



Northeastern University

Bouvé College of Health Sciences
School of Nursing

Doctor of Nursing Practice (DNP) Capstone Project Abstracts Cohort 6

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for the Doctor of Nursing Practice Degree

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Student Speakers:

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1. Georgia Agganis, MSN, RN, CPNP
Capstone Title: ***Preventing Sexually Transmitted Infections (STIs) in Adolescence: A Quality Improvement Project to Determine if Adolescent Females with the Long Acting Contraceptive Nexplanon Continue with Condom Use***
Capstone Advisor: Karen Farnum, DNP, RN, PPCNP-BC, Adjunct Associate Clinical Professor, Northeastern University, Boston, MA; Pediatric Primary Care, Greater Lowell Pediatrics, Lowell, MA
Expert Mentor: Michelle Beauchesne, DNSc, RN, CPNP, FAAN, FAANP, FNAP, DNP Program Director & Associate Professor, Northeastern University, Boston, MA
2. Pooja Bhalla, MSN, RN
Capstone Title: ***Development of an Urban Leadership Development Seminar Series for Emerging Nurse Leaders at Boston Health Care for the Homeless Program (BHCHP)***
Capstone Advisor: Michelle Beauchesne, DNSc, RN, CPNP, FAAN, FAANP, FNAP, DNP Program Director & Associate Professor, Northeastern University, Boston, MA
Expert Mentor: Terri LaCoursiere Zuccherro PhD, RN, FNP-BC, Healthcare for the Homeless, Boston, MA
3. Jennifer Bragdon, MSN, MTS, BA, RN, CNOR, CPN
Capstone Title: ***Current Nursing Pressure Ulcer Prevention Practice and Risk Factors of Pressure Ulcer Development in the Perioperative Environment***
Capstone Advisor: Dorothea Devanna, DNP, RN, ACNS-BC, Adjunct Clinical Associate Professor, Northeastern University, Boston, MA; Medical-Surgical Clinical Nurse Specialist, Mount Auburn Hospital, Cambridge, MA
Expert Mentor: Charlotte L. Guglielmi, MA, RN, CNOR, Clinical Manager, Perioperative Education, Beth Israel Deaconess Medical Center, Boston, MA
4. Mary Bronski, MS, RN
Capstone Title: ***A State Wide Web-Based Survey of the Characteristics and Demographics of Residential Care Facility Residents in Massachusetts***
Capstone Advisor: Sharon Kuhrt, DNP, RN, Adjunct Associate Clinical Professor, Northeastern University, Boston, MA; Director, Clinical Excellence, Martin's Point Health

Care, Portland, ME

Expert Mentor: Suzanne Meree Lawton, MHA, BSN, RN, President and Legislative Advocate for M.A.R.C.H. (Massachusetts Association of Residential Care Homes) York, ME

5. Debra Burke, MSN, MBA, RN

Capstone Title: ***Characteristics of Nurse Directors that Contribute to High Registered Nurse Satisfaction Scores***

Capstone Advisor: Patricia A. Hickey, PhD, MBA, RN, CHPQ, NEA-BC, FAAN, Adjunct Professor, Northeastern University, Boston, MA; Vice President & Associate Chief Nurse, Cardiovascular and Critical Care Services; Co-Executive Director, Center for Medical Simulation, Boston Children's Hospital, Boston, MA; Assistant Professor of Pediatrics, Harvard Medical School, Boston, MA

Expert Mentor: Marianne Ditomassi, DNP, MBA, RN, Executive Director, Patient Care Services Operations and Magnet Recognition, Massachusetts General Hospital, Boston, MA

6. Carlene Byfield, MS, RN

Capstone Title: ***Strengthening Professional Resilience in Post Licensure Nurses Who Care for Children with Special Health Care Needs and Complex Medical Conditions***

Capstone Advisor: Ann C. Stadtler, DNP, RN, CPNP, Adjunct Associate Clinical Professor, Northeastern University Boston MA; Director, Touchpoints Site Development & Training, Brazelton Touchpoints Center, Boston Children's Hospital, Boston, MA

Expert Mentor: Rona Schlau, MS, RN, Assistant Vice President and Chief Nursing Officer, St. Mary's Hospital for Children with Special Health Care Needs, Bayside, NY

7. Immacula Cann, MSN, RN-BC

Capstone Title: ***Assessing for Presenteeism and Interest in "One Body" Stress Reduction Fitness Program in a Healthcare Setting***

Capstone Advisor: Dorothy M. Mullaney, DNP, MHS, APRN, Adjunct Associate Clinical Professor, Northeastern University, Boston, MA; Director, Advanced Practice, Dartmouth-Hitchcock Medical Center, Lebanon, NH

Expert Mentor: Lee R. Radke, Ed.D, Director of Education & Training and Infection Control, Southwest Connecticut Mental Health System, Bridgeport, CT

8. Julie Cronin, MSN, RN, OCN

Capstone Title: ***Implementing and Evaluating a COMFORT Communication in Palliative Care Curriculum for Oncology Nurses***

Capstone Advisor: Kelly A. McCue, DNP, RN, AOCNS, Adjunct Clinical Associate Professor, Northeastern University, Boston, MA; Program Manager Oncology and Breast, Brattleboro Memorial Hospital, Brattleboro, VT

Expert Mentor: Gino Chisari, DNP, RN, Director, The Norman Knight Nursing Center for Clinical & Professional Development within the Institute for Patient Care, Boston, MA

9. Heather Farmer, MSN, RN, PMHNP-BC

Capstone Title: ***Evaluating Provider Response to the Proposed Addition of the Specifier "With Psychopathic Features" to the Diagnosis of Antisocial Personality Disorder***

Capstone Advisor: Karen Pounds, PhD, APRN-BC, Assistant Clinical Professor, Northeastern University, Boston, MA

Expert Mentor: James Schrage, Psy.D, Unit Director, Bridgewater State Hospital, Bridgewater, MA

10. Kandree E. Hicks, MPS, MSN, APRN, NP-C
Capstone Title: ***Curriculum Design in Postgraduate Education and Training (PGET) Programs for Primary Care Nurse Practitioners: A Multiple Program Analysis***
Capstone Advisor: Janet Rico, PhD, MBA, NP-BC, Assistant Dean, Graduate Programs, Northeastern University, Boston, MA
Expert Mentor: Margaret Flinter, PhD, APRN, FNP-C, Senior Vice President and Clinical Director, Community Health Center, Inc, Middletown, CT
11. Jonathan Kopchick, MS, CRNA
Capstone Title: ***Do Elderly Patients Having Hip Surgery Who Receive Intraoperative Ketamine Experience Less Postoperative Delirium? A Retrospective Chart Review***
Capstone Advisor: John Hanlon, DNP, CRNA, Adjunct Associate Clinical Professor, Northeastern University, Boston, MA; President, Sleep Safe Anesthesia, PLLC, Hudson, NH
Expert Mentor: Isabel Legarda, MD, Anesthesiologist, Norwood Hospital, Norwood, MA
12. Theresa Lesniak, MSN, PMHNP-BC
Capstone Title: ***Assessing Primary Care Nurse Practitioners' Perceptions in Screening for Depression and Suicidality: An Educational Pilot Study***
Capstone Advisor: Nancy Dirubbo, DNP, RN, FNP-BC, FAANP, Certificate in Travel Health; Adjunct Assistant Professor, Northeastern University, Boston, MA
Expert Mentor: Charlotte Barry, PhD, RN, NCSN, FAAN, Professor, Florida Atlantic University, Boca Raton, FL
13. Joseph Lynn, MSN, CRNA
Capstone Title: ***Implementation of Enhanced Recovery After Surgery (ERAS) Protocol: A Quality Improvement Project to Evaluate Compliance and Outcomes with ERAS Protocol***
Capstone Advisor: Lynn Reede, DNP, MBA, CRNA, Adjunct Associate Clinical Professor, Northeastern University, Boston, MA; Senior Director, Professional Practice, American Association of Nurse Anesthetists, Park Ridge, IL
Expert Mentor: Michael Loughren, PhD, CRNA, J CIV USARMY MEDCOM MAMC (US)
14. Terra Mangum, MSN, ARNP, FNP-BC
Capstone Title: ***Parental Perceptions of Adolescent Preventive Health Care: A Community Quality Improvement Project***
Capstone Advisor: Pamela Burke, PhD, RN, FNP, PNP, FSAHM, FAAN, Clinical Professor, Northeastern University, Boston, MA
Expert Mentor: Marcy Shimada, BS, CEO, Edmonds Family Medicine, Edmonds, WA
15. Leah McKinnon-Howe, MS, APRN-BC
Capstone Title: ***Identifying Knowledge Gaps in Clinicians Who Evaluate and Treat Vocal Performing Artists in College Health Settings***
Capstone Advisor: Susan Jo Roberts, DNSc, RN, ANP-BC, FAAN, Professor, Director Primary Care Adult/Gerontology and Family Nurse Practitioner, Northeastern University, Boston, MA
Expert Mentor: Jayme Dowdall, MD, Co-Director, Voice Program, Brigham and Women's Hospital; Instructor, Department of Otolaryngology and Laryngology, Harvard Medical School, Boston, MA
16. Anne M. Mingoelli, MSN, PMHNP-BC, APRN-BC
Capstone Title: ***Analysis of Current Practices for Re-Entry to School Following Inpatient***

