Iota Tau
30th ANNUAL RESEARCH DAY

WELLNESS IN THE PROVISION OF HOLISTIC CARE
May 2, 2019

BOOK OF ABSTRACTS

Jointly Provided By
Creighton University College of Nursing
Creighton University Health Sciences Continuing Education
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Agenda

Location: Mike and Josie Harper Center

7:30-8:00  Check-in & Continental Breakfast

8:00-8:10  Welcome & Program Overview: Mandy Kirkpatrick, PhD, RN
           Blessing: Sr. Candice Tucci, OSF

8:10-9:00  Keynote: Clinician Well-Being: Amy Pick, PharmD, MS, BCOP

9:00-9:40  Poster Viewing & Break

9:40-10:30 Health Literacy & Cultural Humility: Carli Zegers, PhDc, FNP-BC, BSN, RN

10:30-10:50 DNP Showcase: “Development, Implementation, and Evaluation of a Pediatric Educational Program for the Promotion of Bone Health”: Beth Keller, BSN, RN

10:50-11:10 DNP Showcase: “Safe Sleep in the NICU”: Alyssa Jelinek, BSN, RNC-NIC

11:10-11:30 Faculty Showcase: “Diabetes Risk Assessment, Glycemic Control, and Adherence to Standards of Care in Adults Experiencing Homelessness”: Cindy Hadenfeldt, Ed.D., RN/Susannah Black

11:30-12:00 Awards and Chapter Updates

12:00-1:30  Poster Viewing and Lunch

1:30-4:30  Breakout Sessions: DNP Candidate Presentations
Keynote Speakers

Amy M. Pick, PharmD, MS, BCOP
Amy Pick is a Professor of Pharmacy Practice and Director of Faculty and Staff Development at Creighton University School of Pharmacy and Health Professions in Omaha, NE. She received her Bachelor of Science in Biochemistry and Molecular Biology from Nebraska Wesleyan University, Doctor of Pharmacy from the University of Nebraska Medical Center, and Master of Science in Organizational Leadership from Creighton University. She completed a pharmacy practice residency at The Nebraska Medical Center and is a Board-Certified Oncology Pharmacist (BCOP). She has spoken nationally on the topics of well-being, burnout, grit, and resiliency. In her free time, Amy enjoys exercising and spending time with her husband and four boys, who keep her busy with sporting events.

Objectives:

- Discuss the importance of self-care in maintaining clinician well-being and preventing burnout.
- Examine the core tenets of well-being and the concepts of resilience and happiness in the workplace.
- Identify strategies that promote well-being and resilience when faced with life stressors and career challenges.
Carli Zegers, PhDc, FNP-BC, BSN, RN

Carli Zegers is currently a full-time doctoral candidate, concurrently working to obtain both her Ph.D. and Family Nurse Practitioner degrees at the University of Nebraska Medical Center. Her Ph.D. is in nursing with an emphasis in health literacy, self-management strategies, and underserved populations. Carli obtained her Bachelor in Exercise Science and Bachelor in Nursing from Creighton University. Carli was a Robert Wood Johnson Foundation New Careers in Nursing scholar and has participated in many leadership activities, including the Markoe Leadership program. In efforts to increase diversity in the nursing field, Carli founded the Nebraska Chapter of the National Association of Hispanic Nurses and the Diverse Nurse Federation in Nebraska. She now serves on the National Board of Directors for NAHN. She has been an active participant in policy and she is currently the American Association of Colleges of Nursing Advocacy Liaison for Nebraska. Carli has been recognized for her commitment to her community and institution with many honors including the Nebraska Action Coalition 40 Under 40 Award, UNMC Student Senate Student Impact Award, OrthoNebraska Living Legacy Scholarship, and the UNMC New Inventor Award. Most recently she has received the prestigious Johnson & Johnson and American Academy of Colleges of Nursing Minority Faculty Training Scholarship. Carli is committed to improving health of underserved and diverse populations and communities through nursing practice, health policy, and leadership.

Objectives:

- Examine the importance of recognizing diverse needs and the challenges of health literacy as first steps to improve health equity and well-being for varied patient populations
- Compare the three types of health literacy, the relationship with social determinants of health, and the impact on cultural humility
- Apply health literacy and cultural humility concepts to understand applications and modifications for varied patient populations.
Development, Implementation, and Evaluation of a Pediatric Educational Program for the Promotion of Bone Health

Beth R. Keller, BSN, RN
Joan Lappe, PhD, RN, FAAN

Creighton University College of Nursing

Purpose: The purpose of this scholarly project is to develop, implement, and evaluate an educational program for elementary students to promote optimal bone health and prevent osteoporosis.

Background: Osteoporosis is a debilitating disease affecting millions of Americans. The risk of osteoporosis can be decreased through weight bearing exercise, calcium and vitamin D intake, avoidance of smoking and limited alcohol intake. Studies have shown the amount of bone mineral density developed during childhood and adolescent years leads to a higher peak bone mass, thus lowering the risk of developing fractures during childhood and osteoporosis in later years. By teaching and implementing preventative measures during childhood and adolescent years, the incidence of osteoporosis may be diminished.

Sample/Setting: Laramie is a town of 30,816 in the southeast corner of Wyoming. The program was presented in 7 of the 8 elementary schools. The program was given to 5th graders except one school where it was given to 4th graders and another school in which it was presented to a combined 4th through 6th grade.

Methods: An age-appropriate interactive program which included a power point presentation, questions and answers, and visual aids, was developed and presented. The Healthy Bones Knowledge Questionnaire (HBKQ) and Calcium Food Frequency Questionnaire (CFFQ) were given to students as pre-tests and post-tests.

Results: HBKQ demonstrated a 9% (CI 95%, 7.03%-11.2%) increase in knowledge, F(1, 409)=73.9, p<0.001. CFFQ did not show a change in calcium intake, F(1, 476)=.017, p=.897 and a 95% CI [-109 mg, 96 mg]. Baseline intake was 1,039 mg of calcium.

Conclusion: This project demonstrated that the educational program can increase knowledge. The lack of change in calcium intake was likely due to high baseline intake and their meals still being regulated by their parents/guardians.
Safe Sleep in the NICU

Alyssa J. Jelinek, BSN, RNC

Lori Rubarth, PhD, APRN, NNP-BC

Creighton University College of Nursing

**Purpose:** The purpose of this evidence-based quality improvement project was to improve nurse compliance of AAP recommended safe sleep practices.

**Background:** The American Academy of Pediatrics (AAP) recommends that all infants 32 weeks and medically stable be placed in a safe sleep environment to allow adequate time of supine sleep prior to discharge. Due to premature infant’s unique needs requiring developmental care, there is confusion of when and how to safely transition infants to supine sleep. Parents are likely to model infant positioning practices of health care providers in the NICU, so safe sleep practices must be instituted prior to discharge. Modeling of the safe sleep environment in conjunction with verbal education is effective for teaching parents correct positioning practices.

**Sample/Setting:** The setting was a 38-bed level IIIB neonatal intensive care unit in the Midwest.

**Methods:** The safe sleep policy was revised to emphasize the importance of transitioning to supine sleep, active tummy-time, and modeling of safe sleep in the crib environment to parents. An algorithm was developed to aid in position decision making, utilizing gestational age and clearly defining medical stability. Education on policy changes, the need to transition to safe sleep, and modeling the safe sleep environment to parents was given to bedside nurses and neonatal developmental therapists. Pre- and post-education audits were performed on infants in cribs to determine effectiveness of education and included direct feedback.

**Results:** Safe sleep compliance increased from 21% (92 pre-intervention audits) to 82% (118 post-intervention audits). Monthly audits for compliance will continue until safe sleep compliance is greater than 90%. Once this is achieved, audits will continue on a quarterly basis to maintain compliance.

**Conclusion:** Policy revision, staff education, and bedside auditing with direct feedback increases safe sleep compliance in the neonatal intensive care unit.
Diabetes Risk Assessment, Glycemic Control, and Adherence to Standards of Care in Adults Experiencing Homelessness

Cindy Hadenfeldt EdD, RN & Susannah Black

Purpose: The purpose of this study was to explore diabetes in adults experiencing homelessness by evaluating diabetes risk, glycemic control, and adherence to American Diabetes Association (ADA) Standards of Care.

Background: The prevalence of diabetes in the homeless population is 8% and is increasing as the population ages. Barriers to the management of diabetes in homelessness include food insecurity, limited access to health care resources, lack of a safe place to store medications, and competing priorities for limited income. The complications of poorly managed diabetes may result in increased morbidity and premature mortality.

Sample/Setting: This study took place at Project Homeless Connect, a one-day health outreach event for adults who are homeless. Inclusion criteria for the study were all participants of the event who completed the 7-tem diabetes risk assessment screening tool.

Methods: Participants who were determined to be at risk for developing diabetes through use of the screening tool, were previously diagnosed with diabetes, or referred themselves to the diabetes station due to family history of diabetes, completed A1C measurement. Those identified as having pre-diabetes or diabetes were evaluated for adherence to ADA Standards of Care to prevent complications of diabetes.

Results: Participants (N=478) completed a risk assessment tool for diabetes. Ninety-one of those individuals completed rapid A1C testing. Four participants (4%) at the diabetes station were newly identified as having diabetes, and 29 participants (32%) had elevated A1C levels demonstrating pre-diabetes. Six participants (50%) who had been previously diagnosed with diabetes had elevated A1C levels between 7.3% to >13%. Participants consistently identified eye, foot, and dental exams, lipid management, and urine protein screening as areas where the ADA standards of care were not achieved.

Conclusion: Diabetes is not well-managed among adults experiencing homelessness requiring a focus of increased education and access to health care measures within this population.
A New Women's Health Clinical Experience for Nurse Practitioner Students in the Dominican Republic
Amber Blomme, BSN, RN, Kim Franklin, BSN, RN & Jessica Thornton BSN, RN

Purpose: The purpose of this poster is to discuss the ILAC program and introduce clinical opportunities for undergraduate and graduate students.

Background: In February of 2019 three family nurse practitioner students joined medical students, nurses, and OBGYN staff to care for underserved women in the Dominican Republic. The experience involved evaluating, diagnosing, and treating various women's health needs and concerns. There was also an opportunity to become fully immersed within a rural community in the Dominican Republic which involved a three-day stay with a host family in the campo.

Sample/Setting: The clinic locations and experiences for the women's health immersion were as follows: batey (a poverty-stricken village primarily consisting of Haitian refugees), campo (rural community near the Haitian border), and ILAC center (just outside of Santiago) in the Dominican Republic.

Results: The results section will include the total amount and age range of patients seen in clinic as well as common diagnoses and procedures performed.

Conclusion: As a Creighton student within the College of Nursing there are opportunities to participate in global health experiences through the ILAC program in the Dominican Republic. These trips can contribute to personal and professional growth while caring for the underserved. For family nurse practitioner students, the women's health immersion is an annual trip. Undergraduate students and Creighton alumni are also welcome to be a part of service in the Dominican Republic.
DNP Podium Presentations
Non-Invasive Wound Closure in the Emergency Department

Beth Adams, BSN
Cindy Hadenfeldt, EdD, RN
Creighton University College of Nursing

Purpose: The purpose of this quality improvement project was to implement and evaluate the effectiveness of a non-invasive wound closure technique in the ED.

Background: Lacerations account for 89% of wounds in the ED (Strack, 2013). With traditional methods of invasive wound repair and injection of SQ local anesthetic, patients report pain with closure (Song et al., 2017). Complications including infection and inflammation occur in one of every five patients after suture placement (Stack, 2013).

Sample/Setting: The setting was Providence Seward Medical Center in Seward, Alaska. The sample included patients aged 13-90 who presented to the ED with a laceration.

Methods: This was a quality improvement study conducted from July to October 2018 in the ED following an in-service for all providers on the use of the non-invasive closure device (ZipLoc). With each laceration that came into the ED, the provider determined the appropriate wound closure for the laceration. After closure, the provider completed a survey instrument describing the rationale for the method of the closure. A follow-up was made to patients by the researcher to identify complications of wound closure. Data was analyzed by the primary researcher.

Results: the ZipLoc was utilized six times during the QI period. Five patients reports satisfaction with the closure and removal of the device. One patient reported an intolerance to the device and reported it had to be removed one day post-placement. The mean time saved with the ZipLoc was 16.7 minutes. Complications from traditional repair methods were identified.

Conclusion: The ZipLoc could have been utilized more frequently, but some providers opted to use traditional invasive wound repair. This was preliminary work on the wound closure device. It is recommended that the study be repeated in a larger ED setting.
Evaluating the Efficacy of Using a Complementary and Alternative Medicine Screening Tool in Primary Care

Kathryn Anderson, BSN
Maribeth Hercinger, PhD, RN
Creighton University College of Nursing

*Purpose:* The purpose of this quality improvement project was to increase the efficacy of communication between patients and providers regarding complementary and alternative medicine (CAM) medicine utilization in primary care.

*Background:* Patients turn to CAM to supplement gaps in their care without always knowing that these therapies can be contraindicated. Barriers in primary care associated with CAM include lack of knowledge, preconceived beliefs, and refusal to discussing CAM, can cause serious debilitating effects for rapport.

*Sample/Setting:* Participants from a Midwest independent primary care center were providers who agreed to give their perception of CAM and patients from the participating providers.

*Methods:* A baseline healthcare provider Likert survey to assess their viewpoint of CAM. A sample of patients from participating providers filled out their current uses of CAM via the I-CSM-Q (Quandt, et al. 2009). Education was given to the providers discussing CAM therapy and a summary of the patients I-CAM-Q results. A follow-up provider Likert survey was obtained to determine any change in viewpoints on CAM therapy and the efficacy of assessing CAM therapy use by their patients via the I-CAM-Q tool. Then resources on CAM therapy were provided.

*Results:* Three primary care providers and thirteen patients participated. The patient I-CAM-Q data revealed that 92% had seen a provider for health care needs in the past year, with the majority being physicians. Patients responded that they saw various providers for manipulation (7.6%), herbs (7.6%), and spiritual healing (7.6%). 69.2% reported using supplements and 61.5% utilized CAM self-help practices. Pre and post provider survey data showed a 33.3% increased inclination concerning how often a discussion regarding CAM occurred and how likely the provider would refer CAM to a patient. The providers perception of the I-CAM-Q indicated 33.3% were unsure and 66.7% indicated it was somewhat effective.

*Conclusion:* This project indicates a necessity for further CAM screening and education interventions in primary clinics.
Developing a New Standards of Care in the Emergency Department

Donald M. Anzalone, BSN
Amy Cosimano, EdD, RN
Creighton University College of Nursing

Abstract: Those with poorly visualized or palpated peripheral veins, accompanied with a history of poor access, are at increased risk for multiple venous punctures in the emergency department. A need exists for identifying this population prior to multiple failed attempts, and, providing ultrasound as a first line attempt at obtaining intravenous access. An existing screening tool was updated for ease of use and tested in the emergency department.

Purpose: The purpose of this quality improvement project is to decrease the number of intravenous attempts in the difficult intravenous access (DIVA) population. This will be accomplished by the use of an updated screening tool.

Sample/Setting: The setting was in the emergency department of Abrazo Central Campus in Phoenix, AZ. The sample included 100 men and women over the ages of 18 that required placement of intravenous access for medical treatment or diagnostics.

Methods: This was a quality improvement project where patients were surveyed and all results were reviewed by the primary researcher.

Results: The updated screening tool identified 100% of the patients that required ultrasound for intravenous line placement. The updated screening tool also identified an additional ~50% that screened positive for needing ultrasound for intravenous placement but did not require it.

Conclusion: The use of screening tools for intravenous access in the emergency department setting is beneficial for those patients with difficult intravenous access. The updated screening tool does not miss those who would benefit from ultrasound, although, it does over identify about half of the time, those patients that do not require ultrasound for intravenous line placement.
Screening for Depression in Adolescents in a Rural Primary Care Clinic

Ashley Bellamy, BSN

Martha Todd, PhD, APRN

Creighton University College of Nursing

Purpose: The purpose of this study was to implement the PHQ-9 screening tool for adolescents in a primary care setting and assess providers perceptions of instrument and screening process.

Background: Depression is a disease that affects all people throughout the lifespan. In adolescents, this disease has significantly increased over past decades. Depression is a disease that is under screened and undertreated, especially in the primary care setting. With the adolescent population, there are many adverse outcomes and co-morbidities that can result if the disease is left unidentified. The Patient Health Questionaire-9 (PHQ-9) is a common screening tool that is proven accurate and reliable in aiding in the diagnosis of depression.

Sample/Setting: The setting was Family Medicine Specialists “Lexington, NE. The sample included one family nurse practitioner. The sample also included adolescents aged 12-19 who were screened for depression. The sample depended solely on those with appointments within the time span. Sixteen teenagers were screened and treated if necessary, during the time period of this study.

Methods: This was a quality improvement study where patients were screened, and the provider was surveyed. All results were reviewed by the primary researcher.

Results: Of the adolescent participants, 43.75% had some level of depression; however, the majority was minimal (18.75%). The provider surveyed marked agree or strongly agree on 80% of questions in regard to likeliness of use of routine PHQ-9 screening. The provider stated that routine screening was effective and that implementation into practice in the future was planned.

Conclusion: Proper routine screening for depression and management of depression is vital among adolescents in primary care. It is also essential for providers to routinely screen patients for depression in this age group to ensure untreated mental disease does not have lifelong effects.
Utilizing a Pictorial Nausea Assessment Scale in Pediatric Oncology

Mary Benson, BSN

Jacquie Hanks, DNP, APRN, CPNP-PC/AC

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project was to implement the Baxter Animated Retching Faces (BARF) scale in the pediatric oncology setting to assess and identify children that have nausea before it results in vomiting.

Background: Chemotherapy induced nausea and vomiting (CINV) is one of the most debilitating consequences of cancer treatment, leading to a decreased quality of life in the pediatric cancer patient. At this time, a nausea assessment tool is rarely used to communicate the subjective symptom of nausea in young children with cancer.

Sample/Setting: This project took place in a pediatric medical center located in Omaha, NE, where there is no standard procedure in place for the assessment of CINV. Patients ages 3-17 years-old admitted to the inpatient oncology unit for chemotherapy were screened for nausea utilizing the BARF scale.

Methods: Nausea scores were collected by the bedside nurse with designated vital signs, when administering a PRN antiemetic and thirty minutes to one hour after administering the PRN antiemetic. Nursing staff were then be asked to answer a two question, five-option, Likert-scale questionnaire assessing their opinion on the ease of the scale and if they believe their patient benefited from the BARF scale.

Results: Results from surveys showed that 86% of nursing staff surveyed believed administering the BARF scale was easy/very easy and that patients benefited from the utilization of the BARF scale 93% of the time. Of patients surveyed, the average score when requesting a PRN antiemetic was 6 and patients scored themselves an average of 2.5 on the BARF scale thirty minutes to one hour after receiving a PRN antiemetic.

Conclusion: Utilization of a pictorial nausea assessment scale can ensure appropriate interventions are offered in a timely manner to pediatric oncology patients. This could ultimately enhance quality of life and prevent physical and psychological consequences.
Purpose: The purpose of this quality improvement project was to increase HPV vaccine series completion rates for adolescents ages 11 to 19-years at a rural Minnesota clinic who had initiated the HPV series. Aims: 1) conduct brief HPV educational sessions for all clinic staff, 2) develop and implement a patient recall and reminder system for the HPV vaccination series, and 3) evaluate the HPV series completion rate after three months of implementation.

Background: Gardasil 9 is a safe and effective vaccine to prevent HPV, however adolescents continue to have suboptimal series completion rates. The HPV vaccine series completion rates at the project site for 2018 (44.4%) were lower than the national (48.6%) and Minnesota (46.9%) rates last reported by the CDC (2018).

Sample/Setting: 101 males & females ages 11-17 who had initiated, but not completed the HPV vaccine series.

Methods: The theoretical framework utilized was Lewins three-stage change theory. Plan-Do-Study-Act (PDSA) Cycle One: Brief HPV vaccine educational sessions were held. Six medical assistants/nurses completed various patient reminders (letters, phone calls, or both). PDSA Cycle Two: Using the same cohort, two nurses placed a second round of phone call reminders.

