



SIU SCHOOL *of* MEDICINE

SIU GME Quality Improvement Poster Competition and Symposium

April 15, 2025

Pearson Museum

801 N. Rutledge St.

11:30am – 1:00pm

Increasing Aspirin Compliance in Patients with Coronary Artery Disease

Jaime Clarke Caseley, MD; Johnny Tenegra, MD
SIU Decatur Family & Community Medicine Residency Program

Introduction

Aspirin is an anti-inflammatory medication that also has certain antiplatelet effects. It is often used in patients with coronary artery disease as secondary prevention measures, or as primary prevention for coronary artery disease in patients with increased 10-year cardiovascular risk. Cardiovascular disease (CVD) is known to be the leading cause of death in the United States according to the 2016 Centers for Disease Control. Current recommendations from the American Heart Association (AHA) recommend low-dose aspirin use in all patients with previous myocardial infarction for secondary prevention, as well as in all patients with 10% 10-year CVD risk as primary prevention. This project aims to increase documentation of patients taking aspirin by ensure appropriate medication review upon time of check in for appointments in office

Results

We found that changing how nursing staff address medication reconciliation regarding aspirin during rooming process of patients did not make a difference in the compliance of aspirin usage for patients. Prior to intervention our center had a documented 79.1% aspirin compliance, after intervention was 77.6%. This could potentially be related to several factors not limited to but including provider documentation of aspirin into the chart following reconciliation, proper patient understanding of the medications they are taking for reconciliation, or other related factors.

Problems noted during this study were due to available time of nursing staff not always having time to properly reconcile patient medication list, providers not properly documenting medications in chart following nursing reconciliation due to available time, or potentially due to the patient panel not having a proper knowledge of the medications they are taking. Determining the actual compliance aspirin has several contributing factors that is difficult to determine true compliance to thereby increase.

Take Home Points

- 1. Cardiovascular disease (CVD) is known to be the leading cause of death in the United States**
- 2. AHA recommends Aspirin use in all patients with Ischemic Vascular Disease**
- 3. Nursing-led medication reconciliation alone may not be sufficient to improve aspirin compliance documentation**

Methods

This study utilized Plan-Do-Study-Act (PDSA) cycles for this quality improvement project. Inclusion criteria consisted of individuals who are 18 years-old and older with an active diagnosis of Ischemic Vascular Disease (IVD), Acute Myocardial Infarction (AMI) performed before 12 to 24 months of measurement period, Coronary Artery Bypass Graft (CABG) performed before 12 to 24 months of measurement period, Percutaneous Coronary Intervention (PCI) performed before 12 to 24 months of measurement period. Nursing staff during rooming of the patient were asked to change the wording of medication review to specifically target and address aspirin usage when asked about other over the counter medication usage during medication reconciliation. We compared the percentage of patients with a qualifying diagnosis as listed above with documented aspirin in medication list to those without aspirin. The pre-intervention values were used from July 2024 – September 2024 (Quarter 3) to post-intervention from October 2024 – December 2024 (Quarter 4). The Intervention will have been successful if we have an increased documentation of aspirin use in patients with qualifying diagnoses.

Discussion

The goal of this exercise was to increase the compliance of aspirin in patients with IVD, however this ultimately did not turn out to happen. This is a much more difficult problem to try and increase than I initially thought, as there are multiple confounding factors that all simultaneously contribute to the documentation of this metric. Although changing the rooming process for nursing staff did not ultimately lead to increased aspirin compliance, this does provide further insight into other potential routes forward to try and increase the appropriate compliance including provider documentation, and patient education.

References:

1. Arnett DK, Blumenthal RS, Albert MA, et al. 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease. J Am Coll Cardiol. 2019;74(10):e177–e232
2. US Preventive Services Task Force. Aspirin Use to Prevent Cardiovascular Disease: Recommendation Statement. JAMA. 2022;327(16):1577–1584.

Figure 1. Aspirin Compliance Pre & Post-Intervention

Aspirin Compliance Pre-Intervention (July 2024 - September 2024) 79.1%, Post-Intervention (October 2024 – December 2024) 77.6%



SIU MEDICINE

Quality Improvement Project on Continuous Infusion vs. Intermittent Bolus Administration of Proton Pump Inhibitors in Springfield Memorial Hospital

Obada Daaboul, MD; Mulham Alom, MD; Aman Swied, MD; Schuyler Stone, MD; Carrie Vogler, Pharm.D., BCPS; Sophia Dar, MD; Maaataz Azzawi, MD; Abdul Swied, MD

¹Southern Illinois University

Background

- Current guidelines for managing upper gastrointestinal (GI) bleeding recommend hemodynamic resuscitation, endoscopic interventions, and the administration of Proton Pump Inhibitor (PPI), which can be given as either continuous infusion or intermittent bolus.
- Several studies have consistently demonstrated that intermittent bolus administration is non-inferior to continuous infusion regarding rebleeding risk [1,2].
- Furthermore, continuous PPI infusion significantly strains the health care system due to higher drug costs, the necessity for infusion pumps, and increased time and resource demands on pharmacy and nursing teams.
- An analysis of PPI usage in the Intensive Care Units (ICU) and Emergency Department (ED) at Springfield Memorial Hospital (SMH) from January 2023 to February 2023 revealed that continuous PPI infusion is still being used despite the mentioned evidence.
- During this period, intermittent bolus administration and continuous infusion were used 1,188 times and 163 times, respectively, with continuous infusion representing 12% of total IV PPI usage.
- Even though intermittent bolus administration is the primary method at SMH, the ongoing use of PPI continuous infusion should be reconsidered. Addressing this matter could enhance cost-effectiveness, optimize resource allocation, and improve time management for healthcare professionals.

Intervention

- A multidisciplinary team was established within the SIU GI Department in collaboration with the internal medicine (IM) and Pharmacy Departments. The team comprised faculty members, pharmacists, fellows, and residents. This team developed a comprehensive plan to reduce the use of continuous PPI infusion.
- To better understand current practices and potential barriers, the team initially interviewed ICU nurses and pharmacists to gather their perspectives. The project was then presented to Memorial Health leadership and Springfield Memorial Hospital administration.
- A series of lectures were conducted with ED, ICU, hospitalist teams (SIU IM, SIU Family Medicine, and Springfield Clinic IM), and the General Surgery Department during their monthly meetings and grand rounds, all of which received positive feedback.
- These lectures aimed to disseminate the new guidelines and emphasize the importance of PPI utilization in enhancing patient care and optimizing resource allocation.
- The project was well received by the Memorial Health administration, and its recommendations were implemented across the entire Memorial Health system.

January 2023 – February 2023

PPI IV Drip
163 times (12% of total IV PPI usage)

PPI IV Bolus
1,188 times (88% of total IV PPI usage)

December 2024 – January 2025

60 times (2.4% of total IV PPI usage)

2,469 times (97.6% of total IV PPI usage)

Results

- A follow-up analysis of PPI usage was conducted between December 2024 and January 2025 after implementing the previously described interventions.
- The results indicated that intermittent bolus administration was used 2,469 times, while continuous infusion was administered only 60 times, accounting for just 2.4% of the total IV PPI usage.
- In comparison to data from the year 2023, the interventions significantly reduced the proportion of continuous infusion usage relative to intermittent bolus administration. Specifically, continuous infusion usage decreased from 12% in January-February 2023 to 2.4% in December 2024-January 2025, representing an 80% reduction in continuous PPI infusion usage.

Conclusion

- Our interventions successfully reduced the usage of continuous PPI infusion by 80% within two years, significantly increasing the proportion of intermittent bolus administration.
- This shift led to improved time management, more efficient resource allocation within the pharmacy and nursing teams, and enhanced cost-effectiveness.

PPI formulation

	Single Dose Cost	Daily Dose Cost
Pantoprazole 40 mg tablet	\$0.06	\$0.12
Pantoprazole 40 mg IV Push	\$2.52	\$5.04
Pantoprazole 40 mg continuous infusion	\$5.10	\$25.5

Contact

Obada Daaboul
Southern Illinois University
Email: odaaboul32@siu.edu
Phone: 770-778-2760

References:

1. Sachar H, et al. Intermittent vs continuous proton pump inhibitor therapy for high-risk bleeding ulcers: a systematic review and meta-analysis. JAMA Intern Med. 2014;174(11):1755-1762. doi:10.1001/jamainternmed.2014.4056
2. Leung T, et al. Intermittent Versus Continuous Infusion Dosing of Intravenous Proton Pump Inhibitors for Upper Gastrointestinal Bleeding. Ann Pharmacother. 2022;56(10):1127-1132. doi:10.1177/10600280211073936

Increasing Colorectal Cancer Screening in Individuals Below The Age of 55

Ardelle Estoesta, Justin Parker, Johnny Tenegra
SIU Decatur Family & Community Medicine Residency Program

Introduction

According to the World Health Organization Global Cancer Observatory (GLOBOCAN), CRC is the second most common cancer in females and the third most common in males. Data suggests that incidence increases significantly between the age of 40-50 years, and subsequently increases in each decade thereafter. The advent of colorectal cancer screening in the United States led to a decreasing incidence of CRC in groups older than 50 years of age, likely secondary to CRC screening starting at 50 years old. However, according to U.S. Surveillance, Epidemiology, and End Results, while the proportion of new CRC decreased in groups older than 55 years, the rates of CRC increased in adults under the age of 55 from 11 percent to 20.

