospitalizations from long-term care (LTC) settings occur, in part, due to underdeveloped nursing assessment skills, ineffective communication with primary care providers (PCPs), and delayed intervention. Through staff development nursing education, the quality and timeliness of care can be improved. The practice question that guided this doctoral project focused on whether evidence-based research information would assist in decreasing LTC-to-hospital admission rates through improved nursing assessment skills and better communication with PCPs. Using the logic model, the effectiveness of a program was evaluated and the impact of interventions on a predicted outcome was determined. Sources of evidence included obtaining best practice research information from scholarly nursing journals and official nursing websites. Analytical strategies included a review of the literature to examine data from nursing journals, websites, and other publication sources in addition to the use of a synthesis matrix that classified different ideas rated by the Cochrane Consumer Network. The findings of this project might contribute to positive social change by fostering improved patient assessments, enhanced communication with PCPs, early intervention, and decreased LTC-to-hospital admission rates through the improvement of nursing practice policy.

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## Section 1: Nature of the Project

### **Introduction**

Each year, hospital admission rates from long-term care (LTC) facilities throughout the U.S. continue to rise by almost 20 percent (American Geriatrics Society, 2015). It is also estimated that approximately 70 percent of these LTC-to-hospital admission rates could have been prevented if other interventions had been completed in a timely manner (Centers for Medicare & Medicaid Services, 2016). In 2015, hospitals in the United States spent approximately \$21 billion dollars treating LTC patients for diseases such as altered mental status, chronic obstructive pulmonary disease, congestive heart failure, dehydration, electrolyte imbalances, pneumonia, urinary tract infections, and sepsis (Kales, 2016).

Poling (2015) stated that altered mental status, exacerbations of chronic obstructive pulmonary disease and congestive heart failure, dehydration, electrolyte imbalances, pneumonia, urinary tract infections, and sepsis can be prevented through nursing assessment and early intervention. When clinical signs of patient deterioration first begin in the LTC setting, nurses need to review the patient's baseline information and compare it to the subjective and objective data currently presenting. From there, primary care providers (PCPs) must be notified immediately for proper treatment and management to begin at the LTC facility. As reported in multiple research studies, too much time elapses between the initial onset of symptoms related to these illnesses and nurses intervening (Ferguson, 2016; Kales, 2016; Westfield, 2014). Stevenson (2015)

explained that if assessment and early intervention is initiated by nurses, healthcare management is typically uncomplicated and can take place at the LTC facility.

The initial phase of the nursing process is assessment, and it is used to formulate the plan of care by identifying a patient's cultural, emotional, physical, psychological, sociological, and spiritual needs (Wallace, 2014). Subjective and objective data gathered during the nursing assessment also provides key information that can help identify what is going on with the patient and what interventions are necessary (Poling, 2015). By receiving nursing staff education, nurses will be able to provide better care as specific, evidence-based research information will be made available to them (Stevenson, 2015). This doctoral project contributes to positive social change by fostering better patient assessments, enhancing communication with PCPs, early intervention, and decreased LTC-to-hospital admission rates through the improvement of current nursing practice policy.

## **Problem Statement**

### **Local Practice Problem**

The LTC-to-hospital admission rates continue to occur, in part, to underdeveloped nursing assessment skills, ineffective communication with PCPs, and delayed intervention (American Geriatrics Society, 2015). At the local LTC practicum site, the 2015 annual review indicated that 63 patients were hospitalized, and of that number, it was determined that 41 of these hospitalizations could have been prevented. Nurses working at the local LTC practicum site are responsible for overseeing and providing cost-effective, quality-driven, safe care; this also includes the monitoring of a patient's

clinical presentation and reporting abnormal assessment findings to PCPs in a timely manner.

### **Local Relevance**

Currently, there is no nursing staff education on the topic of decreasing LTC-to-hospital admission rates. While the current policy at the local LTC practicum site indicates that all LTC-to-hospital admissions must be justified, it does not describe what actions nurses can take to comply with this. The director of nursing indicated that when acute situations arise, nurses are expected to perform a head-to-toe assessment and obtain vital signs. After gathering this information, nurses must fill out a situation, background, assessment, recommendation (SBAR) form to use as a guideline when relaying information to PCPs. However, there are no EBP guidelines for nurses to follow regarding the assessments that need to be performed during these acute situations.

In this doctoral project, I utilized EBP guidelines available through the American Geriatrics Society, the Centers for Medicare & Medicaid Services, Healthy People 2020, the National Guideline Clearinghouse, the Ohio Area Agency on Aging, the Ohio Board of Nursing, and the Ohio Nurse's Association that provided a framework for early identification of common healthcare problems among LTC patients. These guidelines assisted me in developing nursing staff education, improving agency policies, and were also implemented into the local LTC practicum site's electronic medical record (EMR) to provide alerts and/or prompts that support the EBP guideline recommendations.

Nursing staff education can improve the quality and timeliness of care. The director of nursing at the local LTC practicum site stated that patients should only be sent

to the hospital for emergency situations and problems that cannot be treated at the LTC facility. The director of education also stated that the local LTC practicum site has never implemented nursing staff education to help decrease LTC-to-hospital admission rates. Using this education, nurses may improve their assessment skills and report abnormal findings to PCPs in a more efficient, timely manner. The use of nursing staff education can also result in better patient outcomes, and LTC-to-hospital admission rates may decrease (Centers for Medicare & Medicaid Services, 2016).

### **Significance for Nursing Practice**

This doctoral project can assist the local LTC practicum site in decreasing LTC-to-hospital admission rates. The nursing staff education for assessment listed the signs and symptoms of diseases most commonly affecting LTC patients (see American Geriatrics Society, 2015). After the nurses have performed a more thorough, complete head-to-toe assessment, obtained vital signs, and implemented the recommended nursing interventions based upon the evidence-based guidelines, they can then provide a better report of the patient's condition to PCPs. This process can be significant for nursing practice because it improves the assessment skills of nurses while facilitating faster, more effective PCP notification. Nursing staff education also holds significance for the field of LTC by maintaining patients at their highest level of function while improving their quality of life by allowing treatment to take place at the LTC facility (Poling, 2015).

### **Purpose**

#### **Gap in Nursing Practice**

Current practice at the local LTC practicum site included nurses assessing their patients upon admission to establish a baseline and then once monthly to make updates of any changes in the patient's plan of care. When rapid signs of deterioration occur, nursing interventions that are specific to the patient's clinical presentation are implemented in addition to contacting PCPs, reporting any abnormal findings, and receiving orders to begin treatment at the LTC facility. However, prompt communication with PCPs was not consistently occurring, and as a result, patients' conditions have been requiring hospitalization. The meaningful gap in nursing practice was that nurses did not always recognize abnormalities during their assessments, nursing interventions were inconsistently implemented, and pertinent information was not always reported to PCPs. As a result, patients' conditions can worsen, and hospitalization may be required when it could have been prevented.

### **Practice-Focused Question**

For this doctoral project, the practice question was: Within an urban LTC setting in the northeastern United States, how does the implementation of an evidence-based LTC nursing assessment bundle (i.e., nursing assessment education and customized SBAR forms), as recommended by 2016 Joint Commission's Long-Term Care National Patient Safety Goals, impact the LTC-to-hospital admission rates as measured 3 months post-implementation when compared to the current standard of care (i.e., no organized nursing assessment bundle)?

### **Addressing the Gap in Practice**

This doctoral project can improve nursing assessment skills that may decrease LTC-to-hospital admission rates. The nursing assessment consists of gathering information about a patient's cultural, emotional, physical, psychological, sociological, and spiritual needs (Wallace, 2014). It is also used in identifying current and future patient care needs once abnormal assessment findings are gathered (Poling, 2015). Through the identification of specific assessment areas where nurses are weak, nursing staff education can strengthen these skills. The need for nursing assessment education and customized SBAR forms can also improve the care that LTC patients receive by providing evidence-based research information that has previously been shown in other LTC facilities to improve patient care. The prompt recognition of patient changes along with critical thinking is significant to nursing practice because it allows nurses to quickly identify and prioritize information prior to reporting it to PCPs (Wallace, 2014).

### **Nature of the Doctoral Project**

#### **Sources of Evidence**

In this doctoral project, the sources of evidence included best practice research information from scholarly nursing journals and official nursing websites. The scholarly nursing journals I searched included the *American Journal of Nursing*, *American Journal of Evidence-Based Practice*, *Journal of Critical Care Nursing*, *Journal of Gerontological Nursing*, *Journal of Nursing Care Quality*, *Journal of Professional Nursing*, and the *Journal of Nursing Research*. The official nursing websites I searched included those of the American Academy of Nurse Practitioners, American Association of Colleges of Nursing, American Association of Critical Care Nurses, American Nurses Association,



Gerontological Advanced Practice Nurses Association, Ohio Board of Nursing, and the Ohio Nurses Association. I also accessed peer-reviewed articles from databases such as CINAHL and the Cochrane Library, retrieved through the Walden University library.

### **Approach**

The goal of a literature review is to examine data from nursing journals, nursing websites, and other nursing publication sources to obtain the best practice research information (Peterson, 2014). I synthesized relevant, evidence-based research information to assist in the development of this doctoral project, and the analysis in this doctoral project was accomplished by using a synthesis matrix that provided a framework for classifying different ideas that were related to the same issues (see Zaccagnini & White, 2014). The EBP research information was then prepared with Walden University's literature review matrix and rated by the Cochrane Consumer Network levels of evidence (see Cochrane Consumer Network, 2016).

