



Priorities for Evidence in Practice: NAPNAP Research Agenda 2008-2013

Introduction

The mission of the National Association of Pediatric Nurse Practitioners (NAPNAP) is promoting optimal health for children* through leadership, practice, advocacy, education and research. Central to this mission is delineating the evidence for practice. NAPNAP's goal in developing this Research Agenda is to identify gaps in evidence for practice thus providing direction for research activities to NAPNAP, as well as other organizations, and to facilitate the work of interdisciplinary groups and individual scientists who address these gaps. The Research Agenda was developed to address gaps in evidence for practice of members who are advanced practice nurses (APNs), primarily pediatric nurse practitioners (PNP), family nurse practitioners, school nurses, clinical nurse specialists (CNS), educators and/or researchers. Members' areas of clinical focus are either primary care (including caring for children in school health and other community-focused settings), acute care (caring for children in acute and critical care settings) or specialty care (caring for children with chronic health conditions** in both primary and acute settings). This agenda informs the membership and nurse scientists regarding NAPNAP's child health research priorities. The agenda can also give direction to multiple NAPNAP organizational constituents such as the NAPNAP Executive Board, regional chapters, and affiliated groups (e.g., NAPNAP Foundation and the Association of Faculties of Pediatric Nurse Practitioner programs [AFPNP]) for prioritizing research-related activities.

This agenda was developed through a process that included: the nomination of research priorities by NAPNAP special interest group and AFPNP members, data collection from three focus groups held at the 2007 NAPNAP national conference, and the implementation of an online survey for members to rate the nominated research priorities. The NAPNAP Research Agenda Work Group synthesized the potential priorities from the first two activities into an IRB-approved on-line survey for member feedback, analyzed members' rating of priorities, and generated the research agenda with six clinical and three professional components. This document delineates the clinical and professional components of the Research Agenda and provides exemplar priorities in each area. Exemplars listed under each of the nine components in the research agenda reflect the top ranked priorities in the survey of NAPNAP members.

The document will be posted for public comment from April 1-30, 2008. The Research Agenda Work Group and NAPNAP's Research Committee will review all public comment and determine if any revisions are needed prior to presentation to the NAPNAP Executive Board for final approval in June 2008.

Clinical Priorities

I. Health Promotion/Disease Prevention

It is important to enhance the body of evidence on health promotion/disease prevention outcomes for optimal child and family health across all ethnic/racial, high-risk, and socioeconomic groups. The linkage between lifestyle behaviors, genetics, and health outcomes is well documented; however, adoption and adherence to these practices continues to be a challenge for many families/children. Important issues include developing and testing new screening strategies, measuring outcomes related to education and anticipatory guidance, and studying interventions to enhance adoption of and adherence to health promotion/disease prevention practices.

Exemplars of priorities in this area include:

- Strategies to prevent conditions that lead to poor health outcomes
- Interventions to increase health promotion behaviors in children such as seat belt use, motor vehicle safety, dental care, healthy eating, or prevention of tobacco use
- Interventions that optimize breastfeeding outcomes (e.g. successful initiation of breastfeeding, exclusive breastfeeding until 6 months, and breastfeeding throughout the first year of life).
- Testing new strategies for delivering anticipatory guidance
- Strategies to screen for drug/alcohol use and interpersonal violence
- Interventions targeting high-risk behaviors in youth such as drug, tobacco, early sexual experimentation.
- Barriers to and compliance with recommended immunization schedules
- Exploring family issues in genetic counseling and testing.

II. Self-Management of Acute and Chronic Conditions

Effective self-management of acute and chronic health care conditions can result in decreased symptoms and limitation of activity, prevention of further disease progression, and improved quality of life. Self-management skills for children and their families can be enhanced by effective interventions that address parent/child knowledge, their attitudes, and beliefs regarding the health condition. Testing effective self-management strategies that are family-child centered and investigating the facilitators of and barriers interfering with adherence to health care recommendations are imperative. Exploring the impact of the use of community resources and complementary therapies are also warranted. Self-management skills, in both inpatient and outpatient settings, which address developmental issues and transitions from adolescence to adulthood, should be explored.

Exemplars of priorities in this area include:

- Strategies that enhance self/family management for children with acute and chronic conditions.
- Interventions that optimize child and family adherence to health care recommendations

- Strategies to facilitate effective transition to adulthood for adolescents with chronic conditions.
- Effective strategies for teaching children/families about their conditions.
- Interventions that facilitate developmentally appropriate outcomes in infants/children with feeding difficulties.
- Assessment of child/family knowledge, attitudes, and beliefs about chronic health care conditions.

III. Mental Health for Children and Families

Optimal mental health in individuals, families and communities is a central goal of PNP/APN practice. Mental health issues include the domains of prevention, screening, early detection of problems, and treatment of mental illness. Included in these areas are priorities that address antecedents to mental health problems and strategies that prevent disruptions in mental health. Additionally, priorities that address youth with risk factors or complicated family situations such as adapting to foster care, special needs children, military deployment or reintegration, homelessness incarcerated or impaired parents, or infants born at risk need to be considered.

Exemplars of priorities in this area include:

- Strategies that address developmental, cognitive and psychosocial challenges of infants born at risk
- Interventions that optimize management of behavioral problems.
- Interventions that facilitate child/family coping and adaptation in acute care settings.
- Interventions that optimize mental health for at-risk children.
- Strategies to promote optimal health in complicated family situations.
- Identification and management of Autism/Autism spectrum disorders.

