Iota Tau
31st ANNUAL RESEARCH DAY

USING EVIDENCE TO ADDRESS THE PROBLEMS THAT PAIN US

April 30th, 2020

BOOK OF ABSTRACTS

Jointly Provided By
Creighton University College of Nursing
Creighton University Health Sciences Continuing Education
# Table of Contents

Agenda ................................................................................................................................. 3  

Keynote Speakers ............................................................................................................. 4  

Showcase Podium Presentations Abstracts ...................................................................... 6  

Poster Presentation Abstracts of Graduate Students ......................................................... 9  

Poster Presentation Abstracts of Faculty and Community Members ......................... 13  

Poster Presentations of BSN Students .............................................................................. 16  

Podium Presentation Abstracts of DNP Students ........................................................... 21  

Iota Tau Board of Directors ............................................................................................ 88
Agenda

Location: Zoom Room linked here

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

8:10-9:00 Keynote: Do No Harm: A Therapeutic Approach to Addressing Addiction Dr. Imad Alaskaf, MD

9:00-9:05 Awards & Recognition

9:05-9:50 Showcase Presentations:
9:05 Addressing the Underdiagnosis of Osteoporosis in the Primary Care Setting Taylor Whitt, BSN, RN

9:20 Nurse-Initiated Palliative Care Consults in the Emergency Department: Increasing Access to Palliative Care Services Carolyn V. Kay-Buckelew, BSN, RN, CEN

9:35 Type 1 Diabetes: Rural Concerns of Patients and Families Amy Abbott, PhD, RN, Vanessa Jewell, PhD, OTR/L, & Emily Knezevich, PharmD, CED

9:50-10:00 Morning Break

10:00-10:50 Virtual Poster Presentations (see break-out room schedule below)

11:00-11:50 Keynote: Paint and the Power of Suggestion Professor Hez Naylor, MSN, FNP-BC, AP-PMN

11:50-12:00 Chapter Updates

12:00-12:30 Raffle Drawing and Lunch Break

12:30-3:00 Breakout Sessions: DNP Candidate Presentations (see break-out room schedule below)
Keynote Speakers

Imad Alaskaf, MD

Assistant Professor School of Medicine Creighton University

Dr. Alsakaf is an Assistant Professor of Psychiatry at Creighton University School of Medicine in Omaha, Nebraska.

Dr. Alsakaf received his M.D. degree from Damascus University in Syria in 1995. He joined the Syrian Army as a Lieutenant Physician from 1995 until 1997 and then he joined the Syrian Ministry of Health Psychiatry Residency Program from 1998 until 2002 and then worked as a staff psychiatrist in Alamal Complex For Mental Health in Riyadh, Saudi Arabia until he joined Creighton University/ University of Nebraska Psychiatry Residency Program from 2006 until 2010. He has joined Creighton University faculty since 2010. He worked in the Omaha VA Hospital as a staff psychiatrist from 2010 until 2013 and has worked as a staff psychiatrist at Immanuel Hospital since 2013. He is board certified in Psychiatry & Neurology and in Addiction Medicine. He is a member of numerous professional organizations.

Do No Harm: A Therapeutic Approach to Addressing Addiction

Objectives:

- Understand the importance of interpersonal skills and professionalism, especially when interacting with patient who struggle with addiction and or pain.
- Learn how to help your patients understand how your professional ethical standards, like Do No Harm, are meant for and focused on their best interest.
- Explain some of the interviewing skills and supportive psychotherapy techniques that could be particularly helpful when working with patients who struggle with pain and or addiction.
Hez Naylor, MSN, FNP-BC, AP-PMN, FAIPM

Senior Nurse Practitioner and Faculty St. Joseph’s Hospital & Medical Center
Creighton University College of Nursing

Hez is an instructor in the Creighton College of Nursing and Senior Nurse Practitioner of the inpatient pain medicine consultation service at St. Joseph’s Hospital and Medical Center in Phoenix, Arizona. She is a licensed and board-certified Family Nurse Practitioner, a Fellow of the American Academy of Pain Management, and one of thirty Credentialed Advanced Practice Pain Management Nurse Practitioners in the country. She is also certified in Medical/Analytical Hypnotherapy.

Hez is currently pursuing her PhD in Nursing from the University of Missouri. She received her Bachelor of Science in Nursing from Creighton University’s accelerated curriculum in Nebraska, and then completed her Master of Science in Nursing as a Family Nurse Practitioner from Grand Canyon University in Arizona. She also holds a Bachelor of Arts in Telecommunications from Michigan State University.

Pain and the Power of Suggestion

Objectives:

- Understand why alternative strategies are necessary for inpatient pain management
- Discuss Hypnosis vs. suggestion and what the research says about efficacy
- Differentiate between placebo and nocebo language
- Learn practical strategies to quickly implement direct and indirect suggestions for improved patient outcomes
Addressing the underdiagnosis of osteoporosis in the primary care setting

Taylor Whitt BSN

Joan Lappe PhD, RN, FAAN

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project is to increase screening for osteoporosis in a rural primary care clinic.

Background: Osteoporosis is a common chronic condition that is underdiagnosed and undertreated. Early diagnosis and treatment of osteoporosis can greatly reduce fracture incidence. The at-risk population could benefit from the implementation of improved risk assessment screening.

Sample/Setting: The setting was a primary care clinic at Pella Regional Health Center. The study's population included all patients over 50 years of age who were seen in the provider’s family practice clinic for a wellness examination or a follow up visit over the three-month intervention period.

Methods: The program included use of the International Osteoporosis Foundation One Minute Assessment to ascertain risk of osteoporosis for at-risk individuals. The rate of patients meeting the study's inclusion criteria who obtained a DXA scan in the three months before the intervention period was compared to the rate obtained during the intervention period to assess if the assessment tool was effective at increasing osteoporosis screening.

Results: A cohort of 211 patients met inclusion criteria. Of those, 184 (87%) were assessed with the IOF One Minute Assessment. Thirteen DXA scans were ordered and completed during the intervention period with seven diagnoses of osteopenia, three diagnoses osteoporosis, and three normal scans. The rate of DXA screening among patients who met inclusion criteria increased from approximately 2% at pre-intervention to approximately 6% post intervention ($\chi^2 = 5.43, \ p_{exact} = 0.0278$).

Conclusion: The clinic staff were highly compliant with screening, with 87% of eligible patients administered the One Minute Assessment. The number of DXA’s completed increased from pre- to post-intervention, and ten of thirteen DXA’s indicated osteopenia or osteoporosis. Use of the brief One Minute Assessment was feasible and effective in increasing diagnosis of osteopenia and osteoporosis in this clinic.
Nurse-Initiated Palliative Care Consults in the Emergency Department: Increasing Access to Palliative Care Services

Carolyn V. Kay-Buckelew BSN, RN, CEN
Anne Schoening PhD, RN, CNE
Creighton University College of Nursing

Purpose: The purpose of this evidence-based practice project was to implement and evaluate the use of a nurse-initiated palliative care screening tool in the emergency department (ED).

Background: ED visits for exacerbations of chronic conditions are on the rise (Powell, Ya, Isehunwa, & Chang, 2018). The utilization of palliative care services has been associated with a significant improvement in quality of life, decreased pain and anxiety, decreased healthcare costs, decreased hospital length of stay and readmissions, and increased patient and caregiver satisfaction (Center to Advance Palliative Care, n.d.; Fermia et al, 2016; George et al., 2015; Lamba et al., 2014; Wang, 2017; Wu, Newman, Lasher, & Brody, 2013). It is critical that ED care providers can identify patients who may benefit from palliative care services.

Sample/Setting: Seventy-two ED nurses in a large tertiary academic medical center participated in this project.

Methods: After completing an online educational module, nursing staff utilized the Palliative Care and Rapid Emergency Screening (P-CaRES) tool for patients presenting to the ED with unmet palliative care needs. Supportive care nurse consults were initiated for patients with positive screenings. An electronic medical record (EMR) review was conducted to compare the number and characteristics of pre- and post-intervention palliative and supportive care consults.

Results: In the three months prior to implementation of the P-CaRES screening, three supportive care nurse consults and 24 palliative care consults were initiated in the ED. Post-implementation, 99 supportive care nurse consults were initiated over a period of 98 days. Of these consults, 16 were escalated to a palliative care consult in the ED and 34 were escalated to a palliative care consult after admission to an inpatient unit.

Conclusion: The use of nurse-initiated screening with the P-CaRES tool produced a marked increase in palliative and supportive care consults in the ED.
Type 1 Diabetes: Rural Concerns of Patients and Families

Amy Abbott PhD, RN
Vanessa Jewell, PhD, OTR/L
Emily Knezevich, PharmD, CED
Creighton University College of Nursing

Purpose: The aims of this qualitative study were to identify the specific, unique needs of rural families affected by T1D.

Background: In rural and medically under-served communities, children with type 1 diabetes (T1D) and their families can struggle to get care matching current diabetes practice guidelines. This gap has the potential to place T1D patients and their families at an increased risk for health complications and poor quality of life. Due to a dearth of pediatric endocrinologists in rural Nebraska and Iowa, families have an increased financial burden because of travel expenses to larger communities. Although these factors contribute to challenges for rural families, it is unknown if families living in rural Nebraska and Iowa experience similar or additional challenges in accessibility and quality of health care.

Sample/Setting: A team of healthcare providers, researchers, and community partners conducted four focus groups (n=23) across Iowa and Nebraska. Informants were aged 8-80, were diagnosed or had a close connection to T1D, and lived a minimum of a one-hour commute from a pediatric endocrinologist.

Methods: Interpretive phenomenology analysis guided the coding process, and trustworthiness was established through member checking, researcher triangulation, reflexivity, and an audit trail.

Results: Four themes emerged: dramatic family and lifestyle changes after diagnosis; lack of access to specialized care resulted in complications; isolation improves resourcefulness in health management; and technology improves health management and flexibility. Findings suggested that improved support after diagnoses may be an area of future focus to facilitate a successful transition to chronic disease management.

Conclusion: Nurses are in a pivotal position to design intervention studies incorporating creative strategies to improve access to care and to health information. By implementing tailored strategies for daily T1D management nurses can help improve health, quality of care, and subsequently quality of life for vulnerable rural populations.
Graduate Student Poster Presentations

LISTED ALPHABETICALLY BY FIRST AUTHOR
SEE PROGRAM FOR PRESENTATION SCHEDULE
https://excellence.creighton.edu/materials
Interdisciplinary Curriculum: The Value of Conflict Engagement Training for the Healthcare Workforce

Margaret Anne Begley MS, BA, BSN, RN

Shelly Luger DNP, RN

Creighton University College of Nursing

Purpose: Health professionals are challenged to navigate a dynamic and complex healthcare system that will inevitably give rise to conflict. Research validates that a high frequency of relationship conflict within any work setting is detrimental; leading to increased staffing turnover, absenteeism, job dissatisfaction, and overall decreased productivity (Oore, Leiter, & LeBlanc, 2015). In an ever-changing health care environment, the efficacy of Conflict Engagement training for health care professionals has yet to be fully evaluated as a means of combating these alarming trends.

Background: Evidence is emerging which indicates that poorly managed conflict, within the health care setting, is causing serious adverse consequences (The Joint Commission, 2008). In addition, ineffective teamwork, often in the context of unprofessional behavior, is negatively impacting patient care (Riskin et al., 2017). As the healthcare delivery model shifts towards a more interdisciplinary team approach, effective collaboration amongst all members of the health care team is even more critical to the success of innovative strategies. Education programs are also being challenged to produce students who are work-ready from the moment they flip their tassels. With expanded knowledge in the field of conflict engagement, highly skilled professionals will be better suited to facilitate communication, intervene in mediation and negotiation tactics, guide policy, and establish best practices in patient care.

Sample/Setting: This project represents an integrative review of the literature, supported by a high level of evidence, which identifies various conflict situations and contributors, in the workplace setting, which might benefit from structured conflict engagement strategies.

Methods: In the future, if this project were to be implemented, a combination of quantitative and qualitative approaches would be utilized. Quantitative: survey responses; Qualitative: structured follow-up focus group interviews to determine what skill sets are identified as most influential in conflict avoidance and/or resolution in the healthcare workforce.

Results: Based on a review of the literature, the recommendation for practice will be to conduct future research studies which serve to validate the efficacy that conflict engagement training might have on overall relationship management within the health care setting.
Know When to Hold It: Teaching Patients About Pre-Procedural Medication Management

Kenneth Dehn BSN, RN
Lacy Johnson BSN, RN; Angela Maynard RN, BSN, CPN
Kristina Nicole Patterson BSN
Jan Boller PhD, RN

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project is to implement strategies to improve the pre-procedural process for medication administration instructions and increase patient adherence. The target population are Veterans, receiving care at an outpatient Surgical & Specialty Clinic, located in the upper Midwest region of the United States.

Background: Preparation for endoscopic procedures regularly requires short-term modifications to the patient’s medication regimen; however, patients are not adhering to the pre-procedure medication management instructions. Multiple incidents occurred involving patients who did not hold an anticoagulant medication, pre-procedure. Their non-adherence puts them at an increased risk for adverse health conditions, negative outcomes, or a life-threatening complication.

Sample/Setting: The setting was an outpatient Surgical & Specialty Clinic in the Upper Midwest region of the United States. The sample included patients scheduled for an outpatient, endoscopic procedure within the time span of the study.

Methods: Adult learning theories were utilized in this study to encourage patients to take an active role in their care, as well as provide nurses tools to engage patients to become more involved. Outcomes will be measured to track the number of patients who arrive and do not adhere to pre-procedure medication management instructions before and after the intervention; including, any patients who had an adverse event or negative outcome occur due to non-adherence, or any cases which were delayed or cancelled.

Results: Data collection is currently underway for this project. Once the study is completed, data will be analyzed and results will be reported to include the incidence of non-adherence to pre-procedure medication management prior to and during the use of the interventions.

Conclusion: The research group anticipates that the implementation of strategies, to increase adherence to pre-procedure medication management, will in fact decrease the number of patients scheduled for a surgical procedure, who arrive on the day of their procedure and are non-adherent to their specific medication management instructions.
Nurse Residency Programs and Their Impact on the Current Nursing Shortage

Amy Edge BSN, RN

Shelly Luger DNP, RN

Creighton University College of Nursing

Purpose: The purpose of this scholarly project is to examine the clinical problem of the nursing shortage in the United States (U.S.) and to establish awareness of how the utilization of nurse residency programs (NRPs) in the hospital setting can reduce the turnover rate of first year nursing graduates.

Background: Nurses (RNs) embody the largest portion of healthcare workers within the medical system worldwide. Currently, millions of RNs are employed in the U.S., but the shortage is expected to remain into at least 2030. Newly graduated RNs are the largest source of RNs available to fill the vacancies. NRPs can be used to make their transition from the academic to professional setting more favorable.

Sample/Setting: This scholarly project is a literature review of professional articles with the objective of identifying high-level evidence reflecting the value of implementing NRPs in hospitals as a method for effectively preparing newly graduated RNs for their professional role decreasing the risk of turnover.

Methods: In the future, this scholarly project will be carried out in a rural, mid-western hospital where no NRP currently exists. The NRP will be offered over a 12-month time frame to RNs with less than one year of nursing experience.

Recommendations: It is recommended that NRPs be universally implemented at all state and local levels as a technique for improving the transition of newly graduated RNs into the clinical setting.

Conclusion: The goal of NRPs is to heighten leadership skills, competency, and job satisfaction amongst the most vulnerable group of RNs in order to decrease nursing turnover which in turn, benefits the nursing profession by reducing the shortage of RNs in the U.S.
Faculty/Community Poster Presentations

LISTED ALPHABETICALLY BY FIRST AUTHOR
SEE PROGRAM FOR PRESENTATION SCHEDULE

https://excellence.creighton.edu/materials
The Lived Experience of Potentially Traumatic Experiences associated with the Practice of

The Vocation of Nursing

Nicole Schroeder MS, RN
Creighton University College of Nursing

Purpose: The purpose of this project seeks to understand how nurses cope with potentially traumatic experiences that are inherent to the practice of the vocation of nursing.

Background: Nurses are routinely exposed to potentially traumatic experiences and these exposures put nurses at risk for experiencing psychological trauma. Potential traumatic experiences that nurses often experience directly or indirectly include events that threaten life such as a serious injury or illness; seeing a dead body or body parts; being physically, sexually, or emotionally assaulted; and witnessing human suffering.

Sample/Method: This qualitative study included semi-structured interviews with four RNs from Southeastern Minnesota. Each nurse was asked the following five questions. Tell me what the vocation of nursing means to you? Tell me about any psychological trauma you may have experienced as a result of your nursing practice? Tell me how you have coped with potentially traumatic experiences related to your nursing practice? Tell me about any support or education you have had regarding potentially traumatic experiences inherent to the practice of nursing? The interviews were audio-recorded and then analyzed for common themes.

Results: The results of this study found that nurses coped with potentially traumatic events associated with their nursing practice through engaging in meaningful relationships, practicing self-care, remaining open to the call of vocation, being compassionate, and seeking meaning and transformation from potentially traumatic events.

Conclusion: Further research is needed towards supporting nurses’ coping with potentially traumatic experiences that are inherent to the nursing profession. The goal of this research needs to be preventing psychological trauma and compassion fatigue so that the vocation of nursing can flourish.
Cinematic Simulation: An Innovative Strategy for Psychiatric Mental Health

Undergraduate Students

Ronnie Sheridan EdD, MSN/ED, RN, CCRN

Jacqueline Williams MSN, RN; Dana Koziol MSN, RN, BA

Creighton University College of Nursing

Purpose: The purpose of this pilot study was to explore the impact of an innovative simulation strategy, Cinematic Simulation, on student learning and anxiety prior to going into a psychiatric mental health (PMH) clinical experience.

Background: Nursing schools report continued shortages of clinical placements. This shortfall has led faculty to search for acceptable alternatives that are comparable. Simulation is an acceptable alternative (Hayden et al., 2014); however, research is limited related to PMH (Felton & Wright, 2017). Although a variety of simulation methods exist (Brown, 2015), they are not always feasible due to available resources.

Sample/Setting: A convenience sample of 82 students enrolled in a Care Management PMH practicum course at one university across two states in the southwest and the Midwest.

Methods: To evaluate the potential of Cinematic Simulation among undergraduate BSN students in a PMH course, a Cinematic Simulation was developed. Students participated in a Cinematic Simulation. Students were given the option of completing a pretest/posttest when participating in this activity as their pre-clinical experience.

Results: Students exposed to Cinematic simulation reported a 24% increase in confidence of their skills and abilities before going into their PMH rotation. 8% reported a decrease in their anxiety. When considering knowledge of the care management process, 35% reported an increase in their knowledge of completing a plan of care for their patient in a PMH setting. In basic knowledge of PMH disorders, students demonstrated an increase in 5% when it came to understand a specific disorder demonstrated in the experience. Statistical significance results pending.

