



VANDERBILT®  
SCHOOL OF NURSING

# 2021 DNP PROJECTS





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the world about what it means to be a Vanderbilt University School of Nursing alumnus.

You can ensure we have your latest contact information by emailing: [vusn-alumninursing@vanderbilt.edu](mailto:vusn-alumninursing@vanderbilt.edu), calling 615-322-4836 or visiting: <http://vanderbi.lt/pik98>

# DOCTOR OF NURSING PRACTICE PROJECTS

VANDERBILT UNIVERSITY



School of Nursing

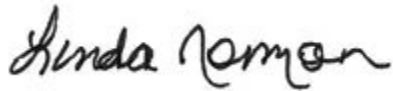
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## FOREWORD

Congratulations Doctor of Nursing Practice graduates!  
You have met the rigorous standards of this program and achieved individual scholarly accomplishments showcased in this booklet.

You chose the Vanderbilt University School of Nursing to learn, transform and apply knowledge in new ways and you have certainly reached those goals. The Institute of Medicine's landmark **Future of Nursing** report calls for significantly more doctorally educated nurses to advance health care and you are prepared to implement that recommendation. You are now well equipped to make meaningful contributions within your own community, your interest area and throughout the world of health care. We are proud of you, and look forward to the difference you will make.

Sincerely,



**LINDA NORMAN,**  
DSN, RN, FAAN  
Valere Potter Menefee Professor of Nursing  
Dean, Vanderbilt University School of Nursing



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## FROM THE DIRECTOR

The future of nursing is now as our 2021 DNP graduates lead interprofessional teams to create meaningful innovations that influence advanced nursing practice and healthcare.

The DNP projects of the 2021 graduates cross geographical and discipline boundaries to bridge gaps in evidence and practice. Self-described change experts, their impact on quality outcomes for patient-centric healthcare will be recognized across a myriad of organizations and settings nationally and globally.



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*Congratulations*  
**DNP GRADUATES!**

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Our best wishes to Vanderbilt University School of Nursing Dean Linda D. Norman, DSN, FAAN, who steps down as dean on June 30, 2021.

Dean Norman has long been a champion of the Doctor of Nursing Practice degree, and was instrumental in the establishment of the program at Vanderbilt.

As Senior Associate Dean for Academics, she worked with VUSN faculty and national DNP experts to develop and launch the DNP program in 2008. Since then, she has proudly watched the program grow to its current stature as the No. 6 DNP program in the country and has served as DNP curriculum consultant for universities across the U.S.

After her 30-year career at Vanderbilt, Dean Norman will take a year's sabbatical to travel and work on papers related to the School of Nursing's role in the Vanderbilt University COVID-19 response.

Thank you Dean Norman for your impact on Vanderbilt School of Nursing and its Doctor of Nursing Practice graduates; we wish you the best now and always.





## National APRN Practice and Pandemic Survey: California Results

### PURPOSE

This project aimed to describe barriers to APRN full practice authority in California and examine the effects of lifting restrictions on APRN practice due to the healthcare demands of the SARS-CoV-2 (COVID-19) pandemic.

### METHODOLOGY

The National APRN Survey was designed to identify and evaluate the impact of some states' decision to temporarily remove practice barriers to APRN full practice authority during the pandemic. Survey participants included APRNs from California who are willing to participate. Existing quantitative and qualitative data were analyzed.

### RESULTS

Over forty-one percent of participants reported a reduction in the outpatient visits, including new patient, preventative, chronic, and acute care visits. Over 53% of outpatient APRNs reported a reduction in revenue as a result. The utilization of telehealth in the outpatient setting during the pandemic reached 70.5%. Sixty-six APRNs (37.9%) identified difficulty in obtaining referrals/consultation and securing supplies in outpatient

and inpatient settings during the pandemic. Over 60% of participants reported inpatient reduction in revenue. Qualitative analysis of open-ended questions revealed that inpatient providers were frequently reassigned to different services. Even after the removal of practice restrictions, 53% of APRNs reported no changes in their practice authority.

### IMPLICATIONS FOR PRACTICE

Lessons learned from survey responses during the pandemic should lead to significant changes that improve organizational performance, remove barriers to full practice authority, address staff and patient safety and well-being, and thus increase the level of preparedness for a future crisis. As health care leaders, APRNs have an essential role in affecting these changes and working with policymakers and administrators to ensure that the lessons learned from this crisis are put to good use.



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## Antimalarial Stewardship Program for Adult Outpatient Providers in Ghana

### PURPOSE

The purpose of this DNP project was to develop an antimalarial stewardship program in the form of an evidence-based educational intervention to educate outpatient providers to reduce inappropriate prescribing of antimalarials by outpatient providers in Ghana.

### METHODOLOGY

This exploratory model of program development and evaluation involved the development of an antimalarial stewardship educational program including an implementation plan and evaluation plan guided by an outpatient antibiotic stewardship toolkit published by the Center for Disease Control and Prevention's (CDC). Materials from the World Health Organization (WHO)

and Ghanaian guidelines for the diagnosis and treatment of uncomplicated malaria were included in the education.

### RESULTS

An evidence-based antimalarial stewardship program for providers was developed. Evaluation plan and evaluation tools, including pre-post implementation surveys and a knowledge test for providers, were developed. A chart audit tool for evaluating provider prescribing practices pre- and post-intervention implementation was also created.

### IMPLICATIONS FOR PRACTICE

Malaria elimination efforts are being tempered by antimalaria drug resistance. Inappropriate antimalaria prescribing persists despite the implementation of

the WHO's recommendation to confirm parasitological diagnosis before treatment. This evidence-based antimalarial stewardship program intends to improve provider adherence to guidelines by enhancing their knowledge and understanding of the problem while providing them with the tools needed to evaluate the impact of the project. Program outcomes are also expected to prevent the emergence of antimalaria drug resistance in Ghana.

## Perceived Usefulness of an Educational Intervention Regarding Gender-Affirming Hormone Treatment in an Outpatient Mental Health Clinic

### PURPOSE

Measure self-reported knowledge gaps and impact on future practice of an education session about the most frequently used gender-affirming hormone therapy medications in transgender and non-binary patients described by PMHNPs and therapists in a small, private practice mental health clinic in Portland, Oregon.

### METHODOLOGY

Two unique pre-and post-participation surveys were developed specifically for this project. They were used to assess the participants' subjective reports of their perceived benefits from the information, its usefulness, any potential impact on practice, and further gaps in their knowledge before and after viewing an

informational handout. The handout covered potential timelines of physical changes, possible side effects, serious risks, interactions with common psychiatric medications, and prices of medications.

### RESULTS

Prior to reviewing the handout, PMHNPs rated their confidence in treating this population as a mean of 6.14/10 (range 4-8) and preparedness at a 6.3/10 (range 4-10). Therapists rated their confidence at 4/10 (range 1-7) and preparedness at 3.5/10 (range 1-7). After the educational handout, PMHNPs rated their familiarity with the information at 4.5/10 (range 3-5) and gave a mean relevance score of the information at 9/10 (range 5-10). Therapists' familiarity was rated at a

mean 2.75/10 (range 1-5) and relevance rated 6.9/10 (range 3-10). All participants stated that they felt this knowledge will impact their practice.

### IMPLICATIONS FOR PRACTICE

Both PMHNPs and therapists reported feeling that a lack of knowledge about LGBTQI and transgender populations impacted their practice. After reviewing the handout, everyone stated that they felt this knowledge would impact practice going forward. Most participants stated that they had more than they wanted to learn about caring for this population moving forward. This clinic site may be able to provide further clinician information based on these questions. Additionally, this tool may be useful for other clinicians in other areas of practice.



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## Effect of Expanded APN Privileges on Pediatric Hospital Length of Stay

### PURPOSE

This pilot project was designed to evaluate if pediatric asthma patients' length of stay, and the number patients boarding in the Emergency Department (EDB), were impacted when APN hospitalists were granted the ability to discharge hospitalized patients independently.

### METHODOLOGY

APN hospitalist privilege document was updated to add the ability to independently discharge patients. Data regarding patient age, actual length of stay (ALOS), and ideal length of stay (ILOS) were collected for a three-month period for patients who met inclusion criteria prior to, and again following, the process change. Descriptive and inferential statistics were used to describe the cohorts. The difference between the ALOS and ILOS for each patient cohort was compared via Excel. SciStatCal was used to compare the differences between cohorts. Daily inpatient census and number of ED boarders were collected using hospital data systems.

### RESULTS

The circumstances related to COVID 19 impacted the size and characteristics of the post-process change group and the overall hospital census. The pre-process change group (N = 124) was 47% larger than the post- process change group (N = 66). Patients were older and sicker in the post-cohort. There was a reduction in the median difference between (ALOS) and (ILOS) in the post- cohort but it was not statistically significant ( $p = 0.081$ ). Ongoing data collection will be required to assess program effectiveness after hospital operations return to a steady-state post-COVID 19.

### IMPLICATIONS FOR PRACTICE

APNs improve quality, reduce cost of care, optimize patient flow, improve patient satisfaction, and improve staff satisfaction in the inpatient setting. Additional data are needed to determine if this practice change impacted pediatric length of stay and the number of EDB.

## Implementation of an Indwelling Urinary Catheter Nursing Care Bundle

### PURPOSE

The lack of an evidence-based indwelling urinary catheter care protocols in a rural hospital setting was identified as a risk for catheter associated urinary tract infections and subsequent poor patient outcomes. The purpose of this project was to implement an evidence-based indwelling urinary catheter nursing care bundle for hospitalized adults meeting national standards of care and to provide education and training to nursing staff regarding current practice guidelines.

### METHODOLOGY

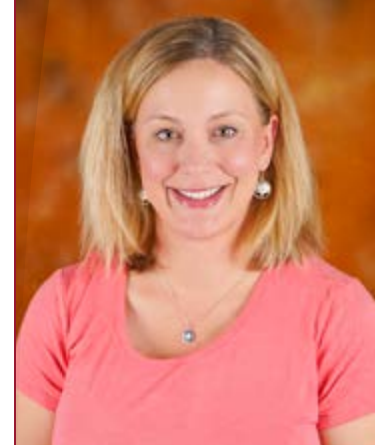
The project design involved the translation of evidence into practice, specifically implementing evidence-based practices utilizing the CDC Recommendations for CAUTI Guideline for Prevention of Catheter-Associated Urinary Tract Infections (2009).