IV. Safety: Protecting Child from Disease, Infection, and Harm

The provision of care that optimizes child/family safety in home, community and health care settings is paramount in pediatric health care. Priorities in this category can (a) address safety directly (e.g., childhood accidents, injuries, infections maltreatment, or violence), (b) the environmental or system issues that impact safety of care delivered in pediatric settings (e.g., medication reconciliation, communication) or (c) the effective assessment and management of common childhood conditions.

Exemplars of priorities in this area include:

- Strategies that effectively reduce risk of childhood injuries and child maltreatment
- Development of child maltreatment prevention programs that could be incorporated into routine well child visits.
- Prevention of nosocomial and community acquired infections and injuries (e.g. infections in daycare centers/schools, skin breakdown, catheter related blood stream infections, ventilator associated pneumonia, falls, intravenous infiltrations, and accidental extubation).

- Strategies to improve health care provider (HCP) communication patterns that impact patient safety (e.g., hand off communication between providers, units, interdisciplinary communication).
- Impact of systems or procedures that optimize patient safety for children and families in the acute care setting (e.g., medication reconciliation, computer confirmation systems to check for correct child/drug/procedure).
- Assessment and management strategies for common acute and chronic childhood conditions

V. Children/Families dealing with Acute/Critical Health Issues

In addition to providing primary care, PNP/APNs are assuming expanded roles in the acute/critical care settings. The clinical practice issues confronted in these settings include implementing optimal family-centered care, enhancing child/family coping strategies to deal with difficult situations, enhancing comfort and decreasing pain, and providing care that optimizes physiological function.

Exemplars of priorities in this area include:

- Strategies that help children cope with painful procedures and hospitalizations, including but not limited to: use of distraction, relaxation and imagery, story telling, music.
- Pediatric pain assessment and management.
- Family-centered nursing interventions that facilitate optimal end of life care.
- Safe and effective sedation management in children (includes relationship between sedation management and outcomes).
- Strategies to promote overall comfort of hospitalized children.
- Parenting a hospitalized child. (e.g., attending to/supporting normal growth and development during prolonged hospitalizations).
- How to effectively partner with children/families during a hospitalization.

VI. Obesity

The increasing incidence of childhood overweight and obesity across the lifespan requires a greater understanding of multiple risks factors associated with obesity and evaluation of interventions to prevent or treat obesity. Effective strategies to reduce the burden of childhood and adolescent obesity across all racial, ethnic, and socioeconomic groups need to be explored. Studying the impact of obesity on the management of children with chronic and acute conditions also requires further investigation.

Exemplars of priorities in this area include:

- Interventions to prevent or treat obesity in children.
- Relationship of child/adolescent obesity to risk factors such as chronic health conditions (e.g., asthma, arthritis), child abuse/neglect, mental health issues and other health issues
- Consequences of obesity on the management of the acutely ill child.

Professional/Systems Priorities

I. Role/Practice Issues/Factors related to PNP/ANP Practice

The PNP/APN roles have evolved dramatically over the past 30 years. PNPs/APNs now provide a variety of health care services to children and families including primary care, chronic and specialty care management, emergency department care, and management of the hospitalized child. Changes in the role and scope of PNP/APN practice require both continuing and new directions in research inquiry to document quality of care issues, to obtain productivity data for APNs, to investigate the impact of emerging technologies and to identify barriers to effective role implementation.

- Impact of reimbursement issues on PNP/APN practice.
- Billing issues related to acute care PNP/APN practice.
- Barriers to implementation of evidence into practice.
- NP role and scope of practice issues in the intensive care unit/acute care area.
- Barriers to the adoption of new technologies into practice.
- Exploration of acute care PNP/CNS's relationships with each other, other nurses and physicians.

II. Organizational/Systems/ Environmental Issues

Organizational/systems/environmental/ factors can impact APN practice, role and outcomes. Research addressing these environments of care is important to delineate how and under what conditions these factors influence health care.

Exemplars of priorities in this area include:

- Access issues related to caring for the uninsured, underinsured, and illegal immigrants.
- Interventions that eliminate health disparities with particular attention to individuals/families in rural, minority, disability and underserved communities.
- Access to care issues for chronically ill adolescents transitioning to adulthood.
- Barriers to the implementation of prevention programs
- System strategies (e.g., rapid response teams) to prevent complications and negative outcomes in hospitalized children (called "failure to rescue" by some national groups).
- Development and use of electronic medical records that reflect nursing assessment, interventions, and outcomes.
- Impact of employment arrangements/structures on the role of NPs especially in emerging roles and settings.

III. Quality of PNP/CNS/APN Care

The PNP/CNS/APN provides health care in a variety of focus areas and settings. Research that delineates the processes and outcomes of care is important to determine quality.

Exemplars of priorities in this area include:

- Comparison of practice outcomes between PNP/APN and other HCPs across settings (e.g., primary care, critical care, acute care, emergency room, retail clinics) and focus areas (e.g., sexual abuse, child maltreatment).
- Exploration of health outcomes in day care, pre-schools and schools with PNP/APN in school-based or school-linked clinics (e.g., enhanced development, decreased absenteeism, positive school behavior, obesity prevention/reduction, improved infection control evidence-based chronic care management)
- Exploration of health outcomes in retail based health clinics using PNP/APN.
- The impact of the PNP and CNS role on job satisfaction and quality of nursing care on an inpatient unit.
- Impact of PNP/APN on family quality of life.

*children in this document refers to infants, children, adolescents, young adults and their families

** delineated in many federal programs as children with special health care needs [CSHCN]