

Post-Master's Doctor of Nursing Practice Program: DNP Project Abstracts for Cohort 9

Samir Bisteni

Project Title: Translated Discharge Summaries in Patients' Preferred Language at Time of Discharge.

Limited English proficient families face a high risk of readmission due to delayed discharge translation; often waiting weeks for mailed documents. This quality improvement initiative targeted pediatric cardiology units to implement an automated EHR translation trigger. However, institutional priorities and communication gaps within the administration stalled the roll-out. Despite these systemic hurdles, qualitative feedback validated an AI translation "human-in-the-loop" model as a viable future solution. Ultimately, this project quantified the costs of the status quo and developed an alternative frontline rounding workflow to serve as a scalable framework for future automatic infrastructure.

Kay Burke

Project Title: Bridging the AI Gap: Education to Increase Nurses' Acceptance of Artificial Intelligence in Clinical Practice.

Equipping nurses with AI knowledge supports its safe adoption, optimizes outcomes, and strengthens nursing's role in digital health. Barriers to adoption include ethical concerns, technical inaptitude, and fear of job displacement. No organizational forums existed to address knowledge gaps, impacting trust, confidence and competence. An education program was implemented on three adult acute care units across three hospital locations, using eLearning modules spanning multiple topics. A validated survey tool measured perceived usefulness, ease of use and intent to use pre/post. Results demonstrated a 23.33% increase in nursing acceptance of AI, with gains across all subscales, showing that the intervention could significantly increase acceptance.

Espee Chavez

Title: Enhancing Medication Understanding and Adherence in Older Adults: Evaluating the Effectiveness of the Teach Back Method.

Hospitalized adults frequently have trouble understanding medication information, creating risk for adverse outcomes. Evaluation of the existing *My Medication Matters* initiative revealed inconsistent use teach-back, particularly among new nurses. This project implemented a teach-back education program with observations on a 40-bed medical-surgical telemetry unit. Nurse conviction, confidence, and consistency with using teach-back were measured and 28 nurses completed assessments showing statistically significant improvements in confidence and frequency of use. Conviction regarding the importance of teach-back increased modestly. Qualitative findings supported improved communication clarity and perceived patient understanding. These results indicated the program effectively enhanced nurses' confidence and consistent use of teach-back.

Nicole Collman

Project Title: A Comprehensive Hepatitis B Vaccine Education and Bloodborne Pathogen Compliance Program.

OSHA mandates employers offer hepatitis B vaccines to at-risk staff, and the CDC recommends universal hepatitis B vaccination. As a San Francisco Bay Area private workplace, delays in vaccine offers and poor documentation led to OSHA non-compliance prior to project implementation. A project was implemented and employees received education and counseling; non-immune staff were offered vaccinated. Immunity levels and new hire compliance were tracked. Immunity rose by 56%, reaching 67%. While the 90-% goal was not achieved, a sustainable compliance process was established. Occupational health nurses are vital for workplace safety and achieving regulatory compliance through effective vaccination and recordkeeping.

Jessica Delgado

Project Title: Improving Health Literacy and Clinical Efficiency in Cervical Cancer Screening.

Latina women in the United States face disproportionately high cervical cancer rates, largely driven by limited health literacy and low screening update. This DNP project addressed these disparities at a Planned Parenthood clinic in Richmond, California, serving a predominantly Spanish-speaking, underserved population. The intervention focused on re-educating clinical staff on current cervical cancer screening and prevention guidelines, standardizing workflows, and implementing Teach-back communication strategies to enhance patient education during intake visits. Guided by the Socio-Ecological Model and Kotter's Change Theory, findings demonstrated improved staff knowledge, greater clinical confidence, and increased visit

efficiency, supporting sustainable, equity-centered practice change in vulnerable communities.

Maya Donnelly

Project Title: Transformational Leadership and Its Impact on Care Management Staff Satisfaction.

Nurse and staff dissatisfaction drives turnover and burnout, threatening workforce stability. This project assessed the impact of a transformational leadership (TFL) intervention on frontline staff. Nine care leaders and sixty-six frontline interprofessional staff members engaged in an 8-week intervention that operationalized transformational behaviors. Results indicated that leader TFL behaviors increased by 10.69% and exceeded the 10% target. Aggregate staff satisfaction scores rose by 3.88%, and Gallop mean scores exceeded their target. Checklist completion averaged 89% weekly, demonstrating strong feasibility and leader engagement. Implications for practice include the necessity of tailoring leader strategies to existing workflows to support sustainability and broad impact.

Fernando Fierro

Project Title: Diabetic Foot Ulcer Training at a Federally Qualified Health Center.

