Creighton College of Nursing

Iota Tau Chapter of

Sigma Theta Tau International Nursing Honor Society

34th Annual Nursing Scholars Forum

Book of Abstracts

Improving Health Equity Through Collaborations

Thursday, April 27, 2023

Creighton University

JOINTLY PROVIDED BY:

Iota Tau Chapter of Sigma Theta Tau Nursing Honor Society
Creighton University Office of Continuing Education
Creighton University's College of Nursing
CHI Health

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Note – all presentation abstracts are listed alphabetically by last name

Agenda

(see program for locations)

7:30 a.m. **Registration Opens**

8:00 a.m. **Poster Session**

9:00 a.m. **Morning Break-out Presentations**

10:05 a.m. **Welcome**

10:15 a.m. **Keynote**

"Committed to Promoting Population Health? Focus on Effective Team-Based Care"
Scott A. Shipman MD, MPH, CyncHealth, Endowed Chair for Population Health

11:00 a.m. **Morning Break**

11:15 a.m. **Panel Session**

"Needed Strategies for Advancing Health Equity in Nursing Practice"
Lindsay Huse MPH, DNP, RN, PHNA-BC, Douglas County Health Director, Douglas County Health Department
Ronn Johnson PhD, ABPP, Professor, Senior Associate Dean for Diversity, Inclusion and Belonging, Department of Family and Community Medicine, Department of Psychiatry, Creighton University, School of Medicine
Anne O'Keefe MD, MPH, Professor and Vice Chair of Public Health, Clinical Research and Public Health, Creighton University, School of Medicine

12:15 p.m. **Lunch**

12:30 p.m. **Escape Room**

1:10 p.m. **The Joan Norris Mentorship Award and Showcase Presentations**

1:20 p.m. **Showcase Presentations**

1:25 p.m. **Showcase: A Person-Centered Toolkit for Major Depression**
Cheila M. Ditzler, BSN, RN, Creighton University, College of Nursing, DNP Candidate

1:40 p.m. **Showcase: Reducing Medication Errors on an Inpatient Eating Disorder Unit**
Sara Dukart BSN, Creighton University, College of Nursing, DNP Candidate

2:00 p.m. **Afternoon Break**

2:15 p.m. **Afternoon Break-out Presentations**

4:00 p.m. **Adjournment of Event**

Keynote Presentation

Committed to Promoting Population Health? Focus on Effective Team-Based Care

Learning Outcomes:
By the end of the session, participants will be able to:

- Understand population health as both a community-level and a health system-level construct.
- Explore system-, practice-, and community-level barriers and solutions to optimal team-based care in service of population health.
- Recognize the role of communication and coordination in effective team-based care.

Scott A. Shipman, MD, MPH

CyncHealth Endowed Chair for Population Health
Professor, Clinical Research and Public Health, School of Medicine
Email: ScottShipman@creighton.edu

Scott Shipman, MD, MPH, is the inaugural CyncHealth Endowed Chair of Population Health at Creighton University, starting in this role in September 2022. Building on Creighton's foundation of innovative and interprofessional health professions training and community service, Dr. Shipman is charged with establishing an Institute for Population Health at Creighton. This university-level institute will partner with each of Creighton's undergraduate and graduate schools (arts and sciences, business, law, dental, medical, nursing, pharmacy and allied health) and its clinical partners in the Midwest and in Arizona to implement and evaluate high value clinical care models, establish more effective coordination between the many sectors of society that impact health, and that promote health and healthcare equity within the community and the health system, respectively.

Dr. Shipman spent the previous decade as Director of Clinical Innovations and Director of Primary Care Initiatives at the Association of American Medical Colleges (AAMC), where he worked with health system leaders to promote effective innovations in ambulatory care delivery and training. He led AAMC activities focused on telehealth innovations within teaching health systems. Dr. Shipman established Project CORE (Coordinating Optimal Referral Experiences), a leading model of eConsults and enhanced referrals to improve quality, efficiency, and access at the interface of primary care and specialty care.

A pediatrician and health services researcher by training, Dr. Shipman has studied the healthcare workforce and workforce policy extensively. He completed medical school at the University of Nebraska, residency at Dartmouth-Hitchcock, and a fellowship in the Robert Wood Johnson Clinical Scholars Program at Johns Hopkins, where he also received his MPH. Dr. Shipman maintains a faculty position in the medical school and teaching hospital at Dartmouth.

Panel Presentation

Needed Strategies for Advancing Health Equity in Nursing Practice

Learning Outcomes:
By the end of the session, participants will be able to:

- Discuss priorities for health care professionals regarding social determinants of health.
- Discuss the role of nursing in interprofessional and interdisciplinary community partnerships that improve health equity.
- Discuss the impact of policies and structures that have shaped health and health outcomes in populations.

Lindsay Huse, MPH, DNP, RN, PHNA-BC, Douglas County Health Director, Douglas County Health Department

Dr. Lindsay Huse is the Director of Douglas County Health Department. She holds a master's in public health with concentrations in Leadership, Epidemiology, and Public Health Practice. She holds a Doctor of Nursing Practice specializing in Public Health, and is board certified as an Advanced Public Health Nurse. She is an Adjunct Associate Professor with UNMC College of Public Health. She has over 21 years of experience across the field of public health in nursing and epidemiology and has earned accolades for her leadership, public health advocacy efforts, and innovative approaches to evaluating the effectiveness of public health programming, including several awards such as the Wyoming Public Health Association Public Health Advocate award, The University of Colorado at Anschutz College of Nursing's Outstanding DNP Project Award, and UNMC's Alumni Association's Dorothy Patach Spirit of Service Award. Dr. Huse loves students and presents regularly at Creighton University College of Nursing as a guest lecturer. She is a person-centered servant leader who enjoys building teams, solving problems, and strategizing new ways to build healthy communities.

Ronn Johnson, PhD, ABPP, Professor, Senior Associate Dean for Diversity, Inclusion and Belonging, Department of Family and Community Medicine, Department of Psychiatry, Creighton University, School of Medicine

Ronn Johnson, PhD, ABPP, is a tenured full professor of psychiatry as well as the Senior Associate Dean for Diversity, Inclusion & Belonging at Creighton University School of Medicine. Concurrently, he is also the Director of Team Based Care and Interprofessional Education at Creighton's Medical Center in the Department of Family & Community Medicine. Previously, he was the lead clinical psychologist at the mental health clinic at the Nebraska-Western VA Healthcare System (NWI). Prior to Creighton, he was the Western Regional Director for the American Board of Professional Psychology. His books include Emerging and Advanced Technologies in Diverse Forensic Sciences and the forthcoming four volume series on the Clinical Forensic Psychological Practices with Diverse Active-Duty Military Personnel and Veterans. Current clinical work involves the pilot implementation of the Diagnostic Safety Toolkit for the American Association of Medical Colleges.

Anne O'Keefe, MD, MPH, Professor and Vice Chair of Public Health, Clinical Research and Public Health, Creighton University, School of Medicine

Anne O'Keefe MD, MPH, is a professor and Vice Chair of Public Health in the School of Medicine in the Department of Clinical Research and Public Health. Previously, she was the Senior Epidemiologist for the Douglas County Health Department (DCHD) in Omaha, Nebraska for 15 years. She graduated with an MD degree from the University of Nebraska College of Medicine and an MPH degree (Master of Public Health) in epidemiology from Emory University Rollins School of Public Health in Atlanta, Georgia. She is Board Certified in Public Health and General Preventive Medicine. In addition to her 15 years at DCHD, she has also worked as an epidemiologist in bioterrorism preparedness (Nebraska DHHS), young worker safety (NIOSH/CDC), nutritional epidemiology (USDA), and drug safety research (consulting firm). She also was a CDC responder in the 2001 anthrax attacks, serving in the occupational health emergency operations center and in postal worker vaccination clinics in New Jersey.

Showcase Presenters

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A Person-Centered Toolkit for Major Depression

Cheila M. Ditzler BSN, RN

Sara Banzhaf DNP, APRN, PMHNP-BC

Creighton University College of Nursing

Purpose: The purpose of this quality improvement (QI) project was to create an evidence-based toolkit to promote PCC among individuals with MDD treated at a Midwest outpatient mental health clinic.

Background: Major Depressive Disorder (MDD) is a leading cause of mental illness, causing increased morbidity, premature mortality, and costing billions of dollars annual worldwide. Fortunately, MDD is highly treatable and person-centered care (PCC) can improve outcomes.

Sample/Setting: Individuals with MDD age 19 and over treated at a Midwest outpatient mental health clinic from 10/25/22-11/28/22.

Methods: The toolkit was individualized with outcomes from the Client Satisfaction Questionnaire-8 (CSQ-8), an 8 item Likert-type scale with two framing questions, scored from 8-32 with higher scores indicating higher satisfaction. The toolkit was also individualized via self-reported medication adherence and pharmacy indicated adherence as measured by the proportion of days covered (PDC). Eligible patients (N=327) were invited to participate with an email containing a link to the CSQ-8 via the Survey Monkey platform. Participants (N=48) completed the CSQ-8 core scale and 22 gave framing responses. Five patients had no medication history; thus adherence was assessed among 43 patients.

Results: The CSQ-8 scores showed high overall satisfaction with a median score of 31. The framing responses indicated high satisfaction with the clinic's collaborative practice model and therapeutic climate. The mean self-reported medication adherence rate was over 99% while the mean PDC was 77.6%. The toolkits provided education on PCC and four interventions and educational resources based on the satisfaction and adherence outcomes.

Conclusion: The outcomes and toolkits were presented to the clinic's team who reported them to be highly effective and likely to improve practice. This project's approach could serve as a model for other organizations to assess satisfaction and medication adherence with the intention of promoting PCC.

Reducing Medication Errors on an Inpatient Eating Disorder Unit

Sara Dukart BSN

Sara Banzhaf DNP, APRN, PMHNP-BC

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project was to implement a comprehensive approach resulting in a culture change to promote safety and a reduction in medication errors on an inpatient psychiatric Eating Disorder Unit. This required the engagement of an interprofessional team to explore systems and policies that would facilitate this change. Education focusing on the application of the six rights of medication within the EDU setting highlighting the importance of barcode scanning and creation of a no interruption zone during medication administration was implemented.

Background: An extensive analysis identified that although medication errors were multifactorial, prioritizing strategies that focus on integration of the six rights of medication administration would support an evidence-based strategy to reduce medication errors. EDU data for July showed 23.73% of medications were given outside of scheduled time and three medication safety events related to missed barcode scanning.

Sample/Setting: 8 bed inpatient EDU

Methods: An interprofessional in-service was completed using the TeamSTEPPS approach introducing the project. Education was completed with nursing. EHR data was collected for the months of November and December on barcode scanning rates, medications given outside of scheduled timed window and number of safety events related to medication administrations.

Results: Interprofessional collaboration was a key part to the success of this project. Medication Errors were reduced by 100% for no safety events reported for medication errors from missed barcode scanning for November and December. A reduction was noted in medications given outside scheduled time window with a reduced error rate of 6.70% for November and 6.2% for December when compared to July's Data.

Conclusion: Overall, the project shows that a safe environment to administer medications has shown to reduce medication errors. It should also be noted that Interprofessional collaboration and involvement of organizational leadership are key to creating success.

Graduate Student Poster Presentations

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A Literature Review: Risk Factors, Prevention, Interventions and Consequences of Worker-on-Worker Violence in Healthcare

Sierra Beauchamp BSN, RN

Shelly Luger DNP, RN

Creighton University College of Nursing

Purpose: This presentation will utilize a literature review to offer recommendations to prevent and intervene against workplace violence, as well as discuss risk factors and consequences of workplace violence in healthcare.

Background: Prevalence rates for lateral violence in healthcare vary from region to region, but one systematic review and meta-analysis found the average prevalence rate to be 33.8%, with a range of 7% to 83% (Zhang et al., 2022). At a level three hospital in Washington, a survey conducted in the emergency department found the prevalence rate of workplace violence to be 80%.

Sample/Setting: The literature review used sixteen articles from two databases, Creighton Libraries and Google Scholarly. Inclusion criteria for articles included: prevalence data, risk factors for, prevention, intervention or recommendation strategies for, or consequences of lateral workplace violence in healthcare. Any article that addressed workplace violence committed by someone other than a co-worker was excluded from this literature review.

Methods: The method utilized was a retrospective review of the literature, utilizing previously published literature within the set inclusion criteria listed above. The articles were evaluated to find themes and created a structure in which to write a literature review.

Results: Eleven of the sixteen articles used focused on interventions for reducing lateral violence in the workplace. Five of these eleven articles found education to be the strongest intervention for preventing, recognizing, and treating workplace violence, such as incivility, lateral violence, and bullying (Armstrong, 2018) (Ceravolo et al., 2012) (Kile et al.,2019) (Parker et al., 2016) (Vessey & Williams, 2020). Armstrong (2018) suggests the most successful education utilizes sessions over a period of time and a single educational session does not provide significant benefits. Other interventions included a healthy work environment and supportive leadership styles (Bambi et al., 2017).

Conclusion: This presentation offers recommendations for an educational program to reduce the risk and prevalence of lateral violence in healthcare. The program would consist of one 60-minute educational course once a month for six months, with pre and post-tests, and annual in-services thereafter. The educational courses would teach the three types of lateral violence, how to recognize it, assertive communication skills and conflict resolution skills. The program would also encompass team building and role-playing activities in order to practice the skills taught in the educational courses.

"Time out:" A Strategy for Reducing Errors in Regional Anesthesia

Sarah Burdette BSN, RN, CNOR

Shelly Luger DNP, RN

Creighton University College of Nursing

Purpose: To perform a review of the literature to make recommendations for practice for implementation of a time out process to reduce the potential for patient harm.

Background: Wrong-site anesthetic block procedures are estimated to occur 10 times more often than wrong-site surgery (Kwofie & Uppal, 2020). Reliance on memory rather than checklists for verification has led to wrong-site blocks being performed (Kwofie & Uppal, 2020).

Sample/Setting: A Children's Hospital in Houston, Texas. The sample includes pediatric patients undergoing regional anesthetic procedures scheduled for surgery at the main campus.

Methods: A review of the literature regarding regional anesthesia safety checklist utilization was performed to identify practice suggestions and significance. Two databases were searched: Medline and Ovid EBMR along with Creighton University Library's JaySearch for relevant articles. Of the results, four level I systemic reviews were included, four level III studies, three level IV articles, two level VI resources, and five level VII references.

Results: To prevent wrong-site blocks from occurring, execution of a time-out must occur prior to performance of the regional block (Snow, 2021). The Time-Out Checklist suggested by Clebone et al. (2016) includes pre-operative evaluation of patient identity, site marking, allergies, anticoagulation and equipment availability. Clebone et al. (2016) suggest before the anesthetic block procedure, that patient identity, weight, surgical procedure, block, laterality, dose and timing of other local anesthesia, and maximum dose be reviewed. Kwofie and Uppal (2020) agree that a time-out should occur immediately prior to each injection.

Conclusion: Recommendations for practice include redesigning the regional anesthesia safety checklist. Re-verification of patient name and MRN, surgical procedure, laterality and site marking, regional procedure, allergies, anticoagulation, anesthetic concentration, maximum dose, and dosage amount will take place immediately prior to administration. A debriefing will occur upon completion, verifying the amount administered, local anesthetic available for supplemental injection, complications, and treatment needed post- procedure.

Postpartum Depression: Barriers to Screening and Recommendations for Improvement

Katherine Chisholm BSN, RN

Lori Rusch PhD, RN, CNE

Creighton University College of Nursing

Purpose: The purpose of this scholarly project is to identify barriers to postpartum depression screening in order to develop effective protocols that will ensure screening compliance in the pediatric clinic.

Background: Postpartum depression is a serious psychiatric illness affecting women all around the world. Women can develop postpartum depression during pregnancy or at any time during the first year after childbirth, and there is a high potential for harm to multiple individuals. The American College of Obstetrics and Gynecology (ACOG) and the American Academy of Pediatrics (AAP) have established postpartum depression screening recommendations. However, many patients still go undiagnosed.

Results: The primary barriers identified from the literature review were lack of time, lack of referral resources, and lack of training.

Conclusion: To combat these barriers, recommendations for the pediatric clinical nurse educator involve implementation of an E-screening postpartum depression tool, development of a referral protocol, and annual staff education on postpartum depression in the pediatric clinic.

Keywords: barriers, postpartum depression, screening

Diabetic Management in Rural Healthcare

Emily Givens MSN

Lori Rusch PhD, RN, CNE

Creighton University College of Nursing

Populations living in rural areas have limited access to specialty healthcare providers limiting them from proper follow-up guidelines. Specifically, patients diagnosed with diabetes struggle with finding the time to travel to appointments and finances to cover travel expenses and absence from work. This project is a literature review of a variety of levels of studies to analyze the benefits of healthcare options in rural health, including telehealth, telemedicine, mobile health clinics, and mobile health applications. The exploration of tele and mobile health options proved to have positive outcomes on patient diabetic-related laboratory levels and overall satisfaction with a healthcare plan.

