

Form Name: SSM Nursing Symposium Abstract
Submission Time: May 16, 2018 9:49 am
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.19
Unique ID: 408391977
Location: 35.519199371338, -97.445999145508

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter	Brandi Stanley
Credentials of lead author	MSN-RN, Charge Nurse
Email	Brandi.Stanley@ssmhealth.com
Additional Presenter Information	None
Organization Affiliation-Please select the organization you represent	SSM Health St. Anthony Hospital - Oklahoma City
Title of presentation or poster	The challenges and value of the returning nurse: Creating organizational support
Indicate the category that best describes your work	Research

Research submission (3500 characters) Purpose: Nurses returning to practice after a career break face challenges that are unique and difficult. Unlike the linear progression described by Benner in her novice to expert model, nurses returning to practice do not have a linear educational journey back. It is important for educators and healthcare organizations to understand the needs of this special and diverse group of nurses to facilitate a safe and satisfying return, yet there exists little in the literature on this topic.

Subjects: 5 nurses were identified and interviewed. Return to practice RNs are nurses who have undergone academic coursework in preparation for licensure and have at one time obtained a license through the NCLEX examination process in the United States or through an equivalent method for the country of licensure. The return to practice RNs have taken a career break by not being employed in a nurse-related field for an unspecified length of time and wish to again obtain licensure and/or employment as a nurse. The term return to practice RN is broad and includes any nurse engaged in the process of returning to active licensure status or having already gone through the process to re-obtained licensure at some point.

Method: A qualitative narrative study was best suited for exploration of this poorly understood topic. A snowball method was used to find subjects who had returned to practice or were in the process of returning after a career break of at least five years. Recruitment was done through a professional nursing organization, social media, and referrals. Five nurses were identified, interviewed, and audio-recorded. The grand tour question was open-ended allowing the nurses to begin, progress, and end the story as they chose. Riessman (2010) discusses the natural impulse of people to narrate experiences of life, so subjects were simply asked to tell their story of returning to practice. Following the interviews, transcripts were generated and examined for commonalities, challenges, and learning needs.

Analysis: The interviews were recorded, transcribed, and analyzed for themes. I worked with refresher course instructors, refresher students, interviewed international return to practice instructors, and offered an autobiographical interview alongside the other interviews to validate generalizability and accuracy of themes identified.

Results/Discussion: Nurses returning to practice face challenges on the journey back. Unfamiliarity with technology, difficulty finding work, insecurity, and horizontal violence are a few of these challenges. Nurses who return will often develop empathy towards others, a drive to become the expert in their practice area, and are able to precept others. Returners also report a sense of loyalty toward the employer that took a chance in hiring them which often results in longevity with the organization. Most stay employed in nursing till

retirement (Stevens, 2014).

The loyalty and longevity with the organization makes the returner a good investment of time and resources for organizations. Introduction of the returning nurse to the milieu of a unit may influence improvement in patient-centered care and patient recommendations.

It is important that organizations take steps to ensure nurses are safely returned and satisfied in work. Recommendations are extended technology training and precepting, education of staff, and structuring work environments for aging nurses.

Form Name: SSM Nursing Symposium Abstract
Submission Time: June 6, 2018 7:07 pm
Browser: IE 11.0 / Windows 7
IP Address: 97.42.197.62
Unique ID: 413677949
Location: 37.750999450684, -97.821998596191

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Angie Filipiak

Credentials of lead author BSN 5 North Team Leader

Email Angela.D.Filipiak@ssmhealth.com

Additional Presenter Information Pilger, Joseph-co-researcher, RN BSN 5 NORTH CSN
Sacic, Aldijana-co-researcher RN -BSN

Organization Affiliation-Please select the organization you represent SSM Health St. Clare- Fenton

Title of presentation or poster Doll Therapy for Patients with Dementia

Research submission (3500 characters) Purpose:

To determine if doll therapy can decrease falls in patients with dementia in the hospital setting

Subjects:

Patients with dementia or displaying signs and symptoms of dementia

Method:

observational study and data collection by staff

Analysis

3 month review of data collection and review on patients who were provided a doll during hospitalization compared to prior years data during these months.

Result/Discussion: 0 falls in dementia patients over a 3 month period on a adult medical surgical unit and many other positive results including decrease agitation and restlessness and less behavioral and psychological symptoms of dementia.

Form Name: SSM Nursing Symposium Abstract
Submission Time: June 19, 2018 1:44 pm
Browser: IE 11.0 / Windows 7
IP Address: 67.66.139.10
Unique ID: 416758162
Location: 38.627300262451, -90.197898864746

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Carolyn Odom

Credentials of lead author RN, BSN, CSPI

Email carolyn.odom@ssmhealth.com

Additional Presenter Information Matoushek, Theresa, PharmD, CSPI
Tominack, Rebecca, MD, Medical Director MPC
Weber, Julie, RPh, CSPI, Director MPC

Organization Affiliation-Please select the organization you represent SSM Health Cardinal Glennon Children's Hospital

Title of presentation or poster The impact of an updated nicotine triage guideline on ED referral

**Evidence Based Practice Submission
(3500 characters)**

Aim/Question:

Nicotine is not as potent as we have been led to believe. An editorial in Arch Toxicol (Mayer 2014) traced the origin of purported extreme nicotine toxicity to 1856; it has persisted unchallenged into current day literature. The poison center noted there was no significant toxicity in accidental pediatric nicotine exposure despite the purported 40-60 mg lethal dose. To reflect this reduced risk, we updated our maximum tolerated nicotine dose for home observation from 15 mg total ingestion in the former triage guideline (TG) to 2-3 mg/kg in the updated TG. We evaluated appropriateness and safety by comparing ED referral patterns and outcomes before and after instituting the updated TG.

Synthesis of evidence:

We searched archived Toxicall® records for pediatric (0-5 years) nicotine cases over 12-month periods both before and after instituting the TG update. Multi-substance, non-oral, unknown outcome, and cases already-in-HCF were excluded. We abstracted each case data set to obtain the management site recommended by the SPI based on the TG in effect at the time, the actual management site, and outcome. Triage failure was defined as moderate/severe outcome for a patient triaged to home observation. Data abstractors applied the same TG as did the SPI who triaged the case (audit); then the alternate TG not in effect at the time (cross-triage). We determined odds ratios for ED referral rates under both TG.

Practice Change/Intervention:

After exclusions, there were 330 cases before TG update and 348 after. Of the cases before TG update, 33 (10%) were referred to ED. When the updated TG was applied to these same cases, only 6 (1.8%) warranted ED referral (OR 6, CI 2.5-14.5). Of cases after TG update, 14 (4%) warranted ED referral; while cross-triage using the former TG predicted that 56 (16%) would have been referred to ED (OR 4.5, CI 2.5-8.4).

Outcomes:

Patient safety was equal under both TG (before vs. after TG update): No effect 230 vs. 243 cases, $p = 0.98$; minor 100 vs. 102, $p = 0.78$; moderate 0 vs. 3, $p = 0.26$. There were no major outcomes or triage failures in either data set. When comparing referral patterns before and after TG update, 27 ED referrals would have been avoided had the updated TG been in place; while 42 ED referrals were avoided after instituting the updated TG.

Implication for practice:

Updates to the TG enabled SPIs to observe higher amounts of nicotine at home in young children, thus resulting in fewer ED referrals while maintaining patient safety. Such changes optimize healthcare resource utilization. Regardless of management site, the risk for serious nicotine toxicity in pediatric exposures appears low, thus supporting the assessment that nicotine toxicity has been overstated.

Form Name: SSM Nursing Symposium Abstract
Submission Time: June 26, 2018 3:35 pm
Browser: Mozilla rv:11.0 / Windows
IP Address: 67.66.140.21
Unique ID: 418558635
Location: 38.503200531006, -89.149696350098

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Peg Rightnowar

Credentials of lead author RN

Email peggy.rightnowar2@ssmhealth.com

Additional Presenter Information Jamie Bain, RN
Patricia Emrick, RN BSN

Organization Affiliation-Please select the organization you represent SSM Health Good Samaritan Hospital - Mt. Vernon

Title of presentation or poster Implementing Process Change: Glycemic Management

Quality Improvement Project (3500 characters)

Problem/Reason for action: Insulin not given within appropriate timeframe of obtaining blood glucose results

Current State: Trial completed. Will implement to all units in Southern IL Region during July 2018

Goal State: All sliding scale Insulin given within 30 minutes of obtaining blood glucose level

Gap Analysis:

Solution Approach: RN to obtain accucheck and administer insulin

Test of change/Rapid experiment: Tried on Cardiac Step Unit at GSAM

Completion Plan: Resolve medication administration errors involving insulin

Confirmed State: Since implementation on CSU, goal of 100% for timely administration has been met

Form Name: SSM Nursing Symposium Abstract
Submission Time: June 28, 2018 7:47 pm
Browser: IE 11.0 / Windows 7
IP Address: 67.66.139.10
Unique ID: 419337439
Location: 38.627300262451, -90.197898864746

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Amanda Ruback

Credentials of lead author MSN, RN, CSPI

Email amanda.ruback@ssmhealth.com

Additional Presenter Information Coyne, Tamara, BSN, RN, CSPI
Schmitt, Brittany, BSN, RN, CSPI

Organization Affiliation-Please select the organization you represent SSM Health Cardinal Glennon Children's Hospital

Title of presentation or poster Using the Acetaminophen-Transaminase Multiplication Product to Determine Hepatotoxicity in Acetaminophen Overdoses

**Evidence Based Practice Submission
(3500 characters)**

Aim/Question:

The Missouri Poison Center staff, a multi-disciplinary team of nurses and pharmacists, provides clinical management of inpatient acetaminophen overdoses to hospitals across the state. N-acetylcysteine (NAC) is the antidote for acetaminophen toxicity. Occasionally, this antidote is given for a prolonged course due to potential hepatotoxicity. There are currently no guidelines for the Missouri Poison Center staff to utilize when recommending prolonged treatment of NAC beyond the standard course, so patient management may not be consistent. Staff currently uses clinical judgment to make this determination. Therefore, the development of a standardized protocol would be beneficial. Our research question is: Is the Acetaminophen (APAP)-Transaminase (AT) Multiplication Product a determinant for hepatotoxicity in individuals greater than 13 years old after acute APAP overdose?

Synthesis of evidence:

A literature review was conducted to determine best practice for discontinuation of NAC. The research indicates that the use of the Acetaminophen-Transaminase Multiplication Product will aid in identifying patients who are at risk for hepatotoxicity following the standard course of NAC.

Practice Change/Intervention:

1. Obtain Acetaminophen level and transaminases concurrently around 2 hours prior to scheduled NAC discontinuation.
2. Use these values to calculate the Acetaminophen-Transaminase Multiplication Product (APAP x AT). Use the higher value of either transaminase obtained.
3. Use the APAP-AT Multiplication Product to determine the need of prolonged NAC dosage. If the value is equal to or greater than 1500 mg/L x IU/L, then treatment should be extended. If product is less than 1500 mg/L x IU/L after twenty-one hour course of NAC, then treatment can be discontinued.
4. Update the Missouri Poison Center Toxbrief for acetaminophen overdose management.
5. Educate the Missouri Poison Center staff on updated guidelines.

Outcomes:

Proposed practice change will be presented to the Missouri Poison Center Medical Director and Director.

Implication for practice:

The benefit of adopting this approach would be to provide uniformity in

decision making. This risk prediction tool is simple, easy to use, and readily available.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 3, 2018 11:11 am
Browser: IE 11.0 / Windows 7
IP Address: 204.86.231.10
Unique ID: 420657531
Location: 43.020801544189, -89.360000610352

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter	Jean Edie
Credentials of lead author	RN MSN CWON CFCN
Email	jeanette.edie@ssmhealth.com
Additional Presenter Information	Dr. Cindy Helgesen DNP RN-BC
Organization Affiliation-Please select the organization you represent	SSM Health St Mary's Hospital- Janesville
Title of presentation or poster	Skin Care Initiatives Reduces HAPU

Quality Improvement Project (3500 characters)

Problem/Reason for action: 15 HAPU in the year of 2017 2.21 HAPU per patient days for 2017

Current State 1st quarter of patient days is 0.67

Goal State Zero HAPU

Gap Analysis 1.54 HAPU per patient days

Solution Approach Skin Care initiatives

Test of change/Rapid experiment: Trial skin care products, survey monkey for staff's perception of pressure injuries and skin care products, monthly skin survey, monthly department meetings for staff, weekly Friday Skin Facts educational document, bed fair

Completion Plan: collection of data secondary to implementation of skin care initiatives.