Conclusion: Cinematic Simulation is in the beginning of its inception; this data informs nurse educators on the potential impact of this new simulation method. Based on the data, students demonstrated a decrease in anxiety and increased knowledge of the care management process, suggesting that future studies are warranted.
BSN Student
Poster Presentations

LISTED ALPHABETICALLY BY FIRST AUTHOR
SEE PROGRAM FOR PRESENTATION SCHEDULE
https://excellence.creighton.edu/materials
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jason Allbery</td>
<td>Family Interviewing: A Solution-Focused Approach to Address Adolescent Obesity</td>
</tr>
<tr>
<td>Demetra Arvanitakis</td>
<td>Delirium Monitoring as a Standardized Assessment in Patients with Traumatic Brain Injuries</td>
</tr>
<tr>
<td>Lauren Ashley</td>
<td>Sleep Bundles to Reduce Delirium in the Adult Intensive Care Unit</td>
</tr>
<tr>
<td>Clare Banaszewski</td>
<td>Procedural Pain in Pediatric Cancer Patients</td>
</tr>
<tr>
<td>Gianna Basile</td>
<td>Empowering First-Time Mothers Through Hybrid Mindfulness-Based Childbirth Education Program</td>
</tr>
<tr>
<td>Reilly Berner</td>
<td>Treatment of Cancer Related Fatigue in Pediatric Patients</td>
</tr>
<tr>
<td>Sherry Black</td>
<td>Yoga and Mindfulness Meditation to Decrease Anxiety in Rheumatoid Arthritis Clients</td>
</tr>
<tr>
<td>Jaclyn Blanck</td>
<td>Nursing Strategies to Reduce ICU Delirium</td>
</tr>
<tr>
<td>Christina D. Bradley</td>
<td>Developing an Algorithm for Managing Aggressive Behavior</td>
</tr>
<tr>
<td>Rachel Bruno</td>
<td>The Impact of Accurate Pain Assessment in Cognitively Impaired Children</td>
</tr>
<tr>
<td>Lucy Bryan</td>
<td>Quality Improvement Project: Improved Sleep in Cardiac Patients</td>
</tr>
<tr>
<td>Shannon Campbell</td>
<td>Early Identification of Perinatal Nutritional Deficits and Depression</td>
</tr>
<tr>
<td>Ayleen Carbajal-Imay</td>
<td>Prevention and Management of Nurse Burnout in ICU</td>
</tr>
<tr>
<td>Kaylin Castro</td>
<td>Improving Coping Strategies for Oncology Nurses to Prevent Compassion Fatigue</td>
</tr>
<tr>
<td>Frances E. Charles</td>
<td>Combatting Compassion Fatigue: Resiliency Training in Hospice and Palliative Nurses</td>
</tr>
<tr>
<td>Noelle Cinco</td>
<td>Opioid Use in Pregnant Women and Neonatal Abstinence Syndrome: A Quality Improvement Project</td>
</tr>
<tr>
<td>Allison Condon</td>
<td>Educating Clinic-Based Nurses on Implementing Safe Sex Education to Adolescents</td>
</tr>
<tr>
<td>Sophie I Cosimano</td>
<td>Empowering Mothers to Reduce the Early Elective Induction Rate</td>
</tr>
<tr>
<td>Grace Crosson</td>
<td>Addressing Psychological Distress in Women with Ovarian Cancer: A Quality Improvement Project</td>
</tr>
<tr>
<td>Caitlin Donohue</td>
<td>Are You Picking the Appropriate Pain Assessment Tool for Your Pediatric Patient?</td>
</tr>
<tr>
<td>Brady Dornblaser</td>
<td>Benefits of Non-Pharmacological Interventions in the Treatment of Neonatal Abstinence Syndrome (NAS)</td>
</tr>
<tr>
<td>Katherine Dunlap</td>
<td>Implementing a Self-Management Education Program for Adults with Chronic Migraine</td>
</tr>
<tr>
<td>Melissa R. Erickson</td>
<td>Screening for Depression in Mothers Who Have Experienced a Miscarriage</td>
</tr>
<tr>
<td>Peyton Ernste</td>
<td>Excessive Sound Stimuli in the Neonatal Intensive Care Unit</td>
</tr>
<tr>
<td>Nicole Gagnon</td>
<td>Implementing the Pain Squad App with Pediatric Oncology Patients</td>
</tr>
<tr>
<td>Morgan Garside</td>
<td>Exercise to Decrease Fatigue in Adolescent Oncology Patients</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Bailey George</td>
<td>Music is the Best Medicine</td>
</tr>
<tr>
<td>Sarah Gilstrap</td>
<td>Ask What Happened: Promoting Trauma-Informed Care</td>
</tr>
<tr>
<td>Grant Goffoy</td>
<td>Educating Nurses to Provide Trauma Informed Care in Reference to Adverse Childhood Events</td>
</tr>
<tr>
<td>Anna Gravelle</td>
<td>The Beneficial Use of Aromatherapy for Chemotherapy Induced Nausea and Vomiting</td>
</tr>
<tr>
<td>Lea Groebe</td>
<td>Pain Reduction Measures in Systemic Sclerosis</td>
</tr>
<tr>
<td>Kylin M Grubb</td>
<td>Postpartum Hemorrhage Prevention Using a Standardized Protocol</td>
</tr>
<tr>
<td>Lia Haddad</td>
<td>Workplace Violence (WPV) Towards Bedside Nurses</td>
</tr>
<tr>
<td>Hannah M Haines</td>
<td>Medication Adherence in the Mentally Ill Homeless</td>
</tr>
<tr>
<td>Mallory Herbst</td>
<td>Spiritual Care to Decrease Stress in NICU Parents</td>
</tr>
<tr>
<td>Megan Hoffeditz</td>
<td>Immunization Saves Lives: A Pediatric Public Health Awareness Campaign</td>
</tr>
<tr>
<td>Kelsey Holman</td>
<td>Exercise Programs for Pediatric Cancer Related Fatigue</td>
</tr>
<tr>
<td>Tara Holter</td>
<td>Family Integrated Care in the Neonatal Intensive Care Unit</td>
</tr>
<tr>
<td>Alex Horton</td>
<td>Assessing for Depression in Stroke Patients</td>
</tr>
<tr>
<td>Ashley Howard</td>
<td>Mobile Simulation Units to Provide Continuing Education to Nurses in Critical Access Hospitals</td>
</tr>
<tr>
<td>Armani Elle Hutten</td>
<td>Early Psychological Support for Cardiac Arrest Survivors</td>
</tr>
<tr>
<td>Lacey Jensen</td>
<td>How Educated Nurses Have Greater Outcomes on Pressure Ulcers</td>
</tr>
<tr>
<td>Margaret Johnson</td>
<td>Kangaroo Care in the NICU</td>
</tr>
<tr>
<td>Jordan R. Kaiden</td>
<td>Enhancing Family Empowerment in Caregivers of Children with Mental Health Disorders</td>
</tr>
<tr>
<td>Alyssa M. Kendrick</td>
<td>Reducing Rural Caregiver Role Strain</td>
</tr>
<tr>
<td>Olivia Koontz</td>
<td>Addressing the Psychosocial Needs of Pediatric Epilepsy Patients and their Families</td>
</tr>
<tr>
<td>Maria Korndorf</td>
<td>Psychiatric Medication Compliance in the Homeless Population</td>
</tr>
<tr>
<td>Sean Lallen</td>
<td>Prevention of Ventilator Associated Pneumonia in the Acute Care Setting with Chlorhexidine Oral Care</td>
</tr>
<tr>
<td>Rachel Larsen</td>
<td>Gentle Human Touch Reducing Pain in Neonatal Intensive Care Units</td>
</tr>
<tr>
<td>Joshua Laxamana</td>
<td>Educating Nurses on Using Psychosocial Education to Decrease Strain in Breast Cancer Caregivers</td>
</tr>
<tr>
<td>Emily Leight</td>
<td>Standardizing Handoff for Cardiac-Surgical Intensive Care Unit Patients</td>
</tr>
<tr>
<td>Danielle N Leong</td>
<td>Workplace Violence and the Impact on Nurses</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Ali Libel</td>
<td>Resilience Training in Adolescents with Diabetes-Specific Anxiety</td>
</tr>
<tr>
<td>Tia Matsumura</td>
<td>Structured Interdisciplinary Bedside Rounds to Improve Interprofessional Communication</td>
</tr>
<tr>
<td>Rachel Mauro</td>
<td>Managing Breakthrough Cancer Pain Through Multimodal Approaches</td>
</tr>
<tr>
<td>Maddie May</td>
<td>Early Ambulation in ICU Patients</td>
</tr>
<tr>
<td>Kevin McCarthy</td>
<td>Early Treatment of Sepsis Using Nurse Driven Triage and DART Protocol</td>
</tr>
<tr>
<td>Jessica Medeiros</td>
<td>Compassion Fatigue's Prevalence in Pediatric Oncology Nursing</td>
</tr>
<tr>
<td>Leah M. Miller</td>
<td>Burnout in NICU Nurses</td>
</tr>
<tr>
<td>Kaleb Mills</td>
<td>Improving Sleep Quality for ICU Patients</td>
</tr>
<tr>
<td>Shannon Moyer</td>
<td>Nursing Education on Quality of Life Measurements for Pediatric Oncology Patients</td>
</tr>
<tr>
<td>Marla-Ann Namnama</td>
<td>Educational Intervention Impacts Nurses' Perception of Alarm Fatigue</td>
</tr>
<tr>
<td>Kathleen O'Boyle</td>
<td>Vaccine Hesitancy from a Nurse Educator Perspective</td>
</tr>
<tr>
<td>Jenna Okura</td>
<td>Developmental Effects of Lead Exposure in Children</td>
</tr>
<tr>
<td>Amanda Olson</td>
<td>Nursing's Role in Reducing Malnutrition in Critically Ill Burn Patients</td>
</tr>
<tr>
<td>Grace Ordway</td>
<td>Education for Safe use of Oral Anticancer Medications in the Home</td>
</tr>
<tr>
<td>Keegan Pask</td>
<td>Increasing Human Immunodeficiency Virus Care in Inmates Post-Release</td>
</tr>
<tr>
<td>Radhika Patel</td>
<td>Optimizing Neurodevelopmental Outcomes: Post-operative Congenital Heart Disease Patients</td>
</tr>
<tr>
<td>Brendon M. Pribyl</td>
<td>Assessing Opioid Induced Respiratory Depression: Implementing a Clinical Evaluation Tool for Patient Monitoring</td>
</tr>
<tr>
<td>Casey Reefe</td>
<td>Educating Nurses on Caring for Adolescents with Autism Spectrum Disorders</td>
</tr>
<tr>
<td>Lucille D. Ridgeway</td>
<td>Reducing the Risk of Nutritional Deficits and Necrotizing Enterocolitis (NEC) in Neonates through Standardized Feeding Guidelines.</td>
</tr>
<tr>
<td>Peyton Rodriguez</td>
<td>Mothers Find Satisfaction without Pharmacological Pain Management during the Pains of Labor</td>
</tr>
<tr>
<td>Molly Rogers</td>
<td>Preventing STIs in Teenagers and Young Adults</td>
</tr>
<tr>
<td>Paul L.J. Roy</td>
<td>Improving Vaccination Compliance for Health Care Workers</td>
</tr>
<tr>
<td>Ashlee C. Sasaki</td>
<td>Nutrition and Fluid Management for Patients with Chronic Kidney Disease</td>
</tr>
<tr>
<td>Emma Sather</td>
<td>Depressive Symptom Management Through Web-Based Interventions in Patients with Diabetes</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hannah Savelkoul</td>
<td>Targeting the Vaping Epidemic: A QI Proposal</td>
</tr>
<tr>
<td>Grace M. Schander</td>
<td>ABCDE Bundle to Prevent Intensive Care Unit-Acquired Weakness</td>
</tr>
<tr>
<td>Molly Schmidt</td>
<td>Nursing Education of Perinatal Bereavement Care</td>
</tr>
<tr>
<td>Emily Schmitz</td>
<td>Education Program for Adolescent E-Cigarette Users</td>
</tr>
<tr>
<td>Marie Schwartz</td>
<td>Preconception Education in Female Adolescents with Congenital Heart Disease</td>
</tr>
<tr>
<td>Kristina Seiler</td>
<td>Emotional Intelligence Training in Residency Program to Decrease Burnout in Nurses</td>
</tr>
<tr>
<td>Hanna Nicole Sheller</td>
<td>Brief Mindfulness Intervention for Epilepsy-Related Anxiety</td>
</tr>
<tr>
<td>Bradley Sikora</td>
<td>Using Anticipatory Guidance with Pediatric Patients</td>
</tr>
<tr>
<td>Katherine Sims</td>
<td>Vape Use and Adolescent Lung Disease</td>
</tr>
<tr>
<td>Mac M. Smith</td>
<td>Using Telehealth to support combat Nurses suffering with PTSD</td>
</tr>
<tr>
<td>Rylie Spehn</td>
<td>Adherence to Timely Glucose Monitoring Before Meal Times in the Inpatient Setting</td>
</tr>
<tr>
<td>Heather Stevens</td>
<td>The Effect of Borderline Personality Disorder on Patient Compliance and Recovery</td>
</tr>
<tr>
<td>Amy Stouffer</td>
<td>Standardized Pain Assessment Tool for Patients with Spinal Cord Injury</td>
</tr>
<tr>
<td>Ashley Tapparo</td>
<td>Adolescent Sexual Education</td>
</tr>
<tr>
<td>Caitlyn A. Tigner</td>
<td>Mindfulness-Based Intervention to Decrease Symptoms of Postpartum Depression of Mothers with Infants in the NICU</td>
</tr>
<tr>
<td>Katherine Torosian</td>
<td>Depression in Breast Cancer Patients</td>
</tr>
<tr>
<td>Shannah Unseld</td>
<td>Nursing Involvement in a Medical Respite Program for the Homeless</td>
</tr>
<tr>
<td>Kristin Volling</td>
<td>Nurses Screening for Postpartum Depression in the Neonatal Intensive Care Unit</td>
</tr>
<tr>
<td>Cassidy K Wada</td>
<td>Sleep Promotion and Patient Satisfaction</td>
</tr>
<tr>
<td>Hannah Walker</td>
<td>Early Intervention Bundle to Prevent Burden in Military Caregivers</td>
</tr>
<tr>
<td>Emily Washer</td>
<td>Education Program to Enhance Confidence in Nurses Providing End-Of-Life (EOL) Care</td>
</tr>
<tr>
<td>Casie Watts</td>
<td>Sensory Informed Nursing Care for Children with Autism Spectrum Disorder</td>
</tr>
<tr>
<td>Emily Windisch</td>
<td>Diagnosing Depression in Acute Myocardial Infarction Patients through PHQ-9 Screening</td>
</tr>
</tbody>
</table>
DNP Podium Presentations
Implementation of Physiologic Alarm Parameters to Decrease the Incidence of Delirium in Critically Ill Patients

Kristi Anderson BSN, RN
Heather Templin DNP, ACNP, APRN
Creighton University College of Nursing

Purpose: To assess if implementation of customized physiologic alarm parameters is associated with a reduction in the prevalence of delirium in critically ill patients, who require physiological monitoring.

Background: Identification, prevention, and treatment of delirium has been deemed a major public health priority. In the intensive care unit (ICU) setting, the development of delirium carries significant morbidity and mortality, as well as long term consequences. Excessive noise pollution, especially from physiological monitoring devices, has been identified as a contributor to development of ICU delirium. Although many interventions to reduce modifiable risk factors for delirium have been identified, the significance of clinical alarm management to help reduce environmental noise has yet to be addressed, despite its nationally recognized impact on patient safety.

Sample/Setting: All critically ill patients admitted to an 11-bed cardiovascular intensive care unit at a not-for-profit, 353-bed, level one trauma center.

Methods: A retrospective, chart audit on a pre-intervention group to identify the incidence of delirium in critically ill patients by utilizing the CAM-ICU tool and baseline physiologic alarm. Data collected post-intervention examined the impact of customizing physiologic alarm parameters on the reduction of alarms and delirium in critically ill patients.

Results: Pre-intervention there were a total of 6,824 alarms and 163 encounters (46%) were CAM positive. Post-intervention there were a total of 4,961 alarms and 123 encounters (36%) were CAM positive.

Conclusion: Implementation of customized physiologic alarm parameters successfully decreased the incidence of alarms and delirium in critically ill patients. This study highlights the importance of customizing physiologic alarms parameters and its effect on delirium. Further research is needed to evaluate other interventions to help reduce noise in the ICU and to study if there is a statistically significant impact on ICU delirium.
Mitigating Opioid Induced Respiratory (OIRD) and Opioid Related Adverse Drug Events

ORADEs with Continuous Capnography and Nursing Education on a Post-Surgical Unit

Joshua Ault BS, BSN, RN, EMT-P, CCRN

Rhonda Coffman DNP, APRN, ACNP-BC, FNP-C

Creighton University College of Nursing

Purpose: The quality improvement study aimed to promote nursing education regarding safe opioid administration and monitoring, along with identification of risk factors for Opioid Induced Respiratory Depression (OIRD) with subsequent application of continuous end-tidal capnography monitoring of at-risk post-surgical in-patients in an effort to help reduce Opioid Related Adverse Drug Events (ORADEs).

Background: Opioid analgesics rank among the drugs most frequently associated with life-threatening adverse drug events, the most serious being OIRD. Patients with specific health determinants have been identified as more at-risk for OIRD and subsequent ORADEs. End-tidal carbon dioxide monitoring (capnography) has been shown to detect early signs of OIRD, consistently earlier than other commonly used monitoring methods.

Sample/Setting: Patients admitted to the post-surgical unit of a 568-bed level two trauma center located in the mid-west between October 20th, 2019 through December 1st, 2019 were screened by virtual nurses for risk factors for OIRD.

Methods: Post-surgical in-patients found to have at least 4 risk factors for OIRD were identified, providers were called for a continuous capnography order, to be applied and monitored when the patient was under the influence of opioids. The implementation, documentation and potential for adverse events were monitored by bedside and virtual nurses during the timeframe.

Results: A total of two cases of OIRD and Naloxone administration on the post-surgical unit were identified in the same timeframe in 2018. A total of 138 in-patients were screened by virtual nurses for risk-factors, 62 met criteria for continuous capnography monitoring, 40 patients had continuous capnography placed, 22 patients met criteria but did not have continuous capnography monitoring in place, there were 2 STAT calls, both with Naloxone administration during the study period.

