IHQI Proposal for the Delirium Project on 4BT

1. **Project Lead/Key Contact**

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4BT Nurse Manager
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2. **Why are you interested in participating in the Improvement Scholars Program?**

4 Bedtower (4BT) nurses and our interdisciplinary team have a history of leading quality improvement initiatives aimed at implementing evidence-based models of care and improving hospital-based care for our vulnerable population of geriatric patients. We are interested in partnering with the Improvement Scholars Program to help guide us, continue improvement efforts, and develop a sustainable model of care.

3. **Which UNC Health improvement priority will your project address?**

Patient harm prevention and mortality reduction

4. **What is the problem or gap in quality you seek to improve?**

Appropriate detection and management of hospitalized geriatric patients with delirium on 4BT

a. Detection: Prior to implementation of this project, the bedside nurses were completing a Confusion Assessment Method (CAM) assessment on all patients aged 65 and older.

CAM (delirium screening, done each shift)

Feature	Present (circle)	CAM Positive if…
Acute onset with Fluctuating Course	Yes No	Yes
Inattention	Yes No	Yes
Disorganized thinking	Yes No	Yes to at least one of these
Altered level of consciousness	Yes No	
CAM Score (circle)	**Positive** **Negative**	

If a nurse recognizes that a geriatric patient is exhibiting symptoms of delirium (CAM positive), this will be communicated to the treating physician, however we've identified several limitations to our current process:

1. The CAM assessment did not consider baseline cognitive impairment and risk of developing delirium
2. The CAM did not score severity of delirium symptoms

3. It was unclear how consistently this information was communicated to the physician team

b. Management: During interviews with night shift nurses on 4BT, we discovered that the staff did not feel adequately supported by overnight physicians when a patient became acutely delirious. Nurses felt that the physicians were often reluctant to intervene until the patient's behavioral symptoms became extreme and warranted extreme interventions: pharmacological and physical restraints. The delirium project aims to promote intervention on mild delirium symptoms before they increase in severity, in addition to increased education for the physicians on delirium management.

5. Describe the patient population affected, scope and impact of the problem.

a. What is the specific patient population your project will impact?
MDA patients on 4BT aged 65 and older. 4BT is a 25-bed medicine/geriatrics unit, caring for a combination of Hospitalist patients and MDA (geriatrics) patients. Our patient population is commonly admitted with cognitive impairment, delirium, polypharmacy, and cognitive decline. 4BT is an ACE unit (Acute Care of the Elderly), a NICHE unit (Nurses Improving Care of the Health System Elders), and UNC Hillsborough is a Dementia Friendly Hospital and an Age Friendly Health System.

b. How many patients are in the population?
Today there are 521,593 older adult North Carolinians aged 65 and over. On 4BT alone, MDA cares for approximately 12-15 patients per day that fit into this category.

c. How frequently does the problem occur?
A recent systematic review showed that delirium is present in approximately 50% of hospitalized older adults. [2] Prevalence of delirium on 4BT varies and is not always captured by the CAM assessment. One of our aims of this project is to adequately capture the number of hospitalized patients that are acutely delirious.

d. What is the impact of the problem?
Consequences of delirium include increased morbidity, mortality, cost of care, hospital-acquired complications, placement in specialized intermediate and long-term facilities, slower rate of recovery, poor functional and cognitive recovery, decreased quality of life, and prolonged hospital stays.[3]

6. **What do you think are the underlying causes of this problem? Why do you think the problem is happening?**
The number one risk factor for delirium is cognitive impairment, however our current delirium screening tool (CAM) does not take into consideration cognitive impairment.[4] Before the initiation of this project, MDA physicians typically rely on cognitive screeners to conduct SLUMS or MOCA screenings on an as needed basis. Our project empowers the nurses to perform a cognitive screener (the 6-Cognitive Impairment Test), on every MDA patient aged 65 and older, to quantify cognitive impairment on admission. By knowing their baseline cognitive status, we can determine if the patient is at risk for developing delirium during their hospital stay.

In regard to the management of delirium, the relationship between the nurse and the physician is pivotal to reaching the common goal of mitigating delirium. When delirium is observed in its

early stages, this should be communicated to the physician so that possible causes of delirium can be investigated. This project aims to enhance this relationship and give physicians tools and knowledge on how to manage delirium in a productive way.

