Mississippi Educational Consortium for the Doctorate of Nursing Practice

DNP Wall of Fame
**Purpose:**
The purpose of this project was to develop and pilot test a caregiver resource tool aimed to improve timely access, navigation, and coordination of community and Veterans Administration (VA) resources for rural elderly caregivers. The Che, Yeh, and Wu (2006) Conceptual Model of Self-Empowerment for Caregivers undergirded the study.

**Method:**
Following an extensive literature review, the investigator-generated resource care map was developed and pilot tested among a sample of rural elderly caregivers. The setting was a rural southeast Mississippi medical center. The sample \((N = 5)\) consisted of rural elderly caregivers aged 65 years and older who had been engaged in caregiving for at least 6 months or greater. A triangulated approach was used to assess the experience of the caregivers and their response to the resource care map. All caregivers were selected from a rehabilitation unit. Data collection consisted of a demographic survey questionnaire, responses to a pre- and post- survey assessment on caregiving, and discussion of the caregiver role.

**Results:**
The findings revealed a significant difference among caregivers in the pre- and post-survey assessment related to decreased anxiety and worry regarding access, navigation, and coordination of community resources after a 30-day intervention using the Abernathy Caregiver Resource Care Map. Participants indicated improved access and being very confident using the Abernathy Caregiver Resource Care Map.

**Implications for Practice:**
The Abernathy Caregiver Resource Care Map shows promise of a tool that Doctor of Nursing Practice (DNP) leaders can further develop and apply in alleviating some of the caregiver strain related to navigation and location of resources for rural elderly, and perhaps other types of caregivers, in accessing community and VA resources.
Methods/Evaluation:
Practice guidelines on the issue of TD were introduced to the members of the interdisciplinary team (IDT) through educational sessions that involved:
• Development - based on published evidence of best practice
• Refinement - continuous throughout development, implementation and evaluation stages and extending into the dissemination stage.
• Dissemination - to palliative care professionals within a community hospice
• Accountability - providing incentives for the IDT to change practice based on evidence and to develop a mutual agreement for the need for practice change.
• No formal questionnaires used. Data was collected by recording common themes discussed in the focus groups. A descriptive approach was used to examine program effectiveness and to provide immediate results to the committee members invested in the project.

Results:
The members of the IDT were not fully aware of published practice guidelines on the issue of the use of artificial hydration at end of life. Most felt the guidelines would serve only as a reference point for IDT discussions, and could not be exclusively applied in all situations of decision-making conversations concerning TD.

Implications for Practice:
As with prior studies, there are many complexities surrounding decision-making regarding the use of artificial hydration in the dying patient. The need for uniform and knowledgeable discussions by the IDT and the value of education and strategies for proactive discussions is considered a priority for quality care at end of life.

Purpose:
This scholarly project sought to provide the palliative care community with the background on the issue of Terminal Dehydration (TD) including: a review of the literature, education on the natural physiological processes that accompany TD, and important and necessary strategies to proactively approach decision-making conversations with patients and caregivers concerning the use of artificial hydration at end of life.

Setting:
A community based nonprofit hospice was chosen to be the agency for project implementation. This facility is the oldest provider of palliative care in West Alabama.

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**Purpose:**
The purpose of this study was to test the effectiveness of an education and benchmarking intervention aimed at improving ED provider’s use of management strategies supported by the National Asthma Education and Prevention Program Expert Panel 3.

**Project Plan/Setting:**
Asthma is a chronic but controllable disease. Approximately, 220,719 Mississippians have asthma. The county chosen as the site for this study was among the highest emergency department discharge rates for asthma in the State at 92.26+/10,000. Asthma care was not standardized and no significant patient education was provided during the emergency department visit.

**Evaluation Methods:**
The National Asthma Education and Prevention Program Expert Panel 3: Guidelines for Diagnosis and Management of Asthma (2007) recommendations were used to develop a treatment algorithm; standing orders for management, and education protocols for asthma patients presenting to the emergency department (ED). The algorithm and standing orders were approved by an interdisciplinary team and were placed in the electronic medical record system available to ED providers for order entry. The records of 30 patients were retrospectively reviewed with regard to guideline recommendations in the management and education of asthma patients. The ED staff including physicians and nurses received education sessions covering the established guidelines, algorithm, standing orders, and patient education protocols. The staff was given a pre and post test questionnaire during the sessions to assess that essential information was provided and retained. A final record review of 30 asthma patients was conducted two months following the implementation of the protocol which mirrored the data collected previously.

**Results:**
A 74% increase was noted in the use of inhaled anti-cholinergic for severe asthma. Inhaler use improved by 89%. Asthma action plan implementation improved by 48%.

**Implications for Practice:**
Interventions that combine evidence-based education with report card benchmarking and clinical support systems; algorithm decision support, and standing orders may significantly increase compliance.

**Application of Evidence-Based Practice for Asthma Care in the Emergency Department**

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Purpose:
This research is an impact evaluation of the Pediatric Rapid Response Team (PRRT) outcomes in decreasing patient transfers to a higher level of care, code events and mortality among pediatric patients at risk for clinical deterioration in the hospital.

Setting:
University of Mississippi Medical Center is the only comprehensive tertiary hospital in the state. Blair E. Batson Hospital for Children of UMMC is exclusively designated to treat sick and injured children.

Project Plan:
The occurrence of pediatric code events outside of the ICU prior to the PRRT implementation was studied and compared to post-PRRT implementation to determine the impact on patient transfers to a higher level of care, code events and mortality.

Project Methods:
An interrupted time series design was used in this retrospective pre and post-intervention comparative descriptive study. Code incidence density and mortality incidence density pre-implementation were compared to the same outcomes post-intervention. Other outcome measures included non-transfers to ICU after the code or PRRT event, gender and age frequencies.

Results:
PRRT incidence density for 2008, 2009 and 2010 was 13.71, 26.27 and 18.60 per 10,000 patient days, respectively. The pre-PRRT implementation, code events incidence density was 9.65 per 10,000 patient days. The post-PRRT code incidence density decreased to 5.51 per 10,000 patient days. The post-PRRT combined code incidence density resulted in a relative risk = 1.75 (p < .05). The pre-PRRT and post-PRRT mortality incidence density of code events was 1.02 and .045 deaths per 10,000 patient days, respectively.

The overall percent of patients experiencing a PRRT event that did not require transfer to a higher level of care was 34%. The overall percent of patients after a code event that did not require transfer to a higher level of care after the event was 14%.

Implications for Practice:
This study disseminated findings from practice utilizing the translation of new science, its application and evaluation of the efficacy in ongoing improvement of health outcomes, and ensuring quality of care and patient safety.
Setting:
The project was conducted in the newly created simulation lab in the Health Science Building on the main campus of the community college.

Purpose:
The purpose of this project was to implement and evaluate a commercially-prepared simulation scenario as a teaching strategy with associate degree nursing students in one clinical nursing course at a community college in the southeastern United States.

Project Population:
The participants in this project consisted of 108 nursing students who had completed three semesters of nursing courses and were currently enrolled in the Medical/Surgical Nursing II course in the associate degree nursing program at the community college. Each student was scheduled for one 8-hour day in the simulation lab.

Project Methods:
The Nursing Education Simulation Framework guided this capstone project. This theory is relevant to the project because it (a) has a learner-centered focus, (b) fosters active learning, (c) is suitable for all types of learners, and (d) introduces collaborative learning into the nursing education curriculum. The Nursing Education Simulation Framework was developed specifically for use in clinical simulation and has five major components. These components include (a) teacher factors, (b) student factors, (c) educational practices, (d) characteristics of the simulation design, and (e) the expected student outcomes of the experience (Jeffries & Rogers, 2007).

Results:
The implementation and evaluation of a commercially-prepared clinical simulation scenario has been evaluated as a successful teaching strategy for nursing students in an associate degree nursing program. The students evaluated the experience as an excellent learning experience and as an opportunity to identify strengths and weaknesses. Faculty members evaluated the experience as an excellent teaching and learning strategy. The students benefited from the opportunity to practice delegation, prioritization, and decision-making skills in a risk-free setting.

Implications for Practice:
The significance of this project is the ability of the nursing school to utilize state-of-the-art technology to educate students. Graduates left this program with a new level of expertise allowing them to solve problems, enhance critical thinking skills and make real-life decisions. They received first-hand experience using this advanced technology to better prepare themselves for the healthcare workforce.
Purpose:
The purpose of this study is to measure the performance of novice and experienced critical care nurses in a simulated task environment. This study is a replication of the 2009 research done by Whyte, Ward, and Eccles entitled “The Relationship Between Knowledge and Clinical Performance in Novice and Experienced Critical Care Nurses”.

Project Plan:
Five novice and five experienced critical care nurses from the 81st Medical Group will be asked to participate in the study. Inclusion criteria for the novice group will be nurses with one year and less experience in critical care and a minimum of 3 years for the experienced group. These nurses will be directed to manage airway and respiratory problems taken from simulated scenarios. A simulated task environment (STE) will be based on the Medical Education Technologies, Inc., Sarasota, Florida (METI).

Methods/Evaluation:
This study will be a quasi-experimental research design based on the expert performance approach. A deliberate practice questionnaire will be administered to the participants to gather information about their training, experience and ways of seeking information.

Results:
Results will indicate the performance differences of these critical care nurses. Furthermore, it will identify the deliberate practice strategies used by experienced nurses to attain superior knowledge and performance in the scenarios.

Implications for Practice:
These strategies will be the basis for designing methods to cultivate expertise among critical care nurses.
In-jail Treatments of Inmates with Symptoms of Mental Illness: An Educational Intervention for Local Jail Correctional Officers

Setting:
A rural jail in a south eastern state.

Project Plan:
An educational intervention was presented to correctional officers.

Project Methods:
Participants were a convenience sample (N=15) of correctional officers. Consent was obtained and a pretest was administered. After the educational intervention a posttest was administered. The Brief Jail Mental Health Screen was used to determine the number of inmates with mental illness symptoms who were referred for further mental health evaluation during a two month period.

Results:
There was a statistically significant change in the retention of knowledge among the participants after presentation of the educational intervention (t (14) = 2.256, p = .041). During the two month period, 700 inmates were booked into the local jail; 513 (73.3%) inmates were screened for symptoms of mental illness; and 21 (3%) inmates were referred for further mental health evaluation.

Evaluation Methods:
The effectiveness of the educational intervention was assessed by pretest and posttest scores, screening and referral for mental illness, and a 5-Point Likert scale for evaluation of the intervention.

Implications for Practice:
This project contributed to the current body of knowledge by showing the positive impact of educating local jail correctional officers on symptoms of mental illness, therapeutic communication and de-escalation techniques, and screening of inmates for mental illness. This project provided a foundation for closing the gap between the local jail system and in-jail treatment of mental illness.

Purpose:
To educate correctional officers about symptoms of mental illness, therapeutic communication and verbal de-escalation techniques, how to use a screening tool for mental health symptoms when an inmate is booked in a local jail, and determine the number of inmates screened and referred for mental health care.

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DNP- December 2011
Purpose:
The purpose of this study was to proactively evaluate and operationalize a team training program.

Setting:
The setting was the Pediatric Emergency Department at Children’s Healthcare of Mississippi.

Project Plan:
The project consisted of establishing an organizational change team to participate in the proactive evaluation. The change team used tools to conduct a site assessment. After the site assessment was conducted, the change team used data to define a problem, challenge or opportunity for improvement that threatened patient safety. Existing processes contributing to the problem, challenge or opportunity for improvement were mapped to determine an intervention(s). Once the intervention(s) was determined, goals for each intervention were defined.

Project Methods:
This capstone inquiry involved two instruments: 1) the TeamSTEPPS® Organizational Readiness Assessment Checklist; and 2) the TeamSTEPPS® Teamwork Perception Questionnaire (T-TPQ). In addition, the change team participated in a focus group.

