**Topic & Significance**
In the US nearly 15,780 children under the age of 19 are diagnosed with cancer annually.¹
- Fatigue has been identified as the longest lasting and most common symptom during pediatric cancer treatment.²
- Clinically, there is a large gap in the way we obtain information on fatigue symptoms in the pediatric population
- There is no simple scale that children can point to or verbally express to indicate fatigue severity.

**Impacts of Problem**

**Clinical**
- Fatigue can be often described as a debilitating multi-faceted symptom that affects the patient’s quality of life.³
- Day time sleepiness leads to alteration in circadian rhythm.⁴⁵

**Quality**
- Untreated, fatigue can lead to many lifelong psychological issues.⁴
- Creates a barrier to social activities including returning to school.⁴⁵
- Decreases attention and motivation.⁴

**Cost**
- Increased need for assessments and potential therapy cost.²
- Increased rates of hospitalizations.³

**Desired Outcome of QI Project**
- Appropriate identification and prompt treatment of fatigue in pediatric cancer patients as evidenced by patients stating their fatigue has improved at the end of their hospitalization

**QI Strategy**
- Identification of fatigue using art mediums to communicate symptoms.⁶
- Assessment and conversation based off child drawing.⁶
- Nursing education on importance of daily exercise in patients.⁴
- Partnership with Physical Therapy to develop individual exercise regimens for each patient.

**Evaluation Plan**
- Fatigue assessment completed on every pediatric cancer patient.
- Assess fatigue levels through communication of symptom severity compared to past.
- Exercise regimen adherence assessed through physical therapy notes
- Chart audit to review related admissions
- Ask patient and document in health record if fatigue improved at discharge.

**Resources**
- Oncology nurse cooperation of new assessment techniques
- Physical Therapy to identify exercise plans
- Coloring/Drawing supplies

**Plan to Sustain New Practices**
- Rejection of new assessment techniques by staff can be combatted by education on effectiveness of alternative communication strategies

**Treatment of Cancer Related Fatigue in Pediatric Patients**
Reilly Berner
Faculty Project Advisor: Ann Laughlin, PhD, RN


Early Identification of Perinatal Nutritional Deficits and Depression
Shannon Campbell
Faculty Project Advisor: Ann Laughlin, PhD, RN

TOPIC & SIGNIFICANCE
- Postpartum depression (PPD) is a global health challenge that affects 1 in 9 women living in the U.S.\textsuperscript{1,2}
- Poor quality diet is associated with increased depressive symptoms in pregnant women\textsuperscript{3}
- 50% of reproductive-aged women will be undiagnosed and untreated for depression\textsuperscript{4}
- Early evaluation of depressive symptoms during the perinatal period is important to receiving proper nutritional and mental health interventions\textsuperscript{2}

IMPACTS OF PROBLEM

CLINICAL
- Lack of standardized screenings increases a woman's risk for undiagnosed and untreated PPD\textsuperscript{5,6}

QUALITY
- Untreated depression alters performance of self-care activities, increases social isolation, and diminishes mother-child bonding\textsuperscript{1,2}

COST
- Women with postpartum depression are less likely to return to work\textsuperscript{2}
- Failure to identify PPD increases the number of hospital readmissions\textsuperscript{7}

DESIRED OUTCOME OF QI PROJECT
- Early identification of women who demonstrate depressive symptoms and nutritional deficits during the perinatal period as evidenced by scores on the Edinburgh Postnatal Depression Scale (EPDS) and the Healthy Eating Index (HEI-2010)

RESOURCES
- Edinburgh Postnatal Depression Scale (EPDS)
- Healthy Eating Index (HEI-2010)
- Nurses will be the primary administrators of each screening tool within the primary care setting\textsuperscript{9}

PLAN TO SUSTAIN NEW PRACTICES

Barriers and Methods to Overcome Barriers
- No policies to mandate the implementation of EPDS & HEI-2010
  - Integrate assessments into the EHR
- Increased time to administer assessments
  - Incentives for nurses to implement screening tools
- Negative stigma and lack of mental health service utilization\textsuperscript{2}
- Lack of education of nurses on how to administer the screening and interpret results
  - Required completion of educational course prior to administration of assessment tools

EVALUATION PLAN
- EHR review to ensure every women was screened for depressive symptoms during their prenatal visit
- Increased referral rates to nutritional counseling as evidence by HEI-2010 scores\textsuperscript{11}
- Retrospective chart review to assess hospital readmission rates related to depressive symptoms\textsuperscript{7}

