

ANEW

Eleanor Mann School of Nursing



UNIVERSITY OF
ARKANSAS

College of Education & Health Professions
Eleanor Mann School of Nursing



Last 6 Month Look Out

**TUTION / STIPEND
PROVIDED TO U OF
ARKANSAS ANEW
STUDENTS IN 2020**

OVER 100,000.00

**STUDENTS DELIVERED
CAPSTONE PROJECTS
VIA ZOOM OR OTHER
DIGITAL PLATFORMS**

14 DNP GRADUATES

**COMPLETED TELEHEALTH
CERTIFICATION**

**6 ANEW TEAM
MEMBERS**

TRANSFORMING THE WAY WE WORK AND LEARN DUE TO THE COVID19 PANDEMIC OF 2020

by: Christy Reynolds

The COVID 19 pandemic has changed everything and has brought many challenges, from learning to social distance, to adjusting our program budget to fit the needs of the students and faculty. Our ANEW team has been engaged since the beginning of the pandemic working to acclimate quickly, and creatively to meet the needs of our students, partners and preceptors in our communities. Even in the face of adversity, we are proud to share how our team and students have been working diligently on projects to address and overcome challenges throughout the spring and summer semesters.

EMERGENCY PREPAREDNESS & RESIDENCY COURSES PROVIDED BY THE ANEW GRANT

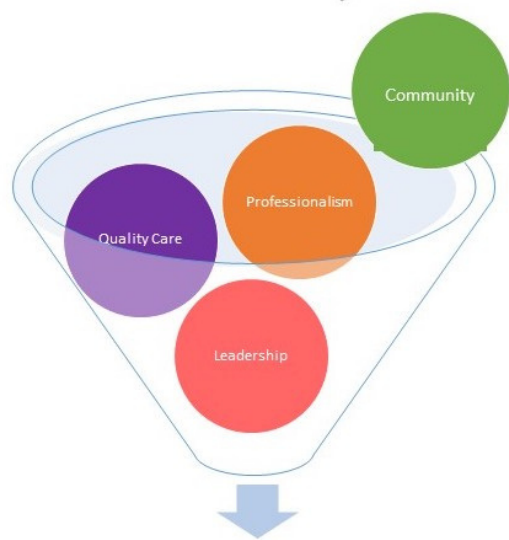
by: Dr Anna Jarrett



As an objective of the Advanced Nursing Education Workforce (ANEW) Grant, NURS 6993 Emergency Preparedness in Rural United States is an elective service learning course currently offered to graduate nurse practitioner students who wish to become proficient in emergency management to act in rural clinical settings during times when National Incident Management Systems (NIMS) are necessary to manage disasters, tragedies, or contagion in the United States. This course focuses on management of disasters in rural communities. The online delivery includes web-based courses by NIMS, the Incident Command System (ICS), and Rural Domestic Preparedness Consortium (RDPC). Students will evaluate school-based crisis management plans, write press releases, and tape a virtual press conference in which they will manage media during a fictional natural disaster. In addition, they will create an Action Plan for CoVID-19 containment for the Eleanor Mann School of Nursing during the current pandemic. This course will be offered all 2020. Although developed for nurse practitioner students, this course is applicable and pertinent for undergraduate nursing students as well as students in all disciplines at the University of Arkansas.

The perks of being a graduate from University of Arkansas ANEW program!

ANEW Residency Course



Residency Skills to Work

The service-learning APRN residency provides students an opportunity to identify potential rural and underserved employment environments, prepare for interviews, and complete pre-employment documents necessary to evolve from graduate DNP students to fully employable, practice-ready APRNs for communities in Arkansas and surrounding states through reflective journaling, discussions, and completion of activities. At the end of the course, students will be able to analyze and differentiate educational, regulatory, scope of practice, and billability of APRN specialties; prepare documents necessary for licensure and practice as an APRN in the selected facility and community; use reflective journaling to understand the APRN role within the culture of the community, and apply legal/ethical principles of advanced practice nursing in selected site and community. It is a fun course that will get you prepared for practice much sooner by orienting you to your community in which you will practice.

OPIOID USE IN RURAL ARKANSAS & RURAL PRIMARY CARE COURSES

by: Dr Callie Bradley

NURS 6882- Opioid Use in Rural Arkansas: This course provides students with an overview of the opioid crisis at both the national and state level. Students will specifically explore how the crisis is impacting rural Arkansas to help prepare them to address and tackle these issues in their communities. The course teaches students about risk factors for opioid abuse, treatment options, policies and how to address the opioid epidemic in their service-learning communities. The course not only highlights the issues these communities face but provides students with the opportunity to conduct a needs assessment and go out and develop an action plan to assist the community in tackling this devastating epidemic. Students can plan to obtain a deeper understanding of the opioid epidemic and how small actions as a clinician can make a large impact.

