



2019

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Doctor of Nursing Practice

INTENSIVE

February 20-22, 2019

Student Poster Abstracts

The University of Alabama in Huntsville

Stroke 30-day Risk of Mortality: Improving Quality Measures in the Acute Care Setting

JoAnne Mullins MSN RN; jm0004@uah.edu

Karen Frith PhD RN NEA-BC CNE; Karen.frith@uah.edu

Quality Measures for complications and deaths are publically reported by the Centers for Medicare and Medicaid Services and are reflective upon the hospital and physicians. Physician documentation for coding purposes must be specific to reflect the true severity of the patient or morbidity rates may appear to have occurred from only routine problems. Huntsville Hospital ranks worse than the national mortality rate for stroke 30-day risk of mortality on CMS's website Hospital Compare.

Many hospitals have employed nurses who are clinical documentation improvement (CDI) specialists to review medical records concurrently for coding purposes. This project sets out to evaluate if concurrent reviews by CDI specialists focusing on the risk of mortality and severity of the patient improves quality measures for stroke 30-day risk of mortality compared to reviews for reimbursement purposes only.

The literature review focused on predictors of early mortality after a stroke and the impact of documentation accuracy. Research has shown quality measures and reimbursement are affected by accurate documentation. The National Institute of Health Stroke Scale (NIHSS) score is the most prevalent predictor of mortality after a stroke. Other common comorbidities include atrial fibrillation/flutter, hypertension, hyperlipidemia, diabetes, coronary artery disease, and a history of a previous transient ischemic attack or cerebrovascular accident.

The conceptual framework for the study is Donabedian's Outcome Model of Quality and the Model for Improvement. The implementation plan involves creating a policy and algorithm for CDI specialists on concurrent reviews for quality purposes, educating CDI specialists, creating a physician survey to determine how best to provide physician education on the specificity needed in documentation, providing physician education, and a retrospective review pre- and post- implementation analyzing documentation and coding practices.

The retrospective review includes risk of mortality and severity scores, NIHSS score, coding of NIHSS score, missed query opportunities, missed coding, age, common comorbidities as reflected in the literature review and in-house mortality. A statistical analysis will be run utilizing SPSS. The tests include Spearman Rho-Correlation, Chi-square, and t-test. Results are pending.

The implications to nursing practice include accurate documentation and case mix, patient safety, and improved quality measures.

Pre-exposure Prophylaxis (PrEP) in the Urgent Care Setting: A Literature Review and Protocol

Jack Mayeux, MSN, APRN, NP-C jjm0029@uah.edu
Yeow Chye Ng, PhD, CRNP, CPC, AAHIVE yeowchye.ng@uah.edu

PICOT: Among urgent care providers, how does the proposed urgent care (UC) pre-exposure prophylaxis (PrEP) service initiation guidelines compare with current general PrEP guidelines affect providers' comfort, knowledge, and willingness to initiate PrEP services over a six-month period?

Introduction: At this time, there is a lack of guidelines, comfort, and willingness to initiate PrEP by medical personnel in the UC setting. A setting that is considered the front line of care. While guidelines for clinicians who initiate PrEP are widely available, it is only intended for primary care or specialty providers. The purpose of this project is 1) to synthesize current general PrEP guidelines into a one-page treatment algorithm specifically tailored for the fast paced UC setting, and 2) to evaluate the implementation outcome of the proposed PrEP protocol.

Review of Evidence: A review of literature conducted, using PRISMA guidelines, covered PrEP services provided in UC clinics between 2012 and 2017. Over 1,515 articles were reviewed and only two studies reported that PrEP services were provided in UC settings. Additionally, a search of the latest guidelines for the initiation of PrEP medication from the Centers for Disease Control and Prevention (CDC) revealed 77 pages of information that the clinician must navigate to properly initiate PrEP.

Implementation Plan: The proposed UC PrEP protocol will be implemented in six urgent care locations throughout Louisiana. A pre and post intervention assessment will take place to measure the effect of the developed protocol on PrEP knowledge and PrEP service implemented among the UC providers within a 6-month time period.

Results: Phase 1: Development of One-page PrEP protocol for the UC setting (completed, refer to addendum).
Phase 2: Implementation (pending).

