

A QUALITY IMPROVEMENT PROJECT TO IMPROVE THE MANAGEMENT OF GROUP  
A STREPTOCOCCAL PHARYNGITIS AMONG CHILDREN

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“It is impossible to complete a DNP project without the assistance and encouragement of other people. This one is certainly no exception.”

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I submit this DNP project with great humility and utmost regard.

Tara Denise Gutierrez

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### **Abstract**

Group A Streptococcal (GAS) pharyngitis is one of the most common pediatric illnesses and accounts for more than ten million yearly medical visits. GAS is commonly misdiagnosed due to overlapping symptoms. The health care provider needs to distinguish which criteria warrant testing for GAS and the recommendations for management and treatment.

The purpose and objectives of this quality improvement project were to improve adherence to the 2021 Canadian guidelines for the management and treatment of GAS pharyngitis in a small community urgent care clinic. Anticipated outcomes for this project included a decrease in unnecessary testing for GAS pharyngitis, a decrease in the overuse of antibiotics, and an increase in the recommended pharmacological treatment for GAS.

There was a reduction in unnecessary testing, an increase in the use of the recommended treatment of choice, and a decrease in the overuse of antibiotics observed during the project. A knowledge deficit was noted within the staff regarding the procedure for obtaining a throat swab; this alone contributed to inaccurate results, which led to repeated visits to the clinic. The overlapping of viral symptoms and those indicative of GAS was the primary reason for unnecessary testing. The use of appropriate antibiotics to treat GAS significantly improved during the project. After the project, the providers and staff had an increased knowledge of the 2021 Canadian guidelines for managing and treating GAS among children. There was a 100% improvement in the clinic's adherence to the recommended guidelines.

*Keywords:* Streptococcal, pharyngitis and children, diagnosis, treatment, and management

## **Quality Improvement Project to Improve the Management of Group A Streptococcal Pharyngitis Among Children**

According to the CDC (2022), there has been an increase in Group A Streptococcal (GAS) infections within the pediatric population. Pharyngitis is common among children, and Group A Streptococcus is responsible for up to 30% of episodes (CDC, 2022). A recent study conducted in 2022 showed a significant rise in pediatric cases of GAS infections within the Houston, Texas, area (Aboulhosn et al., 2023). Houston is approximately 300 miles from Laredo, Texas. However, GAS is not a reportable infection, and there is limited documented data; several providers have verbalized that there has been an increase in the total cases within Laredo, Texas. The high prevalence of GAS contributes to its rapid spread, given that it is highly contagious (Thompson et al., 2021). GAS is commonly misdiagnosed due to the similarity and overlapping of clinical signs and symptoms between bacterial and viral pharyngitis (Luo et al., 2019).

The healthcare provider needs to distinguish which criteria warrant testing for GAS and recommendations from the 2021 Canadian guidelines for managing and treating GAS. Studies evaluating the management of pharyngitis have concluded that there are high rates of antibiotic prescribing among pediatric providers (Brennan-Krohn et al., 2018). High rates of antibiotic use contribute to an increase in antibiotic resistance, and treating children who may have viral pharyngitis can not only expose them needlessly to antibiotics but can also lead to unnecessary healthcare costs (Brennan-Krohn et al., 2018; Luo et al., 2019). Proper diagnostic testing and adherence to recommended guidelines can assist in decreasing antibiotic overuse in children and decrease unnecessary testing.

Evidence-based guidelines created by the Canadian Paediatric Society recommend using the CENTOR clinical decision tool to identify patients at higher risk for GAS who warrant

testing (Canadian Paediatric Society, 2021) (see Appendix A). The clinical decision tool is recommended only for children ages 3 to 14 and consists of a point system that grants one point to characteristics most likely seen during a GAS infection. If the total score is greater or equal to three, it is recommended to perform a throat swab; the estimated probability of a GAS infection is up to 56% (Canadian Paediatric Society, 2021).

