ORAL PRESENTATION

ABSTRACT PROGRAM

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University of Southern Indiana
College of Nursing & Health Professions
Teamwork Intervention and the Perceived Impact on Unit Teamwork

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A Nursing Research Consortium

Background / Significance of Problem:
Teamwork performance improves successful completion of unit tasks. There are many reasons that nursing care is missed; however missing care impacts quality and safety of patients. In an effort to reduce missed care, developing teamwork behaviors was tested in this collaborative nursing research study.

Research Question / Hypothesis:
Does a teamwork development program improved perception of teamwork performance?

Research Method:
This eight hospital intervention study in 26 units measured unit teamwork perception before and after a teamwork development intervention. This was part of a larger study that used convenience sampling of nurses and nursing assistants who worked at least .5 FTE on eligible units. The train the trainer method was used to disseminate teamwork skills to all consented subjects. The Nursing Teamwork Survey measured perception of teamwork prior to, and 1 and 4 months after the invention. The respondents were asked to rate the 33 statements in the survey by the percent of time the activity or behavior occurred. The choices were Never (0%), 25%, 50%, 75, and Always (100%). The sample characteristics were described with means, standard deviations, and percentages with comparisons by analysis of variance or chi square. Nursing Teamwork had 5 subscales and analyzed by Friedman’s Two-way Analysis of Variance by Ranks

Findings:
Of the 1,147 eligible participants across all hospitals, 652 consented with 520 completing at least one survey (45.3% response rate). No differences were found among individual demographic characteristics by hospital or unit type. No differences over time were detected for the 5 subscales. Item analysis showed most positive and negative behaviors occurred occasionally/frequently and a shift of improvement over time occurred.

Discussion of Results:
Teamwork perception did not change significantly over time but was found to improve. Teamwork behaviors are key to unit culture and quality care.

Implications for Healthcare Professionals:
Promoting and supporting team culture may have impact on decrease missed nursing care tasks and work satisfaction.
Decreasing the Rate of Incontinence Associated Dermatitis with the Use of Disposable Bed Pads

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Deaconess Health System

**Background/Significance of problem:**
Incontinence associated dermatitis (IAD) occurs in 42% of incontinent hospitalized adults. Complications that can arise from IAD include bacterial and/or fungal infections, erythrasma, pressure injuries, and severe pain.

**Clinical question:**
In adult hospitalized patients with fecal and/or urinary incontinence, does the use of disposable incontinent bed pads versus disposable briefs reduce the rate of Incontinence Associated Dermatitis?

**Search of literature/best evidence:**
Utilizing CINHAL and Journal of Wound Ostomy and Continence Nurses databases and key words “incontinence associated dermatitis” and “prevention”, 39 articles were identified. Inclusion criteria for research included hospitalized adult patients and use of a disposable bed pad resulted in five articles.

**Clinical appraisal of literature/best evidence:**
Current literature supports the use of a disposable bed pad over the use of a disposable brief to reduce the rate of IAD.

**Integration into practice:**
A Hospital Acquired Pressure Injury Prevention bundle was implemented on all hospitalized patients. This included use of disposable incontinent bed pads in place of incontinent briefs and/or reusable bed pads. Prior to implementation of the bundle, the number of patients with incontinence associated dermatitis based from consults to the Wound, Ostomy, & Continence Nurse (WOCN) was 198. The goal was to reduce the number of patients with IAD; as evidenced by a reduction in the number consults to the WOCN via electronic medical record (EMR).

**Evaluation of evidenced-based practice:**
The number of patients with IAD was evaluated one year prior and one year after implementation based on consults placed to the WOCN via EMR. After implementation of disposable incontinent bed pads, the number of patients with IAD, based off of WOCN consults, decreased to 46.
An Innovative Approach to Teaching the Clinical Educator Role to Expert Bedside Nurses

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Doctor of Nursing Practice Capstone Project
University of Southern Indiana

**Background/Significance of the problem:**

The profession of nursing has been in a critical shortage of educators. Nursing programs may elect to recruit clinical adjunct faculty. In an effort to improve the clinical supervision skills of clinical adjunct faculty, it is necessary to assess, monitor, and evaluate their level of clinical supervision in the healthcare environment with nursing students.

**Clinical question/project purpose:**

Will the clinical supervision skills of clinical adjunct faculty improve with use of self-guided learning modules compared to the current orientation process? The purpose of this project is to develop an evidenced-based, self-guided learning course for orientation and on-going professional development for adjunct clinical faculty.

**Search of literature/best evidence:**

CINAHL and Professional Development Collection databases from 2003-2016 were searched using key search terms such as: clinical instructor, adult learner, clinical supervision, clinical competency, nursing shortage, nurse education shortage. The search produced over 30 peer-reviewed articles which included descriptive, quasi-experimental, cross-sectional, and qualitative studies.

**Clinical appraisal of literature/ best evidence:**

Analysis of the literature revealed several key findings: 1) There is a gap in training for adjunct clinical faculty and an assumption that these professionals are experts in teaching, 2) adjunct clinical faculty feel inadequate to handle the various stressors that may occur in the healthcare environment with nursing students, 3) The concept of clinical supervision has little literature support.

**Integration into practice:**

Clinical supervision information was integrated into online learning modules for adjunct clinical faculty. The Train the Trainer course was composed of six-ten-minute self-study modules with supportive literature as supplemental reading.

**Evaluation of evidence-based practice:**

Analysis of the Seton Needs Assessment was completed with descriptive statistics which informed needed content of the six training modules. Clinical faculty felt the course enhanced learning (N = 81% of responders) and their improved clinical supervision skills.
Background/Significance of problem:
The trend in undergraduate nursing programs is to shorten or delete the perioperative experience due to limited clinical sites. The lack of perioperative experience has created a shortage of nurses who have an interest in the perioperative environment. Providing an immersion experience in the perioperative environment for nursing students potentially provides opportunities for graduate nurses.

Clinical question/project purpose:
Will the perioperative clinical immersion experience increase the critical thinking, competency, and role socialization for senior nursing students? The purpose of this project was to evaluate the impact of senior nursing students completing a perioperative clinical immersion experience during their last nursing course, Internship in Professional Nursing.