Clinical Implications: In today's fast-paced environment, patients are utilizing UC as their primary care facility in much greater numbers. The goal and implications of providing this protocol to UC providers is to assist and guide the screening and implementation of PrEP in a timely and efficient manner. This protocol will encourage UC providers to become front-line leaders in the field of HIV preventative services.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

DISCHARGE CARE BUNDLE: SELF-MANAGEMENT EDUCATION

KIMBERLY GRAHAM, MSN, APRN, ACNS – BC, klg0027@uah.edu

Lenora Smith, PhD, RN, Lenora.Smith@uah.edu

Clinical Question For medical-surgical nurses, caring for the soon-to-be-discharged COPD patient over 60 years of age, will a COPD discharge care bundle increase nursing's effectiveness to prepare the patient for discharge with self-management skills to reduce the rate of hospital readmissions?

Introduction The impact of COPD expenditure on the U.S. health system is \$49.6 billion, and 23% accounts for hospital readmission. The purpose of this quality project was to develop and implement a COPD discharge care bundle that will improve self-management skills and reduce readmissions.

Review of Evidence Hopkinson et al. (2012) study revealed that increased COPD bundle compliance was evident in smoking cessation programs (18.2% to 100%), inhaler usage techniques (59.1% to 91.2%) and self-management planning (54.6% to 97.9%). A review by Ospina et al. (2016) discussed findings that COPD care bundles with targeted interventions could contribute to reducing hospital readmissions. Bandra's self-efficacy theory was used as an underpinning for the development of the COPD discharge care bundle.

Implementation Plan Registered nurses from three medical units were recruited to complete the pre-knowledge questionnaire and survey. Next, education sessions covering COPD and the self-management education bundle were conducted. After the education sessions, the COPD bundle was implemented. At the end of eight weeks, the nurses completed a post-knowledge questionnaire and survey.

Results Pre-post-test results showed significant improvement in knowledge from 62% to 70% (n=21). Sixty-five percent of the RNs (n=21) responded to having increased confidence to provide COPD education. The respondents were 55% confident and 25% very confident with dyspnea management and exercise education. The readmission rate for the project was 17%, indicating clinical significance compared to the national COPD readmission rate of 20%.

Clinical Implications The bundle will provide the nursing staff with a structured process for patient education and discharge preparedness that will improve COPD care outcomes. Implementing the bundle will promote interprofessional collaboration, improve COPD knowledge, and reduce hospital readmission rates.

The Implementation of a Cultural Change Toolkit to Mitigate Nurse Turnover, Reduce Nursing Burnout and Promote a Positive Practice Environment

Amber Adams, MSN, RN, CEN, aa0113@uah.edu
Angela Hollingsworth, DNP, RN, CEN, NEA-BC, ah0109@uah.edu

PICOT Question: (P) Among nurses working in a community hospital emergency department, (I) does a cultural change toolkit consisting of multiple interventions focused on meaningful recognition, shared decision making and improved communication (C) compared to no intervention (O) decrease nursing burnout and improve nursing retention?

Introduction/Background: Nursing burnout and high levels of nursing turnover contribute to negative work environments, diminished patient care, and increased healthcare costs. There is an increased prevalence of nursing burnout and nursing turnover throughout healthcare organizations. The purpose of this DNP project was to determine whether the implementation of an evidence-based toolkit focused on evidence-based interventions would decrease the levels of nursing burnout and turnover experienced in the emergency department.

Review of Evidence: Research indicates meaningful recognition, shared decision making, and increased leadership support can promote a positive work environment, improve nursing morale and decrease nursing turnover. The theoretical framework chosen for this project is Kanter's theory of structural empowerment.

Implementation Plan: The toolkit was implemented within an emergency department in southeast Texas that has experienced high nursing turnover rates (25%) and burnout. The toolkit was implemented over a period of two months and included specific interventions including a "kudos" board and thank you card program (meaningful recognition), an anonymous suggestion box (shared decision making), and daily leadership rounding (improved leadership support). Nursing burnout and anticipated turnover were measured using the Anticipated Turnover Scale and the Oldenburg Burnout Inventory both before and after implementation of the project. Participants (n=30) included nursing staff employed in the emergency department.

