

CU College of Nursing **Proposal Justification**
Proposal for DNP Scholarly Project

Project Title:

Student's Name:

I. Aim Statement (QI) or Evaluation Question (Program Evaluation)

The organization initiating this project is ...

The organization's goals are ... and this project will help them to ...

The AIM of this QIP is:

To increase/decrease _____ from ___ to ___ by _____ (date). [*this should be a patient-centered outcome that reflects better health or outcomes of care for individual patients*]

Sub AIMS include: [*optional*]

To increase/decrease _____ from ___ to ___ by _____ (date) [*sub AIMS may include improved screening, satisfaction, cost or other nonclinical outcomes*].

— *or* —

The Evaluation Question for this project is:

To determine whether _____ (program) achieves _____ (key outcome) [*this should be a patient-centered outcome that reflects better health for individual patients, better clinical outcomes achieved by providers, better functioning by a system of care, etc. – the outcomes that are most important to the organization, and that the program is intended to affect*]

Additional evaluation questions include: [*optional*]

To determine whether/how much the program accomplishes _____ [*additional questions may include patient or provider satisfaction, cost-effectiveness, feasibility and acceptability of the intervention, etc.*].

II. Background and Significance

Research shows that improving ___ will lead to better outcomes for patients by _____. Clinical practice guidelines recommend Meta-analytic reviews show Studies have found

For QI: Based on this literature, quality in our practice setting can be improved by ...

For Program Evaluation: Based on this literature, this program was designed to ...

[*Focus your background section on methods for achieving the triple aim. The main outcome should always be focused on better quality of care – e.g., lower rates of adverse events, fewer recurrences, higher rates of survival, better quality of life. The other 2 components of the triple aim, patient satisfaction and lower cost of care, may be secondary outcomes.*]

III. Needs Assessment and Program Design

_____ was identified as a problem by _____, based on _____.

Interprofessional team members collaborating on this project include: ...

An analysis of the various reasons that this problem exists for this population of patients within my organization revealed...

For QI: Include a cause and effect analysis (Fishbone) a root cause analysis, or a Failure Mode and Effects Analysis. You may also include a logic model such as a Driver Diagram showing the link between program goals, activities, and outcome measures.

For Program Evaluation: Include a logic model (PRECEDE/PROCEED format) or showing the link between program goals, activities, and outcome measures. You may also include a root cause analysis or other needs assessment.

Other locally collected data or literature showing that this issue is a problem are ...

For Program Evaluation: Describe all key components of the program in enough detail that someone else could structure a similar program. You should say who does what, at what points in time, how information flows between various program components, when evaluations are conducted, etc. It may be helpful to include a flowchart or timeline here. For QI, you will describe your interventions in another section below; it is expected that QI interventions will be developed iteratively over time, so you don't need to describe those in as much detail here, but a FMEA may be a useful tool for reviewing existing processes or systems, so that problems with these can be identified and eliminated..

IV. Methodology

A. Description of the Population to be Studied

All eligible patients seen by the organization will be included in this study. Eligibility will be determined based on The organization sees a total of _____ eligible patients per year. [For program evaluation, substitute "the program" for "the organization" because specific programs may have more circumscribed patient foci. QI projects usually affect broad populations].

If sampling will be used: A _____% sample of eligible records was reviewed by _____. Records were selected by the following process Steps taken to ensure reliability of the ratings were

B. Measures and Data Collection Procedure

Outcome Measures: [these describe what happens to the patient as a result of the interventions that you are studying. This must match your AIM statement or evaluation question]

Measure:

Goal: [for categorical measures, state the goal as "improvement to xx%" (an exact number), not "improvement by xx%" (a percentage of the starting point)]

Baseline Data: [if your measure is starting from 0%, discuss with your advisor to determine whether this is really the best outcome measure; changes starting from a level less than 5% tend to be statistically un-testable.]

For QI: If baseline data are not available you should collect them.

