



# Northeastern University

Bouvé College of Health Sciences  
School of Nursing

## Doctor of Nursing Practice (DNP) Scholarly Project Abstracts Class of 2018

Submitted in partial fulfillment of the requirements  
for the Doctor of Nursing Practice Degree

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### Doctor of Nursing Practice (DNP) Scholarly Projects Class of 2018

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1. Cecilia Briggs, MSN, FNP-BC  
DNP Scholarly Project Title: ***Using Interviews to Explore the Concept of Autonomy in Nurse Practitioners Working in a University Health Setting***  
DNP Scholarly Project Advisor: Karen Pawelek, DNP, APRN, Part-Time Lecturer, Northeastern University, Boston MA; APRN in Family Practice at Northeast Medical Group, Yale New Haven Hospital, New Haven CT  
Expert Mentor: Erin Simmons, MSN, ANP, Director of Health Services, Curry College, Milton MA
2. Cynthia L. Browne, MS, RN, ANP-BC  
DNP Scholarly Project Title: ***Medication Reconciliation in an Outpatient Clinic: Facilitators and Barriers to Guide Quality Improvement***  
DNP Scholarly Project Advisor: Sara Mosadegh, DNP, RN, CPON, Affiliate Associate Professor, Northeastern University, Boston MA  
Expert Mentor: Scott Kinlay, PhD, MBBS, Associate Chief, Cardiology; Director, Cardiac Catheterization Laboratory & Vascular Medicine, VA Boston Healthcare System, Boston MA
3. Linda Cahill, MSN, RN  
DNP Scholarly Project Title: ***Confidence Levels of School Nurses in the Care of Students Identifying as Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ)***  
DNP Scholarly Project Advisor: Fidelindo Lim, DNP, CCRN, Affiliate Associate Professor, Northeastern University, Boston MA; Clinical Assistant Professor, New York University, New York NY  
Expert Mentor: Jeff Perrotti, MA, CAS, Director of the Safe Schools Program, Department of Elementary and Secondary Education

4. Teresa Buckley Dean, MS, RN  
DNP Scholarly Project Title: ***The Understanding of Pediatric Nurse Practitioners' Knowledge of Healthcare for Homeless Children***  
DNP Scholarly Project Advisor: Pooja Bhalla, DNP, RN, Affiliate Associate Professor, Northeastern University, Boston MA; Vice President of Programs for Illumination Foundation, Orange County CA  
Expert Mentor: Elmer R. Freeman, MSW, Director of Urban Health Programs and Policy, Northeastern University, Boston MA; Executive Director of Center for Community Health Education Research and Service, Inc., Boston MA
  
5. Carol Femia, MSN, RNC, IBCLC  
DNP Scholarly Project Title: ***An Exploration into Infant Feeding Practices of Asian Women in the Greater Lowell Area***  
DNP Scholarly Project Advisor: Leslie Altimier, DNP, RN, NEA-BC, Affiliate Associate Professor, Northeastern University, Boston MA; Director of Clinical Research and Innovation, Philips Healthcare  
Expert Mentor: Laurie Perras, BSN, IBCLC, Lactation Consultant, Lowell General Hospital, Lowell MA
  
6. Jennifer D. Fonseca, MSN, ARNP, ANP-BC  
DNP Scholarly Project Title: ***Exploring Current Practice Trends and Patient Factors that Affect Quality of Care and Hospital Admissions among Newly Diagnosed Adult Veterans with Diabetes Mellitus Type 2***  
DNP Scholarly Project Advisor: Kelly McCue, DNP, RN, AOCNS, Part-Time DNP Faculty, Northeastern University, Boston MA; Director of Operations Oncology, Breast and Center for Wound Healing; Oncology Clinical Nurse Specialist, Brattleboro Memorial Hospital, Brattleboro VT  
Expert Mentor: Michelle Walder, DNP, ARNP-BC, CHSE, Clinical Educator, West Palm Beach VA Medical Center, Riviera Beach FL
  
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DNP Scholarly Project Title: ***Pericardial Effusion in Post Cardiac Transplantation: A Retrospective Chart Review***  
DNP Scholarly Project Advisor: Colleen McIlvennan, DNP, ANP-BC, Affiliate Professor, Northeastern University, Boston MA; Advanced Heart Failure, Mechanical Circulatory Support and Cardiac Transplant Nurse Practitioner, University of Colorado Denver, Anschutz Medical Center and University of Colorado School of Medicine, Denver CO  
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8. Alison Gilmore, MS, RN  
DNP Scholarly Project Title: ***Nurse Perception of Patient Handoff with the Unplanned Direct Clinic Admission***  
DNP Scholarly Project Advisor: Christopher Callahan, DNP, RN, Affiliate Associate Professor, Northeastern University, Boston MA; Nurse Manager, Neuromuscular Diagnostic Center, Massachusetts General Hospital, Boston MA  
Expert Mentor: Karen Reilly, DNP, RN, MBA, Associate Chief Nurse, Critical Care, Cardiovascular and Surgical Services, Brigham and Women's Hospital, Boston MA
  
9. Jenny M. Gormley, MSN, RN, NCSN  
DNP Scholarly Project Title: ***School Nurse Advocacy for Student Health, Safety and School Attendance: Impact of an Educational Activity***  
DNP Scholarly Project Advisor: Melissa Taylor, DNP, MPH, RNC-OB, CEN, CPEN, Affiliate Associate Professor, Northeastern University, Boston MA; Emergency Department Flow Coordinator, The Christ Hospital, Cincinnati OH  
Expert Mentor: Erin D. Maughan, PhD, MS, RN, APHN-BC, FAAN, FNASN, Director of Research, National Association of School Nurses
  
10. Kathleen A. Hassey, M.Ed, BSN, BA RN  
DNP Scholarly Project Title: ***Assessing the Knowledge and Interest of Massachusetts School Nurses Regarding the Use of Telehealth Technology in the School Health Office***  
DNP Scholarly Project Advisor: Mary Jane O'Brien, PhD, RN, CPNP, Affiliate Associate Professor, Northeastern University, Boston MA; Director of Health Services, Boston Public Schools, Boston MA  
Expert Mentor: Tamara Bland, DNP, CPNP-PC, Nurse Practitioner, University of Tennessee, Knoxville TN
  
11. Ingrid Herrera-Capoziello, MSN, RN-BC, CNS  
DNP Scholarly Project Title: ***Development of an Education Program to Increase Nurse Knowledge and Confidence on the Use of Continuous Subcutaneous Insulin Infusion Pumps to Maintain Blood Glucose at Target Goal in the Hospitalized Adult Post-Operative Patient***  
DNP Scholarly Project Advisor: Sharon O'Donoghue, DNP, RN, Affiliate Associate Professor, Northeastern University, Boston MA; Nurse Specialist, Beth Israel Deaconess Medical Center, Boston MA  
Expert Mentor: Rubin Diaz, MSN, FNP-BC, CDE, BC-ADM, Diabetes NP, Hospital for Special Surgery, New York NY

