

DOCTOR OF NURSING PRACTICE SCHOLARLY PROJECTS ~ 2010



COMMEMORATING
OUR INAUGURAL
CENTENNIAL CLASS

VANDERBILT  School of Nursing

FOREWARD

The 2008-2009 academic year was special for VUSN as we celebrated our Centennial and the inauguration of the DNP program. Your scholarly projects reflect the synthesis of your academic experiences and emerging roles as practice scholars. Among your peers and faculty you have been labeled pioneers, disruptive innovators... Your potential power in helping to shape the future of health care is limitless.

Colleen Conway-Welch

Colleen Conway-Welch, PhD, CNM, FAAN
Nancy and Hilliard Travis Professor of Nursing
Dean, Vanderbilt University School of Nursing



FROM THE DIRECTOR

“I believe it the rarest, tho’ by no means the highest talent, to be able to gather all the threads of a new subject and put a knot on’ (Florence Nightingale, 1864). The scholarly projects of the first Doctor of Nursing Practice cohort of VUSN reflect such threads in the shape of quality improvement initiatives, clinical practice guidelines, practice innovations. The DNP graduates entered the program Practice Ready and will exit Leading Forward in complex health care settings across diverse populations. These remarkable advanced practice nurses will continue to translate knowledge through clinical applications that impact health care quality, safety, and ultimately improve patient care outcomes.

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“Molly” Mary Kathleen Bachtel, MSN, BSN
Family Nurse Practitioner

The College “Hookup” Culture and Health Issues

Purpose

The purpose of this project was to assess college students’ experiences and perceptions about hookups related to mental/emotional and physical health issues.

Methodology

Survey was created using current evidence on hookups and health issues. Random sampling was used to select 300 students to take the anonymous online survey

Results

Participants (n = 210) reported experiences of feelings of sexual regret (62%), relationship/interpersonal conflict (48%), negative emotional reactions (47%), negative social repercussions (41%), learning to “shut down” emotionally (33%), psychological distress (31%), loss of friend(s) or peer group (28%), anxiety (28%), depression (21%), and sexually transmitted infections (19%) by self or friends in response to a hookup. Most participants (72%) reported a majority of their friends having their first hookup

experiences in high school. Caucasian/ White and sophomore participants were found to be significantly more likely (alpha .05) to have experienced a hookup than their counterparts (other ethnic/racial groups and freshmen).

Implications for Practice

The findings indicate there is significant level of health issues experienced in conjunction with hookups. Healthcare providers should educate patients on the data that some health issues are commonly experienced in response to a hookup so patients can make informed decisions in the future about engaging in hookups.

Health education on hookups should ideally begin in the middle school years, as a majority of participants have their first hookup experiences in high school.

Health education regarding hookups should consider targeting White/Caucasian students for maximum program impact.

Development of Guidelines for the Care of Indwelling Urinary Catheters in Patients Requiring Long-Term Use

Purpose

The purpose of the project was to develop evidence-based guidelines for the management of indwelling urinary catheters in VA patients requiring long-term (>30 days) catheterization in outpatient, inpatient and long-term care settings.

Methodology

The scholarly inquiry involved the collection and evaluation of currently applied methodologies for indwelling urinary catheter care. Available literature was reviewed, current practices were evaluated and evidence-based treatment guidelines for patients who must use catheters for time periods greater than 30 days were developed. The process included validation, evaluation and decision-making by a project workgroup consisting of VA health care and ancillary personnel.

Results

Consensus evidence-based guidelines for long-term catheter use were developed.

These guidelines included recommendations concerning: catheter specifications, urine collection devices, catheter securement devices, bag covers (for urine collection bags), catheter management (nursing care issues), and UTI prevention/management measures. A plan for evaluating these recommendations was included.

Implications for Practice

Members from multiple disciplines had experienced confusion and problems associated with poorly defined and inconsistent catheter care practices in the past. The new evidence-based guidelines will help providers implement improved catheter care practices. This should translate into reduced rates of catheter complications and infections, thereby improving the quality of life for a growing cohort of individuals.



Robert Blakey, MSN, MSP, BS
*Geriatric Nurse Practitioner,
Certified Urologic Nurse
Practitioner (urology)*



Jane Case, MSN, BSN
Family Nurse Practitioner

Hypertriglyceridemia as a Predictive Marker for Type 2 Diabetes

Purpose

The purpose of this study was to explore the relationship between hypertriglyceridemia and type 2 diabetes.

Data Sources

Existing de-identified data at Vanderbilt University Medical Center was used for both diabetic patients and non-diabetic patients. The population was restricted between patients 30 – 60 years, and those not on lipid lowering agents.

Conclusions

Using the Pearson Correlation, multiple regressions showed that the correlation of glucose alone was 0.665, but when the triglyceride's values were added, the correlation increased to 0.788. Thus triglycerides and glucose levels together showed a strong relationship with the development of type 2 diabetes.

Implications for Practice

These coefficients became useful to construct an equation that can be usable in a clinic setting with individual patient values for triglyceride levels and glucose levels.

One can insert patient values into the equation and calculate the strength of the relationship of their remote glucose and triglyceride readings (at 4, 3, and 2 years prior to potential diagnosis date) and the potential rise in hemoglobin A1C.

Development of a Method to Assess the Implementation of the Primary Service Provider (PSP) Model of Early Intervention Service Delivery and Analysis of Need for Nurses on the Transdisciplinary Teams

Purpose

The purpose of this project was to conduct a review of the literature and design surveys to address two components of early intervention programs: the implementation of the model used to deliver services in CSHCN programs; and the potential for nurse colleagues to be added to existing Transdisciplinary teams.

