

The 11th Annual Nursing Research Symposium

Hybrid Symposium

October 7, 2022

8:00 AM–12:30 PM



Nurses Make
a Difference

NURSING RESEARCH AT MONTEFIORE

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Montefiore Einstein

THE 11TH ANNUAL NURSING RESEARCH SYMPOSIUM

WELCOME MESSAGE

It is my great pleasure that I, along with the Nursing leadership team and the Montefiore Nursing Research Councils, welcome you to the 11th celebration of the Nursing Research Symposium.

The American Nurses Association (ANA) identified this year's theme as **Nurses Make a Difference** to honor the varying roles of nurses and their positive impact on providing and defining evidence-based quality patient care.

Montefiore Einstein is one of New York's premier academic health systems that provides care to approximately three million people in communities across the Bronx, Westchester and the Hudson Valley. Montefiore Nurses make a difference everyday by exemplifying the knowledge, skills and caring principles that make up the heart of nursing. Through their professional practice, they demonstrate quality nursing care to the individuals, families and community in which they serve.

The effects of the pandemic are still lingering and have created significant challenges throughout our healthcare industry; however, through it all, nurses have remained resilient in excelling and conducting nursing practice-based research. This year's symposium presents a range of topics, including the pandemic's impact on the professional nursing workforce, improving quality of care, health equity and nurse well-being—this and more, all contributing to the science of improving healthcare delivery to our diverse patient populations.

The nurses who will present their work today are contributing to elevating the voice of the nursing profession. Their research work and the stories behind it are truly inspirational.

Today is another way that nurses make a difference, by coming together to share and disseminate practice-changing information to one another. Thank you to all the nurse researchers who continuously strive to impact and improve the lives of our patient population. Thank you to the Research Advisory Council for making this annual event successful.

Sincerely,

Maureen Scanlan, MSN, RN, NEA-BC

Senior Vice President, Chief Nurse Executive, Montefiore Einstein

DISCLOSURE OF VESTED INTEREST

The planners, administrators, content specialists and faculty of this educational activity and journal make full disclosure that they and/or their spouse or partner have no financial, professional or personal relationships with commercial interests, or have had any financial, professional or personal relationships with commercial interests within the past 12 months.

CONTINUING EDUCATION INFORMATION

This activity is awarded 4.5 nursing contact hours from Albert Einstein College of Medicine–Montefiore Medical Center. In support of improving patient care, Albert Einstein College of Medicine–Montefiore Medical Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

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THE 11TH ANNUAL HYBRID NURSING RESEARCH SYMPOSIUM

Nurses Make a Difference

PURPOSE

This symposium provides a forum for nurses and other healthcare professionals to share research, evidence-based practice and quality improvement findings and experiences. The symposium facilitates a milieu that fosters collegial relationships and promotes the opportunity to understand research and the various roles needed to conduct research studies, implement evidence-based practice and initiate quality improvement projects.

LEARNING OBJECTIVES

At the end of the symposium, participants will be able to:

1. List examples of using evidence to improve care and patient outcomes.
2. Describe an approach for engaging and building a diverse group of nurse scientists to consistently advance nursing research.
3. Identify current evidence-based definitions and domains of Professional Identity in Nursing
4. Describe the relationship between Professional Identity in Nursing, Patient Safety, and Nurse Well-Being
5. Discuss the implications for creating environments that support a strong Professional Identity in Nursing
6. Explore strategies for strengthening one's own Professional Identity in Nursing

KEYNOTE SPEAKER

PETER I. BUERHAUS, PHD, RN, FAAN, FAANP(H)



Dr. Peter Buerhaus is a nurse and a healthcare economist who is well known for his studies on the nursing and physician workforces in the United States. He is a Professor of Nursing and Director of the Center for Interdisciplinary Health Workforce Studies at the College of Nursing, Montana State University. Before coming to Montana State University, Dr. Buerhaus was the Valere Potter Distinguished Professor of Nursing and Senior Associate Dean for Research at Vanderbilt University School of Nursing, Professor of Health Policy at Vanderbilt University, and assistant professor of health policy and management at Harvard School of Public Health. He served as assistant to both the chief executive of the University of Michigan's seven teaching hospitals and to the Vice Provost for Medical Affairs at the University of Michigan. He has published nearly 170 peer-reviewed articles, with five publications designated as "Classics" by the federal government's Agency for Healthcare Research and Quality. Dr. Buerhaus

was inducted into the American Academy of Nursing in 1994, elected to the National Academy of Sciences Institute of Medicine in 2003 (now the National Academy of Medicine), and is an honorary Fellow of the American Academy of Nurse Practitioners. Dr. Buerhaus has been awarded honorary doctorates from the University of Maryland and from Loyola University, Chicago. In 2010, Dr. Buerhaus was appointed Chair of the National Health Care Workforce Commission that was created under the Affordable Care Act to advise Congress and the Administration on health workforce policy. He recently served as a member of the National Academy of Sciences National Academy of Medicine Committee on the Future of Nursing, 2020–2030.