12. Allyson Kayton, MSN, APRN, NNP-BC  
DNP Scholarly Project Title: ***Comparing Heart Rate Characteristic (HRC) Index Score and Magnetic Resonance Imaging (MRI) Severity of Injury Score in Neonates with Hypoxic-Ischemic Encephalopathy (HIE) Undergoing Therapeutic Hypothermia (TH)***  
DNP Scholarly Project Advisor: Elizabeth Sharpe, DNP, ARNP, NNP-BC, VA-BC, FAANP, Affiliate Associate Professor, Northeastern University, Boston MA; Associate Professor Clinical Nursing, Specialty Director NNP Program, Ohio State University, Columbus OH  
Expert Mentor: Michael Weiss, MD, Associate Professor of Pediatrics, UF Health Stands Children's Hospital, Gainesville FL
13. Ann Marie Klaver, MSN, RN  
DNP Scholarly Project Title: ***Evaluation and Enhancement of the Knowledge and Confidence of School Nurses in Massachusetts Regarding Diabetes Numeracy***  
DNP Scholarly Project Advisor: Anne Mingolelli, DNP, MSN, PHMNP-BC, APRN-BC, Affiliate Associate Professor, Northeastern University, Boston MA  
Expert Mentor: Maryanne Quinn, MD, MPH, Staff Physician, Boston Children's Hospital, Boston MA; Assistant Professor of Pediatrics, Harvard Medical School, Boston MA
14. Christine LaGrasta, MS, RN, CPNP PC/AC  
DNP Scholarly Project Title: ***Clinical Descriptors of Pneumothorax Following Pediatric Cardiac Surgery***  
DNP Scholarly Project Advisor: Jean Connor, PhD, RN, CPNP, FAAN, Affiliate Professor, Northeastern University, Boston MA; Director Nursing Research, Cardiovascular & Critical Care, Boston Children's Hospital, Boston MA  
Expert Mentor: Mary McLellan, MPH, BSN, RN, CPN. Clinical Educator, Clinical Research Coordinator, Boston Children's Hospital, Boston MA
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DNP Scholarly Project Title: ***Understanding Meaningful Recognition in Pediatric Surgical Staff***  
DNP Scholarly Project Advisor: Debra Lajoie, PhD, MSN, RN, Affiliate Professor, Northeastern University, Boston MA; Director of Nursing Research Surgical Programs, Nurse Scientist Surgical Programs and Emergency Services, Boston Children's Hospital, Boston, MA  
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DNP Scholarly Project Title: ***A Survey of Hospice and Palliative Care Nurses' and Holistic Nurses' Perceptions of Spirituality and Spiritual Care***  
DNP Scholarly Project Advisor: Elizabeth McGrath, DNP, APRN, AGACNP-BC, AOCNP, ACHPN, Affiliate Associate Professor, Northeastern University, Boston, MA; Nurse Practitioner, Medical Oncology, Assistant Professor of Medicine, Dartmouth-Hitchcock, Nashua, NH, Dartmouth College, Hanover NH  
Expert Mentor: Carolyn Sun, PhD, RN, ANP-BC, Associate Research Scientist, Columbia University, New York Presbyterian New York NY
17. Nancy P. Mizzoni, MSN, RN, CPNP  
DNP Scholarly Project Title: ***To Determine if the Administration of Glucose Gel Prevents the Need for Intravenous Glucose in Infants with Hypoglycemia***  
DNP Scholarly Project Advisor: Patricia Fleck, PhD, RN, NNP-BC, Affiliate Associate Professor, Northeastern University, Boston MA  
Expert Mentor: Joanna Vaille, MSN, RNC-OB, C-EFM, Director of Maternal Infant Unit, Emerson Hospital, Concord MA
18. Terri L. Moore, MS, APRN, NNP-BC  
DNP Scholarly Project Title: ***Retrospective Chart Review to Evaluate Preterm Thermoregulation in Neonatal Resuscitation Program 7th Edition***  
DNP Scholarly Project Advisor: Wakako Eklund, DNP, NNP-BC, Affiliate Associate Professor Northeastern University, Boston MA; Neonatal Nurse Practitioner, Pediatrix Medical Group of Tennessee, Nashville TN,  
Expert Mentor: Abbot Laptook, MD, Professor of Pediatrics, The Warren Alpert Medical School of Brown University, Providence RI; Medical Director, Neonatal Intensive Care Unit, Women & Infants Hospital, Providence RI
19. Jill A. Taylor Pedro, MSN, RN, ACNS-BC, ONC  
DNP Scholarly Project Title: ***Evaluation of Discharge Education in the Inpatient Hospital Setting: An Educational Intervention to Improve Patient Safety with Opioid Medications***  
DNP Scholarly Project Advisor: Joshua D. Dion, DNP, ACNP-BC, RN-BC, Affiliate Associate Professor, Northeastern University, Boston MA; Owner and Director of Clinical Services Integrated Pain Care of Bedford, Bedford NH  
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20. Lisa J. Pugh, MS, APRN-BC, ANP, ACNP, FPMHNP  
DNP Scholarly Project Title: ***An Initial Evaluation of a Newly Implemented Innovative Program Designed to Provide Comprehensive Hospital-at-Home Care***  
DNP Scholarly Project Advisor: Mary Bronski, DNP, RN, Affiliate Associate Professor, Northeastern University, Boston MA  
Expert Mentor: Eliza P. Shulman, DO, MPH, Director, Atrius Health Innovation Center
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DNP Scholarly Project Title: ***Ventricular Assist Device: Patients' Perceptions of Hospital Readmissions***  
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DNP Scholarly Project Title: ***A National Survey of Nurse Leaders to Explore the Relationship between Grit, a Measure of Perseverance, and Measures of Psychological Well-Being***  
DNP Scholarly Project Advisor: Janet Dewan, PhD, MS, CRNA, Associate Nurse Anesthesia Program Director & Assistant Clinical Professor, Northeastern University, Boston MA  
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DNP Scholarly Project Title: ***Nurses' Perceptions of Fall Prevention: Nursing Perceptions of Barriers Utilizing the Fall Survey for Clinical Nurses***  
DNP Scholarly Project Advisor: Dorothea Devanna, DNP, RN, ACNS-BC, Affiliate Associate Clinical Professor, Northeastern University, Boston MA; Medical Surgical Clinical Nurse Specialist, Mount Auburn Hospital, Cambridge MA  
Expert Mentor: Debra Frost, DNP, RN, CRRN, Staff Specialist, Massachusetts General Hospital, Boston MA

24. Jessica Smith Yang, MS, RN, ACNS-BC  
DNP Scholarly Project Title: ***Post Hospital Rounds in the Home: An Innovative Nurse Practitioner Role***  
DNP Scholarly Project Advisor: Nancy Dirrubo, DNP, FNP-BC, FAANP, Affiliate Associate Professor, Northeastern University, Boston MA; Beacon Continuing Education, LLC, Boston MA  
Expert Mentor: Ryan Thompson, MD, MPH, Attending Physician and Director of Quality Improvement, Department of Medicine, Massachusetts General Hospital, Boston MA
25. Trish Zeytoonjian, MSN, RN  
DNP Scholarly Project Title: ***Appraising Staff Nurses' Perception of Quiet, Utilizing Focus Group Methodology to Improve the Patient Experience***  
DNP Scholarly Project Advisor: Sharon Kuhrt, DNP, RN, Part-Time Faculty, Northeastern University, Boston MA; Chief Nursing Officer, New England Rehabilitation Hospital of Portland, Portland ME  
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**All projects are submitted as quality improvement/performance improvement by all IRBs.  
 References for DNP Scholarly Project Abstracts are available upon request.**



## *Using Interviews to Explore the Concept of Autonomy in Nurse Practitioners Working in a University Health Setting*

**Cecilia Briggs**

**Background and Significance:** The Institute of Medicine (IOM) Future of Nursing report calls for advanced practice registered nurses (APRN's) to practice to the full extent of their education and training (Institute of Medicine, 2010). Despite this call to action, only twenty-one states allow full practice authority, or autonomous practice, for Nurse Practitioners (NP's), a specific category of APRN's.

A review of literature showed that NP's are interested in the concept of autonomy, but due to the paucity of data describing this concept, the definition of autonomy remains obscure. To date there have been no studies examining NP practice in Massachusetts (MA) university health centers related to autonomy. The role of NP's in relation to physician oversight varies largely across university health centers, making these settings perfect to explore the phenomenon of NP autonomy. It is anticipated that NP participants from MA university health centers will be able to provide considerable reflections on autonomy, thus filling an important gap in knowledge.

**Purpose and Goals:** The purpose of this scholarly project is to explore NP's perceptions of autonomy in MA university health settings. The goal will be to describe how NP's working in MA university health settings perceive and define autonomy.

**Methodology:** Data for this scholarly project will be obtained through 10-15 face-to-face interviews. Inclusion criteria will be any English speaking certified NP's, working either part or full time in a university health center in MA for a minimum of one year. Participants will be recruited via email from the group of universities belonging to the College Health Association of Nurse Directors (CHAND), representing approximately forty universities in MA. Interviews will last 30-60 minutes. A semi structured interview guide will be used to lead the discussion about autonomy.

**Results:** Project implementation is in progress.

**Implications for Future:** This project will add to a body of literature regarding autonomous NP practice. From the data, themes describing what autonomy means to NP's working in the university health setting will be identified. It is anticipated that these themes will allow for a clearer definition of autonomy in NP practice. Findings of this project may also help guide conversations related to the evolution of autonomous NP practice.

**Key Words:** Autonomy, Nurse Practitioner, University Health

***Medication Reconciliation in an Outpatient Clinic:  
Facilitators and Barriers to Guide Quality Improvement***

**Cynthia L. Browne**

**Background and Significance:** Adverse drug events and medication errors represent the most common patient safety errors; are linked to an increase in morbidity and mortality; and are preventable. Medication reconciliation is a formal process that seeks to maintain and communicate accurate patient medication information consistently through all transitions of care between healthcare providers (Institute for Healthcare Improvement, 2011). Medication reconciliation is not standardized across healthcare systems, and barriers exist due to difficulty with medication recall and health literacy with patients and family members. Complete and accurate medication histories are essential to medication reconciliation, and these barriers increase the incidence of medication errors and adverse events. Effective medication reconciliation practices ensure that providers recommend a treatment plan based upon accurate patient medication information; help prevent medication discrepancies; potential adverse events; and improve outcomes.

**Purpose and Goals:** The primary purpose of this quality improvement project is to identify facilitators and barriers to the process of medication reconciliation encountered by providers in the outpatient Cardiology Clinic of the Department of the Veterans Affairs Boston Healthcare System. The specific aims of this project are to identify facilitators and barriers to medication reconciliation, make recommendations for future practice improvement, and distinguish areas to improve medication safety and patient safety in the outpatient Cardiology Clinic.

**Methodology:** This is a descriptive quality improvement project utilizing a web-based survey through SurveyMonkey modified from the Institute for Safe Medication Practices (ISMP) Survey on Medication Reconciliation. The ISMP Survey on Medication Reconciliation was previously administered to healthcare facilities to assess progress with The Joint Commission National Patient Safety Goals requiring medication reconciliation. All 110 providers (goal n=44) of the outpatient Cardiology Clinic of the Department of Veterans Affairs Boston Healthcare System were invited to participate and included: physicians, nurse practitioners, and physician assistants. The survey is voluntary and confidential. Enrollment occurred over a period of six weeks.

**Results (in progress):** Data will be summarized using descriptive statistics through utilization of the IBM Statistical Package for Social Sciences (SPSS) Statistics.

**Implications for Future:** Collected data will help determine facilitators and barriers to the process of medication reconciliation in the outpatient Cardiology Clinic of the Department of Veterans Affairs Boston and provide a foundation for the future development of an educational tool to improve compliance with medication reconciliation, promote safe practice, and improve patient safety.

**Key Words:** Medication Reconciliation, Facilitators, Barriers

## ***Confidence Levels of School Nurses in the Care of Students Identifying as Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ)***

**Linda Cahill**

**Background and Significance:** According to the Youth Risk Behavioral Survey (YRBS) from 2015, LGBTQ youth suffer from many injustices including harassment, discrimination, risk for suicide, depression, substance abuse, and inequities in care (Kahn, Olson, & McManus, 2016.) The 2015 National School Climate Survey demonstrated that 57.6% of LGBTQ students felt unsafe because of their sexual orientation and 43.3%, because of their gender expression (Kosciw, Greytak, Giga, Villenas, Danischewski, 2016). Furthermore, Mahdi et al demonstrated a majority of school nurses reported limited or no experience practicing skills to interact with LGBTQ youth. According to the study, only 22% of school nurses had moderate levels of experience referring students to behavioral health providers with LGBTQ experience, compared to 50% of school counselors ( $P = .004$ ). According to the National Association of School Nurses, the school nurse provides a pivotal role in bridging the gap for students between education and optimal health, thus having the skills for managing the needs of LGBTQ youth is a necessity (National Association for School Nurses, 2015).