Within the United States, visits for acute pharyngitis remain common, often diagnosed with a rapid antigen detection test (RADT) or with no diagnostic test, which has resulted in antibiotic prescription in about 50% of cases and those of ages less than 18 years were more likely not to receive a diagnostic test and treated with antibiotics (Luo et al., 2019). The guideline recommendation for the proper procedure for a throat swab is swabbing the tonsils and the posterior pharyngeal wall (Canadian Paediatric Society, 2021). Observation of throat swab procedures demonstrated that there was confusion on throat swab procedure recommendations. According to evidence-based guidelines, the drug of choice for those with no penicillin allergy remains amoxicillin for treating GAS. For those who are allergic, it is recommended to use clarithromycin, azithromycin, or clindamycin (Canadian Paediatric Society, 2021). Special considerations are to be taken for those children who have difficulty adhering to a 10-day course of antibiotics; these patients were omitted from the collected data.

### **Statement of the Problem**

If inappropriately treated, GAS pharyngitis can result in complications such as peritonsillar and retropharyngeal abscesses and sepsis, which can result in death (Canadian Paediatric Society, 2021). Nonsuppurative complications include, most commonly, post-streptococcal glomerulonephritis and acute renal failure, which result from immunological reactions that can occur after a GAS infection (Canadian Paediatric Society, 2021). A common



significant complication of acute renal failure is rheumatic heart disease, which causes irreversible damage to heart valves (Canadian Paediatric Society, 2021). The Canadian Pediatric Society Guidelines mention the importance of early detection and treatment of GAS, which has shown a decrease in the complications mentioned. Upon assessment of the microsystem, the clinic was nonadherent to the most recent recommendations for the management and treatment of GAS by the Canadian Paediatric Society.

### **Background and Significance**

A recent survey study evaluated pediatricians in the management and treatment of GAS, demonstrating a broad spectrum ranging from low knowledge to satisfactory acceptable knowledge regarding GAS (Boyarchuk et al., 2021). The study found that approximately 70% of pediatricians prescribed throat swabs in patients with pharyngitis and rarely used the CENTOR tool or any other recommended clinical decision tool; it explicitly stated the need to improve knowledge about GAS treatment and management among pediatricians, which can be applied to any healthcare provider (Boyarchuk et al., 2021). In addition to using the CENTOR clinical decision tool to identify those who warrant testing, it is recommended that a bacterial culture be done, as this is considered the gold standard test for diagnosing GAS (Canadian Paediatric Society, 2021). A culture can eliminate the risk of delayed treatment and complications for those who present with the clinical presentation for GAS but tested negative after RADT. Although RADT sensitivity ranges from 70% to 90%, it has been shown to have a specificity greater than 95%. In some settings, it may obviate the need to wait for culture results to initiate treatment (Oliveira et al., 2018). The Canadian Paediatric Society (2021) guidelines recommend that those who test negative for RADT should have a culture done.

Treatment recommendations include a 10-day course of either penicillin or amoxicillin. According to a study that evaluated and compared a 7-day course treatment to a 10-day treatment, results concluded that a 10-day course therapy was recommended to obtain the highest rate of GAS eradication (Oliveira et al., 2018). A systematic review and meta-analysis of randomized controlled trials that evaluated the effectiveness of short and long-course antibiotic treatments concluded that long-term course antibiotic therapy with penicillin/amoxicillin, which is a narrow-spectrum antibiotic, remains the first-line choice for the treatment of GAS pharyngitis (Holm et al., 2020). There has been an increased development of antimicrobial resistance, which calls for optimizing the use of antibiotics in treating GAS (Holm et al., 2020).

