The Doctor of Nursing Practice: Reflections on the Past and a Vision for the Future

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Faculty Disclosure

Faculty Name	Bernadette Melnyk, Mary Nash, Esther Chipps, Deborah Francis
Conflict of Interest	None
Employer	The Ohio State University
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Symposium Objectives

- **Examine the evolution of the Doctor of Nursing practice and its implications for current healthcare systems.**
- **Explore strategies for operationalizing and integrating DNP graduates into healthcare systems.**
- **Describe evidence-based practice exemplars of DNP practice and outcomes.**

Session 1
Moving Evidence-Based Practice Forward: The Role of The Doctor of Nursing Practice Degree

Bernadette Mazurek Melnyk, PhD, CPNP/PMHNP, FNAP, FAAN
Vice President for Health Promotion
University Chief Wellness Officer
Dean and Professor, College of Nursing
Professor of Pediatrics & Psychiatry, College of Medicine
Editor, *Worldviews on Evidence-Based Nursing*

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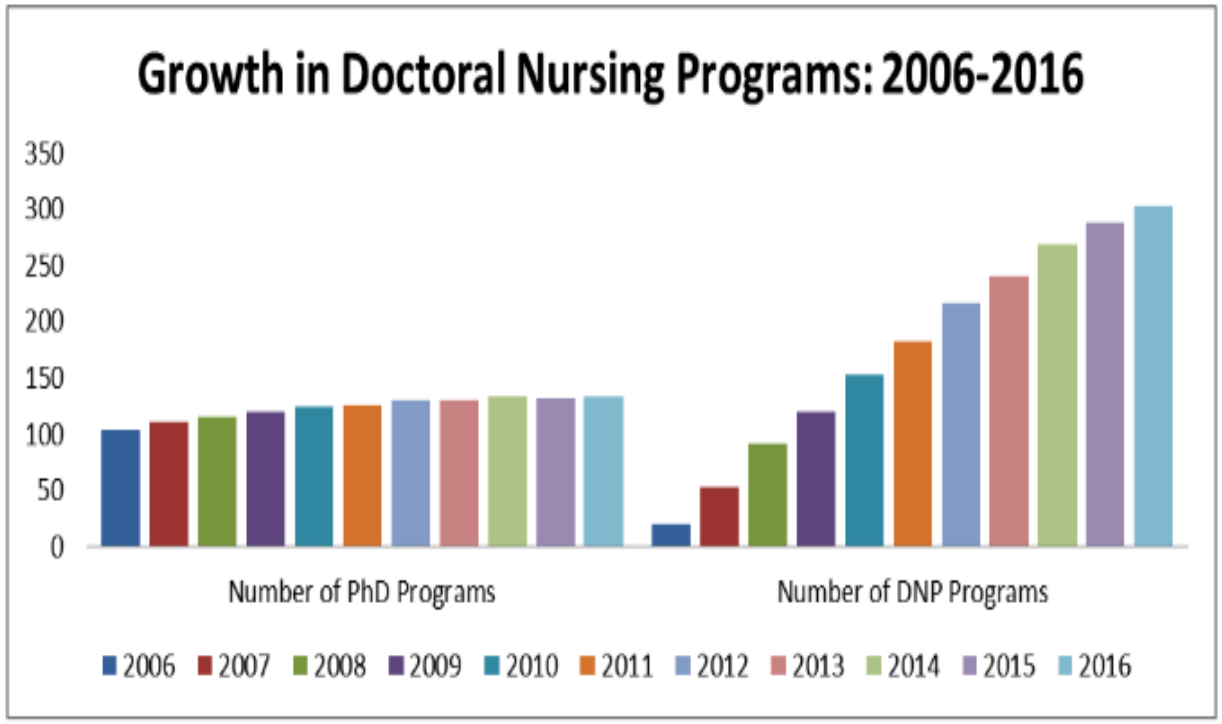
The Birth of the Doctor of Nursing Practice

In October of 2004, member schools of the American Association of Colleges of Nursing endorsed the *Position Statement on the Practice Doctorate in Nursing*, which called for moving advanced practice preparation from the master's degree to the clinical doctorate

Growth in Doctoral Nursing Programs: 2006-2016

Practice-Focused Doctorates (DNP)

Research-Focused Doctorates (PhD/DNS)



Source: AACN

Healthcare & the Case for the DNP

- There are up 250,000 unintended patient deaths per year (more than auto accidents & breast cancer); preventable deaths are the third leading cause of death in the U.S.
- Patients only receive about 55% of the care that they should when entering the healthcare system
- Poor quality healthcare costs the United States about 720 billion dollars every year
- It often takes decades to translate research findings into real world healthcare settings
- The U.S. healthcare system could reduce its healthcare spending by 30% if patients receive evidence-based healthcare

AACN Information about the DNP and Components of the Role

- **"The DNP focuses on providing leadership for evidence-based practice."** This requires competence in translating research in practice, evaluating evidence, applying research in decision-making, and implementing viable clinical innovations to change practice. Considerable emphasis is placed on a population perspective, how to obtain assessment data on populations or cohorts, how to use data to make programmatic decisions and program evaluation. If a DNP desires a more formal research role, additional preparation will likely be required—similar to a MD completing a PhD.
- **PhD and DNS programs are research intensive.** In many cases, PhD graduates accept academic or governmental positions where research is a major expectation.

DNP = EBP Expert

The Essentials of Doctoral Education for Advanced Nursing Practice (AACN)

- "Individuals who finish DNPs will seek to engage in roles as educators, but the focus of the DNP needs to be advanced practice specialization, not the process of teaching. The basic DNP education does not prepare graduates for a teaching role any more than the PhD. Teaching/learning principles are incorporated into the DNP as it is related to patient education."

Why a Doctor of Nursing Practice?

