NYU Langone Health

Departments of Nursing

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Proceedings Booklet

Center for Innovations in the Advancement of Care

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TABLE OF CONTENTS

KEYNOTE PRESENTATION

Nursing's Role in Improving Health Outcomes Following Disasters and Major Public Health Emergencies

Tener Goodwin Veenema, PhD, RN, MPH, MS, FAAN
Professor of Nursing and Public Health
John Hopkins School of Nursing
John Hopkins Bloomberg School of Public Health

Dr. Veenema is a nationally recognized expert in disaster nursing and as CEO of the Tener Consulting Group, LLC, she has served as Senior Scientist to numerous federal agencies. An accomplished researcher, Dr. Veenema is a member of the American Red Cross National Scientific Advisory Board and an elected Fellow in the National Academies of Practice, American Academy of Nursing and the Royal College of Surgeons, Dublin, Ireland. She is the editor of Disaster Nursing and Emergency Preparedness for Chemical, Biological and Radiological Terrorism and Other Hazards, 4th Ed., the leading textbook in the field, and Disaster Nursing, an innovative technology application ("App") for the I-phone and I-pad (Unbound Medicine). Dr. Veenema was awarded the Florence Nightingale Medal of Honor (International Red Crescent, 2013) the highest international award in Nursing. She received a Fulbright U.S. Scholar Award (2017) and currently serves as the 2017-18 Distinguished Nurse Scholar-in-Residence at the National Academy of Medicine.

Nurse Emergency Preparedness and Recovery: Lessons from New York City

Emergency Preparedness Training for Hospital Nursing Staff

William Lang, MS

Bill Lang is the Director of Hospital Readiness and Health Care Coalitions at the NYC Department of Health and Mental Hygiene. A former hospital administrator, Bill's work in emergency preparedness at the Health Department has gained him a reputation for expertise in "surge". Over the years, he has worked closely with NYC hospitals to develop practical disaster planning and response tools, which have been compiled into the Patient Surge in Disasters: A Hospital Toolkit for Expanding Resources in Emergencies. More recently, Bill was tasked with developing a health care coalition structure for NYC that would strengthen the resiliency of the health care system for future disasters and allow for continuity of service during a public health emergency. Bill has a Masters in Health Policy and Management from The Robert F. Wagner Graduate School of Public Service at New York University.

Jeffrey Schlegelmilch, MPH, MBA

Jeff Schlegelmilch is the Deputy Director for the National Center for Disaster Preparedness at Columbia University's Earth Institute. In this role he oversees the operations and strategic planning for the center. He also oversees projects related to the practice and policy of disaster preparedness. His areas of expertise includes public health preparedness, community resilience, and the integration of private and public sector capabilities. Prior his role at Columbia, he was the Manager for the International and Non-Healthcare Business Sector for the Yale New Haven Health System Center for Emergency Preparedness and Disaster Response. He was also previously an epidemiologist and emergency planner for the Boston Public Health Commission. He holds a Master's degree in Public Health from UMASS Amherst in Health Policy and Management, and a Master's degree in Business Administration from Quinnipiac University.

Disaster Planning and Recovery: Lessons Learned from Hospital Evacuations and RN Deployments

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

Ronald Keller earned a BS in nursing from the University of Buffalo, a MA in Public Administration from New York University, and a PhD from the Rory Meyers College of Nursing at New York University. He is a certified nurse executive and critical care alum. He started his nursing career at NYU Langone Health in 1987 as a clinical nurse and transitioned into leadership early in his career. He is currently the Senior Director of Nursing for Cardiac and Surgery, and Respiratory Care Services. Ronald is recognized as a strong leader and mentor. His success has come from the development of others and creating a supportive and healthy work environment. He has given several poster and oral presentations at national conferences and co-authored articles in a peer reviewed journals.

POSTER PRESENTATIONS

Poster Number 1

A2B: A Systematic Approach

Elaina Weldon, MSN, ACNP-BC[*]; Lynette Lester, BS; Kristine Jaye Adalla-Angeles, BSN, RN; Nicole Ali, MD

Background: Over 100,000 people are awaiting life-saving kidney transplantation. A major criterion for transplantation is blood type. Patients with ABO-B have among the longest wait times for kidney transplantation, which largely represents an underserved population--minorities. Our Transplant Institute oversaw 403 waitlist patients at the time of this project; 83 were listed as ABO-B. The new kidney allocation system (2014) highlights kidney transplantation by blood type; specifically, A2, commonly referred to as A, non-A1 kidneys to ABO-B recipients. Given the complexities of the transplantation waitlist, a multifaceted approach was necessary to implement the A2B process.

Purpose: Kidney transplantation allows for over 17,000 (2014) people to be transplanted annually. A2B transplantation offers an additional donor pool for ABO-B .

Methodology: We created a multidisciplinary team inclusive of a Transplant Nephrologist, NP, Waitlist RN, Waitlist Coordinator Assistant and Medical Student to review the patients who were ABO-B on our waitlist. Of those patients we identified 4 groups: 1) consented to receive blood type A2 organs with typing, 2) consented to receive blood type A2 and never been tested or testing was outdated, 3) received typing before a consent was implemented, and 4) never educated on receiving an A2 kidney. We determined the appropriate cutoff was a titer of 1:16.

Results: Twenty-nine patients had previously consented to receive blood type A2 organs and had typing performed--no intervention was needed. Fifteen patients previously consented to receive blood type A2 kidneys but never had titers performed. These patients were sent to our lab for testing. Twelve patients on the waitlist who had typing performed previously but never provided consent, were educated about A2 kidneys and consented if agreeable. Nineteen patients had neither received education nor had testing performed. These patients were contacted, educated and if agreeable--tested. Once consented, patients who had titers less than 16 had their status updated in UNet to accept A2 organ offers. Additionally, we identified ten patients with recent consents and titers using this process. Using a systematic approach, we were able to convert 34 ABO-B patients to be listed for A2 kidneys.

Conclusion / Implementation for Practice: Centers should work with their existing blood bank to offer this additional avenue for ABO-B waitlist patients. Consideration should be taken for patients already on existing waitlists to be educated, consented, and tested. A multidisciplinary approach proved to create a streamlined process.

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Poster Number 2

An exploration of nursing students' experiences with SBAR in the clinical setting

Roxanne Sabatini, MSN, RN-BC[*]

Background: Clinical communication is a contributing factor for safe patient care and linked to the enculturation of nursing students transitioning to practice. Structured communication, such as Situation-Background-Assessment-Recommendation (SBAR), is utilized in healthcare to improve emergency care and handoff communication. Prior studies focused on educational strategies to facilitate nursing students' use of SBAR within academic settings. There remains a limited focus on nursing students' experience using SBAR within the clinical learning environment.

Purpose: Focused clinical communication is an essential skill for newer nurses to escalate patient care needs. The purpose of a qualitative inquiry was to gain a better understanding of students' experience using the SBAR mnemonic within the clinical setting.

Methodology: The qualitative research study utilized in-depth, semi-structured interviews with nursing students who met inclusion criteria. A purposive sample of eleven associate degree nursing students who had recent experience in the use of SBAR were recruited from colleges in the tristate area of New York, New Jersey, and Pennsylvania. Semi-structured interviews were conducted using a field-tested interview protocol. Audio-recorded interview data and researcher field notes were transcribed manually and analyzed using three levels of data analysis concurrent with data collection. Participant member checks confirmed the findings and themes that emerged through data analysis.

Results: Participants shared the benefits and challenges encountered in the use of SBAR within the clinical learning environment. Nursing students in the study perceived SBAR as a powerful tool to structure their clinical communication. Participants all struggled with organizing and prioritizing the data to include in the SBAR communication and cited anxiety and inexperience as significant barriers. Nursing students used various resiliency and learning strategies to overcome these challenges to negotiate their role within the clinical setting. Participants recommended early introduction and practice in the use of SBAR to improve their skills and to gain confidence in its use.

Conclusions / Implications for Practice: Participants in this study suggested that nursing colleges should introduce SBAR use early in their programs and provide multiple opportunities for practice. Clinical faculty and preceptors should encourage SBAR use and provide feedback to students and novice nurses to facilitate clinical communication self-efficacy.

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[*] Morristown Medical Center

Poster Number 3

An Interdisciplinary Approach to Preventing Tracheostomy-Related Pressure Injuries Across A Hospital Network

Anne E. Urquhart, MS, APRN, AGCNS-BC, CCRN, CMC[*]; Elizabeth Savage, MSN, APRN, ACNS-BC, CWON, IIWCC-NYU, DAPWCA

Background: During the first quarter of 2018, NYU Langone Health System had a rise in tracheotomy-related pressure injuries (TRPI) across all campuses and patient populations. In Q1CY2018, there were a total of 7 TRPI, which was double the amount of injuries compared to Q1CY2017 (n=3).

Purpose: To establish an interdisciplinary team to standardize physician practice for tracheostomy insertion and nursing practice for the care of patients with tracheostomies. The secondary goal was to reduce our TRPI incidents to zero in Q3 & Q4CY2018.

Interventions / Outcomes: 1. Formation of the Airway Steering Committee - evaluates all TRPI cases to identify areas for improvement and acts as a centralized interdisciplinary escalation pathway for all deviations in practice 2. Standardization of physician practice: - Use of a protective foam dressing - Guidelines for suture tightness - Guidelines for interventions during the first 7 days after tracheostomy placement 3. Standardization of nursing practice: - Nursing Protocol and Procedure standard revised and developed to reflect best practice - Nursing educational tools created to provide ongoing education for the care and management of trached patients (e.g. trach care video, nursing trach care Competency) 4.Tracking and Monitoring (e.g. Daily trach report, updated EHR documentation for trach care interventions, ACA).

Outcome Measures / Results: Tracheostomy-related pressure injuries have shown a consistent downward trend in our quarterly reported TRPI's since the interventions were implemented.

Conclusions: Successfully created cross-campus interdisciplinary team to tackle a enterprise-wide problem to decrease harm. Next steps: Interdisciplinary trach rounding team to provide real time education and oversight at the bedside. Nursing live observational audits. Otolaryngology provider led QI project.

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[*] NYU Langone Health

Poster Number 4

Beyond the Course Objectives: An Interprofessional Education Pilot Study

Akhtar Ebrahimi Ghassemi, PhD, MHC, MSN, RN[*]; Renee Fabus, Ph.D., CCC-SLP, TSHH

Background: Despite the complexity of patient care and promise of interprofessional collaboration in health professional educational programs, interprofessional education (IPE) and practice implementation challenges exist. Interprofessional education is a collaborative approach to develop health care students as future interprofessional team members and a recommendation suggested by Institute of Medicine. The World Health Organization (WHO, 2016) recognizes the need for collaboration among health care professionals in both education and clinical practice. Interprofessional education is an ideal vehicle for introducing new content areas to preprofessional students; for example, "in 2009-2010 academic year 2726 nursing and medical students participated in one or more interprofessional educational courses related to quality improvement or patient safety (Dacey, Murphy, Anderson, & McCroskey, 2010).

Purpose: The aim of this pilot study was to increase the knowledge of students regarding the roles and responsibility of nurses and speech pathologists (SLPs) in the assessment and intervention of dysphagia.

Materials and Methods: A pilot study with a nonequivalent comparison before/ after design was conducted to examine undergraduate students' and graduate students' knowledge of the role of nurses and speech-language pathologists (SLPs) while working with patients diagnosed with dysphagia. All students received pre- and post-tests assessing their knowledge of the respective profession.

Results: A repeated measure of analysis of variance using pre- and post-tests by group design revealed a strong and statistically significant main effect from pre- to post-testing, $F_{(1, 19)} = 17.42$, $P = 0.001$, and partial $\eta^2 = 0.48$.

Conclusion: The results indicated that students received higher scores on post-tests. This study reinforces the importance of collaboration of healthcare professionals during their professional coursework. Interprofessional education should be a major focus of university programs training future professionals to ultimately enhance the quality of patient care. Students who have participated in IPE (for example, those in this study), say it leads to increased knowledge of other disciplines and creates opportunities to consult with members of different professions (Beassler, Best, & Sexton, 2016). Future research should further explore IPE using an interprofessional simulation experience model or a community-based experience model.