Search of literature/best evidence:
CINAHL, Medline, ProQuest Health, and Academic Premier databases from 2005-2015 were used to search for keywords of immersion and perioperative environment. Twelve articles met the inclusion criteria of the impact of an immersion experience on student’s growth in critical thinking, competency, and socialization.

Clinical appraisal of literature/best evidence:
Review of the literature revealed 3 key findings: 1) a potential impact of an impending nursing shortage exists, 2) nursing education is being asked to increase and sustain student enrollment, and 3) graduates must be ready to enter into practice. A clinical immersion model provides an opportunity for student’s growth in clinical decision making, competency, and socialization into the nursing role.

Integration into practice:
Senior BSN students were provided an opportunity to select the perioperative environment, operating room and postanesthesia care unit, to complete the required 192 clinical hours for their senior Internship in Professional Nursing course.

Evaluation of evidenced-based practice:
A post internship 12 question survey was evaluated qualitatively utilizing thematic analysis. Students’ comments support a perceived growth in critical thinking, competency, and role socialization. While a limitation of this study was the sample size, the qualitative analysis resulted in the student’s perception of growth and readiness for practice.
A Collaborative Intervention Study to Reduce Missed Nursing Care

*Abby Schmitt, MSN, RN-BC, Kendra Rottet, MSN, RN, Brittany Farmer, MSN, RN, ACCNS-AG, CCRN, and Rebecca P. Winsett, PhD, RN*

Nursing Research Consortium

**Background/Significance of Problem**
Nurses do not come to work intending to perform poor care; yet make daily decisions to prioritize, and at times, omit or delay care. Increasing team performance was one factor that was tested in this collaborative nursing research study to reduce missed care.

**Clinical Question**
What is the impact of a teamwork development program on missed nursing care?

**Research Method**
This eight hospital intervention study in 26 units compared the impact of the teamwork development program on missed nursing care. Convenience sampling was used of nurses and nursing assistants who worked at least .5 FTE on eligible units. The train the trainer method was used to disseminate teamwork skills to all consented subjects. The Missed Nursing Care survey was used prior to, and 1 and 4 months after the intervention. The respondents were asked to rate the frequency of 26 nursing care elements that are missed by unit staff. Response choices were Never (0) to Always (4) missed. The sample was described with means, standard deviations, and percentages with comparisons by analysis of variance or chi square. Missed Nursing Care had 4 subscales and analyzed by Friedman’s Two-way Analysis of Variance by Ranks.

**Findings**
Of the 1,147 eligible participants across all hospitals, 652 consented with 520 completing at least one survey (45.3% response rate). No differences were found among individual demographic characteristics by hospital or unit type. Three of the four Missed Nursing Care subscales scores decreased (less missed care) significantly. Scores decreased in the 4th subscale but did not reach statistical significance.

**Discussion of Results**
Reducing missed nursing care tasks does not have one solution. We demonstrated that nurses and nursing assistants were able to decrease the number of missed tasks with the teamwork intervention.

**Implications for Healthcare Professionals**
Promoting and supporting team culture may decrease missed nursing care tasks.
Concurrent Session II 10:50 – 11:10 AM

Preventing Falls in a Nursing Home

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Background and Significance of Problem:
The purpose of this study was to decrease fall rates in a nursing home through Certified Nursing Assistants (CNAs) education efforts. Research indicates that falls are a major health care concern for the elder population (Careview Communications, 2015). According to the Centers for Disease Control and Prevention (CDC) (2005) 75% of residents in long term care facilities experience a fall.

Research Question / Hypothesis
1) Does CNAs previous training impact course knowledge needed to reduce fall rates? and 2) Will educating nursing home’s CNAs on fall risk factors and preventive measures reduce fall rates over a six month period?

Research Method
A one group pre/post-test comparison (pre-experimental) design was used. CNAs voluntarily participated and were randomly assigned confidential identification numbers. A pre-post Likert scale survey was administered to CNAs before and after the training program. A repeated measures ANOVA was conducted to determine the knowledge gained. Cronbach’s alpha was used to estimate the reliability of the pre and post-tests measures. Falls were reported quarterly, and contained no identifiable resident data.

Findings
Results indicated no significant difference between pre-test and post-test scores [F Greenhouse-Geisser (1, 41) = 1.004, p = .322]. Cronbach’s alpha indicated a reliability level of 0.636. Examination of descriptive statistics indicated a 52% reduction in falls after the six month study.

Discussion of Results
Although no statistical significance were noted among pre/post-test measures, research findings confirm that falls declined and remained low after CNAs had received all education.

Implications for Healthcare Professionals:
Further research should be conducted to include additional staff members. Best practices should be revised so that webinars are also offered.
Embracing Technology: An Adolescent Educational Text Message Intervention

Nichole Hickman, MSN, RN, CPNP and Gina Schaar, DNP, RN

Doctor of Nursing Practice Capstone Project
University of Southern Indiana

Background/significance of problem
Adolescence is a time when health habits are being developed, yet adolescents are at risk for engaging in numerous high-risk behaviors. It is crucial that nurses assist adolescents in developing life-long health habits to foster the adolescent’s current and future health status.

Clinical questions/project purpose
Is text messaging an effective way to educate adolescents regarding healthy choices? The purpose of this capstone project was to develop, implement, and evaluate an educational text messaging intervention promoting healthy behaviors, reducing unhealthy behaviors, and preventing high-risk behaviors in adolescents.

Search of literature/best evidence
A literature search for adolescent education strategies and text messaging interventions was performed using CINAHL, ERIC, MEDLINE, ProQuest, and Google Scholar. The results were limited because text messaging interventions are a newer phenomenon. However, most studies demonstrate the effectiveness of educational text messaging interventions.

Clinical appraisal of literature/best evidence
A review of the literature suggests: text messaging interventions is useful in increasing knowledge of high risk behaviors, promoting positive behavioral changes, and reducing poor health habits. Focus groups results suggest text messaging is an acceptable way to provide health education to the adolescent population.