Conclusion: There was no reduction in the incidence of naloxone administration or ORADE during the comparable study timeframes. Only one of the two patients had an order for capnography, both patients received IV naloxone. In the patient whom did have a capnography order, it was noted that capnography values were only documented after naloxone was administered. Post intervention analysis confirmed the risk factors of age greater than 65 years, female sex and having known cardiovascular disease were present in almost all cases or ORADEs.
Increasing HPV Vaccination Rates in a Rural Clinic Setting

Sarah Bakri BSN, RN
Martha Todd PhD, APRN
Creighton University College of Nursing

Purpose: The purpose of this quality improvement project was to improve HPV vaccination series initiation, subsequent doses, and completion rates in adolescents between the ages of 11 and 17 at two rural health care clinics by improving provider recommendation, decreasing missed opportunities, educating patients and guardians, and implementing a call-back reminder system.

Background: HPV-related cancers are a significant problem facing the United States, especially considering many of these cancers can be prevented with HPV vaccination. Despite CDC recommendations, HPV vaccination rates continue to remain very low, disproportionately impacting rural communities.

Sample/Setting: 9 providers including 5 MDs, 1 DO, 2 PAs, and 1 NP at Atchison Internal Medicine and Family Practice and Atchison Family Medicine, rural family health clinics, participated in the project.

Methods: The project included a 6-week pre-intervention phase to assess provider recommendation rates followed by an educational session with providers and a 6-week intervention phase. The intervention phase consisted of provider recommendation at all visits to reduce the number of missed opportunities, educational handouts on HPV and the HPV vaccine for parents and patients, and a call-back reminder system.

Results: The call-back reminder system was responsible for 50 adolescents receiving a dose of the HPV vaccination, 41 of which have now completed the series. During the 3-month project timeframe, adolescents received a total of 110 HPV vaccinations which is a significant increase from the 42 HPV vaccinations given during the same timeframe the previous year.

Conclusion: Call-back reminder systems were the most effective approach to increasing adolescent HPV completion rates in a rural clinic setting.
Sleep Quality Intervention for Adolescents

Nicole Bartek BSN, RN-BC

Nancy Bredenkamp PhD, APRN

Creighton University College of Nursing

Purpose: The purpose of this project was to address an identified need for improving patient quality sleep as a part of promoting a trauma-informed care healing environment on an inpatient 20-bed, child and adolescent unit.

Background: Chronic sleep loss and poor sleep quality in adolescents is associated with increased risk for health issues and a higher morbidity and mortality rate from associated health complications (Paruthi, et al. 2016). Adolescents suffering from trauma are at increased risk for sleep problems, and the presence of sleep deprivation is correlated with an increased risk for a later diagnosis of mental health disorders (Mitchell, Rodriguez, Schmitz & Audrain-McGovern).

Sample/Setting: A convenience sample of all English-speaking admissions, to a 20-bed inpatient psychiatric unit, over 12 years of age during a 2-week pre and post intervention period was used.

Methods: A pre-test/post-test model looking at a group sleep score on the Adolescent Sleep Wake Scale before the initiation of defined sleep interventions and then after the sleep intervention was implemented for approximately 12 weeks.

Results: A statistically significant change in ASWS was not detected (p+.27), this may be attributed to the initial sleep scores approaching the ceiling of the measure used, limiting the amount of change possible during hospitalization. Staff self-report scores on knowledge and confidence in pro-sleep habits did improve as did observed pro-sleep habits in the patients.

Conclusion: Through this quality improvement project, the night's staff have been able to rework the nightly routine for patients and provide education and support around using pro-sleep skills. There was not a statistical improvement in the ASWS scores of patients. This project was a starting point for staff on a journey to become part of a trauma-informed care hospital and information learned will help staff and leadership make progress.
Improving Shared Decision-Making through the use of Risk-Based Breast Cancer Screening in a Primary Care Clinic

Caley Bogatz MSN, RN, CPN
Nancy Bredenkamp PhD, APRN
Creighton University College of Nursing

Purpose: The purpose of this project was to improve shared decision-making for breast cancer screening that utilized a risk-based screening process, with specific focus on breast density.

Background: Breast cancer screening has historically utilized a population-based approach. However, recent literature and evidence supports improvements in breast cancer screening through the utilization of risk-based tools to guide shared decision-making.

Sample/Setting: The project used the Tyrer-Cuzick tool for risk-based screening among female participants aged 40-74 with no prior history of breast cancer who were presenting for their annual exam.

Methods: This quality improvement project utilized a pre- and post-test survey to identify changes in perceptions toward risk-based screening and shared decision-making related to breast cancer screening. Chart reviews were conducted following 12-weeks of data collection to evaluate results including breast density, lifetime risk for breast cancer, and the percentage of the participants who received screening in addition to the baseline mammogram.

Results: Of the 53 patients that were surveyed, 39% had dense breast tissue. Twenty percent of those surveyed had a Tyrer-Cuzick risk score greater than 15%. Of these 20%, four patients had lifetime risk of breast cancer greater than 20% and recommended to have supplemental screening. Of the six providers that were educated and originally elected to participate, two completed patient questionnaires and returned the post-test. Both of these providers identified that the Tyrer-Cuzick tool was helpful in improving shared decision-making with a more objective approach; however, time constraints were identified as the biggest barrier to future use.

Conclusion: A risk-based tool for breast cancer screening, such as the Tyrer Cuzick, has potential to improve shared decision-making in primary care visits. However, further studies could examine how to make this a more efficient practice.
Implementation of Nurse Led Rounds and daily patient goals in the Pediatric Intensive Care Unit

Alyss Burgert  BSN, RN, CCRN, NE-BC

Shelly Luger DNP, RN

Creighton University College of Nursing

Background: Strong interprofessional communication techniques have been linked to increased teamwork and collaboration among physicians and nurses in the critical care setting proven to increase nurse job satisfaction and autonomy.

Purpose: The aim was to implement nurse led rounds in the Pediatric Intensive Care Unit to improve interprofessional communication and collaboration

Sample/Setting: A 140 bed freestanding Children’s Hospital in the Midwest, in a diagnostically mixed 27-bed Pediatric Intensive Care Unit.

Methods: The project was implemented utilizing the PDCA quality improvement process. A survey monkey was sent after the second and third PDCA cycle to measure team satisfaction with the new rounding process and tool. The Assessment of Interprofessional Team Collaboration Scale for practitioners, a valid and reliable survey was sent pre and post implementation to measure interventional impact on interprofessional communication and collaboration.

Results: No overall correlation was found with nurse led rounds and improvement in interprofessional partnership, collaboration, and communication. However, an increase in a positive median score was seen in interprofessional partnership (3.9-4.0) and communication (3.3-3.6). Nursing as a discipline indicated an increased median score from 3.6-4.2. Overall, 95% of the interprofessional team agreed that nurse led rounds was comprehensive, and 89% agreed that information was appropriate for surgical rounding.

Conclusion: The overall results do not support the utilization of nurse led rounds as a strong indicator to improve overall interprofessional team perception, but do indicate an increase in the perception of communication and partnership within the critical care setting. The results may be able to predict the positive effects of nurse led rounding as a way to improve interprofessional information delivery. In addition, nurse led projects may positively impact nursing perception of interprofessional communication and collaboration.
Performance Improvement with Rapid Triage Implementation

Nicholas Chmielewski MSN, RN, CEN, CENP, NEA-BC, FAEN

Shelly Luger DNP, RN

Creighton University College of Nursing

Purpose: The purpose was to modify a US emergency department’s (ED) front-end process with the goal of improving the door-to-provider time interval. The hospital previously employed a comprehensive triage methodology.

Background: The most common site for hospital sentinel events due to care delays secondary to waiting and/or inefficient processes occurs in the emergency department. Decreasing patient length of stay in an emergency department is a key initiative for many hospitals as it is tied to the patient satisfaction component of value-based purchasing reimbursement as well as labor costs.

Sample/Setting: The project occurred in an east coast emergency department with 28,000 annual visits. The ED resides within a 200-bed community hospital which is part of a larger six-hospital faith-based health system. The study included data from all ED visits in a 3-month timeframe both before and after intervention.

Methods: This was a continuous quality improvement initiative utilizing the DMAIC method for process improvement. A performance work team was formed consisting of ED nursing/medicine leaders and ED staff.

Results: With all t-test p values less than 0.001, statistically significant improvements existed in all categories examined of both the entire ED patient population as well as when examining just patients arriving by a means other than ambulance. The time intervals with statistically significant improvements were door-to-triage, door-to-provider, and overall ED length-of-stay. Variation with triage categories in both the pre and post intervention groups when compared against the expected spread as published in the triage manual (Gilboy et al., 2011) was noted.

Conclusion: Rapid triage implementation was effective in producing statistically significant improvements. Future research is needed to further evaluate this impact on actual patient outcomes on specific patient populations, diagnoses and/or chief complaints. Further investigation about triage accuracy rates is also needed.
Combating the Opioid Crisis Through Education of Family Nurse Practitioner Students: A DNP Project

Destiny Lynn Conzemius BSN, RN

Martha Todd PhD, APRN

Creighton University College of Nursing

Purpose: Develop a comprehensive education module to educate nurse practitioner students at a Midwest Jesuit university regarding the opioid crisis. The core competencies for education are based upon the recommendations outlined by the Pennsylvania guidelines.

Background: There is significant morbidity and mortality associated with the opioid crisis as well as significant economic, financial and social costs. Review of the literature has shown a need to educate medical students regarding opioid prescribing. Several states have also implemented comprehensive education surrounding issues associated with the opioid crisis. Research regarding the education of nurse practitioners is lacking; even though the number of nurse practitioners practicing is increasing.

Sample/Setting: A total of 41 FNP students at Creighton University participated in the Fall of 2019. The educational module was implemented as part of the student’s adult management course.

Methods: Participation was voluntary. A pre-module perceptions and knowledge survey was administered. Following completion of the survey student gained access to complete the education module. After completing the module, the students took the same perceptions and knowledge survey. Students also participated in an online discussion board related to the educational module.

Results: Comparison of the pre and post module perceptions and knowledge survey demonstrated student learning in several areas. There were several areas where prior to the module students demonstrated a need for education indicating the importance of this educational intervention.

Conclusion: Pre and post module survey data demonstrate the need for this education to be a permanent part of the curricula for FNP students at Creighton. Additionally, the data demonstrated knowledge growth in several areas as well as areas where further education would be beneficial.
Decreasing Antibiotic Resistance through Implementation of Evidence-Based Algorithms for Appropriate Management of Asymptomatic Bacteriuria (ASB) in an Acute Care Setting: A Quality Improvement Project

Jennifer Cook BSN, RN

Rhonda Coffman DNP, APRN, ACNP-BC, FNP-C

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project is to decrease the inappropriate management of asymptomatic bacteriuria in hospitalized patients through provider and nurse education.

Background: Providers are unnecessarily prescribing antibiotics for asymptomatic bacteriuria (ASB). Inappropriate antibiotic management of ASB poses a great risk of further complications and attributes to the increasing rate of antibiotic resistance and healthcare costs.

Setting/Sample: A convenience sample was obtained from the 5th floor general medicine unit of CHI Health Saint Elizabeth's in Lincoln, Nebraska. The sample included those 18 and older, nonpregnant, no urinary catheter, no urostomy, and no upcoming urology procedure.

Methods: A retrospective chart review was performed on data collected 8-weeks pre-education and 8-week post-education using ICD 10 coding specific for Urinary Tract Infections (N39.0). Data was analyzed for documented signs and symptoms associated with urinary tract infections, patients treated with antibiotics for asymptomatic bacteriuria, and the cost of antibiotic treatment associated with inappropriate management.

Results: A decrease in UTI diagnosis from pre-education (n=24) to post-education (n=14) was observed. Of those diagnosed with UTI, 83% were female pre-education and only 50% were female post-education, with an average age not differing much from 68 to 69 years old. Of those started on antibiotics, only 25% pre-education had urinary signs and symptoms compared to 36% post education. Patients with no urinary signs and symptoms had an average of 6 antibiotic days both pre and post education.

Conclusion: The results of this study demonstrate a potential positive correlation between provider education and appropriate management of ASB. Additional studies are needed with an expanded time frame pre and post education to further support this finding. There is a relevant need for consistent ASB guideline adherence to help reduce healthcare costs and antibiotic resistance.
Comparing STRONGkids to Current Practice: A Quality Improvement Project

Kathryn Coop BSN, RN, CPN

Megan Potthoff PhD, APRN

Creighton University College of Nursing

Purpose: Determine, at the time of admission, the difference in the number of children identified as being at risk for developing malnutrition when comparing the current practice to the STRONGkids screening tool.

Background: Malnutrition in the pediatric population is largely underrecognized and undertreated in the United States. Certain populations have higher risks of malnutrition, which affects infection rate, complication rate, wound healing, quality of life, length of hospital stay and overall cost of care. Using a validated malnutrition screening tool has been shown to more accurately identify children at risk.

Sample/Setting: All children on a pediatric medical/surgical floor within a freestanding children’s hospital in the Midwest aged 1 month through 17 years were included.

Methods: The validated STRONGkids tool was administered by one of two examiners to all children admitted to the target unit within the first 48 hours of admission. Scores were documented, as well as rationale for scoring and compared to the results of screening done with the current process for discrepancies.

Results: A total of 88 children were screened with both tools, and a total of 92 screened with the STRONGkids tool. Forty-three children who were identified as a moderate risk on the STRONGkids tool were not concurrently identified with the current process (78% of children with a moderate score). Three children who scored as high risk with the STRONGkids tool were not identified by the current process (30% of total high-risk scores).

Conclusion: Nearly half of the total number of children screened with both tools (43 of 88) were not identified as having any malnutrition risk with the current process, which suggests that a population of children exists whose nutrition status is at risk of being overlooked, putting them at risk for multiple complications.
Implementation and Evaluation of a Feeding Tolerance Tool in the Neonatal Intensive Care Unit

Desirae Exendine RNC-NIC, BSN
Tina Wallingford DNP, APRN, NNP-BC
Creighton University College of Nursing

Purpose: To develop and evaluate a feeding tolerance tool used in preterm neonates. This tool eliminated the current practice of routine gastric residual aspiration prior to gavage feedings and relied on physiologic findings to determine feeding tolerance and future interventions.

Background: Based upon the review of the literature it is unclear as to what qualifies as a significant gastric residual in terms of amount and characteristics. There is also question as to whether or not increased gastric residual volumes are an early predictor of NEC in preterm neonates. While there is a lack of randomized controlled trials to support the elimination of routine gastric residual evaluation, observational studies conclude that there is little scientific basis for the residual to be the main component determining feeding advancement in preterm neonates.

Sample/Setting: Infants who were admitted to a level III NICU at less than or equal to 34 weeks gestation and who required gavage tube feedings. Twenty infants will be evaluated both prior to and after the change in feeding assessment.

Methods: Implementation of a new feeding tolerance tool was introduced in spring of 2019. Education of the nursing staff included information about the practice change with presentation of current literature, as well as review of the newly developed policy. After six months of using this new tool, the time to full feedings (measured in days) and the length of stay will be compared to pre-implementation rates.

Results: Data analysis in progress. Once analysis complete, results will be reported and include incidence of emesis, length of stay, and time to full feeds in pre and post implementation groups.

Conclusion: DNP Student anticipates decreased incidence of feeding intolerance, length of stay, and time to full feeds with implementation of a standardized feeding protocol in the Neonatal Intensive Care Unit.
Comparison of blood culture contamination rates and CLABSIIs following Implementation of CVC needleless cap changes according to manufacturer’s guidelines.

Melissa Fall BSN, RN, CPN
Susan Connelly DNP, APRN-NP PC/AC
Creighton University College of Nursing

**Purpose:** The purpose was to determine whether changing the caps on a central line every seven days per manufacturer recommendations affects CLABSI and blood culture contamination rates on the inpatient pediatric unit and PICU.

**Background:** Central venous catheters (CVC) place pediatric patients at a higher risk for a central line associated bloodstream infection (CLABSI). In addition to CLABSI rates, a false-positive lab finding can occur from a contaminated blood culture draw. Initiatives have been implemented to help decrease CLABSIIs and contaminated blood culture draws through the Joint Commission CVC maintenance bundle and Infusion Therapy Standards of Practice guidelines.

**Sample/Setting:** All inpatient pediatric and PICU patients with a central line, beginning 48 hours after the CVC was inserted. 31-bed combined inpatient pediatric unit and PICU at the Children’s Hospital in Alaska.

**Methods:** A quality improvement, pre-post design. Nurses received education on the new cap change protocol. The needleless connectors were changed every seven days per manufacturer recommendations. CLABSI and blood culture contamination rates were compared pre/post the change the cap change interval. Additionally, nurse adherence with the new practice change was evaluated by chart reviews in patients’ electronic medical records (EMR).

**Results:** The intervention was implemented from October 1, 2019 to January 11, 2020. There were 35 blood cultures drawn off a central line with no CLABSIIs or contaminated blood cultures. Nurses’ documentation in the EMR suggested compliance with the new protocol.

**Conclusion:** In conclusion, there was not an increase in CLABSI or contaminated blood cultures in the samples drawn. This information allowed the units to change their practice in changing the central line caps every seven days and not with each blood culture draw.
Optimization of Nutrition for Extremely Low Birth Weight Infants

Meghan Farquhar BSN, RN

Lori Rubarth PhD, APRN, NNP-BC

Creighton University College of Nursing

**Background:** Extremely low birth weight infants (ELBW) experience delayed postnatal growth and suboptimal weight gain. Additional calories and supplements are used to achieve better growth. When receiving full enteral feeds, the available sodium is less than recommended. Poor weight gain and nutritional status are related to late hyponatremia.

**Purpose:** To implement the supplementation of the enteral feeds of ELBW (<1000 grams and/or 29 weeks’ gestation) infants with sodium chloride once infants have achieved full enteral feeding volumes.

**Sample/Setting:** Midwest Level III NICU

**Methods:** After full enteral feedings were reached, a serum sodium was obtained on each qualifying neonate. The neonate was then supplemented with sodium chloride based on their sodium level. The sodium was surveilled weekly while on supplementation and two weeks post-supplementation.

**Results:** Ten neonates were born since implementation that qualified for sodium surveillance. Of the project sample, 80% (n = 8) infants required early supplementation of sodium for serum levels <140 mEq/L. The two that did not receive supplementation maintained a serum sodium of >140 mEq/L throughout their NICU stay. The weight Z-score range was 0.36-1.63. A random sample of infants born and discharged prior to implementation (n=10), only 30% were supplemented. The weight Z-score range was 0.99-2.41. Sample size is determinant on infants born <29 weeks’ gestation.

**Implications for Research:** Results showed an improvement in weight Z-score between the surveilled and supplemented group compared to the infant group prior.

**Implications for Practice:** This practice change improved the weight Z-score of ELBW infants. No adverse effects were reported or discovered with the early supplementation of sodium. Further recommendations would be stricter adherence to protocol and appropriate evaluation of growth before discontinuing supplementation.

