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Using Online Education to Improve Wound Documentation for the Coordination of Care in the Home Health Setting

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Introduction

Background of the Problem

Background

Definition of home health care

Not an entry-level setting

Competency

Coordination of care

Accurate wound documentation is critical for effective wound care, facilitating care continuity, wound healing, proper coding, and reimbursement. Communication and coordination between care providers and specialists can result in excellent wound care management and planning.

Significance

- Definition of wound documentation
- Impact of inaccurate wound documentation
- Costs
- Litigation
- Internal data
  - CMS
  - ACHC accreditation survey
  - Chart audit

Problem Statement

- On average, 30% of home health patients have a wound.
- There is a difference in managing disease processes in the hospital and the home.
- Inaccurate wound documentation can impact the ability to establish the best treatment options.
- Improper wound care treatment based on poor wound documentation can lead to poor patient outcomes, drive up wound care costs, and lead to survey citations.

Clinical Question

PICO

Does formal online education on wound documentation result in improved documentation for the coordination of care among patients receiving wound care in the home health setting?

- Population
- Intervention
- Comparison
- Outcomes

Synthesis of the Literature

Search Criteria

- Databases
  - Cumulative Index of Nursing and Allied Health Literature (CINAHL)
  - PubMed
  - MEDLINE
  - Google Scholar
- English language, scholarly (peer-reviewed) journals, and linked full text published between 2016 and 2023
- Keywords used included:
  - Wound documentation, inaccurate wound documentation, improving nursing documentation, care coordination in home health, the importance of care coordination, impact of care coordination on patient outcomes, effectiveness of online education, and effectiveness of online continuing education in healthcare.

Results

- 14 articles
- Levels of evidence
- Themes:
  - Wound documentation inaccuracies
  - The importance of care coordination
  - The effectiveness of online education

Wound Documentation Inaccuracies

Author/Title/Year	Purpose	Design/Methods	Key findings	Level of Evidence
Chavez, et al. *Pressure Injury Documentation Practices in the Department of Veteran Affairs: A Quality Improvement Project.* 2019	The purpose of this study was to identify barriers and facilitators when conducting and documenting daily comprehensive skin assessments.	A cross-sectional quality improvement project using a qualitative interview approach. Sample: 62 medical-surgical and critical care unit nurses from 31 geographically diverse high-reassessment and low-reassessment units.	Main barriers to accurate documentation were poor templates, staffing issues, and a lack of knowledge. Main facilitators were a documentation template and an internal data validation process.	III
Chupp & Edhayan. *An effort to improve the accuracy of documented surgical wound classifications.* 2018	The purpose of this study was to improve the accuracy of the hospital's documented surgical wound class.	Quantitative comparative record review of operative reports. Sample: 300 pre-intervention and 483 post-intervention general surgery and trauma cases covered by general surgery residents at St. John Hospital & Medical Center in Detroit, Michigan.	Colectomy ($p<0.001$) and appendectomy ($p=0.001$) cases demonstrated significantly improved consistency. Wound class consistency decreased for the cholecystectomy subgroup but was not statistically significant ($p=0.066$). The algorithm and education resulted in a significant improvement in the overall accuracy of the documented surgical wound classes ($p=0.016$).	III
Hansen & Fossum. *Nursing documentation of pressure ulcers in nursing homes: Comparison of record content and patient examinations.* 2016	The purpose of this study was to describe the accuracy and quality of nursing documentation of pressure ulcers.	Cross-sectional descriptive design comparing retrospective audits of nursing documentation to patient examinations. Sample: 155 patients' records and patient examinations in five nursing homes from three municipalities in southern Norway throughout January - February 2013.	The patient records lacked information about pressure ulcers and preventive interventions when comparing the patient examinations with the patient record contents. Inaccuracies were found in the nursing documentation (25%; 95% CI; 19-32%). There is a gap between nursing practice and nursing documentation. Nurses need training and education to perform high-quality pressure ulcer prevention and complete, accurate nursing documentation.	IV
Gonzalez. *Pilot study to evaluate clinical education as a means to improve pressure ulcer documentation by hospital staff nurses* . 2017	The purpose of this study was to evaluate if using pressure ulcer training for student nurses would enable them to provide a more effective assessment and measurement of PU compared to staff nurses.	Qualitative study comparing nursing documentation between student and staff nurses with assessments made by a wound care expert. Sample: 10 student nurses and 10 staff nurses e assigned to evaluate 10 patients with pressure ulcers.	Staff nurse PUSH scores were significantly ($p=0.02$) different from student nurses and the wound care expert. There were no statistically significant ($p=0.32$) differences in the scores provided by nursing students and the wound care expert indicated. There were statistically significant ($p=0.01$) differences in the scores provided by staff nurses and the wound care expert indicated. Continuing education beyond nursing school and maintaining and improving nurses' knowledge and skill sets are needed.	IV
Nisman. *Improving the accuracy of surgical wound classification documentation* . 2021	The purpose of this study was to develop a sustainable program across the health system to achieve and maintain the accuracy and integrity of surgical wound classification (SWC).	Mixed-methods pilot study that included testing of a brief online educational intervention through pre- and post-intervention questionnaires and qualitative evaluation via semi-structured interviews Sample: 10 experienced OR nurses who provided feedback via a questionnaire about the SWC inconsistencies and possible solutions. Review of 10 surgical records linked to cases with a greater risk of inconsistency. Post-intervention, 107 surgical cases were reviewed.	Factors contributing to SWC inconsistencies included a lack of resources and communication with the surgeons. After implementation of a SWC reference tool in the electronic health record (EHR), annual OR nurse education on SWC, and postoperative debriefings, a large-scale health record review was conducted. The SWC inconsistency rate decreased from 20% to 13% ($p=0.016$). The OR nurses had high satisfaction with the EHR reference tool.	III

