Distribution Statement

Distribution A: Public Release.

The views presented here are those of the author and are not to be construed as official or reflecting the views of the Uniformed Services University of the Health Sciences, the Department of Defense or the U.S. Government.

Reporting Compliance with Risk Mitigation Strategies from Clinical Practice Guideline for Opioid Therapy for Chronic Pain

Uniformed Services University

Nathan C. del Rio, Rachael E. Antone, and Jorge Romero

Copyright Acknowledgement Statement

"The author(s) hereby certify that the use of any original work by another author or copyrighted material used in the DNP project entitled: *"Reporting Compliance with the Clinical Practice Guidelines for Opioid Therapy for Chronic Pain"* is either appropriately cited within the manuscript or used with formal written permission of copyright release by the owner of the original work."

[redacted]

Nathan C. del Rio, BSN, RN, Capt, USAF, RN-BC
Family Nurse Practitioner Program
Daniel K. Inouye Graduate School of Nursing
Uniformed Services University
May 12, 2019

[redacted]

Rachael E. Antone, BSN, RN, Capt, USAF, RN-BC
Family Nurse Practitioner Program
Daniel K. Inouye Graduate School of Nursing
Uniformed Services University
May 12, 2019

[redacted]

Jorge Romero, BSN, RN, Capt, USAF, RN-BC
Family Nurse Practitioner Program
Daniel K. Inouye Graduate School of Nursing
Uniformed Services University
May 12, 2019

Table of Contents

Abstract……....5

Introduction……..6

Significance of the Problem...……..7

Clinical Question……...……...10

Focus Areas...……..……10

Project Short and Long Term Goals...…….……...……10

Anticipated Global Impact...……...11

Organizing Framework...……...……11

Project Design...…….……13

Evidence Evaluation...…….……...13

Setting...……..……15

Procedural Steps...……...……...15

HIPAA Concerns (IRB)...…..……..……..….17

Project Results……...18

Analysis of the Results……...19

Organization Impact/Implications to Practice and Policy…….20

Future Direction for Research and Practice……...21

Limitations…….22

Conclusion…….23

References….……...……..……...25

Appendices……30

Team Mentor (Committee Membership) Agreement Form……..33

CITI Certificates for all students…….…….…….34

USU (VPR) Form 3202N (final copy from Office of VPR)…….……40

MTF IRB/PI Letter of Determination…….……..42

PAO Clearance /Level of Dissemination Classification…….……..43

All forms (blank forms) used in data collection…….……..55

DNP Project Completion Verification Form…….……...56

Timeline……...……...……...……..57

Abstract

Phase II Site: Joint Base San Antonio

Project Title: Reporting Compliance with the Clinical Practice Guidelines for Opioid Therapy for Chronic Pain

Authors: del Rio, N.C., Antone, R.E., & Romero, J.

Background or Problem/Issue: Chronic pain affects an estimated 116 million adults. In the military, chronic pain and opioid therapy is a growing concern. Use of long-term opioid therapy (LOT) in the management of chronic pain without implementing risk mitigation strategies has led to a nationwide epidemic of opioid abuse.

Clinical Question or Purpose: Among primary care providers at the family health clinics at JBSA-Lackland and Randolph, does the implementation of a provider-level adherence report affect adherence with the Department of Veterans Affairs (VA) and Department of Defense (DoD) clinical practice guideline (CPG) for management of opioid therapy for chronic pain compared with current practice?

Project Design: A monthly dashboard was published and disseminated to providers showing the total number of current LOT orders per provider and individual adherence to risk mitigation strategies outlined in the CPG, focusing on annual urine drug screening (UDS), co-prescription of naloxone, and co-prescription of benzodiazepines.

Analysis of the Results: Each set of variables was assessed for normal distribution. Normally distributed results were compared using a paired t-test and non-normally distributed results using a Wilcoxon Signed Rank test. Analysis of the results depicted statistically significant decreases, increases, clinical inertia and no change in the following: LOT prescriptions, co- prescription of naloxone, UDS, and co-prescription of benzodiazepines, respectively.

Organizational Impact/Implications for Practice: Clinically significant increases in naloxone prescriptions and reduction in opioid prescriptions were major outcomes. Areas for improvement remain in annual urine drug screening compliance. Through a sustainability initiative with Defense Health Agency (DHA) teams, monthly reports in Care Point are projected to be easily accessible for Pain Champions and providers to continue with the necessary cultural transformation among opioid prescriptive practices.

Introduction

The National Academy of Medicine (2011) recognizes chronic pain as a significant public health concern, with an estimated 116 million adults affected and a national economic cost of up to $635 billion. While research does not support the effectiveness of long-term opioid use in the management of chronic pain, there has been an increase in the proportion of pain visits during which opioids are prescribed (VA and DoD, 2017). There is a growing body of evidence that the use of long-term opioid therapy (LOT) (consistent use for >90 days) in the management of chronic pain contributes to increased risk of mortality, overdose, and substance use disorder (VA and DoD, 2017). Additionally, treatment of acute and chronic pain is costly for the Department of Defense, and diverts funding that is desperately needed to maintain readiness (Jonas & Schoomaker, 2014).

To address the epidemic of opioid over-prescription, the Department of Veterans Affairs and the Department of Defense (2017) have developed evidence-based Clinical Practice Guidelines (CPGs) to transform the management of chronic pain and to guide safe prescribing practices (VA and DoD, 2017). Within this CPG is a group of risk mitigation strategies. Providers utilizing opioid therapy should use these strategies to help prevent adverse outcomes. Examples of these are co-prescription of naloxone, not prescribing opioids to patients

who use benzodiazepines, and urine drug screening performed at the initiation of chronic opioid therapy and at least annually thereafter (VA and DoD, 2017).

Adoption of the CPG's risk mitigation strategies will hopefully lead to more appropriate management of chronic pain, a limitation of the adverse outcomes associated with the already existing national opioid epidemic, and an overall reduction in LOT (del Portal, D. A., Healy, M.E., Satz, W. A., McNamara, R. M., 2016; Toblin, Quartana, Riviere, Walper, & Hoge, 2014; Turn the Tide Rx, 2016). Interventions, such as a clinical dashboard showing provider adherence, have been successful in guiding practice and reducing this epidemic (Anderson, Zlateva, Khatri, & Ciaburri, 2015).

Significance of the Problem

The harms of opioid use are well documented and are a growing concern both in the military health system (MHS) and the general public. Reaching national attention, strategies are being implemented nationwide to combat the current opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), from 2000 to 2015, approximately 91 Americans die daily from opioid misuse. Prescription opioid pain relievers are the leading drugs involved in opioid overdose (CDC, 2016).

The military is not immune to the opioid crisis; thousands of service members are on chronic opioid therapy (Toblin et al., 2014). Military personnel are more prone to chronic pain than the civilian population with rates approaching nearly 44% versus 26%, respectively (Toblin et al., 2014). The hazards of duty and combat exposure, extended work hours, and demanding physical activity place military personnel at a higher risk for chronic pain (Toblin et al., 2014). Additionally, service members are at increased risk of developing psychiatric trauma symptoms and comorbid chronic musculoskeletal pain conditions (McGreary, McGreary,

Moreno, & Gatchel, 2016). As a result of the aforementioned arduous duty conditions, opioid prescriptions for chronic pain management have increased dramatically in the MHS and have subsequently been accompanied with increases in opioid overdose, abuse, addiction, and diversion (Chou, Turner, Devine, Hansen, Sullivan, … and Deo, 2015). Furthermore, with the increase in opioid use for chronic pain management, there has been a parallel increase in opioid-related morbidity and mortality (Chou et al., 2015, VA and DoD, 2017, CDC, 2016; Turn the Tide, 2016). In 2009, military physicians prescribed 3.8 million opioid prescriptions, four times the rate in 2001, and potentially placed members at risk for abuse (Sharpe et al., 2014). Contributing factors to the current opioid epidemic are multifactorial and related to variation in care, provider unfamiliarity with available resources in managing chronic pain, and current knowledge gaps in pain management evidence-based practice (EBP) (Office of the Surgeon General et al., 2010).

Adhering to risk mitigation strategies outlined in the CPG in managing chronic pain with opioids is critical to the safety of our patients. Additionally, in the military it is essential for maintaining unit readiness that patients pain be managed without LOT when possible as pain syndromes requiring LOT may be a disqualifying factor for continued service. The CPG describes several risk mitigation strategies that strive to promote safe prescribing practices and increase patient safety and include: urine drug screening, co-prescription of naloxone, and avoidance of concurrent use of benzodiazepines and opioid therapy (VA and DoD, 2017). A study by Ives, Chelminski, Hammett-Stabler, Malone, Perhac, Potisek, . . . and Pignone (2006) revealed that chronic pain patients had misuse rates higher than 30%, thus validating the necessity of utilizing urine drug screening as a means of management. Also, with the increased risk of morbidity and mortality from opioid misuse, urine drug screening promotes trust in the

provider-patient relationship, strives to improve patient safety and verifies adherence to the current regimen (VA and DoD, 2017). Co-prescription of naloxone with opioid therapy can be a potential life saving intervention. While opioid-related deaths can be unfortunate, co-prescribing naloxone aims to circumvent the incidence of unintentional overdose. Studies have established clinical efficacy, showing decreased rates of emergency department visits from overdose and sufficient documentation for reversal agent use in data provided by the CDC (McAuley, Alcott, & Matheson, 2015; VA and DoD, 2017). Numerous healthcare organizations support the management of patients on opioid therapy and co-prescription of naloxone, and the CPG recommends it as a means of improving patient safety (VA and DoD, 2017).

Provision of opioids for a period lasting longer than three months has been linked to increased rates of opioid use disorders (OUD). The strongest predictor of OUD was tied into the duration of therapy as opposed to dose (Edlund, M. J, et al., 2014; VA and DoD, 2017).

Opioids and benzodiazepines, when used in combination, have been shown to increase the risk of overdose and death from overdose (Park, Saitz, Ganoczy, Ilgen, & Bohnert, 2015; VA and DoD, 2017). Therefore, it is recommended that these medications not be prescribed together or tapering off one of these medications be initiated. The military population has patients more prone to developing psychiatric symptoms coupled with chronic pain syndromes that may lead providers to contemplate prescribing benzodiazepines, while on opioid therapy for pain (McGreary et al., 2016). Given the danger of co-prescribing opioids and benzodiazepines, strict adherence to this recommendation is imperative as the risks often outweigh the benefits.

Utilizing evidence-based guidelines such as the CPG ensures that military providers are using best practices to drive clinical decisions and increase patient safety. Currently, there are 18 recommendations addressed in the CPG that provide guidance when managing patients with

chronic pain. The risk mitigation strategies discussed above will remain the focus of our project. Tracking provider adherence rates to the risk mitigation strategies with a clinical dashboard creates transparency among prescribing providers. Additionally, this approach aims to reduce deviation from best practices, thus increasing patient safety (Anderson et al., 2015; VA and DoD, 2017).

Clinical Question

Focus Areas

This project had two focus areas: staff education and creation of a monthly provider adherence report. The first focus was implementing an educational intervention for clinic providers outlining the changes to the CPG, with a focus on risk mitigation strategies for patients on chronic opioid therapy. The second focus area was the implementation of a monthly provider adherence report to the opioid risk mitigations strategies in the form of a clinical dashboard.

Project Short and Long-Term Goals

Improving adherence with evidence-based practices for the management of chronic pain patients can be instrumental in halting progression of the opioid epidemic, reducing adverse outcomes of opioid use, decreasing healthcare costs, and maintaining readiness of our total force (Schoneboom et al., 2016). Utilization of a clinical dashboard displaying provider adherence rates with the selected risk mitigation strategies outlined in the CPG and dispersal of a pocket reference CPG have been associated with a reduction in the use of chronic opioid therapy and an increase in CPG adherence rates (Anderson et al., 2015; Stanek, Renslow, & Kalliainen, 2014). Our projected short-term goals were to increase adherence to the selected risk mitigation strategies outlined in the CPG. The long-term goals include an improved compliance with the

CPG, a reduction in misuse and abuse among chronic pain patients, and a decrease in long-term opioids prescribed.

Anticipated Global Impact

Military service members are at higher risk of developing chronic pain. Therefore, provider adherence to evidence-based management strategies for chronic pain patients in the MHS is imperative to mitigate the continued growth of the opioid epidemic and safeguard patients against risks such as dependence and overdose. The anticipated global impact is a reduction in inappropriate opioid prescriptions, improved patient safety, and decreased costs to the Department of Defense (DoD) for improved medical readiness. Overall, appropriate use of opioid risk mitigation strategies will facilitate the delivery of highly-reliable healthcare and protect mission readiness of patients seen at the JBSA-Lackland and JBSA-Randolph family health clinics.

Organizing Framework

The Iowa Model of Evidence-Based Practice, first developed in the 1990s, is problem focused, explicitly designed for the implementation of EBP projects, and applies to our CPG adherence project (Buckwalter et al., 2017). The Iowa Model is broken into three major decision points: (1) Identify Triggering Issues/Opportunities, (2) Assemble, Appraise and Synthesize [the] Body of Evidence" (3) Is [the] change appropriate for adoption in practice?