- *Achieve the highest level of expertise in nursing practice*
- *Be an expert in evidence-based practice*
- *Become a key transformational leader in today's complex health care environment*
- *Positively impact healthcare quality, patient outcomes, healthcare costs and health policy*

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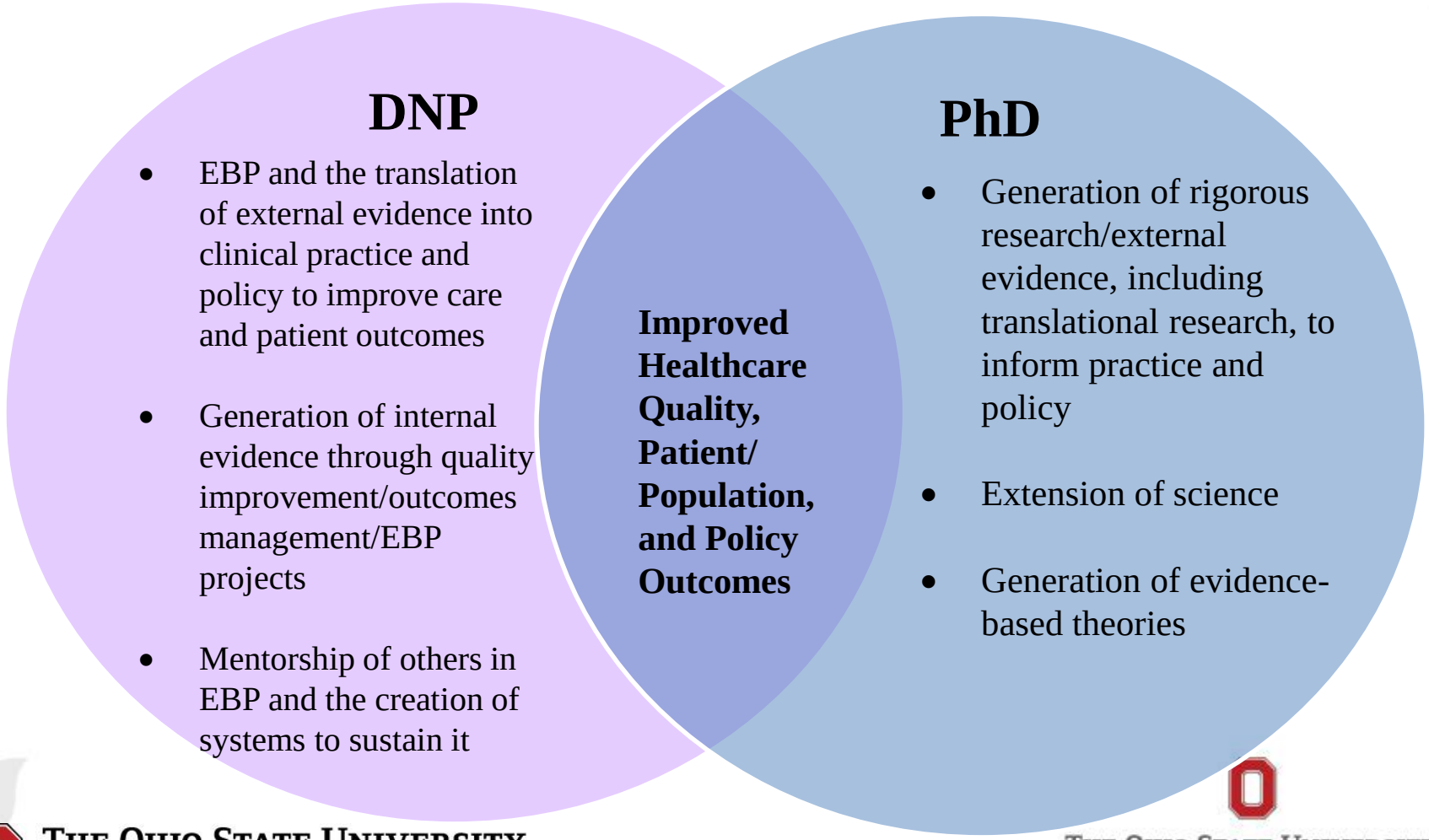
AACN Information about the DNP and Components of the Role

- DNP graduates will likely seek practice leadership roles in a variety of settings—management of quality initiatives, executives in healthcare organizations, directors of clinical programs, and faculty positions responsible for ***clinical program delivery*** and ***clinical teaching***

