Background and Significance. Chronic pain in the older adult has been well documented. An estimated 25-50% of the elderly in the community and an estimated 70-85% of nursing home residents experience chronic pain on a daily basis. Even though chronic pain is extremely common in the elderly patient population, barriers to effective assessment and treatment exist. Given the importance of and need for pain control in the elderly, creating an awareness of analgesia needs of older adults must begin in schools of nursing. A review of recommendations for geriatric content in pre-licensure nursing programs and of extant literature revealed the underdevelopment of geriatric education curricula within many nursing programs.

Purpose of the Study. The purpose of this study was to examine the perceptions of senior-level BSN nursing students about chronic pain in elderly patients with dementia.

Framework. Patricia Benner’s Novice to Expert theory (1984) was the theoretical framework used to help guide this study. Benner outlines five stages of clinical competence and skill acquisition in her theory: novice, advanced beginner, competent, proficient, and expert. Nursing students who have had no prior experience working with elderly patients with dementia would be characterized as novices. Those who have worked as CNAs may have some prior experience working with this patient population and may have some background knowledge based on their work experience.

Sample Description/Population. Convenience sampling was used. The target population for this study was second semester senior nursing students who were enrolled at a small, private women’s college in an urban area within the Midwest. A total of twenty-two students responded (27.5% response rate).

Setting. The study took place at a small, women’s liberal arts college in a Midwest urban area.

Method Design/Procedure. The project design was a non-experimental, cross-sectional, descriptive quantitative design using an adaptation of S. J. Cross’ survey (1996) to gather data regarding the perceptions BSN students hold on chronic pain in this patient population.

Results/Outcomes. Findings from this survey suggest that students have some misconceptions about chronic pain experienced by the elderly with dementia, and specifically, recognizing non-verbal manifestations of pain. Problems occurred with recognizing the following pain symptoms: inappropriate yelling (4.5% did not recognize and 13.6% were unsure), combativeness (18.4% unsure), decline of appetite (4.5% unsure), and persistent pacing (18.4% unsure).

Conclusions/Implications. These findings indicate where additional education may be needed for BSN students in this vulnerable population who experience pain.
Background and Significance: Medication administration task is one of the most complex, time consuming, and dangerous tasks that a nurse completes daily. In 2011, The U.S. Food and Drug Administration (FDA) reported that since 1992 they received nearly 30,000 voluntary reports of medication errors.

Nurses are responsible for providing safe care to all patients, and using barcoding technology as part of the medication administration process is one way to provide safe patient care. Barcode technology has helped to prevent medication errors as it helps to verify that the right patient, right drug and right dose is administered at the right time via the right route.

Purpose of the Study/Project: To examine the satisfaction of nurses who worked in an acute care hospital setting, and used barcode technology to administer medication at the bed side.

Sample/Population: 12 Registered Nurses of a professional nursing organization in the Midwestern United States participated in the study.

Framework: The Diffusion of Innovation Theory was used to guide the development and implementation of the study.

Method/Approach: A cross-sectional descriptive survey design was used to assess nurses’ satisfaction with barcoding technology as part of the medication administration process in acute care hospital setting. The 18-point Medication Administration System—Nurses Assessment of Satisfaction (MAS-NAS) portion of the survey used a likert-scale; 5-items related efficacy, 7-items related to the safety, and 6-items related to access.

Results/Outcomes: Approximately 83% of nurses felt very satisfied or extremely satisfied with the barcoding system. Nurses were most satisfied that the current medication administration system provides them with information to know that a medication order had been checked by a pharmacist before they administer the medication. Overall, nurses were satisfied that the system helped with efficiency, and reducing medication errors.

Conclusions/Implications: The findings suggest that nurses are satisfied with the use of barcode technology. However, there is still room for improvement as there were approximately 17 percent of nurses who reported lower satisfaction. Therefore, hospitals should seek feedback on nurse satisfaction when implementing new technology or processes to help promoted safety, efficacy, and access.
Background/Significance. Readmissions for patients within 30 days of their last hospital stay are burdening, and cost the health care system over 5 billion dollars annually. In an effort to reduce readmissions, Medicare changed reimbursement rates starting October 2012. By 2015, hospitals with high 30-day readmission rates may lose up to three percent of their regular Medicare payments. Health care organizations have a responsibility to attempt to reduce 30-day hospital readmission rates to improve patient care and outcomes, but what factors most impact readmission rates have yet to be fully explicated.

Purpose. The purpose of this study is to examine home health visit frequency, post hospital discharge visits, and/or primary care involvement to discover what factors affects 30 days hospital readmission rates in patients with congestive heart failure.

Framework. Meleis’ Transitional Care Model was the framework for this project and focuses on changes patients undergo between hospital and home. The Transitional Care Model guides health care practice to decrease health care costs, improve patient care and outcomes, and allow health care personnel to address health care issues as they arise.

Sample Description/Population. The sample included a convenience sample of 50 patients with congestive heart failure. Participants were at least 65 years of age or older and were discharged to a home health agency from the hospital setting.

Setting. Medical records were reviewed from a large home health agency in the Midwest.

Method/Design & Procedure. A retrospective medical record review was conducted using an adapted version of the Hospital Readmission Inventory Abstraction. This is a validated tool from the Acute Care Hospitalization Quality Improvement Initiative.

Results/Outcomes. Thirty-eight percent of the participants were readmitted within 30 days of their most recent hospital stay. There was a slight correlation between nursing visit frequency within 14 days post hospital discharge and hospital readmission rates ($r=0.389$, $p=0.005$). Other findings showed that there was not a statistically significant relationship between a home health nurse seeing a patient within 24 hours post hospital discharge and hospital readmission rates ($r=0.050$, $p=0.782$), nor was there a statistically significant relationship between a patient utilizing primary care physician post hospital discharge and hospital readmission rates ($r=-0.085$, $p=0.557$).

Conclusions/Implications. There was no evidence to suggest that a home health nursing visit within 24 hours post hospital discharge or primary care involvement post hospital discharge reduced hospital readmission rates. This quality improvement project may prove to be more beneficial on a larger scale in terms of determining relationships between these variables.
THE LIVED EXPERIENCE OF THE USE OF THE “FIVE MINUTES AT THE BEDSIDE ASSESSMENT” TOOL BY SENIOR LEVEL BACCALAUREATE NURSING STUDENTS

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Background and Significance. Therapeutic communication is vital to the nurse-patient relationship. From the patient’s perspective, nurse-patient communication assigns value to the patient’s perception of the care delivered. Effective communication between nurse and patient influences health care outcomes. Development of therapeutic communication skills begins in undergraduate nursing programs.

Purpose of the Study. This project explored the lived experience of senior baccalaureate nursing students as they used the tool titled “Five Minutes at the Bedside Assessment.”

Sample Description/Population. The criterion sample consisted of seven first semester senior level baccalaureate nursing students who completed the use of the “Five Minutes at the Bedside Assessment” tool over three clinical sessions.

Setting. The study setting is a four-year, independent, Catholic liberal arts college for women located in the Midwest.

Method/Design and Procedure. A qualitative Husserlian descriptive phenomenological approach was used for this inquiry. Semi-structured interviews were conducted with each student and audiotaped in a private conference room at the clinical site where the tool had been used. The audiotapes were transcribed verbatim and analyzed for thematic content.

Results/Outcomes. The findings represent the thematic results of audiotaped semi-structured one-on-one interviews with the seven senior level baccalaureate nursing students. Data analysis revealed four themes: the value of sitting at eye-level with a patient, the use of conversational interviews resulted in patient specific interventions, guided reflection and self-assessment enhanced student insight into their communication skills, and future use of the tool by students in their professional practice.

Conclusions/Implications. Results indicate that use of the “Five Minutes at the Bedside Assessment” tool may be valuable for developing therapeutic communication skills in nursing education. Students especially stressed its utility in developing rapport with patients, identifying patient needs, and discovering and examining their own use of therapeutic skills.
IMPROVING STAFF NURSE KNOWLEDGE OF RESPONSE TO INPATIENTS HAVING ACUTE STROKE SYMPTOMS
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Background and Significance: The American Stroke Association reports that Americans suffer approximately 780,000 strokes annually. Of those, 273,000 have died making stroke the third-leading cause of death in the U.S. The more time that passes before treatment with intravenous thrombolysis in eligible patients, the greater the extent of brain ischemia to be expected. Well-planned stroke response processes must be developed within hospitals so that teams treating stroke patients can achieve the time sensitive goal of door to needle within 60 minutes.

Purpose of the Study/Project: Based on a successful ED model developed to rapidly determine and treat eligible candidates for t-PA, a process was developed to respond to patients having stroke symptoms while they are hospitalized. The process takes into consideration continuous primary physician presence is not available to the RN staff and utilizes the expertise of the ED physician to determine t-PA eligibility. The aim of this study is to optimize the response of staff nurses and promote their confidence with executing the response process.

Sample/Population: 60 staff RNs in two medical-surgical inpatient units of a community hospital

Method/Approach: The research design included education intervention presented during staff meetings with pre and post survey data collection. Each survey assessed RN knowledge of reacting to inpatients having acute stroke symptoms and their confidence level in implementing the appropriate sequence of response. Survey questions were multiple choice, true/false, and brief essay format. Post drills are in progress. During the drills, a staff RN is handed a scenario describing an acute stroke situation. The drill assesses the RNs response to the scenario and provides opportunities to role play each step of the interdisciplinary process. A post-drill survey assesses the RNs confidence with implementing the inpatient stroke response process.

Results/Outcomes: Anticipated outcomes: timely and confident response by RNs to inpatients having acute stroke symptoms

Conclusions/Implications: to be determined upon analysis of data
Background and Significance: Bedside shift report increases a patient’s involvement in their plan of care, facilitates real-time communication between caregiving staff, and provides an opportunity for caregivers and patients to ensure the patient is safe, unanswered questions or needs are attended to, and provides a warm transition of care between staff and patients.

Purpose of the Project: Implement a standardized approach for hand-off communication between a new caregiving team, in a new community hospital, that results in improved nurse-to-nurse communication, nurse-to-patient communication, includes the patient in the daily plan of care, improves patient safety, and increases staff availability to answer high patient call volume at the change of shift.

Sample/Setting: Twenty-nine nurses and eighteen nursing assistants on an eighteen bed medical/surgical unit in a community based hospital.

Framework: Lewin’s Model of Change is the framework for this project as the current state of change of shift hand-off was undesirable, the new unit and staff provided an opportunity for change, and the changes were rewarded with increased patient and staff satisfaction.

Method/Approach: The unit shared governance committee endorsed a change project to include: direct observation of staff communication at shift change, interviews with staff re: change of shift communication and how staff give and receive patient hand-off report, and a unit pilot study. The pilot included: didactic and electronic education, a trial of staggered CNA start times, incorporating bedside report as a unit standard, creating a bedside reporting tool, and role playing bedside report for new nurse comfort.

Results/Outcomes: Streamlined shift change initially increased nurse satisfaction as demonstrated by staff input and a decrease in RN overtime. Patient satisfaction initially increased and now shows month-to-month variation because of increases in patient volume, increases in patient acuity, and staff turnover as a result of a new unit opening and unit caregivers staffing the new unit.

Conclusion/Implications: At the conclusion of the pilot staff stated the changes made during the pilot were working and did not want to return to the same start times. The staff report better communication between work groups and caregivers and their patients. The changes are now the practice standard on this medical/surgical unit.
AIMING TO ELIMINATE CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS IN AN INTENSIVE CARE UNIT

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Background: Central line-associated bloodstream infections (CLABSI) are among the deadliest hospital-acquired infections, causing 12-25% of deaths. Moreover, one CLABSI can cost up to $26,000. National use of Center for Disease Control and Prevention guidelines for CLABSI prevention resulted in a 58% reduction in CLABSI rates between 2001 and 2008. Despite these changes, CLABSI still remain a problem for many intensive care units. While well under its national benchmark for CLABSI, the MRICU sought to further reduce CLABSI occurrence.

Purpose of the Study: The purpose of the study was to identify additional strategies that could help minimize CLABSI in the MRICU.

Sample: 37 patients with central line dressings were audited Fall 2012. All patients with a central line were included.

Framework: The Epidemiologic Triangle served as the framework for this study. Thus, factors associated with the host, agent, and environment were examined as potential contributing factors for CLABSI.

Method: A literature review of emerging best-practice studies was completed, as well as review of current staff educational practices related to CLABSI. Direct observation of nursing practice in management and care of central lines was employed during a 24 hour period. Additional electronic record review was used to determine catheter dwell time and compliance with dressing and cap change regimens.

Results: Direct observation revealed that: (1) one-third to one-half of all central line dressings were not complaint with the central line dressing policy and (2) current central line dressing change kits did not have all the necessary items to perform a dressing change per policy (i.e., additional chloraprep scrubs, anchor, and Sorba view IJ dressing). Emerging studies revealed the efficacy of a 2% chlorhexidine faux bath in ICUs with high risk populations in addition to supplemental training and return demonstration for new staff in the classroom along with supervised practice in the clinical setting.

Recommendations/ Implications: The potential for mortality and high cost associated with CLABSI necessitate continued improvement and change as new evidence emerges for nursing practice to reduce CLABSI rates. Changing annual education from a controlled basic education to real time with integration of new practice annually should be the new standard. Lastly, ICUs with high risk populations should implement daily 2% chlorhexidine baths.
INTENSIVE CARE UNIT MULTIDISCIPLINARY NIGHT ROUNDS FOR NURSING EDUCATION

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Background: Multidisciplinary rounds and bedside education traditionally occur during the morning hours. Nurses working the night shift often have less experience and miss out from the bedside education that occurs during the day.

Purpose: To address this problem we developed night rounds centered on nursing education in June 2011. A template incorporating Synergy characteristics was created to assist the bedside nurse in organizing a presentation during night rounds.

Sample Description/Population: Convenience sample of 46 staff nurses working the night shift

Setting: 24 bed Pediatric Cardiac Intensive Care Unit

Method: Staff nurses were requested to complete a survey using Survey Monkey in July of 2011 and one year later. Qualitative responses were on 5-point scale and ranged from always to never.

Results/Outcomes: Of the 46 nurses requested to complete the survey, 40 responded in 2011 and 31 in 2012. There was an increase in “always” participating in night rounds from 38% to 59% over the year. The number of nurses answering that they were “always” comfortable offering suggestions to the physicians during rounds increased from 29% to 46%. Initially, 39% of respondents felt that night rounds were “always” educational; this decreased to 11%. In 2011, 14% felt that rounds were “always” held in a structured/consistent manner; this decreased to 10% in 2012.

Conclusions/Implications: Nurse centered night rounds has potential to enhance team function and education. Night rounds empowered nurses to offer patient care suggestions to the multidisciplinary team. Successful implementation of nurses presenting during night rounds requires dedication of physician and nursing leadership, and may benefit from a structured educational format.
CHILD LIFE INTERVENTION IMPROVES PATIENT OUTCOMES
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Background and Significance: Child life specialists are professionals proficient in child development who foster effective coping through preparation, education, medical play, and self-expression activities (MacDougall, 2008). Child life programs have become a standard in most pediatric settings (American Academy of Pediatrics, 2006) and its presence is considered an indicator of excellence (Sangiorgio, 2003). Though a vast amount of research supports the benefits of developmentally appropriate preparation, distraction, and support, only a small portion have utilized a certified child life specialist as the provider of these interventions.

Purpose of the Study/Project: To create a qualitative framework for measuring the impact of child life intervention

Framework: Lazarus’s framework of stress and coping

Sample Description/Population: English speaking, patients between the ages of 3 – 18 undergoing painful procedures, and children without developmental considerations

Setting: Large free-standing pediatric hospital.