Integration into practice
An educational text message intervention was developed and integrated into a large pediatric primary care setting. Adolescents who participated were given the opportunity to evaluate their satisfaction with the intervention and report whether any behavioral change occurred due to knowledge gained from text messages or website links regarding high-risk sexual behaviors, healthy dietary habits, exercise, drug or alcohol use, or social issues.

Evaluation of evidenced-based practice
Two separate evaluation methods were used. During the intervention, three single yes or no questions were delivered via text message. Post intervention an 11 question survey including seven questions based on the EUCS tool and four quantitative questions were sent to the adolescents via text message. Results indicate text messaging is useful in providing education to adolescents and a desirable method for health promotion education.
Interprofessional Faculty Teams: Building an Effective Team to Create and Implement an Interprofessional Simulation

Briyana Morrell, MSN, RN, CCRN-K, Jennifer Carmack, MSN, RN, Rebecca Cartledge, MSN, CNM, Kathy Hetzler, DNP, APRN-BC, OCN, FCN, Stephanie Kemery MSN, RN, CMSRN, Carolyn Kirkendall, MSN, RN, CCRN, Shannon Moore, MSN, RN, Alison Nichols, OTR, OTD, Jane Toon, DNP, RN, and Craig Voll, Jr. PhD, ATC, PT

University of Indianapolis

Background / Significance of Problem:
At one Midwestern university, there was a recognized deficiency of interprofessional learning activities within the healthcare professional schools, which may decrease collaboration in the clinical practice setting.

Clinical Question
How do faculty in the university setting engage members of different healthcare professions collaboratively in the creation and implementation of an interprofessional learning activity?

Search of Literature/ Best Evidence
Many healthcare professions are requiring interprofessional standards be implemented within the curriculum for accreditation based on the Institute of Medicine (IOM, 2009) recommendation that “academic institutions and healthcare organizations need to make a real commitment to interprofessional education that develops and sustains collaborative skills, both before and after licensure.”

Clinical Appraisal of Literature / Best Evidence:
There are a number of barriers facing faculty members when implementing interprofessional education, including scheduling conflicts, resource and support limitations, curricular restrictions within single disciplines, or a lack of mutual respect (Jones & Phillips, 2016). McKinlay et al. (2015) acknowledged these barriers when they stated that developing an interprofessional teaching team takes time. An extended period of time working together is necessary in order to learn about various roles and develop trusting relationships.

Integration into Practice
The university built a Health Pavilion, which houses all healthcare professions on campus, clinic space for community partners, as well as the simulation center. The Clinical Learning and Simulation Center Coordinator invited other healthcare faculty to join an existing Simulation Interest Group to foster interprofessional learning.

Evaluation of Evidenced-Based Practice:
An interprofessional simulation was created and implemented by faculty members from Nursing, Occupational Therapy, and Athletic Training. The team continues to collaborate and is now partnering with faculty from Psychology, Social Work, and Physical Therapy to develop another interprofessional simulation. It is essential for faculty to have an understanding of how to collaborate with faculty in other health professions to aid them in creating and implementing interprofessional learning experiences. Further research is needed to measure faculty perceptions of interprofessional collaboration.
The National Pressure Ulcer Advisory Panel’s Updated Pressure Injury Stages: Impact on Clinical Practice

Amanda Blanton, BSN, RN, CWOCN, and Megan Scheller, BSN, RN, CWOCN
Deaconess Health System

Background / Significance of Problem:
Many healthcare/ wound care providers found the stages and definitions for pressure injuries challenging for appropriate description and treatment. Accurate definitions are vital to convey the need for appropriate treatment and justification of associated treatment costs.

Clinical Question:
In hospitalized patients, how does the National Pressure Ulcer Advisory Panel’s (NPUAP) pressure injury staging and definition changes affect evaluation and treatment of pressure injuries?

Search of Literature/Best Evidence:
Utilizing CINHAL, Ostomy Wound Management, and Journal of Wound Ostomy and Continence Nursing databases and the keyword “pressure ulcer staging” related 45 articles were identified. Evaluation of each article for inclusion criteria resulted in 13 appropriate articles.

Clinical Appraisal of Literature / Best Evidence:
The NPUAP Consensus Conference held in April of 2016 comprised of 400 professionals used consensus format with interactive discussion and voting process to validate new terminology. Current literature supports the need for changes in pressure injury stages and definitions to accurately identify and treat pressure injuries; however, the new definitions have left some clinicians troubled by what they imply.

Integration into Practice:
The new staging system and definitions are now readily used by wound care specialists including Certified Wound Ostomy and Continence Nurses and Physical Therapy in their daily documentation. The new NPUAP staging system and definitions were reviewed during a Grand Rounds Presentation. This was available for any staff to attend including physicians, nurses, and physical therapist and made available via web viewing.

Evaluation of Evidenced-Based Practice:
The staging definitions do not directly impact nursing care, documentation or treatment approach; however the definitions do allow for more accurate description of the injury. Next steps include terminology changes to the electronic medical record.
Effects of Diabetes Self-Management Education and Support Provided by Medical Assistants in a Rural Primary Care Clinic on Glycemic Control

*Donna House BSN, MSN, RN and Mellisa Hall, DNP, AGPCNP-BC, FNP-BC*

Doctor of Nursing Practice Capstone Project
University of Southern Indiana

**Background/Significance of problem:**
Diabetes is a chronic illness affecting a minimum of 29.1 million people in the United States. With today’s changing healthcare industry and complexity of patients, providers simply do not have the time to provide the self-management support their patients need.

**Clinical question/project purpose:**
Is self-management support provided by Medical Assistants in a Primary Care Clinic affective? The purpose of this project was to determine if implementing a diabetes self-management support program in a rural primary care clinic would improve glycemic control.

**Search of literature/best evidence:**
*CINHAL, Medline, ProQuest Health and Medicine Complete, and Health Source databases from 2008–2015 were searched using the key search terms self-management, self-management support, social support, and peer support. The search produced 55 data sources focused on the key search terms. To narrow the findings only those specific to self-management support were utilized, resulting in 25 peer reviewed articles.*

**Clinical appraisal of literature/best evidence:**
Analysis of the evidence reports that 90% of patients receive their diabetes care from their primary providers, but 37% of primary care providers report they do not have adequate staffing to provide diabetic teaching. Without continued diabetes self-management support improvements in glycemic control begin to decline within one to four months. These things result in 50% of all diabetics failing to follow their providers instructions.