### **Assessment**

The facility where the project was implemented is a family care urgent care clinic staffed by one physician, three nurse practitioners, two medical office assistants, three medical assistants, one full-time office manager, and four part-time medical assistants. The clinic is in the center of Laredo, Texas, within Webb County. The clinic treats patients across the lifespan but primarily treats the pediatric population. Approximately 60% of the patients seen at the clinic are children ages 2 months to 18 years of age, and 40% are aged 19 years and older. Regardless of age, all patients are seen by the working nurse practitioner and the staff. This clinic sees about 500 to 900 patients monthly, reflecting 7-day work weeks. The clinic opens every day, from 2 p.m. through 9 p.m., and in some cases, it will remain open until the last patient is seen. The clinic's policy is on a first-come, first-served basis; no appointments are scheduled. The patient must physically enter the clinic and sign in, then wait to be called. The medical assistants call the patients in and triage them, then pass them into a room where the NP will see them. The patients treated at the clinic are primarily Hispanic and are Spanish-speaking. All patients are seen by the

three nurse practitioners employed at the clinic. The physician rarely sees patients. Patients can expect an estimated wait time of 30 min to 45 min. Mostly, there is usually just one NP working per day, although there might be two during the weekends. The NP may see, on average, 15 to 40 patients a day. Referral to follow-up with the patient's primary care provider is advised. The NP usually conducts education related to GAS.

The organization adopted Kareo, an electronic health charting system, for documentation purposes. Medication reconciliation is completed by the medical assistants during triage and verified by the NP during the clinical encounter. The medical assistants perform point-of-care tests, such as RADT, and results are documented in the electronic health record (EHR). For any other studies, such as laboratory, radiology, or cultures, results must be requested by the clinic and manually input into the patient's chart. The patient is then notified that the results have been received and can pick them up at the clinic; any questions can be asked once they arrive. Billing sources for the clinic are primarily Medicaid, private insurance, and private pay. One hundred patient charts were audited and reviewed; 75% of patients were Medicaid beneficiaries, 20% were privately insured, and the remaining 5% were self-pay. The most common illness treated at this clinic is GAS among children; otitis media is the second most seen illness.

### **Organization's Readiness for Change**

A pre-intervention chart audit was conducted from May 2023 through July 2023. During the 4-week chart review and observation of patient care, confusion about the criteria for the testing for GAS was observed. Several charts revealed unnecessary testing due to symptoms indicative of viral pharyngitis. Audited charts revealed that 40% did not meet the criteria for GAS testing; of those charts, 40% tested negative after RADT testing. Of those, 75% of children were still treated with antimicrobials. Approximately 50% of charts lacked documentation of

patient education regarding GAS. There was confusion among the nurse practitioners regarding the criteria for testing for GAS; no tool was available for the providers and staff besides a verbal request to test if the patient came in with complaints of a sore throat. A total of seven out of the 13 staff employees had a knowledge deficit and confusion about the difference between viral and bacterial pharyngitis and the management and treatment of GAS. The seven employees including one NP, three part-time medical assistants, and one full-time medical assistant had a knowledge deficit about the recommended procedure for collecting a throat swab for RADT testing.

Of the 60 patient charts, 21 documented an RADT positive result but the patients were not given the recommended guideline treatment for GAS. A total of three out of the 60 patient charts indicated an allergy to penicillin and so the patients were not given the recommended treatment regimen. The care providers agreed that differentiating between viral and bacterial (GAS) pharyngitis can be challenging, and there was a need for increased knowledge related to the recommended guidelines for the management and treatment of GAS within the pediatric population. Agreement among the healthcare providers was reached regarding implementing the DNP student quality improvement project.

### **Project Identification**

#### **Purpose**

This quality improvement project aims to increase the clinic's adherence to the most recent 2021 Canadian GAS guideline for treating and managing GAS Pharyngitis within the pediatric population in a community urgent care clinic.

**Objectives**

1. Within 12 weeks, 100% of staff will meet to review baseline data during the preintervention phase, including a review of office procedures and recommendations for modification for adherence to the 2021 Canadian GAS guideline.
2. Within 12 weeks of project implementation, 100% of providers will provide patient and family education/teaching on the management of GAS in English or language preferred.
3. Within 12 weeks of project implementation, 100% of patients admitted with signs and symptoms of GAS pharyngitis will receive an assessment by a provider.
4. Within 12 weeks of project implementation, 100% of patients diagnosed with GAS pharyngitis will be prescribed the recommended antibiotic for treating GAS according to 2021 Canadian GAS clinical practice guidelines.