Methodology

A review of the literature was conducted to determine the gaps in the literature relative to early intervention primary service provider programs and to determine the perceived need for nurses to be added to the transdisciplinary teams for early intervention service delivery. Survey instruments were developed to assess the training models used and to determine the utilization of nurses on transdisciplinary teams.

Implications for Practice

The surveys developed in this project will be used to assess the need for public health nurses on the early intervention transdisciplinary teams. The results of the surveys will add to the body of knowledge in the fields of early intervention and nursing. Nurses who have knowledge and experience working with Children with Special Health Care Needs (CSHCN) and early intervention (EI) legislation are in a unique role to help bridge the gap that exists in the early intervention system and the health care system for children with special health care needs.



Debbie Cheatham, MSN, BSN
Public Health Administration



**LuAnn Cook, MSN, ANP-BC,
NNP-BC**
Adult Nurse Practitioner

Correlates of Nonalcoholic Fatty Liver Disease in Women in Residential Dual Diagnosis Mental Healthcare Facility

Purpose

The purpose of this project was to identify risk factors for nonalcoholic fatty liver disease (NAFLD) within a population of women in a mental health residential care facility.

Methodology

Chart review was conducted and descriptive data collected on clients with a discharge Axis III diagnosis of NAFLD.

Results

Data collected demonstrates fatigue, insomnia, gastrointestinal discomfort were constant subjective reports in this patient population with steatosis proven by abdominal imaging. Increased abdominal girth, elevated triglycerides, pain on palpation of the right cost margin on exam and increased BMI > 30 were constant objective findings associated with NAFLD within this population. None of the clients with steatosis had an elevation of liver enzymes.

Implications for Practice

NAFLD is a common liver disorder. Nurse practitioners must be aware of the risk of NAFLD in the population they serve. Early recognition of liver steatosis allows lifestyle recommendations and medication regimens that may halt and perhaps reverse NAFLD prior to development of fibrosis. Early diagnosis of NAFLD also facilitates avoidance of medications with known hepatotoxic effects in the psych/mental health arena.

Improvement of Family Centered Care Practices in the Neonatal Intensive Care Unit

Purpose

The purpose of this project was to improve the delivery of Family Centered Care (FCC) in all of the NICU's of VUMC by determining the nature of the current system and designing a program that would allow staff to fully comprehend FCC and a revision of the NICU Family Visitation Policies.

Methodology

To obtain a baseline of families' satisfaction with visitation policies, an initial informal survey was given to 23 current NICU families by the PI. Data collected from the interviews were used to measure the families' perception of fairness with NICU visitation practices and their perception of how the policy was / was not applied consistently. NICU staff was also interviewed to determine their baseline knowledge of the policy and ease of access to policies. In March of 2010, using a qualitative approach to discuss the concerns of parents, ten families whose infants were admitted and discharged within

the last six months, were randomly selected to participate in a survey regarding their experiences in the NICU, as it related to family centered care and visitation practices.

Results

Analysis of the data suggests that parents are not fully satisfied with the delivery and practice of family centered care as it relates to visitation and unrestricted time with their infant.

Implications for Practice

After a thorough analysis of responses from parents and staff, a multidisciplinary team will be pulled together, including family representation, to review and rewrite a visitation practice for the NICU. Educational programs for the NICU staff will also be created to help staff better understand the basic principles of family centered care.



Marlee Crankshaw,
MSN, HSM
Health Systems Management



Soraya Fletcher, MSN, ANP-BC
Adult Nurse Practitioner

Use of a Reminder System for Screening of Colorectal Cancer in Average-Risk Population

Purpose

The purpose of this study was an implementation of a pilot project in a gastroenterology clinic to assess the effectiveness of a reminder system in increasing the number of screening colonoscopies among average risk population.

Methodology

Data were collected for six weeks, beginning November 16th, 2009 and ending December 23rd, 2009. The total number of patients surveyed was 287. Inclusion criteria were non-African Americans age 50 years and older and African Americans 45 years and older of average risk for colorectal cancer. Exclusion criteria were patients with comorbid conditions, cardiac stent, or a coagulopathy.

Results

ANOVA analysis indicates that the mean SR for 2009 was higher than the mean SR for 2008, and the difference is statistically significant (Average SR for 2009 = 0.38493; Average SR for 2008 = 0.23428; ANOVA $F = 11.753$; $p = 0.014$). These data provide clear support for the hypothesis that a reminder system does increase the screening ratio.

Implications for Practice

The finding of this pilot study supports the effectiveness of a reminder system in improving providers' use of medical guidelines, communicating with patients, increasing appropriate screening rates, and increasing quality of care for gastroenterology practice.

Integration of Nurse Practitioner Practice into a Patient Centered Medical Home

Purpose

The project was to involve a survey of the health care delivery systems of one primary care nurse practitioner and comparing the care delivery systems of this NP practice to the principles of the Patient Centered Medical Homes for the purpose of recommending approaches for any primary care nurse practitioner to integrate the principles of the Patient Centered Medical Home (PCMH) into their practice.

Methodology

The primary care practice surveyed was in a rural community in the Southeastern United States. The principles of the Patient Centered Medical Home were adapted primarily from standards published by the National Committee on Quality Assurance and The Patient-Centered Medical Home published by the Robert Graham Center for Policy Studies in Family Medicine and Primary Care.

Results

Many of the care systems already in place were addressing some aspects of the principles of the Patient Centered Medical Home model. Refinement of documentation, patient communication and access to providers and population tracking systems should be enhanced. Whether a practice has electronic health records or paper-based records, the integration of many of the principles of the Patient Centered Medical Home are achievable by individual practitioners.

Implications for Practice

The case study will provide recommendations focused on ways the NP in this practice, as well as NP providers in a variety of primary care settings, can implement many of the principles of the Patient Centered Medical Home in order to ensure their practice has a patient-centered focus of care.