This DNP project took place at an FQHC with primary and urgent care clinics in LA County. Comprehensive wound care training in chronic wounds, including vascular wounds and diabetic foot ulcers. Training focused on diabetic foot ulcers (DFUs) and, in collaboration with our Podiatry Medical Group, emphasized standardized care and workflows. In addition to wound care training, we were to implement noninvasive vascular assessments using a non-invasive vascular device to ensure ABI and toe-brachial index (TBI). The DFU care training was well received by our RNs and Nurse Practitioners and demonstrated marked improvement in participants' learning in DFUs.

Melissa Hathcoat

Project Title: Empowered to Lead: Advancing Joy in Work for Assistant Nurse Managers.

Assistant Nurse Managers experience increasing operational complexity, competing priorities, and emotional burden that may negatively affect meaning and joy in work. Limited structured leadership support may contribute to disengagement, isolation, and reduced professional fulfillment. This evidence-based quality improvement project was conducted in Adult

Services at a large Northern CA Medical Center. The multifaceted intervention included biweekly relational leader rounding, weekly peer-led reflective huddles, and monthly journal club participation over 12 weeks. Pre-post Meaning and Joy in Work questionnaire data were evaluated. Improvement was demonstrated across all four domains. Relational leadership interventions may strengthen leadership well-being in complex acute care environments.

Ray Hummel

Project Title: Improving Resource Utilization Through the Implementation of the Modified Brain Injury Guidelines.

This quality improvement project implemented the modified Brain Injury Guidelines (mBIG) at a Level II trauma center to reduce unnecessary resource use in mild traumatic brain injury patients. Interventions included provider education, HER Smart Phrase development, standardized radiology reporting, and protocol monitoring. Among eligible patients, mBIG implementation reduced the number of patients who underwent a repeat head CT (RHCT) by 67%, the number of RHCTs per patient by 38%, and ICU admissions by 69%. No patients experienced neurological deterioration, required neurosurgical intervention, or were readmitted for TBO-related complaints within 30 days. These findings suggest mBIG safely improves resource utilization without compromising patient outcomes.

Melissa Lee

Project Title: Systematizing a Council-Driven Process to Evaluate Nursing Practice Standards.

Nursing practice documents in large health systems are often fragmented and inconsistently aligned with current evidence, contributing to practice variation. A council-driven, co-designed framework standardized evaluation and consolidation of nursing practice standards using structured templates, workflows, and adaptation to local context. Pre-post surveys assessed knowledge, confidence, usability, and workflow alignment. Agreement on knowledge and confidence items increased from 69% to 90%, with confidence improving 15.2%. Consolidating eight documents into one guideline reduced duplication and improved clarity and accessibility. A governance-driven framework improved standardization, usability, and workflow efficiency across a large health system.

Joshua Munday

Project Title: Centering Patient Voices in Adult Complex Care Management.

Motivational interviewing (MI) enhances shared decision-making (SDM) and patient engagement yet is used inconsistently. Aligning care plans with patient goals may be strengthened by improving MI-informed practices. At the setting, clinicians receive MI training, but the MI behaviors weren't part of workflows and care plans were driven clinically rather than incorporating patient values. We co-created an MI-informed toolkit and built tools to evaluate confidence in MI-informed communication and SDM documentation. Three of four clinicians demonstrated increased mean confidence scores, with decreased item-level variability across survey and mean DM-Q-Doc scores increased by 47.4%. All patients received follow-up, with 70% occurring within 2 weeks.

Chris Neilson

Project Title: Standardizing Communication and Workflows to Improve ED-to-Inpatient Transfer Efficiency.

This quality improvement project evaluated whether standardizing leadership communication and workflows improved emergency department (ED)-to-Inpatient transfer efficiency at a Northern CA Medical Center. Using Lean Six Sigma DMAIC and Lewin's Change Theory, interventions included SBAR-based leadership huddles, a 45-minute escalation pathway, and standardized EPIC bed-management workflows. Baseline performance averaged 34% of transfers completed within 60 minutes. Following implementation, transfer timeliness improved to 57% by March 2026 and 67% by April 2026. Findings support the value of bundled leadership and workflow interventions to improve patient flow and operational efficiency.

Kimberly Oliveira

Project Title: Improving Arrival to Provider Time in the Emergency Department Through Faster Ambulance Offload in an Urban Academic Center.

Prolonged ambulance patient offload time (APOT) contributes to ED overcrowding, delays, and poor outcomes. Standardized workflows, designated roles, and structured communication can reduce APOT and improve throughput. At the project site, a high-acuity urban center, the 90th percentile APOT was 50.9 minutes, exceeding California's benchmark of ≤ 30 minutes and negatively impacting patient safety and EMS efficiency. The project introduced a standardized ambulance offload workflow for triage nurses, and door-to-provider time improved and the sites APOT decreased to 45 minutes, representing an 11.6% reduction. Although the site did not meet the ≤ 30 benchmark, findings support nurse-driven workflow interventions to improve emergency care delivery.

