

Implementing Insomnia Management Algorithm in

Rural Primary Care Clinic

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PROBLEM INTRODUCTION

- Insomnia is considered one of the most common sleep complaints in the US and affects around one-third of the population (Mahmood et al., 2021;) (Manber et al., 2022;) (Torrens Darder et al., 2021).
- Sleep disorders are disproportionately underdiagnosed and undertreated in low socioeconomic groups and among rural populations (Billings et al., 2021).
- In a study by Klingman et al. (2019), only 30% of patients indicated that they discussed sleep with their primary care providers.
- Patients may not be offered evidenced based treatment options as healthcare providers may be unaware of treatment resources or the latest treatment guidelines for chronic insomnia that highlight cognitive behavioral therapy as first line treatment.

LITERATURE REVIEW

- The primary care clinic is an ideal venue that can play a critical role in identifying and implementing early interventions to address insomnia (Torrens Darder et al., 2021).
- When synthesizing the evidence, CBTi was clearly found to be superior to pharmacotherapy in managing chronic insomnia in adult patients, and the benefits extend long-term (Blom et al., 2016;) (Koffel et al., 2018;) (Morin et al., 2020;) (Rios et al., 2019;) (Van der Zweerde et al., 2020).
- The findings further illustrated that practitioners could utilize the patients' perspective of dealing with chronic insomnia and associated symptoms to effectively tailor insomnia interventions accordingly, whether that be a direct referral for CBTi, referral to Sleep Clinic, or mental health services.
- Providers expressed a strong interest in improving education surrounding insomnia treatment and would benefit from targeted educational interventions including the assessment and treatment of insomnia, managing adverse outcomes associated with insomnia, and data providing CBTi effectiveness and availability (Koffel et al., 2018).

PROJECT METHODS

This project aimed to provide a research-based algorithm to identify and initiate treatment for patients 18+ who experience chronic insomnia in primary care in rural clinic.

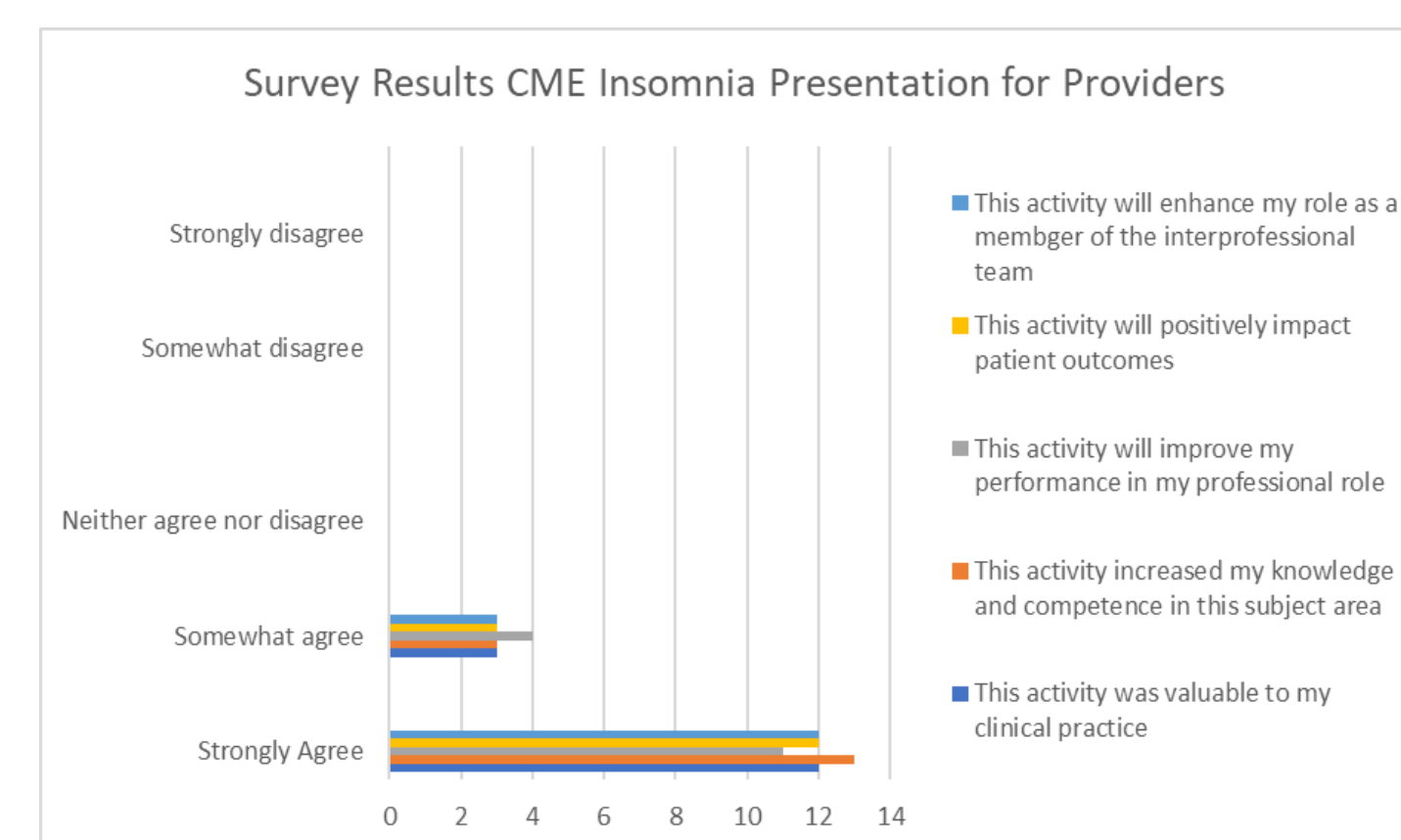
Create an Epic "smart phrase" in Epic to be utilized in primary care to simplify insomnia assessment/management which would result in referral to mental health services or sleep disorders clinic.

Develop patient/provider resources to guide treatment of insomnia.

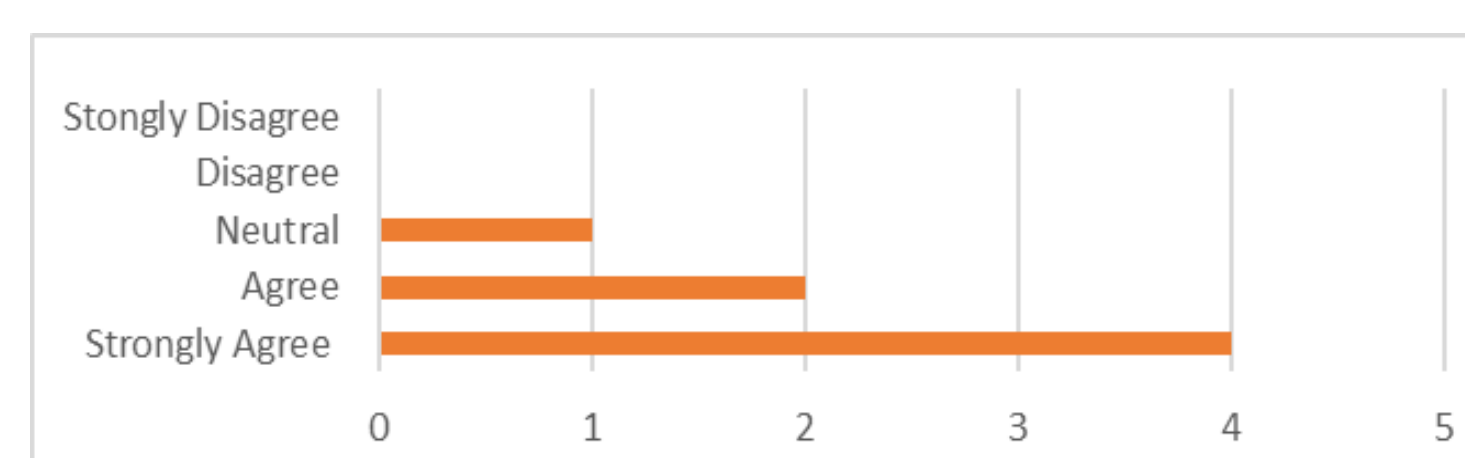
Facilitate direct referral for patients with chronic insomnia from primary care to psychologist for CBTi

EVALUATION

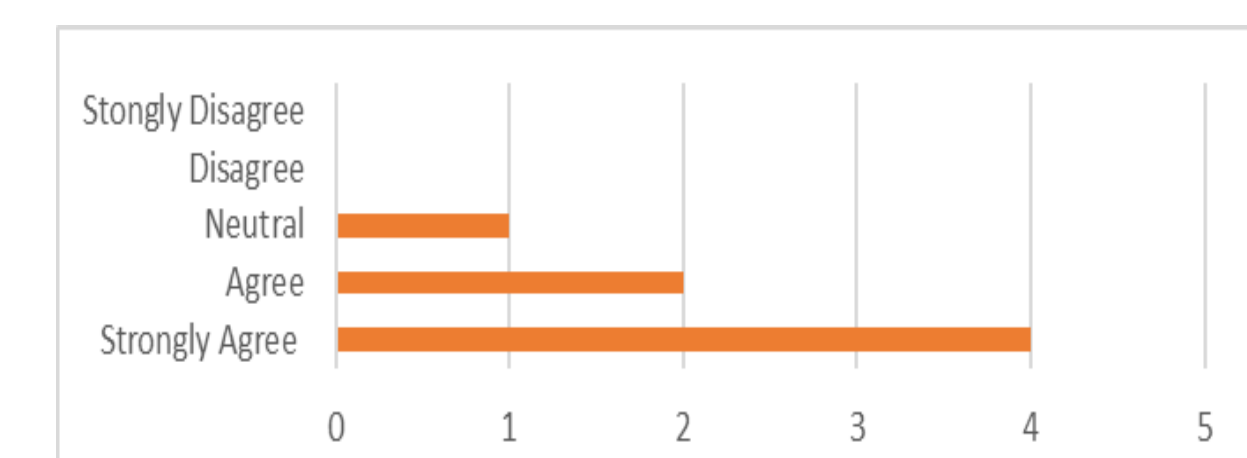
- Providers indicated that luncheon CME presentation was beneficial and necessary.
- Pre- and post-Likert surveys were completed to evaluate response to DNP project which indicated providers found the education meaningful and adapted treatment recommendations to their practice.
- 15% increase in referrals addressing sleep issues during the time interval that the project was completed.



