

Outcomes of the Clinical Institute for Withdrawal of Alcohol (CIWA) Protocol in a 4th time designated Magnet © Academic Medical Center

Problem statement: Management of alcohol withdrawal in acutely ill hospitalized patients with an illness is challenging for all healthcare providers. Alcohol is often a diagnosis considered in patients admitted with trauma; however, it can be confused with other conditions that are not traumatic. It is estimated that 1 in 4 patients admitted to the hospital meet the diagnostic criteria for alcohol dependence. Appropriate use of the CIWA allows treatment to be symptom based, as opposed to scheduled dosing. Symptom based therapy has demonstrated that it allows for more flexible medication dosing, less use of benzodiazepines, less over sedation and less respiratory depression.

Theoretical framework: Robert Wood Johnson University Hospital (RWJUH) has a nursing conceptual model that helps to guide the nursing practice and diagnosis. There are 5 interdependent components of care: growth and development, basic needs, protection, management of health and coping. As nurses we must be able to keep patients safe while they are under our care. The concept of protection has been the guide for this study.

Methods/Design: Non-experimental, retrospective chart review, descriptive correlational design.

Results: Three hundred medical records were reviewed from between January 2011-December 2013 of those patients who were on the CIWA protocol. The results of this study showed that the decreased the amount of time it took to place the patient on the CIWA protocol the decreased the overall length of stay ($r=0.37$, $p = 0.01$), less restraint usage ($r=-0.17$, $p = 0.01$), and they were less likely to require intubation ($r=-0.21$, $p = 0.01$) during the hospitalization.

Implications for Psychiatric/Mental Health Nurses: The CIWA tool can impact patient outcomes when instituted timely.

Implications for future research: The CIWA tool needs to be evaluated further on hospitalized patients to determine the effects on other nurse sensitive indicators such as catheter acquired urinary tract infections, ventilator associated pneumonia and patient satisfaction.

Presenter:

Lorraine Martino
MSN,RN,NE-BC
Nursing Director
RWJ, New Brunswick
732-673-7321
Lorraine.martino@rwjuh.edu

Suzanne Gregory
MS,RN,CCRN-CMC,APN
Clinical Nurse Specialist
RWJ, New Brunswick
732-418-8036
Suzanne.gregory@rwjuh.edu

Pump up the Volume for Patient Safety

A recent culture of safety survey demonstrated that perceptions of a punitive and hierarchical environment were limiting staff comfort with speaking up in our large community health system among our near 9000 employees. This phenomenon is common in healthcare settings, and contributes to preventable medical errors and patient harm. There is some evidence that education and interdisciplinary team training can decrease barriers to speaking up; however, these programs are difficult to undertake on a large scale and slow to move an organization's culture. Based on some evidence that focusing on relationships can significantly improve the patient safety climate, our organization initiated the "Pump up the Volume" campaign which linked speak-up behaviors to our care delivery framework of Relationship Based Care (RBC). This poster will provide a review of the programs implemented through the "Pump up the Volume" campaign, and staff projects undertaken to make speaking up safe.

Primary Presenter:

Amy Glasofer
DrNP, RN, NE-BC
Director Nursing Research & EBP
Virtua
856-761-3806
aglasofer@virtua.org

BSN in 10: Strategies for Success

The IOM Report stresses a goal of 80% of the U.S. nursing workforce to hold a BSN by 2020. Our organization requested that the Professional Development Council (PDC) form a BSN Taskforce to support our strategic goals to address this and the BSN in 10 initiative. The first step was to interview bedside staff to identify barriers to enrollment. Based on staff feedback, a process map and supportive initiatives were created.

While hiring preference is given to BSN nurses, some nurses are hired without a BSN. With the support of HR, non-BSN RNs are expected to complete their BSN within five years from date of hire. In response to staff feedback identifying finances as a barrier, the taskforce and HR created a “Fast Track Scholarship.” Nurses that require additional funds to complete their BSN are eligible. A screening process and essay are required to apply. The task force created an educational program to coach nurses on study topics and to provide mentorship. This program, entitled “Back to School Kick Off,” included topics, such as literature review, essay basics and formatting.