The first point in the Iowa Model is "Identify Triggering Issues/Opportunities" (Buckwalter et al., 2017). This decision point took place during the first semester at the Uniformed Services University (USU). The problem was identified by looking at the healthcare system, and reviewing the US Surgeon General's letter on the opioid crisis (Turn the Tide Rx, 2016). While the project does not directly address opioid use or prescriptions, improving

adherence with the VA/DoD CPG for LOT should result in more appropriate prescriptions of opioids as desired by the US Surgeon General (Turn the Tide Rx, 2016; VA and DoD, 2017). The second point in the Iowa Model is for the team to "Assemble, Appraise and Synthesize [the] Body of Evidence" (Buckwalter et al., 2017). This step took place throughout the duration of the project. The final decision point of the Iowa Model is "Is [the] change appropriate for adoption in practice? If no, consider alternatives" (Buckwalter et al., 2017). This step ensures a point at which the current interventions can be revised or continue interventions that have been successful.

Based on the literature search findings, a provider dashboard was developed based on certain risk mitigation strategies outlined in the VA/DoD CPG for Opioid Therapy for Chronic Pain and was implemented in the family health clinics at JBSA-Lackland and JBSA-Randolph (Anderson, et al., 2015). The development of the intervention and pilot in the clinics is the third step of the Iowa Model (Buckwalter et al., 2017). Discussion of how to move forward with the final step of the Iowa Model can be found in the implications for practice and conclusion sections below.

Project Design

Evidence Evaluation

PubMed, the Cumulative Index to Nursing and Allied Health Literature (CINAHAL), and PsychINFO were searched to identify articles and abstracts for inclusion in this review of the literature on adherence to clinical practice guidelines in managing chronic pain. The PubMed search utilized Medical Subject Heading (MeSH) term "Practice Guidelines" or "Guideline Adherence" and keywords "opioids" or "narcotics" or "controlled" substances. The CINAHL and PsycINFO search utilized keywords "clinical guideline" or "practice guidelines." Additional

search terms included “compliance” or “adherence” and “narcotics,” “opioids” or controlled “substances.” The searches were limited to articles published in English after 1 January 2005.

We evaluated titles and abstracts of these articles for inclusion in this review of the literature. Inclusion criteria were data-based articles that described adherence to clinical practice guidelines and identified an explicit intervention. Exclusion criteria were articles that did not include a specific intervention. We ensured interrater reliability with a system of two groups, consisting of two group members in each, screening titles, abstracts, and bodies (as necessary). Each group evaluated the entire body of articles and assigned them to an included or excluded group. Any discrepancies between the two groups identified after initial review for inclusion and exclusion criteria were discussed and resolved by consensus of the whole group. The remaining articles were categorized and entered into a summary table to allow cross-comparison of intervention, sample size, variables of interest, and findings (LoBiondo-Wood & Haber, 2014). Appraisal of the included articles' rigor was assessed using current reporting guidelines. We utilized Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0), Consolidated Standards of Reporting Trials (CONSORT 2010), The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE), for quality improvement articles, randomized control trials, and observational studies, respectively.

As of 19 February 2019, this search strategy yielded 239 peer-reviewed articles. After review, 12 articles were included in the synthesis (Figure 1).

All articles selected for inclusion identified healthcare providers as the target population with an intervention that addressed CPG and or protocol adherence. Since improvement in CPG adherence amongst health care providers will be the focus, the current articles selected are relevant to the PICOT question. Additionally, some studies reviewed were multifaceted, and

beyond the scope of the project in aspects of time and resources, however, they do provide arms of the study that may be utilized to improve CPG adherence in the MHS. These 12 articles consisted of unique samples in their respective healthcare settings.

The quality of the included articles varied both in the level of evidence and the rigor of the design (Anderson et al, 2015; Choi et al, 2014; del Portal, Healy, Satz, & McNamara, 2015; Dorlinger et al, 2014; Francis, 2014; Isenberg, Kissman, Salinski, Saks, & Evans, 2018; Jacobs et al, 2016; Lasser et al, 2015; Leibschutz et al, 2017; Stanek et al, 2014; Snelgrove-Clarke, Davies, Flowerdew, & Young,2015; Strike et al, 2007). After the exclusion of all non-satisfactory article, the articles varied in their levels of evidence between II and VII (Table 1). The rigor of the case studies was questionable due to a minimal discussion or absence of discussion of the available evidence. Another commonly encountered problem was a failure to discuss the study limitations.

Consistency among the articles was minimal. While the studies' interventions targeted CPG adherence, there was not any individual intervention or approach noted across multiple studies. However, there were several articles that noted statistically significant improvement as a result of their specific intervention (Anderson et al, 2015; Choi et al, 2014; del Portal et al, 2015; Dorlinger et al, 2014; Francis, 2014; Isenberg et al, 2018; Jacobs et al, 2016; Lasser et al, 2015; Leibshutz et al, 2017; Stanek et al, 2014; Strike et al, 2007). Only Snelgrove-Clarke, Davies, Flowerdew, & Young (2015) did not find a statistically significant improvement because of the "action learning" intervention. A number of the interventions utilized among the selected articles are suitable and appropriate for the environment in which we will be working. Examples of interventions identified during our literature search but not chosen include implementation of standard operating procedures, specific education programs/workshops, evaluation of daily

morphine equivalent dose, peer review, and utilization of clinical pharmacists as direct consultants when prescribing opioids (Choi et al., 2014; Dorlinger et al., 2014; Francis et al., 2014; Jacobs et al., 2016; Snelgrove-Clarke et al., 2015; Strike et al, 2007). The interventions that we chose to implement were the most adaptable and appropriate for our environment.

Setting

This project will take place in the family practice clinics at JBSA-Lackland and JBSA-Randolph. The intervention will focus on the providers in the clinic who have prescribing privileges and treat patients with chronic pain syndromes.

Procedural Steps

We designed this project around the problem-based trigger of the national opioid crisis. Through discussion with our phase II site directors, we received validation that the problem was consistent with the locations where the project will be taking place. Additionally, they confirmed that this clinical issue is a priority for the organizations. While our literature search did not reveal a single superior intervention, some suitable interventions were noted. There were two interventions identified during our literature search that seemed most applicable to those clinics. The first is a monthly adherence dashboard, reinforcing the already existent VA/DoD CPG through an in-person education, and the second is the dispersal of a pocket reference (Anderson et al., 2015; del Portal et al., 2015; Stanek et al., 2014). Baseline performance of each provider was assessed in total number of LOT prescriptions, co-prescription of naloxone, co-prescription of benzodiazepines, and utilization of urine drug screening over the past year during the first quarter of FY18(VA and DoD, 2017). The initial education and beginning of monthly dashboard publication took place at the start of the first quarter of FY19. The decision was made to compare the same time periods of each year to minimize disruption of

results associated with personnel relocation common to the military during certain seasons. The intervention began with a face-to- face education on the 2017 VA/DoD CPG Management of Opioid Therapy for Chronic Pain along with the introduction of the dashboard. We produced a dashboard for the providers' viewing that reports each provider's adherence to the three identified risk mitigation strategies in the CPG and their total number of active LOT prescription. Since no identified benchmarks have been established as to what appropriate compliance signifies, an arbitrary 70% benchmark was utilized to evaluate baseline adherence and adherence hereafter, in this project. All providers had access to the entire dashboard, which was updated monthly, and they were able to see each other's adherence reports and to compare to their own. The use of a similar dashboard was effective in increasing adherence in a study by Anderson et al. (2015). At the conclusion of the education, each provider was given a pocket reference about the CPG which is produced by the Department of Veterans' Affairs (Stanek et al., 2014; VA and DoD, 2017).

As discussed previously, quarter one of FY18 was utilized to establish the baseline performance of the included providers. To secure these rates, data was mined from the Military Health System Data Repository, which was able to provide the same raw data used to configure the dashboard in FY19. Adherence to the three risk mitigation strategies and total number of LOT prescriptions for these two periods of time were compared to determine if the interventions affected provider behavior.

HIPAA Concerns (IRB)

Our project focused on improving providers' adherence to the VA/DoD CPG risk mitigation strategies in the management of patients on LOT for Chronic Pain. Protected Health Information (PHI) was not collected on any individual patient. This project was not designed to

develop or contribute to generalizable knowledge and is therefore not considered research according to the Department of Health and Human Services Protection of Human Subjects (2009). However, some laws apply to the information subject to review, notably the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The medical record number is considered an identifier under HIPAA; use of the medical record number creates the risk of violating privacy during collection (Protection of Human Subjects, 2009). Nonetheless, any information reviewed was not displayed or utilized other than determining provider adherence rates. We implemented the clinical dashboard as a tool to improve transparency in the management of chronic pain amongst participating providers. Provider's names remained confidential through provider identifiers, random numbers assigned to each provider. Providers were able to see where they ranked in comparison to other unidentified providers in their clinic.

Project Results

The post-intervention data collection period was compared to the same timeframe during the previous fiscal year. This was designed to mitigate historical influences common to military permanent change of station seasons, such as patient or provider turn over. While baseline data was collected on all providers during the intervention period, only data from providers present during the pre-intervention comparison period were included for analysis. Fifteen providers were included for analysis. Each variable was evaluated for normality utilizing Shapiro-Wilk normality test. All variables were normally distributed except the pre-intervention naloxone co-prescription. For normally distributed variables, the paired t-test was used to evaluate change. For naloxone co-prescription, the Wilcoxon Signed Rank test was used. Statistical analysis was performed by a 59th Medical Wing biostatistician. There was a statistically significant decrease in numbers of pre-intervention LOT prescriptions (M=34.6, SD=14.7) and post-intervention

LOT prescriptions (M=47.6, SD=18.8); t(14)=-4.11, p=.001 (Figure 2 & 3). There was a statistically significant increase in co-prescription of naloxone and LOT (S=33, p=.001) (Figure 2 & 3). There was no statistically significant change in co-prescription of benzodiazepines and LOT (Figure 2 & 3). There was a statistically significant decrease in pre-intervention UDS (M=10.8%, SD=5.3%) and post-intervention UDS (M=6.4%, SD=4.3%); t(14)=-2.34, p=.035 (Figure 2 & 3).

Analysis of Results

The results described above demonstrated positive, neutral, and negative changes in practice, respectively. While the intervention was designed to encourage providers to be more aware of the appropriate risk mitigation strategies and their individual practice habits, only a few providers actively sought out their individual identifiers. This was a difference from Anderson, Zlateva, Khushbu, and Ciaburri's (2015) clinical dashboard, where providers were visible by name. In this project, the change noted in overall LOT prescriptions and co-prescription of naloxone and LOT were as desired, despite this difference in dashboard design. While co-prescription of benzodiazepines and LOT did not have any significant change, it is important to note that the majority of providers were already meeting the 70% compliance goal prior to the intervention. However, this 70% compliance goal was established arbitrarily because, apart from the recommendations by the CPG to avoid co-prescription, there was not an established benchmark accounting for the few exceptions when co-prescription may be medically necessary. As discussed by Gressler, Bradley, Hudson, and Painter (2018), risks of adverse events with overlapping opioid and benzodiazepine prescription is significant, and thus a tighter compliance goal may be appropriate. In relation to the decrease in urine drug screen use during the post intervention period, it is important to consider what things may have affected the providers'

decision-making about whether or not to use urine drug screen in patients. The CPG itself identifies that urine drug screening is far from robust (VA and DoD, 2017). In practice, urine drug screens are encouraged to identify if patients are using their prescribed medications and if they are using any non-prescribed controlled substances in addition to their prescribed therapy, but the sensitivity and specificity of urine drug screens vary greatly based on the technique used and may not detect prescribed medications that are taken intermittently (VA and DoD, 2017). This can limit the clinical applicability of these tests. While providers should do their best to comply with the CPG, this imperfection in the sensitivity and specificity of urine drug screens may be why providers are hesitant to adopt this practice. Additionally, while our intervention did briefly educate the providers on the risk mitigation strategies contained in the CPG, the dashboard itself was the primary instrument to facilitate practice change. Therefore, there was not sufficient opportunity for the providers to address their concerns with utilizing urine drug screens so universally with LOT patients.

Organization Impact/Implications to Practice and Policy

The adaptability of CPG in clinical practice will be pivotal in the management of patients on LOT. Additionally, improving adherence in opioid prescribing practices strategically aligns with military readiness, strives to reduce inappropriate prescriptions, improves patient safety, and decreases unnecessary costs within the MHS system. While the CPG has not been fully adopted in the MHS system, strides to fully adopt the VA/DOD CPG in clinical practice should be initiated. As a result of our findings, adherence to the VA/DOD CPG at our respective MTF revealed clinically significant improvement in naloxone prescriptions and a subsequent reduction in LOT prescriptions. Annual urine drug screening remains an underutilized area in this study. However, UDS remains an effective tool that promotes patient/provider trust, therapy adherence,

and identifies early misuse among patients (VA and DoD, 2017). Improving clinical practice in the MHS system through the use of the CPG is a recommended clinical practice change. Incorporating risk mitigation strategies in daily clinical practice can aid in improving opioid prescribing practices. Adopting strategies to drive organizational change can be challenging, so finding innovative ways to increase provider adherence to best practices remains the focus of this project. Through a sustainability initiative with Defense Health Agency (DHA) Enterprise Intelligence and Data Solutions (EIDS) Teams, monthly reports in Care Point are projected to be easily accessible for Pain Champions and providers to continue with the necessary cultural transformation among opioid prescriptive practices. This initiative will shape opioid prescribing practices in the MTFs that utilize tools to inform and guide providers on current opioid prescribing trends.