Post Project Survey Results
Postimplementation, I have discussed sleep issues more frequently with my patients.



Overall, the increased focus on sleep has helped my patients



IMPACT ON PRACTICE



Providers appreciated updated treatment guidelines and patient education resources.



Many providers remarked that they frequently utilized the patient education "smart phrase" and associated resources as they had nonpharmaceutical treatment options to offer patients for insomnia.



There was a 15% increase in sleep medicine referrals to address insomnia and other related sleep issues.



Patients were able to be promptly referred to CBTi when needed.

CONCLUSIONS

- Insomnia significantly impacts quality of life and productivity, and primary care providers can play an instrumental role in addressing the issue.
- Enhancing provider education surrounding the importance of assessing and effectively treating insomnia per treatment guidelines with a treatment pathway improved insomnia management in a rural primary care clinic.
- Developing patient education resources supporting the treatment plan equipped patients with the necessary tools to improve their sleep.

Better Sleep Leads to Better Health

Special thanks to:

Dr. Lystila, Dr. Davies, Dr. Picchiatti, Dr. White, Dr. Hopper, Dr. McGuire, All Providers and support staff at Carle South, and Carle Health Organization



What's in Your Nursing Labor Toolkit? Promoting Patient Satisfaction While Decreasing Cesarean Section Rates.

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PROBLEM INTRODUCTION

The ILPQC launched a statewide initiative to improve patient outcomes by promoting vaginal deliveries and reducing non-medically indicated cesarean sections.

At UI Health:

- In 2020, 30.6% of babies born nationwide were delivered by cesarean section (Centers for Disease Control and Prevention [CDC], 2022).
- Deficit noted of evidence-based nursing techniques to support protracted labor/labor dystocia
- Patients lack proper education and support related to protracted labor/labor dystocia to promote a vaginal delivery

Project Aims:

- Decrease primary cesarean section rates at UI Health by 3% using a portion of ILPQC's labor toolkit.
- Enhance nursing knowledge of the Illinois Perinatal Quality Collaborative (ILPQC) initiative on Promoting Vaginal Birth (PVB)
- Improve nurse understanding related to identifying signs of protracted labor/labor dystocia and maternal positioning in labor
- Promote culture change reflective of Magnet Accreditation Standards
- Improve patient satisfaction with improved patient-centered care.

PROJECT METHODS

The PDSA cycle was utilized to promote continuous quality improvement

Staff Education

- PowerPoint with pre/post test knowledge assessment
- Return Demonstration

Implementation

- Go Live
- Implementation of PVB checklist and staff resource books
- 5 Point Likert Scale used to survey patient experience and satisfaction

Data Collection/Synthesis

- 15 weeks of data collection
- Inclusion/Exclusion criteria reviewed

Utilization of PDSA cycle

- Adjustment of PVB checklist to include both protracted labor and labor dystocia
- Addressing buy-in/ unit culture change through implementing incentives
- Continuous promotion on staff education

Promoting Vaginal Birth Checklist

Let's work as a team to promote vaginal birth! Our goal is to reduce the number of cesarean sections and improve patient satisfaction.

Checklist Items:

- 1. I was intentionally repositioned numerous times by the nursing team throughout my labor course.
- 2. My healthcare team did not let me or my labor partner see the effects of maternal repositioning.
- 3. I understood my plan of care throughout my labor.
- 4. I am satisfied with my overall labor course.
- 5. My nursing team did everything they could to provide a safe birth.
- 6. I am happy with the outcome of my delivery.
- 7. My nursing team did all they could to assist me to have a vaginal delivery, regardless of my outcome.

EVALUATION

Nursing Knowledge

Pre-test participation- 73.7%
Post-test participation- 65.2%

Primary Cesarean Section Rate

15 weeks of data collection revealed a 3% decrease in primary cesarean section rates with the application of nursing education and intentional maternal repositioning

Characteristics Respondents N (%)

Characteristic	Respondents N (%)
Age (Years)	
16-21	4 (14.3)
22-27	13 (46.4)
28-32	8 (28.6)
33-38	3 (10.7)
Race/Ethnicity	
African American	11 (39.3)
Hispanic	13 (46.4)
Asian	1 (3.6)
Middle Eastern	3 (10.7)
Parity	
Nullip	21 (75.0)
Primip	1 (3.6)
Multip	6 (21.4)
Mode of Delivery	
Cesarean Section	6 (21.4)
Vaginal Delivery	22 (78.6)

Participant Inclusion Criteria:

- Women of childbearing age in labor who are patients at the UI Health Family Birth Place
- Patients experiencing protracted labor or labor dystocia

Participant Exclusion Criteria:

- Patients with diagnosed fetal macrosomia
- Patients with a previous uterine incision history
- Primary cesarean sections related that are not indicated for failure to progress, failure to descend, or failed induction

Patient Satisfaction 5-point Likert Scale Survey

Average patient answers of agree (39.1%) and strongly agree (50.3%) were noted in data extraction reinforcing that patients were satisfied with labor course.

IMPACT ON PRACTICE

ILPQC
Illinois Perinatal Quality Collaborative

Utilization of the ILPQC PVB initiative to reduce the incidence of primary cesarean section

Patient appreciation of nursing efforts to encourage vaginal delivery.

The majority of patients reported that they were satisfied with their labor experience.

Improved staff understanding of the impact of maternal movement on fetal rotation. Multidisciplinary team buy-in flourished, and providers requested maternal positioning in the PVB checklist and booklet within the labor and delivery unit.

The obstetrical unit's clinical educators are preparing to integrate the developed education into nursing orientation to establish a new standard of care.

Educating all healthcare team members, including obstetricians and certified nurse midwives, will be an ongoing change.

LITERATURE REVIEW

Maternal Positioning

- Maternal positioning that encourages fetal position, flexion, and descent through the bony pelvis and soft tissue of the pelvis can decrease cesarean sections (Loiacono & Allen, 2022)
- Non-medical intervention that can decrease risk of assisted vaginal delivery and prolonged second stage of labor (Zang et al., 2020).
- Nurses play an influential role in intentionally positioning laboring women to prevent labor dystocia and improve fetal heart rate tracings (Loiacono & Allen, 2022).
- Proper nurse education regarding maternal labor position changes and fetal position/ station decreased a Florida hospital's NTSV cesarean section rate from 28.3% to 25.9% (McGrath et al., 2022)

Unit Culture Change

- New nursing tools in promoting vaginal birth integrated with influenced providers can change the unit's culture (McGrath et al., 2022)
- Empowering nurses with updated education and resources promotes vaginal birth, encouraging collaborative care.

Patient Satisfaction

- Maternal positioning and mobility in labor affect birthing mechanics, including the perception of comfort and emotional support (Garbelli & Lira, 2021)
- Patient dissatisfaction resulted from exclusion from the decision-making process and transitioning from anticipated natural birth → medical delivery, which alters expectations for labor and birth (Kissler et al., 2020)
- Improving communication effectively is crucial.
- Curriculum in maternity services essential for nurses and healthcare workers (Deki & Wangmo, 2020).

CONCLUSIONS

Proper nursing education on the importance of maternal positioning in labor positively impacted vaginal delivery rates, leading to a 3% decrease in primary cesarean sections over the 15-week data collection period. Patients reported being satisfied with their labor experience and acknowledged the effort the nursing staff set forth in promoting vaginal birth.



Introduction of Osteoporosis Screening within Orthopedic Clinics

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PROBLEM INTRODUCTION

- An estimated 10.2 million Americans aged 50 and older are diagnosed with osteoporosis (Sarafrazi, 2021).
- The International Osteoporosis Foundation estimates an economic burden of over 17 billion dollars (Key, n.d.)
- Primary care providers are responsible for screening and treatment during office visits, but gaps in screening have been identified.
- US Medicare data shows that 65% of women above 65 years of age lacked appropriate osteoporosis screening post-fracture (Barton, 2019)
- There is an opportunity to help close the screening gap in Orthopedics.
- The purpose of this project is to implement an osteoporosis screening tool in a large orthopedic clinic located in Peoria, IL. With the goal of reducing the number of undiagnosed and untreated patients.

PROJECT METHODS

- Osteoporosis screening education was provided for the orthopedic team.
- The Simple Calculated Osteoporosis Risk Estimation (SCORE) tool was explained and demonstrated to the team.
- A data collection tool was created to capture referral information
- A post-implementation Likert scale questionnaire was created to gather satisfaction with the tool, knowledge gained, and the importance of screening in the clinics.

The image shows two screenshots. The left one is the 'The Simplified Calculated Osteoporosis Risk Estimation (SCORE) Help Identify Women at Risk for Low Bone Density' form, which includes fields for patient age, gender, body weight, and various medical history questions. The right one is a questionnaire titled 'Osteoporosis Screening Post-Implementation Questionnaire' with Likert scale questions about the tool's usefulness and ease of use.

