Doctor of Nursing Practice
Project Presentations

Thursday, July 21, 2016
11:00 a.m. – 3:00 p.m.

Duquesne University
Fisher Hall ~ Room 539/541

Duquesne University
School of Nursing
Katherine Boyle

“Evaluating Veteran Preference and Potential Cost Savings for a Rheumatology Clinical Video Telemedicine (CVT) Quality Improvement (QI) Project”

Chair: Sister Rosemary Donley

This Quality Improvement project evaluated patient preferences and cost savings for a newly established Rheumatology Telehealth clinic called “Clinical Video Telemedicine” that uses two-way video connections for a rheumatology appointment. Before this modality was implemented, patients had to travel from their local VA clinic to the VA clinic in Pittsburgh which at times exceeds 200 miles. Prior to this, patients only had the option of a face-to-face visit in the clinic. The patients enrolled into the VA clinic are from VA hospitals located in Northwestern and Eastern Pennsylvania. The patients’ primary preferences after being surveyed is for CVT, and the cost-savings associated with decreased travel demands with this type of clinic.

Khara Breeden and Sara Jennings

“To Test or Not To Test in Sexual Assault Cases”

Chair: Dr. Kathleen Sekula

There are nationally recognized standards related to the care of sexual assault patients by several organizations with the most widely adopted contributors being the Center for Disease Control (CDC) and The National Protocol, published by the National Institute of Justice. These two organizations take a similar stance on many
issues but their inconsistent interpretations has led to a variation in treatment methods among sexual assault nurse examiners (SANEs), and the management of STIs is often lacking and somewhat controversial. To attempt to understand if there was any validity in these thoughts, we surveyed both defense and prosecuting attorneys from two states. This research was conducted as there is a need in the forensic nursing community to bring a more standardized approach to patient care, treating the whole patient in an objective manner. The overall goal of this project was to determine if the overall benefits of STI testing and treatment at the time of the medical forensic exam outweigh any legal risks involved with the testing itself. Results from this study will be presented.

Maryanne Capp

“Impact of an Educational Program and Referral Toolkit on Emergency Department Staff in their Care of the Homeless”

Chair: Dr. Mary C. Loughran

Homeless persons frequently utilize the emergency department for chronic conditions as they do not have a primary care physician. Many communities have resources for the homeless consisting of shelters, food and primary care services. This project was an educational offering on the homeless with a Toolkit of available resources presented to the emergency department staff at two community hospitals frequented by the homeless. The purpose of educating the ED staff was to make them aware of the plight of the homeless and of available resources they can use in their discharge planning that may better meet their patients’ health care needs.
Ana De La O–Legeros

“Quality Improvement of a Family–Centered, Culturally–Targeted Program to Combat Obesity: The Y–Living Lifestyle Intervention”

Chair: Dr. Catherine Johnson

This systemic program evaluation aims to assess the effectiveness of the Y Living Program to meet its goals of providing culturally-appropriate health education, increasing awareness of obesity and encouraging Hispanic children and their families to make and sustain healthy lifestyle changes. This program evaluation will offer ideas for improvement based on data obtained from three participating centers in southern Texas.

Patricia Lewis

“The Impact of Follow–Up Telephone Calls Post Discharge from an Urgent Care Center on Patient Care Transition and Patient Satisfaction “

Chair: Dr. Mary C. Loughran

The use of Urgent Care Centers is increasing. They are one solution to meeting the health care needs of the general population in a convenient and efficient manner. However, further exploration regarding patient transition from an Urgent Care Center to home and their level of satisfaction is needed. Urgent Care Center patients who received care over a 3 week period consented to participate in a telephone follow up protocol within 48 to 72 hours after
receiving their care to determine 1) their patient care condition as improving, the same, or worsening, 2) any questions on their discharge instructions, and 3) their level of satisfaction.

Mary Malaska

“TeamSTEPPS®: A Quality Improvement Project to Increase Patient Safety”

Chair: Dr. Catherine Johnson

Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS®) is a teamwork program that proposes to increase patient safety. The purpose of this project was to assess the effect of a quality improvement communication/teamwork intervention on perinatal staff. The quality improvement project was a pretest with repeated posttests utilizing the TeamSTEPPS® Teamwork Perceptions Questionnaire (T-TPQ). Thirty nine perinatal staff began the intervention, 27 completed the secondary posttest, and 25 data sets were analyzed. Team training resulted in an increase in mean scores from the pretest to both the posttest and secondary posttest. TeamSTEPPS® training increased perceptions of teamwork and communication among staff on the perinatal units.
Christa Pontani

“Prophylactic Antibiotic Weight-Based Dosing for the Prevention of Surgical Site Infections”

Chair: Dr. Melanie Turk

Surgical site infections have emerged as a common and costly cause of health care associated infections. Due to an increase in wound complications among orthopaedic surgery patients whose body weight is above the normal range, a practice change was implemented to administer weight-based prophylactic antibiotics to decrease surgical site infections. This quality improvement project was evaluated by a chart review comparing patients who received preoperative weight-based dosing of cefazolin to patients who received a standard, 1g preoperative dose. The infection rate decreased after the practice change occurred. Careful attention to infection reduction for these procedures is critical to reduce costs, improve health care, and enhance the patient’s experience.

Marcella Williams

“A Pilot Study to Identify the Relationship between the CriSTAL Criteria Score upon Hospital Admission and Palliative Care Consultation in Clients for whom a Rapid Response Call was Placed”

Chair: Dr. Mary Ellen Glasgow

The CriSTAL criteria was developed to be used as a screening tool upon hospital admission to identify individuals nearing the end of life to hopefully improve treatment efficacy, reduce futile medical intervention,
and optimize end of life care. This project involved a retrospective chart review of the 2015 rapid response events at a Magnet hospital in the Midwest, focusing on the 91 individuals who died during their hospital stay and a random sampling of those that survived. The study investigated client status upon admission using the CriSTAL criteria and palliative care consultation.