NURS 6862- Rural Primary Care in Arkansas: In this course, students will have the opportunity to gain additional knowledge regarding the current health status of their own communities in rural Arkansas and identify barriers that need to be overcome to address any disparities. The students will go out into their own service-learning community and provide community health education and service on topics identified during their needs assessment. Additionally, students will learn about rural health policies and participate in local change by writing and submitting an Op-Ed piece to their local news source. Students will also gain knowledge on how they can use this information to be a leader in their communities by providing nurse education as Family Nurse Practitioners. The course allows students the opportunity to make a difference in the health status of their own communities by providing long lasting health education and knowledge. Students can plan to gain a deeper understanding of and appreciation for the rural communities they serve.



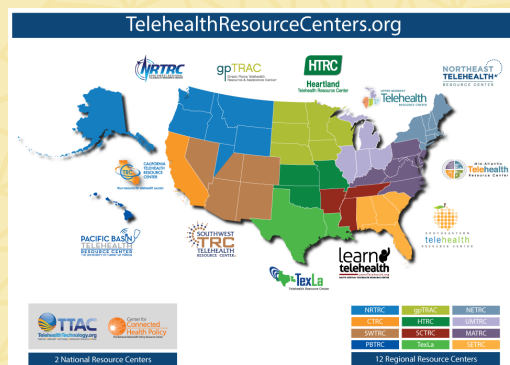
ANew Team Earns Telehealth Certification

by: Christy Reynolds

The University of Arkansas ANEW team takes and earns a two week Telehealth certification during the month of June. The certification program delivered by Old Dominion University in Norfolk, VA, presented a robust online program. Including the history of Telehealth, technologies, models of care, legal/regulatory/reimbursement issues, metrics of a Telehealth program, protocols/consent, etiquette, the physical exam, policy and assessment.

In this course participants were paired up with a group in which they had an opportunity to build a proposal as to why Telehealth would be a good service to be used in the type of delivery that was assigned to each group. In the next week we were required to practice using and demonstrate the proper practice for providers when using Telehealth.

Our team plans to use this knowledge paired with Telehealth equipment deployed into our community partner's clinics and hospitals to provide access to patients and opportunity for our students to complete their clinical hours.



The National TeleHealth Resource Centers are federally funded offices to provide resources for programs setting up telehealth services.



Implementation of the CDC Guidelines for Prescribing Opioids for Improved Pain Management in a Primary Care Setting

Sharonda Randle, BSN, RN, CMSRN, DNP student
University of Arkansas Eleanor Mann School of Nursing, Fayetteville

ABSTRACT

PURPOSE: The purpose of this DNP QI project was to improve opioid management practices at a primary care clinic through the utilization of a standardized management process.

DESIGN/METHODS: A quasi-experimental design without a control group was utilized in this project. A convenience sampling was utilized to recruit NCCP and primary care providers for direct care of patients (n=7). This method was also used to select NCCP patients for PEG score evaluation (n=25). Pre and posttest were used to measure staff opioid knowledge. Staff compliance in use of the CDC guidelines and the effect of NCCP patient therapy on PEG pain scores were evaluated. PEG pain scores were measured pre and post implementation. Staff satisfaction survey was conducted post implementation. All measures were analyzed using descriptive analysis.

CONCLUSIONS: Post test opioid pain management scores increased after training. NCCP patient (n=6) PEG pain scores were reduced within three months. Both methods of evaluating compliance met or exceeded the goal rate overall. No staff indicated satisfaction with the project.

APPROVALS: UACNP PEG approved 11/22/2019

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BACKGROUND

Drug overdose is now one of the leading causes of unintentional death in the United States (US).¹ Opioid overdose is the most common cause of drug-related deaths. In 2016, one in five patients was prescribed opioids in a primary care setting.² Although ranked second in the nation for prescribing opioids in 66 out of 75 counties, and number one for prescribing opioids for minor injuries.³ Primary care providers (PCPs) are the most common providers of opioids for chronic pain (NCCP) but the least trained in pain management.⁴ Access to both resources is necessary for primary care providers to adhere to evidence-based guidelines and improve pain care management.

PURPOSE

The purpose of this DNP QI project was to improve opioid management practices at a primary care clinic through the utilization of a standardized management process. The intervention involved educating providers on the evidence-based national prescribing guidelines and encouraging providers to utilize them. Implementing these steps has the potential to help reverse the overprescribing and misuse of opioid pain medications among patients with NCCP in a primary care setting.