### RESULTS

Nursing staff knowledge was evaluated by analyzing scores before and after the education intervention utilizing a validated tool title CAUTI control precaution scale. Scores revealed 3 questions with clinically significant improvement in scores. Total catheter days were compared from the same months of 2019 and 2020 showing a decrease from 178 to 107 total catheter days.

### IMPLICATIONS FOR PRACTICE

Outcomes of the implementation of a nurse-driven bundle for IUC care in this rural hospital were consistent with current evidence that these bundles are effective in reducing infection and decrease total catheter days overall.



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## Evaluation of a Pediatric Crisis Stabilization Mobile Response Program

### PURPOSE

The purpose of this project was to evaluate a new Stabilization Mobile Response (SMR) program for Salt Lake County in the first three months of operation. The SMR program provides in-home crisis outreach and stabilization for youth experiencing a behavioral health challenge.

### METHODOLOGY

The SMR team documented data in a REDCap survey following every interaction with a family. Additional outcomes data were collected using the healthcare system's operational data reporting systems.

### RESULTS

The program served 70 unique patients in 301 encounters with monthly volumes increasing over time. Youth ranged in age

from 5-17 years with a mean age of 12.4 years (SD = 3.2). Parents initiated SMR in 99 (89.2%) encounters. Encounters lasted a median of 30 minutes (IQR = 15-60). If the SMR visit had not occurred, in 62 (24%) encounters the family stated they would have sought alternative care resulting in the youth being placed outside the home. Crisis encounters in five local emergency departments were lower in the months of October-December 2020 (n = 558) compared with the same months in 2018 (n = 628) and 2019 (n = 623). In 37 encounters families stated they would have gone to the emergency department had they not used the SMR program. With emergency department crisis visits costing an average of \$1,067.39 more than an SMR mobile crisis outreach

encounter, this represents a potential cost savings of \$39,493.43 over the evaluation period.

### IMPLICATIONS FOR PRACTICE

Innovative care delivery models such as the SMR program can improve access to behavioral health care for youth and their families while preventing utilization of high-intensity services such as the emergency department. A formal evaluation process can assist in determining the value of new programs to ensure they are producing quality outcomes and meet the needs of the target population while being efficient and cost-effective.

## Implementing Lifestyle Changes in Patients with Vestibular Migraine

### PURPOSE

The purpose of this project was to evaluate the effectiveness of an evidence-based lifestyle treatment plan at reducing perceived measure of dizziness in adult patients newly diagnosed with vestibular migraine after four weeks of lifestyle modifications using the standardized dizziness handicap inventory (DHI) tool.

### METHODOLOGY

The quality improvement project involved two nurse practitioners educating patient participants newly diagnosed with vestibular migraine on lifestyle modifications. Patient participants were asked to fill out the DHI tool at the initial visit for pre-implementation scores and again after 4-weeks of lifestyle modifications for post-implementation scores to determine the effectiveness

of lifestyle modifications in patients with vestibular migraine.

### RESULTS

After a one-month recruitment period, 3 patients qualified to participate in the project. The pre-implementation DHI scores ranged from 30 to 78, with an average of 46. After 4 weeks of lifestyle modifications, the post-implementation DHI scores ranged from 32 to 56, with an average of 44.

### IMPLICATIONS FOR PRACTICE

Vestibular migraine is a common form of dizziness that currently does not have a consensus on management. The data obtained from this project provides information for clinicians and patients with vestibular migraine about when they may begin to experience improvements

in symptoms with the use of lifestyle changes alone. This project informs clinicians about patient experiences with the recommended intervention so they are able to give patients realistic expectations about the timeline for improvement of symptoms. Our work suggests clinicians can educate patients not to abandon lifestyle changes after 2-3 weeks, and they may notice some improvement by 4 weeks. Lastly, the current project highlights the positive impact nurse practitioners in otology have in the management of patients with vestibular migraine.



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## BREANNA BUCCO

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## Evaluating the Talk with Me Baby Program in the Home Visitation Setting

### PURPOSE

The present qualitative improvement study investigated and evaluated the perceptions, benefits, barriers, and if/how the care coordinators are using TWMB in the home visitation setting. Previous research shows that a child's vocabulary at age three is the strongest predictor of the child's ability to read proficiently by the end of the third grade (Zauche et al., 2017). The TWMB program is geared at improving language development, providing language-rich interactions, improving home language environments, and increasing reading ability by third grade. In 2018, Tennessee held a home visitation summit that presented the TWMB skills to 400 home health visitors. However, no follow up evaluation was conducted.

### METHODOLOGY

This quality improvement project utilized a twenty-two-question virtual survey as the primary tool for collecting evidence. The survey was emailed to the 400 home visitors that attended the summit. Data analysis was conducted using descriptive statistics.

### RESULTS

Results from the evaluation showed that the trainees evaluated the improvement of language development and nutrition of their patients at a 4.86 on a scale of zero to ten. The trainees evaluated the benefit of the TWMB skills at a 5.29 on a scale of zero to ten. Multiple barriers were identified. Time was a significant barrier for 42.9% of participants and 35.7% identified the

patient's culture as a barrier to implementation of the TWMB skills.

### IMPLICATIONS FOR PRACTICE

Future implications should address the barriers identified in the evaluation for the home health setting, updates on the TWMB skills and coaching to keep the trainees active and confident with the skills, enhancement of the TWMB coach training, and creation of additional resources to help the trainees implement the TWMB skills. Future research should be conducted into home literacy environments (HLE) and how they impact language development, gender, parental involvement, and race.



## Increasing Awareness of Long Acting Reversible Contraceptives in Maya Adolescents of Belize

### PURPOSE

This project aimed to offer an evidence-based contraception education program to adolescent female Maya living in Aguacate, Toledo district, Belize to increase their knowledge of Long Acting Reversible Contraceptives (LARC) and the appropriate use and effectiveness of those contraceptive options.

### METHODOLOGY

This project translated current and best evidence into practice. An evidenced-based sexual education program focusing on LARCs was presented via video. Results of a pre- and post-test questionnaire administered at the time of the educational program presentation was analyzed using descriptive statistics.

### RESULTS

Nine female adolescents, aged 14 – 21 years, participated. Mean pre-test scores were 26.34% and increased to 70.78% on the post-test. Percentage improvement on individual questions scores ranged from 3.70% to 166.67%. Questions pertaining specifically to the LARC options showed an increase in knowledge.

Four of the nine participants (44.44%) stated they would ask their medical provider for a LARC.

### IMPLICATIONS FOR PRACTICE

Adaptations of current evidenced based contraceptive education programs can be adapted to the unique needs of Maya of Belize while maintaining cultural competence. Delivery of education to the remote region by alternative methods such as video presentation with the support of the village healthcare worker is feasible and realistic. Feedback from participants revealed the desire to learn more about contraception.



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*Family  
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## Utilization of Pharmacogenomic Testing to Improve Clinical Outcomes in Major Depressive Disorder and Major Depressive Episodes

### PURPOSE

The purpose of this Doctor of Nursing Practice Project was to evaluate the effectiveness of pharmacogenomic guided treatment for participants diagnosed with either major depressive disorder (MDD) or major depressive episode.

### METHODOLOGY

The project design followed a purposive sampling and non-blinded approach, enrolling 79 outpatient psychiatry patients. After IRB approval and informed consent, baseline patient assessments were completed using the Patient Health Questionnaire (PHQ-9) for self-evaluation of depressive symptoms such as sleep, energy levels, appetite, concentration, anhedonia, and suicidal thinking. Pharmacogenomic and neurotransmitter testing with the GX Sciences test was completed for the intervention

group. Pharmacogenomic results were provided to clinicians to guide treatment decisions. Control participants were treated according to standard of care. PHQ-9 assessments were obtained three months after baseline to re-assess the participant's self-evaluation of depression symptoms.

### RESULTS

After three months, the treatment as usual group (n=47) experienced a 29.3% decrease in mean PHQ-9 scores, while the pharmacogenomic guided intervention group (n=32) experienced a 48.7% decrease in mean scores. In the treatment as usual group, 38% (18/47) of participants achieved partial response and 21% (10/47) achieved full response. In the pharmacogenomic guided group, 47% (15/32) of participants achieved partial response and 35% (12/32)

achieved full response. In the pharmacogenomic guided group, 12.5% (4/32) of participants achieved remission compared to 2.1% (1/47) of participants in the treatment as usual group.

### IMPLICATIONS FOR PRACTICE

The World Health Organization predicts that the leading cause of disability by the year 2030 will be MDD. This DNP project highlights the clinical utility of pharmacogenomic testing and suggests increased clinical response and remission rates for patients suffering from depression compared to treatment as usual. While medication selection based on pharmacogenomic testing continues to evolve in clinical practice, this project emphasizes the potential utility of this emerging personalized approach in biotechnology to improve patient outcomes in advanced nursing practice.

## Digital Video Education to Increase Initiation Rates of the HPV Vaccine in Adolescents

### PURPOSE

The aim of this quality improvement project was to educate parent/guardian and adolescents about the HPV vaccine using digital educational videos to promote adherence to the HPV vaccine by increasing vaccination initiation rates of eligible 11- to 17-year olds from 11.2% to 30% during their well-child check visits between January 29, 2021 to February 26th, 2021.

### METHODOLOGY

During routine well-child exams, adolescents and their parent/guardian were informed and invited to participate in the project. The nurse or medical assistant provided them with the Vaccine Information Statement and asked if they would like the HPV vaccine for their adolescent. If they said no

and/or had further questions, they were given the option to watch videos on HPV vaccine safety, age for vaccination, and general information about the HPV vaccine. After watching the video(s), the pediatric primary care provider was available to answer questions or discuss concerns about the HPV vaccine.

### RESULTS

Nineteen adolescents and their parent/guardian participated in the project. Thirteen of adolescents' parents/guardians accepted and six declined the initiation of the HPV vaccine series during their appointment for a vaccination rate of 64.8%. Of the 13 who accepted, eleven watched at least one of the videos; whereas two declined to watch any of them. Of those who declined the initiation of the HPV vaccine, one watched at

least one of the videos; whereas five declined to watch any of the videos.

