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How Organizational Culture Impacts the Uptake and Implementation of Evidence-Based Practices among Staff Nurses: How Staff Nurses Ascribe Value to Practice Innovations

Carol Rehm Conroy, DNP, RN, CNOR

Purpose of Study: The purpose of this exploratory qualitative study is to understand and describe how hospital-based staff nurses ascribe value to the implementation of evidence-based practices (EBP) within the situated context of the organizational unit in which they practice and to ascertain nurses’ perceptions regarding the translation of research-based innovations into practice.

Rationale and Significance: The literature suggests that there is a persistent inability to transfer evidence-based knowledge into clinical practice consistently. Most implementation research has focused on the extrinsic factors such as standardization and protocols. Little attention has been given to the factors intrinsic to the nurse. A need exists to further explore nurses’ perceptions of EBP innovations and to understand nurses’ decisions about if and how to use evidence-based practice innovations in the specific work environment.

Description of Methodology: An exploratory, descriptive, qualitative method was used to conduct this inquiry. Following IRB approval, the researcher recruited a purposive sample of 39 inpatient staff nurses to voluntarily participate in a one of 5 structured one-hour focus groups conducted at the hospital in which they practiced. A five-question interview schedule was used to collect the data which were audio-recorded, transcribed verbatim and analyzed by the researcher. Data were compared across the focus groups using a classic analysis strategy (Krueger & Casey, 2008). The theoretical framework for this inquiry was Marilyn Ray’s Theory of Bureacratic Caring (2010).

Participants: The participants were inpatient staff nurses who were members of a nursing council at one of three acute care hospitals in the New England area. Participants worked in a variety of inpatient specialty units.

Findings: Analysis of participant comments suggests that the nurses’s perceptions of the value of evidence based practice innovations may be related to and affected by transformative processes and interplay between the EBP and seven organizational factors: physical, socio-cultural, legal, educational, political, technologic and economic caring. This is consistent with Ray’s theory. In addition, the participants described value as caring and these comments were further categorized into four main caring domains: evidence-based knowledge, patient-family empowerment, physician engagement, and development of the nursing profession.

Conclusions: These data suggest that nurses in a bureaucratic environment move in non-linear fashion, interacting with the constant changes within the system and assess the EBP’s value to the patient, the family, and the community through the process of contextualizing care.

Recommendations for Future Study: These data suggest that additional focus on the transformative processes in nursing practice, such as managing in the presence of chaos and valuing humanistic interactions may bring about a much deeper understanding of how nurses value and implement EBP innovations.
Strengthening Recruitment & Retention Strategies for Nurse Home Visitation Programs: Lessons Learned from an Evaluation of Vermont’s Nurse Family Partnership Program

Sally Kerschner, RN, MSN; Deb Coutu, RN

Purpose of the Study: Nurse Family Partnership is a national evidenced based nurse home visiting model for low income primiparous women. This study describes the referral, intake, and engagement strategies used by providers, community staff and nurse home visitors to identify and engage clients in HV services. The results will be used to inform systems of home visiting services and programs on service improvement strategies.

Rationale and Significance: Recruitment, retention, and appropriate referral to other services during and after the client’s formal participation in a home visitation program have challenged Vermont’s home visiting programs. Previous research has described participant-level factors relating to engagement and retention in home visiting programs. This evaluation will add to the knowledge base about HV programs and participants by: verifying similar factors are also important among rural Vermont residents, allowing for the discovery of any unique factors, exploring the interplay between program and individual participant factors that contribute to family engagement and retention, extending the research by exploring how program implementation addresses these factors, and documenting recruitment channels and effectiveness.

Description of Methodology: Process evaluation methods used to examine how the implementation of referral, intake, and visitation processes influence client recruitment and retention into HV services, specifically the NFP program. The evaluation will use a non-experimental design and a mixed methods approach. Due to the exploratory nature of the evaluation questions, the research will rely primarily on qualitative data from focus groups and key informant interviews, and will be supplemented by surveys of clients and home visitors and cross-sectional quantitative measures derived from the project’s benchmark data base. The research methodology has been approved by the Vermont Agency of Human Services IRB and the NFP Research and Publications Communications Committee.

Subject: Qualitative data gathering from NFP program participants (n=305), nurse home visitors, and staff at community referral agencies.

Findings: Findings are at present preliminary. Full analyses will be completed September 2014. Initial findings include analyses of clients’ views of the nurse home visitor role and recommendations for adaptability and flexibility of the home visiting program.