METHOD

DESIGN: A quasi-experimental, pretest-posttest design without a control group was used. Instructional intervention included an educational presentation on the use of a checklist and pain assessment tool. A convenience sampling was utilized to recruit staff. The data were analyzed using descriptive statistics.

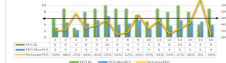
SETTING: A primary care clinic located in Little Rock, Arkansas.

STUDY POPULATION: The seven study participants were those who have chronic pain patients. Roles included a physician, nurse practitioners (NPs), a registered nurse (RN) and medical assistants (MA). Chart reviews were conducted on the identified records of patients receiving opioid pain management. Twenty-five patients were chosen to monitor the PEG scores, but only 16 of the 25 were available. The remaining patients did not return for follow-up.

RESULTS



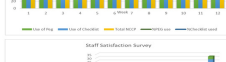
Change in PEG scores



Staff Compliance: Self-report



Staff Compliance: Chart Review



Staff Satisfaction Survey



DISCUSSION

Studies have shown increased competency, increased use of the pain management guidelines, and a decreased amount of NCCP patients receiving chronic opioid prescriptions after training.⁵⁻⁷ The project clinic physician reported a lack of awareness concerning the CDC guidelines for prescribing opioids and no written protocol for prescribing opioids. After the implementation of the DNP project, the staff increased their pain management knowledge and the stakeholder created a document communicating to patients the state of the opioid crisis and the responsibility that the clinic will take in curtailing the effects. There is now a protocol to follow and a future goal to prescribe opioids for pain management only to patients with cancer.

CONCLUSIONS

- To increase HCP chronic pain knowledge. Result: posttest scores increase by an overall average of 29%.
- To improve PEG scores for NCCP patients through implementation of CDC guidelines. Result: 40% overall average decrease in PEG scores.
- To increase the percentage of NCCP patients receiving EB chronic pain management. Result: 100% use of checklist. PEG score use ranged from 58-65%, with a median of 58%.
- Staff satisfaction: 100% were satisfied with the change.
- To decrease the mismanagement of opioid prescribing. Not explicitly measured.

FUTURE IMPLICATIONS

Future projects should evaluate the prescribing practices compared to the CDC recommendations. Additionally, future projects should evaluate the effect of pain management of NCCP patients on which the PEG pain scale was used. Comparing prescribing practices. An important implication for nursing care is to remain up to date about the opioid crisis and use of evidence-based guidelines for optimum pain management.

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ADDRESSING THE OPIOID CRISIS IN PRIMARY CARE

by: *Dr Sharonda Randle & Dr Martha Butler, DNP Project Chair*

The culminating experience in EMSON's DNP program, completion of the DNP project, provides opportunity for students to implement concepts of systems leadership and quality improvement as they address a practice issue affecting delivery of health care. One of the program's May, 2020 graduates, Sharonda Randle, completed her clinical experience in a family practice clinic in central Arkansas, focusing her project on the opioid crisis. Sharonda's project highlighted the impact of the crisis in Arkansas, citing current statistical data. For 2016 and 2017, Arkansas ranked the second highest in the nation in prescribing opioids with 66 out of 75 counties having a mean prescribing rate of 114.6 and 105.4 per 100 persons, respectively (CDC, 2018). Prescription opioid abuse and misuse have resulted in mental and physical quality of life issues, as well as a significant economic and societal burden (Alatrum, 2018; NIDA, 2019). The literature review for this project revealed that although primary care providers (PCPs) are the main prescribers of opioids, they are the least trained in chronic pain management and proper opioid prescribing practices (CDC, 2019). Because DNP projects are

to address practice improvement, Sharonda's desire was to assess the prescribing practices in her clinical setting, and to determine appropriate interventions to address concerns. The project's aim was to improve the care of non-cancer chronic pain (NCCP) patients by implementing Centers for Disease Control (CDC) guidelines for prescribing opioids. Project interventions included an educational session with clinic staff to address the opioid crisis, use of CDC guidelines for pain management, and use of a scale to monitor patients' NCCP. After a three-month implementation period, analysis of pretest-posttest scores revealed an overall increase of 29.25% in provider and staff knowledge about chronic pain management for patients with NCCP, and CDC opioid prescribing guidelines. In addition, Pain scale scores demonstrated an overall decrease 40%. Post implementation chart review indicated 100% provider and staff compliance with the guidelines. These results indicated improving staff awareness of the CDC guidelines could have a positive impact on guideline implementation, and that consistent use of the guidelines could result in lower pain levels among NCCP patient. This DNP project provides evidence that implementing evidence-based practice guidelines in a primary care setting can positively impact patient outcomes.

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