Importance of Care Coordination

Author/Title/Year	Purpose	Design/Methods	Key findings	Level of Evidence
Jones, et al. *"Connecting the Dots": A Qualitative Study of Home Health Nurse Perspectives on Coordinating Care for Recently Discharged Patients* . 2017	The purpose of this study was to describe home healthcare nurse perspectives on the challenges and possible solutions to the coordination of care for recently discharged patients.	Descriptive qualitative study with six focus groups of home health care (HHC) nurses and staff. Focus group conversations were recorded, transcribed, then analyzed using a mixed deductive/inductive method to identify themes. Sample: Six focus groups of HHC nurses and staff (n = 56) from six agencies in Colorado.	Home health care nurses described challenges and solutions within the domains of communication, accountability, assessing needs and goals, safety, and medication management. In the age of shared accountability for patient outcomes, solutions for improving care coordination in the home health setting are needed.	VII
Leff, et al. *Skilled home healthcare clinicians' experiences in communicating with physicians: A national survey* . 2022	The purpose of this study was to determine issues related to how skilled home healthcare agency clinicians communicate with physicians.	Randomized quantitative study. Surveys were mailed to a national representative random sample of SHHC agencies. The survey measured the experiences of SHHC clinicians in communicating with physicians. Multilevel logistic regression models examining odds of adverse patient outcomes associated with communication failures. Sample: Mailed 1000 surveys with 265 surveys from 168 Medicare-Certified home health agencies being returned (26.5%).	The most common method of contacting physicians during routine visits was by telephone; communication via the electronic health record was uncommon. Approximately 40% of clinicians report never or rarely being able to reach a physician. No factors were associated with adverse patient outcomes and physician communication for SOC visits. For routine visits, clinicians who could reach a physician nearly every time or always, the odds ratio for a clinician sending someone to the emergency department was 3.66 (95% CI 1.16, 11.5) for clinicians who could reach physicians sometimes or often, and 5.43 (95% CI 1.56, 18.9) for those who could reach a physician never or rarely. The odds ratio for orders being delayed after failed communication was 3.25 (95% CI 1.37, 7.71) for clinicians who could reach physicians sometimes or often and 3.19 (95% CI 1.31, 7.79) for those who could reach a physician never or rarely. HH clinicians commonly experience significant barriers to communication with physicians, which are associated with adverse patient outcomes.	VI
Sterling, et al. *Self-reported gaps in care coordination and preventable adverse outcomes among older adults receiving home health care* . 2022	The purpose of this study was to examine the association between home health care (HHC) and perceived gaps in care coordination and preventable adverse outcomes among Medicare beneficiaries.	Cross-sectional study using data previously collected from the REGARDS study, which includes a care coordination survey and in-home visits. Sample: 4296 Medicare beneficiaries from the Reasons for Geographic and Racial Differences in Stroke (REGARDS) study who completed a survey on care coordination from 2017 to 2018. The association between the receipt of HHC and two outcomes was examined.	430 (10%) participants received HHC. They were older and had more comorbidities and ambulatory visits than those without HHC. HHC was not associated with differences in self-reported gaps in care coordination (33% HHV vs. 32.5% no HHC, p= 0.70). HHC recipients reported more preventable drug–drug interactions but not more preventable ED visits or hospital admissions (9.1% HHC vs. 4%, p= <0.001). In IPW-adjusted models, HHC was not associated with gaps in care coordination but with double the risk of a preventable adverse outcome (p=0.60). HHC recipients were significantly more likely to report a potentially preventable adverse event suggesting it is important to leverage their observations to improve patient safety (p= <0.001).	IV