Conclusions: Preliminary conclusions address the need to examine the role of the nurse home visitor as perceived by the client and also the need for program flexibility when planning services for clients.

Recommendations for Future Study: Applicability of findings to other home visiting services, such as nurse home visiting to women who have previous children (not primiparas), home visiting programs staffed by disciplines such as social workers or health workers, and research into decision making by families who decline to participate in the program.
Reducing Emergency Events on Inpatient Psychiatry

Katharine Monje, BSRN, Elaine Koenig, BSRN

Purpose of Study: This study was developed with the goal of decreasing the number of emergency events on inpatient psychiatry by 50%.

Rationale and Significance: Since August 2011, the inpatient population on psychiatry at Fletcher Allen Health Care has been comprised of a more acute group of patients, with the change occurring, literally, overnight. This was due to the flooding and closing of the Vermont State Hospital. Our number of emergency events increased greatly. An emergency event is an event where the patient is put into a seclusion room and/or requires a method of restraint. Restraints and seclusion are used only when the immediate physical safety of the patient, staff member or others is threatened by violent or self-destructive behaviors. We chose to look at data surrounding seclusion and not restraint as use of restraint is so infrequent. We are committed to providing care in the least restrictive manner possible and wanted to explore ways to decrease these events.

Description of Methodology: A multidisciplinary work group was formed. Recommendations included developing a stress and coping tool and PROACT training to improve crisis communication skills with case studies where incidents can be debriefed. Data was collected by the quality council and tabulated quarterly regarding seclusion events.

Staff was surveyed regarding emergency events prior to initiating any of the recommendations and again after they were initiated. Approximately one third of our staff has attended PROACT training at this point.

Subjects: Our subjects were inpatients whose admissions included the use of seclusion on Shepardson 6- our acute care unit. These patients are often psychotic and unable to function safely in the community. Many are there involuntarily and frequently they refuse treatment.

Findings: We have been able to reduce emergency events by more than 50% and have maintained this for more than a year. In the fourth quarter of 2012, we had 49 seclusions compared to 9 in the second quarter of 2014.

Conclusions: Data can be skewed by the behavior of one patient. Changing culture- away from the use of seclusion- and toward improved crisis communication, teamwork and planning is a key part of decreasing use of seclusion.

Recommendations for Future Study: Further research into culture change could be done by resurveying staff after all have attended PROACT training. Seclusion rate data could also be collected to see if our rates continue to decline as more staff are trained. A coping plan has been developed for use with patients at identified risk for assaultive behavior. Once this is available in our electronic health care record, we can see how its use impacts seclusion rates.
Hedonic hunger, food addiction, and psychological correlates in youth

Jennifer S. Laurent, PhD, FNP

Purpose of Study: The purpose of this study was twofold. First, we sought to identify addictive like eating behaviors in youth as distinctly different form of disordered eating in obese youth. Secondly, we sought to determine the relationship between addictive like eating, hedonic hunger (appetitive responsiveness), and psychological variables such as anxiety and depression.

Rationale and Significance: The obesogenic food environment has laid the foundation for an enhanced appetitive drive to consume highly palatable food regardless homeostatic hunger and, for susceptible individuals, may lead to a pre-occupation of food regardless of homeostatic energy deficit. This form of appetitive drive is distinctly different than the normal homeostatic drive to eat and represents the concept of eating for pleasure or “hedonic hunger”. Limited studies in obese adults support the “hijacking” of neurobiological circuits and hormonal regulation that ultimately alters ones preference for hyper-palatable foods, appetitive drive, and internal satiety mechanisms leading to addictive like eating in susceptible individuals. Collectively, this has been identified as a contributor to obesity in adults. Further, evidence exists that demonstrates depression, anxiety, and physical activity are modifying variables in the desire for certain foods and eating behaviors. To date neither addictive like eating nor its correlates have been examined in youth. Knowledge gained is expected to identify a new phenotype of disordered eating that may be antecedent to the onset of obesity in certain children and thus, may inform novel treatment strategies.

Description of Methodology: A cross-sectional design was utilized. Subject’s objective heights and weights were measured. Subjects completed questionnaires about anxiety, depression, appetitive responsiveness, addictive-like eating, other forms of disordered eating, and exercise patterns.

Subjects: Seventy middle school youth in grades 6 through eight from Northern Vermont.

Findings: Preliminary results have identified addictive like eating in a community sample of youth. Findings are incomplete as this study is currently in the analysis phase. Full analysis will be completed by late September, early October.