7. **What is the history of improvement or attempted improvement at UNC Health? What work will your proposed improvement build on?**
   UNC Health has already integrated the CAM assessment for delirium into the electronic medical record. Our delirium project will build on this assessment, and compliment the CAM with two additional screening tools, the 6-Cognitive Impairment Test (6-CIT) and the CAM-S.

9. **What ideas do you have for changes that will result in improvement (your improvement strategy)?**
   Our delirium project started with the introduction of two additional assessments, the 6-CIT and the CAM-S.
   1. The 6-CIT is a 7-item cognitive screening tool with high sensitivity and specificity for detecting cognitive impairment. The 4BT nurses were individually trained by Reaves Houston, a fourth-year medical student, overseen by Dr. Lynch, on how to properly perform this screening tool. This screening is currently being performed on all 4BT MDA patients, aged 65 and older, near the time of admission.

6CIT (cognitive screening, done once per admission)

Task	**Scoring (circle)**
What year is it?	Correct (0 points) Incorrect (4 points)
What month is it?	Correct (0 points) Incorrect (3 points)
Give the patient the following address phrase to remember: John, Smith, 42, High St, Raleigh	
About what time is it? (within the hour)	Correct (0 points) Incorrect (3 points)
Count backwards from 20-1	Correct (0 points) 1 error (2 points) More than 1 error (4 points)
Say the months of the year in reverse	Correct (0 points) 1 error (2 points) More than 1 error (4 points)
Repeat address phrase	Correct (0 points) 1 error (2 points) 2 errors (4 points) 3 errors (6 points) 4 errors (8 points) All wrong (10 points)
Total Normal (≤7), Significant (8)	_____ Normal Significant

2. The CAM-S is a screening tool that quantifies the severity of delirium symptoms. 4BT nurses are trained to complete this assessment every shift for all MDA patients aged 65 and older.

CAM-S (delirium symptom severity, done each shift)

Feature	Presence and Severity (circle)
Acute onset with fluctuating course	No (0) Yes (1)
Inattention	No (0) Yes mild (1) Yes marked (2)
Disorganized thinking	No (0) Yes mild (1) Yes marked (2)
Altered level of consciousness	Normal (0) Mild: vigilant or lethargic (1) Marked: stupor or coma (2)
Disorientation	No (0) Yes mild (1) Yes marked (2)
Memory impairment	No (0) Yes mild (1) Yes marked (2)
Perceptual disturbances	No (0) Yes mild (1) Yes marked (2)
Psychomotor agitation	No (0) Yes mild (1) Yes marked (2)
Psychomotor retardation	No (0) Yes mild (1) Yes marked (2)
Altered sleep-wake cycle	No (0) Yes mild (1) Yes marked (2)
Total	_____

These two assessments, in conjunction with the CAM assessment, enables the bedside RN to quantify risk of delirium, as well as severity of delirium symptoms, and communicate effectively with the treating physician. In our current state, the RNs complete these assessments, and then include their findings in the electronic medical record, in a nursing note every shift, using the dotphrase .4btbehaviors.

Once the nurses have completed the three screeners, treating physicians incorporate the 4M dotphrase into their daily progress note. The 4Ms comes from the Age Friendly Health System framework, which relies on four evidence-based elements of high-quality care of the elder.

4Ms	
Mentation	**CAM**: CAM **CAM-S**: *** **6CIT**: 6CIT
Mobility	**Baseline functional status**: Functional Status **Current functional status**: Functional Status **PT/OT Ordered**: PT/OT
Medications	**Reviewed home medications**, screening for potentially inappropriate medications: Yes/No **Medications recommended de-prescribing**: ***
What Matters	**Geri Assessment complete**: CGA

The dotphrase pulls in the assessment scores (CAM, CAM-S, 6-CIT) from the nursing documentation to "close the loop" on communication of scores and adds a layer of accountability for the physicians to discuss management. If the physician recognizes that a patient is acutely delirious, they are trained with instructions on how to intervene appropriately. There are reminders on how to approach agitated/delirious patients as well as a checklist of possible causes of delirium (pain, medications, constipation, urinary retention, dehydration/electrolyte imbalance, disrupted sleep/wake cycle). This education also gives recommendations on supportive measures for physicians to utilize if a patient does not pose a safety threat (redirect, obtain a sitter), as well as appropriate medications to order if a patient does pose an immediate safety threat to themselves or others. By providing this education to the physicians and encouraging them to intervene on early delirium symptoms, our goal is to decrease the use of unnecessary pharmacological and physical restraints in this patient population.

