NYU Langone Health

Departments of Nursing

22ND ANNUAL NURSING RESEARCH CONFERENCE

Proceedings Booklet

June 19th, 2018
8:30am – 3:30pm

Center for Innovations in the Advancement of Care

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

TABLE OF CONTENTS

KEYNOTE PRESENTATION

Giving Voice to Seriously Ill Patients in the ICU

Mary Beth Happ, PhD, RN, FAAN, FGSA
Nursing Distinguished Professor of Critical Care Research and
Associate Dean of Research and Innovation
The Ohio State University College of Nursing

Dr. Mary Beth Happ is a NIH-funded critical care and aging researcher. With more than 20 years of external funding support, Happ's research focuses on improving care and communication with communication impaired patients, families and clinicians during hospitalization and at end of life. She developed the SPEACS-2 online training program and toolkit for use with ICU patients and collaborates with Vidatak, LLC on testing a touch pad communication tool application, VidaTalk™. She is a fellow in the Gerontological Society of America and the American Academy of Nursing. Dr. Happ has authored more than 130 journal articles, editorials, and book chapters.

MORNING PANEL

Moderator: Alice Nash

NICHE and GRN Training

Mattia Gilmartin, PhD, RN

Dr. Gilmartin has over 20 years of experience with designing, implementing and evaluating organizational change and practice improvement projects in nursing and healthcare. She currently serves as the Executive Director for the Nurses Improving Care for Healthsystem Elders (NICHE) program at NYU Meyers College of Nursing. This presentation will review data on the program model implementation at a set of new member sites.

Marilyn Lopez, MA, RN, GNP-BC, IIWCC-NYU

Marilyn Lopez has worked at NYU Langone Health (NYULH) for over 28 years. She is a registered nurse with a Master's degree, and has national board certification in Gerontology. Currently, she leads NYU Langone Health's Nurses Improving Care for Healthsystem Elders (NICHE) program. She has partnered with senior leaders to create a new hybrid NICHE structured program and redesigned a training program which combines NICHE on-line resources with homegrown, innovative and interprofessional learning modalities to address geriatric best practice across specialty services. Thus far, she has trained a workforce of 115 Geriatric Resources Nurses (GRN) across 14 inpatient units and 12 specialty areas including outpatient services. As the NICHE coordinator, she continues to sustain a durable GRN workforce by responding to healthcare changes in the clinical practice setting and by being innovative in educational modalities to produce favorable outcomes as expected from a NICHE exemplar site in meeting our organizations priorities.

POSTER PRESENTATIONS

Poster Number 1

A Mixed Methods Evaluation of the Feasibility and Acceptability of an Adapted Cardiac Rehabilitation Program for Home Care Patients

Jodi L. Feinberg, RN, BSN[*], David Russell, PhD, Ana Mola, PhD, RN, ANP-C**,** Melissa Trachtenberg, BA, Irene Bick, RN, MBA, Terri H. Lipman, PhD, CRNP, FAAN, Kathryn H. Bowles, PhD, RN, FAAN

Background: Home care clinicians have an opportunity to improve care for post-hospitalization patients with cardiovascular disease. The first part of this analysis demonstrated that home care clinicians respond well to an adapted cardiac rehabilitation (CR) training to improve care for homebound patients with cardiovascular disease. Clinicians who participated in the training demonstrated an increase in their knowledge and skills of the core competencies for CR.

Purpose: This mixed methods study examined the feasibility and acceptability of an adapted CR program for the home care setting from the viewpoints of patients and clinicians.

Methodology: Surveys measuring patient self-care and knowledge were administered to patients (n = 46) at baseline and at 30-day follow-up. Semi-structured interviews were conducted with patients (n = 28) and home care clinicians (n = 11) at completion of the program.

Results: All survey indicators demonstrated a trend towards improvement, with a statistically significant increase in the self-care management subscale (p = 0.002). Qualitative analyses identified three patient themes (self-awareness, nutrition, motivation) and three clinician themes (systematic approach, motivation, patient selection process).

Conclusions: Incorporating CR into the home care setting proved to be a feasible and acceptable approach to increasing access to CR services among elderly patients.

[*] NYU Langone Health

Poster Number 2

A Study of the Use of Psychopharmacologic Agents by Acutely Medically Ill Older Adults

Steven L. Baumann, RN; PhD, GNP-BC, PMHNP-BC[*], William Jacobowitz, RN; MS, MPH, EdD, Donna Tanzi, RN; MPS, Tricia A. Lewis, RN; MS, Margaret J. Krepp, RN, MSN, ANP-BC, Eileen Levy RN, MSN, PMHNP-BC

Background
Chronic medical problems and mental health issues often coexist in later life, and many older adults routinely take medications for both. This becomes a potential problem when older adults have to be admitted to the hospital for an acute medical illness. There are many unanswered questions regarding continuing the psychiatric medications older adults were taking at home when they are admitted to the hospital for an acute medical problem.

Purpose
This retrospective study sought to investigate issues related to the safety of psychopharmacological agents used by acutely medically ill hospitalized older adults. It explored if there were any associations between commonly prescribed psychiatric medications that medically ill hospitalized older adults received and adverse events. It also sought to compare the safety of antidepressants, sedative/hypnotics and antipsychotics, when used as a standing and as needed (PRN) basis.

Methodology
This retrospective study utilized a computer algorithm employed by the hospital's IT department to capture older adults (age 65 to 85) who received at least one of 12 commonly used psychopharmacologic agents while hospitalized for an acute medical problem on two medical/ surgical units in a 408-bed community hospital in the Northeastern United States during the first eight months of 2014 (N = 271). Patients over the age of 85 were excluded from the study to limit the number of patients with dementia and frailty. An Excel™ spreadsheet file provided by the IT department included the patients' medical record numbers, date of birth, date of admission and discharge, as well as the psychopharmacological that was used to identify the chart and the name of prescriber of the psychiatric medication.

Results
The study found that psychopharmacological agents are frequently prescribed for medically ill hospitalized older adults. No statistically significant difference was found on safety. The number of PRN medications that were used, and the total number of medications was associated with increased risk of transfer within the hospital to a higher level of care or transfer upon discharge to long-term-care/rehabilitation or hospice. Overall, the use of psychopharmacological agents did not appear to be related to serious adverse events.

Conclusions / Implications for Practice
The use of multiple PRN medications and psychopharmacology is associated with increased risk of adverse events in the hospital and the need to transfer the patient to an after-care facility or hospice service.

[*] Hunter College

Poster Number 3

Advanced Care Planning in an Outpatient Non-Oncology Infusion Center

Mary Kiely DNP ANP-BC*, Deepti Prajapati MS FNP-BC, Kristl Ramjattan MS AGPCNP-BC, Mary Gribbin RN MSN MBA CNE

Background: The National Framework and Preferred Practices for Palliative and Hospice Care Quality (NQF) states advance care planning (ACP) should be an ongoing discussion throughout a patient's lifetime. Despite this less than 35% of Americans have advanced care planning directives. A written health care proxy (HCP) enables anyone over 18 years of age to appoint another person(s) to make medical decisions in the event of temporary or permanent incapacity to do so for oneself. Patients seeking treatment in a non-oncology infusion center are affected by chronic immune-mediated inflammatory disorders (CIID) including systemic connective tissue disorders, rheumatoid arthritis, and inflammatory bowel diseases. All are at increased risk of morbidity and mortality due to cardiovascular disease. Infection and disease exacerbation result in critical illness for 25% of hospitalized CIID patients. The quality improvement goal is to implement a plan that encourages these patients to engage in ACP discussions to make early discussions about their future care.

Supporting evidence: The most common patient barrier to ACP is lack of awareness regarding advanced directives. Research revealed 79% of advanced practice nurses (APNs) identified an educational need to increase knowledge and ease of discussion of ACP. Provider engagement with patients in outpatient medical and rare disease clinics has demonstrated increased completion of advanced care directives.

Methodology: Patients with CIID treated in a non-oncology infusion center present an opportunity to discuss ACP. As an intervention the APN meets with infusion patients prior to initial treatment to introduce ACP by providing education about the HCP and facilitate completion of HCP documents. A retrospective electronic medical record review for evidence of HCP education and form completion was done to evaluate outcomes.

Results: Initiating a conversation about designating a HCP increased the number of patients with HCPs. N=320 patients with an increase from 12.9% to 26% post counseling over an 8 month period.

Conclusion: ACP is needed for all patients at any stage of life and health. Education for patients and APNs in outpatient departments will increase the likelihood of incorporating ACP into patient care. Upstreaming and normalizing these conversations is imperative especially with CIID. Infusion centers present an ideal setting for initiating these discussions. This project demonstrates that APN led discussions about ACP are effective in increasing the number of HCP forms completed by patients. Outpatient APN participation in educational initiatives including Respecting Choices Last Step® will assist in development of skills essential for early ACP discussions.

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Poster Number 4

Breast Cancer Screening in an Aging Population

Deirdre Kiely MSN ANP-BC[*], Kristin Pego ANP-BC AOCNP

Cancer screening programs aim to detect cancers at an early stage to prevent cancer deaths. Every adult woman has a baseline risk of developing breast cancer (BC) based on gender and the risk increases with advancing age. Women aged 80+ are the fastest growing segment of the US population. Data suggests the accuracy of mammography for detecting cancers increases with age with the sensitivity and specificity of mammography highest in women older than 80 years. While detection of early stage disease is a marker of screening benefit, overdiagnosis is the major harm and increases with age. This is due to diagnosis of an increasing proportion of indolent cancer(s) in a population with decreasing life expectancy. There is no consensus, however, on screening guidelines for women 75+ years among major professional organizations. This is largely due to lack of evidence based data since elderly patients are poorly represented in clinical trials. Because of the large heterogeneity in comorbidity status and life expectancy among older women a continuing controversy exists over the benefit / harm ratio of screening mammography in this population. The purpose of this project is to explore a shared decision making model of care that considers factors influencing screening decisions with the understanding that provider recommendation has been identified as the strongest factor associated with screening utilization. The goal is to help patients make decisions about mammography screening in accordance with their values and preferences and to insure that screening is targeted to those most likely to benefit.