Conclusions: Preliminary findings suggest that children exhibit addictive like eating behaviors. Final analysis will determine if addictive like eating is related to appetitive responsiveness, psychological distress, and exercise, as well as a distinctly different form of disordered eating.

Recommendations for Future Study: Future studies should examine if addictive like eating behaviors are predictive of disproportionate weight gain and obesity in children.
Improving Hemophilia Care Using the Electronic Health Record:  
A Single Institution Experience

Mazzone M, Fleming L, Flowers D, Libby K, Parenteau E, Zakai N, Sprague JR,  
Cushman M, Homans A, Holmes CE

Introduction: The emergence of institutional electronic health records (EHRs) across the United States has provided an opportunity to improve hemophilia care by electronically linking the hemophilia treatment center to multiple systems of care within an organization. We developed and implemented a two year quality improvement initiative to identify patients with bleeding disorders and use the EHR to coordinate their care in the emergency department (ED), peri-operative surgical areas and labor and delivery.

Methods: A baseline assessment of institutional and Hemophilia Treatment Center (HTC) use of the EHR (EPIC) was performed at study inception and areas for care and communication improvement identified. Subsequent quality improvement efforts focused on three major areas: electronic identification of a bleeding disorder patient in emergency and procedural settings, development of quick access to patient specific treatment plans by all care providers, and EHR facilitated care coordination with partnering care teams such as peri-operative services, pre-procedural services, the ED and labor and delivery. Both qualitative and semi-quantitative measures were used to assess effectiveness and outcomes.

Subjects: All patients known to be affected with a bleeding disorder who are currently active patients at the Vermont Regional Hemophilia Treatment Center.

Results: The identification of bleeding disorder patients was accomplished using “Ambulatory Flags” and care coordination notes visible on site specific screens (such as the ED and peri-operative screens). Immediate access to patient specific treatment plans by all care providers was accomplished using “Hemostasis Action Plans” filed in the EHR with appropriate flags to guide to the plans. For each patient, “Hemostasis Action Plans” were procedure specific, contained pre, intra and post procedure care plans (including home care) and the medical record also documented plan results following the procedure or delivery. Hemostasis specific order sets were also developed in conjunction with peri-operative services to allow one order set that addressed all phases of care surrounding a procedure or surgery. All HTC patients have had some aspect of their EHR changed to include one or all of the interventions found above. In the two years since implementation of the system, 96 surgeries have been completed and no surgery or procedure has been delayed or cancelled due to lack of a plan. Patients have benefited from increased institutional awareness of developed plans and patient specific care needs visible in the EHR. Partnering provider satisfaction has also been extremely high.

Conclusion: Use of the EHR can improve care for patients with bleeding disorders and disseminate information quickly regarding patient specific care needs to providers who are co-caring for patients in HTCs.

Recommendations: Recommendations include continued use of ambulatory flags, Hemostasis Action Plans and initiation of formal data collection.
Enhancing Nurses’ Knowledge and Confidence in the Management and Care for Patients Requiring High-Frequency Oscillatory Ventilation (HFOV) in an Adult Intensive Care Unit

Kristy Garbarino, RN, BSN; Jennifer Laurent, PhD, FNP; Barry Heath, MD, FAAP, FCCP, FCCM; Stuart Whitney, EdD, RN, CNS

Purpose of Study: This purpose of this quality improvement project is to enhance intensive care unit (ICU) staff nurses’ knowledge and confidence in the care and management of patients receiving HFOV therapy.

Rationale and Significance: With the infrequent use of HFOV in adults, limited literature on nursing management of these critically ill patients is available. One specific area of research that has not been addressed is the level of staff nurse confidence utilizing HFOV therapy in patient care. The need for project implementation in the selected adult ICU is related to the lack of established policies, guidelines, and educational opportunities for registered nurses on the management and care necessary for patients requiring HFOV. Nurses from the selected ICU expressed a knowledge deficiency and decreased confidence caring for patients requiring HFOV, further supporting the need of the project.

Description of Methodology: Pre and post-test surveys will be utilized to evaluate the efficacy of this project in meeting the objectives: (1) enhancing nursing knowledge; and (2) enhancing nursing confidence). A thirty-minute presentation will be delivered at an education conference on Wednesday, September 10th to the registered nurses in the studied ICU. A two-paged informational reference sheet was developed for future reference consisting of pertinent nursing information for HFOV nursing care and management. The presentation will also be recorded for future use.

