<table>
<thead>
<tr>
<th></th>
<th>Author</th>
<th>Co-Author(s)</th>
<th>Facility</th>
<th>Title of Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kathy Connor, MSN, RN, FNP</td>
<td>Darice Hawkins, RN, MSN, CNS, CCRN; Martha Gadberry, RN, BSN, CCRN; Kelly Martinez, RN, BSN, CCRN; Peggy Kalowes, PhD, RN, CNS, FAHA</td>
<td>LBM/MCWHLB</td>
<td>A Comparison Study of Two Pain Assessment Tools in Nonverbal Critical Care Patients Who Cannot Self-Report</td>
</tr>
<tr>
<td>2</td>
<td>Maryam Fathy, DNP, MSN, CNE, RN, NP-C</td>
<td>Irene Hoffmann, BSN, CPN; Marianne Miyada, BSN, CPN</td>
<td>SMMC</td>
<td>Nurse Practitioner Surveillance of Discharge Medications in Post-Percutaneous Coronary Intervention Patients</td>
</tr>
<tr>
<td>3</td>
<td>Linda Tirabassi, PhD, RN, CPNP, CNS</td>
<td>Peggy Kalowes, PhD, RN, CNS, FAHA; Lori Conconi, MSN, RN, NEA-BC, CPHQ; Martha Zepeda DNP, RN-BC; Monetta Stockton, MN, RN, CNS</td>
<td>LBM/MCWHLB</td>
<td>Breathing Easier: Our Journey to The Joint Commission (TJC) Disease Specific Asthma Center of Excellence (COE)</td>
</tr>
<tr>
<td>4</td>
<td>MHS Nurse Leadership Academy 2017</td>
<td>Katherine Kuniyoshi, MD, FAAP, MPH; Marina Hernandez, RD; Crystal Tran, BSN, RNC-NIC; Jody King, RN, BSN, IBCLC; Phuong Bui, Pharm.D, BCPS; Lucy Chen, Pharm.D</td>
<td>MHS</td>
<td>Capacity Building for Succession Planning: Leveraging a Nursing Leadership Academy</td>
</tr>
<tr>
<td>5</td>
<td>C.J. Marshak, MN, RN, CPAN</td>
<td></td>
<td>OCMMC</td>
<td>30-Second Pause: An Evidence Based PACU Handoff Process</td>
</tr>
<tr>
<td>6</td>
<td>Amanda Heinemann, BSN, RNC-NIC</td>
<td></td>
<td>MCWHLB</td>
<td>The Collaboration: Our NICU’s Journey to Improve NEC Rates by the Formation of an Interdisciplinary NEC Taskforce: A One-Year Review</td>
</tr>
<tr>
<td></td>
<td>Author</td>
<td>Co-Author(s)</td>
<td>Facility</td>
<td>Title of Project</td>
</tr>
<tr>
<td>---</td>
<td>--------</td>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
</tr>
<tr>
<td>7</td>
<td>Peggy Kalowes, PhD, RN, CNS, FAHA</td>
<td>Nancy Turner, MSN, RN; Christine LeRoy, BSN; Lori Tritto, RN, MSN, OCN</td>
<td>LBM/ MCWHLB</td>
<td>Cross-Over Trial Examining the Efficacy of 3.15% Chlorhexidine/70% Isopropyl Alcohol (CHG) Swab* vs. 70% Isopropyl Alcohol Alone and Two Scrub Times (5s vs. 15s) for Routine Disinfection of Needleless Connectors on Central Venous Catheters, among Adult/Pediatric Patients with Oncological Malignancies</td>
</tr>
<tr>
<td>8</td>
<td>Ching Ching Tay, MS, CNS, RNC-NIC</td>
<td>Maria Abrantes, MD; Antoine Soliman, MD</td>
<td>MCWHLB</td>
<td>The Team Approach to Improving Respiratory Related Outcomes: A Culture Change Story</td>
</tr>
<tr>
<td>9</td>
<td>Ching Ching Tay, MS, CNS, RNC-NIC</td>
<td>Jason Jenkins, RCP, BSRC, RRT-NPS; Leonel Guajardo, MD</td>
<td>MCWHLB</td>
<td>Reducing Unplanned Extubations in the NICU: A Team Approach</td>
</tr>
<tr>
<td>10</td>
<td>Marlene Vermeer, RN, BSN, CEN</td>
<td>Efren Grospe, RN, BSN, CEN; Jeffery Lung, RN, BSN, CEN</td>
<td>OCMMC</td>
<td>Using the Power of Policy to Expand Patient Care in the ED Waiting Room</td>
</tr>
<tr>
<td>11</td>
<td>Melody Kiyohara, RN, BSN, PHN</td>
<td>Nika Carlson, RN, MSN; Sadeeka Al-Majid, PhD, RN; Merideth Faith, MS</td>
<td>OCMMC</td>
<td>Compassion Fatigue and Compassion Satisfaction among Oncology and Critical Care Nurses and Clinical Supervisors</td>
</tr>
<tr>
<td>12</td>
<td>Paulina Chhay, RN, MSN, PHN</td>
<td></td>
<td>LBM</td>
<td>4th Floor Video Monitoring Initiative: A Post Implementation Analysis</td>
</tr>
<tr>
<td>13</td>
<td>Judith Richard, RN, BSN, CCRN</td>
<td>Maryam Fathy, DNP, MSN, CNE, RN, NP-C; Peggy Kalowes, PhD, RN, CNS, FAHA</td>
<td>SMMC</td>
<td>Decreasing Harmful Radiation Exposure in the Cath Lab: A Nurse-Led Performance Improvement Project</td>
</tr>
<tr>
<td>14</td>
<td>Alicia Nunez, CSULB BSN CNS Student</td>
<td></td>
<td>CSULB</td>
<td>Integrating Complimentary Medicine: Attitudes, Education, and Challenges Regarding Healing Touch</td>
</tr>
<tr>
<td>15</td>
<td>Natalia Hartoonian, RN, BSN, CRRN</td>
<td>Paddy Higgins, MN, RN, CRRN, CNS, PHN</td>
<td>Adventist Health Glendale</td>
<td>Evaluation of the Effectiveness of LACE+ Index in Predicting Readmission in an Inpatient Rehabilitation Facility (IRF)</td>
</tr>
</tbody>
</table>
A Comparison Study of Two Pain Assessment Tools in Nonverbal Critical Care Patients Who Cannot Self-Report

