

# **Sigma Theta Tau International Honor Society of Nursing Odyssey 2017 Conference**



## **21<sup>st</sup> Century Nursing: Scholarship, Leadership, Service**



OCTOBER 5 & 6, 2017

CHI MU

Gamma Alpha

GAMMA GAMMA

GAMMA TAU AT  
LARGE

Iota Eta

IOTA SIGMA

NU MU

OMICRON DELTA



Phi Alpha

Phi Theta

PSI THETA

RHO BETA

Upsilon Beta

XI THETA

Zeta Mu at Large

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

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**2017 Nursing Odyssey Planning Committee Chair**  
Ellen D'Errico

**2017 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>	Kathy Tiras
<b>Phi Lambda Mount St. Mary College</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 5</b>	7.5 hours
<b><u>October 6</u></b>	<b><u>7.5 hours</u></b>
<b>Total</b>	15 hours

Web site: <http://www.nursingsociety.org>

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**Day 1 Program– October 5th**

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

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

**8:45-9:45 KEYNOTE ADDRESS:  
Richard Ricciardi PhD, NP, FAANP  
Acting Director, Division of Practice  
Improvement, AHRQ, STTI, Vice-President,  
Board of Directors**

**9:45-10:15 Break (Exhibits, Posters & Refreshments)**

**10:15-11:45 Breakout Session I**

<b>Research Education</b>	<b>Innovative Clinical Practice</b>
10:20-10:50 <b>Role Transition after Clinical Nurse Specialist Education</b> Terri Ares, PhD, RN, CNS-BC (Xi Theta)	10:20-10:50 <b>Supportive Care Nursing Protocol for a Public Acute Care Hospital</b> Jutara Srivali Teal DNP, RN (Upsilon Beta)
10:50-11:15 <b>Meaning Nurse Educators Ascribe to Remediation Experience</b> Nancy L. Sarpy, PhD, RN (Gamma Alpha)	10:50-11:15 <b>Changing Bath Procedures Effects on Newborns</b> Carol Suchy MSN, RN, IBCLC (Upsilon Beta)
11:15-11:40 <b>Psychometric Evaluation of the KSA Part I: KSAI-PCCS: A Pilot Study</b> Patricia E. Esslin, PhD., APRN-CNS, CNE (Iota Sigma)	11:15-11:40 <b>Improving Medication Safety Using Six Sigma Methodology</b> Patricia Frohock Hanes, PhD, MSN (Iota Sigma & Xi Theta)

**12:00-1:00 Lunch (Exhibitors & Posters)**

**1:00-2:30 Afternoon Leadership Panel**

1:05-1:40 <b>Growing New Leaders: Celebrating Diversity</b> Maria Matza RN, PhD, Assistant Professor School of Nursing, CSUF (Upsilon Beta)
1:40-2:25 <b>Approaches to Implement Shared Governance to Improve Workforce Environment</b> Chris Latham DNSc, RN, Professor Emeritus, School of Nursing, CSUF

**2:30-3:00 Break (Exhibitors & Posters)**

**3:00-4:00 Speaker:  
Dr. David Schonfeld MD, FAAP  
Director, National Center for School Crisis & Bereavement**

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

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**Day 2 Program– October 6th**

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

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

**8:45-9:45 KEYNOTE ADDRESS:  
Abigail Marter Yablonsky CDR, NC, USN, PhD, NP-C  
Nurse Scientist, Deputy Head of Health and Behavioral Sciences,  
Naval Health Research Center**

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

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

**10:30-12:00 Breakout Session II**

<b>Research Clinical Practice</b>	<b>Innovation Education</b>
<p>10:30-10:40 <b>Hospital Construction &amp; High Risk Infant Hearing: A Retrospective Study</b> Valerie L. Willis PhD, RN, PPCNP-BC, PCNS-BC (Iota Sigma)</p>	<p>10:30-10:50 <b>Dual Enrollment: Earlier Degree</b> Kathleen Tornow Chai PhD (Xi Theta)</p>
<p>10:40-11:00 <b>Does Vitamin D 25 (OH) D Statuses Predict Bone Quality?</b> Rosario Rose O. Sakamoto Dr.PH, CCRN, NPBC (Upsilon Beta)</p>	<p>10:50 -11:15 <b>Innovative Methods to Evaluate Undergraduate Curriculum</b> Marsha E. Orr MSN, RN (Upsilon Beta)</p>
<p>11:00-11:20 <b>The Essence on an Optimal Visitation Policy</b> Geraldine Fike DNP, MSN/ED, RN, CCRN (RHO BETA)</p>	<p>11:15-11:40 <b>Yo-yo Dieters Learn How to Eat Healthier with a Smart Phone App</b> Lauren Outland DrPH, MSN, APRN (Xi Theta)</p>
<p>11:20-11:40 <b>Quality of Life in Breast Conservation Therapy with Protons</b> Sandra L. Teichman MS, BSN, RN (Gamma Alpha)</p>	

**12:00-1:00 Lunch (Exhibitors & Posters)**

**1:00-2:30 Afternoon Leadership Session**

**Maximizing Impact: Serve your Organization as an Effective Leader  
Katherine Rogers BS, STTI Chapter & Regional Operations Specialist**

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

**2:45-3:45 Panel: Nursing Graduates presenting “Pearls for Success in Practice and Research” for students**

**3:45-4:15 Summation and Raffle**

**Keynote Address Speaker Morning, Thursday, October 5<sup>th</sup>**



**Richard Ricciardi PhD, NP, FAANP**  
**Acting Director, Division of Practice Improvement, AHRQ,**  
**STTI, Vice-President, Board of Directors**

**Director, Division of Practice Improvement**  
**Agency for Healthcare Research and Quality**

The Division of Practice Improvement (DPI) at AHRQ supports research and engages stakeholders and communities of learning in practice improvement. The DPI translates complex scientific evidence to facilitate informed health care decision making, and sponsors research to improve methods for engaging diverse stakeholders in health care decision making. The DPI serves as a trusted source of evidence and tools for methods, measures, and evaluation of what works in health care and practice improvement. The DPI explores how to facilitate practice transformation and improvement in diverse settings and pilots innovative models of practice improvement.

Prior to joining AHRQ in 2010, Ricciardi served on active duty in the Army for thirty years and had numerous positions as a pediatric and family nurse practitioner, clinical scientist, and senior leader. In his last two positions on active duty, he served as chief of nursing research at Walter Reed Army Medical Center and director of research at the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.

In addition to having experience in the clinical, research, educational, and health policy areas, Ricciardi brings corporate governance expertise to the position of vice president of STTI. Ricciardi has served as a member of the board of directors on community and national level boards on a number of nonprofit corporations and associations. For example, he served as president of the National Association of Pediatric Nurse Practitioners (NAPNAP), president of the NAPNAP Foundation, treasurer of STTI, and chair of the STTI Building Corporation. Ricciardi maintains a part-time nurse practitioner practice at Walter Reed National Military Medical Center. He is honored to be elected as vice president of STTI and is excited to serve all members of STTI over this biennium.

**Education:**

PhD- Uniformed Services University of Health Science

MS- University of Maryland, Baltimore

BS- State University of NY Downstate

**Keynote Address Speaker Afternoon, Thursday, October 5<sup>th</sup>**



**Dr. David Schonfeld MD, FAAP**  
Director, National Center for School Crisis and Bereavement

Dr. Schonfeld is a developmental-behavioral pediatrician and Professor of the Practice in the Suzanne Dworak-Peck School of Social Work and Pediatrics at the University of Southern California and Children's Hospital Los Angeles. He is a member the American Academy of Pediatrics Disaster Preparedness Advisory Council and served as a Commissioner for both the National Commission on Children and Disasters and the Sandy Hook Advisory Commission in Connecticut; he was the President of the Society for Developmental and Behavioral Pediatrics (SDBP) from 2006-2007.

Dr. Schonfeld has authored over 100 scholarly articles, book chapters, and books. He has provided consultation and training on school crisis and pediatric bereavement in the aftermath of numerous school crisis events and disasters within the United States and abroad. He has also conducted school-based research (funded by NICHD, NIMH, NIDA, the Maternal and Child Health Bureau, William T. Grant Foundation, and other foundations) children's understanding of and adjustment to serious illness and death and school-based interventions to promote adjustment and risk prevention.



**Keynote Address Speaker Morning, Friday, October 6<sup>th</sup>**

**Abigail Marter Yablonsky, CDR, NC, USN, PhD, NP-C**  
Nurse Scientist, Deputy Head, of Health and Behavioral Sciences,  
Naval Health Research Center

A native of Boston, Massachusetts, CDR Abigail Marter Yablonsky received her bachelor's degree from the University of Rochester, where she pursued her studies as an NROTC midshipman. Her first duty station took her to Naval Medical Center San Diego (NMCS D) in 1996, where she started her career as a labor and delivery nurse.

Her Navy adventure continued when she was sent to Okinawa Japan. In her four years there, she worked in a broad array of roles, from inpatient pediatrics and medicine, to same day surgery, to post anesthesia care. She left Japan to return to NMCS D in 2002, where she initially worked as a charge nurse and team leader on the inpatient cardiothoracic surgery ward. From there, she moved to the outpatient setting in leadership roles within the Internal Medicine and Pulmonary Clinics.

Upon being accepted for Duty Under Instruction (DUINS), she moved to Chicago, Illinois for two years where she earned her master's degree from Rush University. In 2007, she started her utilization tour at Naval Medical Center Portsmouth, where she worked in the Family Practice Clinic for four years as a family nurse practitioner, helping to set up the Medical Homeport model at that location. She was accepted for DUINS again, and in 2011 moved to Charlottesville, VA to earn her doctor of philosophy degree. Her doctoral dissertation study was entitled: "The Impact of Deployment on Navy Families: Mitigators, Mediators, and Moderators of Parenting Stress."

CDR Yablonsky is now billeted at NMCS D again, but spends most of her time at the Naval Health Research Center working on various research projects with maximal impact on current and future service members. She is a board certified Family Nurse Practitioner, and is a member of the American Academy of Nurse Practitioners. CDR Yablonsky's personal awards include the Navy and Marine Corps Commendation Medal (2), and the Navy and Marine Corps Achievement Medal (2).

**Keynote Address Speaker Afternoon, Friday, October 6<sup>th</sup>**

**Maximizing Impact: Serve your Organization as an  
Effective Leader  
Katherine Rogers BS, STTI Chapter & Regional  
Operations Specialist**



**My Info and title: Katherine Rogers, BS  
Chapter and Regional Operations Specialist at Sigma Theta Tau International  
BIO**

**Katherine is a 2009 graduate of Franklin College where she was a 4-year volleyball player and earned her degrees in English and Spanish. After graduation she served year in AmeriCorps doing nonprofit management in Indiana. She then went on to earn her Montessori Early Childhood teaching credentials. She taught at a private Montessori school for 4 years before joining STTI as the Chapter and Regional Operations Specialist. Katherine has now been with Sigma Theta Tau International for over 3 years. In her role, she is in charge of Annual Reports, Chapter Key Award, and chapter consultations.**

**Title of presentation: Maximizing Impact: Serve Your Organization as an Effective Leader**

Joint Southern California STTI Chapters 22<sup>nd</sup> Annual Nursing Odyssey Conference  
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**Abstract: Being a leader is more than holding a title. Discover how to maximize your effectiveness as a leader to work effectively and make a positive impact on constituents and the community.**

**Panel Discussion Afternoon, Friday, October 6<sup>th</sup>  
2:45-3:45**

Panel: Nursing Graduates “Pearls for Success in Practice and Research” for students

**Panel of Nursing Graduates**

*Pearls for Success in Practice and Research*

Introductions will be given at time of panel.

**Research Podium Abstracts Breakout Sessions**  
**Morning, Thursday, October 5<sup>th</sup>**

**Role Transition after Clinical Nurse Specialist  
Education**

Terri Ares PhD, RN, CNS-BC  
Xi Theta

**Objective:** The aim of this study was to explore components of clinical nurse specialist role transition between two to four years after completion of the clinical nurse specialist education.

**Background:** Clinical nurse specialists (CNS) are the second largest category of academically prepared advance practice nurses, but only 18.5% held a CNS position. Little is known about CNS role transition.

**Methods:** A quantitative longitudinal survey design was used. The sample was derived from a previous national study of 225 CNS students and new graduates. An online survey was sent to the 113 original study participants that agreed to follow-up. Seventy surveys were returned for a response rate of 61.9% and two were excluded due to missing data ( $N = 68$ ). The survey consisted of: (a) researcher-designed items to explore CNS national certification and employment, (b) Career Commitment subscale and self-image item from the Student Nurse Anesthetist Experience Questionnaire, and (c) Clance Imposter Phenomenon Scale. The Career Commitment subscale has six Likert-scale items that were modified slightly to apply to CNSs. Reliability of the subscale was reported as a coefficient of reproducibility of .94. Construct validity of the Clance Imposter Phenomenon Scale was established with factor analysis and discriminant validity with measures of psychological well-being, depression, self-esteem, self-monitoring, and social anxiety was documented. Cronbach's alpha have ranged from .84 to .96. For this study, each case was matched with data from the primary study and two comparison groups were formed based on employment status as a CNS. Statistical analyses using independent  $t$ -test, chi-square, Mann-Whitney U-test, bivariate correlations, and simple linear regression were performed with significance set at  $\alpha = .05$ .

