



WEBER STATE UNIVERSITY
Dumke College of Health Professions

ANNIE TAYLOR DEE
— SCHOOL OF —
NURSING



**DOCTOR OF
NURSING PRACTICE**

*Graduate
Projects*

SPRING 2026

Message from the Dean

In response to the intensified healthcare needs that surround us, the Annie Taylor Dee School of Nursing housed in the Dumke College of Health Professions at Weber State University (WSU), is still finding and seizing opportunities during these challenges. And you, graduate, are our success through the opposition.

As a graduate of the Doctor of Nursing Practice (DNP) program, we are proud to see you empowered by the very first doctorate degree offered by WSU. You will now move forward with the critical knowledge to provide leadership to the complex field of nursing. You will have the ability to develop innovative competencies needed for patient outcomes and healthcare deliveries. You will be able to educate at a higher level and offer advance practice approaches, and you will continue to be the essential and the contributing member of the healthcare teams you serve. We look forward to you standing as leading role models in the field of nursing and to the students that follow your footsteps.

We congratulate you on reaching this milestone and achieving your goals. You have worked hard, sacrificed some and experienced much to reach this point in your lives. We hope that you will stay in touch with us and let us know of your success.

Heartfelt congratulations to you and all the best.

Yasmen Simonian

PhD, MLS (ASCP)CM, FASAHP

Dean & Presidential Distinguished Professor
Dumke College of Health Professions



Message from the Chair



Congratulations, graduates of the Doctor of Nursing Practice Program! We extend our heartfelt accolades on your graduation from the Annie Taylor Dee School of Nursing, where you have successfully completed the Doctor of Nursing Practice program within the Dumke College of Health Professions at Weber State University. This significant achievement marks a momentous milestone in both your personal and professional journey.

As you step into this new chapter of your life, we want to acknowledge the numerous individuals who join us in celebrating your remarkable accomplishments. It has been

a privilege to be a part of your educational journey, and we have witnessed your tremendous growth as advanced nurse clinicians, educators, and leaders. You are now equipped with the knowledge and skills necessary to translate evidence into practice, ultimately enhancing healthcare outcomes and advancing nursing practice across diverse healthcare settings.

With great anticipation, I look forward to seeing you carry forward our legacy of nursing excellence as you embark on your future endeavors. This is just the beginning of the remarkable impact you will make in the field of nursing.

Carrie Jeffrey

PhD, RN

Nursing Graduate Studies Chair & Associate Professor
Annie Taylor Dee School of Nursing
Dumke College of Health Professions

Faculty Remarks

I am incredibly impressed with the hard work and dedication I have witnessed throughout your projects at Weber State University. I love seeing your changes and impact on nursing as you improve environments, enhance patient care, and inspire those around you! In a field often portrayed as grueling and focused on burnout, it is refreshing to see you empowered to make changes and instill beauty and hope into healthcare. This is the true art of nursing. I am so grateful to have been a part of your journey as you advance your career! Congratulations on your graduation; you are all inspiring!

Amber Fowler

DNP, RN
Instructor

Your graduation from the Doctor of Nursing Practice Program is an essential personal and professional milestone and deserves my sincerest congratulations. It has been a pleasure to support your learning and professional growth as advanced nurse leaders who are prepared with the knowledge and skills to translate evidence into practice to improve healthcare outcomes and advance nursing practice in various healthcare settings. I look forward with great anticipation as you continue the Annie Taylor Dee School of Nursing's legacy of nursing excellence in your future pursuits.

Melissa NeVille

DNP, APRN, CPNP-PC, CNE
Professor

Congratulations to our Weber State University Doctor of Nursing Practice graduates! Your commitment to excellence and your innovative approaches to improving healthcare have been nothing short of inspiring. Your efforts in advancing patient care and fostering positive change in nursing are a testament to your hard work and passion. As you step into this new chapter, continue to lead with compassion and vision. I am honored to have witnessed your journey—congratulations on your remarkable achievement!

Chelsea Pike

DNP, RN, CNE
DNP-ExL Program Director & Assistant Professor

Community Partners

We want to send a generous thank you to our community partners for their time, dedication and commitment to our program and students. Without their participation, guidance, and assistance we would not have been able to strive in our commitment to our students for a high quality and impactful educational experiences.

Weber State University aims for a dual mission approach in education by creating community-based learning and public service opportunities, we thank the following organizations for helping us achieve our goal!

BioRestoration Medical + Aesthetics

**CommonSpirit: Holy Cross Hospital - Davis
Emergency Department**

**CommonSpirit: Holy Cross Hospital - Davis
Intensive Care Unit**

Davis Behavioral Health

Granger Medical Clinic: Riverton Clinic

Intermountain Health

Intermountain Health: Home Health

Intermountain Health: Layton Hospital Endoscopy

Intermountain Health: LDS Hospital

**Intermountain Health: McKay-Dee Hospital
Emergency Department**

**Intermountain Health: McKay-Dee Hospital
Newborn Intensive Care Unit**

**Intermountain Health: Riverton Hospital Acute
Care**

**Intermountain Health: Riverton Hospital Same
Day Surgery**

**Intermountain Health: Utah Valley Senior
Medicine Clinic**

Kisco Senior Living: Sagewood at Daybreak

Los Angeles County Department of Public Health

Montefiore St. Lukes Cornwall Hospital

**Mountain West Medical Center Emergency
Department**

Nightingale College

Quality Home Health, Hospice, and Palliative Care

REACH Weber

**Rocky Mountain Care: Haven Creek Senior
Assisted Living**

Saint Alphonsus Regional Medical Center

South Davis Community Hospital: Pediatrics

Syracuse Fire Department

The Body Shop Aesthetics & Wellness

Three Peaks Assisted Living

Trilogy Medical Center

Uintah Basin Technical College

**University of Utah Health: Farmington Health
Center**

**University of Utah Health: Huntsman Cancer
Institute at Sugar House Health Center**

**University of Utah Health: Huntsman Mental
Health Institute**

**University of Utah Health: University of Utah
Hospital Cardiovascular Acute Care Unit**

**University of Utah Health: University of Utah
Hospital Emergency Department**

Walla Walla University

Weber-Morgan Health Department

Implementation of a Mentoring Program for New Nursing Faculty in a Rural Technical College Setting



**ANDRELEE
BIRCHELL**

DNP, RN

**EXECUTIVE
LEADERSHIP**

ANNIE TAYLOR DEE
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NURSING

PURPOSE

The purpose of this project was to implement a structured mentoring program to support novice nursing faculty transitioning from clinical roles into academia by providing guidance, professional development, and peer support during their role transition.

METHODOLOGY

An eight-week mentoring intervention was launched using internal mentor–mentee pairing and seven asynchronous Teams modules, supported by biweekly check-ins. An anonymous mixed-methods evaluation survey assessed role orientation, mentor accessibility, communication effectiveness, satisfaction, and suggestions for improvement. Qualitative responses were analyzed using inductive thematic coding.

RESULTS

All respondents reported a clear orientation to the faculty role, increased confidence, accessible mentor support, effective communication, satisfaction with the mentoring experience, and an intent to recommend the program. Four themes emerged: structured guidance and clarity, professional reassurance, a supportive climate and sense of belonging, and a need for centralized onboarding resources.

IMPLICATIONS FOR PRACTICE

Structured mentoring was feasible and well-received in supporting the transition of rural novice nursing faculty. Intentional mentoring and organized access to resources supported early role integration. Recommendations include centralizing onboarding resources and implementing longitudinal retention tracking to sustain impact.