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[*] Hartwick College

Poster Number 5

Evaluating the Impact of an Oral Care Initiative in an Academic Medical Center

Dora H Castillo MA, RN, CCRN[*]; Daniel J. Smith MA; Peri Rosenfeld, PhD

Background: Nursing interventions in oral hygiene are important for health promotion and illness prevention, particularly in acute care facilities. Oral health care in the acute care settings is often overlooked. In the literature, there is strong evidence that supports the link between poor oral health and pneumonia and systemic infections in the hospitalized patient. Prior to 2006, institutional guidelines did not exist for oral assessment or oral care interventions. In 2008, a nurse-led Oral Care Council was created at this academic medical center to review the institution's oral care practices and introduced evidence-based guidelines. Since the inception of the peer-to-peer model in 2006, on-going training and refresher classes have been provided routinely to ensure that new RNs learn about and veteran RNs remain current on oral health practices.

Purpose: Evaluate the oral health documentation and effectiveness of the oral health program.

Methodology: For this retrospective quality Improvement study, we used a sample of all inpatients who were admitted to the AMC over the three-month period from October 1 through December 31, 2017, and who were at least 1 year of age. Only a patient's first admission in that time frame was obtained for the data set; all recurring admissions were excluded.

Results: The sample consisted of 13,303 patients. Analysis of oral health assessment data from EHRs indicated that RNs were highly compliant in their documentation of patient oral health risk. We found greater than 95% compliance with oral care documentation at admission and discharge, suggesting strong compliance with the oral health guidelines and that the intervention improved patients' oral health, especially those with moderate or severe dysfunction.

Conclusions / Implications for Practice: Important lessons were learned in launching and implementing the oral health initiative at this AMC, which can be grouped into two broad categories: (i) the value of creating and sustaining an effectual Oral Care Council, and (ii) the institutional resources necessary to maintain and monitor oral health practices throughout the institution. The nurse-led oral care initiative standardized oral assessment and care practices have improved outcomes in patient oral health. The Council aimed to raise awareness of the importance of oral health as a risk factor for the hospitalized patient, and it has been able to change the culture of the institution on oral health practices.

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[*] NYU Langone Health

Poster Number 6

Evidence-Based Strategies for Maintaining Zero Ventilator-Associated Events (Pneumonia) in the Medical Intensive Care Unit (MICU)

Amarachukwu Egbujor RN, MSN[*]; Opal Martin RN; Jacqueline Boyd RN, MSN; Genevieve Watson-Grey, RN, MSA

Background: Ventilator-associated event (pneumonia) is one of the most commonly encountered hospital-acquired infections in intensive care units and is associated with increased morbidity, mortality, and costs of care. There was an increase, in VAEs (pneumonia) in the MICU from 2005-2008. In 2005, the VAE rate was 12.1, which was three times greater than the national average of 3.6 (NHSN).

Purpose: Reduce the occurrence of ventilator-associated events (VAEs), pneumonia in the Medical Intensive Care Unit (MICU) to below the National Health Safety Network (NHSN) mean of 3.6.

Methodology: An interprofessional quality improvement team of critical care nurses, clinical pharmacists, physicians, Nurse Educator, and Performance Improvement staff performed a gap analysis, implemented, and evaluated an evidence-based protocol for prevention of VAE (pneumonia) in the MICU. The team conducted a retrospective chart review, implemented, and evaluated evidenced-based interventions to reduce ventilator-associated pneumonia (VAP) using a Mechanically Ventilated Patients (MVP) Bundle: 1. Deep vein thrombosis (DVT) prophylaxis 2. Head of bed elevation above 30 degrees 3. Oral care protocol 4. Stress ulcer prophylaxis 5. Sedation management including daily wake up 6. Spontaneous breathing trials 7. Fluid conservation to avoid pulmonary complications 8. Daily huddles to review care of ventilated patients.

Results: Since the implementation of the MVP Bundle in 2005, the MICU has sustained a rate of zero (0) VAE (pneumonia).

Conclusion / Implications for Practice: The existing evidence-based MVP Bundle is suited for improving outcomes for mechanically ventilated patients. With the interprofessional team working collaboratively, zero occurrences of ventilator-associated pneumonia are sustainable in the MICU.

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[*] SUNY Downstate Medical Center-University Hospital of Brooklyn

Poster Number 7

Evidence-Based Strategies for Successful Reduction in Catheter-Associated Urinary Tract Infections (CAUTI) Hospital-Wide: Nurse-Driven Protocol for Catheter Removal

Jean McHugh, PhD, RN, APRN-BC[*]

Background: CAUTIs are the most common hospital-acquired infections and are associated with increased length of stay, excessive costs of care, patient discomfort, and at times mortality. CAUTIs are a reasonably preventable complication of hospitalization. The duration of an indwelling urinary is directly related to risk for the development of CAUTIs. Despite the implementation of evidence-based CAUTI prevention strategies hospital-wide (insert urinary catheters only for appropriate CDC indications, sterile insertion techniques, daily maintenance care), CAUTI rates remained high. To address this problem, an evidence-based Nurse-Driven Protocol for Removal of Indwelling Urinary Catheters was developed and implemented to reduce the number of urinary catheters, as well as, reduce the number of catheter days.

Purpose: Decrease the number of indwelling urinary catheters (Foley) hospital-wide, and in turn, reduce the occurrence of catheter-associated urinary tract infections (CAUTI) and prevent avoidable harm.

Methodology: The Nurse Infection Prevention and Control Champion developed the evidence-based Nurse-Driven Protocol for Removal of Indwelling Urinary Catheters. An Interprofessional Quality Improvement Team worked to implement and evaluate the Nurse-Driven Catheter Removal Protocol hospital-wide in an academic medical center: 1. Nurse-Driven Protocol for Catheter Removal is linked to physicians' insertion catheter order in the patient electronic health record. A physician renewal order is required every 24 hours. 2. Physician required to document indwelling urinary catheter insertion criteria. 3. Within 24 hours, RNs remove urinary catheters that do not meet the insertion criteria without a physician's order (if there are no known contraindications to the removal). 4. RNs implement alternative methods to Indwelling urinary catheters post catheter removal.

Results: Since the hospital-wide implementation of the Nurse-Driven Protocol for Catheter Removal, we achieved a Standardized Infection Ratio (SIR) of 0.8, well below 1.0 for CAUTI.

Conclusion / Implications for Practice: The existing evidence-based Nurse-Driven Protocol for Catheter Removal is suited for reduction in urinary catheter use, and ultimately a reduction in CAUTI rates. With the interprofessional team working collaboratively, CAUTI reduction is sustainable.

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[*] SUNY Downstate Medical Center-University Hospital of Brooklyn

Poster Number 8

First Year Program Implementation Plan (PIP) of a 5-year Hospital System Based Network of Health Promotion Programs

Taryn De Sio-Garber, MS[*]; Peri Rosenfeld, PhD; Kimberly S. Glassman, PhD, RN, NEA-BC, FAAN

Background: Interest in health promotion, defined by the World Health Organization (2018) as "the process of enabling people to increase control over the determinants of health and thereby improving their health," is changing perceptions of prevention, patient education and access to care. Launched at NYU Langone in 2018, the Lerner Health Promotion initiative seeks to integrate health promotion programs into an integrated multi-hospital system, a setting that typically focuses on acute care. Long-term planning for this initiative requires explicit evidence-based planning effort that utilize implementation science frameworks, tools, and models.

Purpose: Key objectives of the initiative are to: 1) develop a 5 year implementation plan that aligns and builds upon current programs within the hospital system; 2) increase the awareness among patients and staff the benefits of tobacco cessation, integrative health, and lifestyle modification and 3) integrate community, worksite, and disease specific, health promotion models and tools to produce synergistic relationship across hospital system health promotion programs, (4) introduce new programing to address identified areas.

Methodology: Thus far, program planning and implementation for the Lerner Health Promotion initiative encompasses multi-methods including: 1) comprehensive review of evidenced based health promotion models and tool; 2) identification of appropriate implementation models; 3) formative, systematic interviews with panel of content experts; 4) frequent meetings with interdisciplinary teams; and 4) integrating systematic evaluation plan for all stages.

Results: Early efforts have identified four fertile areas for immediate implementation and evaluation of outcomes: (i) Tobacco Cessation efforts for targeted staff and patients; (ii) expansion of Integrative Health services to multiple locations; (iii) introduction of unique health promotion education/activities for RNs e.g. self-care app; (iv) implementation of weekly cardiac rehabilitation health promotion electronic message pilots to address the decreased attendance in-person education. Effective planning methods accelerated approval of five-year plan and preliminary results from data collected from employee self-care app and a cardiac rehabilitation electronic message pilots have been positive. Complete data analysis of these innovations are expected in fall 2019.

Conclusions / Implications for Practice: Building evidence-based practices and principles of implementation science can improve program development and implementation and accelerate the introduction of new initiatives.

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[*] NYU Langone Health

Poster Number 9

HepCare Engagement and Linkage to Hepatitis C Care

Kristyn Pierce, B.S.[*]; Mary Olson, DNP, RN, PMHCNS-BC, ANP-BC

Background: In 2013 the New York State Department of Health issued a law requiring that all hospital inpatients and primary care outpatients born between 1945-1965 be offered screening for HCV. 1 The U.S. Preventive Services Task Force recommends screening for HCV in persons at high risk of infection as well as one time screening in person born between 1945-1965. 2 One study noted that the inpatient HCV screening rate was only 22%, and 60% of patients who screen HCV positive do not link to care. 3 With improved HCV treatment regimens and sustained viral response rates of > 90%, there will be an opportunity to decrease mortality in this population.

Purpose: To identify barriers for linkage and engagement in HCV care.

Methodology: A retrospective chart review was conducted to determine rates of linkage and engagement in care for patients that screened positive for HCV. Null hypothesis: relative proportions of patients being linked to HCV care are independent of whether or not they have a psychiatric diagnosis. (In other words, patients are equally likely to be linked to care regardless of psychiatric disorder) Alternative hypothesis: There is a significant difference in proportions of patients being linked to HCV care, explained by whether or not they have a psychiatric diagnosis. n=50 patients with a positive HCV RNA between 8/1/17-8/1/18 who have never been seen before for HCV and have >1 year life expectancy 2 dichotomous variables used in analysis: Linked to care? Yes No Psychiatric diagnosis: Yes No Type of analysis conducted: Fisher's exact test of independence

Results: Tab linked psych, exact Psych Linked No Yes Total No 6 11 17 Yes 24 9 33 Total 30 20 50 Fischer's exact= 0.015 1-sided Fisher's exact= 0.012 Since Fisher's exact p-value < 0.05, we can reject the null hypothesis and conclude that there is a statistically significant difference between those who have psychiatric diagnoses and who do not in terms of linkage to care.

Conclusion: Patients with a psychiatric diagnosis are less likely to link and engage in HCV care after screening positive for HCV. Models of care to increase linkage and engagement of psychiatric patients in HCV care are needed.

References:
1. Shah, N. New York State Department of Health Hepatitis C Screening Law. 10/23/2013.
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3. Assoumou, S., Huang, W., Horsburg, C., et. al., Relationship between Hepatitis C Clinical Testing Stie and Linkage to Care. Open Forum Infectious Disease, 2014
4. ASLD, IDSA, HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C, retrieved from http://www.hcvguidelines.org

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[*] NYU School of Medicine

Implementation of Evidence-Based Practices to Decrease Central-Line Associated Blood Stream Infection (CLABSI) in the Medical Intensive Care Unit (MICU)

Nyasha Cupid RN, MSN[*]; Allan Abique RN, BSN; Genevieve Watson-Grey RN, MSA

Background: MICU provides care to a diverse population of critically ill patients who often require central venous catheters (CVC) to improve their outcome. Patients with CVCs are at risk for CLABSI due to contamination and colonization of CVC devices by microorganisms. In 2015, NYSDOH reported 130 (0.97% in NYS) cases of CLABSI, which included 11 cases from the MICU (6.6% hospital-wide). During that time, MICU had a cluster of pathogens that included Carbapenem-Resistant Enterobacteriaceae (CRE) and Acinobacter. Elimination of CLABSI is an organizational patient safety priority because it is attributable to potentially life-threatening complications associated with increased length of hospital stays, higher cost of treatment and increased morbidity and mortality rates.