Results: There was a reduction in both the anticipated turnover (mean anticipated turnover score, pre=3.133, post=2.989) and burnout scores among nursing staff (mean burnout score, pre= 4.808, post =4.463). The results of burnout were statistically significant following a paired t-test analysis (p=.004). There were zero resignations among nursing staff throughout the project period.

Clinical Implications: Nursing burnout and turnover are frequently discussed topics, however, there is a gap in literature regarding specific interventions to address these issues. This DNP project supports the utilization of a cultural change toolkit with interventions that are cost effective to address these issues.

Quality of Life: Methadone and Abstinence

Kimberly Neace RN., MSN., CNP. kn0030@uah.edu

Azita Amiri PhD, RN, aa0033@uah.edu

Picot Question: For those with opioid disorder (OUD), what does abstinence from opioid, an alternative path to recovery, mean and can that be combined with photo voice and QoL instruments to advance educational materials that can help other OUD clients with recovery process?

Problem Statement, Background, Objectives: The number of drug overdose deaths per year increased 23% from 38,329 in 2010 to 47,055 in 2014 across the nation. Methadone maintenance treatment (MMT) is the current standard of care for OUD clients. Although opioid epidemic combat should be a short-term solutions, the MAT program has become long-term approach, and a way of life for many. Diversely, abstinence-based approach, which is not recommended for many, is a short-term solution that has been successfully practiced by many people. The purpose of this evidence based project is to use photo voice and QoL instruments to create educational materials about abstinence-based approach.

The objectives of the project are to determine:

1. Beliefs/thoughts and feelings of participants about their recovery method, MMT and abstinence-based approach, using PhotoVoice tool and focus groups
2. Quality of life (QoL) in MMT participants and those who used abstinence-based approach
3. To develop educational materials for clients, health care professionals, and the community, based on outcomes from focus groups, PhotoVoice, and a QoL instruments

Review of Evidence: There are not enough supporting evidence about the long-term QoL of clients who use MAT. There is also only a few articles about abstinence-based approach and its outcomes. Common themes throughout the literature were MAT and MMT as the current standard of care, recommendations for life long MAT use, and redefining terms to promote the use of MAT.

Implementation/Plan: The study design is a mixed method analysis. The convenience sampling method will be used to collect 10 participants (5 in each group). Nonparametric tests and descriptive analysis will be used to analyze the WHOQOL-BREF. Qualitative common themes will be extracted from both groups

Results: Pending

Clinical Implications: The main benefit is that we will be able to create educational materials to help addicted people with recovery by people who are in the recovery process themselves.

**University of Alabama at
Birmingham**

Standardization of Anesthesia Handoffs by Implementation of a Structured Tool

David B. Sanford, MSN, CRNA dsanford@uabmc.edu

Susan McMullan, PhD, CRNA susanpmcm@uab.edu

PICOT: Do patients whose providers participate in a handoff (P) using a structured handoff tool (I) compared with providers who do not use a handoff tool (C) experience fewer medical errors (O) during an eight-week evaluation period (T)?

Introduction: Communication is an essential component to safe patient care and is exemplified in the transition of surgical patients from the operating room to the recovery area. During this phase, the patient is unable to participate in their care due to anesthesia effects and is fully reliant on the providers to transfer care safely. The purpose of this project is to align post-surgical handoffs in the student's facility with best practice recommendations by introducing a handoff tool where no current structure exists.

Review of Evidence: Regulatory, practice, and professional organizations have concurrently addressed handoff communication. The Joint Commission, Centers for Medicare and Medicaid Services (CMS), and the American Association of Nurse Anesthetists (AANA) all recommend that anesthesia providers utilize handoff checklists or protocols. The framework for this project is the Shannon-Weaver Linear model of communication that describes the handoff as having the essential components of sender, transmission, and receiver.

Implementation Plan: Implementation of the project will include training of staff in use of the tool, delivery of the tool to clinicians, evaluation of project impact using medical error prevalence, and assessment by questionnaire of participating clinicians. The intervention will be in a surgical recovery setting between Certified Registered Nurse Anesthetists (CRNAs) and registered nurses (RNs). Pre and post intervention statistical analysis will compare both medical error prevalence as well as of provider perspective of the workflow.