IMPACT ON PRACTICE

- The project site clinic did not have a screening tool to screen for osteoporosis
- There was initial resistance from the support team, fearing the screening process would add more work. This changed once they realized the difference it was making
- Post-evaluation results showed a high percentage felt a screening tool was very important.
- A screening tool will continue to be utilized long-term once it is built electronically in the electronic medical record

CONCLUSIONS

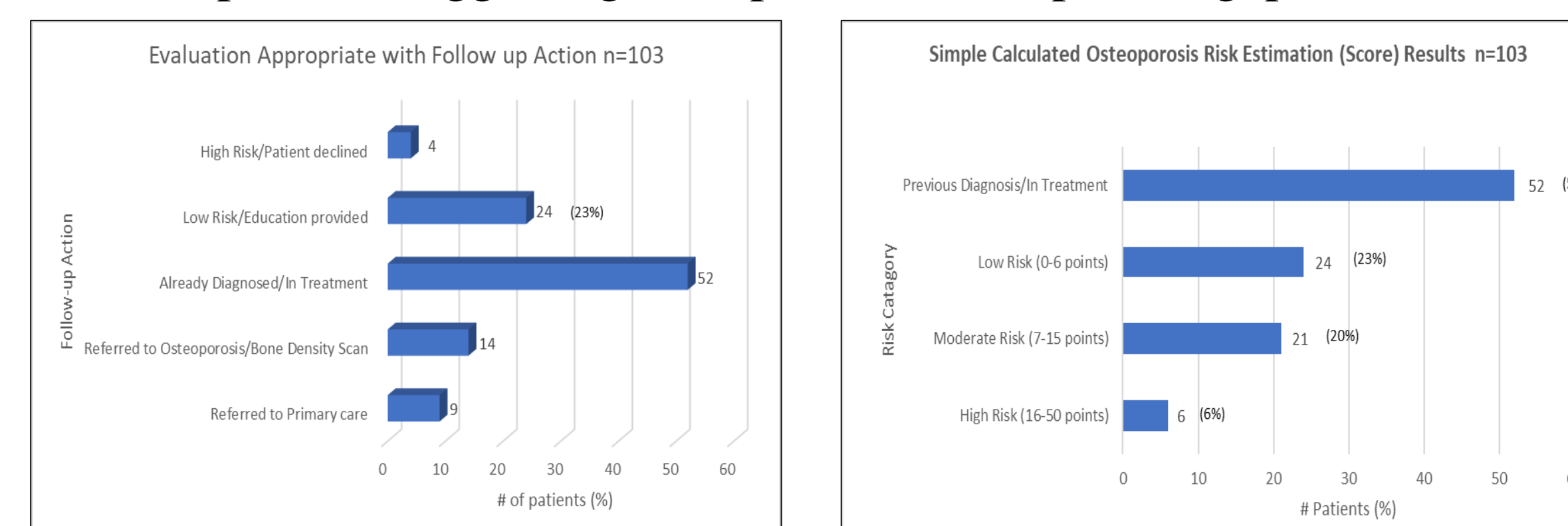
- Screening for osteoporosis is a shared responsibility for all providers on a patient's care team
- Early detection can positively impact a patient's livelihood medically and financially
- There is evidence of gaps in detection, which can be supported by screening within orthopedic clinics
- The study resulted in 23 at-risk patients being identified and sent for further evaluation

LITERATURE REVIEW

- Early detection and pharmaceutical treatment of osteoporosis is beneficial in slowing bone destruction, preventing fractures, and restoring bone loss (Blakie, 2020)
- Medical costs are significantly higher for patients who suffer a fracture (Trans, 2021)
- One in four women reported a decreased quality of life as their BMD decreased (Aktas, 2018)
- Gaps in screening are significant enough that The World Health Organization (WHO) has called for primary care to lead efforts in managing the disease.
- The American Orthopaedic Association (AOA) started the Own the Bone (OTB) initiative, increasing orthopedist involvement in bone health management (Kadri, 2020)
- Osteoporosis screening tools increase the chance of detecting osteoporosis.

EVALUATION

- 103 patients met the criteria for screening (65 years and older)
- 23 (22.3%) patients screened resulted in a referral for further treatment
- 21 (20%) moderate-risk patients, 6 (6%) high-risk patients sent for referral, 4 (67%) of the high-risk patients refused treatment
- The screening tool effectively captured patients at risk for osteoporosis, suggesting orthopedics can help close gaps.



Post-Project Evaluation

Survey Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This tool is easy to use	8 (47%)	4 (24%)	2 (12%)	3 (18%)	0 (0)
This tool is helpful for the detection of osteoporosis patients	6 (35%)	8 (47%)	1 (6%)	2 (12%)	0 (0)
It took minimal time to complete the questions asked	5 (29%)	7 (41%)	3 (18%)	2 (12%)	0 (0)
I would use this tool regularly in the clinic	2 (12%)	7 (41%)	5 (29%)	2 (12%)	1 (6%)

Survey Question	# Respondents (%)
What is your current role	RN 8 (47%) MOA/CMA 6 (35%) Surgeon 3 (18%)
Have you used an Osteoporosis Screening tool prior to this project	Yes 0 (0) Don't Recall 0 (0) No 17 (100%)
Did you have knowledge of the SCORE screening tool prior to this project	Yes 0 (0) Somewhat Familiar 1 (6%) No 16 (94%)
How important is screening for osteoporosis in Orthopedics	Very Important 15 (88%) Somewhat Important 2 (12%) Not Necessary 0 (0)

Nurse Anesthesiology Education for Regulators

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PROBLEM INTRODUCTION

- Governmental and regulatory entities like the state board of nursing have an active role in regulating all nursing fields, including anesthesiology.
- The lack of a required nurse anesthesiology representative on the board presents a potential knowledge gap related to anesthesiology practice.
- Board members and staff must make decisions related to nurse anesthesiology that may cause anxiety due to its complexity.
- The lack of education in this area provides for an opportunity to make wrong decisions or spend an extended amount of time looking for the right information.

PROJECT METHODS

- Pre-test provided before lecture
- A one-hour live and virtual lecture will cover the basics of nurse anesthesiology history, practice, and billing models and their effect on safety and access.
- Post-test provided immediately after the lecture.

IMPACT ON PRACTICE

- Regulators will have a better understanding of the complexities of Nurse Anesthesiology.
- Regulators can make discipline, operational, and legislative decisions based on better knowledge.
- Regulators will bring this knowledge to their places of work and spread it to their colleagues.

LITERATURE REVIEW

•Education

Nurse Anesthesiology entry-level is a doctoral degree focusing on the autonomous anesthesia care of patients of all ages and specialties.

•Scope of Practice

In Washington State, Nurse Anesthesiologists enjoy a full and unrestricted scope of practice, a testament to their professional autonomy within the field. In 33 states, Nurse anesthesiologists can practice independently and without restrictions.

•Billing Practice

Billing preferences depend on state regulations, hospital-specific regulations, and individual practice preferences. This is essential to note because, as health care is a for-profit model, the decision to choose a billing model most often comes down to the most profitable model.

•Educational Delivery

Adapting to a world where education and work can be done over a device is one of the most significant and lasting changes our society has gained post-pandemic.

•Decision-Making

The literature suggests that anesthesiology is a complex and unique area in the broad spectrum of healthcare. The different providers, their educational pathways, backgrounds, scope of practice, and legislature restrictions make it quite difficult for leaders in regulatory bodies, like the Nursing Care Quality Assurance Commission, to understand, which could impact decision-making.

EVALUATION

The graded percentage for the pre-test was **34%**, while the post-test was **79%**, which showed a significant improvement and surpassed the 70% pre-set benchmark.

	Pre		Post		Change
Question 1	83 %		83 %		0 % increase
Question 2	17 %		33 %		94 % increase
Question 3	42 %		83 %		97 % increase
Question 4	42 %		75 %		79 % increase
Question 5	33 %		92 %		179 % increase
Question 6	17 %		83 %		388 % increase
Question 7	67 %		83 %		24 % increase

CONCLUSIONS

Based on these results, there is a strong indication that members of a regulatory body like the Board of Nursing should enable a yearly basic education about nurse anesthesiology education, practice, and basic billing practices to better serve the public.



Discharge Lounge Utilization

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PROBLEM INTRODUCTION

Capacity constraints exist in healthcare, particularly in the acute care setting. Overcrowding is evidenced by elevated NEDOCS scoring

