

## **Improving the Use of LGBTQ+ Inclusive Language Among the Health Care Team**

providing care to LGBTQ+ patients, health care providers often struggle with the use

language. Evidence reveals education on inclusive language improves the knowledge and comfort of health care providers, nurses, and medical students. Patients report higher patient satisfaction and better clinical outcomes with providers who use inclusive terminology.

**Methods:** The project site was a rural primary care clinic in a northeastern state. Data was collected to determine whether preferred pronouns and gender identify was documented in the electronic health record. Education on LGBTQ+ inclusive language was delivered to

## **Reducing 30-day Heart Failure Readmissions Utilizing Transitional Care**

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**Purpose:** Heart failure has a high prevalence and is associated with increased healthcare spending. The cost is driven by the frequency of hospitalizations and high rates of 30-day readmissions. The American Heart Association identified transitional care management (TCM) as effective in reducing hospitalizations. The purpose of this quality improvement (QI) project was to increase outreach to patients being discharged from the hospital with HF over 6 weeks in a rural primary care practice. A secondary aim was to evaluate how this impacted 30-day readmissions and ER utilization.

**Methods:** A retrospective chart review was conducted 12 weeks before implementation to obtain baseline TCM data. A one-hour educational training session was provided to nurses on TCM activities. These included post-discharge phone calls made within 48-72 hours and office visits 5-7 days after discharge. A retrospective chart review was performed during the intervention period and for 12 weeks post-intervention.

**Results:** The number of post-discharge phone calls increased by 26% and office visits decreased by 3% during the intervention period. The number of 30-day readmissions and ER visits were reduced by 29% and 14% respectively. No patients received TCM activities in the post-intervention period. Results were limited by the low number of participants.

**Conclusion:** TCM represents a feasible way to prevent 30-day readmissions and ER utilization, thereby reducing healthcare spending. TCM requires office resources to be successful, notably adequate nursing staff with clear roles/responsibilities and appointment availability. Measuring patient quality of life or understanding of disease self-management is an area of future study.

**Provider Attitudes Toward Screen Time Discussions in Pediatric Patients Ages 2-5  
And Utilization of the Family Media Plan**

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Site Mentor: Dr. Gussie Logan & Leah Macaulay, APRN

**Purpose:** The U.S. Department of Health and Human Services reports that from 2020-2021, over 60% of children ages 2-5 exceeded the Bright Futures guideline of a maximum of one hour of screen time per day. The Family Media Plan (FMP), created by the American Academy of

## **Addressing Emergency Department Response to Hypertensive Disorders of Pregnancy**

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**Purpose:** Hypertensive disorders of pregnancy (HDPs) are among the most common pregnancy complications in the United States and pose significant risks to maternal and fetal health. Recognition in all healthcare venues utilized by pregnant and postpartum individuals, such as Emergency Departments (ED), is essential to prompt intervention. Current guidelines recommend ED proficiency in recognition and response to maternal emergencies. This quality improvement project aimed to improve ED recognition and response to HDPs.

**Methods:** An educational toolkit was compiled based on published materials from nationally recognized HDP bundles and presented to ED registered nurses (RNs). The modules included basic HDP education, a succinct infographic, and introduction of evidence-based algorithms that align with the hospital's obstetric unit. A Likert-type survey was used to quantify the success of project aims using identical pre- and post-intervention surveys and short answer questions.

**Findings:** Total scores increased across all participants (n=8). The surveys represented a substantial increase in participants' perceived knowledge and confidence. Qualitative answers confirmed necessity for education on obstetric care and feedback for future implementation.

**Conclusions:**

## **School Nurse Adherence to Evidence-Based Best Practice Screening for Functional Constipation in the School-Age Child**

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**Purpose:** Pediatric functional constipation (PFC) is a common health issue affecting children's well-being and quality of life. This project aimed to improve the identification and management of PFC-related bowel and bladder dysfunction in the primary school setting. The primary goal was to increase the percentage of children screened by school nurses for PFC, leading to timely referrals to primary care clinicians.

**Methods:** An evidence-based educational module was developed to educate school nurses of the connection between functional constipation and associated bowel and bladder dysfunction. A comprehensive workflow was implemented, utilizing standardized assessment practices, and validated pediatric-based functional constipation assessment tools.

**Results:** A retrospective chart review established baseline screening rates, which demonstrated a significant increase in the percentage of children screened for PFC (from 19% to 91%) and referred to primary care (by 25%) after the implementation of the educational module and assessment workflow.

**Conclusion:** This project demonstrates that increased screening for PFC in primary schools is achievable through education, evidence-based assessment strategies, and the dedication of school nurses. The adoption of comprehensive educational interventions and evidence-based practices enabled the identification, management, and timely referral to primary care clinicians for PFC in the school setting.