Purpose: Identify options for improving rural healthcare availability

Background: Diabetes is a national problem in the United States with a higher impact on populations living in rural areas. Limitation to healthcare availability in rural areas worsens outcomes for rural diabetic populations.

Sample/Setting: Rural healthcare diabetic management

Methods: Literature review

Results: Telehealth options achieve positive outcomes for diabetic management

Conclusion: Initiation of telehealth programs in remote or rural areas has positive impact on diabetic management preventing worsening health conditions, hospitalization, and financial crisis.

Recommendations for Implementing Telehealth in the Outpatient Setting

Anne Morgan BSN

Shelly Luger DNP, RN

Creighton University College of Nursing

Purpose: The purpose of this project was to develop telehealth program implementation recommendations for nurse leaders.

Background: Outpatient health systems and nursing leadership struggle with integrating telehealth services in their current organizational structures. Telehealth encounters have increased since before the SARS-CoV-2 pandemic, but since the pandemic, these numbers have soared. Technology in healthcare continues to evolve due to demand from patient populations. Nurse leaders within their health systems must work to integrate telehealth programs that align with Federal, state and credentialing body guidelines as well as provide quality, safe and equitable care.

Sample/Setting: The setting for this project was within the outpatient/ambulatory setting, with special attention paid to the community health setting and their diverse patient populations.

Methods: A review of current literature was conducted in search of data regarding telehealth implementation in the outpatient setting. Searches were completed within the Cumulative Index to Nursing and Allied Health literature (CINAHL) and google scholar using the key words telehealth, nursing leadership, implementation, outpatient. Articles written within the last five years were included in the review

Results: A total of twelve articles were used to complete this review. There were three systematic reviews from Kho et al. (2020), Goldstein, et al. (2018), and Kim, et al. (2020), as well as two clinical practice guideline articles from Perry, et al. (2021) and the American Medical Association (AMA) from 2022 for a total of five Level I articles. There was one qualitative study from Muska, et al. (2022) which was the only Level VI article.

Conclusion: Successful implementation of telehealth services in the outpatient setting require proper needs assessment of the health system and patient population, appropriate resource allocation, and improved nursing leadership education and digital literacy.

RN Turnover in the Acute Care Setting: Reducing Turnover Rates and Retaining RNs

McKayla Olsen BSN

Shelly Luger DNP, RN

Creighton University College of Nursing

Purpose: The purpose of this comprehensive review of the literature is to supply data that will allow for an increase in employee satisfaction and create an environment that empowers employees, resulting in decreased employee, specifically RN, turnover.

Background: In the year 2021 RNs left the bedside at a rate of 2.47% (NSI Nursing Solutions Inc, 2022). The turnover rate increased in 2021 by 8.4% (NSI Nursing Solutions Inc, 2022). RNs are responsible for making up 4.3 million of the nation's population (American Nurses Association, 2017). In order to retain RNs it is essential to build an adequate supply of nurses, create safe work environments, promote public policy that supports quality healthcare, and implement laws and regulations that enable nurses to practice at the full extent of their education and licensure.

Sample/Setting: Multiple levels of articles were reviewed including all levels of evidence from Level 1 to Level 5. Twenty-three research articles were retrieved through scholarly search of articles included databases such as PMC, Elsevier, JAMA Network, University Libraries, and JONA.

Methods: Review of twenty-three scholarly articles selected based on relevance to decreasing RN turnover specifically for the acute care setting.

Results: Based on the evidence gathered and the articles reviewed, the most important intervention to reduce RN turnover and increase retention rates is to implement a nurse residency program. Hospitals also need to promote improved work environments. Improving work environments for our RNs starts at the leadership level. Leaders can improve upon their skills and promote a safe/adequate work environment by ensuring that they encourage honesty and openness from the staff, build trusting relationships by being present on the units, conduct walking rounds with staff to determine any challenges or opportunities presented by the staff, and facilitate change when necessary. Leaders within an organization need to adopt a style of management that proves to be effective in building an improved culture on the unit and effectively promoting the organization's mission.

Conclusion: Based on the comprehensive review of the literature, RN turnover can be improved upon by identifying reasons for turnover such as an unsafe work environment, dissatisfaction with their job or place of employment including poor pay, lack of benefits, staffing, and co-worker relationships, and the need for improved education or on the job training. By implementing a training/nurse residency program, promoting a safe work environment, and improving job satisfaction amongst RNs the turnover rates will significantly reduce and the retention rates of RNs will be greater than any recent statistics.

Derailing Delirium in the Intensive Care Unit

Carly Saucerman RN, BSN

Lori Rusch PhD, RN, CNE

Creighton University College of Nursing

Purpose: The purpose of this project is to describe flaws in current assessment tools used to detect delirium in Intensive Care Unit patients as well as consequences to missed diagnosis for delirium. It also aims to evaluate effectiveness of ABCDE bundle implementation, the outcomes for patients, and barriers to implementation of the bundle.

Background: Patients who are admitted to the Intensive Care Unit experience delirium 20-50% of the time with those requiring mechanical ventilation experiencing it 60-80% of the time. This leads to longer lengths of stay, increased morbidity and mortality, increased rates of Post-Traumatic Stress Disorder and increased rates of early onset dementia

Sample/Setting: Patients admitted to Intensive Care Unit

Methods: Systemic review of available literature

Results: Reviews of literature show current assessment techniques for delirium frequently do not positively identify delirium in critically ill patients due to a variety of factors. Implementation of the ABCDE bundle has been shown to reduce duration of delirium and improve long term outcomes for patients who it was applied to. In addition, nursing staff on units routinely misidentify exclusionary patient criteria and hold ABCDE bundle components for patients.

Conclusion: Due to frequent missed diagnosis from current assessment tools, the ABCDE bundle should be universally applied to all patients admitted to the Intensive Care Unit. More collaborative education needs to be done on units between providers and nursing staff to ensure the bundle is being carried out for all patients unless exclusionary criteria is met such as FiO2 needs greater then 60% or ongoing increasing vasopressor requirements.

Improving Intraosseous Access in the Pediatric Emergency Department

Holly Trouche BSN, RN, CPEN

Lori Rusch PhD, RN, CNE

Creighton University College of Nursing

Purpose: Decrease time to vascular access in the pediatric critical care population presenting to the ED. If PIV is not successfully quick and efficient, IO access should be considered.

Background: Up to 37% of pediatric patients needing a PIV are classified as difficult compared to 10-24% of the adult population2. Trained, competent nurses can place an intraosseous (IO) device in as little as 20 seconds3

Sample/Setting: Education as a team in the ED trauma room

Methods: Didactic education, demonstration and return demonstration of procedure on 3D printed infant leg

Results and Conclusion: This project is planned to be put into practice April 2023

Faculty/Community Poster Presentations

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Nursing and the Second Victim Experience

Whitney Dubas RN

CHI Health St. Francis Hospital

Purpose: The purpose of this study is to evaluate second victim related physical and psychological symptoms of nursing staff as well as determine the quality of available support resources.

Background: A second victim is a registered nurse involved in an unanticipated negative patient outcome in relation to a medical error, or a patient-related trauma, who becomes victimized in the sense that the nurse is also traumatized by the event even though the injury or event did not directly happen to that nurse. Studies have shown that roughly half of all healthcare professionals experience the second victim phenomena due to an adverse event (Burlison et al., 2017). There is a need for healthcare organizations to invest in support resources to reduce and prevent the consequences of second victim experiences.

Methods: The SVEST tool was distributed to all direct care nurses at CHI Health St. Francis via a secure online survey link sent to the individual organization email accounts.

Results: The results revealed that the staff feel mentally exhausted, however deny sleep disturbances or stomach issues. They feel well supported by their colleagues, supervisor, and organization as a whole. The staff agree that the organization cares about the well-being of the staff. More than half of the staff felt inadequate regarding abilities, and questioned their career choice, however the majority have chosen to stay in patient care with no desire to quit their job. The most desired form of support is a respected peer to discuss the details of what happened.

Conclusion: The results concluded that our staff at St. Francis have undergone second victim experiences but feel well supported in overcoming the physical and psychological symptoms and choose to stay in their field of nursing.

Equivax: A Model Program to Provide Equity in Vaccine Distribution

Anne Harty EdD, RN, FNP

Mac Clemmens BS & Masaru Oshita MD

Creighton University

Purpose: To describe the development of Equivax, a model program to provide equity in vaccine distribution without cost to a large mass of individuals in a relatively short period of time.

Methods: Procedures for Equivax included a model for clinic design and standards; registration, clinic, and reporting technology; a volunteer pool of community members, including volunteer nurses to administer the vaccines; vaccine consent forms in six languages along with volunteer interpreters; and strong community partnerships. Vaccinations were administered in parking lots of local high schools. While building Equivax, the team partnered with community-based organizations to allow for priority registration for community members for the vaccines. This avoided mass first-wave registrations of people not living in each of the communities. Every clinic was open to walk-ups as well and did not turn anyone away, regardless of where they lived, insurance status, or ability to pay.

Results: Equivax became the main vaccine clinic model for the County Department of Public Health. Over 900 community volunteers registered in the Equivax volunteer pool. In total about 106,000 doses of COVID-19 vaccine were administered using the Equivax clinic model. The vaccine reached a wide cross-section of the population, including many described as underserved. An example of demographics of people served at one clinic site included 84% Black, Indigenous, or people of color (BIPOC), 61% uninsured or underinsured, and 31% who did not speak English.

Conclusions: Equivax is an efficient clinic model for distributing a large number of vaccinations and that served communities facing disparities such as access to technology to make appointments, language and cultural barriers, and distrust in vaccines and institutions.

Implications/relevance for Public Health: The Equivax model, which included a partnership between the County Department of Public Health, local community-based organizations, and a volunteer pool of over 900 people willing to serve the community, could be implemented in other communities in response to any need for widespread vaccinations. Community/Public/Population Health Nursing Leaders are well-prepared to initiate adoption and implementation of the Equivax model. https://www.equivax.org/

Nurses Are Human, First: A Nurse-Led Mindfulness Coaching Program

Anne Schoening PhD, RN, CNE

Janaye Decker BSN, RN & Denise McNitt MS, RN, NEA-BC

CHI Health Mercy Hospital

Purpose: The purpose of this Evidence-Based Practice Project was to implement and evaluate a Mindfulness Coaching Program for clinical staff at a small Midwestern hospital.

Background/Significance: Workplace stress and burnout are persistent problems within the nursing profession, particularly since the onset of the COVID-19 pandemic. Mindfulness practices have emerged as interventions that may help decrease workplace stress and prevent burnout.

Sample/Setting: Two cohorts of hospital staff participated in an online coaching program. Cohort #1 consisted of ten clinical staff; cohort #2 consisted of 18 staff and hospital leaders.

Methods: The Mercy Mindfulness Coaching Program was conducted synchronously online and led by a registered nurse/certified Master Mindset Coach. Participants learned how core beliefs and trauma influence the stress response and developed skills to positively influence the work environment. Quantitative and qualitative survey data was collected immediately after program completion and three months later.

Results: All respondents from Cohort #1 (n=10) and #2 (n=10) agreed or strongly agreed that they met program objectives immediately following program completion. Three months following completion, one participant in Cohort #1 (n=10) and two participants in Cohort #2 (n=13) disagreed that they were able to discuss the role of the autonomic nervous system and emotional intelligence in the stress response. Two participants in Cohort #2 disagreed that they were able to use specific skills, such as breath work. Participants in both cohorts shared that the program was valuable in teaching them to understand and moderate their responses to stress.

Conclusions: Nurse-led mindfulness coaching programs can equip nurses with skills to moderate their stress response in the workplace. Participants may need ongoing support and coaching beyond the three-month period following an initial course. Future research is needed examining the impact of nurse-led coaching on workplace environment, nurse burn out, and nurse retention.

BSN Student
Poster Presentations

https://www.creighton.edu/continuing-professional/materials

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U14	Kate Clore, Isabella Dorsett, Kate Hoeffel, Meghan Lynch	Improving Trauma-Informed Care in Pediatrics
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U17	Elyse Costello, Emma Cheli, John Nipp, Molly DePooter	Wrong Site Surgery Among Orthopedic Patients
U18	Bridget Binder, Taylor Fry, Molly Grewe, Piper Osman	Reducing Surgical Site Infections in Patients with Diabetes
U19	Hannah Dehn, Ainsley Hecox, Alexis Poserio, Carly Spaniol	Mentorship Programs and New Graduate Nurse Retention Rates
U20	Colby Austin, Nancy Chung, Madeline Gaida, Sydney Kennedy, Vanessa Wareham	Proper Implementation of Alcohol Withdrawal Protocol
U21	Makenzie McKenna, Gaby Meyo, Hannah Weeder, Olivia Williams	Pressure Injury Prevention Using Patient Sensors
U22	Amelia Pike, Chandler Schelkopf, Kenneth Bennett, Lauren Knowlton	Sleep Matters: Improving the Quality of Sleep for Adult ICU Patients
U23	Niko Lunt, Brooke Meyers, Leighton Miles, Emma Rausch	Alarm Fatigue in Critical Care Nurses
U24	Ryan Domingo, Kevin Gomez, Bella Grueskin, Grace Larkin, Kennedy Wilker	Nursing Education on Mental Health
U25	Stella Michalowski, Cali Rawhouser-Mylet, Kara Struebing, Ashley Villanueva	Reducing Respiratory Depression in Postoperative Patients Receiving Opioids
U26	Abby Smith, Kat Willengale, Lauren Welch, Lily Redman	Increasing Nursing Adherence to ACE Pediatric Trauma Screening in Emergency Departments
U27	Evan Condon, Mackenzie Hardage, Lauren Holzgang, Lochlan Layne, Jillian Peiffer	Inpatient Falls in Patients with Delirium in the Acute Care Setting
U28	Lauren Curry, Katie Day, Katie Federico, Maggie Matternas, Christy Nguyen	Alarm Fatigue in the Critical Care Setting
U29	Sydney Jacober, Brianna Nevares, Natalie Schwab, Mia Treu	Falls: The Importance of Equipment
U30	Jessica Brombach, Hadley Henriksen, Sami McMahon, Lily Sykora	Opioid Epidemic in Emergency Department and Narcan's Effort to Heal

Faculty/Community Podium Presentations

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Hypoglycemic Episodes Experiences by Children with Type 1 Diabetes During a Diabetes Telehealth Occupation-Based Coaching Intervention for Rural-Dwelling Families

Amy Abbott PhD, RN

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Background: Type 1 diabetes (T1D) is a challenging chronic disease requiring rigorous monitoring. Hypoglycemia causes a six-fold increase in death. When successive hypoglycemic events occur, the system regulating these events becomes impaired which can lead to seizures and death. Occupation-based coaching (OBC) can help rural-dwelling families with limited healthcare services access in daily management; however, a gap exists in the literature as no published data was found on the impact of OBC on hypoglycemia.

Purpose: The purpose of this retrospective analysis was to evaluate hypoglycemic events derived from continuous glucose monitors (CGM) of rural-dwelling children diagnosed with T1D.

Methods: Individualized reports were collected from CGM worn by children with T1D as part of a 12-week telehealth OBC study of the Control/Usual Care Group (UC = 7) and the Intervention Group (IG, usual care plus coaching; n=7). Data including 7-day averages of % time below 70 mg/dl (hypoglycemia), % time below 54 mg/dL (severe hypoglycemia), and group membership were collected, entered into Excel, and analyzed retrospectively.

Results: Median scores were used as data were abnormally distributed. The 7-day average time in hypoglycemia ranged from 0-60 minutes to 15-105 minutes for the UC and IG, respectively. The 7-day average % time <70 mg/dL ranged from 0.6-2.5 (UC) to 1.7-2.5 (IG). The 7-day average % time <54 mg/dL ranged from 0-0.5 (UC) to 0.3-0.8 (IG). No statistically significant differences were noted between groups for hypoglycemia (p=.349), severe hypoglycemia (p=.251), or within the IG over time for hypoglycemia (p<.440) or for severe hypoglycemia (p=.265). The UC group had less % time in range than the IG (59.6% vs. 63.8%).

Conclusions: Hypoglycemia can cause short-term and long-term complications for those diagnosed with T1D. Findings from this study indicate that time spent in hypoglycemia varies from person to person as does the severity of those events; therefore, nurses must educate caregivers to monitor

There's an App for That!: A Review of Literature About Heart Failure

ManagementMobile Health Applications

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Problem: Despite multiple strategies to reduce complications of heart failure, hospitalizations continue to rise. Patients, and family or friends who serve as informal caregivers, are key stakeholders in heart failure health maintenance that need accessible strategies, such as mobile health applications (mHealth Apps), to reduce complications and hospitalizations.