Learner Objectives:

- Discuss breast cancer risk assessment in the elderly
- Recognize factors that influence breast cancer screening recommendations in an aging population including comprehensive geriatric assessment
- Define principles of shared decision making considers benefit / harm ratio and patient preferences

[*] NYU Langone Health

Poster Number 5

Decreasing Incidence of Falls with Injuries using Two Distinct Strategies among Adult Psychiatric Patients: A Multiphase Study

Lilly Mathew PhD RN[*], Darlene Steigman BSN RNC, Denise Driscoll RN-BC, CARN, PMHCNS-BC, NPP, Ira Fischer MBA MA, Patricia Cordle RNC, Vanessa Bishop BS

Background: Occurrence of injuries related to falls is an ongoing nursing issue. Falls with injuries among psychiatric patient population increases the length of stay and interferes with recovery and treatment plan. Falls in inpatient psychiatric units are more frequent than in other age-matched unit types (Scanlon, Wheatley and McIntosh, 2012). This study was initiated as a response to increasing incidences of falls in a 27-bedded in-patient adult psychiatric unit in a community hospital located in the Northeast region of the United States.

Purpose:
Phase I: To identify specific factors that might be contributing to falls among the adult psychiatric patient population.
Phase II: To identify the nursing staff perceptions of changing practice with using Psychiatric specific valid and reliable fall risk assessment tool.
Phase III: To measure rates of falls with injuries pre and post implementation of medication management program and use of a psychiatric specific valid and reliable fall risk assessment tool.

Methodology: IRB approved Study
Phase I: Retrospective chart review
Phase II: A mixed method pilot study
Phase III: Comparison Study: Pre and Post Intervention

Results:
Phase I: A retrospective chart review indicated two concurrent uses of medication groups as a potential factor contributing to falls among in-patient Psychiatric patients (96.43%).
Phase II: Majority of the nursing staff (80%) supported the practice change of using psychiatric specific valid and reliable fall risk assessment tool and (76%) reported improved clinical judgment.
Phase III: Fall rates with injuries decreased by (87 %) post implementation of a new medication management program and psychiatric specific fall risk assessment tool.

Conclusions/Implications for Practice: Need to change medication management with concurrent use of two distinct groups of medications and use a psychiatric specific valid and reliable measuring tool for assessing fall risk among adult in-patient psychiatric population.

[*] Mather Hospital at Northwell Health

Poster Number 6

Developing the Electronic Patient Visit Assessment (ePVA) for Early Detection of Advanced Pain in Head and Neck Cancer

Janet H. Van Cleave, PhD, RN[*]; Mei R. Fu, PhD, RN, FAAN, Brian L. Egleston, PhD, Eva Liang, BA, MA, Stephanie Gherlone, Kely Erbe, BS, John Mariano, BS, Hannah Kesti Ewing, BA

Background: For patients with head and neck cancer, up to 70% may report pain. High quality pain assessment is an essential first step to pain management. Thus, we developed the electronic Patient Visit Assessment (ePVA) for head and neck cancer, a web-based patient – reported symptom and function assessment for early detection and intervention for advanced pain that can be completed prior to appointments with providers.

Purpose: To describe the development of the ePVA for head and neck cancer.

Methodology: We developed the ePVA in two phases. Phase I consisted of a survey of 10 expert providers/researchers in head and neck cancer who either directly cared for patients or had published research in PubMed. Respondents rated relevance of questions on a 4-point Likert scale, ranging from not relevant (score 1) to highly relevant (score 4). Modified kappa scores were computed to account for chance agreement. Phase II consisted of cognitive interviews of 15 patients with head and neck cancer regarding ePVA questions. Patient interviews were audio-recorded, professionally transcribed, analyzed, and coded for presence or absence of pain.

Results: Analysis of data revealed that providers strongly agreed for the need to assess pain at head and neck areas (Kappa score range: 0.9 - 1.0). Providers also requested development of interactive figures for patients to indicate location of their pain. Eighty percent (12 of 15) of patients reported pain that primarily affected their head and neck regions, but also reported pain that radiated to the legs. Based on this data, we designed the ePVA to include web-based, interactive figures for touch screen technology where patients can indicate areas on the body, from head to feet, where they are experiencing pain. Additional questions ask patients to rate intensity of their pain and describe pain in their own words. After a trial test (Beta Test) of the ePVA, 89% (7 of 8) of patients agreed/strongly agreed that they were very satisfied.

Conclusion/Implications: The ePVA promises to be an easy-to-use eHealth tool for early detection of advanced pain in head and neck cancer. Next steps include testing the clinical usefulness of the ePVA in real world clinical settings and building an eHealth system to automate referrals for escalating pain symptoms experienced by patients with head and neck cancer.

[*] NYU Rory Meyers College of Nursing

Poster Number 7

Enhancing Care of ECMO Patients via Palliative Care Consult

Bridget Toy BSN, RN[*], Mary Saputo APRN, MSN, AGCNS-BC, CCRN, CSC

The Adult VA ECMO1 Program outcomes for Fiscal Year 2017 showed that 42% of our patients survived ECMO and survived to discharge. Due to the patients' acuity, our goal was to develop a way to provide support to patients, families, and staff.

Despite aggressive clinical care, a significant percentage of VA ECMO patients will not survive. Death of patients treated with ECMO is difficult for both the patient's family and the staff who care for them. To continue to promote professional nursing practice, our ECMO team initiated collaboration with Palliative Care Services in order to support patients and families, as well as to address emotional distress of the staff.

In August 2016 a VA ECMO patient was cared for by the Cardiovascular Surgery ICU nursing staff. During the patient's 5 day ECMO course, the nursing staff identified family needs that would have benefited from earlier involvement of the Palliative Care Team. Feedback from the nursing staff prompted the multidisciplinary ECMO Team to collaborate with the Palliative Care Team. The teams created a process for providing an automatic consult to Palliative Care Services for all adult patients requiring ECMO support. We then built the automatic consult into our Adult ECMO electronic order set. We also created a policy outlining Palliative Care's role in ECMO, as well as a sample script to guide their team in working with this patient population. Finally, the ECMO Team provided an in-service to the Palliative Care Team, reviewing general ECMO information and highlighting program-specific ECMO outcomes. The initial collaboration between the two teams took place on October 26, 2016. Upon retrospective chart review, Palliative Care consults pre- & post-initiative totaled 13 patients per group (Pre: 10/2015 – 10/2016, Post: 10/2016 – 10/2017).

The pre-initiative group showed 4 out of 13 patients had consults within the first 48 hours of ECMO initiation, while the post-initiative group showed 10 out of 13 patients had consults within this timeframe, revealing a consult increase of 46%. The timeliness of consults in the post-initiative group also showed an average time of < 24 hours to consult placement. Direct nursing feedback validated that early consults decrease staff distress.

Automatic Palliative Care consults for adult VA ECMO patients provide assistance with goals of care discussion, family support, & decreasing staff emotional distress. This collaboration has increased the consistency & timeliness of consults and is now our standard of practice.

Footnote-

1- VA ECMO: Veno-arterial Extracorporeal Membrane Oxygenation

[*] NYU Langone Health

Poster Number 8

Final Pediatric Neuromuscular Program Visit: The Needs of Adults Identified

Eduardo del Rosario, MSN, FNP-BC[*], Adella Bodden, LPN, Lisa Kim, BS, MPH (c), Connie Lam, MS, Aline Goodman, MSW, Debra Sala, MS, PT, Alice, Chu, MD, Mara Karamitopoulos, MD, David Godfried, MD

Purpose: Transition of care for young adults with neuromuscular conditions (NMC) is a complex undertaking, representing a significant challenge for pediatric providers. Lifespan for these individuals has dramatically increased over the past two decades, turning the once childhood disorder into a chronic adult condition. The objective was to describe current medical and psychosocial needs identified by a cohort of adults and their families, followed in a Pediatric Neuromuscular Program. We report the interventions our clinical team (physicians, nurse practitioners, social workers, rehabilitation specialists, and program coordinator) provided to address these needs.

Methods: Fifty patients, mean age 28 yrs (range 19-47), had a Final Visit. Thirty-one(62%) were males and 19(38%) females. Diagnoses included 37(74%) cerebral palsy, 3(6%) spina bifida, 2(4%) TBI, 2(4%) arthrogryposis and 6(12%) other. Per Gross Motor Function Classification Scale, 8(16%) were Level I, 5(10%) Level II, 7(14%) Level III, 14(28%) Level IV, and 16(32%) Level V.

Prior to scheduling Final Visit, approximately 2 years of professional/community outreach was required to accrue adult-based providers/services willing to care for this population. Final Visit's clinic note was reviewed for: 1)current providers of primary care (PCP), subspecialties, and therapeutic rehabilitation, 2)acute and chronic medical issues, 3) recreational activities, and 4)interventions involving appropriate referrals.

Results: Thirty-nine(78%) already had adult PCP, 9 still used a pediatrician and two had no PCP. The latter 11 were referred to adult PCP. Nineteen(38%) had primary care issues. For orthopedics, 12(24%) with spine issues will continue with their current spine specialists and were referred to adult physiatry for general management. The remaining 38(76%), who were leaving pediatric orthopedics, were referred to adult physiatry for general management including orthopedic surveillance. About 90% were not currently receiving PT, OT or speech/language therapy and referrals were provided for one-third. Nineteen(38%) required new vocational services referrals. The 3 of 19 females (16%) without a gynecologist were referred. Twenty-three(46%) did not have a dentist and were referred to an adult dentist. Eight(16%) had mental health issues and were already receiving services. Pain was reported by 12(24%) and significant enough in 9 to warrant referral. For medical subspecialties, patients with issues in neurology, pulmonary, GI and GU currently had providers.

Conclusions: Referrals to adult-based physiatry were necessary to provide this population with the services required for the continued management of their orthopedic/neuromuscular/medical issues. Dental care and vocational services were lacking most frequently.

Significance: The identified needs provide the framework for the Adolescents Transition Program (ATP) which will facilitate the smooth transition for adolescents with NMC to adult-based care and avoid the same service deficiencies.

[*] NYU Langone Orthopedic Hospital

Poster Number 9

Improving Safety in Medication Administration in a Pediatric Population at an Urban Orthopedic Hospital

Dorothy Alston, BSN, RN, CRRN[*], Anastasiya Zhaliazniak, RN MSN, CPN, ONC

Background
A nurse was interrupted while preparing and administering medications in a pediatric setting . The interruption was a causative factor in the resulting medication adverse event. A current state mapping of the workflow for medication administration was conducted. An analysis of the workflow resulted in a survey of the common causes of interruptions. A Based on the survey the top interrupters of nurses during medication administration were nursing staff, patients/families, phone calls, alarms, lack of supplies, and medications not available in the unit

Purpose
The purpose of the quality improvement project was to decrease interruptions when preparing and administering medications, thus preventing medication errors.

