Weight Loss Communication and Treatment in Primary Care
Jessica McRill BSN, Sarah Puckett BSN, Courtney Russell BSN
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PROBLEM INTRODUCTION
- No current Gold Standard of Practice for weight loss screening
- Lack of coding and documentation of obesity in the HER (Mattar et al., 2017).
- Barrier identification for patients and providers (McHale et al., 2017).
- Benefits of Motivational Interviewing (Barnes et al., 2018).
- 5 A's Conceptual Framework

IMPACT ON PRACTICE
- Patients willing to discuss weight easily identified
- More effective use of time during annual exams
- Improved patient and provider communication

PROJECT METHODS
- Develop and implement a weight management screening tool in primary care utilizing the 5 A's Conceptual Framework.
- Identify patients, 18 and older willing to discuss their weight with providers during annual wellness exams.
- Completing of a yes/no screening tool prior to seeing a provider.
- Goal to determine if patients are more willing to discuss weight when the topic was presented therapeutically.
- Help providers identify barriers in place for successful weight management care plans.

LITERATURE REVIEW
- No current Gold Standard of Practice for weight loss screening
- Lack of coding and documentation of obesity in the HER (Mattar et al., 2017).
- Barrier identification for patients and providers (McHale et al., 2017).
- Benefits of Motivational Interviewing (Barnes et al., 2018).
- 5 A's Conceptual Framework

EVALUATION
- 30 patients of various BMI surveyed using a yes/no communication tool
- 86% of patients willing to discuss their weight during annual exams
- 40% of patients were not interested in being more physically active
- Further surveillance of health behaviors, identifying a patient’s interest in weight management resources, and evaluation of patient support systems utilized to guide the provider’s care plans.

CONCLUSIONS
- Implementation of the 5 A's communication tool aids providers in:
  - Documentation
  - Identifying reasons for obesity
  - Formulating patient specific centered care plans for weight management.
  - Identifying barriers to weight loss.

LIMITATIONS
- Sample Size
- Lack of patient diversity
- Small number of providers involved
- Patient’s physical activity limitations
Use of Anticipatory Guidelines in Late Infants and Toddlers 12 to 24 Months in Primary Care
Claire Eller, RN, BSN
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**PROBLEM INTRODUCTION**

**Anticipatory Guidance**
- Anticipatory guidance is age-based education provided at wellness visits to increase understanding of the child’s growth, milestones, development, and safety considerations (Hagan et al., 2017).

**Barriers**
- Parental and caregiver education can be time-consuming.
- Primary care providers have developed more time constraints, non-clinical duties, and general responsibilities (Bridgemohan et al., 2018).
- Without structured parent and caregiver education, there is potential for inconsistency. The American Academy of Pediatrics estimates that 30% of children face developmental or cognitive issues (Dosman & Andrews, 2012).

**LITERATURE REVIEW**

**Anticipatory Guidance**
- Anticipatory guidance is a collection of topics about the growth and development of the pediatric patient. The goal is to educate the parents and caregivers on what to expect, typical findings, and safety measures to help reduce risk and aid growth/development (Hagan et al., 2017).

**Educational Topics**
- Safety
- Communication
- Nutrition
- Social Development and Behavior

**Patient Outcomes and Parent/Caregiver Satisfaction**
- Education increases parent confidence and decreases the risk for injury (Zackey et al., 2023).

**PROJECT METHODS**

**Investigated Stakeholder’s Interests, Goals, and Needs**

**Conduct a Literature Review to Identify Critical Educational Topics**

**Design Educational Handouts and Videos Based on Literature Review**

**Collaborate with Stakeholder to Revise Educational Material**

**Develop a Video Channel and Playlists of Educational Videos**

**Conduct Meeting with Clinic Staff to Introduce Project and Implementation**

**Obtain Feedback, Critiques, and Satisfaction Scores**

**EVALUATION**

**CAREGIVER AND PATIENT REPORT OF LIKERT SCALE DATA**

- Clear and organized
- Visually stimulating
- Engaging
- Easy to understand
- Helpful
- Applicable to child’s life
- Overall satisfaction

**IMPACT ON PRACTICE**

- Decreases risk for health disparities and gaps in care
- Increases patient safety
- Encourages healthy growth and development
- Increases parental confidence

**CONCLUSIONS**

Education via multiple modalities can increase understanding and adherence.

Identified needs for a TV or iPad to display videos, more staff to increase use, and greater education on 2% milk.