Effectiveness of Online Education

Author/Title/Year	Purpose	Design/Methods	Key findings	Level of Evidence
Ayello, et al. *Educating nurses in the United States about pressure injuries. 2017*	The purpose of this review was to identify the current state of educating nurses on wound care and pressure injuries.	Systematic review Sample: Review of 50 articles	Basic wound knowledge from school must be supplemented with clinical experience and continuing education. Linking professional development education to patient and organizational outcomes should be used to measure educational success. Pressure injury prevention and care need to be interprofessional.	I
Donahue, et al. *Educating emergency department staff on the identification and treatment of human trafficking victims.* 2019	The purpose of this study was to examine the effectiveness of an innovative, evidence-based online training module.	Quantitative study using pre- and post-survey to determine the effectiveness of online education. The learning module consisted of a PowerPoint presentation, identification and treatment guidelines, and two case studies. Sample: ED personnel consisting of nurses, physicians, nurse practitioners/physician assistants, registration, and ED technicians in two suburban hospitals; Seventy-five employees participated in the survey and education.	ED personnel reported an increase in their confidence level in identifying victims of human trafficking from 40% to 70% and an increase in their confidence in treating victims of human trafficking from 40% to 80%. 96% of participants found the educational module useful. Donahue et al. concluded that the mixed-method online training module was effective.	III
Goudy-Egger & Dunn. *Use of continuing education to increase nurses' knowledge of chronic wound care management* . 2018	The purpose of this study was to determine whether nurses' knowledge regarding current chronic wound care management would differ after attending an educational workshop that emphasized evidence-based clinical practices in chronic wound management.	Mixed method study using pre-and post-test data with a single survey asking participant their views on wound care. Sample: Thirty-one RNs, LPNs, and APRNs from home health agencies and long-term care facilities in a metropolitan area in the Midwest of the United States working with or interested in chronic wound care.	Most nurses believed they were inadequately prepared to care for patients with chronic wounds. There was a statistically significant increase in nurses' knowledge found from pre-test (M=13.48, SD=2.49) to post-test (M=16.03, SD=2.21; p=0.05). The findings support the need for continuing education regarding changes in chronic wound care management.	III
Krnic et al. *Creating an online educational intervention to improve knowledge about systematic reviews among healthcare workers: mixed-methods pilot study.* 2022	The purpose of this study was to conduct preliminary testing of short online education modules and collect the opinion of healthcare workers (HCWs) about the online educational intervention designed to improve their knowledge about systematic reviews (SRs), the usefulness, applicability, and experience with the education.	Mixed-methods pilot study testing a newly designed 11 short online educational interventions with pre- and post-intervention questionnaires and qualitative evaluation via semi-structured interviews. Sample: 11 nurses and 1 radiology technician selected through a sampling among alumns of graduates of university-level health sciences studies nominated by their teachers.	100% of the participants responded that the education modules changed their knowledge of SRs. 83% of the participants said that the education module method was appropriate for learning about SRs. 100% of the participants agreed that the duration of online education was appropriate.	III
Liaw et al. *The impact of a Web-based educational program on the recognition and management of deteriorating patients.* 2017	The purpose of this study was to evaluate the effectiveness of web-based education programs on nurses' knowledge and skill in identifying and managing deteriorating patients.	A randomized controlled trial with a pretest-post-test design. Following a baseline evaluation, the experimental group received a web-based educational intervention. Pre-and post-assessment of skills and knowledge was performed with a simulated scenario and a knowledge questionnaire. Sample: ENs with <5 years of nursing experience from an acute care tertiary hospital in Singapore. Sixty-four nurses completed the entire study. A computer-generated list of random numbers was used for allocating the participants to either the experimental or control group.	The experimental group demonstrated a significant increase (p = <0.001) in post-test scores compared to pre-test scores. No significant improvement (p = 0.75) was found between the control group's pre-test and post-test mean scores. The web-based educational intervention significantly improved the nurses' knowledge in recognizing and managing a deteriorating patient.	II
Lim & Yi. *Effects of a web-based education program for nurses using medical malpractice cases: A randomized controlled trial.* 2021	The purpose of this study was to evaluate the effectiveness of web-based education programs on nurses' knowledge of legal obligations and patient safety.	Randomized controlled trial developed using the analysis-design-development-implementation-evaluation model. The intervention was a web-based education program administered over five weeks. The pre-test was administered before the education program to the control and intervention groups and the post-test was administered at the end of the five-week education program to both groups. Sample: 118 nurses working in three hospitals randomly assigned to the intervention group (N = 59) or the control group (N = 59).	There was a significant difference in knowledge (p=0.004) and cognition (p=0.021) of legal obligations, patient safety competency (p=0.043), and patient safety knowledge (p=0.011) between the control and intervention groups after the five-week intervention. The web-based education program on medical malpractice cases enhanced the nurses' awareness of legal obligations and patient safety competency.	II