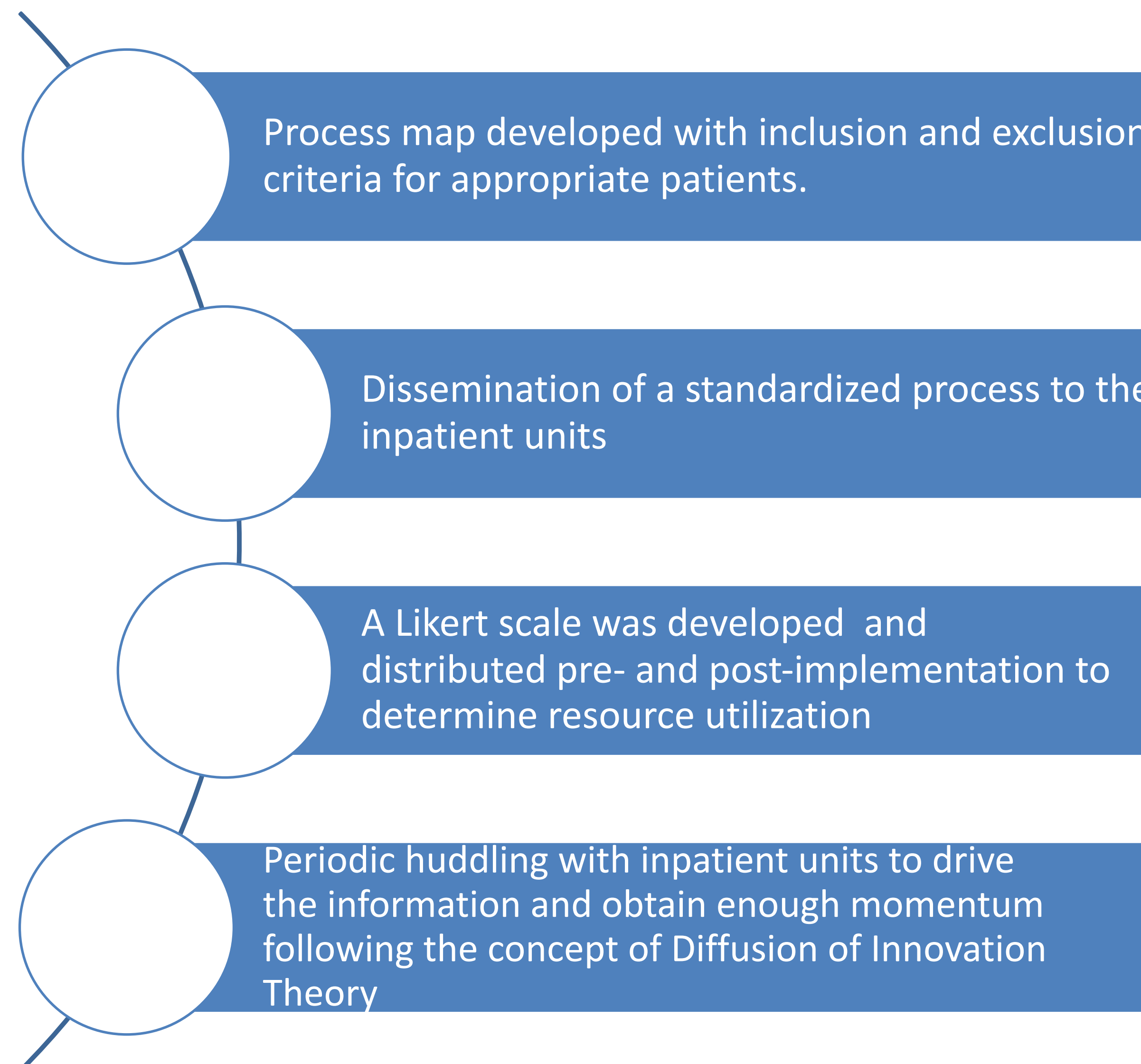
Hospital throughput refers to the efficiency with which patients move through various stages of care from admission to discharge

Efficient throughput is vital for optimizing resource allocation, reducing wait times, and enhancing patient satisfaction.

"Crowding creates operational inefficiency in the ED and has particularly concerning consequences on critically ill patients and care associated costs" (Jimenez-Barragan et al., 2021).

To optimize patient throughput, a discharge lounge process can safely facilitate movement of patients throughout the ED and inpatient settings.

PROJECT METHODS



IMPACT ON PRACTICE

Inpatient units gained a greater understanding of patient throughput

Feedback included request for longer operational hours of the discharge lounge

Recommendation to place discharge lounge criteria in EMR to streamline process

Process utilization allows for patients to safely navigate in and out of the acute care setting from admission to discharge

LITERATURE REVIEW

Database search: CINAHL, EBSCO, PubMed, Medline, and Psych INFO

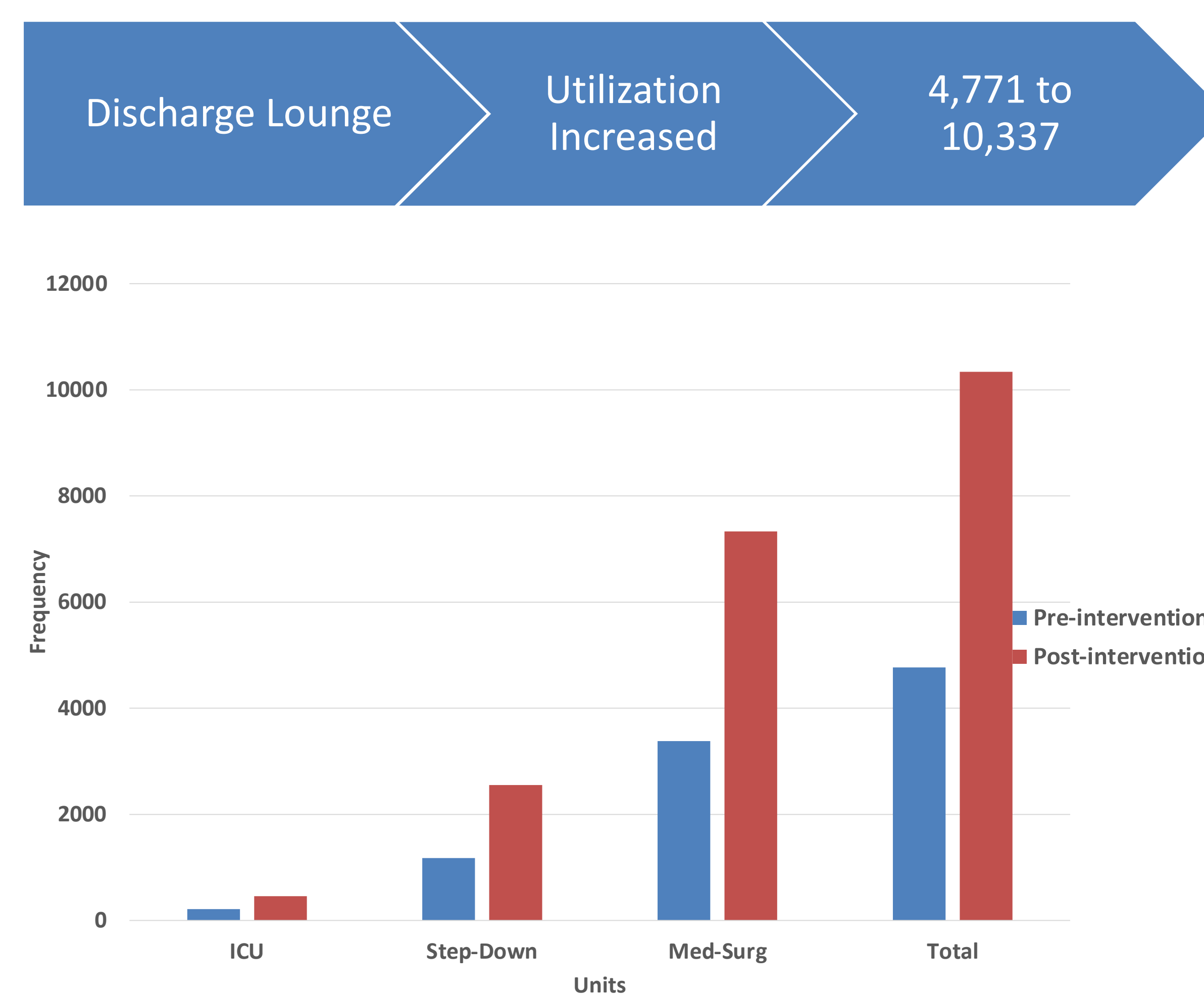
The discharge lounge can provide value in improving ED throughput and reducing ED boarding times. ED boarded patients, costs \$9K annually (Schreyer and Martin, 2017)

Diffusion of Innovation Theory

Discharge Lounge can improve the efficiency of the discharge process, increase patient satisfaction, enhance patient flow, mitigate ED complications, and increase revenue (Isfahani et al., 2020)

Implementing a discharge lounge requires collaboration between healthcare providers and hospital administrators to ensure success.

EVALUATION



CONCLUSIONS

Discharge lounge is an effective strategy for improving ED throughput and decreasing NEDOCS score.

While there are no direct cost savings reflected in discharge lounge utilization, improved ED boarding time mitigates the whole hospital throughput constraints

Project findings suggest the hospital's timely discharge of patients impacts downstream processes, affecting the hospital throughput.

REFERENCES

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Procedural Sedation Training: Competency Verification Through Simulation

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PROBLEM INTRODUCTION

A standard method for competency validation for Procedural Sedation care does not exist across all organizations, with inconsistent use of online modules, classroom lectures, and knowledge-based testing. Establishing a standard of competency validation based on simulation with pre-learning would allow NPD practitioners to ensure that RNs monitoring procedural sedation are competent to provide safe and effective care.

The overall success of the competency validation would be evidenced by RN-reported comfort with the skill and improved patient outcomes.