Synthesis of the Literature
A literature review was conducted to determine the most effective interventions to meet our goal. The literature review revealed success with a bundle of interventions:

- Staff education
- Use of a visual reminder worn by the medication nurse
- Implementation of a medication administration zone
- Signage
- A script for unit clerks to triage phone calls, and
- A script for assisting nurses in addressing the interrupting staff, patients and families.

Methodology
A taskforce of pediatric nurse clinicians, nursing quality, and nursing education staff was formed to lead and support this project. Data collection occurred in two pediatric units (rehab and acute) between January 2016 and June 2016. The nurses tracked interruptions pre- and post-intervention using a tally counter to identify their source, type and number. The results of interruption tracking were shared with the pharmacy department, dietary department and the pediatric interdisciplinary team.
An evidence-based bundle of interventions (the **Safe Med bundle**) was developed and implemented.

Results
Based on their tracking, nurses recognized that the most common reason for interruptions was the nurses themselves. Nurses identified that in the four months following bundled interventions, interruptions decreased from an average of 29 per nurse per 24 hours to 4 at these pediatric units. There have been no medication error events related to administration reported since the implementation of the Safe Med Bundle.

Conclusions / Implications for Practice
Interruptions during medication administration were reduced by implementation of the Safe Meds bundle. This project could be easily replicated in other settings to ensure a culture of safety.

[*] NYU Langone Orthopedic Hospital

Poster Number 10

Increasing Compliance with Advance Directives in an Ambulatory Care Setting

Krystina Candelaria, RN, MSN, MPH*, Linda E. Both, M.S., SLP, SAS, Charles Milian, BS

Problem
Data collected during the first quarter of 2017 showed that 16% of ambulatory care patients with chronic rheumatologic conditions have advance directives documented in their medical record.

Background
The right to self-determination is fundamental in clinical ethics. Advanced planning may ensure care that is concordant with patient wishes. Advanced care plans are frequently absent when needed due to failure to engage patients in planning and inability to access prior documentation. Interventions utilizing prompts within the electronic medical record and patient education may help to address these barriers at the first point of care.

This initiative is in alignment with the Partnering for Quality Program, an internal program to improve discussion and documentation of prognosis, patient and family preferences for care, and advanced directives in all ambulatory care settings.

Project Goal
By the end of the 4th quarter of 2017, the number of ambulatory care patients with chronic rheumatologic conditions with advance directives on file in their electronic medical record will increase by at least 5%.

Interventions
Advance directive training was included in the annual competencies and incorporated in the training for all new staff members. The clerical and nursing staffs were educated during their respective monthly staff meetings about the nature of advanced directives and their importance. At each visit, the clerical staff was instructed to ask all patients if they have an advance directive, and were shown how to obtain educational information and the actual form in the patients preferred language. If the patient responded that they have an advanced directive they asked the patient to provide the completed document and scan it into their electronic medical record (EMR). If the answer was yes, but the form was not with them, a flag was placed in the EMR to remind registration staff to ask the patient to bring the completed form to their next visit. When discharging the patient, the RN again asked about advanced directives, and if needed, the RN will provide additional education and written information in the patient's preferred language. Physicians also reinforced the importance of having advanced directives in the EMR.

Progress to Date
As of the end of third quarter of 2017 there has been a 6% improvement in Advance Directives documented in the electronic medical records.

* NYU Langone Orthopedic Hospital

Poster Number 11

Introduction of a Resuscitation Algorithm for the Cardiac Surgery Patient

Mary Saputo, APRN, MS, AGCNS-BC, CCRN*, CSC, Kim Sureau, DNP, ACNP-BC, MA, RN

Purpose:

The purpose of this initiative is to align our practice with the latest evidence and guidelines. The recommendation is that patients having a cardiac arrest after cardiac surgery are different from patients in general and warrant their own treatment algorithm to optimize their survival post arrest.. Implementation of Cardiac surgery unit advanced life support (CALS) for the first ten days post-operatively improves patient outcomes.

Background:

The incidence of cardiac arrest post cardiac surgery is 0.7% to 8%. Research supports the implementation of CALS to improve survival. Identifying the rhythm will improve treatment provided by the medical team.

Methodology:

A CV-ICU nurse brought back this information to the NP & CNS. They presented at the quarterly cardiac surgery meeting. The Initiative was assigned a surgeon partner a standard was written, and the final version of the standard was approved by the resuscitation committee and Medical Board. Education was provided to all staff (APP/RN/MD).The CALS algorithm was posted on all the nursing units and a sign was placed at the patient's bedside to identify patients who were part of the protocol. Results
The pre data dates from January 2017 to mid -September 2017. Patient notes, flowsheets and the code narrator were reviewed when available. Five patients met the CALS criteria pre –initiation. Three patients suffered a Ventricular Tachycardia arrest: The time to return of spontaneous circulation was seven minutes, eight minutes and 13 minutes respectively.
Two patients had a PEA arrest: One patient received CPR and began to bleed was sent back to the OR in 16 minutes. One patient had a re-sternotomy 40 minutes post arrest. All patients received external compressions.

The post data dates from September 2017- January 2018. Five patients were reviewed. There were also a total of five patients that fit the CALS criteria post –initiation. Three patients suffered a Ventricular Tachycardia arrest: the time to ROSC (or three defibrillation attempts) 3 minutes/ 1 minute and 1 minute. None of these patients received external compressions
Two patients suffered a PEA arrest; the time to re-sternotomy was 4 minutes / 22 minutes.

Implications for practice:

The implementation of CALS has improved outcomes for the CV surgery patient population. By identifying rhythm, time to resterntomy has improved. Ongoing education of the entire healthcare team will ensure that CALS continues for all post-operative cardiac surgical patients.

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Poster Number 12

Integrating Education and Competency for Safe Patient Care

Vincenza Coughlin, MS, RNC-MNN, CNE, CLC[*], Gail Geraghty, BSN, MS, RN, CPHQ, Tara Easter, RN, BSN, MA

Purpose (What):
The purpose of this initiative was to re-define the Nursing competency program at NYU Langone Health. Objectives were to define the competency and education validation process, establish ownership and accountability for organization wide, service specific and unit based competencies and education.

Relevance/Significance (Why):
Prior to this initiative no formal process existed to distinguish the methodology of nursing education and competencies. Frequently, competencies were created in silos, without standardization, and lacked intent of purpose. Navigating and differentiating education and competencies is significant for the institution. Formalizing a Nursing competency program is a strategy that promotes a culture of continued education, clinical competency and quality patient care.

Strategy and Implementation (How):
In December 2016, a group of nursing leadership and staff met to evaluate the current state of the RN competency program. We identified opportunities for improvement by participating in several exercises which included the comprehensive review, identification, grouping of current competencies and state mapping. We identified variability in the process and expectations. In an effort to streamline efforts, we developed the Nursing Education and Competency Algorithm (NE-CA) and the Nursing Education and Competency Advisory Panel (NE-CAP). The NE-CA serves as framework in differentiating education and competencies through standardization of practice. Utilizing the algorithm assists in organizing and planning annual initiatives as one time, on-going or specific to a specialty or unit. NE-CAP serves as a vetting structure to improve collaboration with decision making and utilizing shared governance. Members of NE-CAP include representatives of the VSA work group and meet on a monthly basis.

Evaluation/Outcomes (So what):
NE-CAP reviewed 157 existing competencies by use of the NE-CA and peer review. It was determined that 55 are competencies, 61 are education and 41 are no longer applicable. Future competencies must be presented to NE-CAP. A guiding principle is to increase staff accountability by defining the expectations of clinical competence and engagement in continuing education to provide safe patient care.

Implications for Practice (And now):
Utilizing NE-CA as a tool to differentiate education and competencies clarifies required clinical skill and knowledge for staff nurses. In order to optimize organizational performance our goal is 100% completion of competencies in an effort to always provide our patients with quality care.

[*] NYU Langone Health

Poster Number 13

Is it Pain or Too Much Pain Medication? Improving Nurses' Evaluation of Pain and Delirium in Orthopedic Patients

Leslie Bauerle DNP, FNP-BC*

Delirium is one of the most common undesirable consequences in older adult surgical patients. Studies have suggested that uncontrolled pain, in addition to overmedicating with opioids, may trigger an episode of delirium. The purpose of this quality improvement project was to improve the acute care orthopedic registered nurses' knowledge of delirium and its relationship to uncontrolled pain. Furthermore, this project aimed to evaluate if nurses independently consulted the pain nurse practitioner, for postoperative orthopedic patients experiencing uncontrolled pain and possessing risk factors for developing delirium. Nurses participated in a 30-minute delirium educational session. A pre-test and post-test was administered to evaluate the effectiveness of the educational session. Following the post-test, nurses completed Delirium and Uncontrolled Pain Assessment sheets on postoperative total knee replacements, total hip replacements, or open reduction internal fixation patients over age 65. A total of 18 RNs completed pretest and posttest; and 76 assessment sheets were completed. A paired t-test indicated higher post-test total scores ($p < 0.001$), compared to pre-test scores. A chi square test for independence indicated a significant association between geriatric patients reporting a pain score >5 and the nurse consulting the pain nurse practitioner ($p < 0.001$). The findings of this project suggest that the delirium educational session increased the knowledge of orthopedic nurses. The results also demonstrated that nurses applied this content into clinical practice, as evidenced by consulting the pain nurse practitioner for older adult patients at risk for developing delirium and experiencing uncontrolled pain. It is important to integrate education on delirium identification, risk factors, prevention and management in the continuing professional development programs for nurses working with geriatric postoperative patients.

* NYU Langone Orthopedic Hospital

Poster Number 14

Men and a Nursing Career: A Correlation Study of the Relationships among the Reasons for Choosing Nursing, Satisfaction as a Caregiver, and Job Satisfaction in a Sample of Male RNs.

Harmon P. Mercer RN, MS, CCRN[*]

Background/Purpose: It is essential that the nursing profession attract men to possibly alleviate the present nursing shortage and deter the prediction of a 2025 nursing staffing crisis and to enrich profession by their abilities (AACN, 2012). It appears that there may be a relationship between an increasing number of men entering nursing school and the development and expansion of roles in nursing informatics, as nurse practitioners and nurse educators. However, the profession needs more individuals entering the field of nursing who will provide direct patient care in order to address the anticipated shortage.Theoretical Framework

Gender Role theory: Gender role theory is grounded in the belief that individuals socially identified as males and females tend to occupy different ascribed roles within social structures and tend to be judged against different expectations for how they ought to behave. (Shimanoff,2009).