PROJECT CONSULTANT

Michiel Bostick, MS

FACULTY LEAD

Amber Fowler, DNP, RN

Triage and Recognition of Critical Conditions in a Rural Emergency Department

PURPOSE

This evidence-based quality improvement program aimed to improve triage accuracy of critically ill patients in a rural emergency department by implementing a triage training program for emergency nurses. Development of a triage program to recognize critical conditions was necessary to reduce adverse events.

METHODOLOGY

A triage training program was implemented. Prior to implementation, a survey was completed on knowledge of triage. The nurses attended a workshop where information was presented on triage and tools for an accurate triage. After implementing the project for thirty days, a post-survey was sent to the staff to assess their knowledge and understanding. Quantitative and qualitative data were collected to evaluate the effectiveness.

RESULTS

Pre-intervention, only five nurses were confident in their knowledge and experience as triage nurses. Post-intervention, thirteen nurses were confident in their knowledge and experience as the triage nurse.

IMPLICATIONS FOR PRACTICE

This project demonstrated that an evidence-based triage program can significantly improve the accuracy of triaging critically ill patients. The findings underscore the importance of continuous staff education, providing proper resources, and evaluating for understanding.

PROJECT CONSULTANT

Greg Gardner, MD

FACULTY LEAD

Tiffany Hood, PhD, RN, CNE, CNOR



**ALYSSA
BUCHHAMER**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
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NURSING

Implementing Debriefings after Adverse Events in the Neonatal Intensive Care Unit (NICU)

PURPOSE

To improve staff's awareness and knowledge of available support resources following infant adverse events by implementing a structured debriefing program to improve staff members' mental health after infant codes, resuscitations, or a decline in an infant's condition.

METHODOLOGY

A structured debriefing program was introduced to educate NICU staff on coping mechanisms and the importance of debriefing through biannual training sessions. The program's success was evaluated through pre- and post-surveys, with ongoing support provided by chaplains, social workers, and the Employee Assistance Program (EAP).

RESULTS

The pre-survey showed that 75% of staff knew where to seek support after an infant adverse event, increasing to 100% post-intervention. Staff also became more aware of formal support resources, including chaplains, social workers, and crisis hotlines. The post-survey indicated an improved understanding of debriefing benefits, including reduced PTSD and burnout, as well as increased empathy and job satisfaction.

IMPLICATIONS FOR PRACTICE

Implementing debriefings after adverse events supports staff emotional well-being, decreases burnout and compassion fatigue, and improves job satisfaction and retention.

PROJECT CONSULTANTS

Rachel Wright, DNP, APRN, NNP-BC

FACULTY LEAD

Tiffany Hood, PhD, RN, CNE, CNOR



**JESSICA A.
CHAMBERS**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

Enhancing GERD Adherence: Implementation of a Toolkit

PURPOSE

This evidence-based quality improvement project addresses provider perception of suboptimal treatment adherence in gastroesophageal reflux disease (GERD) management by implementing a structured patient toolkit, enhancing patient education, and improving resource availability in a gastroenterology (GI) clinic setting.

METHODOLOGY

A structured, evidence-based patient toolkit for GERD management was implemented at a specialized healthcare facility GI clinic. Providers completed pre- and post-surveys to evaluate the effectiveness of the toolkit. The surveys focused on providers' perspectives regarding patient adherence to medication and lifestyle modifications, particularly concerning GERD symptom management and overall treatment adherence.

RESULTS

Post-survey results showed improved provider perceptions of patient adherence to GERD treatment. Providers who strongly agreed that patients understood their condition increased from 0% to 66.67%. Adherence to lifestyle changes and medication regimens also improved, with 83.33% and 100% agreement, respectively.

IMPLICATIONS FOR PRACTICE

Findings indicate that the GERD patient toolkit improved provider perceptions of patient adherence to GERD treatment plans. Open-ended post-survey responses supported the toolkit's effectiveness while suggesting enhancements. This project demonstrated that a structured, evidence-based toolkit can enhance provider satisfaction with patient adherence in the outpatient setting. The results underscore the importance of continuous patient education, accessible resources, and structured interventions in optimizing GERD management.

PROJECT CONSULTANT

Catherine Howell, MSN, RN

FACULTY LEAD

Ann Rocha, PhD, APRN, FNP-BC



**KESLEY
CLAMPITT**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
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Implementation of a Nurse Mentorship Program

PURPOSE

This project aimed to improve nurse retention by implementing a mentorship program that promoted professional development and job satisfaction through supportive relationships between experienced and newly hired nurses. The initiative focused on creating a safe, judgment-free environment to encourage open dialogue and skill development, resulting in enhanced quality and safety in nursing practice.

METHODOLOGY

Participation in the three-month pilot program was voluntary, with the mentee selecting their mentor based on the mentor's self-identified strengths. The dyad met monthly to discuss challenges, set goals, and provide shared support. Surveys assessing the importance of leadership and professional elements were completed before and after the program. Due to the small sample size ($N = 2$), expert nurse leaders evaluated the program materials and provided feedback via survey.

RESULTS

Both participants retained their positions throughout the program. Mentee post-survey results indicated increased appreciation for all leadership and developmental elements, while the mentor's responses remained unchanged or declined slightly. Both desired more structure for meetings. Expert reviewers validated the program's concept and offered suggestions to improve future implementation.

IMPLICATIONS FOR PRACTICE

Despite a limited sample size, the pilot demonstrated positive outcomes for mentees and affirmed the program's value. Expert feedback highlighted the program's potential for broader implementation and long-term effects on nurse satisfaction and retention.

PROJECT CONSULTANT

Michele Winterbottom, MSN, RN, CCRN

FACULTY LEAD

Ann Rocha, PhD, APRN, FNP-BC



**HOLLAND
CLAWSON**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
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A Toolkit for Newly Diagnosed Alzheimer's Patients and Their Families

PURPOSE

The purpose of this evidence-based quality improvement project was to improve the education and support for patients and families after receiving a new diagnosis of Alzheimer's disease (AD) in a primary care clinic.

METHODOLOGY

A toolkit was developed that included five areas identified in the literature as beneficial to patients and their families after receiving a new AD diagnosis. These areas include disease education, safety guidance, recommended medical care, financial planning, legal considerations, and long-term planning, as well as caregiver resources. Staff in the clinic were oriented to the toolkit. The toolkit was distributed to patients during a clinic visit occurring within 6 months of diagnosis. Pre- and post-intervention surveys measured staff and family perception, satisfaction, and recommendations for improvements and edits relating to the toolkit.

RESULTS

Results were gathered for 4 months. Family members ($N = 14$) found the toolkit to be a valuable resource, providing them with information that helped them care for their family member with AD. The clinic providers ($N = 4$) found the toolkit helpful in providing relevant education, long-term planning resources, legal information, prompting patient and family questions, and promoting dialogue during clinic visits. Suggestions for modification included shortening the contents to 100 pages or less, adding a communication card, and links to online training videos.

IMPLICATIONS FOR PRACTICE

Patients and families need education and guidance after receiving an AD diagnosis. Providing patients and their families with evidence-based education and resources early helps in caring for a person at home, facilitates the discovery of community resources more quickly, and supports caregiver well-being.