Purpose: This manuscript explores literature about current mHealth App technologies used to support heart failure patients and their informal caregivers.

Methods: EBSCOHost platform was used to search multiple databases for literature about heart failure self-care management, caregiving, and mHealth Apps. Inclusion criteria limited reviewed resources to those published in the last 10 years and available in English language.

Results: 35 resources met inclusion criteria. Many mHealth Apps targeted either the patient or the informal caregiver. Only one mHealth App allows information sharing between both stakeholders. Communication and collaboration about health maintenance are increasingly automated via mHealth Apps. Nurses should familiarize themselves with quality mHealth Apps to support optimal use and outcomes.

Conclusions: More research is needed regarding the use and effectiveness of mHealth Apps. Given the potential benefits of mHealth App features, nurses, and the healthcare team should evaluate implementation of these applications to support needs of heart failure patients and informal caregivers.

DNP Podium Presentations

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Streamlining Mental Health Initiatives for College Student Athletes

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Purpose: To determine if threshold cut-off scores, implemented within the SMHAT-1 mental health screening process, would improve student counseling staff's process for screening and referring student-athletes to mental health resources.

Background: Suicide is the fourth leading cause of death among student-athletes. Between February 2022 and May 2022, six National Collegiate Athletic Association (NCAA) student-athletes died by suicide. 85% of student-athletes report anxiety symptoms, and 10% to 48% experience symptoms of depression. The literature recommends and supports the use of validated, reliable, athlete-specific evidence-based mental health screening tools. After review, the current behavioral health administration process lacks validity of a screening tool specific for the student-athlete population, incorporation within a protocol for leveled intervention, and algorithm-dictated use of additional screening questionnaires leading to discrepancies in care, lack of follow-up, and underutilization of resources. The International Olympic Committee's (IOC) up-to-date, evidence-based athlete-specific mental health screening process, Sport Mental Health Assessment Tool 1 (SMHAT-1), was chosen for pilot implementation.

Sample/Setting: A Midwestern NCAA Division I athletic department and student counseling center.

Methods: The student counseling center psychologist sent the SMHAT-1 Step 1 screening tool via email through the privacy-secured online platform to 285 student-athletes. A score <17 indicated no intervention. A score >17 indicated sending Step 2 screening tools via email through the privacy-secured online platform. Step 2 scores under the threshold indicated Step 3a recommending brief interventions. Step 2 scores at or above the threshold, initiated Step 3b recommending clinical assessment and management by a licensed professional. Descriptive statistical analysis and qualitative focus groups were used to measure the data.

Results: The descriptive statistical analysis did not yield statistical significance between the current tool and the use of the SMHAT-1. However, the qualitative focus groups yielded clinical significance. The perceived positive outcomes of the SMHAT-1 pilot process were an efficient data entry process, a self-explanatory algorithm for data interpretation, the inclusion of athlete-specific screening questions, simplified procedures for follow-up, algorithm-dictated administration of additional screening questionnaires and optimized use of additional screening opportunities in future practice.

Conclusion: The qualitative data supports positive outcomes and sustainability of the SMHAT-1 mental health screening process due to improved validity, efficiency, transparency, and usability. In addition, the student counseling staff perceive this process to be a value-added time-saving workflow that benefits student-athletes and the student counseling psychologists.

Nurse Driven Treatment Algorithms for Common Injuries Experienced at a Midwestern's Zoo First Aid Station

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Purpose: The purpose of this project was to create a system change to integrate evidence-based, standardized treatment algorithm for the four common pediatric injuries and medical needs that are seen at a Midwestern Zoo's First Aid Station (FAS). This change will help the FAS nurses to efficiently assess, intervene, treat, and educate pediatric patients who are injured or in need of medical assistance.

Background: The Midwestern Zoo hosts 2.1 million visitors annually. The FAS treats approximately 900 pediatric patients each year with heat stroke/heat exhaustion, allergic reactions, head injuries, and wounds being the four most common medical needs. These conditions often result in minimal morbidity but without proper intervention may lead to significant sequelae and even death. The American Zoo Association (AZA) holds high standards on how safety is conducted at the zoo and recommends that written information be available to the zoo staff to treat emergent and non-emergent health concerns. The American Academy of Pediatrics (AAP) suggests the use of protocols and/or guidelines as an efficient approach to effectively treat the pediatric population and decrease variations in the care given to patients. These clinical guidelines reduce harm, foster cost-effective practice, and generate positive patient outcomes. Currently the FAS lacks a seamless, evidence-based approach to respond to childhood injury or medical needs.

Setting: Midwestern Zoo's FAS.

Sample: Six registered nurses employed at the FAS. The target population was pediatric patients (1 week-19 years of age) who presented to the FAS with heat stroke/heat exhaustion, allergic reactions, head injuries, and wounds.

Methods: The Plan, Do, Study, Act (PDSA) cycle provided the foundation for implementing the four treatment algorithms. Integration of the treatment algorithms into practice was determined by reviewing the nurses' documentation of pre-determined key components of each specific algorithm.

Results: The results of the FAS nurse's documentation showed 97% accurate documentation to the assessment of a wound, only 84% was educated about what signs and symptoms to watch for to indicate infection. Head Injury: 100% documented on level of conscious, 84% documented the Glasgow Coma Score (GCS), only 80% documented on assessing the eyes- Pupils, Equal, Round, React to Light (PERRL). Allergic Reaction: 81% documented on education of signs and symptoms to watch for when they go home, and only 63% or less included specific treatment of the allergic reaction.

Conclusion: The implementation of a treatment algorithm at a Midwestern Zoo's FAS has helped to improve quick access and reference to assessing, treating, evaluating, and educating a pediatric patient's injuries and or medical needs. It also identified key areas of where the nurses have good documentation and areas where the documentation in the EMR can be improved upon. The treatment algorithm helped to provide consistent guidance for the health care team and FAS nurses, which has supported positive outcomes for the pediatric population seen at the FAS.

Improving Long-Term Sustainability of a Pediatric Acute Care Emergency Event Debriefing Process

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Purpose: Evaluate a newly implemented acute care emergency response clinical debriefing process for emergent events outside the ICU.

Background: Post-emergency event clinical debriefing is a unique tool that has been shown to have an association with improvement in clinical patient care outcomes and individual emotional processing, team and individual performance, systems issues, and quality improvement.

Sample/Setting: A survey debrief tool was implemented on four different acute care units totaling 180 beds, occurred directly after the emergent event defined as a Code, or for an acute decline in clinical status, defined as initiating CAT. The data analysis occurred over a 14-week period September-December 2022.

Methods: The electronic QR code survey was initiated by the unit charge RN and occurred directly following the event, outside the bedside area with the patient care team present. Quantitative and qualitative survey data was analyzed for trends in patient specific and systems characteristics surrounding the event.

Results: The most common reason for a CAT/Code to be called included changes in worsening respiratory status (n=126, 72%). 47% respondents agreed that the debrief survey helped identify and close individual and team performance gaps. Respondents did not perceive the debrief survey improved team morale or emotional processing. PEWS score >6 was documented in 5% (n=8) of all patients who had a CAT/Code event and in 10% (n=4) of patients who were also documented as a Watcher.

Conclusion: PEWS may not be an effective method to evaluate and predict changes in patient clinical status. Debriefs hours to days following the event may have greater potential to improve emotional processing of events as opposed to immediately post which may better identify and close team performance gaps surrounding the event. Watcher status initiation may be a useful tool to proactively monitor and assess patients at higher risk for acute decompensation.

Opioid Crisis Toolkit Implementation in a Rural Private Practice Primary Care Clinic: A Quality Improvement Project

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Purpose: To create an opioid screening toolkit to identify at-risk patients earlier to provide education and interventions for opioid use disorder in a rural primary care clinic over 10 weeks.

Background: The opioid crisis is preventable and insidious, costing the US billions of dollars and hundreds of thousands of lives over the past several years.

Methods: Population included a rural private practice primary care clinic consisting of two nurse practitioners, two medical assistants, and one front desk staff member in the Pacific Northwest. Inclusion criteria for screening was 18 years of age for any visit. Exclusion criteria included enrollment in medication assistant treatment (MAT) program. The toolkit consisted of an algorithm, tracking sheet (the Drug Abuse Screening Test (DAST-10) and billing codes), educational handouts, and list of pharmacies with standing orders for naloxone. Staff recorded the DAST-10 scores, intervention, and billing code via the tracking sheet. The number of patients screened was compared to number of eligible patients to determine toolkit utilization. A post survey evaluated perceptions of usefulness and sustainability of the toolkit.

Results: Fourteen of fifteen patients who met criteria were successfully screened. Education handouts were provided in 57% of encounters. Majority (95%) scored below 3 on the DAST-10, indicating most patients were not at risk for misusing opioids. Billing codes were used in 43% of encounters. Post survey results identified the toolkit as helpful, easy to use and implement into practice. Fifty percent of participants were in favor of the toolkit being permanently implemented into daily practice. Additionally, there was interest in embedding the toolkit into the EMR.

Conclusion: The toolkit was helpful and easy to implement into practice. Although the number of patients screened was limited, 95% were successfully screened. Future research would benefit from a larger, more diverse sample size to verify toolkit efficacy.

Implementation of Pupillometry Assessment Amongst Severe Traumatic Brain Injured Patients in the Intensive Care Unit

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Purpose: The purpose of this quality improvement project is to implement a protocol for the pupillometer use for patients with severe traumatic brain injuries in a critical care unit.

Background: Of the 1.7 million people who will suffer from a traumatic brain injury (TBI) each year in the United States, 10-15% of them will be deemed to have a severe one. Up until implementation of pupillometry amongst severe TBI patients, invasive intracranial devices (such as external ventricular drains) were the only objective way to detect further neurological deterioration.

Sample/Setting: The sample includes all patient's admitted to the ICU with a severe traumatic brain injury (n=5) during a 8 week period. The setting is a 42 bed ICU at a level 1 trauma center.

Problem: Current practice in the intensive care unit does not include the regular use of pupillometry to assess for pupillary changes in patients with severe TBIs.

Objective: To develop and educate on a pilot project for the standardized use of pupillometry in the neurology intensive care unit. Implement the protocol with a target goal of 80% staff compliance utilizing the pupillometer at critical times and notifying providers with critical findings. Staff knowledge of pupillometry will increase pre and post protocol implementation.

Methods: A pre and posttest was administered at the start and finish of the 8-week testing period. Surveillance of compliance with pilot procedure was assessed using audit tools and validated with chart review.

Results and Conclusions: The goal of 80% compliance with pupillometry was met in 4/5 patients with an overall compliance of 91% of pupillometry use. The overall mortality of patient's admitted to the ICU with a severe TBI, improved from 53% to 60% compared to data from 2021. The average pre and post score improved by 22.8% and was significant (p value = 0.0009). Pupillometry should continue to be implemented in an evidenced based fashion in the neuro ICU.

Improving Screening for Colorectal Cancer in the Primary Care Environment

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Purpose: The purpose of this quality improvement project was to improve provider identification and implementation of intervention strategies specific to colorectal cancer screening and identification in a primary care environment.

Background: Colorectal cancer continues to be a significant health problem seen in the primary care environment. Studies indicate that 33% percent of patients in the primary care environment are not being screened appropriately for colorectal cancer. It is estimated that If screening could be increased to over 80% in clinics across the nation 230,000 lives can be saved.

Sample/Setting: Rural clinic in southwest MN. 335 participants aged 45-75 in need of colorectal cancer screening.

Methods: A chart review was completed to identify those in need of screening. Letters were sent out to participants informing them of a need to be screened. Follow-up electronic reminder chart messages were sent to patients. Social media and media in waiting rooms were also utilized to encourage screening.

Results: Of the 335 letters were sent to patients. 8 were returned to sender. 16 patient screenings were completed with letter only intervention. 154 my chart messages were sent one month later. 16 patient screenings were completed. 1 patient screening was completed due to media in provided in lobby. In the same 2-month period 20 patients were screened by current practice of seeing primary provider for routine checkup. Overall, the clinic finished the year at 81% screening rate for all eligible patients.

Conclusion: Reaching out to patients with reminders for screening was more effective than previous methods of obtaining colorectal screenings. Over time, more methods can be developed to continue to increase total numbers of screenings in eligible populations. Reminder methods like the ones used in this project can be implemented to any type of cancer screenings and will help lower the burden of cancer in this country

Reducing the Need for Seclusion and Restraint Use by Implementing the Trauma Informed Care Model

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Purpose: The purpose of this quality improvement project is to decrease the frequency and duration of seclusion and restraint (S/R) use at an inpatient psychiatric unit by increasing the organizational awareness of Trauma Informed Care (TIC).

Background: The use of S/R interventions within the field of mental healthcare can result in psychological harm, physical injury, and even death to patients and healthcare staff. S/R use can contribute to many poor patient outcomes such as re-traumatization and increase the length of hospitalization as well as contribute towards future hospitalization readmission and recidivism and threaten the therapeutic alliance between patients and staff members. The TIC model acknowledges the correlation between cumulative trauma and poor health outcomes and works to create an approach where patient centered care is delivered by all healthcare professionals without retraumatizing the patient or staff members.

Sample/Setting: Staff members assigned to an inpatient psychiatric women's unit with 40 beds.

Methods: Pre and post data comparison was performed of the site's S/R database. Data regarding the frequency and the duration of all S/R in the women's unit during the intervention was compared to data collected from the previous three months to assess for change. In addition, two training sessions providing education on TIC and de-escalation techniques were provided to all nursing services staff members. A pre and post survey was offered to each staff member to assess for the effectiveness of education.

Results: The weekly average use of S/R between August 2022 and October 2022 was 19.1 incidents a week which decreased to 11.5 incidents a week from November until the project completion on January 10, 2023. Prior to the project's start, the average length of time a patient spent in S/R was 158 minutes. During the implementation of the project, the average length of time a patient spent in S/R was decreased to 98 minutes.

Conclusion: The implementation of the educational sessions correlates favorably to both a decrease in the total number of S/R incidents (down 60.2%) as well as a decrease in the total time spent in S/R (down 62%). These educational sessions are both a cost effective and realistic tool that should be provided to all staff members on a continual basis to promote the principles of TIC.

The Implementation of a Functional Pain Scale in a Rural Internal Medicine Clinic With Significant Opioid Use

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Purpose: The purpose of this quality improvement project was to implement the use of a functional pain scale and provide education regarding the impact of chronic pain on an individual's activities of daily living. The aim of the quality improvement is to improve the process or delivery of standard of care.

Background: The Joint Commission implemented pain as the 5th vital sign in 2001, opening the door for increased opioid prescribing to meet the goal. Over a quarter of a billion opioid prescriptions were written in 2012 equaling the adult population of the U.S. at that time. Increased prescribing of opioids has resulted in addictions accounting for at least 600,000 deaths. In 2018 the Joint Commission and American Academy of Family Physicians recommended focusing pain management based on patient functional pain level.

Sample/Setting: A convenience sample method was used at an internal medicine clinic in rural Nebraska. Inclusion criteria were those 18 years and older and a pain >0 on the numerical pain scale (NPS).

Methods: Participating adults completed the functional pain scale during the rooming process. The provider used the results to determine if current interventions are effective or if additional interventions are necessary, including pharmacological and non-pharmacological management.

Results: The project ran for eight weeks. Clinic reports indicated that in 47 out of 67 cases the numerical pain score did not match the functional pain score, showing the need for additional interventions. Additionally, 22 of the participants were currently on opioids at the time of the project.

Conclusion: The numeric pain scale is subjective and does not assess how a patient's functional mobility is influenced by their pain. Addressing the patient's functional pain not only addresses the recommendations of the Joint Commission and American Academy of Family, but also assists in creating patient goals.

Screening for Intimate Partner Violence in Family Practice

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Purpose: The purpose of this project was to implement the Women Abuse Screening Tool (WAST) to identify IPV in women of childbearing age at a family practice that does not currently screen for IPV.

Background: Intimate partner violence (IPV) is aggression in an intimate relationship between two people. Abuse can be physical, sexual, stalking, psychological, or financial. One in five women experience severe physical abuse, 10% experience stalking, and over 40% experience psychological abuse. IPV screening is recommended for women of reproductive age. A lack of screening and follow-up care can have long lasting economic effects on patients, their families, and the entire healthcare system.

Sample/Setting: Women of child-bearing age in a suburban family practice.

Methods: The theoretical Framework was the PDSA; plan, do, study, act. The design was a quality improvement project implementing the WAST IPV screening tool at a suburban family practice to screen women of childbearing age for IPV. The self-administered WAST screening tool was given to each woman prior to seeing the provider. The provider reviewed the survey with the patient and scored the tool to identify a positive screen.