Confirmed State: at present decrease number of HAPU

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 9, 2018 5:01 pm
Browser: Chrome 67.0.3396.99 / Windows 7
IP Address: 71.86.128.226
Unique ID: 422477597
Location: 38.117698669434, -90.397598266602

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Christopher Hemmer

Credentials of lead author DNP, ANP

Email chemmer@slu.edu

Additional Presenter Information This podium power point presentation will address osteoporosis, risk factors, and current treatment recommendations. Treating the T score alone is not adequate with risk factors and previous insufficiency fractures

Organization Affiliation-Please select the organization you represent St. Louis University SON

Title of presentation or poster Osteoporosis and Fragility Fractures

**Evidence Based Practice Submission
(3500 characters)**

Aim/Question: In patients with osteoporosis does medical intervention vs no intervention decrease risk of secondary fracture

Synthesis of evidence: The evidence suggest that many patients are not being treated for osteoporosis post fracture. Some literature suggest only 20 % of the patients with hip fractures have their bone density addressed

Practice Change/Intervention: This discussion hopes to shed light on the numerous risk factors as well as some treatment modalities for patients with osteoporosis. Lastly, the point of treating "T" scores is not acceptable with high risk patients

Outcomes: Those with normal or low bone density can have "T" score in an acceptable range but still fracture

Implication for practice: Decrease primary and secondary fractures with better prevention of further fractures. Identify those patients at risk and discuss treatment or further work up.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 9, 2018 5:24 pm
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.25
Unique ID: 422483706
Location: 38.678398132324, -90.376998901367

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Lynn Lenker

Credentials of lead author MS. ONC, NE-BC, RN-BC

Email lynn.lenker@ssmhealth.com

Organization Affiliation-Please select the organization you represent SSM Health

Title of presentation or poster 140,00,000 Clicks turned in to Time

Quality Improvement Project (3500 characters)

Reason for the action: Part of the system strategic plan was to merge the three instances of the EMR (EPIC) to one. The objectives included fiscal savings, streamlined workflows to create simple elegance, reduce the documentation burden and support for SSM's ongoing development as a system. The clinical users of SSM Health were involved in the development of the single instance in order to have the best evidence, best practices and support a highly reliable organization.

Current State: The three instances of EPIC allowed for a great deal of variation. Through systematic planning, the business case was developed to consolidate the Tri State, St. Louis University, and WI Epic releases to one.

Goal State: We set out to develop one single instance (Simple Elegance) through working with our organizational clinicians. The partnership would develop easier workflows and remove unnecessary workflows that were no longer needed, and update workflows by better evidence. This would involve removing unnecessary clicks, unnecessary scrolling no longer required by physicians, nurses, therapists, nutritionists etc.

Gap Analysis: Workshops were developed to bring users from all ministries to review the workflows of Inpatient, Behavioral Health, OB, Surgery, Ambulatory and Emergency Services.

Solution Approach: The clinically lead workshops utilized the regional ministry process for discussion as well as what was possible in the future with the vendor. There were cases where the work process coming in the future would better benefit the care to the patient and the care giver. Using the organizational value of respect, each ministry workflow was discussed and decisions made. There was agreement there would be change for everyone as the work processes- Not good, Not bad- just change. .

Clicks and scrolling were removed creating the new SSM Health instance of EPIC. The data was captured on a spreadsheet and through a review of the processes and actual patient days, the savings was counted. 140,000,000 clicks of savings.

Test of change: In order to validate the savings made, a before and after test was created. Before the changes were made in the system, the system was reviewed for the nurses' current state of work. Timers were placed in the nurses' workflow to see (before

change) time spent in the record. This created the Nursing Efficiency Assessment tool (NEAT), a tool that is able to record the actual time the nurse spends in documentation. The main finding from the data pull: The average SSM Nurse was spending 155 minutes documenting in the Epic Tri- state instance. The average nurse works 12 hour shifts- (720 minutes); the 155 minute means the nurse spends 21.5% of their time in documentation. This includes flowsheet entry as well as medication

administration. This would be first time there is a measure to understand the actual time being spent documenting. Many articles in nursing literature report nurses' perception of documentation at much at 50% of their time.

The instance was implemented in July of 2017. Allowing for a time for users to regain their standard work, the NEAT tool was again applied to the SSM Health instance to learn more about the 140,000,000 clicks. The average time spent by the SSM RN was 138 minutes! The data on the same population revealed a savings of 17 minutes for each nurse. This reduction means that the nurse is spending 19% of their time in the record. The NEAT allows for analysis of units within the SSM Health instance to see where the time is being spent, allowing us to continually learn and improve.

The completion and confirmed state: Ongoing work continues to bring on SSM St Louis University April 7, 2017 and SSM WI will be added to the SSM Health instance September 22, 2018 allowing for continued learning.

* Bibliography

- * American Nurses Association. Electronic health record. ANA position statement. 2009.
<http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Electronic-Health-Record.html>.
- * Chow M, Hendrich, A et al; A 36 hospital Time and Motion Study: How Do Medical Surgical Nurses Spend Their Time? The Permanente Journal/ Summer Vol 12No 3. P 25-34.
- * Kroning, M. 59 clicks in the EHR: Nursing 2017, Wolters Kluwer Health, Inc. p 1-3.
- * Nelson, R. (2016). Nurses' dissatisfaction with electronic health records remains high. Issues surround data entry, usability, and communication. American Journal of Nursing, 116(11), 18-19.
- * Stokowski LA. Electronic nursing documentation: charting new territory. Medscape. 2013.www.medscape.com/viewarticle/810573_3.

The Office of the National Coordinator for Health Information Technology. Charles D, Gabriel M, Searcy T. Adoption of electronic health record systems among U.S. non-federal acute care hospitals: 2008-2014. ONC Data Brief. 2015;23. <https://www.healthit.gov/sites/default/files/data-brief/2014HospitalAdoptionDataBrief.pdf>

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 10, 2018 12:37 pm
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.13
Unique ID: 422743658
Location: 38.549098968506, -90.319900512695

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Alicia Nichols

Credentials of lead author RN, MSN

Email alicia.nichols@ssmhealth.com

Additional Presenter Information Michelle Romano, RN, MSN
Keri Brooks, RN, BSN

Organization Affiliation-Please select the organization you represent SSM Health Cardinal Glennon Children's Hospital

Title of presentation or poster 6S of Pediatric Supply Rooms to help Improve Efficiency and Reduce Costs

Quality Improvement Project (3500 characters)

Problem/Reason for action: Based on review of inventory and supply cost, the goal of the team is reduce annual expenditure of supplies through the mechanism of improving patient care, employee/end user satisfaction and efficiency.

Current State Approximately \$1 million in supply expenditure; unorganized supply/par/medication rooms leading to nursing inefficiency; under-utilized supplies;

Goal State: To decrease the supply expenditure by 5%; organize (6S) the supply/par/medication rooms; and obtain appropriate supplies and par of supplies; increase efficiency

Gap Analysis

Gap: Overstock of Supplies in Clean Supply Room, Med Rooms and Respiratory Room

Root Cause: No exact system for counting supplies; CD "eyeballs" stock

Gap: Items that are direct buy which may be offered from Central Distribution

Root Cause: Unfamiliarity of what is offered from Central Distribution

Gap: Too many proposals to choose from when ordering supplies

Root Cause Outdated proposals, need to clean up

Gap: Ordering Off-Contract Items

Root Cause: Misunderstanding of what is on-contract, end-user cannot see

Gap: Lack of organization to the PICU store Room

Root Cause: when developed, it did not meet workflow

Gap: Ordering supplies off of paper notes instead of using a proposal

Root Cause: failure to ensure we are using current proposal

Solution Approach

If we: Clean up Supplies and ensure appropriate par levels; then we can increase efficiency of staff and decrease annual expenditure

If we: ask which items we can order from central; then we can increase efficiency of staff and decrease annual expenditure

If we: clean up the proposals; then we will decrease confusion on what items we need to order

If we: include leaders on email notification of ordering off contract items; then we expect to save on supply cost

If we: ensure all ordering is done on SAP proposals; then we expect to have all ordered items updated per conversions and contracts

Test of change/Rapid experiment: 6 S the supply room and medication room (have pictures of before and after)

Completion Plan All items are completed at this time. We are working on sustainment.

Confirmed State: Metrics demonstrate a favorable trend in decreasing

supply cost, catheter cost, and improving efficiency of nurses.

We have a completed A3 for this project.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 10, 2018 1:01 pm
Browser: IE 11.0 / Windows 7
IP Address: 67.66.139.10
Unique ID: 422751444
Location: 38.627300262451, -90.197898864746

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Amy Bohanan

Credentials of lead author RN

Email amy.bohanan@ssmhealth.com

Additional Presenter Information Virginia Schiefer RN, BSN

Organization Affiliation-Please select the organization you represent SSM Health St. Anthony Hospital - Oklahoma City

Title of presentation or poster Journey to Healing Touch

**Evidence Based Practice Submission
(3500 characters)**

Aim/Question:

Can CAM therapies such as Healing Touch, assist in managing pain and anxiety while decreasing the use of opioids and benzodiazepines in an effort to decrease the risk of abuse and dependence.

Synthesis of evidence:

A pilot study is being completed for a period of 6 months. There are focus and control groups and data will be measured based on pain scale ratings and opioid administration.

Practice Change/Intervention:

Staff, to include physicians and nurses, can make an Integrative Medicine referral and the Healing Touch practitioner will assess, treat and document the session.

Outcomes:

The goal of incorporating Healing Touch into services offered at SSM Health St. Anthony Hospital- Oklahoma City, is to achieve a decrease in opioid medication utilization and a decrease in pain scores, with a hope that this can decrease the length of stay.

Implication for practice:

The implications of offering CAM therapies such as Healing Touch to our patients include: decrease in opioid medication utilization; decrease in reports of pain or level of pain on a pain scale; the ability to offer alternatives to pain management through holistic practices and patient satisfaction.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 10, 2018 1:11 pm
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.13
Unique ID: 422754670
Location: 38.549098968506, -90.319900512695

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Jessica Keller

Credentials of lead author MSN, RN, CCRN-K

Email jessica.keller@ssmhealth.com

Additional Presenter Information Alicia Nichols, MSN, RN
Tiffany Moton, BSN, RN
Allison Coppin, BSN, RN
Darcy Essmyer, BSN, RN
Caitlin Swatek, BSN, RN

Organization Affiliation-Please select the organization you represent SSM Health Cardinal Glennon Children's Hospital

Title of presentation or poster Creating a Tiered Orientation Program to Improve New RN Satisfaction and Reduce Turnover in the PICU

**Evidence Based Practice Submission
(3500 characters)**

Aim/Question:

The PICU is experiencing a decrease in satisfaction with the current orientation program. Experienced staff are concerned that new nurses are having trouble with transition to independent practice. Survey results showed new RN satisfaction with orientation is 79% while satisfaction with preceptors is 77%. The PICU orientation program has not been reviewed in recent years and needs to be structured using evidence-based recommendations.

Question: Does a tiered orientation program in the PICU improve new RN satisfaction and decrease first year turnover?

Synthesis of evidence:

The evidence strongly supports a tiered orientation program to gradually onboard new nurses in the pediatric critical care setting versus completing all training during the initial onboarding process. The focus of the first tier is to hone time management, prioritization, and delegation skills. The second tier is designed to focus on the pathophysiology of the disease processes after basic skills are learned. New nurses care for the lower acuity level patients independently before entering tier 2. This allows new nurses to spend time learning the basics before trying to understand the complexities of higher acuity patients. The case studies reviewed demonstrated less time in orientation and higher first year retention rates. Additional evidence supports the blended learning approach utilizing online learning modules to gain knowledge, then case studies and instructor led exercises to apply knowledge to the clinical setting.

Practice Change/Intervention:

A new tiered orientation program was developed using current evidence and case studies from similar pediatric intensive care units in the country. The new program divides orientation into three tiers. The first tier is directed toward lower acuity patients with focus on developing basic skills, such as time management, patient assessments, prioritization, and delegation. Once the new nurse has completed tier one training, he/she will be released from orientation to practice independently for four to six months. Monthly check points with the leader and educator will identify when to begin tier two training. During tier two, the new nurse will complete 4 weeks of orientation with a preceptor. This period is focused on higher acuity patient needs while learning the pathophysiology and clinical reasoning behind the interventions. Once the period is completed, the nurse will return to independent practice for approximately one year until ready for tier three orientation. Tier three is designed for advanced level care for postoperative cardiac patients and the highest acuity level patients. This will consist of six shifts with a preceptor, focused on specific patient populations.

Outcomes:

The new program was implemented in June 2018 and will include ongoing evaluation points to determine its effectiveness in improving satisfaction and decreasing turnover. Additionally, a business proposal was submitted

to purchase the Pediatric Learning Solutions software from the Children's Hospital Association in order to provide a more blended learning approach and additional educational resources.