## Evaluating E-Consults in Primary Care to Improve Usability and Efficiency

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**Purpose:** Patients in a rural state face challenges in accessing specialty healthcare providers including provider shortages, travel distance, cost, lack of insurance coverage and lack of internet access. Electronic consultations provide an opportunity to improve access to specialists without local specialty and subspecialty healthcare services. The usability and outcomes associated with the electronic consult workflow at a university-affiliated primary care clinic (average provider time to complete the consult, time to consultation, number of avoided specialty visits, type of consult and provider or patient satisfaction) was unknown. The aim of this project was to evaluate the process of e-consults in primary care to improve usability and process efficiency over a 12-month time frame.

**Methods:** The e-consult process flow was evaluated to understand the usability and outcomes associated with the clinic's workflow. Education on the e-consult process was presented and providers were surveyed about facilitators for and barriers to the process.

**Results:** The number of e-consults increased over time (n=12) during the project time frame; 58% (n=7) of specialty consults were resolved electronically allowing patients to be co-managed without an additional patient visit to a specialty provider, and 75% (n=9) of primary care providers received a consultant response within 24 hours of the consult initiation. Providers surveyed agreed the process was efficient.

**Conclusion:** E-consults are an efficient tool to integrate specialty care with primary care and improve availability of specialty se- 1 s-y o(onpw 0 -1.88 TD1Tf06u)-2 (y a)4 (l)-2 (r)-1 (e )-10 (w) tl

# **Improving University Student Access to Gender Affirming Care**

Charlie Cross, DNPc, RN

Faculty Project

## **Optimizing Exclusive Breastfeeding in the Early Postpartum Period Through Effective Transitions of Care**

Madeline Dubois, DNPc, RN, IBCLC;

Faculty Project Advisor: Rebecca Nagle DNP, APRN, BC-PNP, IBCLC;

Site Mentor: Courtney Walker-Borch, DNP, APRN, BC-FNP, IBCLC

**Purpose: -**



## **Promoting the Utilization of Campus Mental Health Resources by BIPOC University Students**

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Faculty Project Advisor: Mary Val Palumbo, DNP, APRN, GNP-BC

Site Mentor: Arthur Klossner PA-C

**Purpose:** BIPOC university students face an elevated risk and prevalence of adverse mental health conditions. Despite this, BIPOC students underutilize campus mental health resources, a tendency that may be negatively influenced by bystanders' (i.e., student peers) lack of preparedness and confidence in mental health situations. The site of implementation indicated a lower utilization of the mental health services offered on campus by the BIPOC student population. Such underutilization may contribute to heightened instances of unreported and untreated mental health conditions within this demographic.

**Method:** The intervention consisted of a 1-hr cultural-focused mental health bystander intervention program for a suburban university student population. Two workshops were held during the 2023 fall semester. The Gatekeeper Behavior Surveys (GBS) measured participants' self-rated confidence, preparedness, and likelihood to act pre- and post-workshop. A chart review of BIPOC students utilizing student health services for mental health concerns in the fall semester before and during the workshop implementation was collected.

**Results:** University students (n=18) participated in the bystander intervention workshop. A 38% increase in the utilization of campus mental health resources by BIPOC students was reported during the fall semester when the workshop was implemented. An overall improvement was observed by participants on the GBS.

**Conclusion/Implications for practice:** Both the primary and secondary aims of the intervention were achieved. The bystander intervention model/workshop, coupled with increased engagement from the university community, has the potential to positively influence the accessibility and utilization of mental health resources available on campus by BIPOC students.

## **Age Friendly Care in a Rural Community Health Center**

Xavier Giddings DNPc, BSN, RN

Faculty Project Advisor: Mary Val Palumbo DNP, APRN, GNP-BC

**Purpose:** The Institute of Healthcare Improvement (IHI) along with the John A. Hartford Foundation partnered to promote an initiative that designates health centers as “Age Friendly Health Systems” (AFHS). These AFHS focus on providing care founded on the 4Ms (what matters, medication, mentation, and mobility).

**Methods:** At a rural community health center, annual wellness visits (AWVs) were reviewed retrospectively both prior to and following implementation of the 4Ms assessment. Staff received education and resources related to the 4Ms assessments and Age-Friendly Health Centers. Following the chart review, a comparative analysis for completion of each of the 4Ms assessments showed the health centers growth towards “age-friendly” care.

**Results:** Analysis of Annual Wellness Visits (n=101) showed an increase in the usage of new aspects of the 4Ms and consistent performance in areas already in practice. The ‘What matters?’ question improved by 35 percent, while the Mentation and Mobility assessments remained in high usage Medication follow up occurred consistently or more frequently for the eight high risk medications. Staff surveyed following implementation expressed ease of use and generalizability with using the 4Ms assessment.