8. **Please complete the "Measures Table". Please describe the anticipated outcome measure(s), 2-3 process measures, and one balancing measure. Please do not include more than 5 measures total.**

Our primary outcome measure will be patient harm and mortality index and will be driven by our process measures. Our process measures that we aim to focus on are the nursing documentation rates of the delirium screening tools, physician documentation rates of the 4M dotphrase, as well as the amount of physical and pharmacological restraints that are being utilized in acutely delirious patients. We firmly believe if we can identify delirium when the symptoms are mild, and intervene appropriately, that we can decrease patient harm events, more specifically the number of physical and pharmacological restraints. We have already been tracking the nursing documentation compliance, but tracking the physician documentation compliance, and the restraint numbers will be developed during this project. We would love to

partner with Dr. Mike Kane, a prior IHQI project recipient, and utilize his dashboards for restraint tracking for patients on psychiatry services. Our balancing measure will be safety events, specifically the number of workplace violence events from the SAFE system. As we improve our management of delirium, we aim to decrease the amounts of restraints, which could potentially cause an increase of workplace violence events, so we will be closely monitoring this measure.

Measure Name	Measure Type	Measure Calculation	Measure Exclusion	Data Source	Baseline	Goal	Collection Frequency
Primary: Patient harm and mortality Index	Outcome	Numerator: Observed mortalities Denominator: Expected mortalities		Tableau dashboard	0.26	0.20	Monthly
CAM, CAM-S, 6-CIT documentation rates	Process	Numerator: # of MDA patients, per nurse, aged 65 and older, with documented screeners in the progress note Denominator: # of MDA patients, per nurse, aged 65 and older	Patients on comfort care Patients being cared by float nurses	Manual audits of nursing shift notes	81%	90%	Weekly
4M Documentation Physicians	Process	Numerator: # of MDA patients, aged 65 and older, with a documented 4M dotphrase	Patients on comfort care	Manual audits of physician daily progress notes	0%	90%	Weekly

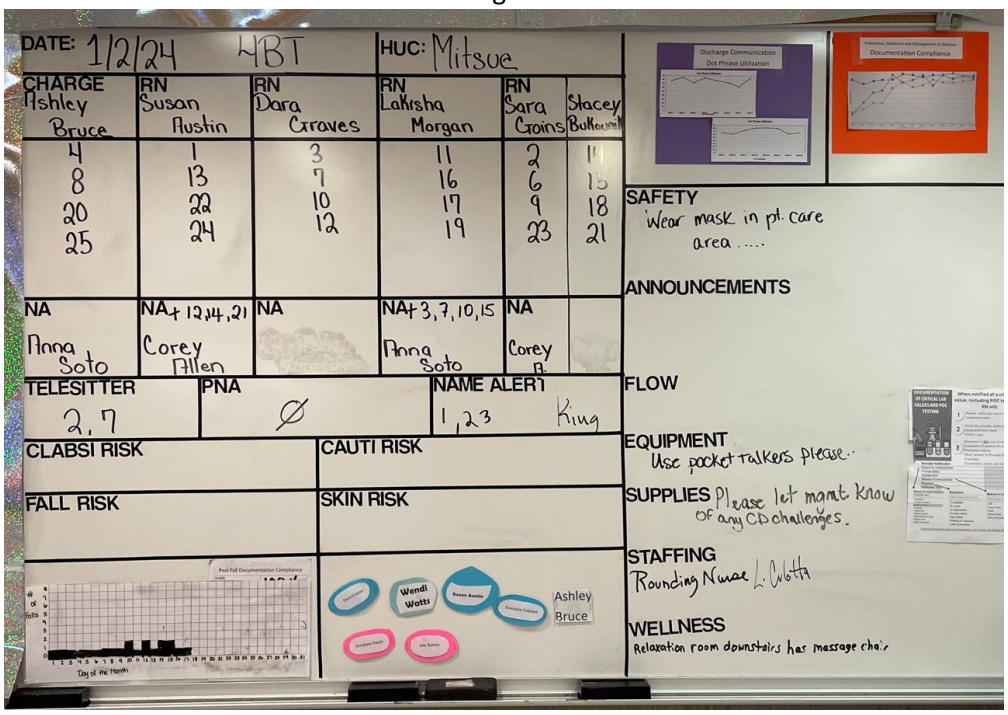
Measure Name	Measure Type	Measure Calculation	Measure Exclusion	Data Source	Baseline	Goal	Collection Frequency
		Denominator: # of MDA patients, aged 65 and older					
# of pharmacological restraints administered	Process	Numerator: MDA patients aged 65 and older who received a pharmacological restraint medication during their hospital stay Denominator: MDA patients aged 65 and older that were hospitalized	Patients who were administered a pharmacological restraints medication at baseline, and patients on comfort care	Mike Kane IHQI dashboard	TBD	TBD	Monthly
# of physical restraints ordered	Process	Numerator: MDA patients aged 65 and older who received physical restraints during their hospital stay Denominator: MDA patients aged 65 and		Mike Kane IHQI dashboard	TBD	TBD	Monthly

