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Alarm Fatigue in a Single Patient Room Neonatal Intensive Care Unit (NICU)

Learner Outcome 1

Learner will verbalize recognition of patient safety hazards due to alarm fatigue.

Learner Outcome 2

Learner will recognize strategies to decrease alarm fatigue through monitor and phone use.

Learner Outcome 3

Learner will identify ability of bedside nurse to identify problem and implement change to improve patient safety in their own unit.

Abstract (600 words or less)

Purpose: Nurses reported high numbers of alarms during their shift after moving to a single patient room NICU. Staff reported concerns of ignoring the handheld device, inability to silence the alarms, and alarm fatigue within four months of moving to the new environment.

Relevance/Significance: The NICU move in 2015 from ward-style to single patient room environments required alternative methods for alarm notification. A system linking patients monitor alarms to the nurse, buddy and RP’s handheld device was utilized. Thirty nurses reported alarms per 12-hour shift at 1 alarm every 1-2 minutes. Staff nurses, the Shared Governance Council, the leadership team, neonatology and Systems Analyst collaborated to decrease the frequency of alarms while maintaining patient safety. In 2014 the Joint Commission released their new safety standard goals. Safety Standard Goal #6 requires that all hospitals address the issue of Alarm Fatigue by 2016.

Strategy and Implementation

A multi-disciplinary team was convened. Staff nurses self-reported alarms on their handheld device of 518 in 12 hours (1.5 alarms every 2 minutes). Alarms reports from monitors showed 82,000 to 148,000 alarms per 24 hours over a 3 month period. Investigations revealed many alarms were not significant for the patient, yet alarms escalated. A plan, timeline and survey were developed. The staff survey revealed a knowledge gap in use of bedside monitors silencing functions. A Decision Tree was introduced to educate staff on pausing and silencing alarms which reduced escalation of alarms to other staff. The team goal was to reduce alarms by 25% in six months. Additionally, the sound levels were found to be at the maximum loudness level on the central monitor banks on each wing’s desk which added to environmental noise. Evaluation: The team evaluated: alarm frequency, alarm delays and escalation timing for each parameter, central monitor audio levels and education of staff on bedside monitor use. Alarm delays and limits were refined, keeping patient safety as a primary team goal. Staff nurses report less disruption from nuisance alarms. Currently alarm reports reveal a reduction of greater than 25% in overall alarms.

Implications for Practice: Alarm fatigue can be managed safely for patients through involvement of staff nurses in identifying the problem and problem-solving with their interdisciplinary team. Empowering staff nurses to identify, investigate, and reduce alarm fatigue has improved the NICU work environment.

Reference 1

Reference 2

Reference 3

Financial Relationships:
No, I DO NOT have an actual or potential conflict of interest relative to my presentation(s).

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Media Authorization
Yes
All Aboard: Destination Integration

Learner Outcome 1
Describe components of the onboarding process utilized

Learner Outcome 2
Identify two types of interviewing that aid in the selection process

Learner Outcome 3
List several ways to engage new hires and senior staff members in the orientation process

Abstract (600 words or less)
Recruitment and retention of nurses is challenging. When hiring a nurse, we want to ensure that we are selecting the best candidate for the job when many of our candidates possess the same skill set. Recently at a NCI designated Comprehensive Cancer Center, we set out to select additional staff for a unit expansion. The nursing leadership team approached this challenge with a focus on the processes of interviewing/selection, onboarding, orientation, and mentoring. All candidates were interviewed by a group of nurses utilizing both panel-like and behavioral interviewing techniques. Interviewing can be a useful tool in the selection process when the right questions are asked and listening skills are utilized. Behavioral interviewing allows the interviewer to focus on situations and scenarios where the candidate exhibits behaviors based on their experiences. Behavioral interviewing affords an organization the opportunity to select a candidate that best fits their culture (Jensen, 1999). By asking open ended questions with specific scenarios that lend themselves to the objectives and goals of the organization, we can learn many things about a candidate that a resume does not reveal such as a candidate’s customer service, problem solving strategies and their approach to teamwork (Robinson, 1998). Panel-like interviewing allows for reliability and objectivity. They are more efficient, eliminate misinterpretation of questions, provide consistency in regards to the set of questions asked to a candidate, provide insight into how a candidate copes with stress, and provide insight into teamwork (Illahi et al., 2017; Hughes, 2015). Appropriate onboarding of all new clinical staff is essential to both staff retention and safety (Grensing-Pophal, 2016). Onboarding is necessary in conjunction with orientation of new staff in order to ensure adequate instruction on processes, procedures, organizational culture, and responsibilities. In its absence, staff members may create their own way of doing things which can in turn create unsafe environments for patients and staff (Zaire, 2017). A new onboarding and orientation process was created where new staff had two days of classroom style introductions to organizational policy and procedures as well as team members. Key members of all departments spoke to new hires about their roles within the organization and how their responsibilities intersected with the new staff roles. Additionally, a series of weekly educational topics were developed to enhance the orientation of new staff. The new staff was brought together for two hours each week over eight weeks. This time was designed to provide an opportunity to discuss barriers, obstacles, or helpful information as well as a relevant topic to practice. Orientation checklists were developed and an orientation binder specific to each role was distributed. Weekly meetings between managers, preceptors, and new staff members helped enhance the orientation process. Learning opportunities and goals were developed for each week using a weekly evaluation form allowing for a more individualized orientation tailored to
each staff member’s needs. The orientation process was then followed by mentoring of each new nurse. A senior staff member was assigned to be utilized as a resource and support while the new staff began and continued into independent practice. Organizations that support mentoring cultures afford nurses the opportunity to be engaged and develop professionally creating a work environment that is improved by efficiency and safety (Jakubik et al., 2017). Through effective interviewing and selection processes, innovative onboarding and orientation, and mentoring, our organization has been successful in retaining close to one hundred percent of the staff hired for the unit expansion. Senior staff engagement in the process of interviewing, orienting, and mentoring has forged purposeful relationships with and support for new staff creating an improved work environment.

Reference 1

Reference 2

Reference 3

Financial Relationships:
No, I DO NOT have an actual or potential conflict of interest relative to my presentation(s).

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Yes
Always Ensuring the Patient Call Light is Communicated to the Correct Caregiver

**Learner Outcome 1**

The learner will identify strategies for successful implementation of nurse call light management

**Learner Outcome 2**

The learner will be able to list opportunities for nurse call light management

**Abstract (600 words or less)**

Background  The patient call light can be activated for a myriad of reasons; the ability to escalate the patient's need to the appropriate caregiver is key to the success of patient safety and satisfaction. The general practice is any caregiver can answer the call light at the nurse's desk and then assign the reminder light thus giving a visual tool that the patient is requesting either the nurse or the aide. This requires that all caregivers are always assigning the call lights to the appropriate caregiver. A retrospective look showed that only 80% of the call lights were always assigned to the caregiver, thereby potentially causing a safety risk, dissatisfaction or both.

Description  Two surgical step down units in the Heart and Vascular Institute implemented a pilot program in September 2016 where all call lights would automatically be assigned to the aide. If the patient needed the nurse, the caregiver answering the call light could then re-allocate the call to the nurse thus ensuring the correct caregiver was notified of the patient need. This was all done using the Rauland SoundCom call system that interfaces with the Nortel phones. Once the call was answered at the desk the call would be assigned to the aide and their Nortel phone would text the patient room number. There was also a feature that the caregiver can text exactly what the patient wanted to the nurse or aide, although this was used sporadically.

Outcomes  During the three month pilot metrics were measured including total number of call lights, responsiveness percentile, and timeliness in responding (RN) percentile; nurse rounding q2hr percent always, communication percentile (nurse) and patient falls.

- Total number of call lights decreased by an average of 2400 patient calls during the pilot period.
- Responsiveness increased from the 49th percentile to the 81st percentile during the pilot period.
- Timeliness in responding (RN) increased from the 61st percentile to the 95th percentile during the pilot period.
- Nurse rounding q2hr increased from 64% always to 78% always during the pilot period.
- Nurse communication increased from the 81st percentile to the 91st percentile during the pilot period.
- Patient falls decreased from 6 falls pre-pilot to 2 falls during the pilot period.

Conclusion  Assigning all call lights was considered a success as measured by the decrease in total number of call light and a decrease in patient falls, but also in the increased patient satisfaction surrounding responsiveness and nurse communication.

**Reference 1**

Reference 2


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Yes
Creating a Nursing Leadership Team in a Specialized Unit

Learner Outcome 1
Define leadership roles needed to support a specialized unit

Learner Outcome 2
List practice changes used to support Healthy Work environments

Learner Outcome 3
Identify professional growth in the unit with establishment of a leadership team.

Abstract (600 words or less)
Abstract: The nursing leadership team needed to be restructured as this specialized unit continued to grow. The leadership team consisted of a Nurse Manager (now Director) and a Clinical Nurse Specialist. This specialized unit is a 48 bed NICU in a teaching hospital in Boston, Ma. Over the last three years we have added 50 new nurses and there are currently 206 direct reports to the Nurse manager. We have 700-800 admissions per year. The NICU is a specialized unit and does not rely on hospital wide resources for support. It has always provided its own staff education and oversight of clinical practice changes. With the increasing census and staffing needs over the last few years it was clear that the needs of the unit could no longer be supported by the current nursing leadership team structure. The goal was to build a team that could support the standards defined by the AACN Healthy Work Environment. The leadership team needed to work together to support both the staff and patient needs. By identifying unit needs, leadership roles were established to support the unique needs of this specialized unit. The Harvard Business Review discusses how many direct reports are a standard among CEOs in other industries. In the private industry they discuss 5-10 direct reports as being the right size. Though direct reports are smaller in other industries there is no real standard within Nurse management. To support a large team, working 24 hours a day in an ever changing healthcare environment, nursing leadership needs to be defined and standardized to support the unit needs for both staff and patients. In our unit we added a Clinical Mentor Advisor that works one on one with newer employees and sets up mentoring opportunities. We added unit based educators to the unit by using nursing hours to support staff education and quality improvement work. The unit based educators added yearly skills days for all staff members and have supported other education in the unit. Two clinical nurses were promoted to Clinical advisors to support the Nursing Director work in the unit. These roles were established to support both staff and patient needs. They oversee quality improvement projects in the unit, clinical issues, and patient safety reports. They assist in communication to all shifts and oversight of operations. They assist with human resource issues and staff evaluations. They have also added to the leadership presence in the unit, allowing more one on one time with leadership and opportunities for staff recognition. The team we have established is currently working on better communication within the group, a mission statement and role definition. Adding these leadership roles was a change in culture for the unit. The team is being accepted and established. We will continue to survey staff as we standardize the roles in the unit and the hospital.

Reference 1

Reference 2

Reference 3

Financial Relationships:
No, I DO NOT have an actual or potential conflict of interest relative to my presentation(s).