**Results:** CNS national certification was held by 66.7%. Nearly half (48.5%) were employed as a CNS and most secured their position soon after completing the academic program. The employed group perceived more autonomy as a CNS, more positive view of the CNS lifestyle, and upset life plans if not able to practice as a CNS when compared with the not employed group. Self-image was significantly different based on CNS employment. Of the nurses employed as a CNS, 93.9% think of themselves as CNS but only 68.6% of the nurses who were not employed as a CNS think of themselves as a CNS ( $X^2[1] = 7.069, p = .008$ ). Career commitment was not particularly strong and there was no significant difference between the employed and not employed groups. Regressions to predict career commitment based on variables from the primary study were not significant. Overall, the prevalence of *imposter phenomenon* experiences at moderate or higher levels was 74.6% in this sample.

**Significance:** Basic knowledge of CNS certification, employment, and career commitment was established in this study. Graduate programs and practice agencies should put into place strategies to address feelings of being an imposter by early career CNSs.

Funding for this study was provided by Xi Theta Chapter of Sigma Theta Tau International

**Meaning Nurse Educators Ascribe to Remediation  
Experience**

Nancy L. Sarpy PhD, RN  
Gamma Alpha

**Purpose:** The purpose of this study was to investigate the meaning nurse educators ascribe to their experiences using remediation for at-risk, pre-licensure baccalaureate nursing students.

**Background:** According to the research literature on remediation, nurse educators require students to undertake some type of remediation intervention when they do not perform well academically (Corrigan-Magaldi et al., 2014; Evans & Harder, 2013). At-risk nursing students who do not receive needed academic assistance will not be successful in their nursing program or licensure exam (Lynn & Twigg, 2011). Unfortunately, remediation programs in nursing education are highly variable without evidence of what interventions work the best (Sosa & Sethares, 2015). Schnee (2014) discussed the positive impacts of remediation for academically challenged students in higher education and remediation's role in increased persistence to degree completion. Nurse educators are responsible for incorporating remediation strategies into the curricula in order to prepare at-risk nursing students to practice in today's complex healthcare settings (Lauer & Yoho, 2013). The current qualitative research study was conducted to report and analyze interview findings to understand the meaning of the experiences nurse faculty have when using remediation for at-risk pre-licensure baccalaureate students.

**Methods:** A basic qualitative methodology was used for the research study. According to Patton (2015), qualitative inquiry is conducted to understand how people engage in making meaning of their experiences. Six nurse educators from two undergraduate nursing programs in southern California volunteered to participate in this basic qualitative research study after meeting the inclusion criteria. Data were gathered from semi-structured interviews of the participants that were conducted face-to-face or via Skype/phone.

**Results:** The findings from this research study revealed the following four themes that emerged from the data analysis: (a) faculty as facilitators, (b) active, individualized learning strategies, (c) issues affecting student engagement, and (d) formal versus informal faculty mentoring. Adult learning or andragogy was the theoretical framework used for this study. Recommendations for further inquiry included increasing the number of participants from different geographical areas, using a mixed methods approach to gain further insight into the research topic, and exploring faculty mentoring experiences specifically for remediation.

**Implications:** Implications of the findings for practice provided insight into the remediation experiences of nurse educators that guide their remediation practices. Based on the findings of this study, the main implications for nurse educators are that remediation policies and strategies need to be incorporated into the overall curriculum of baccalaureate nursing programs. Research on remediation could also be expanded to include ethical considerations for nurse educators.

**Psychometric Evaluation of the KSA Part I: KSAI-  
PCCS: A Pilot Study**

Patricia E. Esslin PhD., APRN-CNS, CNE  
Iota Sigma

**Objective:** The primary purpose of this pilot study was to test the psychometrics of the Knowledge, Skills, and Attitudes Part I—Patient-centered Care Scale (KSAI-PCCS) instrument. A secondary purpose was to examine the perceived knowledge, skills, and attitudes of pre-licensure nursing students specific to Quality and Safety Education for Nurses (QSEN) Core Competency: Patient-Centered Care.

**Background:** Increased recognition that adverse events are a significant cause for morbidity and mortality led to an increase in global efforts to improve patient safety. Subsequent directives pointed to the need for changes in healthcare as well as at educational preparatory levels for all healthcare providers in medicine and nursing. One of the changes surrounds the significance of patient-centered care. Several forces motivate nursing educators to utilize QSEN competencies. The first of the QSEN KSAs is *patient-centered care*. The problem concerns the ability of educators to effectively measure knowledge, skills, and attitudes of student nurses in relation to the QSEN patient-centered care competencies.

**Methodology:** The study was a cross-sectional non-experimental concurrent mixed-methods design that used non-probability convenience sampling of pre-licensure nursing students and a web-based self-report survey. The added qualitative data adds rigor to this study and illustrates key themes through the use of inductive thematic analysis. The learning framework was informed by a post-positivist worldview grounded in social constructivist and objectivist epistemology. The conceptual framework was informed by the theoretical perspectives of QSEN and Watson's Caring Model.

**Instrumentation:** The KSAI-PCCS is a new 54-item instrument with three subscales: Knowledge (19 items), Skills (17 items), and Attitudes (18 items)—KSA. The instrument subjectively measures the three domains of patient-centered care competencies for nursing practice.

**Results:** The pilot instrument was administered to 208 pre-licensure nursing students using a test-retest method to establish preliminary reliability and validity. Validity was supported through expert review panel processes. Instrument reliability was established with Cronbach's alpha of .85 to .92 (pre to posttest;  $n = 12$ ) and .96 to .97 (pre to posttest;  $n = 21$ ). Item-total correlations of the KSA subscales were evaluated for acceptability and potential scale reduction. Paired samples t-test were utilized to report significant results.

**Implications and recommendation for future research.** The findings of this preliminary research establish reliability and validity providing important groundwork and recommendations for future research exploring QSEN competencies. Future research should include adequate sampling in order to appropriately apply factor analysis/principle component analysis.

*Supported in part by a research grant from Iota Sigma Chapter of STTI, Azusa, CA.*

**Innovative Podium Abstracts Breakout Sessions**  
**Morning, Thursday, October 5<sup>th</sup>**



**Supportive Care Nursing Protocol for a Public Acute  
Care Hospital**

Jutara Srivali Teal DNP, RN  
Upsilon Beta

Seriously ill patients may require palliative nursing care that may be offered independently or in collaboration with palliative medical care. The World Health Organization estimates about 40 million people require palliative care, but few individuals receive it. In a public 670-bed acute care hospital, palliative care consultation requires a physician's order and thus may arrive late during an illness. Acute care nurses may not be confident or proficient in providing palliative care. A palliative care knowledge survey in a public hospital setting confirmed a knowledge deficit among medical-surgical nurses.

A Supportive Care Nursing Clinical Protocol (SCNCP) was developed based upon the holistic care process, national practice guidelines, and evidence-based interventions. The SCNCP was designed to guide nursing care for the seriously ill patients admitted to acute care. The integrated Promoting Action on Research Implementation in Health Services (iPARIHS) framework is used to facilitate delivery of the SCNCP into practice.

The term “supportive care” is used to avoid the stigma of *palliative* care and its association with end-of-life. The SCNCP guides nurses to assess physiological, psychosocial, and spiritual factors commonly experienced by patients living with serious illness. Evidence-based nursing interventions include select complementary interventions such as a thirst interventions bundle, music, hand-held fan for dyspnea, and mobile phone applications (apps) for mindfulness, relaxation, distraction, and coping.

Approvals for the protocol have been made by the hospital Nursing Protocol Committee, Professional Practice Committee, and Nursing Executive Council. While the SCNCP was developed with patients requiring palliative care in mind. Through the approval process, it was approved for use with all acute care patients. Implementation of the SCNCP is projected for Spring 2017. An evaluation of the SCNCP implementation is planned for Fall 2017. Unit-based Supportive Care Champions (nurses) will be trained to facilitate implementation and sustain the SCNCP.

**Changing Bath Procedures: Effects on Newborns**  
Carol Suchy MSN, RN, IBCLC  
Upsilon Beta

**Purpose:** to evaluate effects of changing timing/character of initial newborn baths on infant temperatures and breastfeeding status upon discharge

**Problem Statement:** Hospital bath protocol was incongruent with professional guidelines.

**Background:** The procedure for initial newborn bathing was updated to follow recommendations of 2012 AAP/ACOG and 2013 World Health Organization guidelines. Changes included delaying bathing to 12+ hour's post-partum, and including family members in baths (immersion vs. sponge).

**Methods:** At a Magnet-accredited Baby-friendly community hospital, 37+ week newborns with no exposure to HIV/hepatitis B. Excluded were newborns requiring medical intervention after initial care or with acute decompensation. Staff was instructed on new procedures over 2 weeks. Nurse champions developed/shared training materials. A clinical analyst obtained data on newborns born during two 7-week periods during 2016 and one period during 2017. Compared were % newborns receiving baths 12+ hours (to address policy adherence), % newborns discharged with exclusive breastfeeding; % newborns with stable vs. unstable temperatures.

**Results:** Of 1622 newborns, 322 were born during pre-implementation (Pre), 419 immediately after (Post), and 397 during maintenance (M). Adherence to 12+ hour bath increased: 28% (pre) to 83% (post), 85% (M).

Change in bath timing and character did not alter percentages of babies with altered temperatures; almost 100% of newborns had stable temperatures following initial baths. Changes in breastfeeding exclusivity were not statistically significant (Chi-squared) nor clinically meaningful: babies with baths < 12 hours: 79% pre to 74% post, 68% M; babies with baths 12+ hours: 68% pre to 71 % post, 73% M.

**Discussion:** Changing initial bath time/character for term healthy newborns did not alter thermoregulation nor impede exclusive breastfeeding rates at hospital discharge. Nurses were able to maintain adherence to the practice change; clinical outcomes were stable.

**Conclusions:** This evidence-based practice change was accomplished quickly and had expected outcomes.

**Improving Medication Safety Using Six Sigma  
Methodology**

Patricia Frohock Hanes PhD, MSN, MAED, MS-  
DPEM, RN, CNE, CLSSGB  
Iota Sigma & Xi Theta

Mai-Chi Hong, PharmD  
Tracye Norton, MD, CLSSBG  
Michelle Smith, CRT, (M), ARRT, CLSSGB  
Carol Stickley MA, CLSSGB

**Background/Purpose:** Bedside medication verification (BMV) is a required multistep process where medication and patient barcodes are scanned as a safety check, for recording, and for billing/inventory purposes. BMV scanning rates at a hospital emergency department (ED) were the lowest in the hospital system, placing patients at risk and at great cost to the institution. The purposes of this study were to understand the Six Sigma process and use it as a framework to improve BMV scanning in the ED from a rate of 42% to a goal of 70%.

**Methods:** A multidisciplinary team consisting of an RN/PhD/Board member, a family physician, a pharmacist, a grant writer, and director of radiology was assembled as part of a six month Six Sigma training program. Six Sigma processes were used to define the problem, then to identify and measure baseline performance, analyze root causes, develop and validate improvements, and produce a control plan to sustain those improvements. Root causes were identified using process mapping, fishbone reductive diagramming, and other tools. Qualitative and quantitative data were collected through multiple GEMBA walks, primary and secondary data analysis, stakeholder interviews, pre-and post-intervention surveys, and developing incentive measures. Existing medication scanning data was analyzed using multiple subscales such as shift, patient acuity, nurse status, etc.

**Results/Implications:** All root causes were found to be statistically significant and targeted solutions were developed. There was a culture of non-accountability; equipment was unreliable, broken, or missing, BMV training was unstandardized, Workstations-on-Wheels (WOWs) that were supposed to be taken to the bedside for BMV scanning were not being used as intended, resulting in non-or partial scans, and nurses/administrators were unaware of their actual scan rates. Interventions were developed to address all of these issues including: fixing/replacing broken equipment, upgrading WIFI, administrative oversight, and increased nurse accountability. Lighter, smaller WOWs were piloted on the unit with great success. Scan rates increased from 42% to 91% in three months. Control/sustainability measures include individual/unit oversight, and continued review at monthly medication safety meetings. It is crucial to not only develop structured plans for improvement and sustainability but to look for ways that those plans can fail to mitigate future problems. Results need to be shared within and outside of the organization and more stakeholders involved in the improvements and future Six Sigma training.

Financial impacts are significant: direct cost savings by replacing WOWs with smaller units is at least \$17,500. Indirect cost savings as represented by time saved moving between equipment and increased efficiency is approximately \$121,000/year, as measured only for nurses; actual savings are higher when others who use BMV scanning are included.

**Afternoon Leadership Session Panel**  
**Afternoon, Thursday, October 5<sup>th</sup>**

**Growing New Leaders: Celebrating Diversity**

Maryanne Garon RN, DNSc, Professor Emeritus and  
Maria Matza RN, PhD, Assistant Professor School of  
Nursing, CSUF  
Upsilon Beta

Dr. Maria Matza is an assistant professor in the school of nursing at CSUF and serves as lead faculty for community health. She has held multiple leadership roles, including being a founding member of the Orange County Chapter of the National Association of Hispanic Nurses (OCNAHN) and serving twice as President of this chapter. She has served as member of a national Policy Committee for the National Association of Hispanic Nurses (NAHN) since 2016. She has been a member of the National Association of School Nurses (NASN) and California School Nurses Organization (CSNO) since 1995 and held various offices, including Southern Section President (2003-2006) and been a member of the School Nurse Educator's Special Interest Groups (SIG). In 2006, she was awarded recognition as the California State Organization School Nurse of the Year. Maria serves on several advisory boards: Orange County Coalition of Community Clinics and the University of San Francisco's School of Nursing.