Kathy Connor, RN, MSN, FNP
Darice Hawkins, MSN, RN, CNS, CCRN; Martha Gadberry, BSN, RN, CCRN; Kelly Martinez, BSN, RN, CCRN; Peggy Kalowes PhD, RN, CNS, FAHA

Background: Pain is a significant problem among critical care patients, and pain assessment poses a challenge for clinicians/researchers, as many patients cannot self-report.

Purpose: Validate the Pain Assessment in Advanced Dementia (PAINAD) and Critical-Care Pain Observation Tool (CPOT) scores for assessing nonverbal patients.

Aims:
• Primary: Examine the comparative efficacy of the use of CPOT vs. PAINAD screening tools, as measured by improved pain assessment frequency and quality.
• Secondary: Examine the nurse’s perception of the use of the CPOT in their clinical practice (Feasibility and Clinical Utility of CPOT Questionnaire) (2-Items -Likert scale 0-4)

Study Design: Prospective, comparative study design.

Sample:
Convenience sample of 67 adult patients with varying medical diagnoses were assessed using two scales. Repeated-measures were done to assess pain before-during-after painful procedures to test reliability/validity of the tools.

Data Analysis: Descriptive statistics used for all variables. Interrater reliability was examined, calculating weighted κ coefficients on all assessments (T1- T9).

Results:
Researcher/nurse concurrently assessed 67 patients. PAINAD total scores range 0 to 10 (based on a scale of 0 to 2 for five items), (mean, 1.2; SD, 1.0). CPOT has four behavioral indicators, range 0-8, (each indicator scored 0 to 2.), CPOT (mean, 1.2; SD, 1.07). Internal consistency reliability for PAINAD (0.80) and CPOT (0.86), P<.001. Weighted κ between two raters was PAINAD (0.973) and CPOT (0.955). Correlation between tools 0.86 (P < .001). Bland-Altman plot tested agreement among the 2. Mean bias was 0.11 (SD, 1.23). Limits of agreement ranged from 0 to 2.33 to 2.53, indicating adequate agreement.

Findings/Implications: Assessing pain in non-verbal ICU patients is challenging. The PAINAD and CPOT have shown the strongest psychometric properties for this purpose. These scales should be incorporated into pain management protocols to target the desired levels of analgesia in order to optimize clinical practices and to achieve better patient outcomes.
Nurse Practitioner Surveillance of Discharge Medications in Post-Percutaneous Coronary Intervention Patients

Maryam Fathy, DNP, MSN, CNE, RN, NP-C

Purpose: Between July and September 2014, our hospital’s CathPCI Registry® dashboard showed that adherence to prescribing the correct medications for post-Percutaneous Coronary Intervention (PCI) patients at discharge was 84.5% compared to the United States (US) 50th percentile of 94.5%. A strategy was developed to improve this performance measure.

Background: The benefits of dual antiplatelet therapy (DAPT) and statins are well established and have shown to significantly lower the risk of morbidity and mortality. The American College of Cardiology’s best practice recommendations are to prescribe these medications to all post-PCI patients unless there is a contraindication.