Elaine Harwood, MSN, BSN
Family Nurse Practitioner



**Martha Hawkins, MSN,
BSN, ADN**
Pediatric Nurse Practitioner

Childhood Obesity Primary Care Clinical Pathway

Purpose

Create a clinical pathway for the identification and management of overweight and obese children: Goal 1) Standardize provider practice across clinic practice sites; and, Goal 2) Improve patient outcomes such as BMI and reduce or prevent comorbidities such as the metabolic syndrome and hypertension.

Methodology

Clinical pathway design incorporated an evidence-based process for developing clinical pathways for chronic disease management. The process involves rapid improvement cycles for formative evaluation of interventions for childhood obesity. Literature review identified evidence based measures of adiposity in children and interventions. The Chronic Care Model was employed as the framework for the content and approach to care for obese children. The Transtheoretical Model provided the framework for assessment of readiness to change. The concept of designing care around increased symptoms was borrowed from the asthma literature and the Asthma Action Plan, providing the staged approach to the structure of the pathway.

Results

The Childhood Obesity Primary Care Clinical Pathway (COPCCP) underwent 3 rapid improvement cycles for content development and usability. The first cycle involved development of content and structure. The second stage involved expert review of the pathway for content. The final

cycle involved the participation of other Nurse Practitioners within the clinic setting who were invited to trial the pathway with obese children in their practices. A final pathway document, office protocol, provider tool kit, obesity-focused, initial history and physical exam document, obesity-focused episodic visit document and a parent communication form for recording negotiated, contracted lifestyle changes were developed. Since completion of the project, the pathway has been introduced into the clinic setting for the management of childhood obesity.

Implications for Practice

The COPCCP changes the approach of providers from an acute, episodic model to the Chronic Care Model. It approaches the care of the obese child from a long term perspective, determining where the child is and where he or she needs to be in the future, and, initiating incremental lifestyle changes to reach negotiated goals. The COPCCP places the care of the obese child in the domain of the primary care provider (PCP) who has the access to and established relationships with the child and family necessary for initiation of the change process. The COPCCP provides the PCP with necessary decision support and tools for chronic care management of obese children. Finally, the COPCCP is an example of advanced practice nursing's leadership in developing alternative care delivery models for management of chronic illness.

Assessment of Male Partner Needs and Experiences During Labor and Birth

Purpose

The purpose of this study was to conduct a survey of male partner's feelings, fears, and satisfaction during labor and birth.

Methodology

A convenience sample of 32 male partners was given an IRB approved anonymous survey within 24 hours following their birth experience with a large Certified Nurse-Midwife practice.

Results

Positive feelings were reported at the start of labor, and at the birth. However, there were mixed feelings of fear and worry for the baby and for the laboring woman. Fear was noted to be more prevalent in 1st and 2nd time fathers than 3rd or higher, and with

those experiencing a cesarean section birth. Almost all felt the midwifery care to be competent and reported the midwife did a good job of explaining expectations during labor. Male partners wanted practical items during labor; demonstrations of ways to offer comfort to their wife or girlfriend, and wanted to be acknowledged by being included in decision making and discussions throughout labor.

Implications for Practice

Understanding the feelings, fears, and needs of the male partner during childbirth will offer opportunities for health care providers in various settings where childbirth occurs to provide better couple-centered care.



Sharon Holley, MSN, BSN
Certified Nurse-Midwife



Kathryn Jackson, ANP/IGNP
*Adult/Gerontological Nurse
Practitioner, Advanced Certified
Hospice and Palliative Nurses
(palliative)*

Dehydration in Terminal Disease: An Evidenced Based Protocol for Establishing Goals of Care

Purpose

The purpose of this project was to create an evidenced based protocol for clinicians to utilize when performing goals of care discussions with patients and families experiencing dehydration at the end of life. An interdisciplinary team was formed at the author's institution to help with the creation of the protocol.

Methodology

A review of the literature regarding the benefits and burdens of artificial hydration and nutrition was performed. Also included in the review were qualitative studies that assessed clinician's opinions about the symptoms experienced at the end of life with artificial hydration versus natural dehydration. A needs assessment was performed by the interdisciplinary team to ascertain the clinical needs of the staff of the unit where the protocol may be used.

Results

There were no evidenced based protocols of clinical practice guidelines for clinicians to use regarding how to perform a goals of care discussion. The interdisciplinary needs assessment yielded there were no resources available to clinicians or families regarding the benefits and burdens of artificial hydration or nutrition in terminal disease. A protocol was created based on the lack evidence found and the needs of the institution.

Implications for Practice

This protocol can be used by clinicians caring for patients experiencing dehydration or fluid overload at the end of life to help facilitate goals of care and reduce suffering. Once implemented on the unit it is anticipated that it will decrease undesirable symptoms, decrease costs for unnecessary interventions, increase clinician confidence about goals discussions, and increase patient and family satisfaction.

Perceptions of Physical Activity in Post-Treatment Head and Neck Cancer Survivors

Purpose

The purpose of this project was to identify emerging themes about perceptions of physical activity in post-treatment head and neck cancer (HNC) survivors at Vanderbilt University Medical Center (VUMC).

Methodology

Data were collected from 15 post-treatment head and neck cancer survivors during a routine clinic visit in head and neck surgical oncology clinic at VUMC. Self-administered surveys included a locally developed demographics tool, a modified version of the General Health and Specific Health Problem (WPAI-GH/SHP) tool, and the Head and Neck Cancer Survivor Physical Activity Assessment survey, a locally developed tool created for this project.

Results

Data analysis from this project revealed a very homogeneous demographic, but a wide range of perceptions about various aspects of physical activity. Most participants felt

physical activity was important and wanted to be more active. A notable discovery was the lack of patient education about physical activity provided by nurses and advanced practice nurses.

