2017-2022 ACADEMIC PARTNERSHIP WITH HEAD START TO TEACH POPULATION-BASED LEAD SCREENING PROGRAM MANAGEMENT

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Conflicts of Interest

The presenters have no conflicts of interest to disclose

Objectives

- Describe application of CDC guidelines, Minnesota Department of Health Public Health Interventions Model, and RE-AIM program evaluation framework to teach BSN students about planning, preparing, implementing, and evaluating a secondary prevention program to reduce population risks
- Discuss benefits of using CDC guidelines and RE-AIM framework to develop students' population health perspectives and professional leadership and practice roles
- Share program lessons learned and key success factors

Key Stakeholders

- U.S. Department of Health and Human Services
- Texas Department of State Health Services
- Local Health Department
- Public schools
- Target populations
- UIW School of Nursing
- Primary care team

Desired Outcomes

- Reduce population risks & injuries
- Expedite identification of elevated blood lead levels
- Effectively access evaluation & treatment
- Efficiently access home consultation & modifications
- Foster comprehensive & structured learning experiences

- Intra-professional leadership & teamwork
- Program management (equipment & supplies)
- Trans & inter-professional teamwork
- Direct client care

Inputs & Learning Benefits

- U.S. Preventive Services Task Force (2019) recommendations
  - *Capillary blood testing for first screening*
  - Minimally invasive, promotes participation & compliance
- State and federal policies
  - *Medicade-eligible at 12 and 24 months*
  - *Easier to demonstrate accountability*
- CDC guidelines for vaccination clinic (2015)
  - *Designate roles, communication channels, cross-train, client flow/crowd control, resource management, surge capacity*
  - *Guidance hastens & standardizes program development*

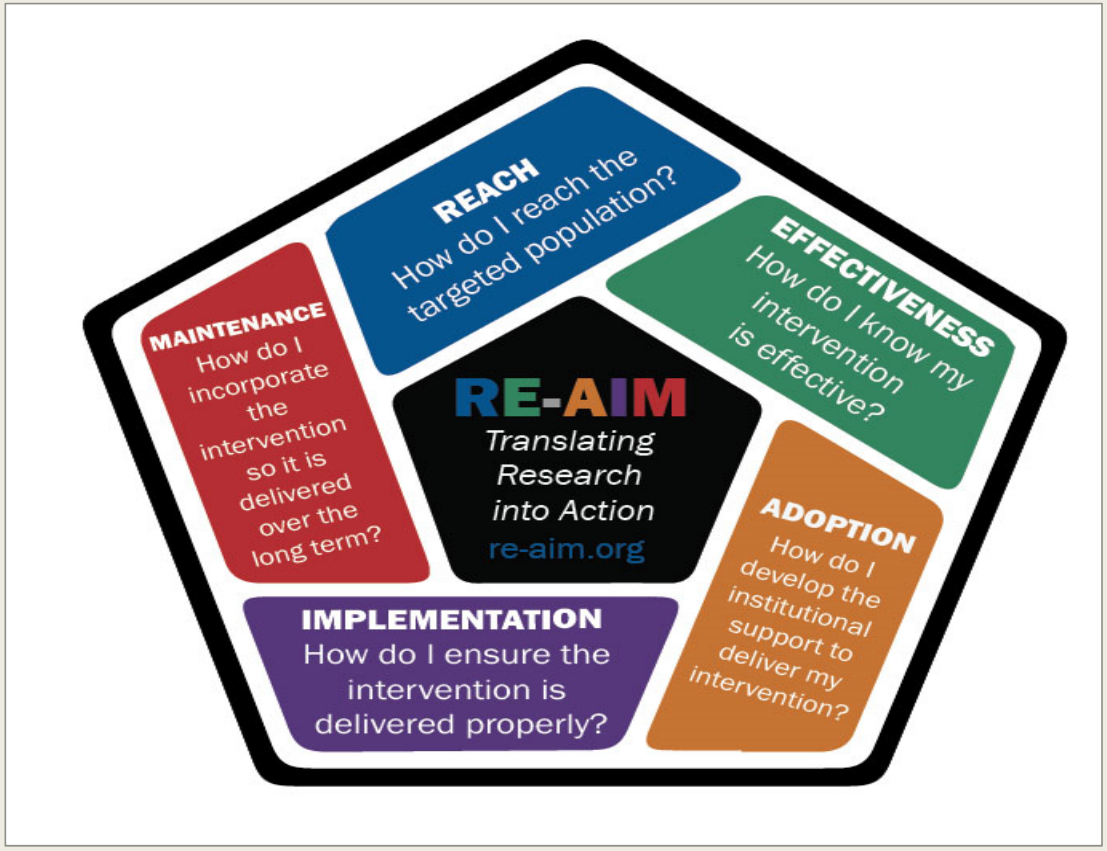
Inputs & Learning Benefits (cont.)