Method/Design & Procedure: A retrospective chart review

Results/Outcomes: To determine associations between intervention approaches and outcomes for the following encounters
a) Unused medication
b) Ancillary health care worker not needed – child compliant
c) Increase patient flow via a decrease in total time of procedure
d) Reduced patient anxiety

Conclusions/Implications: Child Life Specialists play an important role in facilitating opportunities which allow a child to develop positive coping techniques when faced with a medical procedure. Numerous qualitative studies have identified the importance of child life services/role of the child life specialist in alleviating a child’s anxiety and providing him/her with increased understanding of the healthcare experience. However, minimal research has been done within the field to formally measure the reduction of anxiety pre and post procedure when child life is present. The results of this study will provide measurable outcomes to support the effectiveness of child life interventions both from a psychosocial and a time/cost-effective framework.
BEDSIDE PEDIATRIC EARLY WARNING SYSTEM (BPEWS) – IMPLEMENTATION AND EVALUATION OF NURSING PATIENT CARE

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Background and Significance: Bedside Pediatric Early Warning System (BPEWS) is a research-based, validated scoring system that objectifies nursing assessment findings to identify early signs of patient deterioration. The system facilitates communication between nurses and physicians, providing a common language to discuss the patient’s clinical status. Research-based care recommendations guide interventions based on the patient’s BPEWS scoring trends.

Purpose of the study/project: The purpose of this study was to utilize a multistep approach to successfully implement and evaluate the use of the BPEWS scoring system among staff nurses and physicians.

Framework: Data collection for the study was guided by the theory of self-efficacy.

Sample Description/Population: BPEWS is validated for use in the pediatric inpatient acute care setting. BPEWS was implemented in a regional pediatric tertiary care setting on seven acute care units. Data regarding staff confidence levels was collected from nurses (n=35) and physicians (n=17) on the pilot unit and a control unit prior to housewide implementation.

Setting: BPEWS was piloted on an acute care medical unit as a collaborative effort among nursing staff, the Hospitalist Service and Rapid Response Team members. BPEWS was subsequently implemented on the remaining six acute care units.

Method/Design & Procedure: A staggered approach was used to roll out education on BPEWS, beginning with one pilot medical acute care unit. A descriptive cross-sectional study was conducted one year after the implementation to measure nursing and physician confidence when caring for children with increasing illness severity. Following the pilot study, staff on all acute care units were educated utilizing a variety of methods; including in-person training, case scenarios, formal presentations to multidisciplinary audiences, and informational newsletters.

Results/Outcomes: The study results demonstrated that nurses utilizing BPEWS were significantly more confident in recognizing deterioration and responding with appropriate interventions (p<.05). Physicians incorporating BPEWS reported significantly higher confidence levels regarding nurses’ abilities to communicate concerns about deterioration (p<.05).
**Conclusions/Implications:** BPEWS (a)provides nurses with tools to confidently recognize patients at risk of physiological deterioration, (b)leads to improved communication with providers and (c)facilitates timely use of higher level resources, such as the Rapid Response Team. BPEWS is also a useful tool for advanced practice nurses when working with bedside nurses to build on critical thinking skills.
Background and Significance: Nurses are typically required to don personal protective gowns and gloves before entering the room of a patient under a type of transmission based isolation precaution. This process is time consuming and expensive when coupled with the amount of multiple visits that occur for patients. Furthermore, this practice may lead to lower patient and staff satisfaction as well as lower adherence to isolation precautions. Evidence suggests that spatial separation of more than 3 feet may reduce the risk for transmission of infection and that nurses may safely communicate with patients from a physical distance without using personal protective equipment.

Purpose of the Study/Project: The purpose of this project was to determine whether utilizing an innovative approach to isolation precautions would increase nurse time at the bedside and increase cost savings.

Sample/Population: Small scale test of change by 3 RN’s for a total of 28 hours on a single medical unit.


Method/Approach: Literature showing that physical distance from the isolated patient must be more than three feet was reviewed and discussed with the infection control practitioner. Permission for creating perimeters inside the doorway and not beyond the curtain was discussed with the infection control practitioner and environmental services manager. Painter’s tape was use on the room soffit to outline the agreed upon perimeter. Three nurses tested the isolation perimeter of entering the patient room without gowning and gloving while staying with in the confined area and communicating with the patient.

Results/Outcomes: The test of change resulted in a nurse time savings of thirty minutes within a twenty four hour period. Laundry cost savings resulted in $3.85 per day/per patient or $26.95 per week for each patient in isolation. Less vinyl gloves were also used and amounted to about 4 less boxes of gloves per patient over a one week time period.

Conclusions/Implications: Findings from this test of change revealed a significant time and cost savings. Nurses reported that time saved in the process may be used in other value added nurse activities such as patient education and discharge planning.
INCREASING TIME AT THE BEDSIDE BY DECREASING STEPS
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Background and Significance: It is essential that registered nurses provide direct patient care at the bedside to improve quality outcomes and safety. Through a program developed by the Robert J Wood foundation, Transforming Care At the Beside (TCAB), nurses learn to increase time at the bedside by developing processes that increase efficiency and productivity. One of the TCAB projects evolved when nurses began expressing concern about the amount of time they spent searching for commonly used supplies. These supplies were located throughout the unit, not in a centralized location.

Purpose of the Study/Project: The purpose of this project was to determine if having bins of frequently used supplies inside our nurse servers would save time for nurses.

Sample/Population: A group of four nurses measured the number of steps that were taken during their shift by wearing pedometer for a combined total of 74 hours.


Method/Approach: This improvement project was conducted by four registered nurses who wore a pedometer for every shift that they worked, until a total of 74 hours were reached. The shifts ranged from four to twelve hours. Once baseline data was collected, the bins were stocked with commonly used items and placed in the nurse server cabinets outside of patient rooms. The same four nurses, again, wore the pedometers during the course of their shift until 64 hours were reached. Once the pre and post bin steps were calculated, the efficiency of the nurse server bins were evaluated.

Results/Outcomes (preliminary findings OK if poster): Results of this study indicated that providing bins of frequently used supplies in the nurse servers, outside patient rooms, proved to be a time saver. Prior to the bins being placed in the nurse servers, nurses took an average of 583.36 steps per hour. Once the bins were placed in the nurse servers and stocked with the appropriate supplies, nurses took an average of 378.03 steps per hour.

Conclusions/Implications: It is imperative that nurses are provided with resources to do their job in an efficient and safe manner. The findings of this study revealed that nurses saved time and steps when supplies were located closer to the patient; thus nurses were able to spend more time at the bedside and less time retrieving supplies.
A NURSING SHARED GOVERNANCE COLLABORATION:
IMPLEMENTING A PROFESSIONAL DEVELOPMENT MODEL
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Background and Significance: A small community hospital has been working for several years to construct a working shared governance model. A core steering committee made up of seasoned nurses successfully launched a structure with a house-wide coordinating council and six unit-based councils 18 months ago. This project is their first attempt to evaluate evidence affecting their professional growth and development in constructing a professional development pathway.

Purpose of the Project: The purpose of this project was to mentor staff nurses new to shared governance in using evidence-based practice to construct a nursing clinical ladder program.

Population: Staff Nurses at a community hospital.

Framework: Benner’s Novice to Expert and the ANA Scope and Standards of Nursing Practice

Approach: The Nursing Professional Development Committee is a formal work group commissioned by the Professional Practice Coordinating Council to research best practice models for professional growth and development over the career of a staff nurse. The work group evaluated best practice, reached consensus, and determined professional practice standards for a nursing clinical ladder program.

Outcomes: A peer-evaluated nursing clinical ladder program.

Implications: Nursing shared governance continues to allow nurses to be involved in bringing evidence-based practice to both the bedside and to structures affecting nurses in their professional practice environment. Successes such as this one will continue to motivate nurses to be involved.
Antimicrobial Stewardship: Optimizing Clinical Outcomes through Computerized Clinical Decision Support
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Background and Significance: Improper use of antibiotics resulting in an increase in drug-resistant bacteria is a growing national health problem. ThedaCare has identified antimicrobial stewardship as a system wide priority; however the outpatient setting often lags behind in terms of efforts to combat this growing health crisis.

Purpose of the Project: The purpose of this project was to implement clinical decision support (CDS) into the electronic medical record in order to increase diagnostic accuracy while reducing the number of inappropriate antibiotic prescriptions.

Sample/Population: 18 months of age to adult patients who were seen in the FastCare clinics with a chief complaint of Upper Respiratory Infection (URI) and given a single diagnosis of either Acute Bacterial Sinusitis or Acute URI.

Framework: The foundation for this project is based on an adaptation of the Consumer Information Processing Model.

Method/Approach: CDS was implemented into the EPIC Smartset at the ThedaCare FastCare clinics for the diagnosis of acute bacterial sinusitis and acute viral sinusitis. The CDS provided the practitioner with clinical decision support to aid in reducing the total number of antibiotics prescribed as well as provide evidence-based support centered on current guidelines. The Smartset provided diagnostic definitions for ABRS and AVS according to the current IDSA/CDC guidelines as well as direct links to these guidelines at the point of care. The practitioner was also provided with the first line recommendations (if appropriate) as well as the second-line recommendations. If a second line medication was utilized, the provider was prompted to select an appropriate reason from the available choices.

Results/Outcomes: Following the implementation, a total of 1,127 cases were reviewed, 485 of which met the inclusion criteria. 414 (85%) of the patients were diagnosed appropriately and 71 (15%) were diagnosed inappropriately. 314(65%) of the patients, whether diagnosed appropriately or inappropriately received antibiotics for their condition. Azithromycin was prescribed in 68(22%) of the cases, 32 of which were prescribed due to an allergy to first-line therapy, resulting in 36 (12%) inappropriate prescriptions. A Chi-square test found 2 of 3 measured parameters to be statistically significant.

Conclusion/Implications to Clinical Practice: CDS increases the accuracy of ABRS/AVRS diagnosis resulting in appropriate antibiotic use. This can be used in conjunction with an antimicrobial stewardship program and adapted to other diagnosis. Point of care guideline information and patient/provider education is beneficial to reduce the number of inappropriately prescribed antibiotics, thus hampering antimicrobial resistance.
INTENSIVE COUNSELING AND BEHAVIORAL INTERVENTIONS FOR WEIGHT LOSS IN PRIMARY CARE
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Background and Significance: According to data from the National Health and Nutrition Examination Survey, 35.7% of adults in the US are obese. In 2003, the United States Preventative Services Task Force (USPSTF) recommended clinicians screen all adults for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss. Screening and treating adults with obesity has helped attain meaningful weight loss and improve health outcomes with adequate evidence also proving better glucose tolerance and other physiological risk factors for cardiovascular disease. In 2011, Medicare approved coverage for obesity management. Medicare has approved the coverage of obesity management during primary care appointments for a year as long as a weight loss of 3.0 kg at the 6 month mark is achieved.

Purpose of the Project: The purpose of this project was to increase the frequency of obesity diagnosis and implement intensive counseling and behavioral interventions to promote a sustained weigh loss of 3.0 kg within a six month period.

Population: Five willing, older adult Medicare participants with a BMI ≥30 kg/m².

Framework: The Chronic Care Model guided the management of obesity. Self Determination Theory explained the motivation behind participant’s healthy and effective behaviors. Helpful communication strategies included the use of 5A’s and motivational interviewing techniques.

Method/Approach: Participants were seen for 15 minutes each week for the first 4 weeks then every other week for 5 months The multicomponent behavior interventional strategies included setting weight-loss goals, improving nutrition, increasing physical activity, addressing barriers to change, self-monitoring, and discussing maintenance of long term changes.

Results: Mean weight before the benefit was 187.1 lbs or 85.1 kg and went down to 167.0 lbs or 76 kg. The mean BMI before benefit implementation was 33.03 kg/m² and decreased to a non-obese value of 29.68 kg/m².

Conclusion: 3.0 kilograms of weight loss over six months can be achieved when a clinician diagnoses an adult with obesity and begins intensive counseling and behavioral interventions to promote weight loss. Though there was a lack of diversity for age, gender, and race, there is high-level evidence that offering or referring all adults with obesity for weight loss should occur. Improving primary care clinician comfort and knowledge with obesity management is necessary.
Problem: Despite spending more per person for health care than any other country in the world, the United States lags behind in many important health measures including life expectancy; which ranks 34th in the world. A 2006 survey of 400 Ozaukee County residents indicated the number one health concern of the respondents was obesity (49%), and unhealthy food choices was rated number three (36%). Alcohol and drug abuse was rated number two (47%). Cedar Creek Community Church in Grafton, Wisconsin Wellness Ministry mission is to promote wellness through health promotion, illness prevention, and education. The Protocol for the Encouragement of Whole Health (PEWH) was developed to promote spiritual, physical and nutritional health of church attending adults in Ozaukee County with the intent to serve as an outreach ministry to inner city churches of Milwaukee County.

Evidence: Multiple studies have demonstrated a link between daily spiritual engagement and improved overall health. Higher levels of intrinsic spirituality have been linked to reduced cortisol levels suggesting a protective effect against stress. The connection between frequent church attendance, improved health practices and reduced mortality has also been well demonstrated. The interdisciplinary movement of Health at Every Size (HAES) was used as a conceptual framework for the project. The HAES concept reflects the growing body of evidence that refutes the assumption that all obesity leads to worse health outcomes and supports that overemphasis on dieting and thinness have led to weight stigmatization, discrimination and unhealthy weight cycling.

Strategy: Nine church attending adults participated in a two hour wellness retreat. The participants took the Spiritual Well-Being Scale™, identified a health goal and had blood pressure measured. Next, they received wellness education by lecture, discussion and printed materials while making a bracelet with colored beads to serve as a mnemonic for daily steps for spiritual, nutritional and physical health. Following the retreat the participants were instructed to complete a monthly diary reflecting the usefulness of the bracelet as a reminder of daily health habits. Three months post retreat participants completed another Spiritual Well-Being Scale™, had blood pressure measured, and were individually interviewed regarding the helpfulness of the project in attaining their health goal.

Results: 100% of the participants reported the project and the bracelet helped towards achieving their health goal. One participant experienced a significant clinical improvement in blood pressure (142/80 to 115/70). A two tail t test did not demonstrate a statistically significant change in overall blood pressures from baseline to three months (systolic t- test, p= 0.2421, diastolic t test p=0.0233). The majority of participants wore the bracelet daily for the three month period. The Spiritual Well-Being Scale scores reflected an overall improvement but did not demonstrate a statistical change (two tail t score, p value 0.100481). Exit interview comments were overwhelmingly positive.

Implications/Limitations: The Protocol for the Encouragement of Whole Health is a cost effective strategy for education and daily encouragement of spiritual, physical and nutritional health. A larger, longer and population diverse study is needed to determine if the protocol has statistically significant and sustainable health benefits.
MEASURING USE OF POSITIVE THINKING SKILLS: PSYCHOMETRIC TESTING OF A NEW SCALE
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Background and significance: In the United States, 2.8 million people have Autism Spectrum Disorder (ASD), a complex developmental disability that affects a person’s ability to communicate and to interact socially. Persons with ASD can be aggressive, anxious, overactive, and self-injurious. Caregiving for these children is demanding, and often overwhelming, and can affect family caregivers’ physical and psychological well-being. Previous research demonstrated that individuals with high positive thinking have been found better able to meet life’s challenges and to experience more positive physical and psychological health outcomes. Although psychometrically sound measures of positive cognitions exist and positive thinking training trials show the intervention increases adaptive functioning and enhances quality of life, there is no direct measure of intervention fidelity. Purpose: The purpose of this study is to examine the reliability and validity of an 8-item Positive Thinking Skills Scale (PTSS), which measures the frequency with which intervention recipients use specific positive thinking skills.

Framework: Grounded in cognitive-behavioral theory, the skills measured in the scale reflect cognitive activities to increase positive thoughts and eliminate or modify negative ones. Thus, the measure recognizes both negative and positive aspects of cognition while capturing the frequency with which respondents use the skills directed toward achieving positivity. Half of the scale items focus on supporting positive thoughts while the other half highlight the need to change from negative to positive thinking; higher scores on the measure indicate more positive thinking. This measure holds great promise in its ability to capture strategies used by individuals to maintain a positive outlook. However, lower scores may suggest the need for interventions directed toward encouraging more positive thinking.