PROJECT CONSULTANT

Angel Lybbert, MD, MPH

FACULTY LEAD

Mary Anne Reynolds, PhD, RN, ACNS-BC



**REBECCA
COTTERELL**

DNP, RN, CRN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

Implementing a Revised Standardized Internal Readiness Plan for System-Wide Accreditation Survey Preparation



**ZACHARY K.
CRANDALL**

**DNP, MHA,
RN**

**EXECUTIVE
LEADERSHIP**

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PURPOSE

This project enhanced a hospital system's mock survey process by implementing a toolkit and establishing an escalation algorithm for addressing system-wide noncompliance.

METHODOLOGY

The revised mock survey implementation process included training mock surveyors, toolkit rollout and orientation, and introduction of the escalation algorithm to key leaders. After completing eight mock surveys, the data was reviewed, and the new process was evaluated.

RESULTS

Mock surveys were completed at eight hospitals. System trends were identified and escalated to system leaders for remediation. A 0% mock surveyor variation rate was achieved, down from 11%. Mock surveyors rated both the toolkit's usefulness and the new mock survey process as high, 4.3 and 4.54, respectively (out of 5). The escalation algorithm process was ranked 3.75 by leaders.

IMPLICATIONS FOR PRACTICE

A standardized mock survey process with leader involvement improves enterprise survey readiness. The results underscore the importance of a well-planned mock survey and escalation process, preparation for accreditation surveys, and addressing variation not only in clinical practice but also in regulatory activities.

PROJECT CONSULTANT

Milli West, MBA, CPHQ

FACULTY LEAD

Mary Anne Reynolds, PhD, RN, ACNS-BC

Medication Administration Education and Policy Development for an Assisted Living

PURPOSE

The purpose of this evidence-based practice change project was to decrease medication errors and improve staff confidence, knowledge, and medication administration process through implementing an updated evidenced-based medication administration policy and by increasing staff resources relating to safe medication administration in an assisted living facility (ALF).

METHODOLOGY

An organizational-specific medication administration policy was developed and adopted based on evidence-based clinical guidelines. Medication administration staff were oriented to the new policy. Medication demonstrations were held on each medication route in the policy. The medication administration staff also completed education modules and participated in case studies and other related educational activities. All participants were asked to complete pre-post surveys to assess confidence and knowledge of medication administration and medication error tracking.

RESULTS

After the new standardized policy and resources were adopted, a one month medication errors decreased 31%. Post-survey results of the medication technicians ($N = 19$) showed increases in confidence and knowledge overall.

IMPLICATIONS FOR PRACTICE

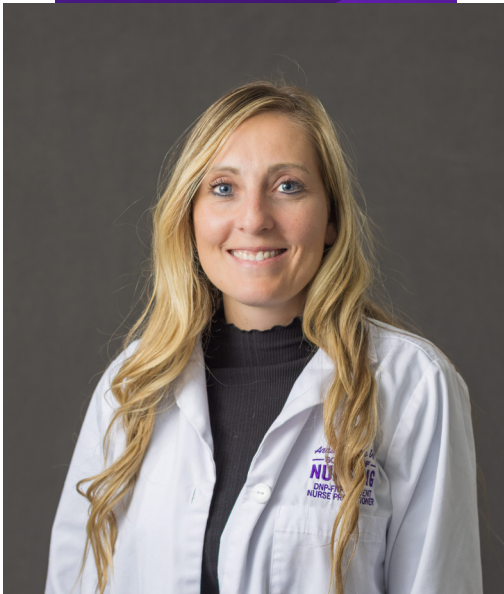
Providing resources to help medication technicians follow evidence-based clinical practice policies can increase confidence and knowledge and improve practice outcomes led to decreased medication errors. Medication administration education and updates are crucial to changing practice and improving medication-related patient outcomes.

PROJECT CONSULTANT

Janie Earle, DNP, APRN, AGPCNP-BC

FACULTY LEAD

Mary Anne Reynolds, PhD, RN, ACNS-BC



**MORIAH
DALTON**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
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NURSING

Improving Accommodations for Nursing Students With Disabilities: Development of a Liaison Role and Toolkit



**DIONNE
DEMILLE**

DNP, RN

**EXECUTIVE
LEADERSHIP**

ANNIE TAYLOR DEE
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PURPOSE

This project aimed to enhance nursing education for students with physical disabilities by establishing a liaison role to support 504 coordinators and faculty, and by developing a toolkit and training module to guide clinical accommodations.

METHODOLOGY

A liaison role was established, and a resource toolkit was designed to provide information about disabilities and examples of appropriate accommodations. An asynchronous training module educated faculty on the liaison role and resource toolkit, using a pre-/post-evaluation survey to measure the project's effectiveness.

RESULTS

Pre-intervention ($N = 69$) and post-intervention ($N = 68$) survey results demonstrated that faculty members improved their knowledge of ADA and Section 504 processes and gained insight into advocating for learners by using resources on specific accommodations in the clinical setting. Respondents strongly valued the new Disability Toolkit, emphasizing the importance of ongoing training, clear communication channels, and practical examples.

IMPLICATIONS FOR PRACTICE

This project demonstrated that developing a liaison role, accompanied by a resource toolkit, can significantly enhance nursing faculty's ability to advocate for learners with disabilities. The findings underscore the importance of continuous faculty education and creative collaboration between the Liaison and 504 coordinator in developing robust, innovative solutions for successful clinical experiences.

PROJECT CONSULTANT

Diane Johnson, PhD

FACULTY LEAD

Chelsea Pike, DNP, RN, CNE

Needs Assessment and Strategic Plan for an Adolescent Type 1 Diabetes Medical Specialty Camp

PURPOSE

This project aimed to assess the educational needs of adolescents with Type 1 diabetes (T1D) at a medical specialty camp and develop a strategic plan to enhance diabetes self-management education tailored to the campers' unique needs.

METHODOLOGY

The category of this project was a needs assessment and strategic plan. For the needs assessment, campers and staff were surveyed to identify which areas should be prioritized to meet the educational needs of the campers. Using these results, a literature review was conducted to determine best-practice guidelines for educating adolescents with T1D for the identified needs and subsequently informed a strategic plan.

RESULTS

A total of 12 surveys were completed (4 campers and 8 staff). Psychosocial support, nutrition, and safe physical activity emerged as key priorities. The strategic plan includes training staff as diabetes "coaches," involving caregivers to support informed decision-making, and equipping adolescents with practical self-management skills.

IMPLICATIONS FOR PRACTICE

This project identified core educational gaps for adolescents with T1D and proposed an evidence-based plan tailored to the camp environment. Integrating Diabetes Self-Management Education and Support (DSMES) principles into specialty camps may enhance youth self-efficacy and long-term diabetes outcomes.

PROJECT CONSULTANT

Eddie Hill, PhD, CPRP

FACULTY LEAD

Caitlin Campbell, PhD, RN



**ANGELA MARIE
GARNER**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

The Need for First Responder Rescue



**NATALIA
HEDGES**

**DNP, APRN,
FNP-C, AEMT**

**EXECUTIVE
LEADERSHIP**

ANNIE TAYLOR DEE
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PURPOSE

The purpose of this project is to implement and assess the efficacy of the Vicarious Trauma Toolkit among emergency medical service personnel. The initiative aimed to evaluate whether the toolkit could serve as an effective intervention to support EMS personnel in managing and mitigating mental health concerns.

METHODOLOGY

A combination of pre- and post-intervention surveys were used to collect pertinent data. This included open-ended questions to assess the impact of the Vicarious Trauma Toolkit, and comparison evaluations for scores of the VT-ORG assessment. Qualitative responses underwent thematic analysis.