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Media Authorization
Yes
Effects of Ethics Rounds on Coping, Moral Distress, Reasoning and Self-Performance with Families; a Pilot Study

Learner Outcome 1
Attendee will learn that holding ethics rounds helps provide coping tools for nurses when in morally distressing situations.

Learner Outcome 2
Attendee will learn that Ethics Rounds may be valuable on units with complex patient or family issues.

Learner Outcome 3
A larger randomized controlled trial is warranted.

Abstract (600 words or less)
The purpose of this study was to examine the effectiveness of ethics rounds on nurse stress and self-performance with families. This pilot study was conducted on a medical-surgical multi-specialty unit at Cleveland Clinic of multicultural, and potentially financially prosperous and discerning patients/families with influential, diverse lifestyles and values. A 2-group comparative design and questionnaires were used. All nurses were invited to complete valid, reliable questionnaires anonymously on coping styles in decreasing situational stress, burnout, moral distress, and perceptions of self-performance with families. Data were collected pre and 16 months post initiation of ethics rounds. Ethics rounds were monthly and led by a member of the Ethics Department Staff. The recommendations from the study are that ethics rounds offered nurses new tools to improve coping responses to stressful situations and may be valuable on units with complex patient or family issues. A larger randomized controlled trial is warranted.

Reference 1

Reference 2

Reference 3

Financial Relationships:
No, I DO NOT have an actual or potential conflict of interest relative to my presentation(s).

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**Media Authorization**

Yes
Embedding Nursing Informatics in Shared Governance: A Recipe for Data-Driven Success!

Learner Outcome 1

• Identify traditional and nontraditional leadership methods applicable for clinical informatics.

Learner Outcome 2

• Discuss methods that nurses can use to drive change management in healthcare organizations.

Learner Outcome 3

• Identify ways in which organizations can empower clinical transformation by integrating nursing informatics into care delivery.

Abstract (600 words or less)

As a result of MUSC Health’s prestigious Magnet designation (awarded in 2015), the redesign and redeployment of a functional, robust shared governance construct was essential. Given our commitment to nursing excellence, illustrated by empirical outcomes, the Chief Nursing Information Officer & the Professional Excellence and Magnet Program Director collaborated to ensure that Nursing Informatics was embedded in the fiber of each new council creation, ultimately developing frontline nurses’ informatics competencies necessary to transform data into wisdom. We ensured that each council had appropriate informatics representation and education, providing a strategic liaison between our newly formed "Analytics & Informatics" portfolio and the newly redesigned shared governance councils. Through the use of information structures, information processes, and information technology, each council was truly set up to succeed! Leveraging technology to improve outcomes requires that unit-based and organizational-level councils, all of which are comprised of front line clinical nurses, understand that the EHR value paradigm has shifted from one that emphasizes technical issues to one that focuses on clinical excellence. We ensured that council members were able to articulate what unnecessary practice variability meant, and what clinical decision support tools are. We also established a framework for how to incorporate evidence-based practice and predictive analytics at the point-of-care. Our newly formed structure includes five councils: Exemplary Professional Practice (EPP), Structure Empowerment (SE), New Knowledge & Innovation (NKI), Healthy Work Environment (HWE), and Transformational Leadership (TL), each accountable to influencing specific empirical outcomes, and each chartered with elected representatives. While collectively all aim to achieve positive clinical performance outcomes, historically informatics was not considered a core competency in meeting these collective goals. Analytics was perceived as a barrier to success, and in many cases nurses felt intimidated by anything technology-related. By embedding Nursing Informatics in each council, and ensuring adequate education and support, we were able to clarify misperceptions and set the councils up to make data-driven decisions. The development of tooling (dashboards, clinical decision support mechanisms), insights (predictive analytics), automation, and standardization has poised our new shared governance construct to truly lead change. By weaving informatics resources and competencies into nursing excellence, clinical nurses across the continuum of care are now driving decisions related to technology design, information procurement, and
workflow optimization: ultimately 'moving the needle' to maximize positive patient outcomes!

Reference 1

Reference 2

Reference 3

Financial Relationships:
No, I DO NOT have an actual or potential conflict of interest relative to my presentation(s).

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Media Authorization
Yes
Emergency Department Throughput: Empowering the team to create change and improve throughput in an emergency department.

Learner Outcome 1

Learner will be able to identify strategies to decrease lengths of stay in the ED

Learner Outcome 2

Learner will be able to identify ways to create change in the ED through transformational Leadership processes

Abstract (600 words or less)

The Emergency Department (ED) at Houston Methodist St John is a 21 bed community based ED in an acute care hospital. The ED embarked upon a six-month project to redesign the triage care model in 2016 to reduce throughput times, improve patient safety and satisfaction based on evidence and best practice. A task force consisting of staff nurses, charge nurses, technicians, formal ED nursing leadership, admission and registration team, and the ED physician team, were pulled together to identify bottlenecks in the ED, review the current evidence and brainstorm new processes to remove the bottleneck. The task force was born from a group of nurses who were discussing the dangers of our than current triage process. They rounded up a multi-disciplinary team with the help of formal ED leadership and created the triage task force. They focused on several areas by reviewing patient satisfaction surveys and comments reporting that wait times in the ED were too long. The team had several problems to find solutions too, unhappy customers, long lengths of stays, and an increase in the number of patients leaving without being seen (LWBS) by a provider. The task force reviewed several articles about Direct Bedding and the use of a greeter nurse in the waiting room; they used this evidence as the basis for their new triage process. A presenting patient is immediately seen by a triage nurse in waiting room, then the patient is immediately placed into a room where triage, registration and assessment happen at the bedside. If no rooms available then triage nurse does a rapid assessment, puts patient on tracker and works with charge nurse to get patient a bed immediately or begin protocols in a protocol room. Our team saw immediate results from direct bedding patients and placing a nurse in our waiting room. From 2016 our door to triage times have decreased by 80%. Median door to triage is now 2 minutes. Door to bed times decreased by 74% with a median of 10 minutes, and our door to provider decreased by 79% with a median time of 7 minutes. Not only has our first face nurse and direct bedding improved our ED times tremendously, but we have also decreased our total length of stay by 13% for discharged patients and 23% for admitted patients. This project is remarkable in that not only are our results so convincing, but that our front line inter-disciplinary team created and owned the process. This is why our results have been sustained in 2017. The team was called to action to make the change and the ED leadership were able to mentor and assist. But by giving the team the tools and time necessary to create a flow that worked in the ED, we were able to create a whole new process that the team could easily adapt to and sustain because they created it. This is the definition of transformational leadership, being able to inspire and empower the team to change on their own. We were able to guide and execute the change together and instead of pushing the change down from management, my team pushed the change up to
management. We have adapted this change process in multiple other areas of our department; this project also gave birth to our formal ED shared governance team. Another great outcome from giving our team a voice can be seen in our retention rate. In 2015 we had a 68% turnover rate, 2016 was down to 28% turnover rate and finally 2017 to date we are at a 14% turnover rate.

**Reference 1**


**Reference 2**


**Financial Relationships:**

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Yes
Employee burnout and engagement are associated with patient safety culture and safety outcomes: a state of the science review

Learner Outcome 1

Describe the current state of the science as it applies to the effect of employee burnout and engagement on patient safety culture and outcomes.

Learner Outcome 2

Identify potential opportunities for further exploration for the impact of burnout and engagement on patient safety outcomes.

Abstract (600 words or less)

Background: Workforce management is a critical aspect of the role of the Nurse Manager. Two factors with the potential to significantly affect the nursing workforce include employee burnout and engagement. Provider burnout has a high prevalence and potentially negative impact on nurses. Burnout rates in nurses have been estimated to be between 25-33%. Consequences of burnout on providers can be significant, including headaches, sleep disturbances, fatigue, marital problems, hypertension, anxiety, alcoholism, and myocardial infarction. Engagement is often defined as the opposite end of the spectrum from burnout. Engaged employees are described as performing above and beyond their job requirements, having a high commitment to the organization and a desire to stay with the organization. While the benefit to personal health of minimizing burnout and maximizing engagement is clear, it is less clear how these two factors impact patient care. It is critical for the NM to ask whether burnout and engagement have an effect on patient safety culture and safety outcomes. This review seeks to answer that question by examining the body of research exploring the impact of employee burnout and engagement on patient safety culture and safety outcomes.

Methods: A systematic search was conducted in CINAHL, Pubmed, and Embase databases. Studies included in the review reported on the relationships among employee burnout or engagement and patient safety culture/climate or safety outcomes. Findings are conceptually organized with a sequential summary of burnout research followed by engagement research. Research findings of each employee level factor with patient safety culture, clinical errors, and patient outcomes are summarized. Results: Twenty-two studies met criteria for inclusion. Most studies examining burnout (8) focused on the relationship between physician burnout and clinical errors and found a positive association. Two studies (one with nurses and one including nurses and physicians) reported a negative association between patient safety culture and burnout. Results of the association between burnout and patient outcomes were mixed, with two studies reporting burnout as a mediating variable, and a third finding no association. The majority of studies exploring engagement and safety culture found a moderately strong positive association. Only one study explored the relationship between engagement and errors, finding a small negative correlation. One study found that safety climate moderated the relationship between employee engagement and needle-stick injuries in nurses. The relationship between engagement and patient outcomes was relatively unexplored. One study failed to find a relationship between engagement and patient falls or medication errors. Discussion: Research exploring the relationship between employee burnout and engagement and patient safety culture and outcomes is incomplete. There is an opportunity to expand the
burnout/safety science outcomes literature to a multi-disciplinary focus, as many studies sampled from a single profession. An interesting distinction that appears to be emerging from this body of literature is the relationship between burnout and perceived versus observed errors, raising questions about the congruence between self-report and observed rates of clinical errors. One possibility is that burnout negatively affects perceptions of performance, but actual performance may not suffer. The state of the science on engagement and safety literature is relatively immature, although there does appear to be a link between high engagement and high safety culture. Extending this science to include safety outcomes would provide more meaningful information for Nurse Managers.

Reference 1

Reference 2

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No, I DO NOT plan to include off-label uses of products in the educational activity.

Media Authorization
Yes
Float Letters: Retention, Patient Safety & Satisfaction

Learner Outcome 1
Identify metrics that a float letter can impact in a health system or single hospital.

Learner Outcome 2
List items that are most utilized in a patient and unit centric float letter.

Learner Outcome 3
Describe how shared governance, leadership and a retention council can collaborate to help decrease job related stress.