Our BSN rate continues to increase yearly as we strive to reach our goal of 80% by 2020. 63.1% of MMC RNs hold a BSN. BSN completion based on BSN taskforce initiatives will not result until 2019, when the newly enrolled staff, graduate. However, 126 RNs are currently enrolled in BSN programs and many utilize the taskforce tactics to help them in their journey toward their BSN.

Presenter:

Brittney Daley MSN, RN,
CCRN
ICU Clinical Coordinator
Morristown Medical Center
Atlantic Health System
973-971-5176
brittney.daley@atlantichealth.org

Danielle Marcello MSN, RN-BC
Nursing Coordinator
Valerie Fund Children’s Center
Morristown Medical Center &
Overlook Medical Center
Atlantic Health System
973-971-7563
danielle.marcello@atlantichealth.org

Kathleen Vnenchak MSN, RN,
CNML
Nurse Educator
Morristown Medical Center
Atlantic Health System
973-971-7735
kathleen.vnenchak@atlantichealth.org

Decreasing Early Elective Deliveries at a Community Hospital

The Obstetrics literature has documented the risks of elective early term births between 37 and 39 weeks gestation for some time. These births are referred to as Early Elective Deliveries (EEDs). In 2012, Capital Health began utilizing a process designed by an Advanced Practice Nurse (APN) in order to decrease the number of EEDs.

Nurses and providers received joint education regarding the risks of EEDs. In accordance with guidelines for induction of labor and cesarean birth from the American College of Obstetricians and Gynecologists (ACOG), the APN designed scheduling forms for these procedures. Each form lists acceptable indications for EED. The provider completes the appropriate form regardless of gestational age and faxes it to Labor and Delivery. The charge nurse, having been educated regarding appropriate indications for elective births at various gestational ages, reviews the form and either authorizes the procedure or contacts the provider for more information. The Multidisciplinary Safety Committee and the Department of Obstetrics and Gynecology approved the forms and new process prior to its implementation in the fourth quarter of 2012.

During the first three quarters of 2012, thirteen EEDs occurred. From 2013 to present, there have only been two EEDs in nine quarters. Approximately five procedures have been rescheduled. In all cases, the Department's physician chairperson supported the nurses' decisions to reschedule the procedures. Revision of the process was implemented during the third quarter of 2014 to designate the APNs as form reviewers in order to relieve the charge nurses of this responsibility.

Presenter:

Katharine E. Donaldson, MSN, APN, C, WHNP-BC, CPLC, C-EFM
Clinical Nurse Specialist, Maternity Services
Capital Health Medical Center Hopewell
(609) 303-4382
KDonaldson@capitalhealth.org

Does Peer Education Improve the Utilization of Ebsco Library Databases by the Direct Care Telemetry Nurse as Compared to Computer-Based Learning?

Nursing education can be an essential contributor to the support and implementation of evidence based practice. The International Council of Nurses (as cited in Varnell, Haas, Duke and Hudson, 2008, p. 173) noted that ‘Nurses have a professional obligation to society to provide care that is constantly reviewed, researched and validated.’ Peer education can be an effective method to help nurses gain greater comfort level and knowledge in using electronic library databases such as Ebscohost. Christian and Jensen (as cited by Hoy, 2011) explained that peer teaching helps those involved to develop and enhance a range of skills. However, computer based learning has gained preference as a method of teaching in healthcare. A popular educational strategy that fosters the student centered approach is computer based education where instruction methods provide flexibility and self-paced learning opportunities (Day-Black & Watties-Daniels, 2006). A comparison quasi-experimental study was developed to investigate the effectiveness of peer education versus computer based learning. A survey using a Likert scale, validated via content experts, was used to measure outcomes. The study’s frameworks include the theory of human Caring and Knowles Adult Learning Principles. Jean Watson’s Caritas Seven: “Engage in genuine teaching-learning experiences” (Watson, 2008,p. 125). Knowles Adult Learning Principles (as cited in Russell, 2006): (a) Self-directed-Autonomy; (b) Learned experiences and knowledge; (c) Goal oriented; (d) Relevancy oriented; (e) Practical; and (f) Need to be shown respect. Participants included direct care nurses from two separate telemetry units. Each unit was given the opportunity to learn Ebscohost database navigation with one using peer education and the other computer based learning. The study is presently in progress. Participants will be survey one month after completion of education and in six months. The aim is to demonstrate which teaching modality improves the utilization of Ebscohost and thereby evidence based knowledge at the point of care.

