

SIGMA THETA TAU INTERNATIONAL  
HONOR SOCIETY OF NURSING  
ODYSSEY 2016 CONFERENCE



**Influence to Advance  
Global Health and Nursing**

OCTOBER 13 & 14, 2016

GAMMA GAMMA

IOTA SIGMA

OMICRON  
DELTA

RHO BETA

NU MU

GAMMA TAU AT  
LARGE

XI THETA



GAMMA ALPHA

UPSILON BETA

ZETA MU AT  
LARGE

PHI ALPHA

PHI THETA

PHI LAMBDA

CHI MU

**21<sup>st</sup> Annual Nursing Odyssey Conference**  
**Ontario Doubletree Hotel**  
**222 North Vineyard Avenue, Ontario, CA**

**TABLE OF CONTENTS**

	<b><u>PAGE</u></b>
<b>Nursing Odyssey Planning Committee</b>	<b>3</b>
<b>STTI Mission &amp; Vision Statement, Nursing Odyssey Program Objectives</b>	<b>4</b>
<b>Program Daily Schedule</b>	
<b>Day One</b>	<b>5-6</b>
<b>Day Two</b>	<b>7-8</b>
<b>Bio for Day One Morning Keynote Address Speaker</b>	<b>9</b>
<b>Bio for Day One Afternoon Session Speaker</b>	<b>10</b>
<b>Bio for Day Two Morning Keynote Address Speaker</b>	<b>11</b>
<b>Bio for Day Two Afternoon Session Speaker</b>	<b>12</b>
<b>Research Podium Abstracts Thursday Morning</b>	<b>13-16</b>
<b>Innovative Podium Abstracts Thursday Morning</b>	<b>17-20</b>
<b>Research Podium Abstracts Thursday Afternoon</b>	<b>21</b>
<b>Innovative Podium Abstracts Thursday Afternoon</b>	<b>22-25</b>
<b>Research Podium Abstracts Friday Morning</b>	<b>26-29</b>
<b>Innovative Podium Abstracts Friday Morning</b>	<b>30-33</b>
<b>Research Podium Abstracts Friday Afternoon</b>	<b>34-35</b>
<b>Innovative Podium Abstracts Friday Afternoon</b>	<b>36-39</b>
<b>Research Poster Abstracts</b>	<b>40-52</b>
<b>Innovative Poster Abstracts</b>	<b>53-70</b>
<b>Sponsors and Exhibitors</b>	<b>71</b>

**2016 Nursing Odyssey Planning Committee Chair**

Anna Dermenchyan

**2016 Nursing Odyssey Planning Committee**

<b>Chi Mu Chapter California Baptist University</b>	Sarah Devine-Cooter and Pennee Robertson
<b>Gamma Alpha Loma Linda University</b>	Carolyn Davidson, Iris Mamier, and Ellen D'Errico
<b>Gamma Gamma San Diego State University</b>	Marlene Ruiz
<b>Gamma Tau Chapter-at-Large UC Los Angeles and CSU Northridge</b>	Anna Dermenchyan and Judy Sumner
<b>Iota Sigma Azusa Pacific University</b>	Marilyn Klakovich and Kathleen Taylor
<b>Nu Mu CSU Los Angeles</b>	Kathy Hinoki and Beth Winokur
<b>Omicron Delta University of Phoenix</b>	Sandy Carter and Rosemary Haggins
<b>Phi Alpha Western University</b>	Patti Shakhshir and Ivy Tuason
<b>Rho Beta CSU San Bernardino</b>	Nancy Wolf and Kathy Tiras
<b>Phi Lambda Mount Saint Mary's University</b>	Joanna Rowan and Kirsi Toivanen-Atilla
<b>Phi Theta CSU San Marcos</b>	Denise Boren and Pat Hinchberger
<b>Zeta Mu Chapter-At-Large UC San Diego and Point Loma Nazarene University</b>	Mary Ellen Dellefield
<b>Upsilon Beta CSU Fullerton</b>	Maryanne Garon and Rose Sakamoto
<b>Xi Theta CSU Dominguez Hills</b>	Rose Aguilar Welch

**STTI Mission Statement**

The mission of the Honor Society of Nursing, Sigma Theta Tau International is advancing world health and celebrating nursing excellence in scholarship, leadership, and service.

**STTI Vision Statement**

The vision of the Honor Society of Nursing, Sigma Theta Tau International is to be the global organization of choice for nursing.

**Nursing Odyssey Program Objectives**

1. Promote the goals of the society to increase nurse leaders and scholars
2. Provide an avenue for dissemination of research, clinical, and educational topics
3. Utilize role models to encourage excellence in students and colleagues of nursing
4. Increase networking opportunities and promote collegiality among local chapters
5. Encourage nurses to spread their influence globally to effect positive health care change

Provider approved by the California Board of Registered Nursing, Provider # 00788

<b>October 13</b>	7.5 hours
<b><u>October 14</u></b>	<b><u>7.5 hours</u></b>
<b>Total</b>	15 hours

Websites: <http://www.nursingsociety.org/>  
<https://stti-odyssey2016.eventbrite.com>

**THURSDAY PROGRAM – October 13, 2016**

- 7:30-8:30** Registration, Continental Breakfast, Exhibits & Posters
- 8:30-8:45** Welcome
- 8:45-9:45** KEYNOTE – Sandra Bibb, PhD, RN  
STTI Board of Directors  
Dean and Professor, College of Health Professions, Wichita State University
- 9:45-10:15** Break, Exhibits, Posters & Refreshments
- 10:15-11:45** Breakout Session I  
A. Research Session  
B. Innovative Session

**Morning Breakout Research Clinical Practice Session I**

- 10:15-10:45** Yo Entiendo: I Understand  
Anna Dermenchyan, RN, BSN, CCRN-K and Cheryl Le Huquet, RN, MSN  
UCLA (Gamma Tau)
- 10:45-11:15** Effect of Mantram on Sleep & Stress in Healthy Older Adults  
Jade Kay, RN, FNP-BC, PhD(c) MSN  
(Iota Sigma)
- 11:15-11:45** Vitamin D 25(OH)D Status and Bone Health  
Rose Sakamoto, CCRN, NP-BC, DrPH  
(Upsilon Beta)

**Morning Breakout Innovative Clinical Practice Session I**

- 10:15-10:45** Cold Therapy Compression Wrap: A Hot Topic in Orthopedics  
Pamela Mangen, MSN, RN, PCCN-CMC and Rosario Rose Sakamoto, DrPH,  
MSN, CCRN, NP-BC  
Hoag Hospital and CSU Fullerton
- 10:45-11:15** Improving Glycemic Control Among Incarcerated Men  
Paula Kelly Ranson, MSN, RN and Lauren Outland, DrPH, MSN, APRN  
CA Dept of Corrections and CSU Dominguez Hills (Xi Theta)
- 11:15-11:45** Adolescent Sexual Health and the Internet: Evidence Review  
Jean O'Neil, DNP, RN, FNP-BC  
CSU Los Angeles (Nu Mu)

Joint Southern California STTI Chapters 21<sup>st</sup> Annual Nursing Odyssey Conference  
October 13 & 14, 2016

**12:00-1:00** Lunch, Exhibitors & Posters

**1:00-2:30** Breakout Sessions I  
A. Research Session  
B. Innovation Session

**Afternoon Breakout Research Education Session I**

**1:00-2:30** Global Nursing Panel  
Denise Boren PhD, RN, Rebecca Meyer, PhD, RN, Lisa Roberts, DrPH, RN,  
Lien Nguyen, MN, RN, Pat Jones PhD, RN, and Marlene Ruiz, RN, BSN, MA

**Afternoon Breakout Innovative Leadership Session I**

**1:00-1:30** Behavioral Health Issues in the Acute Care Setting  
Cecelia Crawford, DNP, RN, Jan Boller, PhD, RN, and Lisa Tze-Polo, BSN, RN  
Kaiser Permanente (Xi Theta & Phi Alpha)

**1:30-2:00** Transformation in Leadership: Using Compassion, Care & Courtesy  
Olena Svetlov, MSN, CCRN, CNS, NE, Laura Daniels, BSN, RN, PCCN, and  
Saisunee Vongkavivathanakul, BSN, RN, PCCN  
Cedars Sinai (Iota Sigma)

**2:00-2:30** Training Faculty to Run and Debrief Simulation on a Zero Budget  
Dawn I. Blue, DNP, RN  
CSU San Bernardino (Rho Beta)

**2:30-3:00** Break, Exhibits, Posters & Refreshments

**3:00-4:00** Closing Speaker: Gloria Willingham-Toure', PhD, RN,  
Founder of the Village P.r.o.j.e.c.t.s., Afram Global Organizations, Inc.  
Prior Faculty at CSU Long Beach and Provost, Fielding University

**4:00-4:30** Debrief the Day & Raffle

**FRIDAY PROGRAM – October 14, 2016**

**7:30-8:30** Registration, Continental Breakfast, Exhibits & Posters

**8:30-8:45** Welcome

**8:45-9:45** KEYNOTE –MarySue Heilemann, PhD, RN  
Associate Professor, UCLA School of Nursing

**9:45-10:00** Poster Awards

**10:00-10:30** Break (Exhibits, Posters & Refreshments)

**10:30-12:00** Breakout Session II  
A. Research Session  
B. Innovative Session

**Morning Breakout Research Clinical Practice Session II**

**10:30-11:00** Factor Structure of an Acculturation Scale in US-born Filipinos  
Felicitas A. dela Cruz, DNSc, RN, FAANP  
Azusa Pacific University

**11:00-11:30** Hypertension: Illness Representations of Filipino Americans  
Felicitas A. dela Cruz, DNSc, RN, FAANP  
Azusa Pacific University

**11:30-12:00** Symptom Management Strategies following CABG Surgery  
Ali A. Ammouri, PhD, RN  
Hashemite University, College of Nursing

**Morning Breakout Innovative Clinical Practice Session II**

**10:30-11:00** Systemizing the Transition to Home for Heart Failure Patients  
Jane L. Brugman, MSN, RN, NP  
St. Joseph's Hospital

**11:00-11:30** A Systematic Review: Caregiver Need Assessment Tool  
Diem-Linh Phuong Tran, MSN, RN, GNP-BC  
So. CA CSU DNP Consortium

**11:30-12:00** Boost Home Visits: Prevent Post-Hospital Readmission  
Lenah Kebaso, PhD, RN and Margaret Beaman, PhD, RN  
Azusa Pacific University

Joint Southern California STTI Chapters 21<sup>st</sup> Annual Nursing Odyssey Conference  
October 13 & 14, 2016

**12:00-1:00** Lunch, Exhibitors & Posters

**1:00-2:30** Breakout Sessions  
A. Research Session  
B. Innovation Session

**Afternoon Breakout Research Session**

**1:00-2:30** Understanding Disasters and the Roles of Nurses: A Symposium  
Dr. Patricia Hanes PHD, MSN, MAED, MS-DPEM, RN, CNE  
(Iota Sigma)

**Breakout Innovative Education Session**

**1:00-2:30** Medication Side Effects Handout Improves Patient Satisfaction  
Aileen Ingles, BSN, RN, PCCN, and Kim Rossillo, BSN, RN, PCCN  
St. Joseph's Hospital

**1:30-2:00** Unhandcuffing Your Relationship with Law Enforcement  
Jeannine Loucks, MSN, RN-BC, PMH  
St. Joseph's Hospital

**2:00-2:30** Advances in Acute Stroke Treatment: An Evidence Review  
Renée Ovando, BSN, RN, SCRNP  
Loma Linda University

**2:30-2:45** Break, Exhibits, Posters & Refreshments

**2:45-3:45** Speaker: Simon Fox, Executive Director,  
Compassion Fatigue and Self Care  
Adventures in Caring Foundation, Santa Barbara

**3:45-4:15** Debrief the Day & Raffle



Joint Southern California STTI Chapters 21<sup>st</sup> Annual Nursing Odyssey Conference  
October 13 & 14, 2016

**Keynote Speaker**  
**Thursday, October 13<sup>th</sup>, 2016**



Sandra Bibb, DNSc, RN, FAAN  
STTI Board of Directors  
Dean and Professor, College of Health Professionals, Wichita State University

Dr. Bibb joined Wichita State University (WSU) as the Dean of the College of Health Professions in August 2014. Prior to joining WSU, she served as Associate Dean for Faculty Affairs in the Daniel K. Inouye, Graduate School of Nursing (GSN) at the Uniformed Services University (USU) in Bethesda, Maryland. Dr. Bibb received her Diploma of Nursing from Providence School of Nursing in Mobile, Alabama and her Bachelor of Science in Nursing, Masters of Science in Nursing, and Doctor of Nursing Science, from the University of San Diego.

Dr. Bibb has over 25 years of experience in senior and executive leadership positions in military and academic settings. She also has over 20 years of experience in designing and implementing health promotion and disease prevention programs in collaboration with interprofessional teams, with emphases on eliminating health and health care disparities and promoting cultural competence.

Dr. Bibb is recognized for her research initiatives and published works related to population health and outcomes, with specific emphasis on population health management and access to care. She is a Fellow in the American Academy of Nursing and has received numerous professional achievement awards that include the Minority Access, Inc. Alumna National Role Model Citation, prestigious Hughes Career Achievement Award from the University of San Diego, and Commendable Service award from the Uniformed Services University.

Educational Background: University of San Diego, DNSc Nursing Science, 1999.

Major areas of research or creative activity: population health and outcome; access to care, health and health care disparities, cultural competence, analytic methods, and secondary data analysis.

**Afternoon Speaker**  
**Thursday, October 13<sup>th</sup>, 2016**



Gloria Willingham-Toure', PhD, RN  
Founder of the Village Projects, Afram Global Organizations, Inc.  
Prior Faculty at CSU Long Beach and Provost, Fielding University

As the CEO of Afram Global Organization Inc., a US based nonprofit organization; and founder of The Village P.r.o.j.e.c.t.s., Dr. Gloria Willingham-Toure' PhD, RN has been recognized as one of only a handful of Registered nurses who have dared to bring nursing back to the community as a leader of social movements that can expose larger numbers of persons from diverse circumstances to health opportunities as a way of life. She has led informed conversations with groups throughout the USA, and abroad in Jordan, South Korea, China, Saudi Arabia, Canada, Mexico, South Africa, Ghana, Cuba, and France. She is a Fulbright Scholar, Fulbright Specialist in Public/Global Health grantee to the University of Malta, Health Institutes.

Tapping into her network of researchers she provided opportunities for students and faculty to create relationships leading to community-informed research and study opportunities. She launched a program of fiscal sponsorships designed to encourage persons with ideas for empowering communities, and connecting them as sources of support for each other. She has built a cadre of over 50 influential "villagers" who bring their social capital forward in a way that identifies and reduces disparities in health, education, and economic circumstances. She re-introduces their stories and their personal life journeys as exemplars for communities.

Successfully weaving her way through traditional and nontraditional education systems, Dr. Willingham-Toure' earned a diploma in Nursing at St. Vincent Infirmiry School of Nursing - Little Rock, Ark. After gaining over a decade of staff nurse experience, she earned a BSN from Regents College, University of The State of New York where she was elected as the chairperson of the Alumni Board of Trustees introducing the first financial aid programs for students enrolled in external degree programs. She earned a Master's Degree in Nursing Science at University of Arkansas for Medical Sciences (UAMS), and a PhD in Education at Claremont Graduate University (CGU) and is a recipient of The Distinguished Alumni Award; and a member of the Alumni Hall of Fame. She was inducted in Sigma Theta Tau, Gamma XI Chapter while a graduate student at UAMS in recognition of her community leadership.

She Retired as Chief, Nursing Education and Research - VA Healthcare Systems, Long Beach, CA; and as a Lt. Colonel US Army Reserves. After early retirement she launched a second tier career in higher education and nonprofit program leadership. During that second tier she worked as a CSULB faculty member. Then as the Head of Service and Director, Center for Research in Distance Education at one of the largest healthcare systems in Saudi Arabia. Upon return to the USA she became the Associate Dean, Academic Affairs in The School of Educational Leadership and Change at Fielding Graduate University, Santa Barbara, CA. She eventually became the interim Provost and Senior Vice-President at that same institution - the first RN to ever hold that senior executive role. She currently serves as a member of the CSULB Board of Governors; and as a member of the Board of Trustees at Goddard College, Plainfield, Vermont. [www.villageprojects.net]

**Keynote Speaker**  
**Friday, October 14<sup>th</sup>, 2016**



Mary Sue Heilemann, PhD, RN  
Associate Professor, UCLA School of Nursing

Dr. MarySue V. Heilemann, an associate professor with the UCLA School of Nursing, is internationally known for her expertise in qualitative research methodology, namely Grounded Theory and Interpretive Phenomenology. She received her Bachelor of Science in Nursing from the University of Wisconsin, Madison, and her Masters of Science and Doctorate in Nursing from the University of California, San Francisco.

Dr. Heilemann's research involves the use of transmedia in interventions related to depression and anxiety among Latinas in the context of motivation, resilience, intergenerational cultural expectations, and gender issues. Her research focuses on depression and anxiety among Latinas, in the context of intergenerational cultural expectations, gender issues, trauma, and post-traumatic stress disorder. Her work is important for creating strategies to successfully engage and treat symptomatic women.

Dr. Heilemann also studies how the media portrays nurses. In 2011 and 2012 she initiated and moderated UCLA symposiums that looked at how nurses appear in film and television. She has focused on the way nurses are portrayed in the media. In June 2015 she gave the NINR Director's Lecture entitled, "From the Silver Screen to the Web: Media Portrayals of Nursing." In addition, she was the Guest Editor for a special volume of Nursing Outlook that featured articles drawing on the original work presented by media, film, and nursing scholars at the 2011 Media Representations of Nurses Symposium. Based on her three-fold area of expertise (media-based interventions, qualitative research, and mental health), Dr. Heilemann is actively refining a new model for nursing science that features transmedia portrayals of nurses as part of powerful and promising interventions with patients, the public, and nursing professionals.