**Integration into practice:**
Self-management education and support was integrated into practice within a rural primary care clinic. Prior to initiation of self-management support each participant completed the Diabetes Empowerment Scale. Support consisted of monthly phone calls by one Medical Assistant asking a preset diabetes questionnaire.

**Evaluation of evidenced-based practice:**
Comparative statistics were performed on pre and post Diabetes Empowerment Scales surveys, weights, and Hgb A1C results. The project finished with results for a total sample size of six. All six patients had improvements in their attitudes regarding diabetes. Four had a weight loss of greater than five pounds and three had a 1% or more drop in their Hgb A1C.
Texting for Help: A qualitative descriptive study of an anonymous mental health crisis texting service

Julie Kathman, MSN, RN, CNS-BC, CPN  
Kathy Riedford, DNP, RN  

Doctor of Nursing Practice Capstone Project  
University of Southern Indiana

Background/Significance of Problem:  
In the United States, suicide, and its potential precursors, self-harm and bullying, are significant health issues. Suicide is the third leading cause of death in adolescents between the ages of 10 and 18. U.S teens also report rates of self-harm as high as 22% and rates of bullying as high as 28%. In the last three years, the emergency department of a regional community hospital has seen a 50% increase in visits related to drug overdose with suicidal intent in patients 10 to 17 years of age. Identifying an acceptable method to request mental health support could improve mental health outcomes in this population. Currently, text messaging is the preferred method of communication for 63% of adolescents and more than 75% of adolescents own cell phones. School corporations have initiated programs that provide tablets and laptops to middle and high school students, which are also used for sending and receiving messages.

Research Question:  
Does a data from a community based, anonymous crisis texting service increases access to mental health support for adolescents experiencing bullying, self-harm, and suicide?

Research Method:  
A retrospective descriptive qualitative analysis of data from an anonymous mental health crisis texting service was performed.

Findings:  
Of the 1515 text messages, 21.7% (n = 330) were related to bullying, 2.7% (n = 41) were related to self-harm, and 3.6% (n = 54) were related to suicide. Only 31 bullying messages were requests for help, while the majority were test messages, sent to ascertain if a person would respond. A total of 68% of conversations about bullying had resolution. All text messages about self-harm and suicide were requests for help and all had some form of resolution.

Discussion of Results:  
Themes for resolution of the mental health crisis were identified including definite plan for interaction, evidence of de-escalation, option for contact if perceived need, vague plan for interaction, or no resolution identified.

Implication for Practice:  
Implementation of a crisis texting service has the potential to provide additional access to mental health support for adolescents by using an acceptable method of communication.
Positioning Patients in Labor Using a Peanut Ball

Pat Jackson, BSN, RN-BC, and Cathy O’Nan- Titzer, DNP, RN-BC

Methodist Hospital

Background / Significance of Problem:
The purpose of this EBP Project was to evaluate the efficacy of using a Peanut Ball (PB) to decrease the length of the first and second stage of labor. Immobility throughout the labor process has become a common occurrence due to increased medical management. The placement of a PB mimics sitting or squatting positions that facilitate labor progress, a common technique used in hospitals in the United States.

Clinical Question:
For laboring patients, does the use of a PB for positioning shorten the first stage of labor and second stage of labor? In which stage do we see the most reduction of time?

Search of Literature/Best Evidence:
Combining key words such as Peanut Ball, labor, labor positioning, maternal positioning, and childbirth in EBSCO, CINAHL and Cochrane Database of Systematic Review, 38 articles were identified, seven of which met inclusion criteria.

Clinical Appraisal of Literature / Best Evidence:
Appraisal of the literature reveals encouraging women to labor in an upright position facilitates the progression of labor. Upright position is defined as walking, sitting, standing, kneeling or squatting.
Use of the PB in opening the pelvis may aid in the appropriate alignment of the fetus for birth.

Integration into Practice:
We chose to implement the practice of placing the PB for positioning laboring women once they received an epidural. Evidence showed a significant reduction in the amount of time during the first stage of labor in patients using a PB.

Evaluation of Evidenced-Based Practice:
This project included 150 laboring women. All women were turned approximately every 30 minutes to one hour. Seventy-five of the women did not use the PB, 75 of the women had the PB placed after they received an epidural. Women who used the PB during the first stage of labor averaged 488 minutes as compared to 622 minutes for women that did not use the PB. During the second stage of labor, women who used the PB averaged 33 minutes as compared to 38 minutes for women who did not use the PB. Results showed a more significant reduction of time during the first stage of labor. Anecdotally, there was a reduction of vacuum extraction assisted deliveries.
Impact of Teamwork Intervention on Satisfaction with Current Nursing

Lois Welden, DNP, RN, Lori Phillips, DNP, RN, NP-C, Linda Cason, and Rebecca P. Winsett, PhD, RN

Nursing Research Consortium

Background / Significance of Problem:
Ability to feel satisfied with role performance is integral to overall satisfaction with the work environment. Missed nursing care and teamwork performance are ways to improve satisfaction. As a part of a collaborative research study satisfaction with current position was measured.

Research Question / Hypothesis
Does a teamwork intervention impact nurses' and nursing assistants’ satisfaction with current position (on unit)?

Research Method
This eight hospital intervention study in 26 units measured unit role and current satisfaction before and after a teamwork development intervention. The study used convenience sampling of nurses and nursing assistants who worked at least .5 FTE on eligible units. A three question satisfaction survey was included that measured satisfaction with current role (nurse/nursing assistant), current position (on unit) and perception of unit teamwork. The choices were Very dissatisfied (1) to Very Satisfied (5). The sample characteristics were described with means, standard deviations, and percentages with comparisons by analysis of variance or chi square. Satisfaction was analyzed by Friedman’s Two-way Analysis of Variance by Ranks.