Purpose: Decrease the incidence of hospital-acquired central-line associated bloodstream infections (CLABSI) in the MICU to below the National Healthcare Safety Network (NHSN) goal rate of less than 1.0%.

Methodology: An interprofessional team of critical care nurses, Nursing Infection Prevention Champion, Nurse Educator, Infection Control, and Performance Improvement staff reviewed clinical practices and performed root cause analysis for each CLABSI occurrence in MICU to develop a plan of action to implement evidence-based interventions to reduce CLABSI rates in the MICU. Patients and visitors were educated on standard precautions to prevent infection. MICU interprofessional staff were educated on evidence-based practices to prevent CLABSI: insertion care; maintenance care; daily review of each CVC, and prompt removal of CVCs when no longer indicated for patients' care.

Results: Since the implementation of evidence-based practices for CLABSI prevention, there was a drastic and sustained reduction in CLABSI rates of less than 1% from 2016 until present.

Conclusion / Implications for Practice: Incidence of CLABSI can be decreased and sustained through interprofessional collaboration and evidence-based practices to prevent CLABSI; sterile central line insertion, diligent monitoring, maintenance, and prompt removal of CVC lines when no longer indicated in patients' care.

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[*] SUNY Downstate Medical Center-University Hospital of Brooklyn

Poster Number 11

Implementing a Standardized Triage Acuity Tool to Improve the Obstetrics Triage Process and Standardize Practice

Rachelle Torres, MSN,RN-BC,CPHIMS[*]; Cara Bailey, MSN-RNC-OB, C-EFM, CLC; Denise Dauterman, BSN; Ellen Kuo, BSN

Triage acuity tools have been commonly utilized throughout many specialties in healthcare practice, notably in the emergency department setting. Triage of pregnant women in the healthcare setting traditionally have been completed on a first-come, first serve basis. In the context of obstetric triage, emergency department acuity tools do not take into account the normal physiological changes in pregnancy. With the growth of obstetric practice, triage concepts have progressed to include triage acuity tools that allow for the obstetric-specific risk stratification, effective prioritization of care, and allocation of resources (Angelini & Howard, 2014; Quaile, 2018). This projects assesses the implementation of utilizing a standardized approach to obstetric triage through the application of an obstetric-specific triage acuity tool. The instrument utilized is a five-level obstetric acuity tool, driven by nurses, in the triage of pregnant women and her fetus(es), addressing the most common emergent and non-emergent complaints during pregnancy to prioritize urgency for provider evaluation. This project involves the implementation of an obstetric-specific acuity system, and the impact on patient-flow efficiency of pregnant women that present to the labor and delivery unit with a report of problem or complaint, and the time they are triaged by a registered nurse. The project also explores the pre and post implementation total length of stay in triage from assessment to disposition.

Data elements Purpose: The purpose of this measure is to increase the percentage of pregnant women who present to the labor and birth unit with a report of a real or perceived problem or an emergency condition who are triaged by a registered nurse or nurse-midwife within 10 minutes of arrival.

Method: A random, retrospective chart review of medical records of women at 20 weeks of more gestation who present to the labor and delivery unit with a report of a real or perceived problem or an emergency condition during a year-month period. Size of Sample: Women at 20 weeks of more gestation who present to the labor and delivery unit with a report of a real or perceived problem or an emergency condition during a one-year period. Minimum of 120 charts are to be reviewed. Data Collection: A random, retrospective chart review of medical records of women at 20 weeks of more gestation who present to the labor and delivery unit with a report of a real or perceived problem or an emergency condition during a year-month period. Ten charts are to be reviewed per month. Numerator Statement: The number of pregnant women at greater than 20 weeks gestation and their fetuses presenting to the labor and birth unit for an unscheduled evaluation who were triaged within 10 minutes of arrival.

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Poster Number 12

Instituting an Evidence-Based, Nurse-Driven ICU Mobility Protocol

Yun Kim RN DNP MS AGPCNP-BC CCRN-CMC[*]; Emily Dugan RN BSN; Eric Espinosa RN BSN; Elizabeth Hartin RN BSN; Lubeliza Herrick RN BSN; Julia Kilminster RN BSN; Danielle Mason RN ASN; Maureen Ponce RN BSN; Anne Urquhart MS APRN AGCNS-BC CCRN-CMC; Miriam Gross DPT

Background / Problem: Delirium is common in intensive care and is associated with prolonged hospitalization, increased mortality, and other adverse outcomes. Pain, Agitation, Delirium guidelines (PAD, 2013) emphasize the importance of early, frequent mobilization as an effective nonpharmacological intervention to manage delirium.

Purpose: The purpose of this quality improvement project was to implement a nurse-driven mobility protocol in an 18-bed adult ICU at a regional academic medical center.

Methods: Change was documented using the PDSA framework, and institutional approval was obtained. An evidence-based mobility protocol was adopted for use in the ICU. Data were collected from: nurse knowledge and attitude survey, patient CAM/CAM-ICU (Confusion Assessment Method for delirium), and protocol eligibility worksheets. These quantitative data were entered into SPSS for descriptive analyses. Qualitative focus group data informed feasibility analyses. Interventions All staff were provided peer-to-peer education on protocol and delirium assessment. Primary nurses assessed patient eligibility and implemented the mobility protocol per their assessment.

Results: 95% of patients were identified as eligible for protocol and 80% of those patients were mobilized at least twice daily (vs 60%). Post-intervention, there was a significant improvement in understanding importance of nurses' role in mobilization ($p=0.00$). The accuracy of delirium assessment also improved, and more patients with delirium or mechanical ventilation were identified as protocol eligible. Staffing, patient's condition, and timing were identified as some of the barriers to implementation.

Conclusions / Implications for Practice: Results indicate that nurses can effectively facilitate early, frequent mobility using a feasible mobility protocol. Tools supporting delirium identification and early mobility eligibility appear to be strong facilitators of this process.

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Poster Number 13

Low and Slow is the Way to Go-an Initiative to Reduce Skin Tears in the OR

Clyde B. Basilan, DNP(c), MHA, RN[*]; Victoria Inductivo-Macasae, MSN, RN, CAPA; Christie Beduya, BSN, RN; Marie Cristina Uy, MSN, RN-BC, CNOR; Patricia Lavin, MS, RN, NEA-BC

Background: Skin tears can be a common skin injury that can happened to patients while hospitalized. Though skin tears can be common in some settings they are a preventable problem. This type of skin injury though not reportable to regulatory agencies is still a significant event for patients and can be painful and unsightly. At an urban surgical hospital there was a high incidence of skin tears occurring in the operating room. Though the intraoperative environment can presents different, complex challenges in protecting patients' skin during surgery the OR nurses knew they needed to develop an interdisciplinary approach to reduce the incidence of skin tears.

Purpose: The goal of this CQI initiative was to reduce the skin tear incidence in the OR by the 4thQ2018 by at least 25% .

Methodology: An OR workgroup team was formed with representatives from the OR clinical nurses, nursing management, nursing education and nursing quality. The first step the OR workgroup took was to identify the current incidence of skin tears through a review the hospital based occurrence reporting system known as PSIs. Once aggregated the team analyzed each skin tear determining anatomical location, surgery type and duration. The team then used process flow mapping to identity the workflow processes with observations and interviews to determine the current state of practice. In addition a robust review of the literature was performed to determine best practices. Using a PDSA cycle the following interventions were implemented: interdisciplinary training and education on skin assessment during all phases of care, the use of barrier products for all surgical patients, and the proper removal of adhesive dressings with a low and slow method. In addition the evaluation of practice identified a need for the standardized use of an adhesive remover. The OR nurses working with the OR leadership team piloted an easier to use product for the removal of the surgical drapes and introduced the product to all the surgeons for use in the OR. The OR workgroup presented their findings and a new workflow redesign at the Surgical Residents staff meeting, the OR nursing staff meetings and at the Interdisciplinary Operational Councils for Total Joint and the Spine Services.

Results: The mean skin tears for the Total Joint Reconstructive Services were 23 per quarter in 2018 while in the Spine Services it was 22 per quarter . There was a 69% decrease in skin tears for the Total Joint Reconstructive services and a 60% decrease in skin tears in the Spine Services by the 4th Quarter of 2018.

Conclusion: Through an evidenced-based approach the OR nurses and the interdisciplinary team implemented a change in practice that reduce the incidence of skin tears by 60%-69%.

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[*] NYU Langone Orthopedic Hospital

Mitigating Psychoneurological Symptoms in Hospitalized Older Adult Caregivers

Michael Valenti, PhD, RN[*]; Susan Saladino, PhD, RN

Background: Older adult caregivers who become hospitalized experience a profound impact on their role thus contributing to the formation of psychoneurological symptoms (hereafter symptoms) including depression, anxiety, pain, sleep disturbance, and fatigue. Nurses must recognize this and begin to mobilize supports early in the hospitalization to prevent the formation and impact of these symptoms.

Purpose: The purpose of the project was to create an empirical multi-component integrated learning experience (MILE) for undergraduate nursing students to mitigate the formation and impact of symptoms on older adult caregivers during a hospitalization.

Methodology: Five phase development I: A systematic review was conducted to determine symptoms antecedents, mediators, and consequences. A subsequent scoping review was conducted to identify opportunities to mitigate symptoms. II: Data was collected from a community advisory board (CAB) consisting of 8 people with personal and professional experiences of symptoms. III: A workshop was developed to improve nursing student's knowledge, skills, and abilities (KSAs) in mitigating symptoms. The workshop was presented to the CAB and a thematic analysis conducted. IV: A simulation (SIM) expert was consulted to assist in developing a SIM with a standardized patient (SP). A curricular review was conducted to integrate the concept of symptom management. V: Senior year students were randomly assigned to SIM groups, half prior to workshop and half after. SIM outcome data were collected. Qualitative questions including describe your experience of the SIM were asked following the SIM. Changes to the MILE were made and presented to the CAB for feedback. A researcher-developed survey, measuring knowledge, was administered pre-post workshop and subjective and objective data, focusing on skills and attitudes, was collected during SIM.

Results, and Conclusions: The final MILE consisted of four components, 1) enhanced curricular content and integration of concepts, 2) an interactive face-to-face and online workshop, 3) a SIM with an SP, and 4) a structured debrief. This is the first reported project that addressed symptoms in hospitalized older adult caregivers. A comprehensive process was required to create the MILE. Based on preliminary student data, KSAs improved.

Implications for Practice: Future research is needed to a) measure outcomes of the MILE, b) identify needs of disparate populations, c) identify varying levels of support, and d) consider co-morbidity and the impact on symptoms. Include findings in future SIMs. Education: Curricular changes including content from workshop and SIM. Practice: The online workshop and SP SIM can be included in annual training for RNs.

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[*] University of Central Florida

Poster Number 15

NYC Nurse Residency Consortium: A Public-Private Partnership Addresses Retention of New Nurses

Peri Rosenfeld, PhD[*]; Elizabeth Capobianco, MS, RN-BC; Kimberly S. Glassman, PhD, RN, NEA-BC, FAAN

With replacement costs estimated at $96,575, high attrition among new RNs within their first year of employment has serious fiscal implications for hospital administrators and workforce policy-makers. Attrition among new RNs is attributed to the difficult transition into the complex health care delivery system, compounded by increased patient acuity, technologically dependent, and fast-paced workplace. The Institute of Medicine's 2010 Future of Nursing report recommended expansion of hospital-based Nurse-Residency Programs (NRPs) that provide support and on-site training for new RNs to improve retention rates and increase professional commitment. The IOM report stimulated growth in the number and types of NRP models nationwide. The Vizient/AACN Nurse Residency Program is considered the gold standard and outcome data indicates that one-year NRPs consistently and significantly improve retention in the first year of employment: hospitals without NRPs have 82% retention in first year and institutions with NRPs have over 90%. However, the cost associated with having nurse residency program can be exorbitant for some hospitals: the Vizient/AACN curriculum and resources can be over $20K a year; hospitals must designate a Nurse Educator to serve as on-site Program Coordinator; and lost worktime among new RNs participating in the program. Public hospitals and other resource-poor hospitals can't afford NRPs. Led and funded by the New York Alliance for Careers in Healthcare (NYACH) and the New York City Department of Small Business Services, in partnership with the Greater New York Hospital Association, New York University, and New York-Presbyterian Hospital have come together to fund and facilitate the development of NRPs in 28 NYC hospitals. Early plans for the NYC Nurse Residency Consortium started in 2013 and, after a years of planning and preparation, the new NRPs launched between January and April 2019. Members of the consortium include NYC Health and Hospitals institutions, community hospitals and teaching hospitals and healthcare networks. Each hospital collects data at designated time intervals using existing Vizient/AACN tools, as well as supplemental data collection on workforce measures. These data are critical to evaluation each institution's progress. Ultimately these data will also provide evidence to demonstrate positive outcomes of the program – such as retention of new graduates; improved recruitment measures, as well as increased clinical competence and professional commitment among nurse residents – necessary to persuade institutional stakeholders to sustain the NRPs beyond the current funding. Baseline data will be available by June 2019 and will be presented on this proposed poster.