Measure Name	Measure Type	Measure Calculation	Measure Exclusion	Data Source	Baseline	Goal	Collection Frequency
		older that were hospitalized					
Safety events	Balancing	# of Workplace Violence Events related to MDA patients	Events unrelated to MDA patients	SAFE system	2 per month	No increase in events	Monthly

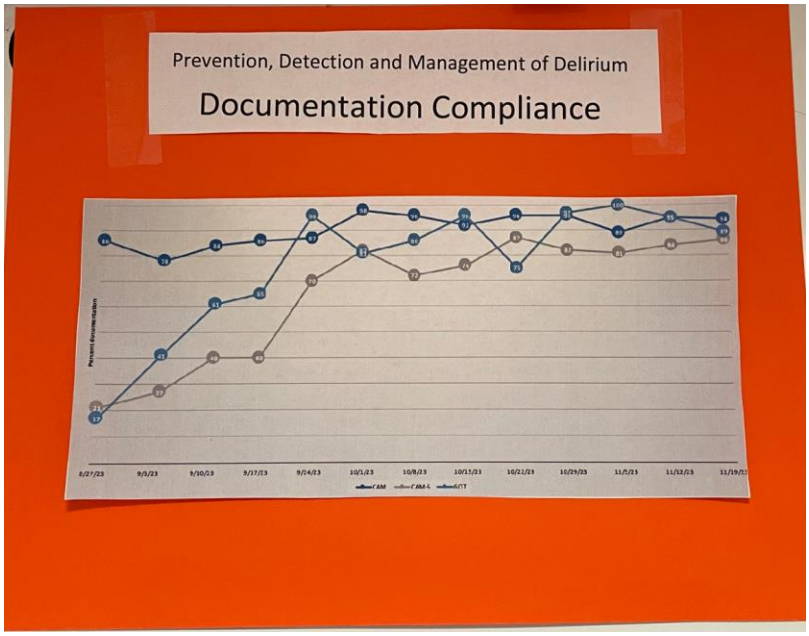
10. **How has this problem has been addressed successfully elsewhere?**
    The Minnesota Hospital Association created a program in 2014 called "Road Map to a Delirium Detection, Prevention and Management Program". Within this road map, they mention using the CAM screening tool along with various other evidence-based screening tools like the CAM-S and 6-CIT. These assessment tools are coupled with a strong physician/nursing relationship where both teams discuss screening scores and tailor interventions for each patient. Looking at delirium inducing medications, physiological deficits such as urinary retention and constipation as well as medical devices that contribute to the onset and severity of delirium.[5]

11. **How will Carolina Quality tools (Just Culture, SAFE reporting, team communication and teaming skills, huddles, and visual management boards) be used to support the work? Although use of these tools is not required, applications including them will be strengthened.**
    4BT has a visual management board at Nurse Station A, which provides the assignment to the nursing staff, but also keeps track of quality metrics. Presently, we have a section which shows the nursing documentation compliance on a line chart. If our proposal to IHQI is accepted, we plan to continue tracking our metrics and display this to the staff.

Visual Management Board



Nursing documentation compliance



12. **Please describe how your project addresses one or more of the 5 elements reflected in the Quintuple Aim for Health Care Improvement**

    This project addresses the element of “Enhanced clinician and staff experience”. It addresses this goal by providing the nurses with tools to quantify and convey delirium risk and delirium symptoms to physicians, providing physicians with a framework on how to appropriately care for these patients, and allows for an interdisciplinary approach for addressing delirium within

the hospitalized setting. By fostering this communication and appropriate intervention, it creates a foundation of trust and cooperation in caring for this challenging patient population.