Evaluation Methods:
The change team completed the TeamSTEPPS® Organizational Readiness Assessment Checklist as a group.

Evaluation Methods (cont.):
The T-TPQ was administered to all employees in Pediatric Emergency Department. Employees had the option to complete it. In addition, the change team participated in a focus group. A semi-structured script was used to facilitate discussion and responses.

Results:
Results from the T-TPQ were analyzed and downloaded into an Excel spreadsheet and converted to graph format. After content analysis from the focus group, repeating ideas and themes were noted. Results from the TeamSTEPPS® Organizational Readiness Assessment, T-TPQ, and the focus group were presented to the change team for verification. These data were used to define a problem, challenge, or opportunity for improvement that threatens patient safety.

Implications for Practice:
Effectively and proactively evaluating a team training initiative can provide a model for use in all clinical areas.
Purpose/Goal:
Obesity is a costly and preventable condition affecting more than 35.7% of the adult population with a direct link to the rise in type 2 diabetes in America. Despite multiple strategies at the national and state levels, Healthy People 2010 goals to lower the prevalence of obesity by 15% were not accomplished (CDC, 2012). The purpose of this system’s change quality improvement project was to implement a nurse practitioner led lifestyle change program coupled with motivational interviewing to increase obesity awareness and access to weight management education/support in a rural primary care clinic. A specific aim of this patient-centered intervention was to improve the confidence level and motivation to change unhealthy behaviors in overweight and obese patients to reduce type 2 diabetes risk factors and its complications.

Setting:
Rural West Alabama Primary Care Clinic

Results:
- **Self-efficacy**: 25% increase in ability to control blood pressure and endure longer activity times, 12.5% increase in ability to handle stress better, gain support from family/friends, take meds on time, and miss fewer medications, 6.75% increase in ability to increase physical activity, eat healthier, avoid overeating, and lose weight.
- **Motivation to Change**: 15% increase in readiness and motivation to change from pre to post intervention.
- **Patient Satisfaction**: 100% satisfaction with the overall delivery of the program and reported gaining new knowledge.

Implications for Practice:
The steady increase in obesity and diabetes rates in the American population places primary care providers in a unique position to implement evidence-based health promotion interventions to improve health outcomes. Patients must possess knowledge of the pros and cons of behavior to make informed decisions about their health. Nurse practitioners possess a valuable skill set in health promotion that should be exercised to its fullest in primary care.
Purpose:
The first year of practice for a nurse graduate, the “transition” year, can be the most difficult in a nurses’ career. Without support during this time, many graduates leave the hospital with turnover rates as high as 61 percent. On an average, it will cost a hospital upwards of $64,000.00 to replace one nurse. This systems change project demonstrated that implementation of an evidence-based preceptor program affects nurse graduate competence, self-confidence, job satisfaction and retention at the completion of the orientation period.

Project Plan:
The Preceptor Development Program followed the Achieving Preceptor Excellence Model, developed by the Registered Nurses’ Association of Ontario. The Registered Nurses’ Association of Ontario Guidelines for Professionalism in Nursing was incorporated in the program with a theoretical foundation of Benner’s From Novice to Expert theory. Rogers’ Diffusion of Innovation Framework was used as the evidence-based practice model for the project. The Preceptor Development Program was also aligned with the Institute of Medicine’s Six Aims for Improvement.

Project and Evaluation Methods:
Data collection in the format of pre and posttests and focus group surveys was formulated utilizing the European Foundation for Quality Management model for monitoring and assessing the performance of the Preceptor Development Program.

Results:
Quality improvement data demonstrated increased role socialization, confidence and competency in nurse graduates. Preceptor results as measured on a 4-point Likert Scale increased from 3.0 to 3.7. Preceptee results measuring confidence and understanding of the role increased from 2.0 to 4.0. Qualitative data demonstrated increased job satisfaction and intent to remain employed, as well as organization satisfaction.

Implications for Practice:
Unique to this program is the incorporation of a quality improvement model and quality improvement monitoring mechanisms. When developing preceptor programs, models should be explored by all stakeholders to ensure a program that meets the needs of all involved, thereby contributing to a positive experience for the nurse graduate during the transition year.
Setting:
Large classroom on community college campus.

Purpose:
The purpose of this project was to assess the efficacy of providing education on sexually transmitted diseases (STDs) and their long term consequences to adolescents in a comfortable environment.

Project Plan:
A toolkit compiled using material approved by the Mississippi State Department of health was used to guide instruction and facilitate dialogue related to sexual health for adolescents.

Project Methods:
The students were given a pre test assessing their knowledge of sexually transmitted diseases prior to the education session. After the pretest was completed, the students participated in an educational session on STDs provided by a certified family nurse practitioner (CFNP). Information on the risks, signs and symptoms, treatment, and preventive methods for the most common STDs in this population was provided using a toolkit comprised of educational materials provided by the Mississippi State Department of Health (MSDH). Students were encouraged to participate in the discussion and ask questions. One month later, they were given a second test to assess their retention of the information.

Results:
A paired t-test (N=29) was used to test for a difference in the mean response at pre and post test. There was a significant (t=2.850(28), p=0.008) increase in the mean percentage of correct answers for pre (75.4%) to post (85.3) intervention.

Implications for Practice:
Currently in Mississippi, sex education is not mandated in the school systems despite the fact that Mississippi ranks first in Chlamydia and gonorrhea out of the ten states with the highest rate of reported STD cases. The findings of this intervention indicated that adolescents' knowledge of STDs is increased after educational intervention in an academic setting. It would be beneficial to see more programs of this type implemented in various settings.

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The Effectiveness of Nurse Practitioners in Nursing Homes: A Systematic Review

Purpose:
The objective of this systematic review was to evaluate the effectiveness of having a nurse practitioner (NP) in the nursing home and whether this lead to a decrease in the rate of patient hospitalizations. Decreasing hospitalizations of nursing home patients can improve quality of life for the patient and possibly prevent further decline or injury.

Project Methods:
The systematic review included studies that utilized NPs as primary care providers for long term care nursing home patients. Outcomes measured included: incidence, types, and duration of hospitalization of nursing home patients. Randomized controlled trials were not identified in the search. Therefore, other research designs, such as non-randomized controlled trials and before and after studies, were included.

Project Methods (cont.):
Major databases were searched for English articles written from 1983 to December 2008. Seven articles selected for retrieval were assessed by two independent reviewers for methodological validity prior to inclusion in the review using standardized critical appraisal instruments from the Joanna Briggs Institute Meta Analysis of Statistics Assessment and Review Instrument (JBI-MAStARI). Quantitative data was extracted using the standardized data extraction tool from JBI-MAStARI.

Analysis:
Statistical pooling was not possible, so the findings will be presented in narrative form.

Results:
The review consisted of 12,681 patients in 238 nursing homes. All of the seven included articles found a decrease in hospitalization rates when NPs were utilized as a part of the medical team. Five of the seven studies found a decrease in emergency room transfers.

Discussion:
This review has demonstrated that NPs can reduce hospitalization and ER transfers of nursing home patients. It is recommended from the results of this systemic review that NPs be utilized as primary care providers in nursing homes. Physicians should be encouraged to employ NPs to improve patient outcomes and to assist with patient loads.

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Purpose:
The project was proposed for use in nursing practice when working with hospitalized mentally ill clients. Nurses are capable of being powerful forces in the success of a mentally ill client’s treatment, as well as relapse prevention. The use of advanced communication skills, particularly cognitive behavior therapy techniques, by nurses can help to build an overall therapeutic milieu while improving outcomes during and after hospitalization.

Methodology:
Learning modules were developed for five training sessions to train nurses in cognitive behavior therapy techniques. The nurses’ learning experiences will be evaluated by a pre- and post-test that will be repeated at three months. The project was developed to inspire nurses to change nursing practice by learning and using advanced communication skills, to promote therapeutic alliances, to create a caring environment in the hospital and ultimately to contribute to successful transition back into the community.

Implications for Practice:
Cognitive behavior therapy techniques, modeled by nurses, foster development of effective communication skills for the client, as well as setting an example for mental health technicians who have little or no formal training in communication skills. In so doing, the nurse can model the establishment of therapeutic alliances and demonstrate living caring in a milieu where clients feel cared for and where nurses and staff have a more fulfilling work experience.
AN EVIDENCED-BASED INTERVENTION FOR ACNE PREVENTION AND SELF MANAGEMENT OF EFFECTIVE SKIN CARE

Setting:
The setting is a large Baptist Church located in West Alabama. Ten to twelve year olds were selected due to the fact they most likely have not entered puberty which can initiate the onset of acne.

Purpose:
The purpose of this project is to design a module for educating adolescents regarding acne and included this module on the Alabama Board of Education's Health Education website to be used by health education teachers throughout the State of Alabama.

Background:
A review of the literature provides a wealth of information that supports inadequacies in knowledge by adolescents regarding acne causes, myths and treatments available. Untreated acne can lead to disfiguring putting the adolescent at risk for permanent emotional, psychological and social consequences. By disseminating this education to adolescents throughout the state of Alabama through the school health education classes, adolescents will be better equipped to deal with this dermatological disorder and possibly avoid the physical and psychological scarring that can occur.

Evaluation Methods:
A pretest regarding acne causes, treatments and myths were completed by participants. Following the interactive lecture using PowerPoint, a post test was administered to determine effectiveness of educational intervention. Post test scores indicated the module was relevant and increased the adolescents knowledge regarding acne causes, treatments and myths.
Project Plan:
The capstone inquiry will be conducted using existing data (Jan. 1, 09-Dec. 31, 11). It is a comparative descriptive design that will investigate potential differences in the number of denied anesthesia billing claims as a result of the implementation of an electronic health record in an anesthesia dept. Anesthesia denied claims data abstracted from billing records will be used to compare anesthesia related billing and charge codes using denied claims data for 2009-2011.

Project Methods:
This capstone project will be limited to the denied claims for four surgical procedures among the top ten surgically billed anesthesia procedure codes for 2009-2011. Two of these four procedures used the EHR and two used the handwritten records. These data will be aggregated by calendar years, procedure code, and denial code. Evaluation methods will include trend analysis, average annual percent change (AAPC) for 2009-2011, separate trends for claims from electronic and handwritten records, Chi-square test for trends to evaluate significant differences will be used, and a two sample t-test will be used to determine if there are significant differences in the denial rates between electronic and handwritten records.

Implications for Practice:
Denied insurance claims are a major issue for the health care industry. Resolving the denied claims requires significant time, personnel, and is costly. Reimbursement for anesthesia services requires the anesthesia record to be legible and contain complete billing documentation. Anesthesia denied claims are often due to missing information, or use of incorrect anesthesia billing modifiers. Omission of a single element or the presence of a wrong element can lead to the rejection for reimbursement of anesthesia services. As with most health care institutions, UMMC is currently transitioning into a campus wide integrated electronic system that can be used for documentation and financial management across a variety of services and locations. The new system will replace the current EHR used by the anesthesia department. This time of transition offers an opportunity to evaluate how the implementation of the EHR has impacted the number of billing denial claims.
Setting:
Health-care organization in NE rural MS

Purpose:
Evaluate the impact a post-discharge clinic will have on the health outcomes of mothers and infants in the seven-county service area. Describe or document the dynamics or project activities utilized at the clinic which are based on the recommendations from the American Academy of Pediatrics (AAP). Identify and measure maternal satisfaction and confidence after the clinic visit.

Project Plan:
The evaluation of a maternal and infant follow-up outpatient clinic that was implemented due to short post-delivery hospital stays. The clinic activities are based on the recommended clinical practice guidelines from the American Academy Pediatrics in order to promote healthy outcomes for the newly delivered infant and mother.