**Conclusions:** Following implementation of the 4Ms assessment, a rural health center was able to make strides towards providing care that is “age friendly.” This was the first steps towards designation as an “Age Friendly Health System” if the site is interested in pursuing this status. The self-reported ease of use and generalizability leaves room for the 4Ms assessment to be expanded to other rural health centers within the test sites network.

# **Implementing a Vaping Educational Toolkit within a Specialty Pediatric Population**

Lauren Haskins, DNPc, RN, AE-C  
Faculty Project

**Promoting Advanced Care Planning (ACP) Discussion in Primary Care**

Pamela Jacobs, DNP(c), BSN, RN, CCM

## **Increasing Breast Cancer Screening Rates in Primary Care**

Kayla Ciampa Zwicky, DNPc, RN

Faculty Project Advisor: Jean Pelski, PhD, APRN, NNP-BC

**Purpose:** Breast cancer is a leading cause of cancer-related death in women globally and is one of the most diagnosed cancers among women in Vermont. Early detection and intervention can significantly reduce morbidity and mortality rates associated with the disease. Professional organizations like the United States Preventive Services Task Force and the American College of Obstetricians and Gynecologists have developed clinical practice guidelines for breast cancer screening to improve patient outcomes. The Centers for Disease Control and Prevention has set a goal for 74% of women to meet these screening recommendations. However, screening rates among Vermont women are currently below this target. This Doctor of Nursing Practice quality improvement project aimed to increase breast cancer screening rates at a primary care clinic in Vermont.

**Methods:** An educational toolkit was developed based on the Health Belief Model theoretical framework, which was distributed to eligible participants. A script was developed to send in follow up to participants still overdue for screening. Screening rates were tracked through retrospective chart review in the clinic's electronic health record.

**Results:** After distributing the educational toolkit on Breast Care and Breast Cancer Screening, along with a follow-up script, there was an 11.8% increase in scheduled mammogram screenings. Clinic-wide, there was a 1% increase in screening mammograms.

**Conclusions:** These findings suggest that a multimodal approach to patient education, outreach, and follow-up can positively influence screening mammogram rates for women in this Vermont primary care clinic.



## **Improving Transition of Care Through Education and Prenatal Planning: A Quality Improvement Project**

Ashley McLaren, DNPc, RN

Faculty Project Advisor: Dr. Holly Whitcomb, DNP, APRN, FNP-BC

Site Mentor: Dr. Brooke Ryba, DNP, APRN, WHNP-BC

**Purpose:** Maternal morbidity and mortality rates in the United States are on the rise, with half of maternal deaths occurring during the postpartum period. Poorly managed transitions of care, the movement of patients between healthcare settings, contribute significantly to adverse healthcare outcomes. The American College of Obstetricians and Gynecologists (ACOG) underscores the importance of collaborative care between obstetrics and primary care providers (PCPs) to optimize maternal health and ensure safe care transitions. PCPs are integral in managing chronic care conditions and having an established PCP prior to pregnancy is linked to increased attendance at postpartum care visits. Enhance transitions of care for birthing individuals through evidence-based education and prenatal planning.

**Methods:** An evidence-based educational flyer focusing on prenatal care planning and safe postpartum care transitions was developed and distributed to obstetrics providers and support staff. Understanding was assessed using a Likert-scale survey. Pre- and post-intervention data on documented PCPs in the electronic health record (EHR) and referrals to primary care were collected.

**Results:** Participant (n=11) understanding of prenatal planning recommendations increased by 52%. Identification of PCPs in the EHR improved by 16% with 113 of 612 pre-intervention visits and 111 of 600 post-intervention visits without documented PCPs.

**Conclusion:** Targeted educational interventions enhanced healthcare professionals' understanding of ACOG recommendations for transition of care planning and increased rates of documented PCPs in the EHR. Future interventions should be responsive to evolving challenges and emerging evidence in postpartum care, exploring innovative communication strategies and technologies to facilitate enhanced care coordination.

## **Standardizing Transitional Care Management in Primary Care**

Anna Michelson, DNPc, RN

Faculty Project Advisor: Erin Leighton, DNP, APRN, FNP-BC

Site Mentor: Alison Bovee, MBA

### **Purpose:**



## **Integrating a Toolkit to Increase Health Promotion Knowledge in a Rural School-Based Health Clinic**

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Site Advisor: Elsa Ingpen, DNP, FNP-C

**Purpose:** Preventative health education for children is critical for promoting lifelong health and reducing both illness burden and medical care costs. Rural students face barriers to healthcare including ability to pay, transportation, and workforce shortages. School-based health clinics (SBHCs) have increased rural healthcare access by providing students access to medical care while at school. While SBHCs are utilized primarily for acute concerns, the setting has the potential to be further utilized for preventative health education. This project sought to implement a health promotion toolkit in a rural Vermont SBHC and to assess both provider satisfaction and change in student perceived knowledge.

