

Stress response of people who use methamphetamine in an ED-relevant or standard social stressor task compared with matched controls

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Methamphetamine (MA) use often contributes to agitation in emergency department (ED) settings, but ethical/logistical issues prevent its study in the ED. We investigated the feasibility, acceptability, and validity of a laboratory-based task based on social stressor models.

People who use meth (PWUM) and age-matched controls without substance use history, all with prior experience in an ED, participated in an ED-relevant (EDR) or a standard social stressor (SSS) task consisting of a stress and control session. For the EDR, participants spoke about a prior stressful ED visit, based on a personalized script. For SSS, participants read standardized scripts on emotionally provocative topics. In both stress sessions, participants performed mental arithmetic following speeches. During the control session, participants watched nature videos. Vital signs, salivary cortisol, salivary amylase, mood rating, and behavioral agitation/ethology ratings were obtained at regular intervals.

All study procedures were completed in 10 PWUM and 5 controls in the EDR and 10 PWUM and 4 controls under the SSS. Preliminary EDR data from 6 PWUMs show significant increases in systolic blood pressure, heart rate, and agitation scores in the stress versus non-stress conditions. sCort levels decreased relative to baseline in both conditions, while sAA levels appeared to increase during the arithmetic phase of the stress condition. On a 1-9 Likert scale, participants rated the stress as highly representative of an ED (7.2 ± 0.7).

This experiment represents the first real-world laboratory model of human agitation, with preliminary findings suggesting that EDR may have utility as an ED model of “mild agitation.”

Title: Optimizing Family Medicine Clinic Schedules for Better Provider Utilization

Purpose: To evaluate the impact of a standardized clinic scheduling template redesign on provider utilization and clinic efficiency.

Methods: Clinic scheduling templates from all UAMS Family Medicine Residency regional programs were collected and reviewed to identify best practices in clinic flow and provider utilization. Comparative analysis was performed by NE UAMS provider, CSM, population health staff, and UAMS Clinical Operation Director to assess appointment types, session structure, and provider availability. Based on these findings, the current clinic template was redesigned to better align provider availability with patient demand, improve clinic flow, and reduce the need for overbooked appointments. Provider utilization metrics before and after implementation were compared to assess impact.

Conclusions: Redesigning the clinic scheduling template led to measurable improvements in clinic efficiency and provider utilization. Provider utilization increased from 68% to 75%, and the percentage of clean appointments improved from 89.4% to 93.5%. These findings demonstrate that strategic template optimization can enhance clinic flow while reducing the need for overbooking.

Results: Implementation of the optimized clinic scheduling template resulted in improved provider utilization and appointment quality. Provider utilization increased from 68% to 75%, and clean appointment rates increased from 89.4% to 93.5%.

SMARTIE Learning Objectives

- 1. By the end of this presentation, participants will be able to describe how comparative analysis of clinic scheduling templates across UAMS regional programs can be used to redesign local templates to improve clinic flow, provider availability, and reduce overbooking.**
- 2. By the conclusion of the session, participants will be able to identify at least two scheduling template modifications that contributed to improved provider utilization, as demonstrated by an increase from 68% to 75%, and improved clean appointment rates from 89.4% to 93.5%.**
- 3. Following this presentation, participants will be able to apply a standardized, data-driven approach to clinic template optimization within their own practice settings to promote equitable provider workload distribution and efficient access to care.**

Title: Improving Post-Transplant Documentation Compliance through Targeted Inpatient Nursing Education

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Background: High-quality nursing care is essential to optimal transplant outcomes. At our institution, internal audits found poor documentation and limited transplant-focused education contributed to near-miss events. These findings underscored the need to strengthen collaboration between physicians and nurses.

Objectives: Assess the impact of inpatient nursing education sessions on confidence and documentation compliance.

Methods: The primary intervention consisted of recurring, in-person education sessions for the inpatient nursing staff led by the transplant quality physician (August 2025-present). Educational content was tailored based on nursing feedback, inpatient leadership input, and analysis of patient safety events. The first targeted deficiency was poor urine output documentation within 12 hours of kidney transplantation. Anonymous pre- and post-education surveys were used to assess knowledge, confidence, and elicit feedback. Chart audits were performed to evaluate documentation compliance.