Team Leaders:

Roxana Gonzalez MSN, RN-CCRN, June Hettesheimer, RN, Rennuel Razal, BSN, RN, Reginaldo Ancheta BSN, RN, Patricia O'Brien-Barry Ph.D., RNC-OB, and Mary Ellen Clyne Ph.D., RN, NEA-BC

Clara Maass Medical Center

Rgonzalez@barnabashealth.org

The impact of the Bachelor of Science in nursing (BSN) degree on patient outcomes: a systematic review

Background

Currently, the minimum education requirement for entry into practice for a Registered Nurse is an associate's degree. However, several groups including the Institute of Medicine, the American Nurses Association, and the Tri-Council for Nursing are strongly in support of the minimum requirement to be raised to the Bachelor of Science in Nursing (BSN) degree, as it is believed to be essential for improved patient outcomes. There continues to be opposition to this initiative and the research has not been robust enough or clear whether or not this would be best practice for the profession. It is important to understand whether or not the BSN degree has an impact on patient outcomes.

Objectives

The primary focus of this systematic review was to synthesize the best available evidence on the impact of the BSN degree on patient outcomes such as mortality and failure-to-rescue in all adult patients.

Inclusion criteria

Types of participants

Nurses actively caring for patients in all healthcare settings were considered in this review. This review included nurses caring for patients at the bedside, nurse executives, and nurse educators.

Types of intervention(s)

This review considered studies that evaluated the impact of nurses with a BSN degree or higher had on patient outcomes. Studies that compared the BSN degree or higher to non-BSN were also considered.

Types of studies

This review considered randomized controlled trials, controlled trials, quasi-experimental, before and after studies, prospective and retrospective cohort studies and case control studies.

Types of outcomes

This review considered studies that included 30-day mortality, in-patient mortality, and failure-to-rescue.

Search strategy

A three-step search strategy was utilized to find both published and unpublished studies using identified keywords and Medline Subject Headings. The first step was limited to

MEDLINE and CINAHL. The second search used medical subject headings (MeSH), keywords and index terms across databases. The final search strategy used reference lists of reports and articles to identify additional studies. Studies selected were published in English between 1965 and June 2014.

Methodological quality

The Joanna Briggs Institute Critical Appraisal Checklists for Descriptive Case Studies and Comparable Cohort/Case-Controlled Studies were used to assess methodological quality.

Data collection

Data was extracted using categories from the Joanna Briggs Institute extraction instrument.

Data synthesis

Meta-analysis using the OpenMeta-Analyst program was conducted for the following outcomes: 30-day mortality and failure-to-rescue. Additional outcomes were presented in a narrative summary.

Results

Nine research articles were included in this review. Measurement of 30-day mortality was found in all nine studies and failure-to-rescue was found in six studies. The effect of the BSN degree on 30-day mortality was found to be statistically significant. The meta-analysis showed that patients who receive care from a BSN degree or higher nurse had 5% lower odds of 30-day mortality. The BSN was also associated with lessening failure-to-rescue by 6%, and was statistically significant in the meta-analysis as well.

Conclusions

Increasing the amount of nurses with a BSN degree within the hospital is associated with reducing the odds of 30-day mortality and failure-to-rescue.

Primary Presenter:

Sharon Haskins
DNP, MBA, RN-BC, NE-BC*
Director of [Med-Surg/Critical Care](#)
Peter's University Hospital
haskinss@aol.com
732-833-2294

*Equal contribution as Primary Reviewer

Katie Pierson
DNP, RN-BC, ONC*
Leadership Development Specialist
St. David's HealthCare
Leftpopliteal@yahoo.com