Psychiatric Hospitalization

Capstone Advisor: Linda Malone, DNP, RN, CPNP-PC, Assistant Clinical Professor, Director, Pediatric Nurse Practitioner Specialty, Northeastern University, Boston, MA

Expert Mentor: Mary Anne Gapinski, MSN, RN, NCSN, Director of School Health Services, Massachusetts Department of Public Health

17. Nina Mitchell, MSN, RN, PMHNP-BC, ANP-BC

Capstone Title: ***The Implementation of an Electronic Health Record in Behavioral Health: An Analysis of the Patient Story***

Capstone Advisor: Mary Samost, DNP, RN, Adjunct Associate Clinical Professor, Northeastern University, Boston, MA; Associate Chief Nursing Officer, Cambridge Health Alliance, Cambridge, MA

Expert Mentor: Brendan Wynne, DNP, RN, PMHNP-BC, Psychiatric Nurse Practitioner, Lahey Health Behavioral Services, Beverly, MA

18. Sicilia Montrond, MSN, RN, CDN

Capstone Title: ***The Past, Present and Future of Nurse Residency Programs: A Program Analysis***

Capstone Advisor: Susan A. Distasio, DNP, ANP-CS, APRN, AOCNP, Adjunct Associate Clinical Professor Northeastern University, Boston, MA; Nurse Practitioner, Pain Management Center, Dartmouth-Hitchcock Medical Center, Lebanon, NH

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19. Yasmin Noel, MSN, FNP-BC

Capstone Title: ***A Web-Based Survey Exploring the Perceived Impact of International Immersion Experiences (IIE) on Graduate Nursing Students***

Capstone Advisor: Janet Dewan, PhD, CRNA, Assistant Clinical Professor, Northeastern University, Boston MA

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20. Jessica Ochs, MSN, APRN, ANP-BC

Capstone Title: ***Developing, Delivering, and Evaluating an Innovative Pedagogy for Teaching Transcultural Nursing***

Capstone Advisor: Mary Mayville, DNP, RN, CNE, Assistant Clinical Professor, Northeastern University, Boston, MA

Expert Mentor: Barbara Moloney, DNP, RN, CCRN, Assistant Director, Course Coordinator, Associate Professor, Lawrence Memorial/Regis College, Medford, MA

21. Caitlin O'Connell, MSN, RN, CPNP-AC/PC

Capstone Title: ***Weaning of opioid and sedative medications in pediatric patients with congenital heart disease: A national survey to assess the state of the practice***

Capstone Advisor: Jean Connor, PhD, RN, CPNP, FAAN, Adjunct Professor, Northeastern University, Boston, MA; Director of Nursing Research, Cardiovascular & Critical Care Services, Boston Children's Hospital, Boston, MA

Expert Mentor: Lauren Hartwell, BS, Quality Improvement Consultant, Boston Children's

Hospital, Boston, MA; Sonja Ziniel, PhD, MA; Associated Personnel, Boston Children's Hospital, Boston, MA

22. Kathy Prairie, MS, RN, FNP, CCRN

Capstone Title: ***A Quality Improvement Project Focused on Reducing Nuisance Ventilator Alarms in a Surgical and Neuroscience Intensive Care Unit***

Capstone Advisor: Laura Mylott, PhD, RN, ANP-BC, Clinical Professor, Northeastern University, Boston, MA

Expert Mentor: Dan R. Thompson, MD, MA, FACP, MCCM, Professor of Surgery, Anesthesiology and Biomedical Ethics, Albany Medical College, Surgical Critical Care Medicine, Alden March Bioethics Institute, Albany, NY

23. Margaret Reither, MS, CNM

Capstone Title: ***Midwifery Management of Pregnant Women Who are Obese***

Capstone Advisor: Michele DeGrazia, PhD, RN, NNP-BC, FAAN, Adjunct Associate Professor, Northeastern University, Boston, MA; Director of Nursing Research, Neonatal Intensive Care & Neonatal Nurse Practitioner, Boston Children's Hospital; Instructor in Pediatrics, Harvard Medical School, Boston, MA

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Capstone Title: ***Inter-rater Reliability and Usability of a New and Innovative Student Registered Nurse Anesthetist Clinical Performance Evaluation Instrument***

Capstone Advisor: Steve Alves, PhD, CRNA, FNAP, Clinical Professor, Nurse Anesthesia Program Director, Project Director US Army Graduate Program in Anesthesia Nursing, Northeastern University, Boston, MA

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25. Christina Simington, MS, RN, CPNP-PC/AC

Capstone Title: ***Pediatric Primary Care Mental Health Evaluation of Adolescents***

Capstone Advisor: Michele DeGrazia, PhD, RN, NNP-BC, FAAN, Adjunct Associate Professor, Northeastern University, Boston, MA; Director of Nursing Research, Neonatal Intensive Care & Neonatal Nurse Practitioner, Boston Children's Hospital; Instructor in Pediatrics, Harvard Medical School, Boston, MA

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Capstone Title: ***Peripheral Nerve Blockade Outcomes in an Ambulatory Care Center***

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References for Capstone Abstracts are available upon request.

All projects were approved as quality improvement/performance improvement by all IRBs.

Preventing Sexually Transmitted Infections (STIs) in Adolescence: A Quality Improvement Project to Determine if Adolescent Females with the Long Acting Contraceptive Nexplanon Continue with Condom Use

Georgia Agganis

Background: Adolescents need to be fully informed and counseled on contraceptive options in order to decrease pregnancy risk and prevent sexually transmitted infections (STIs) (U.S. Department of Health and Human Services, 2014). Long acting reversible contraception is now the most preferred method of contraception in adolescent females (American Academy of Pediatrics (AAP, 2014) due to reliability and adherence. Nexplanon is a long acting reversible contraceptive that is offered in many primary care pediatric settings. In the current literature there are no specific guidelines set for adolescents receiving Nexplanon regarding follow up care.

Purpose and Goal: The purpose of this practice improvement project was to identify sexual health practices of adolescent females that receive Nexplanon, and evaluate their risk of contracting STIs after insertion. The goal is to develop guidelines for the provision of improved counseling services and better management of the sexual health of adolescent females who have had Nexplanon inserted.

Methodology: A convenience sample group of 37 adolescent females aged 14-19 years that had Nexplanon inserted during the implementation of this service, from November 1, 2014, to October 22, 2015, were recruited from a pediatric primary care practice in Massachusetts. Prior legal counseling and ethical approval were obtained. Participants were recruited by phone calls using their personal cellular phone numbers and asked to answer 3 questions about their sexual health.

- 1: Are you still involved in a sexual relationship after your Nexplanon was inserted?
- 2: Are you using Condoms?
- 3: Would you like to leave a urine sample at the office at your convenience to check for Gonorrhea and Chlamydia?

All patients who answered yes to having a sexual relationship were counseled about the importance of condom use in order to reduce STI risk and additional laboratory testing was offered. Of note, all who requested additional STI testing were provided that testing, but results were not included within the parameters of this study.

Results: Data indicates that adolescents do not engage in safe sexual intercourse after receiving Nexplanon. Therefore, a structured follow up is needed to continue with anticipatory guidance about STI prevention and to provide indicated screenings.

Implications for practice: The results will inform development of practice guidelines to improve and implement structured follow up care for adolescent females with Nexplanon insertions. It is the intent that this project will create a greater awareness of the need to maintain optimal sexual health and the value of health promotion.

Development of an urban leadership development seminar series for emerging nurse leaders at Boston Health Care for the Homeless Program (BHCHP)

Pooja Bhalla

Background: America's Health Care for the Homeless (HCH) projects are community based, patient-centered programs. The homeless population has unique health care needs requiring providers who have unique knowledge, competencies, and skills. In this complex health care environment of many reforms, organizations providing healthcare to homeless individuals need to identify, support and mentor staff who are emerging leaders.

Purpose and Goals: The purpose of this project is to develop and implement a leadership development seminar. The aims were to (1) identify knowledge gaps for emerging nurse leaders, (2) implement a pilot educational urban leadership seminar series for emerging nurse leaders who work in settings that provide care to homeless men, women and children, and (3) measure acquisition of skills and competencies acquired from a seminar series. A long term goal is to better prepare nurses for sustained leadership roles and better meet the needs of organizations providing health care to homeless individuals in this evolving health care environment.

Methodology: This project used a purposive sample of 15 registered nurses (RN) who worked at a health care for the homeless population setting in the urban Boston area. Inclusion criteria included RN's with <10 years nursing practice in this area who had moved into a leadership position within the last three years. This intervention utilized a pre- and post-test design to evaluate the impact of a pilot urban leadership seminar series. Data were collected through the administration of a baseline and post intervention survey modified from the Leadership Practices Inventory (LPI) self-assessment tool (reference). The 30-item, 10-point Likert rating scale LPI measures specific leadership behaviors, based on The Five Practices of Exemplary Leadership (Kouzes and Posner, 2011). Participants were offered a series of five 90-minute urban leadership seminars based on the Nursing Leadership Institute Competency Model (NLICM, 2003) in fall 2015.