AGENDA

7:00–8:00 AM	Breakfast for Those in Person
8:00–8:05 AM	Open and Housekeeping Una Hopkins, DNP, RN, FNP-BC
8:05–8:15 AM	Welcome and Introductions Maureen Scanlan, MSN, RN, NEA-BC <i>Senior Vice President, Chief Nurse Executive, Montefiore Einstein</i>
8:15–9:30 AM	Keynote Address Peter Bauhaus, PhD, MS, BSN, RN <i>The Nursing Workforce Pre- and Post-COVID-19: How Can We Move Forward and Create a Better Future?</i>
9:30–9:45 AM	Questions and Audience Interactions
9:45–10:00 AM	Break
10:00 AM–12:00 PM	Presentations Diana Lulgjuraj, PhD, RN 10:00 AM–10:10 AM <i>Is the Buzzy® Buzz-Worthy?</i> Ana B. Amaya, DrPH 10:12 AM–10:22 AM <i>Understanding the Barriers and Facilitators of Minority Care During the First Phase of the COVID-19 Pandemic: A Pilot Study</i> Chava Pollak, PhD, RN 10:24 AM–10:34 AM <i>The Impact of a Robotic Pet on Social and Physical Frailty in Community-Dwelling Older Adults</i> Oghenefega Akporotu, MSN, RN-BC 10:36 AM–10:46 AM <i>Reduction of Catheter-Associated Urinary Tract Infections: Implementing & Sustaining Evidence-Based Change Concepts in the ICU; A Quality Improvement Project</i> Irene Ondieki, DNP, NEA-BC, RN-BC 10:48 AM–10:58 AM <i>Improving Barcode Medication Administration Post COVID-19 Pandemic</i>

Farley Villarente, MSN, RN
11:00 AM–11:10 AM
*Implementation of a Nurse-Initiated Approach to Improve
the Frequency of Spontaneous Awakening Trials in an Intensive Care Unit*

Diana Lulgjuraj, PhD, RN
11:12 AM–11:22 AM
Lived Experience of Hospitalized Children

Marie Belance, MSN, RN
11:24 AM–11:34 AM
Reducing Heart Failure Readmission Rate

Maria Arias, EdD, MSN, BSN, RN-BC
11:36 AM–11:46 AM
Ambulatory Care Nurses Experience

Judy Badia, DNP, RN
11:48 AM– 11:58 AM
*Decreasing Orthostatic Hypotension in the Post-Operative
Total Joint Replacement Patient*

12:00–12:45 PM

Kristen D. Priddy, PhD, RN, CNS, and Beth Cusatis Phillips, PhD, RN, CNE, CHSE
Professional Identity

12:45- 2:45

Lunch Poster Session and Discussions with AM Presenters

Janelle Carr, DNP
Can the Use of Technology Aid in Meeting Fluid Intake Goals Post Bariatric Surgery?
Research

Sheila Buchanan, MSN
*CLABSI Central Line, Family Education EBP and QI Project Leads to Reduction in CLABSI on
Pediatric Inpatient Unit CHAM 9*
Quality Improvement

Irene Petrocelli, MSN
*Intraosseous Lines as a Promising Solution to Challenges of Intravenous Insertion in Pediatric
Emergencies: A Review of the Literature*

Janet Kasoff, EdD, and Monique Dixon, MSN
Designing a Comprehensive Curriculum Framework for Care Management
Performance Improvement

Michelle Elsener, BSN
A Multidisciplinary Telehealth Approach for Transitions in Care
Research

1. IS THE BUZZY® BUZZ-WORTHY?: A NURSING EVIDENCE-BASED PRACTICE (EBP) PROJECT TO DECREASE NEEDLE-RELATED PAIN

Research: Retrospective Review

IRB Number: 2021-13252

Authors: Diana Lulgjuraj, PhD, RN, CPN; Nicole Fernandez, MSN, RN, CPN; Kristen Sammon, BSN, RN, CPN; Taylor Hubner, BSN, RN; Julie McMahon, BSN, RN; Christina Lombardo, BSN, RN; Mary Mahoney, MSN, RN, CPN; Samantha Bellotti, MS, CCLS; Jessica Blitz, BSN, RN

BACKGROUND

Children endure numerous needle-related procedures throughout childhood, and when they are hospitalized, this number increases. The fear of needles is a common fear among children (McLenon & Rogers, 2018). Pediatric nurses at Children's Hospital at Montefiore (CHAM) utilize various pharmacological and nonpharmacological methods, including EMLA (lidocaine 2.5% and prilocaine 2.5%), distraction and child life specialist presence to alleviate needle-related pain for children. However, a recent systematic review and meta-analysis concluded that using a cold-vibrating device, such as the Buzzy®, significantly reduced pain levels in children and reduced anxiety levels in parents during needle-related procedures (Su et al., 2021).

SIGNIFICANCE

Pain management is a nursing priority and ethical responsibility. Utilizing best practice, the Buzzy® was introduced to nursing practice on one inpatient unit at CHAM. The purpose of this evidence-based practice (EBP) project was to examine the effectiveness of the Buzzy® in decreasing children's reported pain and parents' perceived pain scores during needle-related procedures.

DESIGN/METHODOLOGY

This project was designed to collect data retrospectively. Hospitalized children who underwent needle-related procedures continued to receive the pain management technique selected by their providers. Children and/or parents were then recruited to complete a questionnaire that included their pain rating on the Wong-Baker FACES Pain Rating scale, within 90 minutes of the procedure. They also provided details about this experience, including the pain management methods received, subsequently placing the child in the experimental or control group.

RESULTS

This EBP project is ongoing, and data continue to be collected. Final data will be analyzed to compare pain scores between children who received the Buzzy® during a needle-related procedure with those who did not. Findings from this project may suggest the continued and expanded use of the Buzzy® to further promote pain management in hospitalized and non-hospitalized children.

REFERENCES

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- Su, H. C., Hsieh, C. W., Lai, N. M., Chou, P. Y., Lin, P. H., & Chen, K. H. (2021). Using vibrating and cold device for pain relief in children: A systematic review and meta-analysis of randomized controlled trials. *Journal of Pediatric Nursing*, *61*, 23-33. <https://doi.org/10.1016/j.pedn.2021.02.027>
- Wong-Baker FACES Foundation. (2018). *Wong-Baker FACES® Pain Rating Scale*. <http://www.WongBakerFACES.org>.