Herzberg's Two-Factor Model of a theory of motivation: This theory postulates that intrinsic and extrinsic factors enable individuals to satisfy their personal needs and experience job satisfaction in a work environment. Herzberg's ideas of employee motivation offer a lens through which we can categorize variables that may influence job satisfaction in the profession of nursing (Herzberg et al, 1959).

Methods (Design, Sample, Setting, Measures. Analysis): This study used a quantitative descriptive correctional design. The independent variables chosen for this study were factors known to influence the role: working anywhere in the world, working in a variety of clinical or administrative settings, availability of continuous work, flexible schedules, a desire to help others, good financial incentive, nurses high degree of respect in society, family member was a nurse, previously employed in a service area and having the ability to change lives, and role satisfaction. The dependent variable was job satisfaction. To determine role satisfaction, the construct of compassion satisfaction was used. The subjects were selected from a non-probability convenience sample obtained from online and email. The surveys were administered online using a propriety internet-based data collection system (Survey Monkey$^{TM)}$. For this study the following instruments were used: The Professional Quality of Life Scale: compassion satisfaction subscale, and the Minnesota Satisfaction Questionnaire (MSQ).

Results: Among the identified reasons for choosing the nursing profession, one is significantly more prevalent than any of the others (as tested by a comparison of the mean scores using the repeated measures ANOVA with Bonferroni post hoc analysis). This hypothesis was retained.The reason for entering the nursing profession with the highest mean score has the strongest significant correlation with job satisfaction scores (as tested using linear regression analysis). This hypothesis was rejected.

The reason for entering the nursing profession with the highest mean score has the strongest significant correlation with compassion satisfaction subscale scores. This hypothesis was retained. Compassion satisfaction scores are significantly correlated with job satisfaction scores when controlling for Reasons for Choosing Nursing as a career and controlling for demographic factors. This hypothesis was retained.

Conclusions & Implications: The men in this study overwhelmingly enter the nursing profession to help and care for others. If men entered the profession in greater numbers this factor might contribute to easing the anticipated nursing crisis. Increased men in the nursing profession will improve cultural diversity. If the barriers did not exist, it is possible that the number of men entering the nursing profession could increase and would potentially eliminate the risk of a nursing shortage. With the inclusion of an increased number of male nurses entering the profession more EBV could be explored and implemented.

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Poster Number 15

Nurse Practitioner Knowledge and Perceptions of Prescribing Medicinal Marijuana

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Purpose/Aims: The purpose of this research is to gain an understanding of nurse practitioners' knowledge about prescribing medicinal marijuana and also identify their perceptions of its use in pain, nausea control or other medicinal treatments.
Background: Cannabis or marijuana has historically been used for its medicinal and therapeutic properties. Its first documented use dates back to 2700 BC in China for rheumatism. In the United States it has been legalized to varying degrees in many states with some pending legislation. Research is limited on both the patient and the nursing and nurse practitioner experience with this form of treatment. Feelings of stigma and being misjudged, as having an addiction, have been identified in patients treated for pain with marijuana. Nurse practitioner knowledge of and attitudes about this form of treatment are not well understood.
Methodology: A mixed methods pilot study was conducted to explore nurse practitioner knowledge base, perceptions, concerns and any biases towards this medicinal patient treatment. Targeted participants included a convenience sample of nurse practitioners residing in New York with or without work experience in a setting where marijuana is medicinally prescribed and administered. A brief questionnaire was made available which included minimal demographics and optional open-ended questions at the end for further comments. Interested participants complete the survey. Survey data was analyzed and variables compared with demographic data. Information from the opened-ended questions was analyzed for themes/commonalities.
Results:
Implications/Significance for Advanced Practice Nursing: Data from this study will provide information on nurse practitioner knowledge and perceptions of medicinal marijuana and prescribing its use. Analysis of this study will lead to further questionnaire testing and modifications as indicated. Eventual expansion to a wider group and larger population is planned. Future research will also be needed related to nurse practitioner curriculum needs on this topic and issues faced by prescribers and patients using medicinal marijuana.

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Poster Number 16

Nursing Driven Protocol: Reducing Colon Surgical Site Infection in Perioperative Areas

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Background: Every year, around 600,000 surgical procedures are performed in the United States to treat a number of colon diseases (Keenan, Speicher, Thacker, Walter, Kuchibhatla, & Mantyh, 2014). Surgical site infections accounts for 38% of hospital acquired infections (HAIs); with SSI rates higher among patients following colorectal surgeries where the rate varies between 5% and 30% (Shen, Blackham, Lewis, Clark, Howerton, Mogal, et al., 2014). SSI results in increased length of stay; increased in hospital costs; increased morbidity and mortality; and increased readmission rates.

Purpose: A multidisciplinary team implemented a colorectal bundle with the goal of reducing SSI rates by 20% in order to improve patient safety.

Methodology: A multidisciplinary teamwork approach was utilized to drive the implementation of a colon bundle which includes activities that are nurse driven in the pre and post-operative period. In the preoperative phase, the RN ensures that the patient and family received education on skin preparation and wound care through teaching back and return demonstration. In the intraoperative phase, the RN coordinates with surgical team to ensure that normothermia, normoglycemia, standardized skin preparation, timely administration of antimicrobial prophylaxis, using a separate closure tray, and surgical team changed gown and gloves are followed. In the postoperative phase, the RN ensures that normothermia and normoglycemia are maintained.

Results: Perioperative nursing ensures that the colon bundle elements are being followed in the perioperative settings through real time audits. The SSI rate has reduced from a baseline of 30% to 21% to 6.25% (current quarter).

Conclusions: Utilizing the colon bundle elements in the Perioperative area, has significantly reduced our SSI rate from 30% in 2014 to 21% in 2015, 8.1% in 2016, and 6.25% in 2017. Education and training, multidisciplinary team collaboration, consistent communication, and sharing results are keys to the successful implementation of the colon bundle, ensuring compliance and reducing SSI rates. Perioperative nursing leadership continues to monitor compliance and reports monthly results to Central Nursing Performance Improvement meeting and quarterly to Hospital Wide Quality Improvement Committee.

* NYC Health + Hospitals / Metropolitan

Poster Number 17

Outcomes of an Early Mobility Pilot Program in an Intensive Care Unit of a Safety Net Hospital

Jo-Marie DiBattista, RN, MSN, MS, CNOR*, Noreen Brennan, PhD, RN-BC,CNO, Imelda Soberano, RN, HN, ICU, Reyenne Schiowitz, RN, ICU

Early Mobility of the critically ill patient is essential to preventing complications such as pneumonia, deep vein thrombosis, and longer hospital lengths of stay (Dafoe, Stiller, & Chapman, 2015). Additionally, early mobility demonstrates positive effects on patients' functional ability and decreases intensive care units (ICU) length of stay and the overall hospitalization length of stay. Although there is increasing evidence that demonstrates early mobility of this population is safe and has a low rate of adverse events (Dafoe, et al., 2015; Zomorodi, Topley, & McAnaw, 2012) there is still some reluctance on the part of health care providers to initiate this activity (Jolley, Regan-Baggs, Dickson, & Hough, 2014). Perceived barriers to early mobilization also exist amongst patient and their home caregivers (Brown, Williams, Woodby, Davis, & Allman, 2007). The purpose of this pilot initiative is to hardwire an early mobility protocol and overcome the perceived identified barriers through the use of an early mobility protocol in a multi-purpose ICU.

BACKGROUND

As the complexities of health care are being addressed by clinicians, one must be able to identify what patient outcomes are enhanced by provider led protocols. Early mobility has been linked to decreasing morbidity, mortality, while inactivity of the ICU patient has demonstrated an adverse effect on the skin, muscles, and pulmonary, cardiovascular, and neurologic systems (Zomorodi, Topley, & McAnaw, 2012). These adverse effects have presented as: hospital acquired pressure injuries; pneumonia; hypotension; deep vein thrombosis; and delirium.

METHODOLOGY

A convenience sampling of patients located in a seventeen bed mixed ICU in a New York City safety net hospital. As part of the quality audits, a review of chart documentation of patient specific outcomes and observation of established protocol was reviewed.

GOALS

To establish an early mobility pilot program for all patients in the ICU at a safety net hospital in New York City, focusing on outcomes related to pressure injury ulcers, ventilator related days, and ICU length of stay. The focus of this pilot process is to decrease: pressure ulcers development; ventilator days; and length of ICU stay.

OUTCOMES

The early mobility protocol is part of a larger bundle of care to mobilize ICU patients. Notable results included:

- Reduced occurrence pressure ulcers
- Increased early mobility activity
- Decreased ventilator days
- Shortened length of stay in the ICU
- RN and PCA engagement with protocol

REVIEW OF LITERTURE

Mobilizing the ICU patient can be a challenge as there are multiple variables that can arise. Clinicians need evidenced based protocols that can be applied, measured, and support their practice. Early mobilization of the patient can prevent complications that would increase patient length of stay, risk for pressure ulcer development, and increase ventilation days. Compliance with patient mobilization, repositioning, transferring to a bedside chair, or walking may depend on staffing, patient acuity, patient assignments and available resources (Dafoe, 2015). Establishing and sharing outcomes regarding an early mobility protocol should decrease the obstacles and assist in achieving the ultimate goal of: decreasing patient mortality, decreasing ventilator days, decreasing pressure injuries while shortening length of stay and improving physical functionality and returning the patient back to an optimal level of functioning to be discharge (Topley, 2015).

* NYC Health + Hospitals / Metropolitan

Poster Number 18

Project ACTIVE: A Personalized Prevention Clinic Intervention

Melanie Applegate, DNP, RN, FNP-BC[*], Ebony Scott, MSEd, MHC, Mirtala Sanchez, MPH, R. Scott Braithwaite, MD, MS, FACP

Background
Evidence-based preventive care in the United States is underutilized, although preventable morbidity and mortality is substantive. Project ACTIVE is a clinical randomized control trial (RCT) of the effectiveness of a previously piloted intervention to personalize care and activate healthful behavior change for patients at high risk of premature morbidity and mortality.

Purpose
The purpose of this RCT is to evaluate the effect of a clinical intervention prioritizing and personalizing preventive care recommendations. Our hypothesis is that Project ACTIVE will increase overall estimated life expectancy and reduce unfulfilled clinical goals by at least one compared to usual care.