Methods: Beginning October 2014, the Cardiovascular Nurse Practitioner (CVNP) accessed the PCI schedule on a daily basis. Once a PCI was completed in the cardiac cath lab, the CVNP wrote an Epic communication note to the discharging physician as a reminder to prescribe the appropriate medications at discharge. At time of discharge, all medications were reviewed to ensure that DAPT (Aspirin & P2Y12 Inhibitor) and a statin were prescribed. The CVNP was responsible for discharging elective PCI patients and would prescribe these therapies independently. If not prescribed for admitted post-PCI patients, the CVNP would contact the Interventional Cardiologist to inquire about the rationale. If contraindicated, a note was made in Epic documenting the reason. The CVNP also educated patients on the importance of adherence to these cardioprotective medications to prevent future progression of cardiovascular disease.

Results: Between October 2014 and September 2016, the CathPCI Registry® dashboard showed a significant improvement in prescribing discharge medications, from 84.5% to 98.9%, respectively. In addition, the proportion of patients prescribed DAPT and statin at discharge exceeded the US 50th percentile for all those metrics.

Conclusions: Nurse Practitioner involvement in post-PCI discharge, ensured that patients were prescribed best practice medications. This allowed the opportunity to counsel patients on each newly prescribed drug. This strategy can help increase patient adherence to medications which can subsequently reduce their risk of adverse events.
Breathing Easier: Our Journey to The Joint Commission (TJC) Disease Specific Asthma Center of Excellence (COE)

Linda Tirabassi, PhD, RN, CPNP
Irene Hoffmann, BSN, CPN; Marianne Miyada, BSN, CPN

Background: Asthma affects 7 million children resulting in the most common chronic child pulmonary condition, with increasing prevalence over the past decades. Long Beach (LB), CA, situated between two of the largest shipping ports in the county, coupled with freeways and oil refineries, add to the burden of asthma. It is the highest admitting diagnosis at Miller Children’s and Women’s Hospital Long Beach (MCWHLB).

Program Development: MCWHLB embarked on a mission to develop an asthma program that also met TJC Disease Specific COE standards. Goals were to decrease asthma care variances and increase asthma quality care in the greater LB community. An infrastructure was established with three interprofessional teams who developed a mission statement, objectives, practice guidelines based from national publications education, and four performance measures. Community support with the LB Alliance for Children with Asthma (LBACA) was strengthened.

Outcome: Performance measures exceeded MCWHLB’s target: documentation of peak flow and forced expiratory volume in one second six out of eight months and documentation of asthma severity seven out of eleven months; patients discharged with an asthma action plan exceeded the national average from 2013-2015; and documented influenza vaccines exceeded MCWHLB’s target three out of five months. The TJC designated MCWHLB an Asthma COE in March 2016. Developing evidenced based practice hospital specific guidelines, a RCP/RN led algorithm, and interprofessional patient/family education resulted in a downward LOS trend from 2.6 to 2.4 LOS. Provider education based from evidenced based/hospital specific guidelines and order sets reduced practice variance.

Nursing Implications: Meeting performance improvement goals and monitoring new metrics stimulates continuous quality improvement. MCHLB nurses have greater opportunities to contribute to healthier outcomes of children with asthma applying evidence based best practices, adding value to asthma care.
Purpose: Goal of this system wide initiative was to chart a succession plan and execute a nurse leadership academy (NLA), designed to ensure that the next generation of nurse leaders were prepared with transformational leadership skills to carry out the organization’s mission and be able to tackle complex strategic and critical issues related to patient care delivery.

Background: Current and projected global nursing shortage and economic, political and social factors affecting health-care delivery make effective succession planning an absolute necessity. Strong leadership is likely the single most important driver of organizational performance, and well-constructed talent management and succession planning remain crucial to developing and retaining strong nurse leaders. Effective leaders require emotional and cultural intelligence, financial acumen, and good communication skills; yet, opportunities to acquire these skills are limited. Data suggests that to develop a talent pool, we must first address the high turnover among front-line clinical leaders, which exceeds departure of other administrators. Costs of replacing managers is estimated at 75-125% of their annual salary, making high turnover a costly problem. Inadequate preparation and sustainability of on-going nurse leader development prevents the emergence of strong transformational leaders, and can result in low staff morale, increased staff turnover, and poor patient outcomes.

Method: A systems level, nurse steering group was formed to guide in the development and execution of the nurse leadership academy. The NLA was an experiential 12-month learning program, using the leadership principles of Kouzes and Posner as a framework. Lectures included exposure to 5 key leadership roles (nurse executive, advanced practice nurse, educator, informatics), operationalized in various settings. Other topics were—assessment /development of individual /organizational leadership capacity, team-based projects; and improved communication. Participant evaluation included the Leadership Practices Inventory® (LPI), a 360-degree assessment tool, and Clifton Strengths Finder, which measures presence of talents in 34 general areas, which served as foundation for building individual strengths, and a summative program evaluation.