2. UNDERSTANDING THE BARRIERS AND FACILITATORS OF MINORITY CARE DURING THE FIRST PHASE OF THE COVID-19 PANDEMIC: A PILOT STUDY

Research: Qualitative

IRB Number: 2021-12844

Authors: Ana B. Amaya, DrPH, MPH; Kyomi Gregory-Martin, PhD, CCC-SLP; Tiffany Henley, PhD, MA; Una Hopkins, DNP, FNP-BC, RN

BACKGROUND

Early in the COVID-19 pandemic, healthcare workers were responsible for addressing this disease despite little guidance on its transmission and care (Powell & Chuang, 2020). The rise of cases was even more visible in urban areas in New York City, where minority groups rapidly became the main affected groups (Douglas & Subica, 2020). This has highlighted the importance of examining the provision of care in communities of color to understand the structural barriers and strengths in provision of healthcare services during the pandemic (Gregory, Henley & Amaya, 2020).

SIGNIFICANCE

This pilot study aimed to collect data on how healthcare professionals were supported to provide care for minorities during the first phase of the COVID-19 pandemic (March–July 2020). We sought to analyze whether existing policies, continuing care training and clinical support enabled or hindered their work during this period. We aim to contribute to the literature on how to improve care for minorities during health emergencies by strengthening the support provided to healthcare professionals.

DESIGN/METHODOLOGY

We applied an appreciative inquiry approach (Carter et al., 2007) to understand the barriers and facilitators healthcare professionals in Montefiore Einstein experienced while providing care for minority patients during this time period. We conducted two focus groups composed of healthcare professionals from various backgrounds, and we analyzed existing data and literature. This study received institutional research board (IRB) approval from Albert Einstein College of Medicine and Pace University.

RESULTS

Findings demonstrate that healthcare workers were required to rapidly adapt to changing policies and guidelines due to the evolving pandemic. Facilitators for care included effective leadership and coordination across teams and disciplines. Notable barriers included lack of communication and insufficient on-the-job training on how to handle emergency situations. Further research will seek to understand how practical lessons from the first phase of the pandemic were applied in subsequent waves of infection. Assessing how to generate sustainable systems of response for future health crises will be crucial in supporting preparedness in healthcare settings.

REFERENCES

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- Powell, T., & Chuang, E. (2020). COVID in NYC: What we could do better. *American Journal of Bioethics, 20*(7), 62–66.

3. THE IMPACT OF A ROBOTIC PET ON SOCIAL AND PHYSICAL FRAILITY IN COMMUNITY-DWELLING OLDER ADULTS

Research: Randomized Control Trial

Authors: Chava Pollak, PhD, RN; Sharon Wexler, PhD, RN; Lin Drury, PhD, RN

BACKGROUND

Social and physical frailty are common geriatric syndromes related to adverse health outcomes, including falls, hospitalization, institutionalization and death (Fried et al., 2001). Social frailty leads to physical frailty in older adults who were not frail (Ma et al., 2018; Makizako et al., 2018). Previous studies have demonstrated that pet ownership and robotic pets have physical and mental health benefits for older adults (Chang et al., 2020; Kojima et al., 2020; Lai et al., 2019); however, no studies were found investigating the impact of robotic pets on social and physical frailty in community-dwelling older adults.

SIGNIFICANCE

Social frailty is especially concerning during the ongoing COVID-19 pandemic, which has led to decreased physical and social contact, specifically among older adults. Frailty increases the risk for adverse health outcomes and must be addressed early to allow older adults to remain living in the community independently. Since social frailty may precede/hasten the onset of physical frailty, this highlights the opportunity for early intervention to prevent frailty. The purpose of this study was to investigate whether a robotic pet improved social and physical frailty in a population of community-dwelling older adults aged 65 and older who were recently discharged from the hospital, compared to usual post-discharge care, using the Technology Acceptance Model as a framework (Davis, 1989).

DESIGN/METHODOLOGY

This randomized controlled trial investigated the impact of a robotic pet on social and physical frailty in community-dwelling older adults. The intervention group ($n = 107$) received a robotic pet, and the control group ($n = 113$) received usual care following hospital discharge. Social and physical frailty were measured using the Questionnaire to Define Social Frailty Status and the FRAIL questionnaire. Cognitive function and depression were assessed using the Short Portable Mental Status Questionnaire and the Geriatric Depression Scale.

RESULTS

There was no significant change in social frailty or physical frailty, cognitive status or depression between the two groups. Participants who enjoyed doing things with their robotic pet had a statistically significant improvement in their SPMSQ scores ($p = .02$), which indicated a positive effect on cognition in participants who used their pet more. This supports the theoretical premise of this study that greater use of the robotic pet would yield better outcomes.

REFERENCES

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4. REDUCTION OF CATHETER-ASSOCIATED URINARY TRACT INFECTIONS: IMPLEMENTING & SUSTAINING EVIDENCE-BASED CHANGE CONCEPTS IN THE ICU; A QUALITY IMPROVEMENT PROJECT

Quality Improvement

Authors: Oghenefega Akporotu, MSN, RN-BC; Susan Carter, RN, BSN; Lisa Harrison, RN, BSN; Nathaniel Rose, CAN; Steven Taveras, RN, BSN; Bindu Thomas, RN, BSN; Ravetal Yakubov, RN, BSN

BACKGROUND

A catheter-associated urinary tract infection (CAUTI) is an infection resulting from an indwelling urinary catheter (Centers for Disease Control and Prevention [CDC], 2015). An indwelling urinary catheter is a tube inserted into the bladder to support urine drainage. Urinary tract infections (UTI) are one of the most common hospital-acquired infections (HAI) and accounts for 30% of all HAIs (CDC, 2015). Prolonged use of indwelling catheters increases the risk of CAUTIs; uses beyond 7-14 days increases that risk by 35–70% (Gad & Abdelaziz, 2021). The CDC (2020) reported 19,738 CAUTIs in 2020. Although CAUTIs are preventable, the risk still exists due to multiple and complex factors.

Organizational culture and its subset, safety culture, encompass the behaviors, expectations, values and practices that shape and inform its membership/staff (Dodek et al., 2012). Safety culture has a direct relationship to the prevention of CAUTIs and is the driver of this project.