Methodology
The intervention involves 6 visits over 9 months in addition to regularly scheduled primary care visits. These visits were divided into two parts: First, a validated mathematical model based on the USPSTF recommendations was utilized to quantify and rank the estimated amount of health benefit that would arise from improved adherence to each preventive care guideline. These results were communicated by providing personalized estimates graphically to participants. The nurse practitioner engaged the participant in a shared decision making process in which the participant identified which preventive health goals he or she aimed to achieve. Second, a health coach met with the patient to set particular action steps to be completed by the next visit, congruent to these goals.
The health outcomes of the intervention participants were compared to a control sample of patients who did not receive the intervention. English or Spanish speaking non-pregnant adult patients in care were recruited and consented. Outcomes were (1) estimated life expectancy; and (2) change in unfulfilled clinical goals. Number of unfulfilled clinical goals were evaluated in a blinded fashion and in duplicate by clinicians who were not involved in delivering the intervention.

Results
140 patients were recruited and consented. Preliminary results demonstrate that the intervention participants accomplished an average of 21.04 months estimated gain in life expectancy compared to 4.52 months by the control participants. Thus far Project ACTIVE seems to be delivering its benefit by improving the control of hypertension, hyperlipidemia, tobacco and alcohol use, depression, diet and exercise, colorectal and breast cancer screening, and aspirin use. Further data analysis will occur following the trial's completion in June, 2018.

Conclusions/Implications for Practice
It is feasible to implement a program that enhances personalized and patient-centered preventive care at a busy inner-city ambulatory care clinic. Preliminary results suggest that this program is associated with improved health outcomes, and may be expanded to other similar settings.

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Poster Number 19

Providing Culturally Competent Care: The Lived Experience of Nurse Residents

Michael Valenti, Ph.D., RN*

Background: Failure of nurses to recognize, understand, and manage socio-cultural differences of their patients' health beliefs and practices may lead to poorer health outcomes. Barriers to developing and providing culturally competent (CC) care stem from inconsistent operational definitions, lack of conceptual clarity, and tools with limited validity and reliability. Researchers reported that although nurses were exposed to a variety of educational strategies to teach them how to deliver CC care they indicated there were barriers/challenges to reaching that goal. An extensive literature search did not reveal any qualitative study that examined nurses' experience of providing CC care in clinical practice.

Purpose: To describe RNs' lived experience of providing CC care.

Methodology: Streubert's (1991) phenomenological method was used to describe 12 nurse residents' experience of providing CC care. Participants were recruited from a large urban acute-care medical facility and asked to describe "What is your experience of providing CC care in clinical practice?" Data was analyzed and trustworthiness, fittingness, and credibility were established.

Results: Four essences of CC care were revealed: (a) essentialness, (b) communication, (c) accepting differences, and (d) continuous learning. These essences were used to develop an exhaustive description that all participants validated captured their respective experience of providing CC care.

Conclusion/Implications for Practice: Participants' exhaustive descriptions revealed major concepts from a number of recognized cultural competence theories/models and in particular, the five constructs of Campinha-Bacote (2011). A number of implications for research, practice, education, and policy were derived.

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Poster Number 20

Psychometric Evaluation of the Professional Moral Courage (PMC) Scale in a Nurse Executive Population

Joanne Connor PhD, MPA, NEA- BC, CPHQ*

Statement of the Problem

The nurse executive must navigate a health care environment with competing priorities and conflicting pressures. The rapid changes and economic demands in healthcare present challenges and ethical dilemmas for the nurse executive. The nurse executive is to be professionally and morally responsible to meet the expectation of the role in accordance with ethical standards of the nursing profession. Professional moral courage is the attribute necessary to influence decisions and actions when advocating for the nurse and the patient, while benefiting the organization. Subsequently, the ability to accurately assess this characteristic is an imperative. The Professional Moral Courage (PMC) scale is a tool designed to measure the construct of moral courage as a managerial competency. The purpose of this study was to validate the PMC scale for use in the nurse executive population.

Method

This was a non-experimental methodological study. The sample consisted of 478 nurse executives. The participants all: (a) held a title of Chief Nursing Officer (CNO) or Chief Nurse Executive (CNE); (b) were employed in a healthcare organization; and (c) were members of the American Organization of Nurse Executives (AONE). The psychometric validation of the PMC scale included evaluating reliability, convergent validity, hypothesis testing, and factor analysis. The three instruments used in this study were: (1) the Professional Moral Courage (PMC) scale, to assess and quantify the construct of moral courage in the nurse executive population; (2) the Values in Action-Inventory of Strengths (VIA-IS) scale, specifically the bravery items, to determine if the character strength of bravery is convergent with professional moral courage; and (3) the Marlowe-Crowne Social Desirability scale, to evaluate the potential influence of social desirability on PMC scale responses.

Results

The psychometric analyses supported the validity and reliability of the PMC scale in the nurse executive population. Correlational analysis for convergent validity concluded convergence between the PMC and VIA-IS bravery items. The hypothesis that the more years of experience working as a nurse executive, the higher the level of moral courage, was supported. Confirmatory factor analysis findings suggest the internal structure of the PMC scale and measurement of the underlying construct, professional moral courage, is acceptable. The model is an acceptable fit for the data and the PMC scores were not influenced by socially desirable responses.

Conclusion

The Professional Moral Courage scale was psychometrically validated within the nurse executive population and this study strengthened the construct of professional moral courage as a recognized competency.

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Poster Number 21

Racial & Ethnic Disparities in Predictors of Glycemia: a Moderated Mediation Analysis of Inflammation-related Predictors of Diabetes in the NHANES 2007-2010

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Background: Racial/ethnic disparities in type 2 diabetes (T2D) outcomes exist, and could be explained by nutrition- and inflammation-related differences.

Purpose: To identify associations between race/ethnicity and glucose control among participants from NHANES 2007-2010, as influenced by diet quality, body mass, and inflammation and grouped by T2D status.

Methods/Subjects: The following is a secondary data analysis of two NHANES data cycles spanning 2007-2010. The association between race/ethnicity and hemoglobin A1c (HbA1c) as mediated by dietary intake score, body mass index (BMI) and C-reactive protein (CRP) was assessed, as was the strength of the difference of that association, or moderation, by T2D status. The sample included n=7,850 non-pregnant adult participants ≥ 20 years of age who had two days of reliable dietary recall data, and no missing data on key variables included in the analysis. The primary outcome examined was HbA1c.

Results: The model accurately explained the variation in HbA1c measures in participants without T2D, as mediated by diet quality, BMI and CRP. However, significant variation in HbA1c remained after accounting for aforementioned mediators when contrasting non-Hispanic White (NHW) to non-Hispanic Black (NHB) participants without T2D. The model was not a good fit for explaining racial/ethnic disparities in HbA1c in participants with T2D. A test of the index of moderated mediation for this model was not significant for the differences in the effect of race/ethnicity on HbA1c by T2D status (moderator).

Conclusions: This study demonstrated that diet quality, BMI, and CRP mediated the effect of race/ethnicity on HbA1c in persons without T2D, but not in persons with T2D. Further research should include additional inflammatory markers, and other inflammation- and T2D-related health outcomes, and their association with racial/ethnic disparities in diabetes.

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Poster Number 22

Radiation Oncology in Tracking Oral Chemotherapy Adherence: A Multidisciplinary Quality Improvement Project

Jennifer Clark, RN, MSN, OCN, CNRN*, Jessica Wang, BSN, RN-BC

The dramatic increase in number and complexity of oral chemotherapy regimens necessitates creative solutions to promote patient adherence, which may alter treatment success. Radiation oncology's daily patient encounters offer a unique opportunity to promote patient adherence through assessment, education, timely intervention, and streamlined multidisciplinary communication.

The purpose of this project was to implement a novel electronic health record (EHR) tracking program in radiation oncology that is designed to assess patient oral chemotherapy adherence. We started by conducting a needs assessment based on patient volume. Next, we identified a gap in oral chemotherapy knowledge among registered nurses, which formed the basis of an educational intervention by our center's clinical nurse specialist. Through multidisciplinary meetings with nursing informatics, we adapted the existing EHR adherence tracking workflow to meet the specific needs of our radiation oncology practice. Nurses, residents, and attending physicians received education about the new EHR workflow prior to implementation.

Our process starts when the physician’s EHR order template alerts nurses to enroll a patient in oral adherence monitoring. Nurses use the EHR tracking program to assess patients on their first day of radiation and weekly throughout treatment. The program includes adherence screening, toxicity grading, and a free-text log to record dose alterations. Once documented, adherence tracking data from multiple patient encounters and providers can be reviewed within a single screen flowsheet.

Since implementation on 07/12/17, we enrolled 58 patients in adherence monitoring; 44 of whom completed chemoradiation. Of these 44 patients, 39 (89%) reported no missed doses, 1 missed a single dose, 1 missed two doses, and 1 patient missed more than three doses. Additionally, 1 patient had a significant delay in starting oral chemotherapy. Reasons for missed doses are tracked and evaluated for intervention. Our findings show that 6 (14%) patients received targeted interventions to support their oral chemotherapy adherence. Chart reviews are used to measure documentation compliance: 88% for physicians, 73% for registered nurses. As staff members become familiar with the process and receive peer feedback, we expect documentation compliance to increase.

We found that EHR patient adherence tracking during radiation oncology encounters increased communication between the medical and radiation oncology care teams regarding oral chemotherapy regimens. Also, even in this small sample size, there were opportunities for meaningful intervention. This project provides a framework for a multidisciplinary team approach to improving treatment success by utilizing radiation oncology encounters to assess and support oral chemotherapy adherence.

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Poster Number 23

Reducing Length of Pre-Admission Testing Clinic Appointment Through Workflow Redesign

Patricia Sheehy-McCann, MSN, MPA, RN, CAPA*, Carol Wasserfall, BSN, RN, -BC

BACKGROUND: Our patients were experiencing long waits throughout their Pre-admission testing (PAT) appointments. There was a consistent accumulation of charts and overtime (OT) for staff. We became concerned about our unit's efficiency, effect it may have on our patients, and staff's satisfaction. Although there is much literature on improving efficiency, ways to improve workflow is understudied. Average length of appointment (LOA) was 104 minutes in 2015. We hypothesized we could improve efficiency of PAT process, thus decreasing LOA by examining our workflow.

PURPOSE: Purpose of this study was to: 1) identify reasons for delays throughout the PAT appointment for patients whose appointments lasted over 100 minutes; 2) implement changes to improve efficiency without decreasing patient's time spent with PAT team.

METHODOLOGY: Data collection form was created to identify interdepartmental inefficiencies. Staff documented reasons for delays during the PAT appointment for a two week period in January 2016. After analyzing the data, several common themes were noted in patients with appointments greater than 100 minutes. Significant changes were made based on results which included utilizing the electronic medical record (EMR) status board instead of paper charts to direct patient's throughput, having available provider see patient first, giving NPs ten minutes notification prior to seeing patients to review charts, and tailoring appointment schedule to meet lunch needs. Changes were put into practice over a six-month period from January 2016 through June 2016. Data was collected and analyzed in July 2016 and January 2017.