The Focus of the DNP versus PhD



The *So What* Factors in an Era of Healthcare Reform

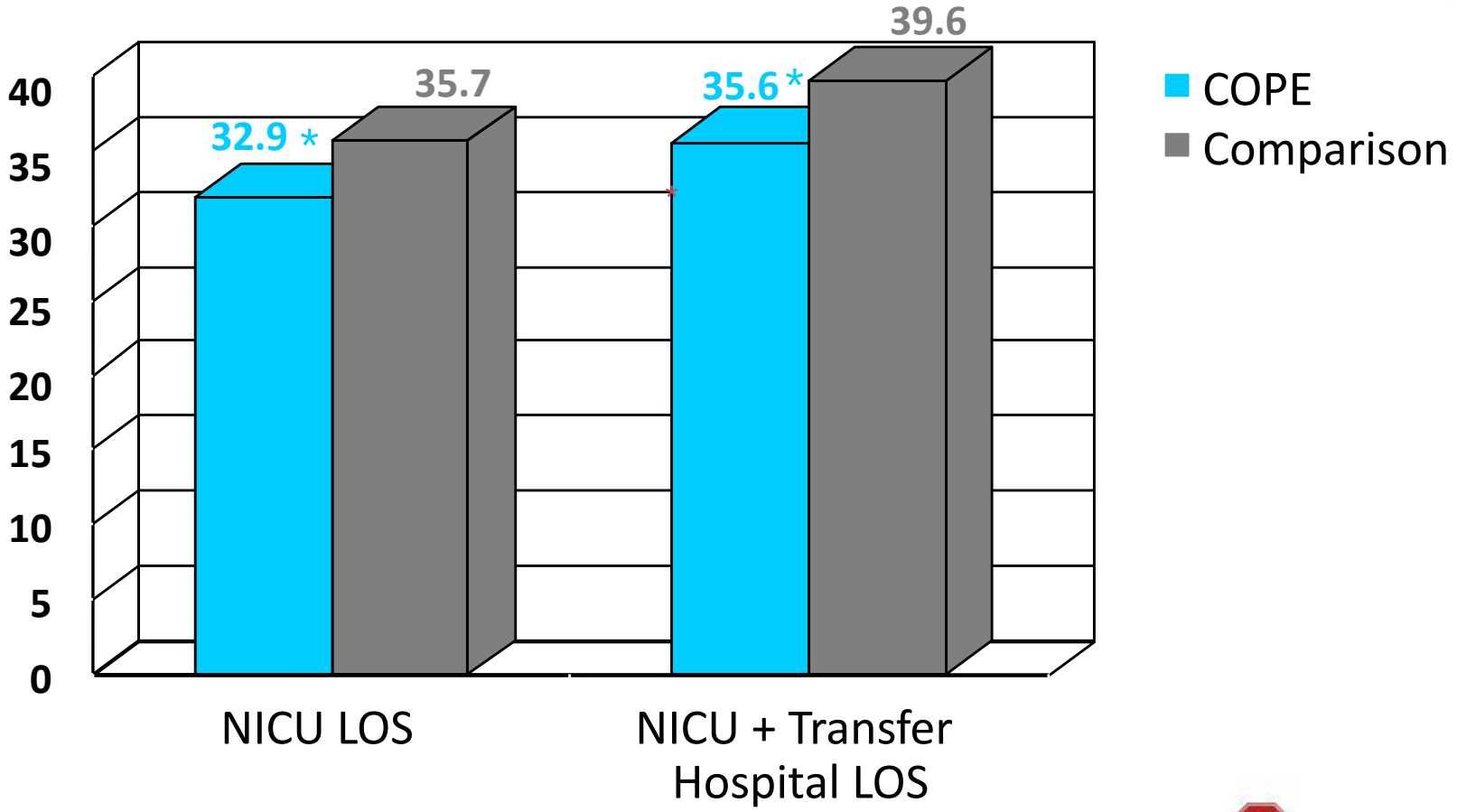
- Conducting research and EBP projects with high impact potential to positively change healthcare systems, reduce costs and improve outcomes for patients and their families
- Key questions when embarking on a research study or an EBP project:

So what will be the end outcome of the study or EBP project once it is completed?

So what difference will the study or EBP project make in improving healthcare quality, costs or patient outcomes?

COPE (Creating Opportunities for Parent Empowerment): An Evidence-Based Program to Improve Outcomes in Critically Ill/Hospitalized Young Children, LBW Premature Infants & Parents

A 4 Day Shorter Length of Stay (LOS) for COPE Preterms Resulted in Cost Savings of $5000 per infant; 8 Day Shorter LOS for Preterms < 32 Weeks



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Confusion in the Preparation and Role of DNP Graduates

- Programs that have integrated traditional PhD research courses into the preparation of DNPs
- Publications that refer to the role of DNPs as practitioner-researchers

DNP-Prepared Nurses as Practitioner-Researchers: Closing the Gap Between Research and Practice
Deborah Vincent, PhD, RN, FAANP; Catherine Johnson, PhD, APRN-BC, FNP, PNP; Donna Velasquez, PhD, RN, FNPBC, FAANP; and Ted Rigney, PhD, ACNP-BC, FAANP (WebNPonline)

Confusion in the Preparation and Role of DNP Graduates

- Continued confusion in curricula between translational research and evidence-based practice

- For practice doctorates, requiring a dissertation or other original research is contrary to the intent of the DNP (DNP Essentials)

Confusion in the Preparation and Role of DNP Graduates

- There are educational focused DNP programs
- “DNP prepared nurse educators are well poised to assume leadership roles in academia as dean, director or administrator. Their contributions can be witnessed at small nursing programs at liberal arts colleges and schools of nursing at large research-intensive universities.”

Dey, ID, Emerson, EA, Fitzpatrick, J.J. et al., 2011. The doctor of nursing practice and nursing education: Highlights, potential and promise. *Journal of Professional Nursing*, 26: 311-314.

The Role of DNP and PhD Graduates in Knowledge Discovery

- PhDs should be the best generators of “external evidence” from rigorous research

- DNPs should be the best generators of “internal evidence” from quality improvement, outcomes management and evidence-based practice projects

The Role of DNP and PhD Graduates in Knowledge Translation

- PhDs should know how to work with healthcare systems and clinicians on the translation of their research findings into practice to improve quality of care and patient outcomes to reduce the long research-practice time gap

- DNPs should be the best translators of research evidence and evidence-based guidelines into real world settings to improve healthcare quality and patient outcomes as well as to reduce costs.

- PhDs and DNPs must work together to improve health and healthcare through knowledge translation

The Role of DNP and PhD Graduates in Dissemination

- Both DNP and PhD Graduates need to disseminate their work through publications, presentations, policy briefs and the media, but we must remember that evidence has supported that dissemination alone does not typically result in practice changes

Confusion between the PhD and DNP in Curricula Causes Stress for both Students and Faculty

Responses to "Has the DNP Changed the Way You Fulfill Your Role?"

- "I am more confident in my abilities."

- "I have greater comfort in my administrative functions."
- "I broadened my perspective on my role in healthcare."

Responses to "Has the DNP Changed the Way You Fulfill Your Role?"

- "I find myself approaching system issues with a different perspective than 3 years ago."
- "I have a framework that supports my professional practice."
- "I see the big picture now."
- I think the greatest challenge before us with our newly minted DNPs is defining our contributions and developing our roles. No one really has a clue what to do with us, including us."
- "For me, the reward is purely personal satisfaction."

Other Comments

- “Most organizations don’t have a salary structure to reward higher education on its own right within clinical practice and academia offers a significant pay cut compared to clinical practice.”

- “My hospital system is slow to recognize the DNP degree.”