Dr. Matza's 37 years of nursing experience has focused on health concerns of diverse communities, and Latino(a)s. Her focus is on mentorship at all levels of the profession to address equity for academic achievement with the goal to address the needs of the community. Academic success is dependent on successful navigation of both health care and education systems. In order to support health and academic achievement, she infuses cultural sensitivity and cultural humility into her teaching, scholarship, and service by utilizing the four pillars of Hispanic culture: conquest, collectivism, familism, and personalism.

Dr. Matza is currently working with colleagues, Dr. Maryanne Garon and Jasmin Que-Laohoo on publishing the results of the study. *The role of ethnic nursing organizations in developing nurse leaders.*

**Approaches to Implement Shared Governance to  
Improve Workforce Environment**  
Chris Lantham DNSc, RN, Professor Emeritus, School  
of Nursing, CSUF  
Upsilon Beta

Dr. Christine Latham is an esteemed professor at the school of nursing at California State University-Fullerton, where she has been for the past 19 years. Prior to her work as the Director of Center for Nursing Workforce Excellence at CSUF, she obtained her doctoral degree in Nursing Science from the University of San Diego.

Dr. Latham has written or co-authored dozens of papers with the common themes of working with a diverse and underprivileged population (through education and health care) and promoting education and professionalism in the nursing workforce and academia. She has obtained numerous grants and funding to further her research and focus additional support on health equity. Millions of dollars have helped increase nursing workforce diversity, improve rural women's health care and enhance disadvantages student academic and psychosocial success.

**Research Podium Abstracts Breakout Session**  
**Morning, Friday, October 6<sup>th</sup>**

**Hospital Construction & High Risk Infant Hearing:  
A Retrospective Study**

Valerie L. Willis Ph.D., RN, PPCNP-BC, PCNS-BC  
Iota Sigma

**Purpose:** To determine the difference in auditory function at neonatal intensive care unit (NICU) discharge between those high risk infant cases exposed to hospital construction during NICU stay and those not exposed.

**Background:** Noise produced by routine NICU caregiving exceeds recommended intensity. The negative effects of ambient NICU noise on neonatal bio behavioral parameters are well documented. As California hospitals undergo construction/renovation to meet seismic safety regulations and improve patient and family satisfaction, vulnerable neonates are potentially exposed to even higher levels of noise. Ramifications are unknown.

**Methods:** A retrospective data-based descriptive cohort design was used to compare high risk infant auditory function at NICU discharge between hospital construction exposed and unexposed groups. **Sample size:** n = 540 infant cases (243 hospital construction exposed; 297 unexposed controls). **Inclusion criteria:** infant cases born and discharged from the study site NICU in the year 2010 (unexposed) and year 2015 (exposed) and received a newborn hearing screening by automated auditory brainstem evoked response (ABER) prior to discharge with results reported. **Infant cases excluded:** infant cases with hearing screen results by ABER unavailable; potentially confounding characteristics such as congenital infection, major anomalies including cleft lip and/or palate; and transferred into or out of the study site. **Instrumentation:** ABER is a reliable, quick, noninvasive instrument recommended and approved by the Food and Drug Administration and the Joint Committee on Infant Hearing to screen for and identify mild hearing impairment (30-40 dB) in newborns and infants prior to NICU discharge (sensitivity 0.89 true positive hearing loss; specificity 0.71 true negative/normal). **Analysis:** (SPSS Version 24.0) descriptive statistics, hypothesis testing, and correlation.

**Results:** There were twice as many infant cases with abnormal auditory function in the hospital construction exposed group (n = 10) as compared to the unexposed group (n = 5). However, the difference in auditory function at NICU discharge between high risk infant cases exposed to hospital construction and those not exposed did not reach statistical significance ( $X^2 = 1.666$ ,  $df = 4$ ,  $p = 0.1968$ , 95% CI = -0.635 to 2.570).

**Implications:** Findings may stimulate future nursing research and theory development, promote improvements in neonatal care and outcomes, and inform child health policy decisions regarding early environmental exposures. More research is needed to better understand if hospital construction exposure in the NICU negatively affects high risk infant outcomes including auditory function.



**Does Vitamin D 25 (OH) D Statuses Predict Bone  
Quality?**

Rosario Rose O. Sakamoto Dr.PH, CCRN, NPBC  
Upsilon Beta

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

**Objective:** To determine if vitamin D status predict bone quality among blacks and whites and in men and women within the same race.

**Background:** Vitamin D deficiency is more common in blacks, yet blacks have lower prevalence of bone fragility fractures or osteoporosis than whites. Broadband ultrasound attenuation (BUA) has been used to explore the association between vitamin D levels and bone quality in white and non-white populations. BUA measurements have long been FDA-approved as screening tool to assess risks for osteoporosis.

**Methodology:** We investigated vitamin D status with corresponding BUA measurements assessed cross-sectionally in a cohort of 232 Blacks and 260 Whites, aged 30-95 years who were part of the calibration study of the large Adventist Health Study-2 (AHS-2). At the calibration clinics, calcaneal BUA was measured and blood drawn for serum 25(OH) D assessment. Participants completed a lifestyle questionnaire including demographics, dietary practices, and medical history. Serum 25(OH) D was drawn and bone ultrasound attenuation (BUA) measured.

**Results:** In multivariable analyses, BUA was negatively associated with age ( $\beta$ -coefficient -0.38 p <0.0001) and positively associated with body mass index (BMI) (p (trend) <0.0001) and positively, but non-significantly, associated with vitamin D levels. As expected, females had lower BUA ( $\beta$ -coefficient -5.19 p <0.05) and Blacks had higher BUA ( $\beta$ -coefficient 4.26 p <0.05). Gender and race modified the relationship of serum vitamin D on BUA with a positive association in males (p (trend)  $\leq$ .05), but no significant association in females after also controlling for menopausal status and hormone therapy. Black males had higher BUA than white men, but such differences were not found among the females. When stratifying on race, a positive association between serum vitamin D levels and BUA (p (trend)  $\leq$ .05) was found in blacks, but not among whites.

**Conclusion:** BMI and age were the most consistent predictors of BUA among both blacks and Whites of both genders. Serum vitamin D was positively associated with bone quality as measured by BUA in males after controlling for common bone strength determinants such as age, race, BMI, smoking, history of fracture, physical activity and calcium intake. A higher proportion of blacks have hypovitaminosis D than whites but have higher age-adjusted BUA especially among the females. After adjusting for co-variables, a positive association between serum vitamin D levels and BUA was only present in Blacks.

**The Essence on an Optimal Visitation Policy**

Author, Credentials

Rho Beta

The complicated issue of how patients continue to endure admissions to the hospital with limited visitations from their loved ones has been debated since 1988 and years after while literature has been reviewed numerous times especially related to the patient in the Intensive Care Unit (ICU). Since more recent evidence regarding the healing environment promotes positive outcomes for the ICU patients who were allowed unrestricted visitations, a qualitative design with a narrative literature review within a 10-year span to examine visitation policies in all hospital settings was examined. Moreover, an Open Visitation Policy (OVP) was developed to assist hospitals in adopting policies which deter barriers with the belief that OPV may impede patient care, while exhibiting the benefits to patients and family which outweigh any negative impact to the patient. The education and promotion of an OVP will enhance collaboration throughout the nursing community while bringing workplace practice into the 21st century which is essential in serving the needs of the patients and families.

**Background/Phenomenon of Interest:** Visitors of the adult critically ill patients in the Intensive Care Unit (ICU) often deal with a roller coaster of emotions with the uncertainty and lack of medical knowledge when it comes to the care of their loved ones. In instances where the patient is admitted into the ICU, critical and possibly dying, the need for an Open Visitation Policy (OVP) is essential for the family members and the patient. Despite the ICU patient's need for loved ones at the bedside, the need to explore any hospitalized settings of visitations of the patients were reviewed mindful of unnecessary barriers to the healing process such as restrictive visitation policies.

**Aims and Objectives:** (1) to review literature and research for the last ten years available related to patients and OVP within the hospital setting; and (2) to identify specific policies most prevalent within the literature related to visitation; and (3) to identify clinician's perspectives on OVP; and (4) to develop an OVP policy to assist in hospitals adopting policies which can benefit the patient and their loved ones. The study effectively explored the issues surrounding restrictive visitation policies based on its relevance to the main aims.

**Description of Methodology:** The research was a qualitative design with a narrative literature review of academic journal articles within a 10-year span to examine visitation policies in the adult ICU. A significant amount of research addressing restrictive and OVP in the adult ICU were discovered utilizing the Academic Search database and Google Scholar. Furthermore, the sample of the literature review and research encompassed and analyzed the variation of visitation policies for 363 hospitals in California which were posted on the hospital website. Six-hundred and thirty-nine published research papers from the database were examined. A review of the abstracts or full texts of the papers was completed prior to their inclusion in the literature review. One hundred and nine papers were deemed not relevant, 58 papers were also excluded due to unclear data analysis. A significant amount of research (472) addressing adult ICU visitation policies were identified.

**Quality of Life in Breast Conservation**

Sandra L. Teichman MS, BSN, RN  
Gamma Alpha

Sharon Do, MD

**Purpose:** Given the success of breast conservation therapy in offering long-term disease control and survival in early-stage breast cancer, quality of life (QoL) is a salient factor in assessing outcomes. The objective of this study was to compare patient-reported QoL among women with stage 0-II breast cancer treated at Loma Linda University Medical Center by lumpectomy or partial mastectomy followed by whole-breast X-ray therapy (WBI) or partial-breast proton irradiation (PBPI). Some patients received hormonal therapy; none received chemotherapy.

**Materials and Methods:** One-hundred twenty-nine evaluable participants (72 receiving PBPI; 57, WBI) participated; all were years post-treatment (median, 6.5 years). PBPI subjects were recruited from previous participants in an institutional prospective clinical trial, via a registry at the same institution. All participants responded to a battery of instruments, including established and validated scalar questionnaires and self-report measures. Responses were averaged between the two groups. Validated QoL tools completed included the Harvard Cosmesis Scale (HCS), Breast Cancer Treatment Outcome Scale (BCTOS), Brief Fatigue Inventory (BFI), Medical Outcomes Study (MOS) Short Form, and the Body Image Scale (BIS).

**Results:** Demographic and clinical characteristics were similar: groups were well matched for age, weight, marital status, race, education, employment, recent health status, stage, tumor size, extent of surgery, and use of adjuvant hormonal therapy. Significant differences favoring PBPI were seen for: cosmesis; pain/sensitivity; breast texture or shape; clothing fit; fatigue; daily-life fatigue impact; self-consciousness (appearance dissatisfaction); attractiveness self-opinion; contentedness; fear of recurrence; and happiness with treatment choice. Specifically, the HCS showed higher cosmetic mean scores for PBPI (3.4 vs. 2.4 for WBI;  $p < 0.001$ ). BCTOS results showed improved weighted BCTOS (5.5 vs. 7.6;  $p < 0.001$ ), cosmetic BCTOS (11.6 vs. 15.0;  $p < 0.001$ ), and BS pain (4.2 vs. 5.3;  $p = 0.005$ ) for PBPI vs. WBI respectively. BFI demonstrated reduced fatigue (2.2 vs. 3.8;  $p = 0.002$ ) with less interference with daily general activities (1.7 vs. 2.8;  $p = 0.017$ ) for PBPI vs. WBI. The MOS survey resulted in statistically significant improved perception of general health, with improved emotional and social functioning for PBPI. BIS resulted in an improved overall score favoring PBPI (12.1 vs. 14.2;  $p = 0.009$ ).

**Conclusions:** Responses in this study suggest that PBPI is associated with generally superior long-term QoL across multiple factors, compared to WBI, and that patients' self-perceptions persist up to >10 years post-treatment. Outcomes suggest that proton radiotherapy may enhance patients' QoL in a cascade of ways, from objective measurements of physical findings to patients' subjective assessments of the quality of their daily living. Given that the treatment choices a woman makes will have long-term ramifications on overall QoL, nurses and other health-care providers should be aware of treatment options and resources, and be prepared to counsel patients according to current information about those choices.

**Innovative Podium Abstracts Breakout Session**  
**Morning, Friday, October 6<sup>th</sup>**

**Dual Enrollment: Earlier Degree**

Kathleen Tornow Chai, PhD

Xi Theta

**Statement of the problem:**

The problem is time to degree for the BSN in the population of ADN nurses. The California Collaborative Model for Nursing Education has been established as one way to facilitate the education of ADN students to a BSN (Jones, 2015). Another way to remove barriers and decrease time to degree is by starting the BSN Program concurrently with the ADN. This would include students who have been accepted to the ADN program and those in the first or second semester. In addition, instead of using a traditional face-to-face approach, using online learning to eliminate some of the time and space barriers.

**Method used to address the problem:**

The method used described in this presentation is academic progression through dual enrollment that occurs prior to full admission to the RN-to-BSN program.

**Description of any innovation and resulting change:** The innovative aspects are the invitation to dual enroll in the summer prior to the nursing program, BSN course work before RN licensure, and online delivery of orientation and coursework. The resulting change included 76 students who became familiar with online learning, completed up to 6 units, and were either admitted to the BSN program or continued the dual enrollment the next summer.