Implication for practice:

A tiered orientation program allows a new nurse to gradually transition into practice to reduce stress and anxiety while continuing to learn and develop as a nursing professional.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 11, 2018 10:59 am
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.23
Unique ID: 423063698
Location: 38.549098968506, -90.319900512695

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Amy Farr

Credentials of lead author MSN, RN

Email amy.farr@ssmhealth.com

Additional Presenter Information Co-Investigator: Kathryn Bushart BSN, RN
Work Phone: 6364962460
Email: Kathryn.Bushart@ssmhealth.com

Coordinator: Casey Lairmore MBA, RN
Work Phone: 6364963310
Email: casey.m.lairmore@ssmhealth.com

Organization Affiliation-Please select the organization you represent SSM Health St. Clare- Fenton

Title of presentation or poster Personal Arthroplasty Liaison (PAL) Lanyard Program

Research submission (3500 characters) Purpose:

Hospital readmissions can impact patient outcomes, patient experience, and healthcare costs. Prior to the implementation of the PAL program, readmissions of postoperative total joint patients occurred for many reasons. While this cannot be mitigated for every patient or situation, it was felt that creating an environment in which those in this patient population have a designated support person or PAL, could help to improve readmission rates and care coordination. This study aimed to carry out a retrospective chart review of total joint surgery patients from 2017 at St. Clare Hospital to determine if care coordination and readmission rates have improved since adoption of the Personal Arthroplasty Liaison (PAL) Program. The primary objective of this study was to determine if readmission rates decreased in the total joint surgery patient population since implementation of the PAL Program on 2 North at St. Clare Hospital. The study hypothesized that readmission rates will show to have decreased since the adoption of the PAL Program.

Subjects:

Inclusion criteria included patients admitted to SSM Health St. Clare Hospital's orthopedic surgical unit (2 North) during the year of 2017 as DRG 469 (major joint replacement or reattachment of lower extremity with major complication or comorbidity (MCC)) or DRG 470 (major joint replacement or reattachment of lower extremity without MCC). This was a total of 551 patients.

There is no exclusion criteria.

Method:

This was a retrospective chart review of patients admitted to SSM Health St. Clare Hospital's orthopedic surgical unit (2 North) during the year of 2017 as DRG 469 (major joint replacement or reattachment of lower extremity with major complication or comorbidity (MCC)) or DRG 470 (major joint replacement or reattachment of lower extremity without MCC). Data was abstracted from the total joint replacement scorecard and from electronic health records via EPIC.

Data collected included information found on the total joint replacement scorecard as follows: admission date, discharge date, length of stay, DRG, procedure name, discharge disposition, readmission date (if applicable), readmission discharge date (if applicable), readmission diagnosis (if applicable).

Analysis:

The implementation of the Personal Arthroplasty Liaison (PAL) Lanyard Program at SSM Health St. Clare Hospital- Fenton has shown to decrease readmission rates and increase care coordination in the orthopedic patient population.

Results/Discussion:

Since its implementation in May 2017, clinical staff including nurses and therapists have seen an improvement in the care coordination of these

patients and review of Press Ganey Survey results confirm this. Further, readmission rates since implementation show a decrease. With this, the PAL program is seen as beneficial to patient outcomes and recommended to other facilities caring for total joint replacement patients.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 11, 2018 2:40 pm
Browser: Chrome 67.0.3396.99 / Windows 7
IP Address: 67.65.139.250
Unique ID: 423136719
Location: 38.589900970459, -90.346900939941

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Deanna Neubauer

Credentials of lead author RN, BSN Team lead 9 North

Email Deanna.Neubauer@ssmhealth.com

Additional Presenter Information Amanda Fitzpatrick, RN Charge Nurse 9 North and Shared Governance Leadership Council Chair
Emily Hazelton, RN MSN Director 6N/6S Trauma, General Surgery, and Orthopedics

Organization Affiliation-Please select the organization you represent SSM Health St. Louis University Hospital

Title of presentation or poster Bedside Shift Report: Heightening the Patient's Understanding of Their Plan of Care

Quality Improvement Project (3500 characters)

Problem/Reason for action:

To provide safe hand-off of care between shifts and ensure the patient is updated to each shifts plan of care.

Current State

Patients report that they are unaware of their plan of care causing frustration regarding communication from nursing and medical staff

Goal State

Patient is aware of plan of care and is satisfied with the care they are receiving.

Gap Analysis

Noncompliance with shift reporting

Solution Approach

Ensure that true bedside shift report occurs consistently.

Test of change/Rapid experiment

Re-educated RN's on 9 north on bedside shift report with focus on updating white boards, SBAR, patient story, and expectations

Completion Plan

Created a roll-out plan and standard work

Confirmed State

Decreased number of Opportunities for Improvement to 0

At least 89% of patients understand plan of care

At least 82% of patients understand treatment of injury or illness.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 12, 2018 8:42 am
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.19
Unique ID: 423395810
Location: 35.519199371338, -97.445999145508

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Bruce Guyer

Credentials of lead author Registered Nurse

Email Bruce.Guyer@ssmhealth.com

Organization Affiliation-Please select the organization you represent SSM Health St. Anthony Hospital - Oklahoma City

Title of presentation or poster Food Services quality improvement event

Quality Improvement Project (3500 characters)

Problem/Reason for action: The opportunity exists for improvement of the accuracy of filling dietary orders correctly, as well as, the timeliness of delivering corrected orders. In a thirty day period, our unit experienced no less than 350 occurrences of misfilled or missing food items. These occurrences result in frequent calls to Food Services and the delay of meals of more than an hour. When Meal trays are incorrectly filled or missing, it causes work flow disruption, as well as decreased Patient satisfaction. An improved process needs to be developed for inputting correct dietary information and correcting misfilled and missing orders, to minimize workflow disruption and increase patient satisfaction.

Current State: Nurse receive menus from operator Menus are given to MHT to give to client Client fills out menu; choosing between two menu items. Menus are returned to PBX call center. Menus are processed by operator and data is then input into Health Touch program Meal tickets are automatically printed in kitchen at set times and provided to the tray line. Tray line fills order on tray as printed on meal ticket

RN is put on hold while operator confirms ticket and menu items. Operator inputs a new ticket requesting items and sends to print in kitchen. Kitchen supervisor receives new ticket and gives to kitchen staff to prepare.

Goal State

Gap Analysis: Resident Clients are not always given menu (If the client is in therapy or off of the unit at the time.)

Some Residents have difficulty reading and or writing (fill out menus incompletely or order more items than permitted)

The PBX operator must then choose the first item on the list for the Client.

Menu data is incorrectly entered into Health Touch program by PBX personnel.

Tray line crew Misses or places incorrect item on tray.

When ordering an item to be corrected, Kitchen crew does not see new item to be printed and processed.

If a New ticket is printed during the running of the tray line and won't be processed until the end, resulting in time delays of client receiving corrected items.

Roadblocks encountered :

- *Lack of cooperation with MHT to aid clients filling out menus.
- *Delayed service request by operator (debating with RN when requesting)
- *Lack of cooperation from kitchen crew, refusing to prepare requests and debating with RN as to what was delivered.
- *Food items needed from

Solution Approach Designate a MHT to assist Resident Clients filling out menu correctly and that all menus have been collected back.

Operator to contact kitchen directly to inform them of urgent item requests. i.e. supplements or changes to diet orders.

Directly contact Angela, the Clinical Nutrition manager, so that she may personally address with her staff, any issues/discrepancies.

Request that the dietitian personally meet with Clients with special needs (i.e. diabetic, lactose free) to discuss particular menu options.

Test of change/Rapid experiment Within the following two week period, instances of Food Service overall discrepancies reduced from an average of 4.2 per meal service, to 1.64. A decrease of 60.95 %.

Specific Category of missing items, went from a monthly average trend of 180 to 120. A decrease of 33

Completion Plan

Confirmed State We anticipate to continue to work our staff, as well as with Food services, to continue to improve food service to set goal levels.

This will be Verified by the measurable indicators of increased Patient satisfaction.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 12, 2018 10:18 am
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.27
Unique ID: 423430834
Location: 38.678398132324, -90.376998901367

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Robin Gilder

Credentials of lead author BSN RN ONC

Email Robin.Gilder@ssmhealth.com

Additional Presenter Information LeMarr AR, Childress AL, Reedy ME, Morton DJ, Schroer WC

Organization Affiliation-Please select the organization you represent SSM Health DePaul Hospital- St. Louis

Title of presentation or poster A Team Approach for Developing Protocols for Modifiable Risk Factors in Total Joint Replacement Patients

A Team Approach for Developing Protocols for Modifiable Risk Factors in Total Joint Replacement Patients

The purpose of this poster is to educate orthopedic nurses on how a team approach for protocol development to reduce patient risk factors can directly affect patient outcomes after surgery.

Learner Outcome: Implement a team approach to protocol development and implementation for a successful total joint arthroplasty program.

Objectives: To incorporate into practice the identification of modifiable risk factors to improve patient outcomes after total joint arthroplasty.

Practice Gap: Not implementing protocols to prevent risk factors for total joint replacement patients can create sub optimal outcomes due to lack of action and interventions.

Introduction:

Implementation of bundle payment models require increased coordination of patients' care to reduce avoidable complications and decrease readmissions to the hospital. The purpose of this poster is to educate orthopedic nurses on how a team approach for protocol development to reduce patient risk factors can directly affect patient outcomes after surgery.

Methods:

A committee was formed to help develop and implement protocols to increase coordination of patients' care undergoing elective total joint replacement. The committee was created with various specialties in attendance: surgeons, patient care liaisons, case managers, physical therapy, and home health care representation. This committee reviewed the process from the time patient schedules their total joint surgery until the patient is 90 days post-operative.

Throughout this process we developed protocols for implementation of a personal arthroplasty liaison (PAL) program, pre-operative therapy assessment survey, multidisciplinary rounds, case manager pre-operative and post-operative phone calls, and pre-operative assessment meetings. These protocols streamlined and optimized patients prior to surgery, decrease surgery cancellations, decrease admissions to rehabilitation facilities, decrease complications, decrease emergency department visits and decrease hospital readmissions.

Conclusion:

With bundle payment plans becoming more popular in healthcare, utilizing resources for creating and implementing protocols that can optimize patients' outcomes will be needed for a successful outcome for elective total joint programs.

How does your topic relate to orthopedic nursing: It is essential for orthopedic nurses to be familiar with modifiable risk factors and protocols they can implement to create a successful total joint program.

References

1. Medicare Program; Comprehensive Care for Joint Replacement

Payment Model for Acute Care Hospitals Furnishing Lower Extremity Joint Replacement Services. [http://federal register.gov/a/2015-17190](http://federalregister.gov/a/2015-17190)

2. Fournier MN, Hallock J, Mihalko WM. Preoperative optimization of total joint arthroplasty surgical risk: obesity. *J Arthroplasty* 2016;31:1620
3. Golladay GJ, Satpathy J, Jiranek WA. Patient optimization-strategies that work: malnutrition. *J Arthroplasty* 2016;31:1631
4. Pruzansky JS, Bronson MJ, Grelsamer RP, et al. Prevalence of modifiable surgical site infection risk factors in hip and knee joint arthroplasty patients at an urban academic hospital. *J Arthroplasty* 2014;29:272
5. Springer BD. Modifying risk factors for total joint arthroplasty: strategies that work-nicotine. *J Arthroplasty* 2016;31:1628

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 12, 2018 10:49 am
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.27
Unique ID: 423442152
Location: 38.678398132324, -90.376998901367

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Lauren Page

Credentials of lead author BSN RN ONC

Email Lauren.Page@ssmhealth.com

Additional Presenter Information LeMarr AR, Morton DJ, Reedy ME, Gilder R

Organization Affiliation-Please select the organization you represent SSM Health DePaul Hospital- St. Louis

Title of presentation or poster Best Practice for Surgical Fasting Guidelines to Improve Patient Outcomes

Practice Gap: Variance in fasting policies lead to prolonged NPO status.
Detailed Content: Shorter fasting times pre-procedural and pre-surgical are showing many benefits for the patient before, during, and after surgery. Many facilities are still using the outdated nothing by mouth after midnight despite evidence presenting these benefits of shorter fasting times.

Educating medical staff and patients on this topic needs to be a topic of discussion at surgical institutions.

The purpose of this poster is to educate staff on fasting guidelines recommended for surgical patients.

The learner outcome is to create and develop standard policies for safe patient fasting.

Objective: to implement standard protocols for preoperative fasting of surgical patients to improve patient outcomes.

How does your topic relate to Ortho nursing: Best Practice Guidelines for safe patient fasting before surgery to improve patient outcomes.