**Key Words:** extremely low birth weight, sodium supplementation, Z-score
Implementation and Evaluation of a Standardized Social Determinants of Health tool in a Free Clinic: A Quality Improvement Project

Kristine Follett MSN

Becky Davis DNP, APHN-BC

Creighton University College of Nursing

Purpose: This quality improvement project embedded the social determinants of health (SDOH) PRAPARE screening tool (NACHC, 2019a) questions into the Clinic with a Heart (CWH) patient demographic form, utilized the information to inform holistic patient care, and built the clinic’s community resource inventory and referral process. The three-phase project provided implementation training, evaluated the implementation process via feedback surveys during the project launch period, and concluded with a report to the CWH board of initial findings from aggregate patient demographic form data and implementation process.

Background: This project has application for primary care, public health, and clinical services administration. SDOH factors significantly contribute to chronic illness must be addressed by the healthcare system, particularly in the primary care arena to decrease chronic disease burden and healthcare costs.

Sample/ Setting: The sample included all patients (N = 330) seen by CWH for 10 clinic nights in October, 2019. CWH is the only free medical clinic in Lincoln, Nebraska.

Methods: The project utilized the Advancing Research and Clinical Practice through Close Collaboration (ARCC) model, the Five Rights of Clinical Decision Support framework, and the Plan Do Study Act (PDSA) cycle. Descriptive data analysis was utilized for both patient and process evaluation.

Results: Of the 330 patients, all patients were given the updated patient demographic form with the embedded PRAPARE tool questions. There were 599 resource sheets given. The top four areas of need identified were: (1) Healthcare, (2) Employment, (3) Mental Health, and (4) Housing. The project process feedback survey general response was positive.

Conclusions: This project improved identification of SDOH factors, helped inform clinician care provision, and increased referrals and resources provided to patients. Further research could be done to track utilization of resources and health outcomes.
Introducing Infant Driven Feeding Guidelines in a Level III NICU

Jackie Frazer BSN, RNC-NIC
Cheryl Carlson
Creighton University College of Nursing

The purpose of this project was to establish an Infant Driven Feeding (IDF) protocol for preterm and late preterm infants to facilitate the time to full oral feeds and reduce length of stay. Achievement of full oral feedings and weight gain are milestone achievements in the NICU needed for discharge. Some infants may have an extended length of stay due to feeding problems. IDF uses a standardized protocol for preterm and late preterm infants to provide a consistent and developmentally appropriate approach to initiation of oral feedings, and the progression of feeds. Feeding readiness and quality of feeding assessments are used in IDF to demonstrate the infant’s readiness and ability to feed. There are five numbers in each assessment that help communicate the infant’s feeding ability between nurses and physicians. This standardized, developmental approach aids in an appropriate progression of feeding advancement that in turn will facilitate the infant’s progress to full oral feeds and a shorter length of stay.

The setting was AdventHealth Tampa’s Neonatal Intensive Care Unit (NICU). The sample included preterm infants between 32- and 36-weeks gestation and who were ready for oral feedings. Data from 58 infants was collected prior to implementation of IDF and for 19 infants after implementation of the IDF protocol. The design of the project was a retrospective chart review and Vermont Oxford Network (VON) data review, as well as, a prospective chart review and VON data review. Birth weight, initiation of first oral feed (PO), time to full feeds, and time to discharge were measured in 32 to 36-week infants. Gestational age and birth weight were similar in all categories. Time to initiation of oral feedings was improved post-implementation in all age categories, except 32 and 33-weeks infants. In the 32-week infants time was increased by 4.37 days, in 33-week infants it increased by 0.11 days. Time to full PO feeding improved in all age categories. Time to discharge was improved in all age categories; the following were the results for time to discharge: 36 weeks decreased by 0.83 days, 35 weeks decreased by 2.86 days; 34 weeks decreased by 4.5 days, 33 weeks decreased by 8.89 days, and 32 weeks decreased by 0.75 days. Time to initiation of first oral feeding was improved in all gestations except 32 and 33-week infants. One of the 2 infants in the 32-week group was having increased emesis and there was no order for IDF until he was 10 days old. For the 33-week infant it can only be assumed may be due to inappropriate use of the IDF scoring tools. Another possibility is that prior to the IDF protocol, the infants were getting started too early on feeds, which lead to longer time to full feeds due to bradycardias, which may have increased the length of stay. The post implementation data show that time to full oral feeds was improved in every age group. Length of stay was decreased in each gestation. Sample sizes varied in pre-implementation compared to post-implementation due to the smaller length of time for collecting data post-implementation. This may affect the overall changes per gestational age group, except for 36-week infants- where sample size was almost equal. Implementation of IDF has increased staff awareness of infant’s readiness to feed and the quality of feeding, in turn, causing an overall decrease in length of stay. We anticipate a decline in the following months with additional staff education and will continue to monitor the effectiveness of the current protocol.
Implementation of a Standardized Feeding Protocol to Decrease the Risk of Necrotizing Enterocolitis in the NICU

Katie George BSN, RN

Tina Wallingford DNP, APRN, NNP-BC

Creighton University College of Nursing

Purpose: The purpose of this QI project was to minimize provider variability associated with the initiation, advancement, and fortification of feeds through the implementation of a standardized feeding protocol.

Background: Premature infants, particularly those weighing <1500 grams at birth or born <32 weeks, are at an increased risk for developing NEC, the leading cause of gastrointestinal-related death. The utilization of a standardized feeding protocol may reduce the incidence of NEC.

Sample/Setting: An evidence-based, unit-specific standardized feeding protocol was implemented at a level III NICU in Omaha, NE. In total, 60 neonates (10 from each protocol cohort both pre- and post-implementation) were selected using convenience sampling for retrospective chart review.

Methods: This was a quality improvement study. All qualifying neonates born <34 weeks had a copy of the applicable protocol (ELBW, VLBW, or LBW) placed on their chart for use while updating the plan of care as it related to feeding. Protocol-dependent variables from the pre- and post-implementation neonates were compared using means and standard deviations.

Results: Comparison of protocol-dependent variables in pre- and post-implementation neonates demonstrated a 44% reduction in time to feeding initiation with fortification to 24 kcal/oz occurring 3 days sooner in the post-implementation cohorts, full feeds were achieved 2 days earlier and discontinuation of central line access in the ELBW cohort occurred 2.6 days sooner. The standard deviation of all variables was minimized in the post-implementation ELBW and VLBW cohorts, representing decreased variation in practice among providers. The overall incidence of necrotizing enterocolitis decreased following implementation.

Conclusion: The use of a standardized feeding protocol in the NICU may be useful in decreasing necrotizing enterocolitis through unifying practices among varying providers.
Decreasing Complications Related to Mucositis in Pediatric Blood & Marrow Transplant Patients

Cate Gilbertson BSN, RN

Maribeth Hercinger PhD, RN

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project is to implement standardized education for nursing staff and patients/families on the pediatric BMT unit on mucositis care and to decrease the incidence of MBI-LCBI on this unit.

Background: A major complication for this population can be mucositis, a significant mucosal barrier breakdown resulting from chemotherapy and radiation therapies. The rate of infection related to mucositis, MBI-LCBI (mucosal barrier injury-laboratory confirmed bloodstream infection), has been steadily rising on this unit with 9 total cases in 2018 and 7 cases from January-May 2019.

Sample/Setting: The setting of the QI project was the University of Minnesota Masonic Children’s Hospital pediatric blood and marrow transplant unit. The sample population included current patients on this unit. The sample of nurses for the educational seminar included nurses who work on this unit as well as float pool nurses who care for BMT patients.

Methods: This was a quality improvement project which had a threefold methods section; collecting data on number of MBI-LCBIs, chart review of mucositis assessment and mouth care documentation compliance, and an assessment of nursing staff knowledge on mucositis prior to and following an educational seminar.

Results: There were three reportable data points. First, the change in assessment scores from pre and post showed statistical significance via paired t-test with a p value of 0.0107. Secondly, the chart review from pre and post audits of assessment and mouth care documentation resulted as statistically significant with a p value of 0.001016. Finally, the rates of MBI-LCBI in the five months prior to implementation were seven, and in the five months following were one.

Conclusion: The decreasing infection rates of this population highlight the importance of diligent prevention and assessment of mucositis. Educating nursing staff on the importance of mucositis care empowered the nurses to make a practice change and to have a powerful impact on patient outcomes.
Implementing a Weight Management Algorithm in Primary Care

Carolyn E. Graham BSN, RN

Martha Todd PhD, APRN

Creighton University College of Nursing

Purpose: To introduce a modified Weight Management Tool compliant with the AHA/ACC/TOS guidelines that provides practicing clinicians with effective management options so as to increase awareness of obesity.

Background: Obesity has tripled since 1975 worldwide, lowering life expectancy by 2-4 years for a BMI of 30–35 kg/m2 and 10 years for a BMI; 40 kg/m2. Obesity has increased the risk of co-morbidities, such as cardiovascular disease, type 2 diabetes, high blood pressure, high blood cholesterol, and high triglyceride levels.

Sample/Setting: The project will be conducted in a primary care clinic with a designated care team, consisting of two Board Certified Physicians.

Methods: After implementation of the weight management algorithm a total of 1231 patients from ages 19 years were seen within October – December in 2019. The definitions of obesity were defined using the international body mass index (BMI) approved by the AHA/ACC/TOS guidelines.

Results: The project showed that providers did attempt to use the algorithm in a way that was beneficial for the patient’s well-being. There was a 13% increase in counseling/education with overall 8.3% increase in counseling education in patients with a BMI of 30 or greater. There was also a 1.7% increase in referrals. As far as obesity awareness, there was a 0.6% increase in new obesity diagnosis. Both PCPs found the algorithm increased their awareness of obesity, an easy guide to quickly identify and categorize treatments based on BMI. However, they both felt neutral whether the algorithm allowed enough time for counseling and managing obesity.

Conclusion: The modified algorithm proves to increase physician confidence, knowledge, and counseling skills as well as use of their healthcare’s resources such as dietitian, classes, online programs diet, physical activity and weight loss.
Improving Postoperative Pain Management in the Neonatal Intensive Care Unit

Laura Graves BSN, RNC

Lori Rubarth PhD, APRN, NNP-BC

Creighton University College of Nursing

**Purpose:** The project purpose was to improve neonatal postoperative pain management by optimizing interdisciplinary collaboration and documentation.

**Background:** A mid-western surgical NICU identified the high frequency of postoperative pain in their patient population and sought to target this problem via a QI project.

**Sample/Setting:** All patients in a 40-bed surgical NICU who underwent surgery between May and October 2019 were evaluated, for a total of 91 surgeries and 70 patients.

**Methods:** The literature review demonstrated a high prevalence of neonatal pain and improved pain management with decreased opioid exposure via interdisciplinary bedside rounding and documentation of postoperative analgesia plans. Based on these findings, two practice changes were implemented: a pain management discussion during the bedside postoperative handoff between surgery and NICU teams, and documentation of the analgesia plan in the postoperative and daily progress notes. Data for three months prior to and post-implementation of practice changes were obtained and compared via retrospective chart review of the first 48-postoperative hours for qualifying NICU patient surgeries.

**Results:** Comparison between the pre- and post-implementation surgeries demonstrated a net decrease in average and peak N-PASS scores by 14.4% and 7.2%, respectively. In the post-implementation group, 34 huddles were completed; analgesia plan documentation, acetaminophen dosing, and opioid continuous infusion prescribing increased; and intermittent opioid dosing decreased.

**Conclusion:** The decrease in pain scores supports continuation of the QI practice changes. Participant feedback throughout project implementation indicated that nursing did not consistently participate in the postoperative huddle and future practice should amend this. The project was unable to quantify continuous opioid infusions in evaluation of net post-operative opioid exposure so future research should address this and evaluate the effect of opioid and non-opioid exposure on N-PASS scores.
Addressing Childhood Obesity in Rural Primary Care Clinics

Diana Hiestand BSN, RN

Martha Todd PhD, APRN

Creighton University College of Nursing

Purpose: The purpose of this Doctorate of Nursing Practice project is to evaluate primary care provider compliance with childhood obesity practice guidelines.

Background: Barriers to addressing childhood obesity in primary care include lack of time, lack of confidence on lifestyle counseling, and lack of knowledge on subject. Current childhood obesity interventions in primary care include PCP referrals to obesity clinics and brief family and individual lifestyle counseling.

Sample/Setting: This DNP project design consists of a QI project where educational and practice interventions will be implemented into a rural primary care clinic. The setting for this project consists of two rural family medicine clinics, Cass Regional Medical Clinic and Peculiar Medical Clinic. The sample consists of three nurse practitioners working in two rural family medicine clinics.

Methods: The first aim is to develop and modify a weight management algorithm specific to pediatric patients in primary care. The second aim is to provide the healthcare providers in Harrisonville Medical Clinic and Peculiar Medical Clinic with education on the current clinical practice guidelines for childhood obesity. The third aim is to evaluate provider compliance with childhood obesity clinical practice guidelines post education over a 12-week period. The fourth aim is to increase the number of charts with ICD-10 codes used to identify patients who are obese ages 6-18 years old. The fifth aim is to assess providers perceptions on quality improvement project.

Results: In the three months prior to the DNP project, the majority of pediatric patients who qualified as obese and were seen by these providers did not have obesity addressed during their well or sick visits. Providers found the handouts very useful when addressing obesity with their patients. The providers reported that this project was very eye opening and they will continue to prioritize obesity as a diagnosis to address.
Pediatric Blood Pressure in the Inpatient Setting

Katelin Hildreth BSN, RN

Jacquie Hanks DNP, APRN, CPNP-PC/AC

Creighton University College of Nursing

**Purpose:** To improve the rates of correct blood pressure cuff size and location of measurement in the Pediatric inpatient setting.

**Background:** A main component in diagnosing and treating hypertension is the selection and use of the blood pressure cuff. However, there is little data to review practices on blood pressure cuff selection in the inpatient setting.

**Sample/Setting:** A convenience sample of pediatric patients’ ages newborn through 18 years admitted to the medical-surgical unit.

**Methods:** Baseline data collected to evaluate cuff selection and location. The bedside nurses were educated on the importance of using the right upper arm, taking an arm circumference and choosing appropriate BP cuff size. BP arm circumference was added to the admission checklist to be done on patients admitted and transferred to the unit, and a visual card with reference to the proper blood pressure cuff size in relation to the arm circumference was placed at the bedside. Post-intervention data collection was evaluated by the coordinator to determine cuff selection and location of BP.

**Results:** Initial baseline data on 70 patients over 4 weeks revealed that the correct BP cuff was chosen 70% of the time and correct location was used 51% of the time. After intervention the arm circumference was documented only 48% of the time but reported as higher by the bedside nurses. The correct BP cuff was chosen 90% of time and correct location 83% of the time.

**Conclusion:** Pre-intervention data showed a significant problem in blood pressure measurement in the inpatient setting, both in cuff selection and in location of measurement. The bedside tool will remain in place and goals would include working with the EMR and IT to allow charting the arm circumference in the flow sheet. Results support the need for further research in this area in the future.
Increasing Annual Influenza Vaccination Rates in Adults through an Email Reminder: A Pilot QI Project

Jenna Anne Hilker BSN, RN

Cathy Carrico DNP, APRN-NP

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project is to increase influenza vaccination rates. Background: Influenza is a highly contagious respiratory viral infection. General symptoms of viral respiratory illnesses are seen in most cases with influenza, however, serious complications may develop including pneumonia, exacerbations of chronic illnesses, and death. To prevent these serious complications, annual influenza vaccination is recommended by many health care organizations (WHO, 2018; Grohskopf 2018; AANP, 2018). The Healthy People 2020 goal is to increase the annual influenza vaccination rate among adults to 80% (OODPHP, 2019).


Methods: An email reminder was sent out to all adult patients via the patient portal email system to remind them to get an influenza vaccination on October 1, 2019. Each patient that presented to the clinic within the time frame was then surveyed to assess if they received the influenza vaccination, why or why not, and if they received the email reminder.

Results: A total of 484 patients were surveyed. One hundred sixty-five patients (34%) received the influenza vaccine at that visit, 220 (45%) did not receive the vaccine that visit, 60 (12%) declined the day of the visit but planned to receive it later on in the season, and 39 (8%) did not receive the vaccination due to contraindications of concurrent illness. From the patients who did receive an influenza vaccination, 78% did so due to personal choice, 16% did so due to provider recommendation or offer, and 6% were encouraged by the email reminder.

Conclusion: The email intervention did encourage some patients to receive an influenza vaccine. Further projects can look at signing patients up for the portal email and alternative technological interventions.
Intraoperative Autologous Blood Storage and Usage in Pediatric Cardiac Surgical Patients who undergo Cardiopulmonary Bypass

Julie Johnsen BSN, RN, CPN

Susan Connelly DNP, APRN-NP PC/AC

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project was to reduce the use of donor blood by implementing standards that enhance the use of intraoperative autologous blood in post pediatric cardiac surgical patients who undergo cardiopulmonary bypass in a midwestern children’s hospital.

Background: Pediatric donor blood transfusion reactions are underdiagnosed due to similarities with the patient’s underlying condition. Pediatric patients have double the rate of donor blood transfusion reactions when compared to adults. Intraoperative autologous blood reduces or avoids donor blood transfusion reactions and exposures due to utilizing the patient’s own blood. The American Association of Blood Banks (AABB) recently liberalized the interoperative autologous blood storage standards. The extended intraoperative autologous blood storage time promotes longer patient availability and lessens the patient’s risk for donor blood exposure.

Sample/Setting: 28-bed PICU at midwestern pediatric hospital. 169 PICU Staff (RNs, Paramedics, CNAs), 11 OR staff, 18 MDs, 8 Nurse Practitioners

Methods: The staff were educated on the new AABB standards via PowerPoint and were trained on the autologous blood storage and documentation process. A quiz was given at the end of the education to verify understanding of the new process.

Results: Of the 26 pediatric cardiac surgeries, 14 utilized intraoperative autologous blood. Three of those 14 surgeries utilized intraoperative autologous blood greater than 8 hours post collection as a result of the liberalized AABB guidelines. Fourteen that received autologous blood did not require a donor blood RBC transfusion 24 hours post-operatively because they remained hemodynamically stable. The patient cost savings for autologous vs donor blood transfusion is $620.

Conclusion: Implementing the new liberalized AABB standard for intraoperative autologous blood reduces donor RBC exposure thus reducing the risk for adverse reactions to post pediatric cardiac surgical patients. This improved process will lead to increased patient safety and cost savings for the patient.
Early Mobilization in Pediatric Transplant Patients

Vanessa Jones BSN, RN

Maribeth Hercinger PhD, RN

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project was to increase mobilization attempts and electronic medical record documentation of attempts in pediatric auto-islet and kidney transplant patients through the creation and implementation of a mobilization protocol.