Results: Nineteen surveys were completed with zero women being identified at risk for IPV. One survey scored 12, one less than the cutoff score of 13 for IPV risk. At least 59% of the women being surveyed were white and ages ranged from 19 to 49-years-old. At least 16% of women reported some tension in their relationships, 47% reported arguments were resolved with some difficulty, and 63% reported feeling down about themselves at times after an argument.

Conclusion: The WAST survey did not identify current IPV, however, it brought awareness to past IPV as well as tension within intimate relationships. It is uncertain if a yearly survey needs to be conducted or if resources being made available to all patients is sufficient.

Identification of Loneliness and Social Isolation Among Older Adults in a Primary Care Clinic: A Quality Improvement Project

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Purpose: The purpose of this quality improvement project was to implement and evaluate a screening protocol for loneliness and social isolation in older adults within the primary care environment.

Background: Social connection is vital to our wellbeing and survival (Holt-Lunstad, 2017). Social isolation is characterized by a lack of social contacts, while loneliness is the distressing feeling of being alone (CDC, 2021). Millions of Americans feel chronically lonely or are socially isolated, which places them at higher risks for hypertension, heart disease, stroke, obesity, anxiety, depression, suicide, and cognitive decline (CDC, 2020; NIH, 2019; Hold-Lunstad, 2017).

Sample/Setting: This project took place at Sawtooth Family Medicine, a primary care clinic in Idaho. All patients aged 65 and over met inclusion criteria for this study.

Methods: A retrospective chart review from 2021 determined the percentage of patients screened for loneliness and social isolation. Educational sessions with staff developed a loneliness and social isolation protocol. The protocol was implemented during the fall of 2022. Outcomes were measured using post-intervention surveys directed at patients and providers. A post-intervention chart review determined the number of patients identified with loneliness and social isolation.

Results: Chart reviews demonstrated that 32 patients qualified for this project, 44% of whom were screened. Of those screened, 64% scored positive for loneliness and social isolation. Post-intervention surveys indicated that all participants found the protocol helpful, 86% recommended continuing the protocol, and 86% anticipated making positive lifestyle changes. Providers reported that the protocol positively influenced their clinical decision-making and encouraged conversations regarding the screening and management of loneliness and social isolation.

Conclusion: Results of this project indicated that the identification and management of social isolation and loneliness must come to the forefront of our efforts in primary care.

Closing the Gap on CRC Screening at a Rural Health System in Minnesota

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Purpose: The purpose of this quality improvement (QI) project was to increase CRC screening rates of eligible adults in a rural healthcare system in south central Minnesota over 9 weeks using a multifaceted intervention.

Background: Colorectal cancer (CRC) is the third most prevalent and second most deadly cancer affecting men and women in the United States. Most CRCs occur sporadically so all adults are at risk for developing the disease. Rural populations are disproportionately affected by CRC and have higher mortality rates compared to urban populations. Use of multicomponent interventions have been found to increase CRC screening rates by 6-21.6% compared to no intervention.

Sample/Setting: A rural health system in south central Minnesota. Eligible participants included patients 45-75 years of age who presented to clinic for a chronic care or health maintenance visit and had never received/were not current with CRC screening based on USPSTF guidelines.

Methods: The multifaceted intervention included provider and staff education on CRC/screening, implementation of a CRC screening algorithm, a new rooming process, and patient education/referral for testing by the clinic provider. The rooming process included the use of a paper prompt to indicate the patient's current CRC screening status. An informational CRC brochure was offered to any eligible patient who was past due on screening. The provider referenced the paper prompt, noting the patient's CRC screening status. If past-due, the provider promoted/educated patients on CRC screening, discussed screening options, and ordered a CRC screening if the patient was agreeable.

Results: CRC screening status was evaluated during 297 clinical encounters, and 138 patients (46.5%) were noted to be past-due on screening. A total of 77 "past-due" patients (55.8%) were agreeable to CRC screening.

Conclusion: This QI project suggests that a multifaceted intervention led to increased CRC screening uptake. The long-term implications of increased CRC screening are decreases in CRC incidence and mortality.

Optimizing Care for Children with Autism: The Role of the Military Primary Care Provider to Maintain Autism Services

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Purpose: The purpose of this quality improvement project was to increase PCM knowledge of the CARS-2 validated assessment tool, DSM-5 checklist, Autism Attestation form, and the current changes in the Autism Care Demonstration Act, subsequently increasing use of these forms with appropriate referrals to Applied Behavior Analysis (ABA) therapy.

Background: Prior to the recent changes in Tricare's Autism Care Demonstration, validated assessment tools were not required for referrals to ABA services. Historically, developmental pediatricians were tasked with diagnosing and referring patients with autism. After the new changes to Tricare's Autism Care Demonstration were implemented, PCMs were left with new responsibilities and little to no training for completing the validated assessments.

Sample/Setting: The sample included eight pediatricians and two pediatric nurse practitioners who care for multiple patients with autism in a military pediatric primary care clinic. The setting was the Lackland pediatric clinic located in Wilford Hall Ambulatory Surgical Center on Lackland Air Force Base in San Antonio, Texas.

Methods: This was a quality improvement project where pediatric providers were educated and surveyed, with data analyzed using the paired t-test.

Results: Provider participation for the educational sessions was 100%, with provider knowledge increasing by 37.3% between pre- and post-implementation. ABA referrals were appropriately placed 100% of the time, with two CARS-2 validated assessment tools completed.

Conclusion: There is a need for provider education for new practice changes when they take place. It is key for providers to stay up to date with best practice, along with preventing delays in a patient's healthcare. Even with several study limitations, a significant increase in provider knowledge after education and training was provided can be achieved.

Improving HPV Vaccination Completion Rates: Implementation of a Multi-Component Intervention Process to Improve Subsequent Dosing

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Purpose: The purpose of this quality improvement project is to implement education, clinical process changes, and reminder system interventions to enhance delivery of subsequent HPV vaccine dosages to improve completion rates in the adolescent population specifically ages 10-14 within one family care clinic.

Background: HPV is the most prevalent STI in the U.S for both men and women contributing to over 95% cervical cancer cases, as well as other cancers. Greater than 98% of persons who receive the HPV vaccine produce antibody response to the specific HPV types. There continues to be a variation in rates between receiving the initial dose and completing the full two-dose series. Despite proven efficacy and recommended guidelines of the HPV vaccination, rates remain below target goal of 80% in the adolescent population nationally and locally.

Sample/Setting: This quality improvement project was implemented at a family care clinic in Hastings, Nebraska over a 13-week period. Using recommended HPV vaccine guidelines, a target population of ages 10-14 was chosen.

Methods: The Plan-Do-Study-Act model was utilized to carry out a multicomponent intervention during a 13-week implementation phase. HPV education was inserted within the EMR to print on the patients after visit summary. Adolescent was given a check-out slip to make their subsequent dose appointment with a perforated HPV vaccine appointment reminder card attached, along with a immunize.org HPV fact sheet. At check out the slip was kept in a folder. Lastly, a scripted phone interview was conducted on 20% of adolescent parents that did not schedule subsequent dose.

Results: The project was implemented using the different components as outlined. Two of seven eligible adolescents who received their first dose made appointments for subsequent HPV vaccine injections.

Conclusion: This quality improvement project supports patient education and appointment reminders as interventions to improve vaccine uptake. Project design can be replicated in a family practice setting.

Integrating Diabetes Distress Scale Screening in Primary Care Practice

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Purpose: Implement diabetes distress (DD) screening in a primary care setting utilizing the DDS-17 screening tool, increase providers knowledge regarding DD and intervention used when DD is identified.

Background: Global burden of diabetes has increased significantly over recent decades and is expected to rise. The constant demand of living with diabetes can result in a distinct psychological disorder identified as diabetes distress.

Sample/Setting: This QI project was implemented November 17, 2022, through January 10, 2023, in a non-profit faith-based urban family practice clinic within the Midwest. The sample included two physicians and two nurse practitioners.

Methods: A survey regarding providers' knowledge of DD was conducted at the start of the project. Providers were given educational material on DD, DDS-17 screening tool, and interventions. Each week the PI identify individuals eligible for DDS-17 screening. Clinic staff were provided labeled screening forms, data collection sheets, and patient education material. At the conclusion of the project, providers were resurveyed to evaluate progression of knowledge.

Results: A total of 120 individual were eligible for DD screening. While 46 (38.3%) patients were offered screening, only 39 (32.5%) completed the tool. Approximately 24% of screenings were completed for physicians, while 48.8% of screenings were conducted for nurse practitioners. A post implementation survey indicated 100% of the providers agree/strongly agree they feel more knowledge about DD and interventions to use when DD is identified. However, all providers indicated "undecided" when queried regarding continued use of the DDS-17 screening tool.

Conclusion: The goal of this QI project was to improve providers knowledge regarding DD, use of DDS-17 screening tool and interventions to utilize when DD is identified. While an overall improvement in providers' knowledge was obtained, lack of consistent use of the screening tool was evident. Many barriers exist that hinder consistent practice of screening patients for DD using the DDS-17 screening tool.

Screening UTIs Using Urine Bag Analysis in Febrile, Well-Appearing Infants in a Children's Midwest ER

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Purpose: Implementation of a quality improvement project (QI) for screening well-appearing, febrile infants ages 29-60 days of age at risk for urinary tract infections (UTIs) in congruence with the 2021 American Academy of Pediatrics (AAP) guidelines.

Background: UTIs carry a significant risk for infants, including increased mortality, morbidity, and poor outcomes if not identified early. Evidence shows that as newborns age, risk for urosepsis decreases which may allow for less invasive specimen collection. New standards for infants 29 days and older allow screening for UTIs utilizing a bag specimen before deciding if a catheter sample is needed.
Sample/Setting: Well-appearing, febrile infants ages 29-60 days in a pediatric emergency department.

Methods: An algorithm was adapted from the AAP guidelines to include screening for a UTI utilizing a urine bag as specimen and updated cleaning processes before collection. Prior to implementation, education was provided to all staff. After seven weeks, EMR data evaluated UA results, collection measures, specimen results, and return visits.

Results: A total of 22 participants met the criteria; 2 were eliminated related to unclear collection measures. Only 3 patients clearly followed the new protocol. The majority of the patients had catheter samples collected. One patient met the criteria for diagnosis of a UTI, defined as 100,000 colonies.

Conclusion: Clinical practice changes where the long-standing standards of care changes is difficult in healthcare. The process of unlearning old habits and adopting new standards can take many years. A barrier identified includes concern for missed diagnosis of UTI. Method documentation of specimen collection was inconsistent in the EMR. The 3 patients that followed the algorithm had no concerns on their UA micro and had no return visits for fever concerns. This finding remains consistent with the recommendations of the current 2021 AAP guidelines for screening well-appearing infants.

What is the Effectiveness of Leadership Simulation in Nurse Manager Training? A Quality Improvement Project

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Purpose: This quality improvement project assessed participants self-reported confidence in American Organization for Nursing Leadership (AONL) nurse manager competencies through simulation experiences.

Background: Simulation is widely used in nursing school education and new graduate nurse training programs, however, there is little research on utilizing simulation to help develop nurse manager leadership skills. Nurse mangers often receive little training yet play a pivotal role in supporting bedside caregivers. Simulation experiences allow participants to practice real-life scenarios in a safe and controlled environment.

Sample/Setting: New nurse managers who were hired since June 2021 at a Western 400-bed teaching hospital were asked to participate in the simulation scenarios.

Methods: A pre and posttest, measuring self-reported confidence in AONL nurse manager competencies, used with permission from Cole et al. (2021), were given to participants. Three questions were added to address confidence with identifying unit staffing needs. Comparisons between pre and posttest results were calculated.
Quantitative and qualitative data was collected with a goal to show a 20% increase between pre and posttest self-reported confidence.

Results: Five nurse managers met inclusion criteria with three nurse managers agreeing to participate in the simulation scenarios. Eighty-six percent of AONL nurse manager competencies showed an increase in self-reported confidence from participants. Qualitative results included positive feedback with two participants asking for more simulation experiences in the future.

Conclusion: The results from this quality improvement project support the benefit of simulation experiences within nurse manager training in a Western 400 bed hospital. Additional nurse manager simulation experiences are being developed to continue enhancing nurse manager leadership skills as they support bedside caregivers and patients.

Self-Monitoring Blood Pressure (SMBP): A Need for Change in Provider Behavior

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Purpose: The purpose of this DNP Quality Improvement (QI) project proposes a change in provider behavior to implement evidence-based practice (EBP) regarding self-measurement of blood pressure (SMBP) in hypertension management. This change educates the patient regarding SMBP to develop a partnership between the patient, provider, and clinic in hypertension management.

Background: Hypertension can be modified and controlled. However, only 47.8% of adults with hypertension have their BP under control. SMBP coupled with cointerventions has been identified as the best practice for hypertension control.

Sample/Setting: The setting is a family practice clinic. Sample populations include a family practice clinic provider and patients diagnosed with hypertension.

Methods: The QI protocol involved the design and dissemination of a toolkit to hypertensive patients which contained educational information approved by the American Heart Association (AHA), educating them about hypertension, its risks, behavioral changes, and methods to appropriately take/measure/record blood pressure readings at home and report them as necessary to the clinic for provider review. The protocol involved other interventions in the form of follow up telephone contact with the patient to discuss and encourage SMBP as a component in hypertensive management.

Results: Use of the protocol resulted in an effective change in provider behavior in educating hypertensive patients as to the nature and risks of the disease and methods to measure and report SMBP. This change in behavior was perceived by the provider to be of assistance in monitoring hypertension.

Conclusion: Implementation of SMBP through a change in provider behavior using the protocol utilizing the co-interventions of a toolkit and telephone follow up reflected a sustainable effort in the management of hypertension. It is suitable for fostering a partnership between the patient, provider, and clinic in managing hypertension in an effort to improve patient outcomes through shared decision making.

Implementation of an Early Mobility Toolkit: A Quality Improvement Project

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Purpose: The purpose of this quality improvement project is to implement an early mobility toolkit in the CVICU utilizing the BMAT, 6 Clicks Tool and the JH-MGC as part of the current Liberation Bundle to help decrease ICU acquired muscle weakness (ICUAW), ventilator days, delirium and hospital length of stay.

Background: Adults admitted to the intensive care unit (ICU) often experience a 25-50% decline in functional status through their hospital course (Devlin et al., 2018). In addition to ICUAW, ICU patients may experience an increase in ventilator days, hospital length of stay and delirium (Devlin et. al, 2018). The key to combating these complications is early mobility. The use of early mobility is not a new concept to the critical care environment; however, it is not fully utilized due to numerous barriers. These barriers include the frame of thought that patients are too sick to move, the presence of multiple lines and drains, and lack of coordination with other staff (Dirkes & Kozlowski, 2019). To combat these barriers the use of early mobility protocols within an ICU Liberation Bundle provides better outcomes (Dirkes & Kozlowski, 2019).

Sample/Setting: 20 Bed Cardiovascular ICU.

Methods: Mobility tool kit: BMAT was documented within EPIC and physical therapy performed the 6 clicks tool and filled out the paper JH-MGC to give the patients and nurses a mobility goal for the day. Approximately 665 patient records were used in these analyses, representing the study period, the fall prior and the winter prior.

Results: The median length of stay in the CVICU for 3 months prior to the study was 4.015 days and during the study period it was 4.22 days. The median ventilator hours for the Fall prior were 20.3 hours and during the study period it was 21.1 hours. A Mann Whitney U test indicated that these differences were not statistically significant. The relative risk of discharge to home during the study period compared to the 3 months prior was 1.12, while for acute rehab it was .76, showing that there was a modestly increased chance of home discharge and a modestly decreased chance of discharge to acute rehab. The Winter the year prior to and during the study period showed a relative risk for home of 1 and for acute rehab it was 1.92, indicating that patients were nearly twice as likely to be discharged to acute rehab during the study period compared to the winter prior. The relative risk of delirium days during the study period and the Fall prior showed a relative risk of 1.03 meaning there was little change in delirium. The staff participation of the bundle within the study period showed an increase greater than 14% each month of the study period with a greater than 75% compliance in charting two BMATs a day.

Conclusion: Though there was no statistically significant change, there was a clinical change where staff participated in the bundle and the relative risk of discharge home was close to one. The intervention shows promise, and the facility is looking to implement the mobility tool kit across its other 4 ICUs.

Introduction of Patient Care Technician to Registered Nurse Report to Improve Fall Prevention and Communication in A Rural Iowa Hospital

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Purpose: Falls are a leading cause of hospital adverse events affecting hospitals worldwide. While there's a plethora of research on fall reduction, there is no widely accepted strategy across hospital systems in the United States. This study aimed to reduce falls and improve communication among healthcare team members on inpatient units in a rural Iowa hospital through use of a Patient Care Technician (PCT) to Registered Nurse (RN) reporting system.