QI STRATEGY

Intervention
- Implement the Edinburgh Postnatal Depression Scale (EPDS) and the Healthy Eating Index (HEI-2010) as a part of standardized care during perinatal visits\textsuperscript{2,5,8,9,10}
- Women who score a six or above on the EPDS will be flagged for positive depressive symptoms and will be assessed using the HEI-2010\textsuperscript{2,10}
- Women who score within the lowest quartile of the HEI-2010 and also have positive depressive symptoms will be referred to nutritional counseling and considered for further interventions such as support groups and cognitive behavioral therapy\textsuperscript{2,5,7,9}

Exercise to Decrease Fatigue in Adolescent Oncology Patients

Morgan Garside
Faculty Project Advisor- Dr. Ann Laughlin Ph-D, RN

CANCER-RELATED FATIGUE AND ADOLESCENTS
• Cancer-related fatigue is one of the most distressing symptoms in adolescent cancer patients¹.
• 80-90% of adolescent oncology patients experience fatigue².
• When nurses educate oncology patients about how to manage their fatigue, decreasing levels of fatigue result³.

IMPACTS OF FATIGUE
QUALITY:
• Patients report decreased quality of life⁴.
• Depression has been linked to fatigue⁵.
• Fatigue is associated with behavioral disengagement and negative affect⁶.

CLINICAL:
• 23% unplanned hospital readmissions within 6 months of chemotherapy were due to fatigue⁶.
• Patients experiencing fatigue are significantly more likely to report higher levels of pain⁷.

COST:
• 75% of participants who were employed beginning their cancer treatment made changes to their employment status specifically due to their fatigue⁷.

Desired Outcome of QI Project
Implement methods to manage fatigue in adolescent oncology patients as evidenced by reports of decreased fatigue in the period after hospitalization.

QI Strategy
• Exercise interventions demonstrate success in reducing cancer-related fatigue and improving quality of lives⁸.
• Using the “Fatigue Scale for Adolescents” would allow nurses to assess their level of fatigue before and after nurse-coordinated exercise⁸.
• Track-patient activity via a pedometer—almost like a fitbit⁷.

• Nurse logs activity done by the patient.
• Aerobic exercise decreases levels of fatigue and increases quality of life³.
• Nurse would teach patient about exercise treatment and coordinate this care with PT.

Evaluating Benefits of Exercise
• Retrospective chart review to determine if hospital readmissions related to fatigue decreased
• Patient reports of experiencing less fatigue
• Fatigue Scale for Adolescents

Potential Barriers
• Patient’s willingness to participate in exercise.
  • Give patient control of choices for their exercise plan and allow time for completion.
  • Time commitment nurses must make to continually educate patients.
  • Time management and delegation for incorporating exercise into care plan.

Sustaining Exercise Practices
• Nurses must educate their patients on the benefits of exercise throughout the course of treatment.
• Nurses must anticipate fatigue as a side effect of cancer treatment.
• Assess scores on Fatigue Scale for Adolescents to assess any improvements.

Cost:
• 75% of participants who were employed beginning their cancer treatment made changes to their employment status specifically due to their fatigue⁷.

Fatigue Scale for Adolescents. (n.d.). Retrieved from https://www.researchgate.net/figure/Figure-B2-Fatigue-Scale-for-Adolescents-Hinds-et-al-2007a_fig3_51756666

Resources
• Nurse educator--Provide patient education.
• Physical therapy—Collaboration important for development and participation in exercise.

Music is the Best Medicine
Bailey George
Faculty Project Advisor: Ann Laughlin, PhD, RN

**TOPIC & SIGNIFICANCE**
Postoperative pain management in adults following surgery.
- There needs to be a reduction in opioid use in the United States.\(^1\)
- For pain management following surgery, non-pharmacologic interventions could reduce the need for opioids, while still managing pain.\(^1\)
- Music is an effective intervention in the reduction of pain and need for opioids postoperatively.\(^1,2,3,4\).