Results: Of the 101 patients, 39% received at least one additional HPV vaccine. Following at least one phone call reminder, 42.4% returned for an additional dose compared to 15% who returned following at least one letter.

Conclusion: Implementing a patient reminder/recall system and a brief educational session for all clinic staff increased HPV vaccine series completion rates from 44.4% to 47.3%. The results suggest that reminder phone calls may be more effective when compared to reminder letters. Further research might contribute to a greater understanding of a recall/reminder system that is more robust and concise in selecting patients without requiring an intense manual chart review.
Prevention of Hospital-Acquired Pneumonia in Non-Ventilated (NV-HAP) Postoperative Patients

Kirsten Boedeker-Jenkins, BSN, RN
Rhonda Coffman, DNP, APRN, ACNP-BC, FNP-C
Creighton University College of Nursing

Purpose: This project's purpose was to implement an evidence-based pneumonia prevention bundle for hospitalized adult postoperative patients.

Background: Hospital-acquired pneumonia (HAP) is the second most commonly acquired infection in hospital settings throughout the United States and leads to prolonged hospital stays, additional expenses of $40,000 per patient, and fatality in 27-50% of cases (Tedja & Gordon, 2013). Existing research identifies the importance of including oral hygiene in pneumonia prevention efforts for ventilated patients, though recommendations for non-ventilated post-operative patients remains scarce.

Sample/Setting: This project was conducted on a 22-bed medical-surgical unit at a midwestern hospital and included all non-ventilated postoperative adults admitted over a three month span.

Methods: This quality improvement study was inspired by the Palo Alto V.A. Medical Centers (VAMC) pneumonia prevention bundle that significantly decreased postoperative pneumonia rates after implementation (Wren, Martin, Yoon, & Bech, 2010). However, this study used alcohol-free mouthwash rather than chlorhexidine oral rinse, given non-prescription mouthwash elicits equivalent outcomes when combined with tooth brushing (Cassidy, Rosenkranz, McCabe, Rosen, & McAneny, 2013; Munro, 2018). Nurses educated patients and monitored compliance with bundle components, including breathing exercises, ambulation, aspiration precautions, and oral hygiene. Pneumonia incidences were monitored through the V.A. National Surgical Quality Improvement Program.

Results: No incidences of postoperative pneumonia were reported during this study. Nurse and patient compliance rates with ordered oral hygiene cares was 29% in comparison to the reported 30% national inpatient average (Munro, 2018).

Conclusion: The incorporation of an evidence-based postoperative pneumonia prevention bundle successfully decreases the incidences of postoperative pneumonia in an acute care setting. This study highlights the importance of formal pneumonia prevention measures for acute care facilities. Further research will evaluate the effectiveness of these measures in non-ventilated surgical and non-surgical patients requiring hospitalization.
Implementing a Caregiver Strain Protocol Within a Low-Income Primary Care Clinic System: Assessing Provider Perception

Ashley G. Brown, BSN, RN
Lisa Johnson, DNP, APRN, FNP-C, SANE-P
Creighton University College of Nursing

Purpose: The purpose of this quality improvement project is to assess providers, perception of caregiver strain before and after an educational presentation and introduction of a caregiver strain protocol in the primary care setting.

Background: There are approximately 43.5 million informal caregivers in the United States, accounting for 70-80% of healthcare in the community setting (Adelman et al, 2014; McGhan & Mccaughey, 2017). Caregivers frequently neglect their own health and report higher levels of stress and anxiety than those receiving care. The loved one receiving care can also suffer consequences such as unmet needs, declining mental and physical health, and premature institutionalization (Martin & Neumann, 2014; McGhan & Mccaughey, 2017). Informal caregiver strain may be overlooked by primary care providers. If providers are educated and caregiver strain protocols are in place, long-term negative consequences could decrease in this population.

Sample/Setting: The setting was obtained during grand rounds for 3 clinics that comprise the Springfield Family Physicians Clinic system in Springfield, OR. The sample included 14 providers with a masters level degree education or higher.

Methods: This was a quality improvement study where providers were surveyed before and after an educational presentation and all results were reviewed by the primary researcher.

Results: On average, education and protocol implementation resulted in significant increase in provider knowledge, confidence in addressing caregiver strain, and belief that they have the tools available to screen for as well as track caregiver strain overtime.

Conclusion: Providers perception is positively influenced by education and introduction of a screening protocol for caregiver strain so they are able to identify patients for caregiver strain in the primary care setting and provide appropriate interventions as needed.
Implementing and Evaluating Outcomes of Ketamine Infusions: An Innovative Therapy for Treatment Resistant Depression

Jason H. Burk MSNA, APRN,CRNA, FNP-C Paramedic

Mary Tracy PhD, RN

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project is to evaluate patient outcomes from a clinic providing ketamine infusions for treatment resistance depression.

Background: Treatment resistant depression is a difficult disease to treat. It is reported that up to 30 % of patients with a major mood disorder do not respond after attempting four different medication trials (Rush et al., 2006). Few treatment plans are available except attempting different medications, increasing the dose of medications, or consideration of electroconvulsive therapy. Low dose ketamine infusions have proven to rapidly relieve symptoms of depression when other therapies have failed.

Sample/Setting: The setting was a newly developed clinic (Advanced Infusion and Wellness Center, LLC.) owned and operated by APRNs in Wichita, KS. A total of 28 patients participated in the quality improvement project. Patients age ranged from 20-72 years of age with a confirmed diagnosis of treatment resistant depression.

Methods: This quality improvement project evaluated outcomes during and after six initial ketamine infusions that were given 48 hours apart. PHQ-9 scores were collected prior to infusions and 24 hours after each infusion. Beck's Depression Inventory scores were also gathered prior to infusions and 24 hours after the sixth infusions. Statistical analysis was conducted to compare clinic outcomes with evidence-based research results.

Results: a statistically significant decrease in the Beckâ€™s Depression Inventory was noted from baseline to after the 6th infusion, \( t(16) = 6.65, p < 0.001 \). The repeated-measures ANOVA analysis also detected a statistically significant main effect across time for the PHQ9 survey outcome, \( F(6,150) = 38.52, p < 0.001, \eta^2 = 0.61, \) power = 1.0. Post hoc testing found significant decreases in PHQ9 scores from baseline to all 6 infusions (baseline to after infusion number 2, \( p < 0.001 \), baseline to after infusions 3, 4, 5, and after the 6th infusion, \( p < 0.001 \)). There were not significant decreases after infusion 3 to after infusion 4, \( p = 0.28 \), or between after infusion 5 to after infusion 6 (\( p = 0.18 \)).

Conclusion: Ketamine infusions are an effective therapeutic modality for patients with treatment resistant depression. Successful outcomes were comparable with results demonstrated in the current literature.
Pediatric Rapid Response Systems: An Analysis of Evaluative Processes

Sarah Burnett, BSN, RN, CCRN
Katie O'Keefe, DNP, APRN
Creighton University College of Nursing

Purpose: The purpose of the project is to enable the learner to expand upon the limited knowledge that is known about pediatric rapid response systems and their subsequent evaluation of patient outcomes.

Background: Pediatric rapid response teams have been noted to be present in 79-100% of pediatric institutions nationwide. Rapid response systems have become more common in large part due to more advanced treatments and comorbidities leading to adverse events such as cardiac arrest and unplanned admissions to the intensive care unit. Historically, the efficacy of rapid response systems has been evaluated using many different patient outcomes. Evaluation measures range from respiratory arrests, cardiac arrests, and death to transfer of patients to an intensive care unit, the initiation of mechanical ventilation or vasopressor therapy. Originally, rapid response systems were thought to decrease mortality rates. Recently, however, the impact of rapid response systems on mortality has been disputed. While there is commonly a decrease in mortality rates after the implementation of rapid response teams, it is unclear whether the decrease is directly related to the effectiveness of rapid response systems or an overall improvement in the quality of healthcare.

Sample/Setting: Pediatric hospitals throughout the United States that are members of the Children’s Hospital Association.

Methods: A survey was sent by email to physicians at pediatric intensive care units (N=36) that participate in the Children’s Hospital Association network. The survey consisted of general questions of the institutions pediatric rapid response system as well as their current evaluative practices.

Results: The preliminary results of the surveys demonstrated that characteristics of pediatric rapid response systems vary at each pediatric hospital. It was also noted that while a standard evaluation could not be developed based on low survey response rates, patient outcomes used to evaluate the effectiveness of pediatric rapid response systems vary.

Conclusion: In conclusion, the results of this study are preliminary due to the low response rate. Another study is needed to determine a standard for the most effective way to evaluate the effectiveness of pediatric rapid response systems.
Benchmarks for in-situ mock code programs within the acute care setting

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Lindsay Iverson, DNP, APRN-NP, ACNP-BC
Creighton University College of Nursing

Purpose: The purpose of this project was to implement an in-situ mock code program at a Magnet recognized midwestern acute care hospital.

Background: In-hospital cardiac arrests (IHCA) accounted for 209,000 adult cases in 2016 with only 24.8% surviving to discharge (AHA, 2018). The infrequency of cardiopulmonary arrest can lead to poor patient outcomes if the training is not retained. Mock codes can improve skills, increase nurse confidence, and ensure proper operation of medical equipment (Herbers & Heaser, 2016).

Sample/Setting: This project was conducted within the Progressive and Critical care departments. All core nursing staff on those units were able to participate. Data was collected on patient survival to discharge four months prior to the inception of this project and throughout its four-month duration. The focused population was the hospitalized adult patient 13 years and older.

Methods: A retrospective analysis of existing data was collected on patients who had coded within the two units. A pretest posttest survey concerning code comfort was analyzed. In-situ mock codes were held in empty patient rooms on both units. Cases were based off of real medical emergencies.

Results: Twenty-three nurses filled out both surveys. Nurses reported a higher confidence post in-situ mock code pertaining to giving code medications and using the crash cart. During the four-month duration, there was a 62.5% survival rate when compared to the previous four months which had a 25% survival rate. Barriers to implementation revolved around timing and staffing.

Conclusion: The incorporation of in-situ mock codes had a positive impact on nurses perception of code comfort. Patient survival to discharge also improved. Further research is needed to identify if mock codes can alter patients neurological function post discharge at various intervals.
Screening of Intimate Partner Violence in Rural Primary Care

Briahna Carlson, BSN, RN

Lisa Johnson, DNP, APRN, FNP-C, SANE-P

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project was to increase the use of intimate partner violence (IPV) and sexual violence (SV) screens in the rural primary care setting by family nurse practitioners.

Background: Women are more likely to be subjected to IPV and SV across all ages, races, and socioeconomic classes than men. Women aged nineteen to sixty-five should be screened by a family or primary provider at all well-woman exams for a history of abuse or current abuse.

Sample/Setting: This study took place in Schuyler, Nebraska which had a population of 6,169 in 2014 (Onboard Informatics, 2017). Inclusion criteria for screening included: women, aged nineteen to sixty-five, and presented to the clinic for a well-woman or obstetrics exam. Inclusion criteria for providers included: six providers that had clinic hours at Schuyler family medicine clinic.

Methods: Donabedian’s quality framework was used to create a quality improvement project that focused on the use of the HITS screening tool in the primary care setting to detect IPV. Providers were educated on the use of the tool, what constitutes a positive screen, and what resources are available in the community to provide to the patient. A pre and post-survey took place prior to and after implementation of the HITS screening tool. The pre and post-surveys were completed by the providers who were educated on the use of the HITS tool.

Results: The study showed limited results due the number of providers. Post-surveys did show an improvement in knowledge of the HITS tool, use of the tool, and community resources.

Conclusion: The women who presented to Schuyler family medicine during the eight-week pilot study were more likely to be screen for IPV using an evidence based tool. Providers showed an increase in knowledge of the use of the HITS tool in the rural primary care setting.
Implementation of a Standardized Diabetes Assessment Tool In the Primary Care Setting

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Purpose: The purpose of this project is to assist the primary care provider (PCP) in formulating an effective diabetes self-management plan through the implementation of a standardized assessment tool that will be incorporated into a diabetes flowsheet.

Background: Between 1988 and 2014, the prevalence of diagnosed diabetes increased 382% (American Diabetes Association, 2016). In today’s busy healthcare environment, providers face many challenges to effective diabetes management. PCPs must quickly assess the current management plan and laboratory results, formulating a new diabetes treatment regimen to improve outcome measures. Without a clear understanding of what self-care measures are being performed and how often, many PCPs struggle with appropriate treatment decisions that can affect diabetes related health outcomes.

Sample/Setting: The setting was Hastings Family Care, a family practice clinic in Hastings Nebraska. The sample included 8 clinic employed PCPs and 6 diabetes nurse educators who complete the assessment tool during Diabetes Days.

Methods: This was a quality improvement study where PCPs and diabetes nurse educators were surveyed on the benefit of incorporating a standardized assessment tool. All results were reviewed by the primary researcher.

Results: All PCPs and nurse educators agreed that a standardized assessment tool was beneficial and provided clear direction in formulating a new management plan. None of the PCPs took the time to complete the assessment tool, relying on the nurse educator to summarize and present the information to them. A sample of 60 charts indicated that 55% of the patients receive some type of referral to ancillary and support staff following Diabetes Days.

Conclusion: There is a clear need in diabetes care to address self-care behaviors. Incorporating a standardized assessment tools provides the direction needed to identify areas of change. With limited time in PCP visits, collaborating with diabetes educators ensures that the assessment tool is completed, a new management plans is formulated, and appropriate referrals are initiated.
Development of the Assessment of Clinical Expertise in Simulation (ACES) tool for the Evaluation of NICU Nurses Performing NRP

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Purpose: The purpose of this project was to develop and test a scoring tool designed to evaluate nurses of any experience level while participating in neonatal resuscitation (NRP).

Background: Simulation training is becoming an accepted training method in hospitals. Scoring tools for simulation currently available in the literature are designed for student or novice nurses. Staff nurses with varying years of experience are participating in simulation, but there are currently no tools to score them or quantify their abilities.

Sample/Setting: The setting is the neonatal intensive care unit at Valley Children’s Hospital in Madera, California. The sample is 100 members of the nursing staff participating in NRP.

Methods: The Assessment of Clinical Expertise in Simulation (ACES) tool was developed based on Blooms Taxonomy. The tool was reviewed four by NRP instructors for content validity and then tested by five NRP instructors to determine inter-rater reliability.

Results: The validity of the tool based on expert review had a CVI of 0.99 for clarity and 1.00 for relevance. The final results are pending the completion of inter-rater reliability.

Conclusion: Based on the final results of the validity and reliability testing, the ACES tool may be shown as valid, reliable, and ready to put into practice without revision. If the tool is shown to be valid and reliable, the next recommended stage would be to apply the tool evaluating NICU nurses performing NRP to further evaluate validity of the tool.
Implementation of an Evidence Based Sheath Removal Protocol to Decrease Rates of Post-PCI Bleeding Complications

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Purpose: The purpose of this quality improvement project was to implement a standardized sheath removal protocol for adult patients undergoing percutaneous coronary intervention.

Background: Bleeding is the most common non-cardiac PCI complication (Chhatriwala et al., 2013). Several studies have demonstrated that bleeding complications following PCI are associated with increased short- and long-term risk of morbidity and mortality (Ndrepepa & Kastrati, 2014). Quality improvement recommendations specific to PCI bleeding complications have been developed. There is a need for increased utilization of these recommendations to decrease rates of PCI bleeding complications.

Sample/Setting: The setting included the Heart and Vascular Institute (HVI), Cardiac Catheterization lab, and post-anesthesia care units (PACU) at CHI Health CUMC Bergan Mercy in Omaha. The sample included adult patients who had undergone PCI at the facility. The sample also included nursing staff in the cath lab, PACU and HVI.

Methods: This was a quality improvement study where rates of post-PCI bleeding complications were compared pre- and post-implementation of a sheath removal protocol. Further, assessment of nursing staff knowledge and confidence regarding appropriate sheath removal methods was conducted. Results were reviewed by the primary researcher.

Results: There was an observed decrease in the rate of post-PCI bleeding complications following protocol implementation; pre-implementation rate was 4.65% (8 out of 172) and post-implementation rate was 3.1% (2 out of 64). Additionally, there was a statistically significant (p = <.001) increase in nursing staff knowledge of appropriate sheath removal methods.

Conclusion: Patients undergoing PCI via femoral access are at higher risk for bleeding complications. There is a need for increased utilization of evidence-based sheath removal methods to aid in decreasing rates of post-PCI bleeding complications. Utilization and education regarding the NCDR Sheath Removal Protocol has proven to be effective at decreasing rates of post-PCI bleeding complications. Further education and research surrounding methods to decrease post-PCI bleeding complications are warranted.
Establishment of a Comfort Care Order Set in a Level IV Neonatal Intensive Care Unit to Standardize Transitional Care of Terminally Ill Infants

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The transition of changing treatment goals for a terminally-ill infant can be confusing and may lead to variability in care provided. A level IV neonatal intensive care unit (NICU) at a Midwestern children’s hospital lacked a standardized order set to provide smooth, transitional care for infants at the end of life (EOL). After literature review, an order set was synthesized to provide a multi-disciplinary approach to facilitate symptom management and provide family education when the decision was made to withdraw life support. Education on the order set was completed prior to implementation. Following an infant death, evaluation of the order set was completed through an online questionnaire that was sent to each caregiver involved. Of the six infant deaths, there was opportunity to utilize the order set on three participants. The order set was implemented in 60 percent of the remaining participants and 100 percent of caregivers completed the survey evaluation. Implementation of the order set increased staff awareness about the importance of EOL care, and provided easy-to-follow, organized, and all-inclusive directions to EOL care. Although the order set seemingly provided a standardized approach to EOL care, there was not a large enough sample size to thoroughly evaluate the effectiveness of the order set. There is a need for standardized EOL care for dying infants in the hospital setting. Continued utilization of this order set may ensure smooth transitional care for dying infants.
Evaluation of Cost Related to Post-pyloric Feeding Tube Placement in Critically Ill Pediatric Patients

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Purpose: The purpose of this cost analysis is to determine return on investment and cost to the patient related to use of an electromagnetic guided device (CORTRAK*2) against current practices for blind placement of post-pyloric feeding tubes.

Background: Pediatric Intensive Care Unit patients often suffer from gastric feeding intolerance which necessitates placement of post-pyloric feeding tubes. Blind placement of post-pyloric feeding tubes is often associated with multiple incidences of radiation exposure to confirm placement. Cost to the patient is high due to multiple modalities of radiation for placement confirmation.

Sample/Setting: Midwestern, 28-bed, general and cardiac pediatric intensive care unit.

Methods: Cost analysis focusing on current use of radiation for confirmation of post-pyloric feeding tube placement utilizing a retrospective chart review. Patients were identified through nursing documentation of jejunal feeding tube placement and provider free text order entry for abdominal radiography. Each use of abdominal radiation, whether abdominal radiograph or use of fluoroscopy, was measured as one occurrence. Cost associated with each study was determined by charge to the patient. Data on current practices for blind placement was then compared to proposed costs associated with placement using an electromagnetic guided device (CORTRAK*2) to assist with post-pyloric feeding tube placement.

Results: In a 12 month period of time, 32 post-pyloric feeding tubes were placed and 152 incidences of abdominal radiation was used to confirm placement. Average cost to the patient was $2,597 and the average incidence of radiation exposure was 5.5 incidences/patient.

Conclusion: Use of the CORTRAK*2 is estimated to reduce use of radiation by nearly 50%, and therefore cost to the patient should decrease. With the expected reduction in radiation, the CORTRAK*2 is expected to save the patient $1,233.50. The institution should see full return on investment after use on 27 patients.
The Use of Preoperative Forced-air Warming to Decrease Recovery Times for Endoscopic Colonoscopy Procedures

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Purpose: The purpose of this quality improvement project is to implement a mechanism to decrease recovery room congestion and operative delays due to recovery room congestion.

