

Conference Abstracts 2022

NAME

ABSTRACT - 1

PREFERRED PRESENTATION FORMAT

Podium presentation

PRESENTATION TITLE

The Sustainability of an Innovative Interdisciplinary COPD Bundle

PLEASE REVIEW RUBRIC FOR REQUIRED CONTENT(NO MORE THAN 300 WORDS)

The Centers for Medicare and Medicaid Services limit payments to hospitals with high readmission rates for patients admitted with acute exacerbation of chronic obstructive pulmonary disease (AECOPD). COPD remains the third most common cause of readmission among Medicare beneficiaries. We hypothesized a COPD care bundle delivered by an interdisciplinary health care team with a follow-up appointment made before discharge would reduce readmission rates for AECOPD.

A retrospective cohort design study with pre- and post-intervention arms was conducted. From September 2018 to December of 2018, patients admitted with AECOPD at two small community hospitals were enrolled in the pre-intervention group. Subsequently, an evidence-based COPD care bundle was developed with three primary objectives: (1) Patient education on COPD by healthcare providers before discharge; (2) Completion of an individualized self-management COPD action plan to be used by patients after hospital discharge; and (3) Timely outpatient follow-up with a pulmonologist. After this COPD care bundle was implemented in May of 2019, patients admitted with AECOPD were placed in the post-intervention group.

The preintervention group contained data from 315 COPD patients from September of 2018 to December of 2018 and had a 30-day readmission rate of 38.1%. There was a reduction from a 38.1% readmission rate in 2018 to an 18.9% readmission rate in 2019. This yielded a 49.6% reduction in readmissions with a $p < 0.001$. In 2020, the readmission rate decreased to a rate of 12.1%, and maintained in 2021 at a rate of 12.55% reinforcing the programs sustainability.

This quality improvement project in COPD management demonstrated innovative strategies to reduce readmission rates and prevent penalties. The readmission numbers steadily decreased by 75.45% over four years, yielding statistical and clinical significance. This quality improvement project could easily be replicated and was fiscally responsible as the project was built into the team's normal working hours.

PLEASE PROVIDE AT LEAST THREE EVIDENCE-BASED REFERENCES TO SUPPORT CONTENT TO BE DELIVERED: (HIGH QUALITY EVIDENCE PUBLISHED 2015 AND FORWARD) (100 WORDS)

Centers for Medicare & Medicaid Services. (2020). Hospital readmissions reduction program (HRRP). Retrieved from <https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/readmissions-reduction-program/>

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Conference Abstracts 2022

NAME

ABSTRACT - 3

PREFERRED PRESENTATION FORMAT

Podium presentation

PRESENTATION TITLE

Innovation and the Electronic Health Record to Reduce Rapid Responses and Mortality

PLEASE REVIEW RUBRIC FOR REQUIRED CONTENT(NO MORE THAN 300 WORDS)

A small community hospital began to question delaying care until the patient had already begun to decompensate. Predictive models are an evidence-based approach to increase patient safety. The authors hypothesized utilizing a predictive model and a proactive approach to patient care would reduce rapid responses (RR). Information System Services and an interdisciplinary clinical team harnessed the EHR's power to develop and implement a predictive model. The EHR tool was designed to include guidelines for the nurses to consider when completing a focused assessment. Each shift, the primary nurse reviews the scores. Patients with elevated scores are reviewed by a second nurse who coordinates a discussion with the healthcare team. The tool was implemented in January of 2020.

A retrospective cohort design study with pre- and post-intervention arms was conducted. Despite the Covid-19 pandemic, a review of the data revealed a 58.8% reduction in RR calls after ten months of utilizing the model with a proactive interdisciplinary approach. The mortality index also decreased from 0.8 to 0.2, yielding a 75% reduction in observed-to-expected mortality. The number of RRs within 6 hours of admission decreased from 25% in 2020 to 2.7% in 2022.

This quality improvement project demonstrated a creative strategy to reduce RR events by 58.8% and decrease the mortality index by 75%. The project was sustainable as it continued to reduce RRs within six hours of admission by 89% from 2019 to March of 2022. The project could easily be replicated in other institutions to increase patient safety.