For Program Evaluation: If baseline data are not available you may collect them or identify a population benchmark from the literature or from other existing programs

Process Measures: *[these describe what you do, how you monitor your intervention. On a logic model, they might be depicted as short-term outcomes as opposed to long-term impacts]*

Measure:

Goal: *[for categorical measures, state the goal as “improvement to xx%” (an exact number), not “improvement by xx%” (a percentage of the starting point)]*

Baseline Data:

Balancing Measures: *[these describe any potential adverse effects of the project, such as an increase in rehospitalizations after a program to create a more efficient discharge procedure. Not every project requires balancing measures, but for most you can think of potential unintended consequences that you want to measure so that you can be sure you avoided them]*

Measure:

Goal: *[for balancing measures, the goal is no change from baseline – e.g., “maintain at xx%” -- indicating that the outcome didn’t get worse]*

Baseline Data:

Data Collection Process: *[e.g., an existing report in an EMR, a newly created report in an EMR, manual chart abstraction (by whom, how long does it take), questionnaires, etc.]*

C. PDSA Interventions

The following PDSA approaches, based on the literature, will be used to achieve the goals of this project ...

Instructions for QI: List a few possible interventions here that may be part of your QIP. These might be designed to address different barriers identified on a Fishbone diagram. These do not need to be the final list of all possible interventions, just a starting point for subsequent PDSA cycles. QI projects are expected to achieve some outcome, so it is expected that if an initial intervention does not succeed, you will return to the interprofessional team, consider the data, and design new interventions that either make the first intervention more effective or replace it with another one. Be sure not to just jump from one intervention to the next; work to make each intervention as effective as it can be, or determine why it didn’t work in order to refine your further quality improvement efforts.

Instructions for Program Evaluation: Although the overall program to be evaluated is well-defined at the outset, small modifications to implementation of the program are often made over time. These can be framed as lessons learned or tweaks to improve the program, while its core content stays the same. List issues that may come up in the course of delivering your program, how you will monitor for those issues, and what PDSA-cycle interventions you might put in place to address them. Common potential issues include difficulty recruiting participants into a program, difficulty with retention or follow-up, missing data, etc. You can think about this section as “potential pitfalls and alternative approaches” – what might go wrong, how will you know if it does, and how might you fix it?

D. Potential Scientific Problems

[describe potential problems collecting data, implementing changes, obtaining cooperation, coping with shifts in organizational priorities, financial limitations, etc. The goal of this section is to help the Bridge Committee determine whether the project is likely to succeed in reaching its goals, given the time and the resources available, or whether modifications are recommended to increase the chances that you will have a successful project outcome].

E. Data Analysis Plan

Data will be stored in ... [e.g., Microsoft Excel, SPSS]. Outcome and process measures will be tracked with ... [e.g., a table, a run or control chart]. Data points will be added to these charts ... [with what frequency? For QI, data are usually tabulated monthly or quarterly. For program evaluation, 2 data points pre- and post-intervention may be acceptable]. Pre-post intervention data will be analyzed using ... [e.g., IHI rules for identifying systematic variability on control charts, Fisher's exact test, chi-square, an independent t-test, ANCOVA – see guidance from the CRNS on what type of analysis to use for various types of data]. Descriptive statistics will be reported including ... [e.g., frequencies, means, odds ratio effect size measures].

Power Analysis: *This section may or may not be required – seek guidance from your advisor, and if needed, the CRNS. For studies that use sampling or program evaluation projects, power analysis is often recommended. The goal of this analysis is to determine what sample size is sufficient to produce reliable results.*

For analyses of data from all available patients, no power analysis is needed: Based on the available population of xxx patients [per year, per quarter, per month], we will be able to detect changes that exceed an upper confidence limit of xxx% or that drop below a lower confidence limit of Xxx%.

Or, if you plan to collect data on only a sample of patients (e.g., because you are doing manual chart reviews), you should present a power analysis: Based on an expected change from the baseline level of xx% to a final level of at least xx%, we will need a sample of xxx patients pre- and post-intervention to detect changes with power = .80 and alpha = .05.

If you are using t-tests (data on a scale rather than percentages), report changes as mean and standard deviation, not as percentages, and use the appropriate power calculator for t-tests.

V. Summarize Knowledge to be Gained

[sample language for QI]: This is a quality improvement project designed to improve local practices in comparison to the best available form of care. Knowledge to be gained involves the implementation of existing evidence-based clinical practices, and may be disseminated to other care settings that face similar problems in implementing and maintaining clinical best practices.

[sample language for Program Evaluation]: This is a program evaluation or program implementation project designed to evaluate the [efficacy, cost-effectiveness] of _____ program as well as the steps necessary to implement such a program. Knowledge to be gained will support future decision-making about the program's value and effectiveness in an applied

practice setting, and may be used to determine whether the program will be continued, modified, or discontinued. Data from this evaluation may be disseminated to other care settings that face similar problems and that may be utilizing similar intervention programs.

VI. References

[List of references used in this proposal]