Limitations included a short timeframe of implementation, small sample size, staff workload, issues with internet connectivity and video playback.
Telehealth Integration in Primary Care
Ashley Simons, BSN
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PROBLEM INTRODUCTION

- Telehealth is a useful and integral tool in the primary care setting
- Need to increase in rural health settings
- The main problems that brought the need for implementation are as follows
  - Understanding how to use telehealth
  - When to use in practice
  - How to manage time when using telehealth
  - Lack of education with initial implementation

LITERATURE REVIEW

**Purpose:** Increase Telehealth use in rural primary care services as deemed appropriate by the provider while upholding disease-specific guidelines.

- Smaller studies are showing telehealth to be useful and have positive effects such as better follow-up rates in primary care (James et al., 2021)
- Available technologies for video consultations posed challenges for establishing remote models of care and training is needed for providers to handle glitches and issues to ensure a successful telehealth visit (James et al., 2021, pg.10)
- Telehealth gives access when transportation is unable and removes a barrier for those with health equities
- Having basic information on how to use the video calling service helps promote positive experiences (Chike-Harris et al., 2021)
- For elder patients having a family member/friend that also consents to HIPPA can be helpful to help establishing the best connection for a telehealth appointment (Dang et al., 2019)
- Standardization of incorporating telehealth into provider curriculum is important. Essential elements include:
  - Basics of telehealth
  - System utilization
  - Qualification for telehealth visits
  - Evaluating the intervention

PROJECT METHODS

- Educating staff and patients about telehealth services and how to use them to increase comfortability and satisfaction of use
- Increase the regular use of telehealth appointments
- Data analysis was configured by pre- and post-implementation surveys that providers and patients completed.
- The number of patients surveyed was based on how many telehealth visits were scheduled

EVALUATION

- Increase in competency and an increase in the willingness to use telehealth in the future through provider survey results
- Two patient surveys were collected before the introduction of education and six were collected afterward which showed a small increase in the use of telehealth and gave insight into the patient experience
- Provider survey measured growth of how providers answered strongly agree except for question 4, in which it was given a percentage of growth of how many telehealth appointments providers reported having weekly
- 25% increase in the post-survey that providers feel comfortable with using telehealth for medication management and navigation

CONCLUSIONS

- Continued growth and usability are predicted to be seen
- Providers are becoming more comfortable with utilization
- Usage of “how to” flyers for providers and patients helped with log-in capabilities and technology difficulties
- Telehealth allows patients more time during follow-up visits and allows providers to offer more appointments.
- Limitations experiences included, provider willingness and time availability, staff changes, and number of telehealth exams done

References


Implementing the Timed Up and Go Test to Prevent Falls
Shamika Allen, BSN, RN
Southern Illinois University Edwardsville

PROBLEM INTRODUCTION

• Falls are responsible for 20-30% of injuries among the geriatric population, and 50% of injury-related hospitalizations for patients who are the age of 65 years old or older (Jindel et al., 2019).
• Behavioral health patients have the highest rates of injurious falls ranging 6.8% to 72.1% (Ocker et al., 2020).
• Falls impact staffing, cost after falls, injury, length of stay and quality of life for the patient (Ocker et al., 2020).
• **Purpose:** Determine satisfaction of the use of the evidence-based Timed Up and Go (TUG) test and its impact on fall rates.

PROJECT METHODS

• Geriatric inpatient unit where the Morse Fall Scale (MFS) was already in place.
• Submission to IRB at Southern Illinois University Edwardsville and the St. Louis VA as a quality improvement project.
• CDC handout from STEADI link of the TUG screening assessment tool provided to nurses.
• Demonstration of TUG screening assessment with participation from nurses.

LITERATURE REVIEW

• TUG is a clinical tool that uses time in addition to observation of mobility to evaluate older adults’ balance, gait speed, and functional capacity.
• Recommended by the Center for the Disease Control and Prevention to assess the geriatric population for fall risk.
• Patients are asked to rise from a standard armchair, walk to a marker 3 m away, turn, walk back, and sit down again.
• Fall risks are predicted by time when using this tool, <10 seconds- patient can function independently, < 30 seconds- patient needs complete assistance with mobility and transfers (Coelho-Junior et al., 2018).

EVALUATION

• Nurses were able to use the tool to identify the appropriate fall risk for the patient, which possibly lead to a decrease in falls.
• Other units and hospitals could consider using the Timed Up and Go test to identify fall risk within the geriatric inpatient psychiatric unit.