Implications for Practice

Evidence-based, patient-focused care is a critical element in achieving successful patient outcomes. The results from this project further support the concept that every patient's needs and desires are different, even if demographics and medical histories among a specific population appear similar. The knowledge gained from the results will help guide the development of future associated projects that are needed to contribute to the body of knowledge concerning physical activity in HNC survivors.



Tracy Johnson, MSN, BSN
Family Nurse Practitioner



**Tiffany Latham, MSN,
MPPA, BA**
Adult Nurse Practitioner-CV

Perceptions of Hypertension Awareness and Health Literacy: A Pilot Study

Purpose

The purpose of the DNP scholarly project was to compare and contrast nurses' perceptions of patients' hypertension awareness and literacy with that of the patients' own perceptions.

Methodology

Data were collected from 38 participants (27 patients and 11 nurses) at a hypertension clinic in a major medical center. The Awareness of Blood Pressure Questionnaire (AwBPQ) was used to measure patients' and nurses' perceptions.

Results

This project found that consistent with the literature, patients were unaware of their current blood pressure readings and how to interpret elevated blood pressure readings. Seventy-five percent of patients consider hypertension as a normal part of aging. Less than 50% of chronic hypertensive patients understood blood pressure is high

with a systolic blood pressure of 140mmHg. Likewise, 44% of patients did not know or disagreed blood pressure is high with a diastolic blood pressure of 90mmHg. Nurses underestimated patients' knowledge of hypertension. For example, patients had knowledge of hypertension outcomes and causes of hypertension which were consistently underestimated by nurses.

Implications for Practice

Findings from the project suggest the advanced practice nurse has an important role in developing programs to help nurses and other healthcare providers better understand perceptions of hypertension. In addition, the APN has a critical role in developing programs to help hypertensive patients understand hypertension, disease progression and treatment modalities.

PREPARE Project Program Evaluation

Purpose

The purpose of this project was to evaluate the PREPARE project (Providing support Reaching Educators, Parents/students and Restoring community with Effective interventions) which is a statewide initiative between the Dept. of Education and Vanderbilt Mental Health Clinic that has trained over 2,000 school counselors, social workers, school nurses and school administrators in crisis recovery and implementing crisis teams and plans.

Methodology

A survey was developed and distributed electronically to school counselors in Tennessee through the list serve maintained by the Tennessee Director of School Counselors in addition to printed copies at the 2010 School Counselor Institute.

Results

Urban Respondents were more likely to report a school shooting and violent crimes on school campus. Respondents that attended the training were more likely to have developed a school and district postvention team. Rural

locations were most likely to not have received information about the trainings. Crisis plans were more likely to have been developed when there is a high or middle level of leadership support. A majority of attendees (63%) felt they and their schools were prepared to respond to a crisis. Over 90% of the counselors reported their crisis plans as having outlined duties and responsibilities for each of the crisis team members with specific roles being assigned.

Implications for Practice

A website is being developed to inform counselors of upcoming trainings. The website will also include training materials. The PREPARE project will begin requiring counselors and administrators to attend the trainings in the districts to support the implementation process. Additionally, trainers will be identified in the district areas to present the material and thus sustain the project in the future.



Rene Love, MSN, BSN
*Psychiatric Mental Health Clinical
Nurse Specialist-BC*



**Lewis McCarver, CRNA,
MS, BSN**
Certified Registered Nurse Anesthetist

The Use of Computer Simulation Learning in a Privileging Process for Student Registered Nurse Anesthetists

Purpose

A simulation learning experience using a computer controlled human patient simulator was utilized as part of an orientation and privileging process for student registered nurse anesthetists (SRNA) at Vanderbilt University Medical Center (VUMC).

Methodology

A fully programmed SimMan™ scenario written by the author on the rapid sequence induction of anesthesia was performed with SRNAs at Vanderbilt's Center for Experiential Learning and Assessment. Evaluation tools for SRNA simulation performances and SRNA evaluations of the simulation experience were prepared and results were obtained from 30 SRNAs.

Results

Evaluations completed by simulation participants indicated that the simulation was an effective use of high fidelity simulation for SRNAs. All but 7 of 180 total responses

agreed or strongly agreed that the simulation met established criteria for success. Evaluations of simulation participants demonstrated that SRNAs were capable of RSI of anesthesia with supervision.

Implications for Practice

The nature of the evidence obtained by the scholarly project was supportive of the benefits of simulation learning for an orientation and privileging process for VUMC SRNAs. Results from this scholarly project did not, by themselves, indicate that simulation learning was a widely effective teaching tool. However, results from this scholarly project, joined with addition projects utilizing simulation learning, further built the body of evidence that demonstrated simulation learning as an effective teaching tool.

Initial Evaluation of a Newly Implemented Diabetes Disease Management Program

Purpose

The purpose of this project was to evaluate the Diabetic Disease Management Program implemented by the Metro Nashville Public Schools (MNPS) Employee and Family Healthcare Centers August 1, 2009.

Methodology

Utilizing the electronic medical record, comparisons were made of patients' body mass index (BMI), weight, A1C levels for measurements at the beginning of the program to measurements six months after beginning of program. Utilizing BlueCross Blue Shield (BCBS) data comparisons were made for the six months prior to the program to six months after the program started of costs of prescriptions, utilizers of prescriptions, number of provider visits and hospitalizations.

Results

The weight, BMI and A1C levels did not change significantly during the first six months of the program. There were more provider visits after the beginning of the program,

the number of prescriptions rose while the number of utilizers of prescriptions declined. The number of hospitalizations decreased from 7 six months prior to the program to 3 for the first six months of the program. Overall the cost of care rose after the first six months of the program. The program will continue to be evaluated with the hopes that after one year of the program with the hopes that the key measures improve.