Sample description: A convenience sample of 109 male and female caregivers of persons with ASD, who were able to read and understand English and who had internet access participated in the study. Setting: Caregivers were recruited from the Interactive ASD Network (IAN). Method, design & procedure: A descriptive and correlational design was used to examine the psychometric properties of the PTSS. Study participants completed the 8-item PTSS and measures of positive cognitions, resourcefulness, depression and psychological well-being for construct validation.

Results: A Cronbach’s alpha of .90 indicated internal consistency of the PTSS. Deletion of any items would not improve the scale’s internal consistency. In addition, 79% (n = 22) of the 28 possible inter-item correlations were between r = .30 and r = .70, further supporting internal consistency. Construct validity was demonstrated by significant correlations in the expected direction with positive cognitions (r = .53; p < .01), resourcefulness (r = .63; p < .01), depression (r = -.45; p < .01), and general well-being (r = .40; p < .01). Principal components factor analysis produced a single factor with 59% of the variance explained. Conclusions: The findings suggest the PTSS is reliable and valid and may therefore be potentially useful for evaluating intervention fidelity among caregivers of persons with ASD.
EVALUATION OF SUMMER PRE-ADMISSION INTENSIVE PROGRAMMING FOR MINORITY BACCALAUREATE NURSING STUDENTS

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Background and Significance: A disproportionately smaller number of racially and ethnically diverse students begin nursing education programs compared to Caucasians; minority students have higher attrition rates than white students. African Americans, Hispanics/Latinos, and American Indians/Native Americans account for 29.8% of the U.S. population, but comprise only 16.8% of the registered nurse (RN) workforce. Increasing the number of professionals who more closely mirror underserved populations can enhance culturally competent care and potentially address health disparities by facilitating interpersonal connections and advocating for social justice. Purpose: This federally funded project aims to improve workforce diversity by assisting minority students to achieve academic success and become RNs. One strategy of this multi-faceted project is a four-day, on-campus Pre-Admission Intensive (PAI) session. The PAI focuses on developing social support and familiarization with campus resources. Sample Description/Population: Fifty-two Marquette University College of Nursing BSN freshmen from underrepresented backgrounds have participated in PAI sessions. Setting: The PAI sessions were held on-campus at Marquette University over five consecutive annual summers. Method/Design & Procedure: Evaluation of PAI sessions includes comparative data analysis of self-rated pre- and post-test skill surveys of student attendees. Comparison of students’ data in the overall project, between those who attended PAIs and those who did not, will include their first semester GPAs and 4 years of retention rates. Additional focus group data from verbatim transcripts recorded at the conclusion of each session will be content analyzed to represent participant perspectives. Results/Outcomes: Predicted outcomes include enhancement of competencies reported on surveys as well as higher GPAs and retention rates over time. Data analysis will be completed prior to the conference and outcomes reported in the poster. Conclusions/Implications: Pre-admission sessions may help students from ethnically and racially diverse backgrounds strengthen their academic preparation. They may also build positive working relationships among student cohorts and enhance trust in educational support service personnel.
Background and Significance: The prevalence of autism spectrum disorders (ASD) is one in 88 people. Children with ASD experience difficulties with novel experiences, and are hypersensitive to environmental stimuli. These factors contribute to frustration, challenging behaviors, and both child anxiety and parent anxiety, which delays medical imaging procedures.

Purpose of the Study: The purpose of this pilot study is to test the effectiveness of an IPAD application (app) social script intervention on parent and child anxiety, child behaviors, and imaging procedure length.

Framework: Stress and Coping Theory predicted the relationships between high levels of parent and child anxiety to longer procedure imaging length and more challenging child behaviors.

Sample Description/Population: Participants aged 4-18 years olds with ASD, and one of their parents were recruited to participate in the study.

Setting: The study took place at a midwestern pediatric tertiary care hospital imaging department and at one of the health system’s suburban imaging center.

Method/Design & Procedure: The study is a pilot randomized controlled trial cross sectional interventional study [2 group comparison planned for n=25 intervention, n=25 treatment as usual (TAU)]. We measured parent anxiety with the State-Trait Anxiety measure. Child anxiety was assessed pre/post iPAD application intervention by heart rate and blood pressure measurements. Four procedural timestamps were recorded during the CT scan. Child’s behaviors were measured with the Behavior Observation Tool- ASD developed for the study.

Results: Preliminary data collection (n=11 exposed to the app compared with n=11 exposed to TAU of no preparation) showed children tended to have lower anxiety as measured by heart rate, and blood pressure as each measure approached statistical significance (i.e. p=0.05). Furthermore, the children with ASD exposed to the app had fewer behaviors for all 3 subscales of the Behavior Observation Tool (statistically significant for self stimulatory behaviors subscale, p=.048). All 22 images were completed, with shorter times to complete images and time on table to time image starts approaching statistical significance. In contrast, parents of ASD children exposed to the app had lower state anxiety compared to parents of ASD children exposed to TAU (approaching statistical significance).

Conclusions: Preliminary results demonstrate feasibility of the approach, and the near-significance of physiological effects of the intervention highlighting the need to collect additional data to demonstrate efficacy.
LONG-TERM CARE NURSES’ EXPERIENCES IN TRANSFERRING A COGNITIVELY IMPAIRED ELDERLY RESIDENT TO THE HOSPITAL
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Background and Significance
Approximately 50% of all long-term care residents have dementia and 25% of them are hospitalized annually. The potential consequences associated with the transfer of elderly cognitively impaired individuals include decreased quality of care, delayed diagnoses and treatment, increased medical costs, and communication errors between long-term care facilities and hospitals.

Purpose of Study
A pilot study using a narrative approach was conducted to increase our understanding of long-term nurses’ experiences when transferring a cognitively impaired elderly resident to the hospital. The findings from this study provide insights on ways to improve the transfer process and enhance patient safety.

Sample Description/Population
Nine long-term care nurses were identified by nursing administrators as experts in transferring cognitively impaired elderly long-term care residents to the hospital.

Setting
Nurses were interviewed at two long-term care facilities in the Midwest region of the United States.

Method/Design and Procedure
Semi-structured, face-to-face, in-depth interviews were conducted with nine long-term care nurses. The researcher transcribed audio-recorded interviews verbatim and reviewed transcripts for accuracy. Content analysis was used to identify key structures in the successful transfer of cognitively impaired elderly long-term care residents to the hospital.

Results/Outcomes
The findings revealed key structures essential in the successful transfer of cognitively impaired elderly long-term care residents. Effective communication amongst key players cross cut the key structures. Structures occurring in all scenarios included problem recognition, familiarity with residents and families, communicating with key players, clarifying family preferences, preparing residents for transfer, and packaging critical patient information for good hand-offs. Second opinions were obtained in more complex cases and in circumstances where nurses were less familiar with residents.

Conclusions/Implications
Information gained from this study might facilitate the orientation of new nurses to long-term care facilities and provide guidance to nurses working with cognitively impaired elderly long-term care residents. The findings suggest that nurses’ timely problem recognition and effective communication of critical information to families and other health care professionals are associated with smoother transitions between long-term care facilities and hospitals and better patient outcomes.
Background and Significance
Women receiving adjuvant chemotherapy for breast cancer complain of cognitive declines including reduced attention, decreased information processing speed, mental “cloudiness”, and memory loss; a phenomenon referred to as cancer related cognitive changes “chemobrain”. This phenomenon, as well as the causes, severity and duration of the change in mentation, is not clearly understood.

Purpose of the study
The aim of this study was to investigate the changes in brain function that occur when women undergo chemotherapy for breast cancer and to compare the changes to healthy women.

Sample Description/Population
Six women were recruited from an oncology clinic prior to beginning standard chemotherapy (Chemo group), and a convenience sample of 7 healthy women (Control group) subjects were recruited based on similar age and education.

Setting
Outpatient visits at a large Midwestern medical facility.

Method/Design & Procedure
Task activation (n-back) and resting-state functional connectivity (fC) scans were completed in fMRI imaging sessions before and after 4 cycles of chemotherapy. The Control subjects underwent the same imaging protocols twice separated by at least three months, matching the timing of the Chemo group.

Results/Outcomes
Repeated measures analysis was used to determine if the groups were different during the study or changed over the duration of the study. No significant differences in n-back task performance were found between groups. However, areas of the brain activated during task performance and during resting state were found to have significant differences (p<0.05) between groups including increases in activity in the default mode network in cancer patients.

Conclusions/Implications
The changes in brain activation during cognitive tasks and functional connectivity may explain some of the cancer related memory changes that women notice. Understanding what areas are changed will help as we develop interventions to relieve the symptoms.
PARTNERING WITH BEDSIDE CAREGIVERS TO SCREEN FOR HF INDICATORS
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Background and Significance: During February 2011 thru January 2012, there were 604 admissions with a primary diagnosis of heart failure. Of those, 136 were 30-day readmissions for heart failure. The average 30-day HF readmission rate during this time period was 23.20%. A literature review conducted on HF education confirmed that early identification of HF and education are keys to decreasing readmission rates.

Purpose of the Study/Project: The purpose of the project is to assist the bedside caregivers in identifying patients who meet HF core measures.

Sample Description/Population: The population consists of all ICU patients admitted to the Froedtert ICUs including those patients from the ED, inpatient units and outside facilities.

Setting: The Intensive Care Units located within a 500 bed Academic Teaching Center with 69 ICU beds located in the Midwest.

Method/Design & Procedure: The interdisciplinary team reviewed the current process of identifying a patient with heart failure and barriers causing fallouts. A work group was formed to identify strategies to ensure that all ICU patients were screened for congestive heart failure while in the ICU setting. The Virtual ICU offered assistance in screening all ICU patients. An educational plan was developed which covered inclusion/exclusion criteria for HF indicators. For the VICU staff, a HF binder was created which included HF articles, statistics, and a workflow so that each patient was screened in the same manner. As the VICU evaluates each patient, a formatted sticky note was placed in EPIC for all caregivers to see. It identified whether the patient met HF core measures, did not meet criteria for HF or if a physician needed to clarify the diagnosis of HF.

Results/Outcomes: Since the inception of the screening by the VICU RNs in February 2012 thru January 2013, approximately 7,227 patients were evaluated. The Quality Assurance audits have confirmed compliance with documentation of HF education of those ICU patients identified during this timeframe. The 30-day HF readmission rate for February 2012 thru January 2013 is 19.78%.

Conclusions/Implications: The focus of educating heart failure patients is to promote self-care, reduce readmission, and help patients identify problems early. Patient and family education is an important component for those identified with heart failure. Early identification of heart failure can lead to individualized, evidence-based education which can facilitate the patient's adaptation to HF which will decrease the frequency of readmission. The sticky note has been a key component in increasing bedside caregiver awareness of those patients who screen positive for heart failure.
A TRANSDISCIPLINARY EDUCATION MODEL FOR ADVANCING SEXUAL HEALTH IN ADULTS WITH SPINAL CORD INJURY
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Background and Significance:
Historically, addressing sexuality and fertility issues during hospitalization was considered controversial and seldom done. Even today many clinicians are uncomfortable providing education to patients regarding sexuality and reproductive health following spinal cord injury (SCI). Sexuality is consistently identified as a priority topic and one that becomes increasingly more important during the months and years following injury.

Purpose of the Project:
The purpose for the project was to create an education model promoting sexuality and reproductive health education for individuals with SCI and their partners.

Framework:
The team chose the PLISSIT Model (Permission; Limited Information; Specific Suggestion; Intensive Therapy) Framework for Sexual Health Education and Counseling to guide this project.

Method/Approach:
A team convened outlining three stages of implementation for advancing sexual health education among adults with SCI. First, staff were surveyed using the KCAASS (Knowledge; Comfort; Approach; Attitudes; toward Sexuality Scale) Tool for measuring components of sexual health education. A multidisciplinary workshop was held to share results of the survey and engage staff participation in activities exploring barriers to sexual health education in the healthcare setting. The second stage was creating and implementing three unique education requirements. The final stage, program evaluation, included completion of a post test, on-going analysis of documentation of patient and family education through chart review, and examination of additional resources needed.

Results:
Pre-test data revealed significant barriers related to a perceived lack of knowledge and “because the patient didn’t ask”. Post education test data revealed a significant improvement in perceived knowledge.

Conclusions/Implications: Sexual expression is a fundamental part of being human. Clinicians have a responsibility to provide accurate information about sexuality and reproductive health following SCI to assist patients and their partners toward making a healthy adjustment following injury.
Background and Significance: Research provides significant opportunities to improve the processes and outcomes of nursing care. However, representative samples of adequate size are required to obtain valid and meaningful results. It is often assumed nurses working in research environments will automatically participate in research. In reality, many nurses hesitate to participate and a great deal needs to be learned about strategies which result in recruitment efforts to acquire baseline data for a larger study focusing on Complexity Compression in nursing.

Purpose of the Study: The purpose of this study is to understand the complex theory of complexity compression in the work environment of the nurse.

Framework: The theory of Complexity Compression describes the phenomenon nurses experience when asked to manage unanticipated responsibilities in the compressed time frame of a shift.

Sample Description/Population: A target population of greater than 1400 registered nurses employed as inpatient, outpatient, and specialty clinic nurses will be surveyed.

Setting: The setting is a 600 bed, Level 1 Trauma, Academic and Magnet designated facility that promotes research.

Method/Design and Procedure: A descriptive study was used to evaluate the impact of numerous strategies on recruitment. Based on power calculations it was determined a minimum of 600 nurses were needed for the larger study. Recruitment efforts were monitored weekly and strategies adjusted to eliminate ineffective and strengthen effective strategies. Leadership and staff unit meetings were attended. Initial recruitment occurred at a mandatory education fair, and over time included direct and indirect forms of printed and personal contact. Use of Survey Monkey and the current 7/70 staffing pattern enabled tracking of actual enrollment, % of total enrollment, and % usable surveys. Successful recruitment, as determined by completed surveys, was evaluated for each strategy. A time-line demonstrates these relationships.

Results/Outcomes: This baseline survey indicated nurses initiated 720 surveys, including 18 paper copies (2.5%). Of these, 609 contained adequate data to be included in analysis. Reasons for incomplete surveys ranged from server problems, interruption of staff, lost computer signals, and unknown. Some nurses chose not to respond to questions containing personal information such as age and years of education. The nurses preferred electronic surveys to paper surveys. Management support was critical, directly affecting participation rates. Paradoxically, nurses reported inadequate time to participate because of complex, unanticipated demands on their time.

Conclusions/Implications: Recruitment involves leadership support as well as staff participation. It is important to provide opportunities for staff to participate on and off clinical units. Multiple recruitment methods are needed, and it is important to drop those that do not work.
CARS: COMMUNICATION ABOUT DISCHARGE READINESS
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Background: Poor discharge preparation contributes to readmissions. One in five Medicare patients is readmitted within 30 days after discharge. Patients and caregivers consistently report that they do not receive information they need for self-management at home. Little emphasis has been placed on communication within the hospital care team during the discharge preparation process. Furthermore, inclusion of discharge readiness from the patient’s perspective, formalized assessment of discharge readiness by the care team, and communication of these perspectives is not a standard of care on the day of discharge.

Purpose: The purpose of this study is to improve the discharge experience of adult medical surgical patients through improved discharge preparation communication between patients and care team members, with subsequent improvement in the post-discharge experience.

Framework: Meleis’ Transitions Theory

Sample/Population: The sample will consist of inpatient care team members and adult medical surgical patients. Care team members included are: attending physicians, residents, medical students, mid-level providers, staff RNs, and social workers/case managers. Patient inclusion criteria are: at least 18 years of age, speaks English, and discharged directly home without hospice care.