LITERATURE REVIEW

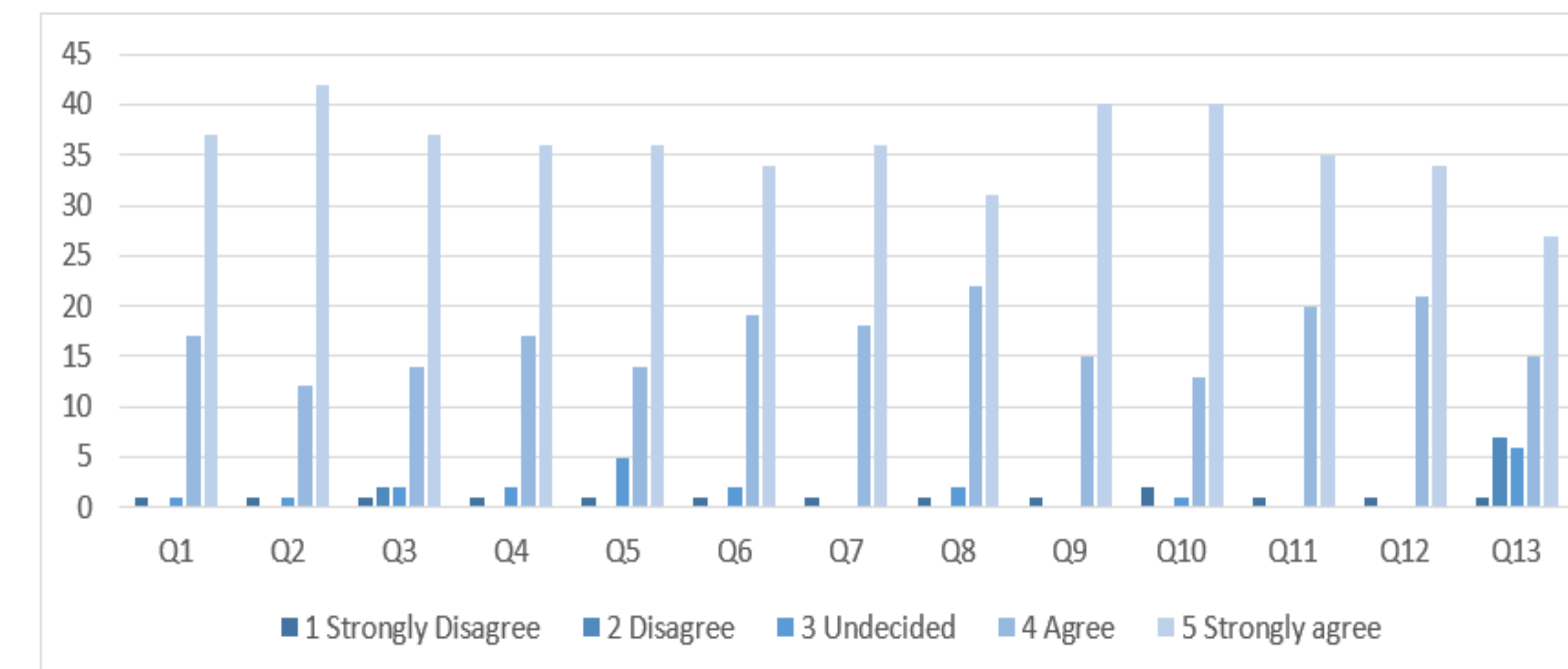


PROJECT METHODS

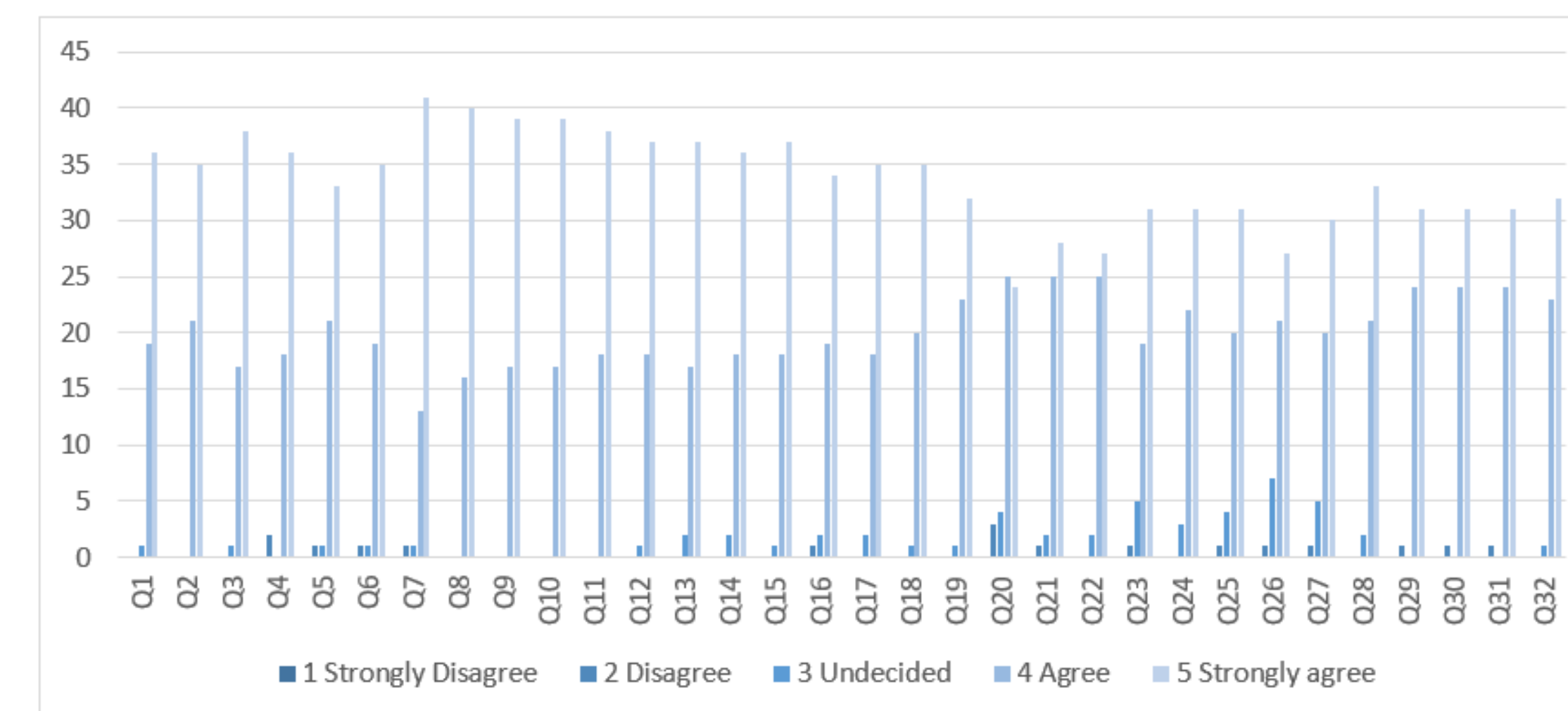


EVALUATION

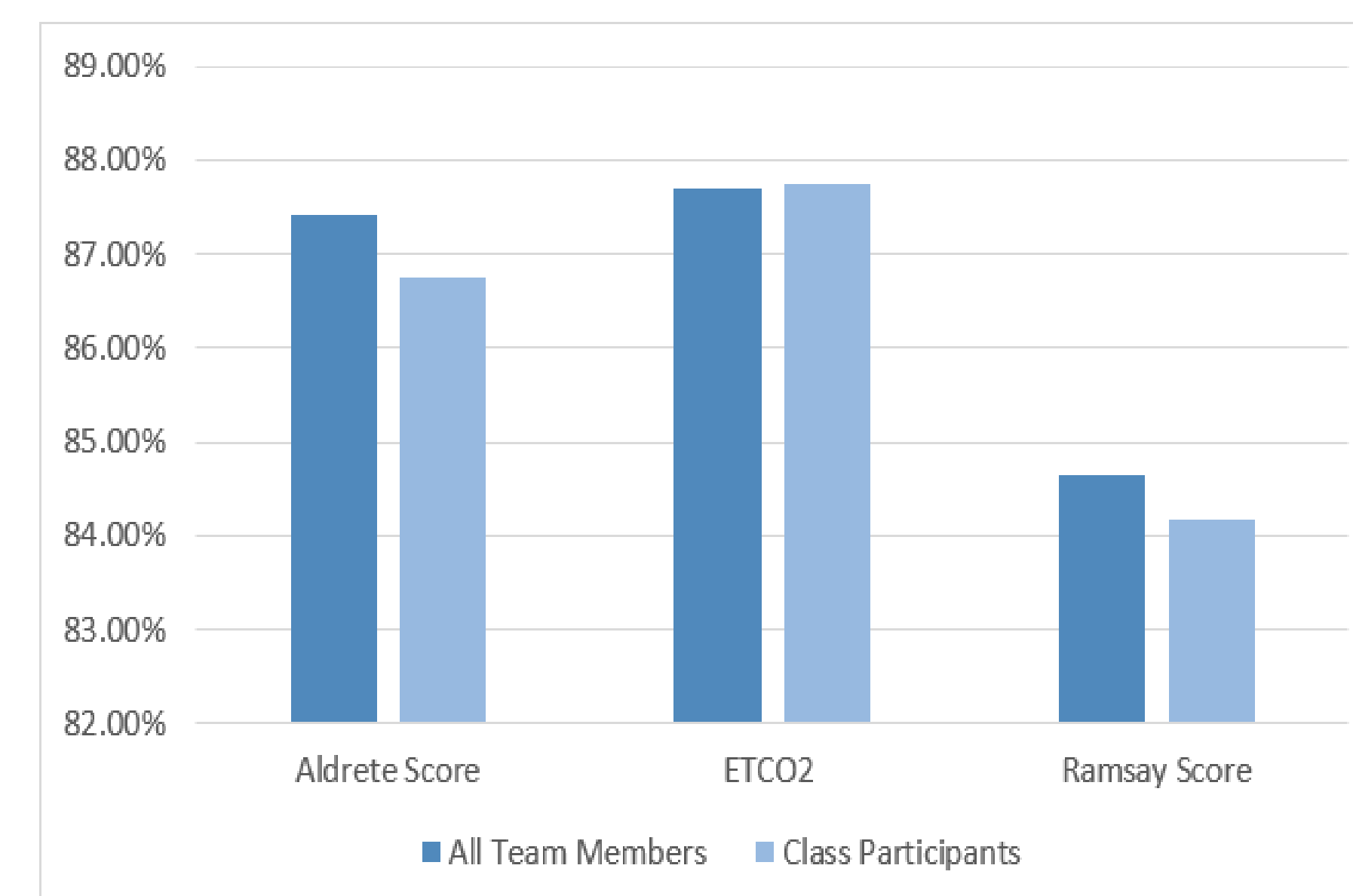
National League of Nursing Self-Confidence for Learning in Simulation