Implications for Practice

The outcomes of this project can be used to increase the health of the diabetics and decrease the cost of caring of diabetics. The stakeholders are aware that the true improvement in the cost of caring may not be evident for several years. The implementation of this value based program should remove barriers to care for diabetics and therefore improve their health and the cost of caring for the diabetics.



Patti McCarver, MSN, BSN
Family Nurse Practitioner



**Gerald Meredith, MSN, BSN,
ADN, BA**
*Psychiatric-Mental Health
Nurse Practitioner*

Effectiveness of a Four-Item Screening Tool for Returning Operation Iraqi Freedom/Operation Enduring Freedom Veterans

Purpose

The purpose of this project was to test the sensitivity of the current Four-Item TBI screening tool for returning veterans from the war in Iraq/Afghanistan with a modified screening tool.

Methodology

Veterans seeking care at Veterans Administration Medical Center, who have served in Iraq/Afghanistan were screened, to determine if they may have suffered a traumatic brain injury during their service.

Results

Results indicated that the current screen is not sensitive to traumatic brain injury. The modified screen has shown that those veterans originally diagnosed with a brain injury are instead being diagnosed with post traumatic stress disorder.

Implications for Practice

There will be savings of money by eliminating unnecessary testing, correctly diagnosing the patient, saving of staff time and improved continuity of care.

The Influence of Population Density on the Relationship Between Socioeconomic Status and Diabetes or Coronary Heart Disease

Purpose

The purpose of this cross-sectional study was to determine whether the well established inverse relationship between socioeconomic status and the prevalence of both diabetes and coronary heart disease is influenced by whether a person lives in a rural or urban location (i.e., population density).

Methodology

Using the US CDC's 2008 Behavioral Risk Factor Surveillance System, a population-based telephone survey, the relationship between annual household income and the prevalence of diabetes and coronary heart disease was examined for more than 214,000 respondents. Risk factors such as obesity, tobacco use, education and ethnicity were also studied. Logistic regression models provided prevalence odds ratios with 95% confidence intervals.

Results

Persons living in rural areas are more likely to suffer from diabetes and coronary heart disease than persons living in urban environments. Those living in rural areas have 9.5% higher odds of having diabetes and 47.6% higher odds of having coronary heart disease when compared to respondents living in urban areas. The increased prevalence

of many of the common risk factors for these diseases (e.g., poverty, obesity, tobacco use) in rural areas contributes to this finding. After controlling for these risk factors, the odds of being diagnosed with diabetes in a rural area are actually lower than the odds of being diagnosed in an urban location. However, persons in a rural environment are still significantly more likely to be diagnosed with coronary heart disease (14% increased odds) after controlling for these risk factors.

Implications for Practice

Clinicians practicing in rural environments need to be particularly vigilant screening patients for diabetes and coronary heart disease and should target interventions on the risk factors that contribute to the development of these diseases. Adequately caring for these patients in the future will be challenging due to the well established shortage of primary care clinicians in rural areas. Nurse practitioners can play an important role filling this gap as they are experts in preventive health care and patient education, both of which improve chronic disease health outcomes.



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Safe Medication Administration: A Simulation Workshop for Advanced Beginner Nurses

Purpose

The purpose of the scholarly project was to promote safe medication administration using simulation and to improve confidence in the advanced beginner acute care nurse when administering high-risk medications.

Methodology

A simulation workshop was offered to 21 nurses six months out of orientation with 11 voluntary participants. A pre/post-test study design was used with this convenience sample using a Likert scale. Verbatim comments regarding nurses' issues with medication administration and value of the workshop were gathered.

Results

Significant improvement in confidence scores was demonstrated using the Wilcoxon Signed-Ranks test. The median for the 21 high-risk medication (HRM) questions was 55 in the pre-survey and 74 in the post survey. This resulted in a Z value of -2.938 ($p=.003$) with a two-tailed test with $p < .05$. The post-survey median SIM score of 15 reflects that participants scored "strongly agree" to the simulation statements, reflecting their value of simulation as an effective learning method. This

resulted in a Z value of -2.212 ($p=.034$) with a two-tailed test with $p < .05$. Effect size was calculated with Cohen's criteria with the HRM having a large effect of 0.63 and the SIM with a medium effect of 0.45. Verbatim comments reflected an improved confidence in administering high-risk medications and a value of utilizing clinical resources and order sets to make clinical judgments.

Implications for Practice

This scholarly project supports the evidence that continuing education for advanced beginner nurses improves confidence scores. By employing simulation as a learning method, the nurses demonstrated safe administration of high-risk medications in a non-threatening learning environment. The greater the confidence, the more likely the nurse will succeed at the skill. Safe medication administration is an imperative patient safety initiative, and hospital leaders must support safe medication administration competency initiatives.

Gap Analysis: Transition of Health Care from the Department of Defense to the Department of Veterans Affairs

Purpose

The purpose of this scholarly project was to examine the effectiveness of Public Law 110-181, National Defense Authorization Act of Fiscal Year 2008, Title XVI-Wounded Warriors Matter, as it relates to health care for returning Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) combat veterans. Specifically the project examined the gap between the time an OEF/OIF combat service person left active service and subsequently obtained health care within the VA Healthcare System and which factors influenced or impeded the veteran from obtaining the health care sooner.

Methodology

Data were collected from 376 OEF/OIF combat veterans that resided in middle Tennessee and southern Kentucky and sought health care through the Nashville or Murfreesboro VA Medical Center. A questionnaire was developed for the study.