Clinical: community-based mental health, community health nursing, and public health nursing.  
Areas of Scholarly Expertise and Interest: grounded theory, interpretive phenomenology, mental health, quantitative research, and media-based interventions.

**Afternoon Speaker**  
**Friday, October 14<sup>th</sup>, 2016**



Simon Fox  
Executive Director  
Adventures in Caring Foundation, Santa Barbara

Simon Fox is in the business of cultivating compassion. As the executive director of Adventures in Caring, he runs an all-volunteer team that lifts the spirits and consistently delivers compassion, encouragement, and joy to the bedsides of countless hospital patients all year round. Adventures in Caring pioneers the human side of health care by teaching the art of compassion to our future healthcare workers. In response to the understanding that burnout and compassion fatigue are occupational hazards of health care providers, the course *Oxygen for Caregivers*, developed by Mr. Fox helps caregivers care for themselves.

It started 30 years ago, when Simon's wife, Karen — who was battling cancer herself — decided to dress up as Raggedy Ann and visit the sick and lonely patients of Cottage Hospital, bringing both hope and happiness. Today, Adventures in Caring offers a variety of education programs that promote compassion in health care for both volunteer caregivers and health-care professionals. They hold seminars, prepare instructional DVDs, and publish special guides. And they keep seeing patients, to date clocking in more than one million hospital visits.

**Research Podium Abstracts Breakout Sessions**  
**Morning Thursday, October 13, 2016**

## YO ENTIENDO: I UNDERSTAND

Anna Dermenchyan, RN, BSN, CCRN-K and Cheryl Le Huquet, RN, MSN  
[adermenchyan@mednet.ucla.edu](mailto:adermenchyan@mednet.ucla.edu) and [clehuquet@mednet.ucla.edu](mailto:clehuquet@mednet.ucla.edu)

Kymberly Aoki, RN, BSN, Nancy Exarchos, RN, and Elvina Luistro, RN, MSN, MPH

**Purposes/Aims:** Low health literacy is a pervasive and widespread issue that affects virtually every aspect of health care delivery. The purpose of this qualitative study was to better understand health literacy and cultural barriers faced by the Spanish speaking heart failure patients

**Rationale/Conceptual Basis/Background:** Despite increasing evidence that demonstrates health literacy's impact on quality, access, and cost, low health literacy called the "silent epidemic" is one of the most neglected aspects of patient safety. Professional associations such as the American Heart Association recognize this as a serious issue and have established national discharge teaching guidelines. In interviewing our heart failure patients, we have discovered a huge gap in their understanding and knowledge. One of our patients waiting in the ICU for a heart transplant said, "If I had understood all this information, then I would not be in this situation."

**Methods:** This qualitative study measured multiple aspects of the patient care experience in one-to-one interviews with seven (2 inpatient, 5 outpatient) Heart Failure Spanish speaking patients that received care at UCLA between 2011 and 2015. Consent was received from all participants using a Spanish-speaking community health educator who was also present during six of the seven interviews. A standardized interview template was used to interview all patients. In addition, the UCLA phone interpreter service was used for one of the inpatient interviews. Using the Patient Voice Toolkit, the interview data was synthesized and three core themes emerged: cultural competency, coordination of care, and communication/interpreter services. Sub-committees were developed for each of the three core themes to follow through on the action items that were discussed

**Results:** The patient interviews highlighted three themes: cultural competency, interpreter services, and care coordination. Cultural competency is an awareness of culture, folklore, customs and beliefs. The patient interviews revealed the importance of family and identifying caregivers, role of wife and children, hierarchical and patriarchal culture and especially the role of food in culture. The second theme conveyed low utilization of interpreter services by providers. In addition, inadequate assessment of learning styles and the use of teach-back methods were often not utilized by providers, which compounded the effects of low health literacy on health outcomes. Finally, there was lack of care coordination, especially in the outpatient setting. Thus, patients were confused with many providers and having limited understanding of the US health system and available outpatient resources.

**Implications:** Providing medical care in a culturally sensitive manner includes more than word for word language translation. Consideration of culture, emotions, inflection differences, intonation differences, and regional differences are just as important as words for effective communication. Moving forward, the Cultural Competency Project will evaluate current UCLA cultural and linguistic competency tools and modules as well as more detailed, layered and culturally specific tools and modules as they relate to the Spanish speaking/Latino culture.

## EFFECT OF MANTRAM ON SLEEP AND STRESS IN HEALTHY OLDER ADULTS

Jade Kay, RN, FNP-BC, PhD(c), MSN

[jkay@apu.edu](mailto:jkay@apu.edu)

**Background:** Poor sleep, a common complaint and an important problem in older adults, has gained attention as a health risk factor due to increasing evidence of its association with chronic diseases, increased mortality and morbidity in major illnesses, higher level of stress, frequent use of health services, reduced functional capabilities, and diminished quality of life. Efforts to discover an effective treatment to improve sleep have increased; however, pharmacological intervention is still currently the popular approach. There is a need for effective non-pharmacological interventions to improve sleep in the older population. Mantram repetition, a meditation-based approach that has shown many benefits to patients with physical and psychological ailments, is a promising option.

**Objective:** Almost all research studies conducted on Mantram repetition have been within the Veterans Affairs (VA) system with veteran samples. This was one of the first studies on Mantram repetition outside of the VA community. The objective of this pilot study was to examine the extent to which Mantram Repetition can improve sleep quality and decrease stress in older adults living in the community. The study assessed the comparative effectiveness of two nonpharmacological interventions, Mantram and sleep techniques, to improve sleep in the healthy older adults living in the community. The study also evaluated the feasibility of delivering a 5-week, 60-90 minute, weekly Mantram repetition training program to a sample of healthy older adults aged 50 and above. A final convenient sample of 35 subjects (sleep technique group n=19, Mantram group n=16) was utilized for the analysis.

**Methodology:** The study used a quasi-experimental pretest and posttest nonequivalent comparison group approach. The subjects were assigned to blocks based on gender, and then the groups were randomly assigned to either the sleep technique group or the Mantram group. Sleep quality was measured with the Pittsburgh Sleep Quality Index (PSQI). PSQI has a Cronbach's alpha of .83. The level of perceived stress was measured with the Perceived Stress Scale (PSS). It has a Cronbach's alpha of .78 to .91. The questionnaires were completed before and after the 5-week training. Analysis of Covariance was performed to determine the impact of Mantram Repetition on sleep quality and perceived stress. Multiple regression analysis was implemented to identify the best set of predictors of sleep.

**Results and Implication:** The results showed that the Mantram group and the sleep technique group significantly differed in perceived stress, sleep latency, and subjective sleep scores post training. The Mantram group exhibited a beneficial change in perceived stress level, sleep quality (global), frequency of sleep-aid use, sleep latency, and subjective sleep quality. Age was a significant predictor of sleep latency. Perceived stress was the strongest predictor of daytime dysfunction and sleep disturbance. Intervention group membership was the strongest predictor for sleep duration. The study results suggest that Mantram repetition could benefit older adults seeking ways to improve sleep and decrease stress. Mantram repetition is a strategy that can be taught by nurses and health educators to older adults with sleep complaints. It can also be part of a treatment plan for those with more complex sleep disturbance.

## VITAMIN D 25(OH)D STATUS AND BONE HEALTH

Rose Sakamoto\*, CCRN, NP-BC, DrPH

[rsakamoto@fullerton.edu](mailto:rsakamoto@fullerton.edu)

Larry Beeson, MD, Donna Thorpe, MD, Raymond Knutsen, MD, and Synnove Knutsen, MD  
School of Nursing, CSUF\* and School of Public Health, LLU

**Objectives:** To explore if vitamin D levels relate to broadband ultrasound attenuation (BUA) measurements among Whites and Blacks.

**Background:** Osteoporosis, a skeletal disease characterized by low bone mineral density (BMD) leads to bone fragility and increased susceptibility to fractures with a 6:1 female to male ratio. Broadband ultrasound attenuation (BUA) bone measurements have long been FDA-approved as a tool for those at risk for osteoporosis. BUA scores are surrogate for BMD measurements for screening purposes per WHO recommendations. Hypovitaminosis D is prevalent in the general population especially among the blacks.

**Methodology:** We examined cross-sectional data using the Adventist Health Study-2 (AHS-2) a bi-racial cohort who represents an essentially healthy population with serum 25(OH)D levels and corresponding BUA measurements. Non-osteoporotic subjects were randomly selected: 284 Blacks and 284 Whites; 30-95 years old. Participants completed a lifestyle questionnaire including demographics, dietary practices, and medical history. Blood serum 25(OH)D was drawn and analyzed with radioimmunoassay. Bone ultrasound attenuation (BUA) measured. Descriptive parametric and non-parametric analyses were used.

**Results:** Our study showed Blacks were more serum D deficient ( $p < 0.0001$ ) than Whites; female 25(OH)D levels  $>$  males ( $p < 0.0001$ ). BMI categories showed those non-obese had sufficient D levels versus those obese ( $\geq 31 \text{ kg/m}^2$ ) ( $p = 0.004$ ) and being moderately active vs those inactive/high intensity had sufficient levels ( $p = 0.0003$ ). Hypovitaminosis D was more common among those with low intake of calcium, vitamin D ( $p < 0.001$ ), less sun exposed during hot ( $p = 0.03$ ) and cold season ( $p = 0.01$ ). BUA measurements showed Black female T-scores significantly higher ( $p = 0.0007$ ) compared to White females. Among males, Blacks had slightly higher BUA T-scores but was not statistically significant ( $p = 0.24$ ).

**Conclusion:** We concluded Blacks commonly with hypovitaminosis D have higher bone densities as measured by BUA. There is a great need to redefine safe vitamin D threshold levels with randomized controlled trials in various race/ethnicities.

**Nursing Implications:** Study results could empower nurses and healthcare providers to exercise health promotion and preventive care by emphasizing the importance of healthy lifestyle: physical activities and diet to include adequate calcium and vitamin D appropriate for bone health. This includes teaching the importance of monitoring such as BUA or BMD screenings. There is a need for prospective studies that redefine safe vitamin D threshold levels with randomized controlled trials in various race/ethnicities.



**Innovative Podium Abstracts Breakout Sessions**  
**Morning, Thursday, October 13, 2016**

## **COLD THERAPY COMPRESSION WRAP: A HOT TOPIC IN ORTHOPEDICS**

Pamela Mangen, RN, MSN

[pamela.mangen@hoag.org](mailto:pamela.mangen@hoag.org)

Rose Sakamoto, DrPH, MSN, RN, ANP-BC

**Statement of the Problem:** Current cryotherapy products used for post-operative surgical patients have flaws - inefficient, risk hazard, expensive, and some patients and staff have reported their dissatisfaction. One method employed using ice cubes in a cloth pack requiring constant recycling. The other method utilized cooler machines that needed continuous repair and contributed to employee related injuries. The Cold Therapy Compression Wrap (CTCW) is latex-free and can be hand-washed for extended patient use. It offers a comfortable and safe amount of compression to the affected area in combination with a 3+ hour frozen gel pack. Current literature reviewed showed advantages using CTCW both for pain relief and healing.

**Purpose:** 1) To explore if the CTCW is comparable to the current cold therapy products for total hip and knee joint arthroplasty patients and determine if a change is needed. 2) To change the current clinical cryotherapy system to a more effective therapy method by adding portability, and providing a more efficient and cost effective delivery treatment.

**Methods:** To implement this change project, Lewin's Change Theory was utilized. Unfreezing stage: introduced the CTCW to Management level and staff, addressed resistance/barriers, and obtained stakeholders buy-in. Moving stage: implemented use of CTCW, educated staff, held several meetings, and asked patients to try the CTCW. Refreezing stage: evaluated effectiveness with use of 7-item pain questionnaire on effectiveness in treating pain as evidenced by reduction in pain, ease of use, and if they would recommend the wrap. Patients were chosen from selected three Orthopedic Surgeons who had higher volume of patients based on: (a) elective total knee and hip arthroplasty; (b) orientation; (c) fluent in English; and (d) not receiving a cooler device. Orthopedic staff that assisted in the project worked in Med/Surg - two staff surveys (simple 5-question questionnaire) were completed on August, 2014, for pre-implementation and on October, 2015, (simple 3-question questionnaire) for post-implementation.

**Results/Implications:** The data comparing patient and staff surveys (yes/no responses) suggested that the CTCW to be a better product for overall patient application and compliance; pre-eval 63.41% and post-eval 81.25%, a difference of almost an 18% improvement. Based on ease of use, staff preferred the CTCW compared to previous cold therapy methods; 78.57% on first evaluation and 75.76% on the second evaluation. Both patients and staff surveys indicated that CTCW is the preferred cold therapy tool. Most patients found the product to be effective in treating pain, easy to apply and use, and would recommend to others. Adoption of the CTCW mobilized the hospital to replace the existing cryotherapy methods and allowing the patients the means to continue medical treatment after discharge without incurring additional medical costs. Using the CTCW would entail continued surveillance both from patients and staff.

**Recommendations:** 1) To implement the CTCW to all total joint hip and knee arthroplasty patients; 2) Evaluate the success of the recommendation by communicating periodically with staff through survey monkeys, one-on-one conversations, and meetings.

## IMPROVING GLYCEMIC CONTROL AMONG INCARCERATED MEN

Paula Kelly Ranson, RN, MSN

[Paula.Ranson@cdcr.ca.gov](mailto:Paula.Ranson@cdcr.ca.gov)

Lauren Outland, APRN, MSN, DrPH

**Problem:** In the California state prison environment, many diabetic inmates have poor glycemic control and are at risk for complications which include heart disease, retinopathy, renal failure and peripheral vascular disease.

**Innovation:** An established program permitted diabetic inmates to carry glucometers and perform their own blood glucose finger sticks. As a quality improvement process, in addition to allowing inmates to carry a glucometer one institution developed an individualized interdisciplinary educational program based on the Health Promotion Model.

**Methods:** The purpose of this report is to summarize a Quality Improvement project assessing the addition of a Health Promotion Model innovational program, and to retrospectively compare existing data to determine if such a program might improve glycemic control among participating inmates.

**Innovation:** Using results of glucometers as cues to action, participants were encouraged to perform finger-stick tests frequently throughout the day. This would be thought to impact their knowledge about how meals, exercise, alcohol, and snacks affected their blood glucose (BG). The standardized blood glucose log was modified to permit the RN Care Manager to calculate and document mean morning, noon, afternoon and bedtime and monthly BG readings as a feedback mechanism, assisting the participant to correlate activities and food with BG responses. Diabetics were able to see the effects of diet and exercise on blood sugar readings presumably influencing future behavior and providing them with a sense of capability.

**Change brought about by innovation:** A significant reduction ( $p = 0.0018$ ) in HbA1C from 8.8 to 7.8 was found in those prisoners who experienced the Health Promotion intervention. Diabetics from prisons without this innovation did not have significant decreases in HbA1C when glucometers were dispensed.

**Implications and significance:** In a prison setting where no dietary modification is provided, it is important to identify strategies which have been shown to promote glycemic control in this population.

**Future recommendations:** Additionally, with the increasing incidence of diabetes taking both an economic and human toll, successful glycemic control strategies should be incorporated into the design of care models.

## **ADOLESCENT SEXUAL HEALTH AND THE INTERNET: EVIDENCE REVIEW**

Jean O'Neil, RN, DNP, FNP-BC  
[Jean.oneil3@calstatela.edu](mailto:Jean.oneil3@calstatela.edu)

**Problem:** While teen pregnancy numbers may be decreasing, there are millions of new cases of sexually transmitted diseases that are diagnosed each year. More than half of these patients are adolescents and young adults. Providers working with adolescents must be able to assess their patients' sexual health practices and needs. Some providers routinely address an adolescent's sexual health concerns, while others may not be as comfortable reviewing this information. Adolescents have been known to access health education over the Internet. There is an abundance of general and sexual health information online. However, there are concerns by the medical community as to whether these sites are accurate and whether the adolescent is processing the information correctly.

**Objective:** An integrative literature review was conducted to determine the ethnicity, age, gender and socioeconomic status of those adolescents that use the Internet for health information and more specifically, sexual health education. A review was also conducted to determine how these adolescents felt about the information they got from these sites.

**Method:** A comprehensive search strategy was used to identify English language evidence published between 2010-2016 via PubMed, CINAHL, Science Direct, PsychNet and Cochrane Library. A total of 3615 hits yielded 23 articles that met criteria in addition to 5 contextual articles; therefore 28 articles were included for the final review.

**Results:** Results indicate that there are a growing number of adolescents of all ages, genders, ethnicities and socioeconomic status that are getting their health information from the Internet. However, some of them have expressed that they weren't sure if the information was accurate or useful. Adolescents were confused by some of the sexual health information they found and expressed interest in speaking with family, friends, teachers or a trusted health provider.

**Implications:** The medical community needs to be aware of what types of online health and sexual health education is available for adolescents. Providers can use this knowledge to their advantage by reviewing these sites and recommending those they feel are appropriate. These sites could work to serve as an adjunct to the adolescent patient visit.

**Future Recommendations:** To date, there is little evidence that answers whether these sexual health education sites actually reduce or change high-risk sexual behavior. Therefore, more empirically based research studies are needed to determine the impact of these sites and how best to utilize them.