Organizational Assessment

The Center for Home Health Excellence

Provides training around clinical competency, quality, compliance, and documentation to home health clinicians (primarily RNs)

Goals

- Elevate the standards of practice for home health care delivery.
- Improve patient outcomes.
- Standardize care delivery.
- Promote home health as a specialty area in Nursing

Home Health Agency in Southeast Florida

- For-profit Medicare-Certified
- Accredited by ACHC
- 17 RNs, 10 LPNs, 1 APRN
- Average daily census = 76
- 17% of patients have a diagnosis related to a wound
- ALOS = 61 days.
- 62.5% of the patients are 85+ years old

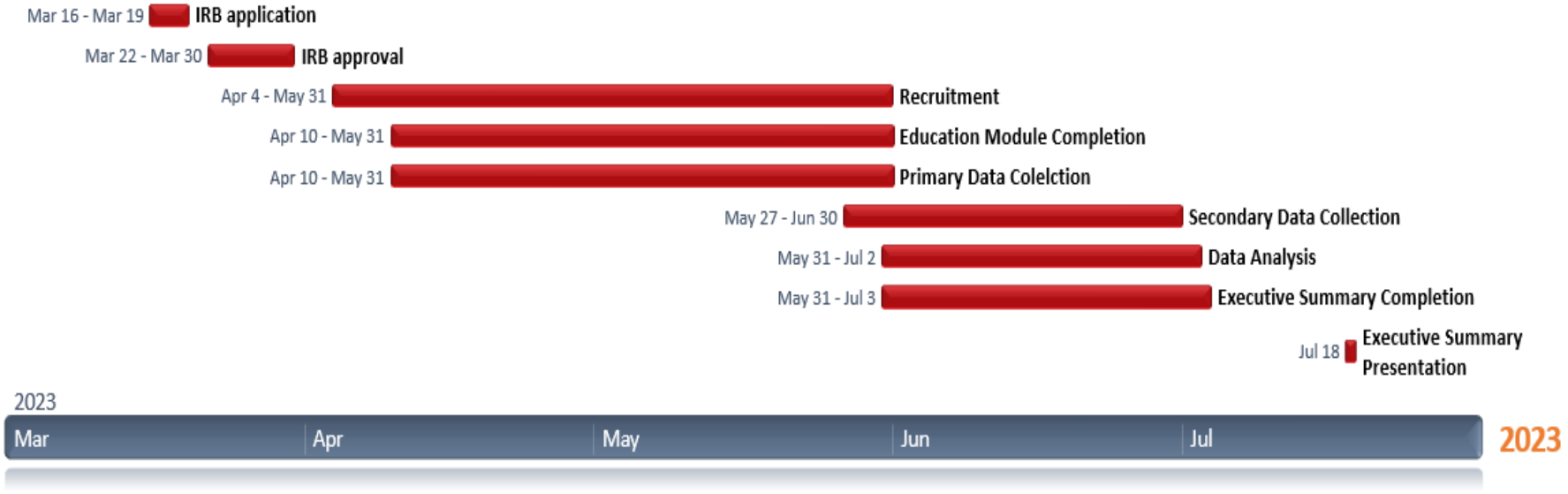
Project Implementation

American Nurses Credentialing Center (ANCC) Conceptual Framework

ANCC Primary Accreditation Conceptual Framework

- Structural Capacity
- Educational Design Process
  - Identify the professional practice gap
  - Convene a planning committee
  - Identify the underlying educational need(s)
  - Identify the learning outcomes
  - Create the content for the educational activity based on the best available evidence
  - Include active learner engagement activities
- Quality Outcomes