The Simulation Learning Effectiveness Inventory



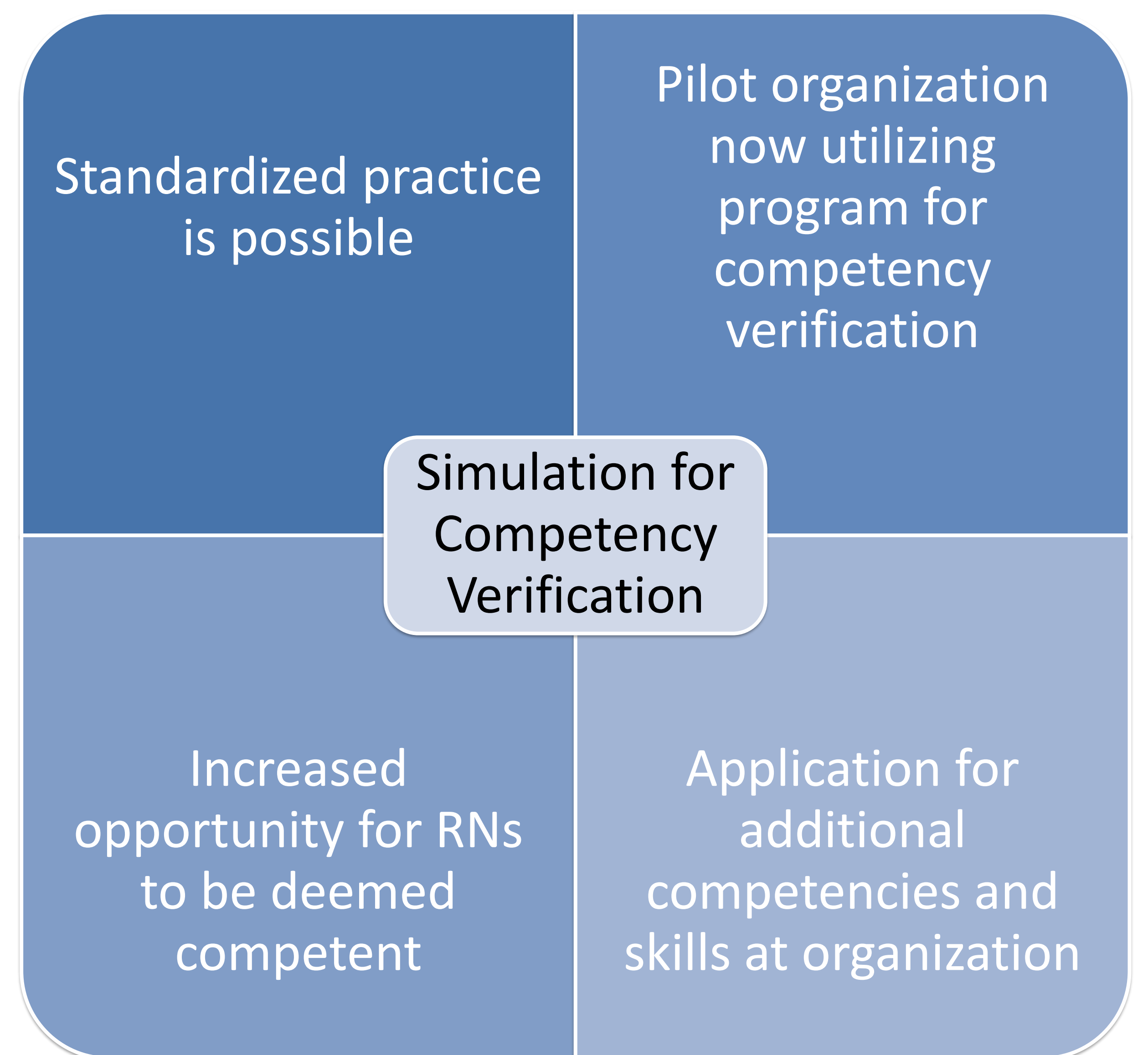
Procedural Sedation Documentation Compliance: All Team Members vs. Class Participants



Safety Events

- 45 Procedural Sedation Events
- RN and Team responded appropriately to all events

IMPACT ON PRACTICE



CONCLUSIONS

- Simulation is effective for competency verification in the practice setting
- Maintained documentation compliance at same level
- No untoward patient outcomes
- Learner self-confidence and efficacy high scores
- Further research needed to determine effectiveness of simulation for other skills

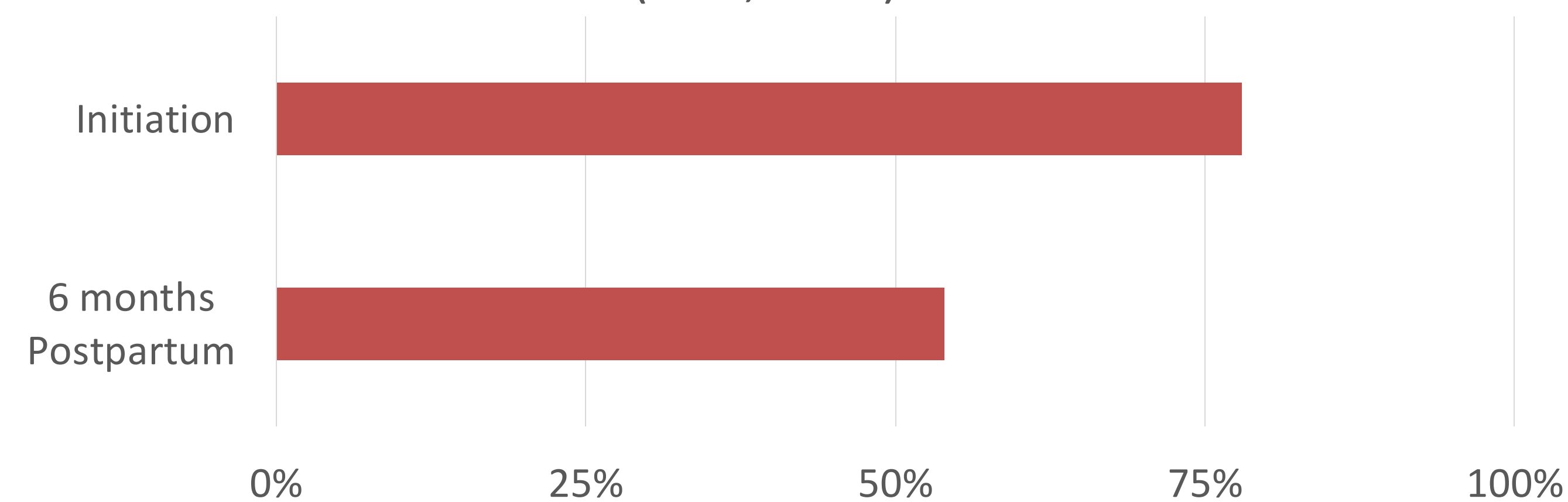
Increasing OB/GYN Clinic Nursing Staff Knowledge and Comfort Level in Providing Breastfeeding Education

Nancy Moore, APRN, MSN, WHNP-BC, DNP Student

PROBLEM INTRODUCTION

- Benefits of breastfeeding are widely discussed but support from OB/GYN providers during prenatal visits is not consistent or widely documented (Demirci et al, 2013).
- This certified Baby Friendly Health Initiative (BFHI) hospital-based clinic serves mostly marginalized women of color. Approximately 7,996 prenatal patients are seen annually. This clinic population demonstrates a high rate of non-breastfeeding on reported method of feeding at postpartum visit.

Average Breastfeeding Rates Among Women in Missouri (CDC, 2022)



LITERATURE REVIEW

- Breastfeeding education should begin at the first prenatal visit (ACOG, 2022).
- ACOG's position statement on BFHI is that "Ten Steps to Successful Breastfeeding" should be integrated into maternity care to increase the likelihood that a birthing person will initiate and sustain breastfeeding and achieve their personal breastfeeding goals (ACOG, 2018).
- Several studies have found that WIC participation is strongly associated with low initiation rates and early breastfeeding discontinuation, particularly among African American and Hispanic women (NIH, 2017).
- Significant barriers to breastfeeding reported by low-income minority women include lack of social, work, and cultural acceptance/support, language and literacy barriers, lack of maternal access to information that promotes and supports breastfeeding, acculturation, and lifestyle choices, including tobacco and alcohol use (Jones, 2015).

PROJECT METHODS



(Figure 2)

- IRB and Stakeholder approval obtained
- The participating staff were all nurses and included 1 office nurse manager, 1 assistant nurse manager, 1 staff educator, 1 triage nurse, 9 staff nurses and 5 nurse practitioners (figure 2).
- A pre-survey that addressed familiarity of the BFHI and management of common breastfeeding concerns was administered.
- Immediately following pre-survey was a PowerPoint presentation created by the researcher discussing the BFHI, specifically steps 2 and 3 of the "Ten Steps". The presentation also focused on breastfeeding recommendations and managing common breastfeeding complications.
- Following the presentation was the identical post survey.

EVALUATION

- Pre-Survey results indicate that 66% of participants were either "Very" or "Somewhat" familiar with the "10 steps to successful breastfeeding" and BFHI.
- 100% of participants felt "Very" familiar with the "10 steps to successful breastfeeding" and BFHI on the post-survey.
- 77% indicated that they did not feel there was enough time during appointments to devote to breastfeeding mothers, by indicating "Never" on the question "Are you able to devote enough time to breastfeeding mothers during appointments?"

IMPACT ON PRACTICE

- There was positive feedback from staff regarding the educational intervention
- Results from the post survey were used to support the need for additional time with patients.
- The length of prenatal and postpartum appointments were changed to 30-minute appointments from 15-minute appointments at this clinic site.
- The initial OB appointment is now an RN visit that allows time to educate on expectations with prenatal care and discuss future feeding plans..
- These appointment time changes allowed for the providers and nurses to have more time to focus on patient education during visits.

CONCLUSIONS

- Educating staff to support patients is important to examine the positive effects an increase in breastfeeding education can have on breastfeeding initiation, exclusivity, and confidence in mothers.
- OB/GYN clinic staff can be the bridge between a mother and her successful breastfeeding experience, leading to a healthier mother-baby population.