**Research Podium Abstracts Breakout Sessions**  
**Afternoon, Thursday, October 13, 2016**

Joint Southern California STTI Chapters 21<sup>st</sup> Annual Nursing Odyssey Conference  
October 13 & 14, 2016

**Innovative Podium Abstracts Breakout Sessions**  
**Afternoon Thursday, October 13, 2016**

**BEHAVIORAL HEALTH ISSUES IN THE ACUTE CARE SETTING:  
A SCOPING REVIEW**

Cecelia L. Crawford, DNP, RN  
[Cecelia.L.Crawford@kp.org](mailto:Cecelia.L.Crawford@kp.org)

Jan Boller, PhD, RN, Emma Cuenca, DNP, RN, CCRN-CSC, CNS, Roque Garvida, MSN, RN, RN-BC, Lisa Tze-Polo, BSN, RN, Frances Chu, MSN, MLIS

**Problem Statement:** The literature reveals that behavioral health issues pose significant risk for harm across acute care settings and across the globe. Aggression is an important cause of emotional distress among caregivers and produces negative outcomes for patients/visitors. Consequences of patient aggression include absenteeism, decreased productivity, litigation, staff injuries, property damage, staff dissatisfaction, and recruitment/retention issues. This podium presentation describes a scoping review on effective practices and strategies for preventing and managing patient behavioral health issues in acute care settings.

**Methods:** The review examined the best practices/strategies for the care of nonaggressive and/or aggressive adult medical/surgical and critical care patients diagnosed with or may have behavioral health issues. Customized electronic database searches using key terms yielded 171 relevant hits, with 163 selected. 157 articles were eliminated as they did not answer the clinical question, targeted inappropriate patient populations and/or institutional settings. Seven studies pertained to the area of inquiry. Article ranking and strength ranged from low to high quality.

**Innovation Change:** The presentation will outline the modern management strategies that can assist clinicians in maintaining safe care environments for patients/visitors and the health team. Examples include body language and therapeutic communication/relationships. Two dimensions emerged from the review analysis. The first dimension was direct care management involving a nurse-patient relationship. The second dimension described the structures, processes, and strategies for optimal patient outcomes.

**Implications & Significance:** Effective aggression management has moved beyond chemical and physical restraints. Root causes of patient/visitor violence can be traced to the interface between patients and staff and contributing environmental factors. Staff awareness of the patient perspective is key: when staff members value the patients' perspective, aggressive and violent incidents decrease. Staff education on behavioral issues is needed on an annual/ongoing basis.

**Recommendations:** The presentation will conclude with evidence-based recommendations that can assist clinicians in caring for hospitalized adults who have or are at risk for behavioral health issues. The evidence emphasizes that caring relationships are foundational within a patient, family, and staff-centered caring culture. Developing an awareness of factors that move patient/visitors to behave aggressively and violently can provide safety for both patients and staff. Staff nurses, nurse educators, nurse managers, nurse executives, and other healthcare leaders can organize evidence-based strategies and models into the dual dimensions of health systems and care management in order to ensure that patients, family, and staff remain safe.

## **TRANSFORMATION IN LEADERSHIP: USING COMPASSION, CARE & COURTESY**

Olena Svetlov, RN, MSN, CNS, CCRN

[Olena.Svetlov@cshs.org](mailto:Olena.Svetlov@cshs.org)

Laura Daniels, BSN, RN, PCCN, and Saisunee Vongkavivathanakul, RN, BSN, PCCN

**Introduction:** Researchers have identified a strong correlation between nurse leadership, healthy work environment, and staff nurse satisfaction/retention. Poor leadership can cause toxic symptoms that negatively impact work culture and staff satisfaction. The national average score for employee satisfaction from 2013 is 77-85%. A review of large medical center in a Greater Los Angeles area employee engagement/satisfaction scores from 2011 demonstrated that the post-surgical/transplant unit ranked 67% and post cardiac-surgical/heart transplant unit ranked 78% in satisfaction. The results called for an implementation of different strategies for these units. The staff identified the need for developing additional team cohesiveness, and transparency on these units.

**Quality Question:** Can introduction of Caring, Compassion, and Courtesy (3Cs Leadership strategy) Leadership style increase employee engagement/satisfaction score up to 90%.

**Methods:** Plan: conduct a literature review on successful leadership and identify the key elements that can be applied; develop a 3Cs leadership strategy for real-time recognition: establish an open door communication with staff; establish real time question-real time feedback policy, arrange celebration of new degrees/certifications/achievements. Do: apply 3Cs Leadership strategy into work practice of the two post-surgical units. Study: review/analyze the pre intervention data; examine the effect of the implemented 3CCC strategy by reviewing/analyzing post data of employee engagement survey results. Act: implement the 3 Cs strategy, continue reviewing employee engagement score results among leadership team, promote 3 Cs Leadership strategy among the manager, assistant nurse managers, and nursing staff by daily afternoon leadership rounds, observe/collect staff opinion on implemented 3Cs strategy daily at huddles, monthly at Staff meetings, and UPC meetings.

**Results:** In 2012, the new Leadership style program increased Employee Engagement score from 67-78% to 84-89%. By 2014, both units achieved 90% employee engagement/satisfaction score. The program has been sustained and this past year (2015), both units have received the highest scores: 92% and 99% respectfully.

**Conclusion:** The results demonstrate the success of 3Cs Leadership style implementation on the units. Implementing Compassion, Care, and Courtesy into the Leadership makes a positive impact on employee engagement/satisfaction scores, which improves the work environment and overall patient satisfaction.



## **TRAINING FACULTY TO RUN AND DEBRIEF SIMULATION ON A ZERO BUDGET**

Dawn I. Blue RN DNP

[dblue@csusb.edu](mailto:dblue@csusb.edu)

**Statement of the problem:** The National Council of State Boards of Nursing (NCSBN) and the National League for Nursing (NLN) have recommended the use of simulation in nursing education. In 2014, their study set standards for effective simulation that require training beyond manikin operation to quality debriefing. There are not enough properly trained simulation instructors and the cost of the training is prohibitive to many. To replace clinical hours with simulation, nursing programs will need to demonstrate competency in their simulation program. There are limited funds in nursing departments and many part time faculty need this training.

**Method used to address the problem:** In a pilot study, faculty was trained on simulation best practices and the GAS method of debriefing during class time. Simultaneously, their students were doing assignments to prepare for the simulation.

**Description of any innovation and resulting changes:** Students were assigned activities to ensure preparation for their scheduled simulation. While they worked in the electronic health record on computers in the lab, instructors were shown videos on debriefing. They were given written information on simulation pedagogy including a list of questions to prompt discussion in the debriefing. They were also trained to run the manikin and how to perform the set up. In following weeks when clinical groups had to leave the site and work in the lab, these instructors were able to set up and run a simulation on their own, making a better educational experience for their students. The following quarter the faculty facilitated their own simulation, including the debriefing with minimal assistance from the simulation coordinator.

### **Implications and significance of the project findings for:**

Research: This demonstrates an innovative way to provide faculty training without cost to the participant or the university.

Practice: Preparing faculty to facilitate simulation using evidence based methods could translate to better prepared students who are more confident and competent.

Leadership: Developing the faculty's ability to facilitate simulation leads to a more confident and competent group of educators.

Education: Giving the faculty the tools and training to teach with simulation improves the quality of the student's education.

**Recommendations or future problems/questions:** To better educate the next generation of nurses to be safe practitioners delivering quality care, programs should continue to evaluate the effectiveness of simulation in the curriculum, moving toward the standards set by the NCSBN and NLN.

Joint Southern California STTI Chapters 21<sup>st</sup> Annual Nursing Odyssey Conference  
October 13 & 14, 2016

**Research Podium Abstracts Breakout Session**  
**Morning, Friday, October 14, 2016**

## FACTOR STRUCTURE OF AN ACCULTURATION SCALE IN US-BORN FILIPINOS

Felicitas A. dela Cruz, RN, DNSc, FAANP

[fdelacruz@apu.edu](mailto:fdelacruz@apu.edu)

Chong Ho (Alex) Yu, PhD

[cyu@apu.edu](mailto:cyu@apu.edu)

**Purpose/Aims:** This study aims to: (a) determine the factor structure of *A Short Acculturation Scale for Filipino Americans* in US-born Filipino Americans (FAs), and (b) establish the sociodemographic variables associated with their acculturation factor scores.

**Rationale/Conceptual Basis/Background:** The Nationality Act of 1965 ushered the influx of Philippine-educated health care professionals to the US. Despite the exposure to American culture during and after nearly 50 years of colonization, Filipinos inexorably undergo acculturation in the US. *A Short Acculturation Scale for Filipino Americans* (ASASFA)—a 12-item questionnaire—is the only ethnic-specific and the most used acculturation measure for this group. Since its development and original validation, most studies using ASASFA focused on Philippine-born FAs and have shown strong coefficient alphas for its reliability. However, a paucity of studies on the acculturation of US-born FAs exists. Hence, this study sought to fill in this gap in the literature.

**Methods:** We conducted a secondary analysis of ASASFA data collected from 116 US-born FAs as part of a survey which investigated the predictors of the mental health of Philippine-born and US-born FAs. To determine the data's suitability for factor analysis we performed Kaiser-Meyer-Olkin measure and Bartlett's test of sphericity. We used exploratory factor analysis (EFA) to determine the factor structure of ASASFA with JMP Pro version 12. To select the number of factors, we viewed the Scree plot's inflection point and the scale items' loading plot. Also, we used parallel analysis (PA) to verify the scale's factor structure with SAS version 9.4. Finally, we used generalized regression to examine which demographic variables are associated with the acculturation subscales.

**Results.** ASASFA data met the requirements for factor analysis: (a) the Kaiser-Meyer-Olkin measure yielded .758, above the .50 cut-off, and (b) the Bartlett's test of sphericity produced significant results ( $\chi^2 = 820.741$ ,  $df = 55$ ,  $p \leq .0001$ ). The overall Cronbach's alpha was .82. The Scree plot and EFA (with varimax rotation) loading plot suggested a two-factor solution: language use and preference, and ethnic social relations. Parallel analysis verified and supported this two-factor structure. Generalized regression indicated that gender and self-identification predict language use and preference scores; self-identification solely predicted ethnic social relations scores.

**Implications.** The study provides evidence for the construct validity and reliability of ASASFA; hence, it can serve as a parsimonious acculturation measure for US-born Filipino Americans.

## **HYPERTENSION: ILLNESS REPRESENTATIONS OF FILIPINO AMERICANS**

Felicitas A. dela Cruz, RN, DNSc, FAANP

[fdelacruz@apu.edu](mailto:fdelacruz@apu.edu)

Chong Ho (Alex) Yu, Brigette Lao, RN, MA, and Beth Padini, Student Research Assistant

**Background.** Filipino Americans (FAs) experience the third highest prevalence rate of hypertension (HTN) in the U.S., behind African Americans and Native American Indians. Despite experiencing this alarming health disparity and despite representing the 4<sup>th</sup> largest immigrant group after Mexico, China, and India, information on the perceptions or illness representations of hypertensive FAs about the causes of the illness remains limited. Studies have shown that illness representations of the causes of HTN impact adherence to treatment and lifestyle regimen necessary for BP control.

**Purpose of Study.** To present the perceptions or illness representations of FAs as to the causes of HTN, using the Common Sense Model of Illness as the theoretical framework.

**Methods.** A convenience sample of 250 FAs with HTN were asked to identify their perceptions as to the top three causes of the illness in response to the open-ended question in the Brief Illness Perception Questionnaire (BIPQ)—a validated quantitative measure for illness representation. Two research team members content analyzed and coded the responses according to these causal attributions for HTN (Duwe, Koerner, Madison, Falk, Insel, & Morrow, 2014): behavioral (diet, exercise, smoking, drinking); natural (genetics, family history, heredity, age); physical (weight, overweight obesity, diabetes, high cholesterol); psychosocial (stress, job stress, family stress, Type A personality); supernatural (God, fate, destiny, life); and other (don't know, essential, health). Inter-rater reliability registered at .94.

**Results.** The sample consisted of 51% females (mean age 64.88 [SD=10.64] and 49% males (mean age 63.67, [SD=11.15], 71% married, and 63% college educated. Nearly 60% no longer work while close to 30% and 11% still work full time and part-time, respectively. The distribution of the causal categories for the first most perceived important cause of HTN was psychosocial (38%), followed by behavioral (36%), natural (17%), and physical (10%). The distribution for the second most perceived important cause was behavioral (46%), followed by psychosocial (34%), natural (11%), and physical (8%). The distribution for the third most perceived important cause was behavioral (41%), psychosocial (39%), physical (11%), and natural (9%). Negligible or no responses for supernatural and other as causes were identified. Eight percent of the respondents gave only one causal category; 20% and 72% provided two and three causal categories, respectively.

**Conclusions and Implications.** FAs perceived the causes of HTN as psychosocial, behavioral, natural, and physical. The results can inform the development of tailored cognitive interventions to improve their illness representations of the modifiable causes of HTN, leading to better HTN control, which in turn can bring about decreased morbidity and mortality and health care costs.

---

This study was partially funded by the Faculty Research Council, Azusa Pacific University.

## **SYMPTOM MANAGEMENT STRATEGIES FOLLOWING CABG SURGERY**

Ali Ahmad Ammouri, RN, MSN, PhD  
[aliammouri@yahoo.com](mailto:aliammouri@yahoo.com)  
Zaher Mohammed Al-Daakak, RN, MSc

**Objectives:** The aim of this study was to explore the symptom management strategies utilized by post CABG patients and its associations with demographic variables.

**Background:** A clear understanding of the use of symptom management strategies following CABG surgery may help nurses in developing educational program and interventions that help patients and their families during recovery period after discharge.

**Methods:** A cross-sectional, descriptive design was utilized. A convenience sample of 100 Jordanian patients post CABG surgery selected from five hospitals was surveyed between November 2012 and June 2013 using the Cardiac Symptom Survey. Chi Square analyses was used to examine the associations between the symptoms experienced and selected demographic variables.

**Results:** Frequency of symptom management strategies utilized by post CABG patients revealed that most frequently employed strategies were use of medications (79%), repositioning (54%) and rest (45%). Symptom management strategies utilized for poor appetite, sleeping problem, and fatigue had significant associations with demographic variables.

**Conclusion:** By providing information on the symptoms expected after surgery and the possible ways to manage them, psychologically strengthens patients that the CABG experience is within the realm of self-management and coping.

**Keywords:** Coronary Artery Bypass Graft, CABG, Symptom Management Strategies.

Joint Southern California STTI Chapters 21<sup>st</sup> Annual Nursing Odyssey Conference  
October 13 & 14, 2016

**Innovative Podium Abstracts Breakout Session I**  
**Morning Friday, October 14, 2016**

## SYSTEMIZING THE TRANSITION TO HOME FOR HEART FAILURE PATIENTS

Jane L. Brugman, RN, MSN, NP  
[jane.brugman@stjoe.org](mailto:jane.brugman@stjoe.org)

**Background:** Heart failure (HF) patients have some of the highest rates of hospital readmissions. These patients are also among our most fragile patient groups; some near end of life and all requiring extensive education and close follow up. Our goal is to address barriers faced in the transition home that have been identified in a meta-analysis “Transitional Care Interventions in Prevent Readmissions for Persons with Heart Failure” developed for the Agency of Healthcare Research and Quality, Department of Health and Human Services. We are seeking to incorporate these evidence based strategies to help patients be discharged home safely by providing structured discharge planning and early heart failure education. A multidisciplinary team approach is used to anticipate home needs and minimize delays leaving the hospital. The patient population chosen for the pilot is the heart failure population on a Telemetry Unit.

**Actions Taken:** Nursing heart failure education is reviewed at skills day for all nursing units. The goal of this nursing education is to help nurses with the understanding of how and why heart failure medications are prescribed and how these indications differ from indications used in other cardiac conditions such as hypertension. Strategies to assist nurses with patient education including symptom recognition and when to notify their provider are also reviewed. The goal of the nursing education is to help the nursing staff feel comfortable explaining how medications are used to improve systolic and diastolic heart failure as well as in the mortality benefit when these medications are used in combination therapy.

There are several practice changes utilized to transition the patient home and to reduce their risk of readmission. (1) Nursing units arrange early follow up appointments for patients (within 7 days) to cardiologist or Primary care provider. (2) Prescriptions are filled at the hospital pharmacy or faxed ahead to the patient’s pharmacy. (3) Patients and families are assisted on recording daily weights and blood pressure readings in a calendar. (4) Medication education is reinforced, stressing the importance of medication compliance and the rationale for each medication when medications were administered (5) “Teach back” technique is utilized twice daily by the nurse by asking the patient three questions regarding heart failure.

During daily rounds, the manager asks each heart failure patient the same teach back questions and checks to ensure the weight and blood pressure calendar had been filled out. Nurses educate the patient on whom to call when early signs of HF presented. Home health services are matched with high risk patients to arrange for required services/equipment prior to discharge. Layers of support that are available to patients include a 24-hour nurse advice line with a follow up phone call on day 1-2, home health visits to assist with care including medication management, and early follow up appointments (within 2-3 days) at our Transitional Care Clinic for our highest risk patients. In addition, a Heart Failure nurse will follow up with patients at home to assess continued progress; she is available Monday-Friday for questions and assistance.

**Outcomes:** Through evidence based strategies, we reduced our discharge times by four hours and decreased our heart failure readmissions to 18% below the national benchmark of 22%.

## A SYSTEMATIC REVIEW: CAREGIVER NEED ASSESSMENT TOOL

Diem-Linh Phuong Tran, RN, MSN, GNP-BC  
[dlpranty@csu.fullerton.edu](mailto:dlpranty@csu.fullerton.edu)

**Background:** Hospitalized older adults (OA) aged 70 and above are 30% more likely to sustain a new activities of daily living (ADL) disability by the time of hospital discharge. Research supports that OAs discharged to home with more than three ADL deficits have higher rates of hospital readmission within 30 days. Likewise, OAs discharged to a skilled nursing facility (SNF) from a hospital have a higher number of ADL impairments. Consequently, OAs discharged home from a SNF will require caregiver support to assist with self-care needs. Therefore, a caregiver needs assessment tool (CNAT) will be crucial in determining the appropriate level of caregiver support required in the home setting after SNF discharge.