Subjects: Eighty full-time, part-time, and per diem registered nurses on a 21-bed adult medical ICU at Fletcher Allen Health Care in Burlington, Vermont.

Findings: Descriptive and inferential statistics will be used to interpret the findings. This will provide a quantitative summary of the pre and post-test scores of the survey. Both the individual averages can be compared in the pre versus post-test scores, and the average of each question can be evaluated using descriptive statistics. This will be completed by October 17th.

Conclusions: Predictive results are an improvement in post-test survey scores indicating improvement in knowledge and confidence.

Recommendations for Future Study: Further research is needed to understand: (1) if this predicted gained knowledge and confidence will be retained beyond the immediate post presentation period when the post-test survey was administered; (2) if competence is also met through educational sessions and maintained; and (3) if knowledge and confidence shows similar outcomes by watching the video recording developed.
The Empathy Noise Project: Noise is a Choice

Holly Carter, RN, CMSRN, Karen Phillips, RN, MSN, CMSRN

**Purpose of Study:** This study allows staff to: (1) develop an appreciation for the patients' perception of noise and how it affects them, (2) gain an increased awareness of noise that occurs on the nursing units, and (3) gain additional knowledge of what noises patients, family and friends hear when they are visiting in the hospital. It is hypothesized that as a result of this experience, hospital staff will value and internalize the knowledge gained and change behavior in regards to the volume of voice and conversations discussed within range of the patients, family and friends hearing. It is also hypothesized the patient’s perception of a quiet environment will increase.

**Rationale and Significance:** Noise is the patients' most frequent hospital complaint. Excessive noise can be harmful and negatively impact patients' healing leading to sleep impairment and deprivation, increased perception of pain and other ailments, all which lead to delayed healing. Empathy is seen as an important social attributes for nursing and care personnel. By gaining empathy, staff will display behaviors that create a health-promoting healing environment.

**Description of Methodology:** A non-experimental, descriptive survey design was utilized. Data were collected via an anonymous written survey.

**Subjects:** Ten healthcare staff volunteered to participate in this survey. Survey participants include all healthcare providers that interact or come in contact with patients.

**Findings:** Pre-survey questions: almost all (77%) of the participants usually have self-awareness of noise levels outside a patient's room; 55% usually have self knowledge of noise when in a patient room, and 66% said they usually respond to others when noise has reached an uncomfortable level, 22% said they sometimes respond and 12% said they always responded. Although 10 participated in the survey, one did not complete the pre and post-questions. Post Survey: Almost all (77%) noted that they were more aware of the noise levels outside a patient's room and what is heard by the patient. Almost all (77%) felt they will react when noise has reached an uncomfortable level. When asked how will this experience impact how you go about performing your job, participant’s replies are themed around being quieter, ensuring appropriateness of conversations, and being more mindful of noise levels.

**Conclusions:** The intent in having staff assume the role of the patient, family member and new staff member in the scenarios is to help develop empathy, to experience what it is like being in these roles. The findings may suggest that staff have an increased self awareness and self knowledge of the impact of noise levels within and outside patients’ rooms. The descriptive writings appear to demonstrate that staff members have a deeper appreciation for what noises are present on the units.

**Recommendations for Future Study:** Further research is needed to evaluate: (1) the impact of The Empathy Project on the overall patient experience.
Determinants of Academic Attrition for the Nurse Anesthesia Student:  
A Case-Control Study

Shannon L. Hanshaw, MS, RN, CNE; Thomas Obst, PhD, CRNA

Purpose of Study:  This project employs case-control methodology to assess the determinants of academic attrition over a thirty year period for a single nurse anesthesia graduate program in New York State.

Rationale and Significance:  Literature describing the determinants of academic attrition from nurse anesthesia programs is scarce.  Case-control methodology provides a means of estimating the likelihood of academic attrition.

Description of Methodology:  In this study cases were defined as individuals who experienced attrition from the nurse anesthesia program as a result of academic failure.  Controls successfully completed all program requirements.  Following IRB approval, history or non-history of the variables of interest were de-identified and collected from existing student data files.  Descriptive statistics, frequencies, proportions and odds ratios were analyzed.  The variables explored were: gender, age, BSN GPA, overall GPA, critical care course, highest degree earned, GRE scores, MAT scores, years of ICU experience, years of non-ICU experience, CCRN certification, other professional certifications, and critical care area experience by type of area.

Subjects:  Seven cases and seven unmatched controls were identified for the sample in a University in Western New York.