RESULTS

Overall, implementation of the Vicarious Trauma Toolkit among EMS was well perceived and led to improvement in staff wellness and employee engagement scores. Additionally, the initiative positively impacted mental health and fostered a cultural shift toward trauma-informed practices.

IMPLICATIONS FOR PRACTICE

Integrating the Vicarious Trauma Toolkit among EMS departments can enhance the organization's readiness to support the well-being of its personnel and promote resilience.

PROJECT CONSULTANT

Aaron Byington, Fire Chief, M.A., NRP

FACULTY LEAD

Amber Fowler, DNP, RN

Vascular Occlusion Protocols in Aesthetic Medicine

PURPOSE

Lack of standardization in the aesthetics industry, particularly in treating vascular occlusions, can lead to patient complications. Treating vascular occlusions promptly can improve patient outcomes and patient safety and decrease litigation. Developing a vascular occlusion protocol can help providers and staff improve their knowledge and empower them to address complications quickly when they arise.

METHODOLOGY

A protocol was developed following evidence-based clinical guidelines, and staff were educated and trained on the protocol. Providers completed an online knowledge assessment survey before and after the training

RESULTS

The standardized protocol was implemented. Survey results of providers ($N = 4$) indicated an educational gap in the awareness and use of one evidence-based clinical practice guideline when performing vascular reversal. After protocol implementation and training, knowledge of how to treat vascular occlusions increased.

IMPLICATIONS FOR PRACTICE

Having access to an evidence-based clinical practice guideline reduces variability and decreases complications after vascular occlusions. Provider education is crucial to changing practice and directing providers to the correct resources.

PROJECT CONSULTANT

David Douglas, MPAS, PA-C

FACULTY LEAD

Tiffany Hood, PhD, RN, CNE, CNOR



**KATHRYN
HOLMES**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
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Improving Timeliness of Intraosseous Access Utilization for Critically Ill and Injured Patients at a Regional Emergency Department: A DNP Quality Improvement Project

PURPOSE

This Doctor of Nursing Practice (DNP) quality improvement project integrated evidence-based guidelines and national standards to standardize workflow, policy, and registered nurse (RN) training for rapid intraosseous access (IO) in critically ill or injured emergency department (ED) patients when peripheral intravenous access (PIV) cannot be established.

METHODOLOGY

This DNP project developed and implemented a workflow and policy requiring IO access within five minutes or after two failed PIV attempts. An evidence-based training program included policy updates, hands-on skills training, and a vascular access algorithm to educate RNs. RN knowledge, confidence, and competency in IO placement were assessed through pre- and post-training surveys and a skills evaluation.

RESULTS

Pre-post education surveys showed an average of 34% improvement in RN confidence, knowledge, and understanding of IO access. This increase improved RN adherence to standardized vascular access protocols, which enhanced evidence-based practice and reduced treatment delays.

IMPLICATIONS FOR PRACTICE

An evidence-based algorithm and training reduced vascular access time for critically ill ED patients and improved efficiency, compliance, and RN confidence in IO placement. Ongoing RN training and policy implementation, supported by educators and administration, are vital for sustaining timely vascular access. Clinician buy-in is key to successful implementation and adherence. Future research should evaluate IO timeliness and its impact on patient outcomes.

PROJECT CONSULTANT

Irma Hinkle, MSN, RN
Jennifer Chatterton, MSN, RN, CEN

FACULTY LEAD

Melissa NeVille, DNP, APRN, CPNP-PC, CNE



**KATHY
JACOBS**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

Enhancing Workflow Efficiency to Reduce Outpatient Chemotherapy Treatment Delays: A DNP Quality Improvement Initiative at a Regional Infusion Clinic

PURPOSE

The purpose of this Doctor of Nursing Practice (DNP) evidence-based quality improvement (QI) project was to develop a new workflow and electronic medical record (EMR) documentation process to reduce outpatient chemotherapy wait times by training charge RNs to optimize EMR utilization and streamline workflow efficiency for outpatient oncology infusion registered nurses (RNs).

METHODOLOGY

The project implemented a new EMR reminder system to ensure the timely signing of orders by oncologists and a chart review by charge RNs before patient treatment. Pre- and post-implementation surveys measured the frequency of unsigned orders, wait times, and RN staff satisfaction, along with a skills survey evaluating charge RNs' competencies in managing orders post-educational training.

RESULTS

Pre-implementation surveys revealed that RN staff ($N = 22$) felt overwhelmed by order delays, inadequate training, and provider accountability. Post-implementation findings revealed that RNs ($N = 16$) reported fewer delays and increased confidence in the new process. The Epic skills survey demonstrated improved knowledge and skills in managing the new process. Three months post-implementation, data showed an average reduction in wait times of 47% and a 53% improvement in RN staff satisfaction.

IMPLICATIONS FOR PRACTICE

The new EMR process facilitated consistent engagement by healthcare staff, decreased treatment delays, and reduced RN staff stress. Future research may include the long-term sustainability of these interventions, expanding them across outpatient infusion clinics, evaluating charge RNs conducting order reviews, and integrating automated alert tools to reduce order-related delays further and enhance patient care.

PROJECT CONSULTANT

Jonathan Moss, MSN, RN

FACULTY LEAD

Melissa NeVille, DNP, APRN, CPNP-PC, CNE



**HEILDA
KAFI**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

A Needs Assessment and Strategic Plan for the Development of a Simulation Program in an Undergraduate Nursing Program



**JENNIFER
LARSON**

**DNP, RN,
CHSE, CEN**

**EXECUTIVE
LEADERSHIP**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

PURPOSE

The purpose of this project was to design a strategic plan to guide the development of a simulation program for an undergraduate nursing program.

METHODOLOGY

Following Kern's six-step framework for curriculum development, this project collected data from a literature review, end-of-program data, internal and external surveys, professional organizations, and experts to form the comprehensive needs assessment summary. Driven by this data, as well as institutional goals and impending regulatory changes, the strategic plan provided university leadership with a roadmap for effective and sustainable implementation.

RESULTS

The needs assessment identified four main themes: financial stewardship, infrastructure and resources, accreditation and compliance, and faculty development as foundational directions for the strategic plan. The strategic plan received strong support from university leadership but also highlighted potential opportunities for interprofessional education and academic-practice partnerships.

IMPLICATIONS FOR PRACTICE

Simulation can be an effective solution for enrollment barriers in nursing programs. A comprehensive needs assessment can provide data for an actionable strategic plan. Led by qualified simulation leadership, the strategic plan is structured over a five-year timeline and sets measurable, realistic goals for implementation and long-term sustainability.

PROJECT CONSULTANT

Kari Firestone, PhD, RN, CNE
Anne Kendrick, DNP, RN, CNE

FACULTY LEAD

Mary Anne Reynolds, PhD, RN, ACNS-BC

Bridging the Gap: A DNP Quality Improvement Project to Mitigate Workplace Burnout and Enhance Registered Nurse Satisfaction and Retention at Regional Home Health and Hospice Center



**DIANE
LUCAS**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

PURPOSE

This DNP quality improvement project implemented a gap analysis and RN training program to assess nurse burnout in a regional home health, hospice, and palliative care setting. Integrating these findings into the organization's strategic plan establishes a sustainable framework for ongoing assessments, interventions, and long-term improvements in nurse well-being, job satisfaction, and retention.