**IMPACTS OF PROBLEM**
Uncontrolled postoperative pain has the following implications:
Clinical Impacts:
- Anxiety, stress, and depression.\(^5\)
- Immobility, as it will hurt to move.\(^1\)
- Overuse of opioids leads to atelectasis, constipation, surgical failure, and respiratory complications.\(^5\)

Cost Impacts:
- Increased length of stay, or longer rehabilitation.\(^5\)
- Lost wages from inability to work.\(^5\)

Quality impacts:
- Decreased quality of life due to an extended hospital stay.\(^5\)

**RESOURCES**
- CD players
- CD’s loaded with music that is 60-80 bpm
- Headphones

**PLAN TO SUSTAIN NEW PRACTICES**
Barriers:
- Nurses forgetting about music as an option.
- Patient may be sedated.
- Cost of CD players and headphones.

Solutions:
- Educate nurses on new strategy.
- Implement into EHR as a policy.
- Posters as reminders.
- Will not use on sedated patients, unless requested in an advanced directive.
- Cheap, one-time use headphones, CD players can be cleaned in between patient use.

**EVALUATION PLAN**
Pain scale to determine decreases in baseline pain scores and decrease in the request for pain medications.\(^2,4,5\)
- Data will be collected throughout the patient’s recovery in the hospital setting.
- Related pain scores, use of pain medication, and development of complications.\(^5\)
- Survey patient satisfaction of music listening and its impact on quality of life and clinical outcomes.\(^5\)

**Desired outcome of QI Project**
Reduce postoperative pain in adults as evidenced by a decrease in the patient’s baseline pain levels postoperatively, and a reduction in the patient’s request for pain medications upon hospital discharge.

**QI STRATEGY**
Music with pharmacologic interventions to reduce need for opioids for postoperative pain.\(^3\)
- Patient’s will be given a music listening device, such as a CD player with pre-downloaded music.
- Music will run from about 60-80 bpm, the same as a normal heart rate.\(^5,4\)
- Patient can listen to as much or little music as they would like.\(^5\)

**Saxophone and Sheet Music**
Early Psychological Support for Cardiac Arrest Survivors
Armani Elle Hutten
Faculty Project Advisor: Ann Laughlin, PhD, RN

**TOPIC & SIGNIFICANCE**
- Approximately 209,000 in-hospital cardiac arrests (IHCA) occur every year in the U.S.\(^1\)
- Adults who experience an IHCA have a 25.8% survival rate.\(^1\)
- 1 in 4 survivors suffer from psychiatric disorders.\(^2, \, 3\)
- Common disorders were mood disorders (16.4%), depression (12.6%), anxiety (10%), schizophrenia and psychotic disorders (1.9%) and PTSD (0.9%). \(^2\)
- Nurses play a crucial role in treating cardiac arrest patients and assessing the emotional and spiritual effects of survival.

**IMPACTS OF PROBLEM**

**CLINICAL**
- Depression among survivors: 14% to 45%\(^4\)
- Anxiety among survivors: 13% to 61%\(^4\)
- Depression: leading cause of death by suicide.
- 50% of suicides are related to depressive and mood disorders.\(^3\)
- Depressed mood increases risk for future cardiac events.\(^6\)

**COST**
- Costs: Inpatient and outpatient therapy, medications, time away from work.
- Average annual healthcare cost:
  - Patients with little to no depressive symptoms: $4,654.\(^7\)
  - Patients with moderate to severe depressive symptoms: $9,010.\(^7\)

**QUALITY**
- Higher negative recovery perception in cardiac arrest survivors.\(^8\)
- Poorer quality of life.\(^9\)

**DESIZED OUTCOME OF QI PROJECT**
Decrease the incidence of psychological disorders for survivors of cardiac arrest as evidenced by early assessment and identification of psychological distress (PHQ-9 score ≥ 4) by nurses followed by prompt intervention.

**RESOURCES**
- Patient Health Questionnaire (PHQ-9)
- IT administrators to incorporate tool into EHR.
- Adoption of tool as policy for post-code care.
- Nursing educator and online modules to provide staff with education.
- Nurses to implement new screening tool.

**PLAN TO SUSTAIN NEW PRACTICES**

**BARRIERS & PLAN TO ADDRESS**
- Educate providers that the PHQ-9 should only be used to identify patients who may need additional resources.
- Nurses may be reluctant to comply due to additional paperwork and time.
  - Education on the prevalence and importance of interdisciplinary support for this population.
  - PHQ-9 tool is short and simple to use.\(^12\)

**EVALUATION PLAN**
- Follow-up on patients who were screened to determine incidence of psychological disorders compared to those who received the current practice.
- Track annual health costs for patients with early diagnosis of depressive disorders.
- Audit compliance to ensure the tool is being completed prior to discharge.