SIGNIFICANCE

CAUTI is costly and deadly (CDC, 2015). In 2021, there were 17 CAUTI incidences at one campus, which is a standardized infection ratio (SIR) above one and above the CMS and Leapfrog benchmark for 2021. According to (Kotter, 2012), over the next few decades, more organizations will be pushed to reduce costs, improve the quality of products and services, locate new opportunities for growth, and increase productivity. Historically, change efforts have helped organizations adapt to shifting conditions in a significant way. They have improved the competitive standing of others and have positioned a few for a far better future (Kotter, 2012).

PURPOSE STATEMENT

The purpose of this Quality Improvement project is to decrease the number of CAUTIs at Weiler by 30% from 17 (2021) to 12 by December 2022 with an emphasis on reinforcing evidence-based change efforts to nursing care at the bedside.

DESIGN

Quality improvement, using PDSA cycle and change management theories

METHODOLOGY

This is a quality improvement project using the Plan-Do-Study-Act cycle (PDSA) in conjunction with John P. Kotter's change management model. This will be an iterative process with several cycles with emphasis on key drivers and balancing measures.

Cycle 1: 6/15/2022–7/15/2022

Change: Staff member (RN or CNA) is assigned the role of FSA (Foley safety advocate) by the PCC for each shift

Plan:

Utilizing John P. Kotter's eight-step change model, implement change concept in intensive care units.

Data tracker: Assignment sheet for each shift from selected unit and sign-off sheet in CAUTI Prevention Binder.

Role of FSA: Ensure CAUTI prevention maintenance bundle compliance. PCC/US print out report of Foleys on unit for shift. FSA to remind assigned RN/CNA to perform peri care. Facilitate by providing sure steps wipes. FSA will document compliance once complete.

Do:

- We predict that CAUTI weekly audits will report 100% compliance with perineal care.
- Bard representative scheduled education sessions for all inpatient staff (RNs & NAs/techs): in-person education coordinated by Learning Network
- Unit Nurse Managers follow up daily to provide support and feedback to CAUTI Committee

Study/Check:

- Each CAUTEAM member conducted weekly audits using an audit tool to assess compliance. Real-time education to address any compliance fallouts.
- Median increase from 54% total maintenance bundle compliance to 90%

Act:

We will extend PDSA cycle for another two weeks. Email information to ANMs and their staff. Leave posters on units as reminder to staff of PDSA. Use only signoff sheet as process measure. Difficult to use assignment sheet because of night shift staffing challenges.

Spread change concept to IP medical/surgical units.

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5. IMPROVING BARCODE MEDICATION ADMINISTRATION POST COVID-19 PANDEMIC

Quality Improvement

Authors: Irene Ondieki, DNP, NEA-BC,RN; Shawn Boley, RPh; Eric Zielinski; Eliza Cruz

BACKGROUND

Barcode medication administration (BCMA) technology is a proven method of enhancing patient quality and safety when it comes to medication compliance. BCMA technology is credited with prevention of medication errors as it automates the process of identifying patients and scanning medications (Mulac et al., 2021). Post-pandemic review of BCMA compliance showed a negative decline in scanning patient and medication for both inpatient units and our emergency room. The purpose of this quality improvement project was to improve compliance of BCMA on the inpatient clinical units and our emergency department to 95% and above. At the time of review, the baseline data showed that Montefiore Wakefield Campus had an overall compliance rate for scanning medication orders and scanning patient ID bands of 91%, while the national mean was 95% for hospitals that submit data for Leapfrog rating.

SIGNIFICANCE

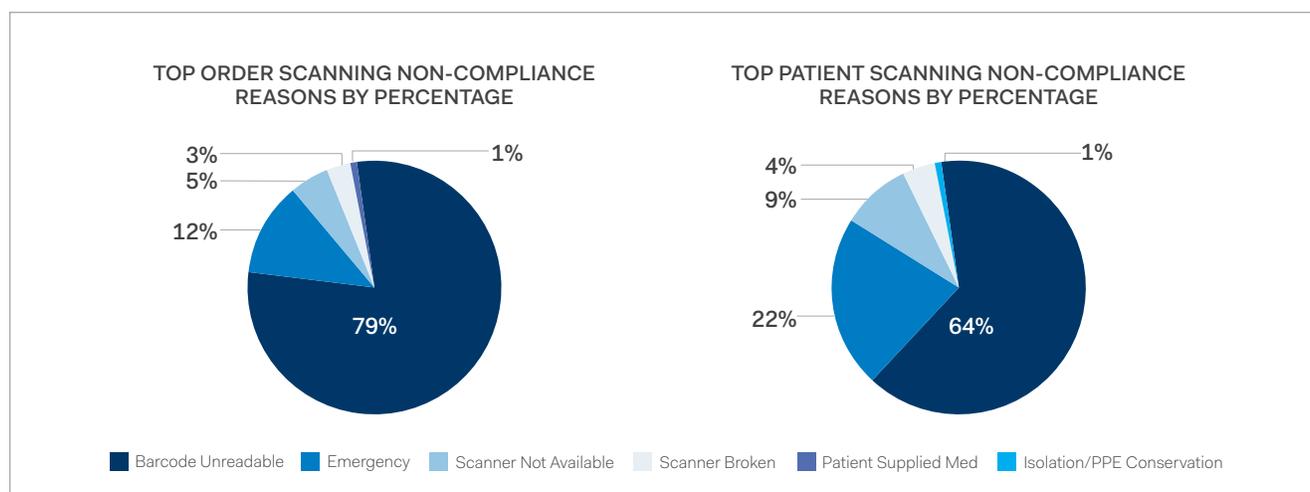
The purpose of this quality improvement project was to improve compliance of (BCMA) rate to 95% and above on all inpatient units and the emergency department at Wakefield Campus. At the time of review, the baseline compliance rate was 91%, compared with a national mean of 95% for hospitals that have high Leapfrog ratings.