Implications for the Future
A Call to Action

- **Position descriptions must reflect a higher level of functioning for APNs with clinical doctorates**
- **Clinical ladders need to incorporate the higher level of role functioning with the DNP**
- **Legislation must be changed at some point to require a doctorate as minimum level of preparation**

Implications for the Future
A Call to Action

- **Salaries must be commensurate with a doctorate**
- **Research is needed on outcomes produced by DNPs versus those in traditional APNs—we must generate the evidence on outcomes produced by DNP versus master's graduates in certain positions**
- **Research is needed on overall impact of different doctorates on outcomes – are roles being fulfilled as intended**
- **CEOs and CNOs must be educated regarding the added value of DNPs and PhDs for their systems**

Implications for the Future
A Call to Action

- **Wellness needs to be incorporated into our curricula; if we and our DNPs and PhDs do not engage in and role model wellness, how can we expect our students and patients to be well and stay well**

Contact Information

Bernadette Mazurek Melnyk

614-292-4844

melnyk.15@osu.edu

Session 2: Integrating the Doctor of Nursing Practice into an Academic Medical Center: Implications for Improving Clinical Outcomes and Scholarly Productivity

Mary G. Nash, Ph.D., RN, FAAN, FACHE, NEA-BC

Chief Nursing and Patient Care Services Officer

The Ohio State University Hospital and Health System

Associate VP, Health Sciences, Assistant Dean, OSU College of Nursing

Esther Chipps PhD, RN, NEA-BC

Clinical Nurse Scientist, Associate Professor

The Ohio State University Wexner Medical Center,

The Ohio State University College of Nursing

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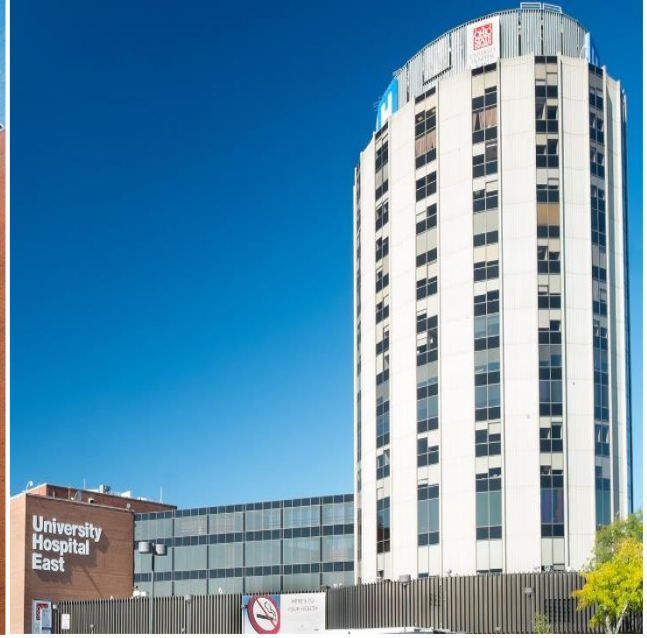
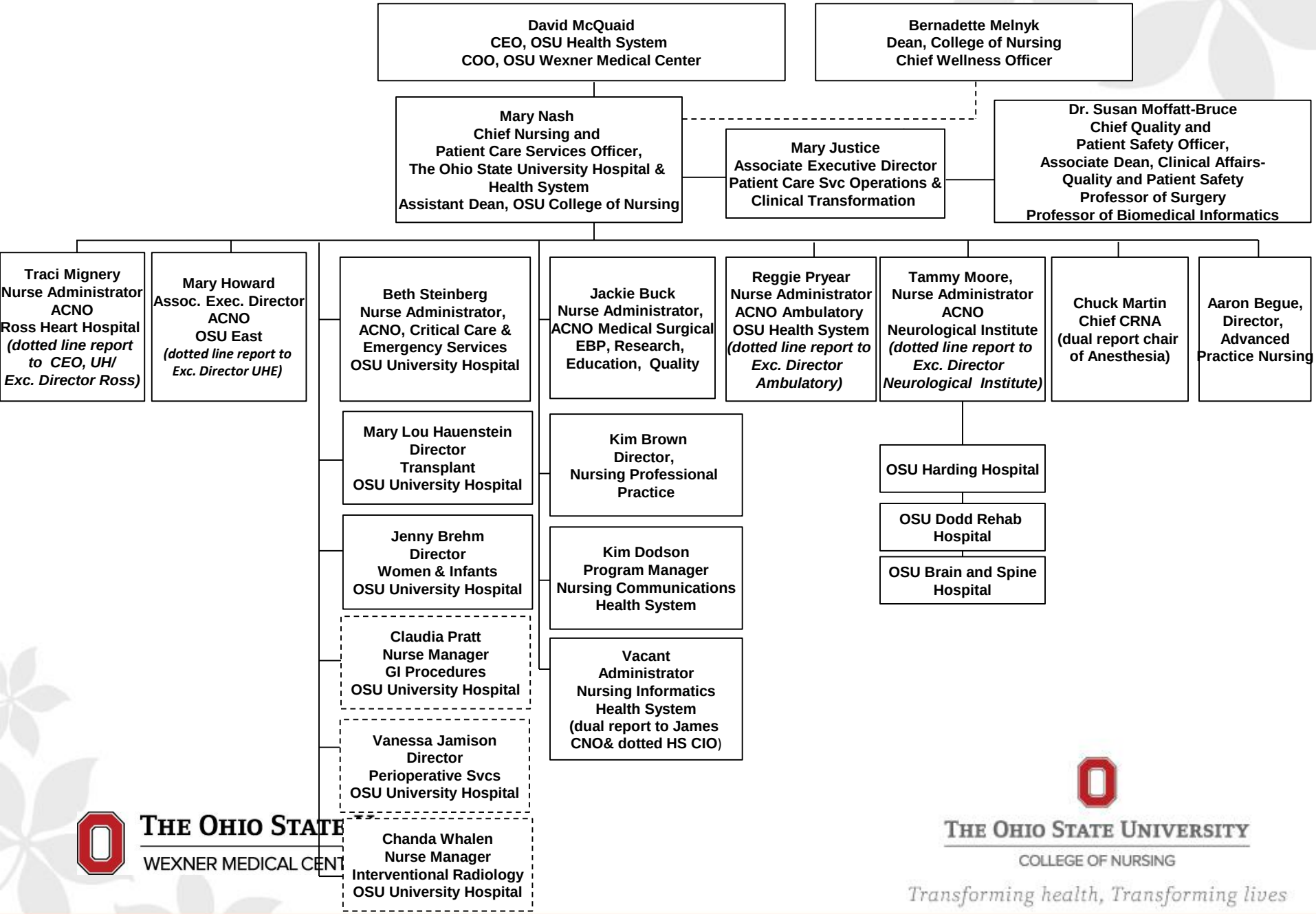
Session Objectives