**Implications and significance:** Student who complete 3 summers in the program can complete up to 19 units prior to full admission to the BSN. Meanwhile they continue socialization to professional nursing at BSN level concurrently with ADN. Barriers to enrollment included lack of finances. 75/76 or 98.6% of the students completed the required class successfully. The model has proven to be financially viable. Enrollment for the second summer has continued and 180 students have been approved. Modifications have been made based on input from students and faculty. Longitudinal research has begun to identify implications for future dual enrollment programs.

Jones, D. (2015). California Collaborative Model For Nursing Education: Building A Higher-Educated Nursing Workforce. *Nursing Economic\$,* 33(6), 335-341

**Innovative Methods to Evaluate Undergraduate  
Curriculum**

Marsha E Orr MSN, RN  
Upsilon Beta

Faculty sometimes feel unprepared to participate in the important role of curriculum evaluation. This project enhanced the knowledge of faculty members of the School of Nursing's Undergraduate Program Committee (UPC) who are responsible and authorized to assess the curriculum and recommend changes to assure all standards are met.

**Methods**

Standardized tools incorporating Quality Matters standards and University Policy Statements (UPS) were developed. The tools assisted faculty in course peer review, review of student evaluations of courses, and review of metrics related to program evaluation in the UPC's Educational Effectiveness Plan (EEP).

**Innovation and Resulting Change**

Standardized tools included Peer Review forms were used in peer review, course evaluation summaries, and the EEP report. Faculty reported enhanced comfort in program and peer evaluation, insights about quality course design, and a greater understanding of program evaluation overall.

**Implications and Future Plans**

Peer review of curriculum is an important role of faculty. Use of standardized tools enhanced the knowledge and abilities of faculty who used the tools and resulted in an improved program evaluation process and a curriculum that is continually improving

**Yo-yo Dieters Learn How to Eat Healthier with a  
Smart Phone App**

Lauren Outland DrPH, MSN, APRN  
Xi Theta

**Statement of Problem:** Despite the ability to lose weight in the short term, the vast majority of individuals regain what they have lost over the next one to five years. This failure to keep weight off has historically been blamed on loss of will power. However, recent findings show that weight regain may predominantly be due to hunger increasing above pre-diet levels, and decreasing metabolism on average 20%. These findings explain why it is almost impossible to maintain weight loss. Weight cycling may also be physically harmful by increasing inflammation, insulin levels, and cholesterol. Weight cycling could be prevented by avoiding the extremes of hunger and fullness that occur with dieting. A feasible way to create long-term healthier habits, eating neither too little nor too much, is addressed with this innovation.

**Method to Address Problem:** Fortunately, physiologic cues exist to help individuals maintain a healthy weight. However, many chronic dieters have trouble identifying these cues. An intuitive eating app could help individuals recognize and tune into hunger and fullness cues. Healthier eating habits can be internalized and sustained when individuals are cued to practice the behavior, which then helps them become competent at intuitive eating (gaining self-efficacy) according to the Health Promotion Model.

**Description of Innovation:** A recently developed smart phone application can potentially lead to the behavioral changes of eating based on internal cues. The app is individualized for each user based on how they ate. Three times a week users get a text cuing them to enter in how hungry and how full they got at each meal on the previous day. If they have splurged or starved, they will get feedback on the effect their behavior has on their bodies. For example, if someone skips a meal, their stomach cells have secreted large amounts of the hunger hormone ghrelin. In this case, the user is told that high levels of ghrelin cause hyperphagia, slow metabolism, decrease thyroid levels, and help synthesize more fat cells. Depending on their patterns of hunger and fullness, they will get tips on what they need to do to eat a healthier amount through listening to the homeostatic cues of hunger and fullness.

**Changes brought about by Innovation:** An early adopter of this technology reported that prior to the use of the intuitive eating app; she had been both afraid to get hungry and afraid to get full. With daily practice eating enough at each meal to be satisfied, she discovered she wouldn't need a snack before her next meal, resulting in her actually eating less overall. Even though she feared being full would make her fat, she realized if she didn't eat enough at each meal, she would actually end up eating more for that day. Currently she eats whatever she wants but only if she's hungry, and stops when full. She has maintained a healthy weight and is not tormented by the double bind of "I can't get full, I'm afraid to get hungry". Now she welcomes both.

**Implications for Research:** There are many apps available to help users decrease Calorie intake, this app is unique in that it helps individuals get and maintain a healthy weight through eating "intuitively". More studies are needed to look at the physical, behavioral, and emotional effects of using smart phone app technology to develop healthy and sustainable eating behaviors.

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

**CHEMOTHERAPY INDUCTED PERIPHERAL NEUROPATHY**

Ellen D'Errico PhD, RN  
Gamma Alpha

**CONSISTENCY IN GRADING CLINICAL SKILLS**

Sabine S. S. Dunbar DNP, NMW, RN  
Gamma Alpha

**PATIENTS' EXPECTATIONS AND RECOMMENDATIONS RE:  
PERI-OP DNR STATUS**

Debbie A. Hiestand BS, RN  
Rho Beta

**PREDICTORS OF POSTPARTUM DEPRESSION IN PAKISTAN**

Vimla Gill John PhD, RN  
Gamma Alpha

**EMPLOYEE HEALTH NICOTINE FREE LIFESTYLE  
INITIATIVES**

Kathleen T. McCoy APRN, PMHNP-BC, FNP-BC, FAANP  
University Texas, San Antonio

**AGGRESSION IN THE ACUTE CARE SETTING –  
INTERVENTIONS THAT WORK**

Samira Moughrabi PhD, RN, FNP, AGPNP, CNS  
Gamma Tau

**HIV AND SUBSTANCE USE EXPERIENCES OF YOUNG BLACK  
GAY MEN**

Austin Nation PhD, RN, PHN  
Upsilon Beta

**A GLOBAL APPROACH TO ASSESSING EBP KNOWLEDGE  
OBJECTIVELY**

Jan M. Nick PhD, RNC-OB, CNE, ANEF  
Gamma Alpha



**NIGHT SHIFT AND QUALITY OF PATIENT CARE AMONG  
NURSES**

Pius O Oolewa RN, PhD  
Omicrom Delta

**EFFECT OF VARIABLES ON A READMISSION MEASURE  
AFTER BYPASS SURGERY**

Cherie Lou J. Pefanco MSN, RN, PhD student  
Gamma Alpha

**CUBAN CROSS-CULTURAL EXPERIENCE: NURSES'  
STORYTELLING OF ITS IMPACT**

Bev Quaye EdD, RN, NEA-BC, FACHE  
Upsilon Beta

**PILOT IMPLEMENTATION OF A ZONE TOOL FOR HEART  
FAILURE SELF-CARE**

Daniel J. Weiss DNP, RN, CHPN  
Upsilon Beta

**EVALUATING FALL TOOLS FOR THE EMERGENCY SETTING**

Belinda N. Leos MSN, RN, CEN  
Phi Alpha

**CHEMOTHERAPY INDUCED PERIPHERAL  
NEUROPATHY**

Ellen D'Errico PhD, RN  
Gamma Alpha

**Purpose:** To test the clinical effectiveness of Intraneural facilitation (INF), a novel, non-invasive, physical therapy treatment developed for the treatment of chemotherapy induced peripheral neuropathy (CIPN) in chemotherapy naive breast cancer patients.

**Aims:** Determine if INF provided 45-minutes twice a week for 6 weeks has a mediating effect on the development/intensity of peripheral neuropathy in a group of new to chemotherapy breast cancer patients without preexisting peripheral neuropathy (WPPN) receiving platinum-based/vinca alkaloids and/or taxanes compared to a control group of new to chemotherapy breast cancer patients WPPN receiving standard therapy of a 45-minute regime of muscle stretching/strengthening exercises twice a week for 6 weeks. An evaluation after treatment is administered to determine treatment satisfaction and level of burden.

**Background:** Chemotherapy-induced peripheral neuropathy (CIPN) is a frequent side effect in breast cancer patients receiving neurotoxic chemotherapy drugs. The severity of CIPN can range from a temporary annoying sensation of numbness and tingling in hands and feet, to disturbances in gait, balance, loss of manual dexterity and permanent nerve damage. There is no identified best practice to control this uncomfortable chemotherapy side effect that can influence cancer survival should CIPN become so intolerable that dose reductions and even discontinuation of treatment become necessary.

**Methods:** Quasi-experimental design using two randomized groups of breast cancer patients new to chemotherapy treatments WPPN. One group will receive 45-minute INF treatments twice a week for 6 weeks and the other group will receive standard care involving a 45-minute regimen of physical therapist supervised stretching and strengthening exercises twice a week for 6 weeks. Prior to and immediately post respective physical therapy treatment, at baseline, weeks 3, 6, and three months post last chemo treatment, ultrasound duplex imaging on popliteal & posterior tibia arteries will be conducted, recorded and assessed. Subjects will also be evaluated using the Michigan Neuropathy Screening Instrument by a physical therapist, Pain Quality Assessment Scale and the National Comprehensive Cancer Network Distress thermometer. Common Terminology Criteria for Adverse Events neuropathy score at each chemotherapy treatment will be clinician assessed and recorded. Subjects' current medications and chemotherapy regimens will be tracked, recorded and assessed statistically for effect on continuance, reduction, or discontinuation of chemotherapy regime.

**Implications for practice:** Greater emphasis is being placed on assessing cancer patients' reported uncomfortable symptoms including CIPN. If INF efficacy can be validated, this innovative approach to the amelioration and treatment of a common and disturbing side effect that currently has few satisfying treatment modalities will be realized. Nurses working in oncology can make referrals as they screen patients for this difficult side effect, thereby enhancing the quality of life for patients.

**CONSISTENCY IN GRADING CLINICAL  
SKILLS**

Sabine S. S. Dunbar DNP, NMW, RN  
Gamma Alpha

**Background:** A vital aspect of health professional education is the evaluation of clinical competence. An important role for nurse educators is ensuring that students become safe and competent practitioners. Nursing students are provided learning opportunities in clinical skills laboratories to become proficient in clinical skills prior to practicing these on actual patients. Clinical skills laboratories also serve the purpose of evaluating student performance of clinical skills, which are an important component of nursing competence. Clinical skills commonly taught in pre-licensure nursing programs include physical assessment skills, with summative evaluation taking place through student demonstration of a physical examination on a simulated patient. Student performance is commonly evaluated via direct observation by nurse educators, which may be flawed by inconsistency in grading. The use of audio-visual technology may enhance consistency among faculty evaluating clinical skills.

**Purpose:** This pilot project investigated consistency among nursing faculty grading summative physical examinations through the utilization of audio-visual technology, to compare live and video review methods of grading.

**Methods:** A descriptive, comparative design was used. Evaluators observed and independently graded the performance of a physical examination by student and patient actors in a simulation laboratory. Grading was based on a pre-established checklist used for grading summative physical examinations performed by actual nursing students. The physical examination was simultaneously recorded and re-graded by participants approximately one month later, allowing for measurement of interrater and intrarater agreement, and a comparison of live and video review methods of grading.

**Results:** Six nurse educators with prior experience grading physical examinations participated in the pilot study. A paired sample t-test revealed no significant difference in the scores for live review ( $M=43.25$ ,  $SD=2.89$ ) versus scores for video review ( $M=42.25$ ,  $SD=2.02$ );  $t(5)=1.26$ ,  $p=0.26$ . Mean interrater percent agreement for live review was 83.94%, compared to 84.56% for video review. Intrarater percent agreement among evaluators ranged from 64.2-88.9%. A discrepancy in pass/fail determinations across evaluators existed with both methods of grading, with one evaluator assigning a failing grade, and five evaluators allocating passing grades.

**Conclusion:** Comparison of live and video review methods of grading physical examinations revealed similar outcomes, suggesting that video review is a feasible alternative to live review. Discrepancy in pass/fail determinations and findings related to intra-rater agreement indicated that consistency across evaluators, and for individual evaluators, may be enhanced. However, interrater percent agreement with both methods of grading was acceptable, as 80% is recommended as minimum. Interrater agreement was slightly higher with video review, which may be related to the ability to replay recordings, which some participants found helpful. The capability for evaluators to replay student performance may offer a more careful appraisal of student competence, potentially resulting in improved clinical practice by students and enhancement of patient safety and patient outcomes.

**PATIENTS' EXPECTATIONS AND  
RECOMMENDATIONS RE: PERI-OP DNR  
STATUS**

Debbie A. Hiestand BS, RN

Rho Beta

Margaret Beaman PhD, RN

**Objective:**

The purpose of the study is to explore the meaning of the Do-Not-Resuscitate (DNR) order to patients with cancer or other serious illnesses, and their expectations and recommendations concerning discussion about changes in their DNR status during the perioperative period if the patients were to have surgery.

**Background/Significance:**

The 1990 Patient Self Determination Act requires that hospitals inform patients of their right to make decisions concerning their medical care, especially end of life issues. The current policy at Eisenhower Medical Center (EMC) states that DNR orders are automatically suspended during surgery or a procedure that could affect a potentially reversible circulatory or respiratory function. The EMC policy also allows for continuation of the DNR during this time, with certain required documentation. However, the policy does not require a discussion of resuscitation options with the patient or surrogate in relation to the surgical experience. Anecdotally, many peri-anesthesia nurses report similar practices at their hospitals. Though patients are informed of the automatic DNR suspension when they come to the perioperative area, they are not given the opportunity to weigh in on the decision. A literature search found several studies of medical professionals' attitudes and care of the DNR patient during the perioperative period. Several authors suggest the value of gathering data on the patient perspective, wishes and expectations. However, very few such studies were located.