Results

The average time gap for an OEF/OIF combat veteran to transition from DoD sponsored health care to VA health care was 3.83 months (SD 7.17). The factor that most influenced the veteran's

decision to seek care from the VA was the earned benefit for having served in the military. Twenty-six percent of the respondents reported there were factors that impeded them from coming to the VA sooner. These factors included lack of knowledge about VA benefits, transportation, fear of being released from the military, and stigma in seeking health care; specifically mental health care.

Implications for Practice

The study provided some evidence to support that DoD and VA are meeting the "mandates" of seamless transition as outlined in Public Law 110-181, National Defense Authorization Act of FY 2008, Title XVI-Wounded Warriors Matter. Closing the time gap to less than 3 months would be an ideal goal for DoD and VA to pursue. This would ensure veterans in need of follow-up care or medications are seen in a timely manner and taken care of appropriately. This may also decrease inappropriate use of the VA Emergency Department.



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Health Systems Management

Transition of Graduates into the Workplace: Evaluation of a Faculty Navigator Program

Purpose

The Faculty Navigator Pilot Program was designed to facilitate role transition for University of Memphis' Loewenberg School of Nursing graduates through an innovative process aligning the graduates' professional trajectories with work best suited to their academic strengths, clinical preferences, and nursing aspirations. The purpose of this evaluation was to determine the effectiveness of the Navigator Program in successful transition of Loewenberg graduates into the nursing workforce.

Methodology

The Navigator Program evaluative survey was adapted from a tool developed by the Tennessee Center for Nursing (TCN, research branch of the Tennessee State Board of Nursing) for their five year longitudinal study of new nurse professional practice and work retention trends. Descriptive data and thematic qualitative data analysis provided evidence of the effectiveness of the Faculty Navigator Pilot Program and a description of Loewenberg's 2009 graduates' experiences in their first year as RNs.

Conclusions

Faculty Navigator Pilot participants were better prepared for transition, more satisfied in their new jobs, and inclined to remain in their first jobs

longer than both Loewenberg respondents not in the Pilot and new nurses responding to the TCN survey. Pilot study data suggest that the Navigator Program process may be similar to the "Insider-Expert", a nurse-client phenomenon identified by Lamb & Stempel (1994) when nurse experts create relationships with clients as insiders in the client's world. Qualitative findings suggest that this same process of relationship building may have occurred as a form of social support for professional role transition for student nurse graduates. More research is needed to fully explore this linkage.

Implications for Practice

New nurse satisfaction improves retention and workforce stability. While Loewenberg has the largest BSN program in the Memphis Metropolitan Statistical Area, it is equally if not more important to have a program with a reputation for graduating students who are successful in their field, contribute to the community, and have a propensity to commit to their career. Because Navigator Pilot participants' positively associated their success in role transition to the Navigator Pilot Program, expanding the program to more students may increase new graduate retention and success in their first years out of school.

Assessment of Readiness for Change in Self-Care Behaviors Related to Diet and Exercise In Adults with Type 2 Diabetes Mellitus

Purpose

The purpose of this descriptive study was to perform an assessment of readiness to change self-care behaviors related to diet and exercise in adults with Type 2 Diabetes Mellitus.

Methodology

Data were collected via a 6 item survey completed by 56 adults with Type 2 Diabetes Mellitus at an inner city primary care clinic. The Transtheoretical Model Stages of Change provided the framework for the survey.

Results

A minority of the participants was actively making changes in their diets (39.3%) and exercise (30.4%), and they were contemplating additional lifestyle modifications. One percent of the participants were in the pre-contemplative stage for dietary changes, and 37.5% were in the maintenance phase for self-care behaviors related to exercise.

Implications for Practice

The results of the project will inform the healthcare providers regarding the readiness to change among adult patients with T2DM, which may impact glycemic control. Likewise, these results may inform interventional strategies utilized by caregivers to optimize changes in self-care behaviors.



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Self Identified Factors of Non-Adherence in Veteran Patients with Newly Diagnosed Cardiovascular Disease

Purpose

The purpose of this project was to identify self-reported barriers to non-adherence in the post-cardiovascular disease (CVD) Veteran population with the current evidence based practice (EBP) medication regimen. Antman et al. (2007) outlined the American College of Cardiology's (ACC) and the American Heart Association's (AHA) accepted practice guidelines for the post-myocardial infarction (MI) patient as treatment with a beta-blocker, a lipid lowering agent (statin), an angiotensin converting enzyme (ACE) or angiotensin receptor blocker (ARB), and aspirin (ASA).

Methodology

A survey was conducted that asked Veterans to rate the importance of identified factors of non-adherence.

Results

Several factors proved to be key issues for the surveyed Veterans related to non-adherence with the CVD medication regimen. Issues of high importance were related to sexual function, masculinity (as perceived by self and others), financial issues and perception of one's illness severity.

Implications for Practice

This scholarly project serves as a pilot study to help identify possible barriers for adherence in this population. Insight and results of the project may be utilized to develop a care regimen for the newly diagnosed CVD patient.

CPOE Configuration to Reduce Medication Errors

Purpose

The purpose of this scholarly project was to identify configuration components used in computerized provider order entry (CPOE) systems found to reduce medication errors. Once identified, these configuration items were consolidated into a checklist or tool to allow informatics specialists to evaluate their organization's CPOE systems. An additional purpose was to evaluate the CPOE system at the National Institutes of Health Clinical Center (NIH CC) using this tool to assess for potential areas of improvement.

Methodology

Configuration items were pulled from the appraised literature and compiled into a consolidated checklist. The CPOE system at the NIH CC was then evaluated using this CPOE Design Checklist with the assistance of two configuration specialists.

Results

The CPOE Design Checklist contains 46 items in the categories of clinical decision support, order form configuration, human factors and the support of workflow processes. The NIH CC's system has over half of these items configured. Areas of focus for improvement are clinical decision support and order form configuration.