Background: The hospital participating in this quality improvement project experienced an increase in falls recently. As PCTs and RNs interact the most with patients, it was proposed that improving communication between PCTs and RNs at shift changes could reduce fall rates. It was hypothesized that by having a 95% compliance rate with reporting that the participating floors would see a statistically significant reduction in falls.

Sample/Setting: The study spanned two months in 2022 across two medical units, a surgical unit, cardiac unit, and an inpatient rehab unit. The hypothesis was that a 95% compliance rate in PCT to RN reporting would result in a statistically significant reduction in falls compared to the average falls per month in 2021.

Methods: At each shift change (7am and 7pm), PCTs and RNs were asked to record on paper sheets number of patients, and successful handoff of patients to the next shift RNs. Data was then collected and input into an excel spreadsheet.

Results: During October and December 2022, participating floors maintained 33.92% compliance reporting and while there was a decrease in falls compared to the 2021 monthly average, it was not statistically significant for either month (P-value=.2887 and P-value=0.3898.)

Conclusion: While fall rates did not see a statistically significant decrease, the decrease in falls compared to the previous year average shows promise in utilizing PCT to RN reporting to decrease falls.

Neonatal Withdrawal: Implementing an Eat, Sleep, Console Protocol

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Purpose: To compare the Eat, Sleep, Console (ESC) model with the previous use of traditional Finnegan scoring to determine differences in length of stay and pharmacological use in the NOWS population. This project sought to decrease the average length of stay and pharmacological use by 40%.

Background: Opioid use and dependency is growing in the United States. An increasing number of infants are born each year with Neonatal Opioid Withdrawal Syndrome (NOWS). Hospital costs linked with NOWS tripled from roughly $731.8 million in 2009 to $2.5 billion in 2016 with Medicaid taking the brunt of these costs.

Methods: A Quality Improvement project was conducted at a single hospital with more than 2000 deliveries per year in Nebraska. Baseline data was gathered from a chart review conducted from January 2020 until December 2021. The data from the chart review was then compared to the data collected during 2022 following ESC model implementation.

Results: The ESC model impacted the average length of stay and the use of pharmacological intervention in those infants diagnosed with NOWS. Pharmacologic use was decreased by 100%, and the average length of stay decreased by 58%, from 12.7 days to 5 days.

Implications: Results could be useful for NICU providers looking to optimize care for infants exposed to opioids in-utero.

Revisions of a Standardized Feeding Algorithm for Infants With Single Ventricle Physiology

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Purpose: The purpose of this quality improvement project is to revise an established feeding protocol with the most up-to-date, evidence-based guidelines, including the management of feeding intolerance for infants with single ventricle physiology to prevent the development of necrotizing enterocolitis.

Background: Infants with single ventricle physiology have lower gut perfusion and limited systemic oxygenated blood flow, which directly contributes to mesenteric hypoperfusion and increases the risk of NEC. Pediatric organizations endorse the implementation of feeding protocols for infants who have undergone stage I palliation, although, to date, there is a lack of standardized feeding protocols within the CICU, and current feeding protocols vary between cardiac centers.

Sample: Participants included infants who have undergone stage I palliation within a CICU in a children's hospital located in Missouri. A total of 19 patients qualified for the QI project with 14 patients in the pre intervention cohort and 5 patients in the post intervention cohort.

Methods: The current feeding algorithm was revised based on evidence collected through literature review and provider counsel. The current pathways were revised to exclude checking gastric residuals after bolus feeds and include patients with a birth weight equal to or less than 3kg as the highest risk. Education was provided to the bedside nursing staff and the providers.

Results: An increased in algorithm adherence was also demonstrated by the 80% of post intervention patients who had an abdominal girth ordered compared to the 14% in the pre intervention group. During the study period only 1 (20%) patient experienced a bloody stool compared to 50% in the pre intervention cohort. The diagnosis of necrotizing enterocolitis (20%) was unchanged between the two cohorts. All the post intervention patients with a birthweight of less than 3kg were placed on the appropriate "red" high risk feeding algorithm.

Conclusion: Algorithm adherence increased from 64% in the preintervention group to 80% in the post intervention group. While necrotizing enterocolitis diagnosis was unchanged the occurrence of bloody stools were decreased. More research is needed to identify feeding algorithm factors to decreased incidence of bloody stools and necrotizing enterocolitis.

Improving Developmental Outcomes by Implementing Postpartum Depression Screenings in the Neonatal Intensive Care Unit (NICU)

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Purpose: This project aims to implement PMAD screening at one, two, four-, and six-months intervals in a Neonatal Intensive Care Unit (NICU) at a major Midwest Children's Hospital using the PHQ-9 and GAD-7 screening tools.

Background: Postpartum mood and anxiety disorders affect 80% of women in the United States. The incidence is significantly increased in NICU families. Undiagnosed and unrequited PMAD can cause undesirable neurodevelopmental outcomes for NICU graduates. It has been shown that early identification of PMAD and intervention can mitigate associated neonatal morbidities.

Sample/Setting: The project occurred in the NICU at Children's Hospital of Minnesota – St. Paul. The sample consisted of 49 NICU parents.

Methods: Prior to project implementation, PMAD screens were performed via face-to-face interviews with parents SW subjectively identified as at-risk for PMAD. This project changed this process by instituting PMAD screenings using the PHQ-9 and GAD-7 to parents at one, two, four, and six-month intervals. Data regarding the incidence of PMAD, referral rates, and parent demographics were collected pre- and post-implementation and compared for differences. Pre-implementation data were collected for five months, and post-implementation for one month. The main goal was to increase the rates of screenings and referrals.

Result: Prior to the institution of screening tools, 41% of parents were screened for PMAD. Of the screened parents, 64% were referred to a mental health provider per SW's subjective assessment. Comparatively, after implementation of the screening tool, 76% of parents with one- and two-month-old infants were screened. Of those parents, 57% with high screening scores were referred to a mental health provider.

Conclusion: The data indicated that this project has helped increase referral rates and attention to PMAD. However, further data collection is necessary for adequate comparison since post-implementation data collection was time constrained. Data collection will continue through the end of 2023, and further data analysis will be necessary to determine the efficacy of PMAD screening tools.

Initiating Consistent PHQ-9 Depression Screening Among Adolescents in a Rural Primary Care Clinic: A Quality Improvement Project

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Purpose: The purpose of this QI project was to increase early identification of adolescent depression through consistent screenings. Donabedian's model was used to increase adolescent depression screenings using the PHQ-9 during visits 2) initiate the treatment process, and 3) educate staff on PHQ-9 screening form.

Background: Depression rates among adolescents have increased within the last decade. Because of limited mental health resources, family practice providers have worked to improve early identification and treatment in clinics. Even so, two of three adolescents with depression are not identified by their primary care provider.

Sample/Setting: This project took place in a rural Iowa primary care clinic. Participants included adolescents 12-18 years old presenting to the clinic for an annual well visit or sports physical.

Methods: Prior to implementation, a chart review identified baseline PHQ-9 screenings and staff members participated in an educational session on the process plan and screening tool. Adolescents with scheduled clinical encounters ages 12-18 were introduced to an educational video on depression and asked to fill out the PHQ-9 screening form. Results were discussed and management was determined based on recommendations. A demographic and treatment form was developed to capture age, gender, PHQ-9 score, and history of depression.

Results: The depression screenings administered before and after project implementation were analyzed. The data showed that 3 months prior to project implementation, 45 adolescents visited the clinic for physicals. Twenty of them were not screened for depression. After project completion, it was determined that screening rates were increased with all five adolescents who met project criteria were screened and watched the educational video. No referrals were initiated based on scores.

Conclusion: The PHQ-9 is a simple screening tool that can be easily replicated and shows promise in identifying adolescents at risk for depression, especially in rural settings, which often lack mental health resources.

Kangaroo Care Education and Guidelines to Improve Neonatal Quality Outcome Measures

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Purpose: To determine how kangaroo care parental and nursing education, visual reminders, and guidelines impacts the frequency and timing of kangaroo care and nursing comfortability, and ultimately impacts neonatal length of stay.

Background: Kangaroo care is evidence-based practice that is inconsistently utilized within the NICU setting.

Sample/Setting: This Quality Improvement Project occurred at Aurora West Allis, which is a level III NICU which can admit neonates of any gestational. Neonates between thirty-two weeks zero days gestational age and thirty-four weeks six days gestational age.

Methods: Parental education was provided via informational sheet added to parental admission folders. Nursing education was provided via PowerPoint slides and reinforced via staff meetings. Visual reminders were placed at neonatal bed spaces. Guidelines were created and implemented within the NICU at Aurora West Allis.

Results: Pre-intervention data estimation was determined for average occurrences and timing of kangaroo care, and was determined to be 1 and 30 minutes, respectively, total in the prior seven days. Post-intervention de-identified data collection was completed via EPIC and determined to increase to a total of 1.6 kangaroo care occurrences for an average total time of 115.5 minutes in the prior seven days. Length of stay pre-intervention versus post-intervention data collection was obtained via de-identified EPIC data and was determined to decrease from 19.4 to 15.7. Nursing comfortability also was found to increase from 8.0 pre-intervention to 9.0 post-intervention.

Conclusion: Kangaroo care parental and nursing education, visual reminders, and unit guidelines was found to increase the occurrences and timing of kangaroo care, increase nursing comfortability, and decrease overall length of stay. Additional research should be completed to determine how significant this impact is.

Subcutaneous Insulin Algorithm Use in Severe Sepsis Patients: A Standardization of Practice

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Purpose: The purpose of this project was to standardize the use of subcutaneous insulin in a patient population within an adult intensive care unit (ICU), to reduce nursing workload and still maintain standards of care for hyperglycemia.

Background: Hyperglycemia is a problem for patients in critical care areas. Hyperglycemia in patients can increase harm to the patient, especially when their disease process overwhelms the body, such as with sepsis. Control of blood sugar is an important quality of care measurement to reduce patient morbidity and mortality. While the American Diabetes Association (ADA) and the American Association of Clinical Endocrinologists (AACE) recommend that all patients in a critical care area be placed on insulin drips, this is not a requirement for all patients. With a global pandemic and nursing shortages everywhere, it is important to find ways to maintain the standard of care for our patients and still reduce the workload of the nursing staff, to limit turnover.

Methods: An algorithm was developed for standardization of the insulin prescribing process.

Sample/Setting: Algorithm was implemented for patients in severe sepsis and septic shock within the ICU at CHI Bergan Mercy. Using the IOWA model for evidence-based practice change, the algorithm was implemented to gage the impact it could have on patient's blood glucose.

Conclusion: Although there was minimal compliance with the algorithm, the data collected outlines numerous processes and protocols that should be enhanced to minimize hyperglycemia in intensive care patients, while preventing hypoglycemia.

Implementation of a Late Preterm Protocol

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Purpose: The main aim of this quality improvement project was to implement timely enteral feedings with the 34–36-week gestation late preterm infants.

Background: Late preterm infants born between 34 to 37 weeks gestation often have feeding issues due to decreased stamina and immature development. Hyperbilirubinemia can result from poor feeding and subsequent dehydration.

Problem: Lack of a standardized, late preterm feeding protocol with routine administration of intravenous fluids.

Methods & Sample: Setting was a Level III 30-bed NICU in the Midwest. A new protocol was developed with stakeholder feedback before and after implementation. A chart review was completed to compare pre-implementation and post-implementation data on two subgroups of 34-week gestation infants (7 pre-implementation; 3 post-implementation) and 35-week gestation infants (19 pre-implementation; 10 post-implementation).

Results: A decrease in length of stay was found for both post-protocol implementation groups. The percentage of patients requiring phototherapy decreased in the 34-week group by 17% and increased in the 35-week group by 19%. The time to full volume feedings (140ml/kg/day) decreased in both post-implementation groups. Neither post-implementation group required intravenous fluids during their hospital admission. Both groups had decreased need for NG feedings.

Conclusions: Initiating enteral feedings within the first 1-4 hours of life decreased the length of stay, decreased the days to full feeding volumes, and decreased the need for nasogastric tube feedings. While the percentage of patients requiring phototherapy in the 35-week cohort increased, the duration of phototherapy in days was minimal.

Implications for Practice/Research: Implementation of a late preterm protocol to promote early enteral nutrition may improve oral feeding skills in the late preterm population and decreases the need for nasogastric gavage feedings. While a larger population of infants would be beneficial, the data found a decreased length of stay in infants admitted under a late preterm protocol.

Implementation of a Standardized Autism Screening and Referral Process in a Primary Care Setting

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Purpose: The purpose of this quality improvement project was to increase the number of screenings for Autism Spectrum Disorder (ASD) and referrals to early intervention diagnostic clinics for children ages 18-24 months in a primary care setting over a period of three months. The specific aim was to determine if providing an educational session and implementing the use of a standard Autism Screening tool, the MCHAT R/F, would increase provider knowledge of ASD and the standardized screening process, and would result in an increase in the number of children who are screened using the MCHAT R/F at 18 and 24 months of age.

Background: The Center for Disease Control and Prevention (CDC) reported data from 2018 estimating that 1 in 44 children were diagnosed with ASD in the United States (2020a). According to Autism Speaks Inc. (2021), approximately 40% of individuals with autism are non-verbal and over 30% have an intellectual disability with substantial effects on daily function. While the number of children being diagnosed is increasing, missed diagnoses and late diagnoses in the clinic setting continue to be problematic. On average, children are diagnosed between the ages of four and five, but the diagnosis can be achieved before the age of two. Late diagnosis can lead to underdeveloped learning, speech, or social skills caused by lack of early interventions (Amen, 2021).

Sample/Setting: Participants in this quality improvement project included 16 providers and 29 nurses at one primary health care center in rural Iowa. The clinic provides care for a community of approximately 20,000 people and provides obstetrical, medical, pediatric, mental health, and family practice care. There are approximately 600 well-child visits annually.

Methods: To increase the number of MCHAT screenings and referrals completed at Myrtue Medical Center, a “smart phrase” was created and entered into EPIC to allow providers easy access to the screening that could be entered into the electronic medical record (EMR). Education was presented to all clinical staff at the nurse staff meeting and the providers’ staff meeting through an educational oral presentation by the DNP student. A laminated infographic was given to each provider and nurse that included diagnosis codes for screenings, an MCHAT “dot phrase,”; symptoms to look for, and a list of local diagnostic clinics with contact information.

Results: A retrospective chart review was completed prior to and at the completion of the intervention period. There was an increase in the number of MCHAT R/F screenings from the pre-intervention period (21%) to the post-intervention (61%) for 18 and 24-month pediatric patients. In addition, two children received referrals to early intervention services during the intervention period.

Conclusion: Screenings whether early or “on-time” offer added support allowing physicians to diagnose ASD. Providing physicians with the knowledge and skills they need to implement screening and referrals can result in an increase in the diagnosis and treatment of ASD and will enhance the sustainability of this quality improvement project. The earlier a child can receive interventional referrals, the better quality of life he/she will have.

Improving the Patient Experience in Substance Rehabilitation for Young Adults

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Purpose: Improving the patient experience to support commitment in substance rehabilitation treatment.

Background: Alcohol is a widely accepted and readily available substance that can have a severe impact on a person’s quality of life. Alcohol misuse accounts for 10% of all deaths between ages of 15-49 and men are three times more likely to die from alcohol. Of adults diagnosed with alcohol use disorder (AUD) only 7.9% received treatment. Those who left treatment early had a higher rate of readmission, extended hospital stays and increase in mortality rates. Readmission rates are 20-40% higher than conventional discharges. A two-month quality improvement piloted program focused on improving the patient experience through three different interventions including Motivational Interview training, leadership rounding, and implementing patient feedback surveys.

Sample/Setting: Sample parameter includes male’s, age 18-40, with primary diagnosis of Alcohol Use Disorder (AUD). Sample population was obtained from a voluntary inpatient detoxification residential treatment facility located in northern Colorado

Methods: The quality improvement piloted project occurred over a two-month period. Sample size was compared against previous quarter using the same parameters. Three interventions were introduced during the piloted program including Motivational Interviewing training, leadership rounding, and patient feedback surveys.

Results: Comparing against the previous quarter there was a reduction of admissions to early discharges rate. Also had an increase in net promoter scores during the piloted project.

Conclusion: A reduction of early discharges with improved satisfaction scores occurred during the piloted program. The sample size was limited by age, gender, and diagnosis. Additional research is needed to explore opportunities to improve the patient experience by implementing evidenced base strategies.