1. Amer, K. S. (2013). *Quality and safety for transformational nursing: core competencies*. Boston, MA: Pearson.
 2. Carey, S. K., Conchin, S., & Bloomfield-Stone, S. (2015). A qualitative study into the impact of fasting within a large tertiary hospital in Australia - the patients' perspective. *Journal of Clinical Nursing*, 24(13), 1946-1954. doi:10.1111/jocn.12847
 3. Khoyratty, S., Modi, B. N., & Ravichandran, D. (2010). Preoperative starvation in elective general surgery. *Journal of Perioperative Practice*, 20(3), 100-102. Retrieved from <https://login.libproxy.siu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=105145804&site=ehost-live&scope=site>
 4. Kyrtatos, P. G., Constandinou, N., Loizides, S., & Mumtaz, T. (2014). Improved patient education facilitates adherence to preoperative fasting guidelines. *Journal of Perioperative Practice*, 24(10), 228-231. Retrieved from <https://login.libproxy.siu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=107834404&site=ehost-live&scope=site>
 5. Manchikanti, L., Malla, Y., Wargo, B. W., & Fellows, B. (2011). Preoperative fasting before interventional techniques: Is it necessary or evidence-based? *Pain Physician*, 14(5), 459-467. Retrieved from <https://login.libproxy.siu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=104582789&site=ehost-live&scope=site>
 6. Tosun, B., Yava, A., & Açikel, C. (2015). Evaluating the effects of preoperative fasting and fluid limitation. *International Journal of Nursing Practice*, 21(2), 156-165. doi:10.1111/ijn.12239
 7. Yagci, G., Can, M. F., Ozturk, E., Dag, B., Ozgurtas, T., Cosar, A., & Tufan, T. (2008). Effects of preoperative carbohydrate loading on glucose metabolism and gastric contents in patients undergoing moderate surgery: A randomized, controlled trial. *Nutrition*, 24(3), 212-216.
-

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 12, 2018 2:21 pm
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.27
Unique ID: 423513986
Location: 38.678398132324, -90.376998901367

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Megan Dethloff

Credentials of lead author MPH, BSN, RN, CIC

Email megan.dethloff@ssmhealth.com

Organization Affiliation-Please select the organization you represent SSM Health DePaul Hospital- St. Louis

Title of presentation or poster Long-Handled Sponges and Neurosurgery Infections

**Evidence Based Practice Submission
(3500 characters)**

Aim/Question: What is causing an increase in laminectomy and spinal fusion infections?

Synthesis of evidence: Beginning June 2016 and continuing into Q1 of 2017, there was a steady increase in spinal fusion and laminectomy surgical site infections (SSIs). In 2016 there were 5 laminectomy SSIs with an standard infection ratio (SIR) = 2.169 and 6 spinal fusion SSIs with an SIR = 2.280. In Q1 of 2017 there were 2 laminectomy and 3 spinal fusion infections however a SIR could not be calculated because the number predicted was less than 1.

A root cause analysis (RCA) was completed for each patient. Findings were, many of the patients were obese, had type II diabetes, and other co-morbidities. The average length of time between surgery and first signs of infection was 20 days and organisms ranged from gram positive to gram negative.

Numerous factors were explored as to the causative agent. First, environment, operating room 1 (OR) where majority of cases were taking place was thoroughly investigated. Black light reports from environmental services (EVS) were reviewed, air filters that fed the OR were checked, and the room was shut down for extra terminal cleans. No violations were noted in the EVS reports, air filters passed and infections still occurred. Second, surgical dressings, it was found that a mepilex sacral dressing was being used June 2016 - October 2016. It was thought as a possible source for the gram negative infections, however even after discontinuation, infections still occurred. Third, the Infection Preventionist (IP) increased OR rounding and observed some neurology cases. Additional items investigated were surgery staff, immediate flashing of instruments and cases that took place pre or post the infection case were explored; no correlations were found. Concurrently, an interdisciplinary team met at a few different times to discuss and analyze the data.

In March 2017, while reviewing notes in an infection case, an occupational therapy (OT) noted that a long-handled sponge had been given to a patient before discharge. The patient was instructed to use it while bathing at home. Immediately, the Infectious Disease medical director was notified. All infections within that time period were re-reviewed and numerous cases were found to have that notation from OT. Discussions with physical therapy (PT) and OT took place immediately and neurosurgery patients no longer received long-handled sponges upon discharge.

Practice Change/Intervention: After the second week of March 2017, OT discontinued giving neurosurgery patients long handled sponges at discharge.

Outcomes: In 2016 there were 5 laminectomy SSIs with an SIR = 2.169 and 6 spinal fusion SSIs with an SIR = 2.280. Overall for 2017, there were 2 laminectomy SSIs with an SIR = 1.090 and 6 spinal fusion SSIs with an SIR = 2.402. So far through Q1 of 2018 there has only been 1 spinal fusion SSI.

Implication for practice: Identification of the long-handled sponge was a great catch, as it was part of a process thought to help the patient bathe more easily at home. While investigating this cluster of infections it also highlighted patient selection for elective neurological surgeries. Further work is coming with a multi-disciplinary team focused on patient selection and patient optimization before surgery for better outcomes.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 12, 2018 3:59 pm
Browser: Mozilla rv:11.0 / Windows
IP Address: 67.66.140.11
Unique ID: 423549397
Location: 38.549098968506, -90.319900512695

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Heather Branson

Credentials of lead author RN, MSN

Email heather.branson@ssmhealth.com

Additional Presenter Information Jeannie Mollohan, DNP

Organization Affiliation-Please select the organization you represent SSM Health St. Joseph Hospital- St. Charles

Title of presentation or poster Improving the patient experience through empathy training

Research submission (3500 characters) As the patient experience becomes an increase focus around the nation, it is a priority for organizations to create resilient healthcare teams to consistently provide individualized compassionate connected care. Often healthcare teams perceive responsiveness and competency as the biggest satisfier for hospitalized patients, however safety, comfort and being respected and understood as a patient are the priorities according to research. A medical oncology unit struggling with the patient experience, participated in a research study related to empathy training. Empathy is known to have a positive impact on patient care and experience. Research has shown that over time, health care professionals experience a decrease in their ability to demonstrate empathy. The "See Me as a Person" model created by Mary Koloroutis was instrumental in the development of an empathy program. The purpose of the empathy program was to utilize feedback on staff's current approach of their own empathy they exhibit with patients, review techniques to enhance therapeutic relationships at the bedside, and increase the ability for staff to demonstrate empathy. Staff were asked to rate their empathy abilities with the initial mean score for the staff being 81.9 percent. With the feedback from staff self-assessments, the empathy program was designed to explore four empathetic practices of a therapeutic relationship. This involved interactive training utilizing visual, audio, and group discussions for enhanced learning. Following the training, staff were asked to re-evaluate the perception of their empathetic practices. Subsequently, the mean score increased by 11.8 percent to a total of 91.6 percent for staff feeling confident in creating a therapeutic relationship with their patients. From the patient perspective, the department's HCAHPS data was reviewed for overall likelihood to recommend by discharge date through Press Ganey. This too has shown an increase in a composite score from 0.42 to 0.52 (19.2 percent). These results show a positive correlation between developing therapeutic relationships through empathy and increasing patient experience scores.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 12, 2018 4:02 pm
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.13
Unique ID: 423550153
Location: 38.549098968506, -90.319900512695

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Katie Kleekamp

Credentials of lead author RN, BSN

Email Katie.Kleekamp@ssmhealth.com

Additional Presenter Information Kerri Alexander Kerri.Alexander@ssmhealth.com

Organization Affiliation-Please select the organization you represent SSM Health Cardinal Glennon Children's Hospital

Title of presentation or poster Thermoregulation in Transported Neonates

**Evidence Based Practice Submission
(3500 characters)**

Aim/Question:

The neonatal-pediatric transport team at SSM Health Cardinal Glennon Children's Hospital, closely monitors and tracks admission temperatures of neonates transported to the Neonatal Intensive Care Unit (NICU). Thermoregulation data collected between January, 2016 and November, 2017 found that 1,262 neonates were transported to the NICU. Of these, only 82.4% fell within the normothermic range. Therefore, the aim of this evidence based project (EBP) project was to identify and evaluate empiric evidence for maintaining normothermic temperatures in transported neonates.

Synthesis of evidence:

Neonates, especially those who have extremely low birth weights, are more susceptible to hypothermia. This fact is largely attributed to infants' lack of subcutaneous fat, large surface area to body mass ratio, thin permeable skin and limited metabolic response to cold. Germane to this project, neonates outside of the normothermic temperature range (36.5-37.5°C) have increased mortality and morbidities including respiratory distress, hypoxia, necrotizing enterocolitis (NEC), and acute renal failure. Surprisingly, there is a paucity of evidence pertaining to the management of normothermic temperatures in transported neonates. However, a number of reports gleaned from published delivery room sources delineated a varied approach to thermoregulation based on gestational age and pre-warming isolettes.

Practice Change/Intervention:

Based on the extant evidence, a guideline for maintain normothermic temperatures in neonates was developed. This guideline was initiated in January, 2018 and is as follows:(diagram I could not attach in this format)

Outcomes:

Preliminary data collected between January and February, 2018 looks promising. Admission temperatures following neonatal transport improved 4.5%. Data collection and analysis continue. Research designed to identify which specific strategies prevent hypothermia in transported neonates is planned. An application to conduct research will be submitted to the Institutional Review Board at SSM Health.

Implication for practice:

Because hypothermia in neonates is associated with severe adverse sequelae, this EBP project and future research will inform nurses about neonatal hypothermia, its recognition, management, prevention and control. Ultimately, this project has potential to decrease the burden of

hypothermia in neonates.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 12, 2018 11:43 pm
Browser: Chrome 67.0.3396.99 / Windows 8
IP Address: 172.58.142.146
Unique ID: 423650746
Location: 37.750999450684, -97.821998596191

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter RAEED ALANAZI

Credentials of lead author PhD Nursing Student

Email raeed.alanazi@slu.edu

Organization Affiliation-Please select the organization you represent Other: College of Nursing, St. Louis University

Title of presentation or poster A Statement Synthesis of Simulation-Based Learning and Undergraduate Nursing Students' Competency

Research submission (3500 characters) Abstract

Aim: The purpose of this study is to synthesize the relationship between simulation-based learning and undergraduate nursing students' competency.

Background: Nursing educators are required to enhance learners' competency. Therefore, it is imperative to utilize an active learning method to encompass a motivating environment that improves competencies among learners. Nursing educators must integrate the simulation as a teaching method to develop a student-directed learning environment which ultimately evolves students' competencies.

Method: Statement synthesis method guided by Walker and Avant (2011) was used in this research to clarify the interrelated relationship between simulation-based learning and students' competency.

Data Sources: The databases that were used to search the concepts of simulation-based learning and competency include CINAHL, PubMed, SCOPUS, and ERIC.

Result: A total of 20 studies were reviewed to complete this synthesis. A total of eighteen studies have examined the use of simulation based-learning with a variety of nursing students' competencies and provided a positive relationship between the two concepts. However, two studies did not support a positive relationship between the concepts.

Relational Statement: Simulation-based learning is positively directly related to nursing students' competencies.

Implications for Nursing: This paper will guide future nursing research and help nursing faculty to determine what competencies are improved by simulation-based learning, to determine the students' weakness in a particular competency, and to point out how the faculty master their skills to support that competency.

Conclusion: Simulation-based learning has been utilized in nursing education to improve learners' competencies. Simulation-based learning in nursing education is an effective method for improving students' competencies.

Keywords: Simulation-based learning, active learning, nursing teaching, nursing education, learning strategies, student competency, student success, simulation, clinical teaching.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 13, 2018 10:24 am
Browser: Chrome 49.0.2623.112 / Windows Vista
IP Address: 107.202.198.233
Unique ID: 423779577
Location: 37.750999450684, -97.821998596191

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Mary Beth Hutson

Credentials of lead author MSN, CPNP-AC

Email marybeth.hutson@health.slu.edu

Additional Presenter Information Lottchen Wider, PhD, RN

Organization Affiliation-Please select the organization you represent SSM Health Cardinal Glennon Children's Hospital

Title of presentation or poster Delirium in the Pediatric Intensive Care Unit

**Evidence Based Practice Submission
(3500 characters)**

Aim/Question:

Since few pediatric centers, including SSM Health Cardinal Glennon Children's Hospital, routinely screen for delirium in critically ill children, the aim of this EBP project was to identify delirium screens suitable for use in critically ill children.

