Advanced Nursing Practice Field Experience

Your Name

Western Governors University
Your Title

The purpose of this paper is to...

To see a Sample Paper in full APA format, please click here:
https://owl.english.purdue.edu/media/pdf/20090212013008_560.pdf

A. Proposal Form

Please refer to separate submission in Taskstream.

Note: You need to submit your Change Investigation Proposal Form with:

1. Handwritten signature of your Change Leader.
2. The entire document showing the proposal and signature line (not just the signature line by itself).
3. All other components of the task—do not submit the Proposal Form by itself as this will result in a failed attempt!

B. Summary

This brief summary addresses my proposal for the advanced nursing practice field experience. The organizational change I am investigating is …. The population affected by this change is….My change leader is the head of the…. My plan for conducting this investigation was to…

C. Completed QIA Form

Please refer to separate document submitted in Taskstream.

C1. QIA Form Summary

The QIA form contains four sections involving the rationale, measures, data collection and data analysis for the project. Each section is summarized below.
Important: In Section IIIB of the QIA form and in the corresponding section of your paper, you need to watch calling your data analysis “qualitative” if you only have quantitative data to analyze. In this paper, you not only need to discuss your Section IIIB data analysis, you will also need to provide a qualitative assessment of the improvement process. It is important to make this distinction in the form and in the paper.

Section I.

This section of the Quality Improvement Activity (QIA) form addresses activity selection and methodology. The reason this project was important to my organization is because…. The quantifiable measures were… The benchmark used in this project was… and was established by…. The baseline goal was… The basic methodology was to … Data sources included…. Data were collected from…and were collected every…. The sampling technique was…

Section II.

Section two of the form describes the actual data collected and results. An initial or baseline rate of…was established in the time period….for the first measure… The second measure…. In the period following implementation of the change, the first re-measurement was…

Section III.

Section three addresses the analysis cycle of the project. The analysis cycle took place over… and covers all quantifiable measures. In comparison to the baseline goal, the actual rates were… Rates continued to improve over the next reporting period, showing…. Changes to the goals were implemented because…. National benchmarks for the measure changed on… The overall trend of the data post implementation…
Section IV.

Section four of the QIA form addresses the interventions that were implemented to affect change. The interventions that had the most impact on this change project were… The interventions addressed the barriers or problems of…

C1a. Data Collection Methods Used

The data collection methods included…

Provide an overview of the data collection methods used for each quantifiable measure. Include the source, method, sampling, and cycles of collection and analysis. Describe who was responsible for these activities and when and how they performed them. Were individual criteria considered to determine whether each quantifiable measure was met? What were these criteria?

For the remaining sections of the paper, you will want to consider the information here: Meaningful Improvement

C1b. Appropriateness

The data collection measures were appropriate/inappropriate for this change project because… The baseline data supported the need for change due to …; this revealed…..

First, consider how the baseline measurement supported the need for change—maybe the baseline measurement was significantly lower than that of a competitor or below a national benchmark, etc.

Selecting the most appropriate method(s) for data collection depends on a number of other considerations: technical, practical, and political. There is no universal best method. So, it is a case of making the best choice for the purpose and context. Considerations: Purpose & information required, end user preference, level of precision required in order to make decisions, time constraints, and the human resources and financial resources available to perform the data collection. Did the data collection methodology and measures help the organization meet these objectives?
Selection of appropriate data collection instruments and clearly outlined instructions for their correct use reduce the likelihood of errors. Did any changes in data collection methodology occur that might affect (either positively or negatively) the data quality?

How was the data collection appropriate for the population of interest/target population? Large populations may mean that sampling was used; small populations may mean that 100% of the total population was used. Was an appropriate sample used/obtained?

Does the organization or unit conducting the project need to maintain control over the data collection or could a third party do this (and potentially reduce any bias)? Was an independent verification of the data performed? Were data collected and analyzed at the appropriate times or with the appropriate frequency?

Did the measures deal with factual information or subjective information? Factual information is possible to ascertain with a high degree of accuracy and potentially a simple method of data collection. Subjective data might entail more complex means of obtaining data. Was this appropriately planned out and measured?

Should the change have been evaluated using estimation or comparison? Estimation refers to the process of inferring something about a whole set of data. In performing a comparison, we are trying to determine the differences between specific groups of data.