Project Methods:
A comparative descriptive design was utilized to evaluate the effectiveness and degree of patient satisfaction and maternal confidence of the clients that utilize the services of the post-discharge clinic.

Results:
There was a 67% response/return rate of surveys during the first quarter with the highest score being a perfect standard deviation (SD) of .00000 for the attitude and listening ability of the nursing staff. Other scores indicating maternal satisfaction/confidence were: technical skills (SD = .08165), courtesy and concern (SD = .08165), professionalism (SD = .08185), physical assessment skills (SD = .16218) and confident in self-care (SD = .19662). Therefore, based on the results of both satisfaction surveys, maternal patients were satisfied with the services at the clinic.

Results (cont.):
The major correlates of the satisfaction surveys were: nurse friendliness and professionalism, courtesy and concern of the staff, confidence in self-care, and nurses kept me informed. Total satisfaction scores were predominantly high with more than 97% of the mothers being satisfied or very satisfied with the care rendered from the clinic staff.

Implications for Practice:
This data collection has contributed to the performance improvement process for maternal/newborn care and could possibly do the same in other organizations. Information validation, such as the project activities, signs and symptoms of poor feeds, and recommendation from the AAP, can be useful for other facilities to use in implementing their own follow-up maternal/infant programs. Implications from this study conclude that appropriate follow-up care can positively influence breastfeeding rate and exclusivity, as well as maternal satisfaction and confidence. The maternal/infant clinic at this organization in rural Mississippi validates the importance of timely, safe and appropriate follow-up practice for mothers and newborns, especially those who experience an early hospital discharge.
Purpose/Goal:
Improving health status of Mississippi (MS) families, while controlling health care costs, is a high concern in the state. The challenge for MS is to identify critical strengths among publicly funded interventions and build upon those that improve health while also realizing social and financial progress for the state.

Project Methods:
The study population included adult, African American indigent women (n = 80) enrolled in one of two case management programs between March 2009 and February 2010. Data were extracted from program and patient files. Variables of interest included demographics, program costs, and health outcomes. Costs included program expenses for salaries, primary care, travel, and supplies. The sample included 40 participants each from the Perinatal High Risk Management (PHRM) and Interpregnancy Care (IPC) programs with mean ages of 25.9 and 23.6 years, respectively.

Results:
Eighteen PHRM clients and 38 IPC clients achieved the desired outcome. The IPC program accrued costs of about $326 per participant per month. The PHRM program accrued costs of about $259 and income of about $259 per participant for a “zero” budget effect. This study describes two similarly costing programs with differing outcomes. Opportunities for program integration and increased utilization of services are noted. But, much more data are needed to better understand the level of fiscal and physical success these programs achieve.

Implications for Practice:
Although this study produced little definitive information about the performance of these programs, the study did establish a base point and lessons learned which will be useful in planning future, more extensive comparative effectiveness studies and program evaluations.
Purpose:
The purpose of the study was to formally assess EI in a select nurse manager population, to develop and implement a coaching and training program to enhance EI skills and awareness, and to re-test to determine if EI skills improved.

Setting:
An Academic Health Sciences Center in the Southeast

Project Plan:
The plan was to assess the emotional intelligence of a select group of Nurse Managers, to provide a structured coaching session and training activity and to determine if the coaching and training lead to improved scores in EI using the MSCEIT.

Project Methods:
21 Nurse Managers were tested using the MSCEIT. One-on-one coaching sessions were held with each manager; results were reviewed and a personal goal was set. Each manager was instructed on the use of an e-learning training program. Each of the 6 modules contained objectives, articles for review and specific learning activities. Comments and dialogue were posted to a discussion board. At the completion of the 12-week training all managers were retested using the MSCEIT.

Evaluation Methods:
A paired t-test was used to compare the pre and post MSCEIT scores and an open-ended survey provided qualitative feedback and perception of the experience from the managers.

Results:
There was no statistical difference in MSCEIT scores pre and post training. However, 20 of 21 participants responding to the anonymous open-ended survey felt that EI is an integral part of success as a leader. All reported satisfaction with the one-on-one coaching session.

Implications for Practice:
Clearly, the skills of EI are important to managers who deal with emotionally charged situations on a daily basis. Education and training in the concepts of EI are needed to help to promote awareness and should be implemented as part of the nurse manager’s professional development plan. Several issues are raised for future consideration: determining the best time to teach the information; analysis of the various teaching modalities to determine if a difference results in EI scores using different teaching methods, and feasibility of one-on-one coaching.
Background:
Nationally, emergency department visits have risen to more than 119.2 million annual visits in 2006, while the number of emergency departments has decreased by five percent (American College of Emergency Physicians, 2009). The need for timely access to emergency care is magnified in rural areas. Nationally, there is a shortage of board certified emergency physicians. Peterson, et al. (2008) states that 60 to 90 percent of counties, with a population of less than 20,000 people, did not have a board certified emergency physician. In the report, Hospital-Based Emergency Care: At the Breaking Point, by the Institute of Medicine (2006), it is noted that the lack of qualified emergency care personnel in rural areas, has a disproportionate impact on health.

Conclusions:
This health care delivery model offers a viable and safe option for rural emergency departments. Nurse practitioners staffing in the TelEmergency program were highly trained and experienced and found satisfaction in their role in providing health care in this innovative program.

Data Sources:
Data were collected from two sources. First, rural hospital administrators provided hospital operational and emergency department patient information from a year prior to implementation of telemedicine and from a year post implementation. Secondly, nurse practitioners staffing the TelEmergency program were surveyed regarding their satisfaction with this health care delivery method and their role in the program.

Purpose:
The purpose of this study is to examine the impact and viability of a nurse practitioner/telemedicine health care delivery model in MS rural emergency departments.

Implications for Practice:
The TelEmergency Program offers a viable cost effective method of health care delivery for rural emergency departments. As the health care workforce crisis continues and there are delays to access to care, innovative programs such as the TelEmergency program will be critical to resolution of these issues.

Setting:
Access to timely emergency medical care is critical in the face of many health conditions such as myocardial infarctions, trauma, and acute ischemic strokes.
Setting:
A non-profit 60 bed hospital in Hancock County with 491 employees.

Purpose:
The purpose was to identify if utilization of high fidelity simulation can increase the confidence and performance of Medical Surgical Registered Nurses at Hancock Medical Hospital located in Bay St Louis, MS and to identify if the participants were satisfied with the learning opportunity. The goal for this project was to increase confidence, increase patient safety, and enhance patient outcomes in an acute care setting in a rural hospital setting.

Project Plan/Methods:
During the spring 2012, SimMan was taken to a Medical Surgical Unit at Hancock Medical for two or three days to accommodate scheduling of RNs project design is a descriptive design. Employees were informed in a staff meeting of the educational/research opportunity and reminded with flyers displayed on the nursing unit. All participants were current in Basic Life Support training and/or current certification in Advanced Cardiac Life Support. The Student Satisfaction and Self Confidence in Learning tool from the National League of Nursing (NLN) was used pre/post simulation experience to measure student satisfaction with the activity and self confidence. Nurses (n=13) on a Med-Surg Unit participated in a mock code experience using human patient simulator (HPS).

Goal:
The overall goal for this project is to increase confidence, increase patient safety, and enhance patient outcomes in an acute care setting in a rural hospital setting.

Results:
The majority of nurses reported 1) being strongly satisfied with the learning style of the HPS 2) high perceived self-confidence in learning from the HPS 3) increased confidence in response to a mock code experience 4) satisfaction. Observations included inconsistent method of CPR delivery and improper method of calling code. Participants perceived an increase in confidence in response to a mock code experience and they were satisfied with the learning experience.

Implications for Practice:
This project identified the need for educational providers and health care settings to assist in bridging the gap by partnering together. The use of Mock codes can increase nursing satisfaction and perceived self confidence. These types of partnerships can allow sharing of costly equipment and other resources to expand the knowledge of practicing healthcare providers and increasing competency, confidence, and patient safety (Kohn, 2000).
Purpose:
Patient acuity levels and the volume of emergency department (ED) patients have increased dramatically in the U.S. These factors, combined with economic forces have resulted in ED crowding, resulting in difficult patient triage and management decisions. The study sought to examine the demographic characteristics, reason for seeking care, and economic factors associated with ED frequent users for non-emergent conditions.

Project Methods:
A retrospective cross-sectional study was conducted. ED frequent users were defined as those with > 4 visits (5 or more) in one year. Inclusion criteria included: admitted to the study site ED during calendar years Oct. 2010 to Oct. 2011; emergency severity index (ESI) of either 4 or 5; Rapid Track work-up designation. Exclusion criteria included: discharge diagnosis indicating an increase in level of ED care.

Results:
A total of 286 patients were identified as ED frequent users out of a total visit volume of 23,507. Frequent users were 50% female with the mean age of 39 +/- 13.81 sd. The most common chief complaints among frequent users were: Musculoskeletal/back pain (32%), Dermatology conditions (20%), Upper respiratory infections (11%), Male/female genitourinary (8%), Minor trauma (6%), Abdominal/gastrointestinal (6%), Dental pain (5%) and Headache/seizure (4%). Insurance classification of frequent users was significantly different, (p=0.003 with 45% (n=853) presenting as “self-pay” cases (Figure 1). 96% of frequent users were discharged home following the ED visit. The total number of ED visits for the frequent user cohort was 1,874 visits, accounting for 8% of all non-emergent visits during this time period. Frequent users averaged 6.6 visits/patient (range 5-37). The average cost per visit was $709.17 +/- $2,435 sd (median=$359.50). Total cost for all frequent user visits was $1,328,984.58.

Conclusion:
ED utilization for non-urgent treatment is complex and in large part is tied to economic constraints. Solutions to addressing frequent non-urgent use of the ED are likely site specific, multifaceted, and require significant personnel and facility resources. Nurse practitioner run clinic services may offer an ability to transition non-urgent cases to an appropriate level of care.
Purpose:
To enhance critical thinking of student nurses in the clinical arena. And to utilize concept maps as a teaching/learning strategy to strengthen evidence-based practice in nursing education.

Project Plan:
Why utilize concept mapping to improve critical thinking? Healthcare disciplines are dealing with complex issues. The NLN – Excellence Initiative and AACN – Essentials of Baccalaureate Education for Professional Nursing Practice are national models. These models encourage nursing education to move students away from rote memorization, to aid them in conceptualizing problems, and to assist them in critical thinking. Thus nursing education needs to arrive at decisions other than traditional nursing care plans.

Project Method and Evaluation:
1) Educated students on how to develop concept maps
2) Provided open forums for questions & answers
3) Followed a grading rubric
4) Utilized a satisfaction survey that contained twenty-one quantitative items that included demographics and students’ opinion of effectiveness and one qualitative open comment item

Results:
Scores evaluated overall ability of students. It was found that concept mapping satisfactorily met the learning needs of students and proved effective as a teaching/learning strategy. It increased critical thinking skills of students and mirrored real clinical situations by being dynamic and ever-changing teaching tool. Finally, concept mapping engaged & prepared student to provide safe, competent patient care.

Implications for Practice:
In creating concept maps, students will be able to organize patient information by identifying priorities, interventions, and missing information. Development of concept maps will force students to act upon previous learned knowledge, connect it with new knowledge, and apply it. It will require students to have a mental grasp on the situation rather than relying on rote memory. Having students explain their own concept maps during the clinical rotation will give instructors an opportunity to evaluate the student’s thinking and, most importantly, an opportunity to correct discrepancies and point out “missing links.”

Setting/Population:
Project setting was an ADN program that had approximately 250 nursing students and 25 nursing faculty. It was implemented to students during their 3rd semester clinical rotations.
Population, Setting and Sample:
This study was conducted at a church in the delta region of Mississippi. This region has one of the highest frequencies of diabetes in the state of Mississippi. Thirty people, ages 21-69, volunteered to participate in this study. All of the volunteers were African Americans with 23 being women and 7 men. Twelve people had a diagnosis of diabetes mellitus and the remainder had relatives with this diagnosis.

