

School of Nursing-Georgia Southern

Armstrong Campus 96 Admitted

Statesboro Campus 88 Spring 23



Nursing Cohorts Participate

- J1, J2, S1, S2
- Voluntary versus Mandatory
- J1 and S2 participated



Curriculum Integration

- **IHI**
- **AHRQ**
- **CDC**



We Asked The Question

What are the ways to improve student engagement with Interprofessional Team Activity?

**Omicron Delta Kappa (ODK) and
Institute for Healthcare Improvement
(IHI) Student Organization
Collaboration**

IHI and ODK

**Monday, January 25th 160 HPAC @ 6:00-7:30 PM IHI
& ODK Collaborative Meeting**

- **Patient-Centered Care: Managing Challenging Health Conditions**
- **Learning from the Simulation of**



Dr. Buelow Community Sites-IP

2019 Williams Court Health Fair

2019 Morningside Health Fair

2019 Buckingham South Health Fair

2020 Beech High School Community
Health Fair

2020 Buckingham South Health Fair



Assisted Living Community Health Fair

























FRIDAY FEBRUARY 21ST
9^{AM}-12 HEALTH FAIR
With Georgia Southern
1⁰⁰ pm NAME THE SONG &
2⁰⁰ pm Shabbat Sing-A-Long ♪
3³⁰ pm HAPPY HOUR 🍷
6⁰⁰ pm BING-O!



Teams of Virtual Presentations 2021

Mandated for class participation

In lieu of a Poster

No poster presentation at the hospital





WATERS COLLEGE
OF HEALTH PROFESSIONS

SCHOOL-BASED ACTIVITY PROGRAMS ON CHILDHOOD OBESITY

Brianna Sheppard, Emoja Levines, Guadalupe Ortega, Trinity Kirkland

Georgia Southern University, Statesboro, GA

Abstract

- Childhood obesity is a major public health concern globally and more than 155 million children are affected
- The research will show the effects of an activity-based program for children on childhood obesity versus the effects of no intervention on childhood obesity
- Our sources outline that the methods they implemented were based on studies they conducted, where they collected data from the children's' baseline and then data following their interventions
- Additionally, the methods from our other study used an electronic and systematic search that was conducted using setting-based interventions
- This study was a randomized controlled trial focusing on home, school, or community-based interventions that would be beneficial to implement for children struggling with childhood obesity
- This study found that school and non-school based interventions were important to help avoid obesity in children as well as adolescents
- The school-based interventions that took into consideration both physical activity and diet, had shown great effectiveness
- Their findings indicated that to prevent obesity in these children, schools should consider implementing interventions such as nutrition education curriculum, adequate time for physical activity, and upgrading self-efficacy of the study participants

Introduction

- Childhood obesity is a major health concern globally
- More than 155 million children are affected
- Conducted research on school-based activity programs vs no intervention

Methods

- Online research
- An electronic and systematic search using setting-based methods
- From sources: study setting and community-based participatory research, intervention development

Results

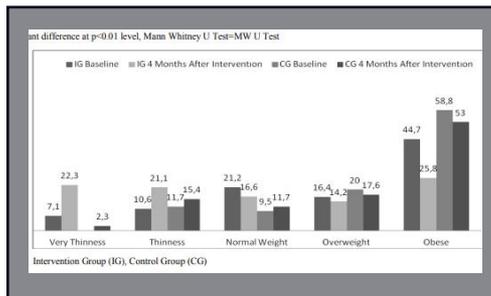
- When compared, there was no major difference between the control groups and the intervention groups' BMI or other physical characteristics such as age, height, and weight at the baseline
- After 4 months of interventions, it was determined that there was a decrease in the intervention group's BMIs
- The control groups BMI after 4 months of no intervention showed no significant difference in this group's BMI as compared to their baseline data
- Results of school-based randomized controlled trials were diverse with mostly positive findings and several studies that demonstrated no difference

Conclusion

- From this research we can conclude that children who implement interventions, such as regular physical activity and maintaining a healthy diet, tend to have a lower BMI and are at a lower risk of developing obesity
- Whereas, children who don't implement interventions such as some sort of regular physical activity and/or having a healthy diet tend to have higher BMIs and be at a greater risk of obesity
- This is why it is important for us as nurses to continue to do our research on childhood obesity and determine the best prevention methods so that we can implement these interventions in schools and at home so that less children suffer from childhood obesity

Practical Applications

- Nurses can provide screenings, establish health promoting interventions at schools of all ages
- Nurses can provide education to children and their families on nutrition and exercises and help them create a plan that works for them





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HAND SANITIZER VERSUS HAND WASHING WITH SOAP AND WATER TO PREVENT THE SPREAD OF INFECTIONS

Amelia Squires, Lindsey Kelly, Madison Howe, Lauren Robinson & Abigail Seal
Georgia Southern University, Statesboro, GA



References

Abstract

Hand hygiene is an important aspect of patient care and infection control in the hospital setting leading us to wonder which methods are most effective.