Abstract (600 words or less)
A 1,400+ bed tertiary care center in Northeast, Ohio has experienced challenges with nurse retention and satisfaction as it relates to floating across units. Nurses found inconsistencies with unit operations that resulted in job stress in the nursing work environment. A collaborative and consistent approach to operational unit needs was developed in a concept of a “float letter.” Focus group discussions and qualitative surveys were completed and the retention council developed the concept of a standardized float letter and a template to be utilized across the hospital. Float letters consist of: a brief environmental orientation, unit specific clinical needs and a listing of important unit contacts. The float letter is housed in an electronic data base that is easily accessible to all nurses. The concepts of the float letter include a brief environmental orientation as well as a review of key contacts. The unit based leadership and shared governance, in collaboration with the hospital wide retention council, will review annually to ensure accuracy and efficiency. This project helped identify that a standardized float letter optimizes performance, improves communication and collaboration among caregivers while transitioning nursing care from a unit-centric to organization-centric way of thinking to support job satisfaction and caregiver retention.

Reference 1

Reference 2

Financial Relationships:
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Media Authorization
Yes
From the Inside Out...Impacting our Leaders at the Bedside

**Learner Outcome 1**

1. The learner will be able to describe how a non-revenue generating department such as Professional Development demonstrates their productivity to the organization in a succinct, engaging manner.

**Learner Outcome 2**

2. The learner will be able to identify two to three ways the Professional Development Department adds value to the healthcare system.

**Learner Outcome 3**

3. The learner will be able to describe how the Professional Development Department impacts our leaders at the bedside.

**Abstract (600 words or less)**

Today the mantra in healthcare is do more with less. As a result when you have a department that is non-revenue generating, the organization may question its worth. To add to the questioning, often Nursing Leadership is unaware of the full scope and value of this type of department. The Roper St. Francis Healthcare Professional Development Department in Charleston, SC supports the mission, vision and values of the organization by developing and providing education activities and a variety of services designed to enhance the quality of patient care (Adapted from ANCC 2011). Therefore, in 2017, the department did a retrospective review of the department’s 2016 productivity. In an effort to succinctly demonstrate our value to the organization, a data sheet was created. This document provides a simple, creative way to engage our leadership.

**Reference 1**


**Reference 2**


**Reference 3**


**Financial Relationships:**

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Yes
Learner Outcome 1

The participants will be able to discuss how the Administrative Supervisor achieves nurse and patient safety through their role responsibilities and processes by which they "make it work".

Learner Outcome 2

The participants will be able to explain how the findings of this Qualitative Study on the Administrative Supervisor role impact nurse leaders.

Abstract (600 words or less)

Background The administrative supervisor is the nurse leader present in hospitals on the evening or night shift (off-shift), with responsibility to ensure the hospital continues to function smoothly and efficiently. Empirical data on this role is lacking. Purpose The purpose of this qualitative study was to explore the influence the administrative supervisor has on the off-shift, specifically to identify and describe the managerial practices of administrative supervisors and how these practices contribute to nurse and patient safety. Methodology This focused ethnography study was conducted in two parts. The first part consisted of focus groups with off-shift staff nurses, held at seven hospitals in the mid-Atlantic region of the U.S., to describe the administrative supervisors’ role in nurse and patient safety. The second part consisted of in-depth, semi-structured telephone interviews with 30 administrative supervisors, recruited nationally from 20 different states, to explore the supervisors’ perspective of their role responsibilities and managerial practices used to enhance safety in hospitals. The focus group and interview transcripts were thematically analyzed using an iterative, comparative method to identify codes and themes. Results The overall theme identified in this research study was the administrative supervisor as shift leader who does whatever is necessary to get the patients, staff and hospital safely through the shift. Regardless of the size, type or location of the hospital, the supervisors identified their role responsibilities as staffing, patient flow, crisis management, and hospital representative. Additionally the supervisors described their role within a different hospital world on the off-shift and that building trust with staff was critical to promoting nurse and patient safety. Utilizing a relationship-oriented leadership style, the supervisors “make it work” by doing rounds, educating, and providing support for the staff to achieve the outcomes of nurse and patient safety. Staff nurses confirmed the importance of having an administrative supervisor who is approachable, a good resource, and someone you are able to call and just ask a quick question. Conclusions/Implications for Practice The administrative supervisors see themselves, and are seen by the staff nurses, as shift leaders who function as off-shift safety officers. Hospital nursing leadership teams who wish to foster favorable nurse practice environments and reduce adverse events need to have an understanding of the off-shift differences and the role of the administrative supervisor in nurse and patient safety. These results can lead discussions on enhancing safety on the off-shift with additional support and role-specific education for administrative supervisors.

Reference 1

Reference 1

Reference 2


Reference 3


Financial Relationships:

No, I DO NOT have an actual or potential conflict of interest relative to my presentation(s).

Do you plan to include off-label uses of products in the educational activity?

No, I DO NOT plan to include off-label uses of products in the educational activity.

Media Authorization

Yes
Heart Failure Bootcamp: Assessing and Addressing Nurses Knowledge of Heart Failure Education Principles

Learner Outcome 1

Identify the Problem Heart Failure Presents to Hospitals and Health Systems.

Learner Outcome 2

Describe the role of the Nurse in the education of a Heart Failure Patient.

Learner Outcome 3

Evaluate and Address the need for HF Education within a health system, clinic, or hospital.

Abstract (600 words or less)

Background: Heart Failure (HF) is the top admitting diagnosis for people over the age of 65. For all HF discharges, approximately 1 in 5 will be readmitted to the hospital within 30 days. Mortality is typically seen within 5 years of diagnosis, and each subsequent admission is shown to shorten life. By the fourth HF admission, the average patient only has about six months to live. CMS started penalizing hospitals with excessive readmissions rates in 2012, now withholding up to 3% of all reimbursements. Patients can be successful in the outpatient setting if provided education on HF. Prior to discharge, patients should receive 60 minutes of HF specific education on the following HF topics: recognition of escalating symptoms, activity and exercise recommendations, medication compliance, weight monitoring, modification of risk factors, individualized diet recommendations, end of life considerations, follow-up appointments, and discharge instructions. Does your nursing staff have the knowledge necessary to provide this education to the patient? Current published work states that when nurses are assessed in their knowledge of HF self-care principles, a passing score of 70% is hard to come by, even by nurses working in Cardiology or HF. If nurses do not possess the knowledge of HF themselves, how are they going to provide a patient with the necessary education to be successful outside the hospital setting? Methods: In a 392 bed Midwestern Community Hospital, a comprehensive education of HF self-care was provided to 72 nurses and nursing students. Nurses from the Cardio-Pulmonary Hospital Unit were required to attend, but the education was offered to all inpatient nursing staff via email invite. The education development team included Nurses, Pharmacists, Dieticians, Exercise Physiologists, Palliative Care, and a Nurse Researcher. Four sessions were offered with a Pretest-Posttest design. The assessment test utilized was Nurses Knowledge of Heart Failure Education Principles. The education sessions were two hours long and provided CEU’s for nurses. Results: Out of a possible 20 questions, the average pretest score was 14.98 (74.9%). The average posttest score was 16.36 (81.8%), with 16 of 20 individual questions having statistically significant increases in correct responses. Following HF Bootcamp, we also saw an increase in minutes of education per HF patient from 59.6m to 62.9m, as well as a decrease in patients discharged with less than 30m education from 32% to 18.9%. Readmission Rate decreases did no achieve statistical significance, but were observed. The preintervention readmission rate was 24.7%. Post intervention 20.5%, with a 39% increase in total admissions. Conclusions: Nurses are at forefront of patient education efforts for the hospitalized patient. In order for nurses to properly educate their patients, they must also know self-care principles for HF. In expanding nurse’s knowledge of HF, the
patients will benefit through more time spent delivering focused education as well as a decrease in HF readmissions.

Reference 1

Reference 2

Reference 3

Financial Relationships:
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Media Authorization
Yes
Homeward Bound

**Learner Outcome 1**
Learner will identify factors that contribute to discharge delays

**Learner Outcome 2**
Learner will be able to cite interventions that improve access to transportation at time of discharge

**Learner Outcome 3**
Learner will identify strategies for a multi-disciplinary approach to discharge process improvement

**Abstract (600 words or less)**

Homeward Bound Discharge Delays impact not only the patient and family, but also patient throughput from another unit, ED, OR/PACU or a clinic. In 2016, the Medical Center identified a goal to achieve 12% of daily discharges by 1200 with orders written by 1000. In 2016 the Pediatric unit had exceeded this goal with 14.9% of discharges by noon. However, throughput was still being impacted by discharge delays. A Multi-disciplinary team was assembled including Nursing leadership, Attending Physicians, Social work, Discharge Planner (Clinical Case Manager), Pharmacy, and an analyst. We utilized Value Stream Mapping to identify components of the discharge process beginning with admission. One of the first goals was to identify the reasons for discharge delays greater than 2 hours after orders received. In 2015 a daily log was developed to record reasons for delays greater than 2 hours from the time orders are written/acknowledged and the patient discharged. This log was utilized as part of a Patient Throughput project. That project indicated Transportation was the primary cause of delays. The multi-disciplinary group requested the data be recollected for a one month period of time to validate the prior findings. Over 300 discharges were reviewed. Reasons for Delay in Discharge were: Ride: Parent here with no transportation Parent: Waiting for Parent/Guardian to arrive Pharm: Pharmacy Issues OT/PT: Awaiting clearance Int: Interpreter INC: Incomplete order, RN follow-up required Equip: Awaiting equipment/supplies Goals: Meeting DC Criteria/Orders Nurse: Staffing / Priority of Care Results: Pending Lab / Radiology Procedure: MRI, CT, EEG, X-ray, etc. Chemo: Completion of chemo/levels Other: Explain in Comments Factors contributing to discharge delays were identified. Transportation, Medications and Goals were the three most common reasons for Delay in Discharge after orders received. A Benefit-Effort analysis determined that a focus on the Transportation issues would have maximum impact in improving the process for a timely discharge. Transportation: 1. Reviewed the root causes identified for “No mode of transport.” 2. Brainstormed possible process improvements for each root cause. 3. Assessed each process improvement based on expected benefits and implementation effort. The process improvements with the highest benefit/effort ratios were (in descending order): a. Put transportation on discharge rounds agenda. b. Identify the mode of transportation early in the patient’s stay; document it in the daily note. c. Put the anticipated discharge date and discharge goals on the discharge rounds agenda. d. Find out early in the patient’s stay whether the family will use public transit. e. Find out early in the patient’s stay whether getting time off from work is an issue for the driver. f. Communicate the expected discharge time to the family early in the patient’s stay. g.
Identify the anticipated discharge date on rounds, and write it on the patient’s white board. Medication 1. Pharmacist encouraged to attend weekday Discharge Planning rounds, identifying special discharge medication needs i.e. those requiring compounding, special authorization, special order or home delivery. 2. Hospital Out-Patient Pharmacy hours were reviewed. Hospital Out-Patient Pharmacy expanded hours to open earlier and close later to better facilitate discharge prescription fulfillment. Goals 1. This was not identified as a barrier to discharge. Goals are discharge criteria that allow the patient to be discharged when discharge criteria have been met and discharge without requiring a new order or physician interaction. Fiscal year 2107: Discharge by noon was at 18.73% a 3.83% increase over 2016. In FY 2016, Discharge Orders written by 100 was 17.57 %, and FY 2017 this increased to 23.65%, an increase of 6.08%. In June 22.2% of Discharges were completed by noon, surpassing the hospital goal of 12 %.