Purpose:
The purpose of this study was to evaluate the knowledge level and effect of patient education on diabetes self care management of individuals with diabetes and their family members.

Results:
Thirty participants attended each of the workshops. Diabetes knowledge post test results revealed improved knowledge of diabetes self care management. The overall mean pre-test score for the Diabetes Knowledge Test was 64.06 and the Diabetes Knowledge Test post-test mean score of 82.90, resulting in a 18.84% improvement.

Conclusions:
Findings from this study strongly indicate the need for diabetes self management education. Educational sessions should be available for individuals with diabetes as well as their family members who have a vital support role in the disease management.

Implications for Practice:
This study identified the benefits of community diabetes education for individuals with diabetes and their family members. It reiterated how active learning can be used with adult learners to improve diabetes knowledge.

Enhancing Diabetes Self Care by Managing the M & Ms

Mississippi Educational Consortium for the Doctorate of Nursing Practice

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DNPWallofFame
Background:
Epilepsy is associated with significant psychological and sociological consequences. Findings suggest that the aspects of children’s health and development are intertwined with their psychosocial environment. Evidence suggests that the mental-health needs of children with epilepsy are often not addressed by health-care providers. Furthermore, there are few validated tools in existence to directly assess children’s perceptions of their illness and health care. With the number of potentially negative consequences, it is imperative to assess children’s perceptions of living with epilepsy.

Methods:
Inclusion criteria were children, 8-12 years of age, with a definite diagnosis of epilepsy for at least one (1) year. Exclusion criteria were children in full academic special education and children with another major chronic physical disorder. In utilizing Roy’s Adaptation Model, development of the survey focused on the cognator subsystem, which processes changes in the environment through cognitive and emotional channels that involve perceptual and information processing, learning, judgment, and emotion (Roy & Andrews, 2008).

Results:
Using information obtained from (a) qualitative studies, (b) existing tools, (c) feedback from experienced child psychologists, and (d) anecdotal information from pediatric neurology staff, an initial set of content domains was developed that summarized the primary mental-health issues related to pediatric epilepsy.

Implications for Practice:
A panel of 10 experts agreed on use of “seizure” or “seizure disorder” over the term “epilepsy”. The two hospital-based school teachers recommended that children 8-10 years of age may need someone to read the items with them.
A QUALITY IMPROVEMENT PROJECT TO IMPROVE NURSE PRACTITIONER ADHERENCE TO CERVICAL SCREENING AND FOLLOW-UP GUIDELINES

Objective:
The primary purpose of the quality improvement project was to improve nurse practitioner (NP) adherence to evidence-based clinical practice guidelines (CPGs) for cervical screening and follow-up. A secondary aim was to introduce and formalize evidence-based practice (EBP) within the clinical microsystem.

Setting:
The DNP project change system included a group of seven nurse practitioner-led employee health clinics located in Harrison County, Mississippi.

Design:
The quality improvement project utilized a pre/post-intervention design to determine effectiveness of cervical screening and follow-up guideline implementation.

Methods:
Project plan implementation was divided into two phases: pre/post cervical screening guideline implementation. A random sample of 90 cervical screening charts was reviewed to determine pre/post-intervention adherence to the current guidelines. Specifically, age of initiation of cervical screening, frequency of cervical screening, and age at discontinuation of cervical screening were reviewed.

Results:
Pre and post-intervention mean scores from the chart audits, OLS, EBP Self-Efficacy Scale, and the Guideline Knowledge Survey were calculated. NP adherence to guidelines improved in every category, with the most significant improvement in recommendation for repeat screening. Scores on the Guideline Knowledge Survey improved from an average of 72% correct to 89% correct. There was no significant change in NP responses on the OLS or EBP Self-Efficacy scale. These findings indicate NP knowledge and patient care was improved through implementation of cervical screening and follow-up guidelines in the identified clinics.

Implications for Practice:
Results of the cervical screening and follow-up guideline implementation project demonstrate that simple, low cost quality improvement projects can have a powerful impact on patient healthcare experiences and outcomes.
**Purpose:**
Acute coronary syndrome (ACS) is an umbrella term which encompasses the diseases of STEMI, Non-STEMI, and acute angina. Diseases of the heart remain the leading cause of death in the United States with an MI occurring every 34 seconds. In 2007, 30 percent of ACS deaths happened in hospitals. In 2002, the Joint Commission on Accreditation of Healthcare Organizations (JC) began a voluntary certification program aimed at improving patient care and outcomes. There are currently over 25 disease certifications available to clinical programs, ACS among them. The purpose of this capstone project was to provide consultation services to ready the cardiology division of a large community hospital in south Mississippi for the process of obtaining JC ACS certification.

**Methods:**
The consultation included examining the current organization of ACS patient care; reviewing core and performance measure data; identifying variances in care and practice; and selecting performance measures to support the certification process.

**Analysis:**
A gap analysis was conducted to determine weaknesses in the quality of cardiac care currently offered by the facility. All standards and elements of performance were gauged by current core measures and evidenced-based practice.

**Results:**
Included creating performance improvement plans to correct variances in care and practice; developing a more comprehensive staff, patient, and community education process; and addressing each component of the JC Disease-Specific Care Certification requirements and site review.

**Discussion:**
By comparing current practice with the elevated standards set forth by the Disease-Specific Certification criteria, this hospital expects to offer a higher quality of ACS care and experience improved patient outcomes.
Purpose:
Postoperative vision loss (POVL) has been associated with increased intraocular pressure (IOP) resulting in decreased retinal perfusion during 30° Trendelenburg positioning for abdominal da Vinci robotic procedures. The Molloy Bridgeport Observation Scale (MBOS) has been suggested as a method for providers to recognize the signs of increased IOP without use of an expensive tonometry unit; however, the generalizability of this method has not been studied in a large number of centers.

Purpose (cont.):
Therefore, we aim to assess the comparative effectiveness of the MBOS in relation to tonometry readings to determine the presence of increased IOP.

Project Plan:
Institutional Review Board approval is underway for the conduct of a prospective observational study that will serially compare use of the MBOS to actual tonometry readings in patients undergoing abdominal surgery using the da Vinci robot. Consecutive cases will be enrolled that meet the following inclusive criteria: Age ≥ 19 years, and elective abdominal surgery using the da Vinci robot. Subjects with a history of glaucoma will be excluded. Concurrent measures will be taken by two investigators blinded to each other’s findings, with one performing an assessment using the MBOS and the principal investigator measuring actual tonometry pressures every 30 minutes for the duration of Trendelenburg positioning. Surgical “time out” will occur if IOP exceeds 40 mmHg with the patient at 0° HOB elevation. Data will be entered/analyzed in SPSS.

Results:
This study is awaiting IRB approval with an anticipated start date of May 2013.

Implications for Practice:
While use of the da Vinci robot has revolutionized the approach to a number of surgical procedures, increased IOP is an unfortunate associated finding. This study will allow for comparative assessment of effectiveness of 2 approaches that aim to reduce the risk of POVL in this patient population.
The Development and Implementation of a Quality Improvement Plan Using a Balanced Scorecard within a School-Based Health Clinic

Project Plan:
The Model for Improvement was utilized.

The following questions were used:
1) What were we trying to accomplish?
2) How would we know that a change is an improvement?
3) What changes could we make that would lead to an improvement?
PDSA cycles were used to test what was developed.

Purpose:
The purpose of this capstone inquiry was to develop and implement a quality improvement plan using a balanced scorecard within a school-based health clinic (SBHC).

Setting:
A school-based health clinic located within an urban middle school in central Mississippi serving 250 sixth through eighth grade children. Staffed by a nurse practitioner and a patient care coordinator.

Project/Evaluation Methods:
A scorecard was developed and used to measure data. Retrospective data were entered into the scorecard to establish a baseline at which point a series of plan, do, study, act (PDSA) cycles were implemented on a monthly basis in an effort to meet inquiry objectives. As cycles were completed data were again entered into the scorecard and results were analyzed and displayed.

Results:
Scorecards revealed up to 78% of patient encounters were revenue producing. 43% of patient encounters during the sampling timeframes were not considered revenue producing. Use of PDSA cycles increased the number of patients with up to date EPSDT screens to 87% and overweight/obese follow-up appointments 100%.

Implications for Practice:
It is recommended all SBHCs have a quality improvement plan in place. Findings may be used to enhance both patient and financial outcomes. In today’s health care delivery system, SBHCs must demonstrate their improvements in health outcomes as compared to national benchmarks. Utilizing the Model of Improvement allows SBHCs to identify indicators specific to their practice in relation to their outcomes of interest.
Purpose:
The purpose of this project was to develop a mentoring program for novice nurse educators in order to increase the retention of nurse faculty in a rural community college.

Setting:
The setting for the development and implementation of a formal mentoring program was a rural community college in east central Mississippi.

Method/Design:
The mentoring program was designed to cultivate an academic climate that offers guidance, encouragement, mentoring, discussion, resources, and other role development opportunities. A mentoring program would provide the novice nurse faculty an understanding of the dimensions of the faculty role, which would assist with retention of nursing faculty.

Project Plan:
The mentoring program was designed to cultivate an academic climate that offers guidance, encouragement, mentoring, discussion, resources, and other role development opportunities. A mentoring program would provide the novice nurse faculty an understanding of the dimensions of the faculty role, which would assist with retention of nursing faculty.

Project Methods:
In efforts to support novice nursing faculty, a formal mentoring program was developed. By utilizing Jean Watson’s Theory of Human Caring as the foundation of the mentoring program, mentors and novice nursing faculty can demonstrate personal and professional growth in a reciprocal relationship.

Evaluation Methods:
Review of the literature and input from faculty (novice and experienced) were utilized to provide guidelines in the development of the mentoring program. Journaling was encouraged by all participants to provide formative evaluation. A summative evaluation tool to be completed at the end of year 1 was provided to mentor and novice faculty and were utilized to strengthen the mentoring program.

Results:
This project was implemented Fall 2009. Since implementation, faculty turnover has declined. Two novice faculty were hired Fall 2009 and remained employed to date.

Implications for Practice:
Mentoring has proven to be an effective strategy for retention of novice nursing faculty in a time when nursing faculty shortage exists. Exploration of the multidimensional role of a faculty through the mentoring program will assist the novice nursing faculty in a better understanding of what is expected in nursing education. Retention of nursing faculty has proven valid for retention of nursing students and better success of nursing students, thus assisting with the nursing workforce shortage.
Background:
Nationally, heart failure (HF) is the leading cause of disability, hospitalizations and death among veterans. Locally, health care providers struggle to maximize the quality of life and functional status of their patients. A significant amount of research is available; however, the unique patient population and staffing issues at our facility have made prior attempts to implement national recommendations unsuccessful.

Project Methods:
Quantitative data will be obtained from retrospective chart reviews and compared to national data for statistical significance. Qualitative data will be obtained from semi-structured interviews with veterans and employees.

Implications for Practice:
While the NP HF clinic was created without any formalized training or planning, the quantitative data show that the clinic is meeting established standards of care and reducing the use of other health care resources. Based on stakeholder comments, it is appreciated by both employees and Veterans. The evaluation confirms the value of the NP HF clinic. Specific recommendations are: (1) Establishment of criteria for admission to and discharge from the NP HF clinic; (2) Facility-wide announcement regarding the existence of a NP HF clinic; (3) Creation of an electronic consultation for HF patients; (4) Establish individualized HF action plan that is shared by cardiology NP with the Veteran and the primary care providers; (5) Establish relationships with ancillary departments such as dietetics, social work, physical medicine and rehabilitation, palliative care, and transplant centers to facilitate collaboration; (6) Opportunities to promote team building across departments.