Project Timeline



Recruitment

- Initial staff meeting
- Education modules open
- Weekly
  - Reports
  - Emails
  - Reminders

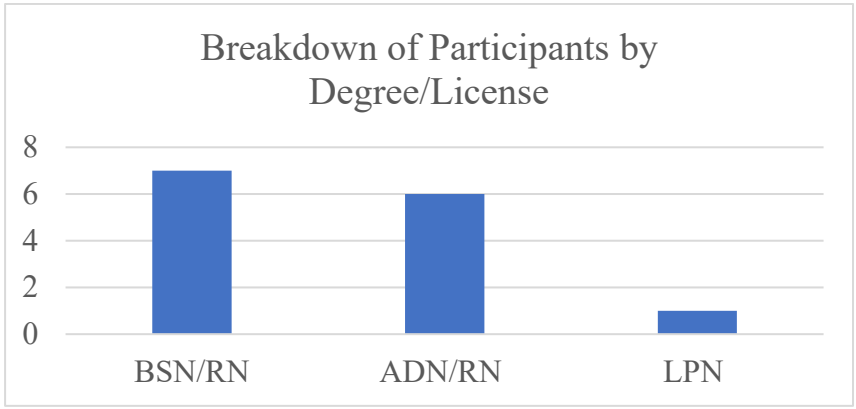
Data Collection

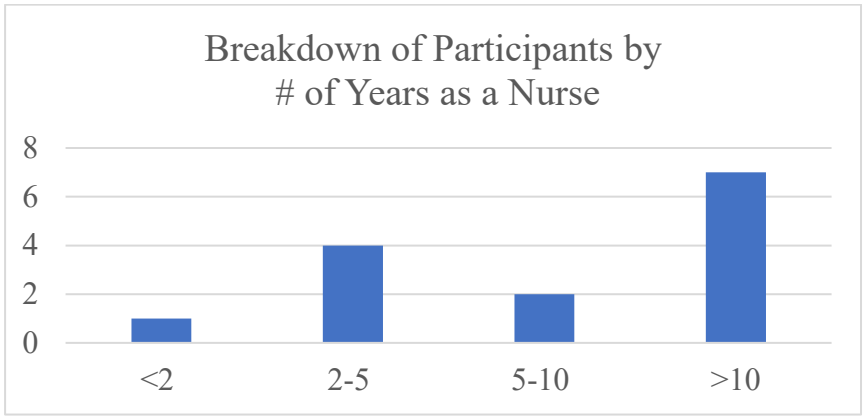
- April 10, 2023 – May 31, 2023
- Demographic descriptive data
- Pre/Post-test
- Post-education module evaluation
- Chart audit
- ALOS
- CMS Home Health Quality Reporting Outcome Measure

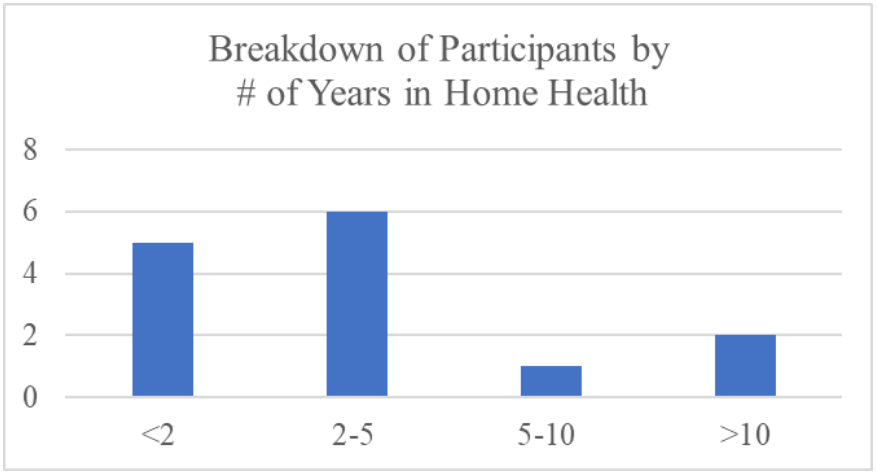
Analysis

- Data Preparation
- Changes to Data Analysis
- Sample Characteristics

Sample Characteristics







Findings

Outcome 1: The percent change in the home health nurses' wound documentation and coordination of care knowledge measured through a pre-and post-test.