Synthesis of evidence:

Delirium, defined as a syndrome characterized by the acute onset of cerebral dysfunction with a change in baseline mental status, inattention, disorganized thinking and/or altered level of consciousness, is associated with deleterious effects and poor prognostic outcomes. A recent meta-analysis reported adult patients who develop delirium have: 1) high morbidity and mortality, 2) prolonged intensive care unit and hospital lengths of stay, 3) increased duration of mechanical ventilation and; 4) more frequent admission to skilled-care facilities upon hospital discharge.

Unfortunately, delirium in children has only recently been recognized. A 2017 international prevalence study reported that nearly 25% of critically ill children suffer from delirium. Additional recent studies have shown that pediatric delirium increases Pediatric Intensive Care Unit (PICU) length of stay, duration of mechanical ventilation, and mortality. Moreover, the incidence of delirium nearly doubles after five days of PICU hospitalization. Consequently, Cornell University investigators, who recognized the need to screen for delirium in critically ill children, developed the Cornell Assessment for Pediatric Delirium (CAPD).

Practice Change/Intervention:

In response to the aforementioned evidence, an EBP project was initiated in the PICU at Cardinal Glennon. The purpose of this project was to: 1.) initiate routine delirium screening using the CAPD, 2) establish the prevalence of delirium in the PICU, 3) determine pediatric nurses' knowledge of delirium in critically ill children, and; 4) evaluate how well nurses prevent and initiate treatment of delirium.

Outcomes:

Written permission to use the CAPD was sought and obtained from the Cornell investigators. The CAPD screen was loaded into EPIC and launched the second week of July, 2018.

Because this EBP project was well-suited for research, an Institutional Review Board (IRB) application was submitted and approved by St. Louis University. To date, 69 of the 75 PICU nurses electronically completed delirium education, which included a pre- test and post-test survey designed to ascertain knowledge of delirium in critically ill children. Once this phase of the study was completed, the nurses were trained on how to screen for delirium using the CAPD.

Currently, the analysis of the pre and post-test surveys is underway. Bedside audits designed to determine how well nurses prevent and initiate treatment of delirium will be conducted. Incidence and prevalence rates will

be calculated July 2019, one year following initiation of the CAPD.

Implication for practice:

This EBP project assumed that monitoring for delirium will lead to more rapid management and prevention of adverse sequelae. As a result of this project, a comprehensive delirium assessment and prevention program was implemented in the PICU. This practice change has potential to improve nursing care and foster an evidence-based approach to prevent and manage delirium in critically ill children. Additional research designed to identify best practice for preventing delirium is planned.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 13, 2018 11:41 am
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.13
Unique ID: 423804187
Location: 38.549098968506, -90.319900512695

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Jody Sotiropoulos

Credentials of lead author RN, BSN

Work Phone (618) 978-2311

Email Jody.Sotiropoulos@ssmhealth.com

Additional Presenter Information Degenhardt, Rebecca <Rebecca.Degenhardt@ssmhealth.com>

Lampe, Glorine <Glorine.Lampe@ssmhealth.com>

Organization Affiliation-Please select the organization you represent SSM Health Cardinal Glennon Children's Hospital

Title of presentation or poster High-quality Handoff: An Organized Transport Approach

**Evidence Based Practice Submission
(3500 characters)**

Aim/Question:

Communication failures during hand-offs are particularly problematic in pediatric. In fact, recent research suggests such failures contribute to patient and family physical, financial and psychosocial costs. Therefore, the aim of this EBP project was to standardize hand-offs for children and neonates transported to SSM Health Cardinal Glennon Children's Hospital.

Synthesis of evidence:

Pediatric and neonatal patients present unique challenges. For instance, research suggests they often have complex medical histories, care provided by numerous specialties from multiple institutions and/or adult care clinicians that may be unfamiliar with the nuances of pediatric care. In the event that these children and neonates require transfer to pediatric centers, high quality hand-offs are imperative to their safety and well-being.

A considerable body of evidence exists on hand-off strategies including checklists, standardized forms and mnemonics including SBAR and I-Pass (illness severity, patient summary, action list, situation awareness/contingency plans, and synthesis). More recently, the Joint Commission issued a Sentinel Event Alert delineating seven aspects of a high-quality hand-off. These include:

- 1.) Demonstrate leadership's commitment to successful hand-offs
- 2.) Standardize written and verbal content to be communicated during a handoff. Standardize hand-off tools and methods
- 3.) Conduct face-to-face hand-off communication and sign-outs between senders and receivers in locations free from interruptions, and include multidisciplinary team members and the patient and family, as appropriate
- 4.) Standardize training on how to conduct a successful hand-off
- 5.) Use electronic health record capabilities and other technologies to enhance hand-offs
- 6.) Monitor the success of interventions to improve hand-off communication
- 7.) Make high-quality hand-offs a cultural priority

Using these seven aspects, two age specific standardized forms were created by transport nurses.

Practice Change/Intervention

The Pediatric and Neonatal Transport Handoff Forms are based on SBAR. However, since many neonatal care decisions are heavily influenced by the antenatal/postpartum history, the neonatal form was modified to communicate this vital information first.

The transport team was trained on the newly adopted hand-off procedures and the EHR was amended to include the handoff forms. The forms and hand-off procedures were reviewed by the Pediatric Practice Council and have been in use for two years.

Outcomes:

Since implementation, success of the hand-off improvements has been monitored anecdotally. The transport team has noted improvement in hand-off satisfaction as reported by receiving caregivers. A research study designed to determine hand-off effectiveness is planned. Measures include: 1.) the use of simulation and debriefing using the pediatric and neonatal forms and the Hand-Off CEX instrument, 2.) structured peer evaluations, and 3.) surveys designed to identify barriers to effective hand-offs. The Hand-Off CEX is an instrument that evaluates hand-off communication.

Implication for practice:

Although several components of a hand-off can be generalized, many experts believe hand-off formats should be tailored to discipline and setting. This project created hand-off forms specific to children and infants transported to Cardinal Glennon. These tailored hand-off protocols have potential to mitigate error and improve pediatric

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 13, 2018 12:07 pm
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.28
Unique ID: 423812337
Location: 38.549098968506, -90.319900512695

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Lisa Roth

Credentials of lead author APRN NNP BSN

Email lisaroth@charter.net

Organization Affiliation-Please select the organization you represent SSM Health Cardinal Glennon Children's Hospital

Title of presentation or poster Practices to Reduce Unintended Extubation in the NICU

**Evidence Based Practice Submission
(3500 characters)**

Aim/Question:

The aim of this initiative was twofold: 1.) To identify and implement best practice strategies designed to prevent unintended extubation (UIE) in mechanically ventilated infants and 2.) to reduce the incidence of UIE among ventilated infants in the neonatal intensive care unit (NICU) at SSM Health Cardinal Glennon Children's Hospital.

This evidence based project was undertaken for several reasons. First, UIEs place infants at risk for airway injury, chronic lung disease, developmental deficits, retinopathy, hemodynamic instability, pneumonia, and death. Due to the severity of the risks, the Children's Hospitals' Solutions for Patient Safety (SPS) now tracks national rates of UIE. Second, the NICU rate of UIE surpassed the SPS national limit. Hence, this project was warranted.

Synthesis of evidence:

A large body of literature suggests providing safe and effective care for intubated infants is a challenge since significant skill and expertise are necessary to avoid UIE while repositioning, moving, and suctioning infants. Yet, there is no published evidence that suggests there is one superior endotracheal tube securement device, type of tape, or taping method that decrease the incidence of UIE. There is, however, significant evidence that shows written ETT policies and staff education reduce UIE rates.

Practice Change/Intervention:

The practice change focused on education staff and clarifying the NICU's ETT policy. All NICU nurses were instructed on the adverse effects of UIE and the importance of hourly assessment and documentation of ETT position and tape integrity. Laminated cards with a quick view reminder of ETT position were attached to the beds of all intubated infants. The ETT policy requires that two licensed personnel assist with weighing, moving, and repositioning infants. For two months, reminders of this policy were placed in the NICU weekly newsletter, a publication that is widely read by staff.

Outcomes:

Historically, retaping ETTs, weighing, repositioning, and moving intubated infants was frequently accomplished by one nurse or respiratory therapist. Post intervention, bedside audits showed that "two-man" handling occurred 82% of the time. moreover, the rate for UIE went from 4.25 per 100 patient ventilator days to 2.46, a 42.1% decrease in UIE. UIE rates continue to be tracked and reported to Children's Hospitals' Solutions for Patient Safety.

Implication for practice:

The care of ventilated infants involves grave risk. This initiative provided clear strategies for reducing risk and fostering excellence in care. Using evidence, nurses can define best practice, monitor quality indicators, minimize risk, and reduce the adverse swquelae associated with UIE.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 13, 2018 12:35 pm
Browser: IE 11.0 / Windows 7
IP Address: 207.119.221.216
Unique ID: 423820650
Location: 38.790000915527, -90.85489654541

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Emilie Woodmansee

Credentials of lead author RN BSN

Email emilie.woodmansee@ssmhealth.com

Additional Presenter Information Hall, Sarah (RN)

Organization Affiliation-Please select the organization you represent SSM Health St. Joseph Hospital - Lake St Louis
SSM Health St. Mary's Hospital- St. Louis

Title of presentation or poster The Utilization of a Standardized Nurse Handoff Tool to Improve Patient Outcomes: An Evidence Based Review

**Evidence Based Practice Submission
(3500 characters)**

Aim/Question: Effective communication, especially at times of handoff, is essential for patient safety and quality nursing care. Although this is a well-known fact in the healthcare community, the challenge lies in developing and validating a standardized tool for use in ensuring appropriate handoff is occurring. The aim of this evidence based review was to evaluate how the use of a standardized nurse-handoff tool improves patient outcomes, in the acute care setting.

Synthesis of evidence: In preparation for this evidence based review, an appraisal of the evidence was completed. The standardization of handoffs has been identified as best practice in healthcare. Unfortunately, at this time, there is not just one validated tool for handoff communication, but rather numerous methods and tools utilized for acute care handoff. Overall, the evidence demonstrated a positive correlation between effective handoff communication and patient outcomes.

Practice Change/Intervention: Ideally, the implementation of a standardized handoff tool will be trialed in various departments within the acute care setting at SSM Health. During this process, patient outcomes and staff perception of communication will be closely monitored and evaluated.

Outcomes: Although we do not have outcome data at this time, our hope is to implement a standardized handoff tool in the acute care setting and evaluate the impact on patient outcomes and satisfaction.

Implication for practice: Ineffective handoffs can pose risks to patient safety. Ideally, the standardization of a handoff tool would increase the quality of care provided to patients, improve the communication amongst caregivers, increase patient safety, and improve patient and nurse satisfaction.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 13, 2018 4:35 pm
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.11
Unique ID: 423889527
Location: 38.549098968506, -90.319900512695

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Lauren Fagan

Credentials of lead author MSN, RN, NE-BC

Email lauren.fagan@ssmhealth.com

Additional Presenter Information Jennifer Massey MSN, RN
Rebecca Teal MSN, RN

Organization Affiliation-Please select the organization you represent SSM Health St. Joseph Hospital- St. Charles

Title of presentation or poster Utilization of MDI at shift briefing to improve quality & financial metrics through accountability and ownership

Quality Improvement Project (3500 characters)

Problem/Reason for action: Moving and sustaining quality and financial metrics can be a challenge. Engaging frontline staff in process improvement is step one. Continuing to engage them in a new process through daily accountability is what can lead to sustained outcomes and staff buy in.

Current State: The roll-out of new processes were not yielding desired or sustained outcomes.

Goal State: A daily interactive process that engages staff through peer-to-peer accountability to implement and sustain improvements that will in turn optimize outcomes.

Gap Analysis: If we involve the frontline staff utilizing a process that Monitors for Daily Improvement (MDI), then we will engage them in positively impacting focused metrics that improve overall Quality, Safety, and Financial outcomes.

Solution Approach: Interactive utilization from the frontline staff of the MDI board at shift briefings with a focus on improving metrics.

Test of change/Rapid experiment: Develop a standardized approach to engage the teams during the shift briefing to report out adherence to new processes, record compliance, and document root cause for any outliers.

Completion Plan: We worked with the frontline staff to establish measurable metrics that would engage both shifts and all employees. A large bulletin board/dry erase board was hung for dedicated use of the key shift briefing topics, and daily data collection. We established a flow for information sharing during shift briefing and reviewed with our CSNs, and had them demonstrate understanding. Continuous feedback and videotaping the expected best practice lead to a consistent and successful process for monitoring daily metrics on our MDI boards.