Results: Both quantitative and qualitative descriptive statistics were the basis for data analysis. Results will be used to inform the improvements and development of leadership skills for the nurses who participated in the emerging leader program.

Implications for Practice: It is anticipated that participation in this leadership experience will strengthen the leadership skills of the emerging nurse leaders. The acquired new knowledge and competencies will better prepare nurses for sustained leadership roles to better meet the needs of organizations providing care to homeless individuals.

Current Nursing Pressure Ulcer Prevention Practice and Risk Factors of Pressure Ulcer Development in the Perioperative Environment

Jennifer Bragdon

Background: Pressure ulcer formation in surgical patients varies between 4.7% and 66% and is a significant problem (Schoonhoven, Defloor, & Grypdonck, 2002, p. 481; Scott & Buckland, 2005). Perioperative nurses use many evidence-based pressure ulcer prevention best practices, but presently there are no standard processes for their application. This quality improvement project will examine the current pressure ulcer prevention practices for patients undergoing neurological and orthopedic spinal surgery as well as describe the risk factors for pressure ulcer development.

Project aims: This project: (1) Describes the current nursing perioperative pressure ulcer prevention practice; (2) Describes the risk factors of perioperative pressure ulcer formation; (3) Tracks the outcome of perioperative nursing care on the spinal patient's skin condition; and (4) Identifies variances in practice or risk factors that may have factored into pressure ulcer formation, during a one-month period of spinal surgical cases.

Preparation and planning:

Design: A quality improvement project using chart reviews.

Sample: Approximately 125 orthopedic and neurological spinal surgical patients who underwent a spinal surgical procedure, or were discharged after a spinal surgical procedure, during November 2015.

Setting: A single urban medical center.

Implementation: A chart review of all spinal surgical patients is being conducted. Data collected includes: BMI (less than 30, 30-35, less than 18 or greater than 35), age, gender, procedure, length of surgery (less than 4 hours, 4 to 8 hours, and greater than 8 hours), surgical service, surgical positioning, positioning aids, perioperative transfer modes, perioperative nursing documentation of positioning issues (such as muscle-skeleton limitations), and intraoperative and postoperative skin assessments through postoperative day 3.

Assessment: Descriptive statistics will be used to describe the sample characteristics along with quantitative and qualitative descriptions of the patient's skin. The data will be examined for trends in pressure ulcer prevention practice and pressure ulcer risk factors.

Outcome: Gain an understanding of current pressure ulcer prevention practices and the formation of pressure ulcers in spinal surgical patients.

Implications for perioperative nursing: To advance the understanding of current perioperative pressure ulcer practice and provide direction for future study.

A State Wide Web-based Survey of the Characteristics and Demographics of Residential Care Facility Residents

Mary Bronski

Background and Significance: Residential care facilities (RCFs, formerly known as rest homes) have been caring for seniors for over a hundred and fifty years. Residential care facilities provide room and board for seniors who are no longer able to live independently. Compared to other senior care settings, RCFs are the least costly and least restrictive on the freedoms of residents. However, the number of RCFs has declined across the state of Massachusetts. In 2008, there were 125 licensed residential care facilities compared to 98 in 2015 (Massachusetts Association of Residential Care Homes, 2015). It has been well established that the senior population will continue to expand as the largest generation, the “baby boomers,” reach senior age (U.S. Census Bureau, 2014). It is imperative to explore new and existing housing with services options for seniors, including the residential care model.

Purpose and Goal: The purpose of this project is to provide a comprehensive description of the characteristics and demographics of RCF residents in Massachusetts. The goal is to inform stakeholders and policy makers at the state level about the characteristics and demographics of the residents living in Massachusetts RCFs. Once stakeholders are informed, discussions can begin on funding, regulatory structure and oversight, and the long-range viability of RCFs as a housing option for seniors needing supportive living arrangements.

Methodology: A purposive sample of residential care facility representatives from all RCFs included in the Massachusetts Association of Residential Care Homes (M.A.R.C.H.) were surveyed. An online investigator developed survey modified from the Centers for Disease Control and Prevention *2014 National Survey of Long-Term Care Providers: Residential Care Communities* was created to collect data regarding the characteristics and demographics of residential care facility residents. Facilities that accept public subsidy were included and private pay only RCFs were excluded.

Results: Both quantitative and qualitative statistics are used to analyze the data. 50 residential care facility representatives participated in the survey. Results are pending.

Conclusion: With an increasingly aging population, Massachusetts’s stakeholders should join together to determine policies, funding, and regulations that support the viability of residential care. This survey identifies the needs of RCF residents so that they may be better served. The information collected will be disseminated to appropriate stakeholders and will open dialogue between the RCF community and the state agencies that regulate and fund them.

Characteristics of Nurse Directors that Contribute to High Registered Nurse Satisfaction Scores

Debra Burke

Background/Significance: Attracting and retaining Registered Nurses (RN) is important to ensure excellence in patient care delivery. Nurse Managers/Directors (NDs) have been described as “chief retention officers” for RN staff, and studies show that RN satisfaction is directly linked to RN experience with their manager. Identifying the positive characteristics of NDs that contribute to RN satisfaction is important for RN satisfaction and in the recruitment and role development of NDs.

Purpose: To understand the positive characteristics of NDs that contributes to high RN satisfaction in an acute care hospital environment.

Methods: This qualitative study examined the positive characteristics of NDs that contributed to high RN satisfaction on the National Database of Nursing Quality Indicators (NDNQI) Survey in the area of “Nurse Manager ability, leadership and support of nurses”. Utilizing a framework of appreciative inquiry, interview questions were intended to identify strengths, best practices and successes of NDs. Semi-structured interviews were conducted among NDs (n=9) and RNs (n=9) from units whose satisfaction scores were higher than benchmark on the NDNQI survey. Using qualitative content analysis, themes were identified within each group, the ND and the RN. Trustworthiness of the data was assured by repeated iterative discussions using two person consensus. An across case analysis is ongoing.

Findings: Four themes describing leadership were identified within the RN sample and five were identified within the ND group. Initial across participant analysis suggests characteristics of leadership include visibility, empowerment and professional role modeling.

Conclusion: Specific leadership characteristics exemplified by NDs have critical implications on RN satisfaction. Although leadership characteristics may vary by Nurse Director, RN and ND participants in this study cohort identified similar themes representative of leadership attributes and behaviors that contribute to RN satisfaction.

Implications for Nursing Practice/Future Research: Identification of specific leadership characteristics that are significant to RNs is important to enhance retention of staff nurses and to ensure the highest quality of care for our patients and their families.

Strengthening Professional Resilience in Post Licensure Nurses Who Care for Children with Special Health Care Needs and Complex Medical Conditions

Carlene Byfield

Background: The population of children with special health care needs (CSHCN) and complex medical conditions is rapidly growing (HRSA, 2015). Nurses play an integral role of caring for patients and their families while interacting with the interdisciplinary team. The challenges of caring for complex patients while maintaining professional relationships can stimulate feelings of anxiety, stress and burnout and can impose other negative effects on nurses (Eddy, 2013). These outcomes can negatively alter the wellbeing of nurses and also their ability to practice effectively (McCann et al., 2013). In order to succeed in such situations of high demand, nurses require protective skills. One such protective skill is professional resilience.

Purpose: The purpose of this study is to evaluate the impact of a professional resilience training program on nurse satisfaction, a concept directly associated with resilience strengthening.

Methods: A scientific quality improvement project using a web based survey (Professional and Organizational Quality Assessment – Revised [POQA-R4]) to evaluate nurses' professional resilience and work satisfaction pre and post a professional resilience training program. The POQA – R4 online survey is hosted by HeartMath Institute Research Division. A convenience sample of post licensure nurses from a 96 bed sub-acute hospital for children with special health care needs voluntarily participated in the project. A 1-4 Likert scale was designed to evaluate the degree to which the objectives of the professional resilience trainings were met.

Results: Descriptive statistics will be used to describe the pre and post survey findings. While still in progress, the pre survey response rate was 91% with 41 of 45 participants having completed the online POQA-R4 survey.

Implications for Practice: Professional resilience training is not a part of the general facility orientation. This quality improvement project will provide knowledge on the need for professional resilience training in the general facility orientation. The program is constructed with the idea that in the future, the training will be implemented for all staff that are currently employed that work with CSHCN and complex medical conditions. In addition, the project will also highlight the benefits of this professional resilience training program on nurse satisfaction.