**QI STRATEGY**
- Screening tool implemented into electronic health record (EHR) following a cardiac arrest.
- Assess anxiety and depression in cardiac arrest survivors and refer them to mental health professionals if suspected (early intervention).\(^2-4, \, 6, \, 12\)

Patient Health Questionnaire (PHQ-9)
- Assess any type of mood impairments.\(^12\)
- Rapid and reliable.\(^12\)
- Gold-standard instrument in the hospitalized setting.\(^12\)

Heart Illustration.\(^10\) Cardiac arrest is a life threatening event that is described by an abrupt loss of heart function.\(^11\)
**Enhancing Family Empowerment in Caregivers of Children with Mental Health Disorders**

**Jordan Kaiden**  
Faculty Advisor: Ann Laughlin, Ph.D., RN

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**TOPIC & SIGNIFICANCE**
- 73.8% of children ages 3-17 who have depression also have anxiety.
- 13-20% of children in the U.S. experience a mental disorder each year.
- 40.7% of caregivers of these children report having 2 or more chronic illnesses.

**IMPACTS OF PROBLEM**

Clinical:
- Stigma by association for caregivers is positively correlated with psychological distress and negatively correlated with quality of life.
- Fatigue and exhaustion from continuous caregiving can deteriorate the health of a caregiver and cause anxiety.

Quality:
- Caregivers reported less sleep and low quality of life.
- Higher levels of depression and mental illnesses are seen in caregivers than in non-caregivers.

Cost:
- Families must take time off work.
- Caregivers seek medical help to aid their lack of sleep and subsequent mental health problems.

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**DESIRED OUTCOME OF QI PROJECT**
Identification of perceived empowerment in families of children with mental health diagnoses as evidenced by families state they feel more confident in addressing issues with their children upon hospital discharge.

**QI STRATEGY**
- Implement Family Empowerment Scale (FES) on admission
  - Reliability of .87 to .88.
- Information from the FES will assist nurses in helping family caregivers identify and then develop empowerment strategies.

**EVALUATION PLAN**
- Surveys 1-2 days after discharge to assess satisfaction of care and perceived usefulness of FES.
- Audits to examine if FES is implemented in admission process.
- Follow-up post-hospital discharge to evaluate if strategies have been effective.
- Survey nurses to evaluate if they feel confident in helping families identify empowerment strategies.

**RESOURCES**
- RN: assess families using FES, evaluate effectiveness of FES.
- Mental Health Provider: participate in interprofessional collaboration for interventions to help with family empowerment.
- Hospital policy coordination team: implement and maintain hospital-wide policy change.
- Social Worker: identify community resources.

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**PART OF A SECTION OF THE FAMILY EMPOWERMENT SCALE**

**ADHD, behavior problems, anxiety and depression are the most common mental health problems in children.**

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**PART OF A SECTION OF THE FAMILY EMPOWERMENT SCALE**

**ADHD, behavior problems, anxiety and depression are the most common mental health problems in children.**
RESOURCES
- Staffing: nurse navigators, clinical staff, and administrators
- Financial resources:
  - Federal Health Departments
  - State Health Departments
  - Community programs
- Clinics/clinical supplies: inmates have to visit outpatient clinics
- Antiretroviral medication
- Cell phones or another form of communication device

PLAN TO SUSTAIN PRACTICES
- Barriers
  - Lack of clinical sites, adequate staff, equipment
  - Ways to overcome barriers
- State Funding: Colorado Capital Infrastructure in Support of Team-Based Comprehensive Primary Care, Supporting Coloradans in Recovery through Peer Support Services
- Federal funding: U.S. Department of Health and Human Services, National Institutes of Health, Substance Abuse and Mental Health Services Administration, U.S. Department of Housing and Urban Development

EVALUATION PLAN
- On weeks 2, 6, 12, and 24 post-release inmates will have viral loads drawn.
- Levels dictate their compliance with therapies.
- Cell phones/communication devices will be used to monitor schedules clinical appointments.
The desired outcome of this project is to increase influenza vaccination compliance among health care workers as evidenced by increased vaccination rates over the prior year and decrease hospital admissions for flu complications from the previous year.

**Quality Improvement for Vaccine Compliance**

- Education has shown potential for increasing compliance, specifically peer to peer education. The nurse manager will provide education to coworkers and encourage vaccinations. Posters may serve as reminders.
- Flu shot clinics on unit for easy access.
- Nurse managers should advocate for polices to promote vaccination compliance.
- Incentives for the vaccine - free food and t-shirts on the unit.