Results: Nursing attendance grew from 6-8 to 10 participants between the first/second and last sessions. Participants reported the education sessions mostly (50%) or completely (50%) met their needs and agreed (33%) or strongly agreed (67%) the teaching methods were effective. Pre-intervention chart audits revealed 53% followed the hourly urine output documentation orders with the longest documentation gap reaching 4 hours. Post-intervention audits demonstrated 85% meeting documentation standards and the longest gap was reduced to 2.25 hours. Qualitative feedback from the nursing staff indicated increased confidence in transplant knowledge.

Conclusions: This initiative demonstrates targeted education for inpatient nurses was well-received and improved documentation compliance and confidence in transplant-specific care. This model can be replicated in other departments to close identified gaps in knowledge and patient care.

Submitted by John Montgomery, MD

Alpha-Gal Syndrome Surveillance in Arkansas, September 2023- December

2025 Katelyn Lazenby, MPH Arkansas Department of Health

Background:

Alpha-gal syndrome (AGS) is an IgE-mediated allergy to non-primate mammalian products and is induced by tick bites. Diagnosis can be difficult due to delayed and variable symptoms and limited disease awareness. In September 2023, Arkansas became the first state to mandate AGS reporting.

Objectives:

To describe the demographic, clinical, and geographic characteristics of confirmed AGS cases reported in Arkansas and to inform public health awareness and prevention efforts.

Methods:

Confirmed AGS cases reported from September 2023 through December 2025 were investigated using the 2021 Council of State and Territorial Epidemiologists case definition. Clinical information was collected through medical record review and patient surveys. Demographics, symptoms, food triggers, alpha-gal-specific IgE (sIgE) levels, and tick exposure history were summarized. County-level case rates were visualized using choropleth maps.

Results:

Among 7,165 laboratory reports, 548 confirmed AGS cases were identified. Most cases were female (59.9%), White (79.3%), non-Hispanic (65.0%), and aged 40–64 years (49.5%). Common symptoms included abdominal pain (58.8%), hives (55.3%), and diarrhea (48.0%); 28.1% reported only gastrointestinal symptoms. Beef (69.1%), pork (52.4%), and dairy products (39.4%) were the most frequently reported foods causing reactions. Median sIgE was 1.84 kU/L among cases. A prior tick bite was reported by 65.9% of cases. At least one confirmed case was reported in 72.0% of Arkansas counties.

Conclusions:

AGS surveillance revealed substantial disease and resource demands for case investigation. Emphasizing tick bite prevention, gastrointestinal-only presentations, and non–red meat triggers may improve diagnosis and prevention. Expanded AGS surveillance may clarify national

prevalence and support future research.

Evaluation of the Vaccines for Children Program from the Provider's Perspective in Arkansas, 2025

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Background: Enrolled providers in the Vaccines for Children (VFC) Program improves accessibility of immunizations to children of parents or guardians who cannot afford them.

Objectives: We evaluated the Arkansas VFC provider experience on the fiscal and logistical demands, successes and challenges, and identified areas to improve provider experience in the VFC program.

Methods: We designed and disseminated a survey to all 404 Arkansas VFC providers. Based on job title, challenges with meeting program requirements, burdens (i.e., time and fiscal), and successes were assessed using a 5-point Likert scale. Some questions were accompanied by open-text fields. Surveys were analyzed descriptively.

Results: In total, 185 (46%) VFC providers submitted a survey response, representing 44 of 75 (59%) Arkansas counties. Fiscal demands among VFC coordinators included the expense of large private vaccine orders and vaccine waste. For medical directors, a majority (72%) were unsure of the amount invested in the VFC infrastructure over the past 5 years. Logistical demands for VFC coordinators included maintaining separate VFC and private vaccine inventories and price checking. For medical directors, burdens were the initial site visit and completing enrollment forms. Successes included proactiveness of ADH staff and resource availability. Areas for improvement include sending contact information for VFC representatives

and creating an editable PDF for required forms.

Conclusions: The evaluation identified successes in the relationship between ADH and VFC providers, as well as program burdens. The survey will be conducted annually to identify and address challenges of enrolled Arkansas VFC providers.

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