Registered Nurse (RN) Perception of Safety in the Practice Environment

Despite the work that has been done surrounding patient safety, very few studies have looked closely at what the perception of staff nurses is on what they in fact believe makes their practice environment safe. There have been many studies that have examined the relationship between outcomes and safety but to date there have not been any qualitative studies that have utilized Grounded Theory to help determine the common themes that staff nurses identify as contributing to safety in their practice environment. A project maps was created that guided the questions that were asked to the 4 focus groups. The primary outcome of this study was to determine what common themes were identified by the focus groups as contributing to safety. Each focus group was made up of 7 RN's from various specialties: Med/Sur, Critical Care, Pediatrics, Perinatal Services, ED/Pre-hospital, Perioperative, and Ambulatory. There were 4 focus groups divided into Novice (<1 year of experience), Advanced Beginner (1-2 years of experience), Competent (2-3 years of experience), Proficient/Expert (>3 years of experience). The Novice focus group identified equipment, teamwork, education, wellness, leadership and staffing as factors that affected their perception of safety in their work environment. The Advanced Beginner focus group identified equipment, collaboration and teamwork, leadership, CNS, protocols, disruptions and staffing as factors that affected their perception of safety in their work environment. The Proficient/Expert focus group identified staffing, teamwork, leadership, competency, CNS, environment and equipment/supplies as factors that affected their perception of safety in their work environment. All groups collectively identified teamwork, leadership, equipment/supplies and staffing as factors that affected their perception of safety in their work environment.

Primary Presenter:

Patricia M. James

RN,MS, CCRN

Nursing Director, Cardiac Surgery Step-down Unit

Robert Wood Johnson University Hospital

732-828-3000, ext. 5729

Patricia.james@rwjuh.edu

Feasibility Project to Determine the Need for a Home Health Care Residency Program for New Nurse Graduates

The landscape of healthcare is changing significantly with a shift away from traditional hospital care to a population centric model with a focus on serving patients in their communities or homes. Home health care services are expected to experience the fastest job growth within the health sector with the need for full time equivalent RN's within home health care increasing 109% from 2000 to 2020 (Coyle, 2011). A residency program can assist with meeting the expected increase in home care staffing needs utilizing new nurse graduates working in collaboration with preceptors and a structured learning curriculum. A needs assessment was conducted by survey to 47 certified home health care agencies in the State of New Jersey using Survey Monkey©. Subsequent to survey closure a focus group was held with 6 representatives from the survey group to identify common themes. Results of the survey and focus group identified:

- Recruiting time for experienced nurses was 91-120 days compared to 30-60 days for nurses with no home health care experience
- 55% of respondents rated a residency program as very important in allowing them to hire new graduates while 30% rated it as important but lacked staff to serve as preceptors.
- 70% of respondents would prefer a residency program be scheduled >3 days per week for 12 weeks rather than 1-2 days per week for 52 or 26 weeks respectively.
- 90% of respondents reported cost and lost productivity as a barrier to implementation of a residency program
- In order of importance competencies were rated as 1) Patient Centered Care, 2) Professionalism, 3) Team Work and Collaboration, 4) Communication, 5) Safety, 6) Quality Improvement, 7) Leadership, 8) Understanding and application of EBP, 9) Systems Based Practice, 10) Informatics and technology

Primary Presenter:

Kathleen Kuberiet
DNP, RN, CCM, PMP
VP Implementation Services
Chamberlin Edmonds & Associates
908-963-6616
kkuberiet@chamberlinedmonds.com

Understanding Nurses' Perception of Medication Errors

Medication errors are under-reported for multiple reasons: fear of disciplinary actions including termination, fear of lawsuits, uncertainty of what constitutes a medication error, concern for implicating colleagues, lengthy incident reports, and lack of feedback following error reporting. While experts suggest that full disclosure is both ethically correct and supports a better outcome for the physician-patient relationship, there is limited research on the effect of medical error disclosure on the nurse-patient relationship. In the era of information technology, health care information has been publicized as a strategy for preventing medication errors.

The research study was conducted at Raritan Bay Medical Center. Data was collected using a survey questionnaire. The questionnaire included seven items: (1) factors contributing to medication errors; (2) experiences with medication errors; (3) barriers to reporting medication errors; (4) factors increasing the likelihood of reporting medication errors; (5) communication of medication errors; (6) helpfulness of medication administration technology; and (7) nurse demographics and characteristics. The data were analyzed using descriptive statistics in SPSS.