45 YEARS AND OLDER?

ASK YOUR PROVIDER ABOUT COLON CANCER SCREENING



Methods

The visual aid above was placed in the lobby of our Academic Federally Qualified Health Center (FQHC) to air on the television screens while patients waited to be seen. Providers were informed of the purpose of the visual aid and instructed to further provide patients with more information regarding colorectal cancer and the different screening methods. The rates of colon cancer screening for all patients age 45-54 years July 2024-Sept 2024 compared to post displaying visual aid from Oct 2024-Jan 2025 was compared. Data was collected via Touchworks Electronic Health Record (EHR)

Results

In 2024, from Quarter 3 (July 2024-September 2024) to Quarter 4 (October 2024-December 2024), the overall rate of CRC screening in the SIU FCM – Decatur office increased 1% from 66% to 67% completed. Since the visual aid specified 45 years old, screening in patients 45-49 years old increased from 50% to 55%. Unfortunately, no longer term data for post-intervention past 2024 was able to be used since Quarter 1 of 2025 will not be available until the end of March 2025.

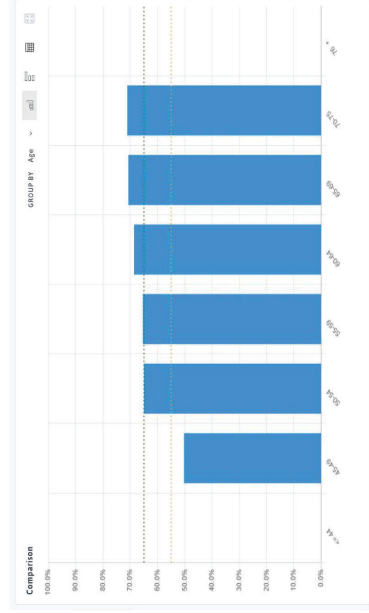


Table 1. Quarter 3 CRC screening rates by Age
Pre-intervention data from July 2024 to September 2024. Out of a total of 1023 patients, 66% had completed CRC screening. The green dotted line represents the target 67% completed while the yellow dotted line represents the average completed.

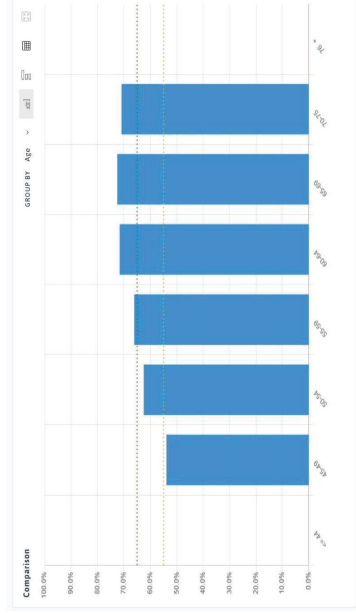


Table 2. Quarter 4 CRC screening rates by Age
Post-intervention data from October 2024 to December 2024. Out of a total of 1435 patients, 67% had completed CRC screening.

Take Home Points

1. CRC is the 2nd most common cancer in females and 3rd most common in males.
2. CRC screening has decreased CRC in groups 55 years and older, however there has been increased cancer rates in adults less than 55 years old.
3. By specifically targeting patients 45 years and older with a visual aid in the waiting room, we were able to increase CRC screening in 45-49 years old.

Discussion

I learned that patients respond to visual aids that are placed in their surrounding environments in healthcare settings. The CRC screening rates increased after having a visual aid available with the goal of increasing patient awareness. By having a visual aid that specified the age 45 years old, we were able to see an increase in CRC in patients 45-49 years old and in the practice overall. This could be expanded by providing other types of health screening and patient education in the patient waiting areas. I learned that patients positively respond to visual educational aids. This can change how I practice medicine my providing multiple different visual aids in examination rooms to visually explain the pathophysiology of medical conditions and/or treatment options.

References

- Siegel, R. L., Wagle, N. S., Cercek, A., Smith, R. A., & Jemal, A. (2023). Colorectal cancer statistics, 2023. *CA: A Cancer Journal for Clinicians*, 73(3), 233–254. <https://doi.org/10.3322/caac.21772>
- Tawadros, P. S., Paquette, I. M., Hanly, A. M., Mellgren, A. F., Rothenberger, D. A., & Madoff, R. D. (2015). Adenocarcinoma of the rectum in patients under age 40 is increasing. *Diseases of the Colon & Rectum*, 58(5), 474–478. <https://doi.org/10.1097/dcr.0000000000000318>



SIU MEDICINE

Increasing HIV Screening in Men

Authors: Christiana Faletti

SIU Decatur Family & Community Medicine Residency Program

Introduction

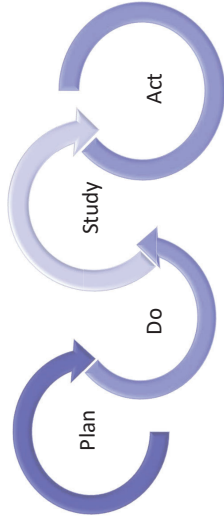
According to Centers for Disease Control (CDC), Human immunodeficiency virus (HIV) infection remains a public health problem. The United States Preventive Services Task Force (USPSTF) recommends routine screening in adolescents and adults aged 15 to 65 years old. Early screening and detection have been found to be beneficial as the use of antiretroviral therapy (ART) is of substantial benefit in decreasing the risk of HIV transmission to uninfected sex partners.

- ❖ The objective of this quality improvement project is to improve the rate of screening in men, through education of providers.
- ❖ The secondary objective is to encourage discussion of HIV screening with men and increase the overall rates of HIV screening at SIU Family medicine Decatur.

Methods

The PDSA method was used in the implementation of this project.

- An educational session was held to inform providers in the clinic of the need to include HIV screening in their discussion with patients.
- Reminders were placed in providers' folders monthly. This reminder included a brief background on the project, the inclusion criteria and the lab order for testing in our EMR.
- We compared the percentage of patients who had received HIV screening with noted results in our EMR in 2023 with the percentage of patients screened in 2024.



Results

We compared the percentage of patients who had received HIV screening with noted results in our EMR in 2023 with the percentage of patients screened in 2024.

The inclusion criteria - all patients, male and female between the ages of 15 and 65, patients less than 15yrs of age and/or older than 65yrs of age with noted risk factors.

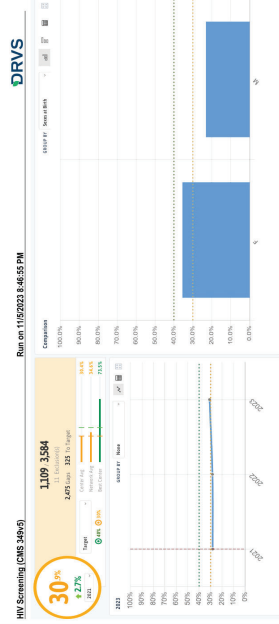


Figure 1: Pre-intervention UDS data:

30% HIV screening rate in men and women, 36% women and 23% men.

At the end of 2023, the rate of HIV screening at SIU FM Decatur was at 30%, with the rate of screening in women at 36% and 23% for men. At the end of 2024, the rate of screening increased to 35.4% across all patients. The rate of screening in men had increased to 29% and the rate for women had increased to 42%.

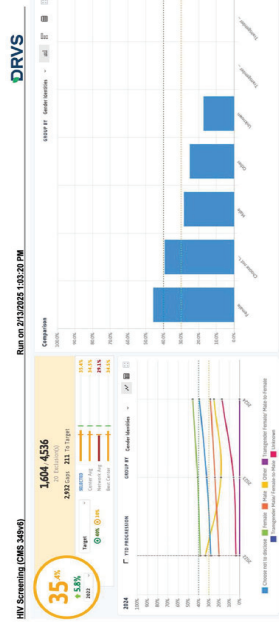


Figure 2: Post intervention UDS Data

35% HIV Screening Rate in men and women, 42% in women, 29% in men

Take Home Points

1. **Discussing HIV testing can be difficult at times, but a necessary skill to develop.**
2. **Although recommended by USPSTF, it can easily be an overlooked part of preventative care, particularly in men.**

Discussion

According to the CDC, the overall rates of HIV infection in the US decreased by 12% from 2018 to 2022. In 2022, there were 31,800 new cases of HIV infection in the US, 67% of these were noted in gay, bisexual and other men who reported male to male sexual contact (some also reported IV drug use as well).