13. **Please describe the support and engagement you have from leadership for the work you are proposing. Please indicate leaders with whom you have consulted about this proposal.**
We have engagement and support from our upper leadership at UNC Hillsborough hospital including:

    Jeff Stricker, Vice President of Hillsborough Hospital
    Stephanie Bohling, Director of Nursing at Hillsborough Hospital
    Catherine Capp, Assistant Director of Nursing at Hillsborough Hospital

14. **Who will comprise the project team? List names and role of team members, describe how the project team will function and how the team's work impacts other teams/units and/or is impacted by other teams/units.**

    Kittra Felton, 4BT Nurse Manager: Kittra has worked as the nurse manager on 4BT since the unit opened in 2016. During her time on 4BT, Kittra has conducted several quality-based initiatives, including but not limited to a discharge medication communication project, a physician nurse rounding project, and has been pivotal in leading UNC Hillsborough to its status as an Age Friendly Health System. Kittra will be the project lead and will oversee the nursing participation in the project and empower change.

    Christie Martin, 4BT CNIV: Christie has worked on 4BT since the unit opened in 2016. Over the years, she has worked with Kittra to coordinate multiple quality improvement projects. Christie's role in this project will be to disseminate education to new nursing staff, disseminate documentation compliance to the nurses, and assist with collecting outcome measure data.

    Beckie Fenner, 4BT CNIV: Beckie Fenner has worked on 4BT since the unit opened in 2016 and became a new grad nurse on 4BT in 2019. She has recently began participating in quality improvement projects at the unit and hospital level and completed her Kaizen Coach training in December 2023. Beckie's role in this project will be to assist with collecting data for outcome measures, educating current nursing staff as well as new hires and supporting staff by being a resource on day and night shifts.

    Sandy Givens, 4BT CNIII: Sandy has worked on 4BT since August 2021. She has worked for UNC Health for about 11 years as a bedside nurse, CNIV, and Nurse Educator on multiple different units. Sandy's role in this project will help support bedside nurses by answering questions and encouraging new staff.

    Reaves Houston, a fourth-year medical student, and Clinician Leadership in Quality and Safety (CLQS) Scholar: This project is the brainchild of collaboration between Reaves and Dr. Lynch. Reaves has been pivotal in educating the nurses and residents, creating the .4btbehaviors dotphrase, collecting data on nursing documentation and collecting data on the physician documentation of the 4Ms. Reaves' project will conclude in February 2024, but the framework that she has created will continue into our IHQI project.

David Lynch, Assistant Professor of Geriatrics and Medical Director of Inpatient Geriatric Services and Acute Care for Elders unit: Dr. Lynch will serve as primary liaison to all Geriatrics attending physicians as well as residents on MDA. He will help educate the new residents on the delirium project and the importance of the 4M dotphrase utilization in their progress notes, as well as proper ways to manage delirium within the hospital setting.

John Gotelli, MSN, GNP: John will serve as on-site coach to house staff on proper management of delirium as well as the 4Ms framework. He has been the MDA Nurse Practitioner for over 15 years. He has worked on QI projects regarding a Nurse Driven Protocol to Remove Indwelling Foley Catheters as well as a project on discharge templates.

Kim Mournighan, Assistant Professor of Geriatrics: Kim will provide advising and expertise in quality improvement methods. She is an Assistant Professor of Geriatrics and has assisted in past QI projects on the Acute Care for Elders unit throughout her residency and fellowship training.

15. **How will you ensure sufficient time to dedicate to the project over the scholar year? Although time commitment to the program varies throughout the year, Scholars may expect to spend at least 2 hours per week (with range from 1 hour minimum to 5 or more hours a week) on project-related activities.**
Since initiation, nurses have completed over 1000 cognitive assessments, and nursing staff averages a documentation rate of 91% for the 6-CIT completion and 81% for the completion of CAM-S. Current efforts to track documentation compliance have been led by Reaves Houston, who manually audits the nursing documentation every shift. Below is an example of her tracking tool that she compiles and sends to nursing leadership weekly.