Reference 1

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Reference 3

Financial Relationships:
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Media Authorization
Yes
Implementation of a Hospital Dismissal Lounge to Improve Patient Flow through the Emergency Department

Learner Outcome 1

Describe the implementation of a Hospital Based Dismissal Lounge

Learner Outcome 2

Evaluate the effectiveness of a hospital based Dismissal Lounge on Patient Flow through the Emergency Department

Abstract (600 words or less)

Background  Many hospitals in the country operate at capacity, and many patients are boarded in the emergency department because of a lack of inpatient beds (American College of Emergency Physicians, 2016). Few successful interventions have been shown to successfully improve patient flow. The purpose of this poster is to demonstrate how the implementation of a Dismissal Lounge has successfully impacted patient flow in a large tertiary hospital’s emergency department (ED). Strategy and Implementation  On time discharges are a significant factor in maintaining optimal patient flow. There are several factors which impact delays in patient discharge which include delays in testing, delays in receipt of discharge order, inability of staff nurse to prioritize discharge, and transportation issues (Majeed, Williams, Pollock, Amir, Liam, Foong, and Whitaker, 2012). These delays inadvertently lead to ED overcrowding and increases in ED hold times. A group of nurse leaders met to analyze barriers to patient flow and proposed a cost-effective way to improve patient flow with the implementation of a hospital dismissal lounge. The lounge began as a pilot project and has quickly transformed into a fully functioning unit within the hospital. The Dismissal Lounge is centrally located within the hospital and can accommodate up to ten discharged patients at a time. The lounge is equipped with recliners, two large televisions, and welcoming decor. The lounge is fully staffed for nine hours with a minimum of two registered nurses and one patient care assistant. Nursing staff can administer insulin, vaccines, and strive to provide intensive discharge education. Alert, ambulatory, continent, patients who are discharged to home are appropriate for the lounge. Certain contact isolation patients are considered appropriate after approval from infection prevention is obtained. Evaluation In the 20 months the lounge has been operational, over 6,400 patients have been discharged. This represents approximately 10% of the daily hospital discharges. On average the Dismissal Lounge discharges 11 patients per day. A majority of the patients are surgical in nature; however, the lounge assists with procedural area and ED discharges when needed. How does this impact Emergency Department patient flow? The hospital ED is extremely busy and over 120,000 patient visits occur annually. Approximately 25% of these patients are admitted which results in the holding of admitted patients. Enhancement of patient flow throughout the hospital has a huge impact of ED crowding. Since opening the Dismissal Lounge, ED throughput has been enhanced. Before opening the Dismissal Lounge, patients waited to transfer to their room for over 600 minutes. After opening, patients wait less than 487 minutes. Further Implications  In addition to the improvements seen in patient flow, improvements in patient satisfaction specific to understanding discharge instructions have been noted in units whose patients frequent the lounge. It has also been noted that 18 out of 20 months patients discharged through the lounge have a
decrease in readmission rates. More investigation is needed to further analyze these findings.

Reference 1

Reference 2

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Media Authorization
Yes
Implementing a Clinical Resource Nurse in an Adult Oncology Treatment Center

Learner Outcome 1
Attendee will be able to define the role of a clinical resource nurse.

Learner Outcome 2
Attendee will be able to list primary responsibilities of a clinical resource nurse.

Learner Outcome 3
Attendee will be able to identify whether a clinical resource nurse improves nurse satisfaction.

Abstract (600 words or less)
At this large urban academic center, an average of 25,000 patients receive chemotherapy treatments annually. Our diverse adult population treatments range from stem cell collection and infusion therapies to blood product transfusions and chemotherapy agents. The center provides treatment for a broad range of solid tumor and hematological malignancies. Due to the complexity of care on this blended unit, we decided to implement the role of the Clinical Resource Nurse (CRN). The CRN's primary responsibility is to provide clinical support to staff nurses in order to improve the patient experience and workflow, employee engagement, and strengthen clinical outcomes. Specifically, CRN tasks include establishing IV access, providing two RN checks for chemotherapy and blood products, obtaining drug orders, patient education, and coverage for break periods. A survey was created by the shared governance unit council and completed by the staff nurses to assess the selection criteria of the CRN as well as the desired responsibilities that would be most beneficial to the center. Some of the questions on the survey addressed whether having a CRN on the unit would be useful, what the greatest need for a CRN would be, and what qualities a CRN should have. A total of eighteen nurses out of twenty-eight responded anonymously, with an overwhelming response in support of the implementation of the CRN role. Based on survey results, the role and responsibilities of the CRN was created based on leadership ability, clinical expertise, compassionate and emphatic care, and the ability to provide solutions to challenges with throughput. During the pilot phase, twenty shifts in total were scheduled between December 2016 and January 2017 to measure improved workflow and nurse engagement. There was immediate success in the implementation of the CRN role as evidence by improved chair utilization and higher morale on the unit.

Reference 1

Reference 2

**Financial Relationships:**

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No, I DO NOT plan to include off-label uses of products in the educational activity.

**Media Authorization**

Yes
Improving Patient Care and Satisfaction through Multidisciplinary Collaboration and Teamwork

Learner Outcome 1

- Define and describe an accountable care unit (ACU) with structured interdisciplinary bedside rounds (SiBR).

Learner Outcome 2

- Identify measurable key outcomes that can be attributed to the implementation of an ACU with SiBR.

Learner Outcome 3

- Describe the training necessary to implement SiBR.

Abstract (600 words or less)

Structured Interdisciplinary Bedside Rounds (SiBR) began on the Community Hospital North Observation Unit March 7, 2017. SiBR is a team-based approach that brings the nurse, physician/APP, and allied healthcare professionals to the patients’ bedside. All nurses, physicians, APPs, and allied health professionals were SiBR trained and 88% of the primary team has been SiBR certified. SiBR training consisted of two online courses with test and five check-offs at the bedside. In addition to SiBR, the unit follows the accountable care unit model (ACU) with geographically located APPs and a collaborative nurse-physician leadership structure. Key outcomes expected with SiBR include:

- Enhanced coordination of care between physicians/APPs, nursing, case management, pharmacy, therapist, and patients.
- Decreased length of stay.
- Improved patient satisfaction (HCAHPs).
- Communication of a structured, cohesive plan of care that will be communicated daily with the patient.
- Improved nursing staff satisfaction, engagement, and retention.
- Improved quality outcomes for patients and families.

As of April, 2017 the Observation unit has seen the length of stay for patients decrease by 5.5 hours or 16% from 2016. The unit is currently achieving HCAHP scores above the 75th percentile in 5 out of 9 dimensions, and would recommend is above the 90th percentile. Staff engagement and satisfaction was measured prior to the implementation of SiBR and will be re-measured in late June 2017.

Reference 1


Reference 2


Reference 3
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Media Authorization

Yes
Improving Pressure Ulcer Data Accuracy through Professional Collaboration

Learner Outcome 1

Review current prevalence study practices

Learner Outcome 2

Identify barriers to reporting accurate data

Learner Outcome 3

Describe role of Magnet Program Director

Abstract (600 words or less)

Hospital acquired pressure ulcers (HAPUs) are a nursing quality indicator. Most hospitals utilize prevalence studies to report HAPU incidence to the National Database of Nursing Quality Indicators (NDNQI). Prevalence teams consist of bedside nurses trained on pressure ulcer (PU) assessment and prevention. Despite training, data contains errors and may lead to inconsistent reporting. A hospital PU task force, consisting of multi-disciplines was created to review prevalence data. As part of the task force, the Magnet Program Director (MPD) was asked to monitor study practices and review collected data. An internal process was created to provide nursing managers (NM) with the opportunity to immediately review survey results. This process improvement project identified knowledge deficits regarding bed surfaces, restraints, arterial disease, PU staging and admission documentation. Hospital practices were changed to include wound ostomy nurses (WOCN) in confirmation of PU staging. On the day of the survey, a member of the restraints committee validated restraints and all PUs were confirmed by a WOCN. Additionally, NMs were notified of reported HAPUs. If a NM disputed any findings, this information was reviewed separately by the MPD and WOCN. 79% of results were corrected after reviewed. Conclusion The role of the MPD plays an integral part in NDNQI data reporting. Collaboration between the prevalence team, nursing managers, wound ostomy nurses and administration is important to a hospital's viability and improves patient outcomes by review of accurate data.

Reference 1


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Media Authorization

Yes
Increasing Employee Engagement with Meaningful Recognition using the 5 Languages of Appreciation in the Work Place

Learner Outcome 1
Describe how meaningful recognition is essential for a healthy work environment

Learner Outcome 2
Identify the 5 languages of appreciation

Learner Outcome 3
Identify how to give meaningful recognition to employees based on their appreciation language

Abstract (600 words or less)

Objective: The purpose of this project was to increase staff engagement in the Emergency Department by providing individualized, meaningful recognition to staff based on their Language of Appreciation.

Background: Employee engagement is linked to empowerment and job satisfaction and retention. Meaningful recognition is an integral part of a Healthy Work Environment. A structured, intentional method for providing meaningful recognition can help increase job satisfaction and retention, thus improving employee engagement.

Method: This project adapted principles from Dr. Paul White's The 5 Languages of Appreciation in the Workplace to create a survey of staff to evaluate and determine their language of appreciation. Staff were asked to rate from one to five how well they were recognized for their work in the department. The results were shared with the leadership team and each manager learned their direct reports' language of appreciation. The managers focused on providing meaningful recognition to staff based on their appreciation language. A repeat survey was conducted 5 months after implementation of the project.

Results: 72 staff members took the pre-survey with a mean appreciation score of 3.78. 69 staff members took the post-survey with a mean appreciation score of 4.0, an increase of 0.22. The percentage of staff who rated the appreciation at Very Good (score of 5) increased from 15.28% to 28.99%. In addition, the Emergency Department Employee Engagement score from the hospital wide Employee Engagement Survey improved from 79% in fiscal year 2016 to 85% in fiscal year 2017.

Conclusions: A structured, intentional way to provide meaningful recognition to staff can improve staff perception of recognition for their work, leading to increased employee engagement.

Reference 1

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Media Authorization

Yes
Leadership Made Easy with Staff Empowerment

Learner Outcome 1

1. Create an ethical and moral culture that provides safe and quality care to prevent hospital acquired condition during hospitalization.

Learner Outcome 2

2. Improve quality care by supporting your professional growth in your organization by using the Synergy Model.

Learner Outcome 3

Promoting a healthy work environment is demonstrated by purposefully daily rounding with your staff and patients.