Results: The project is pending UAB Institutional Review Board QI designation.

Clinical Implications: This project focuses on a clinical practice gap where a handoff tool is not being used. Patient care handoffs are recognized as a potential root of medical error. Conforming to best practice in this vulnerable population of post-operative patients is a step toward continuous quality improvement in patient care.

Quality Improvement Project to Evaluate FOBT Screening Protocols in the United Healthcare/ Optum Housecalls Program

Debbie Smith- Tyler, MSN, ANP-BC

Jennan Phillips, Ph.D., RN, FAAOHN

Abstract

PICOT Question: Among African American (AA) members in United Healthcare/Optum Housecalls Program (HCP), do follow-up reminder calls increase compliance with Fecal Occult Blood Test (FOBT) screening compared to routine care during the same period the previous year.

Background: In AAs, colorectal cancer (CRC) screening is important because they have the highest incidence rate of CRC, highest rate of advanced stages upon diagnosis, and lowest survival rate. Compared to Caucasians, the incidence rate for CRC is 27% higher in AA males and 22 % higher in AA females. Death rates from CRC are 52% higher in AA men and 41% higher in AA women than other populations. Risk factors of unhealthy diet, higher rates of obesity and tobacco use, along with mistrust of medical providers may contribute to racial disparities of higher rates for CRC with fewer FBOT screenings among AAs. Because of increased risks, the American Cancer Society recommends CRC screening for AAs beginning at age 45; HCP follows US Preventive Service Task Force (USPSTF) recommendations to screen all 50-75-year-olds with the FOBT.

Framework: The Health Promotion Model will provide the conceptual basis for AA members to complete FOBT screening.

Methods: Twenty-five AA members between 50-75 years of age who have not had a colonoscopy or FOBT in less than 12 months will be recruited. During a regular home visit, members will receive a handout about risk factors for CRC and reasons for FOBT screening plus education on proper FOBT collection. The percent of FOBT kits returned by AA members taking part in the QI project will be compared with those collected using the standard FOBT Screening Protocol for the previous year, and those returned during the same time this year. The data will be evaluated after a reminder call/ text provided to member 1-2 weeks post-FOBT implementation.

Results: pending IRB approval.

Implications for Intervention: Evaluation of FOBT screening results by race, gender, and age may find a high risk among AA men in their early fifties and support the need for the agency to adapt the American Cancer Society FOBT screening recommendations that begin at age 45 for AA males.

Utilization of Point-of-Care Hemoglobin A1c Testing to Improve Care in Patients with Diabetes

Melanie Baucom, MSN, CRNP, FNP-BC, mpbaucom@uab.edu

Cynthia Selleck, PhD, RN, FAAN, cselleck@uab.edu

Michele Talley, PhD, CRNP, ACNP-BC, talley@uab.edu

PICOT QUESTION: For diabetic patients seeking medical care at a Federally Qualified Health Center, will utilization of point-of-care hemoglobin A1c (POC A1c) testing provide greater improvement in A1c results at a three-month follow-up visit compared to usual care?

INTRODUCTION: Greater than 70% of the patient population of the clinic qualify as homeless, with associated barriers to follow-up care including lack of transportation, lack of ability to contact by phone, and housing instability. The aim of the project is to reduce the effects of potential follow-up barriers by providing feedback of diabetic patients' conditions during their routine visit, including education and medication adjustments.

REVIEW OF EVIDENCE: The study will consist of implementing the use of POC A1c testing, results of which will be available to the provider at the time of service. Studies have linked POC A1c testing to improvement in A1c results as well as increased patient satisfaction with the care provided (Shephard, et al, 2005 and Schnell, Crocker, & Weng, 2017). Social Cognitive Theory will be a guiding framework for this project, as utilization of this theory has been shown to improve and increase positive behaviors when used in educational programs for diabetic patients (Heiss & Petosa, 2015).

IMPLEMENTATION PLAN: The project will be implemented at Bessemer Neighborhood Health Center and include patients age >19 with a diagnosis of diabetes mellitus. The results at initial visit will be compared with the results at their three-month follow-up visit. An independent t-test will be used to compare the data with that from a similar cohort of patients seen in the same time frame the previous year.