Table 5 Pre-test and Post-test Scores

	Pre-test Score	Post-test Score
N	14	12
Mean	84.28571	97.08333
Median	85	100
Mode	85	100
Std. Deviation	8.95655	5.82250
Minimum	60	85
Maximum	95	100

Outcome 1: The percent change in the home health nurses' wound documentation and coordination of care knowledge measured through a pre-and post-test.

Table 6 - Wilcoxon Matched Tests for Knowledge Scale Scores

Learning Objective	Time	M	SD	z	*p*
Aggregate Score	Pretest	84.6	9.64	2.95	.003
	Posttest	97.1	5.82		
1. Identify wound etiology and type	Pretest	91.7	12.3	2.00	**.046**
	Posttest	100	0		
2. Distinguish the different stages of pressure ulcers	Pretest	83.3	22.5	2.12	**.034**
	Posttest	100	0		
3. Identify the signs and symptoms of infection	Pretest	100	0	0.00	1.000
	Posttest	100	0		
4. Identify wound etiology and type	Pretest	79.2	25.8	0.82	.414
	Posttest	87.5	22.6		
5. List all the required components of wound documentation	Pretest	94.4	19.3	1.00	.317
	Posttest	100	0		
6. Complete a wound plan of care based on wound type	Pretest	80.6	22.3	1.89	.059
	Posttest	94.4	13		
7. Recognize how wound documentation impacts the coordination of care	Pretest	72.9	7.22	3.05	**.002**
	Posttest	95.8	9.73		

Outcome 2: Improved documentation efficacy and coordination of care measured through a pre-and post-education chart audit.

Table 7: Comparison of Pre-intervention and Post-intervention Differences Grouped by Composite Category

Category	Pre-intervention	Post-intervention	Different
Wound Classification Composite	**0.60**	**1.92**	**1.32**
Wound type matches comprehensive assessment	0.60	1.92	1.32
Wound Documentation Composite	**1.21**	**1.79**	**0.58**
Braden score present	1.00	1.04	0.04
Skin assessment present on admission	1.60	2.00	0.40
If wound present on admission, initial measurements and description present	1.50	2.00	0.50
If wound not present on admission – date of finding, initial measurements and description, cause, etiology present	2.00	2.00	0.00
Stage of pressure ulcer matches wound assessment documentation	0.67	1.91	1.24
Wound assessment includes date wound identified	2.00	2.00	0.00
Wound assessment includes wound measurements	1.20	1.50	0.30
Wound assessment includes periwound condition	0.20	2.00	1.80
Wound assessment includes exudate presence, if present - amount, color, smell are documented	0.00	2.00	2.00
WAT score if EMR provides one	1.60	1.57	-0.03
WAT score shows improvement	0.00	1.50	1.50
Wound measured correctly	2.00	1.62	-0.38
Wound measured consistently over time	2.00	1.60	-0.40
Wound location consistent over time	2.00	2.00	0.00
Wound healing evident in documentation	0.40	1.56	1.16
Wound Management Composite	**0.76**	**1.21**	**0.45**
Wound care ordered matches wound type	0.80	1.38	0.58
Wound care provided matches wound care orders	0.80	1.69	0.89
Pressure Ulcer Prevention/Relief Interventions documented	0.67	0.55	-0.12
Coordination of Care Composite	**0.35**	**1.22**	**0.87**
Documentation of communication with ordering physician if wound not healing	0.00	1.50	1.50
Documentation of communication with ordering physician if wound treatment ordered is inappropriate	0.00	0.00	0.00
Documentation of communication with ordering physician if there was significant change in wound status	N/A	1.20	N/A
Documentation of communication with other care team members	0.80	1.38	0.58
Documentation of communication with patient/caregiver re: care and treatment plan	0.60	2.00	1.40

Outcome 2: Improved documentation efficacy and coordination of care measured through a pre and post education chart audit.