### **Concise Statements**

The purpose of this doctoral project was to decrease LTC-to-hospital admission rates at the local LTC practicum site by improving nursing assessment skills, enhancing communication with PCPs, and initiating treatment at the LTC facility. By using nursing staff education, patients will be able to receive cost-effective, quality-driven, safe care at the local LTC practicum site rather than having to be transferred to the hospital. The current gap in nursing practice was that even though LTC-to-hospital admission rates continued to be a major concern for the local LTC practicum site, nursing staff education had not been attempted on this topic. Before beginning, the anticipated findings of this

doctoral project were that enough EBP research information would be available to develop nursing staff education on this topic using a synthesis matrix.

### **Significance**

#### **Identification of Stakeholders**

By addressing the local practice problem, stakeholders, such as the LTC patients, nurses, director of education, director of nursing, and administrator, may be positively impacted. The main benefits to the LTC patients include receiving cost-effective, quality-driven, safe care that can be rendered at the local LTC practicum site without the need for unnecessary and expensive hospitalizations. For nurses, benefits include improved assessment skills that can assist in better meeting the complex needs of LTC patients and improving communication with PCPs. As LTC-to-hospital admission rates decrease at the local LTC practicum site, the director of nursing can oversee a more efficient and productive working environment where better patient outcomes are obtained.

#### **Potential Contributions**

This doctoral project can contribute to nursing practice by improving assessment skills that assist in recognizing rapid signs of patient deterioration, facilitating prompt communication with PCPs, and initiating treatment at the LTC facility versus transferring care into the hospital setting. Abnormal assessment findings, obtained by nurses and communicated to PCPs, may or may not allow treatment to take place at the local LTC practicum site. However, decreasing LTC-to-hospital admission rates through the initiation of improved nursing assessments from nursing assessment education and

customized SBAR forms can decrease the cost of health care while promoting quality-driven, safe care throughout nursing practice.

### **Potential Transferability**

The concepts learned from this doctoral project can contribute to other areas at the local LTC practicum site. They could be applied to other nursing staff education topics such as completing new patient admissions, notifying patients' responsible parties of changes in condition, providing detailed patient and family education on disease processes and potential complications, and updating the patient's plan of care on a consistent basis. The concepts covered in this doctoral project can also contribute to other areas outside of the local LTC practicum site. Other LTC facilities could implement similar EBP research information into practice to not only decrease LTC-to-hospital admission rates, if applicable, but to improve the care provided to patients residing in LTC facilities.

### **Positive Social Change**

Better assessments can improve nursing practice and patient care by keeping nurses organized and mindful. Conducting the initial head-to-toe assessment upon a patient's admission into the LTC facility to establish a baseline and then once monthly to update the patient's plan of care also ensures that nurses are thorough during patient examinations (Poling, 2015). During acute assessments, nurses are checking for any abnormalities and are less likely to miss any problems patients may be having as they compare it to the initial admission assessment data and monthly care plan updates (Stevenson, 2015). This doctoral project contributes to positive social change by fostering

better patient assessments, enhanced communication with PCPs, early intervention, and decreased LTC-to-hospital admission rates through the improvement of current nursing practice policy.

### **Summary**

The LTC-to-hospital admission rates continue to rise at the local LTC practicum site. While the current policy at the local LTC practicum site indicates that all hospital admissions must be justified, it does not describe the actions nurses should take to comply. The nursing staff education developed in this doctoral project can help address the ongoing problem at the local LTC practicum site and provides an opportunity to improve nursing assessment skills that can facilitate faster, more effective communication with PCPs. In section 2, I will define the significance to nursing practice and discuss the concepts, models, and theories as well as the local background and context that led to this nursing staff education project.

## Section 2: Background and Context

### **Introduction**

Preventable LTC-to-hospital admission rates continue to occur, in part, because of underdeveloped nursing assessment skills, ineffective communication with PCPs, and delayed intervention (Westfield, 2014). When clinical signs of patient deterioration first begin, nurses need to review the patient's baseline information against the subjective and objective data currently presenting (Poling, 2015). From there, PCPs must be notified immediately for proper treatment to begin at the LTC facility (American Geriatrics Society, 2015). The goal of this doctoral project was to decrease LTC-to-hospital admission rates; consequently, the practice question was: Within an urban LTC setting in northeastern United States, how does the implementation of an evidence-based LTC nursing assessment bundle (i.e., nursing assessment education and customized SBAR forms), as recommended by 2016 Joint Commission's Long-Term Care National Patient Safety Goals, impact the LTC-to-hospital admission rates as measured 3 months post-implementation when compared to the current standard of care (i.e., no organized nursing assessment bundle)?

The development of nursing staff education comprises detailed planning, implementation, and evaluation (American Association of Colleges of Nursing, 2006). During the planning phase, all literature needs to be reviewed for the best teaching material, and the content used must address the organizational goal of improving patient care (Poling, 2015). Nurses should not only be encouraged to engage in learning new material, but also be encouraged to assist others in learning new information during the

implementation phase (Kettner, Moroney, & Martin, 2017). The evaluation phase should consist of nurses completing a questionnaire from which the amount of retained knowledge will be analyzed in addition to observing the ways in which they apply new information into clinical practice (Zaccagnini & White, 2014).

### **Concepts, Models, and Theories**

#### **The Logic Model**

The logic model is a tool used to evaluate the effectiveness of a program and explain the impact of interventions on a predicted outcome (Kettner et al., 2017). Logic models are graphical representations that are used during planning and implementation phases to describe the relationship between resources, actions, and outcomes of a program (Zaccagnini & White, 2014). In some cases, these models also include assumptions about what the program will involve and how it will turn out (White, Dudley-Brown, & Terharr, 2016). The environment in which the program exists and external factors that interact with and affect the program are also included in the logic model (Kettner et al., 2017).

The logic model is also used to outline work and measure it; performance measures can be gathered at any step (Kettner, et al., 2017). Starting with input, what will be invested must also be identified (Zaccagnini & White, 2014). From there, outputs, such as activities, participation, and engagement, must be considered (Kettner et al., 2017). The actual tasks performed, who will benefit, and how those served will also be engaged in the activities (Zaccagnini & White, 2014). The outcomes and impacts are the last thing to be evaluated through the analysis of short-, medium-, and long-term

activities (Kettner et al., 2017). Such short-term activities include learning through awareness, knowledge, skills, and motivation. Medium-term activities include action through behaviors, practices, decisions, and policies while long-term activities include consequences through social, economic, and environmental factors (Zaccagnini & White, 2014).

### **Primary Writing Synthesis**

The logic model was initially developed to plan and evaluate the progress of utilizing a practice-based research network (PBRN) within a primary care setting (Holcomb, 2015). An analysis team that consisted of PBRN directors, staff, and board members was established to agree upon the mission and targeted audience, which was step 1 in using this logic model (Ogle, 2016). In step 1 of the logic model, board members decided that the major focus of this project was to improve the health of patients treated within the primary care setting. They also believed that PCPs and academic investigators were crucial to the success of the network (Holcomb, 2015). In past research, experienced clinicians were needed to formulate research questions relevant to their practice and interpret results, and the investigators were needed to guide the research project and obtain grant opportunities (Aschelman, 2015).

Step 2 of the logic model has been used in past research to describe activities, assumptions, and inputs. In this step, the coordinator and evaluation specialist arranged several meetings with stakeholders over a 6-month period (Stevenson, 2015). This group identified the assumptions, inputs, and activities for the logic model (Holcomb, 2015). The assumption for the initial PBRN research was that nurses can contribute their time to

participate in PBRN research, and that researchers have grants that will contribute to supporting the network (Kettner et al., 2017). After the assumptions are made, inputs are well-defined and include a list of previously discovered resources in addition to any limitations (Aschelman, 2015).

Step 3 of the logic model has also been used in past research to identify outputs, outcomes, and outcome indicators (Ogle, 2016). Regarding this doctoral project, the output for recruiting PCPs was the actual number of new network members (Kettner et al., 2017). The outcome that would apply to this doctoral project was the development of research and resource capacity that led to an increase in the quality of research projects that clinicians participated in. Another outcome that resulted from this project was that many of the PCPs were recognized for their quality-driven research projects. Once the outcomes were recognized, outcome indicators were developed. The outcome indicators were then evaluated frequently to ensure the goals were obtained in the allotted period (Aschelman, 2015).

### **Clarification of Terms**

1. *Clinicians*: nursing assistants, nurses, nurse practitioners, and physicians that provided patient care.
2. *Long-term care (LTC)*: served as the focus area of this doctoral project. LTC facilities provide services that are designed to meet patient's' cultural, emotional, physical, psychological, sociological, and spiritual needs (Poling, 2015).



3. *Monthly summary*: care plans that are either created or updated every thirty days for all patients residing in LTC facilities. These documents allow for better communication between nurses and PCPs, and also provide a 30-day synopsis of what occurred with the patient (American Geriatrics Society, 2015).
4. *Nursing process*: series of steps used by nurses to provide quality-driven, safe care that included assessment, diagnosis, planning, implementation, and evaluation (Westfield, 2014).
5. *Primary care provider (PCP)*: nurse practitioners and physicians that treat acute and chronic illnesses in LTC facilities (Stevenson, 2015).
6. *Quality measures*: used to assist in measuring health care outcomes, organizational structure, patient perceptions, processes, and systems. They also help identify an organization's ability to provide cost-effective, quality-driven, safe care (Centers for Medicare & Medicaid Services, 2015).
7. *Risk-scoring tool*: methods used to predict the likeliness that a patient receiving skilled therapy services in LTC facilities will require re-hospitalization within thirty days of being discharged from the hospital (Centers for Medicare & Medicaid Services, 2015).
8. *Situation, background, assessment, recommendation (SBAR)*: form that served as a communication tool between nurses and PCPs to identify changes in patient's' conditions (Poling, 2015).