	12/4 - 12/10	11/27 – 12/3	11/20 - 11/26	11/13 – 11/19	11/6 – 11/12	10/30 – 11/5	10/23 – 10/29	10/16 – 10/22	10/9 – 10/15
CAM Documentation (Flowsheet) Documented per shift on Med A patients >65	**94%**	95%	92%	94%	95%	89%	96%	96%	92%
Dot phrase usage (scored CAM-S) Documented per shift on Med A patients >65	**79%**	79%	81%	86%	84%	81%	82%	87%	76%
6CIT scored Once per admission, per Med A patient >65	**88%**	86%	100%	89%	95%	100%	97%	75%	96%

Staff	**# Appropriate Patient-Shifts**	**CAM Documentation (flowsheet)**	**Dot phrase Usage (CAM-S)**	**Comments**
Austin	2	100%	100%	
Bowman	2	100%	100%	
Bruce	9	100%	89%	CAM marked positive, but "acute onset" marked no - cannot be CAM positive if not diff from baseline
Burton	5	100%	100%	No note x1
Butler	10	100%	100%	

If our project gets selected to participate in the Improvement Scholars Program, we know and understand the time commitment that this project involves. The nursing leadership team has committed to tracking the nursing documentation compliance, as well as the SAFE reporting data. The physician team has committed to tracking the physician documentation compliance. We will work together to track the restraint data, using Mike Kane's dashboard which was created during a former IHQI project. As an interdisciplinary team, we are all committed to seeing this project continue to grow and hope to partner with IHQI to sustain this project for years to come.

16. **What factors do you anticipate will foster and hinder improvement?**
    Factors that may foster and hinder improvement include documentation fatigue from both nursing and physicians. However, since starting this project, the nurses have shown that they can consistently perform and document these screening tools.

17. **What ideas do you have for sustaining the improvement at the end of the Improvement Scholars Program?**
    A future aim for IHQI involvement is assistance with streamlining the education provided to nursing and physician staff. To train nursing staff on the 6-CIT and CAM-S, each RN was educated individually by Reaves Houston. While effective, this was time consuming. For physician education on delirium prevention, the residents were trained on a biweekly basis at MDA orientation. John Gotelli, GNP, also educates the physicians on management of delirium during rounds on an as needed basis. With the assistance of IHQI, it would be ideal to streamline the education into a mandatory LMS, or another type of education template, to introduce new nursing staff to the screening tools and the physicians on best practices in managing delirium.

18. **Implementation Timeline**

Task	Date Completed	Completion Goal
Project creation by Reaves Houston and David Lynch	July 2023	
Introduction of project to 4BT RNs at Staff Meeting	Aug 15, 2023	
Individual education of 6-CIT and CAM-S to 4BT RNs	Aug 16, 2023 – Sept 11, 2023	Ongoing
Auditing of nursing documentation compliance	September 11, 2023 - now	Ongoing
Epic Optimization request for integration of 6-CIT and CAM-S	December 2023	
Introduction of 4Ms dotphrase to physicians	December 2023	Ongoing

Auditing of physician documentation compliance of the 4M dotphrase	January 2024 - now	Ongoing
Tracking of physical and physiological restraints		Coordinate with Mike Kane, but hopefully February 2024
Acceptance into IHQI. Project refresh and regroup.		October 2024
Work with IHQI to streamline education to nursing staff as well as physician staff		November 2024
Assess process and balancing outcomes		November 2024 onward
Data analysis		November 2024 onward

19. References

1. Hamidi M, Joseph B. Changing Epidemiology of the American Population. Clin Geriatr Med. 2019 Feb;35(1):1-12. doi: 10.1016/j.cger.2018.08.001. Epub 2018 Oct 11. PMID: 30390975.
2. Inouye SK, Westendorp RG, Saczynski JS. Delirium in elderly people. Lancet. 2014 Mar 8;383(9920):911-22. doi: 10.1016/S0140-6736(13)60688-1. Epub 2013 Aug 28. PMID: 23992774; PMCID: PMC4120864.
3. Maldonado JR. Acute Brain Failure: Pathophysiology, Diagnosis, Management, and Sequelae of Delirium. Crit Care Clin. 2017 Jul;33(3):461-519. doi: 10.1016/j.ccc.2017.03.013. PMID: 28601132.
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5. MHA Delirium Pilot Work Group. (n.d.). Road Map to a Delirium Detection, Prevention and Management Program. Retrieved 2024, from https://www.mnhospitals.org/Portals/0/Documents/ptsafety/LEAPT%20Delirium/Road%20map%20to%20a%20delerium%20detection%20prevention%20and%20management%20program%20-%20Final.pdf.