CONCLUSIONS

• **Purpose:** Determine satisfaction of the use of the evidence-based Timed Up and Go (TUG) test and its impact on fall rates.
• Other units and hospitals could consider using the Timed Up and Go test to identify fall risk within the geriatric inpatient psychiatric unit.

IMPACT ON PRACTICE

• Nurses were able to use the tool to identify the appropriate fall risk for the patient, which possibly lead to a decrease in falls.
• Other units and hospitals could consider using the Timed Up and Go test to identify fall risk within the geriatric inpatient psychiatric unit.
Advance Care Planning in Primary Care
Isabel Butterfield, BSN, RN, Darby Creasey, BSN, RN, & Jenna Dean, BSN, RN
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PROBLEM INTRODUCTION
- Advance care planning (ACP) includes end-of-life decision making, while possessing decision-making capacity (Lum et al., 2015).
- ACP can be addressed in primary care and is often missed.
- ACP supports patient's autonomy and self-determination regarding end-of-life medical decisions.
- One Midwest care clinic did not discuss ACP with patients due to a lack of provider and patient knowledge.

LITERATURE REVIEW
An advance directive (AD) legally outlines the patient’s wishes at end-of-life; A decision maker can be appointed if the patient becomes unable to communicate (Silviera, 2021).
In critically or terminally ill patients, less than 50% of patients had an advanced directive in their hospital record (Scholten et al., 2018).
Patient barriers to completion include: fear, family dynamics and difficulty discussing end-of-life (Glennon, 2019).

90% of patients in a study had heard of advanced directive, while only 17% had created and instated one (Scholten et al., 2018).
Nearly 30% of patients stated that advanced directive material was too difficult to understand (Scholten et al., 2018).
Provider barriers to completion include: incompetence in ACP discussion, time constraints, and reluctance to discuss end-of-life (Scholten et al., 2018).

PROJECT METHODS
- A provider completed the Centers for Disease Control's course on advanced care planning, earning 0.3 CEUs.
- Ancillary staff were provided education on ACP and project implementation two weeks prior to patient questionnaire.
- Over 6 weeks, questionnaires were distributed to all patients over the age of 18 to assess:
  - Knowledge of advanced care planning
  - Interest in updating, creating, or receiving education on advanced care planning options
  - If a patient expressed readiness to have advanced care planning conversations, an additional appointment would be scheduled to allow:
    - Ample time for the provider and patient to speak and complete appropriate documentation
    - The provider to be appropriately reimbursed

EVALUATION
- 53 patients participated in the questionnaires.
  - 77% understood advanced directives.
  - 54% desired additional information on advanced directives.
  - 21% had completed an advanced directives prior to the questionnaire.
- Limitations:
  - Small sample size
  - Short survey window
  - Clinical staff tasked with distributing the surveys often forgot

IMPACT ON PRACTICE/CONCLUSION
- Advance care planning is a topic that is often missed during annual health visits.
- The immediate impact was bringing awareness of ACP to medical staff and patients.
- The predicted long-term impact is an increase in the number of patients who have advanced directives.

Future Recommendations
- Conversation and documentation of ACP discussions in all patients 18 years or older.
- Pamphlets or posters regarding advanced care planning in patient rooms
- Yearly Computer-Based Learning module to increase knowledge and assist in document completion
Education for Oncology Providers on the Benefits, Uses, and Local Resources of Medical Marijuana

Jessica Landrum, BSN, DNP-FNP Student and Brianna Linsley, BSN, DNP-FNP Student
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PROBLEM INTRODUCTION

Benefits of Medical Marijuana
• Medical marijuana has been used to increase quality of life among patients with cancer by successfully treating chronic pain and relieving nausea and vomiting from chemotherapy (Dell & Stein, 2021).

Relevance to Practice
• A survey completed by 237 oncologists in the United States showed that only 30% of oncologists felt knowledgeable enough to recommend medical marijuana to their patients (Abu-Amma et al., 2021).
• Nurse practitioners at a cancer clinic in rural Illinois were unable to prescribe medical marijuana for their patients because they did not have the necessary knowledge or resources.

How Can We Help?
• The nurse practitioners requested a “toolbox” with medical marijuana resources to improve their confidence in prescribing medical marijuana to their patients.

PROJECT

METHODS/IMPLEMENTATION

We created the toolbox, which included: medical marijuana uses, benefits, risks, ethical considerations, dispensaries near the clinic, qualifying conditions, and frequently asked questions. We presented this information to the nurse practitioners through a PowerPoint presentation and provided them each with a toolbox to keep as a reference.