Background: Hypothermia can have numerous impacts on patients in the perioperative area. These impacts can include decreased wound healing, infections, and decreased metabolism. Specifically, hypothermia can decrease the metabolism and prolong the duration of action of anesthesia medications used to facilitate operative procedures. This prolonged drug metabolism can cause delays in anesthesia emergence and prolong recovery time.

Sample/Setting: The setting for this quality Improvement project was Wilson Medical Center in Neodehsa Kansas. The sample included patients undergoing elective colonoscopies. The patients were patients with an ASA classification of I-III and between the ages of 30 and 80.

Methods: There were two groups of patients in the Quality Improvement project. The groups included those that received preoperative forced air warming and those who did not. The patients in both groups were monitored for numerous data points. These data points included preoperative temperature, operative temperature, recovery room temperature, surgical time, age, BMI, and recovery room time.

Results: The patients who received preoperative forced air warming had an increased operating room and recovery room temperatures and spent an average of 8.93 minutes less in the recovery room.

Conclusion: The uses of preoperative forced air warming for patients undergoing scheduled colonoscopies was an effective method for reducing recovery room time and decreasing recovery room congestion.
Development and Implementation of a Standardized Protocol to Select a Formal Surrogate Decision Maker in the Trauma Population

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Purpose: The purpose of this quality improvement project was to develop and implement a standardized protocol to educate adult patients regarding the importance of selecting a formal surrogate decision maker (SDM).

Background: Many patients present to the hospital after a traumatic accident without previously selecting a SDM to advocate for them. The rapid growth of the elderly population, the multitude of barriers preventing the selection of a surrogate, and the continued low Advance Directive completion rates reveal the need to educate patients.

Sample/Setting: The setting was the TICU at CHI Health CUMC-BM in Omaha, Nebraska. The sample included adult patients without a SDM in place and competency to make their own decisions.

Methods: This was a quality improvement project that developed and implemented a standardized protocol to educate trauma patients about the importance of selecting a formal SDM. The effectiveness of this standardized protocol was evaluated by following up with the participants via a phone call four weeks after the education occurred.

Results: Among the 71 potential participants identified, 46 (65%) met criteria to be approached regarding participation. Of these potential participants, 16 (35%) reported already having a formal SDM in place. 27 patients consented to participating in the education and follow up phone call, and 19 were reached. Out of these 19, 74% indicated they had identified a formal SDM, 47% completed an Advance Directive document, and 11% submitted those documents to the EMR.

Conclusions: Advance Directive completion rates continue to be low. There is a need for increased utilization of a standardized protocol to educate patients regarding the importance of selecting a formal SDM, as this has shown to be an effective approach of increasing completion rates. Further research utilizing trauma patients as the target population as well as research focusing solely on the important role of the SDM specifically is necessary.
Implementation and Evaluation of Glucose Gel to Treat Asymptomatic Neonatal Hypoglycemia

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Purpose: This quality improvement project was aimed to decrease admissions of term neonates to the NICU for treatment of hypoglycemia. A secondary aim was to identify the cost per dose of glucose gel.

Background: Hypoglycemia affects up to one fifth of term neonates during their first 48 hours of life. In many hospitals this requires the neonate to be transferred to a neonatal intensive care unit (NICU) for treatment with intravenous dextrose, which can have negative sequelae and increases healthcare costs. Administration of buccal glucose gel allows infants to stay with their mothers on the post-partum unit while their blood glucose levels normalize.

Sample/Setting: This QI project took place on the post-partum units at Methodist Womens Hospital in Omaha, NE. Sixty-one neonates 36 weeks and greater within the first 48 hours of life with a blood sugar < 40 mg/dL and without comorbidities received glucose gel post-implementation.

Methods: The Iowa Model of Evidence-Based Practice was utilized for the adoption of this practice change. Neonates with a blood sugar < 40 mg/dL were given up to two doses of 0.5 ml/kg of 40% buccal glucose gel followed by at least 10 minutes of adequate breastfeeding or a minimum volume of 15 ml of breast milk or formula. The total number of admissions for hypoglycemia was compared to the total number of hypoglycemic infants meeting criteria for glucose gel for six months prior to and six months following implementation of glucose gel.

Results: After the implementation of glucose gel there was a 6.1% decrease in admissions to the NICU for hypoglycemia, which was not statistically significant. The cost per dose of glucose gel was $3.

Conclusion: Glucose gel can be an effective intervention to decrease NICU admissions for transient hypoglycemia in some neonates. We recommended using it in addition to a feeding of breast milk or formula as a first line intervention for treating asymptomatic neonatal hypoglycemia in term neonates.
Standardized Handoff: Transferring Medically Complex Pediatric Patients from Inpatient to an Acute Rehabilitation Facility

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Purpose: The purpose of this quality improvement project is to improve communication and reduce unplanned readmissions between an inpatient hospital setting and an acute inpatient rehabilitation facility. Aim 1: Identify key factors for improving the safety of transfer/handoff. Aim 2: Develop and implement a standardized handoff tool. Aim 3: Evaluate for completion of the standardized handoff tool. Aim 4: Evaluate provider, nursing, and therapist opinions of the new standardized tool as it pertains to patient safety. Aim 5: Determine the number of unplanned readmissions.

Background: Pediatric patients achieve greater outcomes in a pediatric-specific acute inpatient rehabilitation facility. Inter-facility transfer poses the risk of communication errors.

Sample/Setting: The setting for this project was both a 137 bed pediatric hospital and a 14 bed acute pediatric rehabilitation facility [IRF]. The QI project includes patients transferring from inpatient to the selected IRF on first transfer.

Methods: Education was provided to nurse case management regarding the use of standardized hand-off using an auto-populating rehab-focused ISHAPED note built into Epic specific to each patient being transferred. The team of providers had access to this note upon patient transfer. The information included reason for rehab and background illness/injury, PMH, PSH, present condition, medications, diet, and therapy.

Results: Data was collected on a total of 10 patients transferring from the inpatient pediatric hospital to the acute inpatient rehabilitation facility with varying diagnoses. The rehab ISHAPED tool was assessed for completion as well as demographic data. During the data collection phase there were two hospital readmissions for reasons of diarrheal illness and febrile illness.

Conclusion: The transfer of medically complex patients from the inpatient setting to another facility such as an acute IRF poses a great risk for communication error that might affect the patient and related costs. This pilot project will continue to be modified and used to improve patient outcomes, using the ISHAPED handoff tool.
Implementation of a Perinatal Hospice Program

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*Purpose:* To implement a comprehensive perinatal hospice program at a large academic medical center in the Midwest.

*Background:* In 2017 the Nebraska Unicameral passed Legislative Bill 506; Compassion and Care for Medically Challenging Pregnancies Act; to provide duties for the State Child and Maternal Death Review Team. This bill requires physicians to inform patients, whose infants are diagnosed with a life-limiting anomaly, of the option of perinatal hospice and requires the Department of Health and Human Services to provide an up-to-date information sheet containing contact information for perinatal hospice programs within the state. Families enrolled in perinatal hospice programs are better prepared for the birth of their child and have increased satisfaction with their experience during the life of their child.

*Sample/Setting:* Convenience sample of pregnant patients in a perinatal program at a large academic medical center in the Midwest.

*Methods:* Project interventions included: 1) developing a referral process, 2) developing a process for coordinating a perinatal hospice conference between the family and interdisciplinary team. Aspects of this included: 1) designing a birth plan, and a plan for ongoing communication and follow-up, 2) developing an educational curriculum for the interdisciplinary team, 3) developing electronic record documentation and order set, 4) creating parent questionnaire to assess for patient satisfaction, and 5) developing a parent follow-up process, which includes phone calls at 1 month, 6 months and 1 year with documentation and referrals as needed.

*Results:* The Perinatal Hospice program has been accepting referrals; however, it has yet to receive any due to the need for life-limiting diagnosis prenatally.

*Conclusions:* Consistent referral into the perinatal hospice program by all providers. The Perinatal Hospice team must be consistent in providing care to families. Future research could evaluate the parent’s experience long term, the hospice teams experiences, and the effectiveness of the referral process.
Evaluation of a Standardized Anxiety Screening Tool

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_Purpose:_ The aim of this project was to evaluate the providers perceptions and to identify barriers to use of the GAD-7 at primary care visits.

**Background:** About 18% of US adults have an anxiety disorder. Of those, only 37% receive treatment. Only 19% of these patients receiving treatment are receiving treatment that is considered minimally adequate.

**Sample/Setting:** Sixteen providers at a primary care community health clinic in Fargo, North Dakota.

**Methods:** These providers were presented a PowerPoint presentation reviewing indications and implications of the GAD-7. They were asked to continue to use the tool at their discretion. Four weeks after the presentation, the providers were given an online survey regarding their perceptions and opinions of the tool.

**Results:** The providers reported that the tool is useful in their practice but identified obstacles to fully integrating use including time limitations and system barriers.

**Conclusion:** The GAD-7 is a useful tool for the providers studied. System barriers should be addressed for further integration of the tool into regular practice. These barriers should be considered when implementing future screening tools.
Implementation of a Palliative Care Screening Tool on a Medical-Surgical Inpatient Unit: A Pilot Study

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Purpose: The purpose of this pilot study was to implement a palliative care trigger list to identify inpatients on the medical-surgical units who may benefit from a palliative care consult. Background: Palliative care is currently underutilized and according to the Center to Advance Palliative Care (2014), six million patients could take advantage of the palliative care specialty. Increasing the number of palliative care teams nationwide and promote palliative care consults can improve the quality of life for patients living with serious illnesses.

Significance: Healthy People 2020 has called for increasing the quality of life in relation to health. The World Health Organization (2014) has urged states to provide funding for palliative care services and to address legislation.

Problem: Palliative care consults are currently underutilized and based on individual physician discretion.

Methodology: A palliative care trigger list was created based on current research, organizations past trigger list, and expert opinion. The trigger list was applied through a prospective electronic medical record review of adult patients admitted to a medical-surgical inpatient unit.

Results: Of those needing a palliative consult, 100% of patients were captured (CI 95%=63,100). Of those who screened as needing a consult, 13% of patients really did (CI 95%=11,16). Given they did not need a consultation, 75% screened as not needing a consult (CI 95%=68,80). The tool was then analyzed with the removal of trigger 11. Given they needed a consultation, 63% screened as needing a consultation (CI 95%=24,91). Given they didn’t need a consultation, 88% screened as not needing a consultation (CI 95%=83,92). Of those who screened as needing a consultation, 17% really did (CI 95%=9,28). Of those who screened as not needing a consultation, 98% really did not (CI 95%=96,99).

Conclusion: The original trigger list was able to identify every patient that could benefit from a palliative care consults but was very sensitive. The revised list captured 63% of those needing a consult but was less sensitive. Key words: palliative care, consults, trigger List, screening tool
Advance Practice Registered Nurse Heart Failure Clinic: Impact on Supporting Self-Management and Quality of Life

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Purpose: The purpose of this study is to provide a preliminary evaluation of the effectiveness of ambulatory monitoring’s ability to support self-management and improve quality of life through participation in an Advance Practice Registered Nurse coordinated chronic care disease management program.

Background: Nearly 6.5 million Americans suffer from a diagnosis of heart failure (HF), with nearly 960,000 new cases diagnosed annually (Benjamin et al., 2017). Representing a complex and chronic disease, HF is defined by characteristic periods of acute decompensation. Among the elderly, HF rarely occurs as a solitary disease. Heart Failure commonly occurs with other complex disease states, such as hypertension, diabetes, and coronary artery disease. The combination of increasing age and multiple co-morbid conditions predispose this patient population to an increased risk of poor health outcomes (Ambrosy et al. 2014). Within an APRN coordinated model of care, focusing on patient education and self-care, significant cost savings and reduction in readmission rates have been demonstrated (Kutzleb et al., 2015). Coupled with advances in technology, providing alternative tools for earlier recognition of decompensation, these types of interventions represent an opportunity to enhance the management of a complex disease process, improving overall HF outcomes.

Sample/Setting: The study was conducted within an established Cardiology clinic, caring for over 1,500 patients annually. The sample included 5 NYHA III-IV HF patients with ambulatory pulmonary artery devices.

Methods: A one group quasi-experimental study was conducted to determine the overall benefit of remote therapeutic monitoring within an APRN Heart Failure Clinic. Study outcome measures included changes within Self-care of Heart Failure Index (SCHFI) scores and changes within the Kansas City Cardiomyopathy (KCCQ-12) questionnaire scores. Additionally, event days, defined as hospital admissions, ED visits, and clinic visits were studied for changes in trends before and after intervention.

Results: Participants experienced improvement within their KCCQ-12 overall summary scores along with self-care confidence and management within the SCHFI pre and post intervention. Event days remained unchanged.

Conclusion: Remote therapeutic monitoring within an APRN Heart Failure Clinic demonstrated statistically significant improvements within health care quality of life and self-care among participants.
Integration of a MRI Screening Program for Women at High Risk for Breast Cancer: A Quality Improvement Project

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Purpose: The purpose of this Doctoral Nursing Practice scholarly project was to design and implement a quality improvement project to identify and screen women at high risk for breast cancer utilizing breast MRI.

Background: In the year 2019, over 260,000 cases of breast cancer will be diagnosed in the US and over 40,000 women will die from breast cancer (Siegel, Miller, & Jamal, 2019). Fifteen to twenty percent of women are at high risk for breast cancer. Guidelines recommend that women at high risk be screened with annual magnetic resonance imaging (MRI) and mammography (Bevers et al., 2018). There is a need to identify these women and improve guideline-based screening to reduce the incidence of breast cancer.

Sample/Setting: The setting was a women’s health clinic. The sample included women with an increased risk for breast cancer.

Methods: A literature review and assessment of the practice site was completed and a logic model for change was utilized as the framework. Providers underwent one-on-one training regarding best evidence and tools for managing this population. Pre-project questionnaires were provided to assess barriers and attitudes related to the aims of the project. High risk women identified during the project were followed for 60 days to track for MRI completion and compared to data obtained through retrospective chart review the year prior. Results of MRIs completed during the project were also tracked.

Results: Four of six providers completed the pre-project questionnaires, indicating a need for further education. During the project 74 high risk women were identified compared to 30 in the comparison period, 31% versus 17% underwent MRI screening.

Conclusion: Primary care providers have the ability to identify patients at the highest risk of cancer. Identifying and screening patients according to professional guidelines will lead to improvements in cancer morbidity and mortality.
Promoting education and refining the nursing role to enhance the adherence and implementation of antimicrobial stewardship practices in the neonatal intensive care unit

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Purpose: The purpose of this quality improvement project is to improve adherence to the newly implemented sepsis protocol.

Background: Antibiotic stewardship programs are being implemented to improve the use in antibiotics, but the RN role is not well defined. A 28-bed, level III, Midwest neonatal intensive care unit implemented a new policy utilizing the sepsis calculator to identify newborns at risk for sepsis. However, the education provided was not sufficient. This lack of nursing education places patients at risk for continued exposure to unnecessary antibiotics and contributes to the ill-defined role of the nurse in antibiotic stewardship programs.

Sample/Setting: 28-bed, Level III, Midwestern NICU; 68 full time, part time, and PRN NICU nurses

Methods: Baseline data was collected via a questionnaire to determine nurses’ knowledge regarding neonatal sepsis and the recently implemented neonatal sepsis policy. This data established the information that was presented via powerpoint to the NICU nurses. The NICU nurses also participated in a simulation day where different scenarios regarding the sepsis protocol were covered. Additionally, each nurse received a sepsis pocket guide as a reference.

After the education bundle was presented, nurses completed a post-questionnaire survey.

Results: The presurvey results suggested that the NICU nurses’ knowledge of neonatal sepsis was satisfactory; however, their knowledge of the clinical application of the sepsis protocol was deficient. 59% of the nurses agreed that a combination of powerpoint and simulation were the best method to learn about the sepsis policy and 41% agreed that the education bundle increased their knowledge of the neonatal sepsis protocol. Over half the NICU nurses identified simulation as the preferred method for learning.

Conclusion: The combination of powerpoint presentations, handouts, and simulation appears to be the preferred learning method of nurses. These educational modalities have clinical utility when initiating new protocols and reinforcing infrequently used policies.
Examining Nurse Resiliency & a Mindfulness-Based Stress Reduction Intervention to Prevent Nurse Burnout

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Nurses continually give of themselves at work, as well as outside of work. This results in extensive stress, physiological distress, and ultimately burnout for individuals in the nursing profession. Nurses that work in high-stress environments, such as critical care, pediatrics, and oncology, are at a significantly increased risk of manifesting physical and psychological symptoms of burnout syndrome, compassion fatigue, and post-traumatic stress disorder (PTSD). Many of these factors are leading to nurses leaving the profession prematurely, resulting in significantly high turnover rates. High burnout and turnover rates of nurses result in the lack of adequate nursing staff in hospitals, which in turn results in the inadequate ability to provide safe and effective care to patients. Resilience is a topic that has gained much discussion in recent years surrounding the significant burdens nurses are experiencing. Nurses with resilience exhibit a heightened awareness, internal stability, and flexibility that allow them to navigate high-stress situations. The goal of resilience training and education is to enable nurses to respond to clinically challenging situations in ways that will protect them against detrimental consequences. Mindfulness based stress reduction (MBSR) has gained significant headway in recent years as a valuable, evidence based intervention to increase resiliency in nurses, improve job satisfaction, and reduce burnout. The purpose of this quality improvement project was to implement a MBSR course for nursing staff to improve nurse resiliency in a mid-western freestanding Children’s hospital. This project examined nurse resiliency pre-intervention, and post-intervention utilizing the Connor-Davidson Resilience Scale, as well as compassion fatigue, compassion satisfaction, burnout, and secondary traumatic stress pre-intervention, and post-intervention using the Professional Quality of Life scale. Results of the project indicate that resilience scores improved, at a statistically significant level, from pre-intervention to post-intervention.
Improving HPV Vaccination Rate in an Iowa Clinic

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Purpose: The project purpose is to increase HPV vaccination rates in a primary care clinic by providing education to providers, nursing staff, adolescent patients and families on HPV. Background: Human Papillomavirus (HPV) is the most common sexually transmitted infection in the United States. In 2006, the first HPV vaccine was approved by the Federal Drug Administration (FDA) for use in adolescents. Since the introduction of the HPV vaccine, uptake has been sub-par compared to other vaccinations

Sample/Setting: The sample for this project is a convenience sample at a small, rural Iowa clinic.

Methods: The approach chosen for the project is a 3-step quality improvement intervention process. The first step is implementing provider and nurse education on HPV vaccination and the importance of strong provider recommendation. The second step is the delivery of CDC written materials on HPV vaccination by the clinic nurse to families when rooming adolescents. The third step is use of CDC educational materials and scripts by providers during the clinic visit with parents and adolescent.

Provider and parent surveys were developed to evaluate the project. Survey data and clinic vaccination rates pre- and post-project implementation were analyzed. An increase in vaccination rates at the clinic was demonstrated. Parent's survey results also listed provider recommendation and educational handouts given during the clinic visit as reasons for vaccinating children.

Conclusion: Knowledge gained from this capstone project showed use of CDC educational materials and scripts as part of a clinic process to support educational interventions can contribute to improved HPV uptake.
Implementing Food Insecurity Screenings and Self-Care Assessments: A Quality Improvement Project Among Diabetic Patients in a Free Clinic

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Purpose: The purpose of this quality improvement project was to implement a food insecurity screening and a self-care assessment for diabetic patients seeking care at a safety net clinic and to evaluate provider perceptions on the usefulness of the selected assessment tools.

Background: Food insecurity is defined as “the limited or uncertain availability of nutritionally adequate and safe foods” (Heerman et al., 2015). Estimates suggest that as many as a quarter of Americans living with type II diabetes struggle to obtain food that suits their nutritional needs (Knight et al., 2015). Poor compliance, poor glycemic control, and poor medication adherence have been observed in diabetic patients who struggle with food insecurity (Mayer, McDonough, Seligman, Mitra, & Long, 2015).