RESULTS: Results of the project are pending.

CLINICAL IMPLICATIONS: Current lab practice requires 1-3 days for results, at which time the provider can follow-up with needed management changes. For this vulnerable population, the potential barriers to this follow-up process can negatively affect their care. Implication of this intervention will include the ability of the provider to know and be able to discuss needed education or changes in management during the patient visit, thereby increasing the potential for patients to better manage their diabetes.

Improving CRNA Self-Confidence and Quality of Care During Perioperative Cardiac Events Through Development of an ACLS Competency Program

Merrilee B. Coby, MNA, CRNA, BBA, mbcoby@uab.edu

Pennie I. Watts, PhD, RN, CHSE-A, piwatts@uab.edu

Tracie White, DNP, CRNP, ACNP-BC, CRNFA, twhite220@uab.edu

Evidence-Based Practice Question: For Certified Registered Nurse Anesthetists (CRNAs) at UAB Hospital (P), does the use of high-fidelity simulation (HFS) in addition to standardized annual ACLS training vs standard biannual ACLS training alone (C) adequately demonstrate a CRNA's individual competency and confidence for following ACLS algorithms (O)?

Introduction: The risk for cardiac events under anesthesia requires CRNAs to rapidly identify the need to initiate ACLS protocols. Studies have shown that lack of adherence to ACLS algorithms results in poor patient outcomes and that critical skills begin to degrade in as little as three months from initial training. Currently, there is no ongoing ACLS competency assessment or standardization for recertification of CRNAs at UAB Hospital.

Review of Evidence: HFS in ACLS training decreased delays in identifying cardiac events, improved initiation of intervention times, and improved patient outcomes. The use of periodic simulation training is associated with skill retention and maintenance of competency over time. Kolb's experiential learning theory supports the use of HFS as a means of effective learning and provides the framework for this project.

Implementation Plan: This project will consist of two parts. First, a survey will be conducted of all CRNAs at UAB Hospital to collect demographic data, ACLS certification and recertification information, and experience with code events in the operating room. Second, 15 volunteer CRNAs will individually participate and be scored in an ACLS HFS experience. Just prior to the simulation, each of the 15 CRNAs will complete a Likert survey of self-confidence in the steps of an ACLS algorithm. All data will be collected and analyzed to determine learning needs of CRNAs and how they relate to confidence levels and skill accuracy with ACLS for development of an ongoing competency module.

Results: Results are pending.

Clinical Implications: The collection of this data will be used to develop a clinical competency program in ACLS for CRNAs. Patient care will improve from the implementation of periodic HFS. It is expected that as knowledge and skill retention are improved through HFS, patients will receive more accurate ACLS resulting in improved outcomes following a cardiac event under anesthesia.

Improving Provider Compliance to Statin Prescribing Guidelines: A Quality Improvement Project

Christy Martin, MSN, FNP-C, APRN, CNOR christymartin1174@gmail.com
Roxanne Phillips, MSN, NP-C ryphillips10@gmail.com

Cori Johnson, DNP, CRNP, AGNP-C

PICOT: In adult patients with lower extremity PAD (P), does implementation of an evidence-based algorithm and electronic reminder in the EHR (I) compared to current practice (C) improve provider compliance to prescribing statins (O) over a 3-month period (T)?

Introduction: Peripheral artery disease (PAD) is associated with increased risk of cardiac events, and evidence-based guidelines recommend statin therapy for patients with lower extremity PAD. Many patients remain sub-optimally treated, representing a disparity between research and clinical practice. Lack of statin therapy in patients with PAD is the identified gap in practice at Vascular Institute of Chattanooga (VIC). The purpose of the project is to determine if implementation of an evidence-based algorithm and electronic reminder increases provider compliance to guidelines for prescribing statin therapy to patients with lower extremity PAD compared to current practice.

Review of Evidence: Health information technology (HIT) interventions have proven effective at addressing health disparities and improving outcomes across specialties. Electronic pop-ups are used to remind providers of guidelines for diagnosing, screening, and treating purposes. The use of EHR reminders has been efficacious in increasing compliance to screening guidelines and improving patient care in several different studies. This project will utilize the triad of structure, process, and outcome to evaluate healthcare quality in accordance with the Donabedian Quality Framework.