Findings:  The likelihood of attrition was associated with the following variables: BSN GPA < 3.5 (O.R. = 5 [95% CI = 0.47-52.96]); age > 35 years (O.R. = 3, [95% CI = 0.20-45.25]); male gender (O.R. = 1.875, [95% CI = 0.20-17.27]); CCU experience (O.R. = 3, [95% CI = 0.20-42.25]); and < 5 years of ICU clinical experience (O.R. = 5.33, [95% CI = 0.38-75.78]).  The 95 % confidence intervals were not statistically significant, likely due to the small sample size.

Conclusions:  There were no statistically significant findings.  This may likely be due to the small sample size.  It also may be attributed to the fact that study subjects lack variability in terms of academics.  Students in the nurse anesthesia program are the best candidates selected from the candidate pool.  Notable is the wide range of the majority of confidence intervals, indicating that further study is needed.  The width of the confidence interval for an individual study depends to a large extent on the sample size, which was quite small in this study.

Recommendation for Future Study:  Further study requires a larger sample size, and due to the low numbers of academic attrition in nurse anaesthesia programs, a larger multi-site study is needed.  While the current study was limited to univariate analysis, further study should include multivariate analysis to determine relationships in a theoretical model.
How Public Health Nurses Contribute to State Health Initiatives

Tara Reil, RN, BSN, Vermont Department of Health; Melissa Richards, RN, BSN

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Purpose: To describe how Public Health Nurses played a key role in obtaining the information critical to the understanding the increase in pertussis cases that occurred between 2010-2012.

Rationale and Significance: State public health nurses are in a unique position to assist outside partners in evaluations of data that involve multiple contacts of local level providers and patients. Public health nursing involves prevention, health promotion and improvement of health within the community. Because of this many public health nurses have existing relationships within their communities. This level of awareness and connectivity can facilitate efficient large-scale public health investigations.

Description of Methodology: Public health nurses worked with Vermont health care providers who reported a pediatric case of pertussis to Vermont between 2011 and 2013. Public Health Nurses actively engaged practices by disseminating evaluation information, recruiting participation and answering questions. Once a practice was successfully recruited, Public Health Nurses also participated by collecting vaccine information for subjects. Public Health Nurses also assisted by contacting subjects whose immunization records were incomplete.

Subjects: Twenty-nine Vermont Department of Health public health nurses from eleven District Offices and four Public Health Nurses from within the Central Office.

Findings: During a four-week interval from March to April 2014, Public Health Nurses in the Vermont Department of Health facilitated collection of immunization and clinical information from >3,200 persons who received care in > 90 clinical locations in Vermont. Data was collected by teams consisting of Health Department nurses and Centers for Disease Control and Prevention field investigators. Public Health Nurse’s knowledge of their communities and their strong relationships with medical providers led to the successful data collection for this evaluation.

Conclusions: Public Health Nurses’ knowledge of and partnerships within their local communities facilitated a large-scale data collection effort.

Recommendation for Future Study: Future public health investigations should take advantage of the broad skill sets and community relationships that Public Health Nurses have already developed.
Caring For Our Future: Implementation of a New Nurse Residency Program

Stephanie Drown, RN, BSN, M.Ed, CMSRN

**Purpose of Study:** The nurse residency program was designed to provide a smoother transition from school to practice for all new graduate nurses as well as decrease the rate of turnover through support interventions.

**Rationale and Significance:** Literature reveals evidence that there is return investment for GN hospital orientations that include ongoing education and support throughout the first year of hire.

**Description of Methodology:** Surveys were distributed before and after each 8 hour education day with a 95% response rate. An electronic survey was also sent to each participant in between education days with a 22% response rate.

**Subjects:** A group of 53 nurses, new to the hospital environment, who were hired throughout 7 months after graduation from nursing school participated in the nurse residency program. The participants were employed on all shifts in various different areas of the hospital: Medical Surgical Units, Critical Care Units, and Skilled Nursing.

**Findings:** The majority of the participants identified an increase in confidence and competence in clinical skills, communication, and RN role functions. The baseline 1st year retention rate before the creation of the nurse residency program was documented at 69.4%. The 1st year retention rate for those who participated in the nurse residency program was found to be 92%.

**Conclusion:** According to feedback from program participants, the nurse residency program was found to be very successful in providing support to the new hire RNs throughout the first year of hire. The program success is also supported by the 22.6% increase in 1st year retention rate.