The current UDS metric has a benchmark set at 40% compliance rate for individuals screened for HIV. Our FQHC had a compliance rate of 30% at the start of this project. We also noted a significant difference in the rate of screening for women at 36% versus 23% for men. This difference may be attributed to routine screening in women during pregnancy. Many patients were asked but declined screening as they felt they did not need it, or perhaps felt asking them to be screened was judging their sexual practices. HIV screening appears to be one of the recommended care goals that can be easily overlooked, I believe helping remind providers of the need for screening was beneficial in improving the rates. I learnt to discuss the topic with patients of all ages in a simple and non-judgmental manner.

References:

1. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>
2. <https://www.cdc.gov/hiv/data-research/facts-stats/index.html>



SIU MEDICINE

Implementation of Delirium Scoring in the Pediatric Intensive Care Unit

Kathryn Fix, DO^{1,2}, Bryan Combs, MD^{1,2,3}, Kimberly Powell, MD^{1,2,3}, Kendra Woods, MD, MS^{1,2,3}

Southern Illinois University¹, Department of Pediatrics², Division of Pediatric Critical Care³

Introduction

Problem Description:

- Intensive care unit (ICU) delirium is well documented as prevalent
- Defined as a syndrome of acute brain dysfunction secondary to direct sequela of medical conditions¹
- Delirium can be present in pediatric patients, in up to 80% of patients² and has been shown to increase the length of ICU stay (LOS)³

Available Knowledge:

- QI initiatives have been shown to decrease pediatric delirium
- Recognition and diagnosis of delirium is central to its treatment
- Delirium is more difficult to assess in pediatric patients due to their evolving developmental stages⁴
- Multiple pediatric delirium assessment tools exist with high specificity and sensitivity²

Rationale:

- Society of Critical Care Medicine (SCCM) has standards of care for the recognition and treatment of delirium
- One screening tool recommended by SCCM is the Cornell Assessment of Pediatric Delirium (CAPD)

Goal:

- Increase the number of patients screened for delirium in the Pediatric ICU (PICU) at St. John's Children's Hospital
- To subsequently improve recognition and management of pediatric delirium, through environmental and pharmacological interventions

Specific Aim

To increase the percentage of patients having at least one CAPD score recorded in the past 24 hours, from 0% to 40%, by August of 2024.

Methods

This QI project aims to standardize the evaluation of pediatric delirium for patients admitted to the PICU through implementation of CAPD screening. This project provided clinical education for an interprofessional audience about the standard of care for pediatric delirium, recommended by SCCM. QI methodology included enacting PDSA cycles, educating providers about the implementation of the CAPD screening tool, ensuring peer to peer standardization, and utilizing electronic health record automation.

Results

Utilizing QI methodologies, our results showed 58% completion of CAPD scores within the first three months of implementation (Figure 1). Our specific aim was met and exceeded.

Percentage of patients with a completed score was highest after repeated in-person reminders, CAPD screening availability in EPIC, and the addition of computer labels (Figure 2).

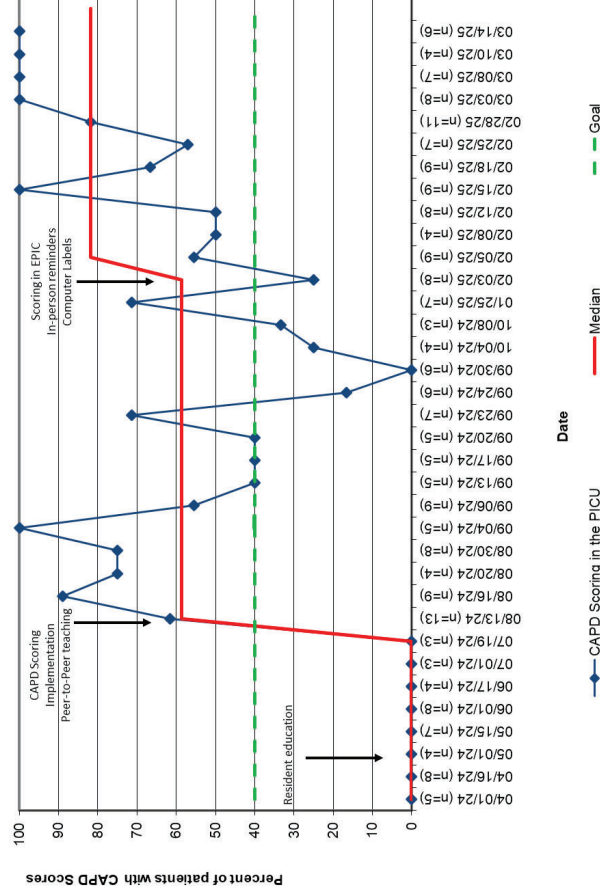
CAPD Scoring

What is it? - Pediatric ICU delirium scoring
Where is it? - In EPIC Under FlowSheets
- Peds VS or PICU/NICU VS
Who do we score? - Everyone admitted to the PICU
Why do we need it?
- To help us better evaluate our pediatric patients and care for them. ICU delirium is prevalent and the first thing we can do is to recognize it!
Total scores > 9 are concerning for delirium.

Admission	Transfer	Discharge	FlowSheets	Peds VS	PICU/NICU VS
Cornell Assessment of Pediatric Delirium (CAPD) Revised					
1. Does the child make a...					
2. Are the child's actions...					
3. Is the child aware of his...					
4. Does the child respond...					
5. Is the child incoherent?					
6. Is the child unresponsive?					
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Figure 2

CAPD Scoring in the PICU



Discussion

Summary:

- The recognition and treatment of pediatric delirium was identified as inadequate within the PICU
- Our QI project aimed to increase delirium screening.
- Results show that we met our original goal of increasing the percentage of patients screened to 40% by August 2024.
- Further, we saw a rise in the percentage of patients being screened after CAPD screening was implemented in Epic.

Limitations:

- Initial nursing education plans were inefficient and had to be adjusted to peer-to-peer learning
- Data collection was limited from November 2024 through January 2025

Conclusions:

- Treatment of delirium cannot happen without first screening patients
- Scoring in our PICU has increased since implementation of CAPD scoring
- Analysis of standard practice regarding delirium and length of stay, after screening implementation, is to be examined

References

1. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Washington, DC, American Psychiatric Association, 2013
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4. Harris J, et al. Clinical recommendations for pain, sedation, withdrawal and delirium assessment in critically ill infants and children: an ESPIC position statement for healthcare professionals. *Intensive Care Med* 2016; 42:972-986
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Acknowledgements

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FOCUS

How to improve pediatric lead testing in the clinical setting

INTRODUCTION

- Lead is a naturally occurring metal that causes negative and permanent health effects¹.
- Exposure can occur from ingestion of contaminated food or water, breathing in lead dust, ingesting lead paint chips and more.
- Children younger than 6 years old are at highest risk for lead poisoning due to hand-to-mouth behavior
- There is no safe blood lead level (BLL) in children, as low levels are associated with developmental delays, difficulty learning and behavioral issues ².
- USPSTF has found no evidence to support global screening for lead toxicity¹.
- Under Illinois law, children living in high risk ZIP codes need to be tested at 12, 24 and 36 months. All children under 6 years old need to be assessed for lead exposure ³.
- Adams county is considered a high risk location for lead poisoning, with increasing numbers added to the high risk list since July 2024 ³.
- The number of pediatric lead tests being performed is below the recommended screening for Adams county.
- During this quality improvement project, the number of lead testing results were tracked through various phases of interventions.

SCREENING CRITERIA⁴

- ❖ Enrolled in Medicaid, Head Start, All Kids or WIC
- ❖ Have a sibling with BLL 10 mcg/dL or higher
- ❖ Live in or regularly visit a home built before 1978
- ❖ Been exposed to repairs, repainting or renovation of a home built before 1978 in the past year
- ❖ Been to Mexico, Central or South America, Asian countries or any country where exposure to lead from certain items could have occurred
- ❖ Live with someone who has a job or hobby that may involve lead
- ❖ Lived near a facility where lead is used
- ❖ Reside in a high-risk ZIP code area

METHODS and RESULTS

Plan-Do-Study-Act (PDSA) Cycle

1. Tracked the number of SIU pediatric patients that met criteria were tested for lead in a 3 month cycle prior to interventions.
2. Intervention 1 (Jan-Mar): Educated providers and nursing staff on criteria for lead testing and state wide lead screening questionnaire.
3. Intervention 2 (Apr-Jun): Implemented lead screening questionnaire into EHR clinic documents to prompt providers to perform screening questionnaire and testing if deemed necessary.
4. Intervention 3 (Jul-Oct): Provided lead screening handouts for providers and re-education.
5. Retrieved quarterly data to track number of pediatric lead testing performed every 3 month cycle after each intervention.

Data Summary

- ❖ Overall screening rates improved from 26% to 46% over 9 months
- ❖ Short of our goal of 80% pediatric patients screened

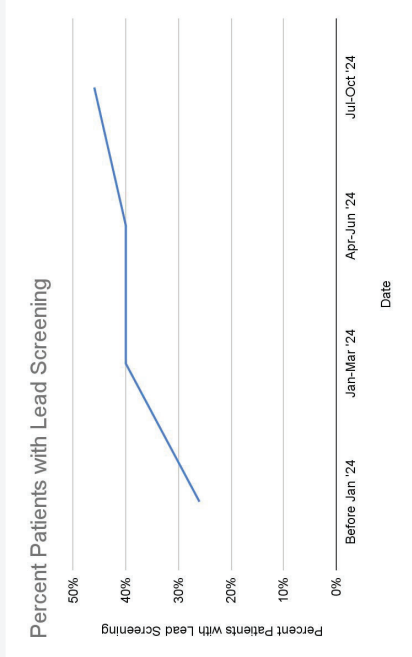


Figure 1. Percent patients with lead screening.