Future Direction for Research and Practice

The overall aim of our project was to assess adherence to the CPG in the management of LOT amongst providers at JBSA-Lackland and JBSA-Randolph. Through the implementation of a provider dashboard we were able provide visibility of opioid prescribing adherence rates as it pertains to the CPG's risk mitigation strategies. While the results in our project revealed statistically significant improvement in co-prescription of naloxone and a statistically significant decrease in overall opioid prescriptions, there is potential for improvement in adherence to the risk mitigation strategies outlined. It is apparent that oversight, initiation of a benchmark, and visibility of peer opioid prescribing trends can be beneficial in the management of patients on LOT. While this project disseminated provider adherence rates unanimously, we considered this a limitation and recommend that any future projects of this type provide complete transparency, which could more strongly influence behavioral change among opioid prescribing practices.

With the implementation of a clinical dashboard now available on CarePoint, Pain Champions at the respected clinics can continue to observe opioid prescribing trends with complete transparency. Additionally, inclusion of the Disease Management teams in LOT would be beneficial to tracking increased adherence to the CPG's risk mitigation strategies. Further expansion within the MHS/DHA on adherence is a future goal for the created clinical dashboard as potential implications target the management of patients on LOT in accordance with the CPG and DHA initiatives to reduce the national opioid epidemic.

Limitations

There were several limitations identified in this project. There is likely historic bias inherent to the project, due to the large publicity of the opioid crisis. Many providers are already modifying their practice habits based on the attention being given nationally to appropriate opioid use. The three-month intervention period was another limitation of our project. Practice change takes time and a longer intervention period may have allowed for stronger adoption by the providers, and would likely have increased the reliability of the results. Also, the transient nature of military medicine often results in fragmented care due to providers and patients moving into and out of clinics regularly. This may result in providers adopting patients whose current medication regimens are in or out of alignment with the CPG, despite not having seen his or her new provider. While all providers in the respective clinics could view adherence rates in the provided clinical dashboard, no names were included as each provider was assigned a number. The decision to blinding the providers may have limited the overall impact due to the providers knowing that other providers would be unable to identify their personal practice habits. Finally, the project design limited the contact with providers to the initial education and a monthly email highlighting that month's dashboard publication. The ability to "nudge" the providers on a more

frequent basis, reminding them of the dashboard and addressing any immediate concerns with proposed practice changes may have resulted in a more profound result, but could make the intervention less reproducible (Isenberg, et al., 2018).

Conclusion

Combating the current opioid epidemic remains an elusive endeavor. Strategies to address the epidemic of opioid over-prescription, include the development of the VA/DOD CPG, which is found to be underutilized in the MTFs where this project was implemented. Finding innovative ways to improve adherence to an evidence-based guideline in managing patients on LOT remains a nationwide concern and one that our project attempted to address. Utilizing health information technology and creating a culture of transparency to opioid prescribing practices by visible provider adherence rates has been effectively shown to influence behavioral changes amongst providers prescribing practices (Anderson, et al., 2015). This project demonstrated that creating a clinical dashboard at JBSA-Lackland and JBSA-Randolph was effective for increasing adherence to the CPG's risk mitigation strategies in co-prescription of naloxone with LOT and a reduction in opioid prescriptions overall. With considerate modifications of the overall intervention, the areas of benzodiazepine co-prescription and urine drug screens may be affected in the desired direction, and LOT prescriptions and naloxone co-prescription may be more significantly improved. Some possible changes to consider are inclusion of provider names on the dashboard, more frequent face-to-face and virtual contact with the providers allowing for individualized discussion of concerns and practice habits, and utilization of individuals such as disease managers or clinical pharmacists can be effective strategies to increase adherence to the CPG's risk mitigation strategies. While a multimodal approach is more complicated, it may yield more desirable results. CPG compliance and

specifically opioid prescription practices are areas that still have room for further investigation, and in military medicine it is critical to the safety of our patients and the operational readiness of our force that we safely manage our patients' pain with methods that support their quality of life and function.

References

Anderson, D., Zlateva, I., Khatri, K., & Ciaburri, N. (2015). Using health information technology to improve adherence to opioid prescribing guidelines in primary care. *Clinical Journal of Pain*, 31, 573-579. DOI: 10.1097/AJP.0000000000000177

Centers for Disease Control and Prevention (2016). Injury Prevention & Control: Opioid Overdose. Retrieved from https://www.cdc.gov/drugoverdose/epidemic/index.html

Choi, M., Kim, H. S., Chung, S. K., Ahn, M. J., Yoo, J. Y., Park, O. S., . . . Oh, E. G. (2013). Evidence-based practice for pain management for cancer patients in an acute care setting. *International Journal of Nursing Practice,* 20 (1), 60-69. doi:10.1111/ijn.12122

Chou, R., Turner, J. A., Devine, E. B., Hansen, R. N., Sullivan, S. D., Blazina, I., … & Deo, R. A. (2015). The effectiveness and risks of long-term opioid therapy for chronic pain: a systematic review for a National Institutes of Health pathways to prevention workshop. *Annals of Internal Medicine, 162* (4), 276-286. DOI: 10.7326/M14-2559

Del Portal, D. A., Healy, M. E., Satz, W. A., & McNamara, R. M. (2015). Impact of an opioid prescribing guideline in the acute care setting. *The Journal of Emergency Medicine*, 50 (1), 21-27. DOI: 10.1016/j.jemermed.2015.06.014

Department of Veterans Affairs (VA), & Department of Defense (DoD). (2017). *VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain*. Washington, DC: Department of Veterans Affairs and Department of Defense.

Dorlinger, L., Moore, B., Goulet, J., Becker, W., Heapy, A. A., Sellinger, J. J., Kerns, R. D. (2014). A partnered approach to opioid management, guideline concordant care and the stepped care model of pain management. *Journal of General Internal Medicine*, 29, 870-876. DOI: 10.1007/s11606-014-3019-2

Edlund, M. J., Martin, B. C., Russo, J. E., Devries, A., Braden, J. B. & Sullivan, M. D. (2014). The role of opioid prescription in incident opioid abuse and dependence among individuals with chronic non-cancer pain: the role of opioid prescription. *Clinical Journal of Pain*, 30, 557-564. DOI: 10.1097/AJP.0000000000000021

Fishman, S. M., Gallagher, R. M., & McCarberg, B. H. (2010). The opioid treatment agreement: a real-world perspective. *The American Journal of Bioethics, 10*(11), 14-15. doi:10.1080/15265161.2010.520587

Francis, R. C., Bubser. F., Schmidbauer, W., Spies, C. D., Sörenson, M., Götz, B., & Kerner, T. (2014). Effects of a standard operating procedure on prehospital emergency care of patients presenting with symptoms of the acute coronary syndrome. *European Journal of Emergency Medicine*, 21 (3), 236-239. DOI: 10.1097/MEJ.0b013e32835ed752

Gressler, L. E., Martin, B. C., Hudson, T. J., & Painter, J. T. (2018). Relationship between concomitant benzodiazepine-opioid use and adverse outcomes among US veterans. *PAIN*, 159 (3), 451-459. doi: 10.1097/j.pain.0000000000001111

Ives, T. J., Chelminski, P. R., Hammett-Stabler, C. A., Malone, R. M., Perhac, J. S., Potisek, N. M., . . . Pignone, M. P. (2006). Predictors of opioid misuse in patients with chronic pain: a prospective cohort study. *BMC Health Services Research, 6*(1), 46-46. doi:10.1186/1472-6963-6-46

Isenberg, D., Kissman, K., Salinski, E., Saks, M., & Evans, L. (2018). Simple Changes to Emergency Department Workflow Improve Analgesia in Mechanically Ventilated Patients. Western Journal of Emergency Medicine, 19(4), 668-674. doi:10.5811/westjem.2018.4.36879

Jacobs, S. C., Son, E. K., Tat, C., Chiao, P., Dulay, M., & Ludwig, A. (2016). Implementing an opioid risk assessment telephone clinic: outcomes from a pharmacist-led initiative in a large veterans health administration primary care clinic. *Substance Abuse, 37*(1), 15.

Jonas, W. B. & Schoomaker, E. B. (2014). Pain and opioids in the military we must do better. *JAMA Internal Medicine*, 174 (8), 1402-1403. DOI:10.1001/jamainternmed.2014.2114

Lasser, K. E., Shanahan, C., Parker, V., Beers, D., Xuan, Z., Heymann, O., Lange, A., & Liebschutz, J. M. (2015). A multicomponent intervention to improve primary care provider adherence to chronic opioid therapy guidelines and reduce opioid misuse: a cluster randomized controlled trial protocol. *Journal of Substance Abuse Treatment*, 60, 101-109. DOI: 10.1016/j.jsat.2015.06.018

Liebschutz, J. M., Xuan, Z., Shanahan, C. W., Larochelle, M., Keosaian, J., Beers, D., . . . Lasser, K. E. (2017). Improving Adherence to Long-term Opioid Therapy Guidelines to Reduce Opioid Misuse in Primary Care. *JAMA Internal Medicine,* 177(9), 1265. doi:10.1001/jamainternmed.2017.2468

McAuley, A., Aucott, L., & Matheson, C. (2015). Exploring the life-saving potential of naloxone: a systematic review and descriptive meta-analysis of take home naloxone (THN) programmes for opioid users. *International Journal of Drug Policy*, 26, 1183-1188. DOI: 10.1016/j.drugpo.2015.09.011

McGreary, C. A., McGreary, D. D., Moreno, J., & Gatchel, R. J. (2016). Military chronic musculoskeletal pain and psychiatric comorbidity: Is better pain management the answer? *Healthcare, 4* (3), 38. DOI: 10.3390/healthcare4030038

Morasco, B. J., Duckart, J. P., & Dobscha, S. K. (2011). Adherence to clinical guidelines for opioid therapy for chronic pain in patients with substance use disorder. *Journal of General Internal Medicine*, 26, 965-971. DOI: 10.1007/s11606-011-1734-5

Office of the Surgeon General, United States, & Department of the Army. (2010). *Pain management task force: Providing a standardized DoD and VHA vision and approach to pain management to optimize the care for warriors and their families*. Falls Church, VA: Office of the Army Surgeon General.

Park, T. W., Saitz, R., Ganoczy, D., Ilgen, M. A., & Bohnert, A. S. B. (2015). Benzodiazepine prescribing patterns and drug overdose mortality among individuals receiving opioid analgesics. *Addiction Science and Clinical Practice*, 10(Suppl 1), A48. DOI: 10.1186/1940-0640-10-S1-A48.

Potter, J. S., Bebarta, V. S., Marino, E. N., Ramos, R. G., & Turner, B. J. (2014). Pain management and opioid risk mitigation in the military. *Military Medicine*, 179 (5), 553-558. DOI:10.7205/milmed-d-13-00109

Schoneboom, B. A., Perry, S. M., Barnhill, W. K., Giordano, N. A., Nicely, K. L., & Polomano, R. C. (2016). Answering the call to address chronic pain in military service members and veterans: Progress in improving pain care and restoring health. *Nursing Outlook*, 64 (5), 459-484. DOI:10.1016/j.outlook.2016.05.010

Sekhon, R., Aminjavahery, N., Davis Jr., C. N., Roswarski, M. J., & Robinette, C. (2013). Compliance with opioid therapy treatment guidelines for chronic non-cancer pain (CNCP) in primary care at a Veterans Affairs Medical Center (VAMC). *Pain Medicine*, 14, 1548-1556. DOI: http://dx.doi.org/10.1111/pme.12164

Sharpe Potter, J., Bebarta, V. S., Marino, E. N., Ramos, R. G., & Turner, B. J. (2014). Pain management and opioid risk mitigation in the military. *Military Medicine*, 179 (5), 553.

Snelgrove-Clarke, E., Davies, B., Flowerdrew, G., & Young, D. (2015). Implementing a fetal health surveillance guideline in clinical practice: a pragmatic randomized controlled trial of action learning. *Worldviews on Evidence-Based Nursing*, 12 (5), 281-288. DOI: 10.1111/wvn.12117

Stanek, J. J., Renslow, M. A., & Kalliainen, L. K. (2015). The effect of an educational program on opioid prescription patterns in hand surgery: a quality improvement program. *The Journal of Hand Surgery,* 40 (2), 341-346. doi:10.1016/j.jhsa.2014.10.054

Strike, C., Wenghofer, E., Gnam, W., Hillier, W., Veldhulzen, S., & Millson, M. (2007). Physician peer assessments for compliance with methadone maintenance treatment guidelines. *Journal of Continuing Education in the Health Professions*, 27 (4), 208-213. DOI: 10.1002/chp.139

Takai, Y., Yamamoto-Mitani, N., Abe, Y., & Suzuki, M. (2014). Literature review of pain management for people with chronic pain. *Japan Journal of Nursing Science*, 12 (3), 167-183. DOI:10.1111/jjns.12065

Toblin R.L., Quartana P.J., Riviere L.A., Walper K.C., & Hoge CW. (2014) Chronic pain and opioid use in US soldiers after combat deployment. *JAMA Intern Med*icine, 174 (8), 1400-1401. doi:10.1001/jamainternmed.2014.2726

Turn the Tide Rx. (2016). *The surgeon general's call to end the opioid crisis.* Retrieved from http://turnthetiderx.org/

Vallerand, A. H., Cosler, P., Henningfield, J. E., & Galassini, P. (2015). Pain management strategies and lessons from the military: a narrative review. *Pain Research and Management,* 20 (5), 261-268. DOI:10.1155/2015/196025

APPENDIX A

Table 1

Levels of Evidence

	1	2	3	4	5	6	7	8	9	10	11	12
Level I: Systematic review or meta-analysis												
Level II: Randomized Controlled Trial								X	X	X		
Level III: Controlled trial without randomization	X	X	X	X			X					
Level IV: Qualitative or descriptive study						X						
Level V: Systematic review of qualitative or descriptive studies											X	
Level VI: Qualitative or descriptive study												
Level VII: Expert opinion or consensus					X							X

1 = Anderson et al., 2015; 2 = Choi, et al., 2014; 3 = del Portal, et al., 2015; 4 = Dorlinger, et al., 2014; 5 = Francis et al., 2014; 6 = Isenberg et al., 2018; 7 = Jacobs et al., 2016; 8 = Lasser et al., 2015; 9 = Liebschutz et al., 2017; 10 = Snelgrove-Clarke et al., 2015; 11 = Stanke et al., 2014; 12 = Strike et al., 2007

Figure 1.