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[*] NYU Langone Health

Poster Number 16

Orientation Toolkit Improving Nurse Efficiency and Safety

Sari Blane, BSN-RN[*]

Background: There has been an increased number of new staff RNs in the Non-Invasive Cardiology (NIC) unit. In the past year and a half we have had six transfers and new hires. Additionally, there has been new protocols and workflows incorporated in our unit. The NIC unit has numerous outdated protocols used as references for testing (19+ binders). NIC lacked an educational tool kit. To better prepare the new hires to the unit and to be a resource for current staff, a concise tool kit has been developed to describe unit flow, procedures, specific unit staff contacts, protocols, etc. There was a need for an up-to-date resource for the nursing staff to further improve nursing flow and accurate nursing care.

Purpose: The purpose is to provide new hires/NIC RN staff with a guide to the NIC unit by creation of a unit toolkit, accessible electronically. Additionally it can improve nursing accessibility to find accurate unit protocols and nursing care as measured by an RN Feedback Survey. The toolkit can allow nurses to feel more prepared and safe in nursing care as measured by an RN Feedback Survey.

Methodology: Unit protocols were researched and the organized toolkit reflects updates and new unit practices. Old unit binders were reviewed. Binders are still accessible on the unit, but the tool kit should eliminate the need for these binders in the future. Procedural flow and protocols were discussed with the Director of Nuclear Cardiology and APPs to clarify the best unit practice. Pre and post surveys were provided to NIC nurses to assess resource accessibility, clarity of resources, RN safety and up-to-date resources scaling from 1-5 (strongly disagree to strongly agree). NIC tool kit was developed and distributed to new and experienced staff. The document is accessible electronically.

Results: Since the implementation of the NIC tool kit, the Post Survey showed that NIC RN staff believe that unit protocols and information are more concise, accurate and accessible. Outcomes have shown that the NIC RN staff feel more prepared and safe in their nursing care since having the electronic NIC unit tool kit.

Conclusions / Implications For Practice: By providing an up-to-date and accurate toolkit for the NIC unit, it has improved nursing care and nursing productivity. Additionally nurses have floated to NIC from other units and have stated how the NIC toolkit has made their practice more efficient and safe. Based on this study, it would be instrumental for nursing units to require annually updated toolkits.

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[*] NYC Langone Health

Poster Number 17

Pilot Quality Improvement Project: The Lived Experience of New Telemetry Nurses

Mintie Indar-Maraj, EdDc, RN-BC[*]; Shiyon Mathew, MA, RN

Background: Turnover data shows 43% of newly licensed hospital-based nurses leave within three years. The workforce and population are aging and one in three have a chronic condition and will require hospital care by a nurse. Additionally, heart disease remains the number one killer in the United States and 60% of adults are admitted to the medical-surgical specialty. Telemetry nurses care for patients with heart disease and require specialized training to deliver safe and quality care. It is demanding, fast paced, and leads to stress, burnout, and turnover. Telemetry nurses are in demand now and in the future, therefore, retaining a healthy workforce is critical and very little is known about nurses in this specialty.

Significance / Purpose: In order to create a healthy work environment, reduce burnout, and enhance retention, it is important to have some level of knowledge of how new nurses in the telemetry setting perceive these factors. The purpose of this pilot quality improvement study is to explore the lived experience of new telemetry nurses in an urban, acute care teaching hospital and how they perceive their work environment and burnout by using the Maslach Burnout Inventory (MBI) and individual interviews.

Methodology: PDCA model Plan: 1) Conduct a literature search and review. 2) Set up a timeline for the project. 3) Identify a convenient sample and size. 4) Select tools, design, and the pilot interview protocol. 5) Develop consent form. Do: 1) Send out consent & survey links to participants 2) Conduct individual interviews 3) Review the survey and interview data Check: 1) Analyze survey data using SPSS analysis. 2) Transcribe and code the interviews, measure inter-rater reliability. Act: 1) Obtain grant and conduct research. 2) Provide grant funded support for nurses new to telemetry. 3) Increase educational and organizational support to address burnout.

Results: 1) Response rate: a. 87.5%: (7/8) completed the MBI tool and semi-structured interviews. 2) Survey: Demographics a. 63%: 1-5 years of nursing experience b. 75%: 25-34 age range c. 75%: Bachelor's degree d. 57%: Medical-surgical background 3) Interviews: a. Causes of burnout: 3/7 mentioned patient acuity; 2/7 mentioned lack of support and staffing. b. Experience in telemetry: 3/7 said it was overwhelming. c. Experiencing burnout: 6/7 said they were burned out. 4) MBI: a. 4/7 met the criteria for "At risk for burnout" b. 2/7 met the criteria for "Severe risk for burnout".

Conclusion: The results support the existing body of knowledge that creating a healthy work environment for telemetry nurses should be a priority for nurse leaders, educators and policy makers.

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[*] Montefiore Medical Center

Poster Number 18

Preventing Pressure Injury in Patients with Tracheostomies on KP-13

Mary Saputo, APRN, MSN, AGCNS-BC, CCRN, CSC[*]; Mary Maloney, MSN, RN, CCRN; Maria Nagel, RN; Kristen LaRosa, RN; Erica Duff, RN; Emily Sassano, RN

Background: Since moving to the Kimmel Pavilion and combining the CVSCU and 14 east units, there has been an increased number of pressure injuries related to tracheostomies. The most likely cause of the increase can be attributed to the lack of exposure in taking care of this patient population. Many nurses voiced that they would benefit from having a resource available to them when caring for this patient population. It would help them to "feel more comfortable".

Purpose: Decrease the incidence of pressure related injuries in patient with tracheostomies Empower and educate the nurses to feel comfortable taking care of patients with tracheostomies Improve documentation of tracheostomy assessment and care in EPIC.

Methodology: A pre-test was given to 85% of the nursing staff on KP 13 utilizing a Likert scale to assess knowledge in caring for tracheostomies as well as staff comfort level in caring for this patient population. Interventions included In-services to staff regarding tracheostomies, education to staff on resources available on the nursing education website, creation of a read and sign binder on tracheostomy management, and the development of a tracheostomy resource team available 24/7 to support staff in caring for these patients. A post -test was then given to the same 85% of staff utilizing a Likert scale to assess knowledge in caring for tracheostomies as well as staff comfort level in caring for this patient population.

Results: Pre-test average on 11 question test was 45% Post-test average on 11 question test 99% Comfort level pre-test 2 (Disagree), Post test 4 (agree) Perceived knowledge pre-test 2 (Disagree) Post test 4 (Agree) Knowledge of how to care for a tracheostomy pre-test 2 (Disagree) post-test 4 (Agree) Pressure Injury Incidence pre-initiative incidence of pressure injury 1, post 0 incidence /7 patients EPIC charting pre- 45% compliant post 85% Consults to the KP12&13 Trache team 16.

Conclusions and Implications for Practice: Patient outcomes were improved with a decrease in the incidence of pressure injury to the patient requiring a tracheostomy. The formation of a specialized tracheostomy team comprised of staff nurses from both KP 13 and KP 12 to support the staff when caring for this patient population is ongoing. Staff can email the tracheostomy team with any questions and concerns regarding care of the stoma or airway. Emails have resulted in just in time learning with staff, and have resulted in changes in care needed at the stoma sight before a pressure injury can develop.

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[*] NYU Langone Health

Poster Number 19

Prevention and Management of Pressure Injuries in the Critically Ill

Anna Lisa Tse, RN, BSN, WTA[*]; Anne Meme, RN, MSN, WTA; Ruslan Basin RN, BSN, WTA

Background: Two point five (2.5) million patients develop hospital-acquired pressure injuries annually. Hospital-acquired pressure injuries cost U.S. health system $9-11 billion each year. Pressure injury treatment is costly, but the development of pressure injuries is preventable by implementing evidence-based nursing practice. As of 2008, the Centers for Medicare and Medicaid Services (CMS) no longer reimburses hospitals for the costs of treating hospital-acquired pressure injuries. In 2016, four (4) patients developed hospital-acquired pressure injuries in the MICU. In 2017, three (3) patients developed a pressure injury in the MICU. These were deep tissue injuries and stage II and III pressure injuries. Prevention of hospital-acquired pressure injuries is an organizational patient safety priority because they are attributable to potentially life-threatening complications associated with increased length of hospital stays, higher cost of treatment, pain, infection, interference with functional recovery, and CMS does not reimburse for preventable pressure injuries.

Purpose: Reduce the occurrence of hospital-acquired pressure injuries in the MICU.

Methodology: In 2017, the institution enrolled four (4) frontline registered nurses from the MICU in a Wound Treatment Associate (WTA) Program to promote the delivery of evidence-based practice to prevent hospital-acquired pressure injuries in the MICU. Weekly Interprofessional team rounds on all patients with pressure injuries in the MICU by the Pressure Injury Prevention Team (WOCN, WTA RN, Director of Nursing, Nurse Manager, Surgery Attending, Nursing Performance Improvement, Dietician), and MICU staff RNs. Pressure injury monitoring tool identifies community-acquired vs. unit acquired pressure injuries. Pressure injury monitoring tool includes Braden score, current albumin, and presence of incontinence. Nursing supervisors on the evening and night shifts conducted concurrent chart reviews for compliance with documentation on pressure injury prevention and management. WOCN, WTA RNs, and staff RN conduct monthly prevalence surveys and benchmarks with NDNQI data. Implementation of skin care supplies and pressure injury prevention adjuncts.

Results: In 2018, one patient developed a pressure injury in the MICU.

Conclusions / Implications for Practice: The Wound Treatment Associate Program adequately prepared and empowered frontline registered nurses to become Wound Treatment Associate (WTA), who along with the Pressure Injury Prevention Team helped to decrease the incidences of pressure injuries in the MICU. Commitment, persistence, and teamwork contributed to the reduction of hospital-acquired pressure injuries in the MICU.

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[*] SUNY Downstate Medical Center-University Hospital of Brooklyn

Poster Number 20

Promoting Cultural Attentiveness; Caring for the Hassidic Community

Malkah Doba Tiefenbrun BSN, RN[*]

Background: Cultural attentiveness has gained new limelight as a prospective strategy to improving care quality and reducing health disparities. In the past five years, our patient population at the Emergency Observation department has become increasingly diverse; with a recent upsurge in patients of the Hassidic culture. Numerous Registered Nurses (RNs) verbalized that often there was insufficient time to review patient specific cultural needs and that their own lack of awareness of the Hassidic culture, affected their nursing care. This project recognized this as a significant issue, necessitating research to determine how education could benefit the RNs.

Purpose: The purpose of this research project was to evaluate the RN's knowledge of the Hassidic culture and identify knowledge gaps; establishing how education provided may increase attentiveness to the Hassidic cultural stringency's, influencing the RNs application of care.

Methodology: A pre-survey gauged RNs current knowledge and comfort level when caring for the Hassidic patient. Data obtained indicated that supplementary education was required. The focus of this education aimed at targeting Kosher food identification, augmenting health literacy, consideration for the Hassidic cultural dress code & comfort levels, and the utilization of in-house resources. An in-depth educational Power point presentation was delivered over an 8-week period in small group learning sessions, targeting over 85% of RN's. Information regarding the role of the Patient-Physician Liaison was presented during a staff meeting. A post-test survey distributed to RN's evaluated the effectiveness of education provided. The educational power point is accessible to all staff for ongoing reference and guidance.