Sample/Setting: The sample for this project was providers and student providers working with diabetic patients at Porto Urgent Care Clinic in Northeast Omaha, Nebraska.

Methods: Patients with diabetes were screened for food insecurity using the Six-Item Food Insecurity Scale and asked to complete the Summary of Diabetes Self-Care Activities Assessment. After the 12-week implementation period, providers and student providers were asked to complete a survey to assess provider perceptions of the screening tools utilized and the sustainability of the project.

Results: A total of 17 patients were screened for food insecurity using the Six-Item Food Insecurity Scale. 17.6% of patients screened were found to have high or marginal food security, 58.8% were found to have low food security, and 23.5% were found to have very low food security. Of the five providers surveyed, four reported that the Six-Item Food Insecurity Scale was easy to use and helped them develop management plans for diabetic patients.

Conclusion: The majority of patients at Porto Urgent Care Clinic presenting with diabetes were found to have low food security. Most providers utilizing the screening tools chosen for this project reported that the tools were easy to use and were useful in developing management plans for patients with diabetes.
An Intervention to Improve Adherence to Prediabetes Screening and Risk Management Education

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Purpose: The purpose of this project is to implement a prediabetes screening and patient education process at a free clinic.

Background: 86 million people are living with prediabetes yet 90% are unaware they have the condition. While prediabetes risk assessment tests exist and are valuable, they are rarely utilized. Increased screening among adults with risk factors and subsequent risk management education is needed.

Sample/Setting: The setting was a free clinic in Boise, Idaho. The convenience sample included 29 adults age 45 years or older with a body mass index (BMI) of 25 or greater. Six providers participated.

Methods: This was a convenience sample of adults who were screened and surveyed. Screening criteria included age 45 and older with a BMI of 25 or greater. The screening tool was the CDC Prediabetes Screening Test. Providers delivered patient education on prediabetes and risk management to those who scored high risk. To assess for improvement in providers use of prediabetes risk assessment testing, pre and post intervention surveys were performed. To determine if lifestyle changes were made, patients completed surveys 4 weeks post intervention.

Results: Twenty-nine patients were screened. Twenty-six participants scored high risk for prediabetes. Twenty high risk patients received education. Providers failed to educate six of the patients. All providers increased their prediabetes screening and patient education practices. Patient survey results taken four weeks post intervention showed 90% of patients who received education reported subsequent lifestyle changes.

Conclusions: Primary care providers should consider screening all patients who have two or more prediabetes risk factors. Education should be provided to patients who score high risk, so they learn how to mitigate their risks. With regular screening, identification and education of patients at high risk for prediabetes, providers can help patients reduce their risks of developing diabetes.
Management of Moderate to Severe Bronchiolitis: A Quality Improvement Project

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Purpose: The purpose of the proposed quality improvement project is to develop an evidence based clinical pathway designed to prevent unplanned pediatric intensive care unit (PICU) transfers, decrease the rate of endotracheal intubations, and decrease the total hospital length of stay in hospitalized infants 12 months and younger diagnosed with moderate to severe bronchiolitis.

Background: Bronchiolitis is the leading cause of hospitalization for infants during their first year of life, accounting for 18% of all hospitalizations in the US. Consensus definitions for moderate to severe bronchiolitis are lacking and there is substantial institutional variability in testing and treatment.

Sample/Setting: Principal diagnosis of acute bronchiolitis in term infants aged one month to less than two years without any underlying illness at Children’s Hospital Colorado.

Methods: Gather baseline data from the previous year on bronchiolitis admissions, length of stay, PICU admissions, PICU transfers, time on high flow nasal cannula (HFNC), time on positive pressure (PPV), time intubated and if the HFNC initiation policy was followed from Children’s Hospital Colorado. From this information, collaborate with the pulmonology team to update the clinical pathway and provide education and staff support on evidence-based bronchiolitis protocols.

Results: Within my target population, there were 189 patients admitted to the PICU with 185 patients requiring HFNC, 104 requiring PPV and 24 patients requiring endotracheal intubation. 105 patients were not appropriately escalated per policy on HFNC and their length of stay ranged from 2-30 days with 61 escalating to PPV and 8 escalating to endotracheal intubation. Of the 21 patients who were appropriately escalated per policy, their length of stay ranged from 1-9 days with 14 escalating to PPV and no intubations occurring.

Conclusion: Escalation via the current policy offered better outcomes in length of stay and oxygen modality and therefore should be taught to clinical staff.
Development of an Educational Resource to Increase Nursing Staff Knowledge of Adrenal Insufficiency Management in the Neonatal Intensive Care Unit

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Purpose: The purpose of this project is to develop an evidence-based educational resource for providers and nursing staff in the neonatal intensive care unit (NICU) and endocrine clinic that will increase knowledge and comfort when providing education to families with a diagnosis of adrenal insufficiency (AI).

Background: Patients with AI require exogenous glucocorticoid administration to mimic what their body is unable to produce naturally. During times of illness or physiologic stress, additional medication may be needed to prevent negative sequelae. It is imperative caregivers of pediatric patients understand the disease process and when and how to adjust medication dosing. Nursing staff play a significant role in caregiver education, yet they often do not have the necessary education themselves nor the information to support their role as an educator. There is a need to ensure nurses are aware of and have access to evidenced-based educational material to improve knowledge and comfort when providing caregiver education.

Sample/Setting: The setting was 61-bed NICU and outpatient pediatric endocrinology clinic within a Children’s Specialty Center in Boise. Seventy-eight nurses working in the NICU or supporting the pediatric endocrinology clinic participated in the project.

Methods: This quality improvement project involved completion of a 10-question survey to assess knowledge of AI and comfort providing patient education, administered before and after an educational session via power point presentation.

Results: The paired differences between pre-and post-surveys revealed a mean of -2.192, SD of 1.773, and SEM of 0.201 (p.000). An increased level of AI knowledge was reported by 60% of those surveyed, and 63% indicated an increased level of comfort with providing caregiver AI education.

Conclusion: Adequate caregiver education is imperative to improve health outcomes for pediatric patients with AI. To ensure appropriate education, those providing this education must have at minimum a basic understanding of AI management and have access to evidence-based educational material.
Improvement of Transgender Patient Care in Primary Care Nurse Practitioner Programs

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Purpose: The purpose of this project was to measure nurse practitioner student curriculum perception and to increase knowledge and awareness of transgender healthcare needs.

Background: Approximately 1.4 million adults within the United States identify as transgender. A recent national report stated that 33% of transgender patients delayed or did not try to get preventive health care, and of those who accessed care, the majority left feeling undertreated. In addition, many individuals reported a lack of medical knowledge from their provider in regards to basic transgender needs, and as many as 50% found themselves educating their provider about transgender care. Currently, no curriculum regulations require professional health schools to provide transgender education.

Sample/Setting: A convenience sample of 28 Master and Doctoral trained Nurse Practitioner students, practicing in primary care, was utilized for this study. Participants included students from multiple Jesuit and non-Jesuit institutions. The location took place from any location that the participants had access to their computers.

Methods: The study measured students’ perceptions of their transgender curriculum as well as attitude and level of knowledge. Data was collected via an online pre-survey, educational webinar, and post-survey format.

Results: Following the completion of the study, participants reported feeling more comfortable with caring for transgender patients, scored an average of two points higher at the population-specific knowledge post-test, and the majority would suggest the implementation of educational interventions into their curriculums.

Conclusion: All patients, despite their gender identity, deserve high quality healthcare from a practitioner who has been adequately prepared to meet the needs of transgender patients. These study findings suggest that even limited amounts of diversity training can be beneficial to a practitioner program. One such Midwest Jesuit institution acknowledged this recommendation following this student presentation to the curriculum committee. Approval has been obtained, and the curriculum will be adjusted to include basic transgender healthcare education for nurse practitioner students attending this institution.
Purpose: The purpose of this program development and evaluation project was to incorporate the Chicago Consensus recommendations in the formation of a DSD/gender dysphoria clinic model within a northwest childrens specialty center to better serve this population in and around the region.

Background: DSDs can impact a child’s external and internal genital phenotype, physical health, fertility, sexual function, social and psychosexual adjustment, mental health, quality of life, and social participation (Lee et al., 2006). Children with gender dysphoria can have similar concerns in regards to fertility, social and psychosexual adjustment, mental health, and quality of life (American Academy of Pediatrics, 2017). Both populations require care from multiple subspecialists including endocrinology, urology, genetics, and mental health (Lee et al, 2006). The need to see multiple subspecialists increases healthcare costs to the patients as well as time spent in various appointments (Yaneza et al., 2015). It also places these patients at risk for fragmented care with resultant poor patient outcomes (Walunas et al., 2017).

Sample/Setting: 149 pediatric patients previously seen by one of the recommended specialty clinics within St. Luke’s Children’s Specialty Center.

Methods: Utilized Kotter’s 8 Step Model of Change to guide the creation and evaluation of a multidisciplinary clinic for children with DSD and gender dysphoria.

Results: Patient response was positive as indicated by adherence to their scheduled appointments and reception to an innovative multidisciplinary clinic model. The overarching theme among providers was an appreciation for the structure of the clinic and the effectiveness of the multidisciplinary approach.

Conclusion: The role of a multidisciplinary clinic to meet the unique needs of the DSD/gender dysphoria population shows promise with promoting positive patient outcomes and promoting patient and provider satisfaction.
What's Your HeRO Score? An Evaluation of One Unit's Experience with a Heart Rate Characteristics Monitoring System

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Purpose: The purpose of this project was to evaluate the usefulness of the HeRO system and to integrate and maintain this new technology by improving staff's perceptions of the HeRO system.

Background: Neonatal sepsis continues to be a threat for increased mortality and morbidities for infants in the NICU. The HeRO system uses the concept of predictive monitoring by analyzing heart rate characteristics. The HeRO system, as an adjunct diagnostic tool, becomes clinically relevant when a systemic inflammatory response is in progress.

Sample/Setting: A Midwest NICU where infants were evaluated using HeRO scoring between October 2015-December 2018.

Methods: A retrospective chart review was done for all infants meeting criteria of an elevated HeRO score of > 4, a positive blood culture, and/or a diagnosis of NEC. Clinical qualities were examined at elevated HeRO score, positive blood culture, and/or NEC event, as well as management interventions.

Results: Of the 75 infants with elevated HeRO scores, 44% (33/75) had other simultaneous clinical events, such as IVH, BPD, or PDA. Infants with a high HeRO score and a positive blood culture were 20% (16/75). The infants with a high HeRO score >2.0 and a diagnosis of NEC were 87% (20/23). The sensitivity of the HeRO score > 4.0 for sepsis was 0.42. The sensitivity of the HeRO score > 2.0 for sepsis was 0.54.

Conclusion: Many of the infant with high HeRO scores had either sepsis/NEC or some other inflammatory disorder (IVH, BPD, or PDA). The high HeRO scores presented the providers with an additional tool to use in addition to clinical signs of sepsis. Further evaluation of specific infants from a prospective review would be advantageous to the continued usefulness of this highly, technologic tool.
Healthy Living for Parents and Children Through a School-Based Community Wellness Program

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Purpose: The purpose of this program development and evaluation project was to improve healthy living for school-aged children and parents through participation in a school-based community wellness program.

Background: Obesity affects 12.7 million children and adolescents (CDC, 2017). Obesity is a risk factor for many serious health conditions such as hypertension, type 2 diabetes, and hyperlipidemia (Fruh, 2017). Schools are a central gathering place for students and an ideal setting for implementation of a community wellness program.

Sample/Setting: Participants were from a Midwestern community school system. Two fifth grade class sections piloted the program, which was a required part of the curriculum. The program took place at a local community wellness center. Fifty-three students and parents participated in the program. Thirty-nine students and two parents completed the pre and post-surveys for this project.

Methods: This project utilized a pre-test post-test design. A modified version of the Healthy Eating, Active Living (HEAL) Youth Nutrition and Physical Activity Survey was administered before and after participation in the program to measure knowledge of healthy lifestyle choices and self-reported diet and exercise habits.

Results: Student participant knowledge related to nutrition and exercise increased from pre-intervention ($M = 2.0$, $SE = .16$) to post-intervention ($M = 2.9$, $SE = .16$). This difference, $.92$ BCa $95\%$ CI [.55, 1.30], was significant $t(38) = 4.99$, $p < .001$, and represents a large-sized effect, $d = .80$. The biggest improvements appeared in the knowledge of exercise types (62% pre vs 82% post) and muscle knowledge (23% pre and 46% post). Knowledge of daily fruit servings (64% pre vs 74% post) and daily vegetable servings (51% pre vs 72% post) showed smaller gains.

Conclusion: The Community Wellness Program demonstrated successful incorporation of evidence-based practices that led to a successful outcome; however, changes are needed to ensure future sustainability.
Evaluating mobility on ventilator patients

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Purpose: To see if patients who had a documented MOVE score had better outcomes than patients who did not.

Background: The negative effects of bed rest and immobility of patients in the intensive care unit has been studied for the past 20 years. These effects include increased length of stay, increased intensive care unit length of stay, decreased functional status after discharge, and increased days on the ventilator. The literature suggests that early intervention by physical/occupational therapy and early mobility leads to opposite effects listed above.

Setting: This project took place at a midwestern U.S. hospital.

Population: The population studied was adult (over 50) mechanically ventilated patients who had been ventilated for more than 48 hours, did not have a tracheostomy, and did not have orders for palliative care at any point during their stay.

Methodology: A retrospective chart review was done over a nine-month period to evaluate outcomes for patients who had a documented MOVE score compared to those who did not. Six months of data was analyzed for patients that did not have MOVE scores documented. Outcome data was entered into an excel file and means were calculated.

Results: Twenty-five charts were reviewed for individuals who had a documented MOVE score; 26 for those who did not have a score. Individuals who did not have a documented MOVE score had 4 fewer days in the ICU, 4 fewer days on a ventilator, and 3 fewer days related to overall hospital length of stay. Days after ICU admission when PT/OT services were initiated was approximately the same for both groups.

Discussion/Practice Implications. While a documented MOVE score may provide information regarding when to begin rehabilitation services, for this particular group of patients, informal face to face interdisciplinary collaboration regarding a patients ability to begin therapy proved to be more valuable than doing a formal assessment using a MOVE score.
Effect of Inpatient Pain Management Order Sets on Adult Rib Fracture Patients

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**Purpose:** The purpose of this research utilization project was to analyze the utilization of pain management order set changes on trauma patients with three or more rib fractures upon admission to an acute care hospital. Order set changes included the suggestion of ordering less opioids and made available more non-opioid analgesics for selection.

**Background:** The UnityPoint Health in Des Moines, Iowa identified outdated pain management practices hospital-wide in comparison to the current Joint Commission recommendations. Recent literature review revealed a balance between adequate pain management and oversedation, from factors such as opioids, is necessary to prevent delayed healing and increase risk of further complications in patients with rib fractures.

**Sample/Setting:** A total of 50 adult patients with three or more rib fractures were included in retrospective chart review between the time periods April-July 2017 and April-July 2018. The population was matched by age, sex, and number of rib fractures. Patients were admitted to the ICU or the inpatient floor from initial evaluation in the ED.

**Methods:** Retrospective chart review was completed by the research team comparing number of opioids ordered, amount of opioids received, use of non-opioids, naloxone use, medical emergency team calls, transfers to ICU, and hospital length of stay.

**Results:** The post order set change group received fewer opioids throughout their hospital stay (44.4 MME/day vs. 46.9 MME/day). The post-group also received more gabapentin, nicotine patches, and benzodiazepines. Mortality and narcan use were comparable among both groups.

**Conclusion:** Fewer opioids were ordered and given after pain management order sets were changed. These findings were not statistically significant. Results from this project will contribute to discussions regarding the impact of the pain management order set changes and potential areas for improvement in medications offered and staff knowledge of pain management options and appropriateness.
Safe Sleep in the NICU

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Purpose: The purpose of this evidence-based quality improvement project was to improve nurse compliance of AAP recommended safe sleep practices.

Background: The American Academy of Pediatrics (AAP) recommends that all infants 32 weeks and medically stable be placed in a safe sleep environment to allow adequate time of supine sleep prior to discharge. Due to premature infant’s unique needs requiring developmental care, there is confusion of when and how to safely transition infants to supine sleep. Parents are likely to model infant positioning practices of health care providers in the NICU, so safe sleep practices must be instituted prior to discharge. Modeling of the safe sleep environment in conjunction with verbal education is effective for teaching parents correct positioning practices.

Sample/Setting: The setting was a 38-bed level IIIB neonatal intensive care unit in the Midwest.

Methods: The safe sleep policy was revised to emphasize the importance of transitioning to supine sleep, active tummy-time, and modeling of safe sleep in the crib environment to parents. An algorithm was developed to aid in position decision making, utilizing gestational age and clearly defining medical stability. Education on policy changes, the need to transition to safe sleep, and modeling the safe sleep environment to parents was given to bedside nurses and neonatal developmental therapists. Pre- and post-education audits were performed on infants in cribs to determine effectiveness of education and included direct feedback.

Results: Safe sleep compliance increased from 21% (92 pre-intervention audits) to 82% (118 post-intervention audits). Monthly audits for compliance will continue until safe sleep compliance is greater than 90%. Once this is achieved, audits will continue on a quarterly basis to maintain compliance.

Conclusion: Policy revision, staff education, and bedside auditing with direct feedback increases safe sleep compliance in the neonatal intensive care unit.
Background and Significance: In the United States, there was a 383% increase in the number of infants born with NAS from 1999-2013, which means approximately 1 infant who will withdraw from drugs is born every 25 minutes. NAS is a complex and serious syndrome that presents as irritability, sweating, lack of coordination to eat, diarrhea, vomiting, weight loss, central nervous system instability, fever, tremors, increased tone, and if not treated adequately seizures. These symptoms are painful and put the infant at risk for failure to thrive and even death. The infant is also at risk for preterm birth, intrauterine growth restriction, congenital anomalies, and severely impaired neurodevelopment. Not only are there short and long-term implications to the infants, but NAS costs the government millions of dollars each year. In 2012, there was 1.5 billion dollars in hospital charges related to NAS, and of that 80% or 1.2 billion dollars were paid by the US government Medicaid program.

Purpose of the study: The purpose of this project is to determine if the addition of clonidine as an adjunct to morphine in the treatment of NAS, reduces infants length of stay in the NICU. To shorten the length of time in the hospital, the duration of treatment must be shortened. Prior to the addition of clonidine to morphine, the hospitals treatment plan was morphine sulfate every 3, with the addition of phenobarbital nightly if needed. The wean off morphine had been very slow for many infants, and they were in the NICU for weeks to months. The goal is to initiate clonidine to expedite the weaning of morphine more safely, and in turn reducing their length of stay.

Description of population: Data will be collected on all infants admitted to the NICU for NAS (term or pre-term) from January of 2018 through January 2019.

Setting: 40-bed, level III NICU

Results or Outcomes and conclusions and implications: overall length of stay has been decreased with the use of clonidine and morphine.
Rural Emergency Services Activating Helicopter Emergency Services to Promote Optimal Care and Outcomes

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Purpose: To educate rural Nebraska volunteer EMS agencies how to triage patients to HEMS for trauma, CVA and STEMI with the goal of decreasing the morbidity and mortality of the patients they serve.

Background: Rural EMS agencies often have access to helicopter emergency services but do not activate them early or appropriately.

Sample/Setting: Education about activation of HEMS for trauma, STEMI and CVA, provided to the rural EMS agencies within a 100-mile radius of North Platte, NE. Patient population will be from these respective areas that these EMS agencies serve.

Methods: Education was provided to rural EMS agencies as above. Based on this education, call volume from these EMS agencies would be increased for trauma, CVA and STEMI diagnoses and outcomes of these patients would be positive.

Results: Education provided to rural EMS agencies did not increase the number of calls received to HEMS.