PLEASE PROVIDE AT LEAST THREE EVIDENCE-BASED REFERENCES TO SUPPORT CONTENT TO BE DELIVERED: (HIGH QUALITY EVIDENCE PUBLISHED 2015 AND FORWARD) (100 WORDS)

Agency for Healthcare Research and Quality. (2019) Failure to rescue. U.S. Department of Health and Human Services, USA. Available from: <https://psnet.ahrq.gov/primer/failure-rescue>

Nafiah, R. H., Ahsan, A., & Suharsono, T. (2019). Modified Early Warning Score (MEWS) as predictor of deterioration risk on patient with stroke in emergency unit. *International Journal of Nursing Education*, 11(4), 117-121. <https://doi.org/10.5958/0974-9357.2019.00101.6>

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ABSTRACT - 4

PREFERRED PRESENTATION FORMAT

Podium presentation

PRESENTATION TITLE

Self Care through PURPLE Prescription

PLEASE REVIEW RUBRIC FOR REQUIRED CONTENT(NO MORE THAN 300 WORDS)

Nursing is a demanding profession and it is imperative to understand their own response to daily stressors. Succumbing to daily demands of nursing responsibilities easily takes toll on the mind and body and the burn out is experienced as a continuum rather than an episodic phenomenon. Nurses need their most deserving break as they are the frontline providers and spend maximum time with their patients. There are many resources and literature that anyone can review or read about stress management or relaxation. but every individual has a unique way of achieving their own tranquility. Nursing burn out has been addressed at every level of nursing organization and the impact of burn out on patient care as well as healthcare system can be detrimental. This presentation will share the concept of PURPLE prescription, how to engage in self care activity at every possible time and how to prevent burn rather than manage it after it occurs. PURPLE prescription is a simple way of incorporating 'Self Care' in daily routine. The best part is that it is FREE and one can write the prescription themselves and decide the dosage as well as frequency. This presentation will share the simple formula of how to use it.

PLEASE PROVIDE AT LEAST THREE EVIDENCE-BASED REFERENCES TO SUPPORT CONTENT TO BE DELIVERED: (HIGH QUALITY EVIDENCE PUBLISHED 2015 AND FORWARD) (100 WORDS)

Chiesa, A., & Serretti, A. (2009). Mindfulness-based stress reduction for stress management in healthy people: a review and meta-analysis. *The journal of alternative and complementary medicine*, 15(5), 593-600.

Esch, T., & Stefano, G. B. (2010). The neurobiology of stress management. *Neuroendocrinology letters*, 31(1), 19-39.

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ABSTRACT - 5

PREFERRED PRESENTATION FORMAT

Podium presentation

PRESENTATION TITLE

Improving Sleep during Hospitalization: Innovating a Workflow

PLEASE REVIEW RUBRIC FOR REQUIRED CONTENT(NO MORE THAN 300 WORDS)

Background

Sleep health was listed as an unmet public health need in the Healthy People 2020 document. The literature illustrates that a hospital patient is at risk for poor sleep due to the frequency of vital signs, medication administration times, call bells, alarming monitors, and noise. Poor sleep quality and sleep-promoting medications impact patient hospital recovery and place patients at risk for adverse events. A small community hospital was challenged with elevated rates of sleep-promoting medications and reports of poor sleep during hospitalization. The author's hypothesized utilizing McDonnell and Newcomb's aromatherapy protocol would decrease medications for sleep-promotion and improve perception of sleep on the progressive care unit.

Methods

The project used a quantitative quasi-experimental design to determine the impact of McDonnell and Newcomb's (2019) aromatherapy protocol on administration rates of sleep-promoting medications (ARSPM) and patients' perception of sleep quality. Data were collected from the electronic health record for sleep-promoting medications. Sleep perception data were collected on paper copies of the Pittsburgh Sleep Quality Index at baseline and post-implementation.

Results

The total sample size was 103, $n = 72$ in the comparative group and $n = 31$ the implementation group. To analyze the comparative and implementation group data, a chi squared test was used. Results showed $\chi^2(1) = 5.365$, $p = .021$, which was both clinically and statistically significant in reducing ARSPM between groups. Using the Pittsburgh Sleep Quality Index scores, a paired t-test demonstrated statistical and clinical significance in the quality of sleep perception, $t(30) = 7.548$, $p = .001$.

Conclusions/Implications

McDonnell and Newcomb's aromatherapy protocol decreased the ARSPM and improved patients' perception of sleep with both clinical and statistical significance. This innovative strategy in sleep management during hospitalization was fiscally responsible and is easily replicated. Recommendations for the project include implementation on additional units and hospitals.