**Summary and Strength of the Evidence**

A review of the literature supported the purpose of this quality improvement project. Evidence-based research provided identification of gaps between clinical practice and recommended clinical guidelines. The domains used to gather evidence-based research were Medline, Cinahl, and Pubmed. A total of 15 articles were reviewed; this included mostly level IV and higher. Search Terms included streptococcal, pharyngitis, children, diagnosis, and treatment. All articles were peer-reviewed, published within the last 10 years, the full text available, and printed in English.

Studies evaluating the management of pharyngitis have concluded that there are high rates of antibiotic prescribing among pediatric providers (Brennan-Krohn et al., 2018).

A study was done to investigate the effects and impact of RADTs on antibiotic prescription decisions of clinicians. According to Kose et al. (2016), RADTs significantly decreased unnecessary antibiotic prescriptions for non-GAS pharyngitis and increased antibiotic prescriptions in patients diagnosed with GAS. In a retrospective cohort study, a total of 18,778,397 pharyngitis events were evaluated overall for diagnosis and treatment of acute pharyngitis within the United States (Luo et al., 2019). Results from this study concluded that RADT was the standard test used by pediatricians a total of 46.8% of the time; results also showed the highest number of diagnosed events with the use of RADT followed by culture (32.6%) (Luo et al., 2019). This study suggests that RADT was used alone in most of the cases due to the rapid result and the ease of convenience, but it does not adhere to the recommended guidelines which state that the gold standard is RADT testing with confirmed culture (Luo et al., 2019).

A retrospective cohort study of 291 patients between the ages of 3 and 18 years who had a RADT performed in an outpatient setting underwent review, and the results determined that providers do not regularly document all elements of a validated pharyngitis scoring tool (Brennan-Krohn et al., 2018). Of 600 charts reviewed, 291 met inclusion criteria, 224 of 291 GAS tests were indicated, and 10 were not indicated; of the 291 patients, only one chart documented the use of the clinical scoring system, particularly CENTOR, at this facility (Brennan-Krohn et al., 2018). This study also found that antibiotic prescriptions for 28% of pediatric patients who were evaluated for pharyngitis were not recommended by the guidelines primarily due to negative GAS test results (Brennan-Krohn et al., 2018).

Another multi-center, cross-sectional study conducted in 10 pediatric emergency departments, aimed to assess adherence, and investigate the reasons behind suboptimal

adherence to using the CENTOR/McIsaac scoring tool as recommended by the guidelines. A questionnaire was utilized, and 243 physicians participated, knowledge was assessed, and elements such as CENTOR/McIsaac use were scored. Results showed that only 67 (27.3%) physicians were adherent to the guidelines, whereas 175 (72.7%) were non-adherent (Alkhazi et al., 2018). One of the major factors identified in this study was the provider's lack of knowledge regarding recent guidelines for the treatment and management of pharyngitis (Alkhazi et al., 2018).

A prospective study by Adler et al. (2020) was conducted in an ambulatory care center, to compare cultures from the tonsils or posterior pharyngeal wall (throat) with cultures from the oral cavity (mouth). In this study, 11 physicians collected 2 swabs from 200 patients with complaints of a sore throat. The patients were divided into two groups, adults, and pediatrics. The findings for mouth swab culture showed a sensitivity of 78.3% for children and a sensitivity of 72.1% for adults with a specificity of 100% for both groups; these results support the recommendations that optimal sites for swabbing are the posterior oropharynx (tonsils) as recommended by the published guidelines (Adler et al., 2020).