Purpose:
Intuitively, the clinic seems to be decreasing hospitalizations and improving symptom management. However, no data exist to prove success or to guide expansion. This project will evaluate the current care provided by the clinic in terms of patient characteristics, pharmacological standards of care, use of health care resources, and stakeholder input.

Results:
Significant findings included: majority male population, lower left ventricular ejection fraction (LVEF), higher rates of systolic HF, higher rate of co-morbidities, and greater distance traveled to clinic visits of veterans enrolled in NP HF clinic as compared to national average. Standards of care were being met in terms of medical management. The NP HF clinic was reducing ED visits without increasing burden on non-acute resources. Qualitative findings revealed a need to improve communication and collaboration as well as suggestions for improving basic mechanics of the clinic.

Setting:
A nurse practitioner (NP)-led HF clinic was created in 2009 without any formal planning, treatment criteria, or outcome measures.
Purpose:
The purpose of this project was to develop a clinical protocol for the treatment of symptomatic menopausal women utilizing hormone therapy for a family practice clinic. The clinical protocol was developed after a review of meta-analyses and the current literature of clinical practice guidelines utilizing the best evidence based practice guidelines with the strongest evidential support.

Goal:
The goal is this project is to develop and implement a clinical protocol for the treatment of symptomatic menopausal women utilizing hormone therapy for a family practice clinic.

Project Plan:
Literature review was completed by searching Pub Med, Medline, Up-to-date, and the National Guidelines Clearinghouse using the terms menopause, menopause transition, hormone therapy, and practice guidelines for hormone therapy. The most relevant articles for the family practice/acute care clinic were reviewed and summarized. A review of meta-analyses and the current literature of the best evidenced based clinical practice guidelines with the strongest evidential support will be used in the development of a clinical protocol for the treatment of symptomatic menopausal women utilizing hormone therapy for a family practice clinic.

Evaluation Methods:
After the clinical protocol is implemented an evaluation will be planned at 6 months and 1 year to see if the providers in the clinic are following the clinical protocol or decision tree.

Setting:
The clinic setting is a family practice/acute care clinic. The clinic currently provides routine women’s healthcare such as annual gynecological exams. The clinic does not provide treatment for women who have symptoms associated with perimenopause or menopause. Treatment for the symptoms associated with menopause transition and menopause is not provided at the clinic because there is no clinical treatment protocol or decision tree in place. Women who seek treatment of these symptoms are being referred to other healthcare providers. Therefore, the objective of this project was to develop a clinical protocol for the treatment of symptomatic menopausal women utilizing hormone therapy and have the protocol adopted and implemented in this clinic.

Implications for Practice:
Implementation of the clinical protocol or decision tree will have a cost savings for some of the women who are regular patients in the clinic because all of their care can then be provided at one site instead of being referred to another provider for hormone therapy for menopause symptoms.

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A HEALTH LITERACY INTERVENTION TOOL FOR HEALTHCARE PROVIDERS WHO SERVE RURAL ELDERLY POPULATIONS

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Purpose:
The purpose of this capstone project was to develop and test a health literacy critical pathway model derived from an extensive literature review, for use by providers serving vulnerable populations such as the rural elderly.

Setting:
Hospital conference room located in Meridian, Mississippi.

Project Method:
An integrative systematic review of the literature on health literacy was conducted from a broad spectrum of health disciplines which gave rise to the investigator generated Health Literacy Intervention Tool (HIT). This tool was distributed among a convenience sample of eleven health practitioners who serve a rural population in Mississippi to determine its' usefulness in improving health literacy among elderly populations. Each healthcare provider was given a pre survey questionnaire to gage the current level of attention given to health literacy. Participants were then instructed by the investigator on the essence and importance of assessment of health literacy in the clinical setting. They were then provided instructions on use of the HIT tool in their clinical practice setting.

Evaluation Methods:
The success of this project in meeting anticipated goals was measured by healthcare providers’ responses to the health literacy teaching session. A combination strategy which incorporated surveys and observations of direct feedback from healthcare professionals was utilized to explore the value of the HIT in improving their patients understanding of health information.

Results:
Post test results of the survey revealed a statistical significance in five of the survey questions related to usefulness of the HIT. Qualitative results confirmed that all providers determined the HIT tool as useful in assessing health literacy in the rural elderly. The overall consensus was that use of the HIT tool improved the healthcare providers’ techniques of assessing their patients’ health literacy skills.

Implications for Practice:
The HIT tool represents an easy-to-use tool for practitioners to use in the clinical setting to address health literacy needs of clients in general and rural clients specifically. DNP leaders are encouraged to investigate other populations that are conducive to use of the tool and to advocate for the assessment of health literacy in all patient care populations.
Setting:
Native American Primary and Women’s Health Care Clinics

Purpose:
Develop an algorithm for screening and counseling of American Indian adolescent females for the intrauterine device (IUD) as a method of contraception.

Project Plan:
Algorithm to address:
• Adolescent screening
• Client counseling
• Initial visit practices
• Follow up practices

Project Methods:
A review of literature was completed across the disciplines of nursing, medicine and midwifery to assess the unintended pregnancy rate among adolescents utilizing a current method of contraception. Further research findings provided evidence supporting safety in prescribing intrauterine contraception to diverse patient populations including nulliparous and adolescent females to reduce unintended pregnancies. Utilizing evidence-based guidelines, an algorithm was created to counsel and select candidates for intrauterine contraception.

Results:
The algorithm provides a comprehensive and consistent method for screening and counseling Native American adolescents for IUD use and follow up.

Implications for Practice:
Adolescents are more likely than adult women to discontinue a range of contraceptive methods, including pills and injectable contraception. American Indian adolescents, when compared to Caucasian youth, have a higher incidence of engaging in sexual intercourse, multiple sex partners, and pregnancy.

Evaluation Methods:
Health care providers voice simplistic use of the algorithm when selecting and counseling candidates for IUD placement.
Project Methods:
This study used a descriptive, mixed method design. Quantitative data was gathered from the parents with a demographic survey and the Asthma Illness Representation Scale (AIRS©) and from students with asthma by completing the Pediatric Asthma Quality of Life Questionnaire (PAQLQ). Focus groups were held for the parents and the school staff and community leaders.

Implications for Practice:
The use of a Proactive Evaluation proved beneficial in eliciting data from stakeholders to begin the development of an asthma program in this elementary school. Recommendations were made to develop a program specific to the needs of this school and surrounding community.

Implications for Practice:
The PAQLQ revealed a moderate impairment of asthma QOL. The lowest scores were found in the Activities domain of the questionnaire. The parent responses to AIRS questionnaire revealed a need for more asthma education due to a decreased understanding of evidenced-based asthma management of the parents which was supported by the parents expecting their child to have Emergency Department visits or hospitalizations due to asthma and feeling that asthma was uncontrollable. Focus groups uncovered a need to improve asthma care and increase education about asthma and asthma action plans on multiple levels in the school system and community.

Purpose:
The purpose of this study was to identify barriers to asthma care and control in this elementary school and community and to establish baseline childhood asthma quality of life data in order to develop an asthma program specific to this school.

Setting:
An elementary school in Jackson, MS

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DNP-May 2013
Setting: A regional mental health care facility in the southwest part of Mississippi.

Purpose: The purpose of this scholarly project was to a) identify the presence and level of STS symptoms; (b) provide a STS education program and prevention plan; and (c) evaluate the effectiveness of the STS program and prevention plan among mental health professionals who work with child sexual abuse (CSA) victims.

Project Plan/Methods: Education and prevention training for STS was provided for the mental health professionals in the mental health care facility. After the training was completed the professionals developed a personal STS prevention plan. They were evaluated again for symptoms of STS in five weeks post training.

Evaluation Methods: Comparisons of mental health professionals’ total STSS pretest and posttest scores were not statistically significant (t (15) = -1.102, p = .288), with no reduction in scores. However, there is evidence of STS in the survey population. The majority (n = 7, 44%) of the participants (N = 16) experienced mild symptoms of STS and may be experiencing negative effects of STS. The most frequently reported STS symptom was avoidance related to work with clients.

Results: Secondary traumatic stress (STS) is an issue that may be experienced by mental health professionals who are exposed to clients’ trauma materials and become at risk of becoming traumatized themselves. Mental health professionals working with sexually abused children are more vulnerable to STS due to their empathic engagement and level of exposure to trauma. The impact of STS can result in poor productivity, increase in illness, and turnover rates for mental health professionals. Cumulative effects of STS make awareness and early intervention imperative. This project increased awareness, identification and prevention of STS that will potentially decrease staff illness and turnover rates and increase productivity. The ability of mental health professionals to empathetically engage with the client without symptoms of STS may ultimately improve the therapeutic relationship and patient outcomes.
Significance of the Problem (cont.):
Excessive weight also creates an increased risk for a shortened lifespan and generates an extra financial burden for those affected due to the associated health care costs. To date, there have been no significant strides in curbing this childhood epidemic at the population level. This is likely due to the complexity of the problem, which is often created by multiple factors that affect the daily lives of children. The current evidence-base for treatment of childhood overweight and obesity recommends a moderate- to high-intensity healthy lifestyle program that includes components of physical activity, healthy diet, and behavioral modification. Recent evidence also suggests that population-specific treatment approaches result in more successful outcomes. Further research indicates that school-based interventions hold promise as treatment implementation sites and that parental involvement and community support are significant influences on positive treatment outcomes.

Significance of the Problem:
Childhood overweight and obesity are significant health problems in the United States that often have a considerable negative impact on a child’s physical and psychological well-being.

Purpose:
The purpose of this study was to identify 1st through 5th grade students’ perceived barriers to physical activity and a healthy diet as the basis for the development of a population-specific healthy lifestyle program.

Method/Design:
Barriers identification was achieved via a descriptive, multi-method design. Quantitative data were collected via self-administered surveys distributed to students in grades 1 through 5, and qualitative data were collected via three focus group discussions with adult stakeholders.

Findings:
Quantitative findings revealed a lower level of total perceived barriers to physical activity and a healthy diet than anticipated. However, quantitative findings did indicate a significantly higher level (p = .04) of perceived barriers to physical activity in terms of social factors among 11- to 13-year old students compared to 9- to 10-year olds, and a significantly higher level (p = .02) of perceived barriers to physical activity in terms of body-related factors for students in a single-parent household compared to those in a dual-parent household. Students in a single-parent household had significantly greater odds (OR = 2.68, CI [1.004, 7.134]) of reporting a higher level of perceived barriers to physical activity compared to those in a dual-parent household. Qualitative findings indicated that perceived barriers to physical activity were related to knowledge of how to perform physical activity for health benefits and barriers to healthy diet were related to access to healthy foods.

Implications for Practice:
A healthy lifestyle program will be developed, and implemented based on study results and with parental involvement and community support with ultimate goal of decreasing the prevalence of overweight and obesity at the students’ school.
Setting:
Acute Care Facility

Purpose:
The problem to be examined is the decreased retention rate of new graduate nurses (NGNs) during the first 24 months of employment despite the organization’s implementation of an orientation program and nurse residency program.

Methodology:
The design of this study is a comparative (gap) analysis of 2 programs utilized by the clinical facility to orient and transition new graduate nurses into practice within this organization. Evidence-based standards for accreditation of nursing residency programs will be the basis for the analysis.

Purpose/Goal:
As an evidence-based practice research project, the purpose is to evaluate the current orientation and nurse residency programs which are offered to new graduate nurses employed by an acute-care hospital utilizing standards of practice to accredit nurse residency programs. There are two aspects to the project.

• To determine the current retention rate of new graduate nurses who have been employed for less than 24 months at this facility. The retention rate will establish the degree to which retention is an issue at this institution.