- **Discuss strategies to support the Doctorate of Nursing Practice (DNP) prepared nurse in transitioning from an academic program into the practice setting.**
- **Examine organizational strategies to document and maximize the outcomes and contributions of the DNP prepared nurse into an academic medical center.**



Ohio State Wexner Medical Center

Patient Care Services Structure



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Building a Scholarly Enterprise: A Commitment to Academic Service Partnerships

Visionary nurse leadership and a COMMITMENT between the two senior nurse executives at the Medical Center and College of Nursing

Mary Nash
PhD, RN, FAAN, FACHE
-Chief Nursing and Patient Care Officer, OSU Health System
-Associate VP, Health Sciences
-Assistant Dean, The Ohio State University College of Nursing

Bernadette Mazurek Melnyk
PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN
-Vice President for Health Promotion
-University Chief Wellness Officer
-Dean, The Ohio State University College of Nursing

Nursing Strategic Plan

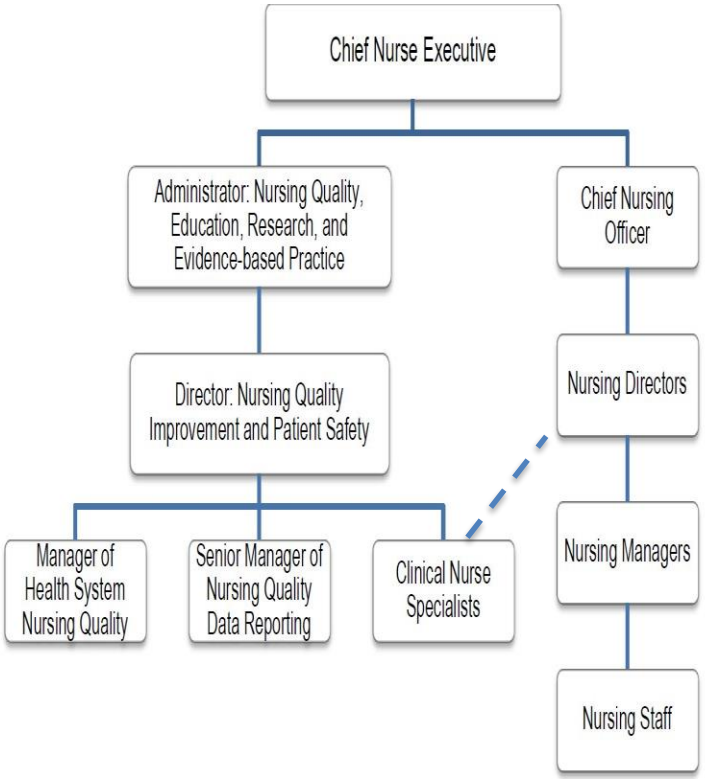
Key Priority Areas	Goals
Leadership Development	**Grow transformational leaders at all levels who will enact the vision of providing world-class patient care.**
Patient Experience	**Provide a patient care experience for every patient that exceeds expectations**
Fiscal Responsibility	**Identify a fiscally responsible staffing model that provides the best outcomes for each unique patient population.**
Discovery and Innovation	***Foster a culture of innovation, inquiry and research that challenges outdated practices and offers unique solutions.***
Quality and Safety	**Provide consistent evidence-based solutions to improve care quality for all patients across the continuum.**
Productivity and Efficiency	**Effectively manage and consistently assess resources needed to provide high-quality care and superior outcomes to all patients and a healthy work environment for staff.**
Collaboration and Partnerships	**Create innovative and sustainable partnerships with the OSU College of Nursing, Health Science Colleges and surrounding area facilities.**

Demographics of OSU Nursing Staff

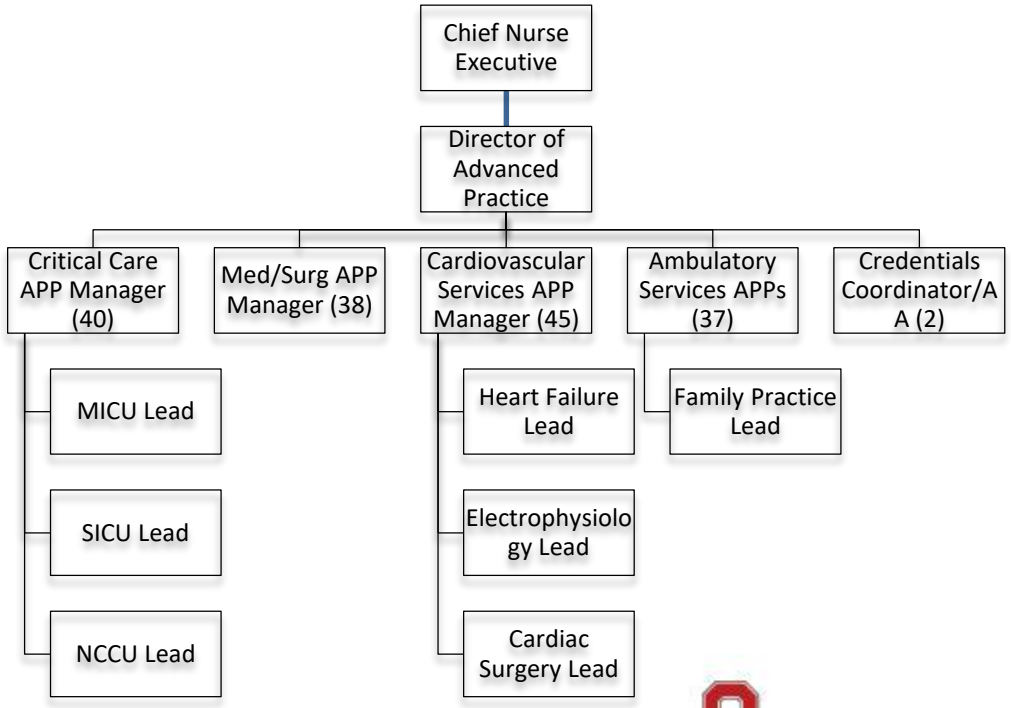
	BSN	Masters	DNP/PhD	BSN + (Masters/ Doctorate)	Certification
Staff RNs	71.4%	3.4%	0%	74.8%	31%
Nurse Managers	64.8%	35.2%	0%	100%	35.2%
Assistant Nurse Managers	86.3%	4.6%	0%	90.9%	34.1%
Nursing Directors and Associate Directors	31.6%	47.4%	21.1%	100%	31.6%
Chief Nurse Executive , Administrators, Associate Chief Nurses	0%	20%	80%	100%	100%
Advance Practice Nurses	0%	97.5%	2.5%	100%	72.5%
Nursing Educators	0%	87.5%	12.5%	100%	50%