**Purpose and Goal:** The purpose of this scholarly project is to examine the confidence and knowledge of Massachusetts' school nurses in managing the needs of students who identify as LGBTQ. The goal is to identify gaps in the nurse's knowledge so that educational programs can be designed to meet the nurse's needs as it relates to caring for LGBTQ youth.

**Methodology:** This quality improvement project uses survey methodology and the Qualtrics© platform to administer the survey for data collection. The survey was adapted from the Mahdi et al 2014 quality improvement project to include 42 questions regarding confidence and knowledge related to the care of students identifying as LGBTQ including ten demographic questions, 30 Likert scale items, and seven open responses. A convenience sample of approximately 2800 school nurses was invited to participate via an email from the Massachusetts Department of Public Health. Survey recruitment and data collection is currently in process with anticipated completion, December 2017.

**Results (in progress):** Descriptive statistics will be utilized to analyze the quantitative data. Responses from the open-ended questions will be evaluated via content analysis.

**Implications for future:** Understanding the school nurses' confidence and knowledge related to the care of the students identifying as LGBTQ can help guide the development and implementation of educational initiatives to improve the care of these vulnerable students.

**Key words:** Lesbian, Gay, Bisexual, Transgender, School Nurses, Confidence, Knowledge

# *The Understanding of Pediatric Nurse Practitioners' Knowledge of Healthcare for Homeless Children*

**Teresa Buckley Dean**

**Background and Significance:** Homelessness is a public health problem in our country impacting approximately 1.6 million children within the United States (Family Homelessness, 2010; The American Academy of Pediatrics, 2013). The McKinney-Vento Act passed in 1987 was the nation's first response to homelessness. This legislation funded several programs including the Health Care for the Homeless Program (National Coalition for the Homeless, 2006).

Nationwide, there are more than 222,000 licensed nurse practitioners caring for underserved populations (AANP, 2016). Literature states that nurse practitioners can positively impact the health of homeless children by developing collaborative relationships with community agencies and creating referral networks to address the complex needs of this population. Research indicates that children who are exposed to "adverse childhood experiences" such as homelessness can have long-term outcomes including increased risk for medical and psychological morbidity in adulthood (Chung, et. al., 2016). Because of this significant impact it is imperative for pediatric nurse practitioners identify the homeless children in their practice and utilize the many assessment tools to meet the unique needs of this population. Exploring nurse practitioners' knowledge of available screening tools is important for the current health of this population as well as long-term outcomes.

**Purpose and Goals:** The purpose of this project is to describe the knowledge of pediatric nurse practitioners who care for children who experience homelessness. The goal of this study is to identify knowledge gaps that can help direct future educational initiatives.

**Methodology:** The pediatric nurse practitioner's knowledge of caring for homeless children will be measured via an on-line questionnaire. The questionnaire will be sent to the 3200 members of the Massachusetts Coalition of Nurse Practitioners electronically. Data will be analyzed from all complete responses using descriptive, quantitative data analysis methods. Comparative statistics will be used to assess if differences exist for nurse practitioners' knowledge of caring for homeless children by comparing variables such as years in practice, educational preparation, and practice environments.

**Results:** This study is currently in progress.

**Implications for the Future:** By assessing the knowledge of nurse practitioners related to the care of homeless children, gaps in knowledge can be identified and educational programs can be developed to better prepare nurse practitioners caring for this vulnerable patient population.

**Key words:** Homelessness, Children, Nurse Practitioners

## ***An Exploration into Infant Feeding Practices of Asian Women in the Greater Lowell Area***

**Carol Femia**

**Background and Significance:** Currently the American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of life (AAP, 2012). However, despite the plethora of evidence documenting the benefits of breastfeeding, many women initiate breastfeeding only to stop shortly thereafter or decide not to feed their babies in this manner at all.

Lowell General Hospital (LGH) serves a large Asian population, representing 70% of the patients delivering at LGH in 2014. According to the 2016 Breastfeeding Report Card (CDC, 2016) the percentage of breastfeeding women in Massachusetts that introduced formula before two days of age was 16.7%. In contrast, at LGH in March 2016, there were 131 Asian mothers who chose to breastfeed their infant, and amongst these, 71% introduced formula prior to discharge. This represents a significant cultural disparity. Gaining an understanding of these women's experiences with breastfeeding their infants and identifying facilitators and barriers to both initiating and sustaining breastfeeding will provide great insight into supportive interventions that could be implemented and help reduce breastfeeding disparities.

**Purpose and Goals:** The purpose of this practice improvement study will be to inform stakeholders about infant feeding practices amongst postpartum Asian women (Cambodian and Vietnamese) who deliver at Lowell General Hospital. The specific aims of this study will be to: 1) describe current breastfeeding and child feeding practices amongst the specified Asian population, 2) examine breastfeeding knowledge, including breastfeeding initiation and exclusivity, among this population, 3) describe barriers to breastfeeding amongst this population and lastly 4) identify factors that facilitate sustaining breastfeeding.

**Methodology:** A purposive sample of Asian postpartum women (Cambodian and Vietnamese),  $\geq 18$  years old, literate in either English, Khmer or Vietnamese, who have delivered full term at LGH during a 4 month period are being recruited to participate in this project. The Iowa Infant Feeding Attitude Scale (IIFAS) modified with additional demographic questions translated in Khmer and Vietnamese will be completed within 48 hours postpartum in the hospital setting. In addition, 4 focus groups, 2 consisting of 6-8 women of Vietnamese and 2 groups of Cambodian, recruited from six of the Obstetric/Gynecology (OB/GYN) offices in the greater Lowell area will be held to further explore factors influencing these women's infant feeding decisions.

**Results (in progress):** Descriptive statistics will be used to analyze survey results. Content analysis of the focus group data and open-ended survey questions will be used to identify themes until saturation.

**Implications for Future:** Understanding cultural influences and barriers to breastfeeding will allow potential educational interventions to be utilized that can enhance both initiation and exclusivity rates amongst Cambodian and Vietnamese women in the Greater Lowell Area. Successful introduction of culturally-based interventions can decrease the disparities for this population of infants and potentially improve health outcomes in the Asian Communities of Greater Lowell.

**Key Words:** Breastfeeding, Infant-Feeding, Feeding Practices

## ***Exploring Current Practice Trends and Patient Factors that Affect Quality of Care and Hospital Admissions among Newly Diagnosed Adult Veterans with Diabetes Mellitus Type 2***

**Jennifer D. Fonseca**

**Background and Significance:** The prevalence of Diabetes Mellitus Type 2, has been steadily increasing over the last decade. As of 2012, the total costs for medical care related to Diabetes Mellitus was upwards of 245 billion dollars (American Diabetes Association, 2017). Americans living with Diabetes Mellitus Type 2 is a substantial, growing and expensive problem that leads to hospital admissions. Reducing hospital admissions is vital to help improve patient outcomes and costs. Potential ways to reduce hospital admission include interventions such as patient diabetes education, providing diabetes specialty care while hospitalized, establishing clear and detailed discharge instructions, inter-professional care coordination and assuring post discharge support is present. Further research is needed to evaluate the effects of these interventions and hospital admissions.

**Purpose and Goals:** The purpose of this scholarly project is to explore current practice trends and patient factors that affect quality of care and hospital admissions among newly diagnosed adult veterans with Diabetes Mellitus Type 2. The goals of this study are to identify facilitators and challenging factors that relate to hospital admission within the first 24 months of a Diabetes Mellitus Type 2 diagnosis. Additionally, identify performance improvement methods that can enhance and/or provide successful outcomes in the plan of care. Long term care goals include: recognizing and developing cost effective strategies that help prevent hospitalizations, provide advancement of current organization resources, and implement tactics to help patients achieve optimization of glucose control.

**Methodology:** This quality improvement project uses a retrospective chart review of twenty random patient charts at the West Palm Beach Veterans Administration (VA) Medical Center to examine facilitators and barriers related to hospital admission of Veterans newly diagnosed with Diabetes Mellitus Type 2. Inclusion criteria: Adult male and female Veteran patients age 18 through 90 years of age, with a primary diagnosis code of Diabetes Mellitus Type 2 for less than or equal to 24 months. Patients diagnosed on or after June 1, 2015 and on or before June 31, 2017, that have or have not been hospitalized for Diabetes Mellitus Type 2. Exclusion criteria: patients who are actively undergoing chemotherapy, steroid treatments, have renal or congestive heart failure or wounds due to the increased risks of hyperglycemia and hospitalization associated with these factors; patients that receive primary care in the home given their ease and availability to medical resources in the home in comparison to their independent counterpart patients in the community. An investigator developed data extraction excel spreadsheet is used to extract inclusion data from the patient record.

**Results (in progress):** Descriptive and comparative statistics will be used to analyze data.

**Implications for Future:** Understanding the current practice trends, patient experience and possible challenges to achieving and/or maintaining optimal glucose control will help to develop strategies for positive outcomes for the individual with a diagnosis of Diabetes Mellitus Type 2 and ultimately have the potential for reducing hospital admissions from uncontrolled diabetes. Additionally, stakeholders will be informed of the areas that may need improvement and/or additional resources needed that would help to increase cost effective and patient centered, quality care for the Diabetes Mellitus Type 2 veteran population.

**Key Words:** Facilitators, Challenges, Glucose Optimization

## ***Pericardial Effusion in Post Cardiac Transplantation: A Retrospective Chart Review***

**Kerry Gaj**

**Background and Significance:** The reported incidence of post-cardiac transplant pericardial effusions varies widely, with ranges between 21-62% for all effusions and 6-8.9% for larger, more hemodynamically significant effusions. Although frequently observed, risk factors associated with these effusions as well as the significance of them remains unclear. Early studies (Valentine, et al, 1989; Hauptman, et. al.1994; Ciliberto, et.al, 1995) reported relationships between post-cardiac transplant pericardial effusions with acute cellular rejection and prior cardiac surgery. More recent studies (Quinn, et. al, 2002; Al-Dadah, et al., 2007) identified several risk factors for pericardial effusions such as idiopathic cardiomyopathies, female donor hearts, higher preoperative central venous pressures, donor ischemic time and intraoperative blood products, however, none of these studies were able to establish a relationship between cellular rejection and post-cardiac transplant effusion development.