Results: The pre-survey results determined that 26% of RNs confirmed that they did not know the difference between Orthodox Jewish and Hassidic; 50% had a vague idea and 24% were completely unaware of the differences. 53% of RNs endorsed that the care they currently deliver to the Hassidic community was sufficient, but 47% felt that care could be improved. The Post-education survey revealed that 71% of RNs felt that the education supported their development of cultural attentiveness towards the Hassidic Community. 76% of RNs correctly determined new awareness to Kosher food and 82% of RNs exhibited how they may utilize the Patient- Physician liaison resource. 96% of RNs demonstrated an increased knowledge of the Hassidic culture overall.

Conclusions: 94% of RNs agreed that attentiveness to cultural considerations can significantly impact the overall patient experience and that the education provided will positively impact future care they deliver to the Hassidic patient.

[*] NYU Langone Health

Poster Number 21

Rapid Cycle Deliberate Practice: A Promising Simulation Method for Improving Nurses' Neonatal Resuscitation Confidence and Competence

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Background: Neonatal resuscitation (NR) is a critical skill for labor and delivery nurses. Certification in Neonatal Resuscitation Program is required for all nurses every 2 years. On a recent survey of L&D nurses 85% desired more practice with NR. NR is a low frequency/ high acuity event, making it an ideal topic for an in-situ simulation based training initiative. Simulation allows learners to manage high stake scenarios which they can then apply to real life situations. Rapid Cycle Deliberate Practice(RCDP) is a new method of simulation education in which participant repeat a simulation over and over until the skills are mastered pausing for directive feedback within the scenario. This differs from traditional simulation based education which the learners move through the entire simulation and is followed by a long post event debrief, without an opportunity to correct mistakes. RCDP simulation is commonly used for algorithm based events such as NR, where critical steps must be followed in order. This method is similar to learning a dance routine where the routine or algorithm is practiced over and over again until it is mastered.

Purpose: Improve L&D nurses confidence and competence performing critical skills of neonatal resuscitation Evaluate and compare RCDP method to other simulation based learning techniques.

Methodology: RCDP neonatal resuscitation curriculum was created based on these RCDP tenants: Scenario pauses to give immediate and specific feedback to learners Repetitive practice focused on weakness More time spent in practice than debrief Scenarios are progressively more difficult allowing mastering lower levels skills before moving on 5 staff nurses trained as neonatal RCDP instructors 2 hour RCDP courses scheduled in situ on the Labor and Delivery Floor All L&D nurses were pre-assigned to a course at the beginning of their shift No more than 4 nurses were assigned per course to maximize the hands on experience of the learners. Learners completed a pre and post simulation survey of confidence in performing resuscitation skills, teamwork, and perception of RCDP simulation.

Results: See Graphs.

Conclusion: RCDP simulation method was overwhelmingly preferred by staff compared to traditional simulation methods. Based upon the positive feedback we will continue to utilize RCDP for our yearly neonatal drills. Due to the increase in staff confidence with neonatal resuscitation, all staff are now rotating in the role of "baby nurse" at delivery. Explore opportunities to utilize RCDP in additional low frequency/high acuity scenarios such as maternal code.

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[*] NYU Langone Health

Poster Number 22

Reducing Post-operative Bowel Complications in Orthopedic Patients

Nancy Arbuah, MSN, RN, ANP-BC, ONC[*]; Michelle Meneses MS, AGPCNP-BC

Background: Following orthopedic surgery, patients are generally prescribed narcotics which often increases their risk of constipation. Additionally, some patients are admitted with baseline constipation that is then compounded by opioid use. In the first Quarter of 2018 there was an increase in post-operative bowel complications following total joint replacement surgery. During that period, there were 0.52% (N=7) of total joint surgical cases had bowel complications. Of this percentage, 0.37%, had ileus, 0. 30% had obstruction and 0.15% were perforations. Post-operative constipation can lead to bowel complications and heath care expenditures.

Purpose: The purpose of this quality improvement project was to develop and implement a standardized post-operative bowel regimen order set and create a post-operative bowel assessment algorithm to assist clinicians with identifications of triggers for alarm symptoms and to decrease the incidence of post-operative bowel complication following orthopedic surgery and educate providers on the management of post-operative bowel complications. These interventions were also aimed at enhancing provider awareness of and attention to prevention of post-operative bowel complications. Methodology The literature was reviewed and an interdisciplinary team was formed to develop the algorithm and standardize the bowel order set. Once developed, approval was obtained from all department heads and changes were made within the Electronic Medical Record. Education was provided to all post-operative clinicians on accurate bowel assessment, management strategies, documentation of findings, and indications for escalation.

Results: Since the implementation of the bowel algorithm and standardized post-operative bowel order set the following trends have been noted in the total joint population. Post-operative ileus significantly decreased from 1Q18 0.37% to 4Q18 0.11%. There were no bowel obstructions and no bowel perforations from 2Q18-4Q18. Finally, there was a 41% decrease in overall bowel complications from 1Q18 to 4Q18.

Conclusions / Implications for Practice: The implementation of a standardized post-operative order set for bowel regimen and a post-operative bowel function assessment algorithm resulted in a 41% decrease in bowel complications following total joint replacement surgery. As a result, providers are more vigilant regarding post-operative bowel complications and titration of a preventative bowel regimen. The methods from this project can be replicated in other settings to reduce the incidence of post-operative bowel complications.

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[*] NYU Langone Orthopedic Hospital

Poster Number 23

Reducing the Incidence of Hospitalized Patient Self-Administration of Medications

Christina Messick, RN, BSN, CCRN-K[*]; Lionel Rick, RPh, Pharm D.; Serena Skeete, RN, BSN, PCCN

Background: Data from PSIs indicated an increased incidence of patients storing personal medications at the bedside and self-medicating. Self-administration of medications can lead to interactions with hospital-prescribed medications and potential adverse patient outcomes.

Purpose: The purpose of this project was to reduce the incidence of bedside storing of personal medications and patient self-administration of those medications.

Methodology: The problem was presented to the Nursing Pharmacy Workflow and Safety Council (NPWSC). A fishbone diagram methodology was utilized to determine causative factors for patients self-administering medications. Factors included: patient knowledge deficit; RN workflow; intentional deception (likely associated with administration of opioid or benzodiazepine) and belongings check. A scripted tip sheet was created for patient education by RNs at admission. Interventions were carried out using PDSA cycles. Initially, four units were selected for the trial launch of the project. At launch and at ongoing safety huddles, nurses were educated on the script, the components of which were the dangers of patient self-administration of medication and the organizational policy barring storage of medications at the bedside. In addition, safety stories, culled from recent PSI reports, were shared with the nurses. Laminated script tip sheets were posted on WOWs for additional reinforcement. Collaboration with nurse informaticists was initiated, with the goal of documenting patient education regarding the use of personal medications in the electronic health record (EHR). Upon success, the pilot was further rolled out to all acute care units.

Results: The project was implemented in April of 2018, during that month there were 6 incidents of bedside storage and self-administration of medications. There were 3 or fewer incidents between May and October of 2018 and none between November 2018 and February 2019. Collaboration regarding documentation of patient counseling on self-medication in the EHR is ongoing.

Implications for Practice: Increasing nurses' awareness of the problem of patient self-administration of medication is key in efforts to ameliorate this potentially dangerous practice. Focused education for nurses, reinforced by ongoing safety huddles and a concise patient education script and tip sheet were highly successful in our institution. This project can be easily replicated in other settings.

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[*] NYU Langone Orthopedic Hospital

Poster Number 24

Revision of a Nursing Professional Development Advancement Program to Increase Staff Involvement

Wendy Reich, MSN-Ed RNC-Ob, C-EFM CBC[*]; Danielle Hilliard, MSN, APN, CPNP, CCRN-K; Marybeth Gartland, MSN, CCRN

Background: Clinical Advancement programs in hospitals give staff nurses the opportunity for professional development while remaining at the bedside. Clinical advancement programs have been shown to increase nursing satisfaction and retention. Monmouth Medical Center had a nursing advancement program in place, but in 2015 a group of nurse educators formed at team to evaluate the current program. A literature review was completed, and the team launched a new program to improve staff participation. The team worked with the nursing Shared Governance council to provide feedback and promote the new program. The new program was called the Professional Development Advancement Program(PDAP).

Purpose: The new PDAP program was initiated in 2016 and had 11% of the eligible nursing staff applying to be in the program. After 2 years, it was noted that less than 2% of the nursing staff was still in the program. Staff felt the program was cumbersome and struggled in meeting the criteria necessary to obtain to apply to the program. A team reassembled in 2017 to review various programs, review the literature, and make a program more appealing to the nursing staff. The new program consists of a cumulative point system, where the nurse can accrue points to reach a level of 1- 4. The objectives of the new program are to allow the clinical nurse to grow from novice to expert, and to facilitate and enhance a nursing practice that is reflective our nursing mission, vision and philosophy. The program also incorporates the tenants of Monmouth Medical Center's nursing professional practice model, the components of Magnet and is based on the theories of Jean Watson and Benner.

Results: The goal of the new program was to have 20 % of eligible nursing staff participate in the program. Education regarding the new program rolled out in the spring of 2018 and the application process began in October 2018. 91 applications were submitted and approved yielding a 30% increase from 2016 and a 911% increase from 2017.

Conclusions: Changes in the program have resulted in increased participation in the PDAP program. In 2019, the team will look to see if there is an associated increase in nursing satisfaction, when nursing satisfaction results are available. The team has received feedback that the process is easier with more of a focus on performance improvement and research projects. The team needs to continue to increase the number of staff participating in the program while maintaining current participation. The team also needs to incorporate more staff members that are participating in PDAP, and eventually have the higher levels be driving the process. The team will continue to advocate for increased incentives so staff are recognized for work performance.

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[*] Monmouth Medical Center

Poster Number 25

Role of Cidofovir Infusions in Treating BK Viremia in Kidney Transplant Recipients

Jessica, Hsu, DNP, AGPCNP-BC[*]; KellyAnn Civiletti, MSN, AGPCNP-BC; Jessica Berman, MSN, AGPCNP-BC

Background: Polyomavirus hominis type 1, also known as BK polyomavirus (BK virus), is a challenging clinical problem among kidney transplant recipients. Reactivation of the virus due to immunosuppression may lead to an inflammatory interstitial nephritis, referred to as polyomavirus-associated nephropathy which can lead to graft loss. Current treatment recommendations from the American Society of Transplantation (AST) are based on immunosuppression reduction. Alternative approaches to treatment also include antiviral treatment options such as Leflunomide, Cidofovir, or Brincidofovir.

Purpose: The purpose of this project is to review the BK viral load of patients treated with Cidofovir whose BK virus viral load did not respond to reduced immunosuppression alone.

Methodology: This is a retrospective chart review of patients who received a kidney transplant at this transplant center between January 1, 2018 and December 31, 2018.

Results: At this transplant center, 35 out of 172 (20.3%) kidney transplant recipients transplanted in 2018 had the BK virus detected in their blood. Standard of care treatment was immunosuppression reduction. Of the 35 patients with a detectable viral load, 8 required Cidofovir infusions in addition to reduced immunosuppression. Two patients had BK polyomavirus nephropathy confirmed on renal biopsy. Of the patients who received Cidofovir infusions, 2 had undetectable viral loads and 5 had decreased viral loads with viral log less than 4 log copy/mL.

Conclusions / Implications for Practice: In this cohort of patients at this transplant center, patients whose viral loads did not respond to reduced immunosuppression demonstrated reduced viral loads with treatment with Cidofovir infusions. This may be significant in reducing BK viral load in the post-kidney transplant population and prevent subsequent polyomavirus-associated nephropathy and graft loss.