**Purpose:** Develop an evidence-based, valid and user-friendly caregiver needs assessment tool (CNAT). The tool will effectively evaluate the type and level of caregiver assistance needed by OAs in the home.

**Methods:** Orem's Self-Care Deficit Theory of Nursing (SCDTN) Model guided the development of the CNAT. The SCDTN Model identified the ADLs needed for self-care. In two phases, a panel of 10 expert clinicians evaluated the tool for content validity. The panel, using a rating scale, determined the content validity by establishing the relevancy of the content and the relationship to the identified ADLs represented by the model. The panel of experts also evaluated the CNAT for ease of implementation and interpretation.

**Findings:** The CNAT initially consisted of 22-items with five domains. The domains were age, cognition, mobility, support, and environmental setting. After the first review by the expert panel, five redundant items were eliminated and 15-items with four domains remained. After the second review of the expert panel, the final version of CNAT consisted of 13-items that represented four universal domains: cognition, mobility, support, and environmental setting. The final CNAT utilized a 4-point Likert scale for assessment of the frequency and level of assistance. The final CNAT item content validity index (I-CVI) was .83, scale-CVI universal agreement (S-CVI/UA) was .69, and scale-CVI average (S-CVI/AV) was .95. The final CNAT scores for readability were 39.2 on the Felsch Reading Ease and 10.3 for grade level (Flesch Kincaid).

**Implications:** Health care providers can utilize the CNAT in any setting to assist them in determining the level of caregiver support needed in the home after discharged. The CNAT is an evidence-based, valid, and reliable tool that provides a standardized method of evaluating ADL needs, thus, leading to improved quality of care in the home setting. In addition, the CNAT will decrease hospital readmission, prevent further decline of functional impairments, and promote quality of life of OAs in community living.



**BOOST HOME VISITS! PREVENT POST-HOSPITAL READMISSION!**

Lenah Kebaso, RN, PhD  
[lkebaso@emc.org](mailto:lkebaso@emc.org)  
Margaret Beaman, RN, PhD

**Background:** Post-hospital readmission for cancer patients can be avoided to reduce the financial burden in the already strained healthcare system. The elderly (Age 70 and over) is a group of patients at high-risk that requires special attention while transitioning to home after hospital admission in order to prevent readmission. This can be done by meticulous planning during the discharge process. During discharge the discharge planner should be able to identify the needs of the patient for informed decision making for discharge in order to avoid readmission. Working in collaboration with other team members and organizing for early discharge of some patient such as those with fever and neutropenia with negative blood cultures reduces rate of readmission (Villanueva & August, 2016). Also, home visits have been proved to reduce post-hospital readmission particularly for cancer patients (Van, Bennett, Jennings, Austin, & Forster, 2011).

**Methodology:** The study has two phases. The first phase was the exploration of the factors that lead to hospital readmission. This involved identification of the three most frequent diagnoses for patients age 75 and over who were re-admitted within 30days; followed by an in-depth interviewing of the patient; and reviewing their chart by an assigned registered nurse (RN). Cancer was identified as one of the three frequent diagnoses. Currently, cancer patient who meet the inclusion criteria are being interviewed. Phase two will involve using current literature to develop a home visit program in partnership with a local University department of nursing.

**Benefits:** This project will improve discharge planning process for future practice in transitioning elderly cancer patients to home after discharge. Also, it will lead to development of home visit program which will promote better transition for the cancer patients from hospital to their homes after hospital stay.

**Research Podium Abstracts Breakout Session  
Afternoon, Friday, October 14, 2016**

**UNDERSTANDING DISASTERS AND THE ROLES OF NURSES: A SYMPOSIUM**

Patricia Frohock Hanes, PhD, MSN, MAED, MS-DPEM, RN, CNE

[phanes@apu.edu](mailto:phanes@apu.edu)

Azusa Pacific University School of Nursing  
(IOTA SIGMA, XI THETA)

**Background:** Given the increasing number of disasters, both natural and human caused, and the corresponding increase in regulations and funding, there is a demonstrated need for expanding involvement in, and research and understanding of, nursing's roles in disasters.

**Purpose:** To understand the types of disasters and disaster cycle in relationship to governmental systems and to articulate the roles of nursing and nurses in disasters.

**Conceptual Frameworks:** Pender's health promotion model, health belief model.

**Methods:** Through experiential learning, interviews with experts, and an extensive literature search, information regarding the multifaceted roles of nurses during the phases of disasters in the context of the position of nursing organizations and governmental systems was analyzed and synthesized.

**Conclusion/Implications:** Major nursing organizations have articulated disaster nursing competencies and support disaster nursing education across all levels. Governmental mandates related to disasters affect all areas of healthcare. Nurses need to understand governmental systems and regulations related to disasters as well as the importance of volunteerism in supporting national, regional, and local disaster efforts. Personal preparedness is a crucial part of nurses' overall ability to respond to disasters. Nursing, as a discipline, needs to promote partnerships between education, practice, and communities in learning about and preparing for disasters.

**Innovative Podium Abstracts Breakout Session  
Afternoon, Friday, October 14, 2016**

## MEDICATION SIDE EFFECTS HANDOUT IMPROVES PATIENT SATISFACTION

Aileen Ingles, RN, BSN  
[Aileen.Ingles@stjoe.org](mailto:Aileen.Ingles@stjoe.org)  
Kim Rossillo, RN, BSN

**Background:** Patient satisfaction scores in regards to medication communication were less than the 50<sup>th</sup> percentile hospital-wide. A multi-disciplinary focus group was formed and began a pilot in the Medical Telemetry unit. The group identified two major issues; inconsistent practice of patient teaching by registered nurses (RNs) and roles and responsibilities of the RNs were not clearly defined.

**Action Taken:** A template was made with the unit's most commonly prescribed medications listed by drug class with the purpose and side effects. The patient and family advisory committee gave recommendations on the content and the design of the patient teaching guide. The handout was initiated upon administration of a new medication. The RN highlights the medication on the handout. If the medication or medication class were not found on the teaching guide, the drug information monograph would be printed by the nurse and added to the handout. A power point and reference binder were created to assist the nurse champions with educating their peers. Education was provided to each nurse over a two-week time span. A patient education tray was installed in each room near the bed and bedside computer where the RN administers medications. The tray provided a designated area where the medication education guide could be kept and easily accessed by the patient or RN at any time. A flyer reminding RNs of the process was laminated and taped to the top of the bedside computers. At the bottom of each bedside computer a reminder label was posted that read, "Have you given patient education on new meds and side effects?" Random shift audits are done daily by the charge nurse or manager to ensure utilization of the teaching process by RNs. The question "Has your nurse taught you about new medications and their side effects?" was added to the questions managers ask when they conduct patient care rounds. If the patient responded "no," a reminder and coaching was done with the primary RN. Signs were placed in patient rooms that prompted patients and family members to "Always Ask" their RNs about their medicine purpose and the possible side effects.

**Outcomes:** After four weeks of roll out/education, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) score, on the question about communication of medication information to patients, went from below the 50<sup>th</sup> percentile to the 75<sup>th</sup> percentile. RNs working together to address a problem developed an innovative comprehensive solution; resulting in the use of this method house-wide and across the organization's health system. The handout is available in both English and Spanish. These positive changes have improved patient outcomes on this Telemetry unit and have been sustained for 12 months.

## UNHANDCUFFING YOUR RELATIONSHIP WITH LAW ENFORCEMENT

Jeannine Loucks, RN-BC, MSN  
[Jeannine.loucks@stjoe.org](mailto:Jeannine.loucks@stjoe.org)

**Background:** The National Institute of Mental Health reports one in four U.S. adults is affected with mental illness. Law enforcement officers are frequently first responders with individuals suffering psychiatric emergencies in the field. Officers may lack appropriate training and knowledge regarding mental illness and available community resources. Maximizing knowledge and resource acquisition is critical to intervene with those affected by mental illness.

**Action Taken:** A nurse-led innovative educational initiative was developed for a city police department aimed at educating law enforcement officers about mental illness, resources and its effect on community policing. Recognizing mental health field encounters involve more time, safety concerns and resources, the nurse met with the local Chief of Police to design a 24-hour mental health training program that would provide officers with specialized skills and competencies needed to communicate and appropriately manage field encounters involving psychiatric emergencies. The training included didactic information on epidemiology, intervention and resource strategies for each major psychiatric diagnosis. Individuals with the lived experience were invited to share their past experiences with law enforcement. Training was provided in three separate sections with each section repeated four times during the month to ensure all 164 sworn officers participated. Officers were educated on appropriate community resources to assist them in the field thereby reducing the number of individuals frequently transported to area emergency departments.

The effectiveness of this nurse-led program was recognized and endorsed by the National American Psychiatric Nurses Association Board of Directors as best practice for ensuring those with mental illness were treated with dignity and respect and received appropriate community resources. The chief has received numerous community letters acknowledging the effective job and resources his officers provided in the field for area residents. This police department received the 2015 James Q. Wilson Community Policing Award for innovation in training. The number of potential involuntary detainment referred to community resources has increased by 21 percent from pre-intervention data as a result of this specialized education.

**Outcomes:** Results and officer feedback suggest that law enforcement is interested in learning more about mental illness and available community resources. These interventions provide more effective strategies for managing psychiatric emergencies in the field. Partnerships between mental health professionals and law enforcement can lead to improved treatment of those suffering with mental illness.

## ADVANCES IN ACUTE STROKE TREATMENT: AN EVIDENCE REVIEW

Renée Ovando, RN, BSN, SCRNP, MSN/AGNP Student  
[rovando@llu.edu](mailto:rovando@llu.edu)

**Objective:** To examine current research evidence on new therapies and practice guidelines for acute ischemic stroke patients and their impact on functional outcomes.

**Background:** Stroke affects nearly 800,000 Americans each year, is the 5<sup>th</sup> leading cause of death in the United States and is the number one cause of disability amounting to nearly \$34 billion dollars in annual funds (CDC, 2015). Until 2015, thrombolytic therapy or IV tissue plasminogen activator (tPA) was the only FDA-approved treatment for acute ischemic stroke (AIS), leading to the restoration of blood flow and symptom improvement in about 33% of stroke sufferers. Strokes caused by large vessel occlusions (LVO), however, are often refractory to IV tPA, and many patients present outside of the 3-4.5-hour treatment window (Skagen et. al, 2015). A new perspective on AIS caused by LVOs has emerged and a series of randomized controlled trials (RCT) on endovascular thrombectomy has demonstrated a significant improvement in 90-day functional outcomes when performed in up to 8 hours of symptom onset. Seven global, multi-center RCTs were terminated early because of the significant patient benefit. Serial publications in the *New England Journal of Medicine* potentiated a rapid update in American Heart (AHA) guidelines. Nurses have translated the benefits of this therapy by rapidly triaging patients for thrombectomy on-site, or by rapidly transferring to capable stroke centers.

**Methodology:** A literature search on the electronic databases PubMed and CINAHL was conducted utilizing the key words “endovascular”, “thrombectomy”, “stent retriever”, and “embolectomy”; and terms pertinent to the condition of interest: “stroke”, “ischemic stroke”, “cerebrovascular accident” and “large vessel occlusion”. First generation RCTs on endovascular treatment failed to demonstrate an improvement in outcomes as selection criteria was broad and thrombectomy devices were inferior. Recent trials were redesigned to confirm LVO by imaging and include stent retriever devices that are more effective in revascularization. The search was adjusted accordingly, retrieving 3 meta-analyses and 8 RCTs. Articles were appraised using the Rapid Critical Appraisal Tools developed by Melnyk and Fineout-Overholt (2009). Research was then compared with 2013 AHA Guidelines on the Early Management of Stroke and on the 2015 AHA/ASA Focused Update of the 2013 Guidelines Regarding Endovascular Treatment.

**Results:** Compared with standard care, endovascular thrombectomy was associated with higher rates of revascularization and led to significantly reduced disability at 90 days ( $p < 0.0001$ ). The number needed to treat with thrombectomy to reduce disability by at least one level on the Modified Rankin Scale [mRS] for one patient was 2.6. There was no significant difference in mortality or complications.

**Conclusion:** Patients with stroke due to LVO who receive thrombectomy are more likely to have a good to excellent functional outcome [mRS 0 or 1] after 3 months compared with tPA alone. Nurses can help streamline rapid work-up, identify potential endovascular candidates and promote stroke awareness to peers and community members while creating endovascular protocols and transfer policies that support new guidelines and minimize disability after stroke.

**RESEARCH POSTER ABSTRACTS**  
**Listed alphabetically by primary author**

THAI AMERICAN WOMENS' PERCEPTIONS ON PREVENTIVE SEXUAL HEALTH

Essie Asawapornmongkol, RN, MSN

[EssieA@gmail.com](mailto:EssieA@gmail.com)

EFFECT OF CLINICAL TRIAL PARTICIPATION IN EARLY BREAST CANCER

Meghan Brennan, RN, MSN, ONP, PhD(c)

[mbbrennan@mednet.ucla.edu](mailto:mbbrennan@mednet.ucla.edu)

Dorothy Wiley, PhD, RN, FAAN

THE VALUE OF FRACTURE LIAISON SERVICES: A FOCUS GROUP STUDY

Sharon Chow, RN, DNP(c), ANP-BC, PPCNP-BC, CCD

[Sharon.K.Chow@kp.org](mailto:Sharon.K.Chow@kp.org)

Jan Boller, RN, PhD

Rodney Hicks, RN, PhD, APRN, FAANP, FAAN

THE EFFECTS OF NUTRITION ON LOW INCOME ADOLESCENTS IN THE USA

Ruweyda Deeq, BSN (c)

[Deeqr300@coyote.csusb.edu](mailto:Deeqr300@coyote.csusb.edu)

Amarachi Ihemedu, BSN (c)

CORRELATES OF DIABETES SELF-MANAGEMENT AMONG FILIPINOS

Dinnah L. Didulo, MS, RN, BC (2<sup>nd</sup> Year PhD in Nursing Student)

[dinnahdidulo@sandiego.edu](mailto:dinnahdidulo@sandiego.edu)

KANGAROO MOTHER CARE CONSERVES ENERGY IN PREMATURE NEONATES

Dorothy E. Forde, RNC-NIC, MSN

[dorothyeforde@sandiego.edu](mailto:dorothyeforde@sandiego.edu)

REDUCING OPIOID-INDUCED CONSTIPATION VIA CHARGE RN PROMPT

Lucia Gonzales, RN, NP-C, PhD, MSN, MB

[lgonzales@sandiego.edu](mailto:lgonzales@sandiego.edu)

Denise Boyd, RN, BSN, Leonida Quinal, RN, BSN, Margaret DelMastro, RN, RNP, MSN,

Melvyn L. Sterling, MD, Patricia A. Aube, RN, BC, MSN,

Jane Georges, RN, PhD, Rosemary Le, RN, NP, MSN, Lisa Traucht, MSW, ACSW,

Dale Glaser, PhD

COMPASSION FATIGUE AMONG INPATIENT NURSES

Lina Najib Kawar, PhD, RN, CNS

[Lina.N.Kawar@KP.org](mailto:Lina.N.Kawar@KP.org)

Teri Whiffen, RN, MHA



IMPROVING BREASTFEEDING BY DELAYING THE FIRST BATH

Kathleen Long MSN, RN, CNS

[Kathleen.X.Long@kp.org](mailto:Kathleen.X.Long@kp.org)

Mary C. Cariou RNC-OB, RNC-EFM

[Mary.C.Cariou@kp.org](mailto:Mary.C.Cariou@kp.org)

Ashley Yim BSN, RN

[Ashley.Grace@kp.org](mailto:Ashley.Grace@kp.org)

June Rondinelli, PhD, RN, CNS

[June.L.Rondinelli@kp.org](mailto:June.L.Rondinelli@kp.org)

EDUCATION EFFECTS ON PERCEIVED COMPETENCE TO CARE FOR BEHAVIORAL  
HEALTH PATIENTS

Elizabeth Winokur, PhD, RN, CEN

[ewinoku2@calstatela.edu](mailto:ewinoku2@calstatela.edu)

CHILDHOOD IMMUNIZATIONS AND VACCINE-PREVENTABLE DISEASES

Jennifer Woods, SN

[woodj322@coyote.csusb.edu](mailto:woodj322@coyote.csusb.edu)

Ryan Powers, SN, Ezra Judd, SN, Angela Toohill, SN, Eunice Espinueva, SN

## **THAI AMERICAN WOMENS' PERCEPTIONS ON PREVENTIVE SEXUAL HEALTH**

Essie Asawapornmongkol, RN, MSN  
[EssieA@gmail.com](mailto:EssieA@gmail.com)

Over ninety percent of cervical cancer can be prevented; according to the Center for Disease Control and Prevention, it is actually one of *the most preventable diseases* in the United States. With early detection and a vaccine available, it is disturbing that cervical cancer is affecting Southeast Asian American (SEAA) women in high numbers. Religious, cultural, and historical differences remain among the women who originate from Southeast Asia, yet studies continue to group these women as one. Furthermore, studies on SEAA women and cervical cancer screening primarily involve women who were born in Southeast Asia; these studies have not taken into account SEAA women born in the US (second-generation) who have very different lived experiences and influences than that of their mothers. Studies on Thai women are very scarce compared to the rest of the ethnic groups from Southeast Asia (Cambodian, Hmong, Vietnamese).