**Purpose and Goals:** The purpose of this retrospective study was to describe 1. incidence and associated risk factors for post-cardiac transplant pericardial effusions, 2. risk factors such as cellular rejection and 3. echocardiology surveillance methods at one large, urban tertiary care center in New England.

**Methodology:** This retrospective study included a sample of approximately 60 post-cardiac transplant patients transplanted between March 30, 2015 and April 1, 2017 at a single center. Data collected included the following: patient demographics, comorbidities, etiology of pre-transplant cardiomyopathy, date of transplant, echo data to include effusion rating, medications, all types of transplant rejection, donor size as compared to recipient size, ischemic time, use of anticoagulation, prior sternotomies, dual organ surgeries, pre-transplant sensitization, pre-transplant hemodynamics and use of intraoperative blood products. A blinded, unbiased statistician will perform all analyses using SPSS and assist with data interpretation.

**Results (in progress):** Data collection is complete and data analysis is underway. Descriptive statistics will be used to describe patient characteristics as well as current practice of echocardiograms surveillance. Secondary analyses will be performed to explore relationships between various risk factors and effusion development if the data lends itself to these types of analyses.

**Implications for Future:** This study will inform the surveillance and management of post-operative pericardial effusions in cardiac transplant patients at a large, urban tertiary care center in New England. Currently, no standards exist regarding management of this potentially life-threatening complication. Based on this study, potential interventions, policies, or protocols may be developed in order to ensure appropriate care for these patients.

**Key Words:** Post Transplant Pericardial Effusion, Cardiac Transplantation, Cardiac Transplant Rejection

## ***Nurse Perception of Patient Handoff with the Unplanned Direct Clinic Admission***

**Alison Gilmore**

**Background and Significance:** The Institute of Medicine (IOM) reported that “it is in inadequate handoffs that safety often fails first.” To ensure a successful handoff in the hospital setting it is imperative to possess knowledge of patients’ current status, plan of care and goals of care. (IOM, Quality Chasm 2001) The Joint Commission for the Accreditation of Health Care Organizations, the Joint Commission, has included communication and the need to improve the effectiveness of communication among caregivers in their Patient Safety Goals for the past 3 years. In 2014, the Joint Commission also identified communication as the third leading root cause for sentinel events. (www.Jointcommission.org)

The literature states that the purpose of handoff communication is to establish common ground, or mutual understanding, of patient information between clinicians that are transferring the responsibility of patient care. (Collins, Stein, Vawdrey, Stetson & Bakken, 2011). Due to the complex and dynamic nature of an acute care hospital it is essential to look at handoffs specifically related to the patient population and clinical needs where handoff is occurring. One institution added up provider-to provider handoffs and the results were staggering, with 4,000 daily, a total of 1.6 million each year. (Vidyarathi, 2006).

**Purpose and Goal:** The purpose of this descriptive study is to explore the Intermediate Care nurses’ perception surrounding the handoff associated with the unplanned direct admission from clinic. The long term goal is to utilize the findings to define the elements needed for a complete handoff protocol.

**Methodology:** The descriptive study design utilizes focus groups held with Intermediate Care Registered nurses’ (RN’s) located within the Shapiro Cardiovascular Center at Brigham and Women’s Hospital (Shapiro Center) which encompasses 110 of the total 780 hospital beds. The patient populations found in these Intermediate Care level beds include Cardiac Surgery, Cardiology, Electrophysiology, Cardiac Intervention and Vascular Surgery patients.

This study utilizes purposive sample selection with a goal of enrolling 12-24 intermediate care level RNs, defined as nurses of any educational level who provides direct care to an acutely ill adult. Additional inclusion criteria: assigned to work permanently, either full time or part time on the day shift, working 8 or 12 hour shifts, representative of all units, and speaks English. Participants are verbally consented prior to focus group by the nurse facilitator. Three separate focus groups with 4-8 participants per group will be audiotaped. Four open ended questions will be presented and discussion, reflection and response with peers in the group will be encouraged

**Results (in progress):** Verbatim transcriptions will be reviewed until themes are identified and saturation is reached. Content analysis will be utilized to gain data saturation and identify themes surrounding nurse perceptions of the handoff associated with the unplanned direct clinic admission.

**Implications for Future:** The handoff with the unplanned direct clinic admission often happens asynchronously in a fast paced hospital setting, it is challenging to satisfy all of the criteria for a complete handoff. The goal is to ensure the receiving clinician has a full understanding of the patient in order to proceed forward with a plan of care that is consistent with the goals of care. The patient feels known and receives safe, seamless care.

**Key Words:** Handoff, Communication, Admission



## ***School Nurse Advocacy for Student Health, Safety and School Attendance: Impact of an Educational Activity***

**Jenny M. Gormley**

**Background and Significance:** School nurses are expected to serve as leaders in their communities, advocating for “quality student-centered care” and policies that support student health, safety, and attendance at school (ANA & NASN, 2017, p. 10). When nurses are leading interprofessional efforts for improved health, as school nurses demonstrate through collaboration with non-medical educators and school communities, there is an associated “improvement in patient outcomes, cost savings, and increased job satisfaction” (Institute of Medicine [IOM], 2016, p. 137). Several studies have described school nurse behaviors and perceptions related to advocacy and identified a need for school nurses to improve communication of their roles and student health needs with stakeholders (Rosen, Goodson, Thompson, & Wilson, 2015, Green & Reffel, 2009; Mangena & Maughan, 2015). No published studies were found that described the impact of an educational activity to increase school nurses’ knowledge, confidence, and ability to advocate for student health, safety and school attendance.

**Purpose and Goals:** The purpose of this scholarly project was to determine the impact of a brief educational activity for Massachusetts (MA) school nurses on: (1) knowledge of their advocacy role, (2) confidence in their ability to advocate locally for student health, safety, and school attendance, and (3) advocacy behaviors in their school communities. The goal of this quantitative, descriptive study was to increase school nurses’ knowledge, confidence, and ability to advocate effectively in the school community setting.

**Methodology:** A quantitative, repeated measure descriptive project design was used to compare school nurses’ knowledge, confidence, and behaviors related to advocacy before and following an educational activity. The student investigator developed and implemented the educational activity based on valid and reliable resources from the literature on nursing advocacy, the American Nurses Credentialing Center (ANCC) and the Association of Nursing Professional Development (ANPD) for evidence-based continuing education (ANCC, 2014; ANPD, 2017). A convenience sample of 60 school nurses was recruited from a general session, school nurse conference. Inclusion criteria was: Registered nurses (RNs) employed in Massachusetts working in pre-K-12 schools, who were able to read, write, speak and fluently comprehend English, that had access to email and were able to respond to an electronic online survey.

**Results:** Data collection is complete and data analysis is currently in progress.

**Implications for Future:** Results of the study will inform providers about school nurses’ knowledge, confidence, and behaviors related to advocacy. More effective school nurse advocacy has the potential to improve youth population health, increase safety for students at school and improve school attendance. These outcomes may reduce health care costs and lost wages for parents.

**Key Words:** Advocacy, School Nurse, Student Health

# ***Assessing the Knowledge and Interest of Massachusetts School Nurses Regarding the Use of Telehealth Technology in the School Health Office***

**Kathleen A. Hassey**

**Background and Significance:** According to the Massachusetts (MA) Department of Elementary and Secondary Education (DESE), there are 1.1 million grades K-12 students and 17.4% (167,530) of these have a diagnosed special health care need. The barriers of timely assessment, transportation, parental job interruption, distance of Primary Care Provider (PCP) may all be mitigated by utilizing a telehealth system within a school health office. Children and adolescents with a chronic illness can miss a great deal of school time by staying home. (Reynolds, 2015) “Especially given the role that illness plays in contributing to school absences, health providers have an important role in ensuring students do not miss school unnecessarily because of chronic illness or lack of access to health care.” (Attendance Works, 2014, para 1.) Even though school telehealth has been successfully utilized in several states, Massachusetts (MA) school nurses may not be using this promising method of technology optimally. Efficient school telehealth has been shown to increase prompt access to care, improve care coordination for students with special health care needs and chronic conditions, decreasing cost of health care, as well as keep children in school, in class and ready to learn. (Reynolds, 2015)

**Purpose and Goals:** The purpose of this quality improvement project is to assess Massachusetts (MA) school nurses’ perceived level of knowledge of and interest in telehealth technology. The goals are to identify any specific telehealth knowledge gaps and plan a future online educational program to inform practice and meet the telehealth educational needs of MA school nurses. A future goal is to improve student access to and coordination of health care in the state system.

**Methodology:** This descriptive design utilizes an investigator developed web based survey (Qualtrics) to conduct a needs assessment of school nurses perceived knowledge of telehealth technology use in the school health office. A convenience sample of 850 MA School Nurse Organization (MSNO) members who receive the organization’s email will be invited to participate in the online telehealth survey. Inclusion criteria: participant must be over the age of 18 years, a registered nurse practicing school nursing in MA, able to read and write English, and have access to a computer. There are no exclusion criteria. The survey will be open for 4 weeks from the date of the initial email. In addition, two focus groups will be conducted, each including 6-8 MA school nurses from two geographically different parts of MA. Each focus group will watch six minutes of informational videos about telehealth. Then the student investigator will use the same semi-structured interview guide with each focus group to assess the level of interest of MA school nurses regarding telehealth. The focus group responses will be audio recorded, transcribed and coded to identify common themes.

**Results (in progress):** Data analysis will be completed with descriptive statistics to describe survey and focus group results. Content analysis will be used to identify themes in order to develop a future telehealth educational program.