**Methodology:**

The target population for the qualitative study includes hospitalized patients with cancer or other serious illness, who have a DNR order. The inpatients will be recruited from EMC, where the principal investigator (PI) is employed. IRB approval was obtained from EMC and California State University, San Bernardino, where the PI is currently a graduate student.

Eligible patients have a diagnosis of cancer or other serious illness, a documented DNR order and speak and understand the English language. Staff nurses or the oncology/palliative care nurse identifies potential candidates. Participation is completely voluntary. After consent, the PI conducts a semi-structured audio-recorded interview. Interviews are 15-30 minutes in duration and the patient may opt out at any time. Responses are reviewed for themes and coded. Review of patient records provides descriptive data. The interview seeks to answer the research questions posed in the objectives.

**Findings and Conclusions:**

Data collection will be completed by June 30 and analysis by August 31, 2017. Dissemination of the findings will add to the body of related literature. The findings will also be used to redesign and study alternate timing of the DNR suspension discussion that may have policy implications

**PREDICTORS OF POSTPARTUM DEPRESSION  
IN PAKISTAN**

Vimla Gill John PhD, RN  
Gamma Alpha  
Lisa R. Roberts Dr.PH, MSN, RN

PPD is a global public health concern because of its distressing effects on mother, child, and family. Pakistan has the highest prevalence of postpartum depression (PPD) among Asian countries with a prevalence ranging from 28.8% to 94%.

The purpose of this quantitative, cross-sectional study was to determine the predictors of PPD among women in Karachi, Pakistan. The aims were to describe social support and stressors present among postpartum women, examine and compare the differences in social support and stressors among women with PPD and women without PPD, identify the variables that are associated with PPD, and identify significant stressors that predict PPD.

The Transactional Model of Stress and Coping was used as a framework. A purposive convenience sample of 234 postpartum women was taken from out-patient departments of a tertiary care hospital in Karachi, Pakistan. A survey in English and Urdu containing the Edinburgh Postnatal Depression Scale (EPDS), DUREL Religion Index Subscale three, Cohen's 10-item Perceived Stress Scale (PSS), Multidimensional Scale of Perceived Social Support (MSPSS), Abuse Assessment Screen, Traditional postpartum cultural beliefs, demographics, and other variables associated with PPD in the literature was completed by self-report or structured interview. Postpartum women < 16-years-old or having mental disorders other than PPD were excluded. Data was analyzed using SPSS version 24.

The sample consisted of 95.7% Muslims, 98.7% were married, 52.2% had an education level of intermediate or below, with a mean age of  $27.78 \pm 4.43$  years, ranging from 19-42 years, and 163 screened positive for PPD using the EPDS. Independent sample t-test, and Pearson's chi square were significantly different among women with PPD compared to women without PPD on habits detrimental to health ( $p = .005$ ), MSPSS friends' subscale ( $p = .03$ ), MSPSS total ( $p = .01$ ), abuse ( $p = .003$ ), special person ( $p = .031$ ), PSS ( $p = .00$ ), and a traditional postpartum belief regarding the importance of the 'consumption of hot foods' ( $p = .004$ ). Correlation analysis indicated a significant correlation of intrinsic religiosity ( $r = -.14$ ), and PSS ( $r = .52$ ) with PPD. Multiple linear regression revealed, MSPSS total ( $p = .05$ ), abuse ( $p = .03$ ), and PSS ( $p = .00$ ) as significant predictors of PPD, and explained 31% of the variance. Scale reliability was acceptable to excellent, with one Cronbach's alpha of .65 and the rest ranging from .73 to .92.

This study contributes to nursing science by describing predictors of PPD in Pakistan, aiding identification of women at risk for PPD and early detection. Future research is necessary for the development and integration of a holistic approach that includes screening and treatment of PPD in postpartum care to improve maternal mental health and wellbeing.

**EMPLOYEE HEALTH NICOTINE FREE  
LIFESTYLE INITIATIVES**  
Kathleen T. McCoy APRN, PMHNP-BC, FNP-BC,  
FAANP  
University Texas, San Antonio

**Objective:** Decreasing the incidence and prevalence of nicotine use is a challenge due to its high addictive qualities.

**Design:** In the southern highlands, a municipal hospital system Employee Health Sponsored Nicotine Free Lifestyle program began for its nicotine using employees shortly after the hospital adopted a smoke-free policy for inpatients and employees on grounds. The Employee Health Clinic was directed by Administration to secure an impartial needs assessment targeting nicotine using employee. The Organization endorsed the Needs Assessment recommendations and subsequent actions to secure and build a Nicotine Free Lifestyle program, for a nominal fee of employees.

**Participants:** The design, implementation and sustainability of this program are unique as it serves the employees of a municipal health care organization. The organization had competing public relations concerns and a commitment to containing bottom line insurance costs to a minimum.

**Setting:** The program is located in a geographic area where the agricultural product, burley/nicotine, is a recognized institution contributing to the financial stability of the region and accepted as a cultural norm. There also is concomitant pressure to support nicotine using employees in a recently adopted institutional smoke-free policy in an organization serving in excess of 22,000 employees.

**Results:** The program was designed, implemented and ultimately absorbed by other departments in the organization.

**Conclusion:** Discussion and subsequent recommendations emerge from the findings related to ethical public health practice by describing and evaluating initiatives to promote community health. These recommendations will encourage ethical design and implementation of future Nicotine Free Lifestyle programs in organizations required to adopt a “smoke free” policy while providing an optimal work environment supportive in sustaining long-term overall employee wellness and related outcomes

**AGGRESSION IN THE ACUTE CARE SETTING –  
INTERVENTIONS THAT WORK**

Samira Moughrabi PhD, RN, FNP, AGPNP, CNS  
Gamma Tau

**BACKGROUND:** Among healthcare professionals, nurses (RNs) are at highest risk for work-place aggression from patients or families. Aggressive behaviors can range in severity and can take the form of verbal abuse, manipulation, and physical abuse. If not timely identified and appropriately addressed, aggression in the work place impacts quality of care, patient outcomes, job satisfaction, and retention. Despite the adverse outcomes resulting from aggression towards nurses and the national call for safe-work place among healthcare providers, the existing evidence on the best interventions to address aggression remains limited. The purpose of this study was to: 1) increase nurses' knowledge, preparedness, and confidence to provide care to aggressive patients and 2) develop and implement a literature-based guideline to assist RNs when caring for aggressive patients.

**METHODS:** This study utilized a one-group pre- and post-intervention comparison design and took place on a medical-surgical telemetry unit at a metropolitan hospital. Twelve patients with a range of length of stay of one to 22 days were included in the study. A total of 15 nurses voluntarily participated and were assessed using given a Likert-scale pre- and post-survey (1-extremely unlikely and 4-extremely likely) to assess their attitude, knowledge, and preparedness to care for aggressive patients. The intervention included development and implementation of an aggression guideline and interventions; providing interactive educational sessions and ongoing support, coaching, and mentoring to participating nurses. Additionally, aggressive patients were only assigned two weeks in advance to participating RNs

**RESULTS:** 57% of the participating RNs were 18-25 years old; 88% females; 69% worked both day/night shifts; 69% had 1-5 years nursing experience and worked on the study unit. Post intervention, RNs were more likely to correctly identify verbal abuse and manipulative behaviors; showed increased overall confidence to care for aggressive patients (2.8 vs. 3.0 for verbal aggression & 2.75 vs. 3.0 for manipulative behavior). Post-intervention, RNs reported less personal difficulty, more effective intervention, and better preparation to care for verbally aggressive patients; however, they perceived to have a less effective approach and less confidence that their interventions would work for manipulative patients. The average number of interventions used by RNs increased (8.0 vs. 10.0 & 7.5 vs. 9.0) with both verbally aggressive and manipulative patients respectively. RNs' levels of frustration also decreased when caring for verbally aggressive patients (3.3 vs. 2.8) and manipulative patient's (3.0 vs. 2.8). In addition, the episodes of patients' aggressive behaviors improved from 20% to 8% post-intervention.

**CONCLUSION:** The findings from this study provide direction for administrators and clinical leaders to implement effective interventions that aim at improving RNs' knowledge and skills in caring for aggressive patients. Support structures and processes are also needed to validate RNs' feelings, and refine and reinforce planned nursing interventions.

**HIV AND SUBSTANCE USE EXPERIENCES OF  
YOUNG BLACK GAY MEN**

Austin Nation PhD, RN, PHN

Upsilon Beta

Phenomenon of interest: The prevalence of HIV among young Black men who have sex with men (MSM) is three to four times higher than white MSM. Young black MSM are run-aways and homeless, forcing them to survive on the streets by becoming sex workers, engaging in unprotected anal intercourse because either they or their partner is under the influence of drugs or alcohol. Previous studies cite crack cocaine use, sex while high on crack cocaine, marijuana and alcohol, or sharing needles for injection drugs as strongly associated with HIV infection among young black MSM. The purpose of this presentation is to understand the substance use experiences of HIV-positive young Black MSM.

Description of methods: This narrative qualitative study, obtained from participant interviews,

Description of participants: HIV-positive young Black MSM ages 18-35

Knowledge gained from study: The themes that emerged from this study describe an across-case experiential trajectory with a summary of the significant experiences of this population.

The narratives describe experiences with substance use related to the following:

- (1) Early substance use exposure and initiation in family - Young Black MSM are exposed to substance use in their family, with family members who are also using drugs.
- (2) For coping with gay sex and being gay – Participants how substance use allowed them the freedom to explore gay sex and their sexuality, including how they bottom (be the receptive anal partner) when under the influence of drugs.
- (3) Peer pressure in new community to fit in with others - Participants describes meeting new people through social media and how substance use is a part of that experience
- (4) exposure to lots of methamphetamine in San Francisco – Participants describe the prevalence of methamphetamine in the dominant gay community, in this case White gay men, who are often times use the drug to control young Black MSM.
- (5) To numb feelings- Participants discover the benefits of methamphetamine for numbing, masking feelings and coping,
- (6) Sexual enhancement and survival sex – Participants discover the sexual enhancement benefit and this leads them to engage in high risk behaviors, often times as a way to obtain food, clothing and shelter.

Implications or significance: This information contributes to the limited body of knowledge currently available and will assist with the development of prevention education strategies specifically tailored to this population that address issues surrounding substance abuse in HIV transmission. Clinicians and researchers in all academic and practice settings will encounter HIV-positive and HIV-negative young Black men and need to understand the prevalence of substance use among this population. It is also important to take a thorough family history, social history, as well as sexual health and risk behavior assessment.

Recommendations for future studies: Because of the limited research data available, more research needs to be done specifically with this population



**A GLOBAL APPROACH TO ASSESSING EBP  
KNOWLEDGE OBJECTIVELY**

Jan M. Nick PhD, RNC-OB, CNE, ANEF

Gamma Alpha

Lisa Roberts Dr.PH, MSN, RN, FNP-BC, CHES

**Specific Aims.** The purposes of this research were to: a) translate the EKAN instrument into various languages and conduct validation studies. Languages selected included Spanish, Japanese, Korean, French, and Portuguese. Validated exams supply a baseline knowledge assessment for graduating nursing students, aid in curriculum enhancement, and strengthen programs of research at the site institution through a collaborative relationship. Although the benefits of Evidence-based practice (EBP) are widely known, EBP is still not consistently implemented across care settings. A variety of subjective instruments are used in countries to gauge what nursing students know about EBP. Yet the documented lack of correlation between subjective and objective knowledge measures (Zell & Krizan, 2014) and lack of consistent instrumentation are two factors that inhibit a global approach toward promoting EBP.

**Research Methodology.** Using a cross-sectional, descriptive, correlational design at multiple sites, junior and senior baccalaureate nursing students were invited to participate voluntarily in the study. Subjects were invited via posters, verbal announcements, and email communication. The investigators obtained IRB approval at each host institution as well as at the PI's institution. The instrument used was the EKAN is a 20-item multiple-choice objective measure of EBP knowledge with an established item reliability of .98 and strong evidence of validity with in fit statistics centering on 1.0, when tested with a similar population in the United States (Spurlock & Wonder, 2015). Data were entered into SPSS v.24 for analysis. JMetrik (Meyer, 2014) was used to conduct 1-parameter item response theory (IRT) Rasch analysis of the EKAN responses.

**Results.** The mean score on the EKAN exam for all sites was 5-6 correct answers out of 20 with a range of 2-12. The Infit and Outfit statistics for all translated versions met the benchmark of being between 0.6 – 1.4, supporting *validity*. For *Reliability*, the item separation for the Spanish and Korean forms was >2.0 indicating sufficient sample size, while the Japanese and French forms were close to 2.0. Three questions from the English version EKAN were not global in nature and will need to be revised. Students' perceived exposure to EBP content ranged from none to a complete course in their curriculum, and students also ranked themselves high on the subjective question "I am sure I can provide evidence-based care" yet objective scores showed insufficient knowledge of EBP.

**Significance of findings to nursing.** The results indicate the ability to use the EKAN instrument in populations outside the U.S., but the need to make it more generic is needed. Baccalaureate students are inconsistently exposed to EBP content in their curriculum. The low knowledge scores in all locations, which is a similar finding to the US population, indicate nursing programs need improvement in teaching EBP. The collaborative research relationship between countries has provided a validated instrument in five languages, baseline knowledge of EBP in nursing students, a system for annual assessment, a research trajectory for faculty at the host institutions, and the ability to identify common EBP concepts across the globe.