### IMPLICATIONS FOR PRACTICE

This quality improvement project provides insights into the effectiveness of using digital educational videos to increase HPV initiation rates. These videos address the safety of vaccination, appropriate age for vaccination, and general inquiry about vaccination. Digital educational videos combined with open communication between the parent or guardian and pediatric primary care provider can also positively impact HPV initiation rates.



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## Early Integration of Palliative Care in Frail Patients with Hip Fracture



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#### PURPOSE

Frailty is a condition of vulnerability with traumatic events, such as hip fracture, often being the tipping point for poor outcomes. Evidence suggests the benefits of palliative care (PC) in this population however, variations in clinical practice exist. The purpose of this quality improvement (QI) project was to increase access to palliative care services in this population. The aim was to change clinical practice and encourage earlier integration of palliative care services in the targeted population.

#### METHODOLOGY

This QI project was conducted over a 2-month time frame. A retrospective chart review of patients (age  $\geq 65$ ) and admitted for hip fracture was conducted pre and post

implementation of a targeted frailty screening intervention. Nurses were educated on use of Clinical Frailty Scale (CFS) screening tool used to trigger palliative care consult in patient's scoring 6 or higher.

#### RESULTS

Of the 16 patients (age  $\geq 65$ ) who presented with hip fracture during the study period, 10 of 10 (100%) eligible participants, per CFS score, received PC consults as compared to 1 of 22 (4.5%) pre implementation. The results of this project demonstrate the need for frailty screening to identify high risk population and prompt referral to PC. Having a standardized process to accurately identify high risk population results in a higher percentage of appropriate PC referrals when compared to usual practice.

#### IMPLICATIONS FOR PRACTICE

Frail older adults represent a uniquely vulnerable subset of all hip fracture patients. Approaches to clinical care for these individuals should consider the high probability of functional disability and death after fracture and suggest that counseling regarding prognosis for survival and recovery, explicit discussions of goals of care, and aggressive efforts to control pain and other distressing symptoms represent essential components for management of frail older adults with hip fracture.

## Shared Decision-Making and Treatment Adherence in the Oncology Patient

### PURPOSE

This purpose of this project was to evaluate the treatment adherence and appointment fidelity of oncology patients before and after implementation of shared decision-making (SDM).

### METHODOLOGY

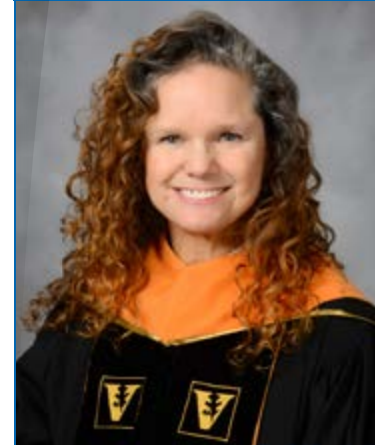
The project involved a retrospective comparison of patient appointment fidelity and medication adherence pre- and post-SDM. Aggregate data from January and February 2019, and January and February, 2020, were obtained from 25 metastatic cancer patients and 25 newly diagnosed cancer patients. Descriptive statistics were used to compare the treatment adherence pre- and post-SDM implementation.

### RESULTS

Following implementation of SDM, the overall appointment fidelity (keeping >80% of scheduled appointments) improved from 30 patients (60%) pre-SDM to 44 patients (88%) post-SDM. Refill adherence (refilling >80% of expected medications) improved from 38 patients (76%) pre-SDM to 47 patients (94%) post-SDM, and infusion adherence (receiving >80% of expected infusions) improved from 44 patients (88%) to 48 patients (96%).

### IMPLICATIONS FOR PRACTICE

Implementation of SDM resulted in improvement of overall treatment adherence. As part of the Oncology Care Model objectives to improve healthcare, SDM may be a valuable tool resulting in improved treatment adherence, improved outcomes, improved healthcare satisfaction, and reduced healthcare costs. The results of this project showed that even with selective SDM utilization, further implementation in oncology and other clinical settings is warranted.



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## The Effect of Social Determinants on Chronic Disease Management



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#### PURPOSE

In the current healthcare delivery system, filled with unprecedented challenges related to the rising cost of care, disparate health outcomes, and a global pandemic, developing equitable care models that meet the diverse needs of our population has never been more important. The purpose of this study is to examine the effect of a nurse-driven chronic disease management program, that incorporates social determinant assessment and intervention, on emergency department visits and inpatient probability risk.

#### METHODOLOGY

This study evaluates a quality improvement project formed to address health equity and disparities in care in a high-risk chronic disease management population. Following completion of at least

six months of the program, participants' outcomes data were analyzed using descriptive statistics.

#### RESULTS

Over 50% (11) of the 19 program participants identified a social need during care plan development. Of those needing social determinant intervention, 73% (8) required financial assistance; 36% (4) expressed food insecurity, and 10% (2) identified barriers related to transportation. Following program enrollment, mean generalized risk score and median inpatient probability risk improved, and median annual emergency department visits decreased in the sample population.

#### IMPLICATIONS FOR PRACTICE

Despite limitations associated with the pandemic, the small-

scale improvement project demonstrated the benefit of social determinant assessment in a nursing care plan. When invited to participate in the program, social determinant need was unknown in the population. Yet, more than half of the sample identified social factors that were affecting disease management in the initial assessment. To level the structural imbalances associated with social determinants, future care models must address inequities affecting health. With a distinguished history of health promotion and disease prevention, professional nurses stand poised, prepared, and trusted to take an active role in the transformation of care delivery that is equitable, holistic, and cost-effective.

## Implementing a Delirium Screening Program in a Combined PICU and PCICU

### PURPOSE

The purpose of this DNP project is the implementation of a delirium screening program using the Cornell Assessment of Pediatric Delirium (CAPD) within a combined PICU and PCICU at an academic tertiary care center.

### METHODOLOGY

Implementation of the delirium screening program occurred over six weeks in three phases: 1) Baseline delirium point prevalence assessment was evaluated by the investigator and nursing staff using RASS criteria and the CAPD tool; 2) delirium education was delivered via online modules followed by a knowledge assessment survey and guided application to assure competence using the CAPD tool and improve interrater reliability; and 3) transition to

nursing staff responsibility for CAPD screening, monitored via chart review.

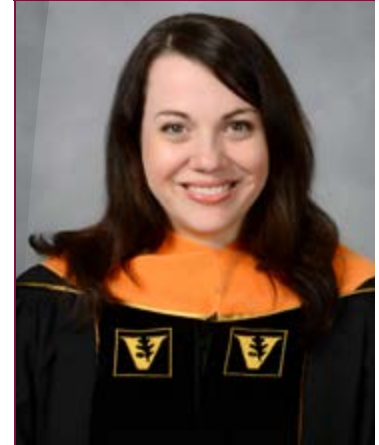
### RESULTS

Baseline delirium was evaluated during phases one and two with a combined sum of 250 patients eligible for CAPD assessment, 72 positive screens (prevalence 27.6%), and mean of 2.9 positive CAPD assessments per screening. During phase two, 40 staff (59%) completed the education modules and submitted the post-education survey, and 59 (87%) completed in-person CAPD competency check off. During phase three, 332 patients were eligible for assessment with 189 having documented CAPD screening, and 80 with positive screens. Mean phase three nursing completion of CAPD screening was 57%. Delirium prevalence

increased to 42.5% during phase three, though the mean positive CAPD assessments per screening time remained 2.9.

### IMPLICATIONS FOR PRACTICE

Preliminary prevalence data indicates delirium is an active problem in our units, presenting an opportunity for improvement. Ongoing staff support and education is necessary to improve compliance with screening and prevention initiatives. Additional PDSA cycles should be considered to fully optimize the delirium screening program to achieve defined education and screening compliance goals. This project serves as a foundation for future quality improvement initiatives that focus on evidence-based, therapeutic interventions to reduce delirium prevalence in critically ill pediatric patients.



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## Nursing Knowledge and Confidence in the Delivery of Palliative Care: A Quality Improvement Project

### PURPOSE

The purpose of this project was to address a gap in nursing knowledge of inpatient palliative care services for patients with chronic conditions who could benefit from specialized symptom management. The expectation was that nursing would be able to provide palliative care to patients with confidence through knowledge gained from an educational module and improve outcomes and quality of life for this population.

### METHODOLOGY

A pre- and post- educational intervention survey consisting of the Palliative Care Quiz for Nurses was administered to 40 inpatient nurses caring for adult patients in a rural North Carolina hospital. Survey questions focused on comfort

level and attitude when caring for palliative care patients were analyzed using a 7-point Likert scale. Nursing palliative referrals were evaluated pre and post- intervention to assess for application of nursing knowledge and confidence in the delivery of care.

### RESULTS

Forty quantitative surveys (N=40) were analyzed using descriptive statistics. Knowledge scores increased from 50% to 83% (M=10.0, SD=4.3;  $t(39)=7.0$ ,  $p<0.0001$ , effect size -6.60) and nursing confidence scores increased from 54.4% to 91.9% (M=16.6, SD=3.1), following the educational intervention. Palliative nursing referrals increased from 10 per month to 40 in the month following the intervention. Mortality

and readmission rates also decreased in the month following the educational intervention.

### IMPLICATIONS FOR PRACTICE

The implementation of an educational module on palliative care was effective in enhancing nursing knowledge and confidence in caring for palliative care patients. The results of this project can be applied to support the implementation of educational strategies within nursing programs to focus on patient goal-concordant care for this vulnerable population and increase the knowledge and confidence of nurses in the delivery of palliative care.



## Program Development for Effective Patient-Provider Partnerships

### PURPOSE

To develop, implement, and evaluate an educational program on patient-provider partnership, communication, and shared decision-making techniques with a population from a community resource center. The aim was to enhance healthcare involvement perspectives through providing an online program to inform and empower older adults to advocate for an active role in their healthcare.