**Implications for Future:** School nurse knowledge and interest in a school telehealth model could improve access to care, efficiency of care, timeliness of care and improved care coordination for K-12 students in MA schools. Appropriate use of telehealth has been shown to decrease unnecessary ER visits, thereby decrease health care costs, and improved communication between school nurses, parents, students and PCP for more efficient, effective, comprehensive care. School nurses’ improved knowledge of telehealth use would potentially benefit students, parents, health care providers and assist in decreasing some pediatric health care costs.

**Key Words:** Telehealth, Student-Health, Care-Coordination

***Development of an Education Program to Increase Nurse Knowledge and Confidence on the Use of Continuous Subcutaneous Insulin Infusion Pumps to Maintain Blood Glucose at Target Goal in the Hospitalized Adult Post-Operative Patient***

**Ingrid Herrera-Capoziello**

**Background and Significance:** Diabetes management is essential to the post-operative course of the orthopedic patients. Uncontrolled hyperglycemia impairs wound healing and increases the risk of infection in the post-operative patient. Continuous subcutaneous insulin infusion is a method of delivering insulin therapy that closely resembles physiologic patterns of glucose control. The use of continuous subcutaneous insulin pumps is increasing in the United States but continues to remain limited in the acute care settings. As technology improves, insulin pump models improve and vary, and add to the existing models available on the market. This increases the complexity and creates a challenge for the bedside nurse and hospital clinical personnel to be competent in caring for the insulin pump patient.

**Purpose and Goals:** The purpose of this scholarly project is to develop an educational program for all the staff nurses of one unit in a major tertiary care facility in New York City regarding the use of the continuous subcutaneous insulin infusion pump. The first aim of the scholarly project is to measure the knowledge acquired by the nurses as a result of the educational program regarding the use of the continuous subcutaneous insulin infusion pump. The second aim is to increase the nurses' confidence in their clinical practice with this patient population.

**Methodology:** This practice improvement scholarly project will use an education program design and a pre-and- post web based –survey. Approximately 38 nurses of a specific unit will be the participants in this project. Inclusion criteria: All full-time staff nurses, > 18 years of age; bachelor's prepared as required for the position and computer literate. Primary language is English. Exclusion criteria: None. The investigator developed combined pre-knowledge and confidence web based survey will be given before the education begins then again in 60 days after the education sessions have been completed. Three experts piloted the web based survey for content validity. The surveys will be open for a four week period. The education program will be based on the initial pre-knowledge survey results. The education will be developed by the subject matter expert, project consultant and in collaboration with the clinical education specialist, based on the intimal pre-knowledge survey results. The education session will be 45 minutes in length and offered over a two week period on both shifts to ensure the staff is given equal opportunity to learn. A brief written education session program evaluation survey will be completed at the end of each education session.

**Results:** This practice improvement scholarly project is in progress. Descriptive statistics will be used to summarize the data. Comparative statistics will be used to analyze the pre and post survey results.

**Implications for Future:** Increasing knowledge and confidence levels of the nurses will help to develop their autonomy in clinical practice when caring for the patients with the subcutaneous insulin infusion pumps.

**Key Words:** Diabetes, Insulin-Pump, Glucose Control

# ***Comparing Heart Rate Characteristic (HRC) Index Score and Magnetic Resonance Imaging (MRI) Severity of Injury Score in Neonates with Hypoxic-Ischemic Encephalopathy (HIE) Undergoing Therapeutic Hypothermia (TH)***

**Allyson Kayton**

**Background and Significance:** Up to 25% of the surviving neonates with moderate Hypoxic Ischemic Encephalopathy (HIE) and 100% of neonates with severe HIE exhibit severe permanent neuropsychological handicaps in the form of cerebral palsy (CP), with or without associated mental retardation, learning disabilities or epilepsy (Florida Neonatal Neurologic Network, 2014). When HIE occurs, it triggers pathophysiologic cascade resulting in neuronal injury leading to death or long-term-disabilities. It is well known the use of total body cooling in the neonate slows this progression of HIE, significantly reducing CP and developmental delay. Cooling is done to prevent secondary injury to the neonate and is one of the most important interventions. Further, neuroprotection interventions are currently being studied but the question remains when is the right time to intervene. Identifying the relationship between HRC score and MRI severity of injury score could be used as a guide in patient management, including earlier implementation of neuroprotective interventions that may improve outcomes in neonates with HIE, or to guide discussion about withdrawal of support in cases of severe injury.

**Purpose and Goals:** Brain injury is associated with abnormal heart rate characteristics (HRC) that may also be present with HIE. Heart rate characteristics can be measured in the form of a score. This retrospective chart review examines the relationship between the HRC score, brain MRI severity of injury score and other related variables from a sample of infants with HIE treated with TH. This study is the first step toward understanding how the HRC score could be used as a clinical tool, in this patient population.

## **Specific Aims:**

1. Assess the HRC scores from neonates with HIE prior to TH, during TH and during re-warming and compare them to the Barkovich score from an MRI obtained between days of life 4-14.
2. To compare the HRC scores to clinical variables and the National Institute of Child Health and Human Development (NICHD) score.
3. To compare the HRC scores obtained during TH and rewarming to determine how hypothermia effects the autonomic nervous system of neonates undergoing TH.

**Methodology:** Using multi-centered retrospective chart review, demographic and clinical data is being collected for approximately 100 neonates with HIE and treated with TH. The sample will include infants with birth weights  $\geq 1800$  grams, gestational ages 35 0/7 weeks' to 42 6/7 weeks', born between January 1, 2014 and December 31, 2016. Statistical analyses will be performed using descriptive statistics to examine relationships between the HRC score, Barkovich score from an MRI (days 4-14 of life) and other clinical data.

**Results (in progress):** The study is currently in progress.

**Implications for Future:** Identifying relationships between the HRC score and MRI severity of injury score have the potential to guide future patient management, including earlier implementation of neuroprotective interventions that may improve outcomes for neonates with HIE. This could be accomplished through investigations of larger samples of neonates to further explore the predictive nature of the HRC score and HIE.

**Key Words:** Hypoxic-Ischemic Encephalopathy; Heart Rate Variability, Neonate

## ***Evaluation and Enhancement of the Knowledge and Confidence of School Nurses in Massachusetts Regarding Diabetes Numeracy***

**Ann Marie Klaver**

**Background and Significance:** Type 1 Diabetes Mellitus, formerly known as Juvenile Diabetes and Insulin-Dependent Diabetes Mellitus (IDDM), is increasingly more prevalent in the pediatric and adolescent population (American Diabetes Association, n.d.). Managing insulin delivery and regulating blood glucose levels is necessary to prevent significant chronic microvascular complications and death (Centers for Disease Control and Prevention, n.d.). School nurses are an integral part of the daily activities of many students. School nurses treat and assist all students with prescribed medications and procedures, respectively, throughout the school day. Adolescents diagnosed with T1D need both a quality diabetes management plan and emergency plan while in school. School nurses coordinate and collaborate with the student, family members, the nutritionist, nurse educator, the endocrinologist and student's educators, to manage a proper diabetes regime. The school nurse's diabetes education is broad. Preparation of numeracy confidence and skills is lacking (Lipkus & Peters, 2009). School nurses caring for students with diabetes must be educated and capable of quickly assessing the student's insulin/food schedule, calculating and delivering the appropriate insulin dose. Competency in this skill is essential to prevent hypoglycemia in a learning environment (Ofosu & Jarrett, 2015).

**Purpose and Goals:** The purpose of this quality improvement project is to improve school nurses' confidence in utilizing numeracy skills within their daily diabetes management. The goals of this quality improvement project are: 1) To measure the baseline knowledge of school nurses regarding diabetes numeracy; 2) To develop and implement an online accessible webinar continuing education program for school nurses regarding diabetes numeracy; and 3) To improve school nurse's confidence in their ability to calculate diabetes numeracy and improve diabetes management of students in grades K-12.

**Methodology:** This project uses a pre and post educational intervention web based survey design. A convenience sample of approximately 100 school nurses was recruited through email lists provided by Massachusetts Department of Public Health School Health Unit (MA DPH), Massachusetts School Nurse Organization (MSNO), Northeastern School Health Academy (NEUSHA), and Brockton Public Schools. Inclusion criteria: all school nurses in Massachusetts belonging to the professional groups listed, who are literate in English, and have basic computer skills. Exclusion criteria: members that have opted out of mass e-mail communication from the identified groups. In collaboration with a Boston Children's Hospital Endocrinologist, the *Vanderbilt Diabetes Numeracy Test* (DNT), with established reliability and validity, with permission, was modified to include demographics. The modified numeracy pre-survey to measure knowledge and confidence of school nurses in diabetes management was posted 4 weeks on the Northeastern School Health Academy website. Then an educational webinar based on survey results was developed with plan to offer December 2017. The webinar will remain live on the NEUSHA website. The modified post-numeracy survey will be emailed 2 weeks post educational offering. No further follow up.

**Results:** Surveys were administered electronically using a web-based password protected survey application known as Qualtrics. Data were exported into the SPSS statistical application for data analysis. Descriptive and comparative statistics will be used to describe findings and compare results.

**Implications for Future:** The relevance of this study will fill an important knowledge gap regarding school nurse's numeracy skills in diabetes management. Appropriately understanding the concepts and improving competency in diabetes carbohydrate/insulin computation is essential to best practices for diabetes daily health and wellness. Future, educational, professional development for school nurses.

**Key Words:** Diabetes, Numeracy, School Nurse

## *Clinical Descriptors of Pneumothorax Following Pediatric Cardiac Surgery*

**Christine LaGrasta**

**Background and Significance:** The standard of care after chest tube removal in postoperative cardiac surgical patients at Boston Children's Hospital is to obtain a chest radiograph to determine the presence of a pneumothorax. Cumulative radiation exposure from diagnostic testing increases lifetime risk of developing cancer by 6.5% in patients with complex congenital heart disease. Data from the adult population suggests the post removal chest radiograph does not provide any diagnostic or therapeutic advantage over the patient's clinical exam and the elimination of the post removal chest radiograph is safe. There is limited evidence regarding the development of pneumothorax following chest tube removal in pediatric cardiac surgery patients. The data that does exist, suggests similar results as in the adult population.