20. Letters of Support

January 24, 2023

Dear Review Committee Members

It is with immense pleasure and privilege to formally provide my letter of support for “The Prevention, Detection, and Management of delirium patients.” My intentions are to support the 4 Bed tower Geriatrics interdisciplinary team to continue to drive the change and overall way we manage delirium but also work prevent more harm to our future patients. This proposal has the potential to not only affect the patients cared for on 4 Bed tower but throughout the organization.

Our organization's patient demographics have changed over the past 10 years. Our aim is to direct inpatient care to directly affect the patients that we affect the most. Approaching our patients' care to be proactive to ensure they provide an environment conducive to a smooth and noneventful hospitalization.

As described in the proposal I would like to support this collaborative team further the work they have begun in the inpatient environment. I would love to see how this proactive approach to patient care provides the best care for our patients and decreases behavioral issues that directly affect staffs' overall satisfaction in their job.

Sincerely,

Jeffery Strickler

Jeff Strickler, DHA, RN, NEA-BC|President

Chatham Hospital

Chief Operating Officer/ Associate Chief Nursing Officer

UNC Hospitals Hillsborough Campus

Behavioral Health Services & WakeBrook Campus

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Jeffery.Strickler@unchealth.unc.edu

January 29, 2024

Subject: Letter of Recommendation for IHQI Proposal - Delirium Project on 4BT

IHQI Project Selection Board:

I am writing to express my full support for the IHQI Proposal for the Delirium Project on 4BT, led by Kittra Felton, RN, BSN, the Nurse Manager for 4BT at UNC Health Hillsborough. As the executive sponsor for this project, I have had the opportunity to closely review the proposal, and I am confident in the team's dedication, expertise, and the potential impact of this initiative.

The 4BT nurses and Geriatric Medicine providers have a commendable track record of leading quality improvement initiatives aimed at enhancing the care provided to geriatric patients. This project, focused on the appropriate detection and management of delirium in hospitalized geriatric patients, addresses a critical gap in current practices, showcasing the team's commitment to delivering evidence-based, high-quality care. I look forward to this team spreading their innovation to all the nursing units at Hillsborough Hospital as patients with dementia present on all services!

The project's emphasis on patient harm prevention and mortality reduction aligns seamlessly with UNC Health's improvement priorities. Delirium is a prevalent and serious concern, particularly in the geriatric population, and the team's strategic approach to enhancing the detection and management processes reflects a comprehensive understanding of the underlying causes and potential solutions.

The interdisciplinary nature of the project, involving both nursing and physician teams, is a strength that positions it for success. The introduction of additional screening tools, such as the 6-Cognitive Impairment Test (6-CIT) and the CAM-S, along with the 4Ms dot phrase, creates a robust framework for communication and intervention, ultimately aiming to decrease the use of unnecessary pharmacological and physical restraints.

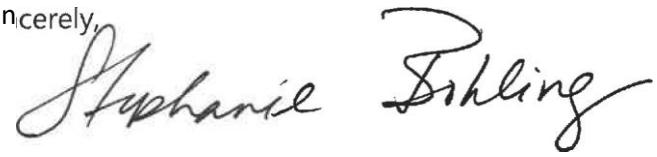
I am particularly impressed by the project team's thoughtful consideration of the patient population, the scope and impact of the problem, and the proposed measures for evaluation. The alignment with the Quintuple Aim for Health Care Improvement, specifically focusing on enhancing clinician and staff experience, reflects a commitment to creating a positive and effective working environment.

Furthermore, the engagement and support from leadership at UNC Hillsborough, including Jeff Stricker, Vice President, Stephanie Bohling, Director of Nursing, and Catherine Capp, Assistant Director of Nursing, underscore the organizational commitment to the success of this project.

In summary, I wholeheartedly endorse the IHQI Proposal for the Delirium Project on 4BT and believe that it has the potential to significantly improve patient outcomes, enhance the quality of care provided, and serve as a model for similar initiatives within our healthcare system. I look forward to witnessing the positive impact of this project and the continued dedication of the 4BT team.

Thank you for considering this recommendation, and I am available for any further discussions or clarifications.

Sincerely,



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