### METHODOLOGY

A three-week online program for participants over the age of 65 was provided. Three sessions on different healthcare involvement concepts offered information and strategies for patients to better collaborate with providers. PowerPoint® presentations were used to deliver content on YouTube®

and/or Zoom®. Participants were sent links to the three YouTube® videos and all Zoom® meetings. Program progress was tracked for each participant. A novel survey was completed before and after the educational intervention to collect data.

### RESULTS

Demographic, qualitative, and quantitative data was collected from participant surveys. Population aged 65-89, all African American, 86.8% female and 13.2% male. Qualitative thematic analysis showed common concepts were action words, information, thank you, and healthcare. Quantitative results comparing pre to post survey response options showed a total decrease in Never by 50% and Sometimes by 43% with a total increase of 11% in Always responses.

A statistically significant difference was found between pre and post surveys for the question regarding preparing for provider visits ( $p = 0.03$ ; 95% Confidence Interval: -0.55 to -0.03).

### IMPLICATIONS FOR PRACTICE

Findings imply that participants had positive perspectives on patient participation in healthcare, strengthened through education. This data has strong clinical significance for participant willingness and ability to effectively engage in their healthcare. This project demonstrates that vulnerable populations can successfully use technological tools and devices when provided with sufficient support. Technology skills learned in this program can improve aspects of healthcare delivery and personal life.



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# Implementing Institute for Healthcare Improvement's Joy in Work: A Quality Improvement Project

## PURPOSE

The administrative problem of burnout and turnover was identified on a selected medical-surgical unit. In an effort to improve nurse engagement, this QI project aimed to implement IHI's Joy in Work initiative.

## METHODOLOGY

The IHI Joy in Work initiative includes four steps: ask staff what matters, identify unique impediments at the unit-level, commit to a systems approach to making joy in work a shared responsibility, and use improvement science (i.e. Plan, Do, Study, Act [PDSA] cycles). During an eight-week period, a feedback board was used by clinical staff, PDSA cycles were implemented to address perceived barriers, and a gratitude journal was provided. The organization's existing

quarterly pulse survey was used pre- and post- intervention. Additional information was obtained from the National Database for Nursing Quality Indicators (NDNQI) RN survey administered in August.

## RESULTS

The quarterly pulse survey showed an increase in engagement index from 68% (April) to 72% (July) among clinical nurses on the selected unit. In addition, the NDNQI RN survey indicated the unit outperformed the mean in four out of five categories (i.e. nurse participation in hospital affairs, foundations of quality of care, nurse manager leadership and nurse to nurse interaction). At the same time, there were zero catheter associated urinary tract infections, zero central line associated blood stream

infections, and 100% hand hygiene compliance from July to September. Additionally, patient experience overall rating of the hospital scores improved from 65.2% (July) to 70% (September).

## IMPLICATIONS FOR PRACTICE

A systems approach that carefully examines the challenges faced by caregivers is integral in the successful achievement of the Triple Aim of better health, lower cost, and improved patient experience. The results of this QI project demonstrate IHI's Joy in Work initiative can potentially improve nurse engagement. Moreover, this project supports the quadruple aim and validates the need for caregivers to find meaning in their work in order to provide safe care for patients.

## Reducing Redundant Genetic Testing for 22q11.2 Deletion Syndrome: A Process Improvement Project

### PURPOSE

The process improvement study aims to reduce duplicate genetic testing to less than 5% in neonates admitted to the Seattle Children's Hospital (SCH) cardiac intensive care unit (CICU) who are 90 days of age or less and diagnosed with congenital heart disease (CHD).

### METHODOLOGY

A single-institution pre- and post-intervention retrospective chart and database review was completed to determine CICU demographics, CHD diagnoses, and genetic testing procedures. An education session with pre and post intervention surveys was completed with twenty-five health care providers (9 physicians, 4 nurse practitioners, and 12 fellows). The "Genetic Testing for Neonates with Congenital

Heart Disease" clinical decision guide was implemented for the consideration of 22q11.2ds genetic testing at a large hospital in the northwest United States.

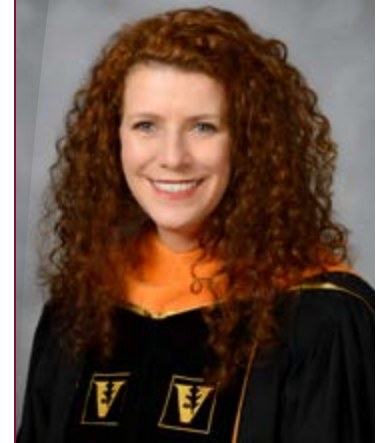
### RESULTS

In the 1-year pre-intervention phase, 103 patients met inclusion criteria, 49.5% were female, 50.5% were male, and 86% were 7 days of age or less on admission. Genetic testing was obtained in 61% of patients with 25% having a genetic diagnosis and 8% being diagnosed with 22q11.2ds. The rate of duplicate genetic testing orders was 39%. In the 14-week postintervention phase 38 patients met inclusion criteria, 40% were female, 60% were male and 76% were 7 days of age or less on admission. Genetic testing was obtained in

60% of patients with 35% having a genetic diagnosis and there were no diagnoses of 22q11.2ds. The rate of duplicate genetic testing was reduced to 2.6%. Of the twenty-five providers invited, forty-four percent responded to the surveys. One-hundred percent of respondents indicated the need for more information about genetic testing, 45% stated the clinical decision guide is beneficial to their practice, and 12% had not yet used the decision guide.

### IMPLICATIONS FOR PRACTICE

Provider education and use of the clinical decision guide may have decreased duplicate genetic test orders by 80%. Further studies are needed to determine the reliability and validity of the clinical guideline for genetic testing in vulnerable populations.



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## Retention of a Millennial Nursing Workforce



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#### **PURPOSE**

The purpose of this project was to determine whether structured leadership interventions including stay interviews, leadership rounds and exit interviews, influence nurses' intent to stay and ultimately, retention and turnover rates among millennial nurses.

#### **METHODOLOGY**

After implementation of structured leader rounding, stay interviews by managers and an intent to stay survey, data were gathered from RNs working in a 48-bed surgical inpatient unit within an academic medical center.

#### **RESULTS**

Descriptive statistics were used to report themes in feedback from RNs during rounds and stay interviews. Themes included a desire for focus on staffing ratios, salary and benefits as well as better access to supplies and equipment. Responses showed that teamwork is good in the unit and the RNs value the teamwork and leader accessibility. Retention and turnover data were collected and compared to pre- project data. No millennial generation RNs resigned during the project period but overall retention did not

improve. Intent to stay was collected using the Glint survey tool administered by organizational human resources team, aggregated and provided to DNP student. Intent to stay improved for millennial RNs during the project period.

#### **IMPLICATIONS FOR PRACTICE**

Now more than ever, retention is vital for nursing in our country. Nursing at the frontlines during the global pandemic only heightens concerns about retention of the millennial nursing workforce.

## Perceived Barriers to Pre-Exposure Prophylaxis Initiation in Men who have Sex with Men

### PURPOSE

The purpose of this DNP scholarly project was to identify perceived barriers that prevent the initiation of Pre-Exposure Prophylaxis (PrEP) among men who have sex with men (MSM).

### METHODOLOGY

Perceived barriers were examined via an optional, anonymous survey administered to patients who were found to be candidates for PrEP. The survey on Attitudes Toward Pre-Exposure Prophylaxis by Holloway et al., (2017) assesses eight factors that could affect PrEP initiation: access/affordability, stigma, drug effects, perceived benefits, risk compensation, lack of perceived need, mistrust, and adherence. A 4-point Likert scale using strongly disagree, disagree, agree and strongly

agree was used as the response format.

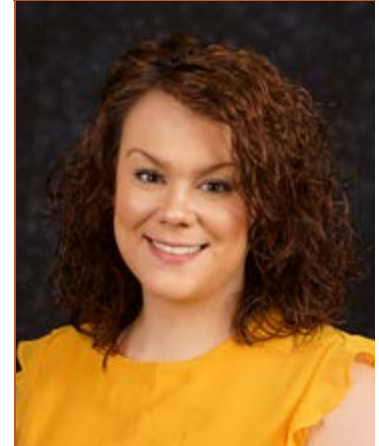
### RESULTS

A total of 19 participants completed the survey during a one-month timeframe. Participants agreed that PrEP is beneficial in preventing HIV and should be encouraged by clinicians. Stigma, risk compensation, lack of perceived need, medical mistrust and adherence were not as largely reported as perceived barriers to PrEP initiation in this project as in the literature. Participants reported affordability and drug effects as perceived barriers to PrEP initiation.

### IMPLICATIONS FOR PRACTICE

The results of this project support the need to improve the patient education that is done by the clinician. Clinicians

should discuss the positive benefits of using PrEP with all patients for whom it would be advantageous. Participants did not report that they would take more sexual risks while on PrEP, but the limitations of PrEP and its appropriate use should be discussed. Clinicians should discuss that PrEP should be taken daily to receive the most protection against HIV. The affordability of PrEP and the funding options available should also be discussed with patients. Improving patient education is an intervention that could have a large impact on decreasing perceived barriers to PrEP and therefore increase the initiation of PrEP.



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## Implementing Continuous Performance Testing to Improve Patient Satisfaction in ADHD Evaluation

### PURPOSE

The purpose of this project was to improve overall patient satisfaction with the diagnostic evaluation for Attention Deficit Hyperactivity Disorder (ADHD) by adding a computer-based objective diagnostic procedure (continuous performance test) to the clinic's current diagnostic evaluation protocol in an outpatient mental health practice.

### METHODOLOGY

All new adult patients seeking evaluation for ADHD at a small private mental health clinic completed the ADHD symptom checklist that was scored and reviewed by clinician per standard diagnostic protocol. A total of 25 patients with preliminary diagnosis of ADHD then completed sociodemographic data and a

6-item satisfaction survey with 5-point Likert scale responses after this initial assessment. Patients then completed the Qb® test (an FDA approved computer-based continuous performance test), which a clinician scored and discussed test results, diagnosis, and treatment plan with the patient. Patients then completed the same 6-item satisfaction survey with 5-point Likert scale responses a second time and 6 additional survey items assessing their understanding and experience of the Qb® test.