• To evaluate the current orientation and nurse residency programs being utilized by the clinical facility using the “Standards for Accreditation of Post-Baccalaureate Nurse Residency Programs” developed by the Commission on Collegiate Nursing Education (CCNE), the accrediting agency for the American Association of Colleges of Nursing (AACN).

Evaluation Methods:
The study is currently in progress.

Implications for Practice:
Comparing the current orientation and nurse residency programs with evidence-based standards will provide insight into potential strengths and weaknesses of the current programs and identify potential gaps that can impact retention of new graduate nurses. The findings of the evaluation and a synthesis of the literature will serve as the basis for recommendations to be translated into a quality improvement plan.

D N P  W a l l  o f  F a m e
A Proactive Classroom Management Model to Enhance Self-Efficacy Levels in Teachers of Adolescents Who Display Disruptive Behaviors

Setting:
The investigation was conducted at a rural middle school in a south central state.

Purpose:
The aims of this project were to determine teachers’ self-efficacy levels at baseline, provide a proactive classroom management program intervention and reassess teachers’ self-efficacy levels afterwards.

Project Plan:
The proactive classroom management program intervention was constructed and delivered by the investigator. There were five condensed phases within the program, in which the major concepts included health, self-efficacy, disruptive behaviors, aggressive behaviors, effective communication, classroom management and transformation of traditional classrooms.

Project Methods:
A convenience sample of twenty-six teachers was recruited from a middle school. Data required for analysis were drawn from the Teachers’ Sense of Efficacy Scale (long form) through the pretest posttest design. Additional information was gathered through utilization of a demographic survey form and evaluation form.

Results:
These results revealed a t-score of $t(25) = 7.68$, $p < .001$ indicating a statistically significant increase from pre-intervention to post-intervention in the area of Efficacy in Classroom Management.

Implications for Practice:
Minimum efforts have been channeled towards the enhancement of teachers’ levels of self-efficacy through knowledge of proactive classroom management strategies. Findings support further development and implementation of proactive classroom management interventions by a Doctor of Nursing practice (DNP) prepared psychiatric mental health advance practice registered nurse behavioral consultant within the school setting. These efforts will bridge the gap between mental health facilities for adolescents and the school system.
**Purpose:**
To provide primary care providers with a guideline for decision-making in the initiation of continuous subcutaneous insulin infusion (insulin pump) therapy for patients with type 2 diabetes (T2D).

**Project Plan/Setting:**
Chart reviews were completed at two primary clinics in rural Southwest Mississippi. Each clinic has a large population base of individuals with the diagnosis of type 2 diabetes. The established criteria included adults age 19 and older, glycated hemoglobin greater than 7%, treatment with multiple daily injections (i.e., 3 or more injections a day), and evaluation by the provider within the last 6 months. Charts were selected with the assistance of four providers using the established inclusion criteria.

**Evaluation Methods:**
An evaluation tool was developed to assess information that could be used to determine the best candidates for insulin pump therapy and how often this treatment option was selected. Several areas were analyzed in chart review process. Information for analysis included patient desire to control blood sugar, contraindications to insulin pump therapy, compliance, uncontrolled blood sugar, labs specific to insulin therapy, complications, insurance, and insulin pump requests/referrals.

**Results:**
There were 1061 patients seen within the clinics six months prior to the onset of the study. One hundred and fifty charts were reviewed and 23% met inclusion criteria. Only 26% of patients were offered continuous subcutaneous insulin infusion therapy. Insulin pump therapy was utilized as a treatment option by only one provider. Data revealed that insulin pump therapy is not frequently provided as a treatment option in the primary care setting.

**Implications for Practice:**
All available treatment options should be evaluated for each patient. Potential barriers should be overcome for successful outcomes in the management of diabetes. Decreasing provider fear and reluctance in continuous subcutaneous infusion therapy is essential. Individuals with recurrent hypoglycemia, severe glycemic excursions, dawn phenomenon, and wide fluctuations between meals while using multiple daily injections could greatly benefit from insulin pump therapy.
CONTINUING PROFESSIONAL DEVELOPMENT ON SECOND-GENERATION ANTI PSYCHOTICS FOR ACUTE CARE PSYCHIATRIC-MENTAL HEALTH STAFF NURSES

Purpose-Goal:
The purpose of the project was to design and implement an on-line continuing education training module on Second-Generation Antipsychotics (SGA) for a cohort of acute care Psychiatric-Mental Health (PMH) staff nurses using information and communication technologies. The goal being examining PMH staff nurses knowledge on education and treatment guidelines for schizophrenia and SGAs in an acute care mental health hospital.

Setting:
The setting was an acute care mental health hospital in East Central Mississippi.

Project Plan:
An educational intervention was presented to PMH staff nurses to assess knowledge of schizophrenia, SGAs, metabolic syndrome associated with SGAs, and adverse effects of SGAs. The PMH staff nurses were provided education on 1) schizophrenia, SGAs, metabolic syndrome associated with SGAs, and adverse effects of SGAs 2) monitoring for metabolic syndrome 3) the PMH acute care staff nurses role in providing education to patients on schizophrenia 4) SGAs, metabolic syndrome and a healthy life.

Methods/Evaluation:
Pre/post-test designed was utilized to assess acute care PMH staff nurses knowledge of the educational intervention. A review of literature was conducted to design and implement an evidence-based continuing professional program for PMH staff nurses. A convenience sample of 10 PMH staff nurses were recruited to participate in the project.

Results:
All participants strongly agreed that 1) they can identify symptoms of schizophrenia and identify SGAs medications 2) continuing professional development programs are needed. The majority (n=8, 80%) were able to identify, monitor, and educate patients on adverse effects associated with SGAs and metabolic syndrome. And 90% of the participants stated that the educational intervention provided them with knowledge to educate patients with a diagnosis of schizophrenia about SGAs. These modules have been incorporated into new nurse orientation. And completion of modules by all nurses is now required yearly.

Implications for Practice:
Enhanced acute care PMH staff nurses’ knowledge to not only provide medication education to patients that are taking SGAs but also to monitor and care for patients with or at risk for metabolic syndrome associated with taking SGAs medications. The PMHNP DNP can serve as a leader in the practice change initiative in order to enhance knowledge of staff nurses and improve patient outcomes.

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Purpose:
A role of the healthcare provider managing patients with diabetes is to provide the knowledge and skills needed to become self-managers and to improve diabetes healthcare outcomes. The purpose of this project was (1) to update healthcare providers on the 2009 American Diabetes Standards of Care, (2) to determine the knowledge level and attitudes of providers related to diabetes, and (3) to provide strategies to teach diabetes “survival skills” using a solution-focused nursing approach.

Project Methods:
Providers at a local hospital in the Mississippi Delta were invited to attend a one-day workshop (1) to review the 2009 American Diabetes Association Standards of Care and Practice Recommendations, (2) to become familiar with Margaret McAllister’s Solution-Focused Nursing theoretical concepts, and (3) to develop strategies for teaching diabetes “survival skills” in six mini-sessions to patients with diabetes prior to discharge. The Diabetes Knowledge Test and the Diabetes Attitude Survey, developed by the University of Michigan Diabetes Research and Training Center, were administered pre- and post-workshop to assess each participant’s knowledge and attitudes related to diabetes.

Results:
• Thirty eight healthcare providers employed at a local hospital attended one of the four workshops offered. Four of the 38 participants had read the 2009 ADA standards of care prior to attending the workshop. The standards of care were reviewed and participants received a copy of the ADA 2009 Standards of Care and Practice Recommendations manual.
• Health care provider’s knowledge related to diabetes increased after reviewing the standards of care. The overall mean pre-test score for the Diabetes Knowledge Test was 76.20 and the mean post-test score was 81.24. However, both the pre- and post-test scores reflect the need for additional healthcare provider training in the area.
• Post-test results from the Diabetes Attitude Survey also improved in all five categories compared to the pre-test scores. However, two categories, (1) need for special training and (2) psychosocial impact of diabetes, remained at less than an optimal score of .85 or above.
• Throughout the workshop participants were introduced to the concepts of Margaret McAllister’s Solution-Focused Nursing theory. Participants were given the opportunity to demonstrate the use of her concepts as teaching strategies in the delivery of diabetes self-management “survival skills” during the afternoon session of the workshop.

Conclusions:
Establishing annual diabetes updates and diabetes-specific learning opportunities in healthcare facilities enable providers to receive the information needed to deliver consistent, adequate, and accurate education to patients with diabetes. Provider accountability for the delivery of quality care can result in patient accountability for self-management. Implementing a solution-focused nursing educational approach in providing the tools for patients with diabetes to become proficient self-managers is a strategy that improve patient outcomes for those living with diabetes.
Purpose:
The purpose of this study is to determine whether routine preoperative type and screen testing is cost effective and medically warranted for benign diagnosis in healthy patients undergoing robotic hysterectomy. The study investigates whether hospitals can enhance payer value by eliminating the type and screen test without compromising quality of care.

Project Method and Evaluation:
The study is a retrospective analysis of 163 medical records of American Society of Anesthesiologists (ASA) category I & II (healthy & with mild systemic disease) patients undergoing robotically-assisted laparoscopic hysterectomy. The patients’ age and body mass index (BMI), estimated perioperative blood loss (EBL), length of hospital stay (LOS), rate of conversion to laparotomy and the perioperative transfusion rate were extracted for analysis.

Results:
The analysis closely parallels the findings of other current published research. Mean EBL was 70.67 ml for the study. Two patients (1.2% of the group) were converted to open laparotomy. Preoperative type and screen testing was performed on 152 (93%) of the patients in the study. No perioperative transfusions were required. The medical facility would have saved $11,400.00 during the study period if the type and screen tests had been omitted. A broader study of gynecology surgeries, not limited to hysterectomy, would be beneficial.

Implications for Practice:
In the face of rising costs and an economic downtown, cost containment is a major concern for healthcare providers. Hospital administrators and clinicians seek to reduce health care cost without compromising the quality of care. Eliminating unnecessary routine preoperative testing has gained a great deal of attention as a cost cutting measure. Results of this project indicate that preoperative type and screen testing is not warranted for patients meeting the inclusion criteria.
A SYSTEMATIC APPROACH TO POSTOPERATIVE MANAGEMENT OF DECEASED DONOR KIDNEY TRANSPLANT PATIENTS WITH A CLINICAL PATHWAY

Design/Setting:
A pilot quality improvement project that uses implementation of a clinical pathway 24 hours after surgery for adult recipients of a deceased donor kidney transplant for 7 months. Charts from the same 7 months of the preceding year were retrospectively reviewed for comparison. The project occurred on the transplant floor in an acute care hospital and did not include any patients admitted to the intensive care unit.

Main Outcome Measures:
To demonstrate that clinical pathways can (1) promote a method for standardizing postoperative care, (2) decrease postoperative length of stay, and (3) contain costs by minimizing hospital charges related to laboratory and room fees and promote efficient medication use in adult recipients of a deceased donor kidney transplant.

Results:
All 24 patients in the clinical pathway group met daily goals of the implemented clinical pathway. The clinical pathway group had statistically significant decreases in postoperative length of stay, use of laboratory tests, and use of intravenous medications compared with the comparison group. The 2 groups were similar in race, sex, age, and body mass index. Surgical readmissions did not differ significantly between the 2 groups. (Progress in Transplantation. 2011;21:43-52)

Purpose:
Clinical pathways have been used in many acute hospital settings. To develop a systematic approach to postoperative care of adult recipients of deceased donor kidney transplants at the University of Mississippi Medical Center.
Purpose:
The elderly residing in nursing homes are at risk for ineffective management of chronic conditions such as osteoarthritis (OA). The purpose of this DNP project is to carry out the first phase of three phase plan to develop an OA management protocol to more effectively manage OA among nursing home (NH) residents.

