

Journal of the *American Association of Nurse Practitioners*

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Edited By: Charon Pierson

Impact Factor: 1.346

ISI Journal Citation Reports © Ranking: 2015: 35/114 (Nursing (Social Science)); 38/116 (Nursing (Science)); 61/87 (Health Care Sciences & Services)

Online ISSN: 2327-6924

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EDITORIAL

The four R's of revising and resubmitting a manuscript

Charon A. Pierson

PhD, GNP, FAAN, FAANP Editor-in-Chief

It is rare for a submitted manuscript to be accepted without a request for some revisions. For a well-written manuscript, the revisions may be minor, such as correcting a reference, formatting an abstract, rewriting a confusing sentence, or verifying a bit of information. A very minimal revision is actually quite rare in my experience as an editor. More commonly, I return manuscripts to authors with requests for much more significant revisions. Despite my attempts to be supportive of authors when I write manuscript decision letters, I have heard back from a few authors that my words or those of the reviewers were cruel and they would never be submitting another article to Journal of the American Association of Nurse Practitioners (JAANP). I have often thought that the reason authors are so devastated by requests for revisions is not so much what is said by reviewers or the editor, but that authors are not sure what to do with a request to revise. Over the years, I have spoken about this problem at many conferences and have had many conversations with authors who are confused about how to revise a manuscript. We know that new faculty and students are pressured to publish but may not receive the support and mentoring to guarantee their success (Berg, 2015). Part of successful academic publishing is the ability to understand the peer review process (Christenbery, 2011) and to learn how to respond to critique of a manuscript. [...]

BRIEF REPORT

Neutrophil-lymphocyte ratio: Predicting cardiovascular and renal complications in patients with diabetes

DiGangi C¹

¹Columbia University School of Nursing, New York, New York.

Abstract

Purpose: Diabetes mellitus (DM) is a growing pandemic. The cause of mortality for most patients with DM is cardiovascular or renal complications. The purpose of this article is to discuss the emerging role of the neutrophil-lymphocyte ratio (NLR) as a prognostic marker in predicting development and progression of diabetic nephropathy (DN) as well as major adverse cardiac events (MACEs), and related mortality in patients diagnosed with DM.

Data sources: A review of original research published in English identified through CINAHL and PubMed was performed.

Conclusions: Research identifies the NLR as an independent predictor of the development and progression of DN, MACE occurrence, and subsequent mortality. Studies with larger sample sizes are needed to strengthen the current evidence. Future studies must also identify specific NLR values that can be used as reference points for risk prognostication for patients.

Implications for practice: Current evidence reinforces the need to consider the use of new prognostic tools for DN and cardiovascular disease in patients with DM. The use of the NLR in clinical practice can greatly improve quality of life for those with DM by establishing more effective disease management.

Keywords: Diabetes; cardiovascular disease; chronic kidney disease; predictors

INTERNATIONAL RESEARCH

Gerontological nurse practitioners (GNPs) for the first time in Israel: Physicians' and nurses' attitudes

Yafa H¹, Dorit R², Shoshana R³.

¹Research Department, Nursing Division, Ministry of Health, Jerusalem, Israel.

²Geriatric Division, Ministry of Health, Jerusalem, Israel.

³Nursing Division, Ministry of Health, Jerusalem, Israel.

Abstract

Purpose: Nurse practitioners (NPs) have recently been partially introduced by the Israel Ministry of Health. This study examines the attitudes among gerontological physicians and nurses toward the scope of practice and effects on healthcare quality of the new role of gerontological NPs (GNPs).

Data sources: A descriptive survey methodology, with a cross-sectional design, was used.

Conclusions: According to about 50% of the respondents, GNPs would be expected to have various positive effects on health care, such as reducing the number of referrals to emergency care, as well as readmissions. Despite the overall positive attitude to the GNPs' role, nurses and physicians perceived its scope of practice somewhat differently.

Implications for practice: Implementing the NP role involves multiple challenges and provides insights into this complex new function. Especially in these early stages, identified intentions for the NP role and value of the role by healthcare teams are expected to be useful to policy makers for planning effective utilization of NPs in healthcare workforce. This role is also a new role in other countries, so these findings should be relevant beyond Israel.