### RESULTS

Descriptive statistics were calculated for sociodemographic variables. An item analysis of mean change scores between the satisfaction surveys administered before and after Qb® testing was

calculated. Mean change scores for the 6-item satisfaction surveys ranged from 0.56 to 0.72 with an overall mean change score of 0.64. Although the mean change scores didn't reach the target of 1.0, each of the 6 item change scores reflected improved satisfaction.

### IMPLICATIONS FOR PRACTICE

The value of adding Qb® testing to the clinic's ADHD protocol is that it improves patient satisfaction related to better patient-clinician communication, graphic illustration of attention and tracking, and diagnostic accuracy. Small sample size and lack of racial diversity limit generalizability of findings. Future investigation of Qb® testing will examine patient satisfaction with treatment over time.

## Smartphone Reference Application: Emergency Ultrasound for Emergency Nurse Practitioner Students

### PURPOSE

Emergency ultrasound (EUS) is an emerging clinical competency for emergency nurse practitioners (ENPs) that is well-suited for a mobile reference application (app). However, a practical guide to app development for healthcare professionals does not exist. This project aimed to explore the design process and development of a mobile reference application for EUS for ENP students.

### METHODOLOGY

The project design was program development and evaluation. The Iowa Model provided the theoretical framework. The development process involved consultations with information technology specialists and mobile app developers to obtain a thorough understanding of mobile app development. It

involved selection of the native app format for development. The app was based on the American College of Emergency Medicine's 12 Core Emergency Ultrasound Studies. A plan for implementation and evaluation of a native mobile reference application was established.

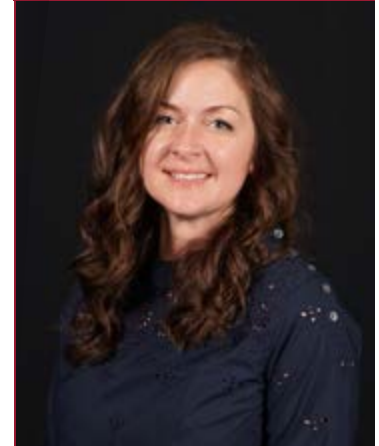
### RESULTS

The native app development process followed specific steps for pre-launch, deployment, and post-launch phases of development. A digital wireframe was developed to provide a visual representation of the content for the extended focused assessment with sonography for trauma (eFAST) exam. The app is intended to provide clinicians with reference material for EUS indications, probe selection, probe placement, and exam features.

Proposed image acquisition occurs through a team of ENP content developers who gather deidentified study images over one year. The evaluation plan includes tracking key performance indicators and gain user feedback about the app's usability through the mHealth App Usability Questionnaire.

### IMPLICATIONS FOR PRACTICE

Mobile reference apps are effective tools for clinical advanced practice nursing education. Their use by ENP students is intended in a useful clinical tool and presents the opportunity for ENP students to sharpen their clinical competency with EUS. The integration of the clinical competency of EUS amongst ENPs will contribute to improved patient outcomes and more efficient emergency care.



**LAURA  
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## The Effects of Provider Education on Deprescribing in a Psychiatric Hospital



### KOMI KOKOU-ABI

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#### PURPOSE

The purpose of this project was to assess patterns of anxiety medication prescription, to implement deprescribing recommendations and to educate and empower clinicians about deprescribing in order to reduce polypharmacy of anxiety medications at the time of discharge at a psychiatric hospital in central Texas. The goal of the project was to reduce the percentage of patients on three or more anxiety medications by at least 50%.

#### METHODOLOGY

The project consisted of a one-time educational presentation of medication reconciliation and deprescribing practices regarding anxiety medications to the three providers at the hospital. Data were collected at baseline and six weeks after the intervention and analyzed using descriptive statistics.

#### RESULTS

The data showed a 39.01% decrease in the relative percentage of patients with 3 or more anxiety medications. Provider C had the lowest rates of polypharmacy with raw counts constant at 1 patient, and provider B had the most improvement in deprescribing with a relative decrease of 57.4%.

#### IMPLICATIONS FOR PRACTICE

The results of this project reinforce the value that a one-time educational intervention can have in the positive modification of providers' prescribing habits in an inpatient psychiatric setting. Future similar projects will be beneficial in assessing the efficacy of this model on provider's practice change across various practice settings beyond the inpatient psychiatric hospital.



## Nurse Manager Shared Governance Education and Unit Practice Council Functionality

### PURPOSE

Nurse managers lack knowledge about shared governance and how to create and implement it in the healthcare organization. The purpose of this project was to educate nurse managers at a western New York hospital and evaluate the impact on unit practice council (UPC) functionality.

### METHODOLOGY

The design for this project was program development and evaluation. Nurse managers, directors, and the chief nursing officer attended a shared governance education program. The Council Health survey was distributed to UPC members immediately before and after the program to evaluate the impact on UPC functionality. Survey items allowed for Likert scale responses, with perceptions ranging from 1-5 (strongly disagree to strongly agree).

### RESULTS

Eleven of the fifty-three participants completed the pre and posttest surveys. Mean scores improved in 16 of 25 survey items, decreased in four of the 25 items, and five scores remained the same. Of the three survey subscales, the council structure category's mean scores showed the greatest change, increasing by 1, 1.18, and 1.36, respectively. The activities category's mean scores changed in range from -0.1 to 0.81. The membership category's mean scores increased for all five survey items, with three of them increasing by greater than one.

### IMPLICATIONS FOR PRACTICE

The project revealed meaningful improvement in the UPC's structures and activities as demonstrated after the shared governance education. Nurse manager education is essential for shared governance success because it supports and benefits team engagement, retention, performance, and profitability. Nurse managers must be educated and competent in shared governance.



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# Assessing Provider Knowledge and Confidence in the Disclosure of Abnormal Newborn Screening Results

## PURPOSE

Newborn screening (NBS) was created with the goal of detecting serious conditions early in life to initiate treatment. Benefits of NBS are only effective if the primary care provider (PCP) takes the appropriate steps following an abnormal result. Current evidence suggests that PCPs lack confidence in discussing and managing abnormal NBS results. The purpose of this project was to improve the knowledge and confidence of PCPs within an outpatient setting, in the disclosure of abnormal newborn screening results through the implementation of a clinical pathway.

## METHODOLOGY

Over a 5-week time period, pediatric PCPs completed a pre-intervention and post-intervention survey to evaluate

the knowledge and confidence in disclosing abnormal NBS results. After the completion of the pre-intervention survey, the PCPs were randomly assigned to an intervention group or a non-intervention group. The intervention group received an abnormal NBS report in addition to the clinical pathway, ACT Sheets and algorithms, while the non-intervention group only received an abnormal NBS report.

## RESULTS

For the intervention group (n=4), aggregate improvement in knowledge was 7% and aggregate improved self-reported confidence was 12.5%. Comparable, there was also improvement in knowledge and self-reported confidence in the non-intervention group (n=7), but there were more respondents in this group. 100%

of providers in the intervention group correctly answered the survey items directly related to the pathway provided, whereas none of the providers in the non-intervention group answered these items correctly.

## IMPLICATIONS FOR PRACTICE

Based on the results, it cannot be determined if self-reported confidence and knowledge of disclosing abnormal NBS results can be improved by providing PCPs with the clinical pathway when they receive the NBS report. Obtainment of additional post-intervention data will deepen the understanding of the intervention on participants. The impact on patient outcomes of this educational intervention needs to be assessed, specifically with regard to delays in care and patient-provider relationships.

## Family-Integrated Quality Improvement in the NICU to Improve Discharge Developmental Follow-up

### PURPOSE

The purpose of this DNP project was to improve the developmental discharge follow-up rate to the Providence Children's Development Institute (PCDI) by 20 percent for the first developmental follow-up appointment for infants discharged from the neonatal intensive care unit (NICU) at Providence Portland Medical Center (PPMC) by January 26, 2021.

### METHODOLOGY

Using family-integrated quality improvement and a co-design process with former NICU families and current NICU staff, a virtual tour was created detailing the outpatient developmental process at the PCDI. The virtual tour was shown to inpatient NICU families referred for

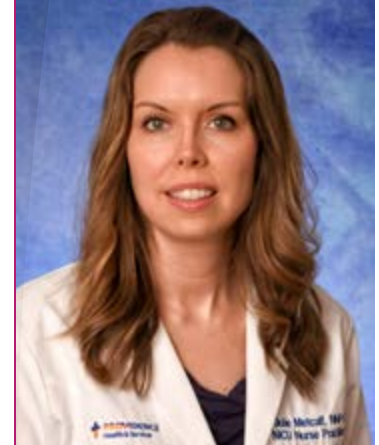
developmental follow-up and rates of attendance at the first developmental follow-up appointment were tracked for those families who viewed the virtual tour.

### RESULTS

Using a 2 proportion Z-test (two-tailed), the proportion of families from the first baseline sample who attended their first developmental follow-up appointment (54.2% from August 1, 2019 to January 1, 2020) was compared to the intervention group (91%). The baseline group did not receive the virtual video tour. There was a 36.8% between group difference which was statistically significant, ( $p=0.0232$ ), when using a standard significance level of  $p < 0.05$ .

### IMPLICATIONS FOR PRACTICE

The importance of developmental follow-up in the vulnerable NICU population cannot be overstated. By giving families information that is useful to them as healthcare consumers about follow-up procedures using virtual education methods, a more seamless transition from the inpatient hospital environment to the outpatient environment can be achieved. As a result, more families will attend these crucial developmental follow-up appointments that have immediate and life-long influence on their infant's health and development.



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## Impact of Psychiatric Consultation Services on Boarding in the Emergency Department

### PURPOSE

This Quality Improvement (QI) project aimed to improve the care of psychiatric patients by reducing the incidence of unnecessary involuntary holds on psychiatric patients in the emergency department (ED) by at least 25% over six months through the intervention of psychiatric consultation services (PCS) evaluations.

### METHODOLOGY

This QI project examined how PCS impacted boarding at Centennial Medical Center ED, in Middle Tennessee, using descriptive statistics to retrospectively compare patients under an involuntary hold during two six-month periods: where consultation services were provided, and where consultation services were not.