Background: Patients requiring intensive care suffer from cardiovascular and pulmonary deconditioning, decreased muscle mass, changes in the inflammatory cascade, delirium, and alterations in skin integrity. The incidence of delirium and weakness is negatively associated with a patient’s ability to survive a critical illness and has high associations with poor long-term outcomes. Early mobilization enhances central and peripheral perfusion, circulation, ventilation, alertness and muscle metabolism to reduce deleterious outcomes.

Sample/Setting: The setting was the pediatric intensive care unit at a Midwest Pediatric Hospital. The sample included auto-islet and kidney transplant patients in the 72-hour post-operative period.

Methods: A retrospective chart review provided documentation practices for a six-month time period. A mobilization protocol was created in collaboration with the physical therapy team. Nursing staff received education regarding early mobilization and documentation expectations. An electronic survey assessed nurses’ documentation practices and perceived barriers to early mobilization prior to and after implementation. Following implementation, a real-time chart review was collected from August-December 2019.

Results: In all days observed, patient ambulation increased in the post-implementation period. Mobilization was more consistently documented and performed throughout the patients’ stay post-implementation. The charting practices improved after staff education sessions. Real-time charting improved from 22% to 85%. The protocol aided in a 63% increase in real time charting.

Conclusion: The number of mobilization attempts and perceived number of mobilization attempts displayed a modest increase protocol implementation. The discussion of early mobilization and its importance increased dramatically on the PICU. A decreased length of stay was seen in the pediatric population through this study with the implementation of a physical therapy driven mobility protocol.
Utilization of CORTRAK*2 to facilitate Nasojejunal Insertion in the PICU

Hilary King BSN, RN, CPN

Megan Potthoff

Creighton University College of Nursing

Purpose: The purpose of this quality improvement (QI) project was to improve patient’s outcomes of reduced radiation exposure in the PICU related to confirmation of nasojejunal feeding tube placement through the implementation of the electromagnetic-enteral access system (CORTRAK*2).

Background: Children admitted to the pediatric intensive care unit (PICU) are at risk for malnutrition and often require feeding tubes. It is estimated that one million enteral (gastric and intestinal) tubes are placed annually in adults and children across the United States to support nutrition during illness (Ellett, Croffie, Cohen, & Perkins, 2005). Inserting nasojejunal (NJ) tubes blindly can cause serious complications including respiratory distress or pneumothorax (Ellett, Croffie, Cohen, & Perkins, 2005).

Sample/Setting: The sample included pediatric patients from a 27-bed pediatric intensive care unit (PICU) in a Midwest, free standing Children’s Hospital requiring placement of a nasojejunal feeding tube

Methods: The design for the quality improvement project was a retrospective chart review. Upon completion of the 12-week implementation period, the data was gathered through the electronic medical record and the CORTRAK*2 device. Data was entered into a spreadsheet and analyzed to evaluate for change in frequency in x-ray utilization and the accuracy of CORTRAK*2.

Results: A total of 16 NJ placements using the CORTRAK*2 were completed. Of those placements, two placements confirmed NJ placement on the CORTRAK*2 without need for an X-ray. Zero tubes were placed in the lungs using CORTRAK*2. Six out of 16 attempts resulted in NJ placement/utilization (37.5%).

Conclusion: Equivocal results on CORTRAK*2 should require an x-ray to confirm placement. Of the small study, when the CORTRAK*2 device resulted in either positive or negative, the X-ray confirmed those results to be accurate. Overall success rate of NJ tube placement was about a third, but majority of negative CORTRAK*2 results did not receive an x-ray.
Implementation of a Sepsis Resource Nurse in the Emergency Department: A Quality Improvement Project

Megan M Kipfer BSN

Lori Rusch PhD, RN

Creighton University College of Nursing

Purpose: The purpose of this evidence-based practice (EBP) project is to reduce the time to antibiotic administration in septic patients in the emergency department at a large academic medical center.

Background: Sepsis is the leading cause of death in U.S. Hospitals (Sepsis Alliance, 2018). The survival of sepsis is dependent on rapid identification and early treatment. Delays in the administration of appropriate antibiotics to patients with sepsis are associated with increased patient mortality (McLaughlin, Scott, Koenig & Mueller, 2017). In addition, health care costs associated with the treatment and loss of function related to sepsis are growing with the aging population. Strategies to reduce morbidity and mortality rates associated with sepsis rely heavily on the early recognition and management of the condition.

Sample/Setting: The setting is the emergency department at a private, not-for-profit, teaching hospital with 80-90,000 emergency center visits annually. The sample included 312 total patients presenting to the ED with ICD 10 codes (A40.3-A.41.9).

Methods: Data were collected through retrospective chart review 3 months prior to implementation of the sepsis resource nurse for comparison to data during two-month project implementation. Data points evaluated included: average hospital length of stay (days), percent of door to antibiotic administration less than 60 minutes, median minutes door to antibiotic order, median minutes door to antibiotic administration, median minutes antibiotic order to administration.

Results: Average length of hospital stay was unchanged throughout the project. October data revealed a decrease in the number of patients who received antibiotics within 60 minutes of presentation and an increase in the median minutes from antibiotic order to administration. November revealed 42% increase in number of patients that received antibiotics within 60 minutes and a 13.9% decrease in the median minutes from antibiotic order to administration.

Conclusion: The implementation of the sepsis resource nurse showed a significant impact on the variables studied for this project. The initial increase in time variables during the first month of implementation (October) could potentially be attributed to the initiation of practice change, supported by the fact that as staff became used to the role/workflow, data improved in the second month (November).
The Transition of Pediatric Post-Kidney Transplant Recipients to Adult Providers

Leisa Krull BSN, RN, CCTC
Cathy Carrico DNP, APRN-NP
Creighton University College of Nursing

Purpose: To enhance the post-kidney transplant pediatric to adult transition process and ensure consistent patient preparation by educating RN transplant coordinators.

Background: The number of children with a special healthcare need in the U.S. has surpassed 10 million. Almost 1 million transfer from pediatric to adult providers every year. Currently there are no best practice guidelines to assist facilities in developing transition programs. The University of Minnesota Medical Center (UMMC) does not have a standard policy established to ensure that all pediatric providers are transitioning patients in the same manner.

Sample/Setting: UMMC post-kidney transplant coordinators

Methods: Initial evaluation of RN transplant coordinator knowledge about the process of pediatric to adult transition was assessed via survey. Standard workflow guidelines for the process of transition from pediatric to adult providers were developed as part of this project and a protocol was created. Pediatric and adult RN coordinators were educated on transition readiness tools via group sessions and surveyed again to assess knowledge after education. Checklist tasks were embedded in the EHR to document patient education. PDSA cycles were utilized to assess the process. Chart audits were performed to evaluate compliance with guidelines. Re-education was provided to staff as needed.

Results: PDSA cycle 1 results showed zero patients with EHR checklist activation and documentation. Re-education was provided. PDSA cycle 2 had the similar results.

Conclusion: Protocol development and subsequent approval was successful, but implementation less so. RN staff reported increased knowledge surrounding the transition process, but chart reviews showed lack of protocol adherence. Unfortunately, the initial group of pediatric RNs that were trained resigned shortly after training, thus the workflow changes did not occur for that team. Those positions have been filled and the team is hopeful that the training for those staff will promote the adoption of the new guidelines and workflows.
Distress Screening of Hematology Patients in a Hospital-Based Outpatient Setting and the Implications for Clinical Practice: A Quality Improvement Project

Sarah Laszewski BSN, RN, OCN
Ann Laughlin PhD, RN, FAAN
Creighton University College of Nursing

**Background:** Cancer-related distress is a complex psychosocial phenomenon that often has negative consequences. Increased distress in cancer patients has been associated with longer hospital stays, poorer treatment compliance, and poorer clinical outcomes. Current research shows that cancer patients’ psychosocial distress is not routinely and consistently addressed and managed.

**Purpose:** The purpose of this quality improvement project was to adopt into clinical practice the current evidence-based distress screening guidelines from the National Comprehensive Cancer Network (NCCN) in order to provide holistic care to hematology patients.

**Sample/Setting:** The setting was the hematology hospital-based outpatient setting of a large Midwestern tertiary healthcare center. The sample included 49 English-speaking patients ages 30-84 with a hematologic cancer diagnosis who were seen weekly during the implementation period (September—December 2019).

**Methods:** Patients were screened by nursing staff utilizing the NCCN Distress Thermometer (DT) and associated Problem List. The DT is scored zero (none) to 10 (extreme) to provide an assessment of the patient’s cancer-associated distress.

**Results:** Of the patient sample (n=49), the average age was 61.1 (SD 12.0). 61.2% were male (n=30) with a primary diagnosis of Non-Hodgkin Lymphoma (n=18, 36.7%), without a concomitant secondary diagnosis (n=44, 89.8%), diagnosed within the last 6 months (n=18, 36.7%), not receiving active treatment with chemotherapy (n=19, 38.8%), and had never been screened prior to this project. Reported median overall DT score was 2.

For patients who reported DT scores ≥ 4 indicating moderate to severe distress (n=13, 26.5%), educational resources were provided according to highest-rated sub-category (emotional resources n=8, physical resources n=4, family resources n=1, spiritual resources n=0)

There were no statistically significant differences in overall DT scores based on age, gender, cancer diagnosis, and current line of therapy.

**Conclusion:** This project demonstrates the importance of evaluating distress with the NCCT DT so that appropriate strategies can be implemented.
Cardiovascular and Metabolic Risk Management in an Adult Population with Schizophrenia: A Quality Improvement Project

Susan K. Latcham ARNP, FNP-BC, PMHNP BC
Sara Banzhaf DNP, APRN-NP, PMHNP-BC
Creighton University College of Nursing

Purpose: The purpose of this project is to reduce cardiovascular and metabolic risk factors of an adult population with Schizophrenia through integration of primary and psychiatric health care in an outpatient injection clinic and identifying and addressing any perceived barriers to access of care.

Background: Patients with Schizophrenia have much higher cardiovascular disease and risk factors occurring at a younger age than the general population. (McLean et al., 2014). Antipsychotics that are frequently prescribed for the treatment of Schizophrenia increase the risk for metabolic syndrome (McLean et al., 2014). Those with a serious mental illness frequently experience reduced access to primary health care (Galon & Graor, 2012).

Sample/Setting: This quality improvement project was conducted at an outpatient behavioral health injection clinic. Recruitment and initial data collection were completed over a designated scheduled one-week period with follow-up evaluation of the intervention 3-4 weeks following.

Methods: Data included demographics, weight, height, body mass index, blood pressure, fasting glucose, or glycated hemoglobin (HgbA1c), and lipid panels. Access to care was evaluated by a participant survey. Individualized education regarding risk factors was provided. If hyperlipidemia was discovered, statin therapy according to ACC/AHA Statin Therapy Protocol would be recommended including a follow-up evaluation plan.

Results: Participants were found to be satisfied with their mental health provider; however, don’t routinely see a PCP. Most participants did not have current metabolic screening. Many participants were smokers. Obesity was common. The personal barrier of experiencing mental health symptoms was the leading barrier to accessing care. Those presenting with hyperlipidemia were being appropriately treated.

Conclusion: This quality improvement project identified the benefits of integrating health care, because most participants did not have preventative care, and metabolic screening. Most had significant cardiovascular risk factors. A larger sample size and time frame would be valuable for expansion of the data.
Development, Education, and Implementation of a Clinical Guideline for Early Recognition of Need for Resuscitation in Pediatric Trauma Patients Through the Use of Thromboelastography (TEG)

Hannah Lindberg BSN, RN
Cathy Carrico DNP, APRN-NP
Creighton University College of Nursing

Purpose: The purpose of this project is to increase recognition of coagulopathies in pediatric trauma patients through the use of TEG.

Background: Children are at significantly higher risk for morbidity and mortality following trauma due to hemorrhage, coagulopathy, and incomplete resuscitation. Annually, 9.2 million children are seen in the ED for injuries, approximately 12,175 die from their injuries. In massive trauma patients, hemorrhage accounts for 30-40% of all early trauma mortality, making it one of the leading causes of preventable death in all trauma patients ages 0-42. Thromboelastograms are currently used in adult trauma patients and pediatric ECMO patients.

Sample/Setting: All trauma team members including emergency medicine physicians, trauma surgeons, advance practice providers, and trauma nurse leaders in the Midwestern Level II pediatric trauma center.

Methods: Work with the pediatric intensive care unit to create a clinical guideline for the use of thromboelastograms in pediatric trauma patients. Once the clinical guideline was completed, an educational module and the clinical guideline were sent to all trauma team members including emergency medicine physicians, trauma surgeons, advance practice providers, and trauma nurse leaders in the Midwestern Level II pediatric trauma center. Approximately 4 weeks after the education was completed, a post-test and survey were sent to the same individuals. During this 4-week period, data was collected on how many thromboelastograms were ordered on patients who met the clinical guidelines criteria.

Results: Four trauma team members completed the post-test and survey with an average score of 78.5%. Two level I trauma patients met criteria during this time, no TEGs were drawn.

Conclusion: Providers agree on the necessity of using TEG levels in pediatric trauma patients and would prefer more hands on education. Based on test scores, it is evident that more education is needed.
A framework: building and implementing a post-graduate nurse practitioner fellowship in Integrative Care.

Molly R. Lupo MSN, APRN-NP

Cindy Costanzo PhD

Wendy Pecoraro & Ann Wieseler

*Purpose:* The purpose of this project is to develop & implement a post-graduate NP fellowship program in Integrative Care.

*Background:* A training gap exists for the new NP transitioning to clinical practice. Taylor, Broyhill, & Burriss (2017) found that it took new providers on average 12-18 months for the NP to achieve 80% productivity. A fellowship provides a protected year of learning needed for transitioning a new NP to practice. Lastly, a fellowship allows the new NP a yearlong training experience that allows the NP to be fully productive upon completion of the fellowship.

*Sample/Setting:* This project aimed to develop a post-graduate NP fellowship program and structure of a program to be implemented in an integrative medicine setting.

*Methods:* We worked to develop a post-graduate program that focused on mentored clinics, portfolio development, case studies, attendance of professional meetings, monthly didactics (adapted from American College of Lifestyle Medicine), & evaluation of both the fellow, program, and mentors.

*Conclusion:* Post-graduate NP fellowships have been found to decrease turnover rates, improve quality, safety, and access to care, and improve patient outcomes. Furthermore, they help to bridge the knowledge and clinical gap from academia to practice increasing satisfaction among providers, and decreasing the cost of onboarding a new provider.
Implementation of a Developmental Care Program and the Effect on Parent Participation in the NICU

Marissa Macedo NNP-BC, MSN, BSN

Lori Rubarth PhD, APRN, NNP-BC

Creighton University College of Nursing

Purpose: This QI project implemented a developmental care program to increase parental involvement in the care of their infant in the Doernbecher Neonatal Intensive Care Unit (DNICU).

Background: Premature infants account for ~10% of births in the US, they require care in the NICU, and are at risk for disabilities and developmental delays. The NICU is a stressful environment and limits family interaction and can impede bonding. Family-centered developmental care is aimed at decreasing the negative effects of the NICU. Parent participation is a key element, and parent participation and satisfaction in the DNICU is perceived as being low. Additionally, no developmental care framework was utilized in the unit. Therefore, the Supporting and Enhancing NICU Sensory Experiences (SENSE) program was implemented to encourage parent participation and satisfaction.

Sample/Setting: The DNICU is a level IV NICU, with ~ 560 admissions per year. The target population was parents of infants born at ≤ 32 week’s gestation. The sample was obtained from the target population who were English speaking.

Methods: The SENSE program included paper and electronic copies of parent education booklets. Program materials were used to educate staff and parents. Pre- and post-implementation surveys using the Parent Participation Tool were used to assess parent’s satisfaction with their level of participation.

Results: All full time and part time nurses were educated in the first four months. Six out of 20 pre-implementation surveys were answered via paper. Four indicated that the parent visited daily and strongly agreed that they were happy with their level of participation. Post-implementation surveys are being analyzed at this time.

Conclusion: Parents are overall satisfied with their level of participation in the NICU. A larger and more inclusive sample may be needed to detect significant differences.
QI Project: Implementation of Breastfeeding Questionnaire and Lactation RN Education into Pediatric Primary Care Setting

Hillary A. Marotz RN, BSN, IBCLC
Cathy Carrico DNP, APRN-NP
Creighton University College of Nursing

Purpose: Standardize the care lactation nurses are providing to new mothers and their infants in order to improve the breastfeeding experience.

Background: Although 80% of mothers start breastfeeding their infants in the United States (U.S.), only 22% are exclusively breastfed up to six months of age. Healthy People 2020 aims to increase the percentage of exclusively breastfed infants at six months of age to 50%. The Surgeon General’s Call to Action believes that most lactation problems can be solved with access to appropriate care. Breastfeeding support increases duration and exclusivity of breastfeeding and should be offered at ongoing visits on a scheduled basis.

Sample/Setting: Mothers who were identified as having difficulties nursing by pediatrician. Pediatric primary care clinic in Minneapolis.

Methods: QI project that used Lewin’s change model. Used a non-interventional design method through use of questionnaires and personal interaction. Lactation RN’s were given a pretest to assess knowledge before educational session and packet were provided to them. After the 8-week implementation of the project, they were given a posttest to understand if their knowledge increased and whether or not implementation was helpful during the lactation visit.

Results: On the posttest, their breastfeeding knowledge and the scores greatly improved, as they incorrectly answered 30-50% (n = 10) of the questions on the pretest and 10-30% (n = 10) on the posttest. 100% (n = 5) of the lactation RN’s acknowledged that the educational packet was very helpful, 100% (n = 5) of the lactation RN’s were very satisfied with the questionnaire, and 40% (n = 5) of the lactation RN’s felt somewhat knowledgeable during the lactation visit and 60% (n = 5) of the lactation RN’s felt very knowledgeable during the lactation visit after receiving the educational packet.

Conclusion: Implementation of the questionnaire was thought to be very helpful during the appointment and lactation RN’s knowledge increased after receiving the breastfeeding educational packet.
Prevention of Aggressive and Violent Behavior with De-escalation Techniques by Non-clinical Staff in Community Health Settings

Allison McKamy BSN, RN
Cindy Hadenfeldt RN, EdD
Creighton University College of Nursing

Workplace violence is on the rise in health care settings and is a leading cause of death in health care workers. Violence is directed towards all members of the medical treatment team, not just providers who have been educated in care of the client with mental health needs. Most non-clinical staff report little to no training in identifying, preventing, or managing these violent acts. The purpose of this quality improvement project was to increase the confidence of non-clinical staff in providing care to aggressive or violent patients. A pre-survey of staff confidence in managing the care of clients who are aggressive or violent was completed by participants. The survey was a Likert style survey with 5 specific statements. The educational session focused on the recognition of aggressive or violent behavior in individuals in the clinic setting and the use of de-escalation skills to manage this behavior. One month following the educational intervention a post-survey was completed by participants and indicated that the majority of the participants responded that they “agreed” or “strongly agreed” that they had the knowledge, skills, ability, confidence, and felt prepared to manage aggression or violence. It is recommended that clinic staff in all practice settings be provided with education regarding the identification and de-escalation of aggressive and violent behaviors to increase their confidence in handling these situations.