RESULTS: Data was analyzed on 122 patients with appointments greater than 100 minutes in January 2016. Top reasons for delays included registration greater than 20 minutes, patients waiting more than 15 minutes to see provider, and greater LOA during staff lunch hours. After implementing changes to our workflow, average LOA in 2016 was 87 minutes resulting in a 17% decrease in average LOA. Average LOA for 2017 was 78 minutes, a 25% decrease in LOA, thus maintaining and improving our efficiency. LOA trended downward and remains low even after the completion of our initiative. Other tertiary results include a high score in quality improvement on staff's yearly performance review.

CONCLUSIONS: Interventions implemented resulted in improved efficiency of PAT appointment and an overall decrease in LOA. We tailored our appointment schedule to accommodate lunch demands allowing staff to take a full lunch hour and no longer require a need to pay OT for lunch breaks.

* NYU Langone Health

Poster Number 24

The Association Between Neighborhood, Age, and Cancer Stage at Diagnosis in an Underserved Head and Neck Cancer Population

Christy Green, BS, RN[*], Jason Gonsky, MD, PhD, Joanna Woersching, MSN, RN, Anthony T. DiVittis, BA, MA, Billy Caceres, PhD, RN, Brian L. Egleston, PhD, Tarek Elrafei, DO, Pawan Suri, MD, Janet H. Van Cleave, PhD, RN

Background: For head and neck cancer, the stage of cancer at diagnosis is a critical factor for survival: local disease is associated with an 83% relative survival rate whereas distant disease is associated with 38% relative survival rate. A neighborhood's social and built environments are key determinants of health. However, the association between neighborhood, age, and cancer stage at diagnosis of head and neck cancer in an underserved population is understudied.

Purpose: The objectives of this study was to determine the relationship between neighborhood median household income, age of patient at diagnosis, and stage at diagnosis in patients receiving care in a large urban safety net health system.

Methodology: Retrospective multi-institution review of electronic health records (EHR) of previously untreated patients with squamous cell carcinoma of the head and neck cancer (HNSCC) receiving care in a safety net hospital system in the northeastern United States between January 1, 2007 to December 31, 2010. Statistical analyses included descriptive statistics. A two-sided logistic regression with odds ratios was used to determine the relationship between neighborhood median household income, age, and cancer stage at diagnosis while controlling for race, gender, primary tumor site, and tobacco use.

Results: The study population consisted of 369 patients with mean age was 59 $\pm$ 13 (range 20-100 years). The patients were primarily male (77%), racially diverse (42% Black, 17% White, 20% Hispanic, 20% other/unknown), and were either stage 4 or undocumented stage of HNSCC at diagnosis (68%). On average, the median household income of the neighborhoods in the analysis was $47,094 (range: $20,210 - $161,786). The analysis demonstrated that persons ages 55 – 59 had greater odds of presenting with advanced stage than those ages 54 and younger (Odds Ratio (OR): 3.18, 95% Confidence Interval (CI) 1.81 – 5.60, p<.001), while those who lived in neighborhoods with median household income >$50,000 were less likely to present with advanced stage of cancer (OR: .63, 95% CI .55 - .73, p<.001).

Conclusions/Implications: The study findings suggest that, among persons receiving care in a safety net health care system, those ages 55- 59 or who live in a low socioeconomic status neighborhood represent a vulnerable population. Nurses or nurse practitioners who practice in community centers or clinics in low income neighborhoods play a key role to improve early access to health care for persons experiencing signs or symptoms of head and neck cancer.

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Poster Number 25

The Association Between Nursing Unit Culture and the Use of Evidence-based Practice Among Nurses in Hospitals

Jin Jun, PhD, RN[*], Christine T. Kovner, PhD, RN, FAAN, Victoria V. Dickson, PhD, CRNP, FAHA, FHFSA, FAAN, and Jason Greenberg, PhD

Background
Evidence-based practice (EBP) has been the gold standard for clinical practice. However, the use of EBP by healthcare providers, including nurses, has remained at suboptimal rates. Though researchers have examined various factors that influence nurses' use of EBP, studies of more complex organizational factors are limited. Nursing unit culture, which encompasses unique shared values, beliefs, and assumptions, may be one of the driving forces in determining nurses' behavior, leading to a variation in the use of EBP.

Purpose
The purpose of this study was to examine the association between nursing unit culture and the use of EBP among nurses in hospitals under the overarching theoretical frameworks of the Competing Values Framework of organizational culture and the Consolidated Framework for Implementation Research.

Methodology
Cross-sectional, correlation design was used. The sample was 242 staff nurses working in inpatient units at two large teaching hospitals in a metropolitan area. Excluded were nurses who work in operating rooms and outpatient settings such as procedural and emergency departments. Also excluded were administrators, managers, advanced practice nurses, and nonclinical nurses including case managers or nurse educators.

Results
Most nurses were White/Caucasian women between the ages of 20 and 39. Of the nurses, 85.1% had a Bachelor of Science in Nursing as their first degree, and about half were either already back in school or planned to return to school within 1–5 years, with Masters in Science in Nursing being the most sought-after degree. The overall attitude of EBP was positive and the knowledge/skills of EBP was high. The practice of EBP, however, was lagging. The dominant nursing unit culture was Group culture. And no statistical significance was found between the types of nursing unit culture and the attitude, practice, and knowledge/skills of EBP.

Conclusions / Implications for Practice
Despite the nonsignificant finding, organizational culture can be used to create interventions to promote a work environment that is supportive and encourages the use of EBP. The implementation interventions using social cognitive theories such as the Theory of Planned Behavior also may be well-suited for future research.

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Poster Number 26

The Impact of Educational Sessions a Year Later on Preoperative Cognitive Assessment and use of Mini-Cog Tool in Preadmission Testing: Pre-test and Post-test Evaluations.

Tessa Turton-Thompson RN, FNP-BC*, Susan Vegessi-Faley RN-BC, Jeanna Blitz, MD, Patricia Sheehy-Mccann, NM, RN, Daniel Smith, MA

Brief description:

Preoperative cognitive impairment is associated with the development of postoperative delirium, a common and consequential complication of major surgery in older patients. It is necessary to incorporate a cognitive screen as part of the preoperative evaluation in older adults preparing for surgery. The purpose of this initiative is to educate the preadmission staff on how to use the Mini-Cog tool as a preoperative cognitive screen.

Introduction:

Delirium is a common problem that occurs in 5–50% of elderly individuals following surgery. It is associated with increased mortality, morbidity, hospitalization, cost, cognitive decline, and delayed rehabilitation. Therefore, earlier recognition of cognitive impairment in the geriatric surgical population prior to hospitalization is vital in preventing postoperative delirium.

Methods:

The initial quality improvement project was conducted using a pre-posttest sample of 17 nurses and licensed independent practitioners (LIPs) in pre-admission testing. The preliminary initiative consisted of a pre-test, and a live educational session on the use of the Mini-Cog as a preoperative cognitive assessment tool. This initiative was directly followed by a posttest. Ongoing informal one on one educational discussions and training continued and was later followed by an eight-month posttest to reevaluate the staff's knowledge.

Results:

Paired-sampled t-tests were conducted to compare knowledge in using the Mini-Cog tool before and after the initiative. Following the initial posttest, there was a significant difference in the scores for the first posttest (M=93.5%, SD=9.3%) and pretest (M=70.0%, SD=7.9%); t (16) =8.703, $p < .001$. This difference remained after a second posttest at eight months (M=93.5%, SD=8.6%) (t (16) =7.099 $p < .001$). These results suggest that the intervention has an effect on knowledge. Specifically, the results suggest that the average score for the Mini-Cog knowledge test increased after our initiative.

Discussion:

The initiation of educational sessions, one on one discussions, and training on preoperative cognitive screening with the Mini-Cog tool increased the awareness and knowledge of nurses and LIPs. Additionally, it created opportunities for interprofessional partnerships and collaboration with team experts and surgical services. The Mini-Cog tool is now available for documentation in the patient's electronic medical record as a high-risk trigger on admission.

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Poster Number 27

Zero Harm: Prevention of Tracheostomy Related Pressure Injury

Diane Maydick, EdD, RN, ACNS-BC, CWOCN[*], Julieann Liao, RN, ANP-BC, CWCN

Purpose: In response to an increase in hospital acquired tracheostomy skin injury a standard tracheostomy care protocol using a foam dressing was developed by an interprofessional team to minimize patient harm.

Methods: An interprofessional team came to consensus and developed a standardized protocol for individuals with a tracheostomy. Interprofessional education was provided using infographics, tracheostomy care guidelines, daily huddles, and bedside rounding. Staff attestation was collected. Direct observation and data collection of the following was performed: presence of foam dressing (y/n), pressure injury (y/n), neutral position of the head (y/n), and suture removal by day 7 (y/n).

Results: Education was provided for surgeons, registered nurses, ancillary personnel and respiratory therapists. One hundred percent adherence to the protocol has been observed and no new pressure injuries have been documented since initiation of the standard protocol.

Discussion: An interprofessional approach and variety of methodologies to reinforce a tracheostomy care protocol.

Implications for practice: Standardized practice of placing a fenestrated foam dressing at time of surgery at our institution may result in improving care and may reduce the incidence of tracheostomy related pressure injury.

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Poster Number 28

Modifiable Determinants Associated with Weight Loss Management Pertaining to Racial and Ethnic Minorities.

Angela Godwin Betts, DNP, FNP-BC*

Background: The rate of obesity in the U.S. has increased from 11.6 % in 1990 to 29.4 % in 2014 (United Health Foundation) with ethnic minorities being disproportionately affected (Ogden et al., 2014). According to the Center of Disease Control and Prevention 2014 study (CDC, 2014), 47.8% of Blacks and 42.5% for Hispanics in the U.S. are overweight and/or obese. The issue of obesity is especially problematic because it leads to higher rates of morbidity and mortality (United Health Foundation, 2014). Rates of diabetes, a leading obesity-related disease (Mokdad et al., 2003) have increased ≥ 100% from 1995 to 2010 within 18 states (CDC, 2012). Other obesity-related co-morbidities experiencing significantly increasing rates include arthritis, cancer, asthma, high blood pressure, and high cholesterol (Jolly & Chambers, 2014; Mokdad et al., 2003).