Met = 2, Partially Met = 1, Not Met =0; If N/A, Leave blank		Pre-	Post-
CATEGORY	DETAILS	COMPOSITE SCORE	COMPOSITE SCORE
Wound Classification		1.80	1.92
	Wound type matches comprehensive assessment	1.8	1.92
Wound Documentation		1.74	1.79
	Braden score present	1	1.04
	Skin assessment present on admission	2	2.00
	If wound present on admission, initial measurements, and description present	2	2.00
	If wound not present on admission – date of finding, initial measurements and description, cause, etiology present	1	2.00
	Stage of pressure ulcer matches wound assessment documentation	1.75	1.91
	Wound assessment includes:		
	Date wound identified	2	2.00
	Wound measurements	2	1.50
	Periwound condition	2	2.00
	Exudate presence, if present - amount, color, smell are documented	2	2.00
	WAT score if EMR provides one	2	1.57
	WAT score shows improvement	1.2	1.50
	Wound measured correctly	2	1.62
	Wound measured consistently over time	2	1.60
	Wound location consistent over time	2	2.00
	Wound healing evident in documentation	1.2	1.56
Wound Management		1.67	1.21
	Wound care ordered matches wound type	2.00	1.38
	Wound care provided matches wound care orders	2.00	1.69
	Pressure Ulcer Prevention/Relief Interventions documented	1.00	0.55
Coordination of Care		1.64	1.22
	Documentation of communication with ordering physician if wound not healing	1.33	1.50
	Documentation of communication with ordering physician if wound treatment ordered is inappropriate	N/A	0.00
	Documentation of communication with ordering physician if there was significant change in wound status	N/A	1.20
	Documentation of communication with other care team members	1.6	1.38
	Documentation of communication with patient/caregiver re: care and treatment plan	2	2.00

Outcome 3: Improved patient outcomes measured through a decrease in the average length of stay for home health patients receiving wound care.

Table 8 Average Length of Stay

ALOS for Home Health Patients Receiving Wound Care	
Pre-Intervention	75 days
Post-Intervention	59 days

Outcome 4: A decrease in the CMS Home Health Quality Reporting Outcome Measure related to wounds, "Percentage of quality episodes in which the patient has one or more Stage 2-4 pressure ulcers, or an unstageable ulcer, present at discharge that are new or worsened since the beginning of the quality episode" (CMS, 2023).

Table 9 CMS Home Health Quality Reporting Outcome Measure

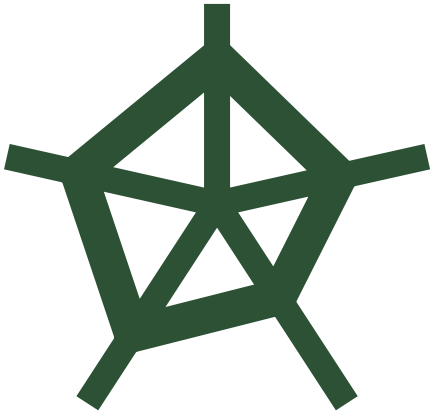
CMS Home Health Quality Reporting Outcome Measure "Percentage of quality episodes in which the patient has one or more Stage 2-4 pressure ulcers, or an unstageable ulcer, present at discharge that are new or worsened since the beginning of the quality episode."		
	HHA in SE FL	National
Pre-Intervention	0.6%	0.3%
Post-Intervention	0.0%	0.3%

Outcome 5: Post-education satisfaction with the wound documentation modules.

Table 10 Module Evaluation Mean Analysis

	N	Minimum	Maximum	Mean	SD
The module covered all the objectives	11	4	5	4.7273	0.4671
The organization and format of the course facilitated learning.	11	4	5	4.7273	0.4671
The course contributed to my knowledge of wound documentation and coordination of care.	11	4	5	4.7273	0.4671
I learned a concept/strategy I will apply to my wound documentation practice.	11	4	5	4.6364	0.50452
The course included relevant evidence-based content	11	4	5	4.6364	0.50452
Overall, how would you rate this module?	11	4	5	4.7273	0.4671