Assessing for Presenteeism and Interest in "One Body" Stress Reduction Fitness Program in a Healthcare Setting

Immacula Cann

Background: A Connecticut-based health care agency sought methods to improve the quality of the clinical and social services it delivered to its clients. The agency's leadership surveyed this 500 employee workforce to identify barriers that could potentially impact the successful implementation of this new treatment modality. 150 employees completed the de-identified anonymous survey and 75% indicated "feeling stressed, no outlet to decrease stress." Previous investigations have confirmed a strong correlation between stress and impairments of the human body, both mental and physical (Barrington, et al., 2012). The concept of presenteeism maybe a manife station of stress. Brown, et al. (2011), defined presenteeism as "being on the job but performing below par" (decreased productivity) due to poor mental and physical health symptoms. A study by Callen, et al. (2013), found that unresolved psychological and physical stress can result in an increased prevalence of presenteeism - employees are physically present, but due to emotional and/or physical problems, they are distracted and work productivity is decreased. Brown, et al. (2011), Merrill, et al. (2012), and Chen, et al. (2015), stated physical fitness programs alone serve as effective interventions for alleviating symptoms of presenteeism.

Purpose and Goals: Traditional fitness programs focus either on mental (i.e. mindfulness, relaxation) or physical (i.e. dance/aerobics) exercise. There is limited research regarding the impact of a combined mental and physical fitness program (Chu, et al., 2014). While the future goal is to create a stress reduction fitness program that is based on a wholistic (whole person) mind-body relationship to be called "One Body," preliminary work must be done. Therefore, the purpose of this project is to assess for evidence of presenteeism and evaluate the level of interest of this workforce to participate in a stress reduction mental and physical fitness program. This exploratory survey will provide direction regarding the possible development of such program.

Design: This exploratory descriptive quality improvement study utilizes a web-based survey hosted by Survey Monkey. The survey instrument contains 15 closed ended questions. The survey seeks to answer two specific research questions: (1) does presenteeism exist in this population, (2) does the study population exhibit an interest in a stress reduction fitness program such as "One Body." Following IRB approvals the survey was distributed for two weeks beginning December 2015. Approximately 500 staff members have been invited to participate. Staff includes clinical (physicians, nurses, social workers, clinical support), administration (managers, leadership, supervisors) and support staff (security, plant operations, administrative services, business office, food services, custodial). Data analysis and construction of manuscript will occur January 2016. Descriptive statistics will be used to summarize and organize data.

Implications for practice: Although results are pending it is thought that the "One Body" fitness program may help a health care agency staff manage stress. Offering employees a mechanism to manage their stress could alleviate the symptoms that underlie presenteeism, improve the quality of an individual's experience within the working environment, and may lead to increased employee productivity. Exploring evidence of presenteeism and assessing interest for a workplace based stress reduction fitness program will provide guidance regarding development of hypothesis for further study.

*Implementing and Evaluating a COMFORT Curriculum in Palliative Care
for Oncology Nurses*

Julie Cronin

Background: Oncology nurses often feel unprepared or unskilled in communicating with patients, families and providers around issues of palliative care. Currently, there is a paucity of training programs that inform and educate nurses on how to communicate effectively in this area. The End-of-Life Nursing Education Consortium's (ELNEC) COMFORT communication curriculum was designed to provide education and training to oncology nurses to assist their practice of narrative and patient-centered communication in end-of-life care and palliative care.

Aim: The aim of this study was to adapt the COMFORT curriculum and to implement an educational program for oncology nurses regarding palliative care communication with a goal to improve nurses' communication competency that will enhance their ability to provide supportive palliative care conversations.

Methods: This educational intervention study used a pre-post survey design to evaluate the impact of the COMFORT curriculum on communication for nurses in palliative care. Participants received a web based consent, demographic tool and three surveys assessing caring self-efficacy, communication skills attitudes and perceived importance of nursing education via RedCap. Participants attended one four-hour course, where the nurses learned several aspects of the COMFORT curriculum. Participants then received three post surveys.

Results: Twenty staff nurses from two oncology units at a major urban medical center in the Boston area completed the pre-post surveys and attended the educational course. Survey results were analyzed using statistical analysis software (SPSS) to assess the effects of the COMFORT communication training curriculum.

Conclusions: The majority of pre-post survey results indicated an increase in mean scores. This suggests an overall improvement in oncology nurses attitudes, comfort levels and perceived self-efficacy around conversations related to palliative care, although not at a statistically significant level. Baseline scores may have been high as nurses already working in oncology may have a greater comfort level with palliative care conversations. The COMFORT training may enhance or supplement oncology nurses education around communication in palliative care. Further research is needed to assess whether the curriculum will have any impact on nurse's clinical practice.

Evaluating Provider Response to the Proposed Addition of the Specifier “With Psychopathic Features” to the Diagnosis of Antisocial Personality Disorder

Heather Farmer

Objectives: In May of 2013 the Diagnostic Statistical Manual (DSM) V was released. Within this latest edition, section three, proposes a revision to the diagnosis Antisocial Personality Disorder (ASPD), specifically the option of adding the specifier “with psychopathic features”. While psychopathy has been considered a psychological condition amongst providers for quite some time, it has not been considered a diagnosis. The possible addition of the specifier is of particular interest and possibly has important implications within the world of the criminal justice system. The purpose of this project was to assess the feasibility of use of the aforementioned proposed diagnostic change.

Methods: This qualitative project was conducted at a Massachusetts Department of Correction, high security, forensic psychiatric, facility. The project consisted of a single focus group, with nine Designated Forensic Psychologists (DFP’s) and DFP-Candidates. The purpose of the focus group was to elicit participants’ responses to the DSM V’s proposed changes. Ten prompting questions were utilized to stimulate discussion.

Results: A theme of dissatisfaction with the proposed diagnostic change was noted amongst all participants. Participants were noted to be particularly concerned with the vagueness of the proposed specifier. Concerns regarding the vague structure of the specifier included lack of required psychological testing, specifically the Psychopathy Checklist-Revised (PCL-R). Participants also expressed concern regarding misdiagnoses.

Conclusions: Appropriate diagnoses are essential to the proper treatment of psychopathic patients. Providers in this single psychiatric facility do not support the use of the DSM V specifier “with psychopathic features” do to a lack of specificity attached to the specifier.

Curriculum Design in Postgraduate Education and Training (PGET) Programs for Primary Care Nurse Practitioners: A Multiple Program Analysis

Kandree E Hicks

Background and Significance: Within the field of nursing, there is a rich and growing tradition of structured, comprehensive on-the-job training programs to help licensed, novice nurses orient and transition from student to field nurse (Goode, Lynn, McElroy, Bednash, & Murray, 2013). In turn, these training programs facilitate recruitment and retention, quality care and patient safety, and cost-saving practices in the host organization (NCSBN, 2013; UHSC-AACN, 2015; Wiltse Nicely & Fairman, 2015). Since 2007, a concentrated number of transformative nursing leaders have started creating structured postgraduate training programs specifically for nurse practitioner (NP) workforce development. This nursing evolution has been stimulated by our challenging healthcare climate where novice clinicians are often expected to more rapidly translate academic knowledge to unsupervised skill application (Broyhill, 2015; Flinter, 2012; Hart & Macnee, 2007; Zapatka, Conelius, Edwards, Meyer, & Brienza, 2014). This can be a daunting task. These programs are often referred to as residencies, internships, or fellowships (Krugman et al., 2006; Wiltse Nicely & Fairman, 2015). They work to enhance role-transition while responding to the mounting primary care challenges, including high provider turnover (Benham & Geier, 2014; Flinter, 2012; Goudreau et al., 2011; IOM, 2011). This study classifies these programs under the larger rubric of “postgraduate education and training” (PGET). The Institute of Medicine (IOM) and the Affordable Care Act (ACA) explicitly recommend intensified development and expansion of PGET programs for primary care providers, including NPs (AACN, 2010; Carrier et al., 2007; Institute of Medicine, 2011). Further, the IOM urges appropriate nursing, federal, and accrediting organizations to work collaboratively to evaluate and standardize postgraduate education and training programs (IOM, 2011, Recommendation #3). There are approximately 23 primary care postgraduate education and training programs nationally, each with at least one graduating NP trainee cohort (M. Flinter, personal communication, July 21, 2015). Nevertheless, there is a paucity of literature regarding such programs, specifically as it relates to curriculum objectives and design.

Purpose/Goals: The purpose of this poster is to present a scholarly project that analyzes congruencies and variances of curriculum design among primary care postgraduate education and training programs for NPs. Learners will gain insight about employer-perspective factors (e.g., educational, organizational, and political) that promote the ongoing development of postgraduate education and training programs. Further, learners will be able to describe some common curriculum design features across these programs. Lastly, learners will be able to identify the current, employer-driven, evolving dynamics of NP postgraduate training in primary care.

Methodology: The study is a descriptive project using semi-structured interviews and document review methods. The investigator employed a purposeful, convenience sampling approach to identify directors of primary care-focused postgraduate education and training programs that are members of the two leading postgraduate education and training associations in the United States. The poster will focus on those programs that agreed to participate in the audio-recorded telephone, in-depth interviews with the researcher. It is expected that approximately 10 programs will participate, and will represent hospital systems, community health centers, and the Veterans Health Administration. *Inclusion and Exclusion Criteria:* Postgraduate education and training programs included in the study will have (a) a primary care focus, (b) at-least one graduating class by September 2015, (c) English-speaking directors, and (d) directors with access to telephone and internet services. Programs excluded from the study will not meet the inclusion criteria. This study was approved by the Institutional Review Board (IRB) at Northeastern University in September 2015.