A multicenter, prospective, cross-sectional study by Cohen et al (2017), aimed to assess the diagnostic accuracy of a RADT in 678 children between the ages of 3 to 15 years, with a throat culture to be used as a reference standard. Two swab throat collections were obtained, one for RADT and the other for culture. A total of 17 pediatricians participated in the study, documentation of any of the 17 signs and symptoms designated to be indicative of pharyngitis was collected, but the physicians were not aware of the culture results. Of the total children two were excluded due to culture being lost and the second due to difficulty interpreting the RADT result; of the remaining 676, diagnosis of GAS was confirmed by throat culture in 280 patients

(Cohen et al., 2017). The study concluded that the application of a model-based rule for selective testing may result in a 7% reduction in RADT use (Cohen et al., 2017) This further supports the guidelines recommendations for the use of a clinical decision tool such as the CENTOR tool for identifying children that warrant a RADT.

### **Methods**

Implementation strategies were used to address the full-time NPs along with the staff; those employed only part-time or per diem were excluded due to the inflexibility of their schedule, which made it difficult to communicate and have them present during the implementation phase of the quality improvement project. Interventions included conducting educational sessions for the NPs and all staff. The second intervention was to review the guideline recommendations on obtaining a throat swab for the testing of GAS; this included observation and verbalization from all staff to ensure that competency was reached, which was documented within their employee file.

### **Educational Intervention**

A face-to-face 45-min in-service for all providers and staff was done before project implementation; the office manager was present to reinforce adherence to the GAS guidelines and for sustainability after project completion. There was a discussion about the baseline data collected, and justification was given for implementing the quality improvement project. The session was presented as a PowerPoint regarding the 2021 Canadian guidelines for treating and managing GAS among children. A printed copy of the PowerPoint presentation was handed to all attendees for future reference. A copy of the CENTOR tool was printed and placed within the triage area for reference and posted within the designated provider area. After the presentation, emphasis was placed on the recommended procedure for obtaining a throat swab for GAS



testing. Each attendee was asked to verbalize their understanding of the proper procedure and demonstrate how to perform the procedure. All staff and providers on GAS were given a pretest at the beginning and the end of the session, followed by another posttest at the end of project implementation. Education was provided on the importance of patient and family teaching on GAS, a patient education form, and a check-off list for documentation of teaching. Teaching was also done on the recommended use of the CENTOR clinical decision tool for identifying those who warrant RADT testing along with the recommended treatment regimen and for those with a penicillin allergy.

### **Ethical Considerations**

This project was determined to be undertaken as a Quality Improvement project and, as such, does not constitute human subjects research; it was determined and approved by the Internal Review Board (IRB 2023-1387-NRR). Ethical considerations for implementing this project were the privacy of patient records and all data obtained. The collected data was inputted into a spreadsheet, stored in a secure USB drive, and stored in a locked cabinet within the clinic. The USB drive was only accessible to the DNP student, the NP mentor, and the office manager.

### **Evaluation**

A 12-week review of the clinic's EHR data was used to evaluate project outcomes. Inclusive criteria consisted of children 3 to 14 years of age with a diagnosis of streptococcal pharyngitis (J02.0) and those with a diagnostic test identified using the current procedural terminology (CPT) code for RADT (87880). Clinical encounter summaries were reviewed for provider documentation using the CENTOR tool, history and physical, patient/family teaching provided, and the prescribed treatment regimen. The clinical summaries were located within the EHR and could be searched using two identifiers: the patient's name and date of birth.

## Results

Results were obtained from charts of all patients ages 3-14 years of age with a diagnosis of streptococcal pharyngitis (J02.0) and those with a diagnostic test identified using the CPT code for RADT (87880) seen within the 12-week implementation period. One hundred ninety-eight charts were reviewed; 189 charts included both the diagnosis and CPT codes, and nine charts only included the CPT code for 12 weeks from May 2023 through July 2023. Of the 189 patient charts, 88 patients were female, and 101 patients were male; of the nine charts reviewed that included only the CPT code from dates May 2023 to July 2023, four were female, and five were male.