Confirmed State: By consistently monitoring new processes every shift, we have been able to move metrics for quality/safety, and financial outcomes. Since the implementation of the Turn Team on the 6th floor utilizing the MDI process, HAPIs have decreased from 4 in Q1 to 0 in Q2 of 2018. The use of the MDI process directly correlates with the improved outcome. Staff are signing up for a "turn team slot" at shift briefing and reporting to their peers at the end of their shift if they were able to complete their "turn". The implementation of the Turn/Rounding Teams has also led to improved patient experience and a 63% reduction in falls due to frequent rounding and attention to patient needs. The MDI process was also utilized to track validation of teamwork on getting everyone to a full 30 minute lunch on their shift. Self-care is an important factor in being able to care for others, especially on a twelve hour shift, making this break imperative for frontline staff. We were able to demonstrate an 82% reduction in missed or short lunches on the 5th floor, a monthly savings of \$2,782 (annualized to

\$33,384) and a 70% reduction on the 6th floor, a monthly savings of \$1,781 (annualized \$21,372). We will continue to change the focus of the MDI board, and adjust it to monitor leading metrics that support overall safety and quality outcomes that we struggle with on the unit.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 13, 2018 8:00 pm
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.10
Unique ID: 423928917
Location: 38.549098968506, -90.319900512695

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Rebecca Boedeker

Credentials of lead author MSN, RN, IBCLC

Email becky.boedeker@ssmhealth.com

Organization Affiliation-Please select the organization you represent SSM Health St. Mary's Hospital- St. Louis

Title of presentation or poster Optimizing the Involvement of Women with Opioid Use Disorder in the Care of Their Infants Experiencing Neonatal Abstinence Syndrome

**Evidence Based Practice Submission
(3500 characters)**

Aim/Question:

In neonates experiencing NAS, how does a maternal preparation/education/ support intervention, compared to current procedures affect the consistency of mothers rooming-in and breastfeeding to treat NAS in the first 5-7 days, as measured by whether the mother rooms-in with her baby, the percentage of babies who receive their mother's milk, and the length of hospital stay for the baby?

Synthesis of evidence:

The incidence of opioid use disorder (OUD) in the United States has grown to epidemic proportions

The prevalence of OUD in pregnant women increased by 127% from 1998 to 2011 (Maeda, Bateman, Clancy, Creanga, and Leffert, 2014).

Current research indicates maximizing non-pharmacologic, supportive management decreases NICU admissions, the length of stay, and the severity of NAS (Grossman et al, 2017).

Breastfeeding and rooming-in are simple, non-pharmacologic measures that improve immediate outcomes for babies, but also set the stage for improving longer-term outcomes by enhancing the relationship and strengthening the bond between parents and their babies

Parents need to be informed in advance of the significant role they are expected to play during the first 5-7 days after birth, requiring a longer stay in the hospital. Without the active participation of the parents, neither of these interventions can be employed.

Practice Change/Intervention:

The delivery of a prenatal consult designed to educate, motivate, and prepare mothers with OUD to participate in the nonpharmacologic care of their newborns.

Outcomes:

There was clinical improvement noted in each category, but the relationship with the consult did not reach statistical significance.

Implication for practice:

Future study should focus on the refinement of practices which support mother/family-centered, non-pharmacologic measures to treat infants at risk for NAS, and specialty prenatal care options.

Research is needed to follow more long-term outcomes for these families.

This would include associating the delivery of family-centered, nonpharmacologic care with the outcomes of :

Child development and behavior
Breastfeeding rates and duration
Quality of mother-infant bonding
Family stability
Yes, I understand

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 14, 2018 1:42 pm
Browser: Chrome 67.0.3396.99 / Windows
IP Address: 97.87.185.203
Unique ID: 424086030
Location: 38.581699371338, -90.294998168945

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Anne Thatcher

Credentials of lead author DNP, MSW, APRN, PMHNP-BC, LMSW

Email anne.thatcher@slu.edu

Additional Presenter Information Instructor for the Saint Louis University School of Nursing.

Organization Affiliation-Please select the organization you represent St. Louis University SON

Title of presentation or poster Evaluation of a Youth Emergency Room Enhancement Program for Behavioral Health

Research submission (3500 characters) Purpose: Pediatric mental health complaints and subsequent hospitalizations have been steadily increasing. The Behavioral Health Network (BHN) developed an intensive outreach case management program aimed at reducing youth mental health emergency department (ED) visits and inpatient psychiatric admissions. The Youth Emergency Room Enhancement (YERE) program is intended to reduce the number of ED and inpatient psychiatric admissions for high risk, difficult to engage youth with mental health concerns by identify and reducing barriers and streamlining access to traditional community mental health care.

Subjects: A convenience sample of 6-20 year olds enrolled in the YERE Program who were referred by one of eight identified referral sources including EDs and inpatient psychiatric units in the seven county region of Eastern Missouri.

Method: A Plan-Do-Study-Act (PDSA) method utilizing a retrospective case record review occurred over a six-month period. Outcome evaluation of the YERE Program was conducted to assess efficacy of pilot year implementation. Data was collected on participants at for the three month period prior to enrollment in the YERE Program as well as three months post enrollment in the YERE Program.

Analysis: Frequencies, paired t-tests, Wilcoxon signed rank tests, and a multiple linear regression analysis were conducted on data collected in this retrospective case record review.

Results/Discussion: Twenty-four subjects (N=24) were enrolled and had reached three months post-YERE enrollment, and the three most common diagnoses were Major Depressive Disorder (45.8%, n = 11), Attention Deficit Hyperactivity Disorder (37.5%, n = 9), and Post-Traumatic Stress Disorder (25%, n = 6). The pre-YERE rate of ED and inpatient admissions was 2.96, which decreased to 2.00 post-YERE. In addition, the number of ED visits decreased by 42.55% and inpatient psychiatric admissions decreased by 12.5% at three months post-YERE enrollment. Those with Medicaid (71%) were more likely to be enrolled in the program. Zip code was found to be a predictor of admissions post-YERE enrollment ($p < .001$).

Overall, the results of this outcome evaluation of the pilot year of the YERE Program indicated the program may be successful at reducing ED and inpatient psychiatric admissions. Additionally, future analysis of the outcome data with a larger sample size with the use of a multiple regression analysis is recommended to identify other factors besides zip code which may be predictive of ED use and inpatient psychiatric admissions post-YERE enrollment. Use of zip codes could help the YERE Program better serve those participants living in geographic areas with considerations for additional social determinants of health factors creating additional barriers in accessing mental health care. Programs such as YERE may enhance the care delivered to youth with mental health care

needs and prevent severe disease as they become adults.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 14, 2018 4:06 pm
Browser: Mozilla rv:11.0 / Windows
IP Address: 67.65.139.250
Unique ID: 424109843
Location: 38.589900970459, -90.346900939941

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Haley Strebler

Credentials of lead author RN

Email haley.strebler@ssmhealth.com

Additional Presenter Information Jennifer Carlson RN

Jennifer.carlson@ssmhealth.com

Organization Affiliation-Please select the organization you represent SSMHealth St. Louis University Hospital

Title of presentation or poster Team Rounding

**Evidence Based Practice Submission
(3500 characters)**

Aim/Question: The aim of Team Rounding is to work together as a unit to purposefully round on patients every two hours, while attending to patient's needs. It is anticipated it will lead to higher patient satisfaction scores, and lower rates of call lights and falls. Another benefit will be a more productive staff, due to the extra time saved with the "team" approach.

Synthesis of evidence: Rounding on patients is a necessary and important component of nursing and care partner practice. Adding the team component to a previously independent activity should create a more efficient and purposeful practice. This project is based on a similar successful group rounding practices conducted at other hospitals.

Practice Change/Intervention: Previously, each RN and/or Care Partner was responsible for rounding on patients in his/her assignment every two hours. With Team Rounding, two employees (RN/Care Partner (CP), RN/RN or CP/CP), round on every patient on the entire floor at designated intervals bringing a cart, which is stocked in anticipation of common patient needs (blankets, water, ice, urinals etc). Daily care documentation is conducted in real time by one of the employees who is rounding. Each RN is responsible for one interval of rounding during a 12-hour shift.

Outcomes: After rolling out the program in one test-unit, 5-North, in June, there has been a decrease in call-lights and bed alarms (15% and 22% respectively). The goal will be a 30% decrease in both call lights and bed alarms. Data will continue to be collected to determine effectiveness of this program, and an employee survey is being conducted to gauge employee satisfaction with the program. Once the program becomes the standard on 5-North, and data can be collected, it will be implemented throughout the rest of the hospital.

Implication for practice: Once the program is rolled out hospital-wide and becomes standard practice, we should see an improvement in customer satisfaction scores as our purposeful team rounding increases the level of care that we're providing to our patients. Employee satisfaction should also improve as each unit runs more efficiently and effectively.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 15, 2018 3:44 pm
Browser: Mozilla rv:11.0 / Windows
IP Address: 107.197.209.2
Unique ID: 424322277
Location: 38.802200317383, -90.626998901367

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter	Karen Goessling
Credentials of lead author	BSN, MS, SCRN, RN
Email	karen.goessling@ssmhealth.com
Additional Presenter Information	Moore, Beth MSN, RN Regional Manager Education STL- Women Service Services Valencia Smith, BSN, RN - NIC
Organization Affiliation-Please select the organization you represent	Other: SSM Health Innovation and Learning Clinical Education STL
Title of presentation or poster	"On Boarding Experienced Registered Nurses"

**Evidence Based Practice Submission
(3500 characters)**

Aim/Question: There is no empiric evidence identifying one superior process for onboarding experienced nurses. Rather, the evidence delineates several onboarding strategies including simulation, team-based learning exercises, computer-based training, self-report assessment of competency, written and verbal examinations, skill validation and preceptor appraisal.

Nurse onboarding is costly. The costs may be attributed to how nurses are oriented to the SSM system. Currently all SSM nurses, regardless of experience, are on-boarded in the same way. Furthermore, anecdotal data gleaned from experienced nurses who were recently hired by SSM Health institutions suggest experienced nurses should be oriented independent of inexperienced nurses. Therefore, the following questions were posed: 1.) Are there strategies better suited for onboarding experienced nurses and 2.) How is clinical competence assessed in the experienced nurse?

Synthesis of evidence:

Data Source: CINHALL, PubMed, ERIC, Clinical Key

Search Terms: Experienced nurse, competence, onboarding, instruments, tool, critical thinking, clinical reasoning, knowledge, assessment, scale, evaluation tool, orientation of experienced nurse, expertise

Initially, 36 articles and 2 books were retrieved. Of these, 19 manuscripts were included in the analysis.

Practice Change/Intervention: The development of service line specific competencies and curricula using the Objective Structure Clinical Evaluation (OSCE) guidelines to assess an experienced nurse's competency with clinical skills in a controlled environment.

Based on the OSCE guidelines, endorsed by the National Institute of Health (NIH), the development of specialty specific competencies and curricula are recommended to onboard seasoned nurses.

Implication for practice: Improved on boarding strategies for experienced Registered Nurses.

Risks

The benefits associated with programs designed to onboard seasoned nurses outweigh the risks associated with onboarding all nurses in a similar/identical manner.

Outcome

A study designed to evaluate the success of this initiative is under development. Measures will include participant knowledge, skill, satisfaction, retention and program costs.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 16, 2018 12:17 pm
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.13
Unique ID: 424591798
Location: 38.549098968506, -90.319900512695

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Rachel Vogler

Credentials of lead author BSN, RN, CPN

Email Rachel.Vogler@ssmhealth.com

Additional Presenter Information Jennifer Cunningham, BSN, RN
Kaitlyn Stumpe, BSN, RN

Organization Affiliation-Please select the organization you represent SSM Health Cardinal Glennon Children's Hospital

Title of presentation or poster Managing Prolonged Seizures in Hospitalized Children

Evidence Based Practice Submission (3500 characters) ~~Aim/Question: Among hospitalized children with prolonged convulsive seizures, does implementing seizure protocols decrease time to first treatment and increase nurse comfort?~~

Practice Change/Intervention Recommendation: Education, Implementation of Seizure Action Plan/Protocol

Outcomes: Currently submitting EBP project as a research study

Implication for practice: Increase effectiveness and timeliness of intervention for prolonged convulsive seizures

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 17, 2018 9:35 am
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.31
Unique ID: 424912186
Location: 43.133098602295, -89.349098205566

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter XChristina Mignon

Credentials of lead author MSN, RN

Email christina.mignon@ssmhealth.com

Additional Presenter Information Donnell, Sarah, MSN, RN, FNP-BC

Organization Affiliation-Please select the organization you represent SSM Health St. Mary's Hospital- Madison

Title of presentation or poster The Dynamic Appraisal of Situational Aggression: A Validation Study in a Medical-Surgical Population

Research submission (3500 characters) Purpose: The purpose of this research study was to evaluate the predictive validity of the Dynamic Appraisal of Situational Aggression (DASA) Tool in a medical-surgical patient population. In 2017 a team of nurse researchers at SSM Health St. Mary's - Madison (SMH-Madison) evaluated the predictive validity of the DASA in a behavioral health population. In recent times violence against health care workers has drawn national attention with the release of the April 2018 Joint Commission Sentinel Event Alert outlining the scope of the problem, and the release by the World Health Organization of guidelines for addressing health sector workplace violence. There is broad interest within SSM Health for identifying a tool that can assist in identifying which patients are most likely to become aggressive, allowing for earlier intervention and de-escalation. Nurse researchers at SMH-Madison decided to conduct a study to evaluate the predictive validity of the DASA in a non-behavioral health population. The study was approved by the St. Mary's Hospital IRB.

