



# 2021 DNP Projects



## DNP 2021 Graduates

DNP-prepared nurses are well-equipped for advanced nursing practice roles and responsibilities. The 2021 MSJ DNP graduates represent a variety of nursing specialties. They each possess the leadership, determination, and



## FROM THE DEAN

We are proud of our Mount DNP graduates. The changing demands of our complex healthcare environment require a high level of scientific knowledge and practice expertise to assure quality patient outcomes. Our DNP graduates are prepared to contribute in meaningful ways. These DNP projects are a sample of their contributions.

Darla Vale PhD, RN

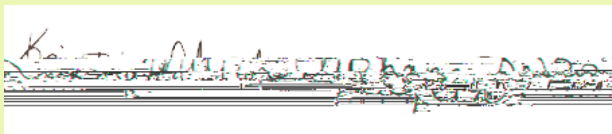


## FROM THE PROGRAM DIRECTOR

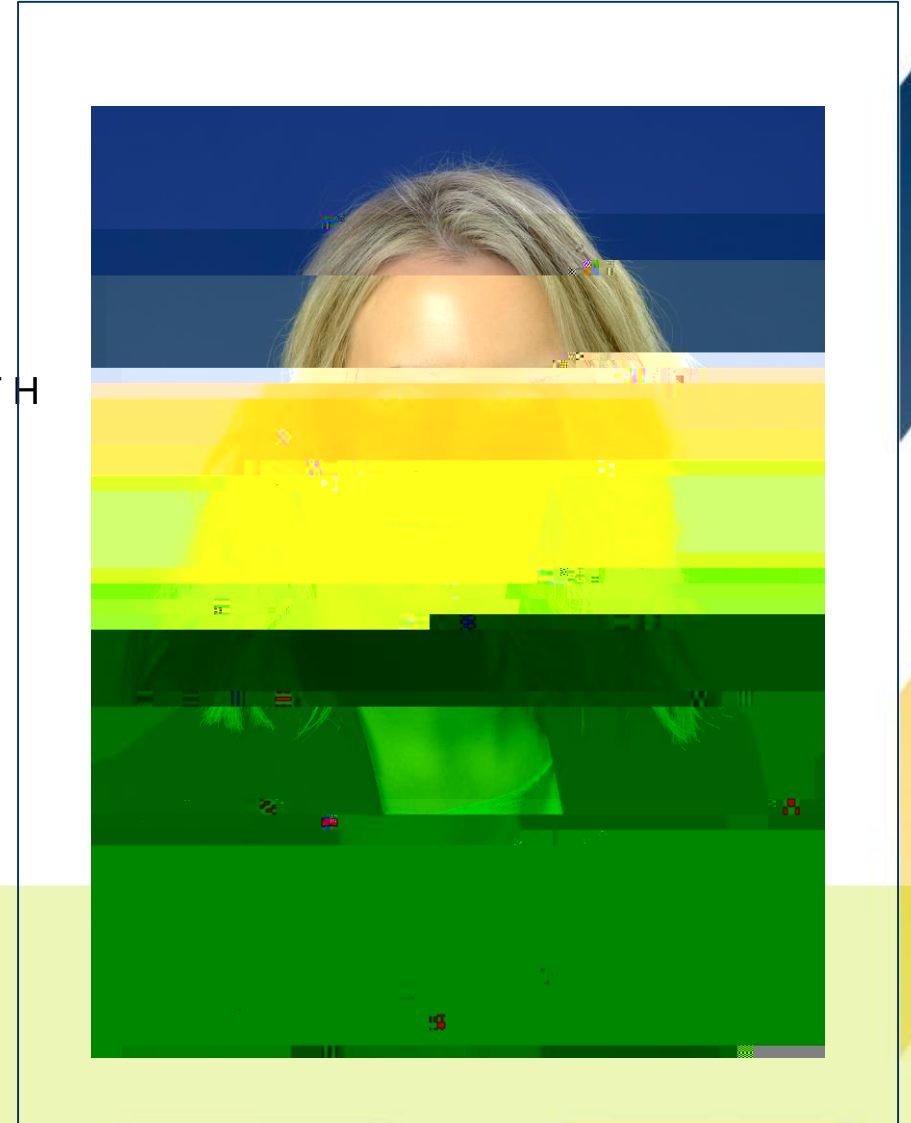
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It is truly an honor to serve as the Program Director for the Mount St. Joseph University Doctor of Nursing Practice (DNP) program. The essence of this degree is to combine the doctoral experience to implement an interdisciplinary evidenced-based project that improves patient outcomes. The DNP faculty at MSJ portray authentic leadership and care while providing a high quality academic experience for practicing nurses to achieve a terminal degree. The DNP students at MSJ demonstrate the relentless advocacy needed to transform health care access, delivery, and outcomes. Through this work, our communities of care become safer, healthier, and sustainable.

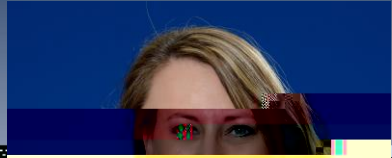
Congratulations to the 2021 DNP graduates!