### RESULTS

The overall project outcomes for the rescind rates between the pre-intervention group and intervention group were found not to be statistically significant, both being at 12%. Pre-intervention gender distributions had an almost 50% split, while the intervention group had 35% females and 65% males. The mean age for the pre-intervention group was 44.29 years, and the intervention group was 42.04 years. The majority in both groups were covered by government insurance, followed by the uninsured population, and the privately insured.

### IMPLICATIONS FOR PRACTICE

A limitation of the project was that the rescind rate was an indirect measure of the intervention's effectiveness.

Instead, a variable that could have been more sensitive would have been the length of time the patient spent boarding in the ED, which would determine if the intervention shortened boarding times. Despite the results demonstrating that rescind rates were not statistically significant, the intervention's benefits should not be discredited without further exploration. That patients are receiving the benefits of being continually evaluated by the BHT can still be theorized. Since there remains a lack of research data regarding best practice solutions, further investigation is still necessary to identify evidence-based intervention strategies as best practice solutions for psychiatric boarding.

## Volunteer Musicians' Perceptions of Therapeutic Music in ICU Project

### PURPOSE

While music may play a significant role in reducing anxiety and promoting healing in critically ill patients, there is limited research regarding the role volunteer musicians' play in providing music to patients and their families. The purpose of the DNP project was to collect data on the perceptions of the barriers and facilitators to volunteer musician participation in the pilot of the "Therapeutic Music in ICU" project in the Medical Intensive Care Unit (MICU) at Vanderbilt University Medical Center (VUMC).

### METHODOLOGY

A voluntary descriptive survey containing multiple choice and open-ended questions was adapted and sent electronically to the volunteer musicians who participated in the pilot project. The survey results were captured using REDCap.

### RESULTS

Six out of ten (60%) of the volunteer musicians answered the survey. Most of the musicians who responded to the survey commented on finding the experience of providing music to be a positive one. They were also able to identify facilitators and barriers to playing live music in the MICU at VUMC.

### IMPLICATIONS FOR PRACTICE

These results should help guide the next phase of the "Therapeutic Music in ICU". The results of the survey provided useful feedback to help the principal investigators adapt on-boarding of volunteers to help in the success of the overall project.



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*Family Nurse Practitioner  
Emergency Care Focus*

*Executive Leadership*

## Impact of Observation Unit Admission Criteria on Quality Metrics

### PURPOSE

The purpose of this DNP quality improvement project was to determine the impact of removing strict admission criteria on length of stay, inpatient conversions, and 72-hour returns in a rural regional medical center emergency department observation unit.

### METHODOLOGY

A retrospective chart review was undertaken of 1003 charts comparing data from July and August 2020, when strict admission criteria were followed, to data from January and February 2021 post removal of admission criteria. Data was analyzed for length of stay, inpatient conversion rate and 72 hour returns in the pre and post intervention groups and for the top five admission diagnoses.

### RESULTS

Descriptive statistics were calculated for each of the three quality metrics. Removal of the admission criteria negatively impacted average length of stay which increased from 20.3 hours to 24.1 hours. Inpatient conversions decreased from 25.5% to 19.5%. Additionally, seventy two hour returns remained static with 19 in each period;

however, the rate decreased from 4.4% (429 visits) to 3.4% (547 visits). The absence of strict criteria did not appear to affect outcomes or patient safety. Diagnosis specific data analysis revealed that congestive heart failure patients had a significantly longer length of stay than their counterparts.

### IMPLICATIONS FOR PRACTICE

Hospitals are paid a bundled fee per patient admitted under observation status which places a cap on payment regardless of testing, treatment, or length of stay. Observation status criteria are determined by the Centers for Medicare and Medicaid Services. The designation is based on diagnostic factors, such as hemodynamic stability and lab work. Emergency Department Observation Units operates most efficiently when paired with stricter admission criteria and are a key component of delivering safe, effective care while decreasing overall observation length of stay.

## Under-immunized Children of Appalachia: Parental Beliefs at an Eastern Kentucky Rural Health Clinic

### PURPOSE

The purpose of this scholarly project was to explore parents' (1) beliefs about vaccine efficacy, (2) knowledge regarding vaccine preventable diseases, (3) knowledge about available locations to receive immunizations, and (4) trust in healthcare providers at a rural Appalachian clinic. The project objectives were to identify the beliefs that contributed to delay or refusal of vaccines, aggregate themes, and share solutions with practice stakeholders.

### METHODOLOGY

A practice-based inquiry was conducted at Kentucky Friendly Care Center (KFCC) in Middlesboro, Kentucky. Project participants included 20 parents who chose to delay or refuse immunizations for their children at KFCC in 2020. Telephone

interviews were conducted with parents who had refused or delayed vaccinations in 2020 at KFCC. The Caregiver Vaccination Attitude Scale (CVAS) was used to measure parental beliefs, knowledge, and trust. Data were analyzed according to themes to share with the Medical Director at KFCC.

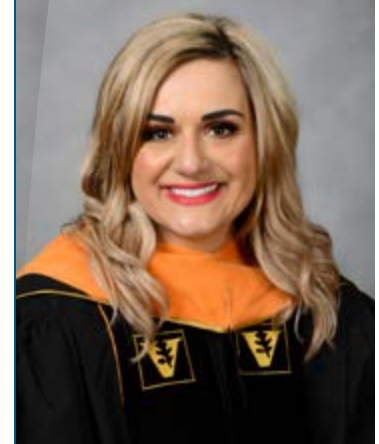
### RESULTS

Data analysis revealed that parents have confidence in healthcare providers but are hesitant with the vaccine quantity administered in a single setting and discontent with the inability to determine which vaccines should or should not be administered. Caregivers needed to feel involved in the decision to vaccinate, and required education regarding administration of multiple

vaccines, and the benefit of a standardized vaccine schedule.

### IMPLICATIONS FOR PRACTICE

In order to improve immunization rates at KFCC, healthcare providers should be more cognizant of involving caregivers in the process of immunization, given the established confidence indicated by caregivers in the CVAS. Additionally, clinicians should offer appropriate education regarding the benefit of a standard vaccination schedule and the benefit of compliance.



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## Reducing Registered Nurse Burnout in the CVICU

### PURPOSE

Registered Nurse burnout is becoming increasingly prevalent within the United States, with prevalence rates as high as 50% in the literature. Nurse burnout can lead to decreased quality of life and negative emotions towards their teammates within the workplace, as well as increased safety concerns, higher infection rates and high turnover rates within an institution.

The purpose of this project was to compare nurse feelings of burnout within the CVICU at Rady Children's Hospital before and after implementation of a mindfulness module targeted to increase self-awareness and teach mindfulness strategies.

### METHODOLOGY

Nurses within the CVICU at Rady Children's Hospital (N=47) were given a mindfulness module teaching self awareness and coping techniques to decrease feelings of burnout. Descriptive statistics were calculated to describe each area post intervention.

### RESULTS

After the implementation of a mindfulness module, nurse burnout was seen to be reduced in the area of emotional fatigue. The results demonstrated that nurses felt less emotionally drained from work and less fatigued when considering facing another day on the job.

### IMPLICATIONS FOR PRACTICE

As the prevalence of burnout continues to rise in the United States given the rise in patient acuity and staffing burden given the current pandemic, determining the most effective way to prevent burnout continues to be necessary. While this project demonstrated improved feelings of fatigue and emotional preparedness for work after the implementation of a mindfulness module, additional research is required to determine which interventions are most effective in reaching all aspects of burnout, including team building and rapport amongst nurses.



## Music in the Intensive Care Unit: Registered Nurses' Perceptions

### PURPOSE

The purpose of this DNP project was to assess registered nurses' (RNs) perceptions of the acceptability, appropriateness, and feasibility of a therapeutic music program in the intensive care unit (ICU) and identify any barriers or facilitators to this intervention.

### METHODOLOGY

The DNP project examining RNs' perceptions of music in the ICU followed a program development and evaluation model. Registered nurses' perceptions of the appropriateness, acceptability, and feasibility, as well as any facilitators and barriers, of a therapeutic music program in the medical ICU (MICU) environment were obtained through a descriptive survey using a convenience sample. The pilot was conducted in a

35-bed adult MICU at a level one trauma and academic medical center with over 65,000 annual inpatient admissions. All RNs who were exposed to the music sessions were invited to participate in an anonymous survey through workplace email.

### RESULTS

Data collected from Likert scale responses was evaluated using descriptive statistics. A frequency chart provided a visual representation of the responses addressing facilitators and barriers. The survey was completed by 15 RN staff members who worked in the MICU, who overwhelmingly agreed that therapeutic music in the ICU is acceptable and appropriate. Respondents also felt that therapeutic music in the ICU is feasible, but responses were less positive. The survey respondents unanimously

identified a patient and family-centered care environment and ICU leadership with an open mind to new approaches to patient care as facilitators to therapeutic music in the ICU. The most significant barrier to therapeutic music in the ICU was reported to be the severity of a patient's illness.

### IMPLICATIONS FOR PRACTICE

Findings from this survey provided information on RNs' perceptions of acceptability, appropriateness, and feasibility of therapeutic music in the MICU and identified facilitators and barriers to this intervention. The largely positive feedback from RNs was supportive of therapeutic music in the ICU. Furthermore, the identification of barriers and facilitators will enable future programs to be developed and implemented more effectively.



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FNP/Emergency  
Nurse Practitioner*



## CLAUDIA PERRY

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*Executive Leadership*

## Evaluation of Unit-Based Care Team Implementation and Effect on Length of Stay

### PURPOSE

The purpose of this DNP scholarly project is to evaluate implementation of a unit-based care team on average length of stay (ALOS) one year post-implementation on an inpatient telemetry unit at Virginia Mason Medical Center over a three-week period.

### METHODOLOGY

The design for this DNP project was an evaluation design guided by the Logic Model which was developed by the W.K. Kellogg Foundation. The Logic Model is a systematic and visual way to present the relationships among the resources that are necessary to run a program, the activities planned, and the changes and results hoped for throughout the implementation. The Logic Model provides the stakeholders with a road map describing the sequence of related events connecting the need for the planned program with the program's desired results.