Conclusion: Research is available to show that HEMS improves patient outcomes for trauma, STEMI and CVA. More research is needed in the rural areas to determine rural EMS agencies thoughts on activation. Furthermore, education is needed about HEMS being a significant tool in the morbidity and mortality of the patients they serve.
Implementation of an Oral Care Bundle on an Inpatient Pediatric Oncology Unit

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Oral mucositis is a devastating side effect of cancer treatment negatively impacting the pediatric patient. On an oncology unit at a Midwestern childrens hospital an oral care bundle was not set in place to help prevent oral mucositis. Based on a systematic review, Qutob, et al (2013), determined there is good evidential support for the implementation of an oral care protocol. An oral care bundle was developed and includes: toothbrush, toothpaste, floss, two-minute timer, lip balm, an educational plan for patients and staff and an algorithm for nursing should a patient develop oral mucositis. This was distributed to all oncology patients on every admission. An order set was created to link to education for the nursing staff and for nursing to order Peridex mouthwash based on the algorithm. The nursing documentation in the electronic medical record (EMR) was developed and included: patient received the bundle and was educated on the bundle including the expectations of oral care and prevention of oral mucositis. A chart review was conducted to determine if education was provided to each patient and if the algorithm was utilized should the patient score a nine or greater on the OAG. Results demonstrated that the order was placed 36.3% of the time, education and the kit were documented by the nurse 13.6% of the time and the algorithm was not utilized during the implementation phase. The oral care bundle was set in place for two weeks for the purpose of this study. The oral care bundle will remain in place on the inpatient pediatric oncology unit due to the support of the literature. After further implementation the impact on oral mucositis will be evaluated.
Uber Health As A Transportation Solution For Missed Pediatric Primary Care Appointments

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A common problem in the pediatric primary care setting is missed appointments. Missed appointments have been shown to decrease health outcomes for patients as well as decrease productivity and financial loss for the provider. This scholarly project aimed to decrease missed appointments through utilization of a transportation service, Uber Health through a pilot project at one pediatric primary care office. During a two-month period, the social worker was able to use Uber Health as a tool to aid in patient transportation to and from the clinic. Results showed there was a cost reduction when compared with taxi services as well as a decrease in missed appointments when compared with the same time period of the year prior.
Development, Implementation, and Evaluation of a Pediatric Educational Program for the Promotion of Bone Health

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Purpose: The purpose of this scholarly project is to develop, implement, and evaluate an educational program for elementary students to promote optimal bone health and prevent osteoporosis.

Background: Osteoporosis is a debilitating disease affecting millions of Americans. The risk of osteoporosis can be decreased through weight bearing exercise, calcium and vitamin D intake, avoidance of smoking and limited alcohol intake. Studies have shown the amount of bone mineral density developed during childhood and adolescent years leads to a higher peak bone mass, thus lowering the risk of developing fractures during childhood and osteoporosis in later years. By teaching and implementing preventative measures during childhood and adolescent years, the incidence of osteoporosis may be diminished.

Sample/Setting: Laramie is a town of 30,816 in the southeast corner of Wyoming. The program was presented in 7 of the 8 elementary schools. The program was given to 5th graders except one school where it was given to 4th graders and another school in which it was presented to a combined 4th through 6th grade.

Methods: An age-appropriate interactive program which included a power point presentation, questions and answers, and visual aids, was developed and presented. The Healthy Bones Knowledge Questionnaire (HBKQ) and Calcium Food Frequency Questionnaire (CFFQ) were given to students as pre-tests and post-tests.

Results: HBKQ demonstrated a 9% (CI 95%, 7.03%-11.2%) increase in knowledge, F(1, 409)=73.9, p<0.001. CFFQ did not show a change in calcium intake, F(1, 476)=.017, p=.897 and a 95% CI [-109 mg, 96 mg]. Baseline intake was 1,039 mg of calcium.

Conclusion: This project demonstrated that the educational program can increase knowledge. The lack of change in calcium intake was likely due to high baseline intake and their meals still being regulated by their parents/guardians.
Implementation and Evaluation of a Same-Day Discharge Protocol for Percutaneous Coronary Intervention

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**Purpose:** The purpose of this Doctor of Nursing Practice (DNP) project focuses on the development, implementation, and evaluation of a protocol for same-day discharge (SDD) for percutaneous coronary intervention (PCI).

**Background:** Cardiovascular disease is the leading cause of death in the United States. Health care providers are challenged to lower the cost of care while improving outcomes. Same-day discharge for elective percutaneous coronary intervention is utilized to lower the cost of cardiac care and improve quality of life for patients.

**Sample/Setting:** The project involved patients at Methodist Jennie Edmundson Hospital in Council Bluffs, Iowa who met the evidence-based criteria for the same-day discharge for PCI.

**Methods:** The project was approved as a quality improvement project by Methodist Jennie Edmundson Hospital and the Institutional Review Board at Creighton University. Preoperative, perioperative and postoperative criteria were utilized to determine patient eligibility for same-day discharge. After a same-day discharge was ordered, data collection was able to begin. There were three aims to be studied in patients eligible for same-day discharge. First, the necessity of the procedure was considered using appropriate use criteria (AUC). Secondly, following the intervention, patients were monitored for complications for 30 days. Finally, patients referral and attendance at cardiac rehabilitation was monitored.

**Results:** Three patients completed the same-day discharge process during the study period from September 21, 2018 through December 31, 2018. Two of the patients had appropriate procedures based on the AUC. There were no complications at 30-days postoperatively. All patients enrolled in outpatient cardiac rehabilitation within one week of discharge and continue to participate in cardiac rehabilitation.

**Conclusion:** There was successful implementation of same-day discharge protocol for percutaneous intervention. There were clinical and social barriers identified during the implementation process. These must be overcome to increase the volume of patients completing the same-day discharge process.
Preconception Care in the Primary Care Setting

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Purpose: The purpose of this quality improvement project was to implement and evaluate a Preconception Care (PCC) screening and education program in the primary care setting.

Background: Preconception Care (PCC) is defined as a preventive intervention that focuses on women’s health risk factors before becoming pregnant. PCC has been shown to reduce infant and maternal mortality and pregnancy complications; however, primary care providers are not implementing PCC widely.

Sample/Setting: The setting was a Midwestern family practice clinic. During routine office visits, female participants aged 19-50 were asked the question, “Are you considering pregnancy, or could you possibly become pregnant?” One hundred and one women were screened for risk factors, provided with PCC education as necessary, and later contacted by phone to assess changes in health behavior following the visit.

Methods: This quality improvement study utilized the Model for Improvement Plan, Do, Study, Act (PDSA) design and was guided by the Health Belief Model

Results: Forty-three percent of participants answered “yes” to the question, “Are you considering pregnancy, or could you possibly become pregnant?” Out of these participants, the following was reported: average BMI of 28.9; 35% were taking a folic acid supplement; 50% reported anxiety, and 40% reported depression. Seventeen women participated in the follow up phone call. Out of these participants, the majority believed that if they changed their health behaviors now, they would have a healthier baby; however, only half of these women reported making health behavior changes one month after receiving PCC.

Conclusion: Providers should screen patients for the need for PCC at every visit. Screening for risk factors related to obesity, smoking, alcohol use, IPV, race and ethnicity, and mental health should be assessed for further follow up. Encouraging and educating women to modify risk factors before pregnancy may contribute to healthier maternal and infant outcomes.
Gastric Enteral Tube Placement in the Neonatal Population: Applying the Best Evidence

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Purpose: The purpose of this project is to increase safety for patients receiving enteral nutrition through a gastric feeding tube.

Background: Feeding tubes are widely used in Neonatal Intensive Care Unit (NICU) populations. The literature reveals that enteral tubes are still being measured and placed inaccurately which puts these neonates at significant risk for complications. Therefore, it is necessary to implement a practice change and integrate a second-check method of measurement that will decrease the risk of complications and prevent a prolonged NICU stay from those complications. The literature supports the Age-Related-Height-Based (ARHB) method of measurement as an accurate method for calculating insertion length.

Sample/Setting: The setting for this quality improvement project was the University of Iowa Stead Family Children’s Hospital Neonatal Intensive Care Unit. Inclusion criteria was any infant who was over 35.0cm in length.

Methods: The ARHB method was used as a double-check for staff nurses measuring enteral tubes via the current standard of the Nose Ear Mid-Umbilicus (NEMU) measurement. The NEMU measurement should be within 0.5cm of the ARHB method or the staff nurse should repeat the NEMU measurement.

Results: Data was first collected on 127 patients in the NICU prior to implementing the double check of the ARHB method. 14 patients (11%) did not have documented enteral tube insertion lengths. 74 patients (58%) had enteral tubes inserted to a length greater than 0.5cm difference than the ARHB calculation. Post-implementation data was collected via a pilot study on ten patients over a three week period of time. 23 pieces of data were collected. Ten times (43%) enteral tubes were inserted to a length greater than 0.5cm difference than the ARHB calculation.

Conclusion: There was an overall improvement in the number enteral gastric tubes that were accurately inserted using the ARHB method as a second check to the NEMU.
Improving Obstructive Sleep Apnea Identification in the Primary Care Setting

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Purpose: The purpose of this project was to improve the obstructive sleep apnea (OSA) screening process at a family practice clinic by implementing a standard screening tool for use in a group of at risk patients, specifically, males between the ages of forty-five and sixty-five.

Background: OSA is a highly underdiagnosed disease. Undiagnosed disease has been estimated to cost the healthcare system $34 to $69 billion annually. Untreated disease leads to adverse health outcomes. The treatment standard is continuous positive airway pressure (CPAP).

Sample/Setting: Males between the ages of 45 and 65 who visited a private clinic for wellness or routine evaluation were included in the project (N=92). The city’s population is nearly 50,000, with approximately 66% white, 29% Hispanic, and 2.4% black.

Methods: The STOP-Bang screening questionnaire was implemented over 3 months by three primary care providers. The number of low, intermediate, and high risk screens was recorded. The number of patients who received education, diagnostic testing, and a diagnosis of OSA and currently receiving treatment was recorded.

Results: Ninety-two patients were screened for OSA. Mean age of sample was 58.4 years. 96.7% of patients were white. 19 were high risk and 26 received education. Nine patients were referred for diagnostic testing, of which 5 completed the testing. Two patients were ultimately diagnosed with OSA and are receiving CPAP therapy.

Conclusion: According to staff interviews, the STOP-Bang was simple to implement, interpret and act upon. Two patients from the study are currently being treated for OSA. The providers have not agreed to continue regularly using the STOP-Bang tool, however consider it a good tool to use if needed. A gap in the follow up process was identified after project implementation and provided an opportunity for a process improvement regarding patient follow up for ordered tests.
Teens and Sexually Transmitted Disease Impact of Education on Knowledge of STD Prevention

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Purpose: This quality improvement project introduced an effective sexually transmitted disease (STD) educational program, increased the knowledge of high school health, educational, and administrative personnel related to the incidence and prevalence of STDs within the adolescent population, increased competencies of educators responsible for teaching the program, and implemented a sustainable program and protocol to provide STD teaching and support to adolescents in a rural mid-western parochial high school.

Background: CDC estimates that nearly 20 million new sexually transmitted infections occur every year in this country, half among young people aged 15-24, and account for almost $16 billion in health care costs (CDC, 2016). Nebraska require no Sex education in schools. No STD education was included in the curriculum at the projects school.

Sample/Setting: Juniors and seniors at a rural mid-western parochial high school

Methods: An instructional program was adopted that emphasized the seven most prevalent STDs and included information on symptoms, prevention, and treatment. Participating Juniors and Seniors took a validated STD-KQ questionnaire before a 40-minute STD educational lesson. They took the STD-KQ again after lesson and again 7 weeks later.

Results: The increase in student’s knowledge of STDs was statistically significant with a n:29 and a P = < .001. Average score on pre-test was 8.86/27 correct answers. First post-test average score was 19.58/27 and second post-test 15.29/27.

Conclusion: These results are in line with previous research that showed short educational intervention can be effective in increasing student’s knowledge about STDs. Providing focused, one-time information regarding STDs can increase student’s knowledge about STDs. Students were given printed information to take home and share with their parents to help to spark further discussion. This increased knowledge will help to increase the student’s ability to make informed decisions in their sexual activity. Future projects will aim to present this lesson to students in younger grades. This QI project is sustainable and includes a curriculum and guideline for future use.
Communication and Civility Workshop in Healthcare and the Effects on Patient Satisfaction and the Work Environment

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Purpose: The purpose of this project is to provide a program for staff on using civility when effectively communicating patient needs in the health care environment; then, evaluate their knowledge, patient satisfaction scores, and the work environment.

Background: Using civility in conversation and within the health care realm has been a relatively new topic in health care over the course of these past few years. Incivility and miscommunication have been linked to a decrease in patient satisfaction, higher nurse turnover rates, and an unhealthy work environment.

Sample/Setting: 40 bed inpatient acute care medical/surgical unit at a 800 bed Magnet hospital in Southern Florida (Sarasota Memorial Hospital). Acute care bedside nurses and patient care technicians (PCTs) were used for sample size.

Methods: An acute care unit with registered nurses, techs, and ancillary staff were asked to attend a 1.5 hour workshop related to civility and communication in health care. Following, participants utilized real life scenarios and role playing to apply civility in their conversations. A pre-and post-test using the AACN’s Healthy Work Environment Assessment Tool, Nursing Incivility (NIS), and Class Evaluation tool was utilized for measuring the educational outcomes of the workshop. HCHAPS scores were also reviewed pre and post intervention. Personal interviews were conducted before and after.

Results: HCHAPS scores did increase slightly on the communication between nurses and patients. Bedside staff reported feeling more confident in addressing issues of incivility on their unit and found during personal interviews to appreciate the workshop. Many wanted to continue this workshop each year. Results of the NIS was that supervisors were thought of very highly, and that majority of issues with incivility occurred between nurses and physicians, and nurses and patients/patient families.

Conclusion: By providing staff with education on how to combat incivility and the importance of maintaining a healthy environment, we can see improvement in patient satisfaction scores and nursing confidence.
Quality Improvement Project on Pediatric Asthma Management in the Primary Care Setting

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Purpose: The purpose of this DNP QI project was to identify the gaps in pediatric asthma management and improve provider documentation and adherence to national guidelines over a 4-month period in a private pediatric office setting in urban Arizona.

Background: Today, 25.7 million people in the United States have asthma, including seven million children under 18 years of age. From 2001-2010 more than 60% of pediatric patients with asthma had exacerbations (CDC, 2018).

Sample/Setting: Due to the large patient population for this office, and the time limitation for this QI project, the sample size was limited to the first 150 patients with an asthma diagnosis. The setting was a private pediatric office setting in urban Arizona.

Methods: The information from the chart review was then be entered into the EQIPP system, which identified quality gaps based on national asthma standards. Next, the improvement plan to correct quality gaps was developed by the DNP and CEO, and then presented to the providers.

Results: The two largest quality gaps identified for improvement for the North Scottsdale Pediatrics office were: 1) establish diagnosis and obtain spirometry every 1-2 years, the quality gap identified is 63-65%, and 2) provide/review current asthma action plan at every visit, the quality gap identified was 50%.

Conclusion: The overall finding for this QI project, in a private pediatric office, determined that 7 of the 10 national asthma guidelines assessed by the EQIPP program did not meet the goal of 90% documentation and adherence. Based on those guidelines, spirometry and asthma action plans are two top priorities for maintaining asthma control and good health outcomes for pediatric asthma patients, both of which were found to have quality gaps of great than 50% in the private office setting for this QI project.
Implementation of the ICU Psychological Assessment Tool

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Purpose: The purpose of this quality improvement project is twofold. Aim 1 seeks to identify the risk present for acute psychological morbidity of ICU patients in a rural hospital setting. Aim 2 will define the level of confidence among ICU nurses in managing these patients.

Background: The psychological impact during a patient’s stay in the Intensive Care Unit (ICU) can result in psychological morbidity. Due to invasive lines, and life support measures not all patients can report their emotional distress. This warrants assessments and interventions by the interdisciplinary team. (Wade et al., 2012; Wulff, 2018).

Methods: This study was set in a rural Nebraska 16-bed ICU and rolled out in two phases. Phase one screened patients using the Intensive Care Psychological Assessment Tool (IPAT). The following inclusion criteria were met: 1) adults aged 19+ admitted to the ICU for >48 hours; 2) alert and oriented; 3) no active sedation; 4) scoring between +1 and -1 on the Richmond Agitation Sedation Scale; 5) Glasgow Coma Scale Score of 15, and 6) English speaking. In phase two, ICU nurses were given a pre-survey to assess for a baseline level of confidence and education needs regarding management of ICU patients with mental illness. These results were compared to a post-survey administered following the educational intervention.

Results: Of 102 ICU patients, 15 patients qualified for IPAT screening. Three patients tested positive, and no provider referral was made. Of the ICU nursing staff who completed both the pre and post questionnaire (n=4), participants posted a statistically significant higher confidence at post than at pre. Participants who only completed the pre-survey without receiving the intervention had a statistically significant lower average confidence than those surveyed at post who received the intervention.

Conclusion: Based upon the results of this study as many as 20 percent of patients in a rural ICU setting are at risk for a psychological morbidity. In addition, registered nurses within rural settings would benefit from education on the psychological morbidities present within the patients for whom they care. Additional research must be completed to identify strategies for referral and follow-up for these patients.
Establishing an Evidence-Based Protocol for Managing Depression in a Rural Primary Care Setting

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**Purpose:** The purpose of the quality improvement project is to develop a succinct, concise protocol for a rural facility in order to improve completion of depression screening utilizing the PHQ-9. This project had three aims, (1) to determine the compliance of depression screening within the rural outpatient setting, (2) determine if variables such as age, gender, chronic disease, and chronic pain influence the PHQ-9 score, and (3) determine if patients who score >9 on the PHQ-9 have been treated or referred for psychiatric services for their needs.

**Background:** Depression is one of the most common mental health diagnoses in the US and is the leading cause of disability in adults aged 15-44 (NIMH, 2017). Approximately 16.1 million American adults ages 18 and older have had a depressive episode within the last year (NIMH, 2017). Due to the rise of depression diagnosis, the United States Preventive Services Task Force has recommended that all adults 18 years and older be screened for depression annually.

**Sample/Setting:** The setting for this QI project was three primary care clinics located in three rural Midwest communities. The sample included adults 18 years who presented to the clinic between March and June 2018 for well visits. This resulted in a sample of 251.

**Methods:** A retrospective chart review was conducted to determine the compliance rate of the providers, patient demographics, total PHQ-9 score, and individual item score. Data were analyzed in coordination with university statistician and principal investigator utilizing descriptive and frequency statistics.

**Results:** Of the 251 charts reviewed, 154 showed appropriate completion of the PHQ-9, a compliance rate of 61%. Within this compliance rate, there was vast variability with the compliance of the 3 providers. Age, gender, chronic pain, and chronic disease did not show a significant correlation with PHQ-9 in this sample due to small sample size and decreased compliance rate.

**Conclusion:** Review of the literature continues to show that depression screening, diagnosis, and treatment is underutilized. This QI project revealed that despite clinic mandate of depression screening annually, the compliance rate requires improvement. A user-friendly protocol for clinic staff to follow will allow for consistency, thereby improving compliance.
Increasing awareness of shingles and the shingles vaccine through a collaborative effort with a Midwestern retail pharmacy.

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*Purpose:* The purpose of this DNP quality improvement project is to increase knowledge and awareness of shingles and Shingrix at a Midwestern pharmacy through a staff education program.

*Background:* One in three Americans will get herpes zoster in their lifetime. Post herpetic neuralgia is the most common complication of shingles and occurs when the pain persists for months after the rash resolves. Despite the availability of a vaccination against herpes zoster, a 2015 review revealed that only 31.89% of eligible adults were vaccinated against shingles. In October 2017 the Advisory Committee on Immunization Practices recommendation was expanded to include vaccination of all adults age 50 or older with the herpes zoster subunit vaccine Shingrix. Historically the shingles vaccine was not stocked in primary care offices and has been given at pharmacies.

*Sample/Setting:* Staff at pharmacy.

*Methods:* An anonymous survey was administered to all staff at a Midwestern chain pharmacy to assess perceived barriers to vaccination at their location. Once barriers were identified, education for the pharmacy staff was developed to counteract these barriers. This education was recorded and is available for future use. A posttest survey assessed the knowledge gained by the pharmacy staff.