Implications for Practice

This scholarly project provides a tool for all levels of informatics practitioners to utilize during the phases of software selection, design or evaluation. It can identify opportunities to enhance an organization's CPOE system and ultimately lead to medication error reduction.



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Clinical Practice Guidelines: Screening for Anal Cancer in HIV infected Men Who Have Sex With Men

Purpose

The purpose of this project was to determine if current knowledge and evidence supports creation of clinical practice guidelines for screening HIV infected men who have sex with men (MSM) for squamous cell carcinoma of the anus (SCCA) and anal cancer precursor lesions. HIV infected MSM are impacted by SCCA disproportionately compared to the general population due to dysplastic cellular changes which are triggered by persistent infection with high-risk strains of human papilloma virus (HPV), known to be responsible for nearly all cases of squamous cell carcinoma of the anus (SCCA).

Methodology

A retrospective chart review was conducted on the first 212 HIV infected males evaluated within the author's Seattle based anal dysplasia clinic to review incidence of SCCA and precursor lesions identified using digital rectal examination, anal cytology in combination with high resolution anoscopy (HRA) directed biopsy. Patient characteristics were examined to see if particular factors correlated with these diagnoses.

Results

Four (1.8%) of individuals screened were found to have microinvasive SCCA at HRA or operative biopsy as a result of screening. Seventy-four (35%) of individuals had pre-cancerous high-grade anal intraepithelial neoplasia (HGAIN), and 61 (29%) had low-grade anal intraepithelial neoplasia (LGAIN). There were no explicit clinical practice guidelines or recommendations in the literature. Screening for SCCA and anal cancer precursor lesions as demonstrated by the author is effective and safe.

Implications for Practice

Screening with anal cytology and HRA identified a higher than expected percentage of anal cancer than suggested in current literature. None of the cases of SCCA were invasive, and all were identified during appropriate screening intervals suggesting the author's method and frequency of screening was safe and effective. Although results from the anal dysplasia clinic are compelling for early diagnosis of SCCA and anal dysplasia, additional research investigating clinical efficacy and cost effectiveness of anal cytology combined with HRA and targeted biopsy is needed as well as impact of treatment of anal dysplasia to prevent progression to SCCA.

Incidence of Pneumonia in Adult Trauma Patients During the First 48 Hours After Intubation by Vanderbilt LifeFlight Nurses

Purpose

The primary outcome of this doctoral scholarly project was to identify the incidence of pneumonia in adult trauma patients during the first 48 hours after intubation by Vanderbilt LifeFlight Nurses.

Methodology

A retrospective chart review with a population for this study was all adult trauma patients transported and intubated by Vanderbilt LifeFlight Nurses and admitted to Vanderbilt Medical Center within the time frame of July 1, 2008 through July 1, 2009.

Results

Patients who require prehospital intubation after major trauma continue to be at a higher risk for development of pneumonia but the time frame in which they develop this pneumonia continues to be a topic of concern. Based on the findings of this study there is not an overwhelming

incidence of TAP in the patient intubated by the LifeFlight nurses within the time frame of 48 hours post intubation, however the time frame of 48 hours was a limitation to this study and further research needs to be conducted before the question in concern can be answered.

Implications for Practice

Findings from this study will inform evidenced based interventions to decrease or limit the incidence of pneumonia in this population of patients for the Vanderbilt LifeFlight program.



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What are the Necessary Practice Competencies for Providers of Dermal Fillers and Botulinum Toxin Type A Injections?

Purpose

The purpose of this project was to collect national data on the current practice among nursing providers within the American Society of Plastic Surgical Nurses (ASPSN). The goal was to utilize the national data obtained and incorporate it a competency document of the necessary competencies for providers of dermal fillers and botulinum toxin Type A injections.

Methodology

A survey tool was developed with validation of content by expert nursing providers of dermal fillers and botulinum toxin Type A injections among the membership of the ASPSN. This resulted in a 26 item survey which was disseminated via e-mail to the entire current membership of the ASPSN. In addition, data from investigator training, mentoring and evidence from a review of the literature was also incorporated into the competency document utilizing the Competency Outcomes and Performance Assessment (COPA) Model.

Results

There have been no other written reports of the current practice among nursing providers

of dermal fillers and botulinum toxin Type A injections. Common core issues became apparent that included contraindications for the use of botulinum toxin Type A and dermal fillers, post-procedure complications as well as strategies in terms of managing complications. The data also revealed there is no common method providers are taught to assess the aesthetic patient and there is a lack of a collaborative relationship in current practice among nursing providers. Overwhelmingly, the respondents supported the need for defined practice competencies.

Implications for Practice

This study provided evidence that nursing providers of dermal fillers and botulinum toxin Type A injections are autonomous in practice. The study data provided evidence to initiate the groundwork in developing a document of the necessary competencies to guide practice as a provider of dermal fillers and botulinum toxin Type A injections.

Quality Improvement Intervention Using Split-dose Protocol for Bowel Preparation for Colonoscopy

Purpose

The purpose of this study was to determine the effectiveness of a split-dosing bowel cleansing protocol for colonoscopy.

Methodology

Data were collected by retrospective chart review of 90 veterans who used the split-dose bowel preparation protocol and a comparator group of 75 veterans who completed standard preparation protocol. The following data was collected for each veteran: gender, age, time of beginning and completion of each procedure, the most proximal site reached during the procedure, the numbers of polyps removed, other findings, recommended surveillance interval and whether additional procedures were required to complete the examination.

Results

Comparison of the split-prep and the standard prep groups demonstrated that the use of split-prep protocol resulted in more bowel cleansings that were rated to be adequate ($p < .005$), more colonoscopies that were completed to the most proximal site of bowel ($p < .05$), shorter duration

of colonoscopy ($p < .05$), fewer short interval repeat exams or alternative completion exams ($p < .005$), and a nonsignificant trend for the removal of more polyps.