### RESULTS

Descriptive statistics were calculated for patient demographics of the DNP project patient population and for the determining the ALOS. There were 64 patients that fit the project criterion, out of which 44 (69%) were cardiac-specific patients. Of these patients, the ALOS decreased from 5.88 days pre-project evaluation to 4.4 days post project evaluation, which was significantly lower than the DRG benchmark ALOS mean of 5.67. This was a clinically significant finding of greater than one day.

### IMPLICATIONS FOR PRACTICE

This DNP scholarly project provided a practice environment for the implementation of a unit-based care team. Practice implications related to the project's unit-based care teams includes providing standardized, interdisciplinary collaborative, holistic care coordination to create an efficient, effective, reliable, and safe discharge among hospitalized patients leading to a reduction in the ALOS and possible reduction in patient readmission rates.

## Development of a Critical Care Ultrasound Competency Course for ICU Nurse Practitioners

### PURPOSE

Currently, Vanderbilt University Medical Center (VUMC) does not have regular training for its ICU nurse practitioners in critical care ultrasound (CCUS) outside of one optional workshop that is affiliated with the Acute Care Nurse Practitioner (ACNP) Boot Camp conference each year. The utility of the assessment with CCUS is heavily dependent on operator competence. The purpose of this project is to create an ongoing CCUS competency workshop for critical care nurse practitioners at VUMC.

### METHODOLOGY

The didactic course materials were obtained from the coordinators of the ACNP Boot Camp conference to be disseminated to participants for review prior to competency workshop. Additionally, a bank of abnormal ultrasound

images was collected to review at the workshop for image interpretation sessions. Two assessment tools for cardiac and thoracic ultrasound from the literature were incorporated into the session to provide feedback to participants as well as one assessment tool that was created to evaluate deep vein thrombosis (DVT) image acquisition. Pre- and post-interventions surveys were created to garner feedback on the course and to acquire information about the participants.

### RESULTS

As this was a program development project, statistical analysis was unable to be conducted. Rather, the analysis focuses on the products of the project which were a didactic review course (from ACNP Boot Camp faculty), a bank of abnormal ultrasound images for interpretation by participants,

the assessment tools that will be used for feedback on image interpretation and acquisition (including the creation of the new vascular assessment tool), and a pre- and post-intervention survey to garner feedback on the course.

### IMPLICATIONS FOR PRACTICE

This project was designed to create a competency workshop that can be repeated yearly (at a minimum) to provide ICU NPs a place to practice the primary skills of CCUS which are image acquisition and image interpretation. This competency workshop could be part of a larger program for maintenance of competence in CCUS as well as obtaining organizational privileges in CCUS, if applicable. Having a rigorous CCUS program adds an additional skill set to the ICU NP's practice as well as proving NP value in an ICU setting.



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# Capacity Building in Northern Laos: An Evaluation of the Pediatric Nursing Training Program at Lao Friends Hospital for Children

## PURPOSE

The child mortality rate in Laos, as of 2015, was significantly higher than the global average, at 53.6 per 1000 live births and there was only one pediatric health center to serve the entire population. The Lao Friends Hospital for Children (LFHC) was founded to increase access to pediatric preventative and treatment-based services in northern Laos. Concurrently, a pediatric nursing training program was developed for LFHC, yet it has not been evaluated since its inception. The purpose of this project was to evaluate the Pediatric Nursing Training Program at LFHC.

## METHODOLOGY

The evaluation involved: (1) examining curriculum documents using an online platform, (2) conducting an online survey

of former expatriate nurse volunteers who participated as clinical mentors in the clinical mentorship, and (3) interviewing former clinical nurse leaders who designed and implemented the pediatric nursing training program.

## RESULTS

The curriculum documents revealed system and course-based curriculum plans with objectives, teaching methods, and evaluation tools. Sixty-seven clinical mentors responded to the survey with a response rate of 45%. The survey results reported an improvement in the nurses' clinical skills since program inception. Mentors also highlighted their ability to attune to the culture of Lao staff. Six of the seven former clinical nurse leaders participated in interviews.

They discussed and shared the importance of developing culturally relevant material and a multimodal teaching style, using a train-the-trainer approach, and implementing a clinical mentorship program.

## IMPLICATIONS FOR PRACTICE

The curriculum plans, knowledge of the Laos culture, variety of teaching methods, and clinical mentorship contributed to the development and growth of the Laos nurses at the bedside. The evaluation provides thoughtful insights and perspectives to support and enhance future culturally competent and sustainable training programs at LFHC and beyond.

## Comfort and Competency in Healthcare Teams Caring for Patients with Substance Use Disorder at Risk for Hospital Misuse

### PURPOSE

The purpose of this project is to conduct a retrospective analysis of healthcare team members level of comfort, competency, and support of taking care of patients with Substance Use Disorder diagnosis who may be at risk for hospital misuse, which is the use of medications or drugs other than intended while in the hospital setting. The retrospective analysis will include review of baseline assessment of healthcare team members followed by implementation of inventions and a survey conducted after the intervention to assess impact.

### METHODOLOGY

Data were collected in pre- and post-intervention of standard operating procedure and a patient agreement to assess the level of confidence, training, support, and resources in providing care to patient with the potential for hospital misuse. The data were reviewed retrospectively to compare healthcare team members responses and nursing specific responses.

### RESULTS

Overall, survey responses were improved in all categories of confidence in providing care as well as having the training, support, and resources by all healthcare team members with the nursing professionals performing slightly higher as compared to peers. Of note, the post -survey had fewer responses and therefore make it difficult to confirm the results.

### IMPLICATIONS FOR PRACTICE

The impact of the project results on practice can improve patient care through supporting the healthcare team members to provide safe, reliable care to the growing patient population with SUD who may be at risk for hospital misuse. Even with a limited number of responses, it remains clear we have a need to develop strategies and mechanism to create awareness of behavioral health diagnosis such as SUD and hospital misuse therein increasing the mental health literacy of the team members and the organization.



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## Impact of LEAP! Mentorship Program on APPs at VUMC



### ISABELL STOLTZ

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*Clinical Nurse Specialist*

#### **PURPOSE**

Leadership Excellence in Advance Practice (LEAP!) is a mentoring program at Vanderbilt University Medical Center (VUMC) that provides a dedicated forum for advanced practice providers (APPs) to network with experienced nursing leaders to facilitate the acquisition of knowledge and skills essential to leadership in the complex world of healthcare. This project evaluated the impact of the LEAP! mentorship program on APPs using the Strong Model of Advanced Practice as a framework.

#### **METHODOLOGY**

Survey respondents provide insight into the impact of LEAP! on their careers using a Likert scale. Descriptive statistics were used to report these findings. Two open-ended items were evaluated using thematic analysis to identify motifs from the program.

#### **RESULTS**

Of 69 surveys sent, 28 surveys were returned (40.5%). Participants reported a moderate impact of this program. The most impactful area of the LEAP! mentorship program was Support of Systems (N=25, 86%). Other areas of impact were Research (N=23, 82%), Education (N=22, 79%), Direct Patient Care (N=21, 75%), and Leadership (N=21, 75%). The thematic analysis mirrored these results and overwhelmingly APPs would recommend the LEAP! Mentorship Program to their colleagues.

#### **IMPLICATIONS FOR PRACTICE**

The results of this study provided insight for program directors on the impact of LEAP!. Participants reported this mentorship program had a moderate impact on their roles. VUMC now has a tool to track the impact of LEAP! mentorship program on its participants.

## Identifying Barriers and Potential Solutions to Obtaining a MAT Waiver for Primary Care Providers

### PURPOSE

The purpose of this DNP project is to identify barriers among primary care providers at a Federally Qualified Healthcare Center in California for obtaining and using a MAT waiver to treat patients with opioid use disorder.

### METHODOLOGY

This project was completed using a PDA cycle at Santa Barbara Neighborhood Clinics (SBNC) at five clinical sites. Phase one disseminated a survey to 21 SBNC PCPs to determine personal barriers to obtaining a MAT waiver. Descriptive statistics completed for survey data. Phase two presented survey data to all SBNC PCPs, facilitating a discussion on strategies to decrease barriers. Meeting was transcribed for thematic

analysis. Several implementable strategies to decrease barriers identified.

### RESULTS

Fifteen of 21 PCPs (71% response rate) completed the survey, and 7(46.7%) were NPs or PAs. The most concerning identified barriers were: insufficient time in current practice, insufficient training in treating OUD, record keeping and reporting requirements, and Drug Enforcement Agency (DEA) oversight. Thematic analysis of phase two discussion revealed that lack of feeling confident treating OUD and record keeping and DEA oversight requirements are most concerning for SBNC PCPs.

### IMPLICATIONS FOR PRACTICE

Survey data and discussion yielded several implementable

strategies to decrease barriers to obtaining a MAT waiver for SBNC PCPs. This writer will collaborate with colleagues to implement a MAT-mentorship program for interested PCPs. Further, this writer will collaborate with SBNC IT experts to create a universal MAT template in the SBNC EHR. Additionally, this writer will establish protocol for referring only stable patients to newly MAT-waivered providers, and will develop a system to send patients that require a higher level of care to seasoned MAT providers. Finally, educational presentations will accompany these interventions. With support of SBNC leadership, implementing these strategies will address unique barriers identified by SBNC PCPs, and may allow for an expansion of MAT treatment at SBNC.



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## Assessing Readiness to Change for Weight Loss in Women with Obesity

### PURPOSE

This project aimed to educate providers about readiness to change as it relates to weight loss, to implement the S-Weight readiness to change questionnaire in a women's health clinic for patients with BMI greater than or equal to 30.0, to evaluate questionnaire utilization by providers, and to evaluate how those providers addressed obesity during visits.

### METHODOLOGY

Three clinic providers received education on the S-Weight questionnaire, a readiness to change assessment, then integrated it into their workflow for an 8-week implementation period. Frequency of weight management assessment pre-implementation and during implementation were compared. Provider perceptions, practices and barriers to addressing obesity were compared pre-implementation and post-implementation.