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[*] NYU Langone Health

Poster Number 26

Satisfaction, Structure, and Deciding to Stay: Examining the Impact of Clinical and Relational Job Satisfaction on Nurse Practitioner Turnover Intentions

Laura A. Sardinia-Prager, PhD, RN, MSN, CDDN, CDCP[*]; Alexander Henderson, PhD

Nurse practitioners (NP) have become increasing important front line clinical positions, providing increased access to clinical care and reducing the cost of health care services. Existing studies of NPs have found a number of job characteristics as important to understanding turnover, including satisfaction, relationships with personnel, scope of practice, workload and patient mix, practice environment, institutional policies, and the day-to-day experiences of work. Though existing literature is robust, our understanding of NP perceptions of work context and feelings of longevity are underdeveloped, and require additional empirical examination. Despite the growth in NP positions, and an interest from scholars of health management, clinical medicine, and other related fields, a number of challenges exist regarding the nature of the NP position and retention of these increasingly important clinicians. These include issues of provider scope of practice and abilities to make decisions and exercise discretion autonomously, relationships within practices with physicians and other clinicians, and satisfaction with both clinical and administrative aspects of employment. This study contributes via a more granular understanding of the impact of differing facets of satisfaction in practices characterized by either strict hierarchy or equal relationships with physicians. Several hypotheses were generated and investigated using 2012 data from the National Sample Survey of Nurse Practitioners (NSSNP). Two models were estimated, one for intent to leave for NPs working in organizations where NPs perceive an equal relationship with physicians, and one where NPs perceive an established, strict hierarchical relationship with physicians. Both models use an ordinal dependent variable, and thus ordered logistic regression is used as the estimator. Findings indicate that satisfaction with patient load, opportunities for professional development, and organizational policies are important across both types of organization. Sense of value for the work was impactful in practices characterized by equal relationships, while autonomy and respect from physicians were significant in strictly hierarchical organizations. In conclusion, Nurse practitioners continue to be front line clinical health care providers, and generating a better understanding of how job characteristics and practice environment factors shape NP intention to leave their primary position is important, particularly when that understanding is increasingly comprehensive. This provides a foundation for shaping practice in a manner that encourages longevity, and healthy workplace relationships. These factors, in turn, are likely to contribute to improved patient care and outcomes, and effective organizations.

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[*] Long Island University Post

Poster Number 27

Standardizing Pre-Surgical Fluid Guidelines to Improve Patient Outcomes

Muriel Nose, BSN, RN[*]; Analissa Chavez, MS, FNP-BC, RN-BC, CPAN, CCRN; Michelle Meneses., MS, AGPCNP-BC; Patricia Lavin, MS, NEA-BC; Ann Marie Moynihan, MSN, RN

Background: The "NPO after midnight" rule is unnecessarily strict for patients undergoing surgery. In 2017 the American Society of Anesthesiologists (ASA) issued Practice Guidelines for Preoperative Fasting for Healthy Patients Undergoing Elective Procedures . The NPO guidelines permit the consumption of clear liquids until two hours before surgery for all healthy patients. Despite the ASA recommendations, many hospitals continued to adhere to the sacred cow of "NPO past midnight" rule . At this urban hospital a nursing driven interdisciplinary protocol for liberal fluid intake up to 2 (two) hours before surgery was standardized to improve post-operative complications of hypovolemia.

Purpose: At our hospital a rapid response teams can be called for a change in the patient's status. These events can be due to (among other factors) estimated blood loss during surgery and prolonged fasting. Through a nurse led interdisciplinary initiative a pre-surgical fluid guideline was developed to decreased the fasting time of our patients and post-operative complications as measured by the number of RRTs called post-operatively.

Methodology: Based on a review of the literature the pre-operative phase of care was identified as the optimal time to increase patients' hydration. Nursing collaborated and obtained stakeholder buy in from the Departments of Anesthesiology and Reconstructive Orthopedics Surgery . The team developed a pre-surgical fluid guideline and patient educational hand-out to standardize care. The fluid guidelines encourages patients to drink up to one liter of clear fluids up to two hours prior to their arrival to the hospital with certain exclusion criteria (high BMI, IDDM or on two or more oral hypoglycemic medications). The verification of patient compliance with the fasting requirements is done in the holding room. The development of the standardize patient education hand-out and the interdisciplinary education was implemented in May of 2018. Using the PDSA cycle for quality improvement the implementation of the fluid guidelines was completed in late June of 2018.

Results: Using the PDSA cycle for quality improvement there were two completed revisions of the patient education hand-outs based on stakeholder and patient feedback. There was a 20% decrease in total RRT's from calendar year 2017 to 2018. There were 28.9% and 32.6% decreases in inpatient and Acute Care RRT's, respectively, from calendar year 2017 to 2018.

Implications for Practice: There is a paucity of literature on the implementation of pre-surgical fluid guidelines in the healthy adult population undergoing surgery. Our study will add to the generalizable knowledge for the reduction in post-operative complications.

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[*] NYU Langone Orthopedic Hospital

Symptom Management Using Acupuncture in a NCI Designated Academic Outpatient Infusion Center

Vera Sziklai, MS, RN, OCN, L. Ac.[*]

Background: Acupuncture has been shown in the literature to help with certain symptoms when patients are going through their cancer treatments and throughout survivorship. The Integrative Health Program, at NYU Perlmutter Cancer Center was established in 2010. This program offers acupuncture and massage therapy. Massage therapy, initially supported by philanthropy, offered a complimentary massage during treatment. Building on the success of the massage in infusion, an introductory acupuncture program in infusion was started in 2018. The goal was to best help our very large and symptomatic head and neck cancer populations. Our traditional acupuncture program is a fee for service model, and often times insurance companies lack coverage.

Purpose: Our ambulatory care center started providing shorter, limited introductory treatments for patients during their infusion treatments. Our patients also had the option to receive a full treatment in the more traditional setting of our integrative health suite. In addition to symptom management, we examined the effectiveness of acupuncture in both treatment areas to help determine if location effects the outcomes of acupuncture.

Method: A total of 68 treatments were provided and patients were surveyed before and after their acupuncture treatments. Demographic data was collected consisting of age, gender, and diagnosis. The survey evaluated: pain, fatigue, nausea, anxiety, dry mouth, and peripheral neuropathy using a numerical scale of 0-10 with zero being never experienced/not applicable and 10 equaling the worst they have ever experienced/imagined for each symptom. The survey also asked if the patient noticed any changes in these symptoms at home following their session.

Result: Fifty (50) surveyed treatments were received during infusion, and 28 received full treatment in our integrative health suite. Based on statistical analyses the most significant results were in relation to pain and anxiety. Fatigue also demonstrated improvement in relation to pre and post acupuncture. Nausea and dry mouth showed significant improvement when treated during infusion. Acupuncture overall was helpful managing symptoms at home following their treatment.

Conclusion: Acupuncture has shown to be an effective treatment modality with minimal side effects for oncology patients undergoing treatment. The statistical analysis of our survey shows that offering both introductory treatment and full treatment to our patients has been helpful for symptom management. This survey raises awareness of the benefits of acupuncture and may potentially make it more acceptable in the traditional office setting and during western medicine infusion therapies.

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[*] NYU Langone Health

Poster Number 29

The Culture of Urine; Evaluation of Current Practices for Collecting and Ordering Urine Specimens in the Perelman Emergency Department

Kathleen McBride, RN, MSN, MBA[*]; David Evans, RN, NC; Dina Rosenberg RN, BSN, CEN; Norman Jabaut, RN, BSN, BA; Carmen Misenas Rivera RN

Background: The volume of urine cultures sent on Emergency Room patients at Tisch Hospital has continued to rise on a steady basis. The Registered Nurses suspected that there was over usage of Urinalysis and Urine Cultures in the Emergency Department. Unnecessary collection of urine cultures and testing utilizes hospital resources, increases cost, and contributes to the possible over prescription of antibiotics to patients who may not need them.

Purpose: This PI project was designed to assess 1. The current processes for the collection of urinalysis and urine cultures and 2. To estimate the proportion of unnecessary collection, testing and analysis. We also sought to review the collection methodology and determine if urinalysis and urine cultures were being sent at the same time regardless, to expedite patient throughput.

Methodology: For this retrospective chart review, we drew a random sample of 185 patients who were 25 years of age or older and were patients in the ED between March 1 and April 30, 2018 who were ordered for both urinalysis and urine culture. Registered nurses collected medical record data through EPIC on patients who visited the ED between March 1 and April 30, 2018. Patient sample drawn using multi-stage random sampling (specifically, stratified and systematic). Excel and REDcap were used for data collection and management.

Results: At this point in the evaluation, approximately 90 % of the urinalysis and urine cultures were ordered and sent at the same time. Approximately 75% of the urine cultures sent and processed were not medically necessary based on urinalysis results and medical symptoms on presentation.

Conclusion: At this point in our process, we have added a physician evaluator to contribute to this project. After discussion, we are reopening the same sample Epic charts to evaluate additional findings based on the patient's medical history and symptoms exhibited at presentation to the Emergency Department. This data will then be added to our conclusion to further determine medical necessity for urine culture testing. Our hope is that our findings will support the decision to change work flow and medical practice to eliminate the over ordering of unnecessary urine cultures.

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[*] NYU Langone Health

The Effects of Anesthesia on the Pediatric Developing Brain: Strategies to Reduce Anesthesia Use in Pediatric MRI and Nursing's Role in Driving Patient Safety

Kari A. Mastro PhD, RN, NEA-BC[*]; Linda Flynn PhD, RN, FAAN; Christa Preuster, MSN, RN, PMHCNS-BC; Lisa Summers-Gibson MSN-ED, RN, CDE

Background: The primary rationale for the use of sedation and general anesthesia (sedation/GA) in MRI is to ensure that the child remains still for the duration of time while the scan is being conducted. However, the use of sedation/GA is not benign and has real physiological and biological side effects for children. The safety risks and side effects of anesthetic agents used for children requiring MRI include emergence delirium, respiratory depression, oxygenation, nausea, vomiting, agitation, and cardiovascular bradycardia. Of growing concern is the emerging literature exploring the effects of sedation/GA on the developing brain. The concern over these safety risks provides support to explore alternative options to sedation/GA for MRI for children.

Purpose: To describe (a) the physiological and biological principles of anesthesia for children; (b) non-anesthesia practices; (c) the state of the evidence of patient- and family-centered care strategies to reduce anesthesia use; and (d) nursing's role in ensuring patient safety through reducing anesthesia use for pediatric MRI.

Methodology: Integrative Literature Review.

Results: Anesthesia use in pediatric MRI: 20 studies met inclusion criteria. Physiological and biological side effects of anesthesia in children are substantial. Of significance is the developing research on the extent to which anesthesia affects the developing brain of children. Non-anesthesia in pediatric MRI: 16 studies met inclusion criteria. Common themes were noted between patient- and family-centered care strategies and reducing anesthesia use in children requiring MRI.

Conclusion / Implications for Nursing Practice: There are significant risks associated with anesthesia on the developing brain. Nurses play an important role in employing patient-centered strategies to reduce pediatric anesthesia use and advocate for patient safety. While the evidence is still developing, a multipronged yet structured methodology to create an individualized patient-centered plan to prepare the child for magnetic resonance imaging appears to be successful. This type of approach aligns with the national call to action to embrace a patient-centered approach to care. Patient- and family-centered care (PFCC) has long been recognized as a concept that is vital to and inherent within nursing practice and nurses are strategically positioned to advocate for PFCC within their practice organizations and should take the lead on the design and implementation of PFCC practices. It is important for front line clinical nurses along with clinical nursing leaders to design, implement, and evaluate of PFCC practices and their associated outcomes. It is these efforts that will improve the care provided to children and enhance child safety during MRI.

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[*] St. Mary Medical Center & Center for Healthcare Research and Policy, Rutgers School of Nursing

The Impact of Aliviado Dementia Care-Hospice Edition Training Program on Hospice Staff's Dementia Symptom Knowledge

Catherine Schneider, PhD[*]; Alycia Bristol, PhD, RN, AGCNS-BC; Shih-Yin Lin, PhD, MM, MPH; Ab Brody, PhD, RN, FAAN

Background: The number of older adults living with dementia is increasing rapidly. The workforce capable of providing high-quality care does not match this need. A lack of high quality dementia training tailored towards healthcare workers is a key barrier to effective care for this vulnerable population. Hospice agencies are particularly underprepared to care for persons with dementia (PWD), although about 17% of hospice patients annually have a primary diagnosis of dementia and more have dementia as a secondary diagnosis. This leads to sub-optimal outcomes as hospice has not shown to improve care quality of PWD. Few interventions exist that are tailored specifically to provide interprofessional dementia care in the home through interdisciplinary hospice teams. To bridge this gap, a pilot was implemented to modify The Dementia Symptom Management at Home (DSM-H), to improve quality of hospice care provided to PWD. The hospice edition of DSM-H is entitled "Aliviado Dementia Care-Hospice Edition".