Areas for Further Improvement

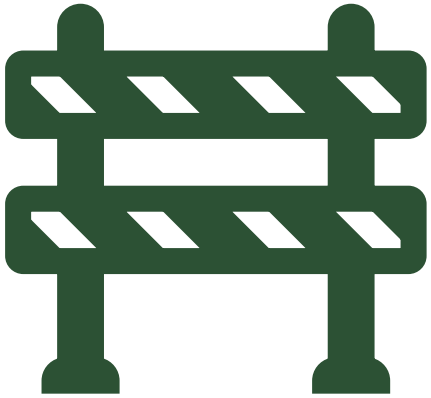


Limitations

- Sample size
  - Participants
  - Chart Audit
- Change in Ownership
- Kajabi Data extraction
- ACHC Accreditation Survey

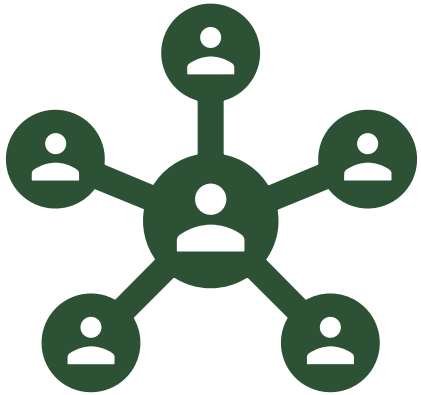
Barriers

- Unique Identifier
- Module Audio
- Kajabi Data Extraction
- Lost Project Link
- Informed Consent
- ACHC Accreditation Survey Preparedness
- EMR Access



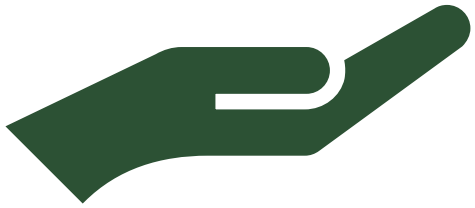
Unintended Consequences

- Small sample size for chart audit
- Friendships



Facilitators

- New Owners
- Regional Director of Operations
- Clinical Manager
- The Center for Home Health Excellence
- Face-to-Face Interaction



Implications

Implications of Findings for the Project Site

- Practice
  - Evidence-based Practice
  - Certification Program
  - Quality Measures

Implications of Findings for the Project Site

- Practice
- Education
  - Evidence-based Practice
  - Interprofessional Education
  - Ongoing Training
  - ANCC Criteria Adherence

Implications of Findings for the Project Site

- Practice
- Education
- Policy
  - Evaluation Process
  - Collaborative Partnerships
  - Diversity
  - Dissemination

Implications of Findings for the Intervention Site

- Practice
  - Focused Education
  - Patient Outcomes
  - Continuing Education
  - Internal Data

Implications of Findings for the Intervention Site

- Practice
- Education
  - Targeted Education
  - Ongoing Education
  - QI Initiatives
  - Regular Evaluation
  - Dissemination
  - Additional Metrics

Implications of Findings for the Intervention Site

- Practice
- Education
- Policy
  - Education and Training
  - Coordination of Care
  - Engagement

Possible Implications for Nursing

- Practice
  - Wound Documentation
  - Quality Measures

Possible Implications for Nursing

- Practice
- Education
  - Wound Documentation for the Coordination of Care
  - IPE
  - QI Principles
  - Technology
  - Feedback

Possible Implications for Nursing

- Practice
- Education
- Policy
  - Education Funding
  - Quality and Performance
  - Evidence-based Practice
  - Collaboration
  - HIT

Implications of Findings Related to the DNP Essentials

I. *Scientific Underpinnings for Practice*
II. *Organizational and Systems Leadership for Quality Improvement and System Thinking*
III. *Clinical Scholarship and Analytical Methods for Evidence-Based Practice*
IV. *Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care*

Implications of Findings Related to the DNP Essentials

V. Health Care Policy for Advocacy in Health Care

VI. Inter-Professional Collaboration for Improving Patient and Population Health Outcomes

VII. Clinical Prevention and Population Health for Improving the Nation's Health

VIII. Advanced Nursing Practice with Advanced Cognitive and Experiential Knowledge Necessary to Demonstrate Expertise in Practice Preparation in a Specialized Area within a Larger Domain of Nursing

Recommendations

Sustainability Plan

Sustainability Plan

The Center for Home Health Excellence

- Cost
- Modality
- Strategic plan
  - Offering CE credit
  - Specialty certification

Home Health Agency in Southeast Florida

- Support
- Strategic plan
- Tools
- Cost

Reflection of Lessons Learned

Thank You

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