Results: Leadership attributes were quantified, pre/post program, using the Leadership Practices Inventory®. We have completed two nurse leadership academies, (N=40), which included front-line nurses and assistant managers from all areas. Results of each class demonstrated statistically significant improvements in transformational leadership skills. All five subscales of the LPI increased significantly on the self-ratings. When ratings were assessed as a group, three subscales increased significantly: ‘modeling the way’, ‘inspiring a shared vision’, and ‘encouraging the heart’. Since the first NLA in 2013, 95% of graduates have remained employed at our health care system. Moreover, 26 percent/group have been promoted to management positions, while 4 nurses achieved higher clinical levels; and 3 sought a masters in nursing (MSN) and doctorate of philosophy in nursing (PhD) degrees.
Conclusion:
Nursing succession planning is recommended as a sound business strategy. Healthcare organizations that identify and develop human capital can improve role transition, reduce nurse manager turnover rates and decrease replacement and recruitment costs. Our NLA succession planning program, has increased employee engagement and the pool of leaders ready to take on critical positions.
30-Second Pause
An Evidence Based PACU Handoff Process

C.J. Marshak, MN, RN, CPAN

**Purpose:** The purpose of this performance improvement project was to implement a 30-second pause upon patient arrival from the OR (Operating Room) into the PACU (Post Anesthesia Care Unit) before the handoff process begins.

**Background:** The literature suggests that this process increases the PACU nurse’s ability to pay full attention to the content of the SBAR (Situation, Background, Assessment, and Recommendation) report, which improves patient safety and nurse satisfaction.

**Description of Procedure:** The pause process starts after the patient is connected to the PACU monitoring equipment. The PACU nurse then completes an initial assessment of the patient before she indicates readiness to receive verbal report.

Before the implementation of the 30-second pause project, PACU nurses’ satisfaction with the handoff process (SBAR report) was measured using a 5-point Likert scale instrument consisting of 5 questions. Before the implementation of the project, all OR and PACU nurses as well as anesthesiologists were educated about the new handoff process. A month after the implementation of the project, PACU nurses’ satisfaction with 40 randomly selected handoffs was assessed using the aforementioned instrument.

**Results:** During the first 30 days of implementation, the pause occurred in 90% of 40-randomly selected handoffs. Implementation of the 30-second pause increased PACU nurses’ satisfaction with SBAR report from 43% to 95%. Before the implementation of the pause, PACU nurses did not indicate readiness to receive SBAR report in 76% of the handoffs. However, after the implementation, they indicated readiness for SBAR report in 80% of the handoffs. Follow up data will be collected at 60 and 90 days to assess sustained nurses’ satisfaction with the handoff process.

**Conclusions and Outcomes:** With implementation of this 30-second Pause, we have improved PACU nurses’ satisfaction and readiness for SBAR report.
The Collaboration: Our NICU’s Journey to Improve NEC Rates
By The Formation of an Interdisciplinary NEC Taskforce:
A One-Year Review

Amanda Heinemann, BSN, RNC-NIC
Katherine Kuniyoshi, MD, FAAP, MPH; Marina Hernandez, RD;
Crystal Tran, BSN, RNC-NIC; Jody King, RN, BSN, IBCLC;
Phuong Bui, Pharm.D, BCPS; Lucy Chen, Pharm.D

Background: Necrotizing Enterocolitis (NEC) occurs primarily in premature infants, and is the inflammation and infection of the intestines, which may result in significant morbidities including death. NICU’s across the country have been utilizing NEC Reduction Bundles to determine each individual unit’s risk factors for this devastating condition.

Aim of the Study: To reduce our incidence of NEC in VLBW neonates (<1500g) to < 3% within 3 years, through the utilization of an evidence-based NEC Reduction Bundle.

Methods: An interdisciplinary taskforce reviewed NEC prevention practices, and developed a NEC Reduction Bundle. Retrospective baseline data was collected from 2010 to 2015. Monthly data for 2016 tracked incidence of NEC, use of acid reducers, prolonged antibiotic use, initiation of feeds, achievement of full feeds, and colostrum usage.

Results (Key Findings): 110 VLBW patients were analyzed in 2016. Median birth gestational age was 28.1 (23.7-36.0) weeks and the median birth weight was 984 (350-1470) grams.

Our 2016 NEC rate was 3.6%, improved from 5.2% (2010-2015 average).

Initiation of feeds improved from day of life 4 to 2.5. Days to full feeds was similar, 19.3 compared to 18.6. The average use of acid reducers was 9.8%, while the average use of antibiotics >48 hours was 37.8%. The rate of colostrum care was low; though possibly attributed to poor documentation.

