

# Engaging and Equipping Front Line CRNAs to Solve Clinical Problems and Implement Evidence Based Practices

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#### **Objectives**

- The professional advancement model for advanced practice nurses
  - Examples of qualifying scholarly work, mentorship, and evidence based project implementation will be discussed.
- Analysis of data collection including the Misener APRN job satisfaction survey tool
- Barriers to implementation, program sustainability, and opportunities for improvement

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## **Conflict of Interest**

Nothing to disclose



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## Outline

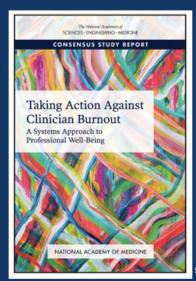
- Why a clinical ladder?
  - Why at Nemours?
- Review of literature
- Data collection
- Ladder development
- Implementation
- Results
- One CRNA's story
- Barriers and benefits

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# National Academy of Medicine Clinical Well Being Study

- Create positive work environments
- Create positive learning environments
- Reduce administrative burden
- Enable technology solutions
- Provide support to clinicians and learners
- Invest in research





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# Future of Nursing Report IOM – 4 key messages

- Nurses should practice to the full extent of their education and training
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States
- Effective workforce planning and policy making require better data collection and an improved information infrastructure



Institute of Medicine. (2010). The future of nursing: Leading change, advancing health. Retrieved from http://www.nacns.org/docs/toolkit/5-IOM-Report.pdf

Why a clinical ladder?

## -Why at Nemours?

- Review of literature
- Data collection
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#### **CRNAs at Nemours**

- Hospital employee
- Magnet designation
- 100% medical
- 3 doctorally prepared, 2 pursuing, several considering



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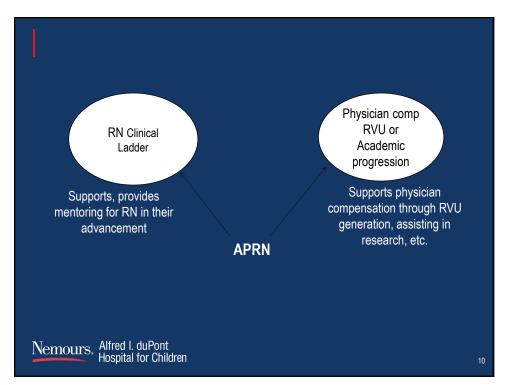
#### APRN team at Nemours

- Some are 100% nursing
  - Pain APRN
  - Sedation APRNs
  - Preop APRNs
  - Clinical Nurse Specialists
- Some are 100% medical
  - CRNAs
  - NICU NPs
  - Cardiac NPs

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- Some are 85% practice;15% nursing
  - Pediatric NPs
    - Neurology
    - Orthopedics
    - Pulmonary
    - ED
    - Etc.

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#### Review of literature

- Data collection
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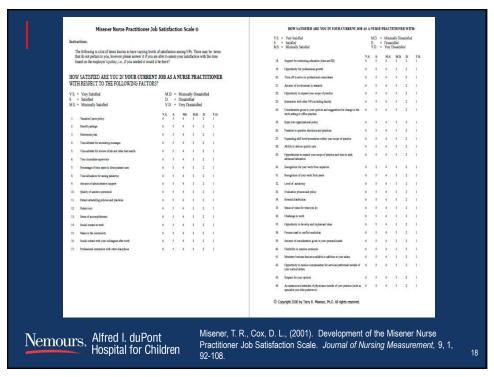
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#### Our Data

- What are we doing well?
  - Mean >5
- Where are our opportunities for improvement?
  - Mean <4</p>

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# What are we doing well? Mean > 5 How satisfied are you with:

- 6. Your immediate supervisor 5.3
- 12. Patient mix 5.2
- 28. Ability to deliver quality care 5.1
- 32. Level of autonomy 5
- 36. Challenge in work 5.2

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# Opportunities - Mean < 4 How satisfied are you with: 18. Support for continuing education (time and \$\$) 3.9 20. Time off to serve on professional committees 3.6 21. Amount of involvement in research 3.8 25. Input into organizational policy 3.8 Nemours. Alfred I. duPont Hospital for Children

Opportunities - Mean < 4 How satisfied are you with:		
34. Reward distribution	3.7	
41. Monetary bonuses that are available for services performed outside of your normal duties	3.1	
42. Opportunity to receive compensation for services performed outside of your normal duties	3.2	
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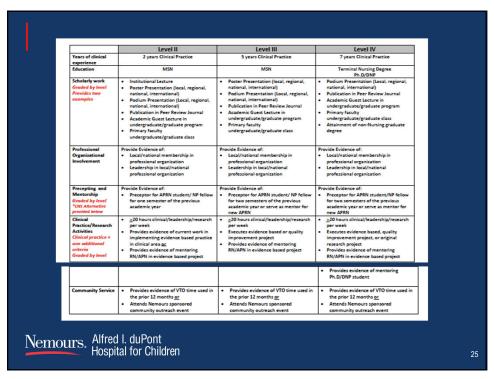
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# Development of the ladder

- Committee
  - Director of APRNs
  - Director of Nursing Research
  - Clinical Nurse Specialist
  - CRNA
  - Pediatric Orthopedic NP
  - Endocrine NP

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## Clinical experience/education

- Level II
  - 2 years/MSN
- Level III
  - 5 years/MSN
- Level IV
  - 7 years/Ph.D./DNP

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## Scholarly work

- Level II
  - Institutional lecture
  - Poster presentation
  - Podium presentation
  - Publication
  - Academic guest lecture
  - Primary faculty of undergrad/grad course

- Level III/ IV
  - Poster presentation
  - Podium presentation
  - Publication
  - Academic guest lecture
  - Primary faculty of undergrad/grad course

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## Precepting and mentoring

- CNS/NPs semester long mentorships
  - One semester for level II
  - Two senesters for level III
- CRNAs hours of SRNA precepting
  - 90 for level II
  - 120 for level III and IV

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## Evidence based project implementation

- Level II
  - Provides evidence of current work in implementing evidence based practices in clinical area
  - Mentoring RN/APRN in evidence based project

- Level III/IV
  - Executes evidence based, quality improvement project, original research project
  - Mentoring RN/APRN in evidence based project

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# Compensation

- Annual bonus (prorated by FTE)
  - Level II \$4600
  - Level III \$5750
  - Level IV \$6700

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#### Results:

#### Organization wide – all APRNs

#### 2018

- 37 approved 25%
- 39 applicants
- II 14
- III 19
- IV 4

#### 2019

- 45 approved 30%
- 49 applicants
  - 16 new
  - 6 did not reapply
- II 20
- III 21
- IV 4

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#### COVID related issues 2020

- Time off during shut down utilized by many to get the nonclinical work done
- Student presence greatly restricted hour requirement reduced
- Permission granted by administration to allow 2020 work to be applicable to 2021 application
- 2021 and beyond bonus will be granted only if organization meets budget

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## Kim's level II application 2018

- Scholarly work
  - APRN fellowship presentation
  - Journal club at Deptford ASC
- Mentoring
- Executed an evidence based project
  - Initiated outside OR airway management protocol/data collection
- Community service pillow for homeless project



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#### Kim's level III application 2019

- Scholarly work
  - Liver transplant presentation in Jamaica (also community service)
  - Critical Events Checklist presentation at St. Christopher's with sign in sheets
  - Presentation at respiratory conference
- Mentoring
  - >360 hours of Precepting SRNAs
- Executed an evidence based project
  - Emergency room/respiratory therapy out of OR airway management project
- Level IV application upon graduation from DNP program

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# Barriers to implementation and Opportunities for improvement

- Following the script was not for everyone
  - Mentoring not possible in some settings
  - Closure of CNS program → CNS unable to mentor
  - Heavy commitment to research made presenting a challenge
- APRN supervisors NOT eligible
  - Supporting their teams was difficult

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# Barriers to implementation and Opportunities for improvement

- Requirement for some administrative support gifted to us by the executive team
- Technological support glitches around electronic submission
- Role transitions of project leaders and committee members
- Organizationally create structure around script
- Stronger support from Director of Nursing Research

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#### Benefits from ladder development

- Engagement in project development and implementation
  - Front line clinicians solving clinical problems
- Increased interest/willingness to mentor learners
- Research agendas moved forward
- Development of an APRN evidence based fellowship
  - Assistance with IRB submission
- APRNs presenting throughout the organization
  - APRN lecture series
  - Grand Rounds

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# Thank you for your time!!

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