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Screening for Suicide in Veterans with Cancer

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PROBLEM INTRODUCTION

- Veterans in general, are at a higher risk for suicide than the general population
- The Cancer Distress Thermometer (CTD) in current use, does not directly assess for suicidal thoughts and behaviors
- The Veterans Health Administration (VHA) requires annual suicide screenings using the Columbia-Suicide Severity Rating Scale (C-SSRS)
- Oncology clinicians may not feel comfortable performing these screenings and lack self-efficacy in performing suicide risk assessments
- Veterans with cancer should be assessed at each contact within the oncology setting due to their extremely elevated risk
- There is currently no process in place for screening within the oncology department

LITERATURE REVIEW

- Veterans with cancer are at 47% higher risk of suicide than the general population with cancer
- Highest risk during the initial three months after diagnosis, persisting throughout the first year
- The highest risk diagnoses are esophageal, head and neck, lung, and late-stage cancers
- Suicidal intent is not routinely assessed in cancer patients
- C-SSRS is widely used and validated tool
- Medical providers have limitations on time and resources to effectively assess and intervene
- Clinician fear and anxiety about positive screens and insecurity about level of training/self-efficacy is a barrier to performing suicide assessments
- Adequate training in the performance of suicide screenings should lead to provider comfort and self-efficacy, resulting in increased suicide risk assessments

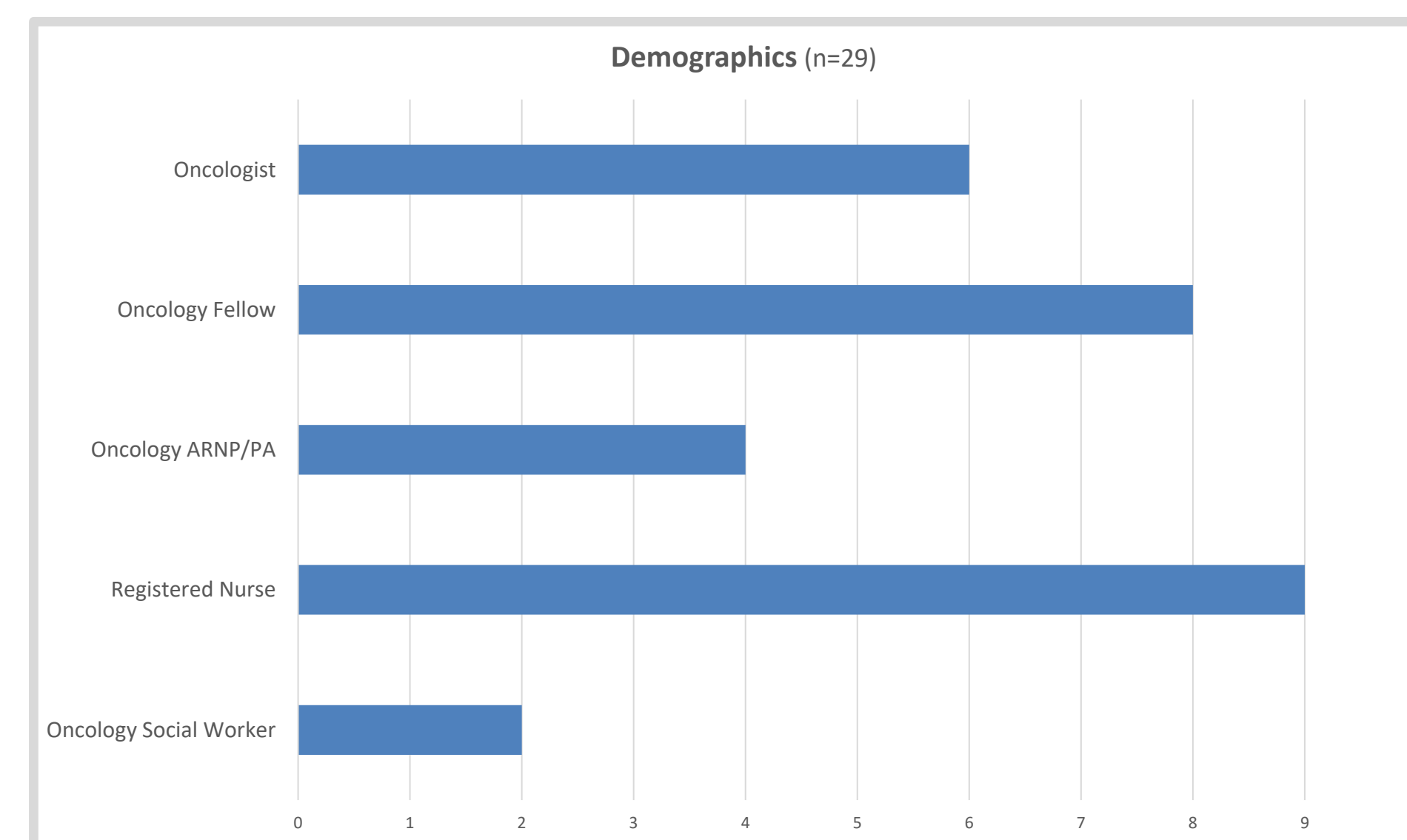
PROJECT METHODS

- Presentation and project approval by primary stakeholder
 - SIUE/VA non-research approval obtained
- Oncology staff provided with education on:
- Risk factors for suicide in veterans with cancer
 - Columbia-Suicide Severity Rating Scale (C-SSRS)
 - Local policy regarding suicide screening
 - Referral process for positive screens
 - Re-education after initial 30 days
 - Location: Suburban VHA oncology facility in WA state

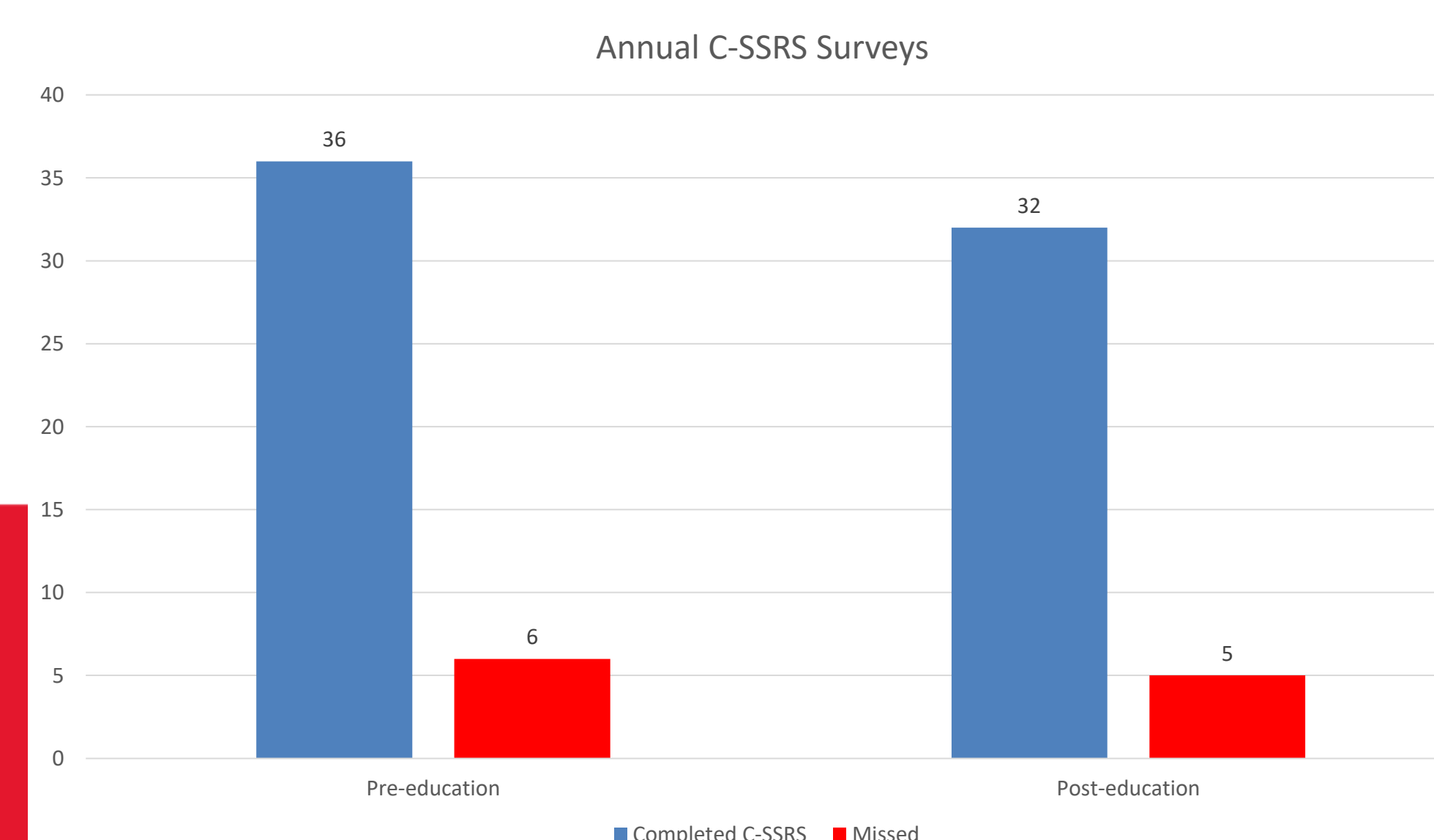
EVALUATION

Data results:

- Twenty-nine (n=29) oncology clinic staff received training



- None of the oncology staff that received training performed the C-SSRS on any veterans during the 60-day pre-education (n=0) or 60-day post-education (n=0) period
- Veterans that were seen in the oncology clinics received the VHA required annual C-SSRS screening by other department nurses that were not part of the training group, with missed annual screenings



IMPACT ON PRACTICE

- Current requirement for annual suicide screens are not being met, necessitating facility wide data evaluation
- Failure to complete the C-SSRS could be catastrophic to Veterans contemplating suicide, having facility-wide impact
- Basic retraining of oncology staff on the required annual requirement must be performed prior to implementing additional screening
- The Cancer Care Navigation Team would be a suitable alternative to implementing suicide screening in high-risk cancer cases

LIMITATIONS

- Lack of readily available C-SSRS screening data for regular encounters
- Limitations of C-SSRS dashboard limited to two-week retrospective view
- Inability of electronic health record ability to set a C-SSRS alert other than on required annual basis
- Small sample size

CONCLUSIONS

- Education of the oncology staff did not result in increased self-efficacy, as evidenced by increased suicide screenings
- Minimum annual suicide screening requirements are not being met
- Annual screening deficits will require executive leadership facility-wide intervention beyond the project scope
- The Cancer Care Navigation Team is a viable solution to perform screenings in Veterans with high-risk complex cancer cases, as they are currently managing these cases and are currently performing psychosocial and cancer distress assessments

Integrating Psychotherapy in a Psychiatric Outpatient Clinic

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PROBLEM INTRODUCTION

Many people suffer from different types of mental health conditions. "It is estimated that more than one in five U.S. adults live with a mental illness (57.8 million in 2021)" (U.S. Department of Health and Human Services, 2023, para. 1).