Delirium Prevention, Screening, and Response in a Pediatric Intensive Care Unit

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Purpose: The purpose of this quality improvement project was to create and implement a pathway to guide delirium prevention, screening, and initial management in a pediatric intensive care unit (PICU). The objectives of this project included pathway development and implementation, staff education, and assessment of screening compliance and unit-specific delirium incidence.

Background: Approximately 35% of patients in the PICU develop delirium. Delirium is associated with significant morbidity, mortality, and healthcare costs. Pediatric delirium is vastly underdiagnosed and undertreated without routine screening. Despite availability of validated screening tools and recommendations for delirium prevention, many organizations do not implement delirium prevention or screening measures.

Sample/Setting: All pediatric patients admitted to 12-bed PICU during the 10-week project timeframe.

Methods: A PICU delirium pathway was developed through literature review and interdisciplinary collaboration. Multi-modal interdisciplinary education was provided. A smart phrase was developed to facilitate documentation of screening while awaiting electronic medical record (EMR) integration. Compliance with screening and the unit's delirium incidence rate were assessed.

Results: A total of 163 PICU patients were cared for during the project timeframe. Overall delirium screening compliance was 85%, with completion of 543 of the 638 expected screenings. Of the 66 PICU patients screened during a 4-week timeframe, 17 (25%) had one or more positive delirium screenings, with a range of one to five positive scores per patient. Twenty-one percent of PICU patient-days were affected by a positive delirium screening.

Conclusion: Delirium pathways are an important and feasible component of PICU care. Common barriers to delirium screening include lack of EMR integration and perceived lack of response to positive screenings. Ongoing interdisciplinary education, integration of delirium prevention and management strategies into unit culture and routine, and EMR-facilitated screenings are recommended strategies for improving compliance with delirium pathways and subsequently improving patient outcomes.

Psychoeducation as a Part of Stepped Care for the Management of Post-Traumatic Stress Disorder for Adult Trauma Patients: A Quality Improvement Pilot Project

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Purpose: This quality improvement project implemented a stepped-care program consisting of bedside psychoeducation, post-hospitalization PTSD screening, and mental health referrals for adult trauma patients.

Background: Traumatic injuries can lead to the development of post-traumatic stress disorder. Medical institutions do not regularly screen for PTSD, and the mental health impairment caused by trauma is often overlooked and undermanaged (Bulger et al., 2022; Guess et al., 2019; Love & Zatzick, 2014). More can be done better to support the needs of these patients and mitigate the effects of PTSD across the trauma care paradigm.

Sample/Setting: The setting was a mid-west Academic Hospital and Outpatient Trauma clinic. The sample included hospitalized adult traumatic injury patients who followed up in the outpatient trauma clinic. Participants were free from prior PTSD and cognitive impairment and were receptive to bedside psychoeducation. Under this protocol, 36 adults were educated and screened for PTSD.

Methods: This was a quality improvement project where a select group of hospitalized adult trauma patients were provided bedside psychoeducation and screened with the PC-PTSD-5 screening tool during follow-up in a post-hospital appointment.

Results: During the 8-week implementation period, 123 patients were evaluated for inclusion in the project; 18 of these individuals met the project's inclusion criteria, were provided bedside psychoeducation, and were screened using the PC-PTSD-5 screening tool. Of those who were screened, two patients received a referral to a mental health provider.

Sedation Pathway Utilizing COMFORT B Scale for Intubated PICU Patients

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Purpose: This project developed an evidence-based sedation pathway specific to a single PICU to optimize the use of the COMFORT B assessment tool and improve communication on sedation strategies for intubated patients in the PICU.

Background: Sedation assessment tools like COMFORT B are used by PICUs to provide objective measurement to sedation. Sedation pathways address aspects of the liberation bundle to reduce acquired comorbidities like adequate sedation, delirium, withdrawal, promoting early mobility, and family engagement.

Sample/Setting: During a 6-week period in a 12 bed PICU, intubated patient who met inclusion criteria used the COMFORT B pathway to titrate sedation towards an ordered goal.

Methods: Intubated patients who didn't meet exclusion criteria used the pathway. The providers used a smart text phrase and ordered goal sedation. The sedation pathway included two separate, color-coded pathways for the nurse and provider. Role-specific guidance on management for patients based on their COMFORT B and NISS scores was compared to ordered goal.

Results: The data collected focused on COMFORT B quality as compared to ordered goal sedation. Over 6 weeks, 11 patients (mean age of 17.9 months) with a total intubation day of 88 (mean of 8 intubated days per patient) were included. COMFORT B scores were recorded 70% of the time with a score range of (8 to 27). Providers utilized the smart text phrase in the daily progress note 90% of the time 23% of the time no daily range documented while the patient care order of goal sedation was utilized 85% of the time.

Conclusion: High compliance (70% smart text phrase and 85% ordered goal sedation) optimistically implies sedation communication occurred between PICU team on daily rounds. Quality of score does not capture scoring frequency nor the interventions. In the future, an order set will allow for more consistent documentation and data collection.

Provider Use of ASCVD Risk Calculator and Adherence to Clinical Practice Guidelines in Cardiovascular Disease Management in a Rural Primary Care Clinic

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Purpose: The purpose of this quality improvement project is to increase knowledge of and promote use of the Atherosclerotic Cardiovascular Disease (ASCVD) Risk Estimator Plus, educate providers on cholesterol management guidelines and to improve provider adherence.

Background: Cardiovascular disease (CVD) remains the leading cause of morbidity and mortality in the US and globally. CVD is the costliest chronic disease in the U.S., accounting for one of every six health care dollars.

Sample/Setting: Six providers, including 2-MDs, 2-DOs,2-PAs, in a rural primary care clinic over 8 weeks.

Methods: Anonymous pre-survey evaluated providers' current use of the ASCVD Risk Estimator Plus and current knowledge of ACC/AHA cholesterol management guidelines. An educational session was conducted to review the ASCVD Risk Estimator Plus and current ACC/AHA cholesterol management guidelines. Providers were asked to complete encounter flowsheets on eligible patients (40-75 years old, any gender, presenting for annual physical or for management of hypertension, hyperlipidemia or diabetes). Flowsheet data included: 1) provider use of the ASCVD Risk Estimator Plus, 2) patient's identified risk score, 3) statin therapy recommendations, 4) statin prescribing details, and 5) patient education provided. Providers were given binders with ASCVD management algorithms, statin dosing and patient education handouts. Anonymous post-survey evaluated the impact of the project on perceived knowledge and adherence to the ASCVD risk calculator and cholesterol management guidelines, and sustainability in practice.

Results: Three of the six providers completed all required components. Of the eligible patients (n=142), 53.3% and 45.1% had a completed flowsheet and a calculated ASCVD risk score, respectively. Statin therapy was optimized in 86.2% of eligible patients. Educational handouts were provided for 11.3% of patients.

Conclusion: Providers unanimously reported improvement in their knowledge about and adherence to cholesterol management guidelines. Increasing providers' knowledge on available tools and current practice guidelines can lead to improved patient care outcomes.

The Use of a Viral Prescription Pad to Reduce Antibiotic Use for Viral Respiratory Infections

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Purpose: The purpose of this quality improvement project is to reduce antibiotic prescriptions for viral respiratory infections and promote patient and provider satisfaction via the use of a viral prescription pad including supportive treatment options in a rural primary care clinic.

Background: Respiratory illnesses total about 43 million outpatient visits annually and are the number one reason patients seek health care. There are an estimated 47 million antibiotic prescriptions overprescribed for respiratory viruses each year although 82% of acute respiratory infections are caused by viruses. The misuse of antibiotics can lead to antibiotic resistance which comes with great expense including death and disability. It has been predicted that if there are no interventions, disease from antimicrobial-resistance will total 10 million deaths by 2050.

Sample/Setting: This quality improvement project was implemented in a rural primary care setting in Benson, Minnesota. This primary care clinic consists of 5 nurse practitioners, 1 part-time physician, and 1 full-time physician.

Methods: A pre-assessment of provider barriers to antibiotic overprescribing was completed prior to implementation and a post survey was distributed to measure patient and provider satisfaction. Patient education posters were displayed in the clinic waiting and exam rooms. Providers were educated about clinical guidelines and given a pocket card of the guidelines. Two viral prescription pads were created: one for pediatrics and one for adults for providers to distribute to their patients with viral respiratory infections. A chart review was conducted prior to the intervention and post intervention to evaluate the antibiotics prescribed for respiratory infections.

Results: The preintervention percentage of antibiotics prescribed unnecessarily reduced from 58.7% to 10.1%. The most consistent barrier was patient request for an antibiotic. The post provider survey indicated 6/7 providers felt the viral prescription pad reduced antibiotic use, was helpful against barriers, and provided patient satisfaction.

Conclusion: The use of a viral prescription pad for viral respiratory illnesses has reduced provider barriers to overprescribing antibiotics, improved provider and patient satisfaction, and reduced the use of antibiotics in viral respiratory illnesses.

Skin Cancer Screening in Primary Care

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Purpose: The purpose of this quality improvement project was to increase patient knowledge about skin cancer (SC) and examine the importance of SC screening exams for patients at high risk based off SAMScore implementation during routine physicals.

Background: In the U.S., the incidence of SC continues to rise with nearly five million individuals treated every year. However, a total body skin exam for the detection of SC is not the standard of care during routine physicals and there is little data supporting SC screening exams in primary care for patients who are at an increased risk for SC.

Sample/Setting: Patients 18 years and older presenting to a rural primary care clinic.

Methods: Descriptive statistics are used to compare patients at high risk for the development of SC based off the SAMScore results and how many skin exams were offered and given based off those results. A retrospective chart review was done to evaluate how many referrals and biopsies of suspicious lesions were performed after implementation of the SAMScore compared to before implementation. Patient education is evaluated by comparing the results of the pre and post surveys given to patients.

Results: The SAMScore was completed on 16 patients during routine physicals. Of those patients, 9 (56.25%) were determined to be high risk. One (11.11%) of the high-risk patients did present with a suspicious lesion and a biopsy was performed. All 16 patients completed the pre-survey and received education regarding SC. Of the 16 patients, 12 completed the post survey and 12 demonstrated better knowledge about SC.

Conclusion: Education provided to patients did increase knowledge about SC and SC risk factors. Although more data is needed, patients who are at an increased risk for SC, might benefit from routine total body screening exams in rural primary care clinics.

Utilizing Parent and Teen-Based Video Projects to Improve Social Cognition in Youth With Autism Spectrum Disorder

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Purpose: This innovative quality improvement project aimed to investigate if using Video Self Modeling (VSM), an evidence-based tool, improved social cognition in adolescents with ASD who participated in a social skill group at a Midwest psychiatry clinic. Additionally, the quality improvement project sought to identify if VSM improved parent-teen collaboration and engagement.

Background: Teenagers with Autism Spectrum Disorder (ASD) often possess significant social skill opportunities. When social skills were not addressed at a local Midwestern psychiatry clinic, readmission rates continued to increase throughout the year.

Sample/Setting: Adolescents with ASD who participated in a social skills group at a Midwest psychiatry clinic.

Methods: After consent and permissions, adolescent-parent dyads completed initial assessments. These assessments included parent and adolescent versions of the Social Skill Improvement System - Social Emotional Edition (SSIS-SEL). The SSIS-SEL assessment helped tailor the most appropriate social skill to the adolescent. Conducive to assessing collaboration and engagement, a Likert-type scale was utilized. Once the dyad rehearsed and performed the initial social skit and watched it for a minimum of one week, a coaching session was conducted with the dyad to refine it. Following this session, a final recording and a new skit were created and observed by the adolescent for at least one week. Finally, post-surveys were completed.

Results: The results of the quality improvement project found that participants exhibited improved social cognition. Further, the quality improvement project found that tailored social skits improved social skills in a broad range of areas despite the initial focus being on a specified skill. Parents also expressed that the intervention did not hinder engagement and collaboration. Specifically, parents established that the interventions improved parent-teen engagement.

Conclusion: This quality improvement project revealed that VSM is a useful adjunctive tool for boosting social skills in adolescents with ASD participating in social skills groups.

Increasing Compliance With VTE Prophylaxis in Post-Surgical Patients

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Purpose: The purpose of this quality improvement project was to implement and evaluate a standardized algorithm regarding VTE prophylaxis by December 2022 in adult surgical patients.

Background: Venous thromboembolism events (VTEs) are a leading cause of death with up to 70% being considered as preventable. Approximately 1 to 2 adults per 1000 per year will be diagnosed with a VTE with over 50% of these being attributed to hospitalization and surgery. Missed VTE prophylaxis is a significant contributor to VTE occurrence with the leading indicator being patient refusal. Furthermore, ineffective communication between nurses and providers regarding VTE prophylaxis refusal is a root cause of inappropriate treatment.

Sample/Setting: The setting was the NSICU and SICU at one east coast tertiary hospital. The sample included all patients over the age of 18 who had undergone a surgical and/or prolonged interventional procedure.

Methods: Pre-and-post data was collected through EHR query and reported using descriptive statistics. SICU and NSICU nursing staff education occurred prior to the implementation of the VTE algorithm and EHR enhancement. Data on VTE occurrence rates was also collected at the end of the 6-week implementation period using the project facility's quality dashboard.

Results: There were 56 patients included and of those, 15 patients refused their post-procedure VTE prophylaxis at least once during their admission. Compliance with patient education after refusal combined for both units was 86.6%. Compliance with provider notification of refusals occurred less often at 50% for NSICU and 22% for SICU. The number of VTEs dropped from five to one in a 6-week period, however, this could be due to multiple factors.

Conclusion: Implications for practice include a standardized algorithm for VTE prophylaxis that addresses patient education, provider notification, and required documentation of VTE prophylaxis refusal that may lead to a decrease of VTEs in the post-surgical population.

Nursing Leadership Style and the Impact on Medication Variance Reporting in an Acute Rural Care Facility

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Purpose: The purpose of this quality improvement project was to determine if nursing leadership style in one acute care organization had an impact on medication variance incidence reporting.

Background: Medication errors are the second most common accident in hospitals. One rural hospital experienced medication variances as the most frequently cited incident report, cited over 1,200 times annually. Medication errors have the potential for serious patient harm. Nursing leadership styles may have an influence on the environment and impact the climate for medication errors. While no one action can prevent patient harm, providing effective nursing leadership may create a safe environment for improved reporting and process improvement for future prevention.

Sample/Setting: One acute care, rural hospital with nursing leaders of five acute inpatient, nursing units.

Methods: A 3-month baseline assessment of medication incident reporting on five acute care units and a self-evaluation of nurse leaders utilizing the Multifactor Leadership Questionnaire-5X (MLQ-5X) was utilized. An educational program on transformational leadership skills was provided, followed by a second MLQ-5X self-evaluation and three additional months of medication incident reports.

Results: Nurse leaders from five acute nursing units were surveyed with the MLQ-5X before and after education. As a group, the nurse leader transformational characteristics improved in transformational characteristics by 0.2. The group saw a decrease in the areas of undesirable characteristics of Transactional and Passive Avoidant characteristics following educational instruction. Interestingly, the number of medication errors based on a percentage of all medications administered increased in four of the five units.

Conclusion: Transformational nursing leadership programs can have a positive impact on development of desirable nursing leadership skills and style. Medication variances as with other patient harms are directly impacted by nursing leadership. Transformational nursing leadership style may create a safe environment for reporting and process improvement may actually result in increased reporting as a positive outcome of this development. Further studies are needed to broaden the scope of this quality improvement project to include more participants and staff input and feedback would be useful in future studies.

Pressure Injury Prevention Algorithm in the Intensive Care Setting

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Purpose: The purpose of this project is to determine the impact of a pressure injury (PI) prevention algorithm to decrease the incidence of pressure injuries in two intensive care units (ICU) at a single hospital.

Background: PIs in the ICU negatively affect patient outcomes and increase financial burden.

Sample/Setting: All adult patients managed in a 34-bed medical/surgical ICU and an 18-bed trauma ICU were included in the sample (N = 223).

Methods: This project is based on a quality improvement project theoretical framework. A PI prevention algorithm was implemented and adherence to the algorithm was monitored. The incidence of new PIs was tracked during the project implementation period.

Results: Most ICU nurses (74%, n=76) and 29% of certified nursing assistants (n=7) received education to the PI prevention algorithm. During the intervention period, the mean ICU patient Braden Score on admission was 15.5 with 71% of patients having a Braden Score < 18, indicating a high risk for pressure injury and a need for interventions as directed by the PI prevention algorithm. ICU documentation showed 98% of patients received a Braden score within 4 hours of admission, 89% of patients had a Braden score performed every shift, 30% of patients were turned every 2 hours, and 45% of patients received a waffle mattress overlay. Pre-implementation PI data from a 1-day survey of all ICU patients showed 8 PIs in March 2022 and 9 PIs in June 2022. During implementation of the PI prevention algorithm in the ICU from November 2022 through January 2023, 12 new PIs were reported.