Purpose: To report our preliminary findings from a pilot study seeking to adapt the DSM-H training program for hospice interdisciplinary team aimed at increasing hospice team members' dementia symptom knowledge after completing the Aliviado Dementia Care-Hospice Edition training.

Methodology: Fifty two interdisciplinary hospice team members, including social workers, chaplains and nurses, enrolled in the Aliviado Dementia Care-Hospice Edition in February 2019. Online training addressed symptoms such as pain, behavioral and psychological disturbances. Knowledge regarding symptom management was tested at pre and post training to evaluate the effect of the program on their knowledge of dementia symptoms in PWD.

Results: This research is in progress. Participants ranged in age from 25 to 66, with an average age of 49. 91% percent of participants were female, 58% identified as black or African American, 21% identified as Asian, one person identified as Hispanic or Latino, 12% as white or Caucasian and one person indicated "other" when asked about race. 31% were social works, 52% nurses, 13% spiritual care workers and one participant indicated "other" when asked to select discipline.

Conclusions / Implications for Practice: The DSM-H is an evidence-based, systems-level intervention shown to improve clinical knowledge, attitudes and confidence in treating PWD not enrolled in hospice. If similar results for the Aliviado Dementia Care-Hospice Edition are found, this training could be used to produce systems-level practice change for hospice interdisciplinary team members serving PWD, facilitating the building of a workforce capable of providing high-quality care for the growing number of persons living with dementia.

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[*] NYU Rory Meyers College of Nursing

Poster Number 32

Transitioning from Pediatric to Adult Services: One Clinic Visit Is Not Enough

Eduardo Del Rosario MSN, FNP-BC[*]; Adella Bodden, LPN; Lisa Kim, BS; Aline Goodman, MSW; Debra A. Sala MS, PT; Connie Lam, MS; Mara Karamitopoulos, MD; David H. Godfried, MD

Background / Objective: Transition of care from pediatric to adult services for patients with childhood-onset neuromuscular conditions (NMC) is a complex undertaking, representing a significant challenge for pediatric and adult providers. The objective was to evaluate the effectiveness of our multi-disciplinary Transition program based on patients/caregivers' adherence to their individualized healthcare recommendations for a group of adults with NMC. Participants/Setting: Forty-seven patients, mean age 28 yrs (range 19-47), had a single Transition program visit. Twenty-nine(62%) were males and 18(38%) females. Diagnoses included 37(79%) with cerebral palsy, 3(6%) with spina bifida, 2(4%) with TBI, 2(4%) with arthrogryposis and 3(6%) with various NMC. Per Gross Motor Function Classification Scale, 7(15%) were Level I, 4(9%) Level II, 7(15%) Level III, 13(28%) Level IV and 16(34%) Level V.

Methods: Forty-seven patients were evaluated at our Transition clinic and were given Transition education and recommendations to adult-based providers depending on their medical, rehabilitation, and psychosocial needs. The clinic's NP made a follow-up phone call and asked questions regarding their individualized healthcare recommendations. If patients had not followed through with recommendations, re-review of Transition rationale and adult-based resources were provided.

Results: 43 of the 47 patients (91%) were interviewed at a mean length follow-up of 22 months (range 17-30). As 34(79%) already had an adult PCP, only 9(21%) were referred to adult PCP. At follow-up, 5/9(56%) saw adult PCP with only 1(20%) seeing recommended adult PCP. For orthopedics, 31(72%) were newly referred to adult physiatry for general management including orthopedic surveillance. Nine(21%) of the 43 with pre-existing spine conditions will also remain with their current spine specialists. Sixteen(37%) were referred to adult-based OT services and 12(75%) saw adult OT with 10(83%) seeing recommended OT. Fourteen(33%) were referred to adult-based PT services and 7(50%) saw adult PT with 6(86%) seeing recommended PT. Sixteen(37%) were referred to adult-based vocational services and 9(56%) saw adult vocational services with 9(100%) seeing recommended one. Eighteen(42%) were referred to adult-based dentist and 9(50%) saw adult dentist with 1(11%) seeing recommended one. The 2 of 16 females(13%) without a gynecologist were referred and neither went. For medical subspecialties, patients with issues in mental health, neurology, pulmonary, GI and GU remained with current providers.

Significance: With 1 Transition clinic visit, less than 50% patients followed their individualized recommendations and transitioned to adult-based services. This suggests the need to begin the transition process earlier.

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[*] NYU Langone Orthopedic Hospital

LUNCH ROUNDTABLES

Enhancing Clinical Trial Recruitment and Retention: The Emerging Role of Nurses
Aisha Langford, PhD, MPH[*]
> *Room: Coles 201*

Understanding Qualtrics and REDCap: Choosing the Right Survey Tool for Your Research
Kevin Read, MLIS, MAS[†]
> *Room: Coles 202*

Fundamentals of the IRB – New Submissions
Helen Panageas[†]
> *Room: Coles 203*

Writing, Publishing, and Disseminating – Best Practices
Sally Cohen, PhD, RN, FAAN[‡]
> *Room: Coles 204*

Critical Appraisal 101
Lita Anglin, MSIS[†]
> *Room: Coles 205*

The Culture of Urine – Lessons Learned
Kathleen McBride RN, SNC, MSN, MBA[†]
> *Room: Coles 206*

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[*] NYU School of Medicine / NYU Langone Health
[†] NYU Langone Health
[‡] NYU Rory Meyers College of Nursing

AFTERNOON SESSION – 1   *Smilow Multipurpose Room*

Emerging Issues in Nursing Practice
Moderator: Diane Maydick-Youngberg, EdD, RN, APRN, ACNS-BC, CWOCN – Program Manager Wound, Ostomy, Continence Nursing
NYU Langone Health – Brooklyn

Heel Pressure Injury Risk Factors in the Hospitalized Patient

Barbara Delmore, PhD, RN, CWCN, MAPWCA, IIWCC-NYU[*]

Background: Heel pressure injuries continue to be problematic despite advances in our knowledge for their cause and preventing them from occurring. Certain patients present with risk factors on hospital admission and may continue to exhibit these risk factors during their stay. Clinicians may benefit from being aware of those risk factors that place a patient more at risk in order to apply timely prevention strategies.

Purpose: Our primary aim was to replicate previous research, using a larger and more diverse patient population, which found four independent and significant predictors of heel pressure injuries in hospitalized patients. Our secondary aim was to formulate cues specific for heel pressure injuries to provide staff with a more focused clinical assessment process.

Methodology: We conducted a retrospective, case-control study with a main and a validation analysis. The main analysis had 1,697 patients - 323 patients who had heel pressure injuries and 1,374 who did not; the validation analysis had 240 patients - 80 patients who developed heel pressure injuries and 160 who did not. Data was extracted from the New York Statewide Planning and Research Cooperative System (SPARCS) and obtained for the period from January 1, 2014 until June 30, 2015. A series of forward stepwise logistic regression analyses for both samples was conducted to select the variables that were significantly and independently associated with the development of a heel pressure injury in a multivariable setting. We generated a receiver operating curve using the final model to assess the overall utility of the regression model to predict the development of a heel pressure injury.

Results: Seven variables were significant and independent predictors associated with heel pressure injuries: diabetes, vascular disease, perfusion issues, impaired nutrition, age, mechanical ventilation, and surgery. The area under the receiver operating curve equaled 84.2 showing an impressive predictive accuracy of the model.

Conclusions: Beyond a risk assessment scale, staff should consider other factors, such as comorbid and other conditions, which can predispose a patient to heel pressure injury development during their hospital stay.

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[*] NYU Langone Health

School Nurses' Knowledge and Comfort with Concussion Management in the School Setting

Mara Sproul, RN, MPA, CRRN, RN-BC[*]; Laura Balcer, MD, MSCE; Juanito Victoria, RN, BSN; Omar Akhand

Background: Concussions are considered to be a mild form of a traumatic brain injury and the potential for the occurrence in children is greatest during activities where collisions can occur such as in school settings. (CDC, 2019). Approximately 1.1 to 1.9 million sports related concussion occur annually in children < 18. (Bryan, 2016). A consensus statement approved by the 5th International Conference on Concussion states that, although most people recover quickly and fully from a concussion, the time needed is often longer among children and adolescents (McCrory et al., 2017). School nurses play an essential role in injury prevention, detection and early treatment. Recognition of a concussion and immediate assessment is critical in preventing further injury and for post-concussion management. Based on the current literature, there is a lack of national data regarding the school nurses' knowledge base related to concussion and their comfort with identifying and managing concussion. Each state has specific laws regarding concussion management in the schools and due to this variability, the authors suspect that school nurses' knowledge base may differ across the country.

Purpose: The purpose of the study is to survey school nurses from a wide variety of settings with various levels of education and years of clinical experiences about management of concussed school children. We sought to collect information about their knowledge related to concussion state legislation and guidelines, comfort with managing concussion in the school setting, and the necessity and preferences for educational materials.

Methods: Our study team administered a 40 question survey to members of the National School Nurses Association and the Independent School Nurses Association to assess knowledge of concussion state legislation and guidelines, and comfort with managing concussion. Responses were analyzed with Stata 12.0.

Results: Survey participation rates were not uniform across states. Preliminary data on the 10-question quiz, showed that every additional question answered correctly increased the odds of the participating nurse having greater than 15 years' experience by 2.9 ($p = 0.035$, 95% CI: $1.08 - 7.89$). Interestingly, highest educational degree and years in practice as a school nurse are not predictive of quiz performance.

Conclusion: Knowledge of concussion management is most dependent on clinical experience rather than educational level. There is a strong demand for education regarding concussion return to learn, detection, and state legislation and guidelines.

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[*] NYU Langone Health

Reducing Anesthesia Use for Pediatric Magnetic Resonance Imaging: The Effects of a Patient- and Family-Centered Intervention on Image Quality, Healthcare Costs, & Operational Efficiency

Kari Mastro, PhD, RN, NEA-BC[*]; Linda Flynn, PhD, RN, FAAN; Toni Millar, MS, CCLS; Mark Stein, MD

Background: Children with complex medical problems who require anesthesia are known to be at risk for acute adverse physiologic events related to anesthesia. The risks of anesthesia include short and long-term psychological and neurobehavioral issues. Magnetic Resonance Imaging (MRI) has emerged as the standard of care for diagnosis and follow-up of many conditions and more children are being subjected to anesthesia in order to ensure acceptable motion-free image quality of the magnetic resonance imaging scans.

Purpose: The aim of this study was to evaluate the effectiveness of an anesthesia free patient- and family-centered intervention through an analysis of magnetic resonance imaging quality, healthcare costs, and operational efficiency as compared to other approaches.

Methodology: This study retrospectively reviewed patient data extracted from electronic medical records of children ages 3-17 years old who underwent outpatient MRI at an urban academic medical center from 2015-2016. A total matched sample size of 500 children, 125 per group, was used to investigate the outcome variables including (a) quality of magnetic resonance image, (b) healthcare cost, and (c) procedural time. Groups included: 1. Intervention Group: Patient- and Family-Centered (PFC) preparation of the child, no anesthesia given (PFC/NA) 2. Comparison Group: No structured preparation, no anesthesia given (SC/NA) 3. Comparison Group: Certified Child Life Specialist preparation, anesthesia given (CCLS/A) 4. Comparison Group: No structured preparation, anesthesia given (SC/A).

Results / Implications for Practice: The PFC/NA intervention group was found to have significantly lower costs (p< 0.0001), shorter procedure times (p< 0.0001), and 96.8% of the MRI images were of acceptable or better quality compared to the SC/A and the CCLS/A groups. The PFC approach provides a way for children to undergo outpatient diagnostic MRI without the need for anesthesia, thus reducing risk, costs and procedure time. This study exemplifies nursing's important role in design, implementation, and evaluation of patient- and family-centered care practices.