“Hand hygiene procedures may guarantee a reduction in transmitting pathogens through direct contact and, thus, it may lead to a decrease in the number of hospital infections” (Gniadek et al., 2021). This project compares whether the use of hand sanitizer or hand washing with soap and water is more effective in reducing the risk for spread of infection and decreasing the number of bacteria on hospital staff members’ hands. In order to reach a conclusion, we utilized the Galileo search engine to find peer reviewed research and scholarly articles on this topic. After analyzing the sources, we concluded that hand sanitizer use had better infection control outcomes compared to hand washing in the hospital. The reason hand washing may not be as effective could be due to hospital staff not knowing how or having time to perform proper hand washing protocols, but further research would need to be done to determine this. Overall, studies found that hand hygiene is a crucial step in breaking the chain of infection. To improve hand hygiene among hospital staff, proper hand washing education should be implemented regularly. Another solution could be to make hand washing stations more available and convenient for staff, so they are more inclined to perform handwashing between tasks. Lastly, hand sanitizer dispensers need to be kept filled and working throughout the hospital.

Introduction

- Hand hygiene is one of the most essential components of preventing the spread of infection in health care
- Infection control is considered a responsibility of every healthcare worker
- Posing Question: For hospital staff, does the use of hand sanitizer reduce the risk for spread of infection and decrease the number of bacteria on staff members hands in comparison to hand washing with soap and water?

Methods

- Analyzed and synthesized research from five articles
- Analysis was used to formulate the conclusion and practical applications



Results

- After a 2-minute hand wash at entry into NICU, alcohol hand rub is superior to plain soap hand wash for decontamination of hands of nurses working in NICU
- Hand sanitizer, liquid soap, or their combination were shown to be equally effective in reducing bacterial on healthcare providers hands
- The use of long-acting hand sanitizer proved to be equally as effective as hand washing with soap and water in disinfecting the hands of healthcare workers, while also being better at reducing skin irritation
- The presence of rings does not negatively impact the effectiveness of alcohol-based hand sanitizers. Use of waterless alcohol-chlorhexidine lotion resulted in the lowest bacterial count
- Children in the hand sanitizer group had less respiratory episodes compared to those in the control group and children in the hand washing group had a higher risk of respiratory infections than those who used hand sanitizer

Conclusion

- Hand hygiene is crucial in breaking the chain of infection
- Research showed that hand sanitizer was more effective at reducing the number of bacteria/preventing infection compared to soap and water
- Both methods are effective at preventing the spread of infection if performed properly
- Results may have differed if hand washing was done correctly, and we knew additional information such as how often hand hygiene was being performed

Practical Applications

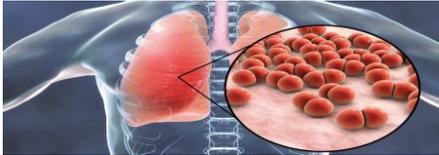
- Hand washing education during orientation and continuing education modules
- Make hand washing stations more available
- Make sure hand sanitizer stations are fully functioning and refilled

PREVENTION OF VENTILATOR ASSOCIATED PNEUMONIA

Mariah Beam¹, Heather Hall¹, Claire Kimbrell¹, Venetra Okoro¹, Kylee Skolnik¹ & Regan Wingrove¹
¹Georgia Southern University, Statesboro, GA

Introduction

- Ventilator-associated pneumonia (VAP) is a preventable, hospital-acquired infection resulting from the use of ventilators and lack of prevention methods. This nosocomial infection results in an increase in cost and longer patient stays (Ram et al., 2020).
- VAP is a complication that may occur from endotracheal intubation, is reported to affect 10-20% of mechanically ventilated patients, and is a leading cause of morbidity and mortality within intensive care units (ICU) across the country (Jenkins-Lonidier, 2021, p. 386).
- To be defined as VAP, the hospital acquired pneumonia must occur at least 48 hours after endotracheal intubation (Jenkins-Lonidier, 2021, p. 386).
- It has been found that implementing VAP prevention bundles has significantly reduced the occurrence of VAP.