DESIGN/METHODOLOGY

The team utilized define, measure, analyze, improve and control (DMAIC) methodology to address the low performance on BCMA scanning. The two areas of focus were improving compliance rate of scanning barcodes for medication and scanning the patient's ID band. Using quantitative data generated from EPIC BCMA reports, the team could monitor, track and trend performance for each unit daily. BCMA is done mostly by nurses and respiratory therapists.

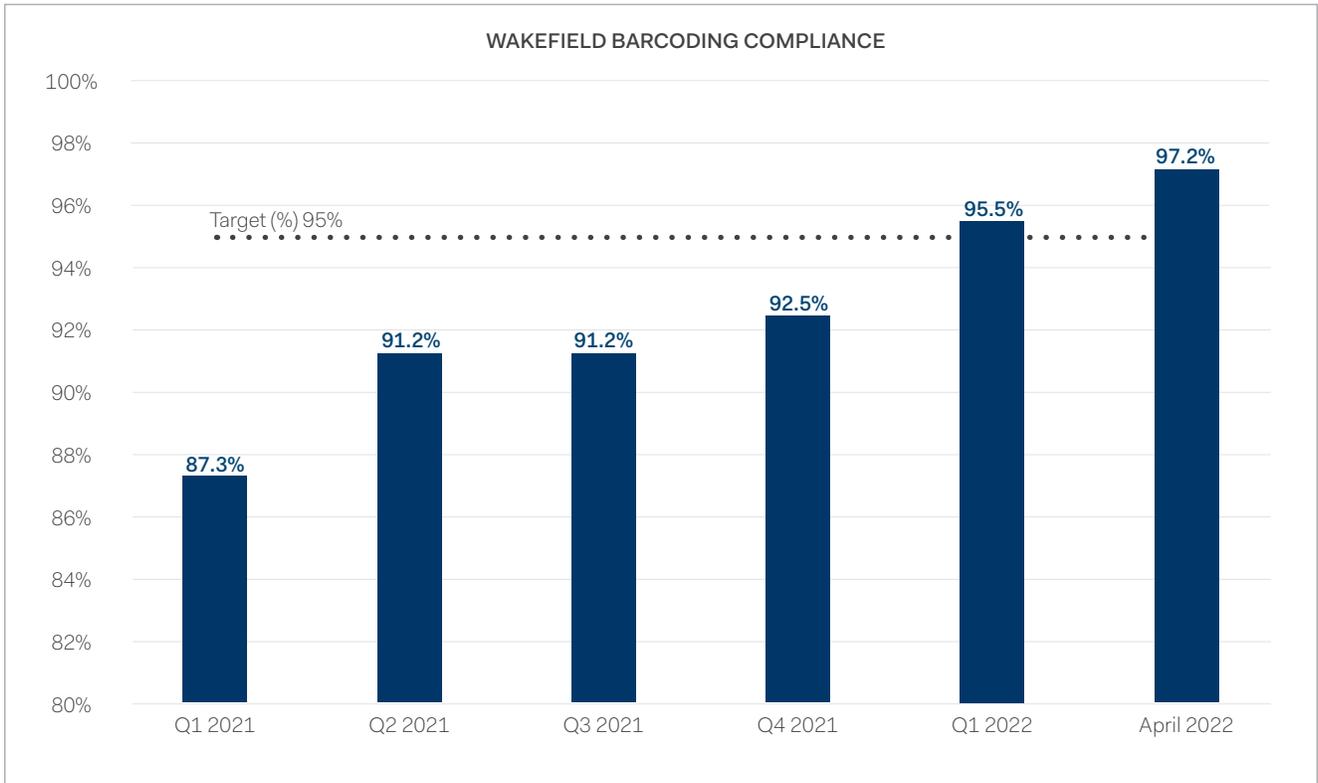
RESULTS

The team reviewed BCMA compliance using reports generated from EPIC. The areas of focus were compliance rate of medication order scanning and compliance rate for scanning patient ID band. Baseline data obtained in November 2021 showed a low compliance rate of 88% in combined scanning of medication and scanning of patient. The end users were giving a weekly average of 23,000 medications. At the time the team was reviewing this report, order scanning compliance was 91% and patient scanning was 94%. Key themes identified as reasons for lack of compliance by users included:



The action items that were agreed upon included IT reconfiguring all barcode scanners. An interview with the nurses led to discovery that in many units, it was difficult to scan patients who were in window beds due to loss of signal. The teams were encouraged to create tickets if this problem persisted post IT intervention of reconfiguring all scanners. Pharmacy reviewed all medication barcode issues and educated frontline workers on how to report barcode errors in EPIC. Understanding that users in multiple disciplines administer medications, the team agreed to educate all RN/Respiratory staff on importance of compliance with med scanning. The team also reviewed BCMA rates on daily basis during safety brief. Managers were tasked to ensure accountability for low-performing associates. With these interventions, the organization has been able to sustain greater than 97% in BCMA compliance.