Abstract (600 words or less)

On December 14, 2015, a new leader was hired to manage a Step Down (SD) unit at a Midwestern hospital. During the transition there was an increase in hospital acquired conditions and staff verbalizing frustration with lack of professional growth and development. Additionally, there were also physician complaints regarding care of the Peritoneal Dialysis (PD) patients and cardiac management patients which caused the physicians to question the staff’s abilities to care for these complex patients. Upon manager review, while the unit was classified as a SD there were many Med/Surg patients resulting in staff disengagement, increased staff turnover, and low patient satisfaction. This presentation will highlight how the leader assessed and applied a professional growth plan through use of the Synergy Model creating a Tri-Fecta, which resulted in improved employee engagement, quality and patient experience. As a result, a unit based council was formed, staff were trained, other staff were cross trained, and assignments were redesigned. Nurses began review classes for certification and began to show an eagerness to learn and challenge themselves. This process became evident when physicians verbalized satisfaction with the changes in level of care provided by the staff.

Reference 1


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Yes
Medical Surgical Work Flow Re-Design to Support Top of License Nursing Practice

**Learner Outcome 1**

Describe process used to engage nursing staff in process improvement and work flow redesign.

**Learner Outcome 2**

Examine initiatives to improve top of license nursing practice and value added care for patients.

**Learner Outcome 3**

List outcomes related to nursing work flow re-design to support top of license nursing practice.

**Abstract (600 words or less)**

The engagement of nursing staff in work flow redesign to support top of license nursing practice and value added care for patients has lead one medical surgical unit on a transformational journey that has resulted in improved employee engagement scores, decreased turnover rates, improved patient outcomes, increased RN time spent in patient education and decreased RN time spent in activities that could be delegated to unlicensed assistive personnel (UAP). Various brainstorming methods were used to solicit staff feedback for improvement ideas. The unit shared governance committee developed rapid cycle tests of change using the PDSA (Plan, Do, Study, Act) methodology. RN time metrics were captured using the National RN Time Study. Baseline data showed RNs were spending 18.6% of their shift in activities that could have been delegated to UAP and only 3% of their time in patient education. Unit staff tested and adopted various initiatives to make improvements in RN work flow: RN buddy guidelines, a new staffing model with dedicated UAP, decreasing RN over processing and replacing with improved RN care coordination and patient education time. This resulted in improved staff satisfaction, engagement, decreased turnover, improved professional development of nursing workforce and improved patient outcomes with nurse sensitive indicators.

**Reference 1**


**Reference 2**


**Reference 3**

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No, I DO NOT plan to include off-label uses of products in the educational activity.

Media Authorization
Yes
Mock Code Make-Over: Using Unannounced Mock Code Drills to promote interdisciplinary team development, use of evidence-based practice and enhanced patient safety

Learner Outcome 1

Learners will be able to: Describe resuscitation quality improvement (RQI) guidelines to prevent decompensation of CPR skills.

Learner Outcome 2

Learners will be able to: Identify strategies to correct system issues for successful implementation of RQI and Mock Code Drills—In-Situ, at their local facilities.

Learner Outcome 3

Learners will be able to: Identify importance of interdisciplinary team training during mock code drills.

Abstract (600 words or less)

Often in healthcare we work in silos, with individuals focusing on initiatives and practices that are a priority for themselves or their immediate work area. While this focus is sometimes necessary to achieve effective and consistent outcomes, it could prove detrimental to quality metric outcomes. Improvement in such areas requires an integrated effort with consistent evidence-based collaboration. One example of this is clinical deterioration and in-hospital cardiopulmonary arrests. Leaders agree that “the facts alone are insufficient to inform people” (D.Trautman, JHUSON 2013). Change agents must consider the 7 P’s of Public Policy Process when developing action plans to definitively change culture and practice. The Problem, Policy, Politics/Pressure Groups, Process, People/Personalities, Press/Message, and Public/Polls. With this thought process and the support of the executive leadership, CPR committee, and Nursing education and research department, our facility developed a ‘mock code make-over’. This blended learning approach included integrating simulated In Siti-unannounced mock codes and Resuscitation Quality Initiative (RQI) roll-out. Incorporating (BEME) best practice recommendations for simulation, nursing education staff utilized standardized clinical deterioration and cardiopulmonary arrest simulations to deploy bi-monthly mock codes in different areas of the medical center. The project aimed to improve patient safety and outcomes by: increasing use of RRT team calls when patient is deteriorating for better outcomes; decreasing number of in hospital arrests; improving interdisciplinary training for streamlined efficient response, assessment, resuscitation, stabilization and use of safe patient handling equipment to transfer and transport patients to the emergency department; appropriate identification of system issues with timely reallocation of resources; and improved retention of CPR skills by frontline clinicians with the evidence-based RQI curriculum and training provided onsite and free of charge to all eligible employees. This required: a strong commitment to communicate effectively and consistently with key stakeholders; Executive leadership support and provision of resources and training for simulation staff; Coordination with director of anesthesia services; Chief resident of Internal Medicine for (consistent, active, engaged participation during mock code simulations); The VA police, the CPR committee,

Reference 1

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Media Authorization
Yes
Multidisciplinary Collaboration to Successfully Reduce CLABSI in Level III NICU

**Learner Outcome 1**

Identify cost-effective strategies to reduce the occurrence of CLABSI within the NICU population to improve the quality of patient care and reduce morbidity and mortality.

**Learner Outcome 2**

Analyze the effectiveness of multidisciplinary teams in sustained change management.

**Learner Outcome 3**

Evaluate change management strategies resulting in a unit culture change.

**Abstract (600 words or less)**

**Purpose:** A 48 bed Level III Neonatal Intensive Care Unit (NICU) acknowledged an increasing central line associated bloodstream infection (CLABSI) rate and developed an evidence-based plan to achieve 100 days free of CLABSI. That goal was exceeded with a CLABSI rate of zero for all of 2016. **Relevance/Significance:** The 2014 CLABSI rate was 9.17 infections per 1,000 line days, affecting 14 neonates. By engaging a nursing-led multidisciplinary team to develop an action plan to prevent CLABSI, this NICU created a culture of accountability around infection prevention and hardwired evidence-based practice changes resulting in sustained outcomes. **Strategy and Implementation:** A multidisciplinary team formed to create a comprehensive evidence-based practice plan to address the occurrences of CLABSI in the NICU. Strategies included case review of previous NICU CLABSIs using "5 Why's" methodology, comprehensive literature review, and development of targeted education. Evidence-based practice changes included two-person sterile tubing changes, sterile line access, and maximal sterile barriers for dressing changes. Education included general infection prevention, causes and prevention of CLABSI, and best practice standards for central line insertion, maintenance, and removal. **Evaluation/Outcomes:** By involving provider partners, ancillary services, and nursing in developing a comprehensive, evidence-based action plan to prevent CLABSI, this NICU far exceeded the original goal of 100 days free of CLABSI and achieved a CLABSI rate of zero in 2016. This NICU continues to sustain these outcomes and has not experienced a CLABSI since October of 2015. **Implications for Practice:** These sustained outcomes greatly reduce the risk of morbidity, mortality, and length of stay for neonates. Additionally, the NICU reduced the financial and emotional burden to families, staff, and the organization through improved partnerships and collaboration within the NICU.

**Reference 1**


**Reference 2**

Reference 3


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Media Authorization

Yes
Nurse Manager Patient Tracer Methodology Creating a Culture of Safety and Readiness

**Learner Outcome 1**

The learner will be able to identify strategies to implement a culture of safety

**Learner Outcome 2**

The learner will be able to list opportunities that will enhance the confidence of nurses when interacting with surveyors from regulatory agencies.

**Abstract (600 words or less)**

Background During a recent survey it was evident that not all frontline caregivers were comfortable with the tracer methodology that is used by regulatory agencies such as The Joint Commission (TJC) or State Department of Health. As an opportunity to both educate frontline staff and ensure confidence it was decided by nurse managers (NM) of the Heart and Vascular Institute that the NM would conduct patient tracers on each other’s unit focusing on the environmental survey and patient tracer. This practice was emulated after TJC tracer where the surveyor would arrive on the unit and pick a random patient. While the nurse was giving hand off report, the surveyor would then complete the environmental rounds focusing on medication rooms, clean and dirty utility rooms and egress. Description The NM completing the tracer arrives to the unit at designated time. The NM completing the tracer would then identify a patient to trace and the bedside nurse would be notified. While the nurse was giving handoff report the NM would start the environmental rounds focusing on areas of known opportunities that have been previously identified (egress, medication room, clean and dirty utility room). Once the nurse had successfully given handoff report the NM would meet the nurse in the conference room thus beginning the patient tracer. This provided an opportunity to give the frontline nurse education regarding the tracer methodology process and also the navigation of the electronic medical record (EMR). Present in the patient tracer is the frontline nurse, unit manager, manager performing the tracer, and nursing quality. This is also an opportunity to highlight and share best practices within the department. Outcome The NM tracer was able to identify opportunities during the environmental rounds related to cleaning of instrument sets and corrugated boxes. The NM tracer was able to identify opportunities for the patient tracer with relation to physician privileging and safety data sheets. Education was provided to the frontline nursing focusing on cleaning of instruments, use of corrugated boxes, how to utilize the online resource for physician privileging and where to find the safety data sheets. This education was then bookmarked in a share drive for easy access for future education needs. A 6 month review of data shows that the frontline nursing staff is able to verbalize key points of the education provided with relation to environmental and patient safety. There was also anecdotally an overwhelming satisfaction and confidence that the frontline staff had with relation to the tracer methodology. Conclusion It is the expectation that all hospitals are “survey ready”. In anticipation of any unannounced survey the ability to identify any weaknesses or opportunities is key to a successful survey by any and all regulatory agencies. The overall knowledge and confidence of the frontline staff has shown great improvement thereby ensuring both confident and competent nurses.

**Reference 1**

Reference 2


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Yes
Nurse Manager Role Stress: A Qualitative Study

Learner Outcome 1

Identify 3 factors contributing to nurse manager role stress.

Learner Outcome 2

List 3 recommendations for organizations to consider implementing to reduce nurse manager role stress.