**Purpose and Goals:** The purpose of this study is to describe patient and clinical characteristics related to chest tube removal in pediatric cardiac surgery patients at a single quaternary academic center. The specific aims are to describe the frequency of pneumothorax after chest tube removal in postoperative pediatric cardiac surgical patients and to describe patient and clinical characteristics of pediatric cardiac surgical patients who experienced a pneumothorax after chest tube removal.

**Methodology:** A retrospective observational cohort project design is being utilized to review 8817 pediatric postoperative cardiac surgical patients from newborn to 18 years old who were inpatient at Boston Children's Hospital from January 1, 2010 - December 31, 2016. The charts of patients who demonstrated a pneumothorax on the first chest radiograph following CT removal are being evaluated. The presence of a pneumothorax is determined by the official radiology report. Data points being reviewed include: age at time of surgery, prematurity, gender, weight, height, body surface area, primary cardiac diagnosis, non-cardiac anomaly(s), surgical procedure, prior cardiac surgery, Risk Adjusted Congenital Heart Surgery Category (RACHS-1), intervention(s) post CT removal, length of stay in the CICU and length of total hospitalization. The medical records of patients who developed a pneumothorax will be further assessed to determine if these patients exhibited changes in clinical status or showed symptoms of respiratory distress prior to the post removal chest radiograph.

**Results:** Data collection is in progress. Pneumothorax following CT removal will be described using descriptive statistics for the entire cohort. Measures of central tendency using the mean, median, minimum and maximum will be used to identify the demographic, clinical and procedural variables of patients who developed a pneumothorax following CT removal. Measures of frequency and dispersion using range, frequency distribution, quartiles, mean absolute deviation, variance and standard deviation will be used to describe the patient and clinical characteristics.

**Implications for Future:** By understanding the frequency and patient characteristics of patients who develop pneumothorax after CT removal, clinical staff who manage chest tubes and perform their removal will have data to guide them in determining whether eliminating a post CT removal CXR is safe for this patient population. The results of this project will be compared to the literature to provide a foundational assessment for future practice changes.

**Key Words:** Pneumothorax, Cardiac Surgery, Pediatric

## *Understanding Meaningful Recognition in Pediatric Surgical Staff*

**Kierrah Leger**

**Background:** The American Association of Critical-Care Nurses (AACN, 2016) six standards to a Healthy Work Environment is comprised of Skilled Communication, True Collaboration, Effective Decision Making, Appropriate Staffing, Meaningful Recognition, and Authentic Leadership. Meaningful recognition (MR) is an important standard that has been cited as a top priority to enhance frontline staff engagement. The American Association of Critical Care Nurses (AACN) has reported that people who are not recognized, feel invisible, undervalued, unmotivated, and display reduced morale, provide suboptimal patient care. Though there is little evidence to guide MR strategies and interventions.

**Purpose and Goals:** The purpose of quality improvement project was to explore the perceptions of meaningful recognition of direct care nurses in three surgical programs (SP) in-patient units. The specific aims of the project were to: 1. Describe, compare, and contrast direct care nurses' responses to the three MR questions from the AACN HWE survey from three inpatient surgical unit. 2: Understand what Meaningful Recognition means to direct care nurses, to identify strategies identified by the nurses to enhance MR in three inpatient SP units. 3: Compare and contrast common themes derived from focus groups on MR across three units.

**Methodology:** 20 pediatric surgical nurses participated. Each participant completed a questionnaire with three questions identical to those from the MR section of the AACN HWE survey. Participants also participated in a single focus group led by a nurse with no managerial responsibilities. Focus groups were conducted to understand the meaning of meaningful recognition and to identify interventions associated with MR.

**Results:** Completed questionnaires are being analyzed, and the six focus groups are in data transcription and analysis.

**Future Implication:** The findings will help nurse leaders and key stakeholders to establish a deeper understanding of the phenomenon and provide evidence for best strategies and interventions to enhance meaningful recognition for nurses.

**Key Words:** Healthy Work Environment, Meaningful Recognition, Job Satisfaction

# *A Survey of Hospice and Palliative Care Nurses' and Holistic Nurses' Perceptions of Spirituality and Spiritual Care*

**Julia Lukovsky**

**Background and Significance:** The World Health Organization (WHO) challenges healthcare professionals to respond not only to the physical and psychological needs of dying patients and their families, but also to attend to the spiritual needs of patients and families faced with the reality of one's end of life (2017). The establishment of spiritual care is progressively being referred to in professional practice guidelines and government policy. It is nationally and internationally mandated in nurses' ethical codes, philosophy, and competencies (Wattis, Curran, & Rogers, 2017). Spiritual care embraces having sincere communication and providing encouragement, companionship, emotional support, open-mindedness, and active listening to the patient. It values the distinctiveness of each person through recognition of an individual's guiding beliefs, values, and principles and being attentive to their discussion and experience, including sources of meaning, hope, and connection (Holistic and Palliative Nurses Association (HPNA), 2010). A gap still exists regarding essential training in spiritual conversation and assessment, leaving health care providers feeling uncomfortable when assessing spiritual beliefs because of the abstract nature of spirituality (Draper & McSherry, 2002; Rodin et al., 2015). As nurses spend more time with patients than any other health care provider, it is vital that spiritual care be adapted as an indispensable component of standardized nursing care (Koenig, 2007).

**Purpose and Goals:** The purpose of this project is to assess hospice and palliative care nurses' (HPN) and holistic nurses' (HN) perceptions of spirituality and spiritual care. Specific aims of this study include assessing HPN and HN nurses' perceptions of spirituality and spiritual care utilizing the Spirituality and Spiritual Care Rating Scale (SSCRS) (McSherry, Draper, & Kendrick, 2002) and describing the association between demographics and nurses' perceptions about spirituality and spiritual care.

**Methodology:** This descriptive study utilizes a web-based survey (Qualtrics) to measure hospice and palliative care and holistic care nurses' perception of spirituality and spiritual care giving using a modified SSCRS. We modified the scale to include: Part A designed to collect demographic and professional information; Part B comprises the original 17 item Likert scale survey; and Part C to address spiritual care issues such as awareness of an experience with spiritual care. A convenience sample will be recruited from members of the HPNA and the American Holistic Nurses Association (AHNA) by an email deployed by the HPNA and the AHNA providing links to the survey to the members meeting inclusion criteria: HPN and HN nurses (RNs and APRNs who are listed on the mailing list of the HPNA and AHNA) who are literate in English, and have basic computer skills. The survey remains open for four consecutive weeks. No follow up is planned.

**Results (in progress):** Descriptive statistics summarizes data. Content analysis of open ended survey questions will be used to identify themes until saturation.

**Implications for Future:** Given adequate resources and education, nurses can be positioned to address the spiritual needs of patients and provide appropriate care (Rogers & Wattis, 2015). Building on the therapeutic nurse-patient relationship, it is anticipated that these findings could contribute to an enhancement of nursing care by the integration of standardized spiritual care into the nursing model (Keall, Clayton, & Butow, 2014).

**Key Words:** Spirituality, Spiritual Care, Education



## ***To Determine if the Administration of Glucose Gel Prevents the Need for Intravenous Glucose in Infants with Hypoglycemia***

**Nancy P. Mizzoni**

**Background and Significance:** Hypoglycemia in the neonatal period is a serious and preventable condition that can lead to lifelong disability (Harris, 2013). Neonatal hypoglycemia affects approximately 5–15% of otherwise healthy babies but is reported to be increasing due to a greater incidence of preterm births and maternal factors (Harris, 2013). Hypoglycemia in late preterm infants is associated with an increased risk of developmental delay, brain injury, and poor neurological outcomes, thus stricter monitoring and timely treatment of hypoglycemia after birth is recommended (Kerstjens, 2012).

In late preterm and term infants, initial management of hypoglycemia focuses on feeding, and feeding supplements. If feeding is unsuccessful and glucose concentration remains low, admission to the special care unit for intravenous glucose is usually indicated, separating the mother and baby. This separation can delay the establishment of breastfeeding and interfere with bonding (Harris, 2013). After extensive review of the literature, one hospital developed a new policy for the management of hypoglycemia that included the administration of 40% glucose gel. Nursing leadership at that institution wanted to evaluate if the new policy had led to a decrease need for IV glucose and admission to the special care nursery.

**Purpose and Goals:** This quality improvement project compares and contrasts the management of hypoglycemia for infants before and following implementation of the new policy. The goal is to determine if administration of glucose gel has reduced the need for intravenous glucose and admission to the special care nursery.

**Methodology:** A retrospective chart review of 120 infants is being completed for the timeframe of October 1, 2016 to September 30, 2017 (6 months prior to, and 6 months after the change in policy). Data is being collected on all infants diagnosed with hypoglycemia that met the inclusion criteria.

**Results (in progress):** Patient characteristics, blood glucose levels, number of glucose gel treatments, feeding supplementation, admission to special care nursery, and IV glucose will be described using descriptive statistics. Chi square analysis will be performed to determine the association between patient characteristics and the need for intravenous therapy and special care nursery admission. A run chart will be used to demonstrate the need for IV glucose in managing hypoglycemia and determine if there has been a reduction since the change in policy.

**Implications for Future:** This quality improvement project will help determine the efficacy of glucose gel in the treatment of hypoglycemia. It has important implications for the mother and infant, such as facilitating mother/infant bonding and improved breastfeeding. This work will inform current practice and the national trend of using glucose gel to treat hypoglycemia. More research is needed to help determine which infants are at a greatest risk for hypoglycemia and that benefit from glucose gel.