METHODOLOGY

The Burnout Assessment Tool (BAT) and Intent to Stay survey were used as an initial gap analysis to evaluate nurse burnout and organizational commitment, guiding the development of a training program. This evidence-based training program focused on burnout awareness, self-advocacy, resilience, and resources. A pre-post survey measured the cause-and-effect changes in knowledge, attitudes, and perceptions providing insights into the program's impact.

RESULTS

Participants who completed the BAT and Intent to Stay surveys ($N = 21$) reported symptoms of burnout, including mental exhaustion ($M = 3.38$) and cognitive impairment ($M = 2.57$). The evidence-based training addressed gaps identified in the analysis, emphasizing burnout awareness, self-advocacy, and organizational resources. The pre-test survey results showed low awareness of burnout, with 36% of participants demonstrating knowledge. Post-test results indicated improvement, with 79% showing increased awareness.

IMPLICATIONS FOR PRACTICE

Incorporating a gap analysis to identify the incidence of nurse burnout, this DNP project implemented an educational training program to enhance awareness. The organization will use these findings to improve early identification and mitigation of burnout. Organizational goals include utilizing the gap analysis and training program to establish permanent nurse burnout training for new employees and creating policies to improve job satisfaction and retention related to burnout.

PROJECT CONSULTANT

Jaclyn Piper-Williams, MSN, APRN, ACHPN

FACULTY LEAD

Melissa NeVille, DNP, APRN, CPNP-PC, CNE

A Needs Assessment and Strategic Plan to Reduce Hospital Readmissions

PURPOSE

This project aimed to address hospital readmissions through a needs assessment and the development of a strategic plan.

METHODOLOGY

A needs assessment was conducted through nurse and case manager surveys and readmission data analysis. Then, a strategic plan was developed that recommended interventions based on the findings of the assessment. Stakeholders then assessed the plan via survey for clarity, relevance, and feasibility.

RESULTS

Readmission data concluded that septicemia, heart failure/shock, and chronic obstructive pulmonary disease were the most common readmission diagnoses. Survey findings ($N = 21$) indicated time constraints (61%) and communication gaps (67%) as barriers to discharge planning. Gaps in discharge education, care coordination, and post-discharge follow-up were identified as causes of readmissions. These findings led to the development of a strategic plan which addressed these issues relevant to the local context. Evaluation of the plan by stakeholders ($N = 4$) indicated favorable results, with high scores for clarity, relevance, and feasibility of the plan.

IMPLICATIONS FOR PRACTICE

The needs assessment and strategic plan identified and developed a strategy for reducing readmissions at a hospital. Implementing these discharge planning strategies is expected to reduce hospital readmissions, enhance patient safety, and optimize hospital resource utilization.

PROJECT CONSULTANT

Brandon Holloway, MBA

FACULTY LEAD

Caitlin Campbell, PhD, RN



**LATOYA
MCCALL**

**DNP, MBA,
RN**

**EXECUTIVE
LEADERSHIP**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

Reducing Falls in Older Adults Using the CDC STEADI Initiative



**TRENAISA
NAY**

**DNP, APRN,
GNP-BC**

**EXECUTIVE
LEADERSHIP**

ANNIE TAYLOR DEE
— SCHOOL OF —
NURSING

PURPOSE

This quality improvement initiative aimed to reduce falls by incorporating the CDC STEADI algorithm and toolkit in an assisted living facility (ALF).

METHODOLOGY

Key healthcare providers were educated on the CDC STEADI algorithm and toolkit. Afterward, nurse leaders employed by the ALF ($N = 3$) began utilizing the resources during routine assessments to identify residents at high risk of falls. Falls were recorded for the two months preceding and the two months during the intervention. Post-intervention, a Likert-scale survey was administered to evaluate the project's effectiveness in helping healthcare providers identify residents at high risk of falling.

RESULTS

The total number of falls per month prior to the intervention was 60 and 56. During the intervention, the number of falls per month was 39 and 75. The post-intervention survey revealed that knowledge of the STEADI initiative had improved; however, the tools were not consistently utilized.

IMPLICATIONS FOR PRACTICE

This project demonstrated that the use of the STEADI algorithm and toolkit is associated with a decrease in falls. The findings reinforce current evidence that fall risk associated with certain comorbidities is more difficult to mitigate.

PROJECT CONSULTANT

Josh Bagley, MHA

FACULTY LEAD

Amber Fowler, DNP, RN

Developing and Implementing Use of Guidelines for Barrett's Esophagus (BE) Screening, Treatment, and Surveillance

PURPOSE

Nurse and provider knowledge of screening, treatment, and surveillance guidelines related to BE is necessary to decrease the progression of the disease to esophageal cancer. The primary goal of this DNP project was to educate providers and nursing staff regarding recommendations for screening, treatment, and surveillance for patients with BE while implementing a protocol for future use.

METHODOLOGY

Nursing staff and providers viewed a pre-recorded video presentation discussing screening, treatment, and surveillance guidelines for BE, where an algorithm was introduced and implemented to guide these practices. Both nursing staff and providers took pre- and post-education surveys, and the data was then compared between both items.

RESULTS

Data analysis showed that nursing staff knowledge of BE screening, treatment, and surveillance guidelines, as well as patient education, was increased due to the project implementation. Provider data showed a high level of knowledge and willingness to use the algorithm in practice.

IMPLICATIONS FOR PRACTICE

Many patients are seen for long-term acid reflux and, therefore, are at increased risk for BE development. Staff and physicians agree that education and algorithm use is essential when treating patients with BE. Video education was an effective tool for information dissemination.

PROJECT CONSULTANT

Kyle Eliason, MD

FACULTY LEAD

Amber Fowler, DNP, RN



**TESLA A.
PARKER**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

Follow-up Protocol for Prevention Programs

PURPOSE

This evidence-based quality improvement project aimed to strengthen existing prevention programs by implementing a structured follow-up protocol. The protocol was designed to ensure continuity of care and readily accessible resources are available to clients while improving long-term health outcomes.

METHODOLOGY

A follow-up protocol was developed and incorporated into existing prevention programs. Prevention staff completed training on the protocol and its usage. Data was gathered from the internal stakeholders at a behavioral health facility overseeing the prevention programs. The stakeholders' understanding of the protocol was surveyed, and protocol usage was tracked over four months.

RESULTS

Internal stakeholder engagement with the follow-up protocol was strong, with the prevention team agreeing it improved their workflow. Satisfaction was also high, with staff stating they had the resources to implement the protocol.

IMPLICATIONS FOR PRACTICE

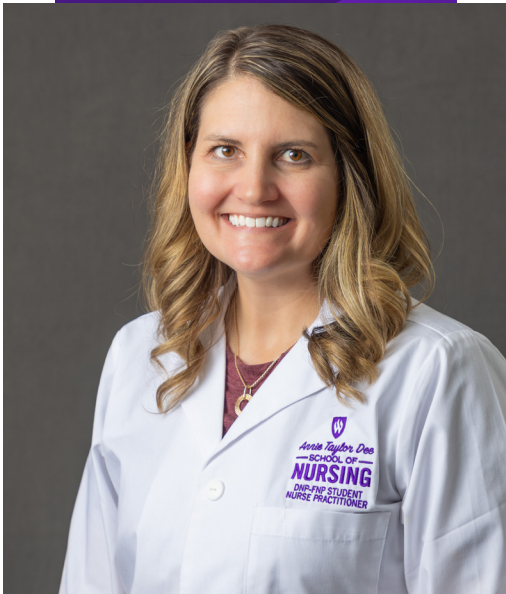
Implementing a follow-up protocol within prevention programs improved clients' connection to resources and internal stakeholder workflow satisfaction. This project highlights the importance of ongoing support to enhance the purpose of prevention programs and improve long-term health outcomes.