We created a pre-test and a post-test. The nurse practitioners completed a pre-test prior to the presentation to evaluate their knowledge about medical marijuana. Following the presentation, the nurse practitioners were asked to complete a post-test. The post-test was used to determine if the presentation increased the providers knowledge about medical marijuana usage.

EVALUATION

Three nurse practitioners were present for the implementation education and completed the tests. Two of the nurse practitioners scored higher on their post-test than their pre-test (90% from 50% and 90% from 80%). The third nurse practitioner scored 100% on both tests.

The post-test also included three true or false statements asking the nurse practitioners if the presentation increased their knowledge of medical marijuana use in oncology patients, if they could confidently educate their patients about medical marijuana use, and if they could confidently locate credible information about medical marijuana. All nurse practitioners indicated yes.

IMPACT ON PRACTICE

Short-Term
• The short-term impact is nurse practitioners who attended the presentation have increased knowledge regarding medical marijuana.

Long-Term
• The predicted long-term impact is that the nurse practitioners will share the medical marijuana toolbox with other nurse practitioners and physicians in the office to increase their knowledge of medical marijuana.

CONCLUSIONS

• Medical marijuana has benefits in treating symptoms such as pain, nausea, and vomiting.
• It is important to educate oncology providers about medical marijuana use because this drug can be beneficial for their patients.
• We recommend creating a virtual version of the medical marijuana toolbox, so information can be easily updated as changes occur to guidelines and qualifying conditions.
• The toolbox could be utilized in other oncology clinics.

LITERATURE REVIEW

Over 35 states have authorized the use of medical marijuana for patients with qualifying conditions since March 2021, and this number is continuing to grow (Dell & Stein, 2021).

In August 2013, medical marijuana was legalized in the state of Illinois. Illinois was the twentieth state to legalize marijuana use for medicinal purposes (Medical Cannabis Patient Program, 2022).

The Medical Cannabis Registry Program was created to allow patients with qualifying conditions to receive access to medical marijuana (Medical Cannabis Patient Program, 2022).

In order for physicians and nurse practitioners to care for oncology patients, they must understand the medical implications, pharmacological properties, and legal issues associated with medical marijuana use (Dell & Stein, 2021).
Expansion of Heart Failure Education from Hospital to Clinic
Abigail Fischer BSN, RN, DNP-FNP Student
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BACKGROUND INTRODUCTION

- Heart failure is the inability of the heart to adequately pump blood (American Heart Association, 2022).
- Heart disease is the leading cause of death in the United States, 8.5% being heart failure deaths (Heart Failure Society of America, 2017).
- Education enhances the heart failure patient’s ability to self-manage. With proper self-management, the patient reduces symptoms and exacerbations (Zuraida et al., 2021).
- Four outpatient clinics in rural Missouri lacked reliable, consistent heart failure education materials.

LITERATURE REVIEW

This literature review sought to examine current recommendations for heart failure education, investigate the effect of education on patient’s ability to self-manage, and investigate gaps in education among nurses providing heart failure education.

Heart Failure Education Recommendations from the American Heart Association and American College of Cardiology include: instruction and written materials detailing the patient’s medication plan, instruction and written materials explaining how to recognize symptoms and what to do when they occur, and instruction on the importance of daily weights (Bozkurt et al., 2021).

Educating the patient on the principles and fundamentals of heart failure will enhance their ability to self-care or self-manage. By participating in self-care, the patient is more likely to adhere to the medication regimen, restrict their salt in their diet, and improve self-monitoring of weights (Zuraida et al., 2021). Sixty minutes of heart failure education has been shown to reduce preventable hospital readmissions (Mattina et al., 2021).

Many nurses lack sufficient knowledge regarding heart failure management (Kuchenrither, 2021).

PROJECT METHODS

- The Situation-Specific Theory of Heart Failure Self-Care was used as theoretical basis.
- Formulated educational session about the heart failure education tool for providers and staff.
- Created pre-test and post-test for provider and staff evaluation purposes.
- Held and conducted provider and staff education sessions at four outpatient clinics.

EVALUATION

- A five-question pre-test and post-test was used to evaluate the efficacy of the heart failure educational session that was provided to participants.
- Provider and staff scores increased from 80% to 99% from pre-test to post-test.
- Marketing reports increase in Heart Failure Education Tool printing due to increase in use.
- Sample size was smaller than anticipated. Stronger communication from both the project implementer and clinic leaders could have resulted in larger sample.
- Met with stakeholders to discuss results and ideas for future improvement.