What prediction was being made in this project? Did the prediction pan out? Was statistical testing performed or should it have been? A statistical test provides a mechanism for making quantitative decisions about a process or processes--these help us decide if the observed differences between groups of data are just random (occurring strictly by chance) or are really present.

What is the relationship between the quantifiable measures and the quality care outcome that was intended? How do comparisons with a benchmark or goal help us determine this? Were appropriate comparison benchmarks and goals chosen? How did the data collection measures for each of the quantifiable measures help us determine that an improvement took place? In considering the quantifiable measure and the data source, were methods for data collection practical and accurate?

C2. Improvement of Data Collection Measures

The data collection measures could have been improved by…. Techniques used in data collection and analysis could have been… Barriers to data collection included…

In reviewing C1b Appropriateness above, what needs to be done to improve this?

This section of the rubric basically boils down to: Improve the data collection measures you already have, or introduce a new measure to drill down into the data you are collecting. The last one is particularly true if/when you are not meeting your goals.
In improving our data collection measures, we basically want them to:

1. Be more reliable (more trustworthy or dependable).
2. Be more valid (more compelling, persuasive, credible, or convincing).
3. Tell us more (or something new) about our target process.

Consider scientific rigor. Rigor can be many things. It is being dissatisfied with uncertainty, with inaccurate answers, with imprecise measurements. We need to rid ourselves of bias when we interpret our results, in order to search for all possible explanations.

Rigor is central to scientific work, and implies a structured, controlled way of planning, implementing, studying and acting on our findings.

Did you find that there was a lack of rigor in the data collection measures? How should this be addressed and improved?

Developing our data collection measurements and making a plan for data collection are some of the first steps of the PDSA cycle:

You will want to include some brief discussion of Nursing and Inter-professional Standards involved in any potential improvement in the data collection measures. Consider how data quality impacts Accreditation requirements, HIPAA, CMS deemed status, Patient Safety, Meaningful Use requirements, etc. Also consider what needs to happen next in terms of new measures that might help the improvement progress further or help identify additional needs that would need to be addressed with a new cycle of PDSA.
See this list of nursing and inter-professional standards in the WGU Library E-Reserves: http://wgu.libguides.com.wgu.idm.oclc.org/libhome

Although this just refers to Nursing Standards, the list is actually nursing and inter-professional standards combined. You’ll see the IOM and Joint Commission included.


Consider improvements in the data collection measures in terms of how specific, accurate, reliable, relevant, or timely (SMART) these can be made to be and what role the standards played in determining the quantifiable measures. Also consider how the data were evaluated and disseminated to stakeholders, leaders, and others. Discuss the reasoning behind why/how we use the standards to improve the data collection measures or how improvement in data collection helps us better meet these standards. Here are a couple of definitions that might help:

Data Quality Management: Processes that help ensure the integrity, reliability, and security of data during collection, implementation, aggregation, analysis, and storage.

Data Quality Measurement: A measure (qualitative or quantitative measure) is a means with which we assign or determine a quantity to quality (how much quality) of care we may have achieved by comparing what we have to a benchmark or goal. Quality measurements often focus on processes of care that are under the control of the healthcare system and that have been demonstrated to have a relationship to positive health care outcomes.

You may need to address both data quality management and measurement in your discussion of data collection measures improvement. See this information from the AHIMA for more details:
Statement on Quality Healthcare Data and Information and Data Quality Management Model

*Remember:* Any improvement identified should be tied to standards like QSEN, Essentials of Masters Education in Nursing, National Patient Safety Goals, Joint Commission Standards, etc.

**D1. Evaluation**

The effectiveness of the change project in this setting was evaluated by...

Evaluation methods need to provide an understanding of why an improvement initiative has or has not worked and how it can be improved in the future.

Try to answer these: How did the organization evaluate the success of the change? How did they know that the change was an improvement? How did the project affect patient/client or process outcomes? How were evaluation findings fed back to team leaders and the organization on a regular basis? How was the feedback used? What was done?

Think about the *Study* portion of the PDSA cycle. How close were the results of the change to the goal or benchmark? Did it meet or exceed? Fell short? How were any positive or negative consequences or any barriers (involving effectiveness and efficiency, stakeholder roles and responsibilities, management/leadership oversight, etc.) identified, evaluated, and overcome? What were the lessons learned? Was feedback or verification from a third party used?