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[*] St. Mary Medical Center & Center for Healthcare Research and Policy, Rutgers School of Nursing

Impact of Phased Implementation on Adoption of a Secure Messaging Platform amongst Nurses and Providers

Dawn Feldthouse, MSN RN[*]; Estelita Asehan, MSN RN-BC

Purpose: To explore how sequential cross-device and cross-platform implementation has impacted adoption of secure messaging amongst nurses and providers within a large health system.

Background: Secure communication is imperative to safe, quality, and efficient healthcare delivery. Large health systems are often rapidly growing with dispersed campuses. This has driven the need for nurses and providers to become increasingly mobile. For effective collaboration, nurses and providers must be able to communicate across their organization's myriad units, facilities, and geographical regions. The literature provides ample evidence that mobile devices greatly improve interprofessional communication and increase efficiency.

Methods: For each implementation phase, retrospective longitudinal data were captured for total unique users and total number of messages sent by nurses and providers, including registered nurses (RNs), nurse practitioners (NPs), physicians, residents/fellows, and physician assistants (PAs). Average unique users (AUU) per day and average number of messages (ANM) per day were then calculated. The impact of each implementation phase was then measured as a percent increase on these metrics chronologically from one phase to the next.

Results: The phase one pilot of secure messaging went live in June 2017 for a segment of NPs, physicians, and residents/fellows on smart phone and tablet versions of the mobile application. During the pilot, a total of 6,207 unique users (individuals who downloaded and used the application) and an average of 44 messages per day were observed. In phase two (May 2018-June 2018) secure messaging went live for a segment of RNs and PAs. A 105% increase in AUU per day and a 209% increase in the ANM per day were observed. In phase three (June 2018-July 2018) the organization went live at a new facility leading to a 398% increase in AUU per day and a 755% increase in ANM per day. In phase four, secure messaging went live at another campus leading to a 55% increase in AUU per day and 56% increase in ANM per day. In phase five the desktop version of secure text messaging that interfaces with the mobile application versions went live for all campuses leading to a 96% increase in AUU per day and a 110% increase in ANM per day at six weeks post go-live.

Conclusion: Secure messaging can help meet the communication needs of large and growing health systems. To spur adoption, we recommend supporting access to all roles on treatment teams at a minimum and to all appropriate roles, including ancillary support, as quickly as possible. When system users are unable to contact colleagues who do not yet have access to secure messaging, adoption may be hindered.

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[*] NYU Langone Health

AFTERNOON SESSION – 2   *Smilow Seminar Room*

Ensuring a Strong Nursing Workforce

Moderator: Ana Mola, PhD, RN, ANP-BC, MAACVPR – Director of Care Transitions and Population Health
Management

NYU Langone Health

Impact of Behavior Management Training on Nurses' Confidence in Managing Patient Aggression

Margarita de la Fuente, DNP, RN, NE-BC, LSSBB[*]

Objective: To evaluate the impact of behavior management training on nurses' confidence in managing aggressive patients.

Background: The healthcare environment is unpredictable, especially in terms of a patient's clinical status and patient/visitor's behavioral state. Nurses may experience this unpredictable behavior in the form of patient/visitor aggression and violence. When violence is caused by a customer receiving services from an establishment, such as a patient or visitor in a hospital, it is referred to as Type II violence. Patient/visitor violence in healthcare presents in the forms of physical assault, threatening behavior, bullying, verbal abuse and harassment. This type of violence can cause physical injury and psychological problems in nurses which can affect patient care, absenteeism and turnover.

Methods: This quality improvement project used a pre-and post-study design. A survey was administered within one month before behavior management training and one month after training, capturing participants' demographic and work characteristics, as well as their experiences with patient/visitor perpetrated violence. Confidence was measured using the Confidence in Coping with Patient Aggression Instrument. Open ended questions sought participants' thoughts on workplace violence prevention initiatives.

Results: Nearly all participants (95.2%, n=20) had experienced or witnessed patient/visitor violence at least once in their nursing career, and 80% (n=16) experienced or witnessed patient/visitor perpetrated violence in the past year. Thirty-eight confidence scores were assessed. Nurses' confidence in coping with patient aggression was significantly higher following behavior management training (P<.001). Nurse participants described the training as "timely", "helpful", and "beneficial".

Conclusion: In line with the literature, this QI project supports behavior management training as a method to improve nurses' confidence in managing aggressive patient behavior. Behavior management training should be an integral part of strategies to mitigate patient/visitor violence to create a safe and healing environment for patients and employees. Workplace violence prevention training often includes educational material on communication skills (such as verbal de-escalation) and warning signs of violence. With a sound understanding of violent behavior stages and warning signs, a nurse is better able to identify potential escalation, mitigate risk, and manage a potentially violent situation.

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[*] Duke University Hospital System

Integrating SBIRT into Nursing Practice

Julie Fitzgerald, PhD, RN[*]

Background: It is estimated that about 30 percent of US adults experience a mental health or substance abuse disorder in a year, and many struggle with both. In 2018, there were a reported 70, 000 deaths in the U.S. due to overdoses (CDC, 2018). In spite of these grim statistics, universal screening for substance disorders is lacking.

Purpose: There continues to be stigma around substance abuse and mental health issues. The stigma leads to discrimination, undertreatment, poor health and social outcomes (McGinty, Goldman &, Pescosolido et al. 2015). In spite of the prevalence of substance abuse, few nurses are taught to screen for substance abuse or use motivational interviewing to discuss change. To bridge this gap, a state college introduced Substance Abuse Screening, Brief Intervention and Referral for Treatment (SBIRT) into its undergraduate and graduate nursing curriculum.

Methodology: To educate our undergraduate and graduate students in the use of SBIRT, we introduced the topic of substance abuse through required readings and an online education program on substance abuse. After completion of the introductory information students completed an online tutorial in motivational interviewing and "change talk". The nursing students then signed up to participate in role play using motivational interviewing techniques with their peers. Students were given case studies that and took turns playing the client and nurse. They used motivational interviewing to discuss change. Instructor and peer feedback was provided after the role play. Knowledge, skills and attitudes toward substance abuse screening, risk reduction and referrals for treatment were assessed pre and post intervention. Motivational interviewing is a person centered counselling style that can be utilized to promote a number of lifestyle changes (Ostlund, Wadensten, Kristofferzon & Haagstrom, 2015). Motivational interviewing has been used as an effective strategy for increasing medication adherence in bipolar disorder, (McKenzie & Chang, 2013), weight loss and increased physical activity (Hardcastle, Taylor, Bailey, Harley, & Hagger, 2013) and smoking cessation (Lindson-Hawley,Thompson, & Begh, 2015).

Results: Pre and post surveys assessing knowledge and skills in discussing use of substances showed increased knowledge, skills and attitude towards persons with substance abuse disorders after completion of the education.

Implications for Practice: Nurse leaders and educators must provide nurses at all levels of practice, from new graduate to Nurse Practitioner the knowledge and skills to implement substance abuse screening and intervention with clients. SBIRT, an evidence-based practice can take five to thirty minutes, depending on the patient's report.

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[*] Ramapo College of New Jersey

Behind the Scenes Nurse Leaders: Administrative Supervisor Job Satisfaction, Stressors, and Engagement

Susan Weaver, PhD, RN, CRNI, NEA-BC[*]

Background: Recent research uncovered that administrative supervisors, the nurse leaders present on the evening, night and weekend shift, do whatever is necessary to get the patients, staff and hospital safely through the shift. Work stress is evident with this role as supervisors explained in a recent qualitative study, they are the solo administrative leader present in the hospital and surviving the shift was their indicator of success.

Purpose: The purpose of this study was to obtain a better understanding of the administrative supervisor role, by exploring their job stressors, work engagement and job satisfaction.

Methodology: A descriptive correlational study was conducted and 182 administrative supervisors from 44 hospitals in the Mid-Atlantic region of the United Sates responded to a survey about their job stressors, work engagement, job satisfaction, and intent to leave. The analysis described the relationship among job stressors, work engagement, job satisfaction and intent to leave and with supervisors working at ANCC Magnet and non-Magnet hospitals.

Results: As found in other administrative supervisor research, although the majority of the supervisors (67%) did not have education beyond entry level nursing education, these supervisors (78%) were very satisfied or satisfied with being a nurse leader. Those administrative supervisors with high job satisfaction had less intent to leave their position ($r = (-) 0.566$, $p < .01$). Administrative supervisors had higher challenge stressor than hindrance stressor scores, and those with higher hindrance stressor scores had lower work engagement ($r = (-) .179$, $p < .05$), decreased job satisfaction ($r = (-) .486$, $p < .01$) and greater intent to leave their positions ($r = 0.396$, $p < .01$). Administrative supervisors who worked at non-Magnet hospitals ($n = 82$) had statistically significant higher hindrance stressor scores and greater intent to leave than supervisors at Magnet hospitals ($n = 80$).

Conclusions and Implications: Since administrative supervisors are the vital link between clinical nurses and senior leaders, it is critical that satisfied and educated administrative supervisors are leading the staff during the evening and night shifts. Furthermore, if administrative supervisors are responsible for creating motivating work environment for the evening and night shift staff, it is essential to have supervisors who are engaged. Strategies need to be adopted to promote administrative supervisor work engagement, manage their work stressors, and foster their job satisfaction in order that they can better support the staff in achieving improved nurse and patient outcomes.

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[*] Hackensack Meridian Health Ann May Center for Nursing

Clinical Nurses Implement Translational Research to Improve Outcomes: the ANCC READI (Readiness Evaluation and Discharge Interventions) Study

Arlene Travis, ANP-BC, CHC, CHFN-K[*]; Janet Rosado, RN, MA

Background: Excess readmissions may trigger financial penalties for hospitals. Problems with discharge preparation and care transitions increase risk of readmission, as does low patient discharge readiness. Strategies to improve care transitions usually involve specialized roles, such as navigators and not clinical nurses, even though clinical nurses have primary responsibility for preparing patients for discharge. Previous research has shown that clinical nurses can accurately identify patients with low readiness for hospital discharge, and these patients are 6-9x more likely to be readmitted.

Purpose: The purpose of this ANCC-sponsored, multisite translational research study was to test the effect of implementing nurse discharge readiness assessments as standard nursing practice on 30-day readmissions and ED visits.

Methods: We were 1 of 33 Magnet hospitals that participated in this prospective randomized intervention trial. 2 units from each hospital participated: one unit randomized to intervention, and one to control (usual care.) Baseline data on both units was collected for 4 months prior to intervention. All nurses (n=47) on the intervention unit implemented discharge (D/C) readiness assessments as standard practice on all patients D/C home for 12 months using the Readiness for Hospital Discharge Scale (RHDS), an 8-item validated tool assessing 4 areas of readiness: patient condition, knowledge, coping and available support. Two versions of RHDS were used: RN-RHDS (nurse assessment) and PT-RHDS (patient self-assessment). 3 protocols were tested for 4 months each: 1) RN assessment, 2) RN assessment informed by patient perspective (PT-RHDS); 3) RN+ PT assessment, and requirement to act on low readiness items. Study sample was all eligible D/Cs (to home) on both units. All unit nurses were educated, engaged and supported in implementing procedures by site PI (nurse clinician.) Outcome measure was 30-day readmission/ED visits from both units. All outcome data came from EMR and NDNQI data.

Results: At our site nurses performed 1,433 assessments over 12 months with high (>80%) fidelity with procedures. Total sample (intervention, control, baseline)= 4800 discharges. Multisite sample= ~145,000 discharges, with a total of ~52,000 assessments performed. Locally, assessments were significantly associated with 30-day readmits/ED visits. Each 1-point decrease in readiness on RN-RHDS was associated with a 5.6% increase in 30-day readmissions (p<.05) over unit baseline. Each 1-point decrease in patient assessed readiness (PT-RHDS) was associated with a 7.6% increase in 30 U Nday ED visits (p<.05). Multisite, an intention to treat analysis showed that protocols 1 and 2 significantly reduced readmissions compared to control units.

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