**Influenza Vaccine and Health Care Workers (HCW)**

- Influenza Vaccine compliance was 78% among HCW in 2018, CDC recommends 100% vaccination.
- High risk clients and immunocompromised have a greater risk for harm when HCW are not compliant.
- Long term care facilities are at risk due to the high-risk patient population. These facilities have low rates of compliance at 74%.

**Influenza Vaccine Impacts**

- Clinical Impact
  - Unvaccinated HCW are more likely to develop respiratory problems that may be passed on to clients.
- Cost Impact
  - Treatment costs may reach $3251 in acute settings.
- Quality Impact
  - Flu complications may lead to increased health care costs.

**Resources**

Includes list/description of the:
- Training for nurse managers in order to educate HCW
- Multiple sites and times for clinics
- Financial resources to provide the incentives.

**Evaluating Vaccine Compliance among HCW’s**

- Development of institutional wide policy for mandatory vaccine compliance.
- Decreased occurrences of hospital acquired flu infections.
- Survey vaccination rates of HCW on an annual basis.
- Survey decreased hospitalizations for flu complications.
TARGETING THE VAPING EPIDEMIC: A QI PROPOSAL

Hannah Savelkoul
Faculty Project Advisor: Ann Laughlin, PhD, RN, FAAN

TARGETING THE VAPING EPIDEMIC

TOPIC & SIGNIFICANCE
- Teens who “vape” has doubled since 2017
- E-cigarette use in 2019 was more than one in four 12th graders (25%), one in five 10th graders (20%), and one in 11 8th graders (9%)1
- Use of these devices has become a “public health crisis”1

IMPACTS OF PROBLEM
Clinical consequences:
- 1,604 cases of e-cigarette, or vaping, product use-associated lung injury or “EVALI” in 2019; 34 EVALI-associated deaths2
- 86% of patients reported use of THC-containing products in 3 months before symptom onset2
- Inhaled particles (vitamin E acetate) increase airway resistance and the release of inflammatory mediators3

Quality consequences:
- Brain’s neurons are sensitive to nicotine4, increasing risk for addiction
- Early nicotine exposure linked to diminished cognitive functioning and maladaptive emotional responses (e.g., anxiety, depression)5

Cost consequences:
- 47% of patients w/ EVALI required ICU admission; 22% required endotracheal intubation w/ mechanical ventilation6
- Smoking related diseases cost $170 billion for direct medical care and $156 billion in lost productivity7

DESIRED OUTCOME OF QI PROJECT
Reduce the use of e-cigarettes amongst the adolescent population by 50% within one year

QI STRATEGY
Implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT), a guideline used for prevention and treatment of substance abuse8; clinical approach includes:
- Screening – identify adolescents at risk for e-cigarette use or addiction
- Brief Intervention – respond directly to reported use with positive reinforcement, medical advice, motivational intervention, or referral to treatment
- Referral to Treatment – engage adolescents at risk for e-cigarette addiction with appropriate professionals or programs

TARGETING THE VAPING EPIDEMIC

RESOURCES
- SBIRT to be included in all health care visits
- Multidisciplinary collaboration necessary for continuity of care (i.e. RN screens, psychiatrist treats, therapist counsels, etc.)

PLAN TO SUSTAIN NEW PRACTICES
Potential barriers:
- Nurses’ knowledge of and comfortability discussing e-cigarettes9
- Threat to confidentiality
- Limited treatment availability, insurance coverage, preferences of the adolescent and family
- Time constraints

Management of barriers:
- Educate nursing staff about implementing SBIRT
- Establish trusting relationships
- Provide adolescents the Substance Abuse and Mental Health Services Administration’s (SAMHSA) comprehensive treatment locator8
- Maintain a low patient-staff ratio8

EVALUATION PLAN
- Tracking statistics on e-cigarette use, number of EVALI cases, addictions to nicotine, and direct medical costs
- Electronic health records audited for consistency
Intervention Bundle to Prevent Burden in Military Caregivers

Hannah Walker
Faculty Advisor: Ann M. Laughlin, PH.D., RN

**Topic & Significance**
- Traumatic brain injuries (TBI) are injuries to the brain caused by an outside force\(^1\)
- Seen in service members returning from deployments\(^1\)
- TBI symptoms increase dependence on family/friends who fall into a caregiver role\(^1\)
- 1.1 million caregivers providing care to service members after September 11, 2001\(^1\)
- Caregiving requires time, physical/emotional commitment with strain on caregiver\(^1\)