Role of Advanced Practice RNs

Clinical Nurse Specialist



Nurse Practitioners



New Jobs or New Opportunities

Reframing = New Opportunities

Tactics

- **Formation of DNP workgroup**
- **Group of 10 DNPs who work within our organization with roles in advanced clinical practice, education and administration**
  - **Very experienced RNs**
  - **All recent DNP graduates**

Goals of DNP Workgroup

- **Examine the American College of Nursing DNP competencies in relationship to our job descriptions/roles and to our working environment.**
- **Examine the impact of doctorally prepared nurses in rapid translation of research findings and the implementation of evidence.**
- **Examine how our organization can increase nursing scholarly output and maximize nursing's' contribution to our academic medical center and the nursing community at large.**
- **Increase our collaborative efforts in evidence-based practice and research with the College of Nursing.**
- **Increase job satisfaction among doctorally prepared staff.**

DNP Workgroup Process

- **Monthly meetings**
- **Subgroup meetings within specialties of advance practice (CNS and NP), education, and administration**
- **Cross walk of American Colleges of Nursing *Essentials of Doctoral Education for Advanced Practice***

The Cross Walk

Essential 1: Recognize the philosophical and scientific underpinnings for the complexity of nursing practice at the doctoral level	
Current Accomplishments-What are we contributing? Provide exemplars	
Potential Contributions-What could we contribute? Provide exemplars	
Strategies to move from current to potential accomplishments	

Essential 2: Recognize the competencies essential for the improving and sustaining clinical care and health outcomes, eliminating health disparities and promoting patient safety and excellence in care	
Current Accomplishments-What are we contributing? Provide exemplars	
Potential Contributions-What could we contribute? Provide exemplars	
Strategies to move from current to potential accomplishments	

Essential 1: Scientific Underpinnings for Practice

- **Widespread use of evidence and practice changes throughout the organization - “walking the walk” and role modeling EBP to staff**
- **Teaching and mentoring EBP throughout the organization**
- **Enhanced collaborations between CON and health system through joint projects and faculty appointments**

Essential 2: Organizational and System Leadership for Quality Improvement and Systems Thinking

- Earlier involvement in quality/process improvement issues
- Involvement in quality improvement at the highest level of the organization (not just at the unit/local level)
- Promote easier access to the data necessary to make to economic assessment of practice changes

Essential 3: Clinical Scholarship and Analytical Methods for EBP

- Incorporate some "protected time" for scholarly activities in the work week
- Increase the scholarly output/dissemination through publication and presentations
- Participate as members and co-investigators on DNP/PhD research teams

Essential 4: Information Systems/Technology/Patient Care Technology and Transformations of Health Care

- Participate as frontline team members in EMR optimization
- Support the links between the EMR and EBP
- Develop enhancements to extract data from the EMR to facilitate practice changes

Essential 5: Healthcare Policy for Advocacy in Health Care

- **Increased visibility and responsibilities within organization**
- **Active involvement at the State Hospital association and City/State Health Departments**
- **Use inpatient data to develop new and innovative programs to prevent readmissions**

Essential 6: Interprofessional Collaboration for Improving Patient/Population Health Outcomes

- Appointments to major interdisciplinary health system committees
- Support opportunities for participation on national committees through release time and financial support
- Interdisciplinary scholarship/excellence days for showcasing exemplars

Essential 7: Clinical Prevention and Population Health for Improving Nation's Health

- Testing new models of care delivery to decrease improve discharge processes, decreasing hospital readmissions, improving patient satisfaction
- Assume leadership roles on interdisciplinary teams involved in developing and writing clinical guidelines

Essential 8: Advanced Nursing Practice

- Reinforce that all DNPs are considered leaders in advancing practice within their “local” setting
- Empower DNPs to identify gaps in practice and make the appropriate changes
- Eliminate organizational barriers and hierarchical decision making
- Increase focus on wellness/prevention for patients and staff

Next Steps

- Continue monthly DNP meetings
- Newly formed Nursing Science Collaboration committee
- DNP “community of interest committee” to CON
- Formalized a DNP/PhD Practice-Partnership model with College of Nursing

Session 3: Improving Care Coordination: Impact of a Doctorate of Nursing Practice Prepared Clinical Nurse Specialist

Deborah Francis, DNP, RN, MS, ACNS-BC

Clinical Nurse Specialist, Division of Medical-Surgical Nursing

The Ohio State University Wexner Medical Center, Columbus, OH, USA

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Objectives

1. Describe a successful initiative led by a Doctorate of Nursing Practice prepared Clinical Nurse Specialist in the development, implementation, and evaluation of a nursing role to improve care coordination

2. Illustrate how the core competencies of the Doctorate of Nursing Practice were used to problem solve, create and sustain change in the complex medical-surgical acute care environment.