*Results:* 45 staff members responded to the original survey. Time, cost, and supply were determined to be the biggest barriers. Two locations who performed poorly on shingles vaccination in 2017 were selected to receive staff education. Attempts at a live presentation were unsuccessful due to staff availability, so the presentation was recorded and distributed through email. A posttest survey had 12 responses and revealed increased staff knowledge on shingles and Shingrix.

*Conclusion:* Pharmacies are an effective and trusted place for vaccination. Targeted staff education on specific vaccines should lead to an increase in overall vaccination administration rates over time. Primary care providers should continue to work with pharmacies to insure patient compliance with shingles vaccination.
Implementation of Paternal Postpartum Depression Screening in the Newborn Intensive Care Unit

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Purpose: The purpose of this process improvement project was to implement routine screening for paternal PPD in the NICU using the Edinburgh Postnatal Depression Scale (EPDS) and describe the incidence of PPD in NICU fathers at this institution, and provide resources.

Background: Postpartum depression (PPD) screening in NICU fathers has been largely ignored despite evidence that NICU fathers experience PPD at higher rates than their non-NICU father counterparts. This population of fathers would benefit from PPD screening and referral to appropriate resources if applicable during their infant’s NICU stay.

Sample/Setting: The population sample and setting is a convenience sampling of fathers of infants in a 36 bed, Level III NICU in a non-profit, academic hospital, in a Midwestern metropolitan area.

Methods: Fathers were screened at one week post-birth and then monthly thereafter until discharge of their baby. The EPDS was used as the screening tool to detect PPD symptoms in fathers. A flowsheet was developed in the electronic medical record to record father’s EPDS responses. A mental health referral sheet was updated to include information for fathers. Staff education was provided regarding paternal PPD screening and how to screen fathers.

Results: 64 fathers were eligible for screening. 24 fathers completed the initial screen (37.5%). Indications of possible depression was identified in 12.5% (N=3) of the fathers completing the initial screen. Zero follow-up screens were completed.

Conclusion: NICU Fathers exhibit symptoms of paternal PPD and should be routinely screened and referred to mental health resources.
Increasing HPV Vaccination Rate in Adolescents by Increasing Provider-to-Parent Engagement and Parent Knowledge of the HPV Vaccine

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Purpose: This quality improvement project was designed to raise the levels of adolescent HPV vaccination rates in a rural county in North Dakota.

Background: Three barriers to achieving this goal include a lack of knowledge on the behalf of parents concerning the need for an HPV vaccine, the lack of primary care providers’ engagement with parents concerning the need to vaccinate, and missed opportunities due to logistical constraints of a rural clinic.

Sample/Setting: The target population were male and female adolescents aged 13 to 17 years, parents of those male and female adolescents, clinic nurses checking in patients, and the providers at the involved clinic. The sampling was a non-probability based, convenience sample consisting of adolescents and their parents as well as the captive clinic nurses and primary care providers.

Methods: To address the reported disparities, three strategies were developed: 1) primary care providers were given a tips and advice sheet designed to aid their interaction with parents, 2) an educational pamphlet was given to parents immediately prior to the appointment, and 3) a flag was placed in the electronic medical record (EMR) to alert nurses that an eligible adolescent had been checked-in.

Results: Four out of five providers were not using any published tips and advice sheet prior to strategy implementation, but agreed unanimously that it was beneficial. The educational pamphlet answered questions held by parents; however, many parents refused, declined to answer a question concerning their primary source of trusted information about vaccines. Finally, the EMR alert was supported by the nurses, although it was agreed that the implementation needs to be improved.

Conclusion: Primary Care Providers should be supplied with a published tips and advice sheet designed to aid their conversation with parents while also providing an educational pamphlet to parents immediately prior to their visit.
CHANNGE: A Professional Practice Model for Neonatal Nurse Practitioners who Provide Short-Term Humanitarian Aid in Low-to-Middle Income Countries

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Purpose: The purpose of this project was to develop an evidence-based PPM, including a feasible implementation plan, for neonatal nurse practitioners (NNPs) to utilize when volunteering to provide short-term humanitarian aid in low-to-middle income countries (LMICs).

Background: Approximately 7000 neonates die every day, and virtually all of these deaths occur in LMICs. With an increase in skilled provider attendance at and after birth in LMICs, an estimated 71% of deaths could be prevented. Professional Practice models (PPMs) have been successful at providing structure and ownership to advanced nursing practice, which could be used to empower volunteer NNPs to enter an LMIC setting and elevate the quality of newborn care through models and education.

Sample/Setting: The setting for the development of the Culturally Sensitive, Holistic, Advanced neonatal Nurse, Global, and Educator (CHANNGE) model for LMICs was at the global health organizational level for development, with plans for implementation and future studies in LMICs.

Methods: The design for this project was quality improvement through the creation of an evidence-based PPM for NNPs who desire to volunteer on short-term humanitarian aid missions, including a feasible implementation plan, in the LMICs. The CHANNGE model was designed. Global health expert and professional practice model stakeholders reviewed the revised model through an iterative process to assure content validity. Exemplars were presented and themes from stakeholder’s responses were described.

Results: The finalized CHANNGE model, with implementation plan, including role description, explanation of scope of practice, and exemplars were found to be feasible and comprehensive by all stakeholders.

Conclusion: These products were designed to provide support for NNPs to establish themselves in an LMIC community and utilize their advanced practice skills to best contribute to goals identified by world health experts and in-country leaders. Future work would include identifying a pilot site to test the model.
Improving Employee Preventative Health Care

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Purpose: The purpose of this project was to examine possible barriers for lack of employee preventative healthcare visits after a wellness program screening, and implement interventions to improve the care gap at a local business. Background: Chronic diseases affect the overall health of an employee in the workplace, increase employer health-related expenses, decrease productivity days, and contribute to work absences. For employees, wellness programs promote health and prevent disease.
Sample/Setting: Chief Industries, Inc. is a multi-faceted company involved in product manufacturing and service production. Chief Industries, Inc. is located in Grand Island, Hastings, Kearney, Aurora, Lexington, Lincoln, and Omaha, Nebraska, along with locations in Rensselaer, Indiana, the United Kingdom, and France. Altogether, this company employs approximately 1,300 employees.
Methods: A descriptive cross-sectional design was conducted, as part of a quality improvement project, to identify modifiable factors and implement effective interventions to the wellness program at Chief Industries, Inc. An anonymous paper survey was issued to 1,233 employees at Chief Industries, Inc. The survey results influenced interventions that were implemented to the company’s wellness program. De-identified summative data was retrieved from the health plan to compare 2017 and 2018 wellness visits of enrolled employees to assess the program’s interventions.
Results: The top two suggested barriers for not attending a wellness visit in 2017 were: I am healthy, and my health fair results were normal (47%) and I do not have a regular doctor (28%). These findings influenced interventions to the wellness program to increase employee preventative healthcare visits to 40% in 2018.
Conclusion: The lack of the perceived need for health care and the negative perception of chronic disease states can be a deterrent for primary preventative health care. Effective wellness programs should incorporate interventions that target health beliefs of employees.
Investigation of Pediatric Oral Mucositis in an Inpatient Unit

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Purpose: The purpose of this quality improvement project is to implement an assessment tool and oral protocol intervention on the inpatient pediatric bone marrow transplant and hematology/oncology unit.

Background: Oral mucositis is a common problem among many patients diagnosed with cancer. This issue becomes particularly pronounced in the pediatric oncology population as their treatment regimens contain high doses of mucotoxic chemotherapies. Quality of life is negatively affected with mucositis as patients have difficulty swallowing, speaking, eating, and drinking. Studies show that an oral care protocol has a significant benefit to not only preventing mucositis, but also decreasing the severity once it develops.

Sample/Setting: This quality improvement project was conducted on a pediatric hematology/oncology and bone marrow transplant unit at a children's hospital in South Texas.

Methods: An oral assessment, utilizing the National Cancer Institute Common Terminology for Adverse Events mucositis grading, was obtained once a shift. The patients age group, diagnosis, gender, neutropenic status, and the name of the chemotherapy administered within the past two weeks was collected. Nurses documented whether the patient completed mouth wash, brushed their teeth, or applied lip moisturizer during their shift. An online learning module regarding mucositis grading and its importance was distributed to all inpatient nurses.

Results: A total of 334 incidences of oral documentation were collected. 75% of the nurses on the unit completed the online module. The prevalence of pediatric oral mucositis was found to be 14%. 30 out of the 48 mucositis incidences were during a period of neutropenia (p = 0.08). 63% of patients had brushed their teeth during the shift, 86% had completed an oral rinse, and only 17% applied a lip moisturizer.

Conclusion: Findings of this study can help pediatric institutions advocate for the development of a standard oral care protocol for patients undergoing intensive chemotherapies.
The Effect of Nonpharmacologic Interventions on the Duration of Delirium: A Quality Improvement Analysis

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Objective: To use a retrospective chart review to assess whether a nonpharmacologic management of delirium order set reduced the time patients spent in a delirious state.

Design: A quasi-experimental, retrospective chart review.

Setting: A medium-sized hospital located in the Midwest.

Participants: All inpatient adults between December 15, 2016 and December 14, 2018 who tested positive for delirium during their stay.

Measurements: Participants were divided into an experimental group, which was ordered a nonpharmacologic management of delirium order set upon admission, and a control group. Hours spent in a delirious state were gathered as primary data from a retrospective chart review and statistically analyzed. Secondary criteria included age, location in the hospital, and primary diagnosis.

Results: The average time (hours) spent in delirium by patients in the experimental group (M = 25, SE = 3.6), was approximately 43% of the time spent in delirium by patients in the control group (M = 56, SE = 7.9). This difference, \( t(65) = -3.6, p = .001 \), was statistically significant, \( t(65) = -3.6, p = .001 \).

Conclusion: Statistical significance on reduction of hours spent in a delirious state was obtained in the experimental group, but due to limitations, the result cannot be linked to a direct causation by the experimental group variable. Secondary criteria were unremarkable, but age between the experimental and control groups was not statistically significant, indicating equivalency between the two groups.
Examining Human Papillomavirus Vaccination Rates after Implementation of Assessment Forms and Staff Education

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**Purpose:** The purpose of this project was to increase Human Papillomavirus (HPV) vaccination rates through education of staff, providers, and parents in a rural primary care clinic.

**Background:** The HPV vaccine is recommended for protection against infection and potential cancer sequelae. In 2017, HPV vaccination completion rates in the United States and Mills County, Iowa were 48.6 percent and 30 percent, respectively. The clinic was identified as using an assessment form for immunizations, which did not include HPV vaccination.

**Sample/Setting:** This quality improvement project was completed at a rural primary care clinic in southwest Iowa. Inclusion criteria included adolescents ages 9-18 years from all backgrounds.

**Methods:** Using Lewin’s Change Model as a guide: staff was educated regarding current clinic rates for HPV vaccination, given an educational HPV handout, instructed on new assessment forms, and to recommend the vaccine as cancer prevention. The Plan-Do-Study-Act model was also used for feedback on assessment forms. Staff was to provide a HPV vaccine handout for parents and notify the provider to make a HPV vaccine recommendation. Vaccine rates were determined through the use of chart review and IRIS.

**Results:** Results were inconclusive as the assessment forms were not completed consistently. August as a baseline monthly rate was found not to be an accurate representation of a typical month for the clinic as almost twice the number of adolescent visits occurred in any month during the 6-month intervention period. Several barriers in implementing the assessment form included the time, forgetting to assess all adolescents, and lack of urgency related to vaccine administration.

**Conclusion:** This project was inconclusive due to small sample size and lack of full implementation. Future studies should focus on interventions during summer months for HPV vaccination and trying different assessment media such as electronic health record prompts.
Improving Vaccination Rates in Children: A Quality Improvement Project

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Purpose: To improve influenza vaccination rates in children from 6 months to 17 years old in the Des Moines area. 

Background: Influenza costs the United States approximately $10 billion, hospitalizes 200,000 people, and kills thousands of people each year. The American Academy of Pediatrics, Healthy People 2020, and the Centers for Disease Control and Prevention (CDC) have goals to increase influenza vaccination rates; however, influenza vaccination rates remain low.

Sample/Setting: The sample for this project was children from the age of six months to 17 years in the metropolitan area of Des Moines, Iowa who visited the Blank Children’s Hospital emergency department. The setting for this study was the Blank Children’s Hospital emergency department, which is an urban level two pediatric trauma center with 108 licensed beds. The pediatric emergency department averages 21,900 visits per year, or 60 patients per day. Blank Children’s Hospital is physically connected to Iowa Methodist Medical Center, which is a 370-bed adult level one trauma center.

Methods: This project was a quality improvement project in the emergency department setting, where vaccination status was assessed on every patient six months of age and older, and patients had the opportunity to receive the influenza vaccine.

Results: During the months of October/November/December 2018, 87.6% of patients were screened for their influenza vaccination status and 9.3% of unvaccinated children received the influenza vaccine. This was compared to the previous years’ seasonal influenza screening which was 55% with 0% of unvaccinated children receiving the influenza vaccine.

Conclusion: Emergency department-based influenza vaccination programs are both feasible and successful. These programs can increase influenza vaccination rates. This was the first season for this project. With continued seasonal efforts, the anticipation is that more children will be vaccinated.
Alarm Fatigue in the Cardiac ICU

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Purpose: To evaluate nurse and patient perceptions of alarm fatigue in the cardiac intensive care unit (CICU) while identifying common causes and potential hazards of alarm fatigue and evaluating solutions for alarm management.

Background: Alarm fatigue in healthcare is experienced when a high frequency of alarms occur over a time period leading to desensitization. Alarm fatigue compromises patient safety as missed alarms can lead to harm or death. In 2014, The Joint Commission added alarm fatigue as a National Patient Safety Goal and it has been named the biggest health technology danger by the Emergency Care Research Institute (ECRI) for four consecutive years.

Sample/Setting: The project setting was the 24-bed CICU at University of Colorado Hospital, which is a large educational institution in Aurora, Colorado. The eligible nurses and patients in the CICU were the subjects included in the study sampling.

Methods: This study is a descriptive, survey, quality improvement design. Baseline surveys (31 RNs; 21 patients) assessed perceptions of alarm fatigue and initial alarm data was collected. The intervention and education period consisted of one-on-one RN education, a 45-minute video presentation, and implementation of the RN-RN alarm handoff process over a 2 month period. Post implementation surveys (31 RNs; 17 patients) were completed and alarm data was recollected.

Results: Nurse and patient perceptions on alarm fatigue were ultimately unchanged after examining pre and post survey data. After education and intervention, nurse perception of ease of properly setting alarm parameters was a statistically significant finding (p = .001). No other significant differences in recorded perceptions of RNs or patients, or in clinical alarm data were noted.

Conclusion: Significant improvement was noted for nurses in the ease of setting alarm parameters, however, further education and implantation must be done to improve nurse and patient perception of alarm fatigue in the CICU.
A Respite Room as an Intervention to Reduce Pediatric Hematology/Oncology/Bone Marrow Transplant Staff Compassion Fatigue

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Purpose: The purpose of this quality improvement project is to reduce compassion fatigue in hematology/oncology nurses working in a freestanding Midwestern pediatric hospital.

Background: The lack of self-care among nurses increases the number of nurses suffering from compassion fatigue and burnout which ultimately contributes to nurse turnover rates. Nurse turnover has a negative impact on patient satisfaction and safety as well as poses a financial burden to the hospital.

Sample/Setting: Inpatient, 38 bed hematology/oncology/bone marrow transplant unit in a free-standing Midwestern pediatric hospital/ Full-time and Part-time RN’s working either day (43 nurses) or night (34 nurses) shift.

Methods: This project was a pre/post survey design utilizing the Pro-QoL-5 survey. The impact of mindful meditation and respite room use on compassion fatigue was evaluated with the Burnout and Secondary Traumatic Stress subscales that relates to compassion fatigue on the Pro-QoL-5 survey.

Results: 71% of nurses had a decrease in their post-survey compassion fatigue indicator scores suggesting mindful meditation may influence burnout and secondary traumatic stress. The biggest barriers reported to using the Respite Room were time/busy assignments (86%) and forgetting that it was available (14%).

Conclusion: Based on the survey results, use of the Respite Room for meditation and yoga does decrease compassion fatigue and burnout scores. These results are consistent with the literature and validate the permanent implementation of a Respite Room for pediatric hematology/oncology nurses on this unit.
Stand-Alone Nurse Practitioner Driven Critical Care Rapid Response Team

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Purpose: The purpose of this quality improvement project is to illustrate that a stand-alone NP driven critical care rapid response team at an upstate level one trauma center in South Carolina can decrease failure to rescue events, specifically response times and cardiopulmonary arrest within 24 hours of code rapid response initiation.

Background: Patients actively experiencing distress can advance to cardiopulmonary arrest and suffer acute life-threatening events if the appropriate provider is not present promptly. The AHRQ (2017) reports that rapid response teams have demonstrated significant improvements in clinical outcomes by reducing cardiopulmonary arrest. Moreover, analyses across the United States has noted a major decrease in cardiopulmonary arrest during code situations, when a qualified provider led rapid response team is utilized, and care is initiated promptly (Avis et al., 2016).

Sample/Setting: A total of 223 patients were included in this study; 97 from April - July 2017 and 126 from April - July 2018. The participants were inpatient code rapid response patients on any med-surg or telemetry unit, admitted for unspecified illnesses. The participants were male or female, aged 18 and older. Participants were automatically included in the research study once a code rapid response was initiated and a critical care NP responded.

Methods: This was a retrospective study where data was obtained and results analyzed between the initiation of a NP driven critical care rapid response team in April - July 2017 and follow-up one year later, April - July 2018, by the primary researcher.

Results: Between the initiation of the NP driven critical care rapid response team in April - July 2017 and follow-up one year later, April - July 2018, there was a 1 min 30 sec decline in response time and 7.8% decrease in cardiopulmonary arrest within twenty-four hours of a code rapid response initiation.

Conclusion: Having a NP driven critical care rapid response team decreases response times and cardiopulmonary arrest within twenty-four hours of code rapid response initiation. Based on this study, it is imperative to utilize a NP driven critical care rapid response team to reduce failure to rescue events and improve patient outcomes.
Updated Immunization Requirements in Iowa: Increasing Adolescent Vaccination Rates

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Purpose: The purpose of this quality improvement project was to increase the vaccination rates in the adolescent population, ages 11-17 years, through education of physicians and staff regarding proven methods to assess vaccination status and implement standing orders protocols.

Background: Adolescents have an elevated risk for contracting a meningococcal, pertussis, and human papillomavirus (HPV) disease due to close encounters. In 2017, Iowa passed new legislation requiring two doses of meningococcal vaccines for school entry. This new legislation is an opportunity to assess all required and recommended vaccinations for this age group to increase adolescent vaccination rates.

Sample/Setting: The setting took place in rural Iowa at two Wayne County clinics; Corydon & Seymour. The sample included adolescents aged 11-17 who were seen at either of the two clinics between September 26, 2018, to December 21, 2018.

Methods: This was a quality improvement project that educated providers and developed a standing orders protocol for all adolescent vaccines. During the project time frame daily data collected included number of adolescents seen that day, number vaccinated, which vaccines were administered, and reason for not receiving a vaccine.

Results: The IRIS system was used to identify pre and post project immunization rates. Clinic #1 Sample 561 adolescents. Results MenACWY increased from 68% to 86%, Tdap increased from 77% to 90%, HPV (1) increased from 19%, to 29%, and HPV (completed) increased from 32% to 42%. Final Sample 515 adolescents. Clinic #2. Sample 95 adolescents. Results: MenACWY increased from 82% to 85%, Tdap stayed at 96%, HPV (1) stayed at 73%, and HPV (completed) increased from 48% to 49%. Final sample 98 adolescents.