**NIGHT SHIFT AND QUALITY OF PATIENT  
CARE AMONG NURSES**

Pius O. Oolewa RN, PhD  
Omnicro Delta

**Abstract**

**Aims and Objectives:** The aim of the study was to explore the experiences of nurses working night shifts and quality of patient care in acute mental health setting. Night shift has been generally regarded as a difficult shift based on sleep deprivation. Therefore, the present study gained more understanding from the perspectives of nurses working night shift and perceived quality of patient care.

**Background:** Research studies overwhelmingly stated that night shifts do have effects on human body. Night shift work was shown to be a potential risk factor for increased low quality of life among nurses. Nursing profession is an industry in which shift work is inescapable. It has been stated that shift work could have an impact on sleep, well-being, performance, and organizational outcomes.

**Methodology:** A qualitative descriptive phenomenology was used to explore the lived experiences of nurses working night shift for the past 5 years in the four acute units of the Behavioral department. Twelve Mental health nurses (4 males and 8 females) whose experiences ranged from 5 to 25 years were interviewed. Field notes kept and audio recordings transcribed verbatim for analysis. Data collection and analysis were done through constant comparisons and inductive content analysis. Manual and QSR NVivo 11 for windows were used in the open coding, axial coding, and selective coding

**Results:** The study identified seven themes and subthemes. The challenges affecting person, environment, health, and nursing are evident in the themes and subthemes.

**Conclusions:** The study explored the experiences of nurses working night shifts and perceived quality of patient care in acute mental health setting. In view of the data gathered from the participants, it behooves all healthcare settings to ensure appropriate resources and environment necessary for night nurses to sustain quality patient care.

**Relevance to clinical practice:** Themes and subthemes pointed to the relevance of nursing metaparadigm namely person, health, environment, and nursing that must be in the right equilibrium for actualization of quality services. The provision of comfortable environment for night nurses is quintessential for effective nursing interventions and excellent quality patient outcomes. In view of lack of generalization in qualitative studies, it's recommended that more quantitative studies be used to deeply investigate the phenomenon of quality patient care among nurses working night shifts.

**Keywords:** Night shift, nurses, patient, quality, sleep, mental health, nursing, phenomenology

**EFFECT OF VARIABLES ON A READMISSION  
MEASURE AFTER BYPASS SURGERY**

Cherie Lou J. Pefanco MSN, RN, PhD student

Gamma Alpha

Elizabeth Jonston Taylor PhD, RN

**Objective:** To determine the effect of additional variables on a Society of Thoracic Surgeon's (STS) risk model's performance to estimate readmission after coronary artery bypass grafting (CABG) controlling for identified confounding variables.

**Background:** Current risk models that measure 30-day readmission after cardiac surgery have limited predictive ability, with a c-statistic of 0.63-0.64. This limited predictive ability indicates that there are other factors that influence readmission. Medical coverage, socio-economic status (SES), race, and ethnicity have been identified as significant predictors for 30-day readmission after CABG. Yet these predictors are understudied. There is no risk model for CABG readmission that includes all these understudied variables to identify high-risk patients to direct plan of care. Moreover, no study has included variables that indicate the strength and quality of nursing care such as the Beacon and Magnet Awarded units and hospitals to determine their effect on a risk model's ability to estimate readmission after CABG.

**Methodology:** The study will use a retrospective observational cohort research design. Further, a nonprobability, consecutive sampling strategy will be used in the study where all patients, aged 20-100 years, who underwent isolated CABG in California-licensed hospitals, and who were discharged alive in 2013, will constitute the sample of the study. The California CABG Outcomes Reporting Program (CCORP) and the Patient Discharge Data (PDD) of the Office of Statewide Health Planning and Development will be used as data sources of the study. To capture readmissions 30-days after discharge from initial CABG surgery, the CCORP and PDD will be linked by probabilistic matching.

**Instrument:** The STS risk model for 30-day all-cause readmission after CABG developed and validated (c-statistic-0.64) by Shahian et al. (2014) will be used in the study. The effect of these understudied variables on the STS risk model's performance or discriminative ability to estimate readmission after CABG will be evaluated by the area under the receiver operating characteristic curve (AUC) of the hierarchical logistic regression. Aside from the AUC, discrimination improvement by the addition of these variables into the STS risk model will be measured by the integrated discrimination improvement and net reclassification improvement statistical methods.

**Significance to Nursing:** For practice, no clinical algorithm or pathway has ever been developed specifically for intensive patient care to reduce readmission during the immediate postoperative period. Hence, this study will provide impetus for nurses and nurse managers to develop such an algorithm or pathway to improve in-patient outcomes and reduce resource utilization after discharge. For theory, the study has the potential to test the concept of health-illness transition by Meleis during the first four to eight weeks after CABG. For research, the study has potential to inform research that tests the efficacy of interventions among high-risk CABG surgery patients in the reduction of 30-day readmissions.

**CUBAN CROSS-CULTURAL EXPERIENCE:  
NURSES' STORYTELLING OF ITS IMPACT**

Bev Quaye EdD, RN, NEA-BC, FACHE  
Upsilon Beta

Penny Weismuller RN, Dr.PH

Phenomenon of interest. This study gathered an ethnographic perspective of nurses participating in a cross-cultural experience in Cuba; the tour included site visits and daily professional meetings organized by the Cuban Society of Nursing.

Description of methodology. Following information about the study, participants had access to a one hour narrative power point presentation on storytelling as means of capturing cross-cultural experiences on the tour; participants were urged to tell how these experiences affected their nursing roles in leadership and education. Stories written by the participants were submitted in unsigned envelopes and were collected by the researcher at the end of the tour. Participants received a gift card following story submission. The study was reviewed and approved by the Institutional Review Board of California State University, Fullerton; Content analysis of the stories is being conducted by two nurse faculty trained in qualitative analysis.

Description of participants: Twelve participants submitted completed stories; all participants were over 18 and all were employed in nursing leadership or nursing education positions.

Knowledge gained from study: Data is currently under analysis and will be completed by the end of August. Identified themes and illustrative quotations will be presented.

Significance. The significance of this project is its use of narrative storytelling and analysis, which captures meaning unavailable through other research methods. In addition, dissemination of this research will enhance the cross-cultural awareness of providers and improve the capacity of providers in addressing needs of patients from another global location and culture.

Recommendations for future studies. Storytelling is a qualitative method that allows participants time to reflect on the impact of experiences on their nursing role and researcher's rich data on the impact of a particular experience for nurses. This method allows participants' private exploration of the experience and time to process which may allow participants to provide more thoughtful and unique response than through direct interview. It is recommended that further qualitative work be done on the method of storytelling and of the impact of cross-cultural experiences on nurses' role definitions. Additionally, it is recommended that story prompts be used to facilitate responses focused on the phenomenon of interest.

**PILOT IMPLEMENTATION OF A ZONE TOOL  
FOR HEART FAILURE SELF-CARE**

Daniel J. Weiss DNP, RN, CHPN  
Upsilon Beta

Sue Robertson PhD, RN, CNE

**Background:** Heart failure (HF) affects 6.5 million Americans, with one million hospitalizations, a 21.9% readmission rate, and \$31 billion in healthcare costs. Self-care support tools with color-coded zones (green = stable; yellow = caution; red = take action) can help patients recognize and respond to HF symptoms and reduce readmissions and costs. Studies are lacking on zone tools' impact on HF self-care and quality of life (QoL).

**Purpose:** The purpose of this evidence-based practice project was to test the effect of a low-literacy zone tool for HF self-management on self-care and quality of life and the feasibility of implementing this zone tool for use with patients in a home-based palliative care program.

**Methods:** The author led an inter-disciplinary palliative care (PC) team in adapting an existing green-yellow-red zone tool for HF self-management. A convenience sample of 15 patients with advanced HF was randomly assigned to a control group receiving usual care or an intervention group receiving the zone tool plus usual care. Health literacy was screened at baseline using the Newest Vital Sign (NVS) tool. HF self-care and HF-related quality of life were measured respectively with the Self-Care of Heart Failure Index (SCHFI) and the Kansas City Cardiomyopathy Questionnaire (KCCQ-12), at baseline and at 30 and 60 days. The NVS, SCHFI, and KCCQ-12 instruments' reliability and validity have each been confirmed in multiple psychometric studies. A series of eight repeated-measures ANOVA's was conducted to evaluate the zone tool's effect over time on HF self-care and quality of life. Post-implementation surveys participants' and nurses' rating of the zone tool's readability and helpfulness and the measurement tools' ease of reading and completion.

**Results:** Due to the limited sample size, the findings of this pilot project were inconclusive regarding the effect over time of the HF zone tool on the outcomes of interest. In post-implementation surveys, participants found the HF zone tool to be easy to understand and helpful in recognizing symptoms of HF exacerbation to report to their PC nurses.

**Implications for Practice:** This EBP pilot project demonstrated the feasibility of developing and implementing a zone tool for HF self-management for patients with advanced HF in a home-based palliative care (PC) program. Further research is needed with larger samples to assess zone tools' effect on self-care and quality of life

**EVALUATING FALL TOOLS FOR THE  
EMERGENCY SETTING**

Belinda N. Leos MSN, RN, CEN  
Phi Alpha

Robert Garcia MSN, RN, CMSRN

Clinical literature suggests factors responsible for emergency department falls are significantly different than those responsible for inpatient falls. In June of 2014, as part of the St. Joseph Health System electronic health record standardization, the Morse Fall Scale (MFS) was incorporated into the Emergency Care Center (ECC) charting. No research was found that assessed the validity of the MFS for predicting emergency department falls. In addition, department data demonstrated an increase in falls with injury. This increase precipitated an investigation of fall risk assessment in the ECC setting.

The purpose of this research project is to complete an evaluation of the factors that are responsible for St. Joseph Hospital ECC falls and to determine differences in fall predictability between the MFS and Memorial ED Fall Risk Assessment tool.

Phase I of the research study is a retrospective chart review of 17 patients who sustained falls between July 1, 2014 and April 30, 2015 in order to determine the efficacy of the Morse Fall Scale (MFS) in predicting ECC falls, in comparison to the Memorial Emergency Department (MED) Fall Risk Assessment tool. Phase II is a prospective review of de-identified patients, 18 years and older, comparing the efficacy of both screening tools in predicting ECC falls. Data was collected for 708 patients.

The Morse Falls Scale reported sensitivity ranges from .72 to .93 and a predictive value of .63 in the inpatient setting. The Memorial Emergency Department Fall Risk Assessment tool, developed and tested in the emergency setting, has reported reliability and validity within an acceptable range. Using SPSS, statistics were generated to describe fall risk assessment variables and determine predictability of the MFS and Memorial ED tool. Relationships between variables were determined using multiple regression equations.

Phase I data identified 70.6% (12) of the 17 patients with a reported fall to be a “standard fall risk” using the MFS, compared to 47.1% (8) with the MED fall tool. In addition, Pearson correlation suggests a moderate correlation between the MFS and MED Fall Risk Assessment tool (.612,  $p < 0.05$ ). Preliminary data suggests the Memorial Fall Risk tool identifies a higher number of patients with falls to be moderate and high risk compared to the MFS.

Phase II data identified 4.7% (33) of the patients to be “moderate risk” using the MFS, compared to 21.3% (151) with the Memorial ED fall tool. Pearson correlation suggests a moderate correlation between the MFS and Memorial ED fall tool (.684,  $p < 0.05$ ). Simple linear regression analysis determined intoxication and sedation to be a significant variance contributing to “moderate fall risk” for the Memorial ED fall risk tool ( $F(1,706) = 127.253$ ,  $p < 0.05$  with an  $R^2$  of 0.153). Data analysis suggests that marked differences between fall risk identification are impacted by factors found within the literature to be responsible for ED falls and highlights the benefits of a fall risk assessment tool that takes into account the specific health care environment

**INNOVATIVE POSTERS**  
**Listed alphabetically by primary author**

**IMPROVING SAFETY WITH PROPER PERSONAL  
PROTECTIVE EQUIPMENT USAGE**

Dawn I. Blue DNP, AGACNP-C, RN  
Rho Beta

**CORE MEASURE STROKE EDUCATION DOCUMENTATION  
COMPLIANCE**

Cleidi Desouza RN, BNS  
Gamma Alpha

**ASSESSING MUCOSITIS IN PEDIATRIC ONCOLOGY**

Olivia Garcia BSN  
Gamma Alpha

**PREVENTING STROKES WITH A-FIB APP IN EMERGENCY  
DEPARTMENT**

Elizabeth Gompf BNS, RN  
Xi Theta

**INNOVATION IN RN STUDENT'S ROLE DEVELOPMENT IN  
PRIMARY CARE**

Elaine D. Goehner PhD, RN, CPHQ  
Iota Sigma

**USING THE LEAN PROCESS FOR EXAMINING EFFICIENCY**

Patricia Frohock Hanes PhD, MSN, MAED, MS-DPEM, RN  
Iota Sigma/Xi Theta

**PARENTAL KNOWLEDGE ON OBEISTY DETERMINANTS IN  
CHILDREN**

Alexandra Interiano DN, MSN, FNP-C, RN  
Upsilon Beta

**INTERDISCIPLINARY CODE SEPSIS RESPONSE AND SEPSIS  
NURSE INITIATIVES**

Cecille Lamorena RN, BSN, CCRN  
Gamma Alpha

**“FAMILY, FOOD & FUN!” INCREASING CHILDHOOD FRUIT  
AND VEGETABLE CONSUMPTION**

Monica Matsushima BNS, RN, PHN  
Lauren Outland DrPH, MSN, APRN  
Phi Lambda/Xi Theta

**CHANGING OF THE GUARD: PEDIATRIC ICU TRANSFER  
ANXIETY**

Sherry Nolfe RN, BS  
Gamma Alpha

**HOW MUCH DO NURSES KNOW ABOUT PEDIATRIC SEPSIS?**

Elizabeth Rankin MS, RN  
Gamma Alpha

**ESSENTIAL ELEMENTS FOR ACCREDITATION OF  
SIMULATION CENTER**

Pennee Robertson RN, DNP  
Chi Mu

**IMPROVING THROUGHPUT & PATIENT SATISFACTION: AN  
ER DISCHARGE LOUNGE**

Dixie Stiles RN, FNP-C, GNP-C



***IMPROVING SAFETY THROUGH PROPER PERSONAL PROTECTIVE EQUIPMENT  
USAGE***

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***Geraldine C. Fike DNP. MSN/Ed, RN., CCRN***

***Maram Aldoghmi SN, Zahra Azizi SN, Alicia Hernandez SN***

• **Innovative Evidence-Based Projects**

Student nurses are currently conducting a literature review in preparation for their senior research project in spring. They will present literature review at Odyssey if chosen.