PROJECT CONSULTANT

Debbie Barley, MS
Danielle Kaiser, MPH

FACULTY LEAD

Amber Fowler, DNP, RN



**APRIL
POHLMAN**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

Implementation of an Evidence-Based Process Change on Screening Toddlers for Communication Delays



**JENNY
RICHARDSON**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

PURPOSE

The project aims to investigate the necessity of an evidence-based process change through screening and providing education to parents of toddlers aged one to four who exhibit communication delays.

METHODOLOGY

Evidence-based research articles were reviewed to provide a quality improvement plan. The modified workflow mandated that all toddlers were screened for communication delays. If a child was identified as experiencing delays, resources to speech therapy and education on shared book reading were provided.

RESULTS

Surveys assessing the effectiveness indicated a 98% satisfaction rate regarding presentation style and completeness of reporting was 98%. Out of twenty screenings conducted 25% indicated a communication delay. Families were provided education on shared book reading and follow-ups were conducted until the child gained access into speech therapy.

IMPLICATIONS FOR PRACTICE

The formal evaluation results assisted healthcare providers and families in assessing whether a child needs special treatments or early intervention services. Nurses found screening and providing education easily integrated into the workflow. This initiative is anticipated to enhance community awareness of communication delays and reduce the number of children needing intervention, which will better prepare them for future academic success.

PROJECT CONSULTANT

Sean Hansen, MPH

FACULTY LEAD

Michael Humphrey, DNP, APRN, WHNP-BC, FNP-C

Implementation of a Toolkit for Social Isolation in the Homebound Older Adult

PURPOSE

The purpose of this DNP project is to prepare home health case managers to address at-risk patients experiencing social isolation using an evidence-based practice approach to reduce social isolation in elderly patients receiving home health care. By providing a toolkit based on best practices, case managers and health providers can offer resources that provide individualized guidelines, assessments, community resources, and, if necessary, referral protocols for those who report feeling socially isolated.

METHODOLOGY

The introduction and orientation of the algorithm, toolkit, assessment script, and additional resources were conducted through a presentation at a staff meeting with the home health team. This presentation reviewed the OASIS assessment for D0700, introduced the toolkit, explained the algorithm and additional scripting, and reviewed the extra resource guide. The toolkit was then included in all admission packets for the home health case managers to reference when completing the initial assessment. The risk for social isolation was evaluated in all patients admitted to home health using the Medicare OASIS assessment question D0700. Based on a score of 0-4, an algorithm guided the case managers to determine appropriate practice and individual patient care. Patients who scored zero required no further action at that time. Everyone who scored above zero on the initial assessment received the toolkit, educational information, and additional evaluations with referrals if needed.

RESULTS

Over 3 months, 406 patients were evaluated at admission. 187 (42%) had scores of 1 or greater and were given the toolkit. Of the 42% identified, 63% of patients agreed to the additional interventions to address feelings of social isolation. Eight referrals (6%) were made for social work referrals to address patient concerns of social isolation. The 100% distribution of toolkits and follow-up scripting indicates high compliance among case managers, suggesting that the intervention was feasible within existing workflows. The case managers ($N = 18$) all rated that they either agreed or strongly agreed that the interventions, follow-up scripting, and toolkit were a valuable resource.

IMPLICATIONS FOR PRACTICE

This project successfully implemented a low-cost, evidence-based toolkit to address social isolation among homebound older adults. The screening, resources, interventions, and referrals provided case managers with guidance to address social isolation concerns in elderly homebound patients. By integrating with existing OASIS assessments and leveraging community resources, the project fills a critical gap in addressing social isolation, a known risk factor for aging homebound adults.

PROJECT CONSULTANT

Melyssa LaRose, MSN, RN

FACULTY LEAD

Mary Anne Reynolds, PhD, RN, ACNS-BC



**RUSSELL R.
ROBBINS**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

Standardizing Emergency Management in Aesthetics

PURPOSE

This evidence-based quality improvement project aimed to increase medical spa staff confidence and competence in recognizing and treating injection-related emergencies via standardized protocols and simulated emergency management training.

METHODOLOGY

The primary intervention was the development of emergency protocols and workflows for early identification and evidence-based treatment of the two most common injection-related emergencies: (1) vascular occlusion and (2) anaphylactic shock. These protocols were introduced at two medical spa locations in the western United States. A secondary intervention was the development of educational simulation activities to allow the protocols and workflows to be practiced by staff. Protocols and supporting activities were implemented as a quality improvement initiative.

RESULTS

Following the intervention, staff reported statistically significant increases in confidence and familiarity with emergency procedures at the two medical spa sites. Overall, staff levels of confidence and accuracy improved for both vascular occlusion and anaphylaxis.

IMPLICATIONS FOR PRACTICE

This project finds that staff confidence increased as a result of the intervention. Ultimately, the implementation of this project has the potential to improve client safety outcomes in medical spa facilities.

PROJECT CONSULTANT

Ashlee Williams, MSN, FNP-C

FACULTY LEAD

Caitlin Campbell, PhD, RN



**NATALIE
SATO**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

Improving Discharge Processes for Children with Tracheostomies Transitioning from Facility to Home

PURPOSE

Adding simulation training into the discharge training process for parents of medically complex children can improve care processes surrounding patient discharge. It can increase nursing staff's and parents' confidence and competence, improving safety for medically complex children as parents are better prepared to handle unexpected and emergency tracheostomy events.

METHODOLOGY

A discharge training team (DTT) was created at the facility, and these staff members were trained to implement simulation scenarios. Pre-surveys and post-surveys evaluating the confidence and competence of the DTT and the discharging parents were assessed.

RESULTS

Survey results indicated simulation training improved parent and staff confidence and competence in safely handling their child's tracheostomy unexpected and emergency events before discharge.

IMPLICATIONS FOR PRACTICE

Adding tracheostomy simulation training to the discharge process improves preparation for parents of medically complex children to handle better unexpected and emergency tracheostomy events that could occur after discharge. This increased confidence and competence provide a safer home environment for medically complex children.

PROJECT CONSULTANT

Lisa Pearson, MSN, RN, CIC

FACULTY LEAD

Angela Page, DNP, APRN, PPCNP-BC



**NATHAN
SCOTT**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

Health Literacy Assessment and Training for Nurses

PURPOSE

The project aimed to bridge the health literacy training gap in a same-day surgery unit at a local hospital by equipping nurses with the knowledge and tools to identify patients with low health literacy and apply interventions to improve patient communication and outcomes.

METHODOLOGY

A health literacy training module was developed and shared with nurses ($N = 20$) in the same-day surgery unit. The module covered health literacy definitions, assessment tools, and interventions like the teach-back method. Nurses completed pre- and post-training surveys to assess changes in awareness, knowledge, and confidence.

RESULTS

Pre-training surveys identified gaps in nurses' ability to assess and address health literacy. After the training, nurses reported increased confidence in using assessment tools and interventions, with an average increase of approximately 30% and 20% in self-reported proficiency, respectively.

IMPLICATIONS FOR PRACTICE

Health literacy education improved nurses' familiarity with assessment tools and confidence in using them. Nurses were also more likely to assess health literacy and use interventions like teach-back and simple language. Continued education and integration into residency programs can sustain these improvements, and the module can be adapted for broader clinical applications.