The first objective was that 100% of staff would meet to review baseline data during the pre-intervention phase to review office procedures and recommendations for modification for adherence to the 2021 Canadian GAS guideline. There was 100% staff attendance for the face-to-face in-service and completing the pretest and posttest. At the beginning of the in-service, a pretest on GAS consisted of the etiology, signs/symptoms, the CENTOR clinical decision tool, and the procedure for obtaining a throat swab. There was an increase from a 20% to 100% passing rate from the pretest to the posttest. A second sheet was given, which consisted of the 2021 Canadian Guidelines for the treatment and management of GAS among children. The guidelines also included a copy of the CENTOR clinical decision tool. A modification was made regarding the office procedure for obtaining a throat swab. The purpose was to adhere to the guideline recommendations, which state that a throat swab should be obtained by swabbing the tonsils and posterior pharyngeal wall (Canadian Paediatric Society, 2021). All staff met competency both by visual observation and verbal discussion. After the project, there was an in-

service and 100% attendance of all staff and a 100% completion of another posttest, which resulted in a 100% passing rate.

The second objective was for 100% of charts to have documentation for GAS teaching. After chart review, there was 100% compliance met; the 189 charts included the recommended check-off list for documentation for patient/family education on GAS and documentation on education forms provided to patient/family on GAS. The documentation was located within the patient's clinical encounter under the education section of the encounter provider note.

Objective three was that 100% of providers conducted and documented a history/physical and used the CENTOR tool to determine if GAS testing was recommended. There was 100% compliance on all audited charts, and all providers documented under the assessment and exam/results sections of the patient's EHR.

Objective four was that 100% of charts were given the recommended treatment. There was 100% compliance. Twenty patient charts that tested positive for GAS were given the recommended treatment. The nine charts that had only the RADT code that tested negative were diagnosed with acute pharyngitis (J02.8). There was 100% compliance; the nine charts were not prescribed antimicrobials as recommended by the current guidelines.

Overall, there was an increase in this clinic's adherence to the 2021 Canadian Guidelines for the management and treatment of GAS among children.

### **Discussion**

It is imperative to be more mindful when prescribing antibiotics or pharyngitis, primarily to slow the rising rates of antibiotic resistance. Healthcare providers need to adhere more to guidelines so there is no overprescribing of antibiotics for children.

Using the CENTOR tool when diagnosing pharyngitis improves accuracy and specificity when faced with these cases and can assist in differentiating between viral and bacterial etiologies (Alkhazi et al., 2018). This study showed an impressive increase in adherence to the recommended 2021 Canadian Guidelines for managing and treating GAS among children from providers and staff. There was an evaluation of the provider's knowledge of guidelines; surprisingly, even those with extensive experience and knowledge did not have a complete understanding of the most current recommendations, which led to an increase in unnecessary testing for GAS and overuse of antibiotics and use of antibiotics not recommended, thus contributing to the low adherence to the guidelines. According to Alkhazi et al. (2018), external factors such as volume overload, lack of time to stay informed, and guideline accessibility can negatively affect provider practice patterns. Although there was a 100% adherence to the use of the CENTOR tool, it does not necessarily assure that the result of the RADT will be positive, as in the case of the nine charts that were audited and only contained the RADT procedure code but were diagnosed with acute pharyngitis.

### **Limitations**

Chart audits were only done on children ages 3 to 14 years, mainly because the CENTOR tool is recommended to be used with children within this age group. There was no supporting documentation from the primary care provider of the patients to assert that they did meet the inclusion criteria. There was no evaluation of the NPs hired during the implementation period. The clinic has a high turnover of part-time staff. There was limited information and documentation regarding prescriptions for throat cultures due to many external factors, such as the patient only visiting the clinic once or not having the culture done. For those who underwent a culture, the laboratory would fax the results to their listed primary care provider of record.

Currently, assessment and observation of clinical encounters have shown that time constraints can significantly impact adherence to the clinical guidelines for treating and managing GAS. The clinic's patient census ranges from 40 to 80 patients daily, and there is only one nurse practitioner, which can become overwhelming for the provider and shorten the time for a thorough clinical assessment, resulting in an increased amount of unnecessary GAS testing.

