

Professional DNP Leadership Capacity



Chamberlain College of Nursing

NR 703: Applied Organizational & Leadership Concepts



Professional DNP Leadership Capacity

It takes a comprehensive strategy that includes transformational leadership abilities to lead a Doctor of Nursing Practice (DNP) practicum project team. Achieving project success requires the capacity to promote interprofessional collaboration, communicate clearly, uphold moral principles, and manage projects successfully (Marshall et al., 2021). With these skills, a DNP-prepared nurse can ensure interprofessional cooperation, project management communication, ethical leadership, and project management. A methodical approach to managing a DNP practicum project team. A DNP-prepared nurse can guarantee the success of a practicum project and foster a culture of excellence in patient care by incorporating these transformational leadership skills (Marshall et al., 2021).

Insufficient staffing in healthcare environments has long been acknowledged as an impediment to achieving optimal patient safety and care outcomes. Staffing shortages frequently lead to the omission of critical preventative measures like hourly rounding. Hourly rounding is a proactive strategy in patient care that addresses

overall satisfaction (Saul, T., 2018). The failure to do hourly rounding regularly owing to insufficient occurrence of patient falls, which continues to be a significant safety issue.

Organizational Needs Assessment

The systematic assessment and evaluation to identify gaps in current care delivery in any healthcare best evidence-based practice is crucial in selecting a DNP change project. A care needs assessment tool of a health establishment is employed to gather the required information carefully and to identify the impact of the population, culture, structure, and the key stakeholders of that establishment. (Gliner et al., 2021; Watson., 2021). To identify the needs and strengths of the care setting, the internal threads or gaps, and external influences considered as threads or gaps, an assessment tool such as a SWOT analysis tool can greatly assist the DNP project. This need assessment process involves identifying how attached to the establishment's culture the strengths identified, and the weaknesses or gaps are, to improve the quality of care and to ensure patient care outcomes. With the accepted evidence-based practices nationally, Magnet Nursing accredited Organization and the Joint Commission known for high-quality care outcomes with multiple services, the DNP Nurse will use the internal cultural strengths of the care setting to address the weaknesses therein.

The purpose of this simulated project change practice is to present a pragmatic and evidence-based approach to the issue of patient falls resulting from inadequate hourly rounding attributable to staffing deficiencies in a medical-surgical acute care hospital unit. The paper will examine the context of the problem, delineate the problem, formulate a practice question to direct the intervention, underscoring the need to integrate healthcare evidence-based standards to enhance patient safety and quality care results.

Problem

The clinical issue of patient falls arises in a medical-surgical unit of an unspecified hospital. The medical-surgical unit often oversees a varied patient demographic, comprising persons recuperating from surgical procedures, patients with chronic conditions, or receiving acute interventions. This environment needs constant oversight and interventions to minimize fall risks, guarantee safety, and avoid injuries and difficulties. The insufficient staffing in the unit has resulted in an inability to regularly conduct hourly rounding, a vital technique demonstrated

The primary stakeholders in this situation are nursing personnel, unit managers, patients, and hospital administrators. Nurses are accountable for executing hourly rounding, whereas unit managers supervise and manage resource distribution. Hospital managers establish policies and budgetary limitations that affect per-

Patients, as beneficiaries of treatment, endure the immediate repercussions of falls, such as extended hospital stays, increased healthcare costs, and reduced quality of life. This complex issue requires a comprehensive approach that addresses the underlying causes of falls and the resulting consequences for patients and the healthcare system.

The proposed intervention is an evidence-driven intervention that can be implemented within the limitations of an eight-week project. The intervention is designed to be sustainable and appropriate for this practice change endeavor.

Practice Gap

The need assessment analysis identified higher-than-normal falls in the medical-surgical unit, indicating a significant gap in the establishment's system. The Organizational Needs Assessment: Practice Gap Identification Table highlights the divergence between existing practices and evidence-based standards. The clinical location is particularly vulnerable to patient falls because of inadequate and irregular hourly rounding resulting from constraints in staffing and resources. Research practices indicate that hourly rounding lowers patient falls by proactively addressing needs, such as patient assessment, assistance, pain treatment, and repositioning (Gliner et al., 2022; Mitchel et al., 2018; Mulugeta et al., 2021).

Stakeholders have recognized the disparity between the documented variance in rounding practices and suggested evidence-based norms. This practice gap arises from structural concerns, including resource constraints, elevated patient-to-nurse ratios and restricted flexibility in staffing schedules due to burnout and structural issues. Internal