Setting: Two medical surgical units at a large Midwestern Academic Medical Center

Method/Approach: Descriptive, correlational, and quasi-experimental approaches will be used in a sequential study design. Phase 1 will be a descriptive study about patterns of communicating about discharge among study team members and RN/MD collaboration. Phase 2 will consist of baseline measurements for a quasi-experimental pre-post intervention study of the impact of communication education on patient, nurse, and physician perceptions of discharge readiness and their relationship to post-discharge coping difficulty at home, ED use, and readmission. Phase 3 will be a replication of phase 2, post intervention. Phase 4 will be a replication of phase 1 post intervention.

Results/Outcomes (preliminary findings OK if poster): Pending

Conclusions/Implications: Intended outcomes of this study include improvement in communication among providers about discharge preparation and integration of patient perspectives on readiness for discharge from hospital to home with care team perspectives, thus promoting a patient-centered model of care for the hospital discharge process. Obtaining multiple perspectives on discharge readiness creates the opportunity for patient and care team to partner in identifying deficiencies in discharge readiness that warrant anticipatory, compensatory, or corrective interventions prior to discharge, with the goal of averting post-discharge problems and utilization. The results will also inform development and translation of tools for assessment of discharge readiness to clinical care environments.
PROMOTING SERVANT LEADERSHIP WITH MINORITY BACCALAUREATE NURSING STUDENTS

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Background and Significance. The proportion of minority nurses, particularly in faculty and management roles, does not accurately reflect the U.S. population. To address this gap and persistent health disparities, the Institute of Medicine and the U.S. Department of Health and Human Services support programs that increase ethnic and racial diversity among healthcare providers. Marquette University has received federal funding for Project BEYOND (Building Ethnic Youth Opportunities for Nursing Diversity), focused on retention and graduation of minorities in nursing. A component of this project is the development of leadership competencies among students from underrepresented backgrounds. Building leadership skills and self-confidence early in the academic career improves student retention and forms a foundation for transition to professional roles.

Purpose of the study/project. The overall purpose of Project BEYOND is supporting BSN minority students’ success. One new strategy is offering a formalized Servant Leadership (SL) development program. Framework. The basic principles of SL reflect both the tradition of the nursing profession and the university mission. The SL principles emphasize actions that are relationship-building, future-oriented, and community oriented, that continue to grow throughout one’s career. Sample Description. BSN undergraduate nursing students at Marquette from various ethnic and racial backgrounds who participate in the SL program component. Setting. SL sessions primarily take place on campus. Method/Design & Procedure. A SL curriculum has been developed and is being implemented. Current programming integrating the SL framework includes targeted, supportive education sessions offered twice monthly during the academic year to foster self-awareness and development of leadership in serving others. Students receive guidance and are encouraged to demonstrate leadership skills in areas such as communication, negotiation, group dynamics, and conflict resolution. They complete a SL pre- and post-test on needed qualities and how they are developing personally. Attendance at sessions is tracked and a focus group is held at the mid-point of the sessions to determine student growth as leaders, program strengths, and opportunities to improve future programming based upon identified needs. A faculty member, not directly involved with Project BEYOND, will facilitate the focus group to encourage student candor. The focus group will be recorded, transcribed, and analyzed by the BEYOND staff to extrapolate themes. Analysis of the pre- and post-tests, attendance, and completion records will be reported. Results/Outcomes. Students’ development within the SL framework will be analyzed. Data will be available for podium presentation at the time of the conference. Conclusions/Implications. Minority nurse leaders are needed and SL is a framework to further enhance their development and professional success.
HEALTH HABITS AMONG COLLEGE-AGE ADULTS
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Submission For: Poster Presentation
Background & Significance: College years are commonly associated with weight gain in young adults. While in college, students adopt health habits that likely persist throughout their adult life. Thus, college years are a “teachable moment” in which students can be introduced to healthy habits. Prior to developing interventions to encourage adoption of healthy habits the physical fitness and nutritional intake of college students needs to be described.
Purpose: This purpose of this project is to describe the physical fitness and nutritional intake health habits among a sample of college age students.
Framework: Previous investigators have reported that healthy habits tend to correlate. Thus, it is hypothesized college students who exhibit high levels of physical fitness will also report healthy nutritional intake.
Sample Description/Population: A sample of full-time undergraduate students, ages 18-22 years (18.7±1.10 years) were recruited from a single health and wellness course and campus fliers. A total of 44 students participated in the study including 20 students recruited from the course. This sample consisted of 37 (84%) females, 7 (16%) males, 30 (68%) freshman and 73% of the sample residing in campus dormitories with the unrestricted meal plan.
Setting: This project took place on the Marquette University campus.
Method/Design & Procedure: This descriptive study involved a one-time data collection (Fall 2012) by trained research assistants. Assessment of physical fitness included measures of body composition, aerobic capacity, muscle strength, muscle endurance and flexibility. Nutritional intake was derived from two consecutive daily diet recall interviews, averaged and translated into nutrient intake using the U.S. Dept or Agriculture MyPlate website (http://www.choosemyplate.gov/).
Results/Outcomes: 19% of the sample were overweight (BMI = 25-30), the average BMI was 23. T-tests indicated that students from the health and wellness course were similar (p>.05) on all measures. Descriptive statistics indicated the sample exhibited above average measures of physical fitness compared to national norms. Preliminary analysis of the nutrient intake indicated the sample consumed less than the recommended dietary allowance (RDA) for fiber (mean = 20gms), calcium (974mgs) and iron (14.7mgs) and excessive amounts of sodium (2943mgs) with 32% of total caloric intake coming from fat and 10% from saturated fat. Measures of strength and endurance demonstrated significant (p<.05) low to moderate correlations (r=.32 -.73). None of the nutritional intake variables demonstrated any correlation with any of the measures of physical fitness (p>.05).
Conclusion: This sample exhibited above average physical fitness with a nutritional intake that did not meet the RDA for a number of critical nutrients. This population did not exhibit correlations between physical fitness and nutritional intake which did not support the hypothesis.
BACKGROUND: The incidence of chronic pain in trauma patients is remarkably high, with 79.2% of patients reporting chronic pain at 4 months. A higher initial numeric pain score predicts the development of chronic pain in trauma patients. With this knowledge, the next step is to determine if there are pain practices that can effectively reduce initial pain and, thereby, chronic pain.

PURPOSE: The purpose of this study was to determine if receiving pain medication before arriving at the hospital—through emergency medical services—decreases initial pain score and the incidence of chronic pain in trauma patients.

SAMPLE: 101 adult trauma patients admitted to a Midwestern Level 1 trauma center.

DESIGN: Prospective longitudinal study.

METHOD: Initial pain score, Injury Severity Score (ISS) and documented administration of pain medication through emergency medical services before arrival at the hospital were acquired in a retrospective investigation of the participants’ health records. Chronic pain was defined as the presence of pain related to the trauma at 4 months after the trauma, determined with the question, “Do you have pain now that is related to your traumatic injury?”

RESULTS: Participants who received pain medication through emergency services before getting to the hospital reported higher initial pain scores upon arrival at the hospital (m=8.40) than patients who did not receive pain medication (m=6.78), despite there being no difference in ISS for the two groups. Furthermore, 96.4% (n=27) of participants who received pain medications developed chronic pain, whereas only 72.6% (n=53) of participants who didn’t receive pain medications developed chronic pain.

CONCLUSION: Given that initial pain predicts the development of chronic pain, determining ways to decrease initial pain is imperative. This study documents that the initial pain scores of participants, taken upon arrival at the hospital, that received pain medication through emergency services were higher than those who received no pain medication, despite both groups having equivalent injury severity. Furthermore, participants who received pain medication were also more likely to develop chronic pain. A more detailed examination of the effectiveness of the administration of pain medication to trauma patients through emergency services and alternative strategies for decreasing initial pain should be further investigated.
Background and Significance: Chronic critically ill (CCI) children have been increasing in prevalence throughout the Children's Hospital of Wisconsin ICU population. CCI patients have been noted to contribute to high systematic costs and have abnormal pathophysiologic profiles, but children have significant alterations in their care, particularly regarding family involvement. Care conferences often ease the transition of these children home or help prepare these patients for end-of-life care.

Purpose of Study: The purpose of this review is to examine best care practices regarding the CCI pediatric population, with particular interest to improve the care conference process involving CCI patients.

Sample Description: 87 articles focusing on information regarding clinician communication, care conference processes, both the adult and pediatric CCI populations, and family processes associated with these topics. 4 families participated in an informal quality improvement initiative for care conferences.

Setting and Framework: The informal quality improvement project was performed following four tracheostomy/ventilator (trach/vent) care conferences at Children's Hospital of Wisconsin. No framework guided this review.

Method/Design and Procedure: For the literature review, the author used Google Scholar, CINAHL, the Cochrane Database, and Medline from 1985 through October of 2012 to find information regarding the study topics.

Results/Outcomes: Results of the literature review include standardization of the definition of CCI, interdisciplinary involvement, and advanced directive planning. Care conference specific recommendations investigate frequency, duration, indications, translation services, communication training, alternative names for care conferences, and the flow of care conferences. Clinician communication techniques are also discussed. Creation of a brochure would help families understand the CCI population and the care conference process. Families are satisfied with the care conference process.

Conclusion: Trach/vent care conferences model many evidence-based practices and can serve as a template for other care conferences. Further research in the literature should focus on standardizing the CCI definition, improving facilitation of care conferences, nonverbal communication, and pediatric-specific care conference improvement.
EFFICACY OF ACHIEVING PREGNANCY WITH FOCUSED INTERCOURSE DURING THE SELF-ESTIMATED FERTILE WINDOW

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Background and significance: There are 7.2 million U.S. women with infertility. One out of six couples of reproductive age is struggling with conception. Many of these couples may achieve pregnancy with professional nursing supports and behavior managements at a low cost.

Purpose: There are only 6 days during the menstrual cycle in which there is a probability of pregnancy with an act of intercourse, i.e., the day of ovulation and the preceding 5 days. These days are known as the fertile window (FW). There is evidence that couples desiring pregnancy often mistime intercourse when trying to achieve pregnancy and lack knowledge of the FW. The purpose of this study was to compare pregnancy rates when couples attempting to achieve pregnancy have intercourse during the self-estimated FW and when they do not.

Theoretical base: Fertility literacy based on knowledge of the FW of the menstrual cycle by self-monitoring reproductive hormones, i.e., the rise in estrogen and the luteinizing hormone (LH) surge.

Methods: 101 couples who utilized an electronic hormonal fertility monitor (EHFM) to target fertility during the estimated FW for the purpose of achieving pregnancy. The EHFM measures a rise in urinary metabolite of estrogen (estrone-3-glucoconoride) and the threshold in urinary LH. All couples charted their estimated fertility and acts of intercourse in an online menstrual cycle charting system. Pregnancy rates during menstrual cycles when intercourse occurred during the estimated FW (i.e., correct use) were compared with the pregnancy rate when intercourse did not occur during the estimated FW by survival analysis.

Results: The mean age of the participants was 29.8 (SD = 5.0; range 20-42) and they were attempting pregnancy for a mean of 3.6 months (SD = 6.5; range 1-38 months). There were 46 confirmed pregnancies, based on 195 cycles of correct use (out a total of 360 cycles) that yield a pregnancy rate of 89 per 100 women at 12 months of trying. The pregnancy rate was 3 per 100 women when intercourse occurred out of the FW.

Conclusion: Focusing intercourse during the hormonally estimated FW of the menstrual cycle enhances the probability of achieving a desired pregnancy. Knowledge of the FW and initiating intercourse during that time is crucial for couples who desire pregnancy. Preconception nursing care can assist couples in learning about fertility awareness and behavior modification to achieve pregnancy.
CREATING EFFECTIVE MENTOR-MENTEE DYADS FOR AN ETHNICALLY DIVERSE STUDENT POPULATION

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Background and Significance: It is well documented that successful completion of nursing education programs for underrepresented minority students is challenging. In an effort to address these challenges, Marquette University College of Nursing launched a federally funded project entitled Marquette University: Promoting Minority BSN Student Success. Researchers have shown that when undergraduate nursing students form stable mentoring relationships with other students, dedicated faculty and staff, and/or practicing registered nurses, they are more likely to be successful in their nursing education programs. Student mentees and mentors, as well as registered nurse mentors who participated in the mentoring program, have reported positive outcomes as evidenced by end of semester focus group discussions. This poster describes the four phase mentoring program developed to promote successful mentoring relationships and analysis of the mentors’/mentees’ focus group data.

Purpose of the Study Project: This project was designed, in part, to help meet the needs of an increasingly diverse population by providing more minority nurses representative of this diversity, to provide culturally competent care and address persistent health disparities.

Framework: A conceptual framework was used. It is adapted from Scott’s five dimensions of mentoring concept: (a) a helping relationship; (b) actions, which include emotional support, career assistance, and role-modeling; (c) mutual benefits from the relationship; (d) personal interaction and exchange; and (e) empowered position of the mentor.

Sample Description: Registered Nurses, peer mentors, and minority nursing students were selected to participate. The Registered Nurses were BSN graduates who included MUCN alumnae, faculty and staff. Peer mentors began in their roles at or above the sophomore level.

Setting: All major events were held on campus except the mentor training session, which was held at one of the Project’s partnering hospitals.

Method Design and Procedure: The strategies that were put in place focused on recruitment, training, assignment of dyads, and special events for establishing and maintaining the mentor-mentee relationships. Focus group methodology was used to evaluate the participants’ perception of the mentoring program.

Results/Outcomes: Both groups identified mentoring as a positive experience.

Conclusions: The results of the program evaluation indicate that establishing compatible, effective mentoring dyads is critical in supporting students as they strive for academic success.
The purpose of this dissertation study was to gain a better understanding of the subjective experience of low-income, urban dwelling, African Americans with Heart Failure. Outlining both the perceived facilitators and barriers related to engaging in Heart Failure self-care behaviors. The theoretical framework for this study was founded on the principles of education for critical consciousness. This study utilized a mixed methods descriptive research design and the photovoice methodology.

Ten low-income African Americans with Heart Failure were recruited from three public housing buildings. The participants’ mean age was 67.5. Their average annual income was $13,537. Participants were provided with digital cameras and instructed to take photographs of what they do to take care of themselves, what makes it easy, and what makes it difficult. The participants and the researcher met for two hours per week for six weeks to discuss the photographs that were taken each week. Additionally, participants completed the Personal Health Questionnaire (PHQ-9) depression severity screening tool and the Self-Care of Heart Failure Index (SCHFI) on week 1 and week 6.

Commonly reported maintenance behaviors included adhering to medications, following dietary restrictions, and participating in daily physical activity. Three themes emerged concerning the facilitators: family support gives me the push I need, social interaction lifts me up, and support in my environment has allowed me to better my condition. An additional sub-theme—personal benefits of the environment—was identified within the third theme. Four themes emerged as the barriers: depression slows my heart down, interruption in health care provider, neglected environment, and dietary challenges.

The findings from this study provide a deep understanding of the importance of social support from family, friends, and health care providers in improving self-care maintenance behaviors. Additionally, inescapable environmental constraints were identified as interfering with engagement. These findings may assist nurses in understanding the complexity of heart failure self-care among low-income African Americans living in urban settings. Understanding individual self-care behaviors, facilitators, and barriers of those with Heart Failure can lead to the development of appropriate patient-centered assessments and interventions.
Background and Significance: Interstitial cystitis (IC) is a chronic condition characterized by mild to severe bladder pain, with or without urinary urgency and frequency. Of the approximately 700,000 people diagnosed with IC in the United States, over 90% are women. Many women turn to complementary self-help therapies in order to find relief of symptoms. Providers should have knowledge of the types of therapies patients use and whether or not they interfere with conventional therapies.

Purpose of the Study: The purpose of the study was to determine which self-reported complementary therapies patients use to treat IC and their associated symptom relief.