**Methods:** A health promotion toolkit was introduced to providers at a rural SBHC. Providers identified students 12 years of age and older who would benefit from teaching. Providers completed a pre-visit questionnaire with students before completing targeted health teaching. A post-visit questionnaire was completed to assess retained knowledge. Weekly questionnaires were completed by SBHC providers to assess their satisfaction.

**Results:** A health promotion toolkit was effectively implemented at a rural SBHC. Positive feedback was received from SBHC providers (n=3) and feedback to include students 8 years of age and older was used to drive an additional PDSA cycle. Student (n=13) perceived knowledge increased after the teaching.

**Conclusion:** The Nemours toolkit was well-liked by providers and proved to be effective at increasing student knowledge at this particular SBHC. Further utilization of health promotion toolkits and research in rural SBHCs is needed to demonstrate increased health education access in this population.

## **Improving Medication Review for Adult Patients 65+ in a Rural**

## **Optimizing Patient Outcomes in Individuals with Obesity Undergoing Joint Replacement**

Alex Shepard, DNPc, RN

Faculty Project Advisor: Jennifer Laurent, PhD, DNP, APRN

Site Mentor: Dr. Blankstein, MD

**Purpose:** Obesity is a primary risk factor for osteoarthritis of the hips and knees, which over time may require total joint arthroplasty. There is an increasing use joint optimization programs to assist

# **Blood Glucose Telemonitoring: Lessons Learned from a Quality Improvement Initiative**

Jenna Smith, BS, DNPc, RN

## **Improving Pediatric Obesity Management in Rural Primary Care**

Alyssa Tonks, DNPc, RN

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**Purpose:** Childhood obesity is a major health concern, especially in rural US regions, where children are 26% more likely to develop obesity in comparison to their urban peers. Despite primary care clinicians' pivotal role in addressing obesity, poor adherence to clinical practice guidelines has impeded effective management. This project addressed this gap by implementing an education module to enhance providers' understanding and adherence to obesity-related clinical practice guidelines.

**Methods:** The educational module was implemented at a Federally Qualified Health Center in a rural north-eastern state. Electronic health record analysis assessed diagnosis accuracy (patients correctly assigned a Z68.54 diagnostic code if their BMI ≥ 95th percentile for age) and referral rates before and after the intervention. Post-intervention provider surveys were conducted to evaluate perceived effectiveness.

**Results:** Pre-intervention data (n= 242) revealed a 56% accuracy rate and a 20% referral rate, while post-intervention data (n=242) showed a 64% accuracy rate and a 29% referral rate. In both datasets, patients meeting BMI criteria for obesity but lacking a Z68.54 code were not referred to specialists. Providers (n=7) reported increased confidence and competence in pediatric obesity management.

**Conclusions:** The intervention increased provider adherence to clinical practice guidelines and resulted in an 8% increase in the accuracy of obesity diagnosis and an 9% rise in specialty care referrals. Data from provider surveys further underscored effectiveness. Future efforts should focus on widespread dissemination of the educational module and evaluation of long-term implications of follow-up care, specialty referrals, and innovative approaches to care.

# Increasing Breast Cancer Screenings in the New American Population

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## Abstract

Purpose: Breast cancer poses a significant health risk globally, with routine screenings pivotal for early detection. The New American population in Vermont face many barriers to accessing mammogram

**Implementing an Obesity Prevention Toolkit for Overweight Adolescents in Pediatric Primary Care**

## **Improving Dementia Care: Establishing an Acuity Classification System**

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**Purpose:** To achieve the Healthy People 2030 goal of reducing preventable hospitalizations in older adults with dementia from 23.5% to 19.1%, this project implements the evidence-based UCLA Alzheimer's and Dementia Care acuity classification system at an academic medical center's memory program. The system will assist the dementia care specialist in i.005 Tc -0.005 Tw 0.402 0 Tdaan



**Methods:** The nursing leadership team completed an audit of current practices around burnout reduction. Participants received a one-hour educational in-service to discuss audit findings, provided recommendations to align the unit with Joy in Medicine Bronze level criteria, and completed a composite survey evaluating knowledge and competency of burnout, personal experiences of professional burnout, and self-efficacy related to undertaking a burnout quality improvement project within 6-12 months of completion of this project.

**Results:** Knowledge of burnout increased from moderate to significant after