Implications: NPs represent an exponentially growing workforce that is expected to dominate primary care (Institute of Medicine, 2011; Rauch, 2013). Mostly employer-driven, postgraduate education and training programs are evolving at a rapid pace to help cultivate a workforce prepared to meet the complex health challenges of patient care upon graduation. This poster presentation hopes to provide insight about this emergent education and training medium for our nation’s increasing primary care NP graduates. It also may serve those who are working on standardization and accreditation of NP postgraduate education and training programs.

Do Elderly Patients Having Hip Surgery Who Receive Intraoperative Ketamine Experience Less Postoperative Delirium? A Retrospective Chart Review

Jonathan Kopchick

Background: Postoperative delirium, confusion, and agitation (POD) is an important, and largely underdiagnosed, complication in the geriatric population (70 years and older). Studies have noted the incidence to range from 9% to 87% (Demure and Fain, 2006) depending on patient, surgical, and anesthesia factors, and is especially associated with patients who are 70 years and older, surgeries that cause a higher stress on the body, and general anesthesia. When undergoing general anesthesia, it is important to use medications that have the least effect on neurocognitive function. It has been shown that the administration of a bolus of intravenous ketamine (0.5mg/kg) during the induction of anesthesia in cardiac surgical patients may significantly reduce the incidence of POD from 31% to 3% (Hudetz et al., 2009, & Hudetz et al., 2008). Elective and emergent hip surgeries are one of the most common types of surgeries performed on the elderly. The incidence of POD in elderly patients having hip surgery ranges from 5.1-61%, with one literature review finding 35% (Bitsch, 2004).

Purpose and Goal: The goal of this quality improvement project was to determine whether patients 70 years and older having hip surgery could benefit from receiving an intraoperative bolus of ketamine during the induction of general anesthesia by having a reduced incidence of POD compared to those who did not receive a ketamine bolus.

Methodology: Patients who received the bolus were divided into three groups: low (0.1-0.39mg/kg), intermediate (0.4-0.99mg/kg), and high (≥ 1 mg/kg), based on the amount of ketamine administered. A retrospective chart review of medical and nursing records for 92 patients was performed in order to determine whether there was a lower incidence of POD in patients who received ketamine. The incidence of POD in the 46 patients, who received ketamine, will be compared against the 46 who did not. (90% confidence interval, 8% margin of error) The presence of POD will also be compared between the three ketamine groups to determine if differences exist.

Implications for Practice: Information gleaned from this project may be useful for teaching, assessment, intra-operative and post-operative management of elderly patients undergoing hip surgeries.

Assessing Primary Care Nurse Practitioners' Perceptions in Screening for Depression & Suicidality: An Educational Pilot Study

Theresa Lesniak

Background and Significance: Depressive symptoms and disorders are present in 25% of patients who visit primary care providers (McDowell, Lineberry, & Bostwick, 2011). Forty five percent of people who died by suicide had a visit with their primary care provider in the preceding month. However, only 20% of people who died by suicide saw a mental health care provider in the previous month (McDowell, Lineberry, & Bostwick, 2011). Diagnosing depression in primary care settings can be challenging due to the lack of comprehensive training, sufficient time, preparedness and discomfort of providers in screening for depression and suicidality.

Methodology: We conducted a survey of nurse practitioners caring for patients 18 years and older in primary care settings. Participants were recruited through social media. Participants who identified with having any discomfort or knowledge gaps in screening patients for depression and suicidality in the initial survey were provided with Clinician Memory Aids, the PHQ-9 Patient Questionnaire, and information on scoring the PHQ-9 from Appendix 1 of the Depression Management Tool Kit© from the MacArthur Initiative on Depression and Primary Care. Three weeks later participants were given a post survey.

Results: There were 29 respondents to the pre-survey. Of these 29 respondents, 18 moved onto the next phase of the project. The 11 who were eliminated were either eliminated for incomplete surveys or having no discomfort in screening patients for depression and suicidality. The 18 participants who were provided with the educational materials indicated some level of discomfort or lack of preparedness in screening patients for depression and suicidality, or did not regularly screen patients. Of the 18 participants who were provided with the educational materials, 12 completed the post survey. Prior to being provided with the materials, the 18 participants' average response to feeling confident in assessing for depression was between "agree" and "neutral". Three weeks after receiving the materials the average response from participants was between "strongly agree" and "agree" in regards to confidence in screening for depression. Before receiving a screening tool for depression 30% of the participants reported using a screening tool for assessing for depression and suicidality. In the post survey all participants reported utilizing the screening tool. Forty-two percent reported using it daily, 25% used it 3-4 times per week, and 33% used it 1-2 times per week.

Implications for Practice: It is important for nurse practitioners to recognize their own discomfort with screenings, and knowledge gaps they may have in assessing their patients for depression and suicidality. This self-awareness can be used to motivate nurse practitioners in primary care settings to partake in educational activities that could improve these skills.

Implementation of Enhanced Recovery After Surgery (ERAS) Protocol: A Quality Improvement Project to Evaluate Compliance and Outcomes with ERAS Protocol

Joseph P. Lynn

Introduction: Enhanced Recovery After Surgery (ERAS) has transformed perioperative care in surgical practice by emphasizing the patients' optimal return to normal function after major surgery. ERAS programs are evidenced-based protocols designed by the facility team to improve outcomes, patient satisfaction and decrease cost of care by limiting variation in care throughout the perioperative period. This quality improvement project compares specific perioperative elements of colorectal surgery care before and after implementation of the current Colorectal Surgery ERAS protocol at a major Army medical center using a retrospective chart review to make recommendation to the ERAS team for quality improvement.

Purpose and Goals: There are two goals of this project: (1) how compliant was the anesthesia section with regards to implementing the colorectal ERAS protocol and (2) did implementation of the anesthesia section ERAS protocol improve patient care outcomes. Four patient care outcomes such as narcotics administered, perceived pain scores, time to return of bowel function and length of hospital stay will be measured from patient chart review to determine if there is a relationship between successful implementation of the anesthesia section's current ERAS protocol with improved patient care outcomes. This project should help drive process improvement in compliance with implementing the colorectal ERAS protocol. This project may also raise awareness to reevaluate and possibly improve or modify the current colorectal surgery ERAS protocol.

Methods: This project uses a retrospective cohort two-group design. One group consists of patients undergoing colorectal surgery at a point after implementing the anesthesia section intraoperative ERAS protocol and will be obtained by chart review. The anesthesia section at implementation this protocol in January 2015. Group 2 consists of patients' charts selected from twelve months prior to the anesthesia section implementing the colorectal ERAS protocol.

Results: Data has not been collected at this time. Primary outcome variables are all extracted from retrospective chart review. The following two outcome variables will be measured in the PACU, Post-Operative (1) average reported pain scores as reported on a Numerical Pain Score (NPS) of 1-10 and (2) administered morphine equivalents of opioids. Days to return of bowel function as reported by presence of flatus or bowel tones and time to discharge from hospital will also be measured.

Conclusions: Although the positive effects of implementing ERAS protocols for colorectal surgery have been well described in the literature, it is unknown to what degree this Medical Center has been compliant with implementing their colorectal ERAS protocol. Moreover, it is unknown if patient care outcomes are improved due to ERAS protocol implementation. This project should determine what, if any, aspects of the current ERAS protocol are/were being implemented successfully. Moreover, this project should provide guidance to re-evaluate strategies to improve compliance in ERAS implementation. If patient care outcomes improve with compliance of the ERAS protocol implementation, this would reinforce Madigan's current ERAS protocol. If patient care outcomes are not improved, it would raise awareness to re-evaluate and possibly improve or modify the current colorectal surgery ERAS protocol.

“Parental Perceptions of Adolescent Preventive Health Care: A Community Quality Improvement Project”

Terra Mangum

Background: Adolescent preventive health care is not consistently utilized across the country, with many teenagers not receiving the recommended annual visits. The 2014 Washington Health Alliance *Community Checkup* reported that in Washington State only 35% of adolescents aged 12 to 21 years received annual well care in 2012-2013.

Purpose: The purpose of this Quality Improvement (QI) study was to assess parents’ perceptions of adolescent preventive health care needs. A survey was developed to identify parental concerns, misconceptions, intentions, and barriers of adolescent’s routine well care.

Methods: This QI study was conducted in a large private family medicine practice near Seattle, WA. Parents of adolescent patients aged 15 to 17 years (n = 567 sent out) were mailed surveys to be completed anonymously. A total 85 (15%) were returned to the family practice.

