

Applicant	Department	Description	Primary	Secondary	Secondary
Bellamy	Adult Inpatient	Our intent is to improve the accuracy of language needs assessment and documentation in the electronic medical record (EMR) for adult inpatients at the University of North Carolina Medical Center (UNCMC).	Harden	Baldwin	Bohling
Curcio	Surgery	Surgical outcomes and recovery are worse for minorities, particularly Black and Hispanic populations, as compared to white patients. ERAS has the potential to reduce health disparities by standardizing high value, evidence-based care across the board thus minimizing unwarranted care variation based on race/ethnicity or other non-clinical factors.	Leino	Baldwin	Ratner
Feuer	Urology	Since launching our Rapid Access Clinic in February 2024, we have seen 400 men with an elevated PSA, 25% of whom have been 70 years of age or older. Among these patients, more than half are referred with a PSA <6.5. For men with a PSA <6.5, 40% ultimately undergo no additional testing, suggesting an unnecessary visit which is often associated with anxiety and costs incurred by the patient. Amongst men that do proceed to further diagnostic testing, 60% undergo MRI and 35% have proceeded to prostate biopsy. However, only a small fraction (<10%) were diagnosed with prostate cancer that ultimately required treatment for prostate cancer. This highlights the inefficiency and potential harm associated with the current schema.	Donnelly	Brown	Leino
Flippo	Audiology	Many patients live in areas with limited access to audiology services, often requiring them to travel several hours to attend appointments at UNC Hospitals. This situation frequently necessitates patients or their companions to take time off work and sometimes even spend the night in a hotel for a 1-2 hour appointment.	Shaheen	Burgess	Perryman
Fried	Adult Inpatient	Many aspects of patient care require daily attention but are often overlooked due to the demanding nature of inpatient care. This includes essential tasks such as DVT prophylaxis, Foley catheter removal, central line removal, telemetry reduction, removing 1:1 observation when indicated, bowel prophylaxis, de-escalation of narcotic pain regimens, weaning supplemental oxygen use, antimicrobial stewardship etc.	Olm-Shipman	Marks	Donnelly

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Gilchrist	Cardiology, Endocrinology	Our goal is to address the excess risk and disease complexity of the CKM population by forming an interdisciplinary clinic to help patients achieve intensive risk factor modification targets.	Brown	Bohling	Boyd
Gouker	Anesthesia	Penicillin (PCN) de-labeling is not broadly accessible to patients presenting to UNC Pre-Procedure Services (PPS) Clinic.	Hadar	Dewalt	Harden
Hildebrand	Pediatric Neurosurgery	Our pediatric neurosurgery team has noticed a significant disparity in preop and postop care recommendations for prevention of surgical site infection (SSI). We are particularly concerned regarding the number of patients impacted who are racial minorities and/or speak a language other than English.	Dewalt	Hadar	Perryman
Hollis, Weiner	Radiation Oncology	the problem we seek to address is the lack of a formalized structure for the peer review huddle and associated handoff between the many teams participating in this huddle (physicians, dosimetrists, and physicists).	Boyd	Moore	Zvara
Hudson	Emergency Department	There is currently an overutilization of diagnostic testing in this patient population that increases treatment time in the ED/delays hospital admission, increases cost to the patient/our health system, and exposes the patient to unnecessary diagnostic testing. The two tests that are being overutilized without any benefit to the patient include CT angiogram GI bleed protocol (CTA-GIB) and fecal occult blood test (FOBT).	Burgess	Burnette	Donnelly
Leong	Pediatrics	The pediatric cardiac catheterization lab at UNC experiences frequent no-shows and late arrivals for scheduled procedures, occurring at least once per week. These disruptions impact patient care, procedural efficiency, and resource utilization.	Baldwin	Harden	Olm-Shipman
Marsh	Burn Intensive Care Unit	Currently, the BICU continues to have inconsistent adherence to the preoperative TF hold policy. There are likely many reasons for inconsistent adherence.	Perryman	Zvara	Boyd
Narayanan	Surgery	We are looking to improve the reliability of our clinical processes surrounding joint replacement surgery at Hillsborough hospital. This will improve provider wellness, improve patient outcomes, and increase our efficiency (enabling increased surgical volumes).	Bohling	Shaheen	Brown

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Reade	Pediatrics	In FY24 there were 14 non mucosal barrier infection (MBI) CLABSIs at UNC Children’s across 2 ICUs and 3 regular inpatient care units. This represented a nearly 50% decrease from FY23. This decrease was attributed to an effort throughout the Children’s Hospital which focused on unit-based rounding and bundle adherence. However, there is still more work to be done to move toward zero CLABSIs. CLABSI remains a serious threat to children admitted to the hospital.	Zvara	Leino	Burnette
Shah	Cardiology	Hospital readmission rates in cardiology services – Med C and Med D – from June 2023 to July 2024 were 14.6%. We are aiming to improve this number by increasing utilization of SGLT2i in eligible heart failure patients.	Burnette	Marks	Ratner
Silverstein	Anesthesia	Interpreter services need to be both available and consistently used during preoperative preparation and the transition to the PACU.	Ratner	Shaheen	Moore
Yazawa	Neonatal Intensive Care Unit	Our key outcome measure is the number of UE events in all intubated patients in the neonatal intensive care unit, excluding patients with tracheostomies. Through this project, we aim to decrease the rate of unplanned extubation events to less than 0.4 per 100 ventilator days by January 2026. Our global aim being to improve patient safety by reducing the incidence of unplanned extubation events in the NICU.	Moore	Dewalt	Burgess