PLEASE PROVIDE AT LEAST THREE EVIDENCE-BASED REFERENCES TO SUPPORT CONTENT TO BE DELIVERED: (HIGH QUALITY EVIDENCE PUBLISHED 2015 AND FORWARD) (100 WORDS)

- Ahmady, S., Rezaei, M., & Khatony, A. (2019). Comparing effects of aromatherapy with lavender essential oil and orange essential oil on fatigue of hemodialysis patients: A randomized trial. *Complementary Therapies in Clinical Practice*, 36, 64-68.
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Conference Abstracts 2022

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ABSTRACT - 6

PREFERRED PRESENTATION FORMAT

Podium presentation

PRESENTATION TITLE

Climate Change awareness to create the healthier environment ? Clean air, Clean water and Green Earth.

PLEASE REVIEW RUBRIC FOR REQUIRED CONTENT(NO MORE THAN 300 WORDS)

Climate change is a global concern and there has been a gradual change which may not be perceptible to everyone if there is no awareness. Nursing profession typically centers around the patient care. Nurses will be on the front lines caring for the patients experiencing health consequences of climate change, and nurses - the most trusted professionals, have a powerful voice that needs to be heard and can truly make a difference. Nurses need to be aware and act now. They can initiate a momentum and advocate for climate justice. Nurses have great opportunity to first understand the impact they can make and then initiate small projects within their own organizations to have a cumulative effect.

This presentation will focus on 3 major components. First checking the awareness of nurses about climate change and its impact on health. secondly understanding their role as a healthcare leaders and then finally a few examples of action items that each nurse can lead as an individual or a group. The action items can be a project or a research proposal. As the outcome of this presentation, the nurses who are striving hard to educate patients about preventative health will be able to incorporate 'Climate Awareness' education.

PLEASE PROVIDE AT LEAST THREE EVIDENCE-BASED REFERENCES TO SUPPORT CONTENT TO BE DELIVERED: (HIGH QUALITY EVIDENCE PUBLISHED 2015 AND FORWARD) (100 WORDS)

Cook, Cara MS, RN, AHN-BC; Demorest, Shanda L. DNP, RN-BC, PHN; Schenk, Elizabeth PhD, MHI, RN-BC, FAAN Nurses and Climate Action, AJN, American Journal of Nursing: April 2019 - Volume 119 - Issue 4 - p 54-60 doi: 10.1097/01.NAJ.0000554551.46769.49

Jindarat Chaiard, Sue Turale, Nursing: The critical need to address climate change and to protect health, Journal of Nursing Scholarship, 10.1111/jnu.12739, 54, 1, (5-6), (2021).

Maya R. Kalogirou, Sherry Dahlke, Sandra Davidson, Shelby Yamamoto, How the hospital context influences nurses' environmentally responsible practice: A focused ethnography, Journal of Advanced Nursing, 10.1111/jan.14936, 77, 9, (3806-3819), (2021).

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NAME

ABSTRACT - 31

PREFERRED PRESENTATION FORMAT

Podium presentation

PRESENTATION TITLE

Professional Development - A path for Surviving and Thriving in Challenging Healthcare Environment

PLEASE REVIEW RUBRIC FOR REQUIRED CONTENT(NO MORE THAN 300 WORDS)

Background

Healthcare is constantly changing. It is further influenced by complex environmental as well as socio-political situations. Healthcare workers face various personal and professional challenges to survive and thrive in the complex work environment. Professional development and mentoring relationships lead to a meaningful work environment and increased job satisfaction. This presentation will explore the reasons and ways for nurses to grow and develop professionally by identifying opportunities in the workplace to thrive well.

Content discussion

An evidence-based practice approach through literature search reveals that nursing professional development practitioners spend time and energy on the education and career development of registered nurses (RNs), for career pathway support and RN retention. Personal and professional development are inextricably linked because one cannot develop as a professional devoid of personal insights related to personality, character, cognitions, emotions, and cultural and generational constraints. Use of a multi-stage model of professional development: perception, judgment, motivation, prioritization, decision process, and professional implementation will guide the path for personal and professional development.