### **Relevance to Nursing Practice**

## **History of the Problem**

Underdeveloped nursing assessment skills, ineffective communication with PCPs, and delayed intervention have been correlated with higher numbers of LTC-to-hospital admission rates (Poling, 2015). The inability to quickly recognize rapid signs of patient deterioration and communicate abnormal assessment findings to PCPs often results in a delay in treatment and can prolong the healing process (Westfield, 2014). The increased number of LTC-to-hospital admission rates at the local LTC practicum site, through detailed analysis by the local LTC practicum site's administrative team, had also been correlated with underdeveloped nursing assessment skills, ineffective communication with PCPs, and delayed intervention. My goal with this doctoral project was to develop nursing staff education to assist nurses in recognizing abnormal assessment findings while comparing it to the patient's baseline using the logic model.

Ferguson (2016) conducted multiple studies over a period of 10 years regarding the outcomes of LTC patients who were hospitalized and concluded that when patients are taken out of their "home" (i.e. LTC facility), their current condition is often complicated by other medical and/or psychological problems, ultimately prolonging the healing process. Poling (2015) stated that one of the advantages nurses have when caring for LTC patients is becoming familiar with the patient's baseline. When the clinical presentation becomes different, nurses need to intervene right away. Prioritization must occur, and all nursing interventions, as applicable, need to be applied in these situations within the scope of practice (Westfield, 2014). All abnormalities also need to be noted and reported promptly to PCPs to initiate treatment at the LTC facility (Stevenson, 2015).

### **Current State of Nursing Practice**

In the LTC setting, standard practice includes nurses completing a monthly summary for each patient residing in the facility (American Geriatrics Society, 2015). This also includes performing a head-to-toe assessment, obtaining vital signs, and discussing any new orders or changes in condition since the last monthly summary was completed (Cunningham, 2015). Recommendations to improve nursing practice includes enhancing nursing assessment skills through nursing staff education that not only assists nurses in realizing something is wrong, but to also reflect upon the patient's baseline, recognize any abnormalities, and communicate such findings to PCPs to begin treatment at the LTC facility (Poling, 2015).

Recommendations to improve nursing practice as it pertains to this issue begins with identifying specific assessment skills where nurses are weakest (Poling, 2015). Madera (2015) also pointed out that nursing staff education is often based upon areas needing improvement within an organization that will result in obtaining better patient outcomes. Once the specific areas of weakness in nursing assessment skills have been determined, the process of reporting abnormal assessment findings along with any pertinent information PCPs need to be aware of can be developed (Paulus, 2014). This nursing staff education project contains enhanced assessment and communication skills, and I expect it to aide in improving patient care while also assisting in decreasing health care costs.

### **Previous Strategies**

Addressing this gap in nursing practice requires improving the ways that nurses assess their patients and communicate with PCPs. The American Geriatrics Society (2015) stated that all nurses practicing in LTC facilities must follow standard EBP guidelines that assist them in recognizing abnormal assessment findings, comparing it to the patient's baseline, and contacting PCPs for further guidance. The Ohio Nurses Association (2016) provided a systems assessment education that standardizes the ways that nurses assess their patients. This education has been successful in helping nurses develop critical thinking skills, identify skill gaps through simulation training, and formulate care plans that improve patient care (Ohio Board of Nursing, 2017).

Nursing staff education including a quick review of the head-to-toe assessment nurses are supposed to be performing and how to fill out SBAR forms has been attempted in the past at the local LTC practicum site; however, this strategy did not lead to decreased LTC-to-hospitalization rates. Clinical evidence-based guidelines state that nurses must advocate and care for their patients to the best of their ability, but do not provide specific strategies on how to do so (American Association of Colleges of Nursing, 2006). With specific strategies available on how to recognize abnormal assessment findings outside of the patient's baseline, report them to PCPs, and initiate the treatment plan at the LTC facility, the goal of decreasing LTC-to-hospitalization rates can be met while simultaneously maintaining patients at their highest level of function (Poling, 2015).

### **Advancing Nursing Practice**

Comprehensive assessment leads to cost-effective, quality-driven, safe care (American Nurses Association, 2015), and it requires education regarding nursing assessment skills within an organizational culture that values excellent communication and thorough documentation (American Association of Colleges of Nursing, 2006). Currently, the gap in nursing practice at the local LTC practicum site is the delay in recognizing abnormal assessment findings, communicating such information to PCPs in a timely manner, and initiating treatment at the LTC facility (V. Israel, personal communication, March 7, 2017). When this occurs, many LTC patients require hospitalization, and the interventions performed in the hospital setting are likely the same interventions that could have been performed at the LTC facility (Centers for Medicare & Medicaid Services, 2015). Through improved nursing assessment skills and prompt communication with PCPs, this doctoral project can advance nursing practice (Madera, 2015).

This doctoral project can also address the gap in nursing practice by enhancing the local LTC practicum site's current LTC-to-hospital admission policy. Focusing upon the recognition of abnormal assessment findings outside of the patient's baseline, risk-scoring tools can be used to incorporate a risk assessment into the initial nursing assessment upon admission, daily assessment, and care plan (Westfield, 2014). Risk assessment tools can also help identify the recognition of abnormal findings, prompt specific nursing actions, increase accountability, and improve communication from one clinician to another (Poling, 2015). Through the facilitation of this doctoral project, patients can be treated at

the local LTC practicum site to continue providing cost-effective, quality-driven, safe care.

## **Local Background and Context**

### **Summary of Local Evidence**

At the local LTC practicum site, the annual review for 2015 indicated that 63 patients were hospitalized, and of that number, it was determined that 41 of these hospital admissions could have been prevented (V. Israel, personal communication, March 7, 2017). Further analysis revealed that the cost for hospitalizing these 41 patients was greater than \$2.7 million dollars. If abnormal assessment findings were quickly recognized and treatment was initiated at the local LTC practicum site, the cost for treating these patients was estimated to be \$870,000 (P. Fulmer, personal communication, July 5, 2017). The purpose of this doctoral project was to strengthen nursing assessment skills to provide cost-effective, quality-driven, safe care that assists in obtaining better patient outcomes.

### **Institutional Context**

Demographics at the local LTC practicum site for this doctoral project includes the LTC patients requiring treatment for acute and chronic illnesses, the PCPs determining what orders are necessary, the nurses providing patient care, and the administrative team overseeing the care being provided at the local LTC practicum site. The community setting lies within a suburb of the Northeastern United States, and the local LTC practicum site specializes in meeting the cultural, emotional, physical, psychological, sociological, and spiritual needs of the elderly population (Prestige

Healthcare, 2017). The regulatory environment is controlled by the Bureau of Regulatory Compliance to help protect the health, safety, and wellness of patients residing in LTC facilities by imposing state/federal health care and environmental standards (Ohio Department of Health, 2016).

Governance includes the local LTC practicum site being accountable for continuously improving patient care. The basic elements of clinical governance include placing emphasis on nursing staff education and training for nurses, performing cyclic reviews of clinical performances against measurable standards, assessing for clinical effectiveness, and generating evidence from evidence-based research information to inform decisions about policy and implementation changes (American Nurses Association, 2015). The mission and strategic vision of the LTC practicum site is to emphasize the personal needs of each LTC patient to enhance their quality of life while challenging them to their highest level of function in the tasks of daily living (Prestige Healthcare, 2017).

### **State and Federal Contexts**

State and federal law mandates that all LTC facilities provide cost-effective, quality-driven, safe care to all patients (Centers for Medicare & Medicaid Services, 2015). When patients are transferred out of the LTC setting and it is later deemed unnecessary, LTC facilities must provide an analysis of what transpired prior to sending patients to the hospital (Ohio Department of Health, 2016). Often, little to no nursing interventions were performed prior to doing this. As a result, LTC facilities are often penalized for not complying with state and federal law mandates (Centers for Medicare &

Medicaid Services, 2015). By improving nursing assessment and communication skills, LTC-to-hospitalization rates at the local LTC practicum site can decrease.

### **Role of the DNP Student**

#### **Professional Relationship**

My professional relationship to this doctoral project is developing nursing staff education that improves the assessment and communication skills of nurses working at the local LTC practicum site. I am a family nurse practitioner (FNP) who provides care to patients residing at the local LTC practicum site. When nurses need to report changes in a patient's condition, they are often unprepared and are not always able to recognize abnormal clinical findings without being prompted. Additionally, nurses often have difficulty implementing basic nursing interventions during acute clinical situations prior to contacting PCPs. Receiving these phone calls, it is often challenging to treat these LTC patients to the best of my ability when I am not provided with a detailed description of what is going on. As part of this doctoral project, I would like to recommend that alerts and/or prompts be placed into the local LTC practicum site's EMR that will alert nurses when something is outside of the patient's baseline.

#### **Role in the DNP Project**

My role in this doctoral project was to develop nursing staff education that assists in improving nursing assessment skills by recognizing abnormal assessment findings and communicating them to PCPs in a timely and more relevant manner. Regarding this topic, my advanced clinical skills as a FNP can be shared with the nurses to improve their practice. Participants of this project include the nurses, the director of education, the



director of nursing, the administrator, and me. Gathering evidence to support this doctoral project will be performed by me throughout the entire process; nursing assessments will be observed, and information reported to PCPs will be monitored. The number of LTC patients sent to the hospital will also be reviewed by the administrative team and myself to determine if improved nursing assessment skills and enhanced communication with PCPs contributed to a decrease in the local LTC practicum site's LTC-to-hospital admission rates.