CONCLUSIONS

Heart failure education is vital to the longevity of patients with the disease.

Educating healthcare providers on the importance of heart failure education leads to better patient outcomes.

Better communication regarding expectations of provider and staff educational sessions is a recommendation ensure increased participation in heart failure education sessions.
PROBLEM INTRODUCTION

Students state they do not report safety related events

• Students fear reporting will negatively impact clinical evaluations.
• Just culture is not practiced in the clinical setting.

Formal just culture education is not part of the curriculum in many undergraduate programs

• Quality and safety curriculum does not include just culture emphasis.
• Early just culture education provides a strong framework for safety event reporting.
• Early just culture education decreases fear of reporting.

Safety event reporting is necessary to improve quality of care and patient safety

• The purpose of this project was to show the importance of early just culture education in decreasing a students’ fear of reporting and for students to gain an understanding of the importance of the need for reporting safety related events.

LITERATURE REVIEW

Implementing just culture in collegiate nursing education improves students’ quality improvement, patient safety, curriculum development, and teaching strategies

Databases: CINHAL, ProMed, CINAHL, and Healthsource. Keywords: just culture, undergraduate nursing students, quality improvement, patient safety, curriculum development, and teaching strategies.

Students who learn from safety related events on JCAT-NE surveys feel more comfortable discussing patient safety related events. p-value < 0.0001

Undergraduate nursing students have a strong foundation to ensure improved healthcare and quality patient outcomes.

Students use safety related events to improve patient safety, curriculum development, and teaching strategies.

The nursing program sees safety related events as a potential for increased safety and quality outcomes in the student clinical setting.

Potential for improved safety and quality outcomes in the student clinical setting

Recruitment and Outcomes

Potential for increased safety related events

CONCLUSIONS

• Addition of just culture education at the undergraduate level, provides undergraduate nursing students with a strong framework for event reporting importance.
• Early just culture education decreases students’ fear of reporting and increases understanding how safety related event reporting can disclose opportunities for improvements.
• Future implications - Building a stronger curriculum focusing on the quality and safety aspect of reporting errors, near misses, and good catches may help future generations of nurses reduce errors resulting in improved healthcare and quality patient outcomes.
Emergency Department Nurse Preceptor Development
Allison Helmerichs, MSN, RN, TNS, CEN, CHSE
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PROBLEM INTRODUCTION

- Emergency Department (ED): Fast-paced, complex care environment.
- ED nurse needs critical thinking and clinical reasoning skills as well as the ability to prioritize high-risk situations.
- ED nursing orientation needs tailored to provide training to the new graduate nurse to work in this complex environment.
- A successful ED orientation includes a competent and effective preceptor.
- The ED nurse preceptor needs education and training to develop confidence and knowledge to perform the preceptor role.
- Training needs: Adult learning theory, feedback and performance evaluation, conflict resolution, and development of clinical reasoning.
- The project site lacked preceptor training specific to the ED nurse preceptor.

PROJECT METHODS

Implementation Site: Midwest academic teaching hospital with an ED that sees approximately 70,000 patients annually. Approval obtained from SIUE IRB and Nursing Research committee at project site.

Preceptor Workshop Education Themes:
- Learning and Generational Styles
- Feedback and Performance Evaluation
- Difficult Conversations
- Clinical Reasoning Development

Preceptor Workshop Teaching Methods:
- Immersive, interactive experience
- Case scenarios
- Learning style activities
- Group Discussions
- Role Play
- Simulation

IMPACT ON PRACTICE

Short-term impact: Improved confidence of the ED nurse preceptor

Improved confidence implementing strategies learned in workshop

Improved communication between preceptor and new nurse

Long-term impact difficult to determine

LITERATURE REVIEW

Databases: CINAHL, PubMed, Medline, Science Direct, and Google Scholar

Search terms: Preceptor, preceptor training programs, emergency nurse preceptor training, preceptor training using simulation

Findings: Preceptor education and training effectively improved the preceptor knowledge and skills. Defining competence guides the development of preceptor education. A competent nurse preceptor develops the clinical reasoning skills of the new nurse, provides practical and appropriate feedback and performance evaluation, and demonstrates the ability to resolve conflict.

Recommendations for education development: To develop a competent and confident nurse preceptor, training includes understanding principles of adult learning, real-life case scenarios, hands-on group activities, and simulation experiences.