**Recommendations for Future Study:** The 2nd year baseline retention rate is 51%. There is a need to study session content that 2nd year new nurses need for support to remain successful. Study is also needed to determine if a program of support throughout the 2nd year increases rate of retention. Further data is necessary for subsequent years in order to have an adequate amount of evidence to support the significance of the program.
The Effects of Simulation on Novice PICU Nurse Performance and Anxiety

Randy Kelley DNP, RN, CCRN

**Problem:** Novice nurses in the PICU experience performance anxiety and psychological stress due to their inability to anticipate problems effectively, perform clinical judgment, and identify changes, all of which contribute to feelings of inadequateness.

**Rationale and Significance:** Simulation has been shown to foster conceptual knowledge while also improving performance. The costs associated with turnover/attrition and burnout accompanied by psychological stress and suboptimal performance can negatively affect health care outcomes. Failure to rescue and recognize acute deteriorations in patient conditions; may result in death, adverse outcomes, psychological distress, staff turnover, and finances.

**Methodology:** A self-control study, involved two high fidelity PICU simulations. State Trait Anxiety Inventory measured anxiety, objective structured clinical examination checklists and Lasater’s Clinical Judgment Rubric evaluated critical skills completed, along with judgment during each of the two simulations.

**Subjects:** The simulation study involved novice PICU nurses only. Novice nurses were defined as any licensed registered nurse working less than 19 months within a specific area of practice.

**Findings:** In the self-control study, simulation was a cost effective teaching methodology, results demonstrated decreased anxiety, improved performance and clinical judgment, which was statistically significant (p< .007).

**Conclusions:** Embedding simulation into an existing PICU orientation may result in decreased nurse anxiety, improved performance, and improved patient outcomes.

**Recommendations for Future Study:** Recommendations include further research on a larger scale, utilizing multiple medical centers to establish a degree of representativeness, incorporating videotaping could allow raters additional time to evaluate and complete assessments, as well as provide participants with a visualization of actions performed.
Don't Hesitate- Check a Lactate!! Surviving Sepsis 2014

Colleen Bell, BS, RN, CCRN & Carlyn Haag, RN, BSN, CCRN

Type of Research: Evidence Based Research

Purpose: To improve outcomes of the septic patient through the standardized use and application of sepsis protocols.

Rationale and Significance: Bundled approach care and management of the septic patient has been an international and national focus for many years. In 2013, the New York State Department of Health (NYS DOH) required individual hospitals to develop and implement protocols for sepsis recognition and treatment. Analysis of baseline outcomes related to patients admitted with sepsis coding at CVPH Medical Center indicated opportunity for improvement. Utilizing evidence based recommendations from international and national tasks forces on sepsis recognition and intervention, CVPH Medical Center created and implemented a protocol based on early recognition of the septic patient and a bundled approach to treatment.

Methodology: A non-experimental, retrospective design was utilized. Data was collected through review of previous sepsis survivability prior to the implementation of the Sepsis protocol and compared with current standings. Additionally, an interdisciplinary sepsis team was created as part of the protocol and a sepsis order set was reviewed and updated to be consistent with most recent evidence released in January 2013. All nursing staff, respiratory therapists, pharmacists, medical providers, and lab personnel were then provided with baseline education on sepsis recognition and treatment.

Subject Findings: Data was compared for the time periods of January-June 2013 to January- June 2014. Findings show the mortality from severe sepsis has decreased from a 33% mortality rate to 28%.

Conclusions: Initial findings show a 5% decrease in mortality. In conclusion, systematic bundle protocols and order sets and increased education will increase standardized approach to care of the septic patient and positively impact survival rates from severe sepsis.

Recommendations for Future Study: A complete review of the full 2014 data in comparison to the 2013 data is needed to correlate improvement in patient outcomes related to the implementation of standardization in the care and management of the patient with severe sepsis.
Purpose of Study: The purpose of this project was successful implementation of standardized bedside reporting on inpatient nursing units. There was no standardized bedside reporting process in place for inpatient nursing at the outset, despite past attempts to institute the practice.

Rationale and Significance: A standardized process like bedside nurse communication (BNC) is known to improve patient safety by decreasing errors related to communication failure. BNC actively engages the patient and family which, in turn, improves patient outcomes by improving the patient experience. In 2013, Press Ganey Associates Inc. identified nurse communication as a “rising tide measure”. An analysis by Press Ganey identified five HCAHPS dimensions that consistently clustered together. Of those five dimensions, communication with nurses leads the other four measures.  

Description of Methodology: We developed: a standardized staff training methodology using didactic