Sample/Population: 161 women with the diagnosis of IC (DRG Code 595.1) who sought treatment at the Pelvic Health Center at ProHealth Care between 2009-2011.

Method/Approach: An eleven item open-ended survey was distributed in one mailing. The survey included The National Institute of Health’s definition of complementary therapy: “… a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine.” Sample survey questions included: (1) Have you used complementary therapies after you were diagnosed with interstitial cystitis? (2) What therapy or therapies did you use? The survey was developed based on professional experience with this patient population.

Results/Outcomes: The survey return rate was 32% (53/161). Of the 53 surveys returned, 79% (42) of the respondents indicated complementary therapy use. Themes were identified, including diet, supplements, guided imagery, and biofeedback. The respondents also indicated that it was a combination of medical therapies (e.g. prescription medicines, bladder instillations) with complementary therapies which brought them relief.

Conclusions/Implications: Health care providers need to be educated on the use of complementary therapies and how to integrate them with medical therapies in order to offer patients an individually focused plan of care. Further research is needed to fully understand the impact of the specific complimentary therapies for IC on management of bladder pain, urgency, and frequency and how to counsel patients on their use.
EFFECTIVE COMMUNICATION AND TEAMWORK BETWEEN REGISTERED NURSES AND CERTIFIED NURSING ASSISTANTS
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Background and Significance: A literature review was completed demonstrating a need for improved communication and teamwork among nursing staff in the acute care setting. Studies showed that lack of communication and poor attitudes led to poor patient outcomes. A lack of role understanding contributes to poor attitudes and poor teamwork. Ways to improve communication and teamwork included team building activities, job shadowing, and a collective orientation culture.

Purpose of the Study/Project: The purpose of this study was to compare the perceptions of communication between registered nurses (RNs) and certified nursing assistants (CNAs) within an acute care setting.

Sample/Population: All registered nurses (RN) and certified nursing assistants (CNA) on general medical and surgical units in a Midwestern United States hospital system. 45 CNAs (28%) and 21 RNs (7.5%) responded to the survey.

Method/Approach: A survey was sent to all RNs and CNAs on medical and surgical units. The survey consisted of 1 demographic question, 6 Likert scale questions, and 3 open ended questions. The questions were developed by the team based on professional experience and literature review to determine the current practice of nurse to nursing assistant handoff and barriers to communication within the organization.

Results/Outcomes: Results of this survey showed that consistent handoffs do not occur between RNs and CNAs. The survey also showed discrepancies in the perceptions of RNs and CNAs in recognizing and reporting abnormal patient findings. The majority of CNAs (88.9%) reported being very confident in recognizing abnormal patient findings while only 52.4% of the RNs reported being very confident in the CNAs ability to recognize abnormal patient findings. Sixty-two percent of CNAs report they always communicate abnormal patient findings to the RN within 15 minutes, but only 4.8% of RNs feel this always occurs.

Conclusions/Implications: The results were consistent with the literature, demonstrating the need for improved communication between the RNs and CNAs. Possible recommendations include: team building activities; a structured RN to CNA report; a card with data to be reported to the RN within 15 minutes; a change in policy to require a report at the start of each shift, and shadow experiences with each other during their orientation to promote better role understanding.
BACKGROUND AND SIGNIFICANCE: Improperly placed nasogastric (NG) tubes can result in severe adverse events including aspiration, pneumonia and pneumothorax. Historically, radiologic confirmation and the air ‘whoosh’ method have been frequently utilized to confirm NG tube placement in both adult and pediatric patients. Concern for radiation exposure when determining NG tube placement in the pediatric population, lead a group of pediatric nurses to search for best practice standards.

PURPOSE: The purpose of this evidence-based practice project is to determine best practice for the placement, verification and maintenance of NG tubes in pediatric patients (0-17 years of age) and standardize the practice at a community-based acute care setting.

METHOD: A critique of the literature was conducted to determine current, evidence-based best practice for pediatric NG tube placement, verification, and maintenance. Current literature indicates that nose-ear-mid-umbilicus (NEMU) is more accurate than the traditional nose-ear-xiphoid (NEX) measurement for determining tube insertion length. Testing pH of gastric aspirate was found to be a reliable method to confirm NG tube placement. Research no longer supports air insufflation also known as the ‘whoosh’ method for placement confirmation.

Registered nurses providing care to pediatric patients were surveyed in the month of December 2012 with a confidential electronic survey to identify current state practices. The team developed a seven item survey utilizing a frequency rating scale. Questions were composed based on literature review findings and knowledge of current state. Three questions compared placement, verification methods and frequency of assessment in pediatric patients with NG tubes. Two questions measured knowledge levels of specific verification techniques. One question measured staff comfort and confidence in management of pediatric NG tubes and the final question provided workplace demographic information.

RESULTS: The literature review and the survey results demonstrate a gap between knowledge and practice. 17 of 40 pediatric registered nurses completed the survey. The results revealed only 23.5% of respondents always used the recommended NEMU method of NG tube measurement for determining insertion length. In addition, 82% of respondents never used pH testing and 58% of respondents always used air “whoosh” method.

CONCLUSION: A standardized guideline reflecting current evidence-based best practice will be established. An educational plan and post implementation test of knowledge will be completed by March 2013. Pediatric RN’s will then be resurveyed to determine a change in practice.
**STANDARDIZING HEMOSTASIS POST CARDIAC CATHETERIZATION**

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**Background and Significance:** Nursing staff reported the perception of increased incidence of bleeding complications post cardiac catheterization. Case study reviews suggested that the lack of standardization in medical and nursing practices might be creating challenges in achieving hemostasis.

**Purpose:** The purpose of this evidence-based practice project was to understand and recommend standardized methods to achieve hemostasis in post femoral arterial cardiac catheterization patients and minimize post-procedure bleeding complications.

**Methods:** A project team used multiple methods to evaluate the current state and best practices to recommend a standardized approach to hemostasis. The team created a synthesis table that summarized 34 research studies on this topic. The summary table was used to create a case review tool to evaluate best strategies to eliminate undesirable outcomes. Cardiologists who used this community-based hospital’s cath lab were surveyed to understand their beliefs and current practices related to hemostasis and post procedure care preferences. In addition, 20 patient charts were reviewed to understand current medical and nursing practices.

**Results:** The final synthesis table consisted of five articles that summarized randomized clinical trials or quasi-experimental studies. The cardiology physicians’ beliefs/practices survey (N=6/18 [33%]) showed that they preferred/believed: (1) to use Mynx as the most common vascular closure device (66%), (2) to use cath lab staff to perform manual compression (100%), (3) that non-cath lab staff skill at performing manual compression was not standardized (100%), (4) that cardiologists based their decision to use vascular closure devices versus manual compression on the type of department/staff who would pull the sheath (80%), (5) that cardiologists determined whether to use vascular closure device versus manual compression based on the type of femoral angiogram performed (83%), (6) that the anticipated length of stay post procedure influenced whether or not they used a vascular closure device (83%), (7) that patient satisfaction/comfort influenced their use of manual compression versus vascular closure device (83%), (8) that post-procedure bed rest time varied for both diagnostic and interventional cardiac catheterization, and (9) 83% of cardiologists stated that they were not comfortable having cardiovascular technicians perform vascular closure even if they were competent and under direct supervision. The chart review study is in progress and will be completed by March 2013.

**Conclusion:** The research review did not provide adequate evidence to recommend an optimal closure device. There is lack of cardiologist confidence in the non-cath lab staff’s ability to use manual compression to achieve hemostasis. Additional findings will be summarized from the chart review. Recommendations at this time include (1) training a core team per department to use a standardized approach in performing manual compression, (2) updating current policies and procedures pertaining to methods of achieving hemostasis, (3) updating order sets to reflect best practice, and (4) improving organization data collection on this topic by creating a report that will enable quality improvement of this workflow and patient outcomes over time.
LYMPHEDEMA RISK: WHAT DO YOU KNOW?
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Background and significance: Breast cancer surgical options have expanded over the years. Numerous strides have occurred to reduce morbidity from lymphedema commonly associated with lymph node surgery, a component of several breast cancer surgeries. One of the improvements has been sentinel node biopsy. Nurses have an integral role in providing patient education on lymphedema risk factors and reduction strategies. However, despite the advances to surgical procedures for breast cancer, nurses continue to teach and practice lymphedema risk reduction strategies, such as avoiding blood pressures and venipuncture on the affected surgical arm perhaps without knowledge of current evidence of lymphedema risk factors and reduction strategies.

Purpose: The purpose of this evidence based practice project was to explore current evidence and nurse’s knowledge of lymphedema risk factors and strategies to reduce risk.

Sample population: The sample included inpatient and outpatient Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Nurse Practitioners (NPs) in a community-based health care system.

Method: A literature review was conducted and consultation with content experts occurred. A baseline knowledge survey was developed on risk factors for lymphedema and strategies to reduce risk. It was piloted with seven colleagues, including five RNs, a breast cancer rehabilitation therapist, and an Advance Practice Nurse (APN). Based on their feedback, additional edits were incorporated. A 16-item survey was distributed to 587 nurses through an e-mail message with an embedded link to the survey. The survey was comprised of three demographic questions, followed by thirteen knowledge and application questions, formatted as true/false, multiple choice, and one narrative question. The survey period was from December 14-28, 2012.

Results and outcomes: The response rate was 36% (N=209). Of the 209 nurses who responded to the survey, 98.1% were from RNs. Participants (66%) identified that lymphedema cannot be cured while 75.1% of participants recognized that patients must follow risk reduction measures for a lifetime. Responses for identification of patient-related and treatment-related risk factors and strategies to reduce the risk were evenly distributed between correct, incorrect or “I do not know”. Staff narrative responses expressed interest in obtaining updated information and a desire to learn more about the treatment of lymphedema.

Conclusion and implications: A lymphedema knowledge gap was identified between nurses’ knowledge and current evidence on lymphedema risk factors and reduction strategies as demonstrated by the nurses who responded incorrectly or indicated not knowing the correct response. This gap may result in breast cancer patients receiving potentially outdated and inconsistent information from RNs, LPNs, and/or NPs involved in their care. The next step is to develop and implement an education plan and repeat this survey to evaluate knowledge post-implementation of the education plan.
HIV/AIDS TREATMENT IN LOW-RESOURCE COUNTRIES: THE CASE OF HIV-INFECTED WOMEN IN CAMEROON, CENTRAL AFRICA

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Background: Like most sub-Saharan African countries, in Cameroon the number of people newly infected and living with HIV/AIDS continues to increase posing serious challenges for the government and healthcare systems. How are the healthcare systems dealing with the ever growing needs of the population with limited human and economic resources? Purpose was to explore from the perspectives of HIV-infected women the barriers experienced in accessing the modern biomedical systems.

Methods: Qualitative cross-sectional in-depth narrative inquiry design was used, guided by a postcolonial feminist framework. Women (n=30) 18 years and older who self-reported as being HIV-infected, recruited from the urban/rural areas of the Northwest region of Cameroon (January, 2011). IRB approval obtained from University of Milwaukee Wisconsin and Cameroon Ethics Committee. Interviews conducted in 'pidgin English' lasting 1 to 2 hours. Analysis was driven by a framework developed from the Weissman, “Fast Fact Concept #17: Patient-Centered Interviewing: Understanding the Illness Experience outline for assessment of patient’s illness experience” (Weissman, 2000).

Results: Findings revealed personal and structural challenges related to HIV treatment and care. Personal barriers included lack of transportation and/or limited funds to pay for transportation and long distance to travel to health centers for treatment and following up visits. Structural factors included delays in availability of antiretroviral (ARVs) medications at government clinics, limited supplies of ARVs thereby leading to pill rationing, long wait periods at health centers, overcrowding, staff shortages, and poor working conditions for medical staff, and stigma perpetrated by healthcare workers.

Conclusion. The pressing HIV needs in Cameroon cannot be met without adequate healthcare systems and workforce. The chronic shortage of trained healthcare workers hampers the possibilities of addressing the healthcare needs of HIV-infected women in rural Cameroon. The healthcare systems should be developed and restructured to sustain the ever-growing HIV/AIDS population in the country. Such efforts should include training of healthcare workers, improvement of logistics for better ARV delivery, and better well-equipped laboratory systems.
EMPLOYED PARENTS PERCEPTION OF FAMILIAL WELLNESS BEHAVIORS: A PILOT PROJECT
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Purpose/Background: Promoting wellness within the family is a strategy to ensure that children are healthy. An approach that targets parents as change agents is one way to effectively promote health in the family. The purpose of this pilot project was to explore employed parents perspectives of familial wellness behaviors, including dietary and physical activity patterns.

Theoretical/conceptual framework: Bronfenbrenner’s ecological model was the theoretical framework for this investigation. Employed parent’s perceptions were explored in an effort to gain greater insight into wellness patterns in their familial environmental that could impact the health of their children.

Method: As part of a larger investigation, employers were contacted to recruit employed parents (n = 32) whose children ranged in age from 2-18 years, and who were ethnically and economically diverse. Data was collected from parents in focus groups as well as an investigator developed 25 item Parent Characteristic Survey, which focused on identifying wellness characteristics of employed parents and their children. Descriptive data from the survey were analyzed and findings are reported here.

Results: A majority of the participants were mothers (72%), identified as white (81%), college educated (66%) with family income > $75,000/year (53%). Fruit and vegetable consumption varied by income, education, and weight perception categories. Greater amounts of fruits and vegetables were served in families reporting lower education levels (< college degree) and higher incomes (> $75,000/year). Participants self-categorized as overweight reported greater vegetable intake than normal weight participants, yet fruit consumption was the same across weight categories. Parents with lower income and less education report greater frequency (> 4 times/week) of exercise/sports, though when examined by weight categories, the frequency of exercising and sports was equivalent.

Conclusions: Employed parents responses in this pilot project underscore the need for a targeted health promotion program that would include education of parents on increasing fruit and vegetable intake within their families. The maintenance of health and wellness in the family should include a holistic approach in which parents are taught the importance of exercise activities while promoting a balanced diet for the family.
UTILIZING POLK’S THEORY OF RESILIENCE TO IMPROVE QUALITY OF LIFE OF PATIENTS WITH NEWLY DIAGNOSED CANCER.

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Introduction and Background: Patients with newly diagnosed cancer mostly experience fear, stress, and uncertainty. These experiences can affect their coping abilities, and resilience. Understanding about coping abilities and resilience levels of these patients will help us to better provide supportive care to improve their ability to draw on their resilience. Greater resilience allows the patient to reach equilibrium and improve their quality of life.

Purpose of Study: The purpose of this project is to explore coping abilities, quality of life, and resilience patterns of the newly diagnosed cancer patients using the Polk's Theory of Resilience.

Conceptual Framework: This project is guided by the Polk's Theory of Resilience. The Polk's Theory of Resilience is comprised of four patterns, dispositional, relational, situational, and philosophical. The levels of each pattern are different among individuals. These four patterns can impact coping abilities and resilience levels of each individual.

Methods: The Polk's Theory of Resilience will be utilized as a framework to explore coping abilities, quality of life, and resilience patterns of the newly diagnosed cancer patients. The CINAHL and Web of Science are primary sources of the information.

Results: We expect that utilizing the Polk's theory of resilience will help us differentiate positive and negative coping patterns in the patients with newly diagnosed cancer. Patients’ perceived levels of resilience patterns, coping levels, and quality of life will be evaluated. A dispositional pattern allows individuals to utilize their own resources, relational patterns allows utilization of others for support, situational patterns allows utilization of the environment, and philosophical patterns allows utilization of individualized spiritual beliefs.

Clinical Implications: It is imperative for advanced practice nurses to understand coping levels and the patterns of resilience in newly diagnosed cancer patients to appropriately provide nursing care and effective interventions to improve their resilience and quality of life.
BACKGROUND AND SIGNIFICANCE: Minority groups, particularly African Americans disproportionately suffer from the leading causes of morbidity and mortality in the United States (Krochanek, Xu, Murphy, Miniño, & Kung, 2011). There is a need for culturally sensitive lifestyle modification programs to reduce the health disparities in African Americans and other vulnerable populations.