**Key Words:** Infant, Hypoglycemia, Glucose Gel

## ***Retrospective Chart Review to Evaluate Preterm Thermoregulation in Neonatal Resuscitation Program 7th Edition***

**Terri L. Moore**

**Background and Significance:** Preterm infants are at high risk for harmful hypothermia in the delivery room due to their larger surface area to body mass ratio, permeable skin, and lack of subcutaneous fat (Fanaroff, 2011). Risk of cold stress is greatest at birth for low birth weight infants and is associated with increased rates of morbidity and mortality in this population (Laptook, Salhaab, Bhaskar, 2007). Neonatal Resuscitation Program (NRP) guides resuscitation and stabilization of infants at delivery, including measures that improve outcomes in very low birth weight neonates (AAP, 2016). Evidence through research indicates these measures are valid to prevent hypothermia and therefore serve as guidelines for delivery room care of infants born before 29 weeks (McCall, E., Alderice, F., Halliday, H., Jenkins, J., & Vohra, S., 2010). Beginning in 2017, the NRP steering committee directed temperature regulation guidelines be expanded to a broader group of infants, those < 32 weeks gestational age, to minimize the occurrences of hypothermia in the delivery room and to reduce the associated adverse clinical outcomes (AAP, 2016). This project focuses on implementation of the new thermoregulation guidelines and is designed to answer the following practice question: Does implementation of the NRP 7th Edition recommendations lead to improved thermoregulation of neonates from 29 0/7 to 32 0/7 weeks gestation following birth?

**Purpose and Goals:** The purpose of this project is to evaluate the thermoregulation practice change recommended by NRP 7th edition and to measure effectiveness of the expanded thermal control measures at a single level III NICU. The goal is to inform practice by determining if the expanded guidelines have improved thermoregulation on admission at this clinical setting.

**Methodology:** Through this quality improvement project, demographic and patient data will be retrospectively reviewed and will include use of all temperature control measures as well as all patient variables to examine additional relationships between hypothermia and mortality and morbidity. The study sample, estimated at 100 infants, includes all infants born between 29 0/7 weeks and 32 0/7 weeks gestation at the designated hospital from July 1st, 2016 to July 30, 2017. This covers the 6-month period immediately prior to and after the implementation of the expanded recommendations.

**Results (in progress):** Using descriptive statistics, 6 months of thermoregulation data before and after implementation will be compared. Changes in thermoregulation practices and admission temperatures will be evaluated, as well as subject characteristics and related variables of our study sample.

**Implications for Future:** The results will inform practice by determining if the expanded guidelines are sufficient to improve outcomes, as evidenced by increased thermoregulation on admission to this clinical setting. The results will also potentially identify associated adverse outcomes related to insufficient thermoregulation. If necessary, these results will provide a basis for developing additional institutional strategies for hypothermia prevention.

**Key Words:** Thermoregulation, Preterm Infant, Hypothermia

## ***Evaluation of Discharge Education in the Inpatient Hospital Setting: An Educational Intervention to Improve Patient Safety with Opioid Medications***

**Jill A. Taylor Pedro**

**Background and Significance:** From 2000 to 2014 nearly half a million people in the United States died from drug overdoses; many of them from prescribed or illicit opioids (CDC, 2016). In a 2013 national survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), it is reported that 6.5 million Americans aged 12 years or older used prescription drugs in the past month for a non-medical reason (NIDA, 2015). The lack of awareness of the proper disposal of unused prescription medications in the home poses a serious public health problem (NADDI, 2017). This paucity of education regarding opioid safety is a preventable health risk that all health care providers must be aware of and take an active role to educate patients. Effective January 1, 2018, The Joint Commission new pain standards go into effect, calling for improved opioid education. These new standards require patients who are discharged with opioid prescriptions to be educated on their safe use, secure storage and proper disposal with patient understanding documented.

**Purpose and Goals:** The purpose of this scholarly project is to increase the knowledge of staff nurses to effectively educate patients being discharged regarding the safe use, secure storage and proper disposal of opioids when prescribed. The aims of the study are to: (1) identify knowledge gaps of registered nurses regarding patient education concerning the safe use, storage, and safe disposal of opioids; (2) disseminate revised standards of The Joint Commission requiring essential opioid safety strategies needing to be taught to patients and documented (3) develop and implement an educational program for registered nurses regarding current requirements for opioid education; and (4) measure the outcomes and knowledge acquired from the educational intervention by developing and implementing a pre and post-educational survey for participants.

**Methodology:** A convenience sample comprised of approximately 60 registered nurses working on a surgical unit at Massachusetts General Hospital are being recruited to participate in an investigator developed pre-and post-web-based survey to measure baseline knowledge and assess the effects of an educational program based on The Joint Commission standards for opioid patient education. Educational sessions will be held on various dates and times for a one month period. Inclusion criteria: all English-speaking registered nurses in staff nurse positions on the chosen study unit, with access to hospital email, who can read, are computer literate, and attend a ten-minute educational session, with ten minutes allowed for questions. Exclusion criteria: nurses not in staff nurse positions on the unit.

**Results (in progress):** Descriptive and comparative statistics will be utilized to analyze data.

**Implications for Future:** Inadequate education about opioids is a barrier to safe, effective use of these beneficial but potentially dangerous medications. Knowledge regarding opioid safety is needed to assist in the prevention of opioid use disorder. Nurses are in a critical position to use their knowledge and expertise to educate patients and family members about opioids and help prevent unnecessary harms related to misuse, improper storage and disposal of opioids.

**Key Words:** Opioid Education, Opioid Safety, Substance Use Disorder

# ***An Initial Evaluation of a Newly Implemented Innovative Program Designed to Provide Comprehensive Hospital-at-Home Care***

**Lisa J. Pugh**

**Background and Significance:** Hospital-at-home programs that enable patients to receive acute care at home compared with usual hospital care have been shown to result in fewer complications including reductions in delirium, greater satisfaction with care for patients and family members, less caregiver stress, better functional outcomes, and lower costs. (Leff, 2015; Kowalczyk, 2016) However, widespread adoption of the model in the United States (U.S.) has been hampered by several factors which include concerns regarding patient safety as well as the legal risk and reluctance of payers. (Klein, 2011)

This project describes an innovative healthcare delivery system launched in May 2017 by a partnership between Atrius Health and Medically Home, a company that is committed to providing hospital level acute care in the home. The goal of that partnership is to provide a comprehensive holistic approach to caring for patients requiring acute care in their homes rather than sending them to the hospital for an inpatient stay. Medically Home's admission criteria includes adults  $\geq 18$  years with a multitude of diagnoses who are covered by qualifying insurance carriers. The Medically Home program provides acute level care, restorative care and preventative care in the patient's home for approximately 30 days.

**Purpose and Goals:** The purpose of this quality improvement project is to evaluate the patient's and designated family caregiver's perception of receiving care in this innovative program during the initial implementation. A second purpose is to identify the benefits and challenges of receiving acute, restorative and preventative phases of care within the home environment. The aims are: 1) To explore the relationship between this innovative model of care delivery and the occurrence of adverse events such as falls, change in mental status, and secondary infections, and 2) To evaluate the frequency of outside utilization while receiving such care. Outside utilization is defined as emergency room visits, admissions to a traditional inpatient hospital setting, skilled nursing facility or rehabilitation facility.

**Methodology:** This program evaluation project uses two Likert scale surveys, the modified Patient Experience Survey and modified Family Member Experience Survey, given to patients and their designated family caregiver, if one is identified by the patient upon enrollment, to query them regarding their perception of their experience with this program. Content validity was established by 3 experts. Participants are a convenience sample of all patients and their designated family caregiver enrolled into this program from existing sites within the Atrius Health system located throughout Massachusetts between May 1, 2017 and December 31, 2017. It is estimated this will be approximately 12-15 patients and 12-15 corresponding caregiver surveys. Exclusion criteria: diagnosed as having any cognitive impairment, with an altered mental status such as Alzheimer's disease or Dementia and are unable to understand the information sheet or read and answer the questions on the survey. If a patient is excluded, the family caregiver is automatically excluded. In addition, a chart review will be conducted to obtain data regarding the course of care provided including demographics, diagnoses, adverse events and outside utilization during the 90 day period following enrollment.

**Results (in progress):** Descriptive statistics will be used to analyze the quantitative data. Content analysis will be used to interpret the survey responses coded with themes identified until saturation.

**Implications for Future:** Nurses are essential to the success of Hospital-at home programs for: providing comprehensive care, reducing hospitalizations, improving overall quality of life, promoting continuous improvement opportunities.

**Key Words:** Holistic, Hospitalization, Home

## ***Ventricular Assist Device: Patients' Perceptions of Hospital Readmissions***

**Deborah A. Reynolds**

**Background and Significance:** Heart failure is advanced when conventional heart therapies and symptom management strategies no longer work, and the patient feels shortness of breath at rest (AHA, 2017). A Ventricular Assist Device (VAD) is placed in patients with severe heart failure to support heart function for the left side of the heart (LVAD) and in some cases, both the right and left sides are supported (Bi-VAD). VADs support the heart by mechanically forcing blood through the ventricle to the rest of the body. Patients receive VADs as either a bridge to transplant (BTT) or destination therapy (DT) at the time of implant. They can have the device for less than a year or for many years. In either situation, VADs become a permanent therapy for these patients. It is a complex and long-term therapy and the longer the VAD remains implanted, the greater the likelihood and frequency of complications.

A dedicated Mechanical Circulatory Support (MCS) unit at Brigham and Women's Hospital (BWH) provides care for up to 10 VAD patients. These patients experience medical/surgical issues and are admitted either from home or the VAD clinic. The care of these patients involves a multidisciplinary team. Patients' stays average ten to fourteen days.

A review of the literature reveals a plethora of research on patients with VADs. However, no current published studies could be found examining patient perceptions of hospital readmissions for VAD complications and effect on QOL.

**Purpose and Goals:** The purpose of this study is to determine how a patient who is readmitted for a VAD complication perceives the readmission and how it affects their quality of life. Quality of life for this study is defined as the perception of being well enough to do and enjoy activities that are important to the individual (Sandau et al, 2014). The goal of this study will be to identify nursing interventions that could help direct the future care of this patient population during a hospital readmission potentially improving the quality of care they receive.