Abstract (600 words or less)

Purpose: To examine nurse manager role stress among 12 nurse managers in three Virginia hospital systems. Background and Significance: Nurse manager turnover can have detrimental consequences to the healthcare organization, the discipline of nursing, and patient outcomes. The Patient Protection and Affordable Care Act (PPACA) of 2010 has brought additional challenges to healthcare organizations and their leaders. Declining inpatient volume and reimbursement has caused many hospitals to decrease staffing ratios; despite this, managers are still expected to maintain top decile patient satisfaction scores, exceptional quality metrics, and top tier employee engagement. Executing these directives in the current climate can cause even the most transformational nurse leader to feel discouraged. By identifying key themes in managers’ experiences, organizations can provide appropriate support to leaders in this role, increasing nurse manager retention and aiding in a robust succession plan. Methods: Qualitative study of 12 nurse managers in three Virginia hospital systems. One hour semi-structured phone interviews were conducted. Transcripts were analyzed via data reduction, using another researcher for confirmation of study results. Results: Four essential themes emerged from the interviews: Sink or Swim, There’s No End, Support Me, and Finding Balance. Subthemes also emerged. Conclusions: Given the aging nursing workforce, it is essential hospitals seek to retain qualified nurse managers in the role. Recommendations for organizations include creating a comprehensive orientation and mentorship program to support new nurse managers to achieve early success in the role. In addition, exploring alternatives to decrease nurse manager stress, such as smaller span of control, co-manager models, and unit leadership teams should be explored. ***article will be published in "Nursing Management' journal April 2017 edition.

Reference 1


Reference 2


Reference 3

**Financial Relationships:**

No, I DO NOT have an actual or potential conflict of interest relative to my presentation(s).

**Do you plan to include off-label uses of products in the educational activity?**

No, I DO NOT plan to include off-label uses of products in the educational activity.

**Media Authorization**

Yes
Patients on the Move with Nurse-Driven Mobility Plan

Learner Outcome 1

Describe the value and impact of using a nurse-driven mobility plan

Learner Outcome 2

Identify and use the appropriate activity level for patient on admission or transfer using Braden® activity sub-score

Abstract (600 words or less)

Immobility and functional decline are common in hospitalized patients and may impact length of stay (LOS) and need for new skilled nursing facility (SNF) placement. One large Midwest hospital found that no systematic approach existed to address mobility in hospitalized patients. This project aimed to improve activity and mobility with goals of decreasing LOS and new SNF placement. Data was abstracted from the electronic health record for patients admitted to five pilot medical units from November 2015 to September 2016. A comparison of 2,198 patients in the pre-intervention period (November 2015 to January 2016) with 4,605 patients in two post-intervention phases (March 2016 to September 2016) was completed. Based on the findings a nurse-driven mobility plan was developed and communicated to care providers. Education and implementation of the tool occurred in March 2016. Through a survey of bedside care providers and Pareto analysis, five barriers to activity and mobility were identified. The top 5 perceived barriers included lack of time, team engagement, confidence in skills, safety concerns, and variability of practice surrounding activity and mobility. Factoring in feedback and perceived barriers, a Progressive Activity and Mobility Plan (PAMP) was developed using the Braden Activity Sub Score®, to determine patient activity levels. The original plan provided five levels of patient activity. Based on feedback and test of change, the plan was modified to be four levels. Suggested activities include out of bed for meals, participation in ADLs, passive or active range of motion, and dangling or ambulation. Activities are tracked on the patient whiteboard to support achieving the daily goal of at least six suggested activities. During the development, implementation and education of the PAMP tool, workflow and workload of the multidisciplinary team, which included nursing, physical and occupational therapy was considered. The PAMP algorithm includes eligibility guidelines, specific activity goals, safety precautions and advancement criteria through four PAMP levels. The success of the culture of mobility included education and engagement of unit champions and bedside staff. Over the course of the pre- and post-intervention phases, the average LOS decreased by 1.9% and new SNF placement decreased by 9.6%. Improvements became more pronounced over the course of the implementation phase. Counterbalance measures of patient falls and staff injuries related to patient mobility did not increase. PAMP has become a standard practice on pilot units, with approval and endorsement from the Nursing Executive Committee for expansion on all inpatient units. Interdisciplinary collaboration was crucial during PAMP development and implementation. Staff nurse mobility champions, educational tools, and bedside team communication tools have helped to foster and establish a “culture of mobility”. This nurse-driven activity and mobility algorithm systematically addresses immobility in hospitalized patients and can help to reduce LOS and new SNF placement.

Reference 1
Covinsky, K., Pierluissi, E. & Johnston, C. Hospitalization-Associated Disability: She was Probably Able to Ambulate, but I’m Not Sure, (2011). JAMA, 26(16).

Reference 2

Financial Relationships:
No, I DO NOT have an actual or potential conflict of interest relative to my presentation(s).

Do you plan to include off-label uses of products in the educational activity?
No, I DO NOT plan to include off-label uses of products in the educational activity.

Media Authorization
Yes
PRE AND POST-OPERATIVE VISIT PROTOCOL: REDUCTION OF HOSPITALIZATION DAYS AFTER HIP AND KNEE ARTHROPLASTY SURGERIES

Learner Outcome 1

Identify how a preoperative homecare visit may benefit surgical patients

Learner Outcome 2

Define how nursing management can improve patient's experience.

Abstract (600 words or less)

INTRODUCTION: Osteoarthritis is a chronic and progressive synovial disease that affects joint cartilage, such as hip and knee, causing incapacity, decrease in range of motion and chronic pain, mainly in people over 65 years of age. When disabling symptoms arise, treatment options concern mainly arthroplasty surgeries. Some studies have shown that early hospital discharge from patients undergoing surgery is feasible and safe when preoperative education methods are presented. Education methods involve information about the surgery, how the patient should behave in the postoperative period and multidisciplinary home care follow-up. These actions, in addition to promoting a more efficient use of resources and reducing costs, provide a better adaptation of the patient to their new conditions. OBJECTIVE: To verify the impact of pre and post-operative education and management in patients submitted to total hip and knee arthroplasty. METHODS: Cross-sectional study with retrospective evaluation of medical records of all total hip arthroplasties (THA) performed between August 2012 and December 2016 and all total knee arthroplasty surgeries (TKA) performed between July 2014 and December 2016 in a private healthcare system located in the city of Sao Paulo, Brazil. Inclusion criteria were: Patients over 18 years of age, undergoing primary surgery, with knowledge of the Portuguese language. Exclusion criteria were: patients who underwent surgery for revision of this procedure, fractures, necrosis, pseudarthrosis, rheumatoid arthritis, bilateral prosthesis and patients with previous oncological diagnosis. RESULTS: A preoperative homecare visit was developed for patients submitted to THA and TKA, in which they received the educational material, general guidelines for hospitalization and specific care after surgery, guidelines for environmental readaptation, in addition to responding to an outcome questionnaire. Doctor's consent was required for the visit. Patients who were discharged on the 3rd or 4th postoperative day also received a postoperative visit, which included a complete evaluation of the patient, verification of the environmental suitability and care performed at home, in order to encourage early hospital discharge and also physicians adherence to this action. CONCLUSION: After the implantation of the preoperative homecare visit, there was a decrease in hospitalization of 0.56 days in ATQ surgeries and 0.44 days in TKA surgeries. The program did not only affect the hospitalization time of these patients, but also the patient's experience, empowering him in his care and giving the patient a greater sense of security to return to his home.

Reference 1

Reference 2


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No, I DO NOT plan to include off-label uses of products in the educational activity.

Media Authorization

Yes
Prior Authorization Optimization

**Learner Outcome 1**
Discuss causes that contribute to prior authorization process delays.

**Learner Outcome 2**
Identify three wastes that were eliminated from the inefficient prior authorization process.

**Learner Outcome 3**
Discuss opportunities to optimize the prior authorization process for prescription medications.

**Abstract (600 words or less)**

Certain high price prescription medications require a Prior Authorization (PA) from the insurance company before a Pharmacy can dispense the medication under the patient’s drug plan. Waiting is the largest perceived waste in the PA process at our organization. Time is spent on back-and-forth communication (waiting, messaging, and phone calls) during the PA process. Our organization formed an interdisciplinary team with the intended goal of reducing the amount of time a patient has to wait to receive their prescription medication. This goal includes improving the efficiency of the process from prescribing of medication (start) to the patient receiving the medication (finish). Previously identified metrics revealed approximately 109 hours per week spent completing prescription PAs by all staff. Based on these findings, and other metrics, our team performed a test of change that involved creating a centralized PA Department, utilizing a combination of non-licensed staff and licensed staff to complete the PA needs. During one week, 123 PAs were completed by two dedicated staff members. The average time to completion, per PA, was reduced from an average of 30-60 minutes to 20 minutes and the average turnaround time of 1-2 weeks was reduced to 1-3 days. This process revealed that focusing singularly on prior authorizations, in a centralized location without interruptions, decreased the amount of time needed to complete a PA and reduced the amount of time a patient had to wait to receive their prescription medication.

**Reference 1**

**Reference 2**

**Reference 3**
Financial Relationships:

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Media Authorization

Yes
Professional Moral Courage in the Nurse Leader Role: An Exploratory Study

Learner Outcome 1

The learner will: Discuss the five themes of Professional Moral Courage as a competency for Nurse Leaders.

Learner Outcome 2

The Learner will: List five barriers in the healthcare environment that challenge nurse leaders to exercise moral courage.

Learner Outcome 3

The Learner will: Describe the results of the study and implications for nursing leadership practice.

Abstract (600 words or less)

Health system complexities and competing priorities commonly result in circumstances that require nurse leaders to demonstrate moral courage. Moral courage is “a voluntary willingness to stand up for and act on one’s ethical beliefs despite barriers that may inhibit the ability to proceed toward right action” (Martinez, Bell, Etchegaray, & Lehmann, 2016). This competency allows leaders to stay true to themselves and stand up for what they believe is in the best interest for patients and staff. The care of patients and the professional standards of nursing cannot be compromised because of external factors such as cost containment or pressure to achieve quality and performance metrics (Clancy, 2003; Edmonson, 2010; Edmonson, 2015; Hutchinson et al., 2015; Prestia et al., 2017). An exploratory study was conducted to examine moral courage as a competency for nurse leaders. The Professional Moral Courage scale™ (Sekerka, 2009) was administered to nurse leaders in two professional nurse leader state associations. Professional moral courage themes including; moral agency, multiple values, endurance of threats, going beyond compliance and moral goals were measured as well as summated professional moral courage score. Independent variables include: age, sex, race, education, nurse leader role, nurse leader experience and experience in current role. The results of this exploratory study provide insight into moral courage as a concept, establish benchmarks for the nurse leader population and set the stage for additional research studies to improve moral courage competency of nurse leaders of all types.

Reference 1


Reference 2


Reference 3

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Media Authorization

Yes
Safe Patient Handling With A “Move With Care” Program

Learner Outcome 1

Participants will be able to identify the decrease in associate injury

Learner Outcome 2

Identify decrease in lost work days.

Abstract (600 words or less)

The associate injury OSHA reportable data indicated a need to reduce associate injury. Catholic Health partnered with a national consultant company to provide an innovative clinical approach to develop a program for safe patient transfers and reduce injury to our associates. Nurse Manager, Ellen Swan, BSN, RN, CNML, was identified by the Vice President of Patient Care Services, Cheryl Hayes, MS, ANP, NEA-BC, as the Kenmore Mercy Hospital champion for the “Move with Care” initiative. There are graphs to demonstrate pre and post findings.