### **Recommendations for Sustainability**

For the continuance of increased adherence to the most recent guidelines for treatment and management of GAS, the office manager will assume the responsibility for the staff teaching on recommendations for testing of GAS. Furthermore, there will be education on the treatment and management of GAS reviewed by all providers upon hire and then annually. There was a discussion with the providers regarding a possible modification to the EHR software to accommodate documentation of patient education and the use of the CENTOR tool and score.

### **Implications for Practice**

There is a need to change healthcare providers' level of knowledge through different strategies such as face-to-face in-services, mandatory guideline implementation, and educational classes. Staff and education must address why specific procedures are recommended in a certain way and why it is essential to understand the implications if done incorrectly. Increasing staff knowledge regarding healthcare practices will assist in increasing positive patient outcomes along with increased adherence to guidelines and recommendations for treating and managing GAS.

### **Role of the Nurse Practitioner with a DNP Degree**

The Doctor of Nursing Practice degree provides nurse practitioners with the needed skills and knowledge to assume a leadership role and the ability to practice to the full extent of

licensure to improve the quality of life for those needing care (Almasy & Champion, 2016). The DNP degree consists of requirements noted to be crucial and needed for the DNP-prepared nurse practitioner. These requirements or critical focus areas are referred to as the DNP Essentials and were recently updated in 2021.

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**Appendix A****CENTOR Clinical Decision Tool**

<b>Box 1. CENTOR Clinical decision rule</b>
<b>(only for children aged 3 to 14 years)</b>
<i>One point for each characteristic:</i> <ul style="list-style-type: none"><li>• Exudate or swollen tonsils</li><li>• Tender or swollen anterior cervical lymph nodes</li><li>• Fever</li><li>• No cough</li></ul>
If the total score is $\geq 3$ , do a throat swab. There is a 32% to 56% probability of GAS infection in such cases.
<i>Based on reference <sup>[13]</sup></i>

## Appendix B

### Chart Audit Tool

Appendix A	<b>PATIENT AUDIT TOOL</b>	Created <u>04/20/2023</u>
Gender: F / M DOB: _____ AGE: _____ Race/Ethnicity: _____ Date: _____ Insurance: _____ language: English / Spanish / other Allergies: _____ CENTOR tool used: Yes/ No Score: _____ RADT: Yes / No Result: _____ Culture: Yes / <u>No</u> Date/Result: _____ _____ Physical assessment/History performed: Yes/ No Documentation: culture results / <u>reason</u> for no culture / script given for culture/ provided patient education on GAS/ Education form given/ Treatment regimen: _____ <u>Nurse</u> Practitioner initials: _____ Discrepancies: _____ _____		
Gender: F / M DOB: _____ AGE: _____ Race/Ethnicity: _____ Date: _____ Insurance: _____ language: English / Spanish / other Allergies: _____ CENTOR tool used: Yes/ No Score: _____ RADT: Yes / No Result: _____ Culture: Yes / <u>No</u> Date/Result: _____ _____ Physical assessment/History performed: Yes/ No Documentation: culture results / reason for no <u>culture</u> / script given for culture/ provided patient education on GAS/ Education form given/Check off list in patient's chart Treatment regimen: _____ Nurse Practitioner initials: _____ Discrepancies: _____ _____		
Gender: F / M DOB: _____ AGE: _____ Race/Ethnicity: _____ Date: _____ Insurance: _____ language: English / Spanish / other Allergies: _____ CENTOR tool used: Yes/ No Score: _____ RADT: Yes / No Result: _____ Culture: Yes / <u>No</u> Date/Result: _____ _____ Physical assessment/History performed: Yes/ No Documentation: culture results / <u>reason</u> for no culture / script given for culture/ provided patient education on GAS/ Education form given/ Treatment regimen: _____ Nurse Practitioner initials: _____ Discrepancies: _____ _____ _____		