Findings
Of the 1,147 eligible participants across all hospitals, 652 consented with 520 completing at least one survey (45.3% response rate). No differences were found among individual demographic characteristics by hospital or unit type. Satisfaction with current position on the unit increase significantly for nurses but not for nursing assistants.

Discussion of Results
The intervention provided improvement in satisfaction with current position for nurses suggesting that improving teamwork may have contributed to increase satisfaction

Implications for Healthcare Professionals
Promoting and supporting team culture may have impact on work satisfaction. Improving work and position satisfaction for nursing assistants requires further exploration.
A Spiritual Care Toolkit: An Evidenced-Based Solution to Meeting Spiritual Needs

Donna D. Kincheloe, MSN, RN, CMSRN, DNP and Ann White, RN, PhD, MBA, NE-BC

Doctor of Nursing Practice Capstone Project

Background/Significance of problem:
Provision of spiritual care (SC) in the hospital setting is a high priority for patients. However, nurses report lack of time, comfort, training, cultural knowledge, and mobilization of resources as obstacles to spiritual care. This problem is well documented in the literature, yet, few studies examine creative interventions.

Clinical question/project purpose:
Is a SC toolkit an effective means to meet spiritual needs for patients, families, and nurses in the acute care environment? The purpose of this project was to develop, implement, and evaluate the effectiveness of an Evidence-Based (EB) SC toolkit.

Search of literature/best evidence:
A search of CINAHL and ProQuest Health databases from 1980-2015 was conducted using the terms spirituality, spiritual care, spiritual interventions, SC training, and toolkits. Over 200 articles included descriptive, qualitative, cross-sectional, and exploratory studies were reviewed. Studies including mobilization of resources were lacking.

Clinical appraisal of literature/best evidence:
Analysis of the evidence found: 1) Patients place high priority on SC. 2) Nurses lack comfort, training, and resources to meet SC needs. 3) Training improves SC delivery 4) Meeting SC needs improve patient outcomes and satisfaction 5) Translation of EB-SC knowledge into practice remains a challenge.

Integration into practice:
Staff training sessions were given. Patient/family SC resources were mobilized and delivered if requested. Educational faith tips sheets were available for nurses.

Evaluation of EB practice:
An ANOVA and Tukey’s HSD compared the means of the Spiritual Perspective Scale revealing significant differences between nurse-patient and nurse-family groups. Patient/Family SC Survey evaluated the degree staff addressed SC needs. Patient/Family (75%) agreed the toolkit helped meet their SC needs. A paired t-test of The Nurse’s SC Toolkit Survey data showed the toolkit significantly improved the nurse’s provision of SC and comfort.
Implementation of a Nurse Residency Program

Andrea Paulnitz, MSN, RN, ACCNS-AG, CCRN, Janice Ernest, MSN, RN, NEA-BC, Nancy Case, BSN, RN, LNCC, and Lana Labhart, MSN, RN, RCIS

St. Mary’s Health

Background / Significance of Problem:
The transition from nursing school to nursing practice can be very challenging, especially with budget cuts that have decreased the amount of unit-based orientation time. National research shows 17.5% of new graduates leave their first job within one year and 33.5% will leave by the end of year two. The cost of new graduate nurse turnover can range from $22,000 to $64,000 per RN. Outside of the fiscal impact of new graduate nurse turnover, there is also decreased productivity, the potential for patient errors, poor work environment, and dissatisfaction among all staff.

Clinical Question:
In the new graduate nurse population, does the implementation of a Nurse Residency Program increase job satisfaction, and therefore retention?

Search of Literature / Best Evidence:
Ovid Medline was searched from 2010-2015 using keywords nurse residency, new graduate nurse, and retention. This search yielded 20 articles. Six articles were reviewed. No randomized control trials were found.

Clinical Appraisal of Literature / Best Evidence:
Research suggests nurse residency programs increase job satisfaction, retention, and performance. Nurse residency programs can be useful to increase proficiencies of the new graduate nurse and aide in the transition from the academic world to the nursing workforce.

Integration into Practice:
The Casey-Fink survey was used to survey the Spring 2014 nursing graduates after one year of practice at the bedside. This group had no residency program exposure. The information received was used to help shape the residency program put into place for the Spring 2015 new graduate group. This residency group met quarterly for one year.

Evaluation of Evidenced-Based Practice:
Those participating in the residency program reported significantly more support [3.3 (.39) vs. 2.9 (.28); p= .05]. No statistical significance was detected between groups for the other three subscale scores.

Retention outcomes will be presented at the conference in the spring.
**Use of QueaseEASE™ to Treat Post-Operative Nausea**

*Brittany Farmer, MSN, RN, ACCNS-AG, CCRN, and Lauren Roark, BSN, RN, CNOR*

**Good Samaritan Hospital**

**Background / Significance of Problem:**
Nausea is a common complication experienced by post-operative patients. While medications are available to relieve post-operative nausea, the sedative side effects may cause increased recovery times and delayed discharge. The use of aromatherapy may help reduce post-operative nausea without the sedative side effects of anti-nausea medications. This study was accepted by Good Samaritan Institutional Review Board and all data collectors were certified in human subject protection.

**Research Question / Hypothesis**
The research question was developed from the hypothesis that use of aromatherapy will alleviate post-operative nausea. In post-operative patients, would the use of aromatherapy instead of routine anti-nausea medications decrease or alleviate post-operative nausea?

**Research Method:**
Using a prospective exploratory methodology, informed consent was obtained from patients over the age of 18 who were able to verbalize understanding of a 0-10 nausea scale. The 0-10 nausea scale was used to determine the degree of the patient’s nausea, with 0 being no nausea and 10 being the most severe nausea. The patients complaining of nausea were offered aromatherapy and nausea was rechecked at 1 and 3 minutes using the 0-10 nausea scale.

**Findings**
Pilot data consisted of 51 consenting patients and data was collected on 8 patients. One patient stated QueaseEASE™ offered no help, 1 patient stated QueaseEASE™ offered minor relief, 3 patients stated QueaseEASE™ helped somewhat, and 3 patients stated QueaseEASE™ completely relieved their nausea.