Percentage of patients who were screened for lead with blood tests during the three quarters and prior to the project initiation.

Dates	Patients Tested	Screening Questionnaire Used
Jan-Mar '24	8	N/A
Apr-Jun '24	6	0
Jul-Oct '24	11	5

Table1. Patients screened and tested for lead.

The number of patients who were tested, and the number of times the screening questionnaire embedded in the note was used. The questionnaire was not embedded in the note during the first quarter of the project. Could not calculate statistical significance due to low sample size.

DISCUSSION

- ❖ Overall improved screening rates but short of project goal
- ❖ Potential bias:
 - Lead testing typically occurs during well child visits in specific months of the year, which may affect data.
- ❖ Limitations:
 - Limited patient population fitting qualifications, resulting in small sample size.
 - Lead testing only limited to well child check visits
 - Only retrieved data from lead venous blood testing. Capillary lead testing (sent to Adams Health Department) cannot be tracked

Future Directions

- ❖ Continued communication and education between healthcare providers regarding criteria and age groups for lead testing
- ❖ Evaluating if improvement in lead testing continued after the study period

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Correlating Point-of-Care Chemistry Testing and Laboratory Analyzed Comprehensive Metabolic Panels in Patients with Diabetic Ketoacidosis

D. Hubbard DO¹, Kiri Evans², W. Yarnell MD¹, P. Singanallur MD³
R. Austin MD¹, N. Foray MD³, S. Kim PhD², K. Delfino PhD²,

Southern Illinois Emergency Medicine Residency Program¹, Southern Illinois University Department of Critical Care², Southern Illinois School of Medicine³

Introduction

Patients who present with Diabetic Ketoacidosis (DKA) to the emergency department (ED) may have extended time to insulin therapy and admission to the intensive care unit (ICU) secondary to the time it takes for laboratory comprehensive metabolic panels (CMP) to result. To address this problem, we sought to determine if point-of-care (POC) chemistry testing is an acceptable and reliable surrogate to laboratory CMP by correlating:

- POC sodium (Na), chloride (Cl), potassium (K), bicarbonate (HCO₃), and anion gap chemistry testing with serum potassium, bicarbonate, and anion gap.
- Secondary to this we were also able to assess the difference in POC chemistry and laboratory CMP time results.

Aims

- Determine if point-of-care (POC) chemistry testing is an acceptable and reliable surrogate to laboratory CMP
- Assess the difference in POC chemistry and laboratory CMP time results.

Methods

- Retrospectively analyzed patients admitted to the ICU with DKA over the previous 12 months from the ED in our tertiary care hospital.
- Screened for patients that had both a POC chemistry and laboratory CMP drawn simultaneously.
- Values from those lab results as well as the difference in time between POC chemistry and CMP results were recorded
- Correlations were assessed via Pearson's Correlation Coefficient, and enhanced Bland-Altman plots were used to visualize agreement.
- P-values <0.05 were considered statistically significant.

Results

- 99 patients met all inclusion criteria and had no exclusion criteria
- Values of Na, Cl, K, HCO₃, and the anion gap all positively correlated with a measured R-value greater than 0.9 as shown in Table 1.
- Average difference in time between posting of POC chemistry and laboratory CMP was 69 minutes with a range of 9 to 271 minutes (Table 2).

N	Average minutes±SD	Range
99	68.67±36.74	9-271

Table 2. Difference in time-to-results between point-of-care versus serum chemistries

Serum and POC Pearson Correlation			
Measure	N	R	P-Value
Potassium (K)	99	0.9749	<.0001
Sodium (Na)	99	0.9437	<.0001
Chloride (Cl)	99	0.9537	<.0001
Bicarbonate (HCO ₃)	98	0.9730	<.0001
Anion Gap	98	0.9398	<.0001

Table 1. Pearson correlation table point-of-care versus serum chemistry values

Discussion

Serum values of Na, Cl, K, HCO₃, and anion gap all were highly correlated to the respective POC chemistry lab value.

On average the results from a POC test were available 69 minutes prior to the results of the CMP.

The added time saving has the potential to decrease time to disposition, time to appropriate medical treatment, and length of stay for ED patients who present with DKA, which is one of the few tangible things an ED physician can do to decrease boarding.

Since this study was conducted, Springfield Memorial Hospital ED has used POC testing to start treatment and admit patients to the ICU. Exact time savings may be another area of future investigation.

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Safe Dream Initiative: Fostering Pediatric Safe Sleep Practices in Peds Hospitalist Unit and PICU



Joanna Huynh, DO², Eunice Torres, MD^{1,2}, Giovanna Capriolo, MD^{1,2}, Neil Patel, MD, MHS, MHI^{1,2}, Savannah Kidd, BS², Virginia Kreckman, BS², Abigail Salzeider, RN¹, Erin Bauer, MS², Kerby Scanlan, MS²

¹ HSHS St. John's Hospital, Springfield, IL; ² Southern Illinois University School of Medicine, Springfield, IL



Introduction

Background

- ❖ Sudden Unexpected Infant Death (SUID) is a leading cause of infant mortality in the U.S., with most cases occurring in unsafe sleep environments.
- ❖ The “Back-to-Sleep” campaign reduced SUID by 50%, but progress has plateaued in recent decades.
- ❖ Hospitalization presents a key opportunity to educate caregivers and implement safe sleep modeling to reduce SUID risk.
- ❖ Studies show that when healthcare providers consistently model safe sleep, adherence at home improves.

AIMS

- ❖ Increase the proportion of infants compliant with safe sleep practices during hospitalization at HSHS St. John's pediatric hospitalist and PICU services to $\geq 50\%$
- ❖ Utilize quality improvement (QI) methods to enhance provider education and adherence to AAP Safe Sleep recommendations

Methods

- ❖ Patients <12 months of age admitted to St. John's Children's pediatric Hospitalist and PICU services are eligible for the audit.
- ❖ Auditors collect about 10 random data observation forms during the day and night shifts; over 100 observations have been completed.
- ❖ Audit forms review overall safe sleep compliance, crib environment and positioning.
- ❖ Plan-Do-Study-Act cycles include educational lectures, implementing safe sleep crib cards and reviewing safe sleep guidelines.
- ❖ This study compares baseline pre-intervention audits to post-intervention auditing evaluations.
- ❖ Run charts are used to represent data.
- ❖ Pre-intervention audits began in May 2024, with PDSA cycles running from June 2024 to January 2025

Safe Dream Audit - Overall Safe Sleep Compliance

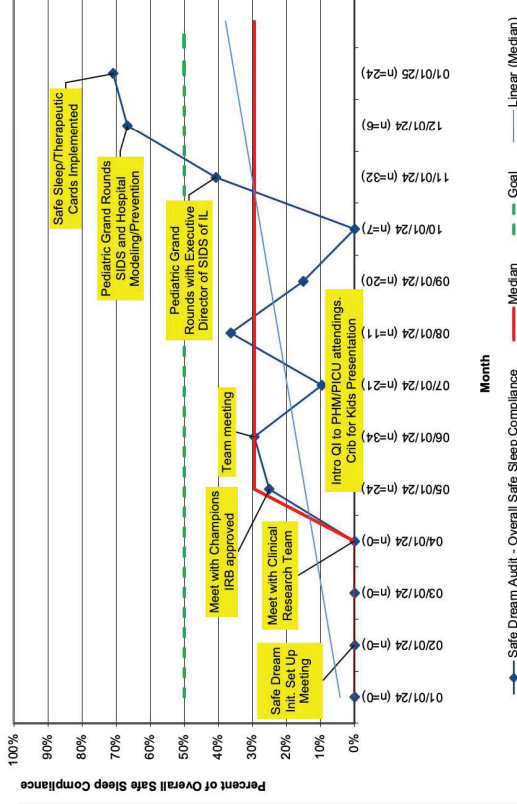


Figure 1. Run chart of overall safe sleep compliance.

Safe Dream Audit - Compliance with Safe Sleep Positioning

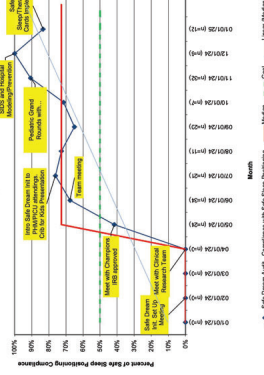


Figure 2. Run chart of safe sleep positioning compliance.