Prisma Diagram.

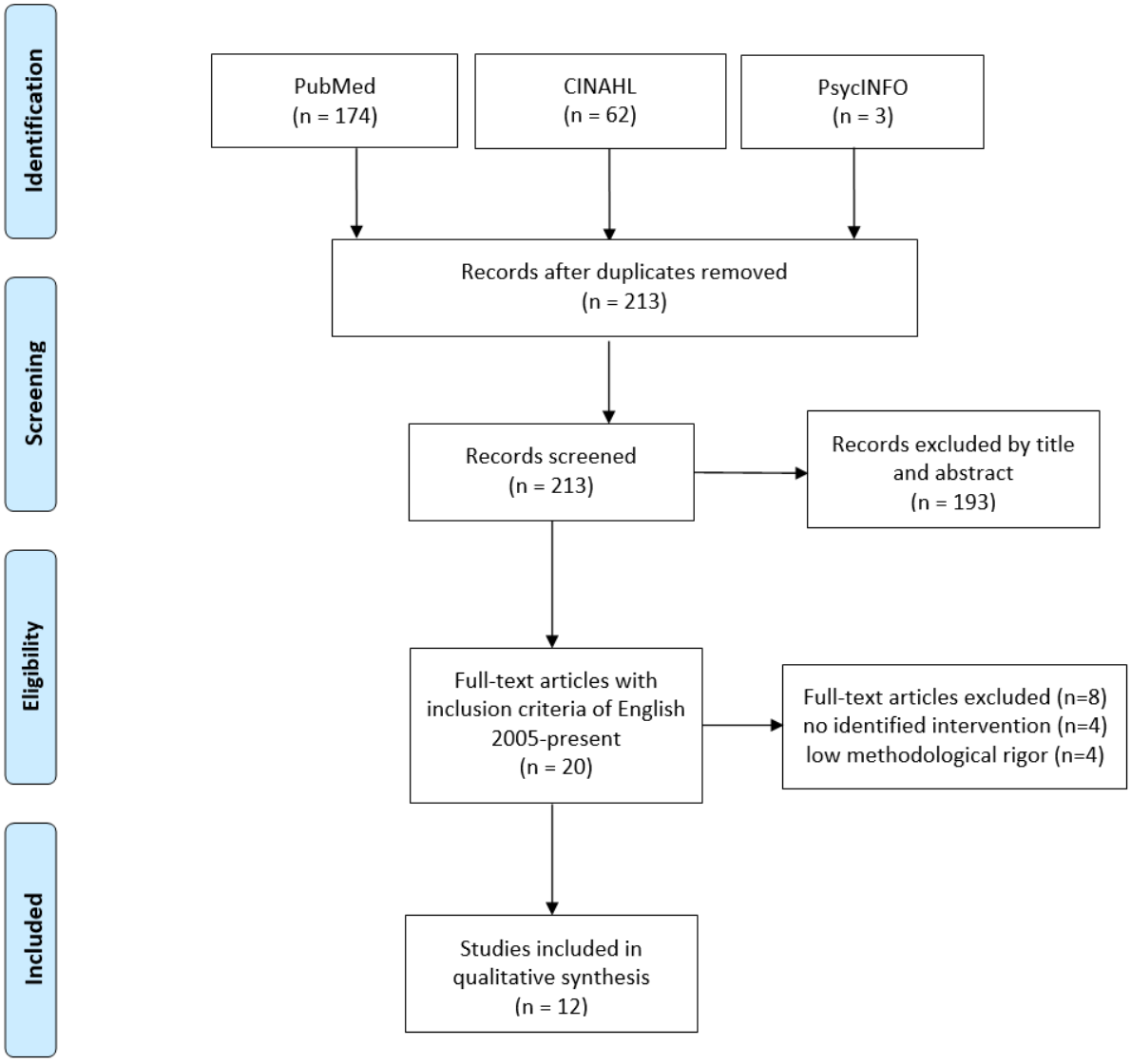


Figure 2

LOT Prescription Quantity change by Provider

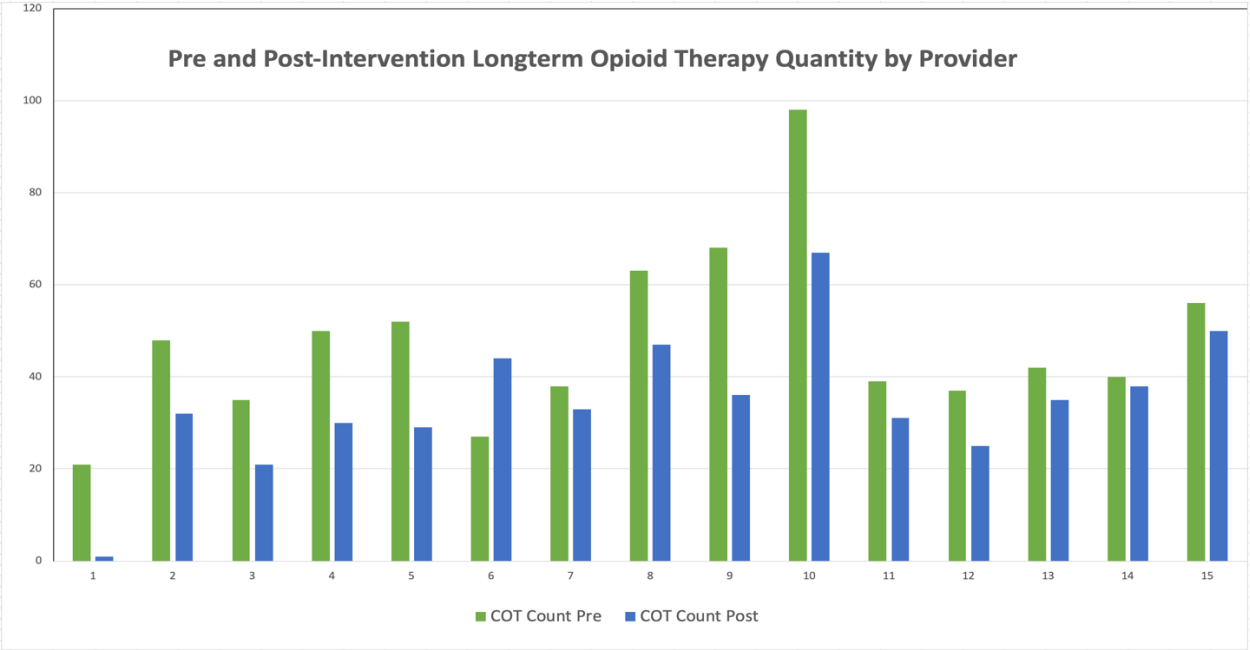
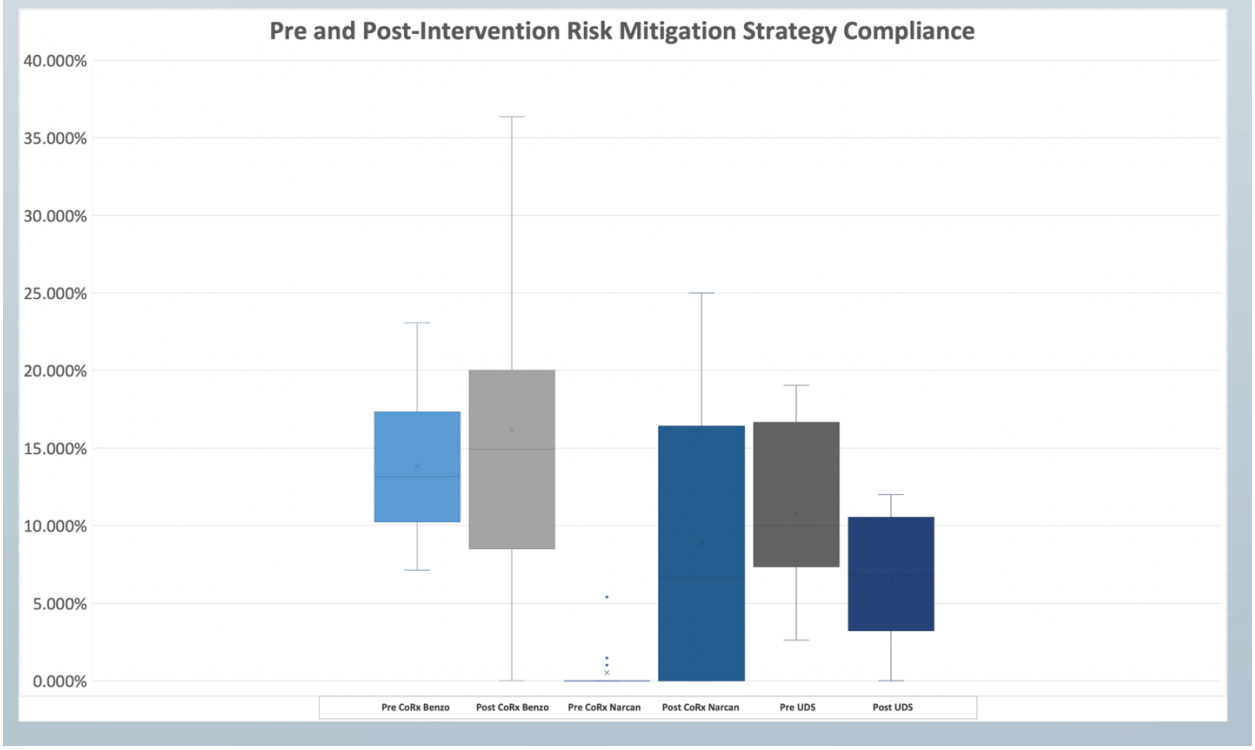


Figure 3

Risk Mitigation Strategies Pre and Post-Intervention



Appendix C: Daniel K. Inouye Graduate School of Nursing
DNP Project Team Mentor (Committee Membership) Agreement Form

DOCTOR OF NURSING PRACTICE PROJECT
DNP Project Clinical Question and Team Mentor (Committee Membership) Agreement Form

Graduation Year: 2019

Name(s) of DNP Project Student Team:

1.	Rachael Antone	Phase II Site: JBSA	AGCNS ☐	FNP ☒	PMHNP ☐	RNA ☐	WHNP ☐
2.	Lisa Bowers	Phase II Site: Ft Bragg	AGCNS ☐	FNP ☒	PMHNP ☐	RNA ☐	WHNP ☐
3.	Nathan del Rio	Phase II Site: JBSA	AGCNS ☐	FNP ☒	PMHNP ☐	RNA ☐	WHNP ☐
4.	Jorge Romero	Phase II Site: JBSA	AGCNS ☐	FNP ☒	PMHNP ☐	RNA ☐	WHNP ☐

The tentative title of the DNP Project Proposal for this student group is:
Implementing a clinical practice guideline compliance report at Fort Bragg and Lackland AFB.

Committee Approved DNP Project Clinical Question:
Among primary care providers at the family health clinics at Fort Bragg and Lackland AFB, does the implementation of a provider level compliance report affect the compliance with the VA/DoD clinical practice guideline for management of opioid therapy for chronic pain compared with current practice?

Names of DNP Project Team Mentors *(type the name and obtain signatures)*:

I agree to serve as a member of the DNP Project Team (Team Mentors) for the above DNP Student Project Team. As a Project Team Mentor, I agree to the duties and responsibilities outlined within the DNP Project Manual which include but are not limited to the provision of consultation and guidance supporting the entire DNP project journey and to ensure the DNP project is of sufficient rigor and demonstrates doctoral level scholarship to meet the requirements for USUHS GSN graduation.

NOTE: You may have 3-4 DNP Team Mentors [committee members including your DNP Senior Mentor (Chair)]. The Phase II Site Director may also be a member of the group, as well as other USUHS faculty or others who may serve as content experts. All non-USUHS faculty selected as a Team Mentor must be approved by the DNP Project Director.