- Statement of the problem; Nursing students are taught proper application of PPE in the classroom. PPE protects health care workers, patients, families, and community at large from spread of infection. Hospital staff that is noncompliant with protocols set the wrong example for new clinicians. Nurses can indirectly participate in the spread of infection and illness with improper Personal Protective Equipment (PPE) usage. Issues that contribute to the problem include no signage, lack of staff and volunteer training, shortage of staff, and improper use of PPE.  
While volunteering or as a student, observations included missing isolation signage, shortage of PPE supplies, staff shortages, no or improper staff PPE use or reuse of PPE, improper disposal of used PPE, and lack of volunteer or family PPE training.
- Method used to address the problem; Select data bases for literature search – CINAHL, PubMed. Identify key words for search: PPE compliance, isolation precautions, PPE infection control, PPE training. Initially identified 355 published studies.
- Description of any innovation and resulting change, if appropriate; Develop material for hospital staff education program about proper use of Personal Protective Equipment for senior RN student project.
- Implications and significance of the project findings for research, practice, leadership or education; The collected data could lead to the development of a staff education project, potential reduction in nosocomial infections, hospital stays, and mortality rates

## CORE MEASURE STROKE EDUCATION DOCUMENTATION COMPLIANCE

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**Statement of the Problem:** The Center for Disease Control reports that 795,000 people are affected by stroke annually in the United States. Our Medical Center was below the national average in documenting stroke care education and prevention on the patient record. In July 2015, our data showed compliance with Stroke Core Measure (STK) # 8 was 81%, while the national average was 92%. Data abstraction for stroke patient education from electronic health records (EHR) indicated trends and identified opportunities for improvement

**Purpose:** To improve current stroke education documentation processes by conducting systems assessments identifying strategies to develop more efficient and effective nursing documentation for stroke education provided to patients during hospitalization on designated stroke units in an acute care hospital.

**Method:** A Plan-Do-Check-Act (PDCA) cycle for learning and improvement was conducted from October 2015 to January 2016. A stroke education documentation process flow map was created to gain insight into actual workflow. A Six Sigma Fishbone Diagram was administered to stroke unit nurse stakeholders to identify potential root causes for poor documentation compliance that were found to be: 1) nurses lacked knowledge about stroke categories, 2) inefficiencies and delays due to the need for a clear physician order set, and 3) lack of understanding/performance of established processes. A team was formed including an EHR consultant to revise the documentation process by establishing physician orders for stroke education and streamlining the linkage from order set to correct documentation forms.

**Results:** The collaboration between the stroke units, EHR consultant, and leadership led to process improvement. A stroke education order panel was created for physicians to add stroke education to the stroke order set providing instructions to nurses as to which education to select and how to link to the "After Visit Summary" given to patients. The new documentation process went "live" in January 2016. In June 2016, data showed nursing compliance with STK #8 documentation had increased from an average of 75% to 93.1% meeting and exceeding the goal of 92%.

**Implications for Practice:** Stroke education on life style changes including awareness of stroke signs, symptoms and risk factors, is the best prevention of stroke reoccurrence. Compliance with these measures is proven to decrease complications and improve patient outcomes. STK #8 was established by The Joint Commission to ensure hospitals provide patients and caregivers with stroke education to improve health status, promote healthful behaviors, and provide patients and their families with resources and social support services.

**Future Recommendations:** Continue to track and trend STK #8 after PDCA cycle to evaluate if process change continues to demonstrate statistically significant improvement. Provide ongoing reinforcement education for nurses on designated stroke units. Distribute data monthly via intranet to provide staff and leadership with feedback on process improvement trends.

## ASSESSING MUCOSITIS ON A PEDIATRIC ONCOLOGY UNIT

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**Statement of the Problem** – Oral mucositis remains a serious side effect of the administration of antineoplastic drugs given to treat pediatric cancers. Delay in treatment of mucositis can lead to excruciating pain, oral ulcer development, decreased weight and increased risk of infection causing longer lengths of patient stay and greater overall hospital costs. Screening for oral mucositis by frontline nurses working in pediatric oncology is paramount to implementing timely interventions to gain control of this unpleasant symptom before detrimental effects set in.

**Background** – A retrospective chart review yielded findings that suggested lack of a uniform assessment tool for nurses to use in order to assess the oral mucosa on every shift. With the implementation of the electronic medical record (EMR), documentation specific to the oral mucosa was left without a designated area for documentation.

**Intervention** – A quality improvement initiative was implemented on a 33 bed pediatric oncology and bone marrow transplant unit. The project involved implementation of the World Health Organization Oral Mucositis Scale (WHOOMS) for screening. Thirty registered nurses were educated on how to use the scale during pre-shift huddles and on an individual basis. Nurses were asked to perform oral screening using a hard copy of the scale for each patient on each shift. Data were collected over a two-week period and compared against the electronic documentation in the EMR. Thirty WHOOMS reports were collected, averaging approximately two reports per patient.

**Results** – Oral assessments were done on patients receiving various forms of chemotherapy including 2 patients undergoing bone marrow transplantation. There were 2 active cases of mucositis during this trial period. Eight assessments were completed on those cases and both the mucositis scale rating and EMR documentation indicated mucositis. It was noted that the WHOOMS rating yielded a number response that was simple to understand while the EMR documentation yielded free text responses dependent on the depth of documentation done by the nurse. In all other instances both WHOOMS ratings and electronic documentation were consistent on all patients. Nurses liked using the WHOOMS tool and were supportive of its inclusion in shift report and adding it to the EMR.

**Implications for Nursing** – Accurate, timely, precise documentation of cancer therapy's disturbing side effects can lead to timely interventions and better quality of life. Nurse administrators need to promote use of valid, reliable, user-friendly tools to improve the assessment of this patient care issue, which may lead to better patient outcomes.

**Future Recommendations** – The project should be replicated over a longer time. Work with the organization's informatics department to "build" an oral mucositis assessment in the EMR. Continue education of frontline nurses on use of the WHOOMS and make it a regular assessment reported during shift change "huddle." Track incidence, prevalence, and severity of oral mucositis on the unit and explore the timeliness/effectiveness of ordered treatments.

## **PREVENTING STROKES WITH A-FIB APP IN EMERGENCY DEPARTMENT**

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Lauren Outland, APRN, MSN, Dr.PH

**Problem:** Stroke is the fifth leading cause of death in the United States, 30% of strokes are cryptogenic type strokes, caused by undiagnosed atrial fibrillation. In the United States, atrial fibrillation affects about 2.2 million people. Primary prevention by detecting atrial fibrillation and placing the patient on anticoagulants or restoring a normal heart rhythm could potentially prevent more than 60% of cryptogenic strokes. This can only happen if those who have atrial fibrillation are aware of it, and seek help.

**Method used to address the problem:** According to the Health Belief model to prevent cryptogenic strokes, individuals with atrial fibrillation must be made aware 1.) That they have atrial fibrillation and 2.) That they are at risk of a stroke because of this condition. Research shows that compliance with health behavior modification to prevent stroke increased significantly when individual counseling was provided, including risk for stroke. Emergency Departments potentially see many individuals at risk for atrial fibrillation and cryptogenic stroke. All clients and visitors over 60 could complete an online survey assessing their risk for paroxysmal atrial fibrillation: if identified at risk, they are offered to try heart rate detection application with their smart phone.

**Innovation:** For those interested in using the smart phone application, the emergency room nurse will train them on use of the smart phone application, and participant will complete a return demonstration. Further teaching would include prompting the client who uses the EKG smart phone app and sees irregular pulse, (cue) which prompts them to action (notifying provider). Identifying the perceived threat of illness through an online atrial-fibrillation survey, the Health Belief Model constructs were applied to the innovation. If atrial fibrillation were detected during this assessment and training, the patient will immediately be referred to an emergency room physician for further evaluation.

**Implications for Research:** Community screening for atrial fibrillation is cost-effective and beneficial in reduction of stroke. With the availability of new and emerging technology such as smart-phone EKG recognition, the increasing involvement for the public in primary prevention of stroke is inevitable. Trials will be needed to determine the feasibility and accuracy of these new devices.

### **Innovation in RN Student's Role Development in Primary Care**

Despite the questions about the long-term viability of the Affordable Care Act (ACA), the dye has been cast regarding the need for care coordination/care management for patients. The present support for doing this care management in the primary care environment is creating the opportunity for inter-professional practice for RNs in outpatient clinical environments. Nursing comprises the largest group of healthcare resources with 3.7 million registered nurses. This resource has been largely concentrated in acute care. However, research is showing that enhanced patient outcomes and improved satisfaction gained when RNs are active with patients in primary care practices. (Macy Foundation)

Up until the present, most RN education has been in the acute (hospital) environment. Although this is a meaningful learning environment, it does not adequately prepare the RN for practice in a primary care environment. A project grant from HRSA has allowed clinical practice development for the senior students to understand the emerging role of the RN in primary care. The curriculum developed includes care management skills such as motivational interviewing, coaching, medication reconciliation, telephonic management, and inter-professional teamwork. Students do care management with a chronically ill patient/family for the 3<sup>rd</sup> or 4<sup>th</sup> semester and work with an RN in a primary care setting as part of their community health rotation. Student response to this opportunity has been outstanding. One hundred percent of the students agreed (83% strongly agreed) they developed inter-professional skills. Seventy five percent of the students strongly agreed (25% agreed) that the course allowed them to prioritize appropriate interventions for the family or community. All of the students and patients were satisfied with the overall experience. Student comments indicated they liked having the autonomy of working with the patient and family in this setting and helping them to increase their awareness and involvement in the community.

This presentation provides a general outline of the competencies necessary for an RN to practice in an inter-professional team in primary care. The educational strategies required and the outcomes of early implementation of education regarding this role will be shared. The intent is to communicate our experience in implementing curricular and learning changes with pre-licensure senior nursing students in the preparation for new roles in our changing healthcare environment.

## PARENTAL KNOWLEDGE ON OBESITY DETERMINANTS IN CHILDREN

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**Background:** Current trends indicate a decrease in obesity prevalence, while in Hispanic children the prevalence increases, and is influenced by socioeconomic status, educational level, race/ethnicity, gender, and lifestyle behaviors that are intertwined with cultural dynamics, such as psychosocial factors, genetic, and metabolic etiologies.

The **purpose** of this quality improvement project was to adapt a well-established general nutritional screening tool addendum and modify it addressing specific needs for the Hispanic family as significantly identified in the literature.

**Methods:** Addressing perceptions, attitudes and knowledge deficits, a culturally modified tool was implemented in a clinical practice setting to 13 Hispanic children and their parents. Obesity determinants through tailored questions resulted in the provision of individual educational interventions based on identified knowledge deficits. Baseline anthropometric measurements were recorded for post project statistical analysis, in addition to a 3-month telephone check-in, evaluating success, barriers, and need for educational reinforcement.

**Results:** 93% of respondents did not know what the term BMI meant. In addition, 77% of participant parents believed that their children were overweight; however a common theme was a belief that children who are larger in size are in good health. Overall the participating children were consuming above average levels of fast food (3.23 servings/week), sugary beverages (4.38 servings/day), and spent at least 3 hours/day on screen time; all higher than recommendations set by the respective expert guidelines.

The **significance** of this project demonstrates that there is a critical need to assess parental attitudes and perceptions, knowledge deficits; as well as provide culturally competent interventions. It is also necessary to address cultural nuances that affect the Hispanic population in order to initiate meaningful nutritional and lifestyle changes and lower obesity prevalence. This project has **implications** for research looking at 6 month BMI measurements following assessment with the culturally modified tool and individualized educational intervention.

## EVALUATING FALL TOOLS FOR THE EMERGENCY SETTING

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Clinical literature suggests factors responsible for emergency department falls are significantly different than those responsible for inpatient falls. In June of 2014, as part of the St. Joseph Health System electronic health record standardization, the Morse Fall Scale (MFS) was incorporated into the Emergency Care Center (ECC) charting. No research was found that assessed the validity of the MFS for predicting emergency department falls. In addition, department data demonstrated an increase in falls with injury. This increase precipitated an investigation of fall risk assessment in the ECC setting.