Background

Education:

- BSN-1988-The Ohio State University, Columbus, OH; Nursing MS-2010-The Ohio State University, Columbus, OH; Nursing DNP-2016-The Ohio State University, Columbus, OH; Nursing

Professional:

- Over 28 years of direct care nursing in Medical Surgical, Perioperative, & Critical Care areas within large academic medical centers

- *Program Manager* for Nurse Internship Program, 2005-2007 at The Ohio State University Wexner Medical Center

  Curriculum development, management, teaching & mentoring experiences

- *Clinical Nurse Specialist* within the Medical Surgical Department at The Ohio State University Wexner Medical Center, Columbus, Ohio since 2007
  - ❖ Assessing, improving and maintaining overall quality of care and for multiple medical-surgical units
  - ❖ Major role in ensuring Evidence Based Practice is consistently utilized in all areas of care, policy, and education
  - ❖ Experience with multiple challenges current healthcare system faces to provide high quality, effective, patient centered care

DNP project focused on leading an initiative focused on improving care coordination through the implementation of a new nursing role, the Clinical Coordinator

Organizational Significance

- Increased complexity of healthcare environment
- Escalating demands & focus on improving the quality care forcing organizations to reexamine the standard roles and processes within their microsystems that have been in place for many years
  - Healthcare delivery is troubled with disciplines working in silos, where interdisciplinary collaboration is lacking (Bender, Connley, Glaser and Brown 2012)
  - Quality of care in this county remains deficient compared to other countries, especially in areas of managing the chronically ill patients, transitions or hand off of care, disparity in providing care, and overall cost and spending of healthcare services and dollars (Green et al. 2010)
- Addition of the Pay-for Performance model, hospitals are being paid less for poor quality outcomes (Centers for Medicare & Medicaid Services 2008)
- Public reporting, the quality and level of satisfaction of the care that is provided is more transparent than ever before (Wilson, Whitaker, & Whitford 2012)

Significance for Nursing

Culture of the acute care environment has many contributing factors:

- Nursing work hours
- Forced and elective overtime translating to increased unsafe work hours
- Frequent staff hand-offs
- Alternating physician schedules
- Increased nurse workload
- Turnover
- Incomplete use, knowledge and optimization of electronic medical records
- Need for continued educational resources to care for more acute specialized patients all been identified as contributing factors by the organization

Nursing is the largest healthcare profession with approximately 2.8 million registered nurse's nationwide
(http://bhpr.hrsa.gov/healthworkforce/supplydemand/nursing/nursingworkforce/)

- Significant presence in healthcare
- Positive correlation to patient outcomes
- Evidence shows nursing roles focused on coordination can lead to measurable benefits
  - Improved quality
  - Improved patient & staff satisfaction
  - Decreased hospital readmissions & length of stay (Pruitt & Sportsman, 2013; Bender, Connelly, Glaser, & Brown, 2012; Erickson, Ditomassi, & Adams, 2012)

IOM (2010) nurses should be playing a key role in these changes

ANA (2011) care coordination highlighted as a key tool in improving patient health, satisfaction, and controlling costs

Application to the DNP Essentials

Project embodied all DNP essentials

DNP Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking

- *Vision*
- *Leadership buy in*

DNP Essential VI: Interprofessional Collaboration for Improving Patient and Population health Outcomes

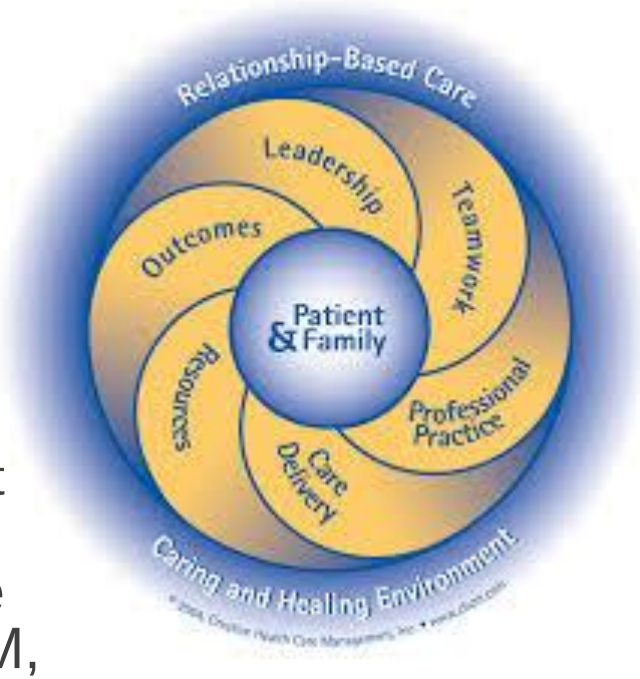
- *Role development & clarification*
- *Multidisciplinary involvement, rounding, communication*
- *Focus on pt. specific care plan, attainable goal setting, family involvement, post dc follow up*

DNP Essential VIII: Advanced Nursing Practice

- *Process improvement, leadership, motivation, problem solving*

Project Development

- Literature review robustly supported:
  - Improved patient & staff satisfaction
  - Decreased LOS & readmissions
- Iowa Evidence Based Practice Model
- Relationship Based Care
- Quality Improvement Project
  - Internal Review Board (IRB) exemption
  - Approval from the Graduate Student Project Feasibility Review Team at OSUWMC
- Overall goals focused on six aims of care improvement as outlined by the IOM (IOM, 2010)
- Inter-professional collaboration group led by DNP prepared CNS
- Overarching project goals focused on improving patient satisfaction, decreasing LOS, and readmissions



Role Creation

Developed role description for the Clinical Coordinator:

Core Competencies:

- Effective Communication Skills
- Organization & Priority Setting
- Effective at Teambuilding & Collaborating
- Resiliency
- Clinical Competence
- Critical Thinking Skills
- High Emotional Intelligence

Responsibilities:

- Consistent point of contact for pt. & family
- Facilitates comprehensive care plan
- Assures progress towards goals
- Identifies & uses best practice to promote family and pt. focused care
- Supports educational needs
- Coordinates & participates interdisciplinary rounds
- Facilitates barriers to plan of care
- Communicates plan of care to care team

Targeted Educational Sessions:

- History/ Evidence/Purpose
- Competencies/Responsibilities/Expectations
- A Day in the Life
- Myers-Brigg/How to Influence People
- Millimen Guidelines/Quality Data & Focus
- 5 Imperatives to Change
- Role Clarification

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Role Implementation

Pilot Phase:

- 3 units staring October 2014
- All 3 units > 100% productivity & higher gain from operations then budgeted

Phase II:

- 2 additional units starting September 2015

Phase III:

- 2 more units added
- One unit began utilization of Clinical Nurse Leader into care team

Current State:

- All units within medical surgical department (except for corrections unit) have fulltime nursing role focused on care coordination

Project Outcomes

Overall Patient Satisfaction

Pilot Phase: 7% ↑

Phase II: 21% ↑

2016 FYD compared to 2107 FYTD: 6.9% ↑

RN & MD Communication

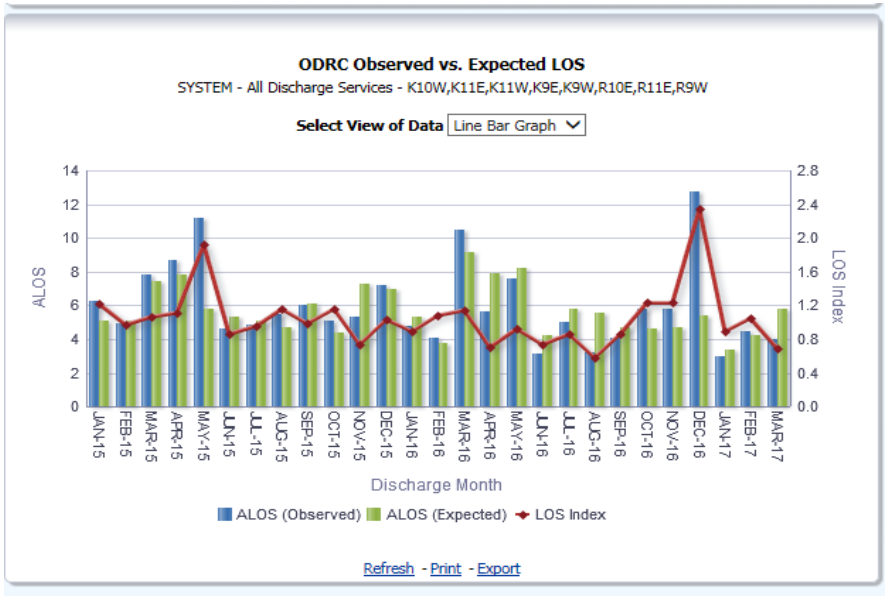
2016 FYD compared to 2107 FYTD: *3.2 Dr.* ↑ *4.7 RN* ↑

Staff Engagement

2013 compared to 2015 survey: *6.4% CC units* ↑

1.5% non CC units ↑

Length of Stay/Hospital Readmissions



Major focus from mid 2016-current

-Roles with DC efficiency

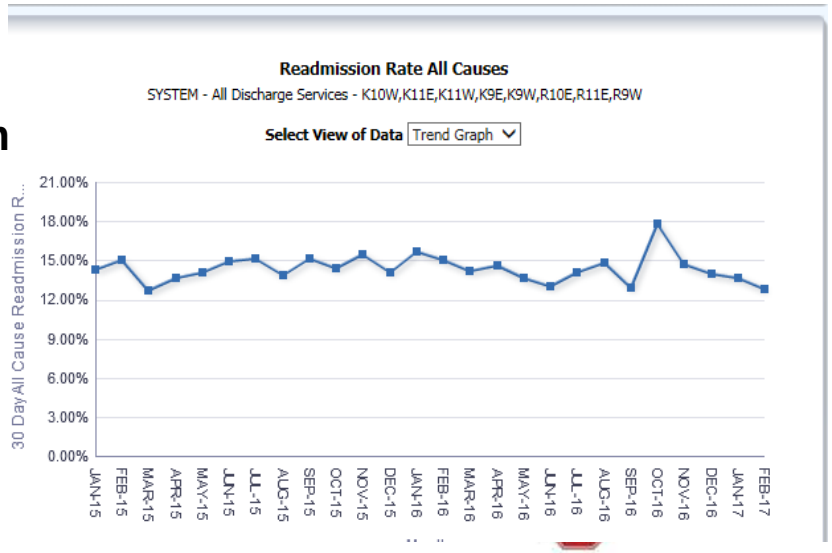
-Unit multidisciplinary huddles

-Multidisciplinary rounding & communication

-testing/consultation efficiency

Will be focus of role with future developm

- Out patient collaboration
- Geographically clustering of patients
- Establishing consistent f/u processes



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Role Maintenance

- Weekly brown bag lunch
- Unit rounding/phone calls
- Swartz rounds attendance/presentation
- Monthly leadership meetings for first 6 months
- Unit individuality (rounding, hours, areas of focus)
- Documentation and follow up with identified process improvements
- Motivation, adding key responsibilities

Results

Quotes by Patients, Staff & Physicians:

- "I wish there was a clinical coordinator on every unit where I had patients. It really helps the whole team to be on the same page" Physician
- "As a bedside nurse, it is great to have them as a resource for tough issues so that I can focus on the patient, knowing that issue is being worked out" Staff Nurse
- "I feel like everybody knows what's going on with me" Patient
- "It really makes a positive impact to have a clinical coordinator with the team on rounds" Case Management

Future…..

- Expand to other areas of the organization
- More use of a Clinical Nurse Leader role in the Clinical Coordinator role
- Quality, consultative, ambulatory collaboration
- Consider additional Clinical Coordinators to large units
- Consider 6 day/week coverage
- Start collecting data on specific patients seen (satisfaction, readmission rates, LOS)
- Residency group chosen care coordination
- Process improvement on going

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Thank you