**Discussion of Results**
Due to inadequate sample size, a definitive recommendation for the use of QueaseEASE™ to treat post-operative nausea cannot be made. In order to increase the sample size, this study will continue to year end 2016. Limitations include inadequate sample size, validity of 0-10 nausea scale, and follow through of completing pre and post intervention data collection tool.

**Implications for Healthcare Professionals**
The use of aromatherapy used instead of traditional anti-nausea medications shows promising results in controlling post-operative nausea.
Engaging Students in the Classroom with Preventive Care Case Studies

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University of Southern Indiana

**Background/Significance of the Problem:**
Faculty assessed a teaching strategy to determine if it was engaging and promoted learning for prevention and health promotion in the NURS 455 Population Focused Nursing Practice course. Faculty-designed case studies were used to familiarize students with evidence-based guidelines and recommendations for screening and prevention across the lifespan.

**Research Question / Hypothesis**
1. What differences exist in the perceptions of the nursing students to identify screenings recommended to an assigned case study by age and risk factors?
2. What differences exist in the perceptions of the nursing students to recommend preventive care and immunizations to an assigned case study?
3. What differences exist in the perceptions of the nursing students to identify counseling that may be provided?
4. What differences exist in the perceptions of the nursing students to identify referral opportunities?
5. What differences exist in the perceptions of nursing students to identify evidence-base, credible professional references for the assigned case?

**Research Method**
The research methodology was quantitative research. The students completed a pre-activity assessment and a post-activity assessment.

**Findings**
There was a significant difference, \( p = .000 \) for each of the research questions.

**Discussion of Results**
The results of the study demonstrate that there was a difference in the students’ perceptions of screening, recommended preventive care and immunizations, counseling/teaching, referral, and ability to identify evidence-base, credible professional references through the use of preventive care case studies across the lifespan.

**Implications for Healthcare Professionals**
The researchers would recommend using the preventive care case studies to engage students in the classroom. The research has demonstrated that learning has taken place using preventive care case studies as a teaching strategy. The teaching strategy can be used to engage and teach students on prevention and health promotion across the lifespan.
Identifying Delirium Outside the ICU

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Background / Significance of Problem:
In Delirium is an acute state of confusion that involves fluctuation in mentation and consciousness, inattention, and disorganized thinking. Delirium is one of the most common hospital complications in the older adult population, affecting up to 2.3 million patients every year. It is under-recognized and often mismanaged by all healthcare providers. Research shows that delirium is associated with increased length of stay, increased mortality, loss of baseline function, hospital acquired conditions, and development of long-term cognitive deficits. Early recognition and treatment is key to reducing duration, severity, and negative outcomes.

Clinical Question:
In adult medical surgical patients outside the ICU, is the Confusion Assessment Method (CAM) a reliable way to screen for delirium?

Search of Literature/Best Evidence:
Ovid Medline was searched from 2011- 2015 using keywords delirium, delirium screening, and confusion assessment method. Eleven articles met inclusion criteria for review.

Clinical Appraisal of Literature / Best Evidence:
Research suggests that the CAM-ICU may have lower sensitivity in non-ICU patients. The Confusion Assessment Method -Shortened Version (CAM-S) and the Brief Confusion Assessment Method (bCAM) are valid to detect cognitive changes on medical-surgical units. The bCAM was found to be 78% sensitive and 97% specific when performed by a nurse.

Integration into Practice:
A team of medical-surgical nurses was formed to identify process issues and develop an education plan. Prior to education, the Nurses Knowledge of Delirium questionnaire was sent out to all medical surgical nurses to obtain baseline knowledge data. Education sessions were held from September 21 through October 30, 2015 The Brief Confusion Assessment Method (bCAM) was adopted for delirium screening on all medical-surgical units.

Evaluation of Evidenced-Based Practice:
Outcomes will be presented at the conference in the Spring.
Nurse Educator Retention: A Progressive Toolkit to Promote Career Empowerment

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Background/Significance of problem:
Nurse faculty within the US and globally suffer a shortage of numbers. Nurse faculty employment is projected a need of over 90,000 positions by 2022 to meet the demands of educating licensed registered nurses. The recruitment and retention of nurse faculty becomes a focus in facing such demands.

Clinical question/project purpose:
Will addressing new faculty concerns improve attrition rates? The purpose of this project was to investigate and address new faculty concerns in order to improve satisfaction and retention.

Search of literature/best evidence:
Medline, CINAHL, and ERIC database articles published after 2006 were searched using key terms including nurse faculty, faculty retention, nursing shortage, nurse educators, novice to expert, empowerment, and job satisfaction. The literature search yielded 132 results of which 29 were selected for project inclusion.

Critical Appraisal of literature/best evidence:
Analysis of evidence suggested factors that affect nurse faculty retention include; retirement, job satisfaction, and empowerment. Learning needs of new nurse faculty seeks to promote movement from novice to expert within the educator role.

Integration into practice:
Two informational modules were developed based on a new faculty needs assessment survey. The modules were provided for faculty review and reference in order to increase knowledge and serve as faculty development.

Evaluation of evidence-based practice:
Independent sample t-test compared the means from pre and post assessments along with Levene’s Test for Equality of Variance. The mean results were not significant however, write-in responses noted faculty request for continued tool kit resources as future references.
Implementation of ICU Quiet Time to Increase Patient Satisfaction

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Background/Significance of problem:
The Intensive Care Unit (ICU) is a constant cacophony of voices, alarms, mechanical noise and telephones leading to rest interruptions, continuous stimulation, stress and displeasure among patients. Surveys from our ICU patients reflect dissatisfaction with noise level in their environment.

Clinical Question
Does the implementation of a daily Quiet Time (QT) period in the ICU increase patient satisfaction with the noise level in and around the room?

Search of literature/ Best Evidence
CINAHL database was used combining key words such as quiet time, noise and adult critical care. A separate search using key words sleep disturbance yielded 63 articles, 8 of which met criteria for inclusion.

Clinical Appraisal of Literature / Best Evidence:
Patients who were provided a QT period during the day reported increased satisfaction with noise level and an increased perception of well-being. QT is also linked to improved physiological functioning, generating better patient outcomes.