Conclusion: Opportunities remain for improved adherence to evidence-based PI reduction strategies in these ICUs. Due to unforeseen differences in data collection methods between the pre- and post-implementation periods, definitive conclusions cannot be drawn regarding PI reduction related to the pressure injury prevention algorithm.

Increasing Collaboration Between Providers to Manage Antipsychotic-Induced Metabolic Syndrome in the Adolescent Population: A Quality Improvement Project

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Background: Adolescents prescribed antipsychotic medications for management of mood disorder and mental illness are at a higher risk of experiencing metabolic syndrome and other co-occurring long-term medical illnesses. This highlights the need to implement a standardized screening process for early intervention and treatment of metabolic syndrome and other medical conditions. Notifying the patient's primary care provider of the risk and screening results will improve continuity of care after hospitalization.

Sample / Setting: The setting was an inpatient child and adolescent psychiatric unit in urban Nebraska. The sample included children aged 4-18 already prescribed or initiated on antipsychotic medications during an inpatient hospitalization.

Methods: The Metabolic Syndrome Screening and Monitoring Tool was completed on eligible patients currently on or initiated on an antipsychotic medication during a hospitalization. Results that indicated a positive screen were communicated to primary care and psychiatric healthcare providers.

Results: The Metabolic Screening Tool was utilized on 97.3% of eligible patients (n=73). Positive screens were found in 59.2% of the patients screened. During the implementation phase, 54.8% of the positive screens were communicated to the primary care provider, 61.9% were communicated to the psychiatric provider, and 93.3% of the parents/caregivers were notified of the screening results.

Conclusion: The project resulted in success in improving the rates at which patients were screened for antipsychotic-induced metabolic syndrome and results being communicated to the healthcare providers. Some limitations include use of a paper tool, and one improvement strategy includes creation of an electronic monitoring tool for tracking purposes and to increase accessibility for providers. Future studies need to focus on improving the communication process between inpatient and outpatient providers and identifying barriers that limit their collaboration.

Improving Colorectal Cancer Screening Rates for a Rural Hispanic Population

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Purpose: This quality improvement (QI) project sought to improve CRC screening rates for a rural Hispanic community in a family medicine clinic using a multifaceted intervention over 11 weeks.

Background: Colorectal cancer (CRC) is the third most prevalent and second most lethal cancer among men and women in the United States (US). Early detection through routine screening is key to reducing incidence and death. Despite the importance, Hispanics complete fewer screenings (43%) compared to Non-Hispanic Whites (60%).

Sample/Setting: This QI project was conducted in a rural family medicine clinic. The population consisted of three internal medicine physicians, two family nurse practitioners, and five medical assistants.

Methods: Eligible patients included Hispanics aged 45-75 due for CRC screening without signs/symptoms of CRC and of average risk. Patients received in-office education and recommendation on the importance of CRC screening. Patients accepting the Fecal Immunochemical Test (FIT) were given a take-home test with instructions and placed on a telephone callback list. Patients with incomplete FITs received a reminder call and survey on days seven and fourteen. A post-intervention staff survey assessed project success, barriers, and sustainability.

Results: Of 103 patients, the majority (76%) chose FIT and completed it (69%) within two weeks. More patients elected and completed a FIT than expected ($\chi 2 = 9.83$, df = 1, p = .0019). One-third (33%) of patients completed a FIT within seven days, while 37% completed a FIT after receiving a call back. Patient surveys indicate time constraints and lack of transportation as the main barriers preventing FIT completion. Post-intervention, staff felt the project improved CRC education (83%), though half felt the project was unsustainable due to time constraints.

Conclusion: These results suggest that a multifaceted approach centered on education, endorsement, and follow-up effectively improves CRC screening rates and may help reduce CRC disease burden for rural Hispanics.

Near-Infrared Spectroscopy Monitoring and Reduction of Intraventricular Hemorrhage in Extremely Premature Neonates

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Purpose: Educate staff and implement near-infrared spectroscopy (NIRS) monitoring to decrease the incidence and severity of intraventricular hemorrhage (IVH) in extremely premature neonates and increase staff confidence in using NIRS.

Background: IVH, caused by fluctuating cerebral perfusion, is a significant cause of morbidity and mortality in extremely premature neonates. Most IVH prevention strategies are imprecise, but NIRS monitoring potentially offers a more precise, proactive method to monitor cerebral oxygenation and reduce the occurrence of IVH.

Sample/Setting: Ten extremely premature neonates, all staff in a 65-bed level IV NICU in Saint Louis, Missouri

Methods: NICU staff completed a pre-implementation survey regarding confidence in using NIRS. Then, staff were educated on NIRS through a PowerPoint and/or in-person education. Follow-up surveys were collected eight weeks after education and NIRS implementation began. For IVH reduction, 10 extremely premature neonates received NIRS monitoring for the first 72 hours of admission. Providers were encouraged to use NIRS-guided intervention algorithms to maintain targeted cerebral oxygen saturations. Head ultrasounds were obtained by day of life seven. The incidence and severity of IVH in the post-implementation neonates were compared to a pre-implementation group of 10 randomly selected extremely premature neonates born in September and October 2021.

Results: Neonates with no evidence of IVH increased from 20% to 50%. Incidence of any grade of IVH decreased from 80% to 50%. Severe IVH decreased by 75%. Staff survey scores demonstrated increased post-implementation confidence in using NIRS monitors, interpreting cerebral saturations, implementing NIRS-based interventions, and increased understanding of why interventions are provided based on NIRS cerebral oxygenation saturation readings.

Conclusion: This project highlights the need for more research related to near-infrared spectroscopy, especially in its application to extremely premature neonates. However, these findings support the continued use of NIRS as a valuable device to provide additional clinical data for IVH prevention.

Assessing the Effectiveness of the CEASE Method for Decreasing Polypharmacy in the Older Adult Population in Primary Care

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Purpose: The purpose of this quality improvement project was to evaluate the effectiveness of the CEASE method to decrease polypharmacy in the older adult population in a primary care clinic.

Background: Polypharmacy is a growing concern in the older adult population that can be managed and reduced in the primary care setting. Many negative outcomes are associated with polypharmacy including adverse drug events (ADEs), falls, functional and cognitive decline, and mortality. Currently, primary care providers (PCPs) do not use any method to deprescribe medications.

Sample/Setting: The setting was a primary care clinic in an urban setting in the Midwest. The sample included two PCPs who implemented the CEASE method over a six-week collection period. Eligible patients for CEASE method use were aged 65 and older taking 10 or more medications. Sixty-three older adults met inclusion criteria.

Methods: This was a quality improvement project where providers implemented a deprescribing tool, and patient data and provider feedback analyzed using descriptive statistics.

Results: Of the participants, 12% had at least one medication discontinued and 6% had two medications discontinued. The most common drug class deprescribed was diuretics.

Conclusion: There is a need for a standardized deprescribing tool in primary care, especially for older adults with excessive polypharmacy. Initiating an alert on a patient's EMR would prompt providers to strongly consider deprescribing medications during scheduled appointments.

Utilizing Placental Blood to Reduce Phlebotomy Losses During NICU Admission

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Purpose: The purpose of this quality improvement project is to implement a process for drawing blood directly from the placenta to reduce initial phlebotomy losses for preterm infants.

Background: Newborns admitted to the neonatal intensive care unit (NICU) frequently endure their greatest blood loss at birth secondary to admission laboratory testing. For extremely preterm infants, phlebotomy losses can affect circulating blood volume to a degree that requires early blood transfusion, an intervention associated with intraventricular hemorrhage (IVH). Studies have demonstrated the use of placental blood as an alternative source and the subsequent benefits of minimizing initial phlebotomy losses for preterm infants.

Sample/Setting: The setting was St. Luke's Women's & Children's Center – Cedar Rapids, Iowa. The sample included preterm infants born at less than 32 weeks of gestation.

Methods: This was a quality improvement project using retrospective chart review to compare pre- and post-implementation data through descriptive analysis.

Results: Twenty-eight infants were evaluated pre-implementation and four infants, post-implementation. In the pre-implementation group, mean hematocrit was 44.8% and mean hemoglobin was 15.3 g/dL on DOL 1. Eight infants in the pre-implementation group required blood replacement with the mean time to first transfusion 0.6 days. The post-implementation group demonstrated slightly higher blood volume (hematocrit 49.1% and hemoglobin 16.2 g/dL), with time to first blood transfusion delayed to DOL 5. Diagnosis of IVH was documented for 6 infants in the pre-implementation group with two infants diagnosed with severe IVH (grade III or IV). None of the post-implementation infants had a diagnosis of IVH at discharge.

Conclusions: Implementation of strategies to minimize risks associated with IVH is important to reducing brain injury in preterm infants. Utilization of placental blood as an alternative source for admission laboratory testing may help to preserve circulating blood volume and delay transfusion, subsequently lowering the risk for IVH.

Identifying Obstructive Sleep Apnea Risk Using the STOP-Bang Questionnaire in a Cardiology Clinic

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Purpose: The purpose of this quality improvement project is to implement the STOP-Bang Sleep Apnea Questionnaire in adult patients at a cardiology clinic, with the goals to stratify risk for obstructive sleep apnea (OSA) in 100% of patients and increase provider referral of high-risk patients for sleep studies by 25%.

Background: Ge et al. (2013) suggests that severe OSA is associated with a 1.9-times increased risk in all-cause mortality and 2.65-times increased risk of cardiovascular mortality, due to stroke, heart failure, myocardial infarction, or arrhythmia. Since OSA has been found to coexist and contribute to various cardiovascular conditions, it is imperative to promptly identify, diagnose, and treat patients to reduce morbidity and mortality.

Sample/Setting: The setting was an outpatient cardiology clinic in Pensacola, Florida. The sample included new and existing patients 18 years or older who had one or more of the following diagnoses: hypertension, heart failure, coronary artery disease, atrial fibrillation, or arrhythmia.

Methods: This quality improvement project involved the preliminary collection of retrospective pre-intervention data to establish patient demographic information and the providers' current sleep study referral rate, followed by the implementation of the STOP-Bang questionnaire in the clinic for six weeks.

Results: Out of 428 patients seen by providers, 279 patients (65%) were screened. Twenty-two referrals for home sleep apnea testing were ordered. There was an overall statistically significant increase in the referral rate from 2.7% pre-intervention to 5.1% post-intervention (P = .049). Seven referrals were made for unscreened patients, resulting in an adjusted referral rate of 2.7% to 5.3% (P = .052) for screened patients.

Conclusion: Undetected OSA can contribute to cardiovascular morbidity and mortality. Standard use of the STOP-Bang questionnaire may allow for earlier detection and subsequent treatment of OSA.

An Underdiagnosed Epidemic: Improving Obstructive Sleep Apnea Detection in Primary Care

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Purpose: Obstructive sleep apnea (OSA) is a highly prevalent disease that afflicts one in ten American adults and if untreated, can cause significant negative health consequences. This quality improvement project implemented a screening process in primary care for adults with OSA risk factors presenting for annual exams. It aimed to determine if the quantity of sleep studies ordered increased compared to when no screening process was used.

Background: Diagnosing and treating individuals with OSA is an identified priority in the US' healthcare agenda as numerous organizations have recognized it as a threat to wellbeing. Still, no screening guidelines have been adopted and 80% of adults live undiagnosed. The use of screening tools can be effective to initially detect disease leading to earlier diagnosis and minimization of health consequences. Evidence demonstrates the STOP-Bang Questionnaire (SBQ) to be the most sensitive in determining OSA risk.

Sample/Setting: Participants included 81 patients who visited the Park Nicollet Chanhassen clinic. Inclusion criteria comprised patients 18 and older presenting for annual exams who had a BMI ≥ 30 and/or a history of hypertension with no previous OSA diagnosis.

Methods: Over ten weeks, patients who met criteria were screened with the SBQ. If they scored ≥ 3, providers recommended and ordered a sleep study if patients agreed. The number of sleep studies ordered was compared to the same timeframe of the previous year when no screening intervention was used.

Results: Of 81 patients screened, 49 had increased risk for OSA and were eligible to complete a sleep study. Sixteen patients had one ordered. Retrospective data reviews compared the number of sleep studies ordered over identical ten-week periods in 2022 and 2021. During the intervention period, there was a 59% increase in studies ordered.

Conclusion: Using a standardized screening process for at-risk patients presenting for well exams can improve the detection of OSA.

Implementation of Routine Cardiovascular Risk Scoring and Patient Education in Primary Care: A Quality Improvement Project

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Purpose: The purpose of this project was to improve the current use of ASCVD stratification tools, enhance risk documentation within medical records, and to streamline patient education and shared decision-making processes within the primary care setting.

Background: Atherosclerotic cardiovascular disease (ASCVD) remains the leading cause of death for all genders and most ethnicities in the United States. Providers are urged to utilize research-based approaches toward enhancing health outcomes and integrate strategies aimed at reducing disease risk.

Sample/Setting: The population included primary care providers in an urban Midwest primary care office setting.

Methods: Providers were given information regarding the project plan and subsequently coached screen all qualified patients for 10-year and lifetime ASCVD risk. Providers integrated appropriate objective data, including modifiable and non-modifiable factors as per the ACC/AHA guidelines for ASCVD risk stratification using a risk calculator tool. Data compiled were assessed for frequency of patient risk stratification, documentation of score, regularity of patient education, and rate of shared decision-making.

Improving Pediatric HPV Vaccination Rates in a Rural Primary Care Clinic

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Purpose: The purpose of this quality improvement project was to increase pediatric HPV vaccination series completion rates in adolescents aged 9 to 15 at a rural primary care clinic.

Background: Human Papilloma Virus (HPV) is a common disease in the United States, with approximately 43 million individuals carrying the virus or having an active infection (Centers for Disease Control and Prevention, 2022). Prolonged HPV infection can result in cancers associated with increased morbidity, mortality, and healthcare costs. Despite the widespread availability of HPV vaccines, series completion rates remain well below national goals in the pediatric population.

Sample/Setting: This quality improvement project took place at a rural primary care clinic in Minnesota. Five primary care providers and four clinical assistants that provide care to 627 pediatric patients from birth to age 21 participated in this QI project.

Methods: An educational lecture was presented to providers and clinic staff regarding HPV, vaccination, and reducing parent/child barriers to vaccination. A pre and post-education evaluation tool was developed and administered to assist in measuring knowledge improvement between the pre-educational and 11-week post-educational time periods. Retrospective data collection was performed to determine if vaccination rates improved after the educational lecture. Data included medical record number, age, gender, provider name, vaccination status, and race/ethnicity.

Results: Results indicated an increase in provider knowledge regarding HPV and vaccination in the post-education intervention time period. Vaccination rates declined by 18% following the educational intervention. This was attributed to a higher volume of acute illness visits during the winter months following the educational intervention.

Conclusion: It is imperative to continue efforts to improve HPV vaccination rates to mitigate the negative implications associated with HPV infection. It may be beneficial to focus future research on offering educational interventions during the summer prior to peak well-child visits and vaccine initiation at earlier ages.

Integrating Palliative Care into Interdisciplinary Rounds in an Adult ICU to Improve Early Goals of Care Conversations

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Purpose: Improve early goals of care conversations in an adult ICU by integrating the palliative care team into interdisciplinary rounds.

Background: Palliative care is often underutilized in the ICU setting, though they are experts in goals of care conversations. Consults are generally initiated late during a patient's ICU stay. Delayed goals of care conversations can contribute to unwanted interventions, patient/family dissatisfaction, and reduced quality of life or suffering.

Sample/Setting: This study was based in an adult ICU and included adults that were admitted or transferred to the ICU during an 8-week period.

Methods: Education was provided about the scope of practice for palliative care, the benefits of adding palliative care to daily interdisciplinary rounds, and the need to improve early goals of care conversations. A member of the Palliative Care team was invited to join the ICU's daily interdisciplinary rounds. A "Smart Phrase" was developed as a documentation tool for early goals of care conversations. Data was collected pre-and post-implementation. A survey was then sent to the Critical Care and Palliative Care teams to assess how this project was perceived.

Results: After project implementation, there was a decreased average LOS by 0.18 days, a 2% decrease in mortality, a 5% increase in formal palliative care consults, a 1% improvement in GOCC completed within the 24–48-hour timeframe, a decreased average of 2.93 days to a formal consult, and a 15% increase in documented advanced care directives.

Conclusion: The aim was to improve further awareness of the scope of palliative care and reap the potential beneficial effects in an adult ICU setting. Improvements were made in the ICU length of stay, mortality, documented advanced care directives, time to palliative care consults, and goals of care conversations. Shifting the ICU culture and perception of palliative care will help reach the goal of providing quality care with an interdisciplinary, patient- and family-centered approach.

