

# INTRODUCTION

### **Background & Significance**

- Osteoporosis: Most prevalent bone disease among older adults (Sabin & Sarter, 2014)
- Significant disease-associated morbidity and mortality
- It is preventable (through modifiable risk factors) (Kling, Clarke, & Sandhu, 2014)
- Inadequate screening = late detection = increased morbidity
- Osteoporosis results from bone density loss and causes fragility fractures (Kling, Clarke, & Sandhu, 2014).
- It is a silent disease until a fragility fracture occurs
- 50% risk thereafter for subsequent fracture (French & Emanuele, 2019).
- Prevalence in postmenopausal women due to the retraction of estrogen (1 in every 2 women) (Daly et al., **Purpose**
- To create a multifaceted osteoporosis preventative initiative that integrates a nurse-led protocol for osteoporosis screening and recommend lifestyle osteoprotective modifications improve BMD and increase DEXA screening rates. to

### **Specific Aims**

- Create a nurse-led protocol for telehealth nurses
- **IL** Educate nurses about the Healthy Bones initiative
- III. Improve DEXA screening rates for women > 50
- IV. Increase knowledge, clinical skills, and confidence of telehealth nurses regarding Osteoporosis

# PROMOTING BONE HEALTH THROUGH UTILIZATION OF A NURSE LED PROTOCOL

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## SUBJECTS

### **Setting & Recruitment**

- Population: Telehealth nursing staff (n=25) . Location: Single telehealth facility, Los Angeles . Location provides all virtual support for five
- medical buildings.

#### Sample

Participants were recruited from the Telemedicine department n-25 ( LVN's).

## METHODS

### Design

- Facts on Osteoporosis Quiz (FOOQ)
- Novel four question Likert-like survey
- Novel EHR osteoporosis tool
- Educational materials (PPT, one on one, etc.)
- EHR data mining conducted by IT department

#### **Data Collection**

- ▲ FOOQ: Pre- and Post- survey results: Paired sample doubled-tailed t-test (p=0.05)
- Likert-like survey: Paired sample doubled-tailed ttest (p=0.05)
- DEXA ordering: Fischer's exact test of independence (p=0.05)
- Data analyzed using SPSS version 25, StatPlus
  Excel plug-in

- the FOOQ
- improved
- years old
- age but the increase was not statistically significant

DEXA Scoring for Pre & Post Implementation Women >65 years old

	DEXA Columns Pre and Post-Implementation Women >65				DEXA Columns Pre a	DEXA Columns Pre and Post-Implementation Women 50-64			
N's &	DEXA count for Women > 65	Pre- Implementation	Post- Implementation	Total	DEXA count for Women 50-64	Pre- Implementation	Post- Implementation	Total	
	No DEXA	797	679	1476	No DEXA	11981	11904	23885	
	Yes DEXA	14268	14386	28654	Yes DEXA	2895	2979	5874	
	Total	15065	15065	30130	Total	14876	14883	29759	

#### Conclusions

Strategies for osteoporosis prevention are both costeffective, increase efficacy, and promote healthy bones (identification and modifications of modifiable osteoporosis risk factors).

#### Limitations

Use of a non-random sampling plan-only the Telehealth nurses at a single location were able to participate in the project increased the risk of selection bias

#### **Future Directions**

Telehealth nurses translate into healthy bones? **References:** 

Fischer, C. R., Vasudeva, E., Beaubrun, B., Messer, Z., Cazzullino, A., & Lehman, R. (2018). Osteoporosis knowledge among spine surgery patients. International journal of spine surgery, 12(6), 689–694. https://doi.org/10.14444/508

This project is in partial fulfillment of the degree requirements for the Doctor of Nursing Practice at Touro University Nevada

### RESULTS

• The nurses participating in the project significantly improved on

• The opinions of the nurses involved in the project significantly

• DEXA ordering significantly increased for female patients > 64

• DEXA scan ordering increased for female patients 50-64 years of

DEXA Scoring for Pre & Post Implementation Women 50-64 years old

### DISCUSSION

# Future research questions: Do recommendations made by