Reference 1


Reference 2

“What is Behind HRSA’s Projected Supply, Demand, and Shortage of Registered Nurses?” bhpr.hrsa.gov/healthworkforce/reports/behindrnprojections/4.htm, accessed on 2/22/07

Reference 3

Haney, L and Wright, L. “Sustaining Staff Nurse Support for a Patient/resident Care Ergonomics Program in Critical Care” Critical Care Nursing Clinics of North America, 2007

Financial Relationships:

No, I DO NOT have an actual or potential conflict of interest relative to my presentation(s).

Do you plan to include off-label uses of products in the educational activity?

No, I DO NOT plan to include off-label uses of products in the educational activity.

Media Authorization

Yes
Second Victim Phenomenon Literature Review

Learner Outcome 1
Identify second victim phenomenon

Learner Outcome 2
Identify second victim and hospital support needs

Learner Outcome 3
Identify connections to employee wellness, just culture, and clinical risk

Abstract (600 words or less)
Governing bodies from JCO, CMS, and state departments are beginning to look at increasing employee assistance for healthcare providers suffering from adverse, traumatic events. This includes second victim phenomenon and workplace violence. Our review of literature shows the need for further research and education of healthcare systems and healthcare providers. Current state of second victim phenomenon shows that while most healthcare institutions provide wellness, not all provide care to healthcare providers after traumatic events. Throughout the country there is an increase awareness for resilience training for registered nurses and healthcare professionals. Second victims are healthcare providers who are involved in unanticipated patient events, medical errors, and or other negative patient outcomes. Our survey at the Cleveland Clinic Foundation found that 45% of surveyed RNs identified as a second victim by definition. Awareness for this fairly new phenomenon is key to helping silent suffering. The goal of our poster is raise aware and education for second victims, providing a peer network of support, and showing implications for nursing leadership and practice.

Reference 1

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Reference 3

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Media Authorization

Yes
Team Charter: A Tool to Promote Team Performance

Learner Outcome 1
Identify the purpose and key elements of a team charter.

Learner Outcome 2
Discuss how the use of a team charter can improve team performance.

Learner Outcome 3
Explain, based on a case example, how a team charter can be used to improve team performance.

Abstract (600 words or less)
There is little we do in healthcare that does not involve work in teams. High performance teams can be utilized for effective project planning, program implementation and management. However, literature supports that multiple barriers such as lack of structure, accountability and shared vision often exist when establishing an effective team. A team charter can be a beneficial tool to manage such barriers. Guiding a diverse group of individuals into a productive team requires structure and organization. Three enabling conditions identified that are critical to team success include: a compelling direction, a strong structure, and a supportive context. A team charter addresses the enabling conditions and can serve as a structural blueprint for team performance. A team charter is a written document that reflects agreement of team members on its goals, the tasks required to meet the goals, and how the members will work together to achieve them. While the format of a team charter may vary, the elements of charter generally include team purpose, scope of work, organizational goal alignment, team members, key stakeholders, goals, deliverables, performance norms, boundaries, and necessary resources. The charter is signed by all team members to signify agreement and understanding of the project. The literature supports that when a team charter is used, performance expectations are clarified, activities become more focused, disruptions are handled more effectively, a stronger foundation for decision-making is established, and teams perform better than when a charter is not used. A case example of a diverse team whose goal was to establish a new workload management system as a part of the consolidation of two dissimilar academic nursing programs is presented. Examples of elements of a team charter are provided. The case identifies how a team charter was used to guide group structure and task, and also served as an effective tool toward facilitating defined team outcomes.

Reference 1

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Reference 3

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Media Authorization

Yes
The Charge Nurse Role: Don’t Assume Anything

Learner Outcome 1
- Explain the role of the charge nurse and how critical it is to the successful operations of healthcare organizations

Learner Outcome 2
- Identify the issue with putting nurses that are not trained into charge nurse roles

Learner Outcome 3
- Describe a link between a charge nurse development program and growth and development competencies

Abstract (600 words or less)

The charge nurse role continues to increase in complexity and importance especially as managers find themselves having a larger span of control. Organizations are being held accountable to achieve and sustain multiple outcomes that are linked to the unit leadership. A critical shortage of nurses and nurse leaders has put a demand on the healthcare community and that demand has caused a rush to judgment and charge nurses are put in roles they are not trained for. People seem to think that if a nurse is good at the bedside then indeed performing as a nurse leader shouldn’t be a problem. In this poster, I will describe the problem with placing unqualified nurses in these positions and focus on a link between a charge nurse development program and successful growth and development competencies.

Reference 1

Reference 2

Reference 3

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Yes
The Effect of “Joint Camp” on Patient Outcomes

Learner Outcome 1

The nurse leader will understand the impact of patient education on patient outcomes

Learner Outcome 2

The manager will recognize how nurse retention relates to patient length of stay

Abstract (600 words or less)

A structured joint replacement program “Joint Camp” was trialed from June 2015 to December 2016 in a 300 bed rural hospital. Sample size was 1425 patients above the age of 50 who needed a total knee or total hip replacement. All patients were enrolled by their orthopedic surgeons who operated at that hospital. The goal was to decrease length of stay and hospital readmissions of total joint replacement patients. This was necessary due to the new Medicare reimbursement practices. Joint Camp components are: 1. Pre-operative patient education 2. Caregiver involvement 3. Interdisciplinary collaboration 4. Early patient ambulation 5. Discharge follow-up

The program was managed by a Joint Camp coordinator RN who educated the patients and worked with the interdisciplinary team. Unforeseen delays were created during a period of a high RN turnover in the first quarter of 2016 and by the joint camp coordinator vacancy in December 2015. Despite of all best practice patient interventions, patient length of stay was not positively impacted until the RN staffing on the unit stabilized. During the months of high RN turnover, the patient length of stay increased by 25.7%. Hospital readmission rates continued to decline and were not impacted by the RN turnover rates. At the end of 2016, the inpatient length of stay decreased from 5.87 days to 2.70 days, and the readmission rates were lowered from 6.2% to 2.7%. Based on the savings from decreased length of stay and readmission penalties, the resulting benefit cost showed that for every $1 of cost, the Joint Camp generated 5x the revenue.

Reference 1


Reference 2


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No, I DO NOT plan to include off-label uses of products in the educational activity.

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Yes
The Journey to High Reliability

**Learner Outcome 1**
Describe the key traits of high reliability

**Learner Outcome 2**
Identify specific interventions used to implement high reliability principles

**Learner Outcome 3**
Describe how interdisciplinary collaboration can drive change and improve outcomes

**Abstract (600 words or less)**

High reliability organizations have common traits including: preoccupation with failure, sensitivity to operations, reluctance to simplify, deference to expertise and commitment to resilience. Using these traits as the key drivers, we aimed to develop a high reliability unit (HRU) – a medical-surgical clinical microsystem with targeted outcomes related to patient safety, quality improvement, throughput and patient experience within a 12 month period. A Neurology/Neurosurgery medical-surgical unit was identified for a pilot program to create a HRU clinical microsystem in November of 2015. A Hospitalist Medical Director, Nurse Manager and Quality Consultant led the project and a key driver diagram (KDD) was developed (Figure 1). Process and outcome metrics were developed for each of the defined goals including: decrease in hospital acquired conditions and serious safety events, improved discharge efficiency and throughput, decrease in length of stay, cost and resource utilization for unit specific diagnoses, and enhanced patient, family and provider experiences and satisfaction. Baseline data as well as pre-pilot implementation surveys were used in defining improvement targets. The IHI model for improvement was used with interventions outlined within the key driver diagram using a series of PDSA cycles. Clinical pathways, including post-surgical pathways for Chiari malformation and tethered cord repair, were developed targeting a decrease length of stay and unnecessary resource utilization. Multidisciplinary daily management rounds were instituted including case management involvement with a focus on identifying and prioritizing discharges and timeliness of the orders related to discharges. Unit digiboards as well a monthly newsletter were utilized to promote transparency and accountability to defined process and outcomes metrics as well as for educational and informative purposes. HRU outcome dashboard is shown in Figure 2. Serious safety events on the unit remained at zero. Severe peripheral IV infiltration/extravasation rates decreased by 27% in 2016 compared to 2015. Interventions targeted at improved throughput resulted in a 10% improvement in patients discharged by 1400. Clinical pathways were created and, most significantly for Chiari malformation repair, resulted in improved length of stay and direct cost compared to baseline institutional and PHIS (Pediatric Health Information System) benchmark data. Overall patient satisfaction also improved from institutional and NRC (National Research Council) benchmark. Nurse, hospitalist and specialist satisfaction demonstrated improvement when comparing pre- and post-pilot survey results. Using high reliability principles, a clinical microsystem HRU was developed with demonstrated improvement in the targeted aims related to patient safety, throughput discharge efficiency, diagnosis specific length of stay and cost and patient and provider experience. Instrumental factors to success included the joint leadership between physician, nursing and quality as well as the creation of a microsystem with unit level
accountability and defined metrics. Next steps include sustained improvement and expansion to additional units.

**Reference 1**


**Reference 2**


**Reference 3**


**Financial Relationships:**

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No, I DO NOT plan to include off-label uses of products in the educational activity.

**Media Authorization**

Yes
The Little Engine that Could....”All” Aboard for Employee Satisfaction Through Engagement

Learner Outcome 1

Describe an innovative method that will empower staff to influence changes that will affect patient quality and safety metrics

Learner Outcome 2

List the steps to engage staff which will drive changes at the bedside that will enhance workflow and drive better patient care

Learner Outcome 3

Define a process to sustain improvements which will continue to enhance better patient outcomes

Abstract (600 words or less)

Purpose/Evidence: This initiative was instituted in 30-bed Surgical Intensive Care Unit (SICU) at the Cleveland Clinic. Employee satisfaction and engagement are essential to the overall workflow, environment, quality and safety outcomes. The 2015 Press Ganey Employee Satisfaction Survey results placed the SICU in a mid-tier 3 status with tier 3 as the lowest ranking. An innovative approach to determine the causes of the 140 front-line caregiver dissatisfaction was developed and in turn, engaged staff to identify issues/concerns and develop resolutions which consequently improved moral, enhanced job satisfaction and improved quality and safety outcomes. Description of project/protocol: All front-line caregivers were invited to attend 1 of 6 department meetings in which suggestions for improvements were solicited from the staff. The data was organized into categories and action plans were developed and implemented by front line caregivers. Method of Evaluation: A voting tool to evaluate the action plan outcomes was developed and submitted to all front-line caregivers. Each of the above categories was rated by scoring a 1, 2 or 3 which was identified as: needs improvement, improving, or goal achieved, respectively. The results were reviewed and evaluated by the staff. Modifications were made to each category’s action plan with an objective of “goal achieved” status. Results The 2017 Press Ganey Employee Satisfaction Survey results placed the SICU in a high-tier 1 status. All hospital acquired conditions showed improvement over 9 quarters through early 2017: Pressure ulcer prevalence as well as restraint prevalence was reduced to a level 50% below the NDNQI mean for academic medical centers; CLABSI reduced by 65%, though changing definitions by the national regulatory agency flattened the improvement; CAUTI rates were reduced by 75%. Culture of Safety also improved 33% from the prior Employee Satisfaction Survey. Future Implications The tool and method was shared with the Nursing Executive Council which was disseminated to other departments as a model of improvement. Continuous Quality Improvement projects with project managers also begun across the Clinic Enterprise that centers on the principles of : The Little Engine that Could....“All” Aboard for Employee Satisfaction Through Engagement.