Most of the time, outpatient psychiatric clinics focus on the diagnosis and medications for mental health disorders.

The trend is toward prescribing psychiatric medications and away from psychotherapy.

Psychotherapy is effective but underutilized

At one psychiatric outpatient clinic, it was noted that providers discussed pharmacotherapy but were not offering psychotherapy as part of the management plan.

This DNP project aimed to determine how often at baseline providers referred or asked patients if they are receiving psychotherapy and to increase the number of patients screened and referred to psychotherapy.

PROJECT METHODS

A pre-implementation and post-implementation survey about psychotherapy utilization and barriers was completed. A discussion session was conducted to discuss psychotherapy underutilization and barriers.

An educational session was conducted to emphasize psychotherapy utilization.

A patient educational handout about psychotherapy was created and small banners about psychotherapy were posted in each patient's room



IMPACT ON PRACTICE

Short-Term

- Significant increase in psychotherapy screening and education

Long-Term

- The providers will continue to screen and educate every patient about psychotherapy

LITERATURE REVIEW

In a comprehensive analysis of 101 randomized trials, it was found that combined psychotherapy and pharmacotherapy give better results as compared to individual psychotherapy or pharmacotherapy for treating depression (Cuijpers et al., 2020)

Psychotherapy has been demonstrated to enhance emotional and mental well-being and is associated with positive transformations in the brain and body (What is psychotherapy?, 2023, para. 7).

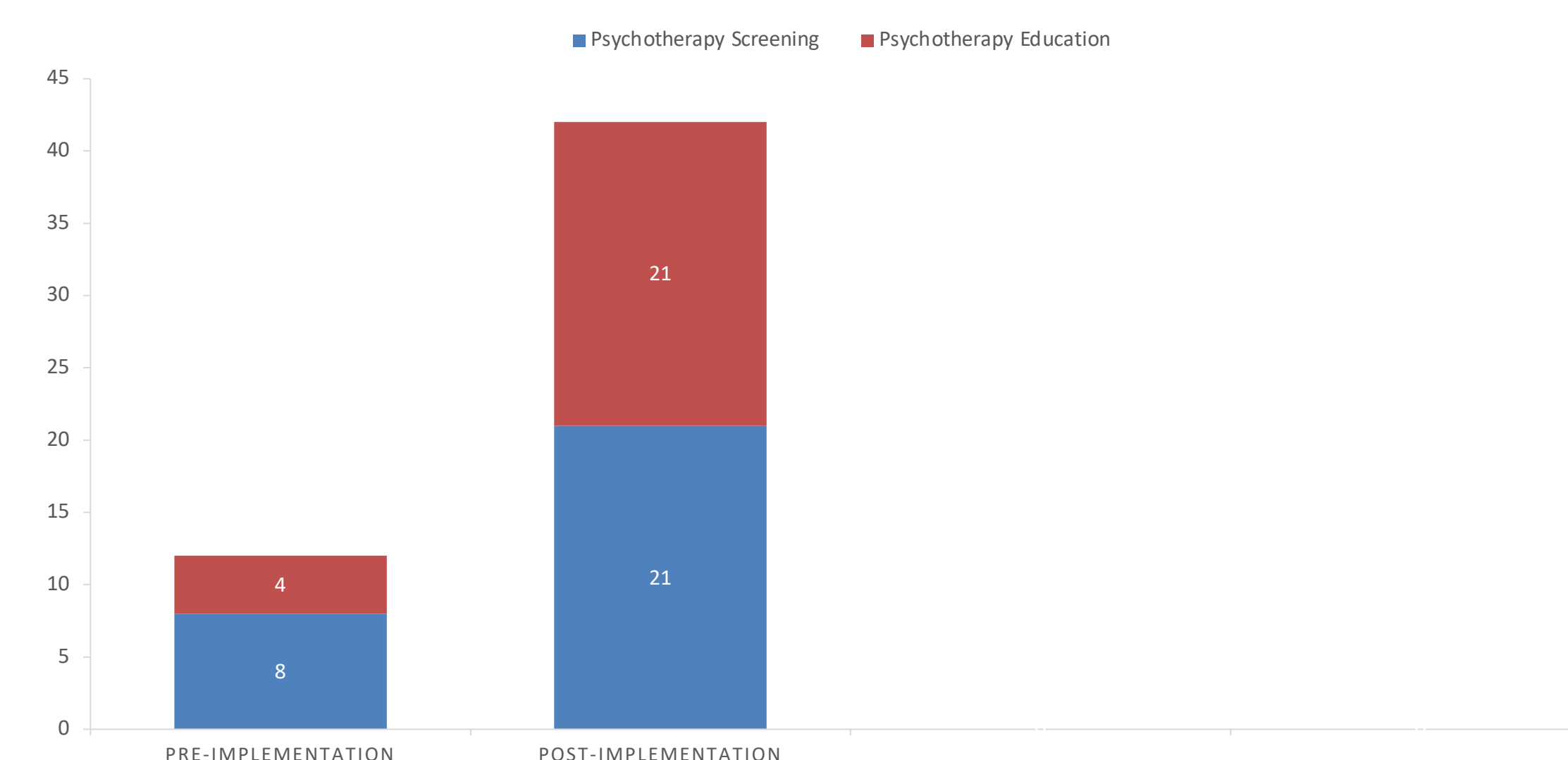
The research indicated that group counseling based on cognitive-behavioral therapy (CBT) was effective in reducing symptoms of depression, addressing automatic negative thoughts, improving coping mechanisms for stress, and enhancing effective stress management (Demir & Ercan, 2022).

The outcomes indicated that following dialectical behavior therapy (DBT), there was a notable reduction in suicide attempts, non-suicidal self-injury behaviors (NSSI), suicidal thoughts, and other factors contributing to suicide risk (Berk et al., 2020).

EVALUATION

Before the implementation of the project, twenty patients were randomly selected. Data showed that the providers screened only eight patients (40%) for psychotherapy and educated only four patients (20%) about psychotherapy.

Post-implementation, twenty-five patients were randomly selected. Data showed that the providers screened twenty-one patients (84%) for psychotherapy and educated twenty-one patients (84%) about psychotherapy.



CONCLUSIONS

Through discussion with the stakeholders and data collection, psychotherapy underutilization was identified.

The literature review showed the benefits of utilizing psychotherapy in addition to pharmacotherapy.

After the project implementation, an increase in psychotherapy screening and psychotherapy education was seen. Providers need to continue screening patients for psychotherapy.

Equipping Home Visiting Staff for High PHQ-9 Scores in the Home

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PROBLEM BACKGROUND

Prevalence

- Depression has become one of the leading causes of complications in pregnancy (Bauman, 2020).
- Prevalence of postpartum depression has risen to 13% in the United States (Polmanteer et al., 2019).
- When patients are part of a vulnerable population, prevalence rises to 20% (Polmanteer et al., 2019).

Screening

- Women of color are less likely to be screened for depression in pregnancy and postpartum (Haight et al., 2019).
- Lack of screening increases risks for harmful effects of postpartum depression (Haight et al., 2019).

Lack of Resources

- Women who are part of vulnerable populations such as low-income and women of color have access to fewer resources for their mental health (Bauman, 2020).
- Resources are not readily available when patients are being screened (Bina & Glasser, 2019).

LITERATURE REVIEW



PROJECT AIM

To evaluate the feasibility and acceptability of implementing a QR code-based approach to deliver mental health resources for patients in their homes and explore the effectiveness of QR code-based delivery of mental health resources in enhancing patient engagement and improving health outcomes.

PROJECT METHODS

Assessment of stakeholder need and interest

Proposal of project and objectives with stakeholder

Review of literature and current evidence-based guidelines

Meeting with home visiting nursing staff

Development of a QR code that consists of evidence based mental health resources

Pre-implementation anonymous survey

Utilization of QR code for 4 months by home visiting staff

Evaluation of project via an anonymous questionnaire administered using a Likert Scale

EVALUATION

Survey Results

- Nurses resource utilization increased to 60% from 22.2% post-implementation
- Results suggested that the use of QR codes had a significant impact on the effectiveness and accessibility of resources

IMPACT ON PRACTICE

Nurses have the tools to continue to promote mothers' self-care and mental health

Increase in nurses' confidence in discussing mental health

Mental Health Resource QR Code Implementation

Ability to access mental health resources without the fear of being judged or misunderstood

Potential increase in women seeking mental healthcare

CONCLUSIONS

Successful in helping nurses provide supportive care to their patients and helping them facilitate conversations about mental health

Comfort level of nurses increased due to tangible item being available to give to patients

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