Conclusion: It is essential to develop education and standing order protocols to decrease the spread of preventable diseases in this high-risk age group. The use of standing order protocols empowers nursing staff to administer the vaccinations to decrease missed opportunities and increase vaccination rates.
Diabetic Foot Ulceration Education and Prevention in the Primary Care Setting

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Purpose: The purpose of this quality improvement project was to improve foot inspections and patient teaching about foot care for all patients with diabetes in the primary care setting.

Background: Diabetes mellitus is associated with a series of macro and microvascular alterations that are associated with a number of complications. Foot ulceration affects an estimated 2-4% of patients possibly leading to severe morbidity and premature mortality.

Sample/Setting: This quality improvement project was conducted at a rural primary care clinic in Iowa. The sample consisted of 3 providers and 10 nurses who provided care for patients in the clinic.

Methods: Pre-intervention chart reviews on foot inspections and education were collected as baseline data prior to the intervention. For the intervention, providers and nurses completed a pre-test, educational session, and post-test regarding prevention of diabetic foot ulcerations. Follow-up chart reviews were completed to focus on foot inspections and education post-intervention.

Results: Pre-intervention data demonstrated that over the course of two months, five-foot inspections were completed out of the 218 patients with diabetes who were seen in the clinic. No teaching on foot care in diabetes was documented. Pre-test and post-test scores by clinic providers and nurses who participated in the study improved post education. Post-intervention data showed that there was an improvement in diabetic foot exam and patient teaching.

Implications for Practice: To ensure the timely diagnosis and treatment of diabetic foot ulcers, regular visual foot exams, and education should be completed at each patient encounter. In addition, sensory examinations to test for diabetic neuropathy should be completed annually. With regular examination, providers can significantly reduce morbidity and mortality associated with diabetic ulcers/amputations while reducing the total cost of caring for patients with diabetes.
Effects of Dietary Screening and Motivational Interviewing on HbA1c, Dietary Habits, and Percent Weight Loss in Adults with Prediabetes

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Purpose: The purpose of this scholarly project is to evaluate if motivational interviewing (MI) is an effective method for use in a primary care setting for patients with prediabetes in improving diet habits, decreasing glycated hemoglobin A1c (HbA1c) levels, and increasing percent weight loss.

Background: The prevalence of prediabetes in the United States (U.S.) continues to rise by epidemic proportions. Lifestyle factors such as maintaining a healthy diet, mind, and body can reverse changes in type 2 diabetes (T2DM).

Conceptual Model: A theoretical framework that relates to the stated proposal is the Transtheoretical Model (TTM).

Methods: A quality improvement project was completed to study the effectiveness of MI interventions in 16 adults with prediabetes followed at an outpatient clinic. Baseline data was collected including patient BMI, HbA1C, and dietary habits as indicated by the United Kingdom Diabetes Dietary Questionnaire (UKDDQ).

Results: Pre-intervention baseline data for body mass index (BMI) was (M = 33.2, SE = 1.1), and three-month follow-up data was (M = 32.1, SE = 1.0). Pre-intervention baseline data for HgA1c was (M = 6.3, SE = .21), and three-month follow-up was (M = 6.1, SE = .21).

Concerning BMI, data showed statistical significance of weight loss at time one than time two, -1.0, BCa 95% CI [-1.9, -0.3], t (20) = 2.8, p = .011. Participants on average decreased BMI with an average of 2.2 lb. weight loss. With regards to HbA1c participants had a higher HbA1c at time one than at time two but did not conclude to show statistical significance, -.2, BCa 95% CI [-.5, -.1], t (20) = 1.4, p = .182. With concern to dietary habits, 16 participants UKDDQ scores showed individual averages of 3 A’s, 6 B’s, 2 D’s, and 5 F’s. Post-intervention baseline UKDDQ results for twelve participants, with four participants not finishing the post-intervention UKDDQ, showed an average of 8 A’s, 3 B’s, and 1 C. The UKDDQ scores showed on average an improvement in dietary habits regarding snacking less, eating more fruits and vegetables, and cutting out sugar. Of the twelve participants who finished the post-intervention UKDDQ, eight participants improved their score, while four participants stayed the same.

Conclusions: Motivational interviewing is an important intervention as illustrated by this project to affect behavioral changes. This intervention had a statistically significant effect on BMI scores with an average of 2.2 lb. weight loss over three months. On the other hand, participants HbA1c over three months was not statistically significant and showed only a 0.2 decrease in HbA1c. By screening prediabetic patients for dietary lifestyle early on, can influence progression of type 2 diabetes (T2DM). The United Kingdom Diabetes Dietary Questionnaire (UKDDQ) can offer tailored patient education on diet. The effects of motivational interviewing may have lasting effects on participants and the results may be more evident in the long run. Furthermore, research should be conducted in a larger and more diverse populations to have more support of data.
Pediatric HPV Vaccination: Increasing Parental Intent to Vaccinate

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Background: In 2014 there were about 79 million Human Papilloma Virus (HPV) -infected Americans and that number was expected to subsequently increase by 14 million each year (CDC, 2014; Dixon et. al., 2017). It is estimated that about 75% of the population will be exposed to HPV at some point in their lifetime (Carozzi et al., 2018). The Advisory Committee on Immunization Practices (ACIP) recommends that all children ages 11 and 12 be vaccinated against HPV. The Healthy People 2020 goal is 80% vaccination rate.

Sample/Setting: The sample was drawn from parents of 7th grade students in the Nebraska public school system.

Methods: A CDC fact sheet about HPV and the vaccine along with a link to an anonymous survey was sent to about 300 school nurses through email by the DHHS School Health Program Manager. The survey sought to determine the intent of parents to vaccinate their child against HPV before and after reviewing the HPV Fact Sheet.

Results: Findings in this study were very limited, with only three responses. Follow up with the school nurses revealed that most of the school nurses did not send the link to the survey. Reasons given were administrative non-approval as well as simply forgetting to do it. However, 4 school nurses agreed to resend the Fact sheet with a link for the survey with spring midterm report cards or with end of the year school physical packets. This data is pending.

Conclusion: Previous studies have demonstrated that increasing awareness and education has a positive effect on increasing HPV vaccination rates. This project revealed that using the school system for this education has its limitations. However, working with school nurses on a small scale may be more successful.
Implementing Early Lung Recruitment in a Level 2 Nursery

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Purpose: The purpose of this quality improvement project was to administer ELR CPAP, to infants who exhibited symptoms of respiratory distress within the immediate newborn period (within 10-120 minutes of life) for respiratory management. Specific aims: improve respiratory management of newly born infants, increase the rate of infants transitioned to the mother-baby unit, promote maternal-infant proximity, and decrease the transfers to higher level III NICU affiliated hospital.

Background: Newborn infants experience many physiologic changes at birth to enable transition to extra-uterine life. Newborns are at risk for respiratory distress due to many factors. Delivery room management utilizing extended early lung recruitment (ELR) continuous positive airway pressure (CPAP) has been shown to benefit newborns in respiratory distress, could improve quality of care, reduce the severity of respiratory distress during the immediate newborn period, and potentially reduce treatment duration

Methods:
1. Identify key stakeholders in delivery room management.
2. Identify ELR CPAP Protocol.
3. Education of ELR practice/protocol was provided to all staff that attends deliveries.
4. Assessment of the process to ensure correct application/protocol of the protocol.
5. Evaluate data regarding number of ELR rounds administered, ongoing respiratory management modality, pneumothorax if present, transition duration, time of birth to time of transfer back to mom, if tele-health was utilized, Level 2 Nursery admission, or transport to higher care after ELR application

Results:
April-December 2017 data (N=112) was compared to 2018 data (N=135) April-December 2018. Admission rate, transfer to mom rate, and transport to higher facility rate improved in 2018 from 2017. Specifically, SCN admission rate reduced by 6% from 62% to 56%, the transfer to mom rate increased from 14% to 27% and the transport rate reduced from 24% to 17%. Furthermore, the average time of birth to transfer to mother was decreased by two hours.
Preventing and Lowering Readmission Rates of Congestive Heart Failure Patients Through the Use of a Telephone Script

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Purpose: The purpose of this Doctor of Nursing practice quality improvement project is to develop and evaluate an individualized program that could increase knowledge regarding CHF exacerbation and lead to a reduction in the rate of hospital readmission rates from the primary care setting.

Background: Congestive heart failure is one of the leading causes of hospital admissions in adults greater than 65 years old and costs the United States 32 billion dollars annually (Center for Disease Control- Heart Failure Fact Sheet, 2013).

Sample/Setting: Twenty-two people were admitted for heart failure during the study time period. The total number of participants that met inclusion criteria was 16 over the 12-week period from September through November. Of the participants nine of them were male and seven were female, the youngest patient was 56 years old and the oldest was 99 years old with an average age of 82.

Methods: The setting of the study was a primary care clinic located in a rural critical access hospital in Iowa. Telephone calls were placed within 72 hours post discharge following a script based on one written by the American Heart Association. Providers completed a survey at the end of the study regarding sustainability of the form.

Results: Of the 16 eligible patients, 4 readmissions occurred within thirty days of discharge. Of the three people that were readmitted during the study time frame two of them passed away. Five people were transferred to a higher level of care and three patients were discharged to nursing homes that were not previously from a nursing home prior to admission.

Conclusion: Although the sample size was relatively small and the outcomes could not necessarily be correlated with the implementation of the script the positive effects for the hospital were high.
Reducing Hospital Readmission Rates in Heart Failure Patients

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Purpose: The purpose of this project was to reduce a Midwestern hospital’s 30-day readmission rates of heart failure patients who had a hospital admission within the study’s timeframe.

Background: High readmission rates can be attributed to patient non-compliance, multiple comorbidities, age, and left ventricular function. It is also known low health literacy and low adherence rates contribute to readmissions. It is known outpatient interventions including but not limited to motivational interviewing, nurse calls, and home care can reduce hospital readmissions.

Sample/Setting: Patients admitted with a primary heart failure diagnosis between August 2018 and October 2018 received the discharge phone call, pending inclusion criteria were met. Heart failure diagnoses were monitored using specific ICD-10 codes. This study was conducted at a 224 bed hospital in the Midwest. The hospital houses a 29-bed step-down telemetry unit where cardiology services were provided by a physician group consisting of five cardiologists and two nurse practitioners.

Methods: Patients with a diagnosis of acute or chronic diastolic or systolic heart failure admitted between August 2018 and October 2018 were identified in Epic by the Heart Failure Registered Nurse. These patients were followed from date of admission to termination of project. Utilizing the Target: HF Telephone Follow-up Form, the Heart Failure Registered Nurse reviewed aspects of management with patient via phone call 3-5 days after discharge.

Results: Fifteen patients met inclusion criteria. Of the fifteen patients, eleven were reached by phone. Two patients reached by phone were readmitted (18.1%). Retrospectively, admissions were monitored from August 2017 to October 2017. Ten patients met inclusion and exclusion criteria. Of the ten patients, two were readmitted within 30 days, making the readmission rate 20%.

Conclusion: Recently discharged heart failure patients may experience fewer hospital readmissions if they receive a post-discharge phone call.
The Implementation of Heated and Humidified Gases During Delivery Room Resuscitation to Improve Thermoregulation in Infants Born Less Than 30 Weeks Gestation.

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Purpose: The purpose of this quality improvement project was to implement and evaluate the use of heated and humidified gases in the resuscitation of infants born less than 30 weeks gestation to reduce the incidence of hypothermia on admission. The primary outcome measurement was a normothermic admission temperature within the range of 36.5-37.5°C within the first hour of life.

Background: For fragile extremely premature infants, the struggle to maintain thermoregulation is attributed to the higher ratio of body surface area to weight and an immature epidermal barrier. Respiratory water loss is a cause of hypothermia in this population and is inversely proportional to the humidity of inspired gas. Hypothermia results in increased oxygen and metabolic demand, significant acid-base imbalances, cardiovascular compromise, organ dysfunction, hypoglycemia and mortality. At a Midwest Level III neonatal intensive care unit (NICU) Vermont Oxford Network (VON) data determined that admission temperatures for this targeted population were left room for improvement.

Sample/Setting: Convenience sampling of infants born at less than 30 weeks gestation at a Level III NICU in Omaha, NE between October 1, 2018 and January 10, 2019.

Methods: Project interventions included purchasing and installation of two heated circuit attachments for respiratory resuscitation equipment. Education provided to NICU staff on the practice change, inclusion/exclusion criteria, equipment and process. A complete analysis of admission temperatures was performed.

Results: A retrospective chart review of pre and post-intervention admission temperatures was collected and analyzed. Post-intervention data collection included 20 infants. Seventeen of the 20 infants met qualification criteria. Of those infants, 76.4% (N=13) had normothermic admission temperatures, 11.8% (N=2) were < 36.5°C and 11.8% (N=2) were >37.5°C.

Conclusion: The results suggest that the use of heated and humidified oxygen in this patient population is an effective method for reducing the risk of admission hypothermia when used in conjunction with other - Golden Hour - thermoregulatory techniques.
Increasing HPV Awareness Related to Head and Neck Cancer: An Educational Module

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Purpose: This project was developed to increase awareness of HPV oropharyngeal cancer among health care and dental providers through the development of an online educational module.

Background: HPV oropharyngeal cancer is a rapidly expanding subset of cancers. It is predicted to be the most common HPV related cancer by 2020, surpassing cervical cancer rates. Typically, HPV oropharyngeal cancer affects Caucasian males in their 40s and 50s. Symptoms are often vague and mimic those of common upper respiratory illnesses.

Sample/Setting: The setting was Canvas Learning Management System. The sample included 35 health care and dental providers.

Methods: Course content was gathered through online research and in person interviews with head and neck surgical providers and an HPV oropharyngeal cancer survivor. Participants were recruited to complete the course through in person, phone and e-mail contact. Volunteers completed a one-hour online educational course divided into 6 modules. They required to complete a pre-knowledge assessment and quizzes embedded in the course modules. Upon completion of the course the participants completed a post course evaluation survey.

Results: Forty-five individuals volunteered to take the course. Seventy-eight percent (n=35) completed the course with 22% starting but not completing. 58% were students, 24% dental hygienists, 12% nurse practitioners, 3% physician and 3% physician assistant. The pre-knowledge assessment yielded an average score of 53%, indicating a need for increased knowledge of HPV oropharyngeal cancer. Post course surveys were positive. 93% of participants agreed the information is applicable to practice. Seventy six percent will make changes to practice based on course content and 91% will recommend the course to colleagues.

Conclusion: There is a need for increased knowledge of HPV oropharyngeal cancer among health care and dental providers. Interactive online education containing many methods of learning can lead to increased knowledge and has shown an effective means to increase knowledge.
Program Development and Implementation of an Evidenced-Based Guideline for the Management of the Extremely Premature Infant in the First Seventy-Two-Hours of Life

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Purpose: To measure knowledge and compliance after program development and implementation of an evidence-based standardized care guideline for the first 72 hours for infants born less than or equal to 28 weeks’ gestation.

Background: Advancements in medicine allow extremely preterm (EPT) infants to survive, but not without potential adverse sequelae. Development and implementation of a guideline standardizing care for the first 72 hours of life has been suggested to improve outcomes.

Methods/Search Strategy: Staff training and testing on care of the EPT infant was completed. A checklist and audit tool was developed to evaluate compliance. A bedside card to guide family participation was created.

Findings: An increase in knowledge was demonstrated through an average pre-test score of 63% compared to post-test average scores of 86%. Fourteen infants were born following implementation who received care per guidelines. The audit tool completion varied from zero to 100%, leading to evaluation of barriers and steps identified to improve compliance. Multiple factors influenced the ability to have a hands-off approach during the initial 72 hours, including interventions and procedures. All fourteen of the infants received oral immune therapy and twelve infants had the family bedside card present.

Implications for practice: Implementation of an evidence-based guideline to support a standardized approach for the care of the EPT infant for the first 72 hours is feasible and supportive of optimal outcomes. Involvement of key stakeholders, interdisciplinary staff education, and use of a documentation checklist audit tool, to ensure compliance, are critical elements for successful implementation.

Implications for research: Future research may include evaluation of rates of key outcome indicators such as IVH, NEC, ROP. Infection and mortality.
Antibiotic Prescribing in Primary Care: A Case for Antibiotic Stewardship

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Purpose: The purpose of this project is to determine if the antibiotic prescribing practices of nurse practitioners within a walk-in clinic are altered by implementing an antibiotic stewardship educational Initiative.

Background: Antibiotic resistant bacteria (ARB) cause more than 2,000,000 illnesses and 23,000 deaths annually (CDC, 2013). Approximately 90% of all antibiotics prescribed are done so by a primary care provider (Llor & Bjerrum, 2014). Of these prescriptions, 47 million were prescribed inappropriately (Hyun, Kothari, Talkington, & Zetts, 2016). One strategy to decrease ARB is to promote antibiotic stewardship.

Sample/Setting: The setting was the Mahaska Health Partnership Walk-In Clinic in Oskaloosa, IA. The sample included two nurse practitioners whose prescribing practices were evaluated. The population of patients evaluated were those six months and older during a set time frame.

Methods: This was a quality improvement project where the nurse practitioners were surveyed regarding their current knowledge of antibiotic resistance and stewardship. Charts were also audited to determine the percentage of patients who were prescribed an antibiotic during their visit. A chart audit was done both before and after and educational presentation was administered.

Results: The percentage of patients who received an antibiotic increased from 39% to 52% from the first to second chart audit. The top three diagnoses stayed consistent, but not in the same order, and included: Strep pharyngitis, otitis media, and urinary tract infection.

Conclusion: Antibiotic Stewardship is imperative to help combat the formation of ARB. Since primary care providers are responsible for 90% of all antibiotic prescriptions (Llor & Bjerrum, 2014), education needs to be given to these providers on the financial implications and detrimental outcomes that can arise from ARB and how their prescribing practices can help prevent resistance. Therefore, more antibiotic stewardship programs should be implemented within primary care settings.
Timely Management of Pediatric Sepsis: A Quality Improvement Project

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_Purpose:_ Develop and facilitate a multidisciplinary team to develop a sustainable pediatric sepsis bundle in the emergency department that aligns with best practice guidelines. Ultimately, improve the efficiency of care delivered to pediatric patients in early sepsis.

_Background:_ Pediatric sepsis has a mortality rate of 10.6%. For the past decade pediatric patients were treated based on loosely modified adult sepsis guidelines. In 2017, nationally recognized pediatric sepsis guidelines were developed. Cumulative evidence supports the implementation of pediatric sepsis bundles. However, studies report that hospitals, tertiary care, and international institutions have only a 30% compliance rate with current pediatric sepsis guidelines.

_Sample/Setting:_ Setting is in an emergency department in an academic adult/pediatric level 1 trauma center. Sample includes all pediatric patients 0 - 13 years of age who present with a temperature < 36.0°C or > 38.0°C and have physical signs of early sepsis that trigger the Best Practice Alert in the EMR. Certain ICD-10 codes will be used to increase specificity of the sample.

_Meetods:_ The John Hopkins Nursing Evidence-Based Practice model created a conceptual framework for the quality improvement project. Consecutively, the Plan-Do-Study-Act cycle was the methodological design used to guide the quality improvement process.

_Results:_ A prospective chart review is planned to evaluate the time intervals between the patient’s arrival in the emergency department to the initiation of the pediatric sepsis bundle. Outcome indicators are time of recognition, time to vascular access, time of first fluid bolus, and time of antibiotic. A retrospective chart review will collect comparison data from 2010-2018 to measure the statistical significance of bundle care strategies on outcomes.

_Conclusion:_ Consequently, identifying barriers that are institution specific, scrutinizing practice patterns, and including key members of the care team provide the greatest foundation for a quality improvement program that improves the efficiency of care delivery.
Standardization of Oxygen Saturation Parameters: A Quality Improvement Project

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Purpose: The purpose of this quality improvement project is to evaluate the change in incidence rate of Retinopathy of Prematurity (ROP) and Bronchopulmonary Dysplasia (BPD) based on standardization of oxygen saturation parameters.

Background: Studies, including the BOOST trials, have been conducted and support the utilization of higher oxygen saturation targets for premature infants. The outcomes of the current literature which show a positive correlation of morbidity and mortality rates when lower oxygen saturation target ranges are utilized.