### **Motivations**

I have been passionate about this topic ever since I started rounding at the local LTC practicum site. Having a critical care background as a nurse working in the emergency room (ER) and the intensive care unit (ICU), I quickly learned how meeting the patient's basic needs, recognizing rapid signs of patient deterioration, alerting PCPs of what is going on, and initiating treatment early makes a difference in not only the cost of services provided, but the outcomes obtained. Considering my experiences as an ER/ICU nurse and current role as an FNP, I believe I can improve the care that these LTC patients receive through the implementation of this doctoral project.

### **Potential Biases**

Throughout nursing practice, it is common to have biases regarding different aspects of patient care, specific policies, and leadership styles (Boyd, 2015). Regarding this doctoral project, one of the greatest biases I have is that the nurses are not going to see the correlation between their current assessment skills, the ways in which they communicate with PCPs, and how it is contributing to increased LTC-to-hospital

admission rates. Another biased opinion that I have is that the administrator of the local LTC practicum site may not see the importance of this doctoral project or how much of an asset it will be toward improving the care provided at the local LTC practicum site.

Providing a detailed explanation to the nurses that includes specific examples of how hospitalizations were avoided based upon strong assessment and communication skills can help nurses understand this correlation (Madera, 2015). Regarding the local LTC practicum site's administrator not seeing the importance of this doctoral project and how it will improve the care provided to patients residing in the LTC facility, I plan to provide her with data consisting of our own patients who were hospitalized with evidence of how it could have been prevented if rapid signs of patient deterioration were recognized, communicated promptly to PCPs, and treatment had begun early at the local LTC practicum site.

### **Role of the Project Team**

The project team for this nursing staff education project consisted of the nurses, the director of education, the director of nursing, and the administrator. Each of these individuals had specific roles; the director of education reviewed all EBP nursing education materials and evaluated whether the nursing staff education provided was effective in improving the nurses' assessment skills. The director of nursing oversaw the education process and approved the curriculum that I prepared, and the administrator provided feedback regarding the budget needed to complete this project. Together, the director of education, the director of nursing, the administrator, and myself also reviewed

the LTC-to-hospital admission rates after the presentation and implementation of this nursing staff education project.

The members of the doctoral project team were also provided with statistical data regarding the cost of treating LTC patients in the hospital setting from the Centers for Medicare & Medicaid Services (2015), the American Geriatrics Society (2015), and the Centers for Disease Control & Prevention (2015). Information from Poling's (2015) *Review of Body Systems Assessment Guide* in addition to Stevenson's (2015) *Quick Tips on Recognizing Abnormal Assessment Findings in the LTC Setting* were presented. Once this had taken place, strategies from Westfield's (2014) *Guide to Improving Communication Between Nurses and PCPs* was also used.

Opportunities for the doctoral project team members to share their areas of expertise and relevant insight was provided as well. The director of education provided examples of other nursing staff education projects that the LTC practicum site has done, and the director of nursing shared what has and has not worked for the local LTC practicum site in the past. The nurses also gave input regarding any current barriers associated with assessing patients, communicating with PCPs, and/or initiating treatment at the local LTC practicum site, and the administrator also provided her opinions from a financial standpoint. The decrease in LTC-to-hospital admission rates from the local LTC practicum site can improve patient care and assist in decreasing the cost of health care.

The timeline for the initiation, evaluation, and completion of this nursing staff education project was approximately 90 days. Reviewing and providing feedback on this doctoral project and its results was each team members' responsibility. Beginning with

the director of education, nursing staff education materials can be reviewed prior to the nursing staff education and then evaluated for efficacy after the completion of the nursing staff education. The director of nursing can also serve as a resource and ensure that the project stays on track, addressing any barriers that may present. The administrator, in collaboration with the director of education and director of nursing, can also make sure the goals are met, the project stays within its budget, and cost-effective, quality-driven, safe care is maintained.

### **Summary**

The inability to quickly recognize rapid signs of patient deterioration and communicate abnormal assessment findings to PCPs often results in a delay in treatment and can prolong the healing process. When this occurs, patients are then transferred from their “home” at the LTC facility and hospitalized. These patients, already having a history of multiple acute and chronic illnesses, face the challenge of needing to get better, but also adapting to a new and potentially stressful environment they are not familiar with. By the enhancement of nursing assessment and communication skills through this doctoral project, the cost, quality, and safety of care can be improved while obtaining better patient outcomes. Section 3 will explain the much-needed EBP change and the process used to collect and analyze evidence at the local LTC practicum site.

## Section 3: Collection and Analysis of Evidence

### **Introduction**

A nursing assessment is the process of gathering enough data regarding a patient's cultural, emotional, physical, psychological, sociological, and spiritual needs (Carter, 2016). It is also the first step in the nursing process because it incorporates the recognition of normal versus abnormal physiology (Tomcsik, 2014). The prompt recognition of these changes in addition to the critical thinking skills nurses possess also assist in prioritizing appropriate interventions for LTC patients to receive care at the LTC facility rather than being transferred to the hospital to receive the same care (Stevenson, 2015). The Centers for Medicare & Medicaid Services (2015) reported that LTC-to-hospital admission rates grew from \$1.4 billion dollars in 2014 to nearly \$3.1 billion dollars in 2015.

The purpose of this doctoral project was to decrease LTC-to-hospital admission rates at the local LTC practicum site by improving nursing assessment skills, enhancing communication with PCPs, and initiating treatment at the LTC facility using nursing assessment education and customized SBAR forms. As Westfield (2014) pointed out, not recognizing rapid signs of patient deterioration and not communicating abnormal assessment findings promptly to PCPs often results in a delay in treatment and can prolong the healing process. Madera (2015) also stated that nursing staff education is often based upon areas needing improvement within an organization that will result in obtaining better patient outcomes.

### **Practice-Focused Question**

**Local Practice Problem**

The problem facing the local LTC practicum site was that LTC-to-hospital admission rates continued to increase, in part, due to underdeveloped nursing assessment skills, ineffective communication with PCPs, and delayed intervention. The local LTC practicum site's 2015 annual review indicated that 63 patients were hospitalized, and of that number, it was determined that 41 of these hospitalizations could have been prevented. Nurses working at the local LTC practicum site are responsible for overseeing and providing cost-effective, quality-driven, safe care; this also includes the monitoring of patients' clinical presentations and relaying abnormal assessment findings to PCPs in a timely manner.

**Gap in Nursing Practice**

Current practice at the local LTC practicum site has nurses assessing their patients when rapid signs of deterioration occur, contacting PCPs, reporting any abnormal findings, and receiving orders to begin treatment at the LTC facility. However, prompt communication with PCPs was not consistently occurring, and as a result, patients' conditions had been requiring hospitalization. The gap in nursing practice was that nurses did not always recognize abnormalities during their assessments and did not always report this information to PCPs in a timely manner. As a result, PCPs often received inconsistent information and gave orders that were ineffective. As a result, patients' conditions worsened, and hospitalization was required when it could have been prevented.

**Practice-Focused Question**

For this doctoral project, the practice question was: Within an urban LTC setting in northeastern United States, how does the implementation of an evidence-based LTC nursing assessment bundle (i.e., nursing assessment education and customized SBAR forms), as recommended by 2016 Joint Commission's Long-Term Care National Patient Safety Goals, impact the LTC-to-hospital admission rates as measured 3 months post-implementation when compared to the current standard of care (i.e., no organized nursing assessment bundle)?

### **Purpose**

The purpose of this doctoral project was to improve the care among LTC patients residing at the local LTC practicum site by improving nursing assessment skills, enhancing communication with PCPs, and initiating treatment at the LTC facility. Through the incorporation of nursing staff education, nursing assessment skills can be improved because nurses will be able to quickly recognize rapid signs of patient deterioration, communicate such findings to PCPs, and begin treatment at the LTC facility that will assist in decreasing the cost of health care associated with LTC-to-hospital admission rates. As a result, patients will be able to receive the same treatment at the LTC facility that they would at the hospital. Along with an extensive literature review, I collected and analyzed evidence from the local LTC practicum site to answer the practice-focused question.

### **Sources of Evidence**

For sources of evidence in this doctoral project, I reviewed EBP research information from scholarly nursing journals and official nursing websites. The scholarly

nursing journals I searched were the *American Journal of Nursing*, *American Journal of Evidence-Based Practice*, *Journal of Critical Care Nursing*, *Journal of Gerontological Nursing*, *Journal of Nursing Care Quality*, *Journal of Professional Nursing*, and the *Journal of Nursing Research*. I also used the official nursing websites of the American Academy of Nurse Practitioners, American Association of Colleges of Nursing, American Association of Critical Care Nurses, American Nurses Association, Gerontological Advanced Practice Nurses Association, Ohio Board of Nursing, and the Ohio Nurses Association. Peer-reviewed articles were also accessed from online sources such as CINAHL and the Cochrane Library, retrieved through the Walden University library.

The relationship of this evidence to the overall purpose of this doctoral project assisted in answering the practice question of whether the incorporation of EBP research information can assist in decreasing LTC-to-hospital admission rates through improved nursing assessments and customized SBAR forms. Additionally, the gathering and examination of this EBP research information provided me with the best ways to answer this practice question as well. Retrieving data from primary sources and peer-reviewed articles is important because it contains the original works of the author with first-hand information (White et al., 2016). When analyzing data, the problem, purpose, significance, outline of methodology, interventions, data collection, analysis, report of the results, significance, implications, and conclusions must be included (Zaccagnini & White, 2014).