This study is consistent with other research studies. Reasons cited include but are not limited to; nurse's failure to report medication errors due to fear of being blamed or reprimanded, and fear of consequences. Nurses agree that disclosing medication errors to the patient and family fosters honesty and trust. Although technology has demonstrated safety for the patient and nurse, current literature does not endorse one medical technology for reducing medication errors. Constant vigilance and open communication is essential for patient safety

Primary Investigator:

Theresa Macalalad, DNP, MBA, RN, BC, CCRN
Nurse Manager, MS2
Raritan Bay Medical Center
732-360-4116
tmacalalad@rbmc.org

Secondary Investigator:

Lisa Obermann, BSN, RN, ONC
Nurse Manager, MS3
Raritan Bay Medical Center
732-360-4123
lobermann@rbmc.org

The Lived Experience of Nursing Students During Their Psychiatric Nursing Education: Does it Influence View of Psychiatric Nursing as a Career Choice?

It is estimated that 1 in 4 adult Americans have a diagnosable psychiatric illness (Hanrahan, 2009). Unfortunately, only 1% of nurses select psychiatric nursing as their specialty; in contrast to 24% of nurses selecting critical care (Stuart, 2002). In one study, surveying 200 nurses on specialty preference, psychiatric nursing was ranked lowest of ten specialties (Halter, 2008). There are a limited number of studies that have examined the psychiatric component of nursing education with various purposes including improving competency in mental health nursing, improving nursing students' perception of mental health nursing, and psychiatric nursing as a specialty choice (Bondy et al., 1997; Gilje et al., 2007; Stuhlmiller, 2006; Henderson et al., 2007; O'Brien et al., 2008; Rohde, 1996; Stevens et al., 2013; Hoekstra et al., 2010). Limitations of the studies reviewed include location and samples. Multiple studies have examined these concepts in Australia and Canada, but few studies exist on this topic from the United States. Further studies would need to be completed to determine if similar results are found for programs in the United States. In addition, no studies were found that examine the lived experience of recent nursing graduates during their psychiatric nursing classroom and clinical experiences and how that experience impacts the choice of psychiatric nursing as a specialty profession.

Using a van Manen phenomenological approach combined with a Colaizzi step-wise data analysis procedure, this study describes the lived experience of recent nursing school graduates during their psychiatric didactic and clinical education and how the experience influenced their view of psychiatric nursing as a specialty choice.

Inclusion criteria for participants were registered nurses (RN) who graduated from their entry level nursing program within the last three years; graduated from a United States RN program; and are currently working as an RN in an inpatient setting. Two groups of participants were selected; one group of nurses who chose psychiatric nursing as their first post-graduation employment after RN licensure and another group of nurses who did not choose psychiatric nursing as their first post-graduation employment.

An overall essence of “Quality of Exposure to Psychiatric Nursing” was identified. Four main themes and five subthemes were identified: (1) fear & anxiety, (1a) unpredictability, (1b) external fear factors of friends & family, (2) clinical exposure, (2a) limited clinical time, (2b) negative role models, (2c) ambiguity of psych nurse skills & role, (3) peer & non-psych faculty not valuing psych, and (4) psych instructor teaching methods. A mitigating factor also emerged associated with all five participants who went into psychiatric nursing having psychiatric exposure prior to their nursing program.

This study contributes to the overall science of nursing related to psychiatric nursing education. Studying this experience provides psychiatric instructors and schools of nursing the opportunity to develop learning experiences that foster future psychiatric nurses.

Presenter:

Lisa McConlogue, PhD, MSN, PMHCNS-BC
Divisional Director, Patient Care Services
Capital Health
609-214-3219
LisaCNS74@verizon.net

Anabolic Syndrome in ICU Patient

The purpose of this abstract is to highlight key issues observed in a patient with severe protein calorie malnutrition who presented with signs of anabolic resistance, and the adjustment of therapy to overcome it, in a case study format. Most patient who are critically ill, loose muscles because of an inability to maintain rates of protein synthesis above those of protein break down. In addition, age and immobility also influence the ability of muscle mass to be sustained.

The metabolic changes and impact on muscle mass are shared through the review of a 66 year old female with a history of heart disease and diabetes mellitus, requiring ventilator support following a tricuspid valve repair. This case is used as an exemplar to highlight the importance of maintaining supplemental gastric feedings while caring for critically ill patients.