Senior Mentor (Chair): Nicholas Reeder	Signature: [redacted]	Date: 4/5/19
Team Mentor (Committee): Karla Dennard	Signature: [redacted]	Date: 05apr2019
Team Mentor (Committee):	Signature:	Date:
Team Mentor (Committee):	Signature:	Date:

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 1 OF 2
COURSEWORK REQUIREMENTS*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Nathan del Rio (ID: 5746968)
- **Email:** nathan.del-rio@usuhs.edu
- **Institution Affiliation:** Office of the Under Secretary of Defense (Personnel and Readiness) (ID: 603)
- **Phone:** 479-619-7731

- **Curriculum Group:** OUSD P&R Human Research
- **Course Learner Group:** Biomedical Investigators and Research Study Team
- **Stage:** Stage 1 - Biomedical Investigators

- **Report ID:** 20637295
- **Completion Date:** 31-Aug-2016
- **Expiration Date:** 31-Aug-2019
- **Minimum Passing:** 80
- **Reported Score*:** 90

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Avoiding Group Harms - U.S. Research Perspectives (ID: 14080)	30-Aug-2016	3/3 (100%)
Recognizing and Reporting Unanticipated Problems Involving Risks to Subjects or Others in Biomedical Research (ID: 14777)	30-Aug-2016	4/5 (80%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	30-Aug-2016	5/5 (100%)
Module for Non-DoD Personnel Conducting Research Involving Human Subjects Supported by the DoD (ID: 16769)	30-Aug-2016	No Quiz
History and Ethics of Human Subjects Research (ID: 498)	30-Aug-2016	7/7 (100%)
Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2)	31-Aug-2016	4/5 (80%)
Informed Consent (ID: 3)	31-Aug-2016	5/5 (100%)
Social and Behavioral Research (SBR) for Biomedical Researchers (ID: 4)	31-Aug-2016	4/4 (100%)
Records-Based Research (ID: 5)	31-Aug-2016	3/3 (100%)
Genetic Research in Human Populations (ID: 6)	31-Aug-2016	3/5 (60%)
Vulnerable Subjects - Research Involving Children (ID: 9)	31-Aug-2016	3/3 (100%)
Vulnerable Subjects - Research Involving Pregnant Women, Human Fetuses, and Neonates (ID: 10)	31-Aug-2016	3/3 (100%)
FDA-Regulated Research (ID: 12)	31-Aug-2016	3/5 (60%)
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	31-Aug-2016	5/5 (100%)
Office of the Under Secretary of Defense (Personnel and Readiness) (ID: 912)	31-Aug-2016	No Quiz
Assessing Risk - SBE (ID: 503)	30-Aug-2016	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: https://www.citiprogram.org/verify/?5f3f9c31-f98f-4f5f-b779-c74e73233201

CITI Program
Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 2 OF 2
COURSEWORK TRANSCRIPT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Nathan del Rio (ID: 5746968)
- **Email:** nathan.del-rio@usuhs.edu
- **Institution Affiliation:** Office of the Under Secretary of Defense (Personnel and Readiness) (ID: 603)
- **Phone:** 479-619-7731

- **Curriculum Group:** OUSD P&R Human Research
- **Course Learner Group:** Biomedical Investigators and Research Study Team
- **Stage:** Stage 1 - Biomedical Investigators

- **Report ID:** 20637295
- **Report Date:** 31-Aug-2016
- **Current Score**:** 90

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
History and Ethics of Human Subjects Research (ID: 498)	30-Aug-2016	7/7 (100%)
Informed Consent (ID: 3)	31-Aug-2016	5/5 (100%)
Social and Behavioral Research (SBR) for Biomedical Researchers (ID: 4)	31-Aug-2016	4/4 (100%)
Records-Based Research (ID: 5)	31-Aug-2016	3/3 (100%)
Genetic Research in Human Populations (ID: 6)	31-Aug-2016	3/5 (60%)
Assessing Risk - SBE (ID: 503)	30-Aug-2016	5/5 (100%)
Vulnerable Subjects - Research Involving Children (ID: 9)	31-Aug-2016	3/3 (100%)
Vulnerable Subjects - Research Involving Pregnant Women, Human Fetuses, and Neonates (ID: 10)	31-Aug-2016	3/3 (100%)
FDA-Regulated Research (ID: 12)	31-Aug-2016	3/5 (60%)
Office of the Under Secretary of Defense (Personnel and Readiness) (ID: 912)	31-Aug-2016	No Quiz
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	31-Aug-2016	5/5 (100%)
Avoiding Group Harms - U.S. Research Perspectives (ID: 14080)	30-Aug-2016	3/3 (100%)
Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2)	31-Aug-2016	4/5 (80%)
Recognizing and Reporting Unanticipated Problems Involving Risks to Subjects or Others in Biomedical Research (ID: 14777)	30-Aug-2016	4/5 (80%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	30-Aug-2016	5/5 (100%)
Module for Non-DoD Personnel Conducting Research Involving Human Subjects Supported by the DoD (ID: 16769)	30-Aug-2016	No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: https://www.citiprogram.org/verify/?5f3f9c31-f98f-4f5f-b779-c74e73233201

Collaborative Institutional Training Initiative (CITI Program)
Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 1 OF 2
COURSEWORK REQUIREMENTS*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Jorge Romero Jr (ID: 5744844)
- **Email:** jorge.romero@usuhs.edu
- **Institution Affiliation:** Office of the Under Secretary of Defense (Personnel and Readiness) (ID: 603)
- **Phone:** 325-201-5525

- **Curriculum Group:** OUSD P&R Human Research
- **Course Learner Group:** Biomedical Investigators and Research Study Team
- **Stage:** Stage 1 - Biomedical Investigators

- **Report ID:** 20630795
- **Completion Date:** 28-Aug-2016
- **Expiration Date:** 28-Aug-2019
- **Minimum Passing:** 80
- **Reported Score*:** 89

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Avoiding Group Harms - U.S. Research Perspectives (ID: 14080)	28-Aug-2016	3/3 (100%)
Recognizing and Reporting Unanticipated Problems Involving Risks to Subjects or Others in Biomedical Research (ID: 14777)	28-Aug-2016	5/5 (100%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	28-Aug-2016	3/5 (60%)
Module for Non-DoD Personnel Conducting Research Involving Human Subjects Supported by the DoD (ID: 16769)	28-Aug-2016	No Quiz
History and Ethics of Human Subjects Research (ID: 498)	28-Aug-2016	7/7 (100%)
Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2)	28-Aug-2016	4/5 (80%)
Informed Consent (ID: 3)	28-Aug-2016	5/5 (100%)
Social and Behavioral Research (SBR) for Biomedical Researchers (ID: 4)	28-Aug-2016	4/4 (100%)
Records-Based Research (ID: 5)	28-Aug-2016	3/3 (100%)
Genetic Research in Human Populations (ID: 6)	28-Aug-2016	4/5 (80%)
Vulnerable Subjects - Research Involving Children (ID: 9)	28-Aug-2016	3/3 (100%)
Vulnerable Subjects - Research Involving Pregnant Women, Human Fetuses, and Neonates (ID: 10)	28-Aug-2016	3/3 (100%)
FDA-Regulated Research (ID: 12)	28-Aug-2016	4/5 (80%)
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	28-Aug-2016	3/5 (60%)
Office of the Under Secretary of Defense (Personnel and Readiness) (ID: 912)	28-Aug-2016	No Quiz
Cultural Competence in Research (ID: 15166)	28-Aug-2016	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: https://www.citiprogram.org/verify/?ae8f28eb-a257-4676-9c51-a1d9e015b29c

CITI Program
Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 2 OF 2
COURSEWORK TRANSCRIPT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Jorge Romero Jr (ID: 5744844)
- **Email:** jorge.romero@usuhs.edu
- **Institution Affiliation:** Office of the Under Secretary of Defense (Personnel and Readiness) (ID: 603)
- **Phone:** 325-201-5525

- **Curriculum Group:** OUSD P&R Human Research
- **Course Learner Group:** Biomedical Investigators and Research Study Team
- **Stage:** Stage 1 - Biomedical Investigators

- **Report ID:** 20630795
- **Report Date:** 28-Aug-2016
- **Current Score**:** 89

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
History and Ethics of Human Subjects Research (ID: 498)	28-Aug-2016	7/7 (100%)
Informed Consent (ID: 3)	28-Aug-2016	5/5 (100%)
Social and Behavioral Research (SBR) for Biomedical Researchers (ID: 4)	28-Aug-2016	4/4 (100%)
Records-Based Research (ID: 5)	28-Aug-2016	3/3 (100%)
Genetic Research in Human Populations (ID: 6)	28-Aug-2016	4/5 (80%)
Vulnerable Subjects - Research Involving Children (ID: 9)	28-Aug-2016	3/3 (100%)
Vulnerable Subjects - Research Involving Pregnant Women, Human Fetuses, and Neonates (ID: 10)	28-Aug-2016	3/3 (100%)
FDA-Regulated Research (ID: 12)	28-Aug-2016	4/5 (80%)
Office of the Under Secretary of Defense (Personnel and Readiness) (ID: 912)	28-Aug-2016	No Quiz
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	28-Aug-2016	3/5 (60%)
Avoiding Group Harms - U.S. Research Perspectives (ID: 14080)	28-Aug-2016	3/3 (100%)
Cultural Competence in Research (ID: 15166)	28-Aug-2016	5/5 (100%)
Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2)	28-Aug-2016	4/5 (80%)
Recognizing and Reporting Unanticipated Problems Involving Risks to Subjects or Others in Biomedical Research (ID: 14777)	28-Aug-2016	5/5 (100%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	28-Aug-2016	3/5 (60%)
Module for Non-DoD Personnel Conducting Research Involving Human Subjects Supported by the DoD (ID: 16769)	28-Aug-2016	No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: https://www.citiprogram.org/verify/?ae8f28eb-a257-4676-9c51-a1d9e015b29c

Collaborative Institutional Training Initiative (CITI Program)
Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 1 OF 2
COURSEWORK REQUIREMENTS*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Rachael Antone (ID: 5742593)
- **Email:** rachael.antone@usuhs.edu
- **Institution Affiliation:** Office of the Under Secretary of Defense (Personnel and Readiness) (ID: 603)
- **Phone:** 540-742-0818

- **Curriculum Group:** OUSD P&R Human Research
- **Course Learner Group:** Biomedical Investigators and Research Study Team
- **Stage:** Stage 1 - Biomedical Investigators

- **Report ID:** 20623468
- **Completion Date:** 27-Aug-2016
- **Expiration Date:** 27-Aug-2019
- **Minimum Passing:** 80
- **Reported Score*:** 86

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Avoiding Group Harms - U.S. Research Perspectives (ID: 14080)	27-Aug-2016	3/3 (100%)
Recognizing and Reporting Unanticipated Problems Involving Risks to Subjects or Others in Biomedical Research (ID: 14777)	27-Aug-2016	5/5 (100%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	27-Aug-2016	3/5 (60%)
Module for Non-DoD Personnel Conducting Research Involving Human Subjects Supported by the DoD (ID: 16769)	27-Aug-2016	No Quiz
History and Ethics of Human Subjects Research (ID: 498)	27-Aug-2016	6/7 (86%)
Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2)	27-Aug-2016	4/5 (80%)
Informed Consent (ID: 3)	27-Aug-2016	5/5 (100%)
Social and Behavioral Research (SBR) for Biomedical Researchers (ID: 4)	27-Aug-2016	4/4 (100%)
Records-Based Research (ID: 5)	27-Aug-2016	3/3 (100%)
Genetic Research in Human Populations (ID: 6)	27-Aug-2016	4/5 (80%)
Vulnerable Subjects - Research Involving Children (ID: 9)	27-Aug-2016	3/3 (100%)
Vulnerable Subjects - Research Involving Pregnant Women, Human Fetuses, and Neonates (ID: 10)	27-Aug-2016	3/3 (100%)
FDA-Regulated Research (ID: 12)	27-Aug-2016	5/5 (100%)
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	27-Aug-2016	4/5 (80%)
Office of the Under Secretary of Defense (Personnel and Readiness) (ID: 912)	27-Aug-2016	No Quiz
The Federal Regulations - SBE (ID: 502)	27-Aug-2016	2/5 (40%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: https://www.citiprogram.org/verify/?4cb210d7-057c-417e-a0cc-200b2fd02f32

CITI Program
Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 2 OF 2
COURSEWORK TRANSCRIPT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Rachael Antone (ID: 5742593)
- **Email:** rachael.antone@usuhs.edu
- **Institution Affiliation:** Office of the Under Secretary of Defense (Personnel and Readiness) (ID: 603)
- **Phone:** 540-742-0818

- **Curriculum Group:** OUSD P&R Human Research
- **Course Learner Group:** Biomedical Investigators and Research Study Team
- **Stage:** Stage 1 - Biomedical Investigators

- **Report ID:** 20623468
- **Report Date:** 27-Aug-2016
- **Current Score**:** 86

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
History and Ethics of Human Subjects Research (ID: 498)	27-Aug-2016	6/7 (86%)
Informed Consent (ID: 3)	27-Aug-2016	5/5 (100%)
Social and Behavioral Research (SBR) for Biomedical Researchers (ID: 4)	27-Aug-2016	4/4 (100%)
Records-Based Research (ID: 5)	27-Aug-2016	3/3 (100%)
The Federal Regulations - SBE (ID: 502)	27-Aug-2016	2/5 (40%)
Genetic Research in Human Populations (ID: 6)	27-Aug-2016	4/5 (80%)
Vulnerable Subjects - Research Involving Children (ID: 9)	27-Aug-2016	3/3 (100%)
Vulnerable Subjects - Research Involving Pregnant Women, Human Fetuses, and Neonates (ID: 10)	27-Aug-2016	3/3 (100%)
FDA-Regulated Research (ID: 12)	27-Aug-2016	5/5 (100%)
Office of the Under Secretary of Defense (Personnel and Readiness) (ID: 912)	27-Aug-2016	No Quiz
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	27-Aug-2016	4/5 (80%)
Avoiding Group Harms - U.S. Research Perspectives (ID: 14080)	27-Aug-2016	3/3 (100%)
Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2)	27-Aug-2016	4/5 (80%)
Recognizing and Reporting Unanticipated Problems Involving Risks to Subjects or Others in Biomedical Research (ID: 14777)	27-Aug-2016	5/5 (100%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	27-Aug-2016	3/5 (60%)
Module for Non-DoD Personnel Conducting Research Involving Human Subjects Supported by the DoD (ID: 16769)	27-Aug-2016	No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: https://www.citiprogram.org/verify/?4cb210d7-057c-417e-a0cc-200b2fd02f32

Collaborative Institutional Training Initiative (CITI Program)
Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

USU
Uniformed Services University

OFFICE OF RESEARCH
4301 JONES BRIDGE ROAD
BETHESDA, MAYLAND 20814
PHONE: (301) 295-3303; FAX: (301) 295-6771

NOTICE OF PROJECT APPROVAL

Change Number: Original

VPR Site Number:	GSN-61-10348
Principal Investigator:	del Rio, Nathan
Department:	Graduate School of Nursing
Project Type:	Student
Project Title:	Implementing a clinical practice guideline compliance report at Fort Bragg and Lacland AFB
Project Period:	1/18/2019 to 4/30/2019

Assurance and Progress Report Information:

Name	Sup	Approval Type	Status	Approved On	Forms Received
Progress Report	0			To be Submitted	N/A

Remarks:
This Notice of Project Approval has been reviewed and approved. Please remember that you must submit a final Progress Report (Form 3210) upon completion of this project.