Safe Dream Audit - Compliance with Safe Sleep Environment

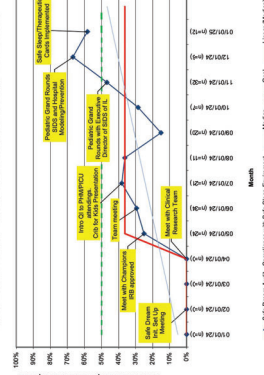


Figure 3. Run chart of safe sleep environment compliance.

Results

- ❖ 180 infants <12 months of age were audited between May 2024 to Jan. 2025.
- ❖ After each education intervention, there was ~25% increase in overall safe sleep compliance.
- ❖ Overall compliance median improved to 29% with monthly audit reaching 71%.
- ❖ Monthly overall and environment compliance met our goal in cycle 3.

Safe Sleep is ABC.



Safe Sleep: Therapeutic Positioning

Therapeutic positioning means that when your baby is in their crib, they are in a safe sleep position. This means they are on their back, in a firm crib, with no loose bedding or toys. This is the safest position for your baby to sleep in.

Infant indicators include:

- Laying on stomach
- Laying on side
- Laying on back with head turned

The medical team will notify you when the baby is ready for therapeutic positioning. This is a sign that the baby is ready for safe sleep. Therapeutic positioning is not recommended for babies who are not ready for safe sleep.

Results (cont.)

- ❖ Safe sleep positioning median improved to 73%.
- ❖ Safe sleep environment median improved to 36%.
- ❖ There were no changes in our balancing measures in staff dissatisfaction and work overload.

Discussion/Conclusions

- ❖ Education, repetition, and recognition of the issue drove a cultural shift in safe sleep modeling, reflected in improved audit compliance.
- ❖ We have yet to consistently reach 50% compliance in safe sleep modeling during hospitalization
- ❖ Regarding safe sleep positioning, we have consistently met our goal of 50%.
- ❖ Limitations: Staff availability for education intervention.

Future Direction:

- ❖ Proactively place safe sleep cards to decrease set up by staff and implement into order set.
- ❖ Expand population to other services on the pediatric unit (ENT, pediatric surgery, trauma surgery).

Acknowledgments.

I gratefully acknowledge the support of the pediatric residents, pediatric nurses and nurse technicians, and PMH and PICU attendings

Strategies to Improve Resident Wellness in Plastic Surgery Training

Jessie L. Koljonen, MD; Alexis M. Ruffolo, MD; Michael W. Neumeister, MD; Nicole Z. Sommer, MD
Southern Illinois University School of Medicine, Institute for Plastic Surgery, Springfield, IL



Background

Residency can be stressful for many reasons: learning a high volume of material, providing safe patient care, overwhelming responsibilities, changes in life, and family obligations. Burnout in trainees is associated with reduced quality of life, higher suicide rates, and lower job satisfaction. Burnout can lead to lower workplace productivity and higher frequency of medical errors, resulting in diminished patient care. Many publications characterize high rates of resident burnout, but few propose solutions for this issue, particularly as it relates to plastic surgery residency.

Methods

We investigated strategies to maximize resident wellbeing in plastic surgery residencies. In addition to a night float system that had already been in place, we implemented additional strategies:

- Day call rotation
- Inpatient nurse practitioner resident extender
- Structured wellness curriculum

Our wellness curriculum involved both formal and informal events:

- Biannual wellness lectures on managing stress and developing resiliency
- Scheduled check-in sessions with the program director to address resident concerns
- Informal check-in sessions amongst residents, led by chief residents
- Annual post-in-service exam retreat
- Monthly wellness events

We surveyed our residents using validated surveys assessing resiliency and physician distress. Surveys were administered twice yearly.

Results

The Brief Resilience Scale (BRS) is a series of six statements with responses on a 5-point Likert scale, and a total score out of 30 is tallied. The higher the score, the higher the degree of resilience and wellness.

Table 1.
Brief Resilience Scale

Survey Date	Average Score
Fall (September) 2022	0.794
Winter (February) 2023	0.791
Fall (September) 2023	0.808
Winter (January) 2024	0.833

The Physician Well-Being Index (PWBI) consists of seven yes/no items and respondents receive a score out of 7. The higher the score, the higher the rate of burnout, depression, stress, decreased quality of life.

Table 2.
Physician Well Being Index

Survey Date	Average Score
Fall (September) 2022	1.818
Winter (February) 2023	2.417
Fall (September) 2023	1.750
Winter (January) 2024	1.583

Surveys were administered twice yearly: at the beginning of the academic year, and mid-way through the academic year, when wellness has anecdotally decreased due to the winter season and upcoming resident in-service examination.

When comparing similar time points a year apart, scores improved between Fall 2022 and 2023, as well as Winter 2023 to 2024 for both the BRS and PWBI.

Discussion

We advocate for a multifaceted approach to improving resident wellness in plastic surgery trainees:

- Night float system
- Day call
- Integrating advanced practice providers to offload non-educational resident tasks
- Establishing a structured wellness program

Proven strategies in medical education that help decrease burnout and improve resident well-being, while maintaining quality patient care have been reported in the medical education literature, but little has been published specific to plastic surgery training programs.

We hope that the changes implemented into our residency program may serve as a model for other plastic surgery programs to promote general wellness and prevent burnout among trainees, ultimately leading to improved patient care.

Assessing Physician Knowledge and Comfort with Implementation of a Novel Pediatric Burn Resuscitation Protocol

Samantha Lund MD¹, Kristin Delfino PhD², Danielle Redding NP-C¹, Eryn Neumeister MD¹, Michael Neumeister MD¹

¹Institute for Plastic Surgery and the ²Center for Clinical Research at Southern Illinois University School of Medicine

Introduction

Pediatric burn patients from across central Illinois are treated at St. John's Hospital by the Pediatric Intensive Care Unit and Plastic Surgery teams. There are several established protocols for pediatric resuscitation, however none has been formally implemented at this institution.

A multidisciplinary team created an evidence-based novel comprehensive burn resuscitation protocol for pediatric patients encompassing:

- Fluid resuscitation
- Inhalation injury
- Nutrition
- Post-resuscitation care
- Complications

This was introduced in April 2024. A survey to assess provider knowledge and comfort before and after an educational session and protocol implementation was designed to understand the impact of this new system.

Methods

Physicians specializing in Plastic Surgery, Pediatrics, and Emergency Medicine care for pediatric burn patients. These cohorts were surveyed prior to protocol implementation to better understand:

- Comfort in caring for these patients
- Knowledge of burn injury and pathophysiology
- Education on burn management

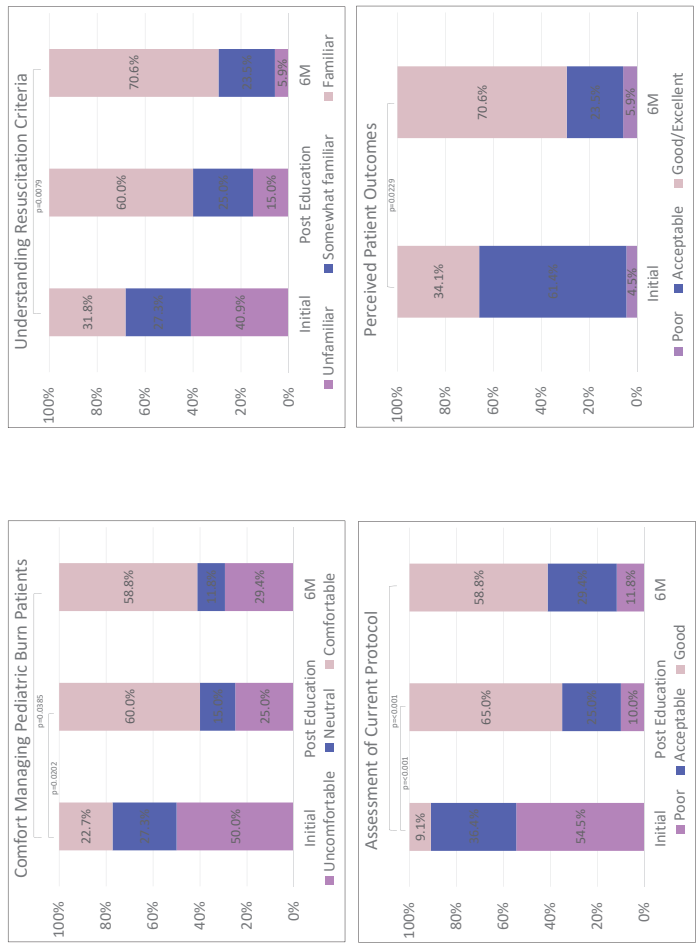
Formal educational training sessions were then provided for residents. Participants were surveyed immediately after the education session for assessment of knowledge transference and again six months later for material retention.

The survey utilized a five-point Likert scale. For analysis, responses were grouped into three categories. Survey responses were not linked; thus, comparisons were conducted using Fisher's exact test to assess differences in categorical variables between time points of interest. P-values <0.05 were considered statistically significant.



Results

After education on the novel protocol, there were several significant changes in comfort and knowledge for physicians caring for pediatric burn patients, leading to an increase in perceived patient outcomes.