Keywords: aggression, workplace violence, de-escalation
Extubation Guidelines in the Premature Infant
Ange McKee B.S., R.N., RNC-NIC
Brenda Wallingford DNP, APRN, NNP-BC

Purpose: The purpose of this quality improvement project is to implement an extubation guideline in the premature infant born less than 33 weeks gestation.

Background: Exposure to prolonged periods of intubation and mechanical ventilation has adverse outcomes on the neonate. The most common complication of prolonged ventilator support is BPD. According to research, there is strong evidence to support that developing a guideline for extubation readiness can help reduce rates of BPD resulting in better outcomes for premature neonates.

Sample/Setting: The quality improvement project took place at Meriter UnityPoint Health, which is a 40 bed Level III unit in Madison, Wisconsin. The sample size included infants born at 33 weeks gestation who were intubated and placed on mechanical ventilation.

Methods: Utilizing a PDSA model, a multidisciplinary respiratory team was formed. During the meetings, literature was researched and an extubation guideline protocol was developed. Education was provided to all interdisciplinary staff involved in the care of the patient. Upon completion, pre and post protocol data was collected and analyzed.
Establishing a Provider Performed Microscopy Laboratory in a Free Clinic Setting

Julie A. Meister MLT(ASCP), 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 analyze the effectiveness of the use of provider performed microscopy in a free clinic setting.

Background: Accessibility to a primary care provider is essential for patient health and well-being. Being able to perform provider performed microscopy (PPM) in the clinic setting will allow the provider the ability to diagnose disease and effectively manage a patient’s healthcare through point of care testing at the clinic visit.

Sample/Setting: Family Practice, Free clinic setting

Methods: Provider performed microscopy (PPM) will allow providers to perform procedures and analyze specimens according to Clinical Laboratory Improvement Amendments of 1988 [CLIA] standards. Personnel will receive training according to CLIA standards before testing and reporting patient results. This will be documented and reviewed yearly in accordance with CLIA compliance. Written policies and procedures will be developed to provide consistent and effective testing processes and support project sustainability.

Results: All processes will be evaluated by using the Plan, Do, Study, Act model for quality improvement. Progress was limited by the availability of providers for training, current construction of the clinical site and delay in obtaining necessary licensure.

Conclusion: This is a sustainable quality improvement project with limitless possibilities. This quality improvement project can be easily recreated.
Screening, Testing, and Referral for Prediabetes in a Family Practice Clinic

Hillary R. Meyer BSN, RN

Martha Todd PhD, APRN

Creighton University College of Nursing

Purpose: To implement screening and testing for prediabetes in a family practice clinic and improve referral and patient access to Diabetes Prevention Programs (DPP).

Background: Prediabetes, which typically leads to diabetes, affects over a third of the US population. However, most adults are unaware that they have it. Screening people at high risk for developing prediabetes is recommended by several organizations. Diabetes prevention guidelines recommend referral to intense lifestyle intervention programs, such as the national DPP, which is proven to help prevent diabetes but is often underutilized.

Sample/Setting: A convenience sample of 230 patients without diabetes ages 18 and older in a family practice clinic with 5 providers.

Methods: Patients screened with CDC prediabetes risk test and tested by fasting plasma glucose (FPG)/A1C lab. Those with prediabetes received information regarding diabetes prevention and a follow up phone call to assess interest and barriers to DPP participation.

Results: Of the 230 patients, 17.5% self-reported a positive prediabetes status, 40% had a high risk test score, and 26.1% had positive lab test for prediabetes or a documented diagnosis. There were 34 missed opportunities for lab testing in high risk patients due to “no action taken”, “insufficient time”, or “patient declined testing”. A significant positive relationship was found between risk test score and FPG among those tested (P&lt;0.001). No patients were referred to a DPP despite over half of those surveyed expressing interest. Potential barriers to participation included time constraints, location, and program cost. Only 11.1% of those surveyed knew that DPPs are covered by insurance.

Conclusion: Nearly a third of the patients had prediabetes, almost half of them were unaware. The CDC prediabetes risk test positively correlates with FPG and could be considered for routine use. DPP location and lack of awareness of insurance coverage likely play a role in DPP underutilization.
Implementing a Comprehensive Screening Tool in the Management of COPD in Primary Care

Sarah Meyers BSN

Nancy Bredenkamp PhD, APRN

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project was to implement a comprehensive screening tool in the management of COPD and to determine the utilization rate of spirometry testing in the diagnosis of COPD in primary care.

Background: The majority of patients with COPD are managed by their primary care provider (PCP). The most current GOLD consensus report recommends the use of a comprehensive screening tool to assist in guiding the treatment of COPD. The CAT™ screening tool is used to measure the level of symptom burden in patients with COPD. The use of spirometry testing is preferred method of diagnosis for COPD and other chronic lung disease.

Sample/Setting: Two PCPs participated in this quality improvement project along with a convenience sample of patients with a diagnosis of chronic obstructive lung disease in a southeast Minnesota primary care clinic.

Methods: PCPs were educated on administration and interpretation of the CAT™ screening tool. During the data collection period the screening tool was administered to patients meeting inclusion criteria. Retrospective chart review was performed to evaluate the use of spirometry testing for the purpose of diagnosing chronic obstructive lung disease. At conclusion a survey was sent to participating providers for feedback.

Results: 23 (N=23) patients meeting inclusion criteria completed the CAT™ screening tool. 13 (n=13) patients had documentation of spirometry testing confirming the diagnosis of chronic obstructive lung disease. One (n=1) patient was referred for spirometry testing within to screening period. Post project survey perception was varied.

Conclusion: Survey results were inconclusive regarding the CAT™ screening tool adding value to practice. Treatment plans were not influenced as a result of the utilization of this screening tool. While utilization rates of spirometry were found to be low, providers did report facilitation of discuss with patient regarding their diagnosis of COPD as a result of use of the screening tool.
 Improving Patient Satisfaction: Implementation of a Pediatric Pain Management Bundle

Chandler Miller

Susan Connelly DNP, APRN-NP PC/AC

Creighton University College of Nursing

Evaluating pain within the pediatric population is complicated by the child’s age, cognitive ability, separation from parents, the hospital setting, and difficulty in quantifying a subjective experience. Research supports that nurses are currently inconsistent with their approach to pediatric pain management. Lack of communication between nurses and caregivers is identified as the source of poor pain management within the pediatric population. The purpose of this quality improvement DNP project was to improve pediatric pain management through the implementation of a pain management bundle, including expanding nursing knowledge and improving communication between nurses and the patients/families on pain management in a 23-bed medical surgical unit within a mid-western freestanding children’s hospital. Nurses received education via live-PowerPoint presentation that highlighted current institutional pain management policies and reviewed appropriate pediatric pain management strategies. Following the education, dry erase boards were placed in patients’ rooms to serve as a communication tool between the nurses and the patients/families to facilitate dialogue concerning pain management. A pre/post intervention survey was completed by patients/families to evaluate the effectiveness of the pain management bundle. The dry erase boards were utilized for a total of 10 weeks. Results indicated that both satisfaction with pain management and nurses’ communication increased by 8% which ultimately achieved 100% satisfaction in both areas. 79% indicated that the boards improved overall pain management and 83% found the pain management board to be a helpful tool in communicating with nurses about pain. Over half of the participants stated they utilized the pain management dry erase boards. The results support that the pain management boards within the patient rooms facilitate communication between the nurses and the patients/caregivers. The pain management dry erase boards will permanently remain in the patient rooms to facilitate communication and improve patient/family satisfaction with pediatric pain management.
Infection Prevention in the Acute Dialysis Care Setting: A Quality Improvement Project

Madi Miller RN, BSN, CCRN

Nancy Bredenkamp PhD, APRN

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project was to decrease the risk for patient infection in the Nebraska Medicine Acute Dialysis Unit.

Background: Hemodialysis is the most utilized treatment option for end-stage renal disease (ESRD) but it is not benign. Patients undergoing hemodialysis are at an increased risk of contracting Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV) due to the greater potential for blood exposure before, during, and after hemodialysis treatment (Counts, 2015). The Centers for Disease Control and Prevention (CDC) partnered with over fifty organizations to create a coalition to make dialysis safer. The coalition provides infection prevention education, guidelines, and materials (2019).

Sample/Setting: The setting for this project was a level one academic trauma center in an eight-bed acute dialysis unit. The sample that was utilized was a convenience sample of those that worked within the acute dialysis unit. There were twenty-three nurses and six dialysis technicians that work within the unit that were incorporated into this quality improvement project.

Methods: This was a quality improvement project where current practices within the acute dialysis setting were compared to that of the CDC standards, then staff nurses completed a pre-test, received education, were routinely audited, and completed a post-test regarding infection prevention in the acute dialysis care setting.

Results: Data collection has been completed and statistical analysis is in progress. Results will be reported to include whether there was a significant improvement in hand hygiene and routine dialysis bay disinfection after education and routine auditing.

Conclusion: The project lead anticipates that there will be a need for further education and auditing to ensure that dialysis staff continue to follow CDC guidelines and that infection prevention practices continue to be followed.
Thermoregulation Management and Documentation During the First 12 Hours of Life for Low Birth Weight Infants: A Quality Improvement Practice Change

Amy Montgomery BSN, RNC-NIC, C-ELBW

Brenda Wallingford DNP, APRN, NNP-BC

Creighton University College of Nursing

Purpose: The purpose of this project was to explore how implementing a temperature monitoring data sheet would improve consistency in thermoregulation monitoring and management by nurses.

Background: An issue with preterm infants is thermoregulation. Decreasing the incidence of hypothermia will increase survival, as well as survival without morbidity for VLBW infants. At this NICU there is a concern that documentation is inconsistent; measurements provided for thermoregulation and monitoring of temperatures lacks consistency. Education on the importance of thermoregulation and documentation for all RNs would improve compliance and knowledge. Improved thermoregulation monitoring and recording may decrease euthermia, as admission would not be delayed for improved temperatures.

Sample/Setting: The setting was a western coast level IV NICU level NICU. The sample included all newborns delivered at this hospital that weighed <1501 grams. Exclusion criteria included infants transported from a referral center.

Methods: The design of this study was based upon the IOWA model. It encompassed a quality improvement practice change requiring nurses to complete a thermoregulation data sheet improving monitoring and maintenance for euthermia. Data was compiled, analyzed, and compared to historical trends within the unit.

Results: Pre-implementation mean admission temperatures were 36.7°F; 70% of infants were euthermic upon admission, 23% were hypothermic, and 7% were hyperthermic. Post-Implementation mean admission temperatures were 36.9°F; 80% were euthermic upon admission, 15% were hypothermic, and 5% were hyperthermic. Thermoregulation measures were tracked was shown to be trending toward an increase in compliance.

Conclusion: Implementation of the thermoregulation data sheet practice changes have increased staffs awareness of the importance of thermoregulation monitoring and management. Increased compliance has occurred as has improved euthermia rates. Towards the end of the project data sheets were not being utilized, the IOWA model was implemented to reinforce consistency. Further improvement with compliance of thermoregulation measurements and euthermia rates is anticipated.
Support of Lactation in the NICU: A Quality Improvement Project

Jessica E. Moore BSN, RN

Elena Bosque PhD, ARNP

Creighton University College of Nursing

Provision of breast milk to infants in the Neonatal Intensive Care Unit (NICU) is an important way to support neonatal health, provide nutrition, and reduces mortality and morbidity. Mothers attempting to breastfeed, or pump breast milk, face obstacles in the NICU setting. In this quality improvement project, evidence-based practice interventions included staff education, and development of an EMR-ready checklist to guide both RNs and mothers for lactation education, including pumping, breastfeeding and bonding. Eighty percent of RNs completed the lactation education. The themes identified in a survey of RNs related to a desire for more education to improve their ability to help mothers with lactation. The themes that were identified in a survey of mothers included an appreciation with learning to pump milk, hold their infant, and find emotional support with other mothers. Fifty-four percent of RNs used the checklist during the period of implementation. The pre- and post-intervention percent of mothers who were breastfeeding or pumping breastmilk at the time of discharge was 90% vs. 91%. Although the post-intervention breastmilk usage rate was, essentially, the same, longer-term studies of an actual EMR checklist of supportive interventions may measure higher post-intervention rates in populations with lower pre-intervention breastmilk usage rates.
A Strategy to Decrease Post-Intensive Care Syndrome: The Use of ICU Diaries in the Pediatric Intensive Care Unit

Paige E. Naschke BSN, RN

Susan Connelly DNP, APRN-NP PC/AC

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project was to educate PICU staff about PICS and implement an ICU diary program for pediatric patients and their families.

Background: Post-intensive care syndrome (PICS) is a newly recognized condition which occurs in patients following an intensive care stay. Symptoms of PICS occur along a spectrum and includes impairments in physical, emotional, cognitive, or psychological functioning. In several adult studies, diaries were implemented in the ICU setting and shown to decrease PICS symptoms. These diaries became an outlet for sharing their hospital experience.

Sample/Setting: 12-bed Midwestern PICU

Methods: All PICU RNs were assigned an educational PowerPoint about PICS. The primary intervention was the implementation of an ICU diary that included entries made by members of the healthcare team and families of the patient. Parents/guardians were surveyed to gather information about how frequently entries were made, as well as other benefits of the project. Additionally, medical providers were surveyed to gather information focused on the workflow and clinical utility of the diaries.

Results: ICU diaries were implemented with 9 patients over the course of a 3-month period. Twenty RNs used the diaries with their patients during the pilot project. The RN responses indicated that 85% identified entries taking 10 minutes or less to complete and 81% felt that the diary program was a worthwhile intervention. In addition, 61% identified that they had an increased knowledge of PICS. Families agreed that use of the diary assisted them in understanding more about their child’s PICU stay and they had plans to share the diary with their child.

Conclusions: The diaries were a simple, inexpensive means to foster communication between the nursing providers and their patients/families. Ultimately the ICU diaries were well received by the bedside nursing providers. In addition, families were receptive and open to participation and use of the diary.
Medication administration errors in a pediatric emergency department: A quality improvement project

Jessica Novack Armijo BSN, RN CPN

Megan Potthoff PhD, APRN

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project was to identify the frequency at which the 7 rights of medication administration were violated and created a targeted medication safety campaign for a pediatric emergency department to reduce the frequency of medication errors.

Background: Patients have an expectation of safety, yet medication errors occur every day. Conservative estimates suggest approximately one medication error occurs for each hospitalized patient daily (Bourbonnais and Caswell, 2014). This leads to 7,000 inpatient deaths per year in the United States (Bourbonnais and Caswell, 2014; Choi et al., 2016).

Sample/Setting: The setting was a pediatric emergency department at an urban, free-standing level 1 pediatric trauma center. Pediatric patients age 0-18 receiving medications from an RN or EMT in ED were randomly selected during pre/post data collection windows were included in the study.

Methods: The project leader completed direct observation using a medication administration audit tool in the pre/post data collection. Between pre and post audits a unit-based safety campaign was launched targeting identification and verification of the 7 rights of medication administration with an aim to increase adherence with the 7R and decrease errors.

Results: Eighty-two direct observations (Pre N=42, Post N=40) were completed. Following the medication safety campaign, an administration that did not meet compliance decreased from 14 to 7, medication errors decreased from 7 to 2, medications with no labels decreased from 11 to 7.

Conclusion: The majority of medication administration errors occurring in the emergency department are related to the 7 rights of medication administration. The introduction of a safety campaign re-engaged, and empowered staff to increase verification of 7R of medication administration, leading to a decrease in the total number of events.
Renaissance of Bubble CPAP: Increasing the Use of Less Invasive Ventilation Methods through Education and Guideline Development

Stephanie Partin RNC

Elena Bosque PhD, ARNP

Creighton University College of Nursing

The lungs of a premature neonate are susceptible to injury due to their immaturity, both biochemically and structurally. Chronic lung disease (CLD) can occur, and may be affected by the chosen device for respiratory support, which may lead to suboptimal outcomes, as well as frustration among parents and staff. Bubble Continuous Positive Airway Pressure (bCPAP) devices are re-emerging as the preferred respiratory support mode for many preterm infants to avoid the harmful effects of mechanical ventilation. However, provider resistance to the change in practice remains. This quality improvement project consisted of an educational training about bCPAP, a pre- and post-assessment of knowledge, and a new evidence-based guideline of care with recommendations for the use of bCPAP and respiratory management in premature infants born < 30 weeks gestational age. The outcome measures were knowledge acquisition and compliance. Fifty-six participants received educational training. Post-educational percentage scores (mean) in those tested increased from 83 (SD 0.1) to 91 (SD 0.1). Before the bCPAP and respiratory guideline implementation, zero of seven infants born at 30 weeks gestation received bCPAP through 32 weeks gestational age. After education and guideline implementation, 10 of the eligible infants at the end of the project period had bCPAP discontinued at 32 weeks or greater gestational age and were discharged home without requiring any respiratory support. Stakeholder involvement and education before bCPAP and respiratory management guideline change for infants born weighing 30 weeks gestation may improve knowledge and compliance. Longer term benefits may be measured in future studies.
Provider Education on Melanoma and Implementation of a Risk Based Melanoma Screen in a New Rural Primary Care Setting

January Plantage, BSN

Margo Minnich DNP, RN

Creighton University College of Nursing

Purpose: The purpose of this proposed quality improvement project is the implementation of a risk-based melanoma screen in a new rural primary care setting. Participants will use the Self-Assessment Melanoma Risk Scale (SAMscore) tool. When a patient is identified at risk, the providers will increase education and promote behavioral changes through the discussion of preventative strategies in skin cancer.

Background: Skin cancer is the most common form of cancer in the United States. Melanoma is responsible for 9,000 deaths each year. Current estimates are one in five Americans will develop skin cancer in their lifetime (Stern, 2010). Melanoma is the deadliest form of skin cancer, but it is also preventable in 9 out of 10 cases (Melanoma Research Foundation, n.d.). Primary care providers can influence the number of people who protect themselves by educating patients on sun protection and increasing awareness regarding skin cancer.

Sample/Setting: Rural primary care setting. Pediatric to geriatric patients.