Sample:
Nursing staff that provide direct patient care in the NH setting

Methods:
Pre and post-test, quantitative design. Pre-test was administered to the NH staff prior to an evidence-based presentation pertaining to the pathologic process and physical findings of OA, in addition to the best evidence-based assessment tools to utilize among NH residents. Post-test was administered following the presentation.

Analysis:
The SPSS version18.0 for Windows was used for analysis of the data and Analysis of variance (ANOVA) was employed to test for differences between the pre-test and post-test scores.

Results:
Total of 23 participants (4 RNs, 7 LPNs, and 12 CNAs). No statistical difference was noted between the pre-test and post-test scores.

Discussion:
The first phase of this DNP project includes limitations of a small sample size and a restricted geographic location. The development of an OA management protocol would serve to improve the NH residents’ quality of life by providing more effective and structured management of OA related symptoms.

First Phase:
The first phase consists of investigating the differences of general OA knowledge and pain assessment among the NH staff. The development of the OA management protocol will take place in three phases: First phase (assessment & data collection pertaining to OA knowledge base and pain assessment skills of the NH staff), second phase (actual development of OA protocol), and third phase (implementation and pilot testing of the OA protocol).
**Purpose:**
The purpose of this proactive evaluation was to determine the perceived need for an environmental literacy program to address environmental health concerns of a Gulf South community.

**Sample:**
Gulf South Community post Hurricane Katrina in 2005 and the Deep Water Horizon oil spill in the Gulf of Mexico in 2010.

**Project Plan:**
To investigate the perception of needs related to information and education on the health effects of environmental exposures in a Gulf South community. Describe the perceived need in careful, objective, and meaningful terms to enable the development of an intervention program if indicated by the findings.

**Project Methods:**
This assessment was accomplished by surveying key informants identified using the snowball sampling technique with a survey instrument designed to measure concern related to 10 environmental issues and elicit input related to methods of addressing these concerns.

**Evaluation Methods:**
A survey instrument was developed to obtain feedback from community leaders and representatives. 41 informants were identified through snowball sampling from an initial cohort of 10 community leaders identified by the investigator. Thirty surveys were returned to the investigator, resulting in a 66.7% participation rate.

**Results:**
Community concern for all environmental issues were identified, particularly about issues related to recreational and public drinking water. Participants obtain environmental health information from multiple sources, most notably, the newspaper, the Internet, and the radio. Only 43% of participants indicated they obtain environmental health information from their health care provider.

**Discussion:**
The inquiry confirmed the need for information about environmental health issues within this community. Development of clinical environmental health guidelines should be considered in the future to include short and long-term health risks associated with natural and man-made disasters. A mid-level provider, should consider developing peer-reviewed guidelines for environmental health risks and concerns for dissemination to health care practitioners.
**Purpose:**
The purpose of this study was to look at practices of advanced practice registered nurse hospitalists in Mississippi to identify practices specific to the state. Using these guidelines, role definition and practice protocols can be developed for Mississippi and other states.

**Setting:**
Conducted over a six month period in Mississippi using a convenience sample from Mississippi Hospital Association’s 115 hospitals to actively identify hospitals using APRNs as hospitalist. APRN hospitalists were identified through Mississippi Nurse Practitioner Network.

**Project Methods:**
This study was completed over a three month period. There were eight APRN hospitalist identified during that time period. All of those identified completed and returned a survey that was developed by the researcher. For this study both part time and full time APRN hospitalist were included in the study.

**Results:**
The hospitalist role is typically filled by physicians but is one that can be an opportunity for APRNs. This study sought to facilitate the development of the scope of practice, role definition, and identification of facilitators and barriers for the hospitalist APRN. In addition to aiding in role development for APRN hospitalists in Mississippi, findings can further be amended as the role is defined in other states. It must be noted that the establishment of this role, although defined by guidelines specific to the boards of nursing of each state, is impacted by guidelines specific to individual institutions, which may be more stringent.

**Implications for Practice:**
Growth in the utilization of hospitalists is projected to increase at rates of 10% to 20% annually in the near future. This is due to rising numbers and acuity of hospital patients coupled with fewer physicians available to meet this increasing need. APRNs stand poised to accept the challenge of assuming this role.
Purpose:
The project purpose was to understand nurse preceptors’ experiences with change during nurse residency program implementation after attending an education class designed to enhance knowledge and understanding of the preceptor role. The nurse preceptor experience will be explained in the context of change theory.

Setting:
Acute care hospital in North Mississippi.

Project Plan:
To provide preceptor educational classes prior to implementation of a structured clinical nurse residency program. Focus groups were held 3-4 months post educational intervention and nurse residency program implementation.

Project and Evaluation Methods:
A phenomenological exploration, facilitated through focus groups analysis and extraction, synthesizes preceptor experiences during implementation of a nurse residency program in an acute care hospital setting. The sample size included 15 baccalaureate prepared nurse preceptors who participated in one of three focus group interviews. The data collection tool consisted of six open-ended questions designed to elicit participant responses through the unfreezing, moving, and refreezing change theory processes.

Results:
Key findings from focus group interviews reveal five emergent themes: role fulfillment, communication, resources, valuing and support. Implications for practice: These findings assist in understanding the nurse preceptor role and support needs for improved practice outcomes. Study limitations are related to sample size and inability to generalize findings. Future recommended research should focus on experiences from those serving in preceptor support roles related to overall nurse residency program effectiveness.

Implications for Practice:
As a DNP leader with new graduate nurses, clinical nurse residency program implementation has allowed a structured curriculum to support nurses through this transition for the ultimate goal of improved patient outcomes.
Setting:
The clinics are conveniently housed in two sites (Grey’s Creek and Flicker locations) of the school system’s Boards of Education. The Grey’s Creek location is in the rural suburb of Arlington, Tennessee while the Flicker location is in the city of Memphis.

Purpose:
The purpose of this inquiry was to perform a pre-training readiness assessment prior to undertaking a TeamSTEPPS® (Team Strategies and Tools to Enhance Performance) based-initiative in employee health clinics for a metropolitan school system.

Project Plan:
The pre-training readiness assessment of the TeamSTEPPS® AHRQ based-initiative had four components; (1) establish an organizational level change team (2) conduct a site assessment, (3) identify the problem, challenge or opportunity for improvement, and (4) define the goal of the intervention.

Project Methods:
The T-ORA, T-TAQ and T-TPQ, available instruments via public domain in the TeamSTEPPS® resource kit, were employed to perform the site assessment. To identify challenges, separate focus group discussions were held with voluntary stakeholder participants and facilitated per the evaluator and a human resources specialist. Recurring words/phrases were grouped across the questions and linked with applicable descriptors. The results were later verified from each step of the analysis.

Results:
Findings from the surveys and the focus group discussions with employee health clinic stakeholders revealed readiness to engage in a program; such as, TeamSTEPPS®.

Results (cont.): It also uncovered some structural barriers to teamwork and further communication challenges to the exercise of interprofessional collaboration. Aligning with the hospital system’s commitment to excellence, it is highly recommended that employee health clinic stakeholders proceed with a TeamSTEPPS® interprofessional collaboration training program to overcome such barriers.

Implications for Practice:
This pre-readiness assessment exposed potential benefits for medical assistants, nurse practitioners and managers—the stakeholder participants. Positive implications regarding an interprofessional collaboration training program supported that achieving teamwork, increasing communication, and embracing organizational goals can lead to a greater knowledgebase for all stakeholders in the employee health clinics.
**Creating a Success Program for Nursing Students**

**Goal:**
The goal of this project was to improve the progression of nursing students admitted as juniors into the second trimester nursing courses.

**Project Plan:**
The e-modules will be uploaded on the university’s learning management system, Desire2Learn (D2L). Students will be notified at the time of admission into the program of the expectation to complete the modules. Completion and quality of work will impact their first grade in the Fundamentals of Nursing course.

**Project Methods:**
The project, including the creation of four e-modules, was completed in spring 2011 with a proposed implementation in summer 2011. Communication of the vision and strategy began informally through casual meetings and formally in Hattiesburg faculty meetings. Empowerment included identifying barriers and beginning to seek solutions in order to promote the success of the project. The goal is to implement the pilot project in summer 2011.

**Results:**
Before this project could be implemented, faculty and student focus groups, along with the foundational work of this project led to the creation of a mandatory pre-nursing course.

**Results (cont.):**
This course is designed to introduce selected concepts, principles, and content basic to the practice of nursing in order to prepare students for entry into and progression through nursing school. Dosage calculation and clinical reasoning/decision making skills utilizing the nursing process are emphasized, along with medical terminology, study skills, test taking strategies, prioritization, safety, and other necessary concepts.

**Implications for Practice:**
Nursing student success programs should include the following components: (a) assistance for students to identify academic challenges; (b) assistance for students to identify resources which will aid in their academic endeavors; and (c) help to develop appropriate remediation activities, with the ultimate goals of successful completion of the program of study and passing the NCLEX. The project provided several interactive instruments to address the first two components with hope that the face-to-face advisement process can assist students with remediation exercises. No boundaries exist for where the project can be applied with regard to location of nursing programs or type of program.

**Setting:**
Baccalaureate of nursing program in a small, private, Christian university in the southeast.
Purpose:
This scholarly project investigated African American (AA) women for risks relating to metabolic syndrome (MetS). MetS is a detectable precursor to developing coronary heart disease (CHD). This project will emphasize the importance of accurate recognition of CHD risk factors by health care providers in order to implement early preventive treatment and education. Although these chronic diseases (hypertension, diabetes, obesity, and elevated cholesterol/triglycerides) appear relentless, most of them can be prevented if women practice therapeutic lifestyle changes (TLCs).

Project Plan:
In order to reduce the prevalence and burden of cardiovascular disease among women, specifically women of color, HCPs must educate women about the risks factors of developing CHD, screen for cardiovascular risk factors and emphasize the importance of TLCs to help reduce and/or eradicate this preventable condition. Nurse practitioners (NPs) because of their distinctive independent roles as HCPs should be at the forefront in preventing CHD.

Project Methods:
A quantitative descriptive design was used to explore the risks for metabolic syndrome of predominantly AA women residing in any of the 18 counties in the Mississippi delta. A retrospective data collection was relative to this study because it explored conditions which may develop over an extended period of time as result of certain risk factors. A metabolic risk factor abstraction form was used to collect data from fifty-one randomly selected medical records.

Results:
MetS was found in 63% of the participants in this study. Of the individuals with MetS, 87.5% exhibited relatively high systolic blood pressure. Twenty-eight percent of the participants with MetS had diastolic pressure greater than or equal to 85 mmHg. Sixty-six percent (21) of participants with MetS had fasting glucose levels greater than or equal to 110 mg/dl. Twenty-eight percent of participants with MetS had triglycerides greater than or equal to 150 mg/dl. There were 18% of participants in all that had triglycerides levels greater than or equal to 150 mg/dl. Sixty-nine percent of participants with MetS had HDL levels less than or equal to 50 mg/dl which was slightly less than the HDL levels of all participants in the study (73%). Ninety-one percent of the participants with MetS had BMIs greater than or equal to 30. Thirty-seven percent of the participants did not have three or more risk factors and were therefore not classified with the MetS.

Implications for Practice:
In an attempt to address the needs of patients in rural communities, more patients with chronic diseases are being seen and managed by NPs in primary care settings. It is imperative that these patients are screened early for MetS risk factors to begin educating patients on ways to prevent the development of CHD. NPs are increasingly becoming patients’ initial contact when faced with chronic disease management. During NPs initial contact with patients, it is equally important to focus on preventive treatment which may include referral.
Setting:
A predominantly African American church in a rural northwestern county in Mississippi.

Purpose:
The aim of this project is to provide education about stroke to a group of predominantly African American rural Mississippians and then to examine the effects of that education on stroke knowledge acquisition and retention in this population. This is a population that has been identified as experiencing a disproportionate number of strokes and excess stroke mortality when compared to the Caucasian population and to populations of other counties in MS.