PURPOSE: One Adult Wellness Class, in a Midwestern social service agency, an evidence-based lifestyle modification program has been facilitating and motivating African American clients to make healthful lifestyle choices for over 20 years. This unique program, delivered in Milwaukee’s most impoverished neighborhood has not been systematically examined in a mixed method evaluation.

METHOD: This mixed method investigation used 1) electronic health record data to compare outcomes of clients attending a nurse managed health center who did and did not attend the Adult Wellness Class, and 2) qualitative interpretive narrative interviews with seven long-term participants, to discover how the House of Peace Adult Wellness Class retained participants, and affected participants’ perceptions of their health and social support.

RESULTS: This evaluation discovered how the program facilitated and motivated ethnically diverse clients to make healthful lifestyle choices, provided communal support, and assisted in stress management. This study also revealed a positive trend in proximal and distal health outcomes of clients who participated in the Adult Wellness Class. Finally, the results from this evaluation were found to comply with prior evidence-based recommendations for eradication of health care disparities in minority populations.
INTRAUTERINE AND PERINATAL BISHENOL-A EXPOSURE AND NEONATAL BODY COMPOSITION

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Background & Significance: In healthy newborns, lean muscle, bone and body fat are the key components in body mass. There is leading evidence that factors that regulate body mass lead to different rates of growth and this “programming” can lead to different risk of obesity, cardiovascular disease, growth retardation, and diseases of the bone. By understanding different mechanisms that interfere with body composition, we may then begin to shed light on that which may link these changes in fat, muscle, and bone tissue with disease.

Fetal weight by itself is a measure of mass and is a poor predictor of fetal growth abnormalities. Other biomedical markers can help predict fetal disease or future growth problems. The most current measurements are Air-displacement plethysmography (ADP) and Dual-energy x-ray absorptiometry (DXA) are being tested. ADP does not require exposure to radiation and holds promise as a non-invasive body composition measurement.

Bisphenol-A is produced in high quantities in the United States and used to manufacture epoxy resins, plastics and flame retardants. BPA has been identified as a Category 2 Reproductive toxicant and is suspected to cause reproductive damage by the European Parliament.

Purpose of the Study: This study will test our hypothesis that early human exposure to bisphenol A (BPA), an environmental obesogen, increases body fat and risk of obesity. We will demonstrate feasibility, methods, validity, and effect size for optimal study design. The results of this study will provide preliminary data for large scale studies of the relationship of prenatal/neonatal BPA exposure and future body composition. We will be comparing concordance between body fat values determined by ADP and DXA in a neonatal population. To justify the less expensive (and perhaps more parentally acceptable) ADP testing, validation of equivalence between ADP and DXA results in this age group is needed.

Sample, Setting, Methods: 45 mother–infant pairs will be recruited and their urine will be collected. ADP measurements will be performed in the nursery at Froedtert. DXA scans will be performed in the Radiology dept. at Children’s Hospital of Wisconsin. Mothers will be recruited from the L&D unit, mother-baby unit, and OBGYN Clinic at Froedtert Hospital.

Results: Data collection in progress. Our expectation is that as the BPA increases in urine and meconium, and that the fat mass will be proportionately higher. This information will have important implication for growth during childhood.
EXPLORING THE PERCEIVED HEALTH NEEDS AND RISKS OF ILLNESS AMONG MEXICAN AMERICAN ADULTS WITHIN AN URBAN, FAITH-BASED SETTING

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**Background:** The Mexican population makes a significant contribution to our cultural milieu. While it is a growing population, it is also considered to be a vulnerable population. Barriers to care reported by the Mexican population include limited access to health insurance, limited language ability, and lower socio-economic status. Barriers to care, stress, and its sequelae are important to examine. According to the NHANES data, Mexicans are at increased risk for hypertension, diabetes, and heart disease. Missing from the literature is an understanding of which illnesses Mexicans consider to be the greatest risk to their community. Such information is critical prior to implementing community wide interventions, and is consistent with primary health care.

**Purpose:** The purpose of this study is to obtain a better understanding of the health needs and perceived risks of illness within the Mexican community. Demographic descriptions of the population, along with their perceptions of stress, will be examined.

**Methods:** After an initial proposal to the parish council, IRB approval was obtained, and an announcement was made in Spanish during mass at 2 predominately Latino parishes located in a mid-western urban setting. Parish members were invited by the researcher to meet one time in a focus group setting. The meetings took place in two separate parish centers and lasted for 60 minutes. Focus group methodology was the framework used, and open-ended questions allowed for interaction between participants. The sessions were audio-recorded. A professional interpreter was used to perform simultaneous translation during the sessions. The participants completed a demographic questionnaire and a stress measurement tool. The study instruments were designed by the researcher. The stress measure consisted of one item, using a Likert scale, with 0 representing no stress and 10 representing severe stress. The participants were also asked to list perceived sources of stress. A mixed methods approach was used to analyze the qualitative and quantitative data.

**Findings:** Qualitative data will be examined for recurrent themes along with descriptive data.

**Implications:** This study is important to patient care because what nurses believe are the health concerns within the Mexican community, may be in conflict with the perceptions of the community members. With the information from this study, nurses can design effective, and culturally appropriate interventions to improve the overall health of Mexican communities.
EXPLORATION OF CULTURAL IMMERSION FOR CULTURAL COMPETENCE
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Background and Significance
Teaching culturally safe care to meet diverse patient care populations is a challenge in curriculum. Study abroad programs and mission focused practical experiences are known to enhance cultural competence for undergraduate nursing students; however few nursing students are able to participate in these learning opportunities in their educational journey. Personal, ethical, and aesthetic knowledge development of the nursing role occurs over time, in a variety of patient encounters, contributes to emancipatory knowing, and influences development of cultural competence. Literature suggests that the encounter of another culture facilitates the process of learning culturally safe care for diverse populations. Baccalaureate nursing programs include transcultural education however few evaluate student self-efficacy beliefs and learning of cultural competence.

Purpose of the Study/Project
To describe the lived experience of student nurses’ cultural immersion during a medical mission and explore their cultural competence self-efficacy beliefs.

Framework
Jeffrey’s Cultural Competence and Confidence (CCC) model components of cognitive, practical, and affective learning with the Transcultural Self-Efficacy Tool guide this study and the research process to measure self-efficacy strength.

Sample Description/Population
Four baccalaureate nursing students with one male, 20-30 years of age, from a private University in the Midwest consented to participate during a two week medical mission.

Setting
The mission trip was in Nicaragua on the island of Ometepe during summer 2012.

Method/Design and Procedure
Participants completed the 83 item TSET before and one month after the experiences. Participants wrote a reflective journal during the mission trip and then composed a narrative with photographs describing their experiences. The narratives were organized around the cognitive, practical, and affective dimensions of Jeffrey’s CCC model. Written narratives were analyzed following a basic (Husserlian) phenomenological approach.

Results/Outcomes
After the immersion experience, all student TSET subscale scores increased; the greatest was in the practical and skill dimensions. Interpretation of the written narratives supported evidence of increased knowledge (cognition) about environmental and sociocultural influences for health as well as changes in cultural values and beliefs reflecting enhanced cultural competence and confidence for nursing students.

Conclusions/Implications
Cultural immersion experiences have value in enhancing self-efficacy beliefs and thus building cultural competence and confidence for nursing students. Further research about the benefits of cultural immersion for cultural competence is recommended.
THE EFFECTS OF PRENATAL NICOTINE EXPOSURE ON THE ADIPOSE-TISSUE HORMONES IN CHILDREN

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Background and Significance: In the United States, approximately 20-50% of pregnant women identified themselves as cigarette smokers. Through the use of cigarette, nicotine is primary addictive ingredient and the leading preventable cause of disease, disability, and death. Prenatal nicotine exposure has been linked to health outcomes in children, such as low weight at birth, small size for gestational age, and later respiratory infections, neuroendocrine dysfunctions, behavior disorder, and obesity. Animal studies indicated that exposure to nicotine during the prenatal period altered the regulatory pathways that control metabolism and levels of two important adipose-tissue hormones, adiponectin and leptin. These hormones regulate growth and energy balance. Thus, it is possible that the alteration of these adipose tissue hormones may result in eventual obesity. However, limited data is available regarding the links between prenatal nicotine exposure and adipose-tissue hormones in human. Better understanding of this relationship is important for interpreting health outcomes and development of prevention and treatment strategies for children exposed to nicotine during fetal development.

Purpose of the Study/Project: The purpose of this project was to review the impact of prenatal nicotine exposure on the concentrations of adipose-tissue hormones, leptin and adiponectin, in children.

Method/Design and Procedure: Relevant publications were identified using PubMed and Thomson Reuters (ISI) Web of Knowledge, focusing on the impact of prenatal nicotine exposure and levels of the adipose-tissue hormones, leptin and adiponectin. Related articles were selected and reviewed thoroughly.

Results/Outcomes: Limited data is available in relation to the relationships between prenatal nicotine exposure and the concentrations of leptin and adiponectin hormones in human. One study indicated that children exposed to nicotine during fetal development were more likely to have lower serum leptin concentrations than their non-exposed counterparts. However, the concentrations of leptin in newborns were higher at older gestational age. A negative correlation between leptin concentrations in newborns and the number of maternal cigarettes smoked per day was also found. Infants born to mothers who smoked more than twenty packs of cigarettes a day had higher levels of leptin than infants born to mothers who smoked less. In addition, data indicated that the concentrations of serum adiponectin hormone in preterm infants exposed to nicotine during prenatal period were lower than their non-exposed counterparts. This finding, however, is reported in a single small sample size study.

Conclusions/Implications: The effects of prenatal nicotine exposure on children’s health are enormous. Understanding the relationships between prenatal nicotine exposure and the concentrations of leptin and adiponectin hormones will assist in predicting health problems related to the alteration of these hormones, and ultimately to develop prevention and treatments strategies to lessen the impact of prenatal nicotine exposure on children’s health. More research regarding the relationships between prenatal nicotine exposure and the concentrations of leptin and adiponectin is essential.
Background and Significance: Childhood overweight/obesity continues to be identified as major health concern for children and young people globally. A large number of studies addressing diverse aspects of childhood overweight/obesity issues have been flooding the literature, yet intervention studies are smaller in number.

Purpose of the study: This meta-analysis examines the development, testing and effectiveness of childhood obesity interventions that focused on weight loss in the past ten years from 2002-2012.

Sample Description: The children included in the meta-analysis ranged in age from 6 to 16 years, with a mean age of 11 years. The number of children varied between studies with the Treatment group number of participants ranged from 18 to 446; Control group numbers ranged in size from 21 to 115 participants, for a total N of 1755.

Method: A meta-analysis of intervention studies was conducted to examine the effectiveness of weight loss programs for overweight or obese children. The data search strategies, coding, and data analysis phases were replicated from an earlier study that is reported in the literature (Snethen, Broome & Cashin, 2002). An extensive literature search included a general review of 416 articles and a more in-depth analysis of 27 that were selected based on the established inclusion and exclusion criteria. The data were analyzed using Comprehensive Meta-Analysis version 2.2.064 software Copyright © 2006 Biostat, Inc.

Results/Outcomes: Thirteen intervention studies met the criteria for the meta-analysis, with a total of 15 outcomes reported within those studies. The majority of the 13 studies that met the criterion for this meta-analysis were conducted outside the US (n = 10), discussed the cost of the running the programming (n = 7) and were run by an interdisciplinary team that did not mention the inclusion of a nurse (n = 12). The average effect was $d = .732$, with a 95% confidence interval of 0.351 to 1.113, $p = .000$, with quality scores ranging from 20 to 28. The heterogeneity analyses overall Q score was 163 with a fail-safe N of 520.

Conclusions/Implications: The findings indicate that the heterogeneous interventions included in this meta-analysis had a significant positive effect on weight loss in overweight/obese children. However, it is interesting to note that of the 13 studies, the majority of the intervention studies are facing some of the same challenges as earlier studies have reported (e.g. attrition), and are using similar techniques as previously reported.

IMPROVING THE AWARENESS OF BODY MASS INDEX AND GUIDELINES FOR GESTATIONAL WEIGHT GAIN IN LOW-INCOME AND MINORITY WOMEN

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BACKGROUND/SIGNIFICANCE: In spite of the risks of obesity and inappropriate gestational weight gain, approximately 60 percent of pregnant women in the U.S. gain an inappropriate amount of weight and overweight and obese women are twice as likely as normal weight women to exceed the Institute of Medicine’s recommendations for gestational weight gain.

PURPOSE: This project’s goals were to: a) increase nurse awareness of pregnancy weight gain guidelines and the risks posed by obesity; b) develop a new method of charting targeted weight gains; and c) improve clients’ knowledge of appropriate weight gain during pregnancy at a Milwaukee Women’s Outpatient Clinic. The Organizational Dynamics Institute’s FADE model of Quality Improvement was used for this project.

METHODS: A survey was given to 78 low-income and minority women to measure knowledge and beliefs about gestational weight gain. Nurses were surveyed about their practice, understanding of the risks of obesity and excessive gestational weight gain on perinatal outcomes, and perceived barriers to the project. A review of 100 charts was performed to determine the percentage of clients who had BMIs recorded. Interventions were developed to meet the goals. The surveys and chart review were repeated 2 months after the process change to measure outcomes and determine if the goal of 75% compliance was reached.

RESULTS: The follow-up surveys demonstrated improved knowledge of weight gain recommendations in overweight (43.8% versus 21.1%) and obese (53.1% versus 36.7%) women after the interventions. Nurses showed improved knowledge of the guidelines and enhanced comfort discussing the topic. BMIs were charted in the correct spot in 88% of the charts (versus 57% pre-intervention). Targeted weight gains were entered in 84% of charts.

IMPLICATIONS: Periodic chart reviews should be completed until at least 95% of compliance is reached. Nursing staff, the most important partners, will continue their work to educate patients and to collaborate with other healthcare team members in order to achieve healthy gestational weight gains.
Utilizing the Theory of Caring to Improve Quality of Life in Adolescents with Polycystic Ovary Syndrome

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Significance: Polycystic Ovary Syndrome (PCOS) affects 11-26% of adolescent females in the United States. Clinical symptoms of PCOS include obesity, hirsutism, insulin resistance, irregular menses, and infertility. These complications have a significant psychological impact and affect the quality of life (QOL) and well-being of these adolescents. Nevertheless, the psychological impact of this syndrome has often been underestimated or ignored by health professionals. Evidence showed that adolescents with PCOS felt that healthcare providers including nurses were dismissive of their symptoms and lacked empathy. Presently there is no cure for PCOS and treatments primarily aim at symptom management. Caring for these young women requires holistic care; thus, advanced practice nurses must be prepared to address the psychosocial issues associated with PCOS.

Purpose: The purpose of this project is to improve the quality of life in adolescents with PCOS by utilizing the theory of caring in nursing practices.

Conceptual Framework: The theory of caring by Swanson (1991) is chosen as a conceptual framework for this project to investigate the quality of life of adolescents with PCOS and to implement nursing care to improve their quality of life.

Methods: The adolescents with PCOS will be recruited from a Midwest adolescent PCOS clinic. The Health-Related Quality of Life Questionnaire (PCOSQ) and a caring survey will be distributed to the adolescents to complete before and after intervention. The intervention plan will consist of monthly meetings, led by an advanced practice nurse who is skilled and knowledgeable of utilizing the caring theory and adolescent care, and weekly phone calls to discuss any concerns that the adolescents with PCOS may have. The expected outcome is improvement of the QOL of the adolescents with PCOS.