Keywords: Gerontological nurse practitioner (GNP); advanced nursing practice; clinical competencies; nurses' attitudes; physicians' attitudes; professional boundaries

QUALITY IMPROVEMENT REPORT

Patient empanelment: A strategy to improve continuity and quality of patient care

Christiansen E¹, Hampton MD², Sullivan M³.

¹Department of Nursing, School of Health and Natural Sciences, Dominican University of California, San Rafael, California.

²School of Nursing, Samuel Merritt University, Oakland, California.

³Coastal Health Alliance, Bolinas, California.

Abstract

Problem: In some Federally-Qualified Community Health Centers (FQHCs), patients do not have a designated primary care provider (PCP). Patients see any provider who is available. This leads to fragmented care, poorer outcomes, and higher costs.

Design: Patients were empaneled to a designated PCP. Continuity, quality, and efficiency measures were collected at baseline, 6-, and 12-months postempanelment.

Background and setting: Three rural FQHCs on the coast of Northern California performing about 18,000 patient visits annually.

Key measures for improvement: Patient cycle time, percentage of patient visits with designated PCPs, completion of cervical and colorectal cancer screenings; blood pressure, low-density lipoprotein, and hemoglobin A1c control in patients with diabetes.

Strategies for change: The senior Leadership Team initiated the patient empanelment project with the assistance of an outside consultant.

Effects of change: After 12 months, 100% of the FQHC's patients were assigned a PCP and saw that provider on ≥63% of visits. Quality indicators improved by an average of 9% and cycle time decreased by 12 min. per patient allowing providers to see approximately four more patients and generate an additional \$2212 per day.

Lessons learnt: Project outcomes supported the importance of a designated PCP to achieve improved quality and efficiency of care.

Keywords: Quality improvement; healthcare delivery; patient empanelment; patient outcomes; primary care; rural

ORIGINAL RESEARCH

Primary care experiences of people who live with chronic pain and receive opioids to manage pain: A qualitative methodology

St Marie B¹.

¹College of Nursing, The University of Iowa, Iowa City, Iowa.

Abstract

Background and purpose: The prevalence of chronic pain continues to rise and the majority of patients with chronic pain are managed in primary care. The purpose of this research was to provide the perspectives of patients who live with chronic pain and receive opioids to help manage their pain from primary care.

Methods: In this qualitative study, 12 participants from a Midwest primary care clinic described their primary care experiences with receiving opioids for chronic pain. Thematic and interpretive analyses were used to understand the issues.

Conclusions: Participants receiving opioids for pain management through primary care feared losing access to opioids, wanted to protect sobriety when they had histories of substance use disorder, experienced stress at their jobs with frequent appointments, identified inconsistencies in health care prolonging their suffering and increasing substance misuse, and identified improvement in coping with pain when they had confidence in healthcare providers.

Implications for practice: Providing patient-centered care while managing patients with pain and unknown risk for prescription opioid misuse is possible. Understanding influences that create prescription opioid risk for misuse can help nurse practitioners improve their delivery of care by providing consistent and convenient healthcare encounters, and help patients protect themselves from risk of prescription opioid misuse.

Keywords: Pain management; pharmacotherapy; primary care; substance abuse

Nurse practitioner perceptions of the impact of physician oversight on quality and safety of nurse practitioner practice

Lowery B¹, **Scott E**², **Swanson M**³.

¹North Carolina Board of Nursing, Raleigh, North Carolina.

²College of Nursing, East Carolina University, Greenville, North Carolina.

³Office of Research and Creative Activity, College of Nursing, East Carolina University, Greenville, North Carolina.

Abstract

Purpose: Nurse practitioner (NP) regulation and physician oversight (PO) of NP practice are inextricably intertwined. A flexible, well-prepared workforce is needed to meet consumer healthcare needs. All outcome studies have revealed that NPs provide safe, effective, quality

care with outcomes equal to or better than that of physicians or physician assistants. Variability in state regulation of NP practice limits the full deployment of these proven healthcare providers, threatens the quality and safety of NP-delivered care, and limits consumer choice in healthcare access. The purpose of this study was to document NP perceptions of the impact of PO on the safety and quality of NP practice.