Methods: Patients were identified through a self-administered questionnaire using the Self-Assessment of Melanoma Risk Scale (SAMscore). SAMscore is based on a 7-item self-administered questionnaire without any medical knowledge. If 3 out of the 7 risk factors are positive, this would indicate an increased risk for melanoma.

Results: Using the SAM-score screening tool shown an increase in patient education and promote behavioral changes through discussion of preventative strategies to patients who were identified at risk for skin cancer. Interventions as a result of the SAM-score total include Derm Referral, Skin Check, Patient Education, and handouts.

Conclusion: Healthcare providers in the rural primary care setting can utilize the SAM-score screening tool as a means to facilitate the discussion of preventative strategies for skin cancer for high-risk populations. 35 of the 120 screened with the SAMscore were identified as high-risk. 28 of the high-risk patients had an intervention of either Derm Referral, Skin Check, patient education or handout.
Implementation of the Brief Fatigue Inventory for Cancer Patients

Amy Raedeker BSN, OCN

Lindsay Iverson DNP, APRN-NP, ACNP-BC

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project is to implement an evidence-based practice change by which all cancer patients are consistently screened for cancer related fatigue using the Brief Fatigue Inventory.

Background: Many cancer patients suffer from cancer related fatigue. Unquestionably the management of cancer related fatigue (CRF) is multifactorial and often requires a multidisciplinary team approach. Although guidelines for the management of CRF exist in the literature, patients are not consistently being screened and therefore are uneducated and undermanaged in this diagnosis.

Sample/Setting: Data was collected from a privately-owned outpatient oncology practice in the Midwest. The sample population consisted of 99 patients seen in the clinic between August 26, 2019 and November 12, 2019.

Methods: Patients meeting inclusion criteria received an information letter discussing the project purpose upon their clinic visit check-in. Participants completed the BFI screening tool and demographic information sheet prior to the visit. The screening tool was subsequently scored and a discussion regarding treatment options, including a referral to appropriate specialists, was held with participants who scored positive for CRF.

Results: During a three-month data collection period, 99 of 110 patients who met inclusion criteria participated in the project. 87% of the participants met BFI criteria for CRF with 43% at a moderate or severe level of CRF necessitating further intervention.

Conclusion: To ensure the timely diagnosis, management, and education of cancer related fatigue in oncology patients, oncology providers should routinely screen their patients for CRF. Routine screening allows for the proper identification of cancer related fatigue thereby ensuring that patients are properly managed and educated in this diagnosis.
Using a Bundle Approach to Prevent Bronchopulmonary Dysplasia in Very Premature Infants

Devon Ratliff-Crain BSN, RN
Brenda Wallingford DNP, APRN, NNP-BC
Creighton University College of Nursing

Purpose: To improve rates of bronchopulmonary dysplasia (BPD) in very premature infants without increasing length of stay through the implementation and evaluation of a multidisciplinary care bundle involving respiratory support and medication use guidelines.

Background: BPD is a chronic lung disease affecting about 40% of infants born at less than 32 weeks and is diagnosed if an infant still requires oxygen therapy at 36 weeks corrected gestational age or discharge home. BPD increases healthcare costs and the rates of asthma, sudden infant death syndrome, and mortality for very premature infants.

Sample/Setting: All infants born in one South Dakota hospital at less than 32 weeks and admitted to the hospital’s level III NICU on or after May 1, 2019 who were discharged by December 31, 2019. Compared to infants born in this hospital at less than 32 weeks in 2017.

Methods: A BPD prevention care bundle was created to provide guidelines for the use of different modes of ventilation and the use of medications that may impact respiratory status. A noninvasive ventilation algorithm for the delivery room was also created.

Results: Use of oxygen at time of discharge home dropped from 19.5% in 2017 to 5.6% during the study period. Length of stay also decreased from an average of 80.3 days in 2017 to 61.6 days. Use of invasive mechanical ventilation decreased from 73.9% to 26.3%, and the average ventilator days decreased slightly from 6.5 days to 5.6 days.

Conclusion: Use of a care bundle that guides respiratory support modes and the use of medications can decrease the incidence of BPD in very premature infants. Implementing guidelines for noninvasive ventilation in the delivery room and advocating for early extubations also proved to be effective in reducing the number of infants discharged home on oxygen without increasing length of stay.
Implementation of an Extubation Checklist at the Bedside: A Quality Improvement Project

Leah Redeker BSN, RN

Rhonda Coffman DNP, APRN, ACNP-BC, FNP-C

Creighton University College of Nursing

Purpose: The purpose of this project was to implement and evaluate the use of an extubation checklist for mechanically ventilated patients aged 18 and older in a medical intensive care unit.

Background: The process of extubating patients is tedious with multiple clinical components to assess readiness. A nurse-led extubation policy is current practice with the MICU. With high nursing turnover, this process can be cumbersome complex. Furthermore, despite best practices utilized in the policy, reintubation continues to occur. Reintubation results in negative clinical outcomes including increased mortality, duration of MV, and length of stay (Frutos-Vivar et. al., 2011, Thille et. al., 2011, Epstein et. al., 1997, Fuji et. al., 2018). Current expert recommendations include identifying those at high risk for extubation failure prior to extubation (Schmidt et. al., 2017). Lastly, checklists are a useful tool to ensure accuracy in clinically complex tasks (AHRQ, n.d.). It was hypothesized that a bedside checklist to ensure the completion of the current policy in addition to assessing for reintubation risk factors would enhance clinical outcomes.

Sample/Setting: Nursing staff in a large tertiary academic medical center participated in the project. A convenience sampling technique was utilized to assess endpoints among mechanically ventilated patients who met clinical criteria for checklist use.

Methods: Day nursing staff along with licensed independent practitioners were educated on the checklist. Checklists were placed at the bedside to be completed at the time of extubation. A review of the electronic medical record was completed to assess length of MV, hospital length of stay, mortality, and reintubation rates among the pre and post-implementation period.

Results: Data collection is currently ongoing. Once data is collected, results will be analyzed to report changes in mortality, length of MV, length of stay, and rates of reintubation among pre and post-implementation group.

Conclusion: Research anticipates a need for ongoing education and tools to ensure clinical competence in extubating patients and identifying those at high risk for reintubation.
Implementation and Evaluation of an Evidence-Based Neonatal Program for Emergency Services

Sabrina Rhoads BSN, RNC-NIC

Tina Wallingford DNP, APRN, NNP-BC

Creighton University College of Nursing

*Purpose:* To implement and evaluate the effectiveness of a neonatal training program which emphasizes post-delivery care and resuscitation targeted to the setting, resources, and skill level of EMTs.

*Background:* Neonates born outside the hospital may lack attendance of a skilled medical team. Without appropriate care post-delivery, these neonates may be at risk for poor outcomes. Emergency medical technicians (EMTs) may be the first clinicians to encounter these neonates, therefore the readiness of the EMT to care for the neonate immediately following delivery is essential; however, a knowledge gap exists in the care of neonates by EMTs. By increasing the skill and confidence level of EMTs, outborn neonates may have better outcomes.

*Sample/Setting:* Active EMTs in a suburban county with a population of 56,000. Education was provided to 24 active EMTs. A retrospective chart review was completed on fifteen pre-implementation neonates and one post-implementation neonate.

*Methods:* A three-hour program was developed based on national standards which reviewed basic neonatal care after delivery, and which combined didactic and simulated scenarios in small groups. A self-paced skills station was designed, and participants reviewed skills monthly for the next two months. Skill and confidence in the subject area were evaluated using a pre and post course survey and knowledge check. Pre and post intervention admission vital signs of outborn neonates admitted following delivery were compared via retrospective chart review.

*Results:* Administration of the program resulted in an increase in the self-reported confidence levels of EMTs in post-delivery neonatal care which persisted above baseline rankings at two months post-intervention. A knowledge check reflected an increase in knowledge of the content from baseline to two-month follow up. Post-intervention admission vitals were similar to those infants in the pre-intervention group.

*Conclusion:* Greater effort to prepare and train EMS personnel in immediate post-delivery care of the neonate may result in greater feelings of confidence in these providers as well as improved outcomes for neonates.
An EMR Best Practice Advisory Screening for Type II Diabetes in Pediatric Primary Care: 

A Quality Improvement Study 

Megan Ruffcorn BSN 
Jacquie Hanks DNP, APRN, CPNP-PC/AC 
Creighton University College of Nursing 

**Purpose:** This quality improvement project’s purpose was to increase screening of at-risk adolescents for T2DM by implementing an electronic medical record reminder flag to order a HgA1C.  

**Background:** T2DM diagnoses are rising in children and adolescents coinciding with increasing rates of childhood obesity. The AAP revealed T2DM education and screening in children needs improvements.  

**Sample/Setting:** The setting was Children’s Physicians Clinics in Nebraska and Iowa. The subjects included patients age 10-19 years old with high BMIs and one additional risk factors. Sample for data collection depended solely on those seen for well visits during the time period. 

**Methods:** An EMR Best Practice Advisory for obesity (>85% and >95%) was updated to include T2DM risk based screening. The BPA included an order set prompting hemoglobin A1C screening and ICD 10 codes for diagnoses. In a two-month trial, data of patients seen with high BMI and HgbA1C orders from December 2018/January 2019-pre intervention was compared to December 2019/January 2020 post intervention data. 

**Results:** After a two-month period, the use of the EMR Best Practice Advisory led to clinics experiencing an increase in hemoglobin A1C orders from 20 the previous winter to 45 after implementation. 

**Conclusion:** There is a need for improved risk-based screening for T2DM in adolescents. Implementation of the BPA appeared to improve risk-based screening for T2DM and is a method that can be easily updated if recommendations change or utilized for other screenings. Follow up for patients who had labs ordered but not obtained and continuing education for providers on screening practices is recommended.
An Emergency Department Protocol for Patients with Atrial Fibrillation

Shauna Sanderson BSN, RN-BC
Heather Templin DNP, ACNP, APRN
Creighton University College of Nursing

Purpose: The purpose of this evidence-based project (EBP) was to determine if an implemented AF protocol in the ED reduced hospital admissions, following the Iowa Model.

Background: AF is a common abnormal heart rhythm and results in increased risk for adverse outcomes, including cerebral vascular accident, cardiomyopathy, or heart failure. Admissions due to AF exceeded 460,000 in 2016, with several studies reporting a 60-70% hospitalization rate for AF patients who presented to the ED. Currently, there is no universally recognized approach or guideline for the management of AF in the ED setting. There is considerable controversy between two competing strategies – medical management versus cardioversion. Medical management consists of rate control and anticoagulation, while cardioversion is achieved by a chemical or electrical approach.

Setting/Sample: The setting was a 27 bed ED within a 423-bed tertiary care hospital that serves the Omaha metro. Convenience sampling was used to include patients who met the inclusion criteria identified in the AF pathway.

Methods: A time series, retrospective post-intervention chart review was used to identify changes in the management of AF in the ED and the impact on rates of hospitalization. The impact of the AF pathway was evaluated observationally between September 1st, 2019 and November 30th, 2019.

Results: Pre-protocol (n=48) data endorsed 98% of patients with AF being admitted to the hospital. This compared to post-protocol (n=73) data; hospital admissions were reduced to 60%. After protocol implementation, nearly 40% of patients were discharged from the ED after receiving treatment. AF management in the pre-protocol data was largely rate control with 77% (n=37) of patients having intravenous (IV) Cardizem infusions. AF management in the post-protocol data incorporated rhythm and rate control treatment. Roughly 40% (n=30) of patients received IV Cardizem infusions. There were 14 patients who successfully cardioverted: 14% (n=2) through elective electrical cardioversion, 50% (n=7) through pharmacologic cardioversion, and 35% (n=5) had spontaneous cardioversion.

Conclusion: Implication for practice includes the use of a standardized protocol for ED-based management of AF to facilitate safe and effective treatment while minimizing hospitalizations.
Antibiotic Prescribing in a Rural Primary Care Clinic: Antibiotic Stewardship

Sara Saunders BSN, RN

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

Creighton University College of Nursing

Purpose: Antibiotic prescribing is higher in rural primary care clinics compared to urban clinics, leading to poor patient outcomes. Inappropriate antibiotic usage leads to adverse effects, resistant bacteria, rising health care costs, and a higher burden for health care professionals. The purpose of this quality improvement project is to promote antibiotic stewardship in a rural primary care clinic.

Background: Unnecessary antibiotic prescriptions contribute to the global health threat of antimicrobial resistance. Rural clinicians prescribe antibiotics at a higher rate. Through a literature review, it was found that encouraging antibiotic stewardship can improve prescribing habits through education and monitoring programs.

Sample/Setting: The sample includes patients who entered the clinic with symptoms that may suggest infection at a rural Iowa primary care clinic.

Methods: A chart review was conducted on patients who were prescribed antibiotics prior to the quality improvement project. A clinic teaching protocol was developed and implemented for all care providers related to antibiotic stewardship. A clinic policy and procedure guidelines was developed to support antibiotic stewardship. Also, a patient teaching program was developed that addresses antibiotic prescribing practices. A chart review was conducted following the implementation of educational materials and guidelines.

Results: From the initial chart review to the final chart review, the percentage of potential antibiotics prescribed unnecessarily was reduced from 14% to 7%. The top three diagnoses associated with antibiotic prescriptions include acute otitis media, sinusitis, and pharyngitis.

Conclusion: Antibiotic stewardship programs can be used as a method of sustainability. Rural primary clinicians can support stewardship by completing chart audits, following evidence-based guidelines, and providing education.
Sleep Apnea Screening in the Presence of Cardiovascular Disease

Wesley Schook BSN, RN
Ann Laughlin PhD, RN, FAAN

Creighton University College of Nursing

*Purpose*: The purpose of this project was to identify potential gaps in primary care related to the identification of obstructive sleep apnea (OSA) in individuals with existing cardiovascular disease.

*Background*: Research demonstrates that patients with existing heart disease are at elevated risk for OSA. A current lack of screening protocols provides an opportunity to improve OSA recognition. The STOP-Bang questionnaire (SBQ) can provide clinicians an efficient and cost-effective way to enhance OSA recognition in their patient population.

*Sample/Setting*: 145 patients from a primary care clinic in Omaha, Nebraska were invited to complete the SBQ. The final sample was n=54. Inclusion criteria included an existing diagnosis of atrial fibrillation (A-fib), hypertension (HTN), or heart failure (HF).

*Methods*: Participants were contacted via phone, clinic instant message service, and e-mail. Patients were requested to respond to the SBQ survey. Items included (S)noring, (T)iredness, (O)bserved apnea, (P)ressure (HTN), and (N)eck size. (B)MI, (A)ge, and (G)ender, were taken from the EMR. SBQ risk scores were calculated from the participating cohort, and categorized as Mild (0-2), Intermediate (3-4), and High (5-8).

*Results*: 54 patients completed the survey. 24 of these patients (44%) had a previous OSA diagnosis, and 30 patients (56%) were without a prior history of diagnosed OSA. The participants without diagnosed OSA were then scored. Individual scores found 1 individual at Low risk, 11 Intermediate risk, and 18 High risk. The average SBQ score was 4.7, indicating an Intermediate risk average for OSA.

*Conclusion*: Over half of non-previously screened patients (56%) were positive for elevated OSA risk. The data supports current literature indicating that primary care encounters are not routinely screening for OSA. These missed opportunities may decrease quality patient outcomes. Due to its high sensitivity, the SBQ should be routinely used in primary care for those with cardiac disease. Future recommendations would include a sleep study referral for those with SBQ scores in the intermediate and high risk categories.
Revised Algorithm for Extended Indwelling Peripheral Intravenous Catheters

Katie Schroeder RN-BC BSN
Lindsay Iverson DNP, APRN-NP, ACNP-BC
Creighton University College of Nursing

Purpose: Central line utilization may be used inappropriately due to difficulty obtaining intravenous access, increasing patient risk for adverse outcomes. The purpose of this project determined if a revised algorithm for extended dwell intravenous catheter (EDPIC) use decreases central line utilization rates at a large academic medical center.

Background: Patients with difficult intravenous access attempts may be inappropriately receiving central access. Central lines place a patient at risk for avoidable complications including bloodstream infections and thrombosis, resulting in increased medical costs and elevated mortality rates. EDPICs may provide a successful alternative to central lines.

Sample/Setting: The project was set in two inpatient units at a large academic teaching hospital. 182 subjects met criteria out of a sample size of 2391 between medicine and cardiology inpatient units.

Methods: Development and implementation of a revised algorithm for EDPIC on two adult inpatient units at a large academic hospital eight weeks baseline and eight weeks post implementation. Education of the revised algorithm completed with emphasis on maximum peripheral intravenous cannulation attempts, risk factors for difficult venous access patients (DIVA), and medical indications for central line utilization.

Results: Central line utilization rates at baseline were (43/92) 47% and (6/90) 7% in post implementation data. Post-implementation data demonstrated significant decrease in non-medically necessary central lines compared to baseline data ($\chi^2 (1) = 38.97, p < .001$). EDPIC rates at baseline were (49/92) 53% and increased to (84/90) 93%. EDPIC rates demonstrated a significant increase in post implementation period ($\chi^2 (1) = 35.94, p < .001$). CLABSI rates did not significantly decrease in post-implementation compared to baseline.

Conclusion: Implementing a revised algorithm for EDPIC significantly decreased central line utilization rates and increased EDPIC utilization rates. CLABSI rates did not decrease but providing an algorithm and alternative to central intravenous lines significantly decreased non-medically indicated central lines.
How a Small Baby Team Impacts Outcomes for Infants < 30 weeks in a Level III NICU

Elizabeth Ann Simmons BSN, RNC-NIC
Lori Rubarth PhD, APRN, NNP-BC
Creighton University College of Nursing

Background: Although extremely low gestational age infants continue to have improved rates of survival, they have the greatest risk of morbidities for infants born prematurely. These infants also incur the greatest cost of Neonatal Intensive Care Unit (NICU) patients. It has been demonstrated that standardized care practices along with a team approach to care improves outcomes for these infants.

Problem: There are no consistent standards for the admission and management of infants less than 30 weeks of gestation. Practices varied among providers. Knowledge levels of nurses vary, resulting in variations in care provision.

Purpose: The purpose of this quality improvement project was to implement a Small Baby Team approach with standardized education, to improve outcomes in a level III NICU.

Sample and Setting: The project was conducted in a 34-bed level III NICU in an urban hospital with an average of 60 extremely low gestational age infants born each year.

Methods: A prospective, quality improvement project was conducted from October 2018 until January 2020. Patient data was collected before and after the implementation of standardized education, standardized admission process, and initial team formation. Multiple Plan-Do-Study-Act cycles were conducted throughout the time period to improve the delivery room and admission processes.

Results: There was improvement in all Golden Hour time measurements. Overall rates of intraventricular hemorrhage increased slightly, with no change in BPD rates and a decrease in ROP rates. Staff member confidence in caring for small babies after education increased from 36.4% completely confident to 84.4% completely confident.

