

Increased Confidence and Knowledge Impact Delay in Long Acting Injectable Administration

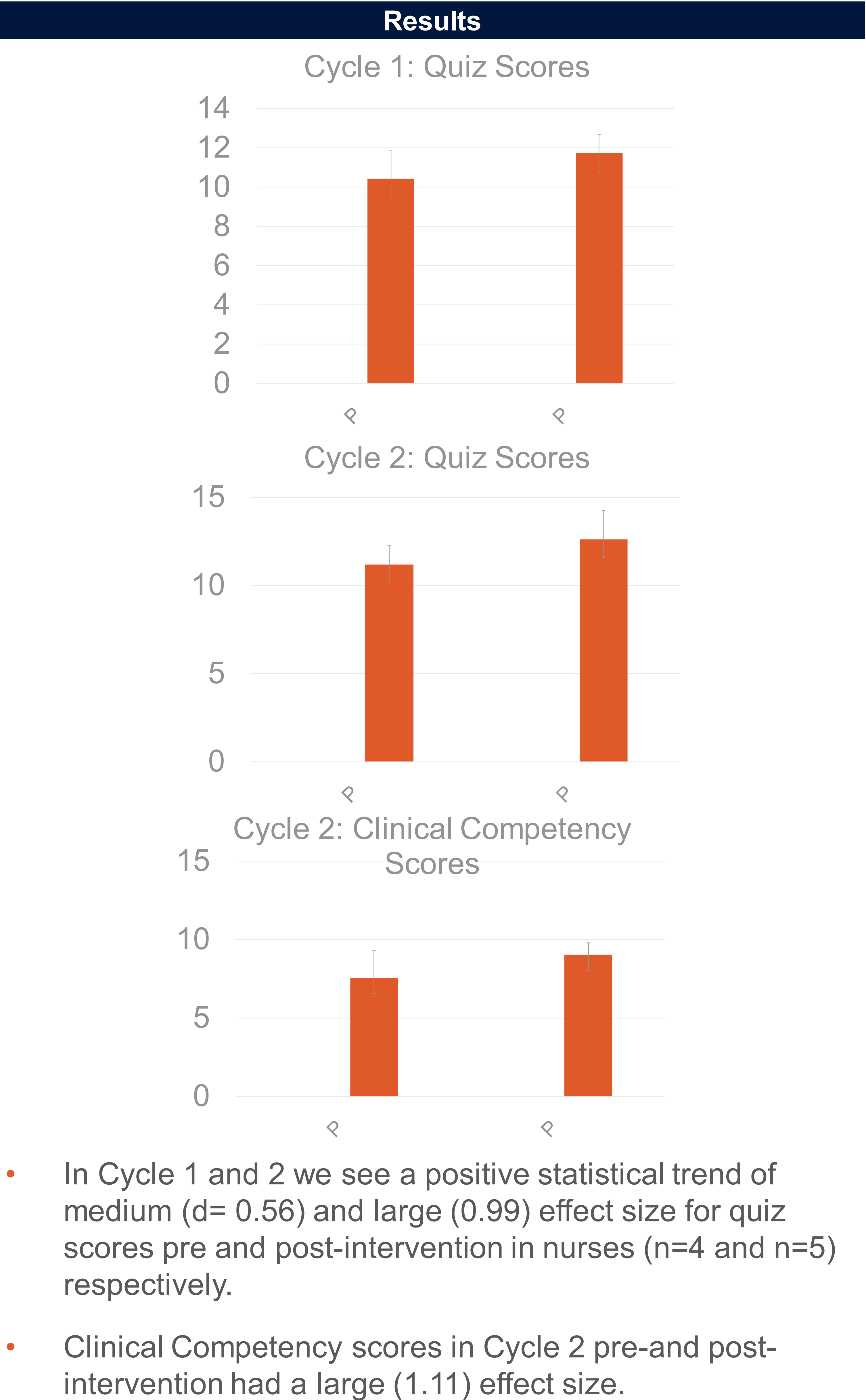
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- Background
- Delay in appropriate care has been proven to increase morbidity and mortality within the general population and especially in the realm of mental health disorders. 1
 - Delay in care is multifactorial however two such examples are delayed initial presentation (averaging 5-10 years in individuals with serious mental illness (SMI)) and initiation of proper medication interventions, both of which are proven to worsen prognosis for chronic mental illness including development of co-morbid psychiatric illnesses, medical comorbidities (i.e. Diabetes Mellitus, Dyslipidemia), as well as self-medicating practices such as illicit substance use. 2
 - Barriers to appropriate care including cost of hospitalization, cost of medication, adherence with medications, socioeconomic barriers and the perceptions of staff toward the use of certain medications including Long Acting Injectable (LAIs) formulations. This stigma that can arise on a unit has been proven to drastically effect the prescribing practices of providers, which can often lead to inadequate treatment post-hospitalization for those with SMI. 3,4

- Objective
- The aim of this project is to bolster knowledge and confidence in our nursing and support staff in order to reduce delays in care on the psychiatric unit.

- Methods
- This is a quality improvement initiative at HCA Florida Orange Park Hospital.
 - Conduct educational session on LAIs for staff, focusing on evidence-based knowledge and proper administration.
 - Administer pre/post quizzes to track knowledge improvement and gather session feedback.
 - Analyze data to measure changes in staff competency and determine statistical significance.
 - Review feedback and implement improvements into project design.
 - Continuously monitor staff competency and adjust educational sessions based on data analysis and feedback.

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- Discussion
- Although there is a positive trend observed in knowledge base and confidence in nursing after our intervention, there is considerable room for improvement in order to establish this trend more robustly based on staff feedback including better formulated questions and more interactive media based learning.
 - Additionally, no nurses completed the post intervention clinical competency scale in the first cycle and several did not complete post-quizzes in both cycles due to multiple reasons including shift changes, staff turnover in the unit and other unexpected unit responsibilities that interfered with their completion of all the rating scales in a timely fashion.
 - The second cycle of our study had more timely completion of the quizzes and competency score sheets. This could be attributed to the second cycle having the educational intervention be a “click through” recorded audio PowerPoint and not a video lecture which allowed staff to appropriately pace themselves through the material.
 - There is a need to establish more ways to increase staff participation in educational interventions that are tailored to their learning styles and minimally interrupt their workflow.
- Conclusion
- The positive trends observed in nursing staff knowledge and confidence following the intervention hold promise for facilitating more timely interventions, particularly with LAIs in patients with SMI. There is room for growth in developing educational strategies that are flexible and address the multiple barriers to care.

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