Data sources: A total of 1139 NP respondents completed an exploratory survey, Impact of Regulatory Requirements for Physician Oversight on Nurse Practitioner Practice. Participants were asked their perceptions of the impact of PO on patient care and NP practice. Descriptive statistics on the state of residence regulatory requirements and personal demographics were also collected.

Conclusions: NP perceptions of the impact of PO on the safety and quality of NP practice were predicted by NP experience and state regulatory environment ranking.

Implications for practice: The results of this study have implications for educators, policy makers, and nursing advocacy groups seeking to increase access to care in U.S. populations. Study participants perceived that requirements for PO impacted their practice and may jeopardize patient safety. An understanding of the impact of influences on regulatory processes is critical to ensuring full deployment of NPs as interprofessional leaders to meet current and future healthcare access.

Keywords: Genetics; curriculum; education; efficacy; evaluation; nurse practitioners; research

REVIEW

Improving outpatient implementation of preexposure prophylaxis in men who have sex with men

Scholl E¹.

¹University of Pennsylvania.

Abstract

Purpose and purpose: Preexposure prophylaxis (PrEP) has been shown to decrease the transmission of human immunodeficiency virus (HIV) when used in high-risk populations including men who have sex with men. However, despite effectiveness, there is underutilization in the outpatient setting. This review aims to assess the facilitators and barriers to improve outpatient utilization.

Methods: A systematic search of four databases, CINAHL, Ovid, Scopus, and PsychINFO, during March–May of 2015. A total of 22 articles were included for review.

Conclusions: Barriers to utilization were either patient or provider centered. Patient barriers included a significant lack of knowledge, stigma, risk-taking, and adherence. Provider barriers

also included lack of knowledge of treatment and protocols as well as fears of resistance and behavior change. Facilitators included adherence regimens, education, and comprehensive care.

Implications for practice: Men who have sex with men are a high-risk population for HIV transmission. PrEP is successful in this subgroup at reducing transmission. Through education, nonjudgmental and comprehensive care providers can utilize PrEP to decrease transmission.

Keywords: HIV/AIDS; adults; men who have sex with men; prevention

RESOURCES FOR PRACTICE

Evaluating models of healthcare delivery using the Model of Care Evaluation Tool (MCET)

Hudspeth RS¹, Vogt M², Wysocki K³, Pittman O⁴, Smith S⁵, Cooke C⁶, Dello Stritto R⁷, Hoyt KS⁸, Merritt TJ⁹.

¹RSHudspeth Consulting, LLC, Boise, Idaho.

²School of Nursing, College of Health Sciences and Professions, Ohio University, Athens, Ohio.

³Private Practice, Phoenix, Arizona.

⁴College of Nursing, Ohio State University, Columbus, Ohio.

⁵Department of Surgery Education, Orlando Burn Center, Orlando, Florida.

⁶Private Practice, Huntsville, Alabama.

⁷Private Practice, Liberty, Texas.

⁸St. Mary Medical Center, Long Beach, California.

⁹Private Practice, Tampa, Florida.

Abstract

Background and purpose: Our aim was to provide the outcome of a structured Model of Care (MoC) Evaluation Tool (MCET), developed by an FAANP Best-practices Workgroup, that can be used to guide the evaluation of existing MoCs being considered for use in clinical practice. Multiple MoCs are available, but deciding which model of health care delivery to use can be confusing. This five-component tool provides a structured assessment approach to model selection and has universal application.

Methods: A literature review using CINAHL, PubMed, Ovid, and EBSCO was conducted.

Conclusions: The MCET evaluation process includes five sequential components with a feedback loop from component 5 back to component 3 for reevaluation of any refinements. The components are as follows: (1) Background, (2) Selection of an MoC, (3) Implementation, (4) Evaluation, and (5) Sustainability and Future Refinement.

Implications for practice: This practical resource considers an evidence-based approach to use in determining the best model to implement based on need, stakeholder considerations, and feasibility.

Keywords: Assessment; evaluation; health care delivery; models of care; program