Overall Impact (Discussion): The team approach fostered respect and understanding for each discipline’s role in NEC prevention. Our next focus will be Human Donor Milk Products (Prolacta ®) and to determine the effects of exclusive human milk on NEC incidence. We are confident that the complete utilization of our NEC Reduction Bundle will lead to the reduction of our NEC rate to <3% within 3 years.
Cross-Over Trial Examining the Efficacy of 3.15% Chlorhexidine/70% Isopropyl Alcohol (CHG) Swab* vs. 70% Isopropyl Alcohol Alone and Two Scrub Times (5s vs. 15s) for Routine Disinfection of Needleless Connectors on Central Venous Catheters, among Adult/Pediatric Patients with Oncological Malignancies

Peggy Kalowes, PhD, RN, CNS, FAHA
Nancy Turner, MSN, RN; Christine LeRoy, BSN; Lori Tritto, RN, MSN, OCN

Purpose/Objective: Primary aim of this project was to reduce catheter-related bloodstream infections (CLABSIs) among Oncology patients to Standardized Infection Ratio (SIR) <1.0 for entire trial period. Secondary aim was to examine if removal of CUROS™ Caps would have not negatively impact number of CLABSIs while testing a new product for scrubbing the hub, since we had no positive impact of adding CUROS™ to Central venous catheter (CVC) care, since 2010.

Background/Significance: CVC lines are essential for treatment of pediatric/adult patients with oncological malignancies, however, this places them at high risk for CLABSIs, which can result in substantial morbidity/mortality, and health-care costs. Due to a persistent inability to reach a sustained CLABSI (SIR) <1.0, with best practices, an investigative team designed a novel improvement project to reach that goal.

Methods: A prospective, cross-over design was used to conduct a 2-phase non-experimental trial among oncology patients with CVCs. The trial had 2-Timed Phases over six-months (August 2016 - January 2017). Trial was conducted on the 24-bed peds/54-bed adult oncology units, where standard care (baseline) for accessing CVCs was using a 70% Isopropyl Alcohol pad (15s scrub / 15s dry).

Procedures: RNs were educated on new product use to standardize trial procedures.
• Trial Period 1 (August–October, 2016), both units using the CUROS™ Disinfecting Caps plus the Prevantics® 3.15% Chlorhexidine/70% Isopropyl Alcohol (CHG) Device Swab to scrub the hub, in place of alcohol prep pad (single intervention), using 5s scrub/5s dry technique.
• Trial Period 2 (November–January, 2016-2017), both units NO CUROS™ Disinfecting Caps (1st intervention), using only Prevantics® 3.15% Chlorhexidine/70% Isopropyl Alcohol (CHG) Device Swab (2nd intervention), using 5s scrub/ 5s dry technique.

Measurement: CLABSIs by the number/month and quarterly incidence and Standard Infection Ratio.

Results/Outcomes: Sample was 243 (n=93 peds /150 adults) patient admissions (5,302 patient line days) across units. Mean patient age was 8.6 years pediatric/63.5 years adults. Number of CLABSIs declined dramatically from (13 previous 6-months) to (5 during 6-month trial), signifying a decrease by 62%. SIR for both trial units decreased to below 1.0 for entire trial period, indicating fewer CLABSIs observed during reporting period than predicted from baseline data. No statistically significant change in CLABSI rates occurred from Trial Period-1 and Trial Period-2 to validate keeping CUROS™.
Conclusions: Prevantics® Device Swab trial resulted in a statistically significant decline in CLABSIs in high-risk oncology patients, demonstrating a 62% reduction (P = .001). Estimated CLABSI-related costs savings of $409,086 with associated decrease (13 to 5) CLABSIs post-trial (unadjusted LOS).

Practice Change: A rigorous new product trial yielded interprofessional teamwork and a major hospital-wide change in practice, policies and products to sustain a SIR <1.0 in CLABSIs. Staff reported they favored the new product because it was more effective than the alcohol pads alone, and it decreased nursing time each CVC access (estimated 25/x day/patient). Example (5s vs. 15s) scrub/dry time converts to (4.2 mins/Prevantics® vs 12.5 mins 70% Isopropyl Alcohol) more efficient care. Nurses stated, “Using Prevantics®, created more quality time to spend with patients to improve care.”
The Team Approach to Improving Respiratory Related Outcomes:  
A Culture Change Story

Ching Ching Tay, MS, CNS, RNC-NIC  
Maria Abrantes, MD; Antoine Soliman, MD

Background: Less invasive respiratory support is a widely reported strategy in preventing lung injury in preterm neonates. Compared to similar level NICU's in California, the rates of Chronic Lung Disease (CLD) and home on oxygen in our NICU were in upper quartile for years ending in 2015. Implementing an approach with strict adherence to these best practice strategies in a large tertiary care NICU can be challenging, particularly as it relates to maintenance of consistent care delivery.

Goals: To decrease ventilator days, CLD and home on oxygen in very low birth weight (VLBW) infants by creating a culture change based on empowering a dedicated care team, with strict adherence to use of early nasal Bubble CPAP.

Method: Following attendance of a respiratory care conference at Columbia University NICU in 2014, a team of dedicated nurses and respiratory care practitioners was recruited and trained, with the above goal in mind. Staff training and care guidelines were completed by December 2014. A system of scheduled audits to guidelines adherence was implemented. Ongoing quarterly update team meetings were established to continue education, review data, maintain competency and enhance exchange of ideas. Data was collected and analyzed for the two-year period following formation of the team.

