Reducing System Barriers Within a Public Health Nurse and Licensed Alcohol Drug Counselor Collaborative: An Evidenced-Based Quality Improvement Project

Christi Crego-Ritter
St. Catherine University

Follow this and additional works at: https://sophia.stkate.edu/dnp_projects

Recommended Citation

This Doctor of Nursing Practice Project is brought to you for free and open access by the Nursing at SOPHIA. It has been accepted for inclusion in Doctor of Nursing Practice Projects by an authorized administrator of SOPHIA. For more information, please contact sagray@stkate.edu.
Reducing System Barriers Within the Public Health Nurse and Licensed Alcohol Drug Counselor Collaborative: An Evidence-Based Quality Improvement Project

Author: Christi Gregor-Ritter
cregorriter599@stkat.edu

Introduction & Background

- PHN & LADC collaborative serves chemically-dependent pregnant women with open CPS cases.
- Interprofessional barriers negatively impact delivery & quality of care.

Background:

Project site: collaborative in rural county serving chemically dependent pregnant women
- Problems: duplication, poor communication, gaps in data sharing, lack of clarity of roles and leadership

Significance:

- PH Challenge: drug use during pregnancy
- In U.S., 5.9% of pregnant women used illicit drugs; over 15.9% smoked cigarettes; over 8.5% drank alcohol
- Risks: prenatal care, poly-drug use, domestic violence, MH issues, poverty, poor nutrition, homelessness, open CPS cases, poor fetal and maternal outcomes

Needs assessment:

- PHNs & LADCs frustrated due to poor collaboration impacting coordination of care
- Situation worsening, unclear how to address
- Leadership valued partnering with external LADC providers, supported project

Problem & Purpose

Problem statement:

- Interprofessional barriers need to be addressed to improve impaired communication, lack of access to client data, confidentiality constraints, and awareness of programs & professional roles

Project purpose:

- Implement & evaluate TeamSTEPPS for PHN & LADC to improve communication & situation monitoring

Synthesis of the EBP Literature

Databases: CINAHL, PubMed, PsycINFO
Main Search Terms: Interprofessional, collaborative, training, TeamSTEPPS

Results:

- 106 articles, 20 met inclusion criteria, appraised with Johns Hopkins Nursing tool

Key Findings:

- TeamSTEPPS improved system barriers; enhanced communication & situation monitoring; lack evidence TeamSTEPPS in public health setting

Theoretical Frameworks

- LACPHN Model
- MN PHN Intervention Wheel Model
- Lippe's Change Theory
- TeamSTEPPS Framework

Introduction & Background

- PHN & LADC collaborative serves chemically-dependent pregnant women with open CPS cases.
- Interprofessional barriers negatively impact delivery & quality of care.

Background:

Project site: collaborative in rural county serving chemically dependent pregnant women
- Problems: duplication, poor communication, gaps in data sharing, lack of clarity of roles and leadership

Significance:

- PH Challenge: drug use during pregnancy
- In U.S., 5.9% of pregnant women used illicit drugs; over 15.9% smoked cigarettes; over 8.5% drank alcohol
- Risks: prenatal care, poly-drug use, domestic violence, MH issues, poverty, poor nutrition, homelessness, open CPS cases, poor fetal and maternal outcomes

Needs assessment:

- PHNs & LADCs frustrated due to poor collaboration impacting coordination of care
- Situation worsening, unclear how to address
- Leadership valued partnering with external LADC providers, supported project

Problem & Purpose

Problem statement:

- Interprofessional barriers need to be addressed to improve impaired communication, lack of access to client data, confidentiality constraints, and awareness of programs & professional roles

Project purpose:

- Implement & evaluate TeamSTEPPS for PHN & LADC to improve communication & situation monitoring

Synthesis of the EBP Literature

Databases: CINAHL, PubMed, PsycINFO
Main Search Terms: Interprofessional, collaborative, training, TeamSTEPPS

Results:

- 106 articles, 20 met inclusion criteria, appraised with Johns Hopkins Nursing tool

Key Findings:

- TeamSTEPPS improved system barriers; enhanced communication & situation monitoring; lack evidence TeamSTEPPS in public health setting

Theoretical Frameworks

- LACPHN Model
- MN PHN Intervention Wheel Model
- Lippe's Change Theory
- TeamSTEPPS Framework

Discussion

Ethical Considerations & SJ

Ethical:
- Justifying benefits outweigh risks; respect persons informed consent; justice upheld subjects professionals

Social justice:
- The DNP Essential V: promotes social justice; PHNs' commitment social justice for community

Evaluation & Results

Analysis Methods:

- TeamSTEPPS T-TPQ, Likert Scale 1-5, Pre- & Post Project, Willcox Signed Rank
- TeamSTEPPS T-TPQ, Likert Scale 1-5, Pre- & Post Training, Willcox Signed Rank
- TCA, Rating Scale 1-5 and Qualitative Data, Baseline, PDSA 1, 2, & 3, Pareto Sum of Barriers at Baseline, Statistical Process Control [SPC] analysis & Thematic Analysis

Results:

- T-TPQ: No significant difference pre & post due to small sample size & tied scores but improvement visible on bar chart
- T-TPQ: Team Structure Attitude improved (p < .05). No significant difference pre & post due to small sample size & tied scores but improvement visible on bar chart
- TCA: 80/20 Rule, Thematic Analysis of Barriers Aligned with Pareto at baseline & improved. X-Bar SPC shows special cause variation at baseline & PDSA 1, common cause PDSA 2, and sustained reduction in perception of barriers in PDSA 3

Limitations of project:

- Small Sample Size
- Limited to local site
- Case load Cancellations Impact Delivery Care & TCA Completion

Discussion

Implications:

- AHRQ's TeamSTEPPS QI intervention for practice change strengthened communication & reduced barriers for PHN & LADC team

Suggestions for future/direction:

- TeamSTEPPS tools implement in other PHN collaborative environments

References