Subjects: Patients admitted to 8SW (a medical-surgical unit at SMH-Madison) in April and May of 2018.

Method: The DASA, a 7-item questionnaire rating behavior, was completed daily on every patient admitted to 8SW. Scores from the risk assessment and information about instances of aggression in the following 24 hours were documented. For the purpose of this study, aggression is defined as physical aggression against objects (slamming doors, throwing objects, kicking objects, breaking objects), verbal aggression against people (shouting, insulting, cursing, using foul language, making threats of violence), and/or physical aggression against people (threatening gestures, swinging at people, grabbing at clothes, striking, kicking, pushing, pulling hair, or attacking others).

Analysis: Receiver Operator Characteristic (ROC) Curve, a useful test for evaluating the diagnostic accuracy of a test, was chosen to analyze the data. The ROC Curve shows the tradeoff between sensitivity and specificity. The Area Under the Curve (AUC) is a single index for measuring the performance of a test. An AUC of 1 represents a perfect test, .9-.99 represents an excellent test, .8-.89 represents a good test, while an AUC of .5 indicates that the predictor is no better than chance. Data were entered into IBM SPSS (version 23). The screening measure is the DASA score and the outcome measure is set up as a dichotomous variable of "no aggression = 0" and "aggression = 1". In other words, for the purposes of this study the positive actual state is aggression.

Results/Discussion: Data analysis is ongoing at this time and results will

be available prior to September 2018. SSM Health is interested in the possibility of using the DASA in non-behavioral health settings if it can be validated for those populations. If this study demonstrates that the DASA lacks predictive validity in non-behavioral health settings SSM Health can search for other validated tools that can help predict aggression and lead to safer work environments. The results of this study, whether the DASA is validated or not, will answer a question of great import for SSM Health.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 17, 2018 11:08 am
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.25
Unique ID: 424947077
Location: 38.678398132324, -90.376998901367

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Hodges Sandra

Credentials of lead author AD, RN

Email Sandra.Hodges@ssmhealth.com

Additional Presenter Information Charge nurse of intensive care unit and process owner of this initiative.

Organization Affiliation-Please select the organization you represent SSM Health St. Anthony Hospital - Oklahoma City

Title of presentation or poster Use of a Unit Level Daily Management Board and Focused Multidisciplinary Rounding to Reduce Risk of Healthcare Associated Infections

Quality Improvement Project (3500 characters)

Problem/Reason for action:

Between 15 - 25% of hospitalized patients have urinary catheters during their hospital stay. Prolonged and inappropriate use of this device is the most important risk factor for developing a catheter associated urinary tract infection (CAUTI). Each day the indwelling catheter remains, a patient has a 3%-10% increased risk of acquiring a CAUTI. While this seemingly basic and routine device is part of routine patient care in some instances, it comes with risk of infection, increased health care costs and potential hospital financial penalties by not achieving national quality goals. An intensive care unit (ICU) charge nurse and hospital infection preventionist (IP) at one large healthcare ministry recognized opportunities existed to not only focus reducing urinary catheter days but on sustaining evidence based practices to mitigate the risk of infection.

Current State

ICU data for 2017 showed a mean CAUTI infection rate of 1.06 per 1,000 device days with a standardized infection ratio (SIR) of 1.10. This is above the SIR national goal of 0.822. Utilizing device day benchmarking data within the National Healthcare Safety Network (NHSN) database, the standardized utilization ratio (SUR) of this ICU is 0.91 - 0.99 which is at the 45th percentile. The lower, the better. A goal SUR at the 25th percentile has been adopted across this healthcare system and will be the internal benchmark moving forward.

Goal State

National quality goals for hospital acquired conditions will continue with a trajectory moving towards zero. For 2018, national quality benchmarks set a CAUTI standardized infection ratio threshold at 0.828 which also translates to a rate of 0.759 per 1,000 device days. Achieving a standardized utilization ratio (SUR) at the 25th percentile will reduce a primary CAUTI risk factor.

Gap Analysis

National benchmarking data indicates the number of CAUTI infections in this ICU are higher than predicted and a 10 - 20% catheter day reduction can be achieved based on internal benchmarking data. Focused multidisciplinary rounds, standardized shift report, accountability for sustaining evidence based practice, and use of lean methods were all thought to be success factors that, if put into place, would make CAUTI reduction efforts successful.

Solution Approach

In March of 2018, the charge nurse of this ICU implemented an MDI (managing for daily improvement) board, a visual management approach that includes key metrics for all team members. Unique to the approach is the inclusion of outcome metrics, process metrics, and balancing metrics coupled with MDI multidisciplinary rounds. Key conversations occur and accountability to practice is built into the process.

Test of change/Rapid experiment

Visual cues include outcome metrics which state what the goal is, process metrics include evidence based nursing care interventions that if performed consistently will mitigate risk of infection and a balancing metric which monitors the inadvertent consequence of an intervention. The MDI board

also includes an audit component which monitors sustainability.

Completion Plan

This approach was implemented in March of 2018. Key to the completion plan was clear ownership and a multidisciplinary approach. Measurable goals and metrics were agreed upon and clearly stated and part of focused rounding.

Confirmed State

This approach has become part of standard work on this unit and incorporated into daily work.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 17, 2018 1:39 pm
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.31
Unique ID: 425002973
Location: 43.133098602295, -89.349098205566

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Marlow Tiosejo

Credentials of lead author BSN, RN, CNRN

Email marlow.tiosejo@ssmhealth.com

Additional Presenter Information Jo Goffinet MSN, RN, CMSRN

Organization Affiliation-Please select the organization you represent SSM Health St. Mary's Hospital- Madison

Title of presentation or poster An Intervention to Prevent Bullying and Incivility in Healthcare Sett

Evidence Based Practice Submission (3500 characters)

Aim/Question: This is a 2-part evidence-based practice initiative designed to: 1) increase awareness of, and knowledge about, the incidence of bullying and incivility in health care delivery settings in general, and 7SW (an inpatient neurosciences unit at St. Mary's - Madison); and 2) provide evidence-based strategies for decreasing the incidence of bullying and incivility. The PICO question for part 1 is: Will the provision of a formalized curriculum to the staff of 7SW result in an increase in staff knowledge about, and ability to recognize, bullying and incivility occurring on the unit. This abstract is limited to part 1 of the initiative.

Synthesis of evidence: According to the American Nurses Association 18-31% of nurses report being targets of bullying behavior at all levels of practice. The Joint Commission reports that nurses tend to accept nurse-on-nurse bullying as part of the job, particularly the new or novice nurse. According to OSHA reports, over 50% of RNs and nursing students reported experiencing verbal abuse in the prior 12-month period. Bullying can lead to physical and emotional distress, burnout, and absenteeism. More importantly, bullying and incivility erodes teamwork and can result in medical errors, failure to rescue, and preventable adverse outcomes. Finally, evidence suggests that combatting bullying requires a multi-tiered approach over time.

Practice Change/Intervention: In Quarter 4, 2017 7SW staff members were surveyed regarding the incidence and types of bullying and incivility behaviors experienced and/or witnessed on their unit. In addition, a pre-education knowledge assessment was conducted. In July 2018 a formalized curriculum will be delivered to staff and a post-education knowledge assessment will be completed. Strategies for decreasing bullying and incivility will be delivered to staff during part 2. In addition, ongoing surveys regarding the incidence and types of bullying and incivility will be conducted.

Outcomes: This is a mid-cycle report of a multi-year evidence-based practice project. The poster will provide information about the scope of bullying behaviors experienced on a single neuroscience nursing unit. In addition, pre- and post-education data will be provided.

Implication for practice: Available evidence suggests that changing the health care workplace to one of zero tolerance for bullying and incivility will lead to increases in patient safety and quality of care, support retention of new and tenured staff, reduce burnout, promote the physical and psychological health of all employees.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 17, 2018 2:26 pm
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.31
Unique ID: 425019653
Location: 43.133098602295, -89.349098205566

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Nancy Patrick

Credentials of lead author MSN, RNC-OB, C-EFM

Email nancy.patrick@ssmhealth.com

Additional Presenter Information Kami Boschke BSN, RNC,OB
Robbie Sonnentag BSN, MSOLQ

Organization Affiliation-Please select the organization you represent SSM Health St. Mary's Hospital- Madison

Title of presentation or poster Neonatal Drug Screening From an Umbilical Cord Segment

Quality Improvement Project (3500 characters)

Problem/Reason for action: The United States is experiencing an opioid use epidemic and no patient population is immune. Maternal opioid use is on the rise, resulting in an increasing incidence of Neonatal Abstinence Syndrome (NAS). It is imperative to identify a consistent neonatal drug screen test to guide NAS treatment. Infant urine and meconium samples are not consistent sources for tracking maternal drug use. Umbilical cord segment collection allows for a consistent source for testing.

Current State: At baseline data period 12 safety issue reports (occurrence reports) have been filed reporting issues with urine and meconium samples. The issues included inadequate quantity of meconium or urine, inability to obtain results due to interfering substances, and no orders for testing.

Goal Statement: The goal is to develop and implement a non-invasive, cost neutral, and more efficient sample collection method associated with conclusive results that can guide NAS treatment.

Gap Analysis: At baseline, meconium and urine are not associated with conclusive test results as demonstrated by filed safety issue reports.

Solution Approach: The solution is to use cord blood for neonatal drug screen testing.

Test of change/Rapid experiment: The process developed is: 1) a 6-inch cord segment will be collected at every delivery; 2) the segment will be unclamped, drained and rinsed; 3) the segment will be labeled and sent to the lab; 4) the segment will be held in the lab for 7 days in a specified refrigerator; 5) the provider will place order for drug testing if indicated by substance abuse policy.

Completion Plan: After staff and provider education the new process was implemented in May 2017. The new process meets the key requirements of the goal statement and was adopted as standard care for all patients.

Confirmed State: Since implementation there have been zero safety issue reports filed. Collecting a cord segment for all neonates promotes faster confirmatory results. This improves the treatment plan, promotes communication to outpatient providers and referral to appropriate ambulatory treatment, and enhances the safety of the neonate.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 17, 2018 3:58 pm
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.25
Unique ID: 425054598
Location: 38.678398132324, -90.376998901367

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Christine Zirges

Credentials of lead author RN, ACNS-BC,CIC, FAPIC

Email christina.zirges@ssmhealth.com

Additional Presenter Information Elaine Allrich, MS, MT (ASCP)

Organization Affiliation-Please select the organization you represent SSM Health

Title of presentation or poster What about our Patients in the Outpatient Locations: Infection Control Risks in Ambulatory Care Settings

**Evidence Based Practice Submission
(3500 characters)**

Aim/Question:

In 2015, this healthcare system experienced significant ambulatory care expansion; increasing to over 70 locations. Infection Prevention (IP) resources were "borrowed" from the hospital to perform rounds and render expert opinion. Risk assessment and infection prevention planning was haphazard and not goal focused. Outpatient volume had grown to over 700,000 visits per year; that translates to 700,000 opportunities for risk of patient harm related to inadequate hand hygiene, unsafe injection practices, inappropriately cleaned or sterilized equipment and exposure to an unsanitary environment.

Synthesis of evidence:

Healthcare in the United States experienced a significant shift to outpatient care. Inpatient admissions for hospitals fell from 35.8 million in 2008 to 34.4 million in 2012. Outpatient visits rose from 624 million to 675 million this same period. From 2008 - 2016, 59 healthcare related outbreaks of viral hepatitis were reported to the Centers for Disease Control (CDC); 95% of these occurred in non-hospital settings. Outpatient procedures account for more than 75% of all operations performed. At least 500,000 persons per year receive outpatient infusion therapy via a central venous catheter. While outpatient services have expanded, infection prevention oversight has not.

Practice Change/Intervention:

This healthcare system developed a business case and performed a gap analysis utilizing evidence based practice guidelines for outpatient care. This approach illustrated the need of a dedicated, full time Infection Preventionist that was trained with demonstrated competence in this area. A formal infection control risk assessment yielded implementation of several evidence based prevention measures to protect patients and healthcare workers from the risk of injury and/or infection. This approach also kept the infection prevention role and scope focused on a list of priorities for outpatient locations and value added work, which eventually led to a formal infection control plan and scorecard to monitor key metrics.