Integration into Practice:
A pre-trial study was conducted from February to August 2016 to evaluate patient satisfaction, noise levels and sources of noise (alarms, voices, mechanical noise). Seventy-eight patients rated satisfaction with the noise level in and around their room. A protocol was developed for daily QT from 2 pm to 4 pm, the optimum time according to literature. ICU Nurses and Patient Care Technicians were introduced to the protocol. Ancillary departments were asked to cluster care outside QT. Brochures and posters were developed to inform visitors to the ICU about the QT project. A daily QT is currently being implemented in the ICU. A device measuring noise level is in place. Patients are polled using a 5 point Likert survey question regarding satisfaction with the noise level in and around their room.

Evaluation of evidenced-based practice:
Preliminary data collected from 30 patients shows an increase from pre-trial 2.59 to 3.12 related to patient satisfaction since the implementation of QT. Data collection will continue with a goal of 80 patient respondents to demonstrate the value for hospital wide implementation.
Barriers and Facilitators to Maintaining Physical Activity in a Church-Based Exercise Program

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**Background / Significance of Problem:**
Sedentary behavior is a major public health problem for older women. Healthy People 2020, emphasizes the substantial health benefits of regular physical activity, which include lowering the risk of developing chronic diseases such as type-2 diabetes and cardiovascular disease. Promoting and maintaining physical activity in older adults is especially important because 25% of all deaths in the United States are linked to physical inactivity.

**Research Question / Hypothesis:**
What are the barriers and facilitators to maintaining physical activity in a church-based exercise program for low-income, older women?

**Research Method:**
This qualitative study used an ethnographic design to gain an in-depth appreciation of older women's barriers and facilitators to physical activity. Data collection strategies included participant observation, a reflective journal, and both focused and semi-structured interviews. Semi-structured interviews were conducted with 12 key informants (63-82 years of age), attending a church-based exercise program for low-income women. Barriers and facilitators to maintaining physical activity were explored. Interviews were transcribed and coded independently for thematic analysis.

**Findings:**
Facilitators to maintaining physical activity were: group support, church fellowship, health, and stable environment. Barriers to physical activity were: lack of motivation, transportation, cost of gym memberships, hairstyle-issues, care-giving responsibilities, and environmental barriers.

**Discussion of Results:**
For many women, maintaining participation in a physical activity program can be difficult. Relapse back to a previous level of inactivity is very common. Study findings suggest group support and church fellowship are key intervention strategies that promote adherence.

**Implications for Healthcare Professionals:**
Programs that address barriers to exercise may not be successful unless coupled with facilitators to promote maintenance of regular physical activity. Group participants can serve as experts to assist in development of strategies which eliminate barriers to maintenance of regular participation in physical activity.
Improving Nursing Care in Infants with Neonatal Abstinence Syndrome

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Background/Significance of problem:
Neonatal Abstinence Syndrome (NAS) is a collection of signs and symptoms of multi-systems withdrawal experienced by the neonate who was exposed to substances in utero. The central nervous, respiratory, gastrointestinal, and autonomic systems are affected in these infants. The investigator observed a differentiation in the provision of care for the infants with NAS, affecting the progression of the NAS infant.

Clinical question:
What is the best evidence-based practice for improving NAS nursing care?

Search of literature/best evidence:
A literature search was performed using CINAHL Complete, Google Scholar, JSTOR, PubMed, Medline, Ovid, and EBSCO databases. The included search terms were neonatal abstinence syndrome, pregnancy, drug addiction, infant drug withdrawal, and nursing care. The information was abundant, necessitating exclusion criterion to be used.

Clinical appraisal of literature
Literature has shown NAS infants experience prolonged hospital stays and expensive interventions. The average hospital stay for these neonates is 22-26.1 days. One study stated the cumulative hospital cost 40 NAS infants was 1.1 million dollars for one year. The adherence to clinical practice guidelines can decrease the length of hospital stays, thereby, decreasing the care costs of NAS infants. Standardized treatment plans and nursing care guidelines was recommended throughout the literature. It is recommended for nursery nurses to be up-to-date on NAS education, assessment, treatments, and for the placement of standardized evaluation and treatment plan each facility.

Integration into practice:
The recommended nursing care education for NAS infants was provided. Pre- and post-education exams were given to nurses who cared for NAS infants. A comparison of exam results was performed for improvement. Policies and evidence-based practice guidelines were placed in two Midwestern nursery units.

Evaluation of evidenced-based practice:
Results from the data analysis showed the need for in-depth nursing care of NAS. Further education and evaluation will continue in order to improve nursing care of NAS infants.
Music Distraction Therapy in Long Cardiac Procedures

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Background/Significance of Problem:
Cardiac procedures, particularly those in the electrophysiology patient population, can range from one to six hours in length. These procedures are often anxiety-inducing for the patient. These procedures allow relatively few medications for sedation and anxiety relief, due to the fact these medications impact the ability of the procedure to be completed.

Clinical Question:
In patients that require an electrophysiology study and/or ablation of cardiac arrhythmias, does music therapy reduce anxiety and the perception of the procedure time?

Search of Literature/Best Evidence:
OVID Medline 2001-November week 3 2015 was used for search criteria. Inclusion criteria included randomized control trials in English, compares music therapy pre or during cardiac intervention procedures, and physiological and emotional measures. The key words music therapy, cardiac catheterization, distraction therapy, and patient anxiety were used for a yield of 12 results.

Clinical Appraisal of Literature/Best Evidence:
Music therapy as compared to the standard of care (no music therapy) has been shown to reduce the level of anxiety in patients undergoing cardiac catheterization. Patient perception of procedural time has not been evaluated.

Integration into Practice:
The State-Trait Anxiety Inventory (STAI-S) was used to evaluate anxiety pre-procedure and post-procedure when music therapy was utilized. The STAI-S looks at six patient factors: calm, tense, upset, relaxed, content, and worried. The patient’s perceived time of the procedure versus actual procedure time is also being measured. Patients undergoing electrophysiology procedures were chosen as a pilot due to the long procedural time and lack of sedation.