Janheen Trias Pascual

Project Title: Reducing CAUTI Incidence Through a Nurse-Driven Indwelling Urinary Catheter Management Protocol at an Acute Care Community Hospital.

Catheter-associated urinary tract infections (CAUTIs) persist as a patient safety concern in acute care settings, contributing to patient morbidity, prolonged hospitalization and costs. In 2025, the CAUTI rate at an acute care hospital was 7 per 1,000 catheter days, exceeding national benchmarks. A gap analysis revealed inconsistent assessments and documentation, delayed removal, and limited EHR decision support resources., despite existing prevention guidelines. A nurse-driven project was implemented across four units, in alignment with the HOUUDINI framework. With staff education, leadership support and the addition EHR tools, nurses' knowledge and confidence improved and the CAUTI rate deceased to 2 per 1,000 catheter days.

Nicholas Rieken

Project Title: Evidence-Based Quality Improvement for Split-Share Clinical Pharmacist Semaglutide and Tirzepatide Co-Visits at a Federally Qualified Health Center.

Type 2 Diabetes Mellitus (T2DM) is a leading cause of morbidity and mortality, and Semaglutide and Tirzepatide (ST) can be highly efficacious. However, STs face clinically significant barriers to adherence. At a Federally Qualified Health Center, 33% of adult patients with T2DM had poor glycemic control (A1C > 9%). Internal data suggested suboptimal ST adherence, driven by appointment unavailability, insurance barriers, and side effects. This project aimed to enhance patient access and care quality through a ST program including EHR tools, two-way text messaging, education and interprofessional collaboration. Ten patients participated in the program, and exhibited a mean HgA1C decrease of 0.77%. Average total body weight loss for those on semaglutide was 3.05%. Medication adherence improved and the program generated nearly \$8,000 in cost savings.

Lorena Espinosa Smith

Project Title: Standardization of a PICU Transfer Process for Medically Complex Children.

Pediatric intensive care unit (PICU) staff identified communication silos and safety issues for the transfer of medically complex children (MCC). An evidence-based quality improvement (QI) project developed a screening tool

and checklist to standardize the process, with the following endpoints: improve staff satisfaction, understanding, safety, and efficiency, and achieve a 10% reduction in transfer times out of the PICU for MCC. All staff endpoints improved post-implementation and there was no statistically significant change in transfer times. Thematic analysis of staff feedback supports the need to continue this QI work, focusing on delineating key contact personnel and resources prior to transfer.

Benjamin Tanner

Project Title: Introducing a Workflow and Protocol for Long-Acting Injectable Pre-Exposure Prophylaxis in a Public Health Clinic.

Long-acting injectable pre-exposure prophylaxis (LAI PrEP) prevents HIV transmission and is superior to oral PrEP. A public health primary care clinic inconsistently used LAI PrEP. This project was built on previous work by increasing the consistency and quality of nursing workflows. Outcome measures included adherence to RN workflows and increases in the number of HIV-negative patients starting injectable PrEP. The workflows improved measures of consistent nursing practice, increased the number of patients who received LAI PrEP, and benefited patients during project implementation. This evidence-based practice project demonstrated that optimizing nursing care expanded access to vulnerable patients seeking HIV prevention.

Rahitha Thomas

Project Title: Improving Pre-Dialysis Patient Education and Vascular Access Planning Through Staff Training.

Background: Chronic kidney disease affects millions of Americans, with many initiating dialysis via temporary catheters, increasing infection and mortality risk. At one outpatient renal clinic, only 31% of patients started dialysis with permanent access and 25% attended pre-dialysis education.

Intervention: A structured staff educational intervention was implemented from January to March 2026, targeting dialysis modalities, vascular access, and pre-dialysis education processes.

Results: Medical assistants achieved a 53% mean knowledge improvement, meeting the project target; overall adjusted improvement was 43%. Staff engagement remained high throughout. Patient-level outcomes showed no measurable change during the early implementation period.

Mayra Lizzette Yniguez

Project Title: Antiracism in Action (ARIA): Implicit Bias Recognition and Modification for Reproductive Health Providers.

Racism and implicit bias drive reproductive health inequities in the United States, especially for Black, Indigenous, and other patients of color. At a Federally Qualified Health Center serving predominantly Latinx farmworker communities, leadership identified a gap in reproductive-health-centered implicit bias training. Antiracism in Action (ARIA), an evidence-based quality-improvement program grounded in Reproductive Justice and the Integrated Behavioral Model, delivered three 50-minute self-paced modules plus a two-hour Zoom simulation with PEARLS debriefing. Seven providers completed baseline measures and eight completed post-measures. Knowledge increased 11.11% at two weeks; awareness, self-efficacy, intention, process measures, and psychological safety showed meaningful improvements, supporting feasibility and scale-up.