Nursing Implications: The theory of caring may be used to guide an investigation aimed at exploring and improving the experience of caring and the QOL of the adolescents with PCOS.
Background & Significance: Delirium is a common and potentially life-threatening acute decline in attention and cognition occurring in response to physiologic stress. The prevalence of delirium ranges from 10-40% in general medical-surgical inpatients and 60-85% among mechanically ventilated ICU patients. Delirium is frequently unrecognized by nurses and other healthcare professionals. Researchers found that nurses and medical practitioners failed to identify the presence of delirium in greater than 60% of all delirious medical-surgical patients and was undetected in 46-66% of hospitalized patients.

Purpose: The purpose of this educational intervention is to improve staff nurse knowledge of delirium. Subsequent practical application of this knowledge will foster increased prevention, identification, assessment, and management of delirium, with the potential for improving patient outcomes.

Framework: The framework for this program is Knowles’ Adult Learning Theory. Knowles believes that learners come to the learning experience with pre-existing knowledge; thus, education related to delirium and improving patient care and outcomes will build on nurses’ prior knowledge and be relevant to their nursing practice.

Sample Description/Population: A convenience sample of 40 registered nurses from four medical-surgical units (10 RNs from each unit) will be asked to participate.

Setting: The intervention will take place on four inpatient medical surgical units located in a Midwestern Federal academic medical center. Number of beds per unit varies from 15 to 30.

Method/Design & Procedure: Participating staff nurses will be asked to complete a ten question multiple-choice, fill-in-the-blank pretest. An oral and visual poster presentation will be given. The content of the 15-30 minute presentation will include the significance of delirium in the inpatient setting, epidemiology, clinical features, risk factors, prevention, assessment tools, and nursing implications. At the conclusion of the program, staff nurses will be requested to complete a posttest, identical to the pretest, to evaluate change in nurses’ knowledge. An evaluation of nurses’ satisfaction with the intervention will be conducted.

Results/Outcomes: It is anticipated that nurses will demonstrate an increase in knowledge on the posttest. Results will be available at the time of the presentation.

Conclusions/Implications: Evidence supports improved patient outcomes with educational intervention, therefore time and effort for this endeavor is worthwhile. Pre/Post test design will test immediate recall of education content. It is recommended that participants are tested again to evaluate long term recall. It is expected that increased nursing knowledge will result in improved patient outcomes.
**ASK 4 FACTS: VETERAN AND NURSE PERCEPTIONS OF AN INNOVATIVE COMMUNICATION TOOL**

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**Background/Significance:** There is a correlation between lower health literacy, increased use of health-care, and increased cost of health care (IOM, 2004). According to anecdotal evidence, at least once each day, patients ask for clarification regarding discharge instructions, treatment plans, and/or medication administration despite instructions from nurses and pharmacists. Patients have difficulty understanding medical jargon and often need clarification regarding plans of care and medication dosages. These are key indicators of limited health literacy. An innovative communication tool, *Ask 4 Facts*, has been developed to improve nurse/patient communication and ultimately patient health outcomes.

**Purpose:** Investigate Registered Nurses’ (RNs’) and Veterans’ perceptions of *Ask 4 Facts* and communication patterns as part of the development and implementation of this communication tool.

**Framework:** Iowa Model of Evidence-Based Practice to Promote Quality Care.

**Sample/Setting:** The study will be conducted in a Midwest academic VA medical center. A maximum of 50 direct care RNs from all practice settings and a total of 5-25 outpatient Veteran participants will be included. This sample size is adequate since qualitative studies usually use small, non-random samples. Data collection may stop before 50 RNs and 25 Veterans are included if data saturation is achieved, that is, when similar responses are received from several participants. Patients must be able to communicate in English, be cognitively intact, and agree to the interview.

**Method/Design/Procedure:** A qualitative descriptive design with purposive sampling will be used. Content analysis of qualitative data will be performed. RNs and Veterans will be given a copy of the same interview. The study team member will interview the participants using the interview guide. Answers will be written down on the interview sheet by the study team member. No tape recording of the interview is being done. A quiet, private area will be used for the interview. A pre-printed thank you note will be given to study participants at the completion of the interview. All RN study team members will reinforce to Veterans that this is not routine care.

**Results:** IRB approval is in progress. Data collection and results are pending.

**Conclusions/Implications:** Communication has a direct impact on Veteran medical care and health outcomes. Investigating health care providers’ and patients’ perceptions of this tool before it is implemented will identify any needed refinements to the tool and facilitate successful implementation of *Ask 4 Facts*. 
MALIGNANT HYPERTHERMIA CRISIS:
OPTIMIZING PATIENT OUTCOMES THROUGH SIMULATION
AND INTERDISCIPLINARY EDUCATION

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Background and Significance: Malignant Hyperthermia (MH) is a rare genetic disease process that occurs when predisposed individuals are exposed to certain inhalation anesthesia agents and depolarizing muscle relaxants. It is a medical emergency, with most episodes occurring shortly after induction of general anesthesia or during the intraoperative period. Immediate intervention with rapid, specific treatment is needed to prevent death. MH is a rare life-threatening event and many clinicians may be unprepared for management should a crisis occur. Simulation is a recognized teaching method to facilitate learning in a safe environment. Evidence-based simulation scenarios allow health care providers the opportunity to achieve hands-on training for situations that are high risk and low volume in the clinical setting. Interdisciplinary collaboration during a MH crisis may facilitate improved patient outcomes.

Purpose of the Project: To provide education for perioperative staff in the assessment and treatment of MH.

Framework: The Plan-Do-Study-Act (PDSA) model guided this quality improvement project.

Sample / Population / Setting: Perioperative staff including RNs, surgical techs, and anesthesia providers in the operating room of a Midwest VA medical center

Method / Approach: An interdisciplinary perioperative team collaborated on the development of an educational plan to increase staff knowledge related to MH. The final education plan had two components. First, a staff anesthesiologist provided the perioperative team with an overview of MH via slide presentation. This was a live presentation during a morning staff meeting and was attended by OR nurses and surgical technicians. The presentation included case exemplars and an opportunity for staff to ask questions. Second, perioperative staff participated in a simulation experience in an OR suite. A staff anesthesiologist created a MH scenario. The simulation experience was offered on two days providing an opportunity for all staff to participate.

Results / Outcomes: OR staff responded favorably to both the MH slide presentation and the simulation scenario. Outcomes achieved from the simulation activity included role clarity, improved anticipatory response, and overall team cohesion and interaction. The debriefing following the simulation provided staff with an opportunity to identify what went well and areas for improvement.

Conclusions / Implications: MH is a rare, life-threatening event in the OR. Simulation provides an opportunity to create a scenario and role play a potential crisis situation using an interdisciplinary approach in a safe environment. The OR will include annual MH simulation scenarios to improve perioperative staff member efficiency in treating a patient during a MH Crisis.
Background and Significance: The Rapid Process Improvement Surgical Workshop and observation of nurses preparing patients for diagnostic or surgical procedures identified disparities in RN assessment practices in the Ambulatory Procedure Center (APC). Inconsistencies in assessment practices and interventions impact patient safety and patient readiness for invasive diagnostic or surgical procedures. The educational approach for this project was based on Kolb’s (1984) Experiential Learning Model. Kolb suggests students learn more effectively when the learning environment combines components of psychomotor, cognitive, and affective knowledge because learning is a continuous process based on experience. Simulation imitates the real life environment requiring nurses to demonstrate assessment, decision making, and critical thinking necessary to provide competent care. In addition, learners have the opportunity to engage in deliberate practice, self assessment, and immediate feedback in a safe and controlled environment.

Purpose of the Project: Establish a standardized assessment practice for nurses ensuring patient readiness for an invasive diagnostic or surgical procedure.

Framework: Plan-Do-Study-Act (PDSA) framework for continuous quality improvement.

Sample/Population/Setting: Seventeen registered nurses practicing in the Ambulatory Procedure Center in a Midwest VA Medical Center.

Method/Approach: An educational plan was developed which included a learning needs assessment; identification and involvement of key stakeholders and target audience; program purpose; and specific learning objectives. Three teaching strategies were selected based upon audience characteristics, learning objectives, complexity of content, and availability of resources. These included World Café, e-learning tutorials, and simulation. World Café fosters self assessment, collaborative dialogue, active engagement, and shared decision making for nursing practice. E-learning tutorials from a commercial online nursing skills program enhance knowledge. High fidelity full scale simulation promotes skill development, problem solving, prioritization, team work, and interprofessional communication. Kirkpatrick’s (1998) Levels of Evaluation were applied to determine program effectiveness and outcomes.

Results/Outcomes: Nurses were able to master specific performance criteria through deliberate practice, immediate feedback, and reflection. In the evaluation, nurses felt more secure in their assessment skills and were able to ensure patient readiness.

Conclusions/Implications: Blended learning provided nurses the opportunity to expand cognitive knowledge, acquire skills, and improve interprofessional communication. APC orientation will now include a simulation session to ensure competence, cognitive knowledge, and consistency in practice. A focused assessment addendum will be added to the Provision of Care Policy. Finally APC assessment practice will be evaluated through direct observation using a standardized tool in 2013.
Background/Significance: Home telehealth (HT) has shown to improve patient outcomes by reducing hospital admissions, bed days of care, unscheduled primary care visits, and Emergency Room (ER) visits. For an effective program, participants need to be involved in their HT care. Individual providers prescribe participation or response frequencies based on disease management guidelines although agency performance measurement goals identify across-the-board participation/response rates. Several interventions were implemented to improve response rates, but outcomes were difficult to evaluate by patient, HT device, or by intervention.

Framework: Plan-Do-Study-Act (PDSA) quality improvement process.

Purpose: Evaluate the HT device by response rates with possible areas for improvement.

Sample/Setting: HT program serving over 900 Veterans in a Midwest academic VA medical center with over 550,000 outpatient visits annually. Data were collected for a random sample of 120 Veterans who participated in September 2012 and a purposive sample for one device with limited usage in October. Interdisciplinary team consists of nursing staff and social workers.

Methods/Design/Procedure: The PDSA process was used to organize and evaluate outcomes and evidence for three areas: (a) Response rates were identified for each of 4 HT devices using a custom data collection sheet to collect information felt to be pertinent; (b) Each team member identified the interventions implemented over the past 2 years and the facilitators and barriers to the program; (c) A literature synthesis is in process for HT program descriptions, response rates, and outcomes.

Results: (a) Response rates for one month for individual Veterans participating in HT ranged from 6% to 100%. For each device, the monthly average response rates ranged from 54 to 76%. When comparing the goal response rate for each device to the performance goal (100%), no device facilitated achievement of the goal. Goal rates ranged from 31-69%. There was a significant difference between goal rates of each HT device ($X^2=14.91; p = 0.001$); (b) Five major interventions were implemented over 2 years; barriers were categorized into four themes, including pharmacologic regimen, technology issues, time issues, and miscellaneous. (c) Initial review of research reports demonstrates a variety of participation/response rates with varying related outcomes.

Conclusion/Implications: Improvement is needed to meet performance standards. Each device provides unique features, fostering patient-centered care. Research is needed to investigate the relationship between a patient-centered and diagnosis-related approach to participation goal setting and its effect on outcomes and participation response rates.
USING A STATE-WIDE QUALITY COLLABORATIVE TO DECREASE LATE INFECTIONS IN NEONATAL INTENSIVE CARE UNITS IN

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Aim: Reduce the rate of late bacterial infections among sixteen Level 3 Neonatal Intensive Care Units (NICU) in Wisconsin by 20% from 2010-2012.

Setting: 13 Level 3 NICUs in Wisconsin with an aggregate annual total of >13,500 central line days.

Mechanisms: The standardization of critical processes has been demonstrated to improve compliance with known best practices in order to improve clinical outcomes. The Institute for Healthcare Improvement (IHI) promoted the use of evidence-based care-practice “bundles” beginning in 2002. IHI initiatives have repeatedly proven that, “reducing variation improves the predictability of outcomes and helps reduce the frequency of poor results”.

This initiative measured the impact of implementing six care practices in each of 13 Wisconsin NICUs in order to standardize processes for the insertion and daily maintenance of centrally-placed intravascular lines; procedures that are major contributors to late bacterial infections.

Methods: The Wisconsin Neonatal Perinatal Quality Collaborative (WINpqc) consists of 16 Level 3 NICUs that belong to the Vermont-Oxford Neonatal Network. The WINpqc Steering Committee identified reduction of late infections as a significant outcome amenable to improvement through standardization of practices, based on IHI and Hospital Association initiatives conducted in adult intensive care settings. The structure and processes of the initiative, including identification of six evidence-based practices to be implemented were reached through consensus among WINpqc general members. The six practices were chosen as being critical to outcomes and easy to incorporate into all NICU’s. A Comprehensive Unit-Based Safety Program (CUSP) framework was used in the 13 WINpqc NICUs that committed to a strategy of partnership with the National Central Line Associated Bloodstream Infection (NCLABSI) project.

Measures: Data elements were collected at time of central line insertion and daily for each line day. Data points include compliance to individual steps for insertion and daily maintenance and access, continuation of line in relation to advancing enteral feedings, line life in total, and infection rates.

Results: The rate of any late infections in VLBW infants decreased from 12.9% to 5.6% between January 2010 and August 2012; a reduction of 56%. National Healthcare Safety Network data demonstrates a reduction in bloodstream infections for neonates of all birth weights from 1.98/1000 catheter days in November 2011 to 1.55 in June, 2012. The rate was <1.0 in each of the 6 months in between.
AIRWAY ALERT: COMMUNICATING A PATIENT’S DIFFICULT AIRWAY
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Background: Effective communication is recognized as a priority across the health-care continuum because it directly affects patient care quality, patient safety, clinical outcomes and patient satisfaction. A difficult airway in a patient is defined as the clinical situation in which a conventionally trained practitioner experiences; difficulty with face mask ventilation of the upper airway, difficulty with tracheal intubation, or both. Currently, WFH-Franklin Hospital does not have a process in place to communicate to care providers the presence of a patient with a difficult airway.

Purpose: To improve patient safety through developing a process to communicate a patient’s difficult airway as they transition care within the hospital setting.

Sample: All patients who have been identified as a difficult intubation as well as the interdisciplinary team of caregivers in the ICU and Intermediate Medical Surgical unit.

Setting: Patient care areas within a small urban hospital.

Methods: While caring for an intubated patient, care givers realized that the hospital did not have a process to communicate that the providers had trouble intubating the patient during the hospitalization. A literature review was completed by the NP and the RT leader, and a survey was conducted about community standards. They then approached the ICU shared governance committees and created an interdisciplinary team to develop a protocol stating how the health care team should communicate about a patient with a difficult airway. The RT leader developed a standard for identifying patients with difficult airways using the Mallampati tool and the NP worked with staff nurses to create effective ways to identify a patient with a difficult airway: blue signs were created for the head of the patient’s bed and the patient’s chart, blue armbands were ordered and blue tape was utilized for the patient’s ET tube. Educational plans for Respiratory therapy and Nursing departments included common information and segments for each specialty; education was disseminated through individualized education, staff meetings, on-line education, and posters throughout the hospital. A data collection tool was also created to track patients who meet the criteria and these patients, along with the protocol, will be discussed quarterly at the Critical Care council. Education upon orientation and yearly on-line education will ensure staff knowledge about the policy.

Results: Staff response was positive to the education. Since initiating the protocol, one patient was identified with a difficult airway. The protocol was followed and communication of his patient’s difficult airway followed him throughout his stay.

Conclusions: Initial response to this protocol change was positive. Ongoing education and auditing of the process will be necessary to maintain our culture of safety in the care of the difficult airway patients.
Discussion: With the premise, “A line infection can’t develop if there isn’t a line”, the six standardized practices in this care bundle include removing central lines at the earliest opportunity. Reductions were achieved in the best-practice variables of line removal at enteral feedings of 120 ml/kg/day (39% to 26%) and average life of lines from 12 to 7 days.