Project Plan:
An educational intervention was presented to adult members of a predominantly African American church congregation in a county in a rural northwestern county in Mississippi.

Project Methods:
The study consisted of a convenience sample of adult parishioners of a predominantly African Americans rural church in a northwestern county in Mississippi. Participants were recruited after a church service on a single weekend from a Baptist Church in a rural Mississippi county. A questionnaire about stroke, stroke risk factors, and transport was completed prior to the education presentation. Knowledge change about stroke, stroke risk factors, and transport was assessed immediately after presentation, and four weeks post-presentation.

Results:
A total of 28 African American individuals ranging in age from 19 to 78 years received education in regards to the signs of stroke, appropriate transport methods, stroke site of origin, simple tests to identify occurrence of stroke, and stroke risk factors. The mean age was 52.85 years and included 22 females and 6 males. All participants were members of the church. Immediately after the education session, group analysis revealed an increase in knowledge acquisition in all areas: signs of stroke (21% vs. 50%), appropriate action upon suspecting a stroke (43% vs. 71%), stroke origin (14% vs. 36%), simple test to identify stroke (21% vs. 57%), and stroke risk factors (50% vs. 86%). Of the 28 participants who were given the 4 week follow up questionnaire, only 16 completed and returned the questionnaire.

Implications for Practice:
This study is a preliminary work for assessing the impact of utilizing health education in addressing the stroke disparity of African Americans in the southeastern states of the United States via the church population. A significant short term increase in stroke knowledge acquisition was identified in this study. Longer term studies are warranted to address longer term knowledge retention and lifestyle modifications with the ultimate assessment being that of assessing the impact on stroke morbidity and mortality.
Background:
Type 2 diabetes is a disease that requires ongoing self-care and consistent medical follow-up. According to the Agency for Healthcare Research and Quality, residents of rural areas encounter disparities in diabetes care including fewer healthcare visits and fewer preventive services. Disparities in diabetes follow-up and education at a walk-in rural health clinic in Southwest Mississippi were addressed by implementing a quality improvement project. Models for the project were the Chronic Care Model (CCM), the Plan-Do-Study-Act cycle (PDSA), and the six Institute of Medicine (IOM) aims.

Evaluation Methods:
The Patient Assessment of Chronic Illness Care (PACIC) 5As version was used to evaluate the patient-focused outcomes of improved follow-up, diabetes self-care management, satisfaction with care, and processes of care. The Assessment of Chronic Illness Care (ACIC) survey was used to evaluate the provider-focused outcomes of improved organizational, decision, and self-management support. These surveys were given at the beginning of the project and repeated at the end.

Results/Conclusions:
Patient responses improved significantly on the post-program PACIC 5As survey showing improved follow-up, diabetes self-care management, satisfaction with care, and processes of care. Responses on the post-program ACIC improved significantly with support for diabetes care improving from a pre-program result of limited support for diabetes care to a post-program result of reasonably good support for diabetes care. The responses on the ACIC supported enhanced organizational, decision, and self-management support. Improving these essential elements of diabetes care improved the quality of chronic illness care given to the participants.

Project Plan:
Participants included a pilot group of 20 patients with Type 2 diabetes who were evaluated on their self-care practices and follow-up prior to the onset of the project. The specific evidence-based interventions that were monitored included follow-up every three months, telephone support, identifying individual needs, setting self-management goals, and incorporating a diabetes flow sheet and a diabetes history and self-management checklist in the patient record.

Implications for Practice:
The IOM (2001) identified problems in this nation’s healthcare system when it noted a gap in the desired quality of care and the actual quality of care in the United States. The IOM described this gap as noticeably more prominent for individuals with chronic illness including diabetes. Nurse practitioners are in unique positions to address disparities in diabetes care by implementing quality improvement (QI) initiatives. The CCM, PDSA cycle, and the IOM aims may be used as frameworks for implementing programs to improve diabetes care. The PACIC 5As and ACIC surveys may be used to evaluate the patient’s perspective of his/her chronic illness care and diabetes self-management and the organization’s provision of chronic illness care before and after QI initiatives.
**Purpose:**
The purpose of this project is to develop an educational program and tool kit for health care providers that will streamline the process for the diagnosis and management of overweight and obesity in primary care.

**Setting:**
This project will be conducted in a family practice clinic located in a rural MS county.

**Project Plan:**
The use of evidence based practice measures will be used to develop three educational sessions that will be delivered to the health care providers and ancillary staff. The first component of this program will focus on the use of weight ($W$) and height ($H$) to calculate BMI and identify (I) overweight and obesity. The second educational session will be directed at appropriate screening for co-morbidities related to obesity ($S$) and the third educational session will be geared to the development of treatment plans, (T) patient education or learning tools (L) and patient follow up for ongoing evaluation (E).

**Project Methods:**
The effectiveness of Whistle While You Work will be evaluated by administering tests to determine the level of provider obesity care and management knowledge prior to and after completion of the educational sessions. Effectiveness will also be determined by performing chart audits pre and post education for the presence of obesity diagnosis and initiation of treatment measures.

**Implications for Practice:**
Lack of education and training coupled with historical views of obesity hinder primary care providers in diagnosing and treating obesity. As providers become more attuned to obesity as a disease rather than a social problem patients will become more comfortable discussing these issues. As patients knowledge of obesity associated complications increase they may become more inclined to participate in and follow up with prescribed treatments.
Results/Conclusions:
Qualitative thematic analyses of patient problems were physical symptoms/suffering, care management; self care behaviors, and psychological problems. Quantitative: Second analysis revealed patients were experiencing symptoms significantly more than the staff was reporting ($F(1, 9) = 6.644, p = 0.030$). Third analysis showed significant differences where the patient score was much higher than the staff score. Pain, $t(9) = 3.161, p = 0.012$, other symptoms, $t(9) = 2.57, p = 0.030$, and self worth, $t(9) = 2.333, p = 0.045$. This suggested staff was not recognizing all the pain and other symptoms experienced by patients in this sample.

Implications for Practice:
It is recommended study be repeated 1) with larger sample with more diverse participants, 2) with participants who do in fact have caregivers, and 3) longer interviews over time such as every 30 days for three months. Concise steps during the critical first two weeks following hospital discharge should be approached collaboratively in the hospital and community. Hospital administrators, policymakers and health plan administrators can use the Intervention Tool and evidence based guidelines such as Project RED to build effective program initiatives and policies for this chronic health condition.

Results/Conclusions (Cont.):
This project’s findings confirm other studies of the urgent need to improve the discharge process and improve cardiac teaching. Nurses should continually assess the HF patient’s ability to recognize symptoms that contribute to deteriorating conditions.

Limitation: study had small sample size.

Introduction:
Evidence based study explored perceptions from patients themselves about recent problems with self management of heart failure (HF). An acute symptoms management tool was distributed to these patients that may improve adherence, prevent worsening of symptoms, and reduce excessive readmissions.

Methodology:
Mixed method, quantitative descriptive study. Patients NYHF stages III-IV, ages ≥65, $N=10$. Qualitative: explored patient perceptions, grounded theory, general inductive. Quantitative: ANOVA and paired t test of Patient care Outcomes Scale Instrument (POS) functional scores. Staff, patient and caregiver scores were compared. Socio-demographics, ejection fraction and systolic BP were collected.
Purpose:
The purpose of this project was to first identify the best methods for reducing dialysis catheter associated infections, and using this to reduce the incidence of dialysis catheters associated infections in one acute dialysis unit. This could improve the quality of care provided to the dialysis recipients at the University of Mississippi Hospital by reducing the incidence of catheter-associated infections and reducing cost to the dialysis unit.

Population/Sample:
The inpatient dialysis unit at the University of Mississippi Hospital dialyzes approximately 50 patients each month with a dialysis catheter in addition to patients dialyzed with other types of access. These patients are equally male and female, and 97% are African American. Patients’ ages typically range from 10 to 90 years. Patients’ admitting diagnoses are Acute Kidney Injury, End Stage Renal Disease, Chronic Kidney Disease, and kidney transplant failure. The acuity of patients ranges from stable to critically ill.

Project Methods:
We completed this project in four steps: 1) initial data assessment, 2) education of nurses, 3) compliance assurance with identified protocol, and 4) final infection data collection. We reported quantified outcomes for each step of the project: learning as assessed by evaluating pre-test versus post-test scores, nursing compliance based on the audit results, and incidence of dialysis catheter associated infections throughout the project. We assessed and presented participant satisfaction with the presentation qualitatively. Our goal was to reduce incident dialysis catheter-associated infections by 50%. The incidences of catheter-related infections pre and post QIP intervention were evaluated by the Fisher Exact Proportions test; p<0.05 was considered significant.

Results:
Mean test scores for nurses improved from 84.3 ± 2.0% to 91.4 ± 3.4% after education (not significant, p = 0.07). All nurses exceeded minimum test requirement in the pre-education evaluation.

Compliance: The majority of the audits revealed 100% compliance with the protocol. Infection: This project did not result in a 50% reduction in the incidence of catheter-associated bacteria during the initial 6 months. Infection incidence was 44.7% before the intervention and 37.3% after this intervention (p=0.435, 95% CI).

Implications for Practice:
While this QIP did not lead to a significant reduction in catheter-related infections within the time restraints of this project, it significantly advanced an important area of quality improvement for the AKU at UMHC and allowed us to identify areas outside of the AKU which had suboptimal infection control practices. As a result, we have developed a new, more comprehensive QIP that is being implemented throughout hospital to reduce the incidence of catheter-associated infections. It additionally led to an improved data collection system for identifying and stratifying infections. It is imperative for all dialysis units to implement QIPs and then critically evaluate the outcomes achieved so that interventions can be modified or substituted in order to achieve the desired outcome; in our case the reduction in dialysis catheter-associated infections.
Evaluation:
Immediate evaluation of this project was assessed using an evaluation questionnaires which measured whether or not the education on elder abuse was specific and if it was geared towards meeting the needs of those affected by elder abuse. The evaluation was helpful in determining whether or not the concept of elder abuse education and awareness had actually been achieved. Ongoing quarterly evaluation of the Task force’s outcome progress will keep the task force on track and generate productive changes by increasing accountability. The assessments measure the effectiveness of collaboration efforts toward goals and objectives. These assessments identify areas that need improvement and suggest future possibilities.

Project Method:
This approach focused on the systems responses and practices related to elder abuse. This program began with a training seminar on elder abuse awareness and prevention which provided information to the community as well as professionals regarding identifying signs and symptoms of elder abuse, how to identify different forms of elder abuse, as well as collaboration with members of professional organizations that have a stake in elder abuse. It accommodated a diverse audience, with a facilitated discussion regarding services available to the elderly in Coahoma County.

Purpose:
To create a network of professionals along with the community, including key stakeholders, to decrease elder abuse, train participants to recognize cases of elder abuse and discuss community resources.

Setting:
Coahoma County Mississippi

Project Plan:
This educational project was designed to create a collaborative community forum to increase awareness of elder abuse, create a network of professionals along with the community including key stakeholders to decrease elder abuse (task force), and a systematic method of recognizing elder abuse and reporting it to the proper authorities. The development of a task force is based on the model of collaborative community response (CCR). This task force provided a multidisciplinary approach to elder abuse. The participants plan to assist service providers in communication, networking, and collaboration. They will also assist in filling in gaps in services needed to support victims.

Results:
100% of the participants believed older victims in their community are safer as a result of the work of the task force. 66.5% of the participants believed the task force have tangible accomplishments that have improved the lives of older victims of abuse in their community. 78% of the participants believed that local service providers experienced an increase in the numbers of older victims requesting services. 100% of the participants believed their work meet the needs of a diverse range of victims and survivors, including victims from different racial and ethnic, groups.