The nature of this study is qualitative in design and inspired by Grounded Theory. This approach is useful when investigating areas of interest that have not previously been explored, or where there is a lack of understanding. It is apparent after reviewing the literature regarding this topic that there are no studies involving second-generation Thai American women. This study will be using the constructivist grounded theory approach based off the work of Charmaz. Research in the constructivist paradigm is based off the idea that reality is constructed by social, cultural, and historical interactions. Therefore, researchers attempt to look at a phenomenon from a contextual lens, meaning a context-specific perspective is imperative in this form of research.

For this study of second-generation Thai American women, the main setting will be in Southern California where the largest population of Thais resides in the United States. The study sites include Los Angeles, Riverside, Orange, and San Diego counties. The inclusion criteria for this sample include the participant 1) self-identifying as Thai or Thai-American; 2) having been born in the US; 3) having at least one parent born in Thailand; 4) being 21-45 years of age; and 5) having never had a hysterectomy in which the cervix was removed.

This dissertation addresses a major gap in SEAA women's health literature, and therefore will contribute to this lacking body of knowledge. This study will be the first to explore perceptions of second-generation Thai American women towards preventive sexual health practices. Findings from this study could potentially be used to design effective cancer prevention programs that can better address the specific needs of this population. Furthermore, this study will provide a voice to second-generation Thai American women, and acknowledge that this voice is different than that of their mother's. The overall purpose of this study is to explore the perceptions of second-generation Thai American women towards preventive sexual health care and the influence of these perceptions on the decision to seek preventive sexual health care services such as cervical cancer screening.

## **EFFECT OF CLINICAL TRIAL PARTICIPATION IN EARLY BREAST CANCER**

Meghan Brennan, RN, MSN, ONP, PhD(c)

[mbbrennan@mednet.ucla.edu](mailto:mbbrennan@mednet.ucla.edu)

Dorothy Wiley, PhD, RN, FAAN

**Problem:** More than 250,000 women in the U.S. and Canada (North America) are diagnosed with breast cancer each year; and over 45,000 women die of breast cancer. As cancer incidence rises, preventative, effective, safer, and cost-effective treatments are needed. These prevention and treatment options are only realized through participation on oncology clinical trials. Data indicates under 18% of adults with cancer in North America participate in clinical trials. Moreover, minorities and women are under-represented in these trials. Literature suggests poor patient understanding, limited access, mistrust, low provider engagement, and poor communication limits cancer clinical trials enrollment. Determining positive effects of trial participation, independent of experimental agent, may incentivize participation.

**Specific Aims:** Clinical trial participation improves morbidity and mortality for women diagnosed with early breast cancer.

**Methods:** This is a retrospective case-controlled analysis of 1105 early stage breast cancer patients who receive standard-of-care (SOC) neoadjuvant therapy in a randomized controlled trial (RCT) and outside of an RCT to one another. Descriptive and tabular statistics will be used to describe the patient populations. Kaplan-Meier curves will demonstrate disease free (DFS) and overall survival (OS) differences between the treatment (RCT patients) and control groups (non-participants), using log-rank to test for OS functions equally across time. An adjusted Cox proportional hazards model will be used to determine the hazard ratio (HR), with a 95% confidence interval (CI), of trial participation on reduction of risk of recurrence and death. Statistical significance of survival data will be established with an alpha of 0.05. SAS 9.4 will be used to conduct statistical analyses.

**Preliminary Results:** While the participant (n=281) and non-participant (n=824) patient groups are similar, there are significant differences in the patient populations with regards to age (p=0.0009) and tumor size (p<0.0001). This may speak to the bias to enroll younger patients on RCT. There is a higher incidence of tumors graded as T4 in the non-participant group. This may represent those patients who were not eligible for trial participation based upon extent of disease. Further review of these patients is being conducted currently. There are significant differences in DFS and OS for clinical trial participants compared to non-participants (p=0.0001).

**Implications to Nursing:** This project is still in progress; however improved understanding of the risk-benefit ratio of clinical trial participation is important for nursing practice. This knowledge is critical in all nursing dimensions, specifically oncology, in order for nurses to educate their patients and advocate for them with regards to access to trials and novel therapies.

## THE VALUE OF FRACTURE LIAISON SERVICES: A FOCUS GROUP STUDY

Sharon Chow, RN, DNP(c), ANP-BC, PPCNP-BC, CCD

[Sharon.K.Chow@kp.org](mailto:Sharon.K.Chow@kp.org)

Jan Boller, RN, PhD

Rodney Hicks, RN, PhD, APRN, FAANP, FAAN

**Problem:** The growing aging population carries a worldwide high prevalence of osteoporosis. In the United States, only 5% of patients with osteoporosis are properly diagnosed. The International Osteoporosis Foundation advocates Fracture Liaison Services (FLS) as best coordinated care approach that ensures appropriate osteoporosis testing, diagnosis, treatment and ongoing support for fracture patients. Kaiser Permanente Southern California Healthy Bones Program is recognized for excellence as highly collaborative FLS practice that proactively identifies, screens, and treats adults who may have or be at risk for osteoporosis.

**Objective:** The purpose of this qualitative study is to explore the value of Healthy Bones Program as perceived by Fontana Kaiser Permanente Medical Center members aged 65 years and older, specifically relating to patient care experiences and health outcomes. A secondary purpose is to elicit information about members' knowledge and value for the collaborative efforts that are implemented to improve patient care experiences and health outcomes.

**Method:** Two focus group interviews will be conducted with approximately 5-8 participants per group, for a total of 15 participants. The interviews will be conducted by using semi-structured, open-ended and prompting questions to gain participants' detailed insights. All recorded interviews will be professionally transcribed verbatim. Qualitative content analysis and interpretive processes will facilitate better understanding of participants' experiences and perceptions. The use of Nvivo software will assist in coding, as well as generating reports of coded text for analysis. A word cloud will enhance a visual representation of overlapping themes within the study.

**Results:** This focus group study will explore patients' understanding and experience of the value of Healthy Bones Program, and investigate patients' views on how they would like to be involved in care experiences and health improvement. The study findings will influentially impact in measuring program success, and triggering necessary program improvement.

**Implications:** In today's complex healthcare systems, patient care experience is purposefully built on an organization's collaborative efforts to shape a positive care experience. When patients can have a voice, quality patient-centered care will be expected throughout health continuum. In order to meet the Patient Protection and Affordable Care Act preventive services commitment, osteoporosis prevention strategies help decrease the burden of osteoporosis. The study results can be disseminated at the local and national levels to promote collaborative FLS practice.

**Future Recommendations:** patient care experiences and health outcomes for vulnerable osteoporosis population. Thus, future study can further highlight the importance of advanced practice fracture liaisons as core members of osteoporosis care management team: Advanced practice fracture liaisons function collaboratively and effectively as patient advocates in promoting.

## THE EFFECTS OF NUTRITION ON LOW INCOME ADOLESCENTS IN THE USA

Ruweyda Deeq, BSN (c)  
[Deeqr300@coyote.csusb.edu](mailto:Deeqr300@coyote.csusb.edu)  
Amarachi Ihemedu, BSN (c)

**Objective:** The objective of this literature review is to educate and facilitate awareness of the growing epidemic of adolescent obesity. For the purpose of this literature review, we focused on how nutritional choices and low socioeconomic status impacts adolescent obesity in the USA. We sought to answer the following question, is there a significant association between adolescents' obesity and nutritional choices among low-income families?

**Background:** Adolescent obesity is a global epidemic due to significant lack in appropriate nutritional choices among low-income American families in underprivileged neighborhoods. Processed foods along with unhealthy snacking choices leads to increase the rate of obesity in this population. Educating and promoting healthy eating habits and lifestyles for adolescents should decrease the rate of obesity in this population.

**Methodology:** Our articles were peer reviewed from 1970 and 2016. The databases utilized included Current Index to Nursing and Allied Health Literature (CINAHL), EBSCOhost, and Public/Publisher MEDLINE (PubMed). We used the following keywords: obesity, food, nutrition, poverty, USA, ages 10 to 18, weight, and low income. Abstracts were reviewed and articles were downloaded. English only articles were obtained.

**Results:** In this review, we will focus on both male and female adolescents who are from a lower socioeconomic status, ranging from 10 to 18 years of age, and identify as Caucasian, African American, and/or Hispanic. Adolescents from low socioeconomic status homes showed an increase in the prevalence of obesity, while adolescents from higher socioeconomic status homes showed a decrease in prevalence of obesity. African American adolescent showed the highest prevalence of obesity in comparison to Caucasian and Hispanic adolescents.

**Nursing Implications:** As nurses, we have the obligation to teach our patients and their families the importance of proper nutrition and physical activity, especially to those families that have a higher incidence of chronic illnesses and a family history of obesity. As health care providers, we should suggest simple, nutritious, and affordable foods like rice, beans, fruits and vegetables, to replace processed high fat and high calorie foods. When providing teaching about exercise, in-house physical activities should be promoted such as: push-ups, sit-ups, squats, jumping jacks, and jumping rope.

## **CORRELATES OF DIABETES SELF-MANAGEMENT AMONG FILIPINOS**

Dinnah L. Didulo, MS, RN, BC (2<sup>nd</sup> Year PhD Nursing Student)  
[dinnahdidulo@sandiego.edu](mailto:dinnahdidulo@sandiego.edu)

**Specific Aim:** To examine the relationships between health literacy, self-efficacy, depression, select demographic variables and diabetes self-management practices in a sample of Filipinos with prediabetes and Type 2 diabetes.

**Background:** Filipinos are the fourth largest immigrant group in the United States, are projected to triple by year 2030, and have the second highest rate (11.3%) of diabetes among Asian Americans. Knowledge about Filipinos and their health including self-management is unclear because national data used to track disease prevalence does not identify the Filipinos separately from Asian and Asian-Pacific Islander group. Due to lack of racially specific research, a gap exists in understanding factors contributing to diabetes and self-care management of this vulnerable population.

**Research Methodology:** Descriptive cross-sectional correlational design. Using G\*Power 3.1.9.2, it was estimated that a total of 176 participants will provide 90% power to detect a medium effect size of 0.3 with an alpha level of .05 will be recruited from two private practice clinics over six months period. **Inclusion criteria:** 18 to 70 years old, ability to read and understand English or Tagalog language, and with any of the following: pre-diabetes (FBS 100-125 mg/dL or HgbA1C 5.7-6.4%), diabetes (FBS  $\geq$  126 mg/dL or HgbA1C  $\geq$  6.5%), BMI  $\geq$  23, and oral diabetes therapy. **Exclusion criteria:** Type 1 diabetes, insulin injection use, and medical diagnosis of dementia or depression. **Procedures:** Participants will complete a socio-demographic questionnaire, and three instruments namely; Diabetes Management Self-Efficacy Scale (DMSES), Center for Epidemiologic Studies Depression Scale (CES-D), and 3-HL (Health Literacy) scale and report their current Hemoglobin A<sub>1c</sub>. **Analysis:** Descriptive statistics will be used to describe patient characteristics. Chi-Square and correlations to make inferences about the existence of relationships between selected demographics, depression, health literacy, self-efficacy, and Hemoglobin A<sub>1c</sub>. Multiple regression will be used to determine the amount of variance in the dependent variable (Hemoglobin A<sub>1c</sub>), accounted for by the independent variables DMSES, CES-D, AND 3-HL and selected demographics.

**Instruments:** DMSES is a 20-item Likert scale which measures the daily self-care activities of a person with diabetes. It has an internal consistency of Cronbach alpha of 0.81. CES-D is a 20-item scale with symptom severity responses. It has an internal consistency of Cronbach alpha of 0.85 in the general population. 3-HL scale was validated in patients with Type 2 diabetes and has internal consistencies in the three areas functional, communicative, and critical understanding of the disease with Cronbach alpha of 0.84, 0.77, and 0.65.

**Results:** Pending

**Implications to nursing:** Findings from this study will contribute to the development of early secondary intervention programs to promote better patient care outcomes and teach culturally specific diabetes interventions to vulnerable Filipino population with prediabetes and Type 2 diabetes.

## **KANGAROO MOTHER CARE CONSERVES ENERGY IN PREMATURE NEONATES**

Dorothy E. Forde, RNC-NIC, MSN  
[dorothyeforde@sandiego.edu](mailto:dorothyeforde@sandiego.edu)

**Objective:** To examine the effect of kangaroo mother care (KC) on energy utilization as evidenced by reduced biochemical markers of adenosine triphosphate (ATP) degradation hypoxanthine (Hx), xanthine (Xa), uric acid (UA)) and oxidative stress (allantoin).

**Background:** Premature infants admitted to the NICU are at a high risk of suffering the consequences of early maternal separation due to their physiological and metabolic immaturity. Three main factors that negatively influence the infant's ability to meet the energy needs after birth are inadequate glycogen stores, decreased glucose production, and increased glucose utilization. Direct effects of KC are improved mortality and morbidity, by stabilization of breathing, oxygen saturation, heart rate, improved breast-feeding, and better parent bonding. Kangaroo care (KC) mimics the relaxation found in utero. This study links KC to hypothesized findings of energy conservation as measured by reduced biochemical markers of ATP degradation and oxidative stress. This is the first study that will link physiological biochemical data to the theorized physiological effects of KC on the infant's growth and development.

**Methodology:** A quasi-experimental study at Loma Linda Children's Hospital neonatal intensive care unit. The NICU is a tertiary care unit, caring for inborn and out born patients with an average daily census of 84 babies. Potential subjects are premature infants 28-36 weeks gestation who are medically stable as determined by a SNAPPE\_II score of less than 9 (Score for Neonatal Acute Physiology- Perinatal extension SNAPPE –II). PI will simultaneously collect urine at 3 different intervals. At Time 0 - before KC, Time 1- immediately after KC and Time 3 - 3 hours post KC. Urine concentrations of Hx, Xa and UA will be measured using high performance liquid chromatography (HPLC 100% accuracy) and allantoin will be quantified using mass spectrometry.

**Statistical approach:** Descriptive analysis of data will be examined for assumptions of normalcy. To examine the research question, a repeated-measures analysis of covariance (ANCOVA) will be conducted to assess if mean differences exist on purine levels (energy expenditure/conservation) by time before and after KC after controlling for age gestational age, ethnicity, FIO<sub>2</sub>, method of oxygen support, weight, severity of illness, medications, diagnosis. An analysis of covariance (ANCOVA) will be used to assess energy expenditure from purine effects of one or more covariates. The covariates are chosen specifically because of their known effects on energy expenditure/conservation and may alter purine levels. The purpose of using the ANCOVA procedure is to partial-out the effects of the covariates on energy conservation via purine measurements to determine if the effects are strictly due to the covariate or if the differences are independent of the effects of that covariate.

**Potential implications for nursing:** This study will supply the physiological data to further support the benefits of energy conservation that allows for recovery, repair, growth, and maturation in premature neonates. It will hopefully supply further incentive for all NICU nurses to adopt KC as the primary modality for caring for premies whenever possible.

## **REDUCING OPIOID-INDUCED CONSTIPATION VIA CHARGE RN PROMPT**

Lucia Gonzales, RN, NP-C, PhD, MSN, MBA

[lgonzales@sandiego.edu](mailto:lgonzales@sandiego.edu)

Denise Boyd, RN, BSN, Leonida Quinal, RN, BSN, Margaret DelMastro, RN, RNP, MSN,  
Melvyn L. Sterling, MD, Patricia A. Aube, RN, BC, MSN Jane Georges, RN, PhD,  
Rosemary Le, RN, NP, MSN, Lisa Traucht, MSW, ACSW, Dale Glaser, PhD

**Specific Aims.** 1. The prevalence of infrequent bowel movements in women receiving opioid pain medication on an oncology unit in a large southwestern hospital.  
2. The effect of a charge RN prompt on the use of an algorithm for constipation management in elders.

In palliative medicine, constipation is the third most common symptom after pain and anorexia. Opioid binding occurs in the kappa, delta, and mu receptors in the enteric nervous system and constipation, nausea and vomiting result. In adults with cancer, constipation rates are 40 to 63% with women experiencing more frequent constipation than men. Patients have discontinued opioid therapy because of constipation; Have died in pain. Patients receiving opioids for pain should be taking both stool softeners and stimulants to prevent constipation. This study is a change project utilizing the PROCEDE-PROCEED Model.

**Research methodology:** Over two years, a retrospective chart review was conducted on a convenience sample of female elder patients (n=194),  $\geq 50$  years of age. A baseline of infrequent bowel movements prevalence and the use of the pain medication, stool softeners and stimulant algorithm was measured the year before, during and after the charge RN prompt to attending physicians on the Oncology Unit of a large southwestern hospital.

**Data analysis:** Descriptive statistics were used to summarize adherence and constipation incidence. Ten monthly measures of aggregate proportions for constipation and algorithm adherence was carried out, five prior to charge nurse prompt for bowel regimen and five during and after the prompt. There is use of univariate descriptive analysis and bivariate relationships.

**Research findings or results:** Although the level of infrequent bowel movements in patients receiving opioid medications remains at the same (72%) the total adherence to algorithm has increased significantly from 30% to 49%.

**Implications or significance of findings to nursing:** This research demonstrates the direct and indirect influence those charge RNs and staff RNs who are competent in constipation management can have on adherence to the algorithm regarding the symptom of constipation in elders receiving narcotics. Future research will include active involvement of medical staff committees and the cost impact factors such as length of stay return visits/re-hospitalizations.