Questions regarding this approval should be directed to the following person in the Office of Research:
Sharon McIver, (301) 295-9814.

[redacted] 11 Feb 2019

Yvonne T. Maddox, Ph.D. Date
Vice President for Research
Uniformed Services University of the Health Sciences

cc: del Rio, Nathan
File

USUHS FORM 3202N
DANIEL K. INOUYE GRADUATE SCHOOL OF NURSING
EVIDENCE-BASED PRACTICE/PERFORMANCE IMPROVEMENT PROPOSAL

VPR Date Stamp

Project Number: GSN-61-10348 (VPR will assign)

Project Title: Implementing a clinical practice guideline compliance report at Fort Bragg and Lackland AFB

SECTION A: STUDENT POC INFORMATION

1. Name (Last, First, MI): del Rio, Nathan C. Student E-mail: nathan.del-rio@usuhs.edu
2. Home Address [redacted]

SECTION B: COMMITTEE CHAIR / SENIOR MENTOR INFORMATION

3. Name (Last, First, MI): Reeder, Nicholas P
4. Telephone: 301-319-0651 Fax: E-mail: nicholas.reeder@usuhs.edu
5. USUHS Building/ Room No.: Bldg E

SECTION C: PROJECT INFORMATION

6. Attach the Abstract for the proposal, including the following sections: Site Location of the Project, Title, Authors, Background or Problem/Issue, Clinical Question/Purpose, Project Design, Anticipated Organizational Impact/Implications for Practice and also include the Proposed Timeline. Single space the abstract and use Times New Roman font, size 12.
7. Is this proposal related to an active research project of the Chair/Senior Mentor identified in Section B? ☐ Yes ☒ No
   If yes, complete below; if no, proceed to Part 8.
   Project Number:
   Project Title:

   Project Start Date: Project End Date:
8. Anticipated period of performance: Project Start Date: 1 Oct 18 Project End Date: 30 Apr 2019
9. Performance Site(s): Family practice clinics at JBSA-Lackland AFB, TX and Fort Bragg, NC
10. Does this project involve any classified information? (Contact the USUHS Security Office for guidance) ☐ Yes ☒ No
11. Do you have a funding source for this project? ☐ Yes ☐ No ☒ NA
    If yes, specify the funding agency and the amount provided:

SECTION D: SIGNATURES

The following signatures attest to the validity of the above information:

[redacted]

Student (Project Point of Contact for the Group) (Signature and Date) Chair/Senior Mentor (Signature and Date)

[redacted]

Chair/Program Director (Signature and Date) Chair/Program Director (Signature and Date)

[redacted] 15 Jan 2019

DNP Project Director or PhD Director (Signature and Date) Associate Dean for Academic Affairs, GSN (Signature and Date)

[redacted] 15 Jan 2019 [redacted] 15 Jan 2019

Associate Dean for Research, GSN (Signature and Date) Dean, DKI Graduate School of Nursing (Signature and Date)

In light of the above signatures, the project is approved.

[redacted] 11 Feb 2019

USUHS Vice President for Research Date

59th Medical Wing (59th MDW)
Institutional Review Board (IRB)
59th Clinical Research Division/SGVUS/(210) 292-7143
1100 Wilford Hall Loop, Bldg 4430, Lackland AFB, TX 78236-5300

28 Jun 18

FINAL DETERMINATION –NON-HUMAN RESEARCH

Determination Date: 28 Jun 18

Project Lead: Capt Nathan Del Rio/SGVT

Reference Number: FWH20180138N

Project Title: Improving Adherence to Clinical Practice Guidelines Risk Mitigation Strategies in Chronic Pain

You may begin your project, as you would any other clinical or operational activity, with the approval and sponsorship of your leadership.

Your project was determined on 28 Jun 18 to be considered **not human research** as defined by DoD regulation **32 CFR 219 and FDA regulation 21 CFR 56**. Continued IRB oversight for this activity is not required. The proposed project does not include non-routine intervention or interaction with a living individual for the primary purpose of obtaining data regarding the effect of the intervention or interaction, nor do the researchers obtain private, identifiable information about living individuals.

Since the IRB does not have regulatory oversight for your study, it is the investigator's responsibility to validate the study's scientific merit and research design and to ensure the conduct of the study is upheld by the highest ethical standards, as required by the Wing. Should you require assistance in reviewing the scientific merit and research design of your study, please contact the Protocol Office. Protection of subjects' rights safety and welfare and responsibility for protecting PHI/PII and research data now fall on the investigator and their commander.

In accord with DoDI 6000.08 any intramural funding of this study as research or as a clinical investigation may continue to be received or sought regardless of this IRB determination.

Your study has received a one-time research determination. If the goals and/or activities of the project change during the course of the project, or if new activities are proposed that would constitute human subjects research, re-contact the Protocol Office, so that a regulatory expert may determine whether or not the revised plan involves human subject research activities.

Designated Exempt Reviewer

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

INSTRUCTIONS
USE ONLY THE MOST CURRENT 59 MDW FORM 3039 AND
FOLLOW 59 MDWI 41-108 [http://static.e-publishing.af.mil/production/1/59mdw/publication/59mdwi41-108/59mdwi41-108.pdf]
BOTH ON AF E-PUBLISHING

1. The author must complete page two of this form. In Section 2, add the funding source for your study [e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP) ; Grants; etc.] **Note:** There may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, concerning any needed funding support.

2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.

3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.

4. Attach a copy of your abstract, paper, poster and other supporting documentation.

5. Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.

6. On page 2, have either your unit commander, program director or immediate supervisor:
   a. Print their name, rank/grade, title; sign and date the form in the approving authority's signature block or use an electronic signature.

7. Submit your completed form and all supporting documentation to the CRD for processing to: usaf.jbsa.59-mdw.mbx.wing-crd-publications-and-presentations@mail.mil. **This should be accomplished no later than 30 days before final clearance is required to publish/present your materials.** If you have any questions or concerns, please contact the 59 CRD/Publications and Presentations Section at 292-7141 for assistance. **Note:** Sending any material outside government control/oversight to meet a publication/presentation deadline, without PA clearing the material first, is considered releasing it to the public, which is in direct violation of applicable DoD and AF regulations/instructions.

8. The 59 CRD/Publications and Presentations Section will route the request form to clinical investigations, 502 ISG/JAC (Ethics Review) and Public Affairs (59 MDW/PA) for review and then forward you a final letter of approval or disapproval.

9. Once your manuscript, poster or presentation has been approved for a one-time public release, you may proceed with your publication or presentation submission activities, as stated on this form. **Note:** For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.

10. If your manuscript is accepted for scientific publication, please contact the 59 CRD/Publications and Presentations Section at 292-7141. This information is reported to the 59 MDW/CC. All medical research or technical information publications/presentations must be reported to the Defense Technical Information Center (DITC). See 59 MDWI 41-108, *Presentation and Publication of Medical and Technical Papers*, for additional information.

11. The Joint Ethics Regulation (JER) DoD 5500.07-R, *Standards of Conduct*, provides standards of ethical conduct for all DoD personnel and their interactions with other non-DoD entities, organizations, societies, conferences, etc. Part of the Form 3039 review and approval process includes a legal ethics review to address any potential conflicts related to DoD personnel participating in non-DoD sponsored conferences, professional meetings, publication/presentation disclosures to domestic and foreign audiences, DoD personnel accepting non-DoD contributions, awards, honoraria, gifts, etc. The specific circumstances for your presentation will determine whether a legal review is necessary. **If you (as the author) or your supervisor check "NO" in block 17 of the Form 3039, your research or technical documents will not be forwarded to the 502 ISG/JAC legal office for an ethics review.** To assist you in making this decision about whether to request a legal review, the following examples are provided as a guideline:

    For presentations before professional societies and like organizations, the 59 MDW Public Affairs Office (PAO) will provide the needed review to ensure proper disclaimers are included and the subject matter of the presentation does not create any cause for DoD concern.

    If the sponsor of a conference or meeting is a DoD entity, an ethics review of your presentation is not required, since the DoD entity is responsible to obtain all approvals for the event.

    If the sponsor of a conference or meeting is a non-DoD commercial entity or an entity seeking to do business with the government, then your presentation should have an ethics review.

    If your travel is being paid for (in whole or in part) by a non-Federal entity (someone other than the government), a legal ethics review is needed. These requests for legal review should come through the 59 MDW Gifts and Grants Office to 502 ISG/JAC.

    If you are receiving an honorarium or payment for speaking, a legal ethics review is required.

    If you (as the author) or your supervisor check "YES" in block 17 of the Form 3039, your research or technical documents will be forwarded simultaneously to the 502 ISG/JAC legal office and PAO for review to help reduce turn-around time. If you have any questions regarding legal reviews, please contact the legal office at (210) 671-5795/3365, DSN 473.

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:
"The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving humans:
"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-402."

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving animals, as required by AFMAN 40-401_IP:
"The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1. TO: CLINICAL RESEARCH	2. FROM: (Author's Name, Rank, Grade, Office Symbol)	3. GME/GHSE STUDENT	4. PROTOCOL NUMBER:
	Nathan C. del Rio, Capt, O-3, SGOP	☒ YES ☐ NO	

5. PROTOCOL TITLE: (**NOTE**: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)

Evidence-Based Practice Project

6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:

Reporting Compliance with the Clinical Practice Guideline for Opioid Therapy for Chronic Pain

7. FUNDING RECEIVED FOR THIS STUDY? ☐ YES ☒ NO FUNDING SOURCE:

8. DO YOU NEED FUNDING SUPPORT FOR PUBLICATION PURPOSES: ☐ YES ☒ NO

9. IS THIS MATERIAL CLASSIFIED? ☐ YES ☒ NO

10. IS THIS MATERIAL SUBJECT TO ANY LEGAL RESTRICTIONS FOR PUBLICATION OR PRESENTATION THROUGH A COLLABORATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA), MATERIAL TRANSFER AGREEMENT (MTA), INTELLECTUAL PROPERTY RIGHTS AGREEMENT ETC.?
☐ YES ☒ NO **NOTE:** If the answer is YES then attach a copy of the Agreement to the Publications/Presentations Request Form.

11. MATERIAL IS FOR: ☒ DOMESTIC RELEASE ☐ FOREIGN RELEASE
CHECK APPROPRIATE BOX OR BOXES FOR APPROVAL WITH THIS REQUEST. ATTACH COPY OF MATERIAL TO BE PUBLISHED/PRESENTED.

☐ 11a. PUBLICATION/JOURNAL (List intended publication/journal.)

☒ 11b. PUBLISHED ABSTRACT (List intended journal.)
USU Research Week Presentation, NSA Bethesda, MD, 15 May 19

☐ 11c. POSTER (To be demonstrated at meeting: name of meeting, city, state, and date of meeting.)

☐ 11d. PLATFORM PRESENTATION (At civilian institutions: name of meeting, state, and date of meting.)

☐ 11e. OTHER (Describe: name of meeting, city, state, and date of meeting.)

12. HAVE YOUR ATTACHED RESEARCH/TECHNICAL MATERIALS BEEN PREVIOUSLY APPROVED TO BE PUBLISHED/PRESENTED?
☐ YES ☒ NO ASSIGNED FILE # _____ DATE _____

13. EXPECTED DATE WHEN YOU WILL NEED THE CRD TO SUBMIT YOUR CLEARED PRESENTATION/PUBLICATION TO DTIC
NOTE: All publications/presentations are required to be placed in the Defense Technical Information Center (DTIC).

DATE	
April 15, 2019	

14. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email)	15. DUTY PHONE/PAGER NUMBER
del Rio, Nathan, C, nathan.c.delrio.mil@mail.mil	479-619-7731

16. AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.

LAST NAME, FIRST NAME AND M.I.	GRADE/RANK	SQUADRON/GROUP/OFFICE SYMBOL	INSTITUTION (If not 59 MDW)
a. Primary/Corresponding Author del Rio, Nathan, C.	O-3	59TRS	Uniformed Services Univers
b. Antone, Rachael, E.	O-3	59TRS	Uniformed Services Univers
c. Romero, J.	O-3	59TRS	Uniformed Services Univers
d.			
e.			