Results: Data analysis is still in process. Preliminary data analysis showed that 76% of parents reported well child checks for their teenager within the last 12 months. Seven percent of parents were unsure when their child was next due for a well child exam, with many additional parents reporting that they thought their teens were due for well exams every 2 years rather than annually. Nine percent of parents disagreed that their teenager should see their primary care provider every year. Fifty-nine percent of parents denied any barriers to bringing their child in for regular well child checks. Of the 41% of parents who gave barriers to seeking care, the leading barrier is that their child is healthy (30%), lack of knowledge regarding when their child is due to come in again (17%), and their child’s schedule is too busy (12%). The topics that most parents reported want discussed at well child exams were: diet (79%), exercise (78%), drugs and alcohol (69%), sex and sexually transmitted infections (67%), and depression and mental health (63%).

Conclusions: The ultimate goal of this QI project is to increase annual well adolescent preventive visits among families in our local community, to improve the health of the adolescent population, and to increase the quality of care provided to adolescent patients. The majority of families reported no barriers to care, but held misconceptions about the importance of well child care even when a teen is healthy and how often well exams are due, which may be a contributor to missing annual exams. Parents were interested in primary care providers discussing a wide variety of health topics with their adolescents, and therefore there needs to be enough time during adolescent preventive visits to allow for education and discussion.

Identifying Knowledge Gaps in Clinicians Who Evaluate and Treat Vocal Performing Artists in College Health Settings

Leah McKinnon-Howe

Background: Vocal performing artists begin education and training in childhood, continuing to refine their skills at the collegiate level. Performance related illness and injuries and the resulting clinical outcomes are dependent upon a variety of factors including the knowledge and expertise of the treating clinician. Delays in appropriate evaluation, treatment, and referral may result in inability to meet academic and performance demands, necessitating additional course work or a change in career path.

Objective: Identify knowledge gaps in clinicians who evaluate and treat performing artists for illness and injuries that affect vocal function in college health settings, generate knowledge about available resources to aide in evaluation and treatment, and generate clinical strategies to improve the standard of care.

Methods: This pilot study utilized a web-based cross-sectional survey design incorporating innovative clinical scenarios to explore: a) the approach utilized by clinicians practicing in college health settings when evaluating and treating voice complaints in performing artists, b) demographic factors among clinicians that might affect knowledge gaps in the evaluation and treatment of performing artists with voice complaints and c) factors influencing referral patterns to specialists.

Results: Approximately 75 clinicians were surveyed. Pilot Survey Data indicate a significant gap in knowledge with 50 % of respondents incorrectly identifying appropriate vocal hygiene measures; 50 % of respondents failing to identify symptoms of vocal fold hemorrhage; 25 % recommending medications that adversely affect vocal function in 2 clinical scenarios; and 50 % of respondents acknowledging unfamiliarity with the Voice Handicap Index, Singers Voice Handicap Index or Reflux Symptom Index.

Conclusion: Data elucidate specific knowledge gaps in college health providers who are responsible for evaluating and treating common illness that affect vocal function, and triaging and referring students experiencing symptoms of potential vocal emergencies. Future work is needed to improve the standard of care for this population.

Analysis of Current Practices for Re-Entry to School Following Inpatient Psychiatric Hospitalization

Anne M. Mingoelli

Purpose: Mental health illness is a common disease affecting our nation's youth today. The vast number of children and adolescents who suffer from a serious mental health disorder also experience considerable functional impairments at school, with peers, and at home. The return to school following psychiatric hospitalization can be overwhelming for a student and this re-entry process can be critical to the success or failure of the student returning to the academic environment. This project will identify current practices utilized in Massachusetts' school districts for students' re-entry to school following psychiatric hospitalization.

Method: An examination of current re-entry procedures following inpatient psychiatric hospitalization was conducted utilizing a focus group format. Participants were obtained from a convenience sample group of licensed registered nurses, employed as school staff nurses or nurse leaders for Massachusetts' regional school districts, and authorized to deliver and/or direct and supervise nursing services to students in grades 7 through 12. A total of five focus groups were conducted, one in each of the five regional districts delineated under the Essential School Health Services grant administered by The Massachusetts Department of Public Health. These focus group discussions were audiotaped and the audiotapes were then transcribed. These transcripts were then coded according to a classification system developed to identify and code major topics and issues discussed which were relevant to the research question. Content analysis utilizing a descriptive analysis approach was utilized.

Results: Analysis of focus group content revealed no consistent re-entry process for adolescents returning to school following inpatient psychiatric treatment either within individual school districts or within designated regional areas across the state. All participants acknowledged the need for a consistent, defined procedure for the re-entry process. Additionally, all participants identified a lack of communication among the various individuals involved in the health care and education of the returning student as a significant barrier to seamless re-entry to the academic setting. A lack of adequate nursing staffing was also cited as an impediment to school nurses attending meetings regarding returning students.

Conclusion: Although much has been written regarding the importance of mental health services and the need for greater access for children and adolescents, research specific to students' reentry to school following a psychiatric hospitalization is limited. School staff nurses and nurse leaders identified the lack of a consistent procedure regarding the re-entry process and the potential negative impact of this on the academic success and emotional well being of the returning student. Further inquiry, including the development of a pilot study utilizing a defined re-entry procedure, should be undertaken to identify areas in need of intervention and facilitate the transition back to the classroom for students returning to school following inpatient psychiatric treatment.

The Implementation of an Electronic Health Record in Behavioral Health: An Analysis of the Patient Story

Nina Mitchell

Introduction: One of the most challenging changes facing the nursing profession is the transition to an electronic health record (EHR) from traditional charting. Embarking on this change is often a daunting journey for nurses who are responsible for a majority of documentation. Many psychiatric mental health (PMH) nurses have voiced additional concerns that electronic documentation does not effectively “capture the patient story,” diminishing key aspects of nurse-patient communication. This often results in reliance on “quality review staff” to extract usable information.¹ Additionally, these nurses have expressed high-anxiety associated with spending time away from their patients related to completing electronic documentation².

Objectives: The goal of this quality improvement project is to improve documentation throughout inpatient behavioral health units, while maintaining safe quality care throughout the implementation of EPIC-an electronic health record system. . The objectives are to 1) explore concepts of digital immigrants versus digital natives (i.e. staff who are unfamiliar with electronic documentation); 2) examine the impact of generational gaps in relation to maintaining seniority in staff and job satisfaction; and 3) provide data to optimize the quality of documentation of behavioral health issues within the health record.

Methodology/Process: This project utilized an investigator developed web based survey design consisting of a one-time self-administered questionnaire (SAQ) to measure the impact of the implementation of EPIC. A purposive sample of 26 psychiatric mental health (PMH) Registered Nurses (RNs) working all shifts within four behavioral units at two suburban hospitals within the northeast United States completed the survey approximately 2 1/2 months after EPIC go-live 10/1/15. The electronic survey (SAQ) consists of 20 questions, including an open-ended assessment of the participants’ assessment of capturing information about the patient pertaining to the quality of care provided.

Results: Both quantitative and qualitative statistics were used to analyze the data. Content analysis was used to extract major themes among participant open-ended responses.

Conclusion: Surveying nurses’ post EPIC implementation engaged staff into the adoption of the EHR and provided important feedback for administration through performance improvement measures. Furthermore, it facilitated PMH nurses’ to optimize functionality in daily documentation. It is hoped that it will also decrease PMH nurses’ anxiety related to time away from the patient to document. This evaluation of PMH nurses’ knowledge of and attitudes towards the EHR to capture the patient story will assist in identifying novel strategies for future optimization of documentation.

The Past, Present, and Future of Nurse Residency Programs: A Program Analysis

Sicilia Montrond

Background/Rationale: It is predicted by 2020, the Registered Nurse (RN) shortage “could grow up to 29% of the entire nursing population” (Ritter, 2011, p. 27). Hospitals are depending on new RN graduates to help fill these positions to avoid a shortage. However, in the first three years of clinical practice, 30%-50% of new graduate RNs either change positions or leave the profession (MacKusick & Minick, 2010). It is believed that Nurse Residency Programs (NRP) can improve the transition from nursing educational programs to practice (Little, Ditmer, & Bashaw, 2013).

Methods/Methodology: This project consisted of three phases: (1) an extensive literature review on the history of NRPs in the United States, (2) an analysis of available on-line data of Massachusetts (MA) NRPs, and (3) a survey of nurse leaders and nurse recruiters regarding their NRPs. 16 NRPs that met inclusion/exclusion criteria were identified through a Google search. Nurse Practitioner Residency Programs were excluded from this project.

Results: Eleven online NRP data revealed 73% of NRPs occur in an outpatient setting, 27% of the programs are 13 to 24 weeks in duration, and 36% utilized discussion in a classroom setting as the primary educational modality. 64% require new graduate nurse with Bachelor of Science Degree (BSN).

Two out of 16 respondents completed the survey (to date). The NRPs occurred in an outpatient and a long term care setting. The participants took more than one year to develop the program, and orientation consisted of 8 to 12 weeks. Experienced nurses with less than one year of acute care experience participated in their NRP. The NRPs were identified as having an impact on the work environment, patient care, job satisfaction, retention, and recruitment.