Problem: With younger and sicker newborns surviving birth, the morbidities from premature birth have a higher incidence rate than in past years. Two common morbidities associated with preterm birth include ROP and BPD. These diseases can be directly associated with supplemental oxygen use for these infants in the Neonatal Intensive Care Unit (NICU).

Sample/Setting: This quality improvement project took place in a Level III NICU in Lincoln, Nebraska, at Bryan Health. All infants born at 24 weeks’ gestation or greater admitted to the NICU were included in the QI project.

Methods: The incidence rates of ROP and BPD were evaluated by interpreting percentage changes between the current standardized oxygen saturation parameters in 2018 to the incidence of ROP and BPD between 2013-2017.

Results: ROP rates have ranged between 18% and 39.1%, although this data may be skewed because 2018 Vermont Oxford Data is not completed. BPD rates have ranged from 5.6% to 28.6% for infants born under 33 weeks’ gestation. These rates could also have increased due to greater survival of very low birthweight infants who are surviving.

Conclusions: Based on the current data, there needs to be a review of current clinical practice, as the standardized oxygen saturation parameters have not decreased the ROP and BPD rates. We will continue to monitor the incidence of ROP and BPD rates in this NICU.
Impact of Reflective Practice within a Residency Program on New Graduate Nurse Satisfaction, Stress, Support, and Retention Rates

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Purpose: The purpose of this study is to increase retention rates, support, satisfaction, and decrease stress within a large faith-based Midwest health system through implementation of reflective practice. 

Background: New graduate nurses face immense amounts of stress during their first year of practice related to transition shock, role adjustment, increased acuity of patients and more. These concerns lead to job dissatisfaction and intent to leave, increasing the turnover rate. 

Significance: With new graduate nurses confronting challenges from the transition of student to nurse, the need for reflection and critical thinking is imperative. Novice nurses need to learn coping skills and reflect on the number of ‘first’ experiences they will endure during their initial 12-months of practice. 

Sample/Setting: The study took place at CHI Health, a metropolitan faith-based Midwest health system in Omaha, Nebraska. The sample population included new graduate nurses with less than 1 year of acute care experience and nurses that had been away from the acute care bedside for more than 1 year. Intervention group participants were individuals enrolled in Cohort 4 of the Residency Program.

Methods: Facilitator-led reflective discussions were implemented at the eighth-month mark of a residency program. New graduates wrote in journals personal stories from practice based upon an assigned theme, and then within small groups utilized Gibbs reflective cycle to discuss their experiences. Subthemes were addressed within small groups for qualitative data. The Casey Fink Graduate Nurse Experience Survey© was utilized for quantitative data collection.

Results: Cohort 4 participants of the reflective practice group showed a statistically higher professional satisfaction than new graduates within prior cohorts. Of the participants within Cohort 4, 100% qualitatively reported the reflective group discussions were effective in decreasing their stress, increasing satisfaction, and support during their first year of practice.

Conclusion: It is imperative to allow new graduates to reflect upon and discuss with peers their emotions and experiences throughout their first year of practice. Reflective Practice has allowed new graduates to increase their satisfaction, increase feelings of support, and decrease stress while going through their transition from novice to advanced beginners in their nursing career.
The Impact of Early Telephone Follow-up in Recently Discharged Heart Failure Patients

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Purpose: To evaluate the impact of follow-up in the heart failure population post-discharge from the acute care setting from both a provider standpoint as well as patient outcomes.

Background: Heart failure impacts millions of individuals annually resulting in decreased quality of life, increased morbidity and mortality, and increased costs. Due to the vulnerability of the heart failure population and the economical burden on the healthcare system, legislature implemented a program to address the significant concern of heart failure readmissions. Close outpatient follow-up has been identified as a primary way to prevent hospital readmission.

Sample/Setting: This project took place in an urban, 116-bed hospital in the Midwest. The sample of patients included males and females discharged from the hospital with the primary diagnosis of heart failure.

Methods: Formulated as a quality improvement project, the tool utilizes a telephone call to conduct a questionnaire that addressed adherence to plan of care and barriers to successful disease management. This data was then disseminated to the patients’ outpatient providers for review prior to outpatient follow-up.

Results: Twenty participants were selected to participate. Of the 13 that had received the phone call intervention, two patients were readmitted within 30 days of discharge (15.4%). The group unable to be contacted for follow-up had a 37.5% readmission rate within 30 days. There was an overall decrease in 30-day readmission rates among the intervention group in comparison to the retrospective analysis from the previous year, with 11% and 12.7% respectively. All respondent providers believed this tool positively affected patient outcomes, facilitated outpatient follow-up, and assisted in formulating the patient’s management plan.

Conclusion: Data collected from this project has shown promise that utilizing a 3 day follow-up telephone call not only improves outcomes for the patient but also positively impacts the provider’s ability to individualize and formulate an appropriate plan of care for each patient.
Evaluating Bundle Adherence in Ventilated Patients: A Quality Improvement Project

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Purpose: The QI project was designed to evaluate patterns of sedation and analgesia management and coordinated ventilator weaning in critically ill adults. Data was analyzed to inform the development and implementation of targeted educational intervention that addressed specific deficits of nursing, respiratory therapy and medical disciplines, with subsequent reevaluation.

Background: Despite evidence-driven protocolized care bundles that aim to reduce complications in ventilated patients, routine adherence to the ABCDE bundle for the management of pain, agitation, and delirium in ventilated patients is inconsistent.

Sample/Setting: The setting was a 42-bed intensive care unit within a community hospital.

Methods: The project included a comparison group and an intervention group. A retrospective chart review was undertaken to identify specific aspects of bundle adherence in comparison group. Specific measures of evaluation included: Sedation scoring and titration, pain scoring and treatment, rates of spontaneous awaking trials, coordinated weaning trials, rates of over-sedation, and adequacy of analgesia during weaning trials. A statistical analysis of the data informed the refinement of an educational module that was rendered to nursing and respiratory staff. A reevaluation of identical data in adult ventilated patients was gathered after the education intervention to assess for improvement in adherence.

Results: Improvement was seen in frequency of pain assessments on day shift (p=0.007), as well as SBT documentation (p=0.0187) and documentation of SAT (p=0.019). There was also modest improvement in the rates of analgesic given without pain assessment on night shift (p=.072), and in pain assessments prior to SBT (p=0.07). There were improved rates of compliance with sedation restart at 50% after SBT (p=.03). There was no significant change in rates of over sedation.

Conclusion: Bundle adherence continues to require significant targeted attention to individual components. Barriers should ideally be identified to impact compliance, which remains contingent upon continued surveillance, education, and practice revision.
Impact of direct-primary and integrative care on emergency department visits and laboratory markers

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This Doctorate of Nursing Practice Scholarly Project will discuss the impact of direct-primary care (DPC), using integrative care practices. For patients seen at Omaha Integrative Care (OIC), a retrospective chart review of documented Emergency Department (ED) visits in the medical record will be totaled. In addition, the Hemoglobin A1C levels, Thyroid Stimulating Hormone (TSH) and lipids, specifically low-density lipoprotein cholesterols (LDL-C) drawn during those times will be reviewed on all DPC patients between August to November 2018. A retrospective chart review of established DPC patients at a comparable Strada Healthcare clinic will be reviewed from August to November 2017. ED visits, Hemoglobin A1C, TSH and LDL-C drawn during those times will be reviewed. The laboratory tests and total ED visits will be used as measurement tools to compare the standard primary care practice and standard primary care practice with integrative medicine focus. Incorporating integrative medicine with DPC patients may improve A1C, TSH and LDL-C, as well as reduce ED visits.
Integrating CAPC Communication Curriculum into Medical Residents’ ICU Education to Improve Primary Palliative Care Communication Skills

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Purpose: The purpose of this quality improvement project was to implement palliative care communication education into medical residents’ ICU rotations.

Background: Approximately 540,000, or over 20%, of patient deaths in the United States occur within the ICU, and up to 30% die within 12 months of their discharge from an ICU (Angus et al., 2004). It is estimated that 6,000-18,000 additional palliative care (PC) specialists are needed to meet current inpatient PC demands alone (Kelley & Morrison, 2015). By properly training/educating clinicians already in the ICUs regarding primary palliative care skills, this growing issue will be addressed.

Sample/Setting: This study took place at the University of Nebraska Medical Center, Omaha, NE. Participants included residents assigned to the Critical Care White (CCM W) service over a three-month time period between August-October 2018. The sample size consisted of the residents who anonymously volunteered to participate.

Methods: In this quality improvement study participants were surveyed before and after an educational intervention. The training focused on palliative care communication skills. The efficacy of the educational medium was assessed.

Results: Fourteen residents were assigned to the CCM W service over the 3 months. Nine out of the 14 residents (64%), participated in the pre-intervention survey, while 4 went on to participate in the intervention and completed the post-intervention survey. Of the 12 questions assessing residents’ palliative care communication skills, 8 questions showed statistically significant increases after the educational intervention.

Conclusion: There is a need for better utilization of palliative care in the ICU. This study found that residents are uncomfortable administering their own primary palliative care. Therefore, more attention must be directed at providing palliative care educational interventions to residents in the ICU. However, more research is needed to determine the most beneficial styles of educational interventions.
Increasing Depression Screening in Diabetic Adults in Primary Care

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Purpose: The purpose of this quality improvement project is to increase the percentage of diabetic adults in primary care screened for depression through education and teaching.

Background: Depression is the leading psychiatric disorder in the United States and when linked to diabetes has profound consequences (Williams & Nieuwsma, 2016). Approximately, 50% of diabetic patients with depression are not being treated for depression (Johnson et al., 2014). There is a need for routine depression screening for the adult diabetic in primary care.

Sample/Setting: A rural outpatient clinic was used for this project. Patients involved had to be adults, age 18 and over, with a known diagnosis of type 2 diabetes.

Methods: The clinic’s EMR was reviewed prior to teaching to collect the number of diabetics screened for depression. After the 1-day teaching session, the PHQ-9 tool was used for screening these patients. Data was collected after 2 months and included the number of adult diabetics screened for depression.

Results: Of the participants, 61% of adult diabetic were screened for depression. This was compared to 45% prior to the intervention.

Conclusion: This quality improvement project gained knowledge into the need for routine depression screening in the adult diabetic. There is still a need for further research into this problem. Providing standardized screening can allow for efficient and time focused care for these patients.
DNP Posters
CHANNGE: A Professional Practice Model for Neonatal Nurse Practitioners who Provide Short-Term Humanitarian Aid in Low-to-Middle Income Countries

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Elena Bosque, PhD, ARNP, NNP-BC
Creighton University College of Nursing

Purpose: The purpose of this project was to develop an evidence-based PPM, including a feasible implementation plan, for neonatal nurse practitioners (NNPs) to utilize when volunteering to provide short-term humanitarian aid in low-to-middle income countries (LMICs).

Background: Approximately 7000 neonates die every day, and virtually all of these deaths occur in LMICs. With an increase in skilled provider attendance at and after birth in LMICs, an estimated 71% of deaths could be prevented. Professional Practice models (PPMs) have been successful at providing structure and ownership to advanced nursing practice, which could be used to empower volunteer NNPs to enter an LMIC setting and elevate the quality of newborn care through models and education.

Sample/Setting: The setting for the development of the Culturally Sensitive, Holistic, Advanced neonatal Nurse, Global, and Educator (CHANNGE) model for LMICs was at the global health organizational level for development, with plans for implementation and future studies in LMICs.

Methods: The design for this project was quality improvement through the creation of an evidence-based PPM for NNPs who desire to volunteer on short-term humanitarian aid missions, including a feasible implementation plan, in the LMICs. The CHANNGE model was designed. Global health expert and professional practice model stakeholders reviewed the revised model through an iterative process to assure content validity. Exemplars were presented and themes from stakeholder’s responses were described.

Results: The finalized CHANNGE model, with implementation plan, including role description, explanation of scope of practice, and exemplars were found to be feasible and comprehensive by all stakeholders.

Conclusion: These products were designed to provide support for NNPs to establish themselves in an LMIC community and utilize their advanced practice skills to best contribute to goals identified by world health experts and in-country leaders. Future work would include identifying a pilot site to test the model.
The Implementation of Heated and Humidified Gases During Delivery Room Resuscitation to Improve Thermoregulation in Infants Born Less Than 30 Weeks Gestation.

Lizz Thurber, BSN RN
Elena Bosque, PhD, ARNP, NNP,-BC
Creighton University College of Nursing

Purpose: The Purpose of this quality improvement project was to implement and evaluate the use of heated and humidified gases in the resuscitation of infants born less than 30 weeks gestation to reduce the incidence of hypothermia on admission. The primary outcome measurement was a normothermic admission temperature within the range of 36.5-37.5°C within the first hour of life.

Background: For fragile extremely premature infants, the struggle to maintain thermoregulation is attributed to the higher ratio of body surface area to weight and an immature epidermal barrier. Respiratory water loss is a cause of hypothermia in this population and is inversely proportional to the humidity of inspired gas. Hypothermia results in increased oxygen and metabolic demand, significant acid-base imbalances, cardiovascular compromise, organ dysfunction, hypoglycemia and mortality. At a Midwest Level III neonatal intensive care unit (NICU) Vermont Oxford Network (VON) data determined that admission temperatures for this targeted population were left room for improvement.

Sample/Setting: Convenience sampling of infants born at less than 30 weeks gestation at a Level III NICU in Omaha, NE between October 1, 2018 and January 10, 2019.

Methods: Project interventions included purchasing and installation of two heated circuit attachments for respiratory resuscitation equipment. Education provided to NICU staff on the practice change, inclusion/exclusion criteria, equipment and process. A complete analysis of admission temperatures was performed.

Results: A retrospective chart review of pre and post-intervention admission temperatures was collected and analyzed. Post-intervention data collection included 20 infants. Seventeen of the 20 infants met qualification criteria. Of those infants, 76.4% (N=13) had normothermic admission temperatures, 11.8% (N=2) were < 36.5°C and 11.8% (N=2) were >37.5°C.

Conclusion: The results suggest that the use of heated and humidified oxygen in this patient population is an effective method for reducing the risk of admission hypothermia when used in conjunction with other “Golden Hour” thermoregulatory techniques.
MSN Posters
All Aboard: Improving Admission and Boarding Procedures in the Acute Care Setting

Cindy Lehn-Anderson, BSN, RN; Jamie Fischer, RN, CMSRN; Amber King, BSN, RN; Jess Rowell

BSN, RN, Hang Van, BSN, RN

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project is to improve the admission process by incorporating the Admission Nurse into the staffing model. The Admission Nurse specifically focuses on timeliness of admission assessments and implementation of orders to reduce patient length of stay, increase HCAHPS scores, decrease ED boarding times, and improve nurse workflow.

Background: Delays in nursing care jeopardize patient safety and compromises the likelihood of reaching positive outcomes. There is an elevated incidence of medical errors and sentinel events leading to mortality, especially when there are increased admissions or order care delivery wait times (Dill Calloway, 2012).

Sample/Setting: The project was completed at a not-for-profit faith-based community hospital in Nebraska, a 260-bed facility with a variety of specialty care areas. The units participating in the project include the Emergency Department, Adult Inpatient Unit, Progressive care, and Critical care units. The population includes adults ages 19 and over. Of the 5,380 admissions reviewed, 10% of subjects were randomly selected using a computer generated selection tool for both prior to and post implementation of the Admission Nurse.

Methods: Five Clinical Nurse Leader MSN students initiated the Admissions Nurse Role. These Registered Nurses (RNs) are scheduled 24 hour per day and 7 day a week to assist with the admission process in all adult units (CCU, PCU, AIU, Burn, L&D, and Observation). The admission nurse role is responsible for inquiring patient’s health history, reconciling medication history, screening patients for influenza and pneumonia vaccines and obstructive sleep apnea, while performing order entry on admission. Data was collected via record review over a 12-month period, six months prior to Admission Nurse implementation and six months post implementation. Using a mixed methods approach, qualitative and quantitative data were reviewed to measure the timeliness of admission order implementation and admission assessments along with ED boarding time. Press Ganey Associated Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores were reviewed to follow trends related to patient experience, patient satisfaction, and overall hospital ratings. Members of the nursing staff were surveyed regarding their perspectives of workflow and satisfaction on the admission nurse role.

Results: *This information will be included when it becomes available upon completion of the project.

Conclusion: *The conclusion will be included upon completion of the project.
Hospital Acquired Pressure Injury Prevention in the OR: Intraoperative Positioning Practice

Katie Larson BSN, RN
Creighton University College of Nursing

**Purpose:** The purpose of the quality improvement project is to reduce Hospital Acquired Pressure Injury (HAPI) occurrence on patients undergoing scheduled surgical intervention at on large academic teaching institution using an interprofessional team approach to implement evidence-based standards for HAPI prevention.

**Background:** Approximately 16 million operations occurred nationwide in 2010. A reported, two and a half million patients develop HAPIs annually. HAPIs are considered never events for stages III and IV. Therefore, they are not reimbursed by insurance which results in accrued cost of $20,900 to $151,700 per injury. Pressure injuries from surgical procedures can take 48-72 hours to develop. Despite evidence based protocols and policy in place our hospital continues to have incidence of perioperative HAPIs, initiating this quality improvement project. Assessing quality outcomes and basing reimbursement from insurance companies on these outcomes is increasingly factoring into healthcare.

**Sample/Setting:** The setting of this quality improvement project is Nebraska Medicine main campus ORs. This includes 28 operating room suites. This will exclude hybrid 1&2 and GI suites. Sample includes convenience sample of nursing staff in the circulator role.

**Methods:** This is a quality improvement project following the DMAIC six sigma model. A CNL MSN student facilitated an interprofessional project team. Based on discussion with key stakeholders, it was determined that not all staff members were following positioning protocols, including the use of all available positioning devices. A needs assessment indicated that while staff members had been educated on protocols and devices, validation of competencies were needed. Staff members participated in competency test outs of proper patient positioning practices to reduce injury. Data were gathered to determine frequently used positioning devices and pressure injury incidences pre and post project implementation.

**Results:** The results of the data analysis will be presented at research day.

**Conclusion:** Safe patient positioning driven by evidence based practice in the perioperative setting is imperative in preventing patient harm. Utilizing the DMAIC and microsystems approach to outline and approach microsystem issues can assist in influencing improved process changes and improved patient outcomes.
Improving Parent Satisfaction with NICU Transitions

Bailey Zegers BSN,RN

Creighton University College of Nursing

Purpose: The purpose of this evidence-based improvement project is to increase parent satisfaction during the process of Neonatal Intensive Care Unit (NICU) patient transitions in care.

Background: Having a critically ill child in the Neonatal Intensive Care Unit (NICU) can cause parental stress and impaired role adaptation. Transitions regarding the site of care, care plan, or care team further enhance distress, while negatively affecting family-centered care. Failure Mode and Effects Analysis (FMEA) in the described setting identified a need for improvement in communication with family regarding NICU transfers and transitions in care. Interventions aimed at providing informational support to parents have been shown to improve satisfaction outcomes.

Sample/Setting: The setting is a Level 4 Neonatal Intensive Care Unit at a large academic medical center, with 88 patient beds varying in levels of acuity. The vulnerable population includes neonates who were born prematurely or had complications following delivery which required additional monitoring and intervention.

Methods: The evidence-based design of the intervention included development and implementation of an educational parent handout regarding transitions in NICU care. Quantitative data was collected prior to implementation, which included results from Likert-type NICU post-discharge parent surveys. Pre- and post-implementation data will analyze parent satisfaction in the areas of communication, consistency, and coordination of care. Qualitative descriptive data was gathered during implementation to assess learner readiness and response to the informational support intervention.

Results: Pre-implementation data has identified areas for improvement related to parent satisfaction. The informational support intervention is expected to enhance parent satisfaction; however, post-implementation data outcomes are not yet available.

Conclusion: Parents of NICU patients experience many changes as part of the care delivery system, with transitions in care negatively affecting satisfaction. An evidence-based microsystems improvement approach can enhance effectiveness of processes to improve family-centered care during these critical transitions.
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