Methods

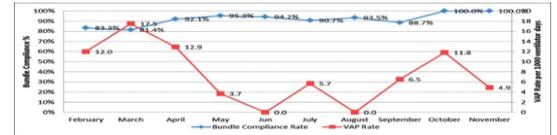
- Literature Review using Galileo
- Researching VAP Prevention Methods within the past 5 years
- 3 Peer-Reviewed Scholarly Articles
- Analyzing Studies and Results
- Evaluating

Results

- Ventilator associated pneumonia can be prevented through identifying risk factors for VAP and the implementation of practical applications of the VAP bundle.
- Some modifiable risk factors that contribute to VAP include supine positioning, prolonged ventilation, low pressure in the endotracheal tube cuff, gastric distension, frequent patient transfers, etc. (Ram et al., 2020).
- Not only is the application of the VAP bundle imperative in preventing ventilator associated pneumonia, but patient compliance and cost-effectiveness are important factors that play a role in prevention.
- Implementation of the VAP Bundle
 - Non-Invasive positive pressure ventilation, daily weaning trials and sedation holidays, subglottic suctioning, head of bed elevation, oral decontamination, probiotic administration, and early mobilization

Conclusion

- Hospital acquired infections have steadily been on a rise showing more prevalence and increasing mortality rates. Ventilator Associated Pneumonia has an increase in not only resistant patterns but mortality rates.
- Implementing various precautions and preventable measures is key to combating infection control. Studies have shown that utilizing the VAP bundle as a preventative measure significantly decreases the mortality rate and occurrence within healthcare facilities.
- The overall goal with Ventilator Associated Pneumonia isn't treatment, but prevention, early prevention is key when it comes to reducing the prevalence of this ongoing issue in critical care units.



Alshidi R, Al-Badran H, Madhoun M, N, Shmash A, A, Eljishi M, F, Marz A, Dakkak A, Nara O, Ebra F, Boudmal L, A, Khazdakh M. (2012). Use of Ventilator Associated Pneumonia Bundle and Statistical Process Control Chart to Decrease VAP Rate in ICU. *Advances in Biol*. 1(1):70-84. <https://doi.org/10.4153/AB.10116>

Practical Applications

- Identification and Understanding Risk Factors for Ventilator Associated Pneumonia
 - Requiring mechanical ventilation
 - Increased duration of mechanical ventilation
 - Male population is more susceptible
 - Individuals over 60 years of age
 - Supine positioning
 - Re-intubation
- Patient and Staff Education
 - Providing education modules for employees
 - Creating informational checklists for patients on ventilators
 - Maintaining hand hygiene
 - Promoting compliance and adherence of the prevention methods

References





The Importance of Quality Clinical Documentation

Danielle Abstein, Abigail Tedder, Jordan Passley
Faculty Advisor: Dr. Paula Tillman DNP, RN
Health Sciences Kinesiology, Georgia Southern University

INTRODUCTION

Quality and accuracy of electronic health records (EHR) documentation are vital to patients' needs as well as their overall health. Quality clinical documentation should be clear, consistent, reliable, precise, timely and structured data (Combs, 2020). There is a severe importance to not doing a note, but instead putting all important information into scripted and structured fields and templates. Accurate clinical documentation is important in the cases of escalating risk to the patients, and allowing for structured data will help by improving patient outcomes. This can be improved by the use of Clinical Documentation Improvement (CDI).

REFERENCES

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- Maulik S. Joshi, Elizabeth R. Ransom, David B. Nash, & Scott B. Ransom. (2014). *The Healthcare Quality Book: Vision Strategies and Tools: Vol. Third edition*. Health Administration Press.

METHODOLOGY

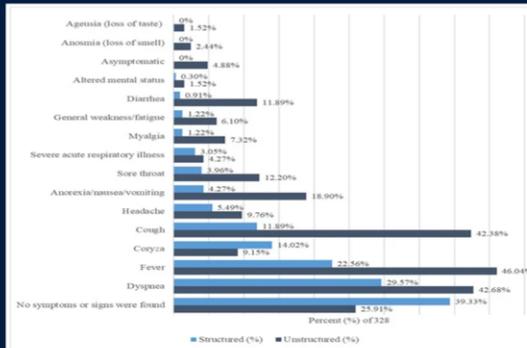
- A literature review was conducted by Binkheder et al. (2021) on COVID-19 to "evaluate the quality of COVID-19 patients' records and their readiness for secondary use"; examining the significance and recommendations for quality clinical documentation.
 - Evaluating secondary use "including deriving healthcare decisions, managing patients' conditions, data exchange, building predictive models, and deriving new medical discoveries."
- De'Amore et al. (2021) conducted a study that "examines how quality calculations vary when using data from an individual electronic health record (EHR) and longitudinal data from a health information exchange (HIE) operating as a multisource registry for quality measurement."
 - Evaluating electronic quality reporting inaccuracies due to "data completeness, accuracy, terminology use, gaps between structured fields and available free text, and inconsistency of measure logic implementation and certification."