### **Published Outcomes and Research**



I used evidence-based research information that coincides with the Joint Commission's Long-Term Care National Patient Safety Goal (Joint Commission, 2016) of meeting patients' cultural, emotional, physical, psychological, sociological, and spiritual needs as the basis of evidence to answer the practice question that guided this doctoral project. I incorporated information from Poling's (2015) *Review of Body Systems Assessment Guide* and Stevenson's (2015) *Quick Tips on Recognizing Rapid Signs of Patient Deterioration in LTC* into this nursing staff education project. Furthermore, information from Hargenson's (2016) *Presenting Abnormal Assessment Findings to PCPs* was also used to meet the needs of this doctoral project.

In addition to retrieving best practice information from scholarly nursing journals and official nursing websites, I also analyzed the local LTC practicum site's nurses' notes, incident reports, interdisciplinary notes, completed SBAR forms, PCP progress notes, consultation reports, and if applicable, hospital records for the purposes of this doctoral project. The local LTC practicum site's annual state survey reports (2015-2017) were also reviewed in addition to monitoring the Centers for Medicare & Medicaid Services' website for updates pertaining to the local LTC practicum site's compliance with the rules and regulations set forth by the state of Ohio.

I searched CINAHL, the Cochrane Library, and databases accessible through the Walden University library to locate evidence related to this nursing practice problem. Key search terms included *health care costs, regulations of long-term care, Joint Commission National Patient Safety Goals, preventing hospital admissions, how to improve assessment skills, how to report abnormal assessment findings, and how to*

*develop nursing staff education.* Through an extensive literature review, I retrieved a total of 87 research articles that included original research findings and meta-analyses.

Seventy-two of these articles were relevant to improving assessment and communication skills, and 12 of these articles pertained to implementing nursing staff education.

### **Generated Evidence**

#### **Participants**

The evidence that was generated for the purposes of this doctoral project was done so in an organized and strategic manner. Nurses working in LTC facilities were the targeted population, and the LTC patients that they care for will experience the end results from improved nursing assessment skills and enhanced communication with PCPs. Using this criterion, the practice question was addressed in the organizational long view. The selection of nurses and LTC patients was not completed by me; instead, the specification of participants was chosen by the administrative team (i.e., director of education, director of nursing, and administrator) at the local LTC practicum site.

#### **Procedures**

I met with the local LTC practicum site's director of education, director of nursing, and administrator to discuss the details of this doctoral project. We discussed the importance of quickly moving forward with this doctoral project and how it would improve the quality of life and safety of our patients. Additionally, statistical data regarding the total number of LTC-to-hospital admission rates in 2015 was provided to me by the risk management coordinator along with an analysis of how many of the LTC-to-hospital admissions could have been avoided if other interventions were put into place.

Evidence-based research information retrieved from scholarly nursing journals and other peer-reviewed information regarding step-by step instructions on improving nursing assessment and communication skills were also provided to me.

After the presentation of this information and gaining the support of the director of education, the director of nursing, and the administrator, I presented the nursing assessment education materials to the nurses in a clear, factual, and strategic manner. A review of the local LTC practicum site's SBAR form that nurses are expected to complete when changes in patients' conditions occur was also presented along with evidence-based research information on how to construct nurse's notes consistent with various acute and chronic illnesses commonly affecting LTC patients. The costs associated with the implementation of this doctoral project were also discussed in addition to the local LTC practicum site's role in seeing this project through to its completion.

### **Protections**

Ensuring the ethical protection of our patients, their health care information and the outcomes they experience because of the implementation of this doctoral project will be protected by the Health Insurance Portability and Accountability Act (HIPAA). Only a minimal amount of patient information was accessed, and once the information was no longer needed, I made sure the information was properly disposed of. HIPAA standards were initiated in 1996 and set forth by Congress to safeguard the confidentiality and security of patient information (Spansky, 2015). These guidelines were always followed, and they remained in place throughout the duration of this doctoral project.

The Institutional Review Board (IRB) was established in 1974 to protect the health, rights, and well-being of human research subjects that were chosen to take part in various research studies (McKibben, 2016). The IRB also makes sure that all research conducted by Walden University students complies with all federal guidelines in addition to all ethical standards set forth by the university (Walden University Center for Research Quality, 2017). I gathered additional information needed to complete this doctoral project such as SBAR forms, nurses' notes, and hospital records (i.e., when patients are transferred from the LTC facility to the hospital). The local LTC practicum site does not have its own IRB and deferred to Walden University's IRB. I did not have direct access to the patients' records, and the data provided to me by the local LTC practicum site's administrative team were unidentified so that they would continuously protect patient information.

### **Analysis and Synthesis**

The systems used for obtaining patient data include Point Click Care (PCC), Epic, and Medent. PCC is the facility's EMR in which patient information can be obtained and utilized. Epic and Medent are EMR systems that the local LTC practicum site's partnering hospitals use; patient information can also be accessed between health care professionals to improve patient care. With the amount of patient data that can be retrieved from the hospital's EMR, information can be incorporated into this nursing staff education project to improve nursing assessment and communication skills that will decrease the amount of LTC-to-hospital admission rates.

The availability of this data can also assist in this nursing staff education project because it allows access to the LTC practicum site's transfer forms (i.e., SBAR forms, vital signs, list of allergies, medications, communication with PCPs, orders received, and interventions performed at the LTC facility prior to transfer), the emergency medical services' (EMS') reports (i.e., transcription of the verbal report that EMS received from the nursing staff, clinical presentation of the patient when EMS arrived to the local LTC practicum site, what interventions EMS performed while in route to the hospital, and any communication between EMS and the ER staff), reports of the care that took place in the ER, and access to review the care interventions that were provided throughout the remainder of the LTC patient's hospitalization (Poling, 2015).

With the availability of this information, the nursing staff education project can assist in improving the assessment skills of nurses working in LTC to decrease the rates of LTC-to-hospital admission rates. It also allows for a thorough analysis of the patient's care from the beginning (i.e., leaving the local LTC practicum site) to the end (i.e., returning to the local LTC practicum site). Having access to the interventions performed in the hospital can also be of great benefit to this doctoral project as it can prepare nurses working at the local LTC practicum site to recognize signs of patient deterioration faster, provide a more detailed explanation of the patient's presentation to PCPs, provide a guideline as to what interventions are needed to assist patients in recovery, and provide much of the same care at the local LTC practicum site as what would have been done in the hospital (Stevenson, 2015).

### **Summary**

With the goal in mind of improving patient care, it is important to utilize as many sources as possible to ensure that the best evidence-based research information is incorporated into nursing practice. The information obtained from scholarly nursing journals in addition to data available on the local LTC practicum site's partnering hospitals' EMR system can also assist in answering the practice-focused question. All patient information is protected through HIPAA, and any ethical issues that may arise will be addressed through the IRB. Section 4 will consist of a listing of all findings obtained through the analysis and synthesis of the evidence along with a synopsis of strengths, limitations, and any recommended solutions.

## Section 4: Findings and Recommendations

### **Introduction**

The local practice problem in this doctoral project was that each year, LTC-to-hospital admission rates continued to occur, in part, due to underdeveloped nursing assessment skills, ineffective communication with PCPs, and delayed intervention (American Geriatrics Society, 2015). At the local LTC practicum site, the 2015 annual review indicated that 63 patients were hospitalized, and of that number, it was determined that 41 of these hospitalizations could have been prevented. At the local LTC practicum site, current practice has nurses assessing their patients upon admission to establish a baseline, and then conduct monthly assessments to update any changes to the patient's plan of care. When rapid signs of deterioration occurred, nursing interventions specific to the patient's clinical presentation were implemented along with contacting PCPs, reporting any abnormal findings, and receiving orders to begin treatment at the local LTC practicum site. However, prompt communication with PCPs was not consistently occurring, and as a result, patients' conditions were requiring hospitalization. The gap in nursing practice was that nurses did not always recognize abnormalities during assessments, nursing interventions were not consistently implemented, and pertinent information was not always reported to PCPs in a timely manner.

For this doctoral project, the practice question was: Within an urban LTC setting in northeastern United States, how does the implementation of an evidence-based LTC nursing assessment bundle (i.e., nursing assessment education and customized SBAR forms), as recommended by 2016 Joint Commission's Long-Term Care National Patient

Safety Goals, impact the LTC-to-hospital admission rates as measured 3 months post-implementation when compared to the current standard of care (i.e., no organized nursing assessment bundle)? This doctoral project can improve nursing assessment skills that may decrease LTC-to-hospital admission rates. Through the identification of specific assessment areas where nurses are weak, nursing staff education can strengthen these skills (Poling, 2015). Fulfilling the need for nursing assessment education and customized SBAR forms can improve the care that patients receive by providing EBP research information to nurses that has previously been used in other LTC facilities to assist in improving patient care. The prompt recognition of patient changes along with critical thinking is significant to nursing practice as it allows nurses to quickly identify and prioritize information prior to reporting it to PCPs (Wallace, 2014).

## **Findings and Implications**

### **Analysis and Synthesis of the Evidence**

On April 25, 2018, I received approval from Walden University's IRB to proceed with the implementation of this doctoral project. The relationship of this evidence to the overall purpose of this doctoral project assisted me in answering the practice question. I found that evidence-based nursing assessment education and customized SBAR forms did assist in decreasing LTC-to-hospital admission rates at the local LTC practicum site. The sources of evidence for this doctoral project were evidence-based research information from scholarly nursing journals and official nursing websites. I also used peer-reviewed articles from online sources such as CINAHL and the Cochrane Library that I accessed through the Walden University library. A literature review was also conducted to examine



data from nursing journals, nursing websites, and other nursing publication sources to obtain the best practice research information (see Peterson, 2014). I also used evidence-based research information to assist in the development of this doctoral project and accomplished this by using a synthesis matrix that provided a framework for classifying different ideas that were related to the same issues (see Zaccagnini & White, 2014). The evidence-based research information was then prepared with Walden University's literature review matrix and rated using the Cochrane Consumer Network levels of evidence (see Cochrane Consumer Network, 2016).