Results: Data from 314 VLBW infants were analyzed. With a change in culture over time, an increase in BCPAP support was demonstrated and time on mechanical ventilation decreased. Ventilator time of 1 day or less increased to 52% (2016) vs 29% (2015). Reduced CLD rate of 21% (2016) vs 36% (2015) was achieved. Home on oxygen decreased to 7% (2016) vs 21% (2015).

Conclusion: A dedicated team-based model of care delivery has shown to significantly improve multiple respiratory related short-term outcomes in VLBW infants. Empowerment of such a team led to demonstrable positive change in NICU culture.
Reducing Unplanned Extubations in the NICU: A Team Approach

Ching Ching Tay, MS, CNS, RNC-NIC
Jason Jenkins, RCP, BSRC, RRT-NPS; Leonel Guajardo, MD

Background: Unplanned extubation (UE) is a serious patient adverse event. In the NICU, consequences of UE can be life-threatening with significant morbidities and increased ventilator days. The incidence of UE in our 96-bed level 3 unit was noted at 8/100 ventilator days in 2011. A concerted effort to reduce this preventable adverse event was urgently needed.

Objective(s): The aim of this project was to reduce UE rate by 50% from the baseline of 4/100 ventilator days by March 2016.

Method: A multidisciplinary taskforce was assembled in early 2015, consisting of a neonatologist, respiratory therapists, and nurses. The team then developed a bundle of evidence-based better practices that were implemented sequentially through a series of PDSA process improvement cycles. Improvement ideas implemented during the project included endotracheal securement device, identification strategy for high risk patients, and 2-person touch-times. Data on the outcome measure was tracked monthly. A pareto chart was used to monitor common factors associated with UE events.

Results: By March 2016, UE rate had decreased to 2.4/100 vent days. Yet, the team was not confident that this result could be sustained if the project concluded at this point. With continued efforts, UE rate had since declined further with 9 consecutive months below the goal of 2/100 ventilator days. The most common findings associated with UE were extreme prematurity (infants <1000g), endotracheal securement (32%), patient movement/agitation (21%), patient care without a second care provider (21%), and excessive secretions (4%).

Conclusion: UEs are preventable events and can be reduced by implementation of better practices through PDSA process cycles. A multidisciplinary team approach engages bedside clinicians in problem-solving a commonly identified patient safety issue. This approach leads to shared vigilance and promotes a culture change in the NICU. Consequently, a significant improvement was made and sustained.
Using the Power of Policy to Expand Patient Care in the ED Waiting Room

Marlene Vermeer, RN, BSN CEN
Efren Grospe, RN, BSN, CEN; Jeffery Lung, RN, BSN, CEN

Objectives: To improve throughput by expanding care provided to patients in the emergency department (ED) waiting room via a policy that supports interventions including IV starts, expanded medication administration, and contrast radiology studies.

Background: Hospitals nationwide report increases in patients seeking ED services despite unchanged availability of resources or inpatient beds. This results in patient boarding, ambulance diversion, crowded conditions, and prolonged patient waiting times.

The ED in our 219-bed Magnet-recognized community hospital, located in Southern California, has experienced growth beyond capacity with annual census of approximately 35,000 patients. This ED has 16 monitored beds that can increase to 25 as needed, and sixteen seats in the waiting room, with no room for physical expansion. Developing creative strategies to expand services within the physical size constraint are imperative.

Methods: Through a multi-phased lean RPI event on improving ED front-end and triage processes, a team of ED nurses and providers collaborated to evaluate existing nurse and provider driven protocols for delivery of care in the waiting room. The team confirmed that existing protocols did not meet growing demands, and determined the need for developing collaborative protocols to support delivery of expanded services in ED waiting room.

The team drafted new protocols grounded in evidence-based research. These protocols supported providing additional interventions in the waiting room when patient census exceeded capacity. These interventions included: IV placement; administering medications including antihypertensives, antibiotics, GI meds, steroids, anxiolytics, anti-vertigo, and analgesics including opioids and NSAIDS. These protocols were passed as policies by appropriate hospital committees.

Results: Implementation of the new policy decreased Turn-Around-Time-To-Discharge from 142 to 121 minutes, Left without being seen from 1.68 to 1.03%, Door-To-Provider Time from 16 to 11 minutes, and ambulance diversion from 51.0 to 31.6 hours.

Conclusion: A policy that expands care in the waiting room has resulted in improved patient throughput in this hospital’s emergency department.
Compassion Fatigue & Compassion Satisfaction among Oncology and Critical Care Nurses and Clinical Supervisors

Melody Kiyohara, RN, BSN, PHN
Nika Carlson, RN, MSN; Sadeeka Al-Majid, PhD, RN; Merideth Faith, MS

Purpose: To assess the prevalence of compassion fatigue and compassion satisfaction among oncology and critical care nurses and clinical supervisors. Specific aim was to identify demographics associated with compassion fatigue and compassion satisfaction.