Conclusion: Healthcare organizations have identified NRPs as a promising strategy to address the predicted nursing shortage and improve transition from nursing education to practice. Limited information is available to stakeholders regarding NRPs in MA. Evaluation of NRPs may provide stakeholders with a better understanding of the structure, availability, and potential benefits of NRPs.

A Web-Based Survey Exploring the Perceived Impact of International Immersion Experience (IIE) on Graduate Nursing Students

Yasmin Noel

Background: The increasingly mobile and diverse health care seeking population in the United States (US) reflects the global scope of health systems. The American Association of Colleges of Nursing (AACN) has identified cultural sensitivity and cultural competence as essential curriculum components in nursing education. In order to better prepare nurses with the cultural competence to serve a diverse patient population nursing schools have integrated international immersion experiences into the standard nursing curriculum. Evidence suggests that these global health care experiences help develop cultural sensitivity and awareness and deepen cross-cultural understanding (Walsh & DeJoseph, 2003; Levine, 2009). Evidence further suggests that these experiences help students' better understand the influence that culture has on health (Maltby & Abrams, 2009; Adamshick & August-Brandy, 2012). Most published research documents the impact of international experiences on undergraduate nursing students. Little has been reported exploring the influence of global healthcare immersion experiences integrated during graduate nursing education.

Aim: This project explores, through a web-based survey, the perceived impact of short-term international immersion experiences (IIE) on US graduate nursing students' professional role, personal development, international perspectives and cultural self-efficacy.

Methodology: Responses from a convenience sample of nurses, who had participated in international immersion experiences during their graduate education, were collected. Subjects completed an edited web-based version of Zorn's International Education Survey (IES). Survey questions focused on four subscales of personal development, international perspectives, professional role, and cultural self-efficacy. Anonymous coded responses were analyzed for common attributes.

Implications for Practice: This project expands the understanding of the impact of IIE on graduate nursing students' professional role, personal development, and cultural self-efficacy. Qualitative responses revealed perceived facilitators and barriers to participation in these experiences. This research provides data that helps identify how graduate study that includes IIEs impacts professional nursing practice and attitudes.

Developing, Delivering, and Evaluating an Innovative Pedagogy for Teaching Transcultural Nursing

Jessica Ochs

Background/Rationale: Findings from the literature suggest that student outcomes are at least equivalent between online and traditional lectures. Most of the nursing literature reflects studies of post-licensure programs. There is limited evidence supporting the use of online or blended learning in associate degree (AD) nursing students, thus the question remains whether online learning can be used effectively in this student population.

Purpose/Aim: Online learning is frequently utilized in higher education to meet the needs of the changing educational landscape. The purposes of this educational initiative are to: (1) introduce an alternative modality to teach transcultural nursing competency within an existing adult medical-surgical nursing course and; (2) compare the alternative, online modality with the traditional, face to face classroom delivery of transcultural nursing content by evaluating the student's perceived confidence, knowledge, and satisfaction in meeting the learning outcomes.

Method/Description: This pilot study used a posttest 2-group survey design to evaluate an alternative pedagogy for introducing a transcultural nursing module within the second semester of an associate degree nursing program. This alternative, online modality is compared to the traditional classroom, face-to-face delivery of the content by evaluating the student's knowledge, confidence, and satisfaction in meeting the objectives of the module. This cohort of nursing students consists of two divisions, day and evening/weekend students. Group 1 consisted of day division students who received online delivery, while Group 2 consisted of evening/weekend division students who received traditional onsite delivery of the module. Both groups were asked to voluntarily complete a brief demographic survey prior to the content delivery and then complete the Jeffreys Transcultural Self-Efficacy Tool (TSET) (2010), and a course satisfaction survey following delivery of the module. The TSET, an established valid and reliable tool, was used to measure perceived knowledge and confidence of the material with internal consistency ranging from .94 to .98, and reliability .99. The TSET consists of 3 parts; part 1, questions 1-25, measures perceived knowledge, and parts 2 and 3, questions 26-83 measures perceived confidence. To measure satisfaction, a standard Likert scale course standard evaluation survey was utilized. The surveys and TSET take 20 minutes and students were given class time to complete it. Permission for the study has been granted by the Institutional IRB and the author of the TSET.

Results: Data analyses are pending. Demographics, posttest measurements, an outcome evaluation and course satisfaction tool are used to evaluate this pilot program.

Implications for Nursing Education: Online education is growing at an exponential rate and many nursing programs offer online learning options. This project aims to add to the evidence of utilizing online learning modules in AD students. Anecdotally, faculty assert that the traditional classroom provides more clues to the students' understanding and argue that the subtleties and nuances of in-person role modeling in the classroom are missing in the online environment. This pilot initiative is an important step in understanding how well students learn in an online environment and may provide further insight to guide future study.

Weaning of Opioid and Sedative Medications in Pediatric Patients with Congenital Heart Disease: A National Survey to Assess the State of Practice

Caitlin O'Connell

Background: The population of pediatric patients with congenital heart disease being cared for in the hospital setting has become increasingly medically complex over the years. Due to continued advancement of science and technology, children with even the most severe forms of congenital heart disease are offered treatment in the form of advanced cardiac medical and cardiothoracic surgical techniques. As such, the recovery period for these patients can be lengthy and children often experience extended stays in the intensive care unit where they receive prolonged courses of opioid analgesics and sedatives to alleviate pain, reduce anxiety, and blunt physiologic stress responses. Use of these of these medications, while necessary, is not without adverse effects. Additionally, when used for a prolonged period of time, patients can develop tolerance to these medications, necessitating larger doses in order to achieve the desired level of analgesia and sedation. When the patient's disease trajectory changes and large doses of opioids and sedatives are no longer required, symptoms of withdrawal can occur if the medications are stopped abruptly or weaned too quickly. As such, it is imperative that opioids and sedatives are weaned expediently while taking care to avoid symptoms of withdrawal. Currently there is little evidence available to guide health care providers with regards to the safest and most effective way to wean children with congenital heart disease from opioid and sedative medications.

Purpose and Aims: The purpose of this project is to conduct a national survey of pediatric congenital cardiac care centers to understand current practices with regards to weaning opioid and sedative medications in pediatric congenital heart disease patients. The aims of the project are (1) To describe current practice with regard to weaning opioids and sedatives in the pediatric congenital heart disease population, (2) To describe the use of a standardized approach with regard to weaning opioids and sedatives in pediatric congenital heart disease patients, and (3) To describe the pre-discharge education and post-discharge follow-up that occurs when a patient with congenital heart disease is discharged from the hospital to complete their wean in the home setting.

Project Design: A Web-based national survey of pediatric congenital heart centers will be conducted to investigate this area of practice. The survey will be distributed in November 2015 and will be available for completion for one month. Preliminary data will be available in late January or early February 2016. The survey will be comprised of both fix choice and open-ended responses to maximize participants' description of their practice. A purposive sampling approach will be utilized; survey participants will be recruited from the Consortium for Congenital Cardiac Care, a nation-wide collaborative of 28 cardiovascular programs across the United States.

Implications for Practice: The knowledge generated from this project will educate providers regarding the current weaning practices being employed at pediatric cardiovascular programs across the country. The survey will also assess what educational initiatives are in place to support parents and caregivers in understanding how to safely administer opioid and sedative medications when weaning at home.

A Quality Improvement Project Focused on Reducing Nuisance Ventilator Alarms in a Surgical and Neuroscience Intensive Care Unit

Kathy Prairie

Background: Although clinical alarms are intended to alert caregivers to potential problems, improper management may compromise patient safety and ultimately contribute to mortality rates (Boston Globe, 2011; Dunham, 2011). Inadequate alarm and ventilator practice are two of the top 10 identified 2015 health technology hazards.

Alarm fatigue is defined as sensory overload due to clinicians being exposed to excessive numbers of medical alarms, often leading to sentinel events. The Joint Commission (2013) issued a "Sentinel Alarm Alert" and set a National Patient Safety Goal requiring medical alarm safety a 2014 number one priority.

Purpose and Aims: The purpose of this quality improvement project is to evaluate the impact of changing selected ventilator setting that will safely reduce noncritical nuisance (false) ventilator alarms as the current default settings are contributing to excessive audible alarms. Aims: 1) measure the effect of the changes in the ventilator setting(s) - volume and distribution of audible alarms; 2) measure nursing's perception of frequency of nuisance alarms, disruption to patient care and the impact of ventilator alarm noise on both the nurses and patients; and 3) measure patient safety net reports.

Methodology: This pilot study utilizes the Plan Do Study Act (PDSA) Quality Improvement Model in a pre and post survey design. IRB approval was obtained from both the Medical Center and University. Ventilator data collection is in progress over for a 2-week period in fall 2015 with one- year Patient Safety Net data reports assessed retrospectively. An anonymous survey pre and post data collection was sent to Surgical and Neuroscience Intensive Care nursing staff at a large medical center in New York to address aims of study. Results will be analyzed using both quantitative and qualitative analyses. Findings from this project may contribute to the future development of standards and guidelines on ventilator settings.