This initiative furthers the goals of WINpqc in improving the quality and safety of care in Wisconsin NICUs by using the extensive data of the Vermont-Oxford Network to identify areas for improvement, to share best practices, and to chart the effects of interventions. The partnership with the NCLABSI project provided a locus for WINpqc to evolve as a consortium, especially in the difficult areas of how to monitor, not just measure, outcomes and how to monitor compliance with the agreed-upon practices. Work toward the project goal illuminated barriers and solutions to the conduct and continuation of a collaborative. It has also provided partnerships that may help VON-associated state-centered interest groups in the future, particularly in the operational logistics and funding of such groups.

The initial goal has been met and WINpqc members have agreed to continue the initiative through 2013 in order to further reduce rates of late infections and to demonstrate sustained improvement. As a strategy to further evolve as a collaborative, member NICUs plan to participate in a fairly simple, multi-center, funded research study of practices and products used in the care of central lines, and therefore further identify potentially better practices.
INNOVATIVE USE OF SPECIALLY TRAINED VOLUNTEERS
HOSPITAL ELDER LIFE PROGRAM (HELP)

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Background and Significance: Delirium, an acute state of confusion, can affect up to 50% of general hospital patients. In hospitalized older adults, delirium has negative outcomes - functional decline, longer length of stay, higher costs, increased mortality, first time institutionalization, and new onset of cognitive decline. HELP was developed by Dr. Sharon Inouye and experts at Yale University. The effectiveness of the program was demonstrated by a controlled clinical trial in 852 patients (Inouye, et al.,1999).

Purpose of the Study/Project: HELP is a model of care to prevent delirium and maintain function in hospitalized seniors. HELP Volunteers are trained in key interventions: assistance with food and fluids, daily visits - companionship, early mobilization, orientation, and therapeutic / diversional activities.

Framework: HELP is an established research-based program that has tools available for a hospital to successfully initiate and sustain HELP. The tools include volunteer training content, resource manuals, current website, active list serve, etc. As our sites have matured, WFH has been able to develop hardwiring to increase efficiency and awareness of delirium; especially prevention. Hard wiring has included: a daily electronic generated Geriatric Risk Report and inclusions in the electronic record of - Delirium Plan of Care, Geriatric Teaching Screen, and Nurse or MD Referral Order for HELP.

Sample/Population: Hospitalized older adults age 70 and older.

Setting: Three Wheaton Franciscan Healthcare hospitals in the Milwaukee area; including a Center of Excellence and member of the HELP Advisory Board.

Method: HELP sites keep a comprehensive data base of patients enrolled in HELP. Delirium rates are determined based on a delirium marker method of calculation. The program uses a geriatric team in addition to the highly trained volunteers. The team and volunteers work together with hospital staff to prevent delirium.

Results/Outcomes: HELP has resulted in a significant decrease in delirium and length of stay. Projected cost savings are looked at on a yearly basis – i.e. delirium avoided cost savings for HELP versus Non-HELP patients. At St. Joseph Hospital, prior to implementation of HELP in 2004, the delirium rate was 21.0%; for calendar year 2012 it was 11.4%. St. Joseph had a length of stay of 7.4 days in 2004; in 2012 it was 5.8. Prior to HELP, Elmbrook Memorial Hospital had a delirium rate of 13.6%; in 2012 its rate was 5.7%. Elmbrook Memorial had a length of stay of 4.36 days in 2006; in 2013 its rate was 5.2.

Conclusions/Implications: HELP has been successfully replicated at the three WFH sites. The program has a measurable impact in preventing delirium and is valuable in minimizing poor outcomes that often plague this frail population. The HELP Team – Medical Director, Clinical Nurse Specialist or specialized Nurse Clinicians (HELP Coordinator), can be key change agents for the care of seniors resulting in a senior friendly hospital environment.
HOSPITAL DISCHARGE TEACHING: DID WE REALLY PREPARE THE PATIENT TO MANAGE AT HOME?
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Background/Significance: As hospital length of stay has decreased, nursing has been challenged, more than ever before, to effectively prepare patients and families for managing their postoperative care and recovery at home. High hospital readmission rates have been attributed to inadequate discharge preparation, lack of patient and family caregiver readiness, poor discharge transition coordination, and unsuccessful coping with the demands of daily living (Bobay, Jerofke, & Weiss, 2010). The quality of the delivery of discharge teaching, defined as the amount of content received and nurses’ skill in teaching delivery, has been found to be the strongest predictor of discharge readiness (Weiss, Piacentine, Lokken, et al. 2007). In addition, nurses rate patient readiness for discharge higher than patients rate their readiness (Weiss, Yakushara, & Bobay, 2010). Nursing must provide effective discharge patient and family teaching to assure successful transition to home.

Purpose: The purpose of this project was to develop an evidence-based telephone interview form, scripting, and process for nursing to call patients within 24-96 hours after discharge following an elective total knee or total hip replacement procedure.

Framework: Transitions Theory was used as a conceptual framework to guide the identification of questions and development of the telephone survey process. Transitions Theory highlights education as the primary strategy to use for preparing patients and families for transition from the hospital to home (Schumacher & Meleis, 1994).

Method/Procedure: In preparation for Joint Commission Total Hip and Total Knee disease specific recertification, the site based interdisciplinary Orthopedic Certification Team completed a literature search to investigate best practice around patient discharge readiness. An evidence based interview form and process was developed. The surgical unit nursing staff were educated about the quality of the delivery of discharge teaching as having a strong impact on patient readiness for discharge. Discharge follow-up phone interviews will be implemented February 2013. The unit shared governance Development Council members also championed this work.

Results/Outcomes: Pre and post patient satisfaction with discharge scores will be evaluated in addition to outcomes related to knee flexion at discharge and telephone survey responses. Key learnings and barriers experienced will also be shared.

Conclusions/Implications: Nursing has a vital role in providing effective discharge teaching to enable the patient and family to successfully manage their care at home. Timely patient discharge followup data can improve the quality of patient teaching.
MEASUREMENT OF INTERRATER RELIABILITY AMONG STAFF NURSES USING THE FINNEGAN NEONATAL ABSTINENCE SCORING SYSTEM

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Submission for poster presentation

Background and Significance: Consistency among caregivers in the observance and interpretation of assessment parameters is important to the achievement of appropriately individualized plans of care and approach strategies for each neonate undergoing withdrawal. Staff nurses have expressed confusion or disagreement in the scoring of the signs and symptoms which comprise the variables of the scoring system. Behaviors considered objective on the tool are noted by RNs in practice to be fairly subjective or difficult to discern.

Purpose of the project: To demonstrate interrater reliability among staff nurses scoring withdrawal symptoms in neonates using the Finnegan Neonatal Abstinence (Syndrome) (NAS) Scoring system.

Framework: The Finnegan Scoring System is the framework used in this project.

Setting: A Level 3 Neonatal Intensive Care Unit (NICU) in Milwaukee, Wisconsin with 400 admissions annually, and a staff of 75 Registered Nurses (RN).

Methods: All staff RNs were required to participate in one of the scheduled small-group skill and education sessions. The Finnegan Scoring System was reviewed in concept as well as review of the actual scoring tool. Standards of practice related to NAS were clarified. A readily-available video of how to conduct an infant assessment using The Finnegan Scoring System was shown in the group session. Staff nurses individually scored the infant being examined in the video vignette. Upon completion of the assessment portion of the video there was brief group discussion about the scores that were generated and the variables that were identified as present or absent, easy or hard to score. The “correct” scoring of each variable on the tool was then presented via the video. Spirited discussion followed about the various elements and details of scoring. Staff nurses identified gaps in their knowledge, inconsistencies of understanding or practice, and suggestions for additional information and skill-building.

Results: 95% of staff RNs assigned a NAS score to the video infant assessment scenario that was in ≥ 90% agreement with the correct score established by the video producers.

Conclusions/Implications: The narrow range of NAS scores assigned by nurses was surprising, as was the proximity of that range to the NAS score identified as the correct one in the video. An NICU NAS task force has been established and is considering strategies to address vexing issues that remain about NAS scoring such as: how do you score a baby for sleep if it always needs to be held or be in a swing?; how to score breastfeeding infants that _should_ wake more often?; clearly define “undisturbed” and “disturbed” and also “markedly”; and reminders to score for sneezing and mottling. And finally, the concern of how to fairly score withdrawing infants that are 1-2+ months of age past term and developmentally appropriate, but seem to be scored negatively for some behaviors according to the Finnegan System. The NICU is partnering with other Wisconsin NICUs to explore these issues and identify potentially best practices.
**Background:** The Emergency Care Center (ECC) at WF- All Saints is the front door of the hospital for the community and accounts for more than fifty percent of hospital admissions. Patient satisfaction with service is a national quality measure that drives organizational reimbursement. Patient satisfaction surveys demonstrated inconsistency with communication to patients around plan of care and processes. Healthcare providers’ understanding of patients’ experience can improve the approach to providing patient centered quality care.

**Purpose:** To improve staff understanding of perceived vs. actual care based on observations of communication and processes during ECC patient visits.

**Sample:** A convenience sample of 47 emergency room patients recruited between 7:00 AM to 7:00 PM.

**Setting:** 38-bed Emergency Care Center serving 58,000 patients/year, in a community-based, not-for-profit hospital.

**Methods:** Direct observations conducted using an investigator-designed tool and then a post-observation interview of observers by the project lead using a questionnaire. The observers included registered nurses, technicians, medical providers and guests.

**Results:** Eighty five percent of the observations were completed by registered nurses and ER technicians. Physicians and a physician’s assistant completed 7% of the observations. The additional 15% were completed by guests. Observations were consistent with what patients reported through satisfaction surveys. Patients encounter a number of different healthcare team members that impact their experience. Inconsistencies with care between team members were noted by observers. Other findings documented on the observation tool and discussed during the post interviewing with the observers included issues with unmet needs of comfort and safety in the environment, noise levels, communication, and attitude of staff during interactions.

**Conclusions:** Observations, questionnaires, and de-briefing interviews provided an effective way to identify perceived gaps in the patient care experience. The understanding of the findings for care delivery from arrival to discharge, overall processes, and team behaviors can assist the clinical nurse specialist, department leadership, and other healthcare team members to analyze the patient experience in the emergency care setting. Through the findings, the Emergency Care Center team will initiate improvements to positively impact the patient experience and overall patient satisfaction.
A COMPARISON IN TEMPERATURE METHODS IN EMERGENCY DEPARTMENT PEDIATRIC CARE

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Background and Significance: The current policy in the Emergency Department (ED) at St. Joseph Hospital is to obtain a rectal temperature on all pediatric patients age less than 2 years old, or less than 3 years if infectious process is suspected. It is believed that rectal temperature measurement can be invasive, uncomfortable, time consuming, and therefore not cost effective.

Purpose of the Study/Project: The purpose of our unit-based research project was to explore the idea of replacing the “gold standard” rectal temperature. Introducing the temporal artery (TA) thermometer as an alternative to the rectal thermometer will allow a means to less invasive and more efficient assessment of fever. This route would lessen the burden on the nurse and additionally prevent unnecessary discomfort for this pediatric population.

Sample/Population: There were 103 paired measurements (rectal and TA) obtained on pediatric patients ages 1 week through 2.5 years who presented to the ED with various complaints.

Framework: N/A

Method/Approach: All presenting patients 2.5 old and younger had their temperature measured by both rectal and TA route, regardless of whether or not febrile illness was suspected. Over a period of 6 weeks, a total of 103 pairs were obtained.

Results/Outcomes: The findings of 103 paired temperature readings yielded a result of 38 recorded rectal temperature measurements greater than the TA reading. Conversely, there were numerous paired readings in which TA exceeded rectal temperature. It is noted that TA measurement reflects a more rapid response to changes in core temperature. Our study did take into consideration patients that were medicated with antipyretic prior to arrival. The sum of these patients was insignificant. The mean variance of paired readings was 0.84°F. When reviewing results of only febrile patients, the mean variance of paired readings was 1.29°F.

Conclusion/Implications: There is no significant difference in rectal versus temporal artery subject temperature data as a group. In infants less than 90 days there is a significant difference in temperature favoring the temporal artery method.
UNDERSTANDING COMMUNITY BARRIERS TO IMPROVE PALLITATIVE CARE

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Poster Presentation Abstract

**Background:** Current patterns of referrals to Palliative Care Program suggest a hesitation and/or avoidance of palliative care services and hospice care among African American patients and families. This same pattern is well documented in Palliative Care and End of Life literature. The cultural, spiritual and ethnic practices & beliefs about end of life of our SJH community are not well understood and hinder our ability to improve end of life care in this patient population.

**Purpose:** Project Goals included:

- Identify the African American community views on transitioning from a serious chronic illness to end of life care.
- Seek guidance in approaching and offering Palliative Care and/or Hospice care to the A.A. Community.
- Gain insight/ views from the A.A. community on language/ strategies which when used may help ailing chronically ill patients & families accept available palliative care and/or hospice care

**Sample/Setting/ Method:** Two focus groups of African Americans from an urban community were conducted by a professional facilitator to gather the views, preferences and suggestions of the WF-SJH community in approaching and providing palliative and end of life care. A.A. Patients with a serious chronic illness and caregivers were invited to participate.

**Results /Outcomes:** 18 participants attended the focus groups. Themes emerged on the topics of terms/language to avoid, family centered care, guardians/protectors of elders, Family decision makers, and spirituality. Guidance was given to healthcare professionals about offering assistance not advice, inclusion of community representatives & education.

**Significance:** Palliative Care materials were revised. Clinical Staff and Hospitalist Education conducted. Community Advisory Panel established.
MEGACODE: INCREASING COMFORT IN STAFF PERFORMANCE OF ACLS
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BACKGROUND: Senior staff nurses on a cardiopulmonary unit noted that junior staff was expressing feelings of ineffectiveness and anxiety as members of the code response team, which they related to their infrequent use of the Advanced Cardiac Life Support (ACLS) algorithms. Staff comfort with the performance of low volume/high risk procedures can influence desired quality, clinical, and safety outcomes. Unit data describing the use of ACLS algorithms identified four codes from August 2011- August 2012.

PURPOSE: Increase comfort of staff nurses in the performance of ACLS.

SETTING: A 37 bed cardiopulmonary medical unit in a suburban community hospital.

SAMPLE: Seventy-one staff members including forty (40) Registered Nurses, nineteen (19) Certified Nursing Assistants, and twelve (12) clerical/unit support personnel.

METHOD: Two senior nurses developed a thirteen question survey based on the ACLS algorithms for each of the three job classes. Survey questions assessed level of comfort participating in the code situation and were measured on a Likert Scale of 1 (strongly disagree) to 5 (strongly agree). The surveys were completed voluntarily and anonymously on the unit. Survey results indicated that the area of greatest discomfort for staff members was use of the defibrillator. Education sessions were developed based on ACLS algorithms for situations that would lead to use of the defibrillator such as shock-able rhythms and multiple rhythm changes. Role playing and informational “Megacode” (mock code) sessions were provided to staff on all shifts. All staff was strongly encouraged to attend. A debriefing occurred with attendees at the conclusion of each “Megacode” session to discuss the strengths and areas for improvement that were identified by the observers.

RESULTS: 48% of RNs on the unit completed surveys. The lowest levels of comfort were reported in: overall use of the ‘LifePak’ including defibrillation (Likert score 2.59), administration of medications (2.53), and locating items in the code cart (2.34). 53 % of the PCA’s completed surveys which revealed that they felt least comfortable in area of initiating CPR (3.2), while 58% of the HUC’s completed surveys which revealed that they were least comfortable in role identification during a code (3.29).

CONCLUSIONS/IMPLICATIONS: Staff on the cardiopulmonary unit needed more opportunities to practice ACLS skills in order to improve their confidence in participating in real resuscitation events. “Megacode” sessions structured to address specific areas reported by staff to be of greatest concern or anxiety can improve confidence and in turn, influence performance.