Plan/Define	Measure			Analyze	Improve/Control	
	Baseline 2021	Target 2021	Current Performance		Action Plan/ Recommendations (Specific, Measurable, Action-Oriented, Realistic and Time-Sensitive)	Responsible Party/Due Date/ Monitoring Frequency
Quality Improvement Goal/Nurse Sensitive Indicator	Baseline 2021	Target 2021	Current Performance	Gap or Area of Improvement	Action Plan/ Recommendations (Specific, Measurable, Action-Oriented, Realistic and Time-Sensitive)	Responsible Party/Due Date/ Monitoring Frequency
Improve barcode medication administration (BCMA) rate to 95% and above on all clinical areas.	91	95	94%	<ul style="list-style-type: none"> ✓ Bar code unreadable ✓ Scanner not available ✓ Emergencies ✓ Isolation/PPE conservation ✓ System downtime ✓ Patient own medication 	<ul style="list-style-type: none"> ✓ IT reconfigured all barcode scanners effective November 20. ✓ Pharmacy reviewed all med barcode issues and educated frontline on how to report barcode error in EPIC 11/22/21. ✓ Educate all RN/Respiratory staff importance of compliance with med scanning. ✓ Review BCMA rates on daily basis during safety brief. ✓ Ensure accountability for low-performing associates. 	<ul style="list-style-type: none"> ■ Nursing ■ Nursing staff ■ Pharmacy ■ IT <p>Frequency: Weekly/daily review</p> <p>Due Date: 12/31/2021</p>



REFERENCE

Mulac, A., Mathiesen, L., Taxis, K., & Gerd Granås, A. (2021). Barcode medication administration technology use in hospital practice: A mixed-methods observational study of policy deviations. *BMJ Quality & Safety*, 30(12), 1021–1030. <https://doi-org.middlesexcc.idm.oclc.org/10.1136/bmjqs-2021-013223>

6. IMPLEMENTATION OF A NURSE-INITIATED APPROACH TO IMPROVE THE FREQUENCY OF SPONTANEOUS AWAKENING TRIALS IN AN INTENSIVE CARE UNIT

Quality Improvement

Authors: Victoria Patrice-Howe, MS, BSN, RN; Tiffani Lemonious, BSN, RN; Ria Anderson, BSN, RN; Simon Sabuero, BSN, RN; Nicole Patrice, BS, RRT; Mayuri Mudgal, MD; Dan Fein, MD; Farley Villarente, MSN, FNP, RN, CCRN

PURPOSE

Although spontaneous awakening trials (SAT) are associated with improved patient outcomes, implementation and compliance with this task can be challenging. We describe a nurse-driven process improvement initiative in our medical intensive care unit (MICU) that aims to increase the number of patients who undergo SAT.

METHODS

A nursing-led SAT intervention was implemented between August 2021 and December 2021. March 2021 to July 2021 served as the pre-intervention comparison group. The components of the initiative included a development of a simplified flowchart of the preexisting institutional SAT protocol with an associated educational initiative and the introduction of a nursing data collection tool to facilitate daily protocolized screening and performance of the SAT task. Patients were screened by bedside nurses on a daily basis regarding preexisting criteria for SAT safety. Safety screen data and data regarding successful SAT performance was recorded by nurses on the data collection form. For the primary and secondary outcome of proportion of eligible patients who underwent an SAT and the average number of ventilator days for intubated patients, data were independently abstracted from the electronic medical record. For independent data abstraction, patients were defined as eligible for an SAT if they were on mechanical ventilation, were on any sedative and had Richmond Agitation and Sedation Scale ≤ -2 . Rank sum testing using Stata SE 15.1 was used to compare pre- and post-intervention medians.

RESULT

There were 1,189 patient days that were eligible for SAT in our ICU during the examined time period (581 pre-intervention, 608 post intervention). During the intervention period, SAT barriers and performance were documented using the data collection tool on 99 patients for 221 days (36.3%). Of these encounters, 71 patients had an SAT performed on 142 days (64.3%). The most common nursing documented barrier to SAT performance was hemodynamic instability (30.2%) followed by agitation (23.2%). The primary outcome of the point estimate for the frequency of SAT initiation was higher during the intervention time period, though this finding was not statistically significant (median 79%, interquartile range (IQR) 71–79% versus pre-intervention median 75% (IQR 57–76%; $p = .4$). The point estimate of ventilator days was also lower during the intervention time period though this finding was also not statistically significant (pre-intervention median 2.9; IQR 2.6–3.3 versus median 2.5; IQR 2.4–2.9; $p = .6$).

CONCLUSION

A nursing-devised and -implemented quality improvement intervention led to an improved point estimate of the proportion of patients who underwent SAT and was associated with fewer ventilator days.

CLINICAL IMPLICATIONS

Though our finding was not statistically significant, this nursing initiative shows great promise for overcoming practical bedside barriers to the performance of SAT.

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7. THE LIVED EXPERIENCE OF HOSPITALIZED CHILDREN

Research: Phenomenological Study

IRB Number: 2020-12439

Author: Diana Lulgjuraj, PhD, RN, CPN

BACKGROUND

Being in the hospital is often stressful for children, as hospitalization may be an unfamiliar and disturbing experience (Rokach, 2016). Hospitalized children not only want their parents at their bedside (Wilson et al., 2010), but pediatric institutions recognize the importance of parental presence and family-centered care (American Academy of Pediatrics, 2012). However, parents are not always able to stay at their child's bedside (Roberts, 2010). What is it like for a child to be in the hospital when accompanied and when unaccompanied by a parent/caregiver?

SIGNIFICANCE

A child's voice is central to the phenomenon and offers insight that can contribute to meaningful practice for pediatric nurses and providers. The voices of hospitalized children have not been heard in over 10 years, and unaccompanied hospitalized children's voices have never joined the literature. The purpose of this study was to explore the lived experiences of accompanied and unaccompanied hospitalized children.

DESIGN/METHODOLOGY

A phenomenological study was implemented, and children ages 7–11 were included if they were in the hospital for at least 24 hours with a parent present or 12 hours without a parent present. A one-time interview was conducted with children and focused on what it is like for the child to be in the hospital. Using child-centered approaches, the child's specific, experiential descriptions were sought.

RESULTS

Twelve children shared their experiences of hospitalization. Being in the hospital was a similar experience for unaccompanied and accompanied children, as all children gave voice to their participating in care, being on the road to recovery, and still being a kid. However, accompaniment offered the hospitalized child that which the unaccompanied child yearned for—companionship, comfort and care. An understanding of hospitalized children's experiences provides pediatric nurses and providers with insight on how to support the experiences of the patients they care for.