Increasing Nurse Confidence in Caring for Trauma Patients Through Simulation Based Training

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Purpose: Mortality can be a result of trauma if not quickly recognized and treated appropriately. Healthcare professionals need to be aware and be prepared to care for the presenting trauma patients. Simulation-based training is one of the most effective ways to provide education, increase awareness, and increase confidence in those providing the care.

Background: Annually, there are around 35 million visits to the emergency department after a trauma event. Trauma is one of the leading causes of mortality and is a leading public health problem. Without a way to prevent trauma, the number one way to decrease the mortality rate is to provide timely and effective care to trauma patient who present to the emergency department.

Sample/Setting: Standalone emergency department, 35 beds, 52 nurses on staff

Methods: This project took a previously developed simulation on pediatric abdominal trauma. Simulation was delivered by the code committee who has training in simulation delivery. A pre and post simulation survey was given to participants to assess confidence. The data collection was obtained utilizing the Self Confidence Survey that was developed by Frank Hicks in 2006 and published in 2009. During the simulation activity time to intervention will also be tracked.

Results: Participants had varying levels of baseline confidence in caring for the pediatric trauma patient. Overall, there was an increase in nursing confidence in recognizing signs and symptoms of a trauma event as well as increased confidence in assessing effectiveness of trauma interventions. All interventions were completed in the expected time frame.

Conclusion: After participation in the trauma simulation activity nurses' clinical practice will hopefully be improved as they have had practice and exposure to caring for a trauma patient. With increased confidence comes increased quality of care as well and improved clinical outcomes for patients. Simulation is an easy and effective way to provide education to health care teams.

Implementing Universal Screening for Gonorrhea and Chlamydia in Rural Young Adults:

A Quality Improvement Project

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Purpose:
1. To educate on universal screening recommendations
2. Make aware the options for testing
3. Create awareness of patients understanding of STIs

Background: Due to the high prevalence of gonorrhea and chlamydia, the CDC recommends yearly screening for both in sexually active females under the age of 25, and those 25 and older who meet certain criteria. Increasing screening can potentially catch asymptomatic infections preventing further spread and health complications.

Sample/Setting: Any adult M or F ages 19-39 in the clinic for a wellness exam. The setting was two rural family medicine clinics that fell under a local private healthcare system.

Methods: Education was provided to each clinic location prior to the start. Handouts were provided for reference. A handout was provided to patients who participated on gonorrhea and chlamydia, how testing works, treatments, and the risks associated with the conditions as well as preventative measures. A urine sample was then collected and sent for G/C testing. The results were then compared to the same period of time of the previous year.

Results: 15 eligible patients met criteria for screening for the October – December 2022 date range. A single G/C test was resulted – it was negative. There was an additional G/C test done however the sample was incorrectly collected by staff and resulted as invalid. The patient never returned to the clinic for recollection. In comparison to the 2021 date range, there were 31 eligible patients and seven total G/C screening tests done. All negative.

Conclusion: The small sample makes it hard to determine a need for universal screening. Both STIs continue to spread due to poor screening measures and asymptomatic presentation in the majority of individuals affected. Literature shows multiple standards of testing and multiple types of testing available for both. Regardless, one of the most important aspects of reducing the incidence is prevention through proper patient education.

Decreasing Transfers to the Emergency Room Setting by Utilizing Non-pharmacological Methods to Approach Developmentally Delayed Children Presenting to the Urgent Care Setting for Minor, Acute Illnesses

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Purpose: This quality improvement (QI) project aimed to decrease transfers to an Emergency Room by implementing non-pharmacological interventions for managing children with developmental delays who presented to an Urgent Care setting with minor, acute illnesses.

Background: Children with developmental delays have higher rates of Emergency Room visits than their typically developing peers. These Emergency Room encounters lead to additional anxiety and unneeded sedation for the patient and added psychological and financial stress for their families.

Sample/Setting: Pacific Northwest pediatric urgent care setting. Providers and staff caring for children (0-21 years) who meet the designated diagnostic codes for developmental delays.

Methods: Urgent care providers and staff were taught nonpharmacological interventions (distraction techniques, holding strategies, and music therapy) to manage children with developmental delays. An algorithm provided the order of interventions and criteria for a necessary transfer to the Emergency Room. Chart reviews determined the change in transfer rates pre/post the implementation of nonpharmacological interventions.

Results: Data was collected for 8 weeks before and after the intervention. Prior to the intervention, 20% (12/59) of children meeting inclusion criteria were transferred to the Emergency Room. Post intervention, 10% (7/70) of patients were transferred which represented a 10% decrease in Emergency Room transfer rates. Holding techniques appeared to be the most beneficial non-pharmacological intervention for this population.

Conclusion: Data suggests that initiating non-pharmacological techniques to care for children with developmental delays decreased transfers from the Urgent Care to the Emergency Room. The algorithm and non-pharmacological techniques allowed strategies for providers to care for this population and implement appropriate treatment plans in a safe manner. Preventing transfers to the Emergency Room decreased the potential use of sedation and reduced the risk of additional expenses and stress for the patient and family.

Implementing an Osteoporosis Risk Assessment Tool in a Rural Primary Care Clinic

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Purpose: The purpose of this quality improvement project was to develop and implement a standardized osteoporosis risk assessment tool for adult patients over the age of 50 undergoing an adult health maintenance exams in a rural midwestern clinic.

Background: There are several modifiable and non-modifiable risk factors that can increase a person's risk for developing osteoporosis. Early assessment, screening, diagnosis, and treatment can greatly reduce the incidence of osteoporosis- related fractures. The providers at the rural medical clinic currently do not utilize an osteoporosis risk assessment tool in practice.

Sample/Setting: This quality improvement project took place in a rural Midwest primary care clinic in an eight-week timeframe. Within the clinic there is one MD, two APRN's, three medical assistants, three Registered Nurses, one administrative assistant, and one radiology technician. This clinic sees approximately 4,800 patients annually.

Methods: This project utilized the International Osteoporosis Foundation (IOF) One-Minute Risk Test as the risk assessment tool. This online form was modified into a standardized paper survey with 18 questions that was administered by the clinic nursing staff. The provider utilized the completed surveys to guide decisions on ordering DXA scans and making treatment decisions.

Results: During the assessment period, 81 patients met the inclusion criteria, and 17 (21%) patients were assessed with the IOF One-Minute Risk Test. Of the 17 who were assessed, 16 (94%) scored a positive risk. Of those with a positive risk assessment, 1 (6.3%) obtained a DEXA screening. All of those were diagnosed with osteopenia and none were diagnosed with osteoporosis.

Conclusion: The benefits of osteoporosis risk assessment tests are neither supported nor rejected by the results of this QI project. Even though the staff in this busy clinic was noncompliant with screening, with 21% of eligible patients administered the risk test, this is an improvement from the pre-intervention risk assessment rate (0%). The percent of DEXA's completed increased from pre- to post-intervention. The number of patients diagnosed with osteopenia also increased, but the percent of patient diagnosed with osteoporosis remained unchanged.

Self-Collected hrHPV Sampling for Cervical Cancer Screening: Program Development for Implementation in a Federally Qualified Health Center

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Purpose: The purpose of this DNP scholarly project was to prepare a FQHC for implementation of self-collected hrHPV sampling program for cervical cancer screening and evaluation of clinic readiness

Background: Cervical cancer remains a cause of significant morbidity and mortality in the US despite availability of screening. Health disparities exist in Incidence of cervical cancer, mortality and morbidity, and in cervical cancer screening. Current screening methods include the pap test, primary HPV, and co-testing. HPV testing is shown to have greater sensitivity/specificity. Literature suggests self-collected hrHPV sampling is as effective as provider-collected sampling while eliminating barriers to screening.

Sample/Setting: The project took place at a midwestern FQHC. The sample included staff from the clinic and external research partners.

Methods: The scholarly project focused on interdisciplinary discussions around cultural and social implications regarding cervical cancer screening and health disparities specific to the clinic. Educational materials were developed, a policy/procedure was updated, supplies were ordered, a clinical resource was created, and the EMR was updated. An escape room simulation was developed and executed to assess RN, LPN, and MA readiness.

Results: Preliminary results suggest successful clinic readiness. 68% of RNs, LPNs, and MAs participated in the escape room simulation and 100% who participated passed the simulation. 100% of participants reported feeling ready for implementation. 95% of providers successfully completed hands-on review and verbalized readiness. A test patient sample was successfully sent through the EMR and laboratory interface.

Conclusion: The clinic was prepared for the implementation of self-collected cervical cancer screening. Clinic cervical cancer screening rates should increase with another, less invasive, culturally sensitive option for cervical cancer screening while reducing health disparities.

Addressing the Lack of Clinical Knowledge in Managing LGBT+ Patients in a Safety Net Primary Care Setting: A Quality Improvement Project

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Purpose: The purpose of this quality improvement project is to implement and evaluate a clinical care protocol specific to caring for the LGBT+ population presenting in this safety net primary care setting.

Background: There is a lack of clinical knowledge in managing LGBT+ patients with a number of health disparities within the LGBT+ population including depression, anxiety, increased suicide attempt rates, alcohol consumption, STIs, and cancers. Significant health issues within this community are not prevented or identified early, leading to a decreased health status and poor healthcare outcomes.

Sample/Setting: The sample includes providers and students at a safety net primary care clinic located in Omaha, Nebraska

Methods: The framework that will be implemented for this will be the Plan-Do-Study-Act (PDSA) model. This project will implement a pre-test-post-test design to measure the impact of the education intervention. As such, the study of the intervention will include an evaluation administered to the participants immediately before and after the introduction of the education intervention. The pre- and post-test will seek to measure baseline knowledge of the LGBT+ community, unique health disparities and social determinants of health, and provider attitudes. Further LGBT+ education handouts and community resources will be provided to the facility as well for provider reference to guide future care.

Results: Results include a significant improvement in provider knowledge of the LGBT+ community, clinical knowledge on this population and their unique health disparities, provider attitudes, and clinical practice.

Conclusion: Conclusions and significance include the need for provider LGBT+ clinical education to improve provider attitudes, clinical knowledge, clinical practice, and patient outcomes

Improved Outcomes With Standardized Pediatric Tracheostomy Stoma Care in the Inpatient Acute Care Setting

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Purpose: To standardize tracheostomy stoma care and increase stoma assessments to a minimum of once a shift. This will be a quality improvement project, working to achieve measurable improvements in the standardization and compliance of patient tracheostoma care.

Background: Standardized care protocols in hospitals can provide consistency in care, environment, equipment, and patient and provider expectations, as well as decrease the incidence of complications. Unfortunately, compliance with tracheostomy care protocols is estimated to be less than 50%.

Sample/Setting: A private, non-profit, academic healthcare organization in Denver Colorado, on a 48-bed pulmonary unit. Pediatric patients admitted to the unit with a tracheostomy will start receiving care following the new tracheostoma care procedure. There is no exclusion criteria.

Methods: A quality improvement (QI) project model was used to implement a new procedure for tracheostomy stoma care, to standardize the process throughout the unit, align with other like institutions, and achieve measurable improvements in the compliance of patient tracheostoma care. Education included "pre-test" which had questions related to knowledge and confidence of tracheostomy stoma care and thoughts on practice changes. Education was completed by me as "in the moment" education and required a skills validation.

Results: Pre and post knowledge and confidence questions were automatically collected as nurses completed the questions and showed a gain in knowledge and increase in acceptance of the new stoma care procedure. Nurses were audited while performing tracheostomy stoma care before and after education was disseminated. Tracheostomy stoma care become uniformed and more consistent following education.

Conclusion: This new standardized process for tracheostomy stoma care was shown to increase compliance with stoma care and improve consistency of patient care. This process can now be utilized to determine if the standardized process is able to decrease stoma wounds and the severity of stoma wounds. This would provide data that is not currently available, on whether strict standardization improves patient outcomes regarding tracheostoma wounds.

Encouraging Psychiatric Providers to Consider Cost of Psychotropic Medications: A Quality Improvement Project

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Purpose: The purpose of this quality improvement project is to implement use of a cost tool to encourage psychiatric providers to consider cost when prescribing psychotropic medications to adult patients in an inpatient hospital setting.

Background: Approximately 42% of patients diagnosed with major depressive disorder discontinue their antidepressant in the first month, and 72% discontinue their medication after three months (Coe et al., 2015). Non-adherence to antipsychotic medication is associated with a significantly higher rate of relapse and rehospitalization (Shah et al., 2018). There is a need for psychiatric providers to consider cost when prescribing psychotropic medications.

Sample/Setting: The setting was Wyoming Behavioral Institute, an inpatient psychiatric hospital in Casper, Wyoming. The sample included any adult patient that was discharged from the facility between September 4, 2022, and November 12, 2022. Five providers ordered prescriptions for these patients.

Methods: This was a quality improvement project in which a tool was developed and implemented in conjunction with the GoodRx™ website that lists the costs of commonly prescribed psychotropic medications. Providers were educated on the use of the cost tool. Data were analyzed using descriptive statistics. Information was gathered from five local pharmacies, including Walgreens, Osco, CVS, Smiths, and Walmart.

Results: Two providers used the cost tool at least 50% of the time and the other three providers used the cost tool at least 75% of the time following implementation. Prior to implementation of the cost tool, 46% of patients (114 out of 249) were prescribed one of the top three cheapest medications. After implementation of the cost tool, 57% of patients (95 out of 167) were prescribed one of the top three cheapest medications.

Conclusion: In this project, providers utilized the cost tool, and this resulted in an 11% increase of patients who were prescribed one of the top three cheapest medications. All five providers agreed that the cost tool was helpful in determining patient cost post discharge.

Improved Human Milk Provision Equity through Electronic Medical Record Changes in a Regional Level IV NICU

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Purpose: The purpose of this project was to improve human milk provision equity via early inquiry of lactation intent, assessment of lactation resources, and support upon admission to a regional Level IV NICU unattached to a delivery center through use of EMR prompts.

Background: Infants who require neonatal intensive care unit (NICU) hospitalization benefit greatly from human milk, however, lactation initiation and maintenance are challenging. Lack of human milk during NICU hospitalization and at discharge disproportionately affects racial/ethnic minority and low-income status families. Timely support can improve successful lactation but may be delayed for parents whose newborns are transported to a separate facility to receive higher-level care.

Sample/Setting: All new NICU admissions were evaluated for inclusion at a regional level IV NICU unattached to a delivery center.

Methods: Interventions included nursing education and electronic medical record Parental Lactation Assessment documentation. Outcomes for infants from high poverty risk ZIP codes and racial/ethnic minority groups were compared to infants from low poverty risk ZIP codes and Non-Hispanic White ethnicity.

Results: Families identified as possibly high or high poverty risk were similar in pre- and post-intervention groups (30 vs 32%). Nursing education and early parental assessment, with support through documentation, resulted in improved nursing post-education test scores (72 vs 98%), increased full human milk provision (56 vs 86%, p<0.01), and improvement of full provision of human milk (55 vs 100%) for families in ethnic minority groups.

Conclusion: Nursing education and EMR documentation of early lactation support in a regional level IV NICU unattached to a delivery center resulted in significant improvements in human milk provision, particularly for racial/ethnic minority families.

Reduction of Medical Adhesive Related Skin Injury in the Neonatal Intensive Care Unit

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Purpose: To reduce MARSI by implementing a new skin care protocol including the use of the Neonatal Skin Condition Score (NSCS) for consistent assessment.

Background: Infant skin is physiologically unique, increasing its vulnerability to medical adhesive related skin injury (MARSI). Skin injury increases the infant's risk of infection, transepidermal water loss, impaired thermoregulation, and immune function as well as the long-term neurodevelopmental effects of repeated painful stimuli caused by adhesive removal.

Problem: MARSI was occurring at an alarming rate in our neonatal unit, prompting a quality improvement initiative.

Sample/Setting: A 25-bed neonatal intensive care unit (NICU) in the state of Texas.

Methods: Pre-implementation data was collected for 60 days prior to implementing the new skin care protocol. The nursing staff was educated on the changes to care including bathing on Sunday and Wednesday only, applying alcohol-free silicone liquid skin barrier to skin prior to applying adhesives, and use of the NSCS scoring system. Post-implementation data was collected for 30 days and compared to the previous scores.

Results: Skin injury decreased from 83% to 26% among admitted infants. Neonatal skin condition scores improved in all three categories of dryness, redness, and breakdown, as well as the overall score which was reduced from 4.2 to 3.6.

Implications for Practice: Two evidence-based practice changes improved neonatal skin condition in this NICU and is applicable beyond current clinical environment.

Implications for Research: To further reduce the incidence of MARSI, more research is needed to determine which types of adhesives are safest for neonates.

Conclusion: These findings support the goal of this quality improvement initiative of reducing MARSI in this Texas NICU.