### **Entering Assessment Data**

The American Geriatrics Society (2015) found that upon admission into the LTC setting, nurses can assist in establishing a patient's baseline by performing a thorough head-to-toe assessment and obtaining vital signs (i.e., within the first 15 minutes of arrival, twice daily for 3 days, and then once monthly), reviewing the patient's health record (i.e., community PCP, hospital, or other LTC facility they may have transferred from), and interviewing LTC patients and their families. Prior to the initiation of this doctoral project, the local LTC practicum site's admission policy was to have nurses enter all admission assessment information under the "admission" tab in the EMR. However, other information such as the patient's demographics, insurance information, emergency contacts, list of diagnoses, and list of medications was also included under this tab. When nurses were attempting to enter assessment-specific information and later retrieve it when changes in a patient's condition occurred, it became more difficult to look through information already present in this area of the EMR that was not relevant to patients at

that time. As a result of this doctoral project, a new tab labeled “admission assessment” was created in the EMR, and the initial head-to-toe assessment (i.e., further labeled by each body system), vital signs, and any photos of skin issues and/or wounds present upon admission were placed into this section.

### **Obtaining Blood Work**

Obtaining admission blood work also assists in establishing the patient’s baseline and can later be compared to the routine gathering of blood work (i.e., specific to each patient’s condition and/or medications they are receiving) every 6 months (i.e., electrolyte panel and blood cell count) as well as annually (i.e., thyroid, lipid panel, and vitamin deficiency screenings;) (Westfield, 2014). Before this doctoral project began, patients admitted to the local LTC practicum site did not have blood work drawn upon admission. When changes in patients’ conditions occurred, nurses and PCPs often did not have enough baseline data to compare with when attempting to determine what was going on with the patient or how to proceed with their care. As a result of this doctoral project, patients’ admission blood work results are now placed under the new “admission assessment” tab. A new policy was also created to ensure that all newly-admitted LTC patients would have blood work (i.e., electrolyte panel, blood cell count, thyroid panel, lipid panel, vitamin deficiency screenings, and any blood work correlating with the patient’s condition and/or medications) drawn within 24 hours of being admitted to the local LTC practicum site. The LTC practicum site’s admission policy was also amended to have electrolyte panels and blood cell counts drawn every 6 months, and thyroid

panels, lipid panels, and vitamin deficiency screenings drawn annually. These blood work results are now placed under a new tab labeled “routine labs.”

### **Communication/Change in Condition Forms**

Findings from Poling’s (2015) *Review of Body Systems Assessment Guide* revealed that when clinical signs of patient deterioration first begin at the LTC facility, nurses need to review the patient’s baseline information and compare it to the subjective and objective data currently presenting. Additionally, all abnormalities, not just those specific to one body system, need to be reported to PCPs immediately (Stevenson, 2015). Under the “admission assessment” tab, each body system listed under the head-to-toe assessment had alerts and/or prompts added to assist nurses in entering additional information (i.e., general appearance, body habitus, skin and/or wounds, neurological, cardiovascular, respiratory, gastrointestinal, genitourinary, musculoskeletal, pain, psychological, and vital signs).

Further amendment of the local LTC practicum site’s nursing assessment policy included a “monthly assessment” tab being created in the EMR. Nurses now enter their monthly head-to-toe assessment data into a separate section to allow for easier and quicker access. The electronic SBAR forms were also amended to accommodate more detailed head-to-toe assessment findings and are now accessible in “quick links.” As data are entered, results that do not match the initial admission and/or monthly assessment data now become red to alert nurses that something is outside of the patient’s baseline.

### **Nursing Staff Education**

After the above-mentioned changes were made in the EMR as a result of this doctoral project, I provided nursing staff education to the 35 staff nurses working at the local LTC practicum site over a 2-week period that included the evidence-based research information showing the importance of establishing the patient's baseline through performing the initial head-to-toe assessment, obtaining vital signs, collecting blood work within the first 24 hours of admission into the local LTC practicum site (i.e., also every 6 months/annually), completing monthly assessments, updating the patient's plan of care, and using customized SBAR forms as a guideline when rapid signs of patient deterioration occur. Other aspects of the nursing staff education included how to navigate through the newly-amended EMR system (i.e., location of new tabs), and a presentation of a sample patient chart (i.e., created in the EMR and later removed) to demonstrate how and where to place data regarding the initial head-to-toe assessment, initial blood work results, monthly assessments and/or care plans, and customized SBAR forms.

Prior to the initiation of this doctoral project, the 2015 annual review indicated that 63 patients were hospitalized, and of that number, it was determined that 41 of these hospitalizations could have been prevented. After 3 months of amending the current local LTC practicum site's admission policy (i.e., separation of the initial assessment, conducting monthly assessments, performing assessments when rapid signs of patient deterioration occur, and obtaining blood work), there were 5 LTC-to-hospital admissions from April 1, 2018 to July 1, 2018. After careful review, the administrative team (i.e., director of education, director of nursing, and administrator) and myself determined that only 1 of these 5 LTC-to-hospital admissions could have been prevented. When

comparing the 13 unnecessary hospitalizations between April 1, 2017 and July 1, 2017 to 1 unnecessary hospitalization from April 1, 2018 to July 1, 2018, it was evident that the implementation of this doctoral project was effective in decreasing LTC-to-hospital admission rates at the local LTC practicum site by approximately 92 percent.

I provided nursing staff education that included statistical data regarding the number of LTC-to-hospital admission rates from the local LTC practicum site's 2015 annual review, strategies gathered from the American Geriatrics Society (2015) that were geared toward recognizing rapid signs of patient deterioration among patients residing in LTC, and evidence-based research information from nursing journals regarding the interpretation of blood work and detailed explanations on how to document pertinent information from each body system to the 35 staff nurses working at the local LTC practicum site. The information was presented via Microsoft Power Point, and hand-outs containing the information were also passed out to the 35 staff nurses. Representatives from the EMR company were also present to assist nurses in navigating the newly-amended EMR (i.e., location of new tabs, customized SBAR forms, where to place patient information, and how to download the initial admission and/or monthly assessment information onto the current assessment screen once new assessment data are entered for comparison of information). I also administered a self-analysis survey to the 35 staff nurses after receiving their consent prior to the start of the nursing staff education and again at the end of the 3-month post-implementation of the newly amended local LTC practicum site's LTC-to-hospital admission policy. The initial survey consisted of a self-analysis form asking each of the 35 staff nurses a total of 5 questions on how they

rate their own assessment skills in addition to how they rate their own communication skills when relaying patient information to PCPs.

### **Post-implementation/Outcomes**

After completing the 3-month post-implementation trial, introducing the new tabs and customized SBAR forms in the EMR, and reviewing the statistical data (e.g., 92% decrease after the implementation of this doctoral project in LTC-to-hospital admission rates from April 1, 2018 to July 1, 2018 as compared to LTC-hospital admission rates prior to the implementation of this doctoral project from April 1, 2017 to July 1, 2017) with the 35 staff nurses, I administered the second self-analysis survey to them (i.e., the same 5 questions from the initial self-analysis survey were asked again). The initial pre-assessment surveys indicated that 30 out of the 35 staff nurses (i.e., 86%) believed their assessment skills needed improvement, and that all 35 staff nurses (i.e., 100%) felt that the ways they communicated patient information to PCPs needed improvement. Additionally, 28 of the 35 staff nurses (i.e., 80%) also stated that they thought the way the EMR had nursing assessments “set up” was “unorganized and redundant.” The results of the second self-analysis surveys collected after the 3-month post-implementation trial showed much improvement in the ways that the staff nurses viewed their assessment skills and communication techniques with PCPs. Each of the 35 staff nurses (i.e., 100%) reported an improvement in their assessment skills, 32 out of 35 staff nurses (i.e., 91%) stated that they felt more confident in communicating patient information to PCPs, and all 35 staff nurses (i.e., 100%) reported they liked the newly-amended EMR system.

### **Unanticipated Limitations or Outcomes**

An unanticipated limitation included the fact that arranging for two members of the information technology (IT) team (from the EMR company) to incorporate three new tabs into the EMR took longer than expected. The time allotted to complete this task was 7 days, but it ended up taking 15 days for the IT team to get all the alerts and/or prompts fully functioning in each of the 3 new tabs. Another unanticipated limitation was that of the 35 staff nurses surveyed, 13 of them (i.e., 37%) had less than 1 year of experience working in LTC. A third unanticipated limitation was that regarding communication techniques, none of the PCPs participated in either of the two surveys to discuss their thoughts on receiving patient information from the 35 staff nurses. Likewise, the 35 staff nurses were not asked how the PCPs' demeanor was during communication (i.e., were PCPs actively listening to them, were PCPs making them feel intimidated, or were PCPs receptive the staff nurses' recommendations and/or suggestions?). One unanticipated outcome of the findings was that prior to the implementation of this doctoral project, 30 out of 35 staff nurses (i.e., 86%) reported that they believed their assessment skills needed improvement, and that all 35 staff nurses (i.e., 100%) reported a deficiency in the ways that patient information was communicated to PCPs; I predicted that more staff nurses would have reported a deficiency in their assessment skills versus their communication skills.