- Minnesota Department of Health (2001) Public Health Interventions Model
  - *Screening, outreach, referral, collaboration, advocacy, education, case finding*
  - *Illustrates interventions are inter-related & synergistic, key RN roles*
- Glasgow, Vogt, and Boles'(1999) RE-AIM evaluation framework
  - *Reach, effectiveness, adoption, implementation, evaluation*
  - *Multi-dimensional focus promotes comprehensive evaluation*

Key Milestones

- Collaborated lead screening contract - San Antonio Head Start & University of the Incarnate Word
- Consulted health department to educate faculty; established policies and documentation forms with Head Start partner
- Developed nursing students' KSA competency checklists related to project management and mass screening roles
- Trained nursing students 5th semester program leadership, 2nd semester nursing students (surge capacity)
- Selected and applied RE-AIM framework to evaluate program outcomes

RE-AIM



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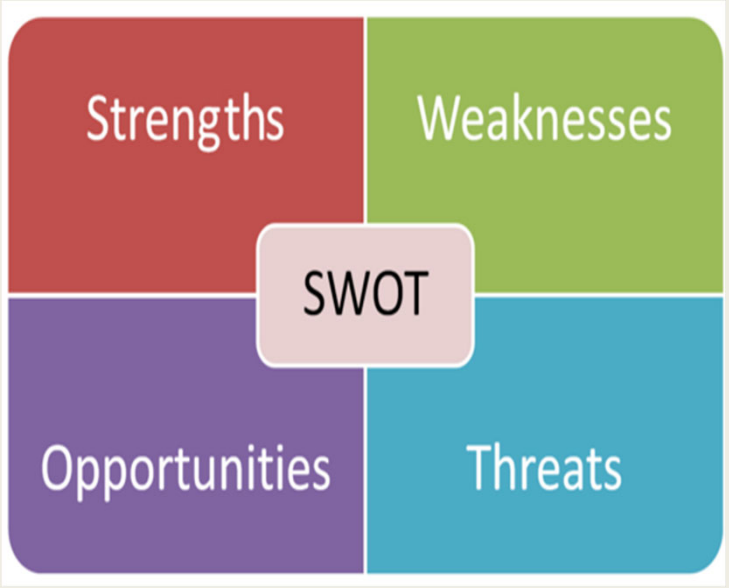
RE-AIM Measures Selected

Reach	Effectiveness	Adoption	Implementation	Maintenance
% of children who met lead screening criteria % children screened	% children identified with lead levels > 5 % of Medicaid-eligible children who received lead screening on or before 2nd birthday (HEDIS)	# of Head Start schools that offer lead screening on campus rather than send out # of UIW students who completed orientation APRN clinic to provide urgent lab services Suggestions for improvements	Total costs: equipment/supplies Cost per child Profit gains Compliance with calibration/controls policy # referrals: primary care manager, Green & Healthy Homes	# UIW faculty assigned to program # of RN volunteers assigned to program # of RN hires assigned to program Trained student workforce

Students' Gains

- SWOT analyses: exercise reflective practice skills
- Epidemiological activities
  - *Case finding*
  - *Preventing Type 1 and 2 errors*
  - *Calculating reach and effectiveness metric rates*
- Population health management
  - *Who: vulnerable populations*
  - *What: social determinants*
  - *Where: population is located*
  - *When: proactive*
  - *Why: risk management*
  - *How: evidence based outreach strategies*
- Coordination intra and inter-team structures and processes
  - *Roles and responsibilities*
  - *Coordination and communications*
  - *Quality assurance and improvement*



Effectiveness

- Positives:
  - *Quality*
  - *Cost & time efficiencies – free labor*
  - *Access to tertiary prevention impacted - lead results >5.0 µg/dL referred to PCP*
  - *Future opportunities: home visit*
- Challenges:
  - *Education & health priorities*
  - *Return trips for "non-cooperatives"*

Slide 12

HD3 Instead of APRN run clinic - DNP with FNP program synergy
instead visionary leader - commuity based primary care curriculum
Hook, Linda D., 5/17/2019

Lessons Learned

Cultivate	partnerships - opportunities to multiply community impacts
Anticipate	students' refresher training needs
Give	responsibilities, students progress from being task to program-oriented
Apply	simulation teaching strategies to promote confidence and competence

Implementation Success Factors

- Nurse managed Clinic
  - *Visionary leadership*
  - Medicaid certified
  - CLIA waiver
  - MD oversight
- Logic model (i.e., inputs, assumptions, goals, objectives, outcomes, outputs)
- National guidelines
- Theoretical framework (RE-AIM)
- Health department consultant (train the trainer)
- Partnership policies to promote compliance
- Lesson plans & competency checklists to promote training consistencies

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