The case study provides an opportunity to review the physiology, nursing and medical implications of anabolic syndrome. This case study also demonstrates the value of administering three interrupted protein rich meals, each containing at least 3 grams of leucine, as a potential benefit in the ICU setting. Technical and operational hurdles are acknowledged. This single case study raises the awareness of anabolic syndrome, emphasizes interdisciplinary care, and provides a foundation for further research and experience in this area.

Presenter:

Eleni Pellazgu, MSN, APN, FNP-C, PCCN, CMSRN, RN-BC, CCT
Clinical Nutrition Specialist
Metabolic and Bariatric Medicine
Weight and Wellness Center
Atlantic Health Systems

Primary Newborn Weight Loss in Conjunction with Baby Friendly Practices

Amount of early infant weight loss has long been used as a measure relative to effective feeding behaviors. A total loss of 7-10% is deemed “average”. Infant weight loss increases when infants are stressed. Stressors include separation, hospital interventions and supplementation with infant formula. *Baby Friendly* practices decrease stressors for the infant and support optimal and normative breast feeding behaviors leading to less weight loss among these infants. Mean percent weight loss decreased for Day 0 to 2 for all categories of infants after the initiation of *Baby Friendly* practices. An independent T-test was run to examine the differences in mean weight loss in breast fed (BF), formula fed (FF) and babies who were both breast and formula fed (BFF) before and after Baby Friendly practices. There was a significant decrease in percent weight loss for Day 0 to 2 in BF ($p < .05$) after the initiation of Baby Friendly practices. The decrease was not significantly different in FF or BFF ($p > .05$). A larger sample size may impact the significance of the results. Analysis indicates that *Baby Friendly* practices decrease percent weight loss in infants for Day 0 to 2, regardless of feeding type, with the most significant impact seen in BF infants. The standard of 7-10 % newborn weight loss may be an over estimate. Artificial feeding is associated with weight changes outside standard norms.

Primary Presenter:

Diane B Procaccini
RN, MSN, IBCLC
Coordinator of Lactation Services
Capital Health
609-303-4119
dprocaccini@capitalhealth.org

Secondary Presenter:

Martha C. Goldman
RN, BSN, NCC, MA
Manager, Postpartum Unit
Capital Health
609-537-7067
mgoldman@capitalhealth.org

Influence of Interdisciplinary Collaboration on Moral Distress in Critical Care

Moral distress (MD) occurs when a nurse knows the right thing to do but is unable to provide actions she believes to be ethically appropriate due to internal or external constraints. Working in a highly charged ethical climate imposes psychological and emotional challenges resulting in emotional exhaustion and feelings of powerlessness, fear and anxiety leading to moral distress. If MD continues or remains untreated poor job performance, nurse burnout, and abandonment of the profession can happen as a consequence. Studies to help mitigate the unwanted effects of MD can promote positive professional practice, healthy work environment, and employee satisfaction. This research examines the relationship between critical care nurses experience on collaboration and satisfaction about care decision making and the frequency and level of their MD when challenged with ethical dilemmas such as end of life. This was a descriptive and correlational study that utilized survey methods. 119 critical care nurses responded to the voluntary survey. MD was measured using the Moral Distress Revised Scale (MDS-R) and the physician-nurse collaboration was measured by using the Collaboration and Satisfaction about Care Decisions (CSACD) Scale. No significant differences by sample characteristics or nurse demographics were found for any of the scale scores. However, when examining the extent to which a relationship exists between collaboration and MD, results showed a significant, small, negative correlation between collaboration and MD, $r(117) = -0.29$, $p = 0.002$. This implies that nurses who experience more collaboration tend to experience less MD and vice versa

Primary Presenter:

Sandia Royal
MSN, RN, MPA, CCRN CNRN
Clinical Nurse Educator
Robert Wood Johnson University Hospital
732-828-3000 x 5611
Sandia.Royal@rwjuh.edu

Secondary Presenter:

Adel De Guzman
BSN, RN, CCRN
Staff Nurse ICU
Robert Wood Johnson University Hospital
732-937-8560
Adeluisa.DeGuzman@rwjuh.edu