Purpose: The purpose of this integrative review is to summarize the state of the science of modifiable determinants associated with weight loss management (WLM) in racial and ethnic minorities. This paper seeks to answer the question, "What specific modifiable determinants associated with WLM exist in the current literature pertaining to racial and ethnic minorities?"

Methodology: Five electronic databases were utilized for the search: PubMed, Web of Science, PsychInfo, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Scopus. Terms found and used include: *weight loss, ethnic group, ethnic groups, cultural values, cultural diversity, maintenance, maintain, weight reduction, ethnic minorities, racial group, racial minorities, ethnic minorities.* Search criteria included human research studies, English only, with publications from 2005 to 2015.

Results: From the search, a total of 442 articles were discovered. Full-text screening and proper extraction based off the exclusion criteria narrowed the search to 19 articles. Emerging themes included lifestyle behaviors, external support, engagement, internal support, program components, external opposition, environment, and internal opposition. Facilitators and impediments to WLM found within this integrative review included healthy eating, support from healthcare providers as well as friends and family, internal motivation, as well as internal opposition, lack of support and decreased physical activity.

Conclusions /Implications for Practice: As rates of obesity and related co-morbidities continue to rise, it is imperative for clinicians to understand the facilitators and impediments related to their patent's weight loss success. Especially within the ethnic minorities, these modifiable determinates need to be identified and actively addressed to combat the current state of health and the obesity crisis.

* NYU Rory Meyers College of Nursing

LUNCH ROUNDTABLES

Data Visualization
Fred LaPolla, MLS[*]
Room: Library G101

Self-Care Management Among Chinese Diabetic Patients
Lu Hu, PhD[†]
Room: Library G131

IRB Review
Helen Panageas[*]
Room: Library G134

Qualitative Research – Ethnography
Debra Grice-Swenson, PhD, RN, NEA-BC[‡]
Room: Library G135

The Initial Phases of Developing a Research Study on Unit Based Culture
Jin Jun, PhD, RN[§]
Room: Library G136

Untangling the Research, EBP, and QI Roles of the Doctor of Nursing Practice (DNP) and the Doctor of Philosophy (PhD)
Mary Jo Vetter, DNP, RN, AGPCNP-BC[§]
Room: Library G137

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[†] NYU School of Medicine
[‡] Adelphi University / NYU Langone Health
[§] NYU Rory Meyers College of Nursing

AFTERNOON SESSION – 1

Smilow Multipurpose Room

FOCUS ON PATIENT CENTERED CARE

Moderator: Catherine Manley-Cullen

Effect of Animal Assisted Activity on Mood States and Feelings Among Patients, Visitors, and Staff in The Hospital Environment

Sandra Brown, RN, BSN-BC*, Jill Snelders MBA, CTRS

Background/Significance: Animals have been shown to support healing through various physical, psychological, emotional and social mechanisms, which promote optimal health and wellness. Modern hospitals are extremely stressful environments. Cost-effective, evidence-based interventions are needed that decrease stress, promote healing, and improve outcomes. Evidence indicates that AAA has been used effectively in various healthcare settings to decrease perceived stressors in the environment and improve patient outcomes.

Purpose: The primary purpose was to identify the effect of Animal Assisted Activities (AAA) on mood states and feelings of patients, visitors, and staff on varied hospital units. It also aimed to validate data from a prior Performance Improvement (P. I.) project using AAA with patients on psychiatric units.

Methods: Prior to initiation of the AAA study, the Animal Visitation Policy was revised and expanded. Full IRB-approval was obtained. Appropriate therapy areas were identified on four clinical units. The study was supported by grant funding. Consent and assent forms were developed. Dogs involved in the AAA intervention were certified, specially trained Animal Therapy dogs. AAA visits were 30-60 minutes. All patients, visitors and staff (without fear of or allergies to dogs) were eligible to participate. Patients on isolation, and/or confused patients were excluded. Confused patients were invited to therapy, but were not study participants. Instruments included: Demographic Form, Visual Analog Mood Scale (VAMS), and one open-ended, qualitative question.

Results: A total of 350 subjects participated in the study. Descriptive and inferential analyses showed a decrease in negative moods, such as: sad, angry, and tense. Data also showed an increase in positive moods, such as: energetic and happy. The majority of outcomes, pre-to-post AAA intervention, were statistically significant when conducting a Wilcoxon's rank sign test. Qualitative data identified several themes associated with AAA, such as: happiness, relaxation, and calmness. The qualitative findings from the research study validated previous results of a P.I. project examining behavioral health patients' feelings regarding AAA. Staff members on the telemetry unit reported decreased stress levels after AAA.

Conclusions and Implications for Practice: AAA is a low cost, non-pharmacological intervention, which can provide patients, staff, and visitors some relief from the stress of the hospital environment. Future research should examine the effects of AAA on patient and staff satisfaction, and other quality outcomes, such as patient falls.

* Mather Hospital at Northwell Health

Aromatherapy Hand Massage for Older Adults with Chronic Pain

Kathleen Cino PhD, RN[*]

Purpose:
The purpose of this study was to investigate the effect of aromatherapy hand massage on chronic pain levels in older adults living in long-term care.

Design:
In a three-group randomized control design, 118 older adults (75% female; mean age 82.77 years) received either eight sessions of aromatherapy hand massage, hand massage, or nurse presence visits (conversation, no touch). Chronic pain was measured before and after the intervention using the Geriatric Multidimensional Pain and Illness Inventory (GMPI) and the Iowa Pain Thermometer (IPT). The Institutional Review Board approved the study and written informed consent was obtained from each participant.

Findings:
Hand massage with or without aromatherapy significantly reduced pain intensity over nurse presence visits (conversation, no touch). Multivariate analysis of variance (MANOVA) and repeated measures analysis of variance for mixed design demonstrated significant decreases in chronic pain severity on posttest GMPI $F(2, 110) = 5.807$, $p = .004$, $\eta_p^2 = .096$. The IPT scores differed in groups receiving aromatherapy hand massage or hand massage alone over time $F(2, 110) = 4.293$, $p = .016$, $\eta_p^2 = .072$. Participants most frequent diagnoses were hypertension 76% followed by depression 60% and heart disease 60%. Seventy percent of participants took daily pain medication 38% were taking narcotic pain medication 93% were taking nonnarcotic pain medication 86% of study participants were on Tylenol daily or as needed.

Conclusions and Implications:
The findings support the effectiveness of hand massage as a treatment for chronic pain in older adults living in long-term care. If nurses adopted this simple and effective intervention for chronic pain there would be improvement in clinical outcomes for older adult residents.

[*] Farmingdale State College

A Review of Rituals at End-of-Life (EOL)

James C. Pace, PhD, MDiv, APRN, FAANP, FAAN*

Background
An emerging theme from reports of dying patients and their surviving family members is the extreme importance of rituals at EOL. These rituals involve sequenced activities that help the living to cope with the multiple stresses associated with suffering, death, dying, and living across the lifespan.

Purpose
The purpose of this integrative review was to document extant EOL rituals that help participants find meaning in life; allow for healing, comfort, and accomplishment; and reestablishment of a sense of control in a world that may seem overpowered by death events.

Methodology
An extensive literature review of selected intra-professional data-bases was accomplished: Inclusion terms: EOL Rituals; Last Rites; The Pause; Honoring Ceremonies; Spirituality at EOL; Emergency Baptism; Ritual Drama; Unction; Anointing; Legacy Making; Memory Boxes; Postmortem Photography; Continuing Bonds; ER Rituals.

Results
Over 2700 titles of articles, sources, chapters, research reports, monographs, anecdotal and case reports were reviewed. Sixty-one references were documented in a final manuscript detailing ten separate categories of EOL rituals.

Conclusions/Implications for Practice
Rituals include activities that involve gestures, words, and objects performed in selected places and sequences of time. EOL rituals enhance the quality of life and support those dying and the living who grieve. Rituals at EOL contribute to the strength, capacity, and health of professional providers who cope with multiple death events as well as to help the living to create continuing bonds with those dying, help with coping skills, and assist with finding meaning and purpose in life.

* NYU Rory Meyers College of Nursing

An Open-Label Pilot Trial of Telemedicine for Cognitive Behavioral Therapy in Familial Dysautonomia

Christy L. Spalink ACNP-BC, MSN, RN[*], Lily Armstrong LCMHC, Jose-Alberto Palma MD, PhD, Jose Martinez, MA, Horacio Kaufmann, MD, FAAN

Background:
Familial dysautonomia (FD) is a rare, autosomal recessive disorder characterized by profound sensory and autonomic dysfunction and extreme anxiety. Pharmacological approaches used to treatment anxiety and depression in patients with FD have potential adverse events. Non-pharmacological treatments are urgently needed.

Purpose: We aimed to evaluate the effect of cognitive behavioral therapy (CBT) in the severity of anxiety and depression in adults with FD. Additionally, we aimed to ascertain the levels of self-esteem at baseline and after completion of CBT.

Methods: We conducted a pilot, single-center, open-label clinical trial to assess the efficacy of CBT using telemedicine in adult patients with FD with anxiety or depression fulfilling DSM-V criteria. Patients received an 8-week CBT program with 45-minute weekly telemedicine sessions with a mental health therapist. CBT included interventions to teach relaxation, coping skills, stress management, and assertiveness training with education to practice symptom reduction and improve quality of life. The primary outcome measure was the PHQ-9 scale, a validated scale for depression. Secondary outcomes included the State-Trait Anxiety Inventory (STAI) which has two sub-scores: the S-Anxiety (STAI-S) and T-Anxiety (STAI-T), both validated scales used to measure trait and state anxiety. The Rosenberg Self-Esteem Scale (RS-E), a validated scale to measure global self-worth, was used.

Results: We enrolled 10 adult patients with FD (9 women, 1 man, age 31.2±12.70). Before starting the CBT sessions, the PHQ-9 was 10±2.54, the STAI-S was 45.3±12.89, the STAI-T was 46.3±9.96, and the RS-E was 30.3±5.10. After completing the 8 sessions of CBT all patients reported significant reductions in depression and anxiety, the PHQ-9 was 3.9±0.74 ($p<0.0001$ vs baseline), the STAI-S was 30.5±3.57 ($p=0.0016$ vs. baseline), the STAI-T was 33.8±4.47 ($p=0.0006$ vs. baseline), and significant increases in self-esteem with a RS-E 34.5±3.24 ($p=0.0014$ vs. baseline). One patient reported suicidal ideation prior to the study, which resolved during the study. No adverse events were noted. No patient dropped out from the study.