A single core measure or compliance measure often involves a series or list of criteria that must all be met. What individual criteria were evaluated to determine that each quantifiable measure was met? What did review of these individual criteria reveal? Was there a particular step in the process that proved to be a barrier? How was this addressed?

Does this change point to future improvements (either in this project or some other)? Does sustained improvement need to be demonstrated? Does more testing need to occur? Is it time to expand implementation to other units/departments? Where to from here? Was the change improperly tested before being rolled out to the whole organization? Should a pilot test have been done (but wasn’t)?

Was the change initiated without sufficient baseline data and information, making it difficult to evaluate the improvement after implementation? Were measures, benchmarks, or goals changed at some point during the implementation, making it difficult to compare them with re-measurements?

**D1a. Implementation Effects**
Implementation of this project affected the organization and quality care outcomes by….

This project will help the organization meet its strategic goals of… Some unintended or unplanned effects included….

How did it affect the intended (target) population and the stakeholders? Were there any unexpected results (positive or negative quality care outcomes or other systemic effects)? Trickle down effects on other units or departments? Were there any organizational effects on the culture of safety, inter-professional collaboration, communication, or teamwork? Was there an impact to compliance with the Joint Commission standards and accreditation requirements—think about core measures, standards such as the Provision of Care, Medication Management, NPSGs, etc. Did it improve reimbursement from payers or inform leaders about the organizational strategic plan? Were there any positive or negative effects in terms of finances, staffing, supplies, etc.?

Do the results suggest that a meaningful improvement occurred?

- Improved quality, safety, efficiency, and/or reduced health disparities
- Engaged patients and family
- Improved care coordination, and population and public health
- Resulted in better clinical or service outcomes
- Improved population health outcomes
- Increased transparency and efficiency
- Empowered individuals
- Provided more robust data/information about organizational systems
- Helped the organization meet its accreditation and/or reimbursement requirements

D2. Stakeholder Roles

The stakeholders in this project were… The individuals performed…. They were successful in their roles for this project as evidenced by… They were unsuccessful in these roles because they….

Take a look at the IHI website for examples of good team set-up:
http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementFormingtheTeam.aspx

D3. Improvement
In order to increase overall quality care outcomes, I think the change project could have been improved by… Techniques and data used in the analysis could have included…. The focus was too broad/ too narrow… Needed to include other populations/units… Needed additional measures or interventions to ensure success…or should have altered the existing measures or interventions by… Needed to identify or include additional stakeholders because more expertise was needed in …

What could be done to improve the process of improvement itself?

To review, we need to demonstrate the need for change with the baseline data and our rationale (with this information we can develop a plan--and convince our leadership to spend resources on the project), demonstrate what happened during and after implementation with data (so we can test the change and compare the results with the initial baseline), and show sustainment of the improvement over time with data (so we can lock in the improvement and spread it--a failure to sustain the improvement is a very wasteful use of time and resources).

Think about each step of the PDSA cycle. How can you improve the Plan, Do, Study, or Act of the cycle for this project? Was more planning needed? Did the team makeup need improvement or was the aim or objective of the project off target? Were the interventions effective? Did the data need to be evaluated more often? Did action on results occur in a timely fashion? Were the results communicated appropriately? Were the results used to inform the next cycle of testing?

E. Involvement

My involvement in the organization was as a…. I was involved with the stakeholders in this change project as…. In retrospect, I think I could have… My best experience in this project was…

In conclusion….

Note: Always run the Originality Report before you officially submit a paper into Taskstream. Please see this link from the Center for Writing Excellence for details on the report: Turnitin report and how to run it: Check Plagiarism

If you need a refresher on APA format or need guidance with writing, be sure to visit the Center for Writing Excellence at https://sites.google.com/a/wgu.edu/cwe/. You can also set up an
appointment with the CWE mentors by emailing: writingcenter@wgu.edu

An additional resource that we find helpful is the Purdue Owl website: https://owl.english.purdue.edu/owl/resource/560/01/

References

For tips on preparing your reference list in APA format click here:

https://owl.english.purdue.edu/owl/resource/560/10/