### **Implications**

Multiple implications resulted from the findings in terms of individuals, communities, institutions, and systems. Individuals such as the LTC patients, nurses working at the local LTC practicum site, and the administrative team were each affected;

LTC patients are now receiving better care as LTC-to-hospital admissions rates have decreased at the local LTC practicum site by almost 92 percent. Additionally, nurses have strengthened their assessment and communication skills through incorporating the nursing staff education material into their personal practice as evidenced by the pre-and post-survey results. The administrative team has also seen a significant decrease in health care costs associated with fewer LTC-to-hospital admission rates (i.e., 92% decrease with 13 unnecessary hospitalizations from April 1, 2017 to July 1, 2017, as compared to 1 unnecessary hospitalization from April 1, 2018 to July 1, 2018).

Communities surrounding the local LTC practicum site were also affected. The cost associated with transportation (i.e., EMS/911) were on the rise prior to the implementation of these new findings (i.e., approximately \$24,000 was spent in 2015 on transportation from the local LTC practicum site to the hospital;) (P. Fulmer, personal communication, June 21, 2018). Other institutions such as free-standing ER clinics, other LTC facilities, and nearby hospitals were also affected by the findings. The free-standing ER clinics were initially receiving the local LTC practicum site's patients for stabilization, and after a full work-up, would often have them admitted to their partnering hospitals (Prestige Healthcare, 2017). Costs associated with these transitions of care have continued to rise with approximately \$21 billion spent on LTC-to-hospital admissions in 2015 (i.e., 63 hospital admissions, 41 deemed unnecessary); however, through the implementation of this doctoral project, LTC-to-hospital admission rates have decreased by 92 percent (i.e., 1 unnecessary hospitalization from April 1, 2018 to July 1, 2018 after the implementation of this doctoral project as compared to 13 unnecessary



hospitalizations from April 1, 2017 to July 1, 2017 prior to the implementation of this doctoral project;) (P Fulmer, personal communication, June 21, 2018).

### **Positive Social Change**

Better nursing assessments (i.e., initial, monthly, and when acute situations arise) have improved nursing practice and patient care at the local LTC practicum site through an amended LTC-to-hospital admission policy and newly added tabs in the EMR. Conducting the initial head-to-toe assessment upon admission into the local LTC practicum site to establish a baseline and once monthly to update the patient's plan of care has also ensured that nurses are thorough during patient examinations when acute situations arise. During acute assessments, nurses are now checking for any presenting abnormalities and are less likely to miss any problems patients may be having as nurses are comparing it to the initial admission assessment and monthly care plan updates.

For patients, receiving care at the local LTC practicum site versus the hospital has improved the overall care delivered by nurses through better nursing assessments and enhanced communication between nurses and PCPs. The local LTC practicum site's administrator reported that since the implementation of this doctoral project, the local LTC practicum site has saved approximately \$12,500 in 6 months (i.e., January 1, 2018 to July 1, 2018) for not having to pay for the patients' ambulance rides to and from the hospital when transferred, and also stated that the local LTC practicum site has received an approximate 28% increase in Medicare reimbursement rates so far this year (2018;) (P. Fulmer, personal communication, July 5, 2018). Positive social changes nurtured by this doctoral project include better patient assessments, enhanced communication with PCPs,

early intervention, treatment taking place at the local LTC practicum site, decreased LTC-to-hospital admission rates, and higher Medicare reimbursement rates as the result of the local LTC practicum site's newly-amended LTC-to-hospital admission policy and added tabs in the EMR.

## **Recommendations**

### **Recommended Solutions**

Addressing the gap in nursing practice was completed with the implementation of the above-mentioned findings. By amending the local LTC practicum site's current LTC-to-hospital admission policy through nursing assessment education and customized SBAR forms, the care that patients are receiving at the local LTC practicum site has significantly improved as evidenced by better nursing assessments, enhanced communication with PCPs, and treatment taking place at the local LTC practicum site versus the hospital (i.e., decreased health care costs and better Medicare reimbursement rates). The inclusion of evidence-based research information obtained from Poling's (2015) *Review of Body Systems Assessment Guide* being placed into the facility's EMR provided nurses with a reference guide to assist in assessing common diseases affecting LTC patients. When admission blood work results are received, the data is now entered through a specific tab in the EMR; this makes for an easier and quicker reference when nurses need to compare the initial blood work results to the routine 6-month and annual blood work results. Likewise, when nursing assessments are performed and blood work is obtained when changes in patients' conditions occur, the initial nursing assessment and

blood work results can be compared to assist in creating a more thorough clinical picture when nurses are communicating patient information to PCPs.

### **Contributions of the Doctoral Project Team**

The process of working with the doctoral project team was truly an example of excellent teamwork. Everyone was assigned specific roles to see this doctoral project through to its completion. I developed the nursing staff education based upon evidence-based research information and presented it to the 35 staff nurses, the director of education and the director of nursing oversaw the education process and approved the curriculum, and the administrator provided feedback regarding the budget aspect needed to complete this doctoral project. Specifically, I developed detailed nursing staff education that focused upon strategies in which nurses could improve their assessment skills by quickly recognizing abnormal findings and communicating with PCPs in a timely manner to allow treatment to take place at the local LTC practicum site. The 35 staff nurses, in addition to receiving the nursing staff education, also identified their own weaknesses in not only their assessment skills, but in their communication skills as well. The director of education also evaluated the curriculum and determined that the information provided was understood by the 35 staff nurses (i.e., nurses verbalized understanding of the information received and were also able to effectively navigate through the newly amended EMR tabs).

Final recommendations include that the evidence-based research information remains in the local LTC practicum site's EMR, and that this nursing staff education will continue to be presented to all newly hired nurses working at the local LTC practicum

site. Additionally, recommendations also include the incorporation of the evidence-based research information into the 35 staff nurse's required in-service hours to maintain employment at the local LTC practicum site, and to also offer this information into a simulation-based lab for nurses in the future to refresh and maintain their clinical skills. In relation to extension, the results obtained from the conclusion of this doctoral project have prompted the administrative team at the local LTC practicum site to develop other nursing staff education topics such as completing new patient admissions, notifying patients' responsible parties of changes in patients' conditions, providing detailed patient and family education of the disease process and/or potential complications, and updating the patient's plan of care on a consistent basis (i.e. monthly and upon any acute changes in patients' conditions). Concepts learned from the outcome of this doctoral project can also contribute to other areas outside of the local LTC practicum site. Examples include other LTC facilities implementing similar EBP research information into nursing practice to not only decrease LTC-to-hospital admission rates, if applicable, but to also improve the care provided to patients residing in LTC facilities.

### **Strengths and Limitations**

Strengths of this doctoral project included improving nursing assessment skills by using evidence-based guidelines, nursing assessment education, and customized SBAR forms, enhancing communication between nurses and PCPs, and facilitating treatment at the LTC facility where patients are more comfortable versus the hospital setting that has the potential to create undue stress and prolong the patient's healing process. Other strengths of this doctoral project include the useful benefits (i.e., decreased LTC-to-

hospital admission rates and decreased health care costs) of identifying current and future patient care needs once abnormal assessment findings are gathered to facilitate treatment at the local LTC practicum site once clinical signs of patient deterioration are present. The implementation of this doctoral project is also of great benefit to LTC patients, nurses, PCPs, and the administrative team at the local LTC practicum site as patient care is not only improved, but is cost-effective, quality-driven, safe, and maintains patients at their highest level of function and well-being.

Limitations of this doctoral project included budget restrictions and time. It was estimated that the implementation of this doctoral project would cost approximately \$5,000 between gathering all of the evidence-based research information, organizing it to present in the nursing staff education, and presenting the information three times (i.e., different time slots were chosen to accommodate all 35 staff nurses and the shifts that they work), holding in-services, setting up simulation labs for nurses to practice their hands-on clinical skills, and re-evaluating the effectiveness of the teaching (i.e., was the information understood, were the nurses able to verbalize the newly learned information, and are they implementing it into their current practice?). Instead, this doctoral project cost \$5,470 (P. Fulmer, personal communication, July 5, 2018). Time was also a challenge between gathering the evidence-based research information along with having the IT members assist nurses in navigating the newly amended EMR.

Recommendations for future projects addressing similar topics include the identification of problems in nursing practice and determining the reasons as to why they are hindering patient care. Once these factors have been determined, practical solutions

can be formulated to overcome these challenges that will then make way for nurses to provide cost-effective, quality-driven, safe care (Westfield, 2014). When initiating a similar doctoral project, the doctoral-prepared nurse must gather only the most credible, factual evidence from primary sources relevant to the topic being pursued (Madera, 2015). The ways in which a collaborative team will be developed must also be taken into consideration, and the roles of each individual need to be identified in the beginning stages while any unclear information must be resolved prior to the implementation phase (Stevenson, 2015). Once the project has begun, it is important to continuously evaluate and be mindful of any unforeseen circumstances that could cause the project to steer off track and/or fall behind (Westfield, 2014). Lastly, the evaluation phase is just as important as the initiation phase because it provides systematic feedback as to what worked, why it worked, and how evaluators must coordinate the success of each project and implement it into future projects (Stevenson, 2015).