Background: Cumulative grief and loss experienced by nurses caring for critically ill patients may contribute to the development of compassion fatigue. Exhaustion related to compassion fatigue is often associated with inability to provide compassionate care, decreased quality of patient care, and decisions to leave the profession. It is imperative for organizations to assess nurses for compassion fatigue and appropriately address it.

Methods: A cross sectional survey was used to collect data from nurses and clinical supervisors working on oncology and critical care units in a non-profit community hospital in Southern California. A total of 38 nurses and 10 clinical supervisors completed the Professional Quality of Life (ProQOL) survey, which consists of three subscales of 10 items each: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress (STS). We implemented univariate linear regression models to assess the associations between the outcome variables.

Results: There was a significant relationship between STS and job title with clinical supervisors having significantly higher score compared to nurses (p = .006). Burnout and Compassion Satisfaction for both groups fell within the average range. The Compassion Satisfaction mean among nurses with less than 10 years of experience was significantly lower (p-values of 0.04) than nurses with more than 10 years of experience.

Implications: Our results demonstrate that nurses with less experience have lower compassion satisfaction than those with more experience. This may partially explain the high attrition rate, reported in the literature, among newer nurses. Strategies to support new nurses and socialize them into the profession are warranted. Additionally, clinical supervisors have significantly higher STS and thus, might also benefit from strategies to alleviate compassion fatigue.
**4th Floor Video Monitoring Initiative: A Post Implementation Analysis**

**Paulina Chhay, RN, MSN, PHN**

**Background:** Patient safety is a top priority at LBM. AvaSys Tele Sitter is a video monitoring system (VMS) introduced in July 1\(^{st}\), 2015 on the 4\(^{th}\) Floor. It is a two way communication and early warning system to detect unsafe behaviors. The system allows staff to identify pre-fall movements before a fall occurs and optimizes patient care assistant (PCA) resources by decreasing the number of PCAs being utilized as one on one sitter.

**Goals:** The goal of the VMS is to modify nursing care that results in an environment that maintains safety by reaching “zero zones” at least 3 quarters in a row for falls with injuries, lower sitter usage, and to reduce falls by 25% post implementation.

**Methods:** The VMS is an independent nursing intervention, initiated when a nurse identifies a patient at high risk for falls, while continuing the use of all other fall interventions according to LBM Fall Prevention Policy. A video monitoring station is located on 4 West. There is an RN workflow that includes setting up camera units, communication with video monitor technician (VMT), education handout for patient and family, door and room signage to identify video monitored patients, documentation on Epic, along with reassessment of patient’s continued monitoring per 4\(^{th}\) floor protocol. Patient’s behaviors are documented by VMT and collected on a weekly basis. Quality and review of the program were discussed in monthly partnership council meetings. Leaders of the initiative calculated numbers of falls both with and without injuries along with capturing sitter hours.

**Outcome/Results:** Over 1800 high risk patients have been video monitored from July 2015 to July 2016, with 35,000+ total hours of patient monitoring conducted. Out of 1800 patients being monitored, 4 patients have fallen with no injuries. We reached “zero zones” for 2 quarters in a row in the 2\(^{nd}\) and 3\(^{rd}\) Quarter of 2016. We are noticing a downward trend in falls from 2013 to 2016. Falls decreasing by 8%-10% every year, which is in tandem with a decrease in sitter usage.

**Implications for Practice:** The VMS became a first level intervention to promote a safe environment when a high risk patient is identified. The system has revitalized our unit’s cultural morale in promoting a robust Fall Prevention Culture that is embraced by the staff. Due to the positive clinical outcomes, the Vice President of Medical Surgical-Inpatient Services implemented the use of VMS on the medical/respiratory unit in June 2016 and endorsed project expansion on the medical/oncology unit in 2017. We are optimistic that overtime the VMS will be adopted by all acute care departments and will yield positive results, to successfully achieve our bold goals to help improve the outcomes of hospitalized patients by preventing fall related injuries.
Decreasing Harmful Radiation Exposure in the Cath Lab:
A Nurse-Led Performance Improvement Project

Judith Richard, RN, BSN, CCRN
Maryam Fathy, DNP, MSN, CNE, RN, NP-C; Peggy Kalowes, PhD, RN, CNS, FAHA

Objectives/Purpose: The overarching goal of this performance improvement project is to: a) decrease radiation exposure in patients and cath lab workers by translating current evidence into practice, and b) implement and assess the teamwork satisfaction of a nurse led multidisciplinary collaborative project that will positively impact patients, employees and the organization.