Implication

Participants will identify opportunities for professional development available at their workplace and through professional organizations such as National Association of Indian Nurses of North America. Mentoring opportunities available from academia, practice, and professional organizations will help nursing professionals and emerging nurse leaders identify available resources. Professional development helps to grow personally and professionally to sustain and thrive well in the current challenging healthcare work environment

PLEASE PROVIDE AT LEAST THREE EVIDENCE-BASED REFERENCES TO SUPPORT CONTENT TO BE DELIVERED: (HIGH QUALITY EVIDENCE PUBLISHED 2015 AND FORWARD) (100 WORDS)

1. Douglas, V., Garrity, J., Shepherd, K., & Brown, L. (2016). Nurses' perceptions and experiences of mentoring. *Nursing Management* (Harrow, London, England : 1994), 23(1), 34-37. <https://doi.org/10.7748/nm.23.1.34.s29>
2. Shinnars, J. (2017). The nursing professional development practitioner and RN retention. *The Journal of Continuing Education in Nursing*, 48(8), 340-342. <https://doi.org/10.3928/00220124-20170712-02>
3. Tipton, D. (2017). *Personal and Professional Growth for Health Care Professionals*. Jones & Bartlett Learning.
4. Weinschreider, J., Sabourin, K. M., Smith, C. M., & Johnson, C. S. (2019). Preparing Nurse Leaders in Nursing Professional Development: Educational Technology Resources. *Journal for Nurses in Professional Development*, 35(5), 281.

Conference Abstracts 2022

NAME

ABSTRACT - 36

PREFERRED PRESENTATION FORMAT

Podium presentation

PRESENTATION TITLE

A randomized controlled trial to compare the efficacy of mobile app vs conventional prescription of analgesics and adjuvants' adherence on selected variables among cancer patients receiving palliative care at a tertiary care centre.

PLEASE REVIEW RUBRIC FOR REQUIRED CONTENT(NO MORE THAN 300 WORDS)

Introduction: Pain, constipation, nausea and vomiting are significant distressing symptoms reported by cancer patients.(Stark et al., 2012).Patients' poor adherence to analgesics is a major factor contributing to the undertreatment of cancer pain.(Miaskowski et al., 2001). Mobile apps are effective interventions helping to improve medication adherence in patients with chronic diseases.(Peng et al., 2020)

Aim : To compare the effectiveness of mobile app based prescription vs. conventional prescription of analgesics and adjuvants on adherence and selected variables in cancer patients receiving palliative therapy at a tertiary care centre.

Methods: Total 200 patients (100 in each group) met the inclusion criteria and were recruited. The intervention group was given mobile app along with conventional prescription of analgesic and adjuvants while the control group was given conventional prescription only. Data was collected using structured (Demographic and clinical profile) and standardized tools (Adherence to Refills and Medication Scale (ARMS)(Kripalani et al., 2009), Descriptive rating scale at baseline and 3 months.

Results:The mean age of subjects in experimental and control group was 45.07 ± 14.05 years and 49.6 ± 13.89 years respectively. The majority of the subjects in both experimental and control group were males (56% and 53%) and had reached stage 3 or 4 of cancer (86% in experimental) and control (90% in control). The adherence score (mean \pm SD) was significantly($p < 0.05$) higher in experimental group (19.14 ± 5.64) as compared to control group (16.60 ± 3.39) after 3 months of mobile app usage. There was significant difference ($p < 0.05$) in the scores Median (IQR) of nausea, vomiting and constipation at 3 months in both the groups and control group had higher reporting of symptoms like nausea, vomiting and constipation.

Conclusion: The mobile app based prescription was better than conventional prescription of analgesics and adjuvants on selected variables in cancer patients receiving palliative care.

Keywords: medication adherence, Mobile App, Cancer pain, palliative care

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1. Stark, L., Tofthagen, C., Visovsky, C., & McMillan, S. C. (2012). The Symptom Experience of Patients with Cancer. *Journal of hospice and palliative nursing* :14(1), 61-70.
2. Miaskowski, C., Dodd, M. J., West, C., Paul, S. M., Tripathy, D., & Koo, P. (2001). Lack of adherence with the analgesic regimen: barrier to effective cancer pain management. *Journal of clinical oncology*: 19(23), 4275-4279.
3. Peng, Y., Wang, H., Fang, Q., Xie, L., Shu, L., Sun, W., & Liu, Q. (2020). Effectiveness of Mobile Applications on Medication Adherence. *Journal of managed care & specialty pharmacy*, 26(4), 550-561.