17. IS A 502 ISG/JAC ETHICS REVIEW REQUIRED (JER DOD 5500.07-R)? ☐ YES ☒ NO

I CERTIFY ANY HUMAN OR ANIMAL RESEARCH RELATED STUDIES WERE APPROVED AND PERFORMED IN STRICT ACCORDANCE WITH 32 CFR 219, AFMAN 40-401_IP, AND 59 MDWI 41-108. I HAVE READ THE FINAL VERSION OF THE ATTACHED MATERIAL AND CERTIFY THAT IT IS AN ACCURATE MANUSCRIPT FOR PUBLICATION AND/OR PRESENTATION.

18. AUTHOR'S PRINTED NAME, RANK, GRADE	[redacted]	20. DATE
Nathan C. del Rio, Capt, O-3		April 09, 2019
21. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE		23. DATE
Karla M. Dennard, Major, Director DNP Phase 2 Program		April 10, 2019

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1st ENDORSEMENT (59 MDW/SGVU Use Only)

TO: Clinical Research Division 59 MDW/CRD Contact 292-7141 for email instructions	24. DATE RECEIVED April 10, 2019	25. ASSIGNED PROCESSING REQUEST FILE NUMBER 18574
26. DATE REVIEWED 11 Apr 2019	27. DATE FORWARDED TO 502 ISG/JAC	

28. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES ☐ NO ☒ YES If yes, give date 11 Apr 2019 ☐ N/A

29. COMMENTS ☒ APPROVED ☐ DISAPPROVED

The author added the DoD disclaimer statement to the abstract. The abstract is approved.

30. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	31. REVIEWER SIGNATURE	32. DATE
Rocky Calcote, PhD, Clinical Research Administratro	[redacted]	

2nd ENDORSEMENT (502 ISG/JAC Use Only)

33. DATE RECEIVED	34. DATE FORWARDED TO 59 MDW/PA

35. COMMENTS ☐ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

36. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	37. REVIEWER SIGNATURE	38. DATE

3rd ENDORSEMENT (59 MDW/PA Use Only)

39. DATE RECEIVED	40. DATE FORWARDED TO 59 MDW/SGVU

41. COMMENTS ☐ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

42. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	43. REVIEWER SIGNATURE	44. DATE

4th ENDORSEMENT (59 MDW/SGVU Use Only)

45. DATE RECEIVED	46. SENIOR AUTHOR NOTIFIED BY PHONE OF APPROVAL OR DISAPPROVAL ☐ YES ☐ NO ☐ COULD NOT BE REACHED ☐ LEFT MESSAGE

47. COMMENTS ☐ APPROVED ☐ DISAPPROVED

48. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	49. REVIEWER SIGNATURE	50. DATE

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1. TO: CLINICAL RESEARCH	2. FROM: (Author's Name, Rank, Grade, Office Symbol)	3. GME/GHSE STUDENT:	4. PROTOCOL NUMBER:
	Nathan C. del Rio, Capt, O-3, SGOP	☒ YES ☐ NO	

5. PROTOCOL TITLE: (**NOTE**: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)

Evidence-Based Practice Project

6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:

Reporting Compliance with the Clinical Practice Guideline for Opioid Therapy for Chronic Pain

7. FUNDING RECEIVED FOR THIS STUDY? ☐ YES ☒ NO FUNDING SOURCE:

8. DO YOU NEED FUNDING SUPPORT FOR PUBLICATION PURPOSES: ☐ YES ☒ NO

9. IS THIS MATERIAL CLASSIFIED? ☐ YES ☒ NO

10. IS THIS MATERIAL SUBJECT TO ANY LEGAL RESTRICTIONS FOR PUBLICATION OR PRESENTATION THROUGH A COLLABORATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA), MATERIAL TRANSFER AGREEMENT (MTA), INTELLECTUAL PROPERTY RIGHTS AGREEMENT ETC.?

☐ YES ☒ NO **NOTE:** If the answer is YES then attach a copy of the Agreement to the Publications/Presentations Request Form.

11. MATERIAL IS FOR: ☒ DOMESTIC RELEASE ☐ FOREIGN RELEASE

CHECK APPROPRIATE BOX OR BOXES FOR APPROVAL WITH THIS REQUEST. ATTACH COPY OF MATERIAL TO BE PUBLISHED/PRESENTED.

☐ 11a. PUBLICATION/JOURNAL (List intended publication/journal.)

☐ 11b. PUBLISHED ABSTRACT (List intended journal.)

☒ 11c. POSTER (To be demonstrated at meeting: name of meeting, city, state, and date of meeting.)
USU Research Week Poster Presentation, NSA Bethesda, MD, 15 May 19

☐ 11d. PLATFORM PRESENTATION (At civilian institutions: name of meeting, state, and date of meting.)

☐ 11e. OTHER (Describe: name of meeting, city, state, and date of meeting.)

12. HAVE YOUR ATTACHED RESEARCH/TECHNICAL MATERIALS BEEN PREVIOUSLY APPROVED TO BE PUBLISHED/PRESENTED?

☐ YES ☒ NO ASSIGNED FILE # _____ DATE _____

13. EXPECTED DATE WHEN YOU WILL NEED THE CRD TO SUBMIT YOUR CLEARED PRESENTATION/PUBLICATION TO DTIC
NOTE: All publications/presentations are required to be placed in the Defense Technical Information Center (DTIC).

DATE	
April 15, 2019	

14. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email)	15. DUTY PHONE/PAGER NUMBER
del Rio, Nathan, C, nathan.c.delrio.mil@mail.mil	479-619-7731

16. AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.

LAST NAME, FIRST NAME AND M.I.	GRADE/RANK	SQUADRON/GROUP/OFFICE SYMBOL	INSTITUTION (If not 59 MDW)
a. Primary/Corresponding Author del Rio, Nathan, C.	O-3	59TRS	Uniformed Services Univers
b. Antone, Rachael, E.	O-3	59TRS	Uniformed Services Univers
c. Romero, J.	O-3	59TRS	Uniformed Services Univers
d			
e			

17. IS A 502 ISG/JAC ETHICS REVIEW REQUIRED (JER DOD 5500.07-R)? ☐ YES ☒ NO

I CERTIFY ANY HUMAN OR ANIMAL RESEARCH RELATED STUDIES WERE APPROVED AND PERFORMED IN STRICT ACCORDANCE WITH 32 CFR 219, AFMAN 40-401_IP, AND 59 MDWI 41-108. I HAVE READ THE FINAL VERSION OF THE ATTACHED MATERIAL AND CERTIFY THAT IT IS AN ACCURATE MANUSCRIPT FOR PUBLICATION AND/OR PRESENTATION.

18. AUTHOR'S PRINTED NAME, RANK, GRADE	19. AUTHOR'S SIGNATURE	20. DATE
Nathan C. del Rio, Capt, O-3	[redacted]	April 09, 2019
21. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE	**22. APPROVING AUTHORITY'S SIGNATURE**	**23. DATE**
Karla M. Dennard, Major, Director DNP Phase 2 Program	[redacted]	April 10, 2019

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1st ENDORSEMENT (59 MDW/SGVU Use Only)

TO: Clinical Research Division 59 MDW/CRD Contact 292-7141 for email instructions	24. DATE RECEIVED April 10, 2019	25. ASSIGNED PROCESSING REQUEST FILE NUMBER 18575
26. DATE REVIEWED 11 Apr 2019		27. DATE FORWARDED TO 502 ISG/JAC

28. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES: ☐ NO ☒ YES If yes, give date: 11 Apr 2019 ☐ N/A

29. COMMENTS ☒ APPROVED ☐ DISAPPROVED

The author provided the needed research determination for the project. The briefing presentation is approved.

30. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	31. REVIEWER SIGNATURE	32. DATE
Rocky Calcote, PhD, Clinical Research Administrator	[redacted]	

2nd ENDORSEMENT (502 ISG/JAC Use Only)

33. DATE RECEIVED	34. DATE FORWARDED TO 59 MDW/PA

35. COMMENTS ☐ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

36. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	37. REVIEWER SIGNATURE	38. DATE

3rd ENDORSEMENT (59 MDW/PA Use Only)

39. DATE RECEIVED 12 April 2019	40. DATE FORWARDED TO 59 MDW/SGVU 17 April 2019

41. COMMENTS ☒ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

The poster is cleared for release.

42. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	43. REVIEWER SIGNATURE	44. DATE
Amanda Stanford, SSgt, Public Affairs	[redacted]	17 April 2019

4th ENDORSEMENT (59 MDW/SGVU Use Only)

45. DATE RECEIVED April 18, 2019	46. SENIOR AUTHOR NOTIFIED BY PHONE OF APPROVAL OR DISAPPROVAL ☐ YES ☐ NO ☐ COULD NOT BE REACHED ☐ LEFT MESSAGE

47. COMMENTS ☒ APPROVED ☐ DISAPPROVED

48. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	49. REVIEWER SIGNATURE	50. DATE
PAUL T. BARNICOTT, GS015, DAF, DEP DIR, 59 MDW/STC	[redacted]	April 18, 2019

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1. TO: CLINICAL RESEARCH	2. FROM: (Author's Name, Rank, Grade, Office Symbol)	3. GME/GHSE STUDENT:	4. PROTOCOL NUMBER:
	Nathan C. del Rio, Capt, O-3, SGOP	☒ YES ☐ NO	

5. PROTOCOL TITLE: (**NOTE:** For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)

Evidence-Based Practice Project

6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:

Reporting Compliance with the Clinical Practice Guideline for Opioid Therapy for Chronic Pain

7. FUNDING RECEIVED FOR THIS STUDY? ☐ YES ☒ NO FUNDING SOURCE:

8. DO YOU NEED FUNDING SUPPORT FOR PUBLICATION PURPOSES: ☐ YES ☒ NO

9. IS THIS MATERIAL CLASSIFIED? ☐ YES ☒ NO

10. IS THIS MATERIAL SUBJECT TO ANY LEGAL RESTRICTIONS FOR PUBLICATION OR PRESENTATION THROUGH A COLLABORATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA), MATERIAL TRANSFER AGREEMENT (MTA), INTELLECTUAL PROPERTY RIGHTS AGREEMENT ETC.?

☐ YES ☒ NO **NOTE:** If the answer is YES then attach a copy of the Agreement to the Publications/Presentations Request Form.

11. MATERIAL IS FOR: ☒ DOMESTIC RELEASE ☐ FOREIGN RELEASE

CHECK APPROPRIATE BOX OR BOXES FOR APPROVAL WITH THIS REQUEST. ATTACH COPY OF MATERIAL TO BE PUBLISHED/PRESENTED.

☐ 11a. PUBLICATION/JOURNAL (List intended publication/journal.)

☐ 11b. PUBLISHED ABSTRACT (List intended journal.)

☐ 11c. POSTER (To be demonstrated at meeting: name of meeting, city, state, and date of meeting.)

☒ 11d. PLATFORM PRESENTATION (At civilian institutions: name of meeting, state, and date of meting.)
USU Graduate School of Nursing DNP Project Presentation, NSA Bethesda, MD, 16 May 19

☐ 11e. OTHER (Describe: name of meeting, city, state, and date of meeting.)

12. HAVE YOUR ATTACHED RESEARCH/TECHNICAL MATERIALS BEEN PREVIOUSLY APPROVED TO BE PUBLISHED/PRESENTED?

☐ YES ☒ NO ASSIGNED FILE # _____ DATE _____

13. EXPECTED DATE WHEN YOU WILL NEED THE CRD TO SUBMIT YOUR CLEARED PRESENTATION/PUBLICATION TO DTIC
NOTE: All publications/presentations are required to be placed in the Defense Technical Information Center (DTIC).

DATE	
April 15, 2019	

14. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email)	15. DUTY PHONE/PAGER NUMBER
del Rio, Nathan, C, nathan.c.delrio.mil@mail.mil	479-619-7731

16. AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.

LAST NAME, FIRST NAME AND M.I.	GRADE/RANK	SQUADRON/GROUP/OFFICE SYMBOL	INSTITUTION (If not 59 MDW)
a. Primary/Corresponding Author del Rio, Nathan, C.	O-3	59TRS	Uniformed Services Univers
b. Antone, Rachael, E.	O-3	59TRS	Uniformed Services Univers
c. Romero, J.	O-3	59TRS	Uniformed Services Univers
d.			
e.			

17. IS A 502 ISG/JAC ETHICS REVIEW REQUIRED (JER DOD 5500.07-R)? ☐ YES ☒ NO

I CERTIFY ANY HUMAN OR ANIMAL RESEARCH RELATED STUDIES WERE APPROVED AND PERFORMED IN STRICT ACCORDANCE WITH 32 CFR 219, AFMAN 40-401_IP, AND 59 MDWI 41-108. I HAVE READ THE FINAL VERSION OF THE ATTACHED MATERIAL AND CERTIFY THAT IT IS AN ACCURATE MANUSCRIPT FOR PUBLICATION AND/OR PRESENTATION.

18. AUTHOR'S PRINTED NAME, RANK, GRADE	19. AUTHOR'S SIGNATURE	20. DATE
Nathan C. del Rio, Capt, O-3	[redacted]	April 09, 2019
21. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE	**22. APPROVING AUTHORITY'S SIGNATURE**	**23. DATE**
Karla M. Dennard, Major, Director DNP Phase 2 Program	[redacted]	April 10, 2019

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1st ENDORSEMENT (59 MDW/SGVU Use Only)

TO: Clinical Research Division 59 MDW/CRD Contact 292-7141 for email instructions	24. DATE RECEIVED April 10, 2019	25. ASSIGNED PROCESSING REQUEST FILE NUMBER 18576
26. DATE REVIEWED 11 Apr 2019		27. DATE FORWARDED TO 502 ISG/JAC

28. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES ☐ NO ☒ YES If yes, give date: 11 Apr 2019 ☐ N/A

29. COMMENTS ☒ APPROVED ☐ DISAPPROVED

The author provided the needed research determination for the project. The briefing presentation is approved.

30. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	31. REVIEWER SIGNATURE	32. DATE
Rocky Calcote, PhD, Clinical Research Administrator	[redacted]	

2nd ENDORSEMENT (502 ISG/JAC Use Only)

33. DATE RECEIVED	34. DATE FORWARDED TO 59 MDW/PA

35. COMMENTS ☐ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

36. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	37. REVIEWER SIGNATURE	38. DATE

3rd ENDORSEMENT (59 MDW/PA Use Only)

39. DATE RECEIVED 11 April 2019	40. DATE FORWARDED TO 59 MDW/SGVU 17 April 2019

41. COMMENTS ☒ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

The presentation is cleared for release.

42. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	43. REVIEWER SIGNATURE	44. DATE
Amanda Stanford, SSgt, Public Affairs	[redacted]	17 April 2019

4th ENDORSEMENT (59 MDW/SGVU Use Only)

45. DATE RECEIVED April 18, 2019	46. SENIOR AUTHOR NOTIFIED BY PHONE OF APPROVAL OR DISAPPROVAL ☐ YES ☐ NO ☐ COULD NOT BE REACHED ☐ LEFT MESSAGE

47. COMMENTS ☒ APPROVED ☐ DISAPPROVED

48. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	49. REVIEWER SIGNATURE	50. DATE
PAUL T. BARNICOTT, GS015, DAF, DEP DIR, 59 MDW/STC	[redacted]	April 18, 2019

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1. TO: CLINICAL RESEARCH	2. FROM: (Author's Name, Rank, Grade, Office Symbol)	3. GME/GHSE STUDENT:	4. PROTOCOL NUMBER:
	Nathan C. del Rio, Capt, O-3, SGOP	☒ YES ☐ NO	

5. PROTOCOL TITLE: (**NOTE:** For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)

Evidence-Based Practice Project

6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:

Reporting Compliance with the Clinical Practice Guideline for Opioid Therapy for Chronic Pain

7. FUNDING RECEIVED FOR THIS STUDY? ☐ YES ☒ NO FUNDING SOURCE:

8. DO YOU NEED FUNDING SUPPORT FOR PUBLICATION PURPOSES: ☐ YES ☒ NO

9. IS THIS MATERIAL CLASSIFIED? ☐ YES ☒ NO

10. IS THIS MATERIAL SUBJECT TO ANY LEGAL RESTRICTIONS FOR PUBLICATION OR PRESENTATION THROUGH A COLLABORATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA), MATERIAL TRANSFER AGREEMENT (MTA), INTELLECTUAL PROPERTY RIGHTS AGREEMENT ETC.?

☐ YES ☒ NO **NOTE:** If the answer is YES then attach a copy of the Agreement to the Publications/Presentations Request Form.

11. MATERIAL IS FOR: ☒ DOMESTIC RELEASE ☐ FOREIGN RELEASE

CHECK APPROPRIATE BOX OR BOXES FOR APPROVAL WITH THIS REQUEST. ATTACH COPY OF MATERIAL TO BE PUBLISHED/PRESENTED.

☐ 11a. PUBLICATION/JOURNAL (List intended publication/journal.)

☐ 11b. PUBLISHED ABSTRACT (List intended journal.)

☐ 11c. POSTER (To be demonstrated at meeting: name of meeting, city, state, and date of meeting.)

☐ 11d. PLATFORM PRESENTATION (At civilian institutions: name of meeting, state, and date of meting.)

☒ 11e. OTHER (Describe: name of meeting, city, state, and date of meeting.)

USU Archive

12. HAVE YOUR ATTACHED RESEARCH/TECHNICAL MATERIALS BEEN PREVIOUSLY APPROVED TO BE PUBLISHED/PRESENTED?

☐ YES ☒ NO ASSIGNED FILE # _____ DATE _____

13. EXPECTED DATE WHEN YOU WILL NEED THE CRD TO SUBMIT YOUR CLEARED PRESENTATION/PUBLICATION TO DTIC

NOTE: All publications/presentations are required to be placed in the Defense Technical Information Center (DTIC).

DATE	
April 15, 2019	

14. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email)	15. DUTY PHONE/PAGER NUMBER
del Rio, Nathan, C, nathan.c.delrio.mil@mail.mil	479-619-7731

16. AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.

LAST NAME, FIRST NAME AND M.I.	GRADE/RANK	SQUADRON/GROUP/OFFICE SYMBOL	INSTITUTION (If not 59 MDW)
a. Primary/Corresponding Author del Rio, Nathan, C.	O-3	59TRS	Uniformed Services Univers[redacted]
b. Antone, Rachael, E.	O-3	59TRS	Uniformed Services Univers[redacted]
c. Romero, J.	O-3	59TRS	Uniformed Services Univers[redacted]
d.			
e.			

17. IS A 502 ISG/JAC ETHICS REVIEW REQUIRED (JER DOD 5500 07-R)? ☐ YES ☒ NO

I CERTIFY ANY HUMAN OR ANIMAL RESEARCH RELATED STUDIES WERE APPROVED AND PERFORMED IN STRICT ACCORDANCE WITH 32 CFR 219, AFMAN 40-401_IP, AND 59 MDWI 41-108. I HAVE READ THE FINAL VERSION OF THE ATTACHED MATERIAL AND CERTIFY THAT IT IS AN ACCURATE MANUSCRIPT FOR PUBLICATION AND/OR PRESENTATION.

18. AUTHOR'S PRINTED NAME, RANK, GRADE	19. AUTHOR'S SIGNATURE	20. DATE
Nathan C. del Rio, Capt, O-3	[redacted]	April 09, 2019
21. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE	**22. APPROVING AUTHORITY'S SIGNATURE**	**23. DATE**
Karla M. Dennard, Major, Director DNP Phase 2 Program	[redacted]	April 10, 2019

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1st ENDORSEMENT (59 MDW/SGVU Use Only)

TO: Clinical Research Division 59 MDW/CRD Contact 292-7141 for email instructions.	24. DATE RECEIVED April 10, 2019	25. ASSIGNED PROCESSING REQUEST FILE NUMBER 18577
26. DATE REVIEWED 11 Apr 2019		27. DATE FORWARDED TO 502 ISG/JAC

28. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES: ☐ NO ☒ YES If yes, give date: 11 Apr 2019 ☐ N/A

29. COMMENTS ☒ APPROVED ☐ DISAPPROVED

The author provided the needed research determination for the study and added the DoD disclaimer statement to the abstract. The abstract is approved.

30. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	31. REVIEWER SIGNATURE	32. DATE
Rocky Calcote, PhD, Clinical Research Administrator	[redacted]	

2nd ENDORSEMENT (502 ISG/JAC Use Only)

33. DATE RECEIVED	34. DATE FORWARDED TO 59 MDW/PA

35. COMMENTS ☐ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

36. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	37. REVIEWER SIGNATURE	38. DATE

3rd ENDORSEMENT (59 MDW/PA Use Only)

39. DATE RECEIVED	40. DATE FORWARDED TO 59 MDW/SGVU

41. COMMENTS ☐ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

42. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	43. REVIEWER SIGNATURE	44. DATE

4th ENDORSEMENT (59 MDW/SGVU Use Only)

45. DATE RECEIVED	46. SENIOR AUTHOR NOTIFIED BY PHONE OF APPROVAL OR DISAPPROVAL ☐ YES ☐ NO ☐ COULD NOT BE REACHED ☐ LEFT MESSAGE

47. COMMENTS ☐ APPROVED ☐ DISAPPROVED

48. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	49. REVIEWER SIGNATURE	50. DATE

Date: 02-25-2019

ROUTING AND TRANSMITTAL SLIP

STUDENT

TO: *(Name, office symbol, room number, building, Agency/Pos*	Initials	Date
1. Program Director/Chair	[redacted]	2/25/19
2. Associate Dean for Academics		2/26/19
3. Assistant Dean, Admin & Finance		2/27/19
4. Dean, GSN		2/28/19
5. External Affairs Office		5 Mar

X	Action		File		Note and return
X	Approval	X	For Clearance		Per Conversation
	As Requested		For Correction		Prepare Reply
	Circulate		For Your Information		See Me
	Comment		Investigate	X	Signature
	Coordination		Justify		

Note: If manuscript is from the program chair/director, forward to Associate Dean for Academic Affairs before forwarding to the Dean.

Please approve and forward the enclosed Poster Abstract for "Reporting Compliance with the Clinical Practice Guidelines for Opioid Therapy for Chronic Pain" by Capt Nathan C. Del Rio

Program Director/Chair: Please check the the following are present:

1. Disclaimer X
2. USU Affiliation X
3. IRB or IACUC _____

\

Do Not use this form as a RECORD of approvals, concurrences, disposals,

clearances, and similar actions

FROM: *(Name, org. symbol, Agency/Post*	Room No – Bldg
Araya Amdetsyon GSN, RNA Program	E-1028 Phone No. 301-295-1147

OPTIONAL FORM 41 (Rev. 1-94)

28#2

Uniformed Services University
of the Health Sciences

Manuscript/Presentation Approval or Clearance

INITIATOR

1. USU Principal Author/Presenter: Nathan C. del Rio

2. Academic Title: USU GSN DNP-FNP Student, Class 2019

3. School/Department/Center: USU Daniel K. Inouye Graduate School of Nursing

4. Phone: 479-619-7731

5. Type of clearance: ___Paper __Article __ Book _XX_ Poster Abstract
___Workshops ___Abstract _____ Other

6. Title: Reporting Compliance with the Clinical Practice Guidelines for Opioid Therapy for Chronic Pain

7. Intended publication/meeting: USU Research Days 2019

8. "Required by" date: 7 March 19

9. Date of submission for USU approval: 25 Feb 19

10. USU Disclaimer Included: [X] Yes [ ] No

11. Conflict of Interest Statement Included: [ ] Yes [ ] No [X] NA

CHAIR OR DEPARTMENT HEAD APPROVAL

1. Name: Dr. Heather Johnson

2. School/Dept.: Chair & FNP/WHNP Program Director

3. Date:

Chair/Department Head Approva [redacted] **Date** 2/25/19

RECEIVED MAR 04 2019

DEAN (OR VICE PRESIDENT) APPROVAL

1. Name: Dr. Carol A. Romano

2. School (if applicable): USUHS, Dean, Daniel K. Inouye Graduate School of Nursing

3. Date: 28 Feb 2019

4. __Higher approval clearance required (for University-, DoD- or US Gov't-level policy, communications systems or weapons issues review").

[redacted] 2/28/2019

Dean/VP Signature/Date

VICE PRESIDENT FOR EXTERNAL AFFAIRS ACTION+

1. Name:

2. Date:

3. ✓ USU Approved or

__DoD Approval/Clearance required

4. __Submitted to DoD (Health Affairs) on (date):

5. __DoD approved/cleared (as written) or __DoD approved/cleared (with changes)

DoD Approval/date

[redacted] 5 Mar 2019

External Affairs Approval Date

***Note:** It is DoD policy that clearance of information or material shall be granted if classified areas are not jeopardized, and the author accurately portrays official policy, even if the author takes issue with that policy. Material officially representing the view or position of the University, DoD, or the Government is subject to editing or modification by the appropriate approving authority.

					Percentage of Compliance Per Risk Mitagation Strategy			
PCM Number	Sum of COT Count	Sum of Active Benzo on COT	Sum of Narcan with COT	Sum of UDS on COT	Co-Prescription of Naloxone and Opioid	Co-Prescription of Opioid and Benzo	UDT	Provider Average Compliance with CPG
Grand Total								
		XXXXXXXXX Family Health Clinic Compliance with the CPG						

DOCTOR OF NURSING PRACTICE PROJECT
Completion Verification Form

The DNP Project titled: Reporting Compliance with Risk Mitigation Strategies from Clinical Practice Guideline for Opioid Therapy for Chronic Pain was completed at Joint Base San Antonio-Lackland and Randolph family health clinics by the following student(s):

(type student name)	*(signature)*	*(date)*
Nathan del Rio	[redacted]	23 Apr 19
Rachael Antone		23 Apr 19
Jorge Romero		23 Apr 19

The DNP Practice Project Team verifies that the following components of the DNP project, accomplished by the above students, is of sufficient rigor and demonstrates doctoral level scholarship to meet the requirements for USUHS GSN graduation:

- Presentation of DNP project to the leadership/stakeholders at the Phase II Site,
- Abstract/Impact Statement (*Appendix F*), and
- DNP Project written report.

Verified by:

(type name)	*(signature)*	*(date)*	
Nicholas Reeder	[redacted]		Senior Mentor
Karla Dennard		24Apr19	Team Mentor & Phase II Site Director

For RNA Students only *- add the following additional signature for final verification of project completion:*

N/A		
RNA Project Director *(type name)*	*(Signature)*	*(Date)*

Timeline

Project Year 1 (2018)												
Activity/Month	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**
USUHS VPR Submission and Approval	X	X										
Site IRB Submission and Approval			X									
Project Planning	X	X	X	X	X							
Project Implementation/Data Collection						X	X	X	X	X	X	X
Data Analysis												
Dissemination												

Project Year 2 (2019)												
Activity/Month	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**
USUHS VPR Submission and Approval												
Site IRB Submission and Approval												
Project Planning												
Project Implementation/Data Collection												
Data Analysis	X	X	X									
Dissemination				X	X	X	X	X	X	X	X	X