Discussion/Implications: A focused, in-depth education program improves the confidence of staff members in caring for this unique population. The combination of education and simulation training led to improved Golden Hour adherence and outcomes. Continued staff education, standardization of care, and consistent team practices will continue to drive this improvement process.
Effects of Palliative Care Video Implementation on Outpatient Cancer Patient’s Knowledge and Perception of Palliative Care

Heidi Smith BSN

Lindsay Iverson DNP, APRN-NP, ACNP-BC

Creighton University College of Nursing

Purpose: The purpose of this quality improvement project is to administer the Palliative Care Knowledge Scale (PaCKS) before and after implementing a 4-minute educational video about palliative care.

Background: Continued evidence demonstrates that palliative care repeatedly reduces pain, improves symptom control, and reduces the cost of healthcare1. Unfortunately, most patients are referred to palliative services too late, many within 1-2 months of death, some not at all2. Patients are often misinformed or uninformed about palliative care and the services that it can provide, often delaying or restricting their participation3.

Sample/Setting: Data was collected from a single outpatient oncology office in the Midwest. A sample population was obtained through a convenience sampling technique of 79 patients over an 8-week period.

Methods: The Palliative Care Knowledge Scale (PaCKS) was chosen to assess patient’s baseline knowledge of palliative care. If willing to participate, patient’s sign a consent and take a pre-survey (PaCKS). Once done they watch a 4-minute video about palliative care. After watching the video, the patient will take a post-survey (PaCKS).

Results: On average, participants scored about a half point higher on the post-survey (M = 12.51, SE = .12), than they did on the pre-survey (M = 12.05, SE = .2). This difference, .46, 95% CI [-.03, .95] was non-significant t(77) = 1.89, p = .06, and reflects a relatively small effect size, d = 0.21. When asked if patients would have a desire to participate in a palliative care program and if they felt that palliative care was important, 75% and 83% of ‘unsure’ participants changed to ‘yes’ which seems potentially valuable.

Conclusion: Although the video did not significantly increase patient’s knowledge of palliative care, it could potentially increase a patient’s desire to participate in a palliative care program and their perception that palliative care is important.
Implementation of Pediatric Cardiac Shunt Dependent Precautions to Increase Nursing Knowledge and Improve Patient Outcomes

Kelsey Spackler BSN, RN
Megan Potthoff PhD, APRN
Creighton University College of Nursing

Children born with hypoplastic left heart syndrome (HLHS) require multistage surgical palliations to compensate for an undeveloped left ventricle and associated sequelae. The first surgery has the highest mortality risk. Research has found elevated systemic vascular resistance causes unbalanced circulation, which places them at high risk of sudden death. The purpose of this project was to increase knowledge and change current practice by implementing evidence-based precautions for cardiac shunt dependent pediatric patients.

A shunt precaution policy and parameters were developed using current literature and an interprofessional team. The precautions were applied to single ventricle patients with an extra-cardiac shunt. Prior to implementation of the precautions, an educational Powerpoint was provided to nurses in the cardiac intensive care unit. Following the education, a shunt precaution sign was placed on applicable patients’ rooms.

Data was collected from the electronic medical record regarding times that specific nursing tasks targeted as part of the shunt precautions were performed before and after education to identify if a change in practice occurred. Along with education, nurses and paramedics completed a pre- and post-test to assess for an increase in knowledge regarding these high-risk patients and precautions.

A paired sample t-test was conducted to compare the pre-educational knowledge and post-educational knowledge (N=126). There was a significant difference in the scores for knowledge from pre- (M=9.25, SD=2.03) to the post-education (M=10.83; SD=2.71) [t(125)=-7.122; p=0.000]. There was also a change in clinical practice regarding nursing tasks targeted by the precautions. Prior to sign implementation, baths were performed at night 59% pre and post 19%, linen changes pre 77% and post 23%, weights 72% pre and post 39%, ETT retaping 32% pre and post 14%, and dressing changes 37% pre and 25% post.
Improving Access, Reducing No Show Follow-up Rates, and Improving Outcomes for Patients Accessing Emergency and Hospital Care at University Campus Family Medicine Clinic.

Thomas R Strawmier APRN
Mary Tracy PhD, RN
Creighton University College of Nursing

Problem: Patients without a primary care provider have poor health outcomes. Unattended follow up appointments after an emergency room visit or hospitalization have multiple effects on provider metrics, clinic productivity, access to care, and patient health.

Methods: Patients receiving care in an academic health care emergency room or hospital, without a primary care provider (PCP) were given information for follow up: “the card” with provider picture, and office location. Providers partnered with inpatient nursing staff, RN supervisors, and social work to encourage follow up. Patients were offered the ability to be seen “on demand” in the clinic setting with PCP.

Results: Prior to intervention 64 patients were assigned 27 did not attend resulting in 42% rate. Data was collected over three months from November 2018 - January 2019. Post intervention 108 patients were assigned 55 did not attend resulting in 50.9% no show rate. Data was collected November 2019 - January 2020.

Discussion: Results from this evaluation are less than desirable but the lessons learned are of value. First, the complexity of current health system presents many challenges for patients without a primary care provider. Continued focus on providing care for this group of patients without PCP care is needed to improve access, provide primary care, reduce the no show rate, and improve outcomes for patients. Further strategies need to be explored including; communication plan between inpatient/emergency room services with outpatient care team, removing barriers at clinic site for patients, and building relationships between patients and providers.
Difficult Conversations: A Quality Improvement Project For Advance Care Planning in Primary Care

Luisa M. Taylor MPH, BSN, RN

Becky Davis DNP, APHN-BC

Creighton University College of Nursing

Purpose: The purpose of this DNP project was to increase provider knowledge, skills, and attitudes about Advance Care Planning (ACP) and augment the number of ACP conversations between patients 65 and older, who had recently had their initial Welcome to Medicare or Initial Preventative Physical Exam (IPPE), and their medical providers in the primary care setting.

Background: ACP is the ongoing process in which a patient and their healthcare provider discuss goals or personal wishes at the end-of-life (EOL) or in a potential medical crisis. Benefits of ACP in the primary care setting are widely documented, however; providers cite lack of training and time as barriers.

Sample/Setting: Primary care providers in a clinic located in the Midwest.

Methods: The number of ACP conversations were assessed using a provider survey. This survey also assessed providers’ knowledge, skills, and attitudes toward ACP and EOL planning using a 5-point Likert scale in each category. Education was provided in a staff meeting with providers only. At the conclusion, a handout was provided with key points including CMS reimbursement codes, talking points, and suggested resources. Providers were encouraged to continue the ACP conversation with recent IPPE visits. Survey was re-distributed to providers at another staff meeting 12 weeks post intervention.

Results: Pre-intervention data showed 85% of respondents inquired about ACP 0-5 times per week, with 5% discussing ACP 10 or more times (n=20). Following the intervention, 45% reported asking about ACPT 0-5 times, 27% reported asking 5-10 times, and 18% reported asking 10-15 times per week (n=11). Providers in this clinic felt they received ACP training and 85% stated they felt comfortable discussing ACP.

Conclusion: While the intervention showed an increase of ACP conversations in the clinic, the data was subjectively gathered due to lack of EMR integration. Further interventions are required to ensure providers discuss ACP with their patients following their IPPE visits.
Identification and Post-Traumatic Stress Disorder Screening for Post-Hospitalized Trauma Adult patient: A Quality Improvement Project

Rebecca Toomsen BSN, RN
Lindsay Iverson DNP, APRN-NP, ACNP-BC
Creighton University College of Nursing

Background: Annually, hundreds of millions of individuals worldwide suffer either life- and non-life-threatening traumatic injuries requiring medical treatment. These individuals not only sustain physical injuries, but also emotional and psychological injuries which are commonly overlooked during their ongoing medical treatment.

Purpose: The focus of this project was to introduce and implement a screening protocol for post-traumatic stress disorder for adult patients undergoing post-hospitalization trauma management.

Sample/Setting: The appropriate population included patients 19 years of age and older who were seeking follow up treatment for injuries sustained during a traumatic event within the Trauma clinic.

Methods: Then, the identified patients were handed a questionnaire with the PC-PTSD screening tool for them to complete prior to their examination. The analysis and discussion of the screening results by medical providers revealed the possible risk of post-traumatic stress disorder and identified if further evaluation and treatment were warranted.

Results: After the introduction, education, and implementation of the quality improvement project, a post-intervention focus group and survey demonstrated that 100% of the medical providers and staff acknowledged that PTSD screening for post-hospitalized trauma patients was useful, effective, and efficient. During the project timeframe, sixty-six patients consented to participate within the project and completed the PC-PTSD screening, and thirteen of those patients screened positive for possible PTSD symptoms.

Conclusion: Post-traumatic stress disorder can affect the healing process and decrease a patient’s quality of life. Identifying even one post-hospitalized trauma patient who was suffering from post-traumatic stress disorder leads to a positive patient experience and improved outcomes.
Improving Patient Outcomes with the Use of Controlled Substance Medication Contracts

Angela Tuzson MSN, MBA, RN

Joan Lappe PhD, RN, FAAN

Creighton University College of Nursing

Purpose: The purpose of this project was to implement a standardized controlled substance agreement in the family practice setting to closely monitor the use of opioids and deter the abuse potential. The aims include: 1) Adopting and implementing a controlled substance contract to be used in a small primary care setting. 2) Determine the patient acceptance of the contract by evaluating the percent of patients who enter the contract of those who are offered it. 3) Evaluate the adherence to the contract by way of urine toxicology screening performed at least once on all patients who sign the contract. Adherence was defined as evidence of the prescribed drug in the urine and no evidence of non-prescribed controlled substances. 4) Evaluate the total number of contracts that were canceled and the reasons for cancelation.

Background: The recent rise of prescription opioid abuse is contributing to the deadliest drug crisis in American history. The use of prescription opioids is on the rise especially in areas such as family practice.

Sample/Setting: The study took place at Coddington Medical Family Practice from September 2019-December 2019. The sample consists of patients who met inclusion criteria and were prescribed a controlled substance by 3 providers in the clinic.

Methods: Patients were enrolled if they were willing to sign a controlled substance agreement and were prescribed a Drug Enforcement Administration Schedule II, III, or IV medication. All enrolled patients signed the informed consent for random drug testing.

Results: Of 61 patients who met inclusion criteria and were placed on the contract-September 2019-December 2019, only 18 had urine drug testing performed during the course of the study. Thus, overall protocol adherence by staff was very low. Among those that were tested, 2 had an illegal substance detected and the contracts were canceled by the providers. Of the 61 patients who met inclusion criteria, all accepted the contract.

Conclusion: Patients placed on controlled substances were willing to sign a controlled substance agreement. Further study is indicated to determine the reasons for low staff adherence to use of contracts.
Addressing Diabetic Foot Ulcerations in a Primary Care Clinic

Sunali Umesh Patel BSN, RN

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

Creighton University College of Nursing

Purpose: The overarching purpose of this quality improvement project was to improve patient outcomes specific to diabetes foot care by implementing a diabetes foot care protocol.

Background: Although diabetic foot complications such as the formation of ulcerations are preventable, they are still prevalent and a common incidence amongst diabetic patients (Mariam et al., 2017). Education and prevention strategies in the primary care setting related to diabetic foot care can reduce and prevent the development of foot ulcerations in diabetic patients (Gallman, Conner & Johnson, 2017). In order to respond to the necessity of more consistent foot examinations, the American Diabetes Association generated Standards of Medical Care-2018. Recommendations are the inspection of diabetic patient’s feet at every visit, an annual comprehensive foot examination to identify risk factors prognostic of ulcerations, foot abnormalities and amputations, as well as endorsements for a multidisciplinary approach and referrals (ADA, 2018).

Sample/Setting: The population sample consisted of diabetic patients from an outpatient family practice clinic in a Midwest metropolitan area. A convenience sample was collected consisting of adult patients diagnosed with diabetes from the ages of 18 to 80 years. The sample size was around 70 patients who are seen within this clinic.

Methods: A quality improvement project with a retrospective chart analysis, a provider educational and intervention portion, and a post intervention chart review was conducted on diabetic patients. Educational material was also provided for provider and RN/MA regarding the national prevention guidelines of diabetic foot care and examination. Educational material was also given as a resource for patients which was disbursed during their clinic appointment. The implementation of the interventions took place over a six-week period. Interventions included a Red flag/reminder alert on the EMR on diabetic patient charts and RN/MA removal of shoes on diabetic patients before the provider went into clinic room. Post intervention, the researcher reviewed the patient charts from the previous six weeks in order to note documentation of diabetic foot care examination as well as the education.

Results: Annual comprehensive foot exam was significantly different over time, more patients were documented as having an annual comprehensive foot exam post intervention. Foot inspection at every visit increased as well as the documentation of diabetic education provided.

Conclusion: The implementation of the diabetic foot care protocol yielded significant results thereby improving provider compliance in foot assessments and patient outcomes specific to diabetes care.
Implementation of Motivational Interviewing, in Primary Care, in the Treatment of Obesity, in Adults.

Brittany Vondrak, BSN

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

Creighton University College of Nursing

Purpose: To address the problem of adult obesity with the implementation of a motivational interviewing protocol for use by clinic provider staff within a primary care clinic.

Background: Results showed obesity is prevalent by more than 25% in 48 out of the 50 states in the United States alone (Devitt, 2018). Primary care providers have the responsibility of screening, managing, treating and preventing obesity. Patients needed more help from primary care, and primary care providers needed more help from others to help in the management of obesity. Providers were unable to tackle this epidemic due to lack of time and resources (Spivack et al., 2010). Other barriers may have been lack of interest from patients, lack of motivational interviewing interventions in the primary care setting, and lack of guidelines (Spivack et al., 2010).

Sample/Setting: Rural primary care setting, adults 18 and above, BMI over 30 and English speaking.

Methods: Results measured using pre and post URICA readiness scale, pre and post height, weight and BMI.

Results: Motivational interviewing was shown to have an effect on both the URICA score and the patient’s body weight and BMI. Overall motivational interviewing improved URICA scores, changing from pre-contemplation stage to preparation for change stage, along with decreasing or maintaining patient’s weight and BMI.

Conclusion: Overall, healthcare providers had access to a great tool, motivational interviewing, to help patients combat their weight issues. The results also provide the providers with appropriate screening tools to help guide them in the appropriate interventions and plan of care to reach their end goal, in this case, the goal of weight loss.
Development of a Central Venous Line Occlusion Management Protocol for the Use in a Midwestern Pediatric Hospital

Regina Wagner BSN, RN

Amy Cosimano EdD, RN

Creighton University College of Nursing

Purpose: To develop a clinical protocol that aids in central line occlusion management in order to standardize central line occlusion maintenance in the pediatric population.

Background: Central venous lines (CVLs) are the main source of intravenous access in pediatrics and are used for the infusion of a variety of medical treatments and therapies. One of the major complications of a CVL is occlusion. Currently, there is no standardized national guideline or clinical guidelines that have been developed for monitoring of occlusions. tPA is the current standard therapy for CVL occlusions, but studies have shown that tPA may not the most beneficial for all types of CVL occlusion. Ethanol and sodium bicarbonate have shown to be effective treatments to resolve other types of occlusion.

Sample/Setting: Retrospective chart reviews were collected from both the inpatient and outpatient setting. Nursing surveys were sent to nurses from the intensive care unit, medical-surgical units, dialysis, and the infusion center at a 145-bed midwestern pediatric hospital. Nursing education and pre/post-surveys on CVL occlusion assessment and prevention was given to nurses with this organization’s cardiac care unit.

Methods: Utilizing literature and similar protocols currently implemented at similar institutions, a protocol was developed for use at a midwestern pediatric hospital and given approval from the institution’s Vascular Access Oversight Committee. Nursing staff was surveyed before and after education to assess their knowledge on central

Results: Project is still on going, data will be available at the end of March 2020.

Conclusion: There continues to be a need for a standardization of central venous line occlusion management. Nursing perception surveys support this need, as well as a desire for them to have more control over their patient’s central venous lines. Once data collection is finalized and analyzed, conclusions about the benefit and success of this project will be disseminated.
Instituting a Car Seat Safety Program at a Small Military Treatment Facility:

The successes and setback of developing a car seat safety program at a military treatment facility and instituting a program by a family nurse practitioner

Melissa J. Wolfe RN, BSN, CPST

Mary Tracy PhD, RN

Creighton University College of Nursing

Purpose: To Develop a car seat program at a small military treatment facility in the Midwest.

Background: Motor vehicle crashes are the leading cause of death and disability for children under the age of 12 in the United States. Use of a child safety seat including infant carriers, convertible car seats, rear facing car seats, front facing car seats, high back booster seats, and booster seats have been proven to decrease death and injury events drastically. Research has shown that most infants are placed in properly installed and fitted car seats, but as the child ages, the number of correctly installed, or even used, car/booster seats decreases steeply. Having resources available to officially perform car seat safety checks has been shown to increase the number of correctly installed child passenger seats.

Sample/Setting: Military Health beneficiaries at a small Midwestern military treatment facility. To date 67 car seats have been checked/installed by the student.

Methods: Program development project with basic car seat data gathered.

Results: Data showed that on average for a small sampling on the military post, parents and/or caregivers made an average of 1.7 mistakes per installation on all seats except booster seats in which out of 9 booster seats checked, only one had an error of utilizations.

Conclusion: This data will be used, in conjunction with national data, to institute a policy change in the pediatric department of the military treatment facility. Data has been given to command team with no immediate change.
Sigma Theta Tau Iota Tau Chapter Board of Directors

President: Mandy Kirkpatrick PhD, RN-BC
President-Elect: Chelsea Boettner BSN, RN (Omaha)
Vice-President: Joely Goodman PhD, RN (Hastings)
    Ronnie Sheridan EdD, MSN/ED, RN, CCRN (Phoenix)
Secretary: Beth Flott EdD, RN
Treasurer: Dana Koziol MSN, RN, BA
Faculty Counselors: Aimee Burch DNP, APRN-CNS, CMSRN, SCRN (Hastings)
    Nicole Schroeder MSN, RN (Omaha)
    McCord Tierney DNP, FNP, RN (Omaha)
    Amy Abbott PhD, RN (Omaha)
Past President: Kandis McCafferty PhD, RNC-OB, C-EFM
Governance Committee Members: Kara Harvey BSN, RN
    Sara Banzhaf DNP, APRN-NP
Leadership Succession: Margaret Begley BA, BSN, RN (Chair)
    Trisha Beiermann MSN, RN, CVRN-BC
    Jacque Williams MSN, RN
Research Liaison: Joan Lappe PhD, RN, FAAN
Appointed Liaison: Nancy Bredenkamp PhD, APRN (Omaha Graduate Faculty)