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8. HEART FAILURE READMISSION

Quality Improvement

Authors: Marie Yves Belance, MSN, FNP, RN; Armilla Baksh, MSN, FNP-BC, RN; Leona Isufaj, RN; Libby Ashiagbor, BSN, RN; Washington Moitui, MSN, RN-BC

BACKGROUND

The prevalence of our hospital heart failure (HF) readmission rate is lingering. Therefore, it is crucial for clinicians and caregivers to be able to care for, manage and empower patients for continuity of care in the community. Inconsistency of documentation on daily weight, intake and output (I&O), and education about goals of therapy remains a major concern where the readmission rate continues to emerge as a challenge. Addressing these issues is key to ensure continuity of care after discharge for patients hospitalized for acute heart failure.

SIGNIFICANCE

The goals were (1) to reduce inconsistencies present in the documentation of daily weights and intake and output and (2) to increase staff and patient understanding of the importance of doing these tasks accurately. Compliance from staff and patient as well as family members was vital. Readmission rate was 19.1 in December 2020. The purpose of this quality improvement project is to maintain readmission rate below 17%, which is the benchmark.

METHODOLOGY

This project was implemented on the telemetry unit with 100% staff involvement and support from management. It is guided by the IOWA model of care, which uses the Plan-Do-Study-Act problem-solving method in the effort to bring a team together to reduce the heart failure readmission rate. This model of care has been integrated as an evidence-based tool in producing the desired outcome during the recovery process. In addition to the primary nurse, the patient care associate (PCA) along with the patient, family and possible caregivers are all involved in the documentation process.

Recent data from April to October 2021 have shown 77% compliance on daily weight documentation, 42.5% on intake and output, and 81.6% on patient education. To prevent recurrent readmission, it is crucial for staff to review the need to use standardized methods to collect data, the importance of collecting daily data on weight and I&O, and how to provide patient and caregiver education using the teach-back method. Support from leadership along with the nursing unit council plays a big part in communication and practice change. Collaboration and engagement with staff are implemented by reinforcement and review of heart failure guidelines with nurses during daily safety huddles and increase accountability during handoffs for documentation. Moreover, nurses are encouraged to stress to their PCAs the importance of collecting and recording I&O data for accurate documentation.

RESULTS

Compared the percentages of patients before and after intervention that have been weighed daily during their hospital stays, had daily measurements of I&O's, and were provided with education about heart failure.

The heart failure readmission rate was reduced within six months post interventions.

The readmission rate decreased from 16.9% in October 2021 to 16.1% as of December 2021, thus meeting the Montefiore benchmark of less than 17%.

9. AMBULATORY CARE NURSES' LIVED EXPERIENCES DURING COVID-19 WHILE SERVING LOW-INCOME COMMUNITIES

Research: Qualitative Descriptive

IRB: 22-098

Author: Maria L. Arias, EdD, MSN, BSN, RN-BC

BACKGROUND

When COVID-19 first arrived in the United States in January 2020, no one imagined the impact and devastation it would have, particularly in low-income communities. By March 2020, COVID-19 had spread like “wildfire” and was out of control. The devastation was unprecedented, and Americans suffered similar carnage as the rest of the world.

Healthcare workers in the United States suffered just as much as their patients. While the focus was primarily on emergency departments and inpatient workers, healthcare workers in other communities were similarly affected.

Ambulatory care nursing is caring of patients in outpatient settings (AAACN, 2021). These centers have a network of primary care providers that provide comprehensive primary care services. During the pandemic, these services included both rapid and PCR testing, administration of vaccines, distribution of masks, supplying of testing supplies and oral antivirals, as well as treating other healthcare needs of their patients. Little is known about the experiences of ambulatory care nurses during the first COVID-19 surge. Learning more about this group of nurses will provide valuable information for similar challenges in the future.

Low-income communities are defined as those with an annual income below \$31,661 per year, with an average family size of four (U.S. Census Bureau, 2020). This population encountered many challenges during the pandemic, such as low health literacy, lack of technology for virtual visits, and shortages of transportation, food and housing. Although patients flooded emergency departments in all communities, little was known about ambulatory care nurses in low-income communities. Thus, it is crucial to understand the experiences of ambulatory nurses to provide appropriate care for these populations now and in the future.

When this research was conducted in eastern Brooklyn, New York, no other study had highlighted the experiences of ambulatory nurses caring for significantly impacted underserved populations.

SIGNIFICANCE

Ambulatory nurses tend to have long-term relationships with their patients. Many ambulatory nurses witnessed countless patients and their patients' family members die within their reach. The traumatic impact experienced by these nurses was like none they had ever experienced in their careers. At the time this research was conducted, there were no studies that captured ambulatory nurses' experiences in these impoverished communities throughout the first COVID-19 outbreak.

Exploring the lived experiences of ambulatory nurses caring for patients during the initial pandemic's unique circumstances would positively affect communities of low income due to the many implications for nursing and healthcare. In eastern Brooklyn, about 31% of the population live above the poverty rate, with a median annual income of \$55,200 (U.S. Census Bureau, 2021). Although retention of ambulatory care nurses is stable, not all nurses choose to work in low-income communities, and given the global nursing shortage, there are concerns now and for the future. Thus, it is essential to study the experiences of ambulatory care nurses during the COVID-19 pandemic.

Aim:

This qualitative, descriptive study aimed to explore the attitudes, behaviors and beliefs of ambulatory care nurses providing care to patients during the COVID-19 pandemic in low-income communities.

DESIGN/METHODOLOGY

A qualitative descriptive method was appropriate for this research because it permitted the attestation of participants' descriptions of their lived experiences and an analysis of those experiences based on the theoretical framework of the Roy Adaptation Model (RAM; Roy, 2009). This study was approved by an institutional review board (IRB) at Columbia University; nurses in ambulatory care in low-income communities were recruited and engaged in an interview using a semi-structured interview protocol. Interviews were recorded, transcribed verbatim, then analyzed by content analysis method, and themes/patterns were extrapolated.