## **COMPASSION FATIGUE AMONG INPATIENT NURSES**



Lina Najib Kawar, PhD, RN, CNS

[Lina.N.Kawar@KP.org](mailto:Lina.N.Kawar@KP.org)

Teri Whiffen, RN, MHA

**Background:** Compassion Fatigue is prevalent among inpatient staff registered nurses and is on the rise. The literature defines compassion fatigue as emotional exhaustion due to severe and prolonged interaction with clients, use of self, and exposure to stress. Personal characteristics, environmental, and or professional factors make nurses vulnerable for the development of compassion fatigue. Exposure to patients' pain, suffering, or end of life issues may also take a toll on the psychosocial health and wellbeing of nurses and contribute to this growing phenomena. Compassion fatigue differs from burnout in etiology, chronology, and outcomes. It possesses unique symptoms, risk factors, and triggers.

**Methods/Participants Description:** This is a multi-site mixed methods exploratory descriptive cross sectional correlational study. Using web-based survey monkey, data will be collected from at least 500 nurses at the fourteen Southern California Kaiser Permanente (SCKP) medical centers. The Professional Quality of Life scale will measure these nurses compassion fatigue, burnout, and compassion satisfaction. Three Practice Environment of Nursing Work Index subscales are used to examine the environmental and organizational factors related to compassion fatigue. The qualitative questions will explore the facilitators and barriers to compassion fatigue. Descriptive statistics will be used to analyze demographic characteristics and average tools' scores. Correlations will be employed to evaluate the variables' relationships and utilization of a multivariate regression if appropriate. T-test/ANOVA will describe the difference between groups. Qualitative content analysis will address the open-ended questions. The overarching goal is to describe the self-reported prevalence of compassion fatigue, burnout, and compassion satisfaction, and explore barriers to compassion fatigue and facilitators for compassion satisfaction among staff registered nurses in SCKP in the inpatient care settings.

**Results:** This study is believed to inform the investigators what is happening among the inpatient staff registered nurses of SCKP. It is expected to shed the light on some strategies that could mitigate the triggers and risk factors that contribute to compassion fatigue and offer tactics that can be applied to reduce the compassion fatigue and promote compassion satisfaction.

**Implications:** The threat to nurses is a loss of the ability to provide compassion and the ability to nurture patients. Based on the results, the investigators will provide strategies to elevate barriers and enhance nurses' compassion satisfaction among southern California KP nurses. Also help the individual medical centers leaders benefit from their medical center specific data to implement approaches to help their own nurses. The ultimate goal is to decrease the occurrence of compassion fatigue and promote compassion satisfaction among nurses.

**Recommendation/Future Research:** The compassion fatigue phenomenon is understudied among nurses in general. It is important to study different groups of nurses practicing different specialties and at multiple settings. Reducing compassion fatigue prevalence among nurses will contribute to the overall patients' health, safety, and satisfaction.

#### **IMPROVING BREASTFEEDING BY DELAYING THE FIRST BATH**

Kathleen Long MSN, RN, CNS  
[Kathleen.X.Long@kp.org](mailto:Kathleen.X.Long@kp.org)  
Mary C. Cariou RNC-OB, RNC-EFM  
[Mary.C.Cariou@kp.org](mailto:Mary.C.Cariou@kp.org)  
Ashley Yim BSN, RN  
[Ashley.Grace@kp.org](mailto:Ashley.Grace@kp.org)  
June Rondinelli, PhD, RN, CNS  
[June.L.Rondinelli@kp.org](mailto:June.L.Rondinelli@kp.org)

**Study Aim:** The aim of this evidence based nursing practice study is to evaluating the effects of delaying the initial newborn bath to 12 hours after birth on exclusive breastfeeding rates. When the timing of the initial newborn bath is delayed to at least twelve hours of age there is more initial skin-to-skin time immediately after birth for breastfeeding during the baby's alert period.

**Background:** In the first few hours of newborn life, newborns are in an awake alert phase. This is the optimal time for placing the baby skin-to-skin on the mother's chest. During this time the mother and baby to begin bonding, and the newborn suckles at the breast to begin the foundation for successful breastfeeding and breast milk production. Simultaneously, hospital policies and routines can greatly influence breastfeeding success. The peripartum hospital experience should include adequate support, instruction, and care to ensure the successful initiation of breastfeeding (Holmes et.al, 2013). Although many of the maternity care practices that hamper breastfeeding are easily identified, there are other aspects of routine care, such as the initial newborn bath, that have not been evaluated regarding the potential impact of breastfeeding (Preer et. al., 2013).

**Methodology:** Investigators wish to evaluate the embedded practice of delayed initial newborn bath effect on exclusive breastfeeding rates through a pre and post-practice change comparative cohort design. The pre-practice cohort of subjects who wish to exclusively breastfeed is randomly selected (n = 500 mom/baby couplets) from all deliveries from the six months prior to July 20th, 2015, the start date of delaying the bath at one Southern California acute care hospital. The intervention group cohort (again 500 couplets) is randomly selected for the 6 months after the implementation of delayed newborn bath. Data will be retrieved via retrospective chart review that include variables such as demographics, type of delivery, time of initial bath, number of feedings and breastfeeding exclusivity at hospital discharge. Comparative statistics will be utilized to test for differences between groups, and a multivariate regression analysis will be utilized to evaluate the individual contribution of delayed initial bath to exclusive breastfeeding.

**Results:** The study is presently in the data collection phase. It is anticipated that the overall exclusive breastfeeding rate at hospital discharge will improve.

**Implications:** The expectation is to be able to share the success of a simple change in nursing practice and hospital routine that has an influence on the early foundation of mother/baby interactions, the success and duration of breastfeeding, as well as parent satisfaction.

## **EDUCATION EFFECTS ON PERCEIVED COMPETENCE TO CARE FOR BEHAVIORAL HEALTH PATIENTS**

Elizabeth Winokur, PhD, RN, CEN

[beth.winokur@stjoe.org](mailto:beth.winokur@stjoe.org)

Jeannine Loucks, MSN, RN-BC

Essential competencies to provide safe, thorough care for behavioral health (BH) patients differ significantly from competencies needed for patients requiring medical management. Research identifies that many nurses perceive themselves to be inadequately prepared to deliver care to BH patients. Maximizing knowledge and skills is critical in light of national statistics reporting that 12% of emergency visits involve a primary mental health complaint. Little has been reported on effective methods to educate emergency department nursing personnel and improve perceived competence. An 8 hour course dedicated to emergency assessment and care of mental health patients was provided.

An IRB- approved descriptive study utilizing a pre-test post-test design addressed two research questions. What is the effect of concentrated psychiatric education on the emergency nurse's perceived competence to care for behavioral health patients? What effect does initial education, years in nursing and emergency nursing, and place of employment have on perceived competence to care for behavioral health patients?

Nurses attending the "No Fear Behavioral Health" conference were invited to participate in the study. A demographic data sheet and the Behavioral Health Care Competency (BHCC) Instrument were distributed to those agreeing to participate. The BHCC measures acute care hospital non-psychiatric nurses perceptions of their individual competency to care for BH patients. This 23 item instrument contains 4 subscales: assessment, interventions, ability to recommend psychotropic medications, and adequacy of resources. Validity and reliability of the instrument was previously demonstrated. Higher BHCC scores indicate higher perceived behavioral healthcare competency. The BHCC was completed prior to the conference starting. The second BHCC was distributed when the first was collected, completed at the end of the conference, and collected as participants exited.

102 (68%) conference attendees participated. Findings demonstrated perceived competence increased across all subscales with improvements ranging from 3 % (assessment) to 20% (recommend psychotropic medications). Statistically significant correlations were found between employment and resource availability, years of emergency nursing experience, patient assessment and psychotropic recommendation. Duration of time since last management of assaultive behavior training correlated with assessment and ability to connect with resources ( $p = .003$  and  $p < .001$ ).

Results demonstrated that emergency department nurses perceived less than optimal competence to care for BH patients, however this appears to be in part rectified by concentrated education of as little as 8 hours. This type of training can be easily replicated by other facilities.

## CHILDHOOD IMMUNIZATIONS AND VACCINE-PREVENTABLE DISEASES

Jennifer Woods, SN

[woodj322@coyote.csusb.edu](mailto:woodj322@coyote.csusb.edu)

Ryan Powers, SN, Ezra Judd, SN, Angela Toohill, SN, Eunice Espinueva, SN

**Objective:** The objective of this literature review was to determine the efficacy of childhood vaccinations in light of outbreaks of vaccine-preventable diseases (VPD) in recent years by examining whether childhood immunization rates have affected diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, and varicella disease rates from 1994 to 2014.

**Background:** Since global smallpox eradication and the proven decline in the mortalities and morbidities of VPD, health authorities have been unrelenting in their efforts to significantly widen vaccination coverage in the United States and around the world, particularly in the high-risk populations, which include newborns, infants, and children. The increasing incidence in VPD outbreaks in the U.S. is a disturbing phenomenon, especially considering most of these diseases were almost completely eradicated from the population after the implementation of their vaccines.

**Methodology:** The Current Index to Nursing and Allied Health Literature (CINAHL) and EBSCOhost Academic Search Premier Databases were utilized to search for scholarly, peer-reviewed research articles. Key words searched included: childhood vaccinations, compliance, vaccination rates and vaccine preventable disease rates. Additionally, the Centers for Disease Control and Prevention (CDC) website was used to access quantitative data and statistics regarding immunization and disease rates in the United States.

**Results:** Although most VPD rates remained consistently low between 1994 and 2014, several, including measles, mumps, pertussis, and varicella, have experienced periods of increased incidence. These spikes in the number of reported cases do not correlate with a significant drop in vaccination rates. The data reveals that in general, a high vaccination rate (above 80%) for measles, mumps, rubella, diphtheria, tetanus, polio, hepatitis B and varicella coincides with a low number of reported disease cases. The evidence shows that childhood immunizations are a simple yet powerful tool to prevent disease, preserve public health, and reduce morbidity and mortality both locally and globally.

**Nursing Implications:** Nurses play a key role in implementing healthcare policies and education aimed at supporting public health promotion through vaccination. Parent education concerning childhood immunizations is an imperative responsibility of nurses to dispel fears and misconceptions and maximize vaccination rates. To bring awareness of this issue, we plan to publish our findings in a peer-reviewed journal.

**INNOVATIVE POSTER ABSTRACTS**  
**Listed alphabetically by primary author**

**FACTORS HINDER ARAB AMERICAN WOMEN FROM OBTAINING MAMMOGRAM.**

Alkhaifi, Sarah RN, MSN, PhD student at university of California Los Angeles.

[Salkafy@kau.edu.sa](mailto:Salkafy@kau.edu.sa)

**HEALTH FATALISM; CONCEPT ANALYSIS**

Alkhaifi, Sarah RN, MSN, PhD student at University of California Los Angeles

[Salkafy@kau.edu.sa](mailto:Salkafy@kau.edu.sa)

**SIBR REVISTED IN THE SURGICAL INTENSIVE CARE UNIT**

Susan Markovich RN, BSN, CCRN

[smarkovi@llu.edu](mailto:smarkovi@llu.edu)

**STI REDUCTION IN ADOLESCENTS AND THE SOCIAL COGNITIVE THEORY**

Gussie Martinez, BA, RN

[gussiemartinez@yahoo.com](mailto:gussiemartinez@yahoo.com)

**IMPROVING PHARMACOLOGY EDUCATION OUTCOMES**

Charles J. Pfeiffer Jr., RN, B.S.

[cpfeiffer@calbaptist.edu](mailto:cpfeiffer@calbaptist.edu)

Michael J. Marinello, RN, B.M.

Denise Glenore-Green, RN, MSN

**CENTER FOR HEALTHY NEIGHBORHOODS: A COMMUNITY PARTNERSHIP**

Beverly Quaye, RN, EdD

[bquaye@fullerton.edu](mailto:bquaye@fullerton.edu)

**COMBATting CAUTI IN CRITICAL CARE**

Victoria Pham Randazzo, PhD, RN, CCRN

[victoria.randazzo@stjoe.org](mailto:victoria.randazzo@stjoe.org)

**NURSE ADVOCACY: A GRANT FOR MENTORING GRADUATE STUDENTS**

Sue Robertson, RN, Ph.D.

[srobertson@fullerton.edu](mailto:srobertson@fullerton.edu)

Maryanne Garon, RN, DNSc

**IMPROVING PATIENT FLOW IN A BEHAVIORAL HEALTH FACILITY**

Jethrone Role MS, BSN, RN

[jrole@llu.edu](mailto:jrole@llu.edu)

**IMPLEMENTING QUIET TIME**

Kim Rossillo, RN, BSN

[Kim.Rossillo@stjoe.org](mailto:Kim.Rossillo@stjoe.org)

August Maggio, RN, BSN

**DETECTING DIABETIC DISTRESS: OUTCOME IMPROVEMENT IN T2DM ADULTS**

Donna Scemons PhD, FNP-BC, CNS

[dscemon@exchange.calstatela.edu](mailto:dscemon@exchange.calstatela.edu)

**WATCH OUT FOR PATIENT BELONGINGS**

Leslie Teran RN, BSN

[leslieterans@gmail.com](mailto:leslieterans@gmail.com)

Kacie Schmidt RN, BSN, Jose Arriaga RN, BSN, Danuta Wojnar RN, MSN

**EARLY MOBILIZATION AND DEEP VEIN THROMBOSIS: WHEN TO SAFELY WALK?**

Lisa Tze-Polo, BSN, RN

[Lisa.X.Tze-Polo@kp.org](mailto:Lisa.X.Tze-Polo@kp.org)

[ltzepolo@gmail.com](mailto:ltzepolo@gmail.com)

Cecelia L. Crawford, DNP, RN

**CONCEPT ANALYSIS: DISENFRANCHISED GRIEF**

Author: Ayesha Walden, RN, BSN, PHN

[ayeshawalden@hotmail.com](mailto:ayeshawalden@hotmail.com)

**PENS: PREVENTING INFECTIONS NEVER SIMPLER**

Danuta Wojnar, MSN, RN

[dwojnar@csusb.edu](mailto:dwojnar@csusb.edu)

Victoria Santibanez BSN, RN; Marlene Ortis BSN, RN; Rocio Gamboa BSN, RN

**PROMOTING INTERPROFESSIONAL COLLABORATION IN A HEALTHCARE TEAM**

Gwen Wysocki, RN, MN-BC

[gwyssocki@llu.edu](mailto:gwyssocki@llu.edu)

Ellen D'Errico, PhD, RN, NEA-BC

## **FACTORS HINDER ARAB AMERICAN WOMEN FROM OBTAINING MAMMOGRAM**

Alkhaifi, Sarah RN, MSN, PhD student at university of California Los Angeles  
[Salkafy@kau.edu.sa](mailto:Salkafy@kau.edu.sa)

**Back Ground / Problem Statement:** In the United States, Breast Cancer (BC) is the second-leading cause of death among females, killing an estimated 40,730 women in 2015. Immigrants of ethnic minorities are the most likely to be diagnosed with advanced BC, and they subsequently have a higher mortality rate than nonimmigrant women. Despite facing this risk of BC, women from ethnic minority groups, such as Arab American women (AAW), are less likely to participate in breast cancer screening (BCS).

**Purpose:** This integrative literature review provides an overview of BCS barriers among AAW.

**Methods:** Online searches conducted on PubMed, CINAHL, and PsycINFO, for articles dating from 2005 to 2015. Some of the keywords used: Arab American, mammogram, BCS, knowledge, attitude, and culture. Fifteen studies met the inclusion criteria which are (1) research studies that exclusively or partially consisted of AAW participants; (2) research that studied AAW's attitudes, beliefs, or practices toward BCS or BCS and cervical cancer screenings; and (3) studies that were written in English.

**Results:** BCS barriers among AAW were divided into four main categories that are further subdivided into subcategories, including sociocultural barriers (family, stigma, and modesty); psychological (fatalism, perceived susceptibility, and fear); organizational barriers (language issues, health care system navigation difficulties, health care provider (HCP) preferences, and physicians' recommendations); and structural barriers (lack of health insurance, transportation issues, and distance of the facilities).

Some BCS barriers, including fatalism and family relationships, were also found to be facilitators for some AAW to obtain BCS. The studies contradicted one another as to whether modesty was a BCS barrier. Acculturation and religiosity are one of possible explanations for results contradiction which need to be considered in future research.

**Implications for nursing:** This review should help nurses and clinicians to deliver an effective and culturally tailored health education to AAW about BCS. Advanced nurse practitioners should also address the BCS barrier among AAW before ordering mammograms to educate AAW and increase BCS adherence.

## HEALTH FATALISM: CONCEPT ANALYSIS

Alkhaifi, Sarah RN, MSN, PhD student at University of California Los Angeles  
[Salkafy@kau.edu.sa](mailto:Salkafy@kau.edu.sa)

**Statement of the problem:** Fatalism is the belief that all life events are predetermined and no one can avoid or control them. Many studies have found fatalism to be a barrier to health promotion and disease prevention. However, there is as yet no detailed analysis of health fatalism (HF) in the literature.

**Purpose:** To analyze HF as a concept.

**Method:** Walker and Avant's approach to concept analysis was used as a framework to analyze HF. A literature search was performed using the CINAHL, PubMed, PsycINFO, and Google Scholar search engines and the following terms: "fatalism," "fatalistic belief," "health fatalism," "cancer fatalism," "fatalistic behavior," "religious fatalism," "health barriers," and "screening barriers."

**Results:** An analysis of 20 articles yielded the following results: The antecedents of HF are fear, pessimism, partial loss of hope, and a feeling of incompetence or lack of control. Defining attributes are the rejection of free will, belief in a supreme power, feelings of inevitability, and submissive behavior. Consequences include decreased adherence to health guidelines, low health knowledge, and fatalistic belief as coping mechanism with diseases. Potential empirical referents are subjective report and passive attitude.

**Implications for health practice and research:** The concept of HF helps explain many other phenomena, such as variation in adherence to healthy lifestyles and screening guidelines. Understanding fatalism may help nurse researchers and practitioners understand how it influences health behaviors and outcomes.