Implementation Plan: An evidence-based algorithm will be implemented in the clinic for six weeks to prompt providers to prescribe statins for PAD patients. Next, an electronic reminder will be implemented in the electronic health record for the following six weeks. Data will be collected throughout the process and analyzed to determine if either intervention increases provider compliance to prescribing statins for patients with PAD at this clinic.

Results: Pending project completion.

Clinical Implications: There is compelling evidence that electronic reminders may improve delivery of evidence-based quality care. Data collected will be analyzed to determine efficacy of the interventions compared to data prior to implementation. Recommendations for changes in practice at site will be made to improve patient care based on findings.

University of Alabama

Implementation of an Antibiotic Stewardship Program for Acute Upper Respiratory Infections

Jeanne Ann VanFossan, MSN, MS, FNP-BC, javanfossan@crimson.ua.edu

Robin M. Lawson, DNP, CRNP, ACNP-BC, NP-C, FAANP, rmlawson@ua.edu

PICOT QUESTION

In adult patients diagnosed with an acute respiratory tract infection (ARTI) how does implementation of an antibiotic stewardship program as compared to no antibiotic stewardship program impact antibiotic prescribing rates?

INTRODUCTION

Antibiotics have been an essential public health medicine since the discovery of penicillin. The emergence of antibiotic-resistant bacteria is now reversing the gains of the past eighty years, with many drug choices being limited, expensive, and sometimes nonexistent. Antibiotic resistant infections contribute to poor health outcomes, higher healthcare costs, and use of more toxic treatments.

The purpose of this project is to implement an antibiotic stewardship program for ARTIs. The aim is to decrease inappropriate antibiotic use for ARTIs. Objectives include: (1) conducting an educational session on the need for an antibiotic stewardship program for providers; (2) incorporating into clinical practice an evidence-based *Over the Counter Prescription Template*; and (3) determining project effectiveness by comparing pre/post-intervention antibiotic prescribing rates.

REVIEW OF EVIDENCE

The Centers for Disease Control and Prevention's *Be Antibiotics Aware* program includes evidence-based recommendations, such as an over-the-counter prescription template, for managing common acute respiratory infections. This program served as the evidence-based foundation for the project. The Model for Improvement is the quality improvement approach that was used to conceptualize the project.

IMPLEMENTATION PLAN

The project site is an outpatient clinic located in the mid-eastern part of the U.S. The sample is adult patients age 18 and older diagnosed with an ARTI. Following an educational session, providers began using an *Over the Counter Template* for patients diagnosed with an ARTI. Pre-intervention antibiotic prescription rates for ARTIs were collected from September 1, 2017 through December 31, 2017. Post-intervention antibiotic prescribing rates for ARTIs are being collected for the same four-month period one year later. To determine effectiveness, a comparison of the pre/post-intervention means for the number of antibiotics prescribed for ARTIs will be completed.

RESULTS (pending)

The expected finding is decreased antibiotic use for ARTIs.

CLINICAL IMPLICATIONS

This project represents an evidence-based, system-wide change in the standard of care for adult patients diagnosed with ARTIs. Reduced inappropriate antibiotic prescribing is critical to combating antibiotic-resistant bacteria.

A School-Based Intervention to Increase HPV Vaccination Rates

Tiffany Edwards, MSN, APRN, FNP-BC, tedwards5@crimson.ua.edu

Gwendolyn L. Hooper PhD, APRN FNP-BC, glhooper@ua.edu

Background: The human papillomavirus (HPV) is responsible for over 31,000 cancer diagnoses each year in the United States. Receiving the HPV vaccine has the potential to prevent 90% of these cancers. Unfortunately, HPV vaccination rates remain far lower than other preteen immunizations such as tetanus, diphtheria, acellular pertussis (Tdap) and meningitis conjugate vaccines (MenACWY).

Review of Evidence: The literature review revealed several methods for improving vaccination rates, which included reducing missed opportunities for vaccination, parent education, and health care provider recommendation.