Implications for Practice: The phenomenon of alarm fatigue is a direct result of excessive medical alarms in the hospital sounding. Nuisance (false) alarms and their impact on alarm fatigue have been studied extensively, however there is minimal research solely focused on ventilator alarms. With so much noise the nurse's ability to distinguish between actionable and non- actionable (nuisance) alarms become hindered as they work at the bedside caring for critically ill patients. Excessive alarms undermine the original purpose of technology, which was to increase patient safety. This gap in research provides a great opportunity for exploration, as ventilator alarms are the second most common audible medical device alarm. It is crucial to find the right balance for ventilator alarm settings so that these alarms help increase patient safety not potentially cause patient harm.

Midwifery Management of Pregnant Women Who are Obese

Margi Reither

Background: Over 50 percent of pregnant women are overweight or obese as they enter pregnancy. (ACOG, 2013) Obesity in pregnancy is an increasing challenge to providers of obstetric care, especially in the presence of co-morbidities. Challenges may include making decisions about birth location and interventions to mitigate perinatal risk. These decisions may be further complicated by geographic location and access to care. In 2008, maternal body mass index (BMI), a measure of obesity, was added to birth certificate data, demonstrating the increasing concern for this emerging public health issue. Currently midwives perform 8% of all births in the United States and are routinely faced with the responsibility of screening and managing problems in pregnant women. For this reason midwives are uniquely positioned to identify important concerns and strategies regarding the management of pregnant women who are obese.

Purpose: The purpose of this study is to explore the management of pregnant obese women by certified nurse-midwives (CNMs) and certified midwives (CMs) who are members of the American College of Nurse-Midwives (ACNM).

Specific Aims: The study aims to describe the sample characteristics for midwives who provide care to pregnant women who are obese and to describe factors that influence their management. Further, to describe the role of the *Levels of Maternal Care* guidelines in the management of pregnant women who are obese and to describe decision-making processes for referring pregnant women who are obese to of a higher level of care.

Project Design: A national survey of CNMs and CMs who are members of ACNM will be conducted to describe the current management of obese pregnant women. This project will utilize BMI categories that have been established by the National Institutes of Health (NIH, 2013), and *Levels of Maternal Care* guidelines developed by the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) (2015).

Implications: This project will address a knowledge gap in the literature regarding midwifery management of pregnant women who are obese. This work may serve as a catalyst to the development of guidelines for the perinatal risk management of pregnant women who are obese.

Inter-rater Reliability and Usability of a New and Innovative Student Registered Nurse Anesthetist Clinical Performance Evaluation Instrument

Mark W. Schierenbeck

Introduction: The purpose of this process improvement project is to determine the inter-rater reliability (IRR) and usability of a new and innovative Student Registered Nurse Anesthetist (SRNA) clinical performance evaluation instrument, which incorporates a visual analogue scale for the first time. The SRNAs' clinical performance evaluation instrument is used to define expectations, provide single event and summative feedback, gauge acquisition of skill-sets from novice to entry-level provider, and validate students as safe practitioners. The clinical performance instrument is also used to evaluate progression and possible attrition of SRNAs from their program study. IRR of the instrument is therefore critical for impartiality toward both the student and the program while usability allows evaluators to use the instrument correctly.

Methods: This project is a prospective, mixed qualitative and quantitative, and fully crossed observational design with the addition of a usability survey. The clinical performance of three SRNAs in their first year of clinical training and three SRNAs in their second year of clinical training was video recorded during anesthesia simulation. The SRNAs video recorded clinical performance was then evaluated by a convenience sample of five clinical faculty and a convenience sample of five CRNAs who are also SRNA clinical mentors using the project clinical performance instrument. Both clinical faculty and clinical mentors were randomized to participate from a larger cohort that agreed to participate in the study. Finally, all ten evaluators were asked to complete a usability study of the project instrument.

Results: Data has not been collected at this time. IRR among program faculty, clinical mentors, and the combined cohort will be analyzed. Further analysis will be made to investigate if number of years as a CRNA or number of years working with SRNAs affected the IRR in any group. Usability of the project instrument will also be reported using a ten-question survey.

Conclusions: Determining the usability and inter-rater reliability of this innovative web-based clinical evaluation instrument is the first step to improve the education process of SRNAs. The next step is testing the validity of the instrument.

Pediatric Primary Care Mental Health Evaluation of Adolescents

Christina Marie Simington

Background: Pediatric primary care providers screen their adolescent patients for behavioral/mental health issues to insure early diagnosis and treatment. Reports indicate pediatric primary care providers are confronting a rising epidemic of adolescent patients experiencing behavioral/mental health issues. Concurrently a shortage of pediatric mental health care providers leaves primary care specialists on the front lines without adequate resources to help manage these acute behavioral health episodes. Early recognition of behavioral/mental health issues may allow pediatric primary care providers to deliver anticipatory guidance to adolescents and their parents at optimal times during adolescent well checks, to avert a crisis situation from developing.

Screening for behavioral/mental health problems is performed at every well adolescent check. This is accomplished by administering a number of different validated developmental screening tools including the Patient Health Questionnaire (PHQ-9), the CRAAFT which screens for high risk drug and alcohol use, the Screen for Anxiety Related Emotional Disorders (SCARED), the Depression Self-Screening Assessment (CES-D), and the Pediatric Symptom Checklist (PSC-17). These validated screening tools are utilized extensively in the adolescent population and are recommended by overseeing bodies.

Purpose: The purpose of this project is to explore if a relationship exists between adolescence age, socioeconomic status and the incidence of anxiety, depression, and risky behaviors based on behavioral/mental health screenings at adolescent well checks.

Study Aims:

1. To describe results of behavioral/mental health screening in a sample of adolescents aged 13- 18 years during primary care well checks.
2. To examine the relationship between age and behavioral/mental health screening results in a sample of adolescents aged 13- 18 years during primary care well checks.
3. To examine the relationship between socioeconomic status (as measured by private versus public insurance, zip code, public or private school) and behavioral/mental health screening results in a sample of adolescents aged 13- 18 years during primary care well checks.

Design: This quantitative, retrospective chart review will utilize data from all senior year high school students receiving care at a single primary care pediatric practice.

Sample: Behavioral/mental health screening results will be collected on this convenience sample of senior year high school students going back 4 years when they were aged 13-18 years. The anticipated sample size will be approximately 500 patients. Subjects will be excluded if behavioral/mental health screening results are not available >50% of the time during well checks between 13-18 years of age.

Setting: The private primary care practice has three locations located in upscale suburban communities. The practice has 7 nurse practitioners, 11 physicians and 20 nurses caring for approximately 9,000 patients.

Implications for Practice: The significance of these findings are beneficial to pediatric primary care in many ways ranging from theoretical understanding of mental health in adolescence to developing timely anticipatory guidance during both well and sick adolescent visits.

Peripheral Nerve Blockade Outcomes in an Ambulatory Care Center

Donald Van Dam

Introduction: Peripheral nerve blockade is a type of regional anesthesia where local anesthetic is injected near a specific nerve or nerves inhibiting function (movement and feeling) beyond the site of injection. Peripheral nerve blockade offers many benefits including minimizing the risk and side effects of general anesthesia, reduction in the body's stress response to surgery, improved quality and duration of pain relief, less need for pain medications (decreased nausea and sleepiness), shorter hospital stays, and improved patient satisfaction. It is important to quantify and track the nerve blockade outcomes to assess where current practice is valid and where improvement may be indicated. At our facility, there was no system for tracking outcomes of peripheral nerve blocks therefore the goal of this project was to formulate a system to collect and evaluate this information.

Methodology: A one-page paper data collection tool was developed for this project so that all pertinent data could be collected throughout the perioperative stay including the first postoperative day telephone follow up. A computerized Excel© spreadsheet was also developed to serve as a database where information from the collection tool is entered for synthesis and evaluation. Multiple metrics are being collected with the outcomes of effectiveness (pain score <2) and duration of blockade, the length of post-anesthesia care unit (PACU) stay, postoperative nausea and vomiting (PONV) incidence, and patient satisfaction being the main foci. However, all data is being analyzed to assess for other pertinent findings.

Results: Data collection began at the beginning of August 2015 once IRB approval from the Military Medical Center and Northeastern University was obtained and was completed on December 5, 2015. At present, information on approximately 300 nerve blocks has been obtain with data entry into database to begin upon completion of excel database.

Implications for Practice: Continually tracking aspects and outcomes of peripheral nerve blocks performed will provide a more complete picture of patient outcomes and afford an up-to-date, quantitative evidence to validate current practice or identify areas of practice that may need improvement. An additional aspect of this database is to accurately capture anesthesia procedures (nerve blocks) performed so that workload and reimbursement may be more correctly assessed.

Conclusions: Quality improvement can be defined as “the right care for the right person every time.” Part of this right care is better patient outcomes (health), better system performance (care), and better professional development (learning). It is anticipated that this project will ensure that the right care is being provided and may add to the evidence based care literature and standards of care practice for peripheral nerve blockade.