PROJECT CONSULTANT

Alysann Gardner, MSN, RN

FACULTY LEAD

Michael Humphrey, DNP, APRN, WHNP-BC, FNP-C



**ELIZABETH
SHARP TOONE**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

Decreasing Medication Error Frequency in a Local Assisted Living Facility

PURPOSE

The purpose of this needs assessment and strategic plan project was to decrease medication error occurrence and improve resident medication safety by identifying the causes of medication errors that occur in a local assisted living facility (ALF) and develop organizational specific recommendations for change based on the identified causes.

METHODOLOGY

The data from the needs assessment was collected by completing a review of a 30-day record of medication errors and determining the types of errors. In addition, a survey was completed by the medication administration staff to determine their confidence levels in identifying errors and ways to prevent medication errors. Finally, members of the administration team were asked about their fluency(knowledge) in the organization's current medication error prevention policy and protocol.

RESULTS

Based on the data collected from the needs assessment, 7-10 recommendations were developed related to the most common types of medication errors that occurred. The types of errors that occurred most frequently were: (a) medications that were given late or given at the wrong time; (b) medications that were time sensitive or high risk; and (c) medications that were missed or not given. Three specific practice strategies were created for each of the recommendations based on the most current evidence and standards of practice. From these recommendations, the administration team identified the three recommendations they felt would be most achievable in their facility. The administrative team is currently developing an implementation plan.

IMPLICATIONS FOR PRACTICE

This project demonstrated the need for ongoing assessment of medication error prevention protocol reviews and updates in assisted living facilities. Evidence based strategies can be identified and developed based on the unique needs of individual ALFs.

PROJECT CONSULTANT

Brad Dinkel, MBA

FACULTY LEAD

Mary Anne Reynolds, PhD, RN, ACNS-BC



**TARREN
SMOOT**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

Exploring Challenges and Opportunities for Uninterrupted Nurse Breaks



**ERICA
SMUIN**

**DNP, MBA,
RN**

**EXECUTIVE
LEADERSHIP**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

PURPOSE

The purpose of this quality improvement project was to identify barriers and facilitators to acute care nurses taking uninterrupted breaks, and to use these insights to develop an evidence-based strategic plan for improvement.

METHODOLOGY

First, a survey assessed nurses' current break practices and related barriers at a single acute-care hospital in the Mountain West. A literature review identified evidence-based solutions to the barriers. These findings informed the development of a strategic plan, which nurse leaders reviewed and evaluated through qualitative and quantitative feedback.

RESULTS

Twenty-nine percent of nurses reported being unable to take breaks. The assessment survey found the top three barriers to breaks were workload demands, staffing constraints, and interruptions. Factors that facilitated breaks included: adequate staffing, support from colleagues and leaders, and a positive unit culture. Nurses were most interested in unit shift leader roles, improving break space, flexibility to take breaks, and a unit focus on taking breaks. Based on these findings, a strategic plan with goals and strategies was developed. Nurse leaders' input validated the plan's feasibility and alignment.

IMPLICATIONS FOR PRACTICE

By implementing the strategic plan, nurse leaders can protect and prioritize nurse breaks through relief coverage, supportive unit cultures, and environments that enable every nurse to rest, recharge, and sustain their well-being throughout their shift.

PROJECT CONSULTANT

Perry Gee, PhD, RN, NEA-BC, FAAN

FACULTY LEAD

Caitlin Campbell, PhD, RN

Implementation of an Onboarding Toolkit for New Inpatient Behavioral Nurses

PURPOSE

The purpose of this quality improvement project was to implement and evaluate a structured psychiatric onboarding process for newly hired inpatient behavioral health nurses to improve confidence and onboarding satisfaction.

METHODOLOGY

A standardized four-week psychiatric onboarding process was implemented on an inpatient behavioral health unit, using a toolkit that included: competency-based checklists, preceptor guidance, and learning activities. Pre- and post-onboarding surveys assessed nurse confidence and satisfaction, while preceptors completed tracking tools to document competency progression.

RESULTS

Post-intervention findings showed improved self-reported nurse confidence across all measured domains, including crisis response, therapeutic communication, and unit workflow. Confidence scores increased from pre-intervention ranges of 30%-70% to post-intervention scores of 90%-100%. Qualitative feedback reflected improved clarity, structure, and readiness for independent practice. Mentors reported enhanced role clarity and improved ability to support competency development.

IMPLICATIONS FOR PRACTICE

This project demonstrated that redesigning the onboarding process using a structured psychiatric-specific toolkit improved nurse confidence and onboarding satisfaction. Process-focused onboarding interventions can support safer practice and improved retention in inpatient behavioral health settings.

PROJECT CONSULTANT

Chris De Haan, MPH, RN, LCSW, PMH-C

FACULTY LEAD

Mary Anne Reynolds, PhD, RN, ACNS-BC



**ARIEL MAE
SPARKMAN**

**DNP, APRN,
PMHNP-BC**

**EXECUTIVE
LEADERSHIP**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

Improving Emergency Department Triage and Coordination of Care Processes for Intensive Outpatient Clinic Patients

PURPOSE

This project examines the care coordination process for Intensive Outpatient Clinic (IOC) patients presenting at an urban Emergency Department (ED) to decrease overall patient wait times without compromising the quality of IOC patient care.

METHODOLOGY

Quantitative and qualitative data were collected to evaluate the impact of an EPIC flagging and referring system for IOC patients presenting in the ED. Pre- and post-implementation metrics, including wait times, ED return rates, and patient satisfaction scores, were analyzed.

RESULTS

Pre-implementation, 0% of IOC patients were identified upon presenting to the ED. Post-implementation, 15% of ED-presenting IOC patients were identified, triaged, and appropriately referred back to the IOC, resulting in a 9% decrease in ED wait times. Additionally, the ED staff's confidence improved in identifying and managing the flow of IOC patients upon arrival.

IMPLICATIONS FOR PRACTICE

Implementing an IOC patient flagging, triage, and referral workflow within the ED decreased patient wait times and improved staff confidence in IOC patient identification. Implementing this quality improvement project improved overall ED patient outcomes by reducing waiting times and supporting IOC patients' continuity of care. This project will be sustainable due to the continued collaboration between the IOC and the ED.

PROJECT CONSULTANT

Erin Doppelheuer, MSN, APRN, ENP-C, FNP-C

FACULTY LEAD

Angela Page, DNP, APRN, PPCNP-BC



**SHARI
STEVENS**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

Emotional Regulation Strategies: Developing Nurse-led Groups in an Inpatient Youth Psychiatric Unit

PURPOSE

This project aimed to improve inpatient education groups and ongoing pediatric emotional self-regulation skill education to staff caring for children and adolescents (ages 4-14) in an urban psychiatric hospital.

METHODOLOGY

This quality improvement initiative enhanced existing practices by offering staff education through a learning module and staff meetings. Pre and post-test scores from the learning module were compared. Four evidence-based emotional regulation group classes were implemented. The effectiveness of the group classes and education module was collected at the end of each group and the final staff meeting.

RESULTS

Staff education scores improved from 73% (pre-test) to 96% (post-test). Post-group evaluation scores averaged over 90%. Key themes included engagement, participation, adaptability, and flexibility. Post-staff meeting evaluation scores ranged from 71% to 97%.

IMPLICATIONS FOR PRACTICE

The project significantly improved staff knowledge and confidence in teaching pediatric emotional regulation skills, creating a more therapeutic environment for the youth. It was cost-effective, received positive feedback, and could be adapted to various settings. The project highlights the importance of effective evidence-based group interventions tailored to children and young adolescents.