Other surveyed metrics significantly changed:

- Understanding role in care increased from 55% to 83% after education (p=0.0523)
- Comfort in initial care increased from 30% to 60% after education (p=0.0748) and was 71% at six months (p=0.0163)

When asked where issues most commonly occur, the first 24 hours was consistently selected: 84% initially and 82% at six months. Initial admission was also consistently selected, 50% initially and 41% at six months. Interestingly, post-op care was selected by 27% in the initial survey, however this decreased to 0% at six months (p=0.0142)

Discussion

There was no formal protocol for burn resuscitation and management of pediatric patients prior to 2024. With the implementation of a novel protocol, the physicians involved in patient care were surveyed before, after education, and six months later to better understand comfort and knowledge in managing these complex cases. Responses demonstrate knowledge and comfort increased significantly after education on the new protocol and had a lasting influence six months later. Not only do physicians better understand pediatric burn care, but patient outcomes are believed to now be better.

Future studies will examine patient outcomes before and after protocol implementation.

Screening for High Blood Pressure and Follow Up Documented

Authors: Roger Norton, MD, Johnny Tenegra, MD
SIU Decatur Family & Community Medicine Residency Program

Introduction

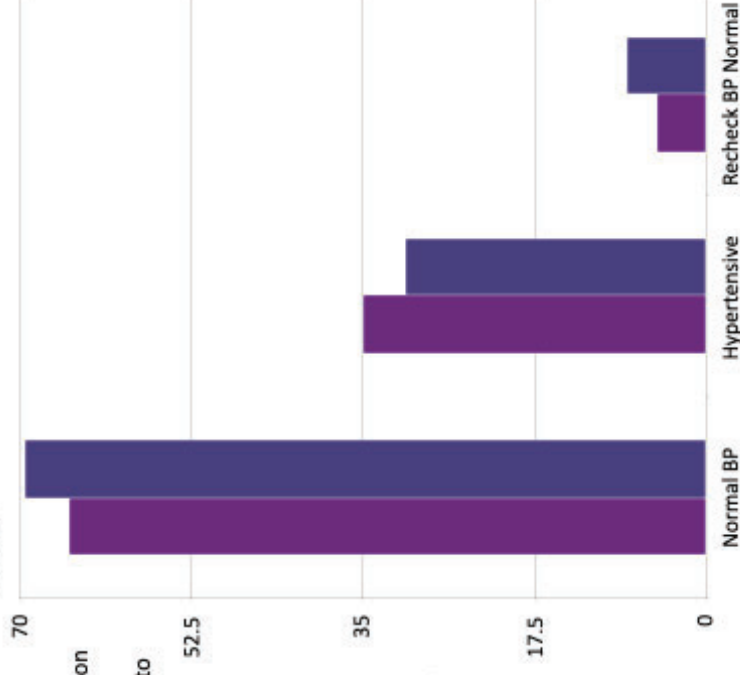
Hypertension is a significant preventable contributor to disease in the United States. Without early detection and appropriate treatment it is associated with increased risk of myocardial infarction, stroke, renal failure and death. Therefore appropriate screening following evidence-based recommendations for treatment thresholds should be implemented and closely monitored. The Eighth Joint National Committee (JNC8) used evidence-based methods to develop clear recommendations for all clinicians for management of blood pressure(BP). This study was performed to determine the percentage of patients 18 years and older screened for high BP with follow up documented based on JNC8 recommendations to prevent progression of hypertension and development of heart disease. The goal was to improve the screening and follow up documented rate to 80%.

Methods

The study included patients 18 years and older seen between 10/3/24-12/3/24. Data was collected by electronic medical record(EMR) based on JNC8 parameters including hypertension defined as BP 140/90 or higher. I presented the project to residents and providers at noon conference with the objective of increasing screening for hypertension and follow up documented. Instructions were given on how to recheck same day hypertension BP readings with appropriate documentation.

Results

Pre-intervention data showed 65% of patients had normal/pre-hypertension readings documented. 5% of those patients were hypertensive with rechecked BP normal/pre-hypertension the same visit. 35% of patients documented first or second hypertensive BP reading. Post intervention data showed 69.4% of patients had normal/pre-hypertension readings documented. 8.2% of those patients were hypertensive with rechecked BP normal/pre-hypertensive the same visit. 30.6% of patient encounters documented first or second hypertensive BP reading.



Take Home Points

- 1. Hypertension is a preventable contributor to disease.**
- 2. Early screening and treatment should be implemented to decrease risk of heart attack, stroke, renal failure and death.**
- 3. JNC8 guidelines are clear recommendations for management of blood pressure.**

Discussion

Patients in the study that show documented hypertension are at increased risk for myocardial infarction, stroke, renal failure and death. Focus on hypertension and follow up documented needs improvement and should be a primary focus for prevention of hypertension and heart disease. A noted limitation in this clinic is the lack of automated BP monitors in each clinical room. Having access to automated BP monitors in each room would increase the number of same day repeat BP checks for elevated pressures since providers have limited time to find BP monitors and would standardize BP monitoring versus manual rechecks.

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SIU MEDICINE



A MEDS-TO-BEDS INITIATIVE TO IMPROVE HYPERTENSIVE CONTROL IN THE POSTPARTUM PERIOD

N Salka MD¹, T Wilson BA^{1,2}, L Stine BS¹, K Webster BS¹, P Diaz-Sylvester PhD², K Delfino PhD², K Sondgeroth MD³
Department of ¹Obstetrics and Gynecology, ²Center for Clinical Research and ³Clinical Affairs - Maternal Fetal Medicine
Southern Illinois University - School of Medicine

Introduction

- Hypertensive disorders of pregnancy (HDP) are one of the leading causes of maternal morbidity and mortality worldwide, accounting for 17% of maternal deaths and 22% of readmissions.
- A major barrier to postpartum blood pressure control is medication adherence, as 20-30% of these medications are never filled.
- 'Meds-to-Beds' is a service that brings new prescriptions to patients' bedside prior to their departure from the hospital.
- Although there are data regarding the effectiveness of Meds-to-Beds programs in reducing disease burden and hospital readmission in pediatric, surgical and cardiac units, their use in obstetrics, especially as it pertains to HDP postpartum, has not been assessed.
- Our aim is to increase Meds-to-Beds utilization for anti-hypertensive medications at HSHS St. John's Hospital Labor and Delivery (SJH L&D) unit.

Methods

- PLAN:**
- Determine the frequency of Meds-to-Beds utilization for anti-hypertensive medications at SJH L&D in the year 2022
 - Obtain baseline demographic information including race, insurance, tobacco use, parity and pre-existing diagnosis of hypertension
 - Determine the frequency of postpartum readmission for hypertension, as well as the rate of clinic follow-up for blood pressure assessment

- DO:**
- Educate Ob/Gyn residents regarding the Meds-to-Beds service during weekly educational conferences

- STUDY:**
- Obtain post-intervention data and compare documented postpartum care practices to pre-intervention (baseline) data

- ACT:**
- Determine if resident education impacts the utilization of Meds-to-Beds
 - Determine if increased Meds-to-Beds utilization decreases re-admission rates

Methods (cont.)

Subject selection:

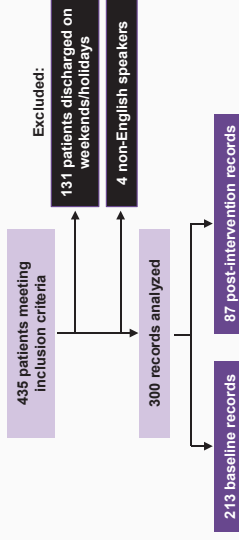
Inclusion Criteria	Exclusion Criteria
0-6 weeks postpartum - Prescribed a new anti-hypertensive medication or a new dose of anti-hypertensive medication upon discharge	- Those discharged from the hospital on a weekend or major holiday when the HSHS SJH Community Pharmacy is closed - Non-English speakers

Data Collection and Analysis:

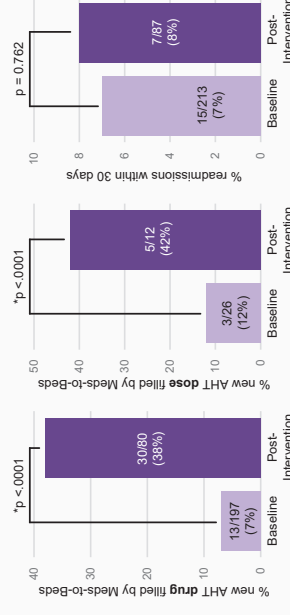
- Baseline retrospective data was obtained from 01/01/2022 – 12/31/2022 and post-intervention data was collected from 8/12/2024 – 02/10/2025.
- Continuous variables are summarized as means $\pm$ S.E.M. and categorical variables are reported as frequencies (percentages).
- Categorical variables were compared using Chi-Square.

Results

Study Population:



Baseline and post-intervention outcomes:



Labels indicate the number of patients (yes/total) and percentages for each category. Statistically significant differences are indicated by asterisks (*).

Results (cont.)