## Section 5: Dissemination Plan

### **Disseminating the Doctoral Project**

Dissemination was an important part of this doctoral project because it served as the basis of relaying information in nursing staff education for the purposes of improving nursing assessment skills and communication techniques among nurses working in LTC facilities (see Stevenson, 2015). Prior to the initiation of the nursing staff education, I handed out a survey developed by the Ohio Nurses Association to the 35 staff nurses working at the local LTC practicum site regarding a self-analysis on how they rated their current assessment and communication skills. I used Microsoft Power Point software to keep the presented evidence-based research information in a systematic, organized fashion. Graphical images and statistical data of the costs associated with LTC-to-hospital admission rates, specifically from the local LTC practicum site, were also provided in the nursing staff education. When changing topics, I provided a break period of approximately 5 minutes to allow nurses to ask questions, clarify any information that was not understood, and have them summarize the information that was presented.

Once the evidence-based research information was presented to the 35 staff nurses and they were given the opportunity to ask questions, clarify information, and summarize, the discussion of how new tabs and alerts and/or prompts were added into the EMR to help improve their nursing assessment skills and enhance the ways they communicate with PCPs occurred. This discussion included alerting the nurses of any abnormal clinical data that were outside of the patient's baseline (i.e., comparison to the admission assessment data and routine monthly care plan updates), quick nursing

interventions that were to be implemented that are specific to each patient, and what information was pertinent to include during communication with PCPs. From there, additional alerts and/or prompts were placed into the EMR that alerted the nurses of what to monitor based upon specifics associated with each patient. If not completed, the task now shows up with a red alert in the EMR to improve not only nursing assessment skills and communication with PCPs, but nursing documentation as well.

### **Audiences and Venues**

Based upon the nature of this doctoral project, the audiences most appropriate for dissemination to the broader nursing profession were not just nurses working in LTC, but nurses working with patients that have multiple acute and chronic illnesses as well. Likewise, other audiences include nurses who want to improve their assessment, communication, and documentation skills. Venues that were appropriate for the dissemination of this doctoral project to the broader nursing profession included other LTC facilities and organizations providing care to patients with multiple acute and chronic illnesses. As the implementation of this doctoral project has revealed a significant improvement among patients residing at the local LTC practicum site (i.e., receiving treatment at the LTC facility versus the hospital) and a significant decrease in the cost of health care, the evidence-based research information could also be used in other areas of education such as business, finance, and in some cases, engineering.

### **Analysis of Self**

#### **Practitioner, Scholar, and Project Manager**



The American Association of Colleges of Nursing (2006) stated that doctoral-prepared nurses must not only be able to locate and identify evidence-based research information, but they must also be able to incorporate that information into nursing practice to obtain better patient outcomes. Throughout this doctoral project, my responsibility as a practitioner and practice manager was to identify a problem in nursing practice and formulate solutions to overcome it to exceed the goal of enhancing the health and wellness of patients affected by the actual practice problem. The analysis, development, implementation, and evaluation of this doctoral project also provided me with a great learning opportunity. I now feel confident in overcoming the barriers associated with other problems throughout nursing practice. With the skills learned in this doctoral project, I want to continue improving nursing practice for not only patients and their families, but for nurses and their support staff as well. While I have had various leadership and management roles in my nursing career, this doctoral project truly prepared me to conduct myself as a better, more efficient scholar.

Throughout each of the clinical experiences associated with this doctoral project, I was able to gain insight from other leaders and scholars. Not only did this experience provide the opportunity for me to examine the ways that things were done, but it also enhanced my knowledge base as I gained confidence in speaking to and learning from other members of the health care team. Specifically, I spoke on several different occasions to the local LTC practicum site's director of education, director of nursing, and administrator. The support of my preceptor, chair, and committee members also assisted in the completion and success of this doctoral project. Prior to the initiation of this

doctoral project, my long-term goal was to obtain the doctoral degree to teach in a nurse practitioner program and share my clinical experiences and knowledge with others. After the completion of this doctoral project, however, another long-term goal arose that would allow me to practice nursing at its highest level and truly take on leadership in changing nursing practice to obtain the best possible outcomes for all of those involved.

### **Challenges, Solutions, and Insights**

As with any large project, there are often challenges that advanced practice nurses must overcome (Westfield, 2014). Choosing the topic of this doctoral project (i.e., decreasing LTC-to-hospital admission rates) and locating a practicum site (i.e., one of the LTC facilities that I round at) was not a challenge. However, getting through the local LTC practicum site's rigorous approval process presented several obstacles. Because I treated some of the same patients as a FNP that I would be using for the purposes of this doctoral project, I had to gain the approval from the corporate CEO. If I were not already associated with the local LTC practicum site, I would have only had to have received approval from the director of nursing and the administrator at the local LTC practicum site. After speaking with the corporate CEO and explaining the importance of this doctoral project, how it would improve patient outcomes, and decrease the costs associated with LTC-to-hospital admission rates for the local LTC practicum site, I received approval rather quickly because I also presented the statistical data from the local LTC practicum site's 2015 annual review. Another challenge that I was initially faced with was the abundance of evidence-based research information relevant to this doctoral project. With the skills learned to decipher what information is credible and how

to best categorize it through a synthesis matrix, I was also able to overcome this challenge.

From the beginning stages of this doctoral project to its completion, I have gained much insight. While I have worked on various performance improvement projects throughout my nursing career, none of them have compared to the dedication and patience that an individual must possess to be successful in truly seeing a doctoral project through to its completion. Another lesson that this doctoral project taught me was productivity and time management. In the past, I would set goals, but they would not be as detailed as they were for the purposes of this doctoral project. I have learned that all goals, with the intent of meeting and exceeding them, must be specific and measurable. Prior to beginning this doctoral project, I would become upset at any unforeseen circumstances that would put the projects I was working on behind. Remaining focused upon the completion of this doctoral project allowed me to take the negative feelings I had and turn them into positive energy that assisted me in working harder toward achieving my goals. Lastly, I learned the importance of continuously analyzing and evaluating progress. With consistency, I was able to keep this doctoral project on track, exceed its goals, and pave the way for future performance improvement projects to take place at the local LTC practicum site that will improve the health and wellness of LTC patients.

### Summary

Each year, hospital admission rates from LTC facilities throughout the U.S. continue to rise by almost 20% (American Geriatrics Society, 2015). It is also estimated

that approximately 70% of these hospital admission rates could have been prevented if other interventions had been completed in a timely manner (Centers for Medicare & Medicaid Services, 2016). While it was expected that all LTC-to-hospital admissions be justified, the local LTC practicum site did not have a specific policy in place to follow that would assist in decreasing and/or preventing them. In this doctoral project, I not only recognized the gap in nursing practice (i.e., nurses did not always recognize abnormalities during their assessments, nursing interventions were inconsistently implemented, and pertinent information was not always reported to PCPs in a timely manner), but I also identified specific strategies on how to overcome this gap to improve patient care outcomes among patients residing at the local LTC practicum site. After evidence-based research information was gathered, nurses working at the local LTC practicum site were evaluated, educated, and re-evaluated on their assessment and communication skills.

Initially, 30 out of 35 staff nurses (i.e., 86% of those surveyed) reported that they did not believe their assessment skills were adequate in recognizing rapid signs of patient deterioration, and all 35 staff nurses (i.e., 100% of those surveyed) did not feel as though they were communicating with PCPs effectively. I then provided nursing staff education to each of the 35 staff nurses working at the local LTC practicum site over a period of 2 weeks. During this time, each of the 35 staff nurses were encouraged to write down any questions or unclear information and present it at the end of the presentation. All questions were then answered by the director of education and me, and any information that was not understood was clarified. Nurses were then able to verbalize the

understanding of all materials presented. After the completion of the nursing staff education, the post-education assessment survey results revealed that all 35 staff nurses (i.e., 100% of those surveyed) reported an improvement in their assessment skills, 32 out of 35 staff nurses (i.e., 91% of those surveyed) stated they felt more confident in communicating patient information to PCPs, and all 35 staff nurses (i.e., 100% of those surveyed) reported they liked the newly-amended EMR system. Prior to the implementation of this doctoral project, 63 LTC patients from the local LTC practicum site were hospitalized in 2015, and after thorough evaluation, it was determined that 41 of these hospitalizations could have been prevented. However, after 3 months post-implementation of the nursing staff education, creating customized SBAR forms, and placing alerts and/or prompts into the EMR in 2018, LTC-to-hospital admission rates decreased by 92% (i.e., from April 1, 2018 to July 1, 2018, 5 patients were sent to the hospital and admitted; 4 out of the 5 hospitalizations (i.e., 80%) were required because the local LTC practicum site was not equipped to treat these patients' specific conditions, as compared to the 13 unnecessary hospitalizations from April 1, 2017 to July 1, 2017 that the local LTC practicum site could have managed).

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## Appendix A: Pre-Assessment Education Assessment Survey

1. On a scale of 1-10, how do you rate your head-to-toe assessment skills?

1      2      3      4      5      6      7      8      9      10

2. What area(s) in your head-to-toe assessment do you want to improve?

3. On a scale of 1-10, how do you rate yourself regarding the ways in which you communicate pertinent patient information to PCPs?

1      2      3      4      5      6      7      8      9      10

4. Are there any barriers associated with the ways in which you communicate with PCPs, receive new orders, and initiate treatment in-house?

5. Regarding PCC, do you feel it is a user-friendly system? Why or why not? How can it be improved?

## Appendix B: Post-Assessment Education Survey

1. On a scale of 1-10, how do you rate your head-to-toe assessment skills?

1      2      3      4      5      6      7      8      9      10

2. Have your head-to-toe assessment skills improved? If so, how?

3. Has your communication with PCPs improved? If so, how?

4. Has the implementation of the nursing assessment education and new tabs in PCC improved your practice? If so, how?

5. How else can we improve the care that our LTC patients receive other than improved nursing assessment skills and enhanced communication with PCPs?

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