Kristin Clephane DNP, RN, CPN  
MSN-DNP Program Director  
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**Angela Dorsey**  
**DNP, RN, PCCN-K**

TriHealth Educator  
Telemetry

## Using Monthly Support Groups to Increase Resiliency and Decrease Turnover

### Abstract

Entering the nursing profession is an exciting and nerve racking for new nurses as they transition from a student to a professional. According to the 2020 National Health Care Retention and RN staffing report, E\ 1XUVLQJ 6ROXWLRQV , QF continues to outpace all other tenure categories and makes up 58.9% of a KRVS LWDOTV WXUQR YH UNSL Q W Nursing Solutions, Inc., 2020). Turnover of the NLRN is costly, averaging approximately \$52,000 for one NLRN. A reported turnover rate of 17.2% in 2019 is estimated to cause an annual cost for a hospital of \$5,700,000

(NLRN, 2019, p. 430). The purpose of this project is to increase resiliency and retention of the newly licensed register nurse (NLRN) via a nurse residency program (NRP) paired with a monthly support group that includes resiliency training. Twenty NLRN participated and attended monthly NRP sessions and support group meetings over a 6-month period. The results showed an increase in resiliency scores overall, and the retention rate increased from 83% to 90.5%. While the results were going in the right direction, a bigger impact may have been observed if Covid was not present.



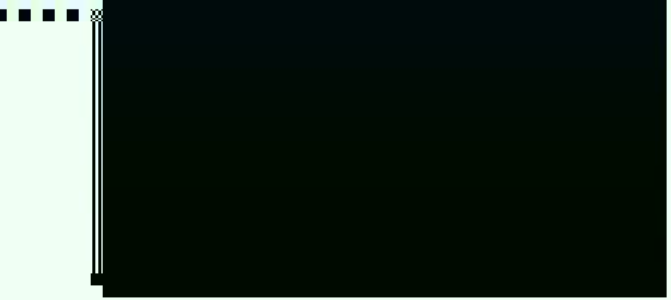






**Lynn Leandro**  
**DNP, GNP-BC, ACHPN**

**CommuniCare**  
Personalized Health Partners  
Nurse Practitioner

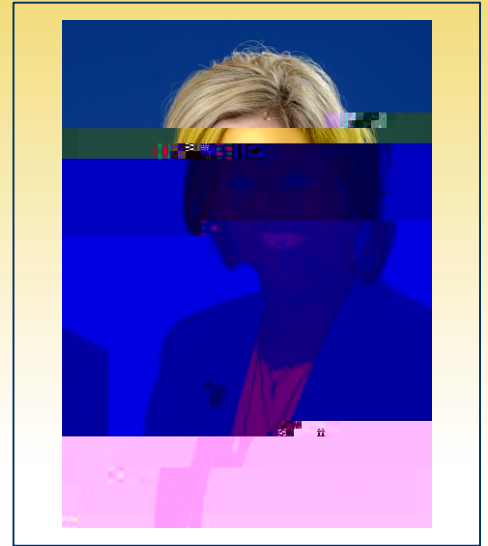


## Safe Sleep with Gastroesophageal Reflux in Infants

### Abstract

Supine positioning is the recommended position for infants by the American Academy of Pediatrics (AAP) and the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN) for infants 32 weeks gestation and greater, on one liter of oxygen or less, and taking oral feedings. It was noted that Neonatal Intensive Care Unit (NICU) nurses in a midwestern urban hospital were non-compliant with keeping infants supine as well as other safe sleep practices. The purpose of this project was to examine the effect of formal safe sleep practice (SSP) education on nurse compliance. One hundred and twelve NICU nurses received the SSP education as part of the mandatory annual competency unit-based

education. There was statistically significant increase in post-test scores after the lecture and demonstration SSP educational session ( $p < 0.00001$ ). Random crib audits over the next two months revealed an increase in nurse compliance with SSP at the 90% benchmark. The most common items left in the cribs were diaper creams and hats, which nursing leadership provided guidance in the promotion of SSP via formal team huddles and weekly nursing updates. The results indicate that formal education along with D X G L W V D Q G U H P L Q G H U V L Q F U H D V H Q X N O U Staff Nurse compliance with SSP in the NICU. Modeling these SSP in the NICU for parents is key if parents are going to follow them at home after discharge.



**Debra Mardis**  
**DNP, RNC-OB, NTMNC**

TriHealth  
Good Samaritan Hospital

NICU Staff Nurse





**Lisa M. Masterson**  
**DNP, RN**

Mercy Health

Nursing  
Professional Development Associate

## Implementing A Glycemic Management Protocol With Surgical Patients

### Abstract

Surgical site infections (SSIs) are the most costly healthcare acquired infection in hospital settings as they impact patient outcomes, and hospital reimbursement. A recent increase in SSIs at a Midwestern community hospital gained the attention of the organizational leadership and spurred an initiative to decrease the SSI rates. The project team developed a foreground/background and targeted PICOT question to guide review of the literature. Based on the results of the inquiry, an intervention targeting glycemic management of all surgical patients except obstetrics and surgical patients under 16 years of age was implemented as part of an evidence-based SSI prevention bundle. The project team chose the Iowa Model of Evidence-Based Practice to Promote Quality Care as the model for guiding WKH SUR I H V L R Q D O S U D F W L F H Change Theory as a framework, the project lead provided education to the surgical staff including pre-operative, post-operative, certified

registered nurse anesthetists, and patient care assistants on stress hyperglycemia and glycemic management. Implementation of a glycemic management protocol for surgical patients began mid-November 2020. The goal was to improve hyperglycemia rates in this population of patients and assist in improving SSI rates. Data revealed that approximately 9% of patients had glucose values at or above 140mg/dL and required intervention. Standardized infection ratio (SIR) rates decreased on colorectal, total knee replacements and coronary artery bypass grafts, abdominal hysterectomy rates were unchanged, and total knee replacement rates increased after implementation. This evidence-based quality improvement project demonstrated a correlation between glycemic management in surgical patients and surgical site infection rates and improved patient outcomes.







## 2021 MSJ DNP PROJECTS





## ED Utilization: Right Care Right Place Toolkit

Abstract

**Shannon Schlesiger**  
**DNP, RN, CNL**

Senior Provider  
Engagement Manager





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