Descriptive variables:

Variable	Baseline	Post-Intervention
Race	White	164 (77.4%)
	African American	35 (16.5%)
	Other/multi-racial	13 (6.1%)
Hispanic Ethnicity	8 (3.9%)	3 (3.5%)
	Mother's Age	29.96 $\pm$ 5.83
	Parity	2 [1-10]
cHTN	67 (21.5%)	25 (28.7%)
	GA at birth	35w4d (248.7 $\pm$ 22.2d)
	34w5d (243 $\pm$ 25.9d)	
Insurance	Medicare	2 (0.9%)
	Medicaid	99 (46.5%)
	Commercial	110 (51.6%)
	Uninsured	2 (0.9%)
	Never	188 (89.1%)
Tobacco use	Former	4 (1.9%)
	Current	19 (9%)
	Vaginal	96 (45.1%)
Delivery mode	C-section	117 (54.9%)
		56 (64.4%)

- Incidentally, there was a larger African American population and a higher c-section rate following resident education on Meds-to-Beds (post-intervention).
- Otherwise, demographic info, insurance, and tobacco use was generally consistent before and after intervention.

Discussion/Conclusions

- Ob/Gyn resident education resulted in a significant improvement in the utilization of Meds-to-Beds for new anti-hypertensive (AHT) medications and new doses of existing AHT.
- The 30-day readmission rate remained unchanged.
- We aim to further improve upon Meds-to-Beds utilization (currently at 40%) through increased patient awareness during the prenatal period, nursing education and more frequent resident reminders.
- With continued Meds-to-Beds utilization, we hope to demonstrate improved postpartum hypertensive control through fewer readmissions and better medication adherence.

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Increasing Dedicated Clinic Visits for Obesity Management in the FQHC Setting

Danny Shehata, MD; Mena Metias, MD

Department of Family and Community Medicine, Southern Illinois University School of Medicine

INTRODUCTION

- > 50% of Americans older than 20 considered obese.¹
- Disproportionately affects non-Hispanic black adults and those with at maximum a high school diploma.¹
- Negatively impacts commonly associated conditions including but not limited to CVD, T2DM, mental health disorders, and musculoskeletal conditions such as osteoarthritis.
- Medical supervision shown to increase the effectiveness of a longitudinal multidisciplinary body weight reduction program.²
- Patient barriers: Lack of recognition of obesity as a chronic and relapsing disease, misbelief and misinformation regarding obesity, environmental factors, cost, comorbidities and medications.³
- Physician barriers: Lack of time, insufficient training, and lack of formally diagnosing and addressing obesity.³



RESULTS

- There were 9 out of 963 visits prior to the intervention, and 16 out of 1125 visits post intervention.
- This represents a relative increase of 53% in appointments focused on obesity management.
- The total number of visits increased by 7.

DESIGN

- One-month audit cycle
- Baseline number of obesity-dedicated appointments over one month obtained
- Intervention:
 - targeted outreach strategy through posters in the clinic
 - education on lifestyle management to associated staff including medical assistants, nurses, resident physicians, and attending physicians
 - Didactic education workshop to reinforce resident understanding of obesity management, where residents were encouraged to advise dedicated appointments and monthly follow ups specific for obesity management.
- Number of obesity-dedicated appointments over following month obtained to complete audit cycle

OBJECTIVES

- Aim was to increase number of dedicated clinic visits for obesity management in the SHF - Alton Family Medicine clinic by 10% over a one-month period after intervention.

LIMITATIONS

- Brief duration
- Main reason for visit not always clear
- Patients seeing PCPs in other locations could not access the service
- Unavailability of certain staff and residents
- Small impacted number
- Poor patient continuity

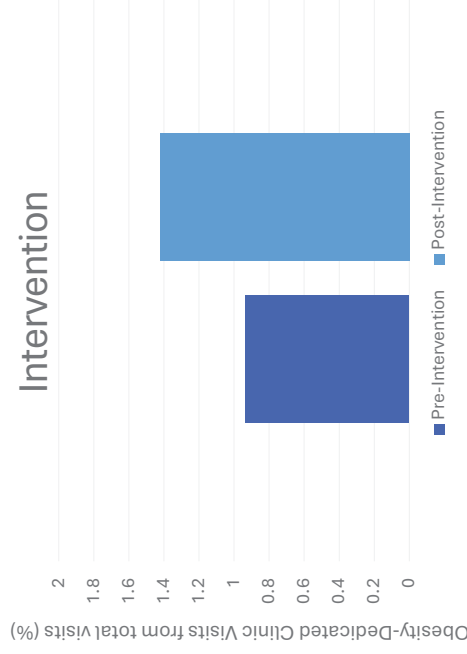
DISCUSSION

- This QI initiative identified a relatively low frequency of PCP visits dedicated to obesity management in the targeted FQHC.
- Multifaceted approach to address including increasing awareness and improving education.
- Modest increase in presentations for obesity-specific clinic visits during a short evaluation period.
- This project reinforces the well-established concept that increasing awareness through public education campaigns and increasing readiness to address through educational initiatives directed towards staff and residents may make a tangible impact to target under-addressed comorbidities
- Broader impact may be considered if this initiative were to be applied on a larger scale:
 - Continued education and extended poster display durations
 - Targeting other under-addressed comorbidities

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Comparison of Obesity-Dedicated Clinic Visits Pre- and Post-Intervention



A Quality Improvement Project: Increasing RSV Immunization Education in Pediatric Resident Clinic

Cecelia Lai MD¹, Navnoor Singh MD¹, Michelle Miner MD¹

¹Department of Pediatrics, Southern Illinois University School of Medicine, Springfield, IL

INTRODUCTION

Background

- Respiratory syncytial virus (RSV) is the leading cause of hospitalization among U.S. infants.
- In July 2023, the FDA approved the first RSV immunization (Beyfortus) for prevention of RSV infection in neonates, infants and high-risk toddlers. Beyfortus first became available after CDC approval in August 2023.
- Many families were hesitant to vaccinate eligible children, and residents had limited knowledge about Beyfortus.

Global Aim

Increase pediatric residents' confidence in educating families about Beyfortus

SMART Aim

Increase the confidence of pediatric residents in educating families about Beyfortus in resident clinics by 15% by May 2024

METHODS

Measures

- **Outcome measure:** confidence of residents in educating families about Beyfortus using a 5-point likert scale ("not confident" to "very confident")
- **Process measure:** knowledge level of residents about Beyfortus using a 5-point likert scale ("not knowledgeable" to "very knowledgeable")
- **Balancing measure:** no reduction in education on other important clinic topics

PDSA Cycles

PDSA 1 (February 2024)

- Printed RSV handout fact sheets from the CDC and placed in resident clinic
- Emailed residents about printed RSV handouts in resident clinic and about the AAP RSV algorithms placed in the clinic reference binder

PDSA 2 (March 2024)

- Emailed clinic supervisors to educate residents about Beyfortus during continuity clinics

RESULTS

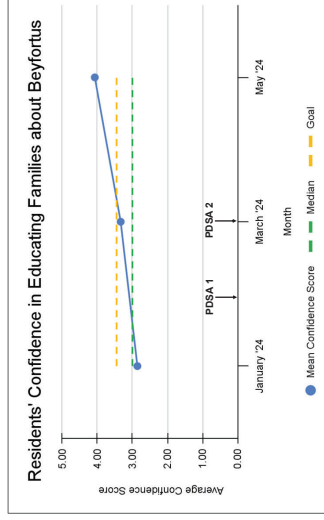


Figure 1. Run chart of residents' confidence in educating families about Beyfortus

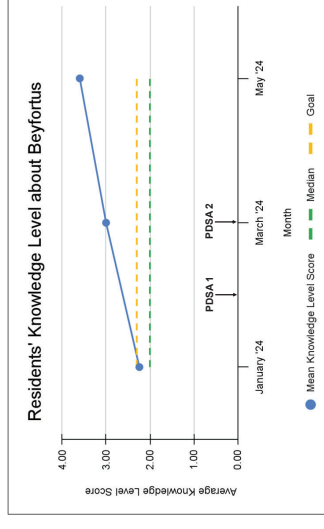


Figure 2. Run chart of residents' knowledge level about Beyfortus

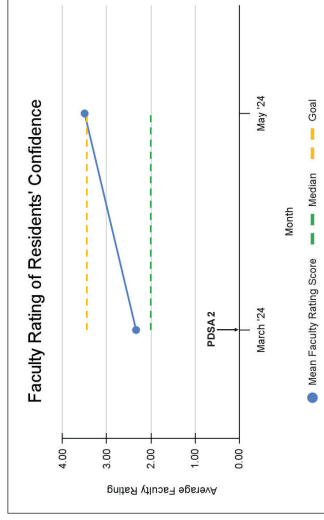


Figure 3. Run chart of faculty rating of residents' confidence in educating families about Beyfortus

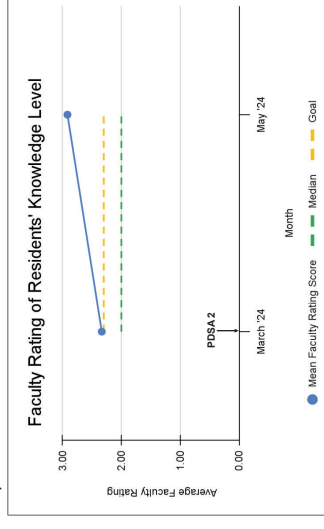


Figure 4. Run chart of faculty rating of residents' knowledge level about Beyfortus

DISCUSSION

- We reached our goal of increasing the confidence of pediatric residents in educating families about Beyfortus.
- Following PDSA cycle 2, there was a 36% increase in the mean confidence score from baseline (Figure 1). Faculty evaluation of residents' confidence also closely aligned with the residents' self-reported confidence scores (Figure 3).
- Residents' knowledge level about Beyfortus increased by 53% from baseline following PDSA cycles 1 and 2 (Figure 2). Faculty evaluation of residents' knowledge reflected a similar increase after PDSA cycle 2 (Figure 4).