**Recommendations:** Studying the mechanism of HF among minority populations is particularly important, because specific fatalistic components of different cultures may shape individual health behavior. Examining the relationship of fatalism to health may suggest ways to intervene in health disparities, low screening prevalence among minorities, and related phenomena.



## **SIBR REVISITED IN THE SURGICAL INTENSIVE CARE UNIT**

Susan Markovich RN, BSN, CCRN

[smarkovi@llu.edu](mailto:smarkovi@llu.edu)

**Purpose & Aim:** To reinstitute interprofessional collaboration in the form of a structured interdisciplinary bedside rounding (SIBR) that will result in improved patient outcomes as measured by decreased incidence of catheter associated urinary tract infections (CAUTI) and central line associated infections (CLABSI). To increase compliance with sedation/weaning guidelines as reflected in quarterly quality metrics. Increase nursing satisfaction.

**Background & Significance:** SIBR increases satisfaction of the healthcare provider and increases quality of care (Lane et al 2012). SIBR was instituted in the SICU in 2012, but was not sustained, due to lack of full interdisciplinary support. Quality metrics for CAUTI and CLABSI declined and sedation/weaning trials adherence increased when SIBR was not implemented consistently. Renewed interest in regaining the benefits of the use of SIBR prompted this reimplementation effort.

**Methods:** Utilizing Demings's PDSA model (Plan-Do-Study-Act) as a framework, SIBR was revisited. Modification of the current SIBR process was implemented incorporating the larger interdisciplinary team Monday through Friday from 8AM to 9AM. Invitation for participation to interdisciplinary teams was sent and confirmed through email communication. Epidemiology quarterly reports were obtained to measure quality outcome progress. Quality data on compliance of sedation/weaning guidelines were obtained from an internal dashboard. Staff completed a pre and post intervention five point Likert Scale survey to determine levels of efficiencies and satisfaction with SIBR implementation. SIBR was facilitated by the unit manager once all participants arrived promptly at the designated time. Five minutes was allocated for SIBR on each patient, with the bedside RN leading out. Night shift RNs completed a standardized checklist tool provided to the AM nurse to guide discussion of overnight concerns. Each discipline was provided time to provide input during SIBR.

**Results:** Majority of respondents to staff pre & post surveys worked AM shift with at least 2 years of experience. After implementation of SIBR it was noted that SIBR occurred 100% of the time. The checklist was identified as helpful by the RN staff however only utilized 50% of the time. Decrease incidence of CAUTI & CLABSI was significant. Sedation/weaning adherence increased. Family satisfaction surveys showed improvement with "excellent" a top choice in teamwork, MD and RN communication, consistency of information provided by nursing and physician teams to family and family questions answered appropriately.

**Conclusion:** With the reimplementation of SIBR an increase in SICU nurse satisfaction, decreased incidence of both CAUTI and CLABSI and improved adherence with daily sedation/weaning trials may be related to a consistent interdisciplinary collaboration that can be attributed to SIBR. Further studies of the implementation of SIBR need to be conducted to determine if results noted may be generalized to other ICU departments.

## **STI REDUCTION IN ADOLESCENTS AND THE SOCIAL COGNITIVE THEORY**

Gussie Martinez, BA, RN  
[gussiemartinez@yahoo.com](mailto:gussiemartinez@yahoo.com)

**Statement of Problem:** Every year there are over 20 million cases of sexually transmitted infections (STIs) in the United States. Half of all new STIs occur in adolescents between the ages of 15 and 24 years old. Healthy People 2020 addresses adolescence health including the prevention of HIV/AIDS. The Centers for Disease Control and Prevention (CDC) estimate the cost of STI treatment at 16 billion dollars. STIs are preventable conditions that can save the health care system billions of dollars, and keep people healthy. With appropriate prevention interventions in the adolescent years, STIs can be prevented saving the health system health care funds and keeping people healthy.

**Method to Address Problem:** Prevention interventions are necessary to reduce the incidence of STIs in our community. Specifically, adolescents require interventions that are effective. Research shows that adolescents model peers. The social cognitive theory (SCT) and prevention methods focused around this framework are effective for this population in STI and HIV prevention. The intervention will include an HIV/STI peer counselor conducting STI teaching, including personal stories and prevention strategies in the classroom setting.

**Description of Innovation:** An STI/HIV peer counselor will be introduced to a local high school in the Los Angeles Unified School District. All 9<sup>th</sup> grade students are required to take a health course as part of their curriculum. Introducing an HIV/STI peer educator will assist in changing behaviors and norms about sex, including STI prevention methods. STI/HIV counselors will be recruited from a local HIV/STI clinic. The research study will be conducted by a nurse administrator currently employed in the field of STI/HIV prevention and additional health care personnel to assist with data. Pre-test and post-test will be conducted on the students and evaluated at the end of the intervention. Intervention is estimated to take place one hour a week for a period of 6 weeks. The results of this study will assist in measuring if SCT prevention methods with and HIV/STI peer counselor are effective in STI/HIV prevention methods.

**Implications for Research:** It will be helpful to implement this intervention to different school districts that have different demographics than LAUSD to assess for any difference in population. It will also be helpful for HIV/STI peer counselors to revisit same setting and provide continuous and ongoing education on STIs and prevention methods. Prevention of STIs in the adolescence population is a difficult task due to its dynamic variables. It is recommended that research is continued on effective risky behavior changes for this population.

## IMPROVING PHARMACOLOGY EDUCATION OUTCOMES

Charles J. Pfeiffer Jr., RN, B.S.

[cpfeiffer@calbaptist.edu](mailto:cpfeiffer@calbaptist.edu)

Michael J. Marinello, RN, BM, and Denise Glenore-Green, RN, MSN

**Purpose:** To develop a comprehensive pharmacology and medication education content based curriculum through collaboration between teaching assistants and faculty. To improve students' knowledge base of pharmacology and medication education hence, increase in the pass rate for the Kaplan pharmacology integrated exam.

**Background:** Pharmacology knowledge is a significant contributor in the nurse's scope of practice and directly correlates with patient safety and minimizes medication errors. Studies showed nursing students and nurses perceive themselves as inadequately prepared in pharmacology knowledge (Manias & Bullock, 2002). Research has shown that nursing students are deficient in the knowledge and lack of confidence to safely administer medications (Simonsen et. al., 2014, Dilles et. al., 2011). The vast amount of pharmacology content required for nursing students is often overwhelming. An integrative review suggested there are several areas of competency for nurses to be safe in medication administration (Sulosaari et. al., 2010). Based on these recommendations we have chosen to focus on two areas: pharmacology and medication education.

**Methods:** Faculty and teaching assistant (T.A.): (1) Review course content using NCLEX-RN test plan blueprint; (2) share lecture responsibilities; (3) create weekly case studies. Faculty develops quizzes and examinations based upon lectured content. T.A.: (1) create study guides based upon faculty prepared quizzes and examinations, (2) held bimonthly study session, and (3) developed/held a comprehensive content review of course material one week prior to Kaplan examination administration.

**Outcomes:** Kaplan pharmacology examination results of two Entry Level Master student cohorts were used to compare student's pre and post intervention. Findings showed the mean Kaplan score for percent correct increased by 15.6% (58.3 vs. 73.9). The percent of students passing the Kaplan pharmacology exam on the first attempt increase by 54.3%. As students progressed through the nursing program faculty expressed, "this new cohort has a better understand of pharmacology like no other cohort before." Students remarked, "I feel I have a better understanding of pharmacology."

**Key Findings:** There was a benefit in nursing education when the faculty and the T.A. collaborated in teaching pharmacology content. This created more opportunities for students to ask questions thus improving learning outcomes. Students found review sessions helpful, allowing more time to comprehend difficult content through further explanation.

**Conclusions:** Based upon this project outcome it is beneficial for faculty members and teaching assistants to collaborate in improving nursing education. The course content review session was useful in assisting students in further comprehension of course content. Case studies and group discussion were utilized to promote critical thinking and student engagement. Further research should utilize a larger cohort while expanding beyond the scope of pharmacology courses. Additionally, students should be given a pretest and posttest to determine knowledge retention.

## **CENTER FOR HEALTHY NEIGHBORHOODS: A COMMUNITY PARTNERSHIP**

Beverly Quaye, RN, EdD  
[bquaye@fullerton.edu](mailto:bquaye@fullerton.edu)

### **Objectives:**

- Align university, community, city, county programs/services around unmet education and health needs surrounding CSUF
- Increase access to programs/services that promote healthy families
- Delivery of timely and comprehensive health care free of charge

### **Background:**

The Center for Healthy Neighborhoods (CHN) opened January 2016 and provides an inter-professional student team from California State University Fullerton from nursing, counseling, social work, child/adolescent psychology, and human services to provide health services:

- Mental Health interventions/services in partnership with St. Jude Neighborhood Health Center, a federally qualified health center
- Community nursing provides health assessment, health promotion/disease prevention education and Muevete USA Project with the National Association of Hispanic Nurses to reduce childhood and adolescent obesity inspired by First Lady Michelle Obama's Let's Move Campaign
- Resilient Families, an evidence-based program that serves as a prevention/intervention program for high-risk children ages 3 to 5 and their families to strengthen resilience
- Domestic Violence prevention/intervention; a collaborative with the Community Service Programs Victim Assistance Program, CSUF Women's Center and Center for Boys/Men
- College Readiness Program; an interdisciplinary team of students from education and Science, Technology, Engineering and Math (STEM) fields
- Referrals/resources to foster economic self-sufficiency

### **Program Design:**

The CHN is an innovative solution aimed to educate/health disparities, revitalize neighborhoods, and reduce the cycle of poverty in under-served, vulnerable neighborhoods in Orange County (OC) to address identified needs from the OC Community Indicators Report. Located in the Fullerton Richman Center, intake, brief interventions, treatment and referrals are offered M-F.

### **Expected Outcomes based on OC Community Indicators:**

- Reduce hospitalization for mental illness/substance abuse from 5% to 4% (2013)
- Reduce 9th graders with depression (2013) by 3% (from 30% to 27%)
- Increase percent of 5th, 7th and 9th graders in healthy fitness zone for aerobic capacity/body composition by 3% (2014)
- Increase percent college readiness of low-income Latino high school students from 34% to 38% (2013-14)
- Reduce high school dropout rate for Latino (11.3%) by 3% (2013)
- Reduce rate of substantiated child abuse and neglect from 7.4 (rate per 1,000) to 7.0% (2014)

## COMBATTING CAUTI IN CRITICAL CARE

Victoria Pham Randazzo, PhD, RN, CCRN  
[victoria.randazzo@stjoe.org](mailto:victoria.randazzo@stjoe.org)

**Statement of the problem:** According to the Center for Disease Control and Prevention (CDC, 2015), approximately 75% of hospitalized urinary tract infections are acquired by urinary catheters. In 2014, one of the Joint Commission's new National Patient Safety Goals (NPSG) was to minimize the prevalence of Catheter associated urinary tract infection (CAUTI). In the fiscal year of 2013, there were 14 episodes of CAUTI in the Critical Care Unit at Saint Joseph hospital. In response, a team of nurses boldly accepted the challenge to eliminate CAUTI in ICU.

**Method used to address the problem:** The Device Associated Infection Prevention (DAIP) team was formed consisting of several critical care staff nurses, a manager, a clinical educator and an infection prevention nurse. This team developed the "Nurse driven urinary catheter protocol" which included: a decision tree, daily peri-care, a Foley catheter buddy check list, and criteria for catheter removal. This protocol was shared with their peers via a "Back to Basics" open house. To implement change for improvement, they utilized multimodal education: written, verbal, and demonstration/return demonstration. Multidisciplinary daily rounds then evaluated the need for the Foley catheter. If criteria were not met for continuing the Foley, then the catheter was removed. A designated team member did twice daily peri-care rounds. Monthly progress and outcomes were evaluated and outcome updates were shared with the nursing staff on the unit via email and flyers located in key areas of the unit.

**Description of any innovation and resulting change:** In 2015, the critical care unit had one episode of CAUTI, which was a reduction of 86% from the previous FY. Bladder scanning and the use of peri-bottles for soap and water peri-care became a common practice in eliminating CAUTI. Effective communication, nurse education, and peer encouragement resulted in victory over CAUTI. Critical Care was so successful in this educational approach that the protocol was implemented throughout the hospital by an in-service using a travelling poster.

**Implications and significance of the project findings:** The Saint Joseph Hospital Critical Care nurses uphold a high standard and take pride in their daily clinical practice in improving patient outcomes. Their hard work and commitment have reduced and sustained the reduction in the incidence of CAUTI. Effective communication, nurse education, and peer encouragement were the key to success in victory over CAUTI.

**Recommendations:** Team collaboration and using evidence to support change is the key to success for combating the CAUTI battle.

## **NURSE ADVOCACY: A GRANT FOR MENTORING GRADUATE STUDENTS**

Sue Robertson, RN, Ph.D.  
[srobertson@fullerton.edu](mailto:srobertson@fullerton.edu)  
Maryanne Garon, RN, DNSc

**Background:** Most nurses lack knowledge of the policy making process and thus do not participate in professional organizations who may advocate for them. Nurses also may not know how to effectively use their voices to advocate for the profession. At CSUF, the MSN students take a course that includes advocacy in relation to healthcare policy and the political process of policy making. As part of the course, the instructors wanted to provide an experience that helped students better understand their role as an advocate.

**Purpose:** To provide an opportunity for students to participate in a nursing conference that helps them learn about nursing advocacy.

**Methods:** Since 2010, the Course Coordinator has applied for and received a yearly Instructionally Related Activity (IRA) grant from Associated Students International. This grant provides funding for educational experiences and activities directly related to courses offered at the University. In the past three years the amount of the grant has almost doubled.

**Innovation:** An assignment in a graduate course, N507, Advanced Decision-Making in Nursing, requires students to attend an identified conference to learn about advocacy. The grant provides sufficient funds for students in all sections of this course to attend either the Association of California Nurse Leaders (ACNL) or UCLA Ethics conference, both held yearly. In addition, increased funding has allowed students to attend the American Association of Colleges of Nursing (AACN) Student Policy Summit in Washington, DC, for the past two years. Students are mentored at the conferences, either by members of the organization or faculty, which adds to their understanding of the experience. Students must develop a paper about their experience integrating that with course objectives, or in the case of the AACN Student Policy Summit, give a presentation to all students in the course about the policy summit.

**Results:** For each of the last seven years, the grant has paid for 40-55 students to attend ACNL and the Ethics Conference and for 2-5 students to attend the AACN Student Policy Summit. Their conference papers demonstrate a realization that they have the knowledge and ability to advocate, that they have a “voice.” Those attending the Student Policy Summit return excited about what nurses can do, and pass this excitement to their colleagues during presentations.

**Implications:** Having the opportunity to learn from nurses how they advocate within organizations and in healthcare settings has a greater impact on students than a classroom discussion on the topic. Working with mentors helps students expand their professional networks and role model behavior we expect from MSN prepared nurses to display.

**Recommendations:** In June, 2016, the Nurs 507 course coordinator received notification that the grant would not be funded this year. This is such a valuable assignment, we will seek alternative funding and encourage others to create similar opportunities for students.

## **IMPROVING PATIENT FLOW IN A BEHAVIORAL HEALTH FACILITY**

Jethrone Role MS, BSN, RN

[jrole@llu.edu](mailto:jrole@llu.edu)

**Statement of the Problem:** The National Alliance on Mental Illness reports that more than 3,222 psychiatric beds were lost from 2009 to 2012 due to state budget cuts. Despite this loss, the demand for inpatient psychiatric services continues to grow. In our Southern California behavioral health facility, the intake department received 8,709 inquiries regarding services in year 2015, 37% were turned away due to lack of bed availability.

**Purpose:** To examine current admission processes by conducting systems assessments to identify strategies for efficient and timely patient flow between the intake department and inpatient units in a behavioral health facility.

**Method:** A Plan-Do-Check-Act (PDCA) Cycle for Learning and Improvement was conducted from November 2015 to March 2016. Data mining from electronic health records (EHR) determined trends and identified improvement opportunities. An intake admission process map was created for the purpose of a gap analysis. A survey was administered to intake and inpatient administrative charge nurses to determine their bed management perceptions. Timely communication between the units and intake department regarding bed capacity and discharges was found to be an area needing improvement. To explore potential solutions, the team connected with the bed placement department of an academic medical center and an electronic bed board (EBB) was considered. Collaborative meetings were conducted with EHR analysts and leadership teams to set up the EBB. Thirty-minute education sessions were provided to end users to help them understand the features of EBB. The EBB was implemented in March 2016.

**Outcomes:** After a month of utilizing EBB in the Behavioral Health facility, earlier peak admissions were observed compared to the initial data collected during the Plan phase. Furthermore, the intake charge nurses showed better bed management perceptions compared to the initial survey. However, inpatient charge nurses had mixed bed management perceptions after EBB implementation.

**Implications for Practice:** As the demands for inpatient psychiatric services continue to increase, embracing technology to improve patient flow and bed management must be considered to provide better access to patients in need of inpatient psychiatric care. To improve processes, utilization of quality improvement tools and strategies in healthcare can be highly effective, but it may take several improvement cycles to reach optimal goals.

**Future Recommendations:** Continue using the EBB while consistently evaluating outcomes. To improve processes between intake and inpatient departments, collaborative open dialog meetings, and the utilization of process improvement tools must take place. Additional metrics should be considered to ensure process gaps are reduced. Re-administer the bed management perception survey after month 3 & 6 of PDCA cycle.