RESULTS/CONCLUSION

- In conclusion, quality clinical documentation is of high importance in the healthcare field to inform health prevention, intervention, and management.
- Binkheder et al. (2021) concluded that "conducting research studies and deriving causal inferences from EHR data should be carried out with caution as the issues discussed of inaccurate, incomplete, inconsistent, and biased data might arise" because "EHRs might not capture or reflect the patient's complete health status because patient information can be fragmented across different hospitals or clinics."
 - As seen in the illustration, COVID-19 signs and symptoms were much more noted in unstructured data than in structured data thus making natural language processing (NLP)-assisted approaches needed to be able to make this data more practical for analysis.
- D'Amore et al. (2021) stated that "effective data sharing significantly changes quality calculations, which affect healthcare payments, patient safety, and care quality" concluding that "programs that use quality measurement as part of reimbursement could promote more accurate and representative quality measurement through methods that increase clinical data sharing."

Recommendations

- Quality clinical documentation is important because the health information exchange can be affected by quality measures thus interfering with healthcare payments, patient safety, and care quality.
- Recommendations include:
 - Encouraged educational and training efforts
 - Multidisciplinary collaborative teams
 - Structured documentation guidelines implemented
 - Continuation of EHR studies to assess quality documentation
 - Minimum standard set for documentation
 - Natural language processing developed
 - Automated data quality assessment tool implemented





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"HOSPITAL ASSOCIATED SEPSIS PREVENTION WITHIN ELDERLY PATIENTS SECONDARY TO PNEUMONIA"

Haley Driskell, Wesley Gresham, Victoria Hauser, Hannah Khairi
Georgia Southern University, Statesboro, GA

Abstract

Considering that one fourth of patients diagnosed with sepsis die, there must be measures established to address this largely fatal prognosis. It has been found that most patients diagnosed with a healthcare factor within the thirty days before admission are later diagnosed with sepsis after admission. Pneumonia was found to be the most common infection that led to hospital-acquired infection (Novosad et al., 2018). These facts raise the question: what measures can be taken to address this issue? By preventing pneumonia in the elderly population, performing adequate admission screenings for sepsis upon hospital admission, and by implementing evidence-based infection control practices, we could largely decrease the occurrence of hospital acquired sepsis within elderly patients secondary to pneumonia.



Cilloniz, C., Domínguez, C., Iqbal, A., Flores, M., Goharain, A., Battaglin, D., Boreano-Martín, I., Meli, A., García-Vidal, C., Lapique, A., Singer, M., & Torres, A. (2019, July 25). *Risk and prognostic factors in very old patients with sepsis secondary to community-acquired pneumonia*. *Public Health*. <https://doi.org/10.1016/j.puhe.2019.07.013>

Guido, K. (2016, August 23). *Image* [Image]. globalhealthcare.com. <https://blog.globalhealthcare.com/2016/08/23/medical-syndromic-surveillance-soviet/>

Liang, S. Y. (2016). Sepsis and other infectious disease emergencies in the elderly. *Emergency Medicine Clinics of North America*, 24, 501-522. <https://doi.org/10.1016/j.emc.2016.04.005>

Novosad, N. A., Novosad, M. R., Grigg, C., Eke, J., Esteyre, M., Davanzo, G., Felton, C., Blog, D., DuBois, E., Zausky, S., Wiedeman, R., Avery, L., Dantes, R. B., Jernigan, J. A., Magill, S. S., Fox, A., & Epstein, L. (2019). *Vital Signs: Epidemiology of Sepsis: Prevalence of Health Care Facilities and Opportunities for Prevention*. *MMWR: Morbidity and mortality weekly report*, 68(31), 864-869. <https://doi.org/10.15585/mmwr.mm6831a1>

Passaro, L., Harbarth, S., & Landelle, C. (2016, November 14). *Prevention of hospital-acquired pneumonia in non-ventilated adult patients: A narrative review*. *BMC Medical Research Methodology*. <https://doi.org/10.1186/s12874-016-0150-3>

Wolters Kluwer. (2017, December 30). [Image]. wolterskluwer.com. <https://www.wolterskluwer.com/en/press-releases/improving-antibiotic-use-in-clinical-settings>