Project Aim: The aim of this project was to increase the HPV vaccination rate among adolescents presenting to a school-based health center (SBHC) using provider recommendation and education for parents.

PICOT Question: In adolescents in grades 9-12 enrolled at a school-based health center, does change in clinic policy coupled with provider recommendation and parent education improve HPV vaccine acceptance over a period of 8 weeks?

Theoretical Model: The Health Belief Model was the theoretical framework used to guide this project since personal beliefs about health and disease influence health behaviors such as vaccine acceptance.

Implementation Plan: This project examined whether HPV vaccination rates were improved following implementation of a clinic policy requiring immunization records to be reviewed at every visit, along with providing parents with written recommendations and education from the healthcare provider.

Results: Thirty-six students who presented to this SBHC for care had not initiated or completed the HPV vaccine series. Parents of these children received written recommendations and education on the HPV vaccine. Fifteen parents consented to the HPV vaccine for their child, a 93% increase in HPV vaccine acceptance when compared to the same time period in 2017.

Conclusion: This study found that a SBHC practice initiative led to an increase in HPV vaccine uptake. The new vaccine policy also increased the acceptance of other vaccines such as Tdap, MenACWY, and Influenza.

Clinical Implications: Provider recommendation was found to be influential in improving HPV vaccination rates and SBHC are an ideal alternative setting to improve vaccine acceptance among parents.

Increasing Breastfeeding Duration through Creation of a Breastfeeding-Friendly Pediatric Office

Annie Imboden MSN, APN, CPNP, aimboden@crimson.ua.edu

Robin Lawson DNP, CRNP, ACNP-BC, NP-C, CCRN, rmlawson@ua.edu

PICOT question: In breastfeeding infants, how does a breastfeeding-friendly pediatric office as compared to a standard pediatric office impact breastfeeding duration?

Introduction: Breastfeeding is the gold standard for infant feeding. Exclusive breastfeeding is recommended for the first six months of life, with continued breastfeeding and age-appropriate foods until at least one year of age. In the U.S., 81% of women initiate breastfeeding upon their infant's birth. When the infant reaches six months of age, however, only 51.8% of mothers are still breastfeeding, and only 22.3% are breastfeeding exclusively. Such a stark contrast indicates the need for greater breastfeeding promotion in outpatient settings. The purpose of this project is to create a breastfeeding-friendly pediatric office with an aim of increasing breastfeeding duration. Objectives include conducting breastfeeding educational sessions for staff, implementing an evidence-based breastfeeding policy, and assessing pre- and post-implementation breastfeeding duration rates.

Review of Evidence: Breastfeeding-friendly policies implemented in pediatric offices have been shown to increase breastfeeding rates. Furthermore, multiple systematic reviews have demonstrated effectiveness of breastfeeding interventions such as face-to-face education and support by healthcare professionals. The Plan-Do-Study-Act cycle is a well-known quality improvement model that was helpful in conceptualizing the project.

Implementation Plan: An evidence-based breastfeeding policy was developed and implemented as the standard of care for infants two days to four months of age in a busy pediatric office. All healthcare providers were educated on the policy and procedures. A retroactive chart review to determine pre-intervention breastfeeding duration was completed. At the end of the four-month project period, pre-and post-implementation breastfeeding duration rates will be analyzed to determine effectiveness.

Results (pending): The project will conclude in February 2019. The expected finding is improved breastfeeding duration rates.

Clinical Implications: Creation of a breastfeeding-friendly office can be achieved in multiple outpatient settings. Advanced practice nurses are in the ideal role to promote such improvements. Initiatives such as staff education, triage and appointment protocols, and early counseling of breastfeeding mothers support sustaining successful breastfeeding. Beyond the immediate effect of improved breastfeeding duration rates, long-term implications include improved health and wellness of women and children.

Implementation of Obesity Management Guidelines in a Pediatric Primary Care Clinic

Lauren Marie O'Hanlan MSN, APN, CPNP-PC // lmohanlan@crimson.ua.edu
Dr. Gwendolyn Hooper PhD, RN, FNP, APRN-BC // glhooper@ua.edu

EVIDENCED-BASED PRACTICE QUESTION: How do parents of children ages two through seventeen (P), with a diagnosis of obesity (I), perceive healthy lifestyle choices and obesity risk factors (O), at their child's well examination and six weeks after (T)?