Background: The progress of invasive cardiology provides the patient, practitioner, and healthcare delivery system with a cost-effective and safe alternative to invasive surgeries. Radiographic imaging emits radiation, but this is an unavoidable consequence in evaluating and treating patients in the cath lab. As a result, patients and health care professionals could be exposed to higher levels of radiation than necessary. There is substantial evidence of the negative impact of poor collaboration on measurable indicators such as patient safety, patient and family satisfaction, and professional staff satisfaction. Nurses can facilitate change through education, skilled communication, and true collaboration.

Study Design: This is a retrospective/prospective, descriptive design utilizing a convenience sample from a single-center three room interventional cardiovascular catheterization lab. Patients undergoing elective, urgent, or emergent cardiac catheterization procedures from January 1, 2016, to December 31, 2016 are eligible.

Methods: The patient’s sex, procedure type, radiation dose along with staff radiation exposure will be collected and compared six months pre and six months post intervention.

Results: Patient radiation exposure decreased 24% compared to previous practice. Staff also reported high collaborative teamwork skills evidenced by responses given in a survey before and after radiation reduction intervention.

Conclusion: Decreasing patient radiation exposure translates into decreased staff exposure. This performance improvement project costs zero dollars to implement and increased staff satisfaction by creating a collaborative teamwork environment where the end result was an improvement in patient and staff safety.
Integrating Complimentary Medicine: Attitudes, Education, and Challenges Regarding Healing Touch

Alicia Nunez, CSULB BSN Student

**Background:** Current research shows that there is an increased demand for complementary and alternative medicine practices (CAM). One common CAM modality being used today is Healing Touch (HT). HT is a bio-field energy CAM modality which has been demonstrated to help both patients and nurses. HT emphasizes on providing a holistic approach to patient care which encompasses caring for the whole individual body, mind, spirit and emotion. Despite its effectiveness, there is still a lack of knowledge about HT among nurses and may need to be further researched. Nurses are the primary advocates when caring for their patients, however, before they can advocate for such modalities they must be educated; starting that education in nursing school may be the most appropriate place.

**Objective/Aim(s):** The purpose of this study is to explore the attitudes of nurses towards the use of HT; and the barriers and challenges nurses encounter in utilizing HT. Moreover, this study aims to highlight whether early exposure in nursing school would improve understanding, acceptance, and interest in such practices.

**Methods:** The study will take place in a large hospital in southern California-Long Beach. More than 50 registered nurses (RNs) nurses will be surveyed using Survey Monkey securing any type of identification. Eligible participants have received level 1 HT training and work in multiple inpatient settings in Long Beach, California. The data will be analyzed using SPSS software, descriptive and correlational statistical tests will be utilized. This project has been approved by the facility and surveys are still being collected.

**Application to Practice:** The goal is to understand nurse’s attitudes towards HT and their feedback may also help provide evidence for faculty to include HT/CAM into nursing curriculum.
Purpose and/or Objectives of the Project: To examine the effectiveness of LACE+ Index in predicting readmission in an inpatient rehabilitation facility (IRF.)

Background and Significance: Readmissions are a strain to the health care, stressful and disruptive for patients and caregivers, and poses issues with coordination of care. According to the Agency for Health Care Research and Quality (AHCQ), 1.8 million readmissions cost the Medicare program $24 billion; 600,000 privately insured patient readmissions totaled $8.1 billion; and 700,000 Medicaid patient readmissions cost hospitals $7.6 billion. Under the Affordable Care Act (hospital readmission reduction program- HRRP), hospitals face a financial penalty for readmissions within 30 days.

Description of Methods or Procedure: Iowa Model of Evidence Base Practice (EBP) was utilized to promote quality of care. Triggers such as increased readmissions from rehabilitation necessitating implementation were identified. Literature on the ability to accurately predict hospital readmission risk was reviewed. Stake holders were identified and constituted the Rehab Medical Director, Director of Rehab Clinical Operations, Rehab Assistant Unit Manager, Rehab CNS, CNS student, and Rehab Case Manager. LACE Index was introduced to stake holders. The approval to evaluate effectiveness of the LACE Index on an acute rehabilitation unit was obtained from the Executive Director, Ambulatory Services, Long Beach Memorial (LBM). Information about LACE+ scoring system was disseminated through an Inpatient Epic News Flash.

Outcomes: The data from Summary Report is extracted daily. Effectiveness of LACE+ Index Quarterly Readmission Report is evaluated through comparative analysis. Extracted data from the Summary Report and Quarterly IRF Readmission Report is compared and analyzed. Number of patients who score as a High Risk for Readmission is compared with the number of IRF patients who are readmitted after being discharged.

Conclusions: LACE score implementation in an IRF will allow the entire clinical team to identify those patients with high risk for readmission and initiate the process of effective care coordination before discharge. By initiating the risk stratification process for all patients, it increases awareness of the interprofessional team to begin the process of effective care coordination before discharge. Use of the LACE+ Index can be used for establishment of a baseline for patient populations and gain a deeper understanding of their needs during hospitalization.