EVALUATION

- Participants N = 16
- Pre- and Post-Survey Design
- Quantitative Data using 5-point Likert scale
- Qualitative data using open-ended questions
- Demographics

CONCLUSIONS

- Preceptor integral to new graduate nurses’ transition to independent practice.
- Preceptors without training may not possess the necessary skills to guide the new graduate nurse.
- Active learning strategies facilitate preceptor development and training.
- Preceptors need training on communication, development of clinical reasoning, and performance evaluation.

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A Multifaceted Approach to Promoting Speaking Up Behavior in a Community Hospital

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PROBLEM INTRODUCTION

Increased score for bi-annual survey question
"Staff are afraid to ask questions when something does not feel right."
- 2017: 53.19%
- 2019: 63.39%
- 2021: 64.91%

Bedside RN Annual Voluntary Turnover Rate Increase
- 2020: 13.60%
- 2021: 15.12%

Lack of effective communication between caregivers is a contributing factor to an unhealthy work environment
- Illustrated by 23% of RNs reporting choosing not to contact a provider about a patient safety concern due to fear of provider response and concern for job security

Bedside RN Annual Voluntary Turnover Rate Increase
- 2020: 13.60%
- 2021: 15.12%

Structured Communication Tool

LITERATURE REVIEW

Speaking Up Behavior Definitions, Concepts, and Models
- Speaking Up Behavior (SUB) is a healthcare professional identifying a concern that might impact patient safety and using his or her voice to raise the concern to someone with the power to address it
- SUB is influenced by hierarchy and power
- "Speaking Up" and "Withholding Voice" are two distinct concepts
- Organizational Culture is a strong predictor of SUB

Speaking Up Behavior Barriers and Motivators
- Personal and Interprofessional: Image concerns, Professional impacts, and Environment and Behavior standards
- Leadership: Leader Approachiability, Communication, and Response to SUB attempts
- Organizational: Ability to Execute Change, Culture (Concealment vs Transparency), Safety Commitment, Structures (Hierarchy vs Flat)

Speaking Up Behavior Interventions
- Educational Programs, Role Play/Simulation, and measures to influence organizational culture

Speaking Up Behavior Outcomes
- Patient Safety
  - SUB has preventive effect on human error
  - SUB cultures have reduced medication and procedural errors
  - Healthy Work Environment
  - Increased efficacy of SUB in organizations with perceived healthy work environment
  - Likelihood of SUB
    - Educational programs positively impact likelihood of SUB
  - Retention
    - Patient Safety Communication, Healthy Work Environment, and SUB tied to retention

PROJECT METHODS

**Organizational Structure and Culture**

- Development of SUB Structured Communication Tool (SBAR/CUS)
- Development of SUB Debriefing Tool
- Development of Safety Communication Administrative Policy
- Recognition of Patient Safety Communication through "Great Catch" and "Life Saver" awards

**Leadership**

- Leader Walking Rounds to solicit safety concerns with Patient Safety Events incorporated a feedback communication
- Just-In-Time Coaching for SUB events that promoted positive, judgment free communication
- Videos made by executive leaders and shared in electronic communication "giving permission" for SUB

**Individual Nurses**

- In-person Education session that included video, role-playing SUB activities, educational handouts
- SUB Surveys pre and post-intervention: SUB Safe - SPEAK
- Future State Computer Based Learning module once resources available for sustainability

QUALITATIVE DATA

Fear of Repercussion/Retaliation
History of Experiencing a Negative Response (Anger/Yelling/Demeaning)
Factors Influencing Nurses’ Choice to Not Speak Up
Belief that No Meaningful Change will Result
Feel Inexperienced

IMPACT ON PRACTICE

- Organizational Culture and Policy Change
- Structured SUB Tools in Place
- Leadership Rounds gave opportunity for freedom to share safety concerns and to "close the communication loop"
- SUB Debriefing Tool provides opportunity to share incidents anonymously
- Formal recognition of safety event identification through Great Catch and Life Saver awards
- Improved Patient Safety Communication

EVALUATION

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CONCLUSIONS

SUB Likelihood
- Nurses who attended a SUB educational intervention 73.2% more likely to utilize SUB
- Statistically significant increases in levels of perceived ease speaking up for patient safety, professional
- Statistically significant increases in comfort and trust to speak up

Organizational Culture Change Achieved
- Leaders encouraged and supported SUB
- Formal Policy Change
- Structured SUB Communication Tool developed for nurse use

Future Recommendations
- Develop new colleague onboarding education
- Develop annual computer-based learning module
- Develop interventions to address factors that influence nurses’ choice to not speak up (Withholding Voice)