INTRODUCTION: Pediatric obesity is a severe, chronic health problem that is often neglected clinically. Even though the prevalence of pediatric obesity is high, weight problems are rarely managed in children as parents may not perceive their child's obesity as a being a problem. Approximately 17% of children and adolescents in the United States are obese. Due to the numerous conditions associated with pediatric obesity, it is important for pediatric primary care providers to closely monitor the weight trajectory of patients to ensure maintenance of a healthy weight and BMI.

OBJECTIVE/AIM: The objective of this study is to identify, create awareness and educate parents of children, who are clinically obese through targeted educational interventions.

REVIEW OF EVIDENCE: Pediatric obesity has both exogenous and endogenous causes and should be managed in the primary care setting through education, diagnostic laboratory studies and weight management follow-up. The theory of human caring by Jean Watson has been selected to guide this scholarly project. Authentic presence and engaging in genuine educational experiences best equip pediatric providers to care for patients with a multifactorial health problem such as obesity.

IMPLEMENTATION PLAN: This project utilized evidence based guidelines from the American Academy of Pediatrics in a pediatric primary care clinic to create awareness and educate, parents of children two through seventeen of the normal weights of children in their child's age range. Educational materials including diet, screen time and exercise were presented to parents with follow-up scheduled to assess progress and measured through pre and post implantation surveys.

RESULTS: Results of this work are ongoing and will be available at the time of presentation.

CLINICAL IMPLICATIONS: Pediatric healthcare providers play an important role in disease prevention and are responsible for the health outcomes of their patients. By implementing interventions that prevent, manage and treat pediatric obesity, clinicians are helping their patients reduce their risk of acquiring obesity related health conditions.

Screening for Pediatric Preoperative Risk Factors to Manage Postanesthesia

Respiratory Complications

Myrna Mamaril, MS, RN, NEA-BC, CPAN, CAPA, FAAN, FASPAN, memamaril@crimson.ua.edu

Linda Dunn, PhD, RN, ldunn@bama.ua.edu

Evidence-Based Practice PICOT Question: Will screening for PPRFs for potential respiratory complications increase the frequency of PACU nursing assessments and airway interventions during a three month period of time? (**P:** Pediatric preoperative surgical patients with risk factors; **I:** Implement PPRF checklist to screen for children at risk for PACU respiratory complications; **C:** Compared to the current standard PACU nursing assessments and interventions; **O:** Frequency of PACU nursing respiratory assessments and airway interventions; **T:** Three month period of time).

Introduction: Pediatric patients, who are recovering from anesthesia, are at significant risk for critical physiologic compromise due to residual effects of anesthesia, analgesic medications, and close proximity to the surgical procedure and may cause PACU adverse respiratory events. The primary purpose of this quality improvement (QI) project was to identify pediatric preoperative evidence-based risk factors using the pediatric preoperative risk factor (PPRF) screening checklist and communicate risk factors to the PACU nurse. The secondary purpose of the project was to determine whether using PPRF checklist will impact PACU nursing assessments and/or nursing interventions.

Review of the Evidence: Search strategies using PubMed, CINAHL, Cochrane, Scopus, and Joanna Briggs Institute revealed 58 citations: 27 articles applied to the PICOT question. Chinn and Kramer's (2015) Model for Knowing and Knowledge Development was used for the QI conceptual framework

Implementation Plan: One hundred patients in Pediatric Preop and PACU were observed for current nursing practice. Informed consent was obtained for Pre/Post Nurses' PPRF Survey. Nurses had PPRF training and post test administered with significant ($p < 0.05$) results. Then, one hundred surgical patients' medical records were reviewed by PACU night nurses and risk factors were entered on the PPRF Checklist. The PPRF checklist was attached to the PACU handoff record and placed on the front of the pediatric patient's medical record as a way to highlight PPRFs for potential respiratory compromise. PACU nurses and the PI completed the PACU Data Collection Sheet noting frequency of assessments and interventions with the number of risk factors.

Results: To be analyzed using independent t-test for pre- and post PACU assessments, interventions, and complications using SPSS version 24.