Evaluation of Evidence-Based Practice:
In patients enrolled to date, there was a statistically significant reduction in the subscales of calm, tense, relaxed, content, and worried. No statistically significant difference was detected for the upset and perceived procedure time subscale scores. Further data will be presented in the spring at the conference.
A Comparison of Aromatherapy for Relief of Postoperative and Post Discharge Nausea and Vomiting (PONV/ PDNV) in Ambulatory Surgical Patients

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Background / Significance of Problem:
Postoperative and discharge nausea and vomiting (PONV/PDNV), a side effect of anesthesia, occurs in 30% of patients (70%-80% with high-risk factors) and as high as 37% in patients postdischarge. PONV/PDNV potentiates complications and increased costs.

Research Question / Hypothesis:
Does aromatherapy (AT) compared to standard care (SC) decrease PONV/PDNV in ambulatory surgical patients?

Research Method:
Of 804 patients, 254 were randomized to receive either SC or AT for PONV and interviewed for effectiveness of PDNV. Data were de-identified and \( \chi^2 \) tests and One-Way Anova analyses were conducted in R using RStudio, open source statistical analyses tools. Demographic tables and analyses were constructed with sjPlot. Graphs were constructed with ggplot2, gridExtra, and cowplot. Machine learning methods evaluated predictive risk factors, using an iterative process to test eight models to determine the highest area under the curve (AUC) and relative importance of variables.

Findings:
Of patients (64 of 221) that experienced PONV, 52% were in the AT group and 48% in the SC group. The majority were satisfied with treatment, (timely, \( P = 0.60 \); effectiveness, \( P = 0.86 \)). Of patients that experienced PDNV, treatment was 100% effective in the AT group and 67% in the SC group. The cforest algorithm was used to develop a model for predicting PONV with literature-based risk factors (0.69 AUC).

Discussion of Results:
PONV/PDNV findings were consistent with the literature. Screening tools that entail a high level of predictive power for identification of risk factors for PONV need researched for validation. Larger studies are needed to determine the efficacy of aromatherapy as a non-pharmaceutical treatment option.

Implications for Healthcare Professionals:
For practical and clinical purposes, the ability to identify patients at risk for PONV with a 69% certainty, confidently equips the perianesthesia nurse to communicate risks to the perioperative team and initiate interventions, inclusive of aromatherapy, that provide a holistic comfort approach.
The Implementation of the Clinical Practice Guideline on Screening and Management of Overweight and Obesity in an Ambulatory Care Setting

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Background/Significance of problem:
Obesity is a growing health problem, reaching epidemic levels around the world. The obesity epidemic is a nondiscriminatory health problem affecting millions of individuals from a variety of backgrounds. One group impacted by this disease is the US military. The health related consequences of overweight and obesity has increased our military health care expenditures and has a direct impact on our nation’s military readiness.

Clinical question/Project Purpose:
Does implementation of the Veterans Affairs/Department of Defense’s (VA/DoD) Clinical Practice Guideline (CPG) on Screening and Management of Overweight and Obesity effect the rate of overweight and obese population of active duty over a six month time period?

Search of literature/best evidence:
A literature search was performed to examine and appraise existing research on weight management using Cumulative Index to Nursing and Allied Health, ERIC, Health Source: Nursing Academic Edition, Medline, Military & Government Collection, PsycArticles, PsycINFO, and ProQuest Health and Medical Complete. The key words used for the search: weight management, weight loss, obesity, and health promotion. The search resulted in 80 resources.

Clinical appraisal of literature/best evidence:
The US Preventive Service Task Force recommends patients be offered intensive, multicomponent behavioral weight management interventions. The literature supported use of both web-based and/or face-to-face interventions in weight management programs.

Integration into practice:
The project is the implementation of the VA/DoD CPG on screening and the management of overweight and obesity. During routine appointments active duty members with a body mass index (BMI) of greater than or equal to 30 will be offered a comprehensive weight management option.

Evaluation of evidenced-based practice:
The rate of overweight/obese was measured pre and post implementation. The goal to reduce the incident rate of overweight and obese by 5 percent was not achieved, but in-turn the rate of overweight and obese increased by 1.57 percent over a 6-month period. Based on the findings, perceived barriers to maintaining healthy weight needs to be explored further.
Developing a Heart Failure Plan of Care to Impact Patient Perception of Self-Management Support in a Community Setting

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**Background/Significance of problem**
Successful management of chronic conditions requires a collaborative, patient-centered approach, yet the current healthcare structure results in patients receiving healthcare in multiple settings with numerous providers. Healthcare organizations in acute and community settings spend time and resources developing initiatives aimed at improving patient outcomes. Many times healthcare providers think support to patients is sufficient and become discouraged when implemented initiatives fail to meet expectations and established goals. Self-Management Support (SMS) concepts suggest the patient should be asked if support provided by the healthcare team was perceived as helpful and valuable.

**Clinical question**
Does a community-based care transitions intervention increase patient perception of Self-management support (SMS)?

**Search of literature/best evidence**
Healthcare providers may understand ideal patient characteristics for self-management, but may not recognize the impact provider and organizational characteristics have on patient self-management success. Self-Management Support (SMS) consists of three main components: an engaged and capable patient, skilled provider interventions, and a system designed to enable a collaborative relationship viewing the patient as partner.

**Clinical appraisal of literature/best evidence**
Healthcare providers desire patients to engage self-management activities, however providers can facilitate patient self-management behaviors by delivering support and creating patient centered relationships. The result of SMS can be an empowered, confident patient, a proactive interdisciplinary team, improved health outcomes, and patients more satisfied with chronic illness care.

**Integration into practice**
Combining concepts of SMS in transitional care programs can facilitate patient feedback and enable the healthcare team to meet the needs of heart failure and COPD patients residing at home. The recommendation is to include the Patient Perception of Chronic Illness Care (PACIC) survey in care coordination and readmission reduction programs to elicit patient SMS perception.

**Evaluation of evidenced-based practice**
The project results indicate a community-based transitional care program can increase patient perception of SMS. Obtaining patient feedback can uncover barriers to patient self-management, as well as evaluate the effectiveness and patient value of care coordination efforts.