MPH Student Practicum Abstracts
Winter 2016- April Showcase
April 19, 2016
The Master in Public Health (MPH) Program at Wayne State University is pleased to present the Winter 2016 student practicum abstract book highlighting students' public health practice experiences. We would like to express our gratitude and appreciation to all of the organizations, agencies and businesses that hosted and supported our students and provided them with practical public health experiences. The MPH Program would like to congratulate the students for their hard work, accomplishments and contributions to the local public health community.

PUBLIC HEALTH PRACTICE CONCENTRATION

Joseph Carreno
SITE: Albany (NY) Medical Center Hospital
TITLE: Assessment and revision of empiric and definitive antimicrobial therapy recommendations for a large urban academic health sciences center hospital

INTRODUCTION: Inappropriate empiric and definitive antimicrobial therapy is associated with excess mortality and morbidity in patients admitted to inpatient settings. Hospitals can improve empiric and definitive antimicrobial prescribing through the development of prescribing guidelines. This project assessed and revised the empiric and definitive antimicrobial therapy recommendations at Albany Medical Center Hospital.

METHODS: Hospital guidelines from Albany Medical Center Hospital were rated as (1) up-to-date/not up-to date, (2) complete/incomplete and (3) low, medium or high-priority for revision. Hospital guidelines were flagged as out of date if they did not cite the latest national guideline for the disease state or incomplete if they were missing data from national guidelines. Priority was determined by summing the number of flags (2 = high, 1 = medium, 0 = low). Clinical judgement was also used to adjust priority as needed. Three high priority guidelines were revised. Recommendations from this project were presented to the hospital wide antimicrobial committee for approval.

OUTCOMES: 174 recommendations for 34 different pathogens in 31 different hospital guidelines were reviewed; 26 hospital guidelines had national guidelines available. Based on these national guidelines 19/26 (73%) of the hospital guidelines were incomplete or out of date. The highest priority guidelines were cellulitis/skin and soft tissue infection abscess, endocarditis, and sepsis. The cellulitis and endocarditis guidelines were revised and presented to the hospital antimicrobial committee for approval.
Namita Tiwari  
**SITE:** Institute of Multicultural Health (IOMH) under Henry Ford health System  
**TITLE:** Identifying the factors leading to healthcare disparities in Chronic Kidney Disease (CKD) care.  
**INTRODUCTION:** CKD is a public health concern, as “the United States has one of the highest incidence rates of end stage renal disease (ESRD) in the world and the highest annual expenditure per ESRD patient.” While the incidence of CKD at early stages is at the same level amongst all races, progression to ESRD is highest amongst African Americans, followed by the Native Americans and Asians, respectively. The objective of this practicum was to assess the current quality of healthcare provided to patients with CKD to develop interventions tailored to the prevention and progression of CKD.  
**METHODS:** A total of 500 patients were randomly selected from 5500 CKD patients with CKD at different stages at HFHS electronic health records and data was collected on variables like the glomerular filtration tests (GFR) results relayed to the patients; referrals to the nephrologists and the dieticians; visits to nephrologists; dialysis discussed or not during the visits; and advanced directives. A descriptive analysis of the data was performed.  
**OUTCOMES:** Of the total 500 patients with CKD, 42.1% patients were notified about their GFR tests results by their primary care doctors; 32.5% patients had been referred to a nephrologist by their primary care doctors; 9.8% had dietician referrals by the nephrologists; 52.7% had their first nephrologist visit; 21.6% had the dialysis discussed by the nephrologists; 24.6% patients had advanced directive discussed.

Farhana Nazmin  
**SITE:** The Women-Inspired Neighborhood (WIN) Network, Henry Ford Health System  
**TITLE:** Risk assessment of pregnant women to reduce infant mortality  
**INTRODUCTION:** Infant mortality is an important index of the overall health of a society. In spite of good maternal and child health programs, the overall infant mortality rate in Detroit is the highest in the nation and continues to increase. It is nearly 15/1000 live births. The Women-Inspired Neighborhood Network (WIN Network) has developed a comprehensive maternal and child health strategy for the reduction of infant mortality in the city of Detroit.  
**METHODS:**  
- Entered pregnancy data into system using REDCAP software.  
- Participated in all meetings with the Win-Network team and community neighborhood navigators (CNN).  
- Educated CNN’s on, how to link women with local services, support their skills and goals, and help them develop support systems within the community by providing health resources  
- Assisting in making guidelines for group facilitation,  
- Helping in the development of guidelines for home visiting curriculum  
**OUTCOMES:** Reinforce the network of CNN to tighten the loose net of disconnected medical and social services for women to improve their maternity conditions which is a prerequisite for infant survival through the first year of their life. Identified and strengthened CNN home visit curriculum that was discussed during weekly meetings.
The CNN will continue to provide educational and supportive care to promote good health before and after pregnancy.