## IMPLEMENTING QUIET TIME

Kim Rossillo, RN, BSN  
[Kim.Rossillo@stjoe.org](mailto:Kim.Rossillo@stjoe.org)  
August Maggio, RN, BSN

**Background:** Patient satisfaction scores in regards to quietness at night were less than the 50<sup>th</sup> percentile on the Medical Telemetry Unit. Research has shown that noise has a negative impact on healing and the ability to achieve restful sleep. A Clinical Nurse III, and two new graduate nurses formed a team to discuss the barriers and possible solutions to achieve a quiet telemetry unit.

**Action Taken:** After several initial meetings, a plan was devised to initiate a “Quiet Time” program on the Medical Telemetry Unit. A literature review was performed to look at evidence and best practices. The group also met with the Unit Based Council to gain feedback from staff and to ask for help implementing the plan. “Quiet Time” was chosen to be from 2-3pm and 10p-am each day. Facilities was notified to address any noisy equipment and doors on the unit. Marketing was consulted to assist with “Quiet Time” signage to remind staff and visitors of the initiative. Lanyards were ordered that read “I am Committed to a Quiet Environment” for staff to wear. Quiet Time intervention cards were made for each staff role on the unit. The staff were also encouraged to sign up to be “Quiet Champions” to ensure that initiatives were being followed each shift. Eye masks and ear plugs are distributed to patients before “Quiet Time.” Lavender and peppermint aromatherapy are also offered. Lights are dimmed and soft music is played at the station during “Quiet Time.” At night before “Quiet Time,” a blessing is offered in English and Spanish overhead to signal to all visitors and patients that it is time for rest.

**Outcomes:** The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) score, on the question about quietness at night improved to the 75<sup>th</sup> percentile. Staff also verbalized satisfaction with “Quiet Time” as they had a chance to catch up with charting and found the environment relaxing. The data post initiative, coupled with the improved patient experience reinforces the importance of using a highly engaged team of nurses to move an innovative practice project forward.



## **DETECTING DIABETIC DISTRESS: OUTCOME IMPROVEMENT IN T2DM ADULTS**

Donna Scemons, PhD, FNP-BC, CNS  
[dscemon@exchange.calstatela.edu](mailto:dscemon@exchange.calstatela.edu)

**Background:** Diabetes has become an increasing health management problem with worldwide implications. The complicated and demanding self-management of this chronic condition often results in diabetic distress (DD) which impacts self-management success and care outcomes. DD had also been demonstrated as distinct from depression

**Methodology:** A literature review of CINAHL, COCHRANE, PUB MED, and OVID was completed with 25 articles presenting information in a variety of clinical sites among adults with type 2 diabetes mellitus (T2DM) in the United States and several other countries. This literature discussed the use of the Diabetes Distress Scale (17 item) [DDS] and the Diabetes Distress Scale 2 (2 items) [DDS2] among these populations.

**Findings:** There are distinct differences between depression and DD that impact clinical care. The development of the DDS and the DDS2 have resulted in a research-based method of determining if the patient has a high, moderate, or low level of DD. This determination guides the provider interventions to improve the patients' HgbA1c, physical activity, weight management, emotional well-being, and medication adherence.

**Implications:** Implementation of the DD2 may be done telephonically, during a healthcare encounter either in primary or secondary settings, or by the patient independently. Using the DDS2 takes less than one minute and assists in determining if completion of the DDS is appropriate for the individual patient. Once either of these scales is completed the healthcare provider may determine an outcome directed, specific, individualized plan of care for each patient that meets current clinical standards. The significance of this study discusses specific interventions that are very applicable for both primary and secondary health care settings, with the ability to greatly improve the overall health and quality of life outcomes in individuals with T2DM.

**Recommendations:** This study strongly encourages all healthcare providers to begin utilization of the DDS and/or DDS2 scales so that data can be collected and utilized to establish additional evidence-based best practice standards for the diabetic population. Since these scales have a limited number of questions written at the seventh grade educational level and can be administered by many categories of licensed healthcare providers in a limited amount of time there is unlikely to be any increase in the cost of care. The implementation of these scales will demonstrate improvement in the outcomes of patient care when the interventions are patient specific.

## WATCH OUT FOR PATIENT BELONGINGS

Leslie Teran RN, BSN

[leslieterans@gmail.com](mailto:leslieterans@gmail.com)

Kacie Schmidt RN, BSN, Jose Arriaga RN, BSN, and Danuta Wojnar RN, MSN

**Statement of the problem:** During fiscal year 2014, a 476-bed, not-for-profit community hospital in Southern California spent nearly 12,722 dollars in order to compensate patients for lost personal items. The loss of items warrants patient inconvenience, decreases patient satisfaction, and lowers hospital credibility. The hospital policy does not assume responsibility for patient belongings, and rather than risk patient dissatisfaction, the hospital reimburses its patients for lost items regardless of the unnecessary increase in expenditure.

**Method used to address the problem:** An extensive literature review provided limited information related to the problem. A pilot study was initiated in Medical Surgery and Telemetry inpatient care areas. Staff was surveyed to evaluate their perspective on whether the loss of patient belongings was a problem, whether the provision of education and signposts could be helpful, and of any comments or suggestions they had. Posted signs that advise staff to “Wait! Did you check for patient belongings in the soiled linens?” were placed above hampers to prevent the loss of patient belongings during linen change. Additional signs that stated “Protect Your Belongings! Utilize Bedside Drawers to Store Items” were positioned above patient drawers to alert and remind the patient and family to properly store their personal items. Informative posters were placed in staff rooms to increase understanding and awareness of the problem. Lastly, both nursing units used staff meetings to increase understanding of the problem and to provide channels of discussion to help find solutions.

**Description of innovation:** Raising staff awareness of unnecessary expenditures motivates stakeholders to reduce such unnecessary expenses. Using clear and effective post signs to remind staff to check and secure patient belongings during nursing rounds will reduce accidental loss of items. Using clear and effective post signs to remind patients to store their personal items in designated storage areas will secure their belongings and minimize accidental loss of items.

**Implications and significance of the project findings for leadership:** Shared governance allows participation in decision making and empowers staff members to find the solution to any problem. Communicating openly with staff members about any unnecessary and preventable expenditure motivates staff members to work together as a team in order to address the issue. Besides, patient-centered care improves patient satisfaction and decreases unnecessary expenditures for hospitals.

**Recommendations:** The proposed long-term intervention would be the implementation of a digital barcode system to track patient belongings throughout their entire hospital stay. This method of tracking would be cost-effective, time-efficient and could potentially improve patient satisfaction and reducing unnecessary expenditures.

**EARLY MOBILIZATION AND DEEP VEIN THROMBOSIS:  
WHEN TO SAFELY WALK?**

Lisa Tze-Polo, BSN, RN

[Lisa.X.Tze-Polo@kp.org](mailto:Lisa.X.Tze-Polo@kp.org) or [ltzepolo@gmail.com](mailto:ltzepolo@gmail.com)

Cecelia L. Crawford, DNP, RN

**Problem Statement:** Historically, nurses have been taught that patients with acute deep vein thrombosis (DVT) in the lower limbs were to be treated with anticoagulant therapy and strict bedrest. This practice was commonly thought to prevent complications such as a pulmonary embolism (PE) and provide some relief of pain and swelling to the effected limb. The aim of this literature review was to answer a targeted question for a clinical topic that applies to the nurses working in medical, surgical, intensive care, and maternal/child health settings.

**Description of Innovation:** A literature review was conducted for the clinical question of “In hospitalized adults with DVT, how does early mobilization effect risk for pulmonary embolism development and hospital length of stay?” Customized electronic database searches using keys terms yielded 7737 initial hits. The majority of articles were eliminated as they did not answer the clinical question, included pediatric populations, or were in languages other than English. After eliminating duplicates, four relevant articles were selected for inclusion. Review limitations include impact of length of stay, precise timing of ambulation, and small sample size.

**Innovation Change:** The evidence summary revealed there is no scientific basis to support bedrest as an intervention for preventing embolus formation and clot dislodgement. Early ambulation was associated with a trend toward lower DVT event rates and not associated with significant risk and/or prevention of new PE, as compared with bedrest. Strict immobility is not recommended per guidelines endorsed by various scientific/professional organizations, including the American College of Chest Physicians. To the contrary, early mobilization, along with anticoagulant therapy with low-molecular weight heparin, showed improved recovery outcomes.

**Innovation Implications and Significance:** The evidence revealed an overwhelming consensus that early ambulation is beneficial for patients diagnosed with lower extremity DVT, which is contrary to traditional bedrest and immobilization of the effected limb. The literature additionally articulated that early ambulation does not increase PE risk for patients with acute DVT. One study demonstrated that patients allowed to ambulate were less severely ill than those confined to bed. Interestingly, patients less than 65 years were associated with increased rates of new PEs.

**Outcomes/Recommendations:** Bedrest is a potentially harmful treatment, both in patients with venous thromboembolism and in those with other medical conditions. Early mobilization is safe and beneficial, with positive outcomes appreciated from the first days after start of treatment. The literature recommends incorporating evidence-based guidelines that include anticoagulation, early ambulation, and use of compression stockings. Additional research is needed to quantify reduced length of stay resulting from early mobilization, as well as any cost savings related to early hospital discharge. Awareness and integration of the best available evidence related to early mobilization and other important clinical topics is a critical component of any institution’s vision and mission to ensure high quality and safe patient care by well-educated professional nurses.

## CONCEPT ANALYSIS: DISENFRANCHISED GRIEF

Ayesha Walden, RN, BSN, PHN  
[ayeshawalden@hotmail.com](mailto:ayeshawalden@hotmail.com)

**Purpose/Aim:** The aim of this concept analysis is to understand and increase awareness of disenfranchised grief among nurses.

**Background:** Disenfranchised grief occurs when a death or loss is not externally validated due to culturally-held views. Non-sympathetic and negative attitudes towards the griever isolates them emotionally, in the absence of sympathy, support or treatment may cause feelings of guilt, anger, sadness, and hopelessness leading to anxiety, depression and PTSD. Nurses are vulnerable to the effects of disenfranchised grief due to their non-traditional relationship with patients, and exposure to death or loss.

**Methods:** Walker and Avant's (2011) method was used for analysis. This process validates and defines the 8-step approach: the concept, purpose, identify uses, define attributes, identify model cases, antecedents and consequences and define empirical referents.

**Linking the Concept to Practice:** Disenfranchised grief has a three-fold effect, 1) Nurses are forced to internalize feelings associated with a patient loss because hospital policy mandates professional conduct, specifically the discouragement of emotional expression in the workplace. 2) Nurses do not receive support or treatment because hospitals do not recognize the effects of grieving on nurses. 3) Family and friends are unsympathetic because they do not understand why patient demise is significant to the nurse. Together, these three factors completely isolate the nurse emotionally, and with no sympathy, recognition, or treatment, creates conditions ideal for cultivating disenfranchised grief among nurses.

**Implication:** In absence of support or sympathy nurses must cope in isolation. The accumulation of negative emotions leads to diminished performance, burn out, or job termination, contributing to decreased quality of care, and rising healthcare costs associated with shortage of experienced nurses.

**Recommendation:** Conduct more research to better understand nurse health risks, and how these impact: quality of care, costs to healthcare, and career development. Evaluate on-site grief programs to create grief management solutions that could be scaled to the budgets and unique needs of individual healthcare facilities. Encourage professional healthcare organizations to implement guideline recommendations to support grieving nurses.

## **PENS: PREVENTING INFECTIONS NEVER SIMPLER**

Danuta Wojnar MSN, RN

[dwojnar@csusb.edu](mailto:dwojnar@csusb.edu)

Victoria Santibanez, BSN, RN, Marlene Ortis, BSN, RN, and Rocio Gamboa, BSN, RN

**Statement of the problem:** Out of the estimated 722,000 of healthcare-associated infections diagnosed in acute care hospitals in 2011, 118,500 infections were related to unhygienic practices at medical facilities (CDC, 2015). Incomplete disinfection of medical equipment shared with multiple patients (Wolfe et al., 2009) and healthcare providers and their belongings are identified as well-known vectors of microbe transmission (Patil, 2010). Sharing personal writing utensils with patients by care providers, in both isolation and non-isolation rooms, without proper disinfection between patients, may potentially result in infection spread.

**Method used to address the problem:** In order to identify current nursing practice of using writing utensils in isolation rooms, a 10-question anonymous survey was sent to all currently employed RNs. Out of 143 nurses taking care of both isolated and non-isolated patients, 45.5% (n=65) reported the usage of the same writing utensils when caring for both, isolated and non-isolated patients, 25% (n=36) admitted to always or very often lend personal writing utensils to their isolated patients; 23% (n=33) stated that they never clean their writing utensils; and 40.6% communicated that they always or very often bring writing utensils home. The results identified a lapse in appropriate isolation technique. Since the findings were based on nurses' self-report, the magnitude of the problem was probably under-stated. Intervention: writing utensils and "Isolation" stickers were provided in supply rooms; laminated visual reminders to use disposable pens with attached "Isolation" labels were attached to isolation carts; and an educational program about infection transmission via writing utensils was delivered in the form of a *Translating Research Into Practice* (TRIP) sheet. Six months later, a follow-up survey was sent to evaluate the effect of nurses' education and the availability of disposable writing utensils on staff usage of personal utensils.

**Description of innovation:** A pen and a sharpie are provided in each isolation room as standard care items to be used by healthcare employees and patients during hospitalization and discarded upon patient discharge. Laminated signs are attached to each isolation cart to remind nurses to use the provided writing utensils instead of their personal pens.

**Implications and significance of the project findings on education and practice:** Providing multi-facet nursing education facilitates practice change. The availability of patient-designated writing utensils in all isolation rooms encourages nurses to use disposable writing utensils, prevents the spread of infection, and can potentially improve patient care outcomes. Laminated signs serve as reminders to use pens solely for the isolated patients inside of the isolation rooms.

**Recommendations:** In the future, adding disposable writing utensils to each isolation cart, in addition to the already supplied masks, gowns, gloves, shoe covers, stethoscopes, and thermometers, will further facilitate nurse compliance with isolation precautions.

**PROMOTING INTERPROFESSIONAL COLLABORATION  
IN A HEALTHCARE TEAM**

Gwen Wysocki, RN, MN-BC  
[gwyssocki@llu.edu](mailto:gwyssocki@llu.edu)  
Ellen D'Errico, PhD, RN, NEA-BC

**Purpose/Aims:** The purpose of the Uni-Health Foundation Grant project quality improvement (QI) initiative is to develop and implement an interprofessional collaborative practice (IPCP) pilot program to promote quality of care and positive patient outcomes across the continuum of cancer care services. The purpose of this project is to facilitate excellence in the core competency domains of IPCP - interprofessional communication, roles/responsibilities, teams/teamwork, and values/ethics - through reflective learning activities, and to measure the attitudes of the project sample professionals towards health care team collaboration.

**Rationale/Background:** Care of cancer patients is both challenging and complex, involving expertise from a variety of healthcare professional disciplines who often inadvertently practice within professional 'silos' that do not naturally encourage or promote interprofessional collaboration (IPC). Moreover, a professional's own values, assumptions, and attitudes toward collaboration with other professionals may influence and determine their willingness to engage in IPC. The Institute of Medicine's position maintains that IPC in the care of patients is essential to positive patient outcomes. The literature has also shown a strong relationship between high-quality interprofessional communication and improved patient safety and satisfaction.

**Description:** Learning domain objectives for participants were achieved through a combination of online training modules followed by four in-person reflective learning simulation and debriefing sessions utilizing patient case studies and professional patient actors. Staff attitudes toward interprofessional collaboration were measured using Curran's adapted version of Heinemann's Attitudes Towards Health Care Teams (ATHCT) scale. Focus group feedback and learning module feedback data were also collected.

**Outcomes Achieved/Documented:** ATHCT data was statistically insignificant. Focus group data yielded useful feedback and recommendations for improvements, which were then incorporated into the pilot program.

**Conclusions:** IPCP training must include strong leadership support and visibility, and be guided by ongoing constructive feedback and recommendations from the interprofessional team along with identified department champion(s) for sustainability. The interprofessional collaborative program pilot will be implemented throughout the cancer center patient care staff teams, with ongoing attitudinal and team skills assessments.

## **EXHIBITORS**

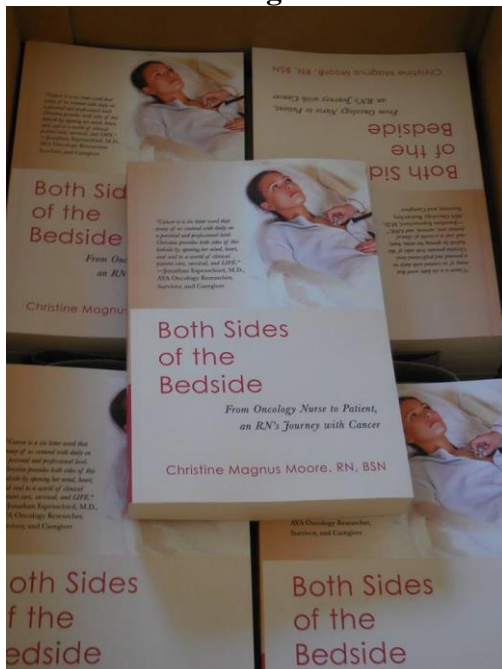
Our exhibitors are providing the financial support for the scholarships awarded to students to attend this conference. Please visit them and convey your appreciation for their generous support.

## **EXHIBITORS**

Azusa Pacific University, School of Nursing  
California State University, San Marcos School of Nursing  
Chamberlain College of Nursing  
Concordia University Irvine Nursing Program  
Loma Linda University School of Nursing  
Michelle's Place- Women's Breast Cancer Resource Center  
Point Loma Nazarene University  
University of California, Los Angeles  
University of San Diego  
Vivi Jewelry  
West Coast University  
Western University of Health Sciences

## **AUTHOR BOOK SIGNINGS**

**Christine Magnus Moore**



**Natalie Wyler**