Conclusions: CBT via telemedicine is a feasible treatment that appears to reduce depression, anxiety and increase self-esteem in a rare disease, severely chronically ill population. Telemedicine should be further explored as a way to provide mental health services for patients with severe chronic illnesses limited by impaired mobility and social isolation. These results offer preliminary evidence to support a larger, placebo-controlled clinical trial of CBT in patients with FD.

[*] NYU Rory Meyers College of Nursing

AFTERNOON SESSION – 2

Smilow Seminar Room

Nurses at the Helm: Understanding Leadership and Professional Issues

Moderator: Althea Mighten

Research Spotlight on the Administrative Supervisor Role

Susan H. Weaver, PhD, RN, CRNI, NEA-BC*

Background
The administrative supervisor is the nurse leader present on the evening night, and weekend shifts and research on the value of these leaders is just beginning. This session will discuss the administrative supervisor role and a nationwide and two regional research studies.

Purpose
The purpose of these studies was to obtain a better understanding of the administrative supervisor role, by exploring their managerial practices, and describing their leadership style and job satisfaction, and collaboration of supervisors and nursing unit-based managers.

Methodology
In the nationwide qualitative study, seven focus groups with off-shift nurses were held and interviews with 30 administrative supervisors from 20 states were conducted to identify the supervisor's responsibilities and managerial practices that contribute to nurse and patient safety. Then based on the qualitative findings, two quantitative studies were conducted: (1) descriptive correlational study surveyed administrative supervisors, from 28 hospitals, about their leadership style and job satisfaction; (2) cross-sectional descriptive study surveyed nursing unit-based managers and administrative supervisors from nine hospitals about collaborative behaviors and job satisfaction.

Results
The overall theme from the qualitative study was the administrative supervisor as shift leader who does whatever is necessary to get patients, staff and hospital safely through the shift. The supervisors achieve nurse and patient safety when performing their role responsibilities and "make it work" by doing rounds, educating, and providing support for the staff. The qualitative study identified the need for role specific education, lack of collaboration with the day time leaders, and relationship type leadership style, which led to quantitative studies and a supervisor education program. The study on leadership found the administrative supervisors rated transformational higher than transactional leadership. Although, the supervisors were satisfied with being a nurse leader, there was a significant difference in the job satisfaction scores of supervisors who worked at Magnet hospitals and the supervisors who worked at nonMagnet hospitals. In the study on collaboration, the results revealed the nursing unit-based managers had a higher collaboration score than administrative supervisors, indicating the managers perceived a more collaborative relationship with supervisors. The administrative supervisors who perceived high collaboration with managers had greater job satisfaction.

Conclusions/Implications for practice
To improve safety on all shifts, nurse leaders can use these findings to better understand the administrative supervisor role, and take actions to support supervisor education and collaboration with mangers. Continued research is needed to link the actions of the supervisor role to nurse and patient outcomes.

* Hackensack Meridian Health – Ann May Center for Nursing

Evaluating the Impact of a Hospital-Based Visual Arts Educational Program for Clinical Nurses

Lita Anglin, MSIS[*], Carolyn Halpin-Healy, MA, Peri Rosenfeld, PhD

Humanities-oriented learning experiences are widespread in medical education as a means to orient future clinicians to a holistic view of patient care. Similarly, humanities education may be part of undergraduate and graduate nursing programs. However, availability of visual arts-based humanities programs for clinical nurses is rare. In collaboration with the Metropolitan Museum of Art, a health sciences librarian and health services researcher at an urban academic medical center designed a program to support clinical and personal capacity for mid-career nurses. This novel workshop series underscores the institutional commitment to investing in nursing professional development and to developing innovative partnerships.

The series consisted of four one-hour sessions focused on themes of description, observation, communication, empathy and using art for self-care. Each session presented a variety of art images (e.g. painting, sculpture, photography, ceramics) to stimulate discussion. The museum educator selected images and developed individual and small group exercises designed to strengthen nurse's skills around aesthetic principles of observation, interpretation, ambiguity, pattern, narrative, reflection, and description in order to enhance clinical practice and practitioners' own reflective capacity.

Eligibility to participate required two years at the institution and compatible scheduling. Two cohorts were held Summer and Fall 2017 with a total of 31 participants. A qualitative approach was adopted to assess program outcomes. After each session, we sent specially designed electronic surveys to examine attitudes, perceptions and feedback on each session's activities and content. Participants were asked to reflect on whether the course had any impact on their nursing practices. The response rate across the two four-session workshops was 63%. Responses were analyzed using traditional content analysis methods, generating core themes distilled from the qualitative data.

Results focused on (i) specific content of individual sessions and (ii) overall assessment of the program on participant perceptions and impact on practice. Participants expressed increased awareness of being "mindful", "introspective" when communicating with patients and colleagues; more "objective" when observing and describing clinical scenarios; taking time to think and less likely to "jump" to interpretation; and more "sensitivity to the visual" information on the units that might influence patient comfort. RNs enjoyed meeting nurses from other departments and offered recommendations to improve the course including increasing small group exercises and extending the sessions to 1.5 hours.

Results provide meaningful evidence of the benefits of humanities programming for clinical hospital-based RNs. Continued follow-up with participants will provide additional data on long- term impact of this initiative.

[*] NYU Langone Health

Predictive Factors of Nurses' Experience of Verbal Abuse by Nurse Colleagues

Ronald Keller, PhD, MPA, RN, NE-BC*

Background/ Purpose: Between 45 and 94 percent of nurses experience verbal abuse. Verbal abuse in the workplace is associated with serious physical and psychological harm to the person who is experiencing verbal abuse. The purpose of this secondary analysis study was to examine relationships between individual and workplace characteristics, dispositional, contextual, and interpersonal predictors and RNs' reported experience of verbal abuse from RN colleagues. These relationships were examined in a large, nationally representative sample of early-career RNs from the U.S using modified Intra-group Conflict conceptual model.

Conceptual Model: A conceptual model (CM) was developed which consisted of three antecedent concepts (dispositional, contextual, and interpersonal characteristics) and their respective factors and 14 selected individual and workplace characteristic variables viewed as possible predictors of nurses' experience of verbal abuse from other nurses.

Method: Multiple regression analysis was used to examine the effect of 23 predictors on verbal abuse from RN colleagues in a sample of 1,208 early-career RNs. This sample size ensured 80% power to detect small effect size of each predictor on verbal abuse at the 0.05 significance level. All measures used in the study had established construct validity and internal consistency reliability for all multi-item scales in the studied sample had a Cronbach's alpha > 0.85.

Results: Four individual and workplace characteristic variables were significant predictors of nurses' experience of verbal abuse from nurse colleagues in this CM: (1) marital status (β = .06, 95% CI = [.01, .12]); (2) workplace setting (β = -.07, 95% CI = [-.15, -.02]); (3) job title (β = .07, 95% CI = [.02, .13]); and (4) work schedule (β = .07, 95% CI = [.02, .15]). However, all four had similar but small contribution to the CM. Four antecedent factors were predictive for greater or lesser levels of nurses' experience of verbal abuse from nurse colleagues: (a) nurses perceiving greater levels of negative affectivity (β = .08, 95% CI = [.002, .007]) and organizational constraints (β = .25, 95% CI = [.006, .011]) were associated with experiencing greater levels of verbal abuse and (b) greater levels of distributive justice (β = -.07, 95% CI = [-.01, .000]) and workgroup cohesion (β = -.25, 95% CI = [-.032, -.019]) were associated with experiencing lesser levels of verbal abuse. However, only organizational constraints and workgroup cohesion had a greater contribution to the CM.

Conclusion & Implications: Based upon the conclusion, as this is the first comprehensive predictive U.S. study using these specific variables to predict verbal abuse, the results are considered beginning evidence of the predictors of nurses' verbal abuse experiences by nurse colleagues and therefore, should be interpreted with caution and warrant further research. A number of recommendations were also derived for practice, education, and policy. In particular, managers should pay particular attention to nurses who are divorced, working evenings, in nurse practitioner roles. Further organizational interventions should focus on building workgroup cohesion and removing organizational constraints as these two predictors had the greatest effect in our model on verbal abuse by nurse colleagues.

* NYU Langone Health

What Nursing Care is Regularly Missed on Units in an Orthopaedic Specialty Acute Care Hospital?

Ana Forman, RN, MSN, ONC, FNP-BC[*], Jack Davis, RN, MSN, ONC

Background: Kalisch (2006) described missed nursing care as regularly missed events or errors of omission that could potentially lead to negative patient outcomes. The MISSCARE survey instrument is a validated quantitative tool that measures the type of missed nursing care as well as the reasons for missing care.

Purpose: The purpose of the study was to assess nursing care omissions in an orthopaedic specialty hospital to enhance the organization's culture of quality and safety.

Methodology: Following IRB approval, study investigators administered the MISSCARE Survey to a convenience sample of registered nurses (RNs) and patient care assistants (PCAs) on in-patient and specialty care units. The participants remained anonymous. Univariate and multivariable logistic regression models were chosen using stepwise selection methodology and required 0.10 significance for model entry and 0.05 significance to remain in the final model.

Results: N=269 completed surveys. The 24 domains were measured with always, frequently or occasionally missed considered "missed" and rarely or never missed considered "not missed". Reasons for missed care indicated as strong or moderate reasons were combined into "strong or moderate reason". Minor or not a reason were combined into "minor or not a reason", and treated as the reference category.
The most frequently missed nursing care events with the most common independent predictor, "patient care assistants not communicating that care was not provided" and p-values are listed below.

- Ambulation 3x per day (p=0.02)
- Turning every 2 hours (p=0.002)
- Feeding when food still warm (p=0.005)
- Medications delivered within 30 minutes of schedule (p=<0.001).

Inadequate number of assistive and/or clerical personnel, medications not available when needed, unbalanced patient assignments and unexpected rises in patient volume and/or acuity on the unit were the next most frequent reasons, each associated with five missed care items.

Conclusions / Implications for Practice Action steps to reduce errors of omission are underway. The overall focus is on improving communication and team-building. Strategies include: revision of a PCA to PCA and RN to RN handoff tool, a PCA recognition event and greater PCA representation on self-governance, interdisciplinary teams. A partnership with an external consultant group was created to provide a workshop for staff designed to: equip leaders with the skills to implement sustainable change, build better clinical teams, hardwire best practice processes and document organizational metrics.

[*] Hospital for Special Surgery

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SPECIAL THANKS

NYU Langone Health – Professionals

- Adam Watt
- Christopher Glazier
- Danyel Sages
- Huming Tang
- Kattia Ninahuanca
- Lauren Friedman
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