The sample size was 25 registered nurses working in ambulatory care from low-income communities in eastern Brooklyn, New York; recruitment was via snowball technique. All participants recruited were required to complete a questionnaire to determine if they qualified to participate in this study. Qualified participants signed an informed consent before being interviewed. All ethical standards were upheld to protect their rights and confidentiality.

Interviews were conducted in locations convenient to the participants. All interviews were recorded and transcribed verbatim for thematic analysis. The researcher performed reflective journaling after all interviews to ensure rigor. Content analysis was initiated to describe ambulatory care nurses' lived experiences during COVID-19 while serving low-income communities.

RESULTS

After thematic analysis, the major themes are:

- » crying
- » protector vs. moral distress
- » resilience vs. compassion fatigue
- » family vs. bereavement
- » self-concept vs. self-care

An overarching theme of “struggle” was also manifested within this study.

CONCLUSION

The study revealed that ambulatory care nurses form a strong bond with the members in the communities they serve. COVID-19 has affected these nurses in many ways and continues to affect the current and future staffing for low-income populations. These findings are important for nurse leaders and funding agencies to enhance care in low-income communities now and in the future.

Implications/Future Directions:

Implications and future directions include education, nursing practice and nursing research. For nursing practice, focus should be on the environment of practice, healthy self-care and civility. COVID-19 has transformed healthcare in all settings; thus, the delivery of ambulatory care must change its delivery systems, funding and resource utilization to meet the current and future healthcare needs of these low-income communities. Future directions are needed in theory development for resilience and change among ambulatory care nurses.

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10. ORTHOSTATIC HYPOTENSION REDUCTION IN THE POST-OPERATIVE TOTAL JOINT REPLACEMENT

Quality Improvement

Authors: Judy Badia, DNP, MSN, RNC, CPXP; Merin Aby, MSN, RN

BACKGROUND/SIGNIFICANCE

Post-operative total joint patients are at risk for low blood pressure due to key factors that include anesthesia, pain medication, decreased oral intake, reduced mobility, and volume of fluids received.

In fall 2020, the orthopedic unit noted seven rapid responses due to syncope and low blood pressure in post-operative total joint patients. These events occurred during the first 24 hours following surgery. A literature review was done to identify evidence-based practices related to the problem. The literature review identified oral intake, intravenous fluids, close monitoring and documentation of the intake and output, and measurement of orthostatic vital signs as key elements to proactively manage and prevent hypotension in this patient population. Specifically, literature identified oral intake of 500 cc on the evening of surgery and 500 cc on post-operative day one beginning at 6:00 a.m., continuous IV fluids throughout the post-operative night until 9:00 a.m. post-operative day one, and the need to quantify the urinary output in cc's and not urine occurrences so that clinical staff can understand if urine output is decreasing. In addition, orthostatic blood pressures are measured to assess any for potential decreases. These metrics allow for the visualization of the hemodynamic status of the patient and proactive management of the patient.

PURPOSE

The purpose of this project was to reduce rapid responses in the post-operative total joint replacement patient due to orthostatic hypotension.

DESIGN/METHODOLOGY

Implementation of the intervention began with staff education related to the discussion of the identified problem, selection of unit champions, and staff education related to preventive management of post-operative orthostatic hypotension in TKA/THA patients' protocol. The team created a form, and this form was utilized by clinical nurses to ensure that all elements of the protocol were followed.

RESULTS

Follow-up chart audits and monitoring of rapid response data were performed.

Post-implementation data revealed only one rapid response in this patient population from November 2020 to October 2021.

IMPLICATIONS FOR NURSING PRACTICE

Careful monitoring of a post-operative patient's hydration status is essential to any patient, and specifically the post-operative total joint patient. As organizations continue to monitor length of stay in this patient population, this work is essential to moving from a reactive model of care to a proactive/preventive model of care.

11. QUALITY AND SAFETY BEGIN WITH A STRONG PROFESSIONAL IDENTITY

Research: Mixed Methods Qualitative and Quantitative

IRB Number: Pro00103486

Author: Beth Cusatis Phillips, PhD, RN, CNE, CHSE; Kristen Priddy, PhD, RN, CNS

BACKGROUND

In nursing, as in healthcare, the provision of quality, safe client care is paramount to everything else. Nurses have the responsibility to care for people from birth to death and in their best and worst times. In nursing school, students are educated on the knowledge and skills needed to become a nurse. Safety and quality are significant aspects of nursing curricula. Errors in patient safety and quality are influenced by unhealthy work environments and nurse attrition. Although progress has been made since the beginning of the QSEN initiative in 2005, achieving patient safety and quality remains elusive. The emphasis on nursing knowledge and skills in education and practice environments is necessary but is not adequate to ensure safe, quality care and longevity in the profession. A more comprehensive approach addresses the formation of professional identity in nursing (PIN).

SIGNIFICANCE

The importance of the knowledge and skills taught and the formation of professional identity in nursing may seem evident. However, creating educational and work environments that foster the professional identity of nurses has not been well understood. The need to focus on formation of professional identity has been identified in multiple professional and healthcare disciplines.

The purpose of this study was to explore the response of practicing nurses to the definition and domains of PIN, to learn how practicing nurses view the impact of PIN, and to learn how they foster PIN in themselves and others.

DESIGN/METHODOLOGY

A mixed-methods, convergent design was used to gather and analyze quantitative and qualitative data. The convergent design allowed us to gather interrelated quantitative and qualitative data for comparison and integration.

RESULTS

Results of the study clearly connected professional identity to safe, quality, patient care and nurse job turnover, satisfaction and retention. We will report participant characteristics and the results of the quantitative and qualitative data analysis.

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