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 clinics.
- Developing 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.

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

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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 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/delay dystocia.
  - Patients lack proper education and support related to protracted labor/delay dystocia to promote a vaginal delivery.
  - 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/delay dystocia and maternal positioning in labor.
  - Promote culture change reflective of Magnet Accreditation Standards.
  - Improve patient satisfaction with improved patient-centered care.

**LITERATURE REVIEW**

- Maternal positioning during early labor increases fetal position, fetus, and descent through the bony pelvis and soft tissue; the pelvic is a key determinant of a successful vaginal delivery (Centers for Disease Control and Prevention, 2020).
- New research indicates that women in the birthing unit who are in labor for a prolonged period of time receive more maternal positioning to support a vaginal delivery. (Centers for Disease Control and Prevention, 2020).
- Proper nurse education regarding maternal labor positions changes and fetal position/ejection decreased a Florida hospital’s NTSV cesarean section rate from 28.3% to 25.9% (McGrath et al., 2022).
- Proper nursing 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).
- Maternal positioning that encourages fetal position, flexion, and descent through the bony pelvis and soft tissue can decrease risk of assisted vaginal delivery and prolonged second stage of labor (McGrath et al., 2022).

**PROJECT METHODS**

**The PDSA cycle was utilized to promote continuous quality improvement**

**Evaluation**

- Data Collection/Synthesis:
  - 15 weeks of data collection
  - Inclusion/Exclusion criteria reviewed.

**Implementation**

- Staff Education:
  - PowerPoint with pre/post test knowledge assessment
  - Return Demonstration

**Impact on Practice**

- Utilization of PVB checklist and staff resourcebooks
- 5 Point Likert Scale used to survey patient experience and satisfaction

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

- Patient satisfaction with improved labor experience.

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

- Improving staff understanding of the impact of maternal movement on fetal rotation. Multidisciplinary teams identified significant improvements in maternal positioning in the PVB checklist within the labor and delivery unit.

- The obstetrical unit’s clinical educators are preparing to initiate the delivery of vaginal birth after cesarean sections (VBAC) initiative to establish a new standard of care.

**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.

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.

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.

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.

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.
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.
- 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.

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<th>Post %</th>
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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. Efficient throughput is vital for optimizing resource allocation, reducing wait times, and enhancing patient satisfaction.

PROJECT METHODS
Process map developed with inclusion and exclusion criteria for appropriate patients. Dissemination of a standardized process to the inpatient units. A Likert scale was developed and distributed pre- and post-implementation to determine resource utilization. Periodic huddling with inpatient units to drive the information and obtain enough momentum following the concept of Diffusion of Innovation Theory.

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).

EVALUATION
Discharge Lounge Utilization Increased 4,771 to 10,337

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.

REFERENCES

SOUTHERN ILLINOIS UNIVERSITY
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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
Lack of consistency in Procedural Sedation Training
Knowledge Acquisition in Simulation
Learner Response to Simulation

PROJECT METHODS
Stakeholder and IRB approval
- Long-standing organizational concern
- Required policy work prior to education
Policy Work
- 4 Policies into 1 Organizational Policy
- Review of best practices and literature
Procedural Sedation Training Course
- 8-month pilot with pre-learning, simulation, competency validation
- New and transferring RNs in ICU, ED, procedural areas
Evaluation
- National League for Nursing Self-Confidence for Learning in Simulation/Simulation Learning Effectiveness Inventory
- Patient Safety Event Review & Documentation Compliance
Safety Events
- 45 Procedural Sedation Events
- RN and Team responded appropriately to all events

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

IMPACT ON PRACTICE
Standardized practice is possible
Pilot organization now utilizing program for competency verification
Simulation for Competency Verification
Increased opportunity for RNs to be deemed competent
Application for additional competencies and skills at organization

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.

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

- 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.
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
Ayesha Baluch, BSN, RN
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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 (27.8 million in 2021) (U.S. Department of Health and Human Services, 2023, para. 1).

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

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.

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.

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

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.

LITERATURE REVIEW
Psychotherapy is effective but underutilized

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).

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 (NSSIs), suicidal thoughts, and other factors contributing to suicide risk (Heck et al., 2020).

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

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

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
- 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

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

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