Results/Findings

- "The elderly are more susceptible to respiratory, bloodstream, and genitourinary infections compared to those under the age of 65. Specifically, gram-negative infections like pneumonia are more likely to progress to sepsis within this population (Liang, 2016, p. 501-522)"
- Education of medical staff and frequent screening of patients for warning signs can help to increase the value of sepsis screenings
- Early mobilization interventions, swift diagnosis and treatment of dysphagia, and multimodal programmes for the prevention of nosocomial cross-infection, have a positive impact on HAP reduction (Passaro et al., 2016)"
- "In very old patients hospitalized with community acquired pneumonia, in-hospital and 1-year mortality rates were increased if they developed sepsis. Antibiotic therapy before hospital admission was associated with lower risk of sepsis... (Cilloniz et al., 2019)"
- "The prevalence of sepsis in this age group was 71%. Male sex, chronic renal disease, and diabetes mellitus were independent risk factors for sepsis... (Cilloniz et al., 2019)"
- Evidence-based programs have demonstrated that investments in infection-control programs and antimicrobial stewardship policies can reduce HCAI rates and result in cost-saving in the long run

Methods

- Gathered peer-review scholarly articles from Galileo that fit the eligibility criteria of our research
- Systematic review of the preexisting findings from empirical evidence regarding our topics
- Used an analytical method to form secondary research
- Included research inclusion criteria phrases such as: "sepsis screening in American medical facilities," "hospital associated pneumonia in the elderly," "preventing hospital associated infections"

Practical Applications

- Prevent pneumonia and hospitalization secondary to pneumonia within the elderly population so they are not as susceptible to contracting hospital-acquired sepsis
- Implement thorough sepsis screenings of elderly presenting to the hospital with intentional and informed nursing assessment
- Implement infection control practices that have proven to prevent HA that can prevent the progression from pneumonia to HA sepsis



Conclusion

- Preventing HA sepsis in the elderly secondary to pneumonia begins with preventing pneumonia in the elderly before admission
- Once admitted, sepsis screenings should be effective in recognizing risk factors and further preventing the pneumonia to sepsis progression
- Effective infection control practice must be incorporated to prevent further HAIs that would put an elderly patient more at risk for sepsis
- Monetary resources need to be allocated to address education gaps and unsafe patient ratios



Interprofessional Case Study Discussion

- Case Study reviewed-IHI
- Facilitated discussion by faculty
- Interprofessional makeup of groups ensured



Important Considerations

Quality of discussions impacted by the level of education, expertise of the student.

J1 Nursing, First Semester Radiation Therapy or Ultrasound.

First semester Sonography.



Positives Outcomes

- **Interesting Group analysis of a clinical condition/Critical Thinking**
- **Respect for other person's work**
- **Learning about other disciplines**
- **Excellent proposed retrospective care**

EMPOWER SAVANNAH



A collaborative effort between SJ/C hospitals & Georgia Southern University

IRT Background

In 1992, the U.S. president challenged the military to search for innovative programs, which would serve American communities in need.



ONSITE STUDENT WORK

- Provide support during waiting hours, crowd control
- Register patients
- Escort to provider
- Provide referrals
- Health education
- Some shadowing
- Talk to patients,
get their stories
- Other duties as needed



Savannah, Georgia

Military branches from **six** U.S. states were selected to provide healthcare to those most in need



Student Expectations

Prior to Event

- Schedule coverage for 4 locations, 8 hours/day
- Study community resources, pass online test
- Write a pre-experience reflection paper

During Event

- Orientation meeting
- Work shifts, provide online team assessments

Post Event

- Write structured reflection paper
- Poverty and Health Survey

Assessment of Attitude Changes

- Reutter's Poverty Explanation Scale
- 12 Likert scale statements (myth, drift, behavior and structural explanations)
- Yun's Attitude Toward Poverty Scale-Short Form
- 21 Likert scale statements (personal deficiency, stigma attitude, structural deficiency)
- Reflective Essays

Why Poverty Attitudes?

- **Students graduate with an aspiration to effectively address patients' core health needs.**
- **Poverty has been found to be a major social determinant of health ... (Lancet, 2017)**
- **Yet, “health professionals are not graduating with the competencies needed to understand how to combat [poverty] disparities” (IOM,2003)**

Top Student Reflections

Top Student Reflection Themes

- Access to care needs
- Dental/Vision needs
- Social needs of patients
- Community resources



Passions

“ I will forever remember this experience in my everyday work life and continue to have that one goal of helping and changing the lives of patients.”-

Nursing Student

Audience Response Questions

What are your thoughts about the importance of IP Discussions with the student teams?

What are Student Best Practices for engagement and IP Care?

CURRICULUM GUIDELINES

AACN New Essentials

Domain 6



Domain 6

Interprofessional Partnerships involves intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.

Thank you for your Time and Attention

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