### RESULTS

Descriptive statistics were used to analyze data. Pre-implementation, providers addressing weight management was documented for 7 of 17 patients (41.17%). Postimplementation, they addressed

obesity during 33 of 46 visits (71.7%), reflecting a 74.16% increase in weight management assessment frequency. During implementation, S-Weight questionnaires were completed on 43 of 46 patients (93.48%). Patients were in precontemplation (4.65%), contemplation (18.61%), preparation (6.98%), action (46.5%), and maintenance (23.26%) stages of change. Providers gave encouragement, discussed weight loss strategies, nutrition, and realistic expectations. Post-implementation surveys showed providers' attitudes regarding the importance of addressing and managing obesity and desire to enhance their practices were more positive than pre-implementation. Lack of time was the most cited barrier.

### IMPLICATIONS FOR PRACTICE

This project contributes to the current body of evidence regarding the use of the S-Weight questionnaire for weight management in clinical practice. Evaluating patients' readiness to change in a women's health setting may help increase provider and patient engagement in weight management. Future projects should further investigate lack of time as a barrier.



## Improving Clinic Efficiency via Implementation of a Genitourinary Infection Treatment

### PURPOSE

The purpose of this DNP quality improvement project was to implement evidence based practice treatment guidelines via a treatment algorithm to improve treatment efficiency, defined as the time it takes a nurse and provider to triage, diagnose, and treat women presenting with urinary tract infection (UTI) symptoms to an outpatient women's health clinic setting.

### METHODOLOGY

A standardized evidence-based treatment algorithm was implemented at Peace Health Women's Services for providers and support staff to utilize when assessing, diagnosing, and treating UTIs. A retrospective chart review was performed on all female patients who were diagnosed and treated for a UTI

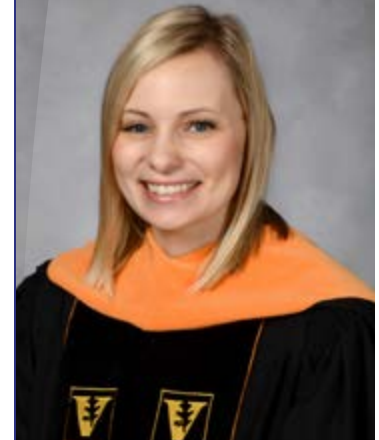
during the pre-implementation and postimplementation time frame. The time it takes to treat was then compared between the two groups to assess for improvement in treatment efficiency with algorithm implementation.

### RESULTS

Descriptive statistics were calculated to describe the mean time to treatment before and after implementation of the UTI treatment algorithm. The pre-intervention mean time to treatment (129 minutes) was compared to the post-intervention mean time to treatment (57 minutes). The mean time to treatment was improved by 56% (72 minutes), showing that the implementation of the UTI treatment algorithm improved treatment efficiency in the clinic.

### IMPLICATIONS FOR PRACTICE

A UTI is a common infection experienced by women that requires medical care.. Without a protocol in place to treat UTIs patients can experience delayed treatment leading to potential complications. The outcome of this DNP project demonstrates the utilization of an EBP UTI treatment algorithm can decrease time to treatment and standardize treatment and plan of care for patients.



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# A Sociotechnical Evaluation of an Electronic Healthcare Record Implementation

## PURPOSE

The purpose for this sociotechnical evaluation of an EHR implementation was to identify best practices for future implementations. Additional objectives included gaining insight into organizational culture and the impact on the use of technology and identifying challenges associated with the implementation.

## METHODOLOGY

Using Sittig and Singh's 8-dimensional Socio-Technical Model for Safe and Effective EHR Use as a framework, a theoretically informed qualitative evaluation was conducted, consisting of semi-structured interviews, ethnographic observations, and document analysis. Data and information related to the EHR implementation was gathered and placed into four categories within each of the eight dimensions of the sociotechnical model for analysis.

## RESULTS

For each dimension of the sociotechnical model, data was documented in each of the following categories: (1) initial findings, (2) the intervention or implementation strategy, (3) challenges, and (4) recommendations for future implementations. The results illustrate the value of using a holistic sociotechnical model to understand the complex interaction of technology in the social structure it is introduced into. The evaluation provided insight into improvements and best practices for each dimension that can be used to apply a holistic approach in future implementations.

## IMPLICATIONS FOR PRACTICE

The holistic evaluation of this EHR implementation provides lessons learned and recommendations for improving future implementations. The use of Sittig and Singh's 8-dimensional sociotechnical model provides a framework for implementing and evaluating an EHR that can be repeated by other organizations seeking a holistic process.

## Program Evaluation of Dispensing Buprenorphine/Naloxone in Medication Assisted Treatment

### PURPOSE

Opioid use disorder is identified as a person's psychological and physical dependence on the substance of opioids. The result of misusing opioids has led to a crisis in America. The purpose of the current quality improvement project was to evaluate the concept of medication dispensing in a medication assisted treatment (MAT) program and its impact on treatment adherence. The aim was to identify that if dispensing the medication buprenorphine-naloxone in the office setting would improve treatment adherence as seen through confirmatory drug screenings and appointment attendance.

### METHODOLOGY

Data was accrued for each participant through retrospective chart analysis

and real-time tracking through the electronic health record. Urine drug screens were administered at each session and participants were scheduled for appointments monthly. Data was compared between the three months prior to medication dispensing and three months after dispensing began.

### RESULTS

Results indicated that at three months after implementing in-office dispensing there was a decrease in participant show rate (50%) compared to the three months prior to dispensing. However, all participants (100%) who were present tested positive for buprenorphine-naloxone and negative for opioids throughout the 6-month time frame. Participants also rated higher satisfaction for in-office

dispensing (4.67) compared to obtaining medication at the pharmacy (3.33).

### IMPLICATIONS FOR PRACTICE

Opioid use disorder is a biological, psychological, and social problem which has impacted people at an epidemic proportion. The need for understanding and effective treatment is imperative. The use of buprenorphine-naloxone has been shown to be an effective treatment for people with opioid use disorder. While the project identified higher satisfaction with in-office dispensing, more research is needed to identify the impact in-office dispensing has on treatment adherence. Additional research is also needed to understand the reasons for non-adherence in MAT programs that dispense medication in office.



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## **Orthopedic Training Modules for New Nurse Practitioners Transitioning into Practice**

### **PURPOSE**

The purpose of this DNP project was to create educational training modules as a resource for new nurse practitioners transitioning into the subspecialty of orthopedics. These modules consist of training videos, lectures and articles to help guide nurse practitioners with treatment of common musculoskeletal conditions and injuries.

### **METHODOLOGY**

A needs assessment was developed and distributed to working orthopedic surgeons and orthopedic nurse practitioners to identify important aspects of practice that should be included in training modules. Based off of this information, educational modules were developed consisting of lectures, articles, and instructional videos. The educational modules were then reviewed by original participants for an evaluation and to identify areas of improvement.

### **RESULTS**

All participating orthopedic clinicians found the orthopedic training modules helpful for a new nurse practitioner transitioning into practice. In addition, all participating clinicians emphasized the importance of the training videos and requested additional videos be added to the library.

### **IMPLICATIONS FOR PRACTICE**

Most NP programs curricula do not provide graduates with dedicated training in any particular subspecialty. This can create a stressful transition from expert RN to novice NP without the proper training and resources. The creation of subspecialty specific training modules can help ease this transition and provide the new nurse practitioner additional resources to help make their transition into practice successful.

## Impact of COVID-19 on Illinois APRN Practice

### PURPOSE

The purpose of this study was to review data from a national survey specific to the state of Illinois including open ended survey responses regarding the influence of the COVID-19 pandemic on Advanced Practice Registered Nurse (APRN) practice and to understand the effect of the COVID-19 pandemic had on patient care and APRN practice in Illinois.

### METHODOLOGY

For this DNP scholarly project, a qualitative design- thematic analysis- was utilized to evaluate Illinois APRNs, currently working, responses to open-ended questions from the national APRN survey. The data was analyzed to understand APRNs lived experiences and perceptions of the impact of the COVID-19 pandemic on Illinois APRN practice.

### RESULTS

Descriptive statistics were used to describe the respondents by practice setting, education, and years in practice. Two hundred thirty-two ( N=232) provides responded including 189 (3.4%) NPs, 23 (9.9%) CNS, 8 (3.4%) CRNA and 17 (7.3%) CNM and included one hundred thirty-one (n=131)

coded Illinois APRN open responses. As a result of the pandemic 38 (29.8%) providers reported role changes, 25 (19.1%) reported having to provide care to COVID-19 patients or provided COVID-19 testing, 13(10%) responded that their workload increased, 22 (16.8%) responded that telehealth became feature of their practice. Additionally, (55.4%) reported a decrease in new patient visits and (64.3%) reported decrease in preventative health visits, (53.7%) reported a decrease in chronic care visits and (48.4%) providers reported a decrease in acute care visits.

### IMPLICATIONS FOR PRACTICE

The results of the project demonstrate, if SOP restrictions were lifted, during the pandemic, there would have been increased healthcare access and improved health outcomes. Specifically, implementing SOP changes could have reduced COVID-19 deaths in Illinois' hardest hit communities. Likewise, SOP changes would have reduced the death toll in Cook County by 8%. These findings support granting NPs full practice authority to ease the healthcare workforce shortage.



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## Outpatient Clinic Care Team Perceived Acceptance and Use of the Patient Portal



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### **PURPOSE**

The purpose of this quality improvement project was to educate staff in an outpatient blood and marrow transplant clinic on electronic educational material distribution through implementation of the existing patient portal system.

### **METHODOLOGY**

A survey which evaluated perceived use and ease of use by the care team of the patient portal system provided baseline data which was employed to develop training for the nurse practitioners, registered nurses, and transplant coordinator nurses. Following the training, a second identical survey was administered to determine any changes in the perception of patient portal usefulness and ease of use.

### **RESULTS**

Analysis of pre-interventional and post-interventional data results showed improvement in all categories: current portal use, perceived portal usefulness, and perceived portal ease of use. Findings showed that participants increased their acceptance and use of the portal in their clinic roles.

### **IMPLICATIONS FOR PRACTICE**

Project findings demonstrate the importance of training care team members on the use of patient portals. Emphasizing the education of the participants took priority as to properly prepare the care team on the function and use of the portal. This resulted in providing them with relevant knowledge and encouraged them to become comfortable with the process. Seeing and understanding the portal from both the patient and provider perspectives increased the portal use, which in turn will result in patients having more access to information.



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