Implications for Practice

Implementation of split-prep bowel preparation protocol is a quality improvement intervention based on evidence and recommended by recent practice guidelines. The results demonstrate that quality improvement interventions can surmount blocks in translating research to practice and promote high quality care and improved outcomes.



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Evidence-Based Ambiguity: Evaluation and Comparison of Ventilator-Associated Pneumonia Clinical Practice Guidelines for Quality Utilizing the AGREE Collaboration Instrument

Purpose

The purpose of this project was to evaluate and compare Ventilator-Associated Pneumonia (VAP) Clinical Practice Guidelines (CPG) for quality utilizing The Appraisal of Guideline Research and Evaluation (AGREE) Instrument and rank them accordingly, based on scores obtained from the Instrument.

Methodology

Ten Ventilator Associated Pneumonia (VAP) clinical practice guidelines (CPGs) were evaluated for quality via a multidisciplinary team of reviewers using the Appraisal of Guidelines for Research and Evaluation (AGREE) Instrument. Each guideline was scored on 23 items organized into six domains: scope and purpose, stakeholder involvement, rigor of development, clarity and presentation, applicability and editorial independence. Reviewers independently rated the items on a 4 point scale ranging from Strongly Agree to Strongly Disagree. Based on the scores obtained for each domain, reviewers recommended the CPG for use, recommended with alterations, did not recommend or were unsure about use of the CPG.

Results

Of the ten CPGs selected, nine were utilized. One CPG received 0% in each of the six domains and

was eliminated. A score of 50% was the median of the possible score, 0% to 100% and was used as a means of comparison across the CPGs. Of the remaining nine VAP CPGs, only one received above a 50% score in each domain. In this setting, two CPGs received above a 50% score in five domains, three CPGs received above a 50% score in four domains, and one CPG received above 50% in three, two and one domains respectively.

Implications for Practice

The project results indicate that only one of the CPGs reviewed met quality indicators when evaluated by a validated and reliable tool. The sample size for the project was small but the results call into question the quality of all CPGs used in practice.

The project should be replicated after it is redesigned allowing more reviewable time for recruits, adding more reviewers, and randomizing the sample. Another area that should be explored is process by which stakeholders develop CPGs and which quality indicators are utilized in the development process.

Maternal Satisfaction with Induction of Labor

Purpose

The purpose of this study was to perform a needs assessment of women undergoing induction of labor in order to determine if there are specific interventions that may improve satisfaction and the quality of care within a multi-provider practice.

Methodology

The investigator piloted an induction satisfaction survey using a convenience sample of 40 women undergoing induction of labor at one private hospital in Kentucky. The women were consented by the investigator and then asked to complete a nine question induction satisfaction survey within 24-48 hours after delivery. Questions for a validated tool were used for the purposes of this survey. Descriptive statistics were used to analyze the data from the survey. While the study is a pilot, there are limitations associated with the small size of the convenience sample.

Results

Thirty seven of forty surveys were returned completed. Women undergoing induction of labor were found to have an average satisfaction score of 4.4 out of a possible 5. Eighty five percent of women prefer to have information given to them step by step as events occur. As

part of the survey, women were asked to explain their reason for induction of labor in their own words. The maternal understanding of reason for induction matched the providers' indication in only 62% of cases.

Implications for Practice

These findings reveal a need for the providers in this practice to better communicate the indication for induction of labor with women on admission. An intervention based on the timeout principle can be established to ensure maternal understanding. This intervention will improve the quality of care provided to women by increasing information giving and may help to improve satisfaction amongst this population.



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Evaluation of Alcohol Management Practices in a Community Hospital

Purpose

The purpose of this descriptive study was to evaluate management practices, utilization of resources and presence of adverse outcomes or complications in adult alcohol dependent patients who experienced alcohol withdrawal while in the hospital. An additional aim was to evaluate staff nurse understanding of key practice and knowledge concepts involved in caring for persons who may experience alcohol withdrawal.

Methodology

Data were extracted from a retrospective chart review of 121 patients with discharge diagnosis codes that related to alcohol withdrawal within a 24-month period. In addition, 251 direct care staff nurses who attended a mandatory hospital in-service, completed a questionnaire which contained self-rated confidence and understanding questions, and true/false knowledge questions. The logic model was utilized as a framework to identify core concepts associated with delivery of evidence-based care throughout the acute care continuum for patients who experienced alcohol withdrawal. This included: 1) risk identification, 2) symptom assessment, 3) management and symptom control, and 4) support for recovery.

Results

After implementation of an interdisciplinary, evidence-based approach to identify and manage

individuals who experienced alcohol withdrawal, there were decreases in average time to administration of medication doses (30.13 to 22.46 hours), percentage of patients who required 'sitters' (65.3% to 51.0%) or restraints (61.2% to 56.4%), and patients who experienced violent episodes (38.8% to 20.5%). Percentage of patients increased over the same time period for those who received brief intervention or counseling (64% to 79%), educational resources (56% to 72%), and discharge referrals (52% to 67%), primarily from licensed social workers or physicians. Overall, critical care nurses reported a greater understanding and confidence of key concepts than general floor nurses with the majority of nurses (71%) receiving alcohol-related or alcohol withdrawal training at an in-service at work.

Implications for Practice

The study provided evidence to support the presence of a holistic, evidence-based approach to identify and manage patients who may experience alcohol withdrawal in the hospital setting. Empirical data from the study provided baseline metrics and identified various practice gaps that will be the focus of future efforts to improve care to this complex population. An opportunity exists to improve outcomes and decrease healthcare expenses without incurring significant costs to organizations through appropriate staff training and more efficient workflows.