The purpose of this research project is to complete an evaluation of the factors that are responsible for St. Joseph Hospital ECC falls and to determine differences in fall predictability between the MFS and Memorial ED Fall Risk Assessment tool.

Phase I of the research study is a retrospective chart review of 17 patients who sustained falls between July 1, 2014 and April 30, 2015 in order to determine the efficacy of the Morse Fall Scale (MFS) in predicting ECC falls, in comparison to the Memorial Emergency Department (MED) Fall Risk Assessment tool. Phase II is a prospective review of de-identified patients, 18 years and older, comparing the efficacy of both screening tools in predicting ECC falls. Data was collected for 708 patients.

The Morse Falls Scale reported sensitivity ranges from .72 to .93 and a predictive value of .63 in the inpatient setting. The Memorial Emergency Department Fall Risk Assessment tool, developed and tested in the emergency setting, has reported reliability and validity within an acceptable range. Using SPSS, statistics were generated to describe fall risk assessment variables and determine predictability of the MFS and Memorial ED tool. Relationships between variables were determined using multiple regression equations.

Phase I data identified 70.6% (12) of the 17 patients with a reported fall to be a “standard fall risk” using the MFS, compared to 47.1% (8) with the MED fall tool. In addition, Pearson correlation suggests a moderate correlation between the MFS and MED Fall Risk Assessment tool (.612,  $p < 0.05$ ). Preliminary data suggests the Memorial Fall Risk tool identifies a higher number of patients with falls to be moderate and high risk compared to the MFS.

Phase II data identified 4.7% (33) of the patients to be “moderate risk” using the MFS, compared to 21.3% (151) with the Memorial ED fall tool. Pearson correlation suggests a moderate correlation between the MFS and Memorial ED fall tool (.684,  $p < 0.05$ ). Interestingly, simple linear regression analysis determined intoxication and sedation to be the greatest

“FAMILY, FOOD & FUN!”: INCREASING CHILDHOOD FRUIT AND VEGETABLE  
CONSUMPTION

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Lauren Outland, Dr.PH, MSN, APRN

**Problem:** Childhood obesity in the United States is a significant issue that has potentially serious consequences for the health of American children. In 2014, 17% of U.S. children and adolescents aged 2-19 years were obese. The prevalence of obesity was higher among Hispanic children (21.9%) and black children (19.5%), than white children (14.7%). Childhood weight problems place children at risk for serious physical and psychological harm. Possible consequences of childhood obesity include poor self-esteem, depression, eating disorders, pulmonary dysfunction, cardiovascular complications, endocrine disorders, and musculoskeletal injury. These health conditions are also expensive to treat and could be prevented.

**Method used to address the problem:** One corollary of childhood obesity involves poor quality of food consumed. Rather than targeting reduced calorie consumption directly—which has been found ineffective—this innovation will focus on improving quality of food, namely increasing fruit and vegetable consumption. Adequate fruit and vegetable consumption has been associated with healthy weight.

**Innovation:** Using the Theory of Planned Behavior, “Family, Food, & Fun!” is a series of sessions targeting children aged 8-11 years, focused on modifying attitudes, subjective norms within the home, and perceived behavioral control regarding fruit and vegetable consumption. The children, with involvement from their parents, attend evening sessions promoting fruit and vegetable consumption that involve games, crafts, snack preparation and food tasting. Parents are provided with handouts to reinforce the session material at home. Perceived behavioral control regarding fruit and vegetable consumption, behavioral intention to consume 5 servings of fruits and vegetables a day, and actual fruit and vegetable consumption will be measured pre-intervention, and post intervention at 1 week and 1 month. This intervention utilizes an adapted version of the Harvard School of Public Health’s “Food and Fun Afterschool, 2<sup>nd</sup> edition.”

**Implications and Significance of Findings:** This pilot study shows promise for improving the quality of food consumed in minority families. High quality diets can help prevent many of the negative health effects of obesity seen in American children.

**Recommendations or future problems:** It is recommended that the program, “Family, Food, & Fun” take place in several YMCA facilities in Southern California, allowing the innovation to be quantitatively evaluated. If successful, this innovation will add to the existing body of knowledge regarding how childhood fruit and vegetable consumption can be increased; a priority for nurses and other health care professionals. Other aspects of a lifestyle that reduce risk of childhood obesity include consumption of whole grains, lean protein, and poly and mono unsaturated fats, and regular rigorous physical activity. Research around promoting these behaviors would be beneficial in the effort against childhood obesity.



***MEDICAL TOURISM: CONSUMER TRENDS AND ESSENTIAL KNOWLEDGE FOR  
NURSES***

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**Category: Innovative Evidence-Based Project**

**Statement of the problem**

Medical tourism as a consumer trend is increasing, especially where medical procedures are unaffordable or not offered within the US health care system. There are several areas to be investigated. Industry information includes patterns of usage, costs, procedures, medical locations, safety and health risks. Information for clinical nurses includes skill preparation, cultural considerations, and industry career options. Issues of economic benefit will also be investigated, an area of interest to nurse advocates. A preliminary literature search was performed using library databases such as ProQuest, EBSCOhost and CINAHL. Of 50 articles published within the last 10 years, only 3 were by and for nurses. Further definition of the trend in health care as well as implications for nursing skill preparation is needed. This project is supported by California State University Dominguez Hills, College of Health, Human Services and Nursing through a one semester sabbatical.

**Method used to address the problem**

Data gathering from various sources will continue to create a compendium of interest for nurses and other health care providers. Sources include vendors of medical tourism packages and industry trade shows as appropriate, continued review of the literature, and workforce development initiatives regarding nursing careers. Visits with providers will be scheduled in locations such as Costa Rica, Thailand and Cuba.

**Description of any innovation and resulting change**

Based on findings, areas of change may include, but not be limited to, safety standards; minimum RN training regarding patient transport, post-op care and cultural considerations; US health care plan coverage or exclusions; advocacy for more accessible care opportunities within the US health care system.

**Implications and significance of the project findings for research, practice, leadership or education**

Recommendations for further research are likely to be identified. Additional training for RNs may be indicated. Nurse educators may need to create specific curricula, and nurse advocates may need to target changes needed within the US health care system.

***CHANGING OF THE GUARD: PEDIATRIC ICU TRANSFER ANXIETY***

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**Statement of the problem:** Parents/caregivers of a child admitted to a pediatric intensive care unit (PICU) are usually under a high amount of stress and have considerable anxiety. An admission to the PICU often occurs without warning, and the patient and parent/caregiver are in crisis. During this “crisis time”, parents eventually begin to adjust to the care team on the PICU, the environment and the routine, and begin to feel more secure. When the child’s condition improves and stabilizes the patient will be transferred to a general pediatric floor, which can trigger fear and anxiety in the child’s caregiver due to the anticipation of less intensive surveillance.

**Method:** Measurement of anxiety using a convenience sample of a child’s primary caregiver (N=25) will be done pre and post an educational orientation to the general pediatric unit using Spielberger’s State-Trait Anxiety Inventory 24-48 hours prior to the child’s impending transfer. This questionnaire has 20 questions related to trait anxiety, and 20 questions related to state anxiety. Internal consistency coefficients for the scale have ranged from .86 to .95. The tool will be re-administered 24-48 hours post transfer to the general pediatric unit. Pre/post surveys will be matched using a unique ID number. A *t*-test will be done to see if anxiety scores changed post transfer. Selected caregivers will be interviewed to talk about the overall transfer experience.

**Intervention:** An orientation packet will be developed containing a welcome letter with pertinent information about the general pediatric unit and its staff. PICU nursing staff will provide the information along with a brief face-to-face discussion to answer questions and provide reassurance.

**Implications for practice:** It is anticipated that reduction in anxiety about transfer to a general pediatric unit will promote communication between caregivers and nursing staff and decrease feelings of uncertainty for caregivers when their children are transferred from the intensive care environment to the general pediatric unit.

**Future Recommendations:** Examine findings, make necessary improvements in the orientation packet/process as needed and then spread the process to additional units.

## HOW MUCH DO NURSES KNOW ABOUT PEDIATRIC SEPSIS?

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**Statement of the problem:** Worldwide sepsis in the pediatric population is a leading cause of death. Sepsis is costly to treat and is devastating to patients. Successful treatment requires early recognition and an understanding of the true sepsis burden by nurses. Pediatric sepsis is unique in its presentation and symptoms. Novice nurses caring for this population often lack knowledge of pediatric sepsis recognition and management.

**Background:** Organizational surveillance showed a Pediatric Intensive Care Unit (PICU) mortality rate of 12.1%, which is 6.3% higher than the average mortality rate in PICU's across the country. A baseline knowledge assessment of pediatric sepsis was completed with an all RN staff on the PICU. The nurses ranked in a "novice" stage for early sepsis recognition.

**Method:** A readiness assessment was developed identifying what education and tools were currently in place to care for septic patients. Education to frontline nurses included on-line modules, simulation training, and one-on-one coaching from sepsis champions.

**Results:** A ten question pre-test was given to 33 nurses regarding understanding of early sepsis symptoms and level of sepsis severity. The average score was 60%. Following all sepsis nurse education and training, the same nurses did a posttest 30 days after the pre-test assessment. Nurses' average posttest score was 95%.

**Implications for Nursing:** Timely recognition of sepsis and starting therapy within 1 hour of identification is the most important step in the management of pediatric sepsis. Consistency in the sepsis education of practicing nurses, implementation of sepsis trigger tools, sepsis huddles, order sets and review of compliance with these tools should be the standard of care on all pediatric intensive care units.

**Recommendations for the Future:** A sepsis trigger tool scoring system, electronic physician order set for pediatric sepsis, and development of a daily sepsis "huddle" will need to be implemented to further improve metrics on our organization's pediatric sepsis quality outcomes. Pediatric sepsis data collected will be shared with the Children's Hospital Association collaborative and will be built into the dashboard of our children's hospital to monitor use of the order set, and determine time frame of antibiotic administration.

ESSENTIAL ELEMENTS FOR ACCREDITATION OF SIMULATION CENTER

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**Problem**

Simulation has become an integral part of nursing education, but it is lacking in standardization across programs nationally. California Baptist University (CBU) College of Nursing (CON) had no standards for simulation, little simulation education for nursing faculty and no evaluation plan.

**Method**

The method used to address the problem was the faculty at CBU CON created a simulation center, and applied and achieved provisional accreditation from the Society of Simulation for Healthcare (SSH). Provisional accreditation ensured incorporation of best practice standards of simulation design, implementation and evaluation. CBU CON faculty used strong leadership, clear goals, and gained administration support to implement the standards for accreditation set forth by SSH.

**Description**

Goals included improving simulation educational outcomes and implementation of SSH accreditation standards for simulation laboratories at the CBU CON. To meet the goals, a project leader facilitated a team approach to making the following changes. The team completed the accreditation application document. The team created the CBU CON faculty simulation education plan, and adopted a sustainable budget for faculty development. The team utilized a standardized evaluation tool, the Debriefing Assessment for Simulation in Healthcare (DASH) tool after training. Outcomes of the project included a nursing faculty educated in state-of-the art simulation pedagogy and debriefing. Analysis of data provided by the DASH tool indicated effectiveness in simulation practices.

**Implications**

Strong leadership skills and administrative support are vital in implementing changes to simulation centers to achieve simulation accreditation. Nursing faculty need ongoing intensive education on the best practices in simulation to improve the facilitation of simulation. The entire program needs to be fiscally sound and sustainable.

**Recommendations**

More research is needed on standardization of simulation and accreditation, and its effect on a well-orchestrated, safe simulation learning environment for nursing students.

Improving Throughput & Patient Satisfaction; an ER Discharge Lounge

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**Purpose:** Improving flow in the Emergency Room (ER) is paramount for several reasons; patient satisfaction, decreasing the number of patients leaving without being seen (LWBS) post triage, decreasing confusion with regards to discharge and follow-up instructions and facilitating timely and efficient bed turnover. Research supported our problem statement noting that the discharge process home from an ED can be a challenge for ensuring patient compliance with treatments (Buckley et al., 2012)

**Design, setting:** An innovative pilot was initiated within a busy ER at a local community hospital in Southern California. Using a small, currently vacated area within the department, a patient's exam room was transformed into a quiet "lounge" complete with computer, comfortable seating and mobile translator.

**Methods:** A hand selected core team of staff RN's, Patient Care Technicians (PCTs) and with the support of the ER's Leadership Team proposed the creation of the Discharge Lounge. The primary goal focused on the discharge process as a whole as well as the patient experience, education and satisfaction during the process.

A secondary goal of reducing waiting room times and decreasing LWBS was also established. Prior to the Pilot's start date, each member of the DC Lounge Core Team was individually trained to understand the expectations and goals of the Pilot. Comprehension of discharge timing, throughput and national patient satisfaction scores were return communicated by team members to ensure that process uniformity was maintained to the highest standard.

**Outcomes:** The initial 90-day pilot was so popular that it was extended. A six-month data review reflected a 21-minute reduction in patient wait times; improvement in the through-put from Triage and LWBS was near or at the national benchmark of 2%. An increase in patient satisfaction scores was also evident.

**Implications:** The DC Lounge, with minimal space requirements and daily 12-hour staffing can be replicated in most emergency departments. The change positively impacts patient satisfaction and department flow. Research is needed to determine if a decrease in readmissions is related to improved discharge education.

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