Outcomes:

The following infection control interventions occurred across 70 plus locations: the removal of autoclaves from multiple locations, conversion to disposable devices and instruments, conversion to safety engineered devices, standardized environmental services cleaning processes and products, reprocessing education and competency for designated staff, implementation of a "Room Turnover" cleaning checklist and focused high level disinfection rounds. The latter was noted as best practice by a recent regulatory survey.

Implication for practice:

Total outpatient volume across these settings continues to increase. Along with volume increases there are high risk procedures and clinical interventions, each with inherent risks of potential patient harm. Having a designated Infection Preventionist perform a risk assessment facilitated the implementation of several measures to protect patients and healthcare workers from the risk of injury and/or infection. An audit process with monthly feedback occurs to provide immediate course correction for unsafe practice in the outpatient settings. This role also supports nursing leaders and clinicians in the outpatient locations with many policy and procedural questions and educational needs unique to their practice locations.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 18, 2018 9:45 pm
Browser: Firefox 60.0 / OS X
IP Address: 71.128.22.184
Unique ID: 425501243
Location: 37.750999450684, -97.821998596191

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Melanie Hussey

Credentials of lead author MSN-Ed, RN, CPNP-PC

Email melanie.hussey@ssmhealth.com

Additional Presenter Information North Lepsky, Kelly MSN-Ed, RN
Novachich, Melissa RN

Organization Affiliation-Please select the organization you represent SSM Health Cardinal Glennon Children's Hospital

Title of presentation or poster Transition to Adult Care for Children with Myelomeningocele

**Evidence Based Practice Submission
(3500 characters)**

Aim/Question

Currently, approximately 60 young adults and adolescents with myelomeningocele receive care at SSM Health Cardinal Glennon Children's Hospital (CGCH). This phenomenon is due, in part, to the lack of area adult healthcare facilities specific to myelomeningocele. Since the growing number of adult patients constrains the operations of CGCH's clinics, a need to investigate best practice for transitioning children to adult care was identified. Hence, the aim of this evidence based practice (EBP) initiative was to successfully transition young adults and adolescents with myelomeningocele to an adult care setting that provides complex care specific to myelomeningocele.

Synthesis of Evidence

There is a significant body of literature on the transition of care, some of which is specific to pediatrics. The vast majority of this literature is descriptive in nature. Overall, there is widespread agreement among nursing and medical experts that transition programs significantly improves patient outcomes. However, the evidence also suggests that the current state of transition care is inconsistent and in need of improvement.

Germane to this initiative, investigators at the University of Florida developed an instrument designed to track transition readiness in children. A second iteration was developed that is specific to children with myelomeningocele. Written permission to use the Transition Readiness Assessment Questionnaire (TRAQ) for myelomeningocele was obtained from the investigative team. The instrument consists of 20 questions on a five-point Likert scale and has excellent internal consistency with a Cronbach's alpha of 0.93. A transition of care policy was written and a transition readiness program was developed.

Practice Change/Intervention

The transition of care policy is currently under review by the CGCH Practice Council. The nurses who designed and developed the program approached a number of physicians, suggesting the establishment of an adult complex healthcare team. A team of physicians consisting of neurologists, orthopedists and urologists have agreed to develop a clinic designed to provide complex care for adults with myelomeningocele. The logistics of this clinic are currently under discussion. This nurse developed transition care program consists of:

- 1.) Tracking transition readiness using the TRAQ
- 2.) Reviewing/discussing TRAQ scores and transition progress with patients and families
- 3.) Emphasizing/educating self-care practices beginning at 14 years of age
- 4.) Providing patients and families with a nurse designed "Transition of Care" reference binder
- 5.) Training nurses on how to score the TRAQ instrument.

Outcomes

At this time, we have transitioned 5 adult myelomeningocele patients to adult care providers at SLU. It is hoped that future patients will transition to the newly developed adult complex care clinic at SSM Health St. Mary's Hospital - St. Louis.

Implications for Practice

Pediatric nurses and physicians are, for the most part, ill-equipped to provide complex adult healthcare. Hence, transitioning young adults and adolescents with complex health care needs from pediatric to adult care settings is sorely needed. This fact is grounded in the assumption that age specific care improves patient outcomes.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 19, 2018 8:15 am
Browser: Mozilla rv:11.0 / Windows
IP Address: 67.66.140.10
Unique ID: 425620356
Location: 38.549098968506, -90.319900512695

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Catherine Jamerson

Credentials of lead author MSN, RN

Email catherine.wooten@ssmhealth.com

Additional Presenter Information Darleen Nelson, BSN, RN

Organization Affiliation-Please select the organization you represent SSM Health St. Mary's Hospital- St. Louis

Title of presentation or poster Joints in Motion

**Evidence Based Practice Submission
(3500 characters)**

Aim/Question:

Early mobilization of post hip and knee replacement patients will lead to decreased length of stay and reduction of post-operative complications.

Synthesis of evidence:

Early mobility is not a new concept, one aspect is relatively new, the initial start time. Traditionally, patients have not been encouraged to ambulate early after surgery. Instead, practitioners viewed bed rest as an important aid to healing, especially during an acute illness. Current research supports early mobilization to prevent negative outcomes, such as longer lengths stay, blood clots, pneumonia, delirium, and poor patient satisfaction.

Practice Change/Intervention:

After joint replacement patients are evaluated and treated by physical within hours after surgery. Physical therapy or nursing start with active range of motion and in some cases ambulation. Pain management is a very important aspect to the successful implementation of this initiative. The healthcare team evaluates the patient to ensure that early mobility is not contraindicated. Contraindications for early mobility include heart rate below 60 or above 120, unstable blood pressure, respirations less than 10 or greater than 32, oxygenation less than 90% and increased anxiety.

Outcomes:

Early mobilization post hip or knee joint replacement surgery resulted in a reduced length of stay of about 1.5 days. We reported positive results which showed that early mobilization can be achieved day of surgery. This positive gain was achieved without an increase in negative outcomes. Our out of bed score increased from 70% to 90% or better within 3 months of implementation.

Implication for practice:

A standard of care was established for joint replacement patients which include pain protocols, pre-operative education and criteria for contraindications. This has also increased the collegial collaboration between physicians, physical therapy and nursing.

Form Name: SSM Nursing Symposium Abstract
Submission Time: July 19, 2018 7:46 pm
Browser: IE 11.0 / Windows 7
IP Address: 67.66.140.14
Unique ID: 425798511
Location: 38.549098968506, -90.319900512695

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter	Sarah Wright
Credentials of lead author	Shared governance approach to improve blood scanning documentation
Email	sarah.wright@ssmhealth.com
Additional Presenter Information	Haley Schreiber, BSN, RN Elizabeth Waldoch, RN
Organization Affiliation-Please select the organization you represent	SSM Health St Mary's Hospital- Janesville
Title of presentation or poster	Shared Governance Approach to Improve Blood Scanning Documentation

Quality Improvement Project (3500 characters)

Problem/Reason for action:

During recent TJC visit, blood scanning documentation was identified as an area of opportunity for improvement. It was also noted that there was inconsistency in practice with how blood consents were being completed and patient education given.

Current State

Currently all units have shown improvement in blood scanning documentation, with some units reaching 100% compliance.

Goal State

Goal state would be to have all units at 100% compliance with blood scanning documentation.

Gap Analysis

Haley Schreiber, quality specialist, created a blood product administration scorecard that highlighted key areas including:

Consent

Risks On Consent

Start Vitals

15 Minute Vitals

End Vitals

Unit "Completed"

Volume Documented

Transfusion Rxn Assessment Documented

It was noted that some units were <50% compliant in documentation needed and inconsistency with patient education including consent risk factors.

Solution Approach

Haley presented current state to the various unit based practice councils and the house-wide shared governance councils for education and input. During the shared governance practice council it was decided to create a standard consent form with pre-filled risk factors that would be distributed to all units that give blood transfusions to use. It was also decided to laminate the patient education handout provided by the Red Cross that could be wiped down and re-used. Both changes would create consistency in patient education. In addition, one medical-surgical nurse, Elizabeth Waldoch, created a standard checklist that, if followed, would ensure completion of all necessary documentation. This checklist was attached to all blood consent forms for easy use.

Test of change/Rapid experiment

Checklist utilization was started in February 2018. Haley Schreiber would monitor audit for next month and would look for improvement in blood scanning documentation. Staff in the hospital were educated on the new checklist by their shared governance practice council members.

Completion Plan

February and March audits showed improvement in most of the departments blood scanning documentation.

Confirmed State

Improvement in documentation scores continue with use of the blood scanning checklist. Haley Schreiber continues to do monthly audits and maintains scorecards for all units. Staff education is provided on an as needed basis to continue with compliance and best practice.

Form Name: SSM Nursing Symposium Abstract
Submission Time: August 14, 2018 4:28 pm
Browser: Mozilla rv:11.0 / Windows
IP Address: 146.163.168.185
Unique ID: 431684954
Location: 38.733699798584, -89.943000793457

2018 SSM Nursing Symposium Abstract Submission

Lead author/presenter Schindler Stephen

Credentials of lead author BSN RN CCRN

Email Stephen.Schindler@ssmhealth.com

Additional Presenter Information Gena Hodapp ICU
Zach LewisRN
Laura Hilterbrand RN
Dr. Alex Lacasse Infection Prevention
Dr. Veerakesari Subramanian IM Resident

Organization Affiliation-Please select the organization you represent SSM Health St. Mary's Hospital- St. Louis

Title of presentation or poster Inpatient Code Sepsis: Using a Predictive Model for Identification of Sepsis

Quality Improvement Project (3500 characters)

Problem/Reason for action:

Currently, our inpatient units do not have a hardwired process for early detection and identification of sepsis. This causes delays in recognition and initiation of sepsis bundle protocols. The number and complexity of patients with a diagnosis of sepsis results in increased length of stay. This is due to variances in plan of care and no clear care expectations. Therefore, we must implement a robust process that supports early recognition of sepsis and escalation of care. This will result in better health outcomes for our patients and provide shared expectations among physicians, nurses, and patients.

Current State

There is currently no standard process for identification and treatment of patients who develop nosocomial sepsis, severe sepsis, or septic shock at SSM St. Mary's. This has resulted in a lack of clear current state. The following data markers represent the state of nosocomial sepsis identification and treatment prior to action. From these metrics, the only identifiable state was staff knowledge of treatment and identification of sepsis. This is represented by the quiz scores from nursing and physicians.

Goal State

SSM core measures, SEP-1 Severe Sepsis and Shock: Management Bundle, for treatment of sepsis include all of the following metrics:

- Initial Lactate Level
- Broad Spectrum or Other Antibiotic Administration
- Broad Spectrum or Other Antibiotic Administration Selection
- Blood Culture Collection
- Repeat Lactate Level
- Crystalloid Fluid Administration
- Vasopressor Administration

Each of these measures are time limited. The initial lactate, antibiotics, blood cultures, and fluid administration have a three hour time limit. During literature review, it was identified that mortality is directly linked to delays in antibiotic administration. After review of the necessary steps required to administer the antibiotics as fast as possible, it was determined that the three hour bundle could be reduced to one hour. This goal state of one hour for initial treatment became the standard to which the process was built. Sep 1 bundle compliance for any patient who has a code sepsis is measured at the one hour interval beginning at the start of the code. The other goal state metrics help to identify process performance and patient outcome improvement

Gap Analysis

A Staffing Care Partners, RRT, Staffing a potential Code Sepsis, Floor/ICU resources, Nursing to Patient ratio, Specialized floors, No one available to assist nurse

B Additional Resources Unable to obtain IV access, Phlebotomy, Pharmacy Antibiotic timing

C Nursing Knowledge Recognition of 2 of 4 SIRS criteria, No recognition

about RR being part of SIRS, Bacteremia does not = Sepsis, Sepsis may be present even if no bacteremia, Review vital sign criteria for Time Zero, Nursing Sepsis knowledge in TCU, Inpatient Nurse education at low level. D Physician Knowledge of Sepsis order set, Physician knowledge of order set, Comorbidities, Prepare for 6 hour
E Physician Response Provider does not want to give orders "Call a rapid", Unresponsive physicians ~40%, What if doctor doesn't call back, You need provider a 2nd time - doesn't call back again, Consistent physician response RRT, Back up plan if no response from physician, Physician urgency

Solution Approach

An algorithm was created to bridge many of the identified gaps. Education for the identification and treatment of sepsis w

Test of change/Rapid experiment

Completion Plan

Confirmed State