Reference 1

**Reference 2**

Studer, Q. et al. (2014). The power of engagement: creating the culture that gets your staff aligned and invested. Healthcare Management Forum 27:S79-S87

**Financial Relationships:**

No, I DO NOT have an actual or potential conflict of interest relative to my presentation(s).

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No, I DO NOT plan to include off-label uses of products in the educational activity.

**Media Authorization**

Yes
The Nursing Supervisor-A role that requires further exploration.

**Learner Outcome 1**

The learner will be able to identify the top three roles and responsibilities of the nursing supervisor.

**Learner Outcome 2**

The learner will discuss why the role of the nursing supervisor needs further research before best practice can be achieved.

**Abstract (600 words or less)**

Introduction-Nursing supervisors are utilized in most hospitals. Although nursing supervision has been explored, there is limited literature that can be found in regards to the specific role. There is no real identification of the role and what the function of the nursing supervisor consists of. Significance of problem-Very little is known regarding the work of the nursing supervisor. This prevents nurse administrators from developing the necessary competencies for this role and makes it very difficult to determine best practice for the nursing supervisor. Purpose of this project-In this two phase research project, the role of the nursing supervisor was explored using a qualitative study approach followed by a role delineation study. The aim of the study was to identify what the nursing supervisor does in their worked shift so that the role can be better implemented and continuously developed.

Method- IRB approval was obtained for both the qualitative survey and the role delineation study. Main themes of the role were identified using a survey and then further explored to determine how much time is spent of each identified task or area using a role delineation approach. Sample- Inclusion to particiapte in both studies was that the RN needed to hold the title of Nursing Supervisor or a comparable title. The sample size of the survey was 17 supervisors from a health care system and the sample size of the role delineation study was 47 supervisors from the state of New Jersey. A snow ball sampling helped to increase the overall final size of the sample. The two studies were analyzed and compared and common themes were extracted to provide a more concise description of what the nursing supervisor does in the worked day. Themes were reviewed by subject matter experts for accuracy. The consistency of how often a response was seen was vital to the study. Results-Results showed that the nursing supervisor has many roles and responsibilities in a worked shift. Activities will be presented in order of frequency and criticality according to subject rankings. It can be predicted that the nursing supervisor makes adjustments to their work day according to hospital census, situations occurring, and staffing patterns. Common themes identified were rounding on units, coordinating bed flow, and throughput for census management. Being a resource for the staff and responding to emergency situations and customer satisfaction were sub themes noted. The themes identified can be considered valid predictors and reflective of the job of the nursing supervisor. No real consistency in the work flow or duties was able to be identified. Implication for practice and future research-These two studies provide a solid basis to show what is reflective of the job of the nursing supervisor. This will benefit health care systems by assisting nursing leaders in utilizing the role of the nursing supervisor to achieve best practice while supporting the nursing staff and excellence in patient care outcomes. The findings of this research can be used by nurse executives to reexamine the role of the nursing supervisor and assist them in using the role
for optimal quality results. Further research will need to confirm the results of these preliminary studies on the role of the nursing supervisor.

Reference 1


Reference 2


Reference 3


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No, I DO NOT have an actual or potential conflict of interest relative to my presentation(s).

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Media Authorization

Yes
We've Got Your Back: Utilizing Patient Mobility Equipment

Learner Outcome 1
Identify methods to increase knowledge of staff on the correctly mobilize and reposition patients.

Learner Outcome 2
List ways to decrease the number of musculoskeletal related injuries due to mobilizing and repositioning patients.

Learner Outcome 3
Describe methods and equipment to utilize in mobilizing and repositioning patients.

Abstract (600 words or less)
Registered Nurses and patient care nursing assistants completed a survey examining knowledge of mobility and repositioning equipment, including a seated positioning system turn and positioning system, gait belt and slide sheets. The study design was a pre- and post-survey model in which the pre-survey will measure caregiver opinion about current tactics of mobility and repositioning of patients, the physical burden it causes and knowledge of available equipment on the unit. Next, each staff member completed an educational training session as part of a safety fair event. During this training, they were instructed on how to acquire, properly and safely utilize, and dispose of, or clean, each piece of equipment listed above. The pre-survey and training segment was completed in two weeks. The follow six weeks entailed the staff being encouraged to utilize the four focused pieces of equipment as much as their patient assignment allows. Lastly, each staff member completed a post survey identical to the pre-survey. Survey results showed nearly a 20 percent increase in knowledge of mobility and positioning equipment and a 1.25 likert rating increase on rating of physical strain. This study helped identify that equipment to aid in mobilizing and repositioning patients further secures the safety of staff and prevents musculoskeletal-related injuries. It also identified that minimizing the number of reported injuries allows the staff to function at their optimal level and saves financial funds from being spent on preventable injuries.

Reference 1

Reference 2

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No, I DO NOT plan to include off-label uses of products in the educational activity.

**Media Authorization**

Yes
What is an Ambulatory Resource Team?

**Learner Outcome 1**
Attendees will be able to articulate what an Ambulatory Resource Team is.

**Learner Outcome 2**
Attendees will be able to describe what Relief Factor is for Contingency Staffing.

**Learner Outcome 3**
Attendees will be able to evaluate cost effectiveness utilizing internal contingency staffing.

**Abstract (600 words or less)**

**Problem**  Due to changes in the recent healthcare landscape driven by the Affordable Care Act, significant growth in the Medical University of South Carolina’s (MUSC) ambulatory clinics has resulted to over 1.25 million patient visits a year. This growth has pushed managing staff absences to the surface as a critical tipping point for the success or failure to provide highly reliable ambulatory care.

**Background**  In May of 2015, MUSC started on the journey in creating an Ambulatory Resource Team (A-Team) comprised of RN, LPN, and CMA staff that would effectively and efficiently meet the long-term needs of all clinics for contingency needs such as: Call outs, planned vacation time, medical leave, and volume fluctuation. The goal being that these individuals could work in multiple adult and pediatric specialties, locations, and across differing MUSC entities that include the hospital and practice plan clinics with standardized competency based orientations.

**Methods**  To manage this complex task, MUSC hired a new Manager and Nursing Education Specialist (NES). The Manager’s priorities included: Reorganization of the previous PRN staff, creating a staffing plan through a relief factor calculation, centralized staff scheduling algorithm, FTE plan and differential pay structure, shared staff contracts for multiple entities, phased implementation to all clinics, and the creation of dashboard and scorecard metrics. The NES priorities included: Negotiation of skill sets for A-Team members, standardizing onboarding and orientation of new staff, and cross-training of staff in each facility included in roll-out phases.

**Conclusions and Results**  The A-Team went live with Phase I clinics in March of 2016. Phase II went live five months later and staff orientation to all Phase II clinics ended in December 2016. The hiring of new staff continues currently as all needed staff have not been hired yet. Phase I implementation demonstrated a $132,406 cost avoidance through utilizing internal A-Team staff versus agency and travelers. On call, open shift, and contract request fill rates are steadily improving from a variance of 27% - 95% from month to month with an overall goal of 80% ongoing.

**Reference 1**

**Reference 2**
Reference 3


Financial Relationships:

No, I DO NOT have an actual or potential conflict of interest relative to my presentation(s).

Do you plan to include off-label uses of products in the educational activity?

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Media Authorization

Yes
When Unique is Normal—Operationalizing Acceptance

Learner Outcome 1

Define “unique families”.

Learner Outcome 2

Identify ways to care for the evolving patient of today with sensitivity and nursing ethics.

Learner Outcome 3

Identify ways to speak to staffing ratio adjustments that may lead to decreased productivity on a unit with unique families.

Abstract (600 words or less)

Nursing practice is continuously evolving. The birth of technology has changed our treatments, equipment and the medications we administer. However, the care we provide our patients should be consistent. Nursing care should be centered on support, understanding, and acceptance. What happens to these standards when the face of our patient changes? How do we develop our practice and relate to the patient of current times? How do we provide nursing excellence in a world where being “unique” is normal? In perinatal nursing, the unique family presents as an infant adoption, surrogate pregnancy, same-sex couple, transgender parent or an incarcerated birth mother. These patients can present new challenges to the health care team. There is language and etiquette that will allow our patients to feel understood and accepted. The purpose of this poster is to teach how to provide family-centered maternity care tailored to unique families on an inpatient postpartum unit. Although, it is important to note that unique families such as these will present as patients across the continuum. The nursing code of ethics plays an important role in the care of these families. We need to encourage all health care providers to remember beneficence, which is the core principle of being a patient advocate and doing good. Justice is also a key ethical value. We need to be aware of our personal biases and separate our judgement from our care. We must practice with compassion and equality. Idaho in particular sees a high number of surrogacy unique families. Idaho laws are lenient (silent) for surrogacy births. The courts are reputed to be favorable and adoptions go through faster than many other states. Therefore, people travel from all over the country, and internationally, to deliver at our hospital. Due to these laws, the unique family population at St. Luke’s has increased 166% in 2016. We have cared for more than 100 unique families this year. As the director of an inpatient maternity unit, it is important to develop your institution’s own policies and procedures. Input from your unique patient population should be included in this process. St. Luke’s is a leader in the care of this community. Idaho has a very advanced unique family program, from the Family to Family Support Network, that is beginning to share their work across the country. They are providing bedside staff with the tools they need for success. The focus of this poster is to offer nursing leaders the tools that will guide best practice on our respective units. Financial productivity of a mother-baby unit can be particularly challenging with unique families. Education and will take longer since the nurse will need to provide education for the birth parents as well as the ones who will be parenting the infant. Staffing ratios will need to be adjusted for appropriate care. Unit directors should develop and effective method to know how to communicate these needs to their financial partners. Tools, such as a formula, will help translate this extra effort into...
hours of productivity that the business mind will easily compute. This poster will include a calculation that incorporates the hours per patient day (HPPD) and the recommended staffing ratios. This poster will define and explain the unique family and its prevalence in Idaho. It will describe how we can guide our staff into adjusting their psychosocial care plan to address the needs of this patient population. It will help leaders identify tactics to teach staff about sensitivity and ethical obligations. This discussion will help nursing leaders identify ways to speak to their financial partners about decreased productivity related to staffing ratio adjustments.

**Reference 1**


**Reference 2**


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Yes