PROJECT CONSULTANT

Cherry Steele, MEd, BSN, RN

FACULTY LEAD

Angela Page, DNP, APRN, PPCNP-BC



**CAMI
TALAMANTES**

**DNP, RN,
OCN**

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

Menopausal Awareness, Education, and Care Enhancement

PURPOSE

This quality improvement project aimed to enhance menopause care through targeted education for healthcare providers and patients. An educational toolkit and patient education resources were implemented at a local obstetrics and gynecology clinic to improve provider knowledge, communication, and shared decision-making.

METHODOLOGY

The Iowa Model guided the project's implementation, ensuring a structured approach to integrating evidence-based resources. A provider toolkit and patient education handout were developed based on literature review and clinician and layperson feedback. Pre- and post-surveys assessed changes in provider confidence, perceived barriers, and resource utilization.

RESULTS

Provider confidence in menopause management increased by 35%. Agreement on the toolkit's usefulness rose from 40% to 85% ($p = 0.012$). Patient education handout use increased from 20% to 85% ($p < 0.001$). While the education toolkit streamlined menopause discussions, a significant decrease in provider-initiated conversations ($p = 0.040$) indicated more provider awareness of the lack menopausal care.

IMPLICATIONS FOR PRACTICE

Structured educational interventions significantly enhance menopause care. Integrating evidence-based resources into routine practice can improve provider competency and patient education. Future initiatives should incorporate ongoing feedback and continuing education to sustain progress and optimize menopause management.

PROJECT CONSULTANT

Tricia Twelves, MD

FACULTY LEAD

Michael Humphrey, DNP, APRN, WHNP-BC, FNP-C



**KAMILLE
THAYNE**

DNP, RN

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

A Needs Assessment and Strategic Plan for Ensuring Adequate Restorative Breaks During a Twelve-hour Shift for Frontline Nursing Staff

PURPOSE

The purpose of this project was to conduct a needs assessment and develop a strategic plan for the nursing staff on a cardiac unit to overcome barriers to adequate, restorative breaks.

METHODOLOGY

Using surveys and time clock data, a needs assessment was conducted for a single hospital unit to determine the frequency and reasons for nursing staff not receiving breaks. Next, key issues were identified and addressed by practical recommendations from evidence-based literature in the form of a strategic plan.

RESULTS

Out of 58 staff members, 66% said they only took one break during a 12-hour shift, while 12% reported skipping breaks entirely. Barriers to break-taking included high patient loads (72%), staffing shortages (33%), administrative duties (40%), and the physical environment not conducive to breaks (44%). Open-ended responses identified additional issues. Based on these findings, components of the strategic plan included: 1) implementing a structured break system, 2) fostering a supportive workplace culture, 3) improving the physical space where breaks occur, and 4) increasing awareness of formal break policies.

IMPLICATIONS FOR PRACTICE

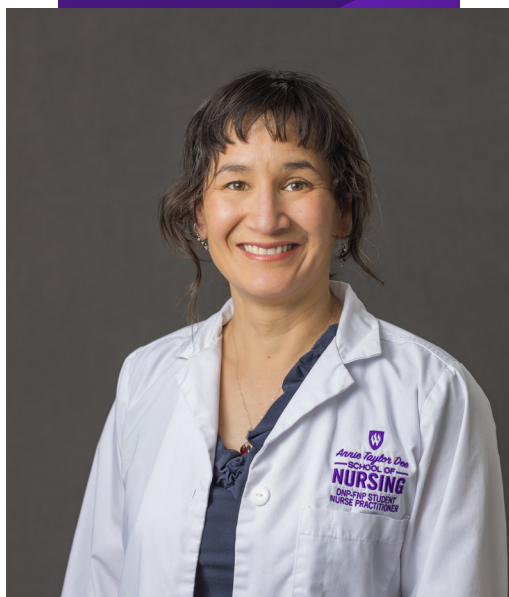
This project identified barriers preventing nursing staff from taking breaks and developed a strategic plan to mitigate these concerns. The unit can implement this plan to support break opportunities, potentially leading to reduced burnout, improved staff well-being, and positive patient outcomes.

PROJECT CONSULTANT

Rita Aguilar, DNP, MBA, RN, HCM, RNC, NEA-BC

FACULTY LEAD

Caitlin Campbell, PhD, RN



**ANDRIA VILAI
WILKINSON**

**DNP, RN,
CPAN**

**FAMILY NURSE
PRACTITIONER**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

Implementing an Inpatient Nurse Internship Program

PURPOSE

The purpose of this quality improvement project was to develop and implement an evidence-based nurse internship program at a regional hospital in the Mountain West.

METHODOLOGY

A nurse internship program was developed and implemented at a regional medical center in the Mountain West. Thirteen candidates were hired into paid nurse intern positions. The Casey-Fink Graduate Nurse Experience Survey measured interns' experience throughout the program. Additionally, attendance and retention data were collected to evaluate project adherence and outcomes. Measurements were captured at baseline, 30 days, and 90 days from the start of the program.

RESULTS

Significant improvements in clinical skills, role confidence, role satisfaction, and patient care management were reported at 90 days, compared to baseline. The 90-day retention rate of interns was 100%. All interns graduating in December 2025 ($N = 8$) accepted nurse positions within the organization.

IMPLICATIONS FOR PRACTICE

Internship programs could have significant potential to impact perceived clinical readiness and confidence, organizational loyalty, retention, and cost savings to healthcare organizations.

PROJECT CONSULTANT

Lauren Smith, MSN, RN
Megan Boston, BSN, RN

FACULTY LEAD

Caitlin Campbell, PhD, RN



**NATHAN
WATSON**

**DNP, MHA,
RN, NE-BC**

**EXECUTIVE
LEADERSHIP**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

Public Health Nurse Mentorship Training Program



**TODD CAMERON
YEOMANS**

DNP, RN, PHN

**EXECUTIVE
LEADERSHIP**

ANNIE TAYLOR DEE
SCHOOL OF
NURSING

PURPOSE

This evidence-based quality improvement project aimed to enhance the competence and confidence of public health nurses (PHNs) in providing positive student mentoring experiences through the implementation of a mentorship training program (MTP) consisting of an educational module and a digitally accessible toolkit with job aids.

METHODOLOGY

Project interventions included developing an MTP, which consisted of a database to store a factsheet, checklist, goal-setting template, and training module. The MTP was implemented over three months, and participants ($N = 26$) completed surveys upon completion of the mentoring program. Quantitative data were gathered via Likert-scale surveys, while qualitative feedback was obtained through open-ended questions.

RESULTS

Survey results demonstrated increased self-rated confidence following project implementation, as indicated by higher mean post-survey responses for communicating with students, setting daily goals, providing feedback, and providing resources. Qualitative feedback indicated increased resource use and respectful mentor-student interaction.

IMPLICATIONS FOR PRACTICE

The overall project validated the efficacy of mentor training in increasing competence and satisfaction among PHNs providing student mentorship. The findings support the use of training modules and tools to develop PHN mentorship skills.

PROJECT CONSULTANT

Acacia Blanc, MSN, RN, PHN

FACULTY LEAD

Chelsea Pike, DNP, RN, CNE



WEBER STATE UNIVERSITY

Dumke College
of Health Professions



weber.edu/nursing

@wsudchp
@wsuannietaylordeeson