CONCLUSION

Following this QI project, residents gained more knowledge about Beyfortus and had greater confidence in educating families about the benefits of RSV immunization especially for children at risk for severe RSV infection. As future pediatricians, it is important that we have the knowledge and confidence to educate families about a new immunization or medication to enable families to make well-informed health-care decisions for their children.

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SIU MEDICINE



Maternal Attitudes Towards the Respiratory Syncytial Virus (RSV) Vaccination Following the FDA approval of Abrysvo®

Allison Sweeney¹, Jill Beckham¹, Anna Carter¹, Emily Williams^{1,2}, Teresa Wilson^{1,2}, Kathleen Groesch^{1,2},
Paula Diaz-Sylvester^{1,2}, Kristin Delfino², Jongjin Anne Martin¹

¹Department of Obstetrics and Gynecology and the ²Center for Clinical Research at Southern Illinois University - School of Medicine

Introduction

Background:

- Respiratory syncytial virus (RSV) is the leading cause of hospitalization in the US for infants. Most children are affected in the first year of life and nearly all are infected (97%) by the age of two. In 2023, the FDA approved Pfizer's Abrysvo® RSV vaccine for pregnant patients who reach 32-36 weeks gestational age (GA) between September and January to prevent infant morbidity related to RSV.

Objectives:

- Understanding how our patients perceive this new Abrysvo® RSV vaccination in the context of other vaccine recommendations during gestation will be valuable to promote Abrysvo® RSV vaccination rates in the coming RSV seasons.

PLAN:

- Obtain baseline data regarding our patient's perception of the Abrysvo® RSV vaccine and preferred educational methods
- Assess patients' acceptability to complete a survey on their phone using a QR code

DO:

- Develop a system to screen for patient eligibility
- Make adjustments to the workflow to ensure all eligible patients are invited to complete the survey
- Implement use of a QR code that directs the patients to voluntary survey administered through their phones at prenatal visits between 28w0d and 36w6d GA

STUDY:

- Investigate patients' awareness of RSV and the existence of the RSV vaccine
- Evaluate patients' opinions related to the RSV vaccine including their interest in receiving it
- Determine patients' interest in obtaining more information and preferred methods of education

ACT:

- Reassess patients' perceptions related to the RSV vaccine after patient education, using a follow up survey
- Investigate if patients who were eligible to receive the RSV vaccine did receive it, and if not, determine patient attributed barriers that prevented vaccination

Methods

Screening and baseline survey: Clinic schedules were screened in advance to determine which patients met eligibility based on GA and estimated date of delivery. Nurses and/or medical assistants rooming obstetric patients provided a QR code for the patient to complete while waiting to be seen by the provider. When completing the QR code survey, patients automatically create a record in REDCap, a web-based, HIPAA compliant database.

Follow up: At subsequent prenatal visits, each provider followed up on patient's vaccination status, counseled patients and answered questions regarding the Abrysvo® RSV vaccine. All patient discussions about the Abrysvo® RSV vaccine were documented in the prenatal record. If the vaccination was received, it was also documented in the prenatal and immunization tab in the electronic medical record.

Respiratory Syncytial Virus (RSV) vaccine (Abrysvo®) for Pregnant Women Survey

☐ <20 ☐ 21-30 ☐ 31-36 ☐ 36-40 ☐ Decline to answer

☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American ☐ White ☐ Other

What is your ethnicity?

☐ Not Hispanic or Latino ☐ Hispanic or Latino

☐ High School or less ☐ Some college courses ☐ College graduate ☐ Decline to answer

☐ Master's/D doctorate ☐ Trade school ☐ Postgraduate

☐ Private/Commercial ☐ Public/Government (Medicaid)

☐ Decline to answer

What is your relationship status?

☐ Single ☐ In a relationship ☐ Married ☐ Divorced

Have you ever heard of Respiratory Syncytial Virus (RSV)?

☐ Yes ☐ No

Provider has not recommended it

If your healthcare provider recommended the RSV vaccine in pregnancy, would you get it?

☐ Yes ☐ No ☐ Unsure

What is your most important factor in your decision to get the RSV vaccine in pregnancy?

☐ Provider recommendation ☐ Self health consequences & safety ☐ Partner/family recommendation ☐ Self health consequences & safety ☐ Baby health consequences & safety ☐ Other

If you do not plan to get the RSV vaccine or are unsure, what educational method do you prefer?

☐ I don't plan to get it ☐ I don't think any of these methods would help me

To learn more about a vaccine, what educational method do you prefer?

☐ Direct provider discussion ☐ Printed material ☐ Watching a video on the matter ☐ Links to reputable websites ☐ Self education ☐ I don't think any of these methods would help me

If your doctor suggests the RSV vaccine during this pregnancy, will you get it?

☐ Yes ☐ No ☐ Unsure

If your doctor suggests the COVID-19 vaccine during this pregnancy, will you get it?

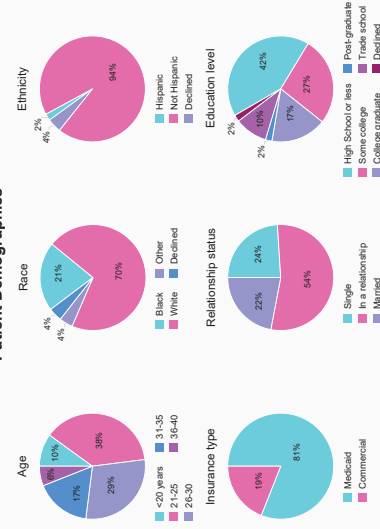
☐ Yes ☐ No ☐ Unsure

Would you be willing to participate in a follow up survey?

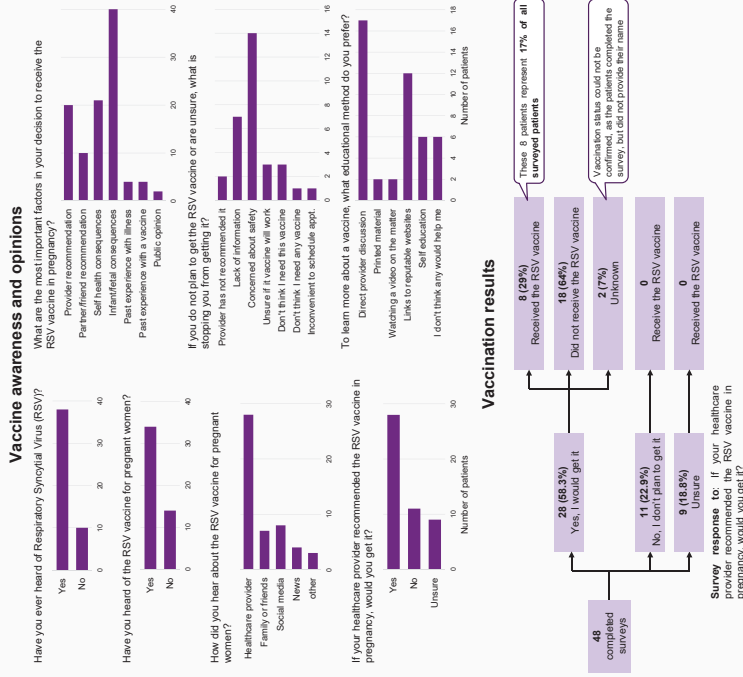
☐ Yes ☐ No

Results

Patient Demographics



Results (cont.)



Conclusions

- Patients in our prenatal clinic were willing to participate in a QR code survey.
- Most patients knew about RSV and the Abrysvo® RSV vaccine and most had heard about it from their healthcare provider.
- Patients most commonly reported fetal/infant health consequences and safety concerns as the most important factors in their decision to receive the vaccine or their reason for their hesitancy, respectively.
- Other commonly reported contributing factors to vaccination decision and hesitancy were provider recommendation and lack of information, which aligns with the preferred education method of most patients being provider discussion.

Future directions

- Streamline workflow to improve survey administration and completion rates.
- Analyze data from follow up survey to determine rate of vaccination with correlation to desire for vaccination and barriers to vaccination.
- Utilize our survey data to improve patient education and vaccination rates in future RSV seasons.