**Methodology:** This is a qualitative study using interview and conventional content analysis methodology. The convenience sample consists of patients with VADs admitted to the MCS unit at a single quaternary care medical center. A nurse who understands the patient population and is skilled in interviewing will interview participants. The nurse will ask the patients three questions. The semi-structured interviews will allow patients to describe their perceptions of VAD readmissions.

**Results (in progress):** Patient interviews are set to begin. Data is expected to reveal important perceptions patients have related to their hospitalization.

**Implications for Future:** VAD readmissions occur regularly and will increase since patients can have their VAD for many years. Nurses can improve the care they provide when they fully understand patient perceptions to VAD readmissions. Findings from this study may enable development of holistic nursing care interventions to improve the quality of life of VAD patients during hospitalizations.

**Key Words:** Ventricular Assist Device, Hospital Readmissions, Quality of Life

# ***A National Survey of Nurse Leaders to Explore the Relationship between Grit, a Measure of Perseverance, and Measures of Psychological Well-Being***

**Claire Seguin**

**Background and Significance:** Today's nurse leaders need managerial and leadership skills to address unprecedented challenges. The well-being of nurse leaders is an important factor in their ability to adapt to the changing shape of the delivery model, do more with less and demonstrate improvement in efficiency, maintain and improve quality and safety metrics as transparency advances, and sustain a satisfied workforce. Consequently, it is important to identify individuals at risk for burnout and low levels of well-being as early as possible. The aim of this study was to test the hypothesis that the well-being of nurse leaders may be related to grit, a psychological factor defined as perseverance and passion for long-term goals.

**Purpose and Goals:** The purpose of this scholarly project is to explore the relationship between grit and psychological well-being in nurse leaders as a first step in understanding if grit matters for the profession. The goal of this study is to explore whether the personality attribute called "grit" represents a core personality trait among nurse leaders. More specifically, are higher grit scores amongst nurse leaders associated with measures of psychological well-being.

**Methodology:** A web-based survey design was used. A purposive sample of 9,700 American Organization of Nurse Leaders (AONE) members was surveyed; the response rate is pending. Inclusion criteria: members with accountability for a clinical unit, multiple units or a department who are actively working in leadership roles at hospitals and/or health systems, literate in English, with basic computer skills. Exclusion criteria: members opted out of mass e-mail communication, or work in academia and other settings. Perseverance was measured using the Short Grit Scale, a validated tool that predicts trait-level perseverance and passion for long-term goals. Nurse leader well-being was measured with (1) burnout and (2) personal accomplishment using the Maslach Burnout Inventory, by far the most widely used tool to measure burnout in nurses (Beckstead, 2002). The personal accomplishment (PA) subscale has been independently validated and measures the values of excellence and competence with higher scores positively associated with reduced burnout. Additional demographic questions were included.

**Results (in progress):** Descriptive statistics will be used to summarize survey results based on demographic information. Comparative statistical methods will be used to determine the relationships between the two personality attributes.

**Implications for Future:** The data analyzed from this study will describe the relationship between grit and well-being of nurse leaders as a first step in understanding if grit matters for the profession. If grit is positively associated with feelings of personal accomplishment, a known antidote to burnout, it may be a quick, reliable measure that can predict attrition risk. Long term, grit development may prove to be an effective tool for improving nurse retention, success and quality outcomes.

**Key Words:** Nurse Leader, Grit, Burn

## ***Nurses' Perceptions of Fall Prevention: Nursing Perceptions of Barriers Utilizing the Fall Survey for Clinical Nurses***

**Jean Stewart**

**Background and Significance:** “Inpatient falls are common adverse events that lead to patient injury, increased length of stay, healthcare cost, litigation and are a focus of patient safety and health care quality” (Dibardino, 2012). Moreover, patient falls are significant due to the high rate of morbidity and mortality. “The reported rate of falls in acute care hospitals ranges from 1.3 to 8.9 per 1000 bed-days” (Oliver, 2010). The National Database of Nursing Quality Indicators (NDNQI) states that “a patient fall is a sudden, unintentional descent, with or without injury to the patient, that results in the patient coming to rest on the floor, on or against some other surface (e.g., a counter), on another person, or on an object (e.g., a trash can)” (NDNQI, 2016). Fall prevention is an important goal that has been investigated with corresponding interventions executed. Yet information on effective fall reduction is still in need of further study. Current evidence indicates falls that happen in the hospital can be reduced with planning and intervention techniques.

**Purpose and Goals:** The purpose of this scholarly project will assess inpatient direct care nurses' perception of the LEAF fall prevention program and their perceived barriers to fully implementing the program. The goal will be to assist the fall prevention program to develop interventions to improve their fall rates.

**Methodology:** This quality improvement project uses survey methodology. A convenience sample of approximately 400 direct care inpatient nurses was recruited from eight general care surgical units at a single urban hospital located in the Northeast US. Inclusion criteria consisted of all direct care inpatient nurses on eight general care surgical units. Exclusion criteria included advanced practice nurses and nurse administrators. Under the advice of the inventor, a modified tool of sixteen items and four demographic questions will be utilized, providing the best information of nurses' perceptions and perceived barriers of falls.

**Results (in progress):** Data analysis is currently underway and will be completed by December 2017.

**Implications for Future:** The LEAF program was implemented as a way of preventing patient falls. The Fall Survey for Clinical Nurses will help identify perceived barriers to the program and provide direction for the next steps managing fall prevention. This project is a first step toward understanding why fall rates and fall with injury rates continue to exceed national standards for some inpatient units.

**Key Words:** LEAF Program, Perceived Barriers, Staff Nurse

## ***Post Hospital Rounds in the Home: An Innovative Nurse Practitioner Role***

**Jessica Smith Yang**

**Background and Significance:** A component of the Affordable Care Act (ACA) called the Hospital Readmissions Reduction (HRR) Program incentivizes hospitals to reduce unnecessary readmissions within 30 days by improving care transitions and quality of care for Medicare patients. Hospital readmissions contribute to both financial burdens and inpatient capacity challenges for institutions. The “*Stay Connected Program*” is a 5-intervention readmission reduction program at a metropolitan academic medical center that has reduced 30-day hospital readmissions for a high risk for readmission medicine/cardiac patient population. The most innovative intervention in the program is Nurse Practitioner (NP) home visits.

**Purpose and Goals:** The purpose of this project is to describe and evaluate this innovative NP home visit intervention in the context of a multi-intervention readmission reduction program for high risk for readmission medicine patients by completing a retrospective chart review of a subset of the patients seen by the NP in the 30 days post hospital discharge. The goal is to determine the key interventions the NP performs as this innovative role is included in an effective hospital readmission reduction program.

**Methodology:** A descriptive study design using a retrospective chart review with chart extraction form is utilized. The extraction form includes, but is not limited to: patient demographics, diagnosis, NP interventions, adverse events and readmissions to the discharging institution. The selected charts will be a subset of patients who received the NP home visits as a part of the Stay Connected Program. The patient sample will be selected from an enrollment excel spreadsheet. All patients admitted to the NP home visit intervention in the time period of July 1, 2017 – September 30, 2017 will be selected for the chart review without any exclusions. A sample size of 100 charts will be targeted and/or sample size will be concluded sooner if theme saturation is reached.

**Results:** This study is in progress.

**Implications for Future:** This study adds to the body of evidence to support a strategic approach to reduce hospital readmissions and could potentially be a great value to institutions trying to reduce HRR program financial penalties and inpatient capacity. This study also supports the diverse contributions of the advanced practice nurse to high quality patient care and inclusion of an NP role in the home care setting. Next steps would be to examine this NP role individually to directly link this intervention to readmission reduction.

**Key Words:** Readmission, Nurse Practitioner, Home Care



## ***Appraising Staff Nurses' Perception of Quiet, Utilizing Focus Group Methodology to Improve the Patient Experience***

**Trish Zeytoonjian**

**Background and Significance:** Within inpatient hospital units, noise can come from loud conversations from hospital staff, high tech telemetry equipment, various other alarms used to keep patients safe, meal carts and doors slamming (Wilson, Whiteman, Stephens, Swanson-Biearman & LaBarba, 2017). Environmental sounds, bright lights, alarms and voices are well documented sources of noise in the literature and show a negative impact on patient sleep, thus leading to sleep disturbance and overall poor hospital experiences (Gay, 2010; Missildine et al., 2010; Unsal & Demir, 2012). A patient's sleep is a necessary element in the promotion of healing, reduction of stress and ensures the overall wellbeing for recovery from hospitalization.

At the institutional level, sleep is a patient experience measure. Individual inpatient hospital units receive feedback on sleep disturbance and noise level via the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey tool. This source of feedback is generally negative around unit noise and sleep promotion. Hospitals recognize sleep as a necessary element that prompts healing thus they have implemented various strategies to reduce noise and promote sleep for their patients. The low HCAHPS scores indicate there may be further opportunities to reduce noise and staff nurse perceptions of noise may be key to identifying these opportunities.

**Purpose and Goals:** The purpose of this scholarly project is to understand staff nurses' perception of noise on one inpatient 36-bed surgery/trauma unit. The goal of this project is to reduce noise and improve the patient experience that will be reflected in the HCAHPS scores over time.

**Methodology:** This quality improvement project utilizes focus group methodology. A convenience sample of approximately seventy nurses on a thirty-six-bed surgery/trauma unit in a large urban tertiary medical center was invited to participate in focus groups. Inclusion criteria included male and female English speaking nurses who work day, evening, or night shifts on the surgery/trauma unit. Exclusion criteria for the study included non-nursing staff, unit based advanced practice nurses, and the unit based Nurse Director.

**Results (in progress):** The project is in progress. Data analysis is expected to be complete by December 2017.

**Implications for Future:** Understanding staffs' perception of quiet and eliciting suggestions from the staff could potentially lead to development of sustainable interventions that promote quiet and may benefit other units struggling with this same issue.

**Key Words:** Perception, Quiet, Staff Nurse