**Impacts of Problem**

**Clinical**
- Caregiver burden is linked to depressive disorder symptoms in 40% of caregivers\(^1\)
- 60% of caregivers have deteriorating health and at least 1 diagnosed chronic condition\(^2\)
- Military caregivers schedule personal health visits twice as much as non-caregivers\(^2\)

**Quality**
- Caregiving activities may negate personal health promoting in caregivers\(^2\)
- Loss of social circle and support due to time commitment of caregiver role\(^3\)
- Increased stress on caregiver\(^3\)

**Cost**
- Caregiving leaves little time for outside work\(^1\)
- 60% of caregivers receive financial stipends which are less than competitive wages\(^3\)
- 30% of military caregivers report limited or no health insurance\(^4\)

**Desired Outcome of QI Project**
Reduce burden experienced by caregivers of military members who have suffered a TBI as evidenced by a reduction of self-reported stress/pressure, improved confidence in care delivery and knowledge of appropriate social/community support prior to hospital discharge.

**QI Strategy**
Nurses will implement a bundle prior to hospital discharge:
1. Education for caregiver on coping strategies for stress\(^4\)
2. Connection with community resources to promote reintegration and establishment of support system\(^2\)
3. Utilize Caregiver Appraisal Scale (CAS)\(^6\)
   - A 37-item questionnaire ranging from 1 (strongly disagree) to 5 (strongly agree)\(^6\)
   - Allows healthcare workers to understand perceived burden, relationship satisfaction and confidence in caregiver to integrate in care plan

**Evaluation Plan**
- Reassess using the CAS\(^6\) within 6 months, 1 yr post hospital discharge
- Compare all three CAS\(^6\) scores
- Monitor for trend in CAS scores – upward indicates higher perceived burden
- Consult with care team regarding scoring patterns, alternatives for coping and support
- Review identified support systems and community resources accessed

**Barriers**
- Cost – education needs for nurses regarding CAS and community resources
- Time – will take time for nurses to fully integrate into patient care prior to discharge
- Knowledge deficit – nurses may not be familiar with community resources

**Resources**
- CAS – to assess ability of caregiver in providing care
- Nurse educators – education on use and application of assessments
- Social worker – collaborate to provide community resources
- Interdisciplinary collaboration – physicians, social workers and nursing case managers
- Patients and families – collaboration with one another to promote support

**Plan to Sustain New Practices**
- Education services to nurses regarding new practices and assessments
- Phone call to caregivers to continue plan of care after discharge
- Hospital policy implemented to complete scale on every caregiver
**TOPIC & SIGNIFICANCE**

14% of patients who qualify for hospice are referred but may not be receiving high-quality end-of-life (EOL) care. Nurses lack confidence with EOL care due to lack of education. Contributing factors:

- Varied requirements for referral
- Fear of giving misinformation or causing emotional suffering
- Biomedical model of care

The IOM recommends increased EOL training for all healthcare professionals.

**IMPACTS OF PROBLEM**

- Clinical: low referral rate to hospice, nurses experiencing burnout, headaches, hypertension, insomnia, cardiovascular disease.
- Cost: patients save $700/month when using hospice, 30-day readmission day reduced by 20%.

**DESISHED OUTCOME OF QI PROJECT**

Enhance nurses’ confidence with EOL communication and cares as evidenced by increased confidence levels between pre/post-education surveys.

**QI STRATEGY**

A one-hour online continuing education course teaching two EOL modules:

- CARES – major areas of EOL care.
- COMFORT – communication strategies.

Critical Action Confidence Survey (CACS) inquiring about nurse’s EOL knowledge and confidence pre/post course completion.

**RESOURCES**

- Time, money, technology support
- Materials for printing CARES and COMFORT reminders to clip onto name badges to serve as a reminder.
- CACS survey to take pre- and post-course.

**PLAN TO SUSTAIN NEW PRACTICES**

- Time constraints to complete course; give ability to pause.
- Varying levels of knowledge; teach course at a basic level to ensure all receive same education.
- Technology issues; tech. support on-call.
- Hesitancy to complete course; offer paid education time.

**EVALUATION PLAN**

- CACS scores pre/post course; effectiveness shown by increasing confidence and knowledge.
- Track referral rates to hospice care.
- Track hospital readmission rates of hospice clients.