

Simulated DNP Evidence-based Project and Professional Leadership Capacity



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In the United States, the practice problem of obesity continues to contribute to approximately 60 % of health care costs annually, and it is estimated that due to the increasingly ‘obesogenic’ culture if these trends are unchecked it is projected that by 2030 the incidence of adult obesity will reach 50% of the American population (Bowen et al., 2018). Evidence in the literature has shown that the use of digital-based technology for self-monitoring of weight, diet, and physical activity supports effective weight loss (Patel et al., 2021). In this paper, an evidence-based project will be presented to address the issue of obesity with the use of digital technology.

The elements of conducting an organizational needs assessment will be presented and will include an overview of the national practice problem, identification of the practice gap, and presentation of the PICOT question. This will be followed by a discussion on the fundamental requirements of effectively leading a change project, focusing on interprofessional collaboration, communication, and integration of leadership ethics and models that contribute to a successful sustainable goal and measurable positive outcomes.

Organizational Needs Assessment

Essential to choosing a DNP change project is a systematic assessment to identify gaps in current care and best practices. An organizational needs assessment is a tool that is used to succinctly gather this information, and identify the population impacted, key stakeholders, the organizational structure, culture, resources, and the desired outcome (Zaccagnini & Pechacek, 2019). A SWOT analysis is a tool that can easily be adapted to a DNP project needs assessment and helps to identify internal Strengths and Weaknesses of an organization and external influences that are seen as Opportunities or Threats. This evidence-based practice (EBP) project

will take place at a Joint Commission and Magnet nursing accredited organization, nationally recognized as a high-reliability organization with a national ranking in multiple service lines and known for high-quality outcomes. These internal strengths are evidence that EBP is embedded in the culture. There is an opportunity for improved community outreach, especially to the underserved and undocumented in this urban community. The DNP practice problem EBP Project will address this weakness.

Problem

In the Family Health Center while there is evidence of service integration with the main hospital campus, as an outpatient clinic there is the opportunity for improving resources to address primary and secondary prevention for the national practice problem of obesity. A significant finding in the SWOT analysis is that there is a higher than the national average population of patients with obesity and nearly 100% of these patients have at least one other comorbidity including renal disease, diabetes, or cardiovascular disease.

Stakeholder analysis is pivotal in that having a clear understanding of the role of each stakeholder, and their level of commitment to supporting the change will help avoid unanticipated barriers from coming up (White et al., 2019, Chapter 3). The staff as key stakeholders will be more amenable to participating in an EBP that has shown proven benefits and does not increase their workload. Other key stakeholders include hospital administration, financial leadership, and IT department leadership. There would be little threat to the sustainability of the project if the initial investment resulted in fewer charitable resources and unreimbursed expenditures due to preventable illness/comorbidity expenses and inpatient hospital utilization.

The patient as a key stakeholder would benefit from having an easy-to-use tool that increases autonomy and agency.

Presenting the evidence in the literature (Table 2) that demonstrates the role of digital technology to treat obesity, sustained positive results, with no increase in workload or initial financial investment and can easily be managed by the DNP student in a small scope 8-week project would be realistic and practical to implement in a Family Health Center with no threat to the core business model would be welcomed with little anticipated opposition.

Practice Gap

As shown in the Organizational Needs Assessment (Table 1), currently there is nothing structured in place to support patients in a weight loss journey and to track progress. The practice gap exists due to limited staffing and financial resources. Because there are limited full-time staff members, 2 RNS, 1 LPN, 3 CMAs, and usually only one to two primary care providers on-site per clinic day there is very finite time per visit that is limited to 15-minute intervals. The focus of these visits is on the primary chief complaint with little time for a wider scope of focus. The staff finds themselves struggling to provide holistic care and patient education that results in sustainable benefits.

Practice Question

Population: Adult patients (ages 18-65) who have a BMI >30

Intervention: Use of digital self-monitoring tool for weight loss. Evidence in the literature supports the use of digital technology as an intervention for the treatment of obesity (Table 2). In a recent randomized controlled study conducted by Bennett et al. (2018) in a community health setting to assess the effectiveness of a digital health intervention in improving outcomes in treating obesity in patients at highest risk due to cardiovascular comorbidities of hypertension,

diabetes, and elevated lipid panels, results revealed more than 40 % of the intervention group lost >5 % of body weight and improvement in waist circumference compared to the control group that had little to no change (Bennett et al., 2018). More recently a systematic review of digital technology for weight loss, results revealed that counseling along with digital technology vs. digital technology as a stand-alone intervention showed no difference in results, which supports an EBP DNP project using digital technology as an intervention to treat the national practice problem of obesity (Patel et al., 2021).

Comparison: Compared to current practice at the Family Health Center that measures height/weight/BMI at each follow-up visit with limited anecdotal discussion regarding results at the visits; this intervention using a digital monitoring tool will help patients to be actively engaged with entering data and have increased awareness regarding behavioral and dietary activities contributing to their issues with obesity.

Outcome: the outcome measurement for the project based on current evidence from Table 2, is a change in 3 metrics overall weight, BMI, and waist circumference.

Time: 8 weeks

Practice Question: In adult patients aged 18-65, with a BMI >30 (P), does the use of a behavioral intervention enhanced with digital-based technology (I) compared to standard behavioral weight management interventions (C) impact weight loss at an outpatient ambulatory clinic (O) in an 8-week period (T)?

Leading the Practice-Change Project

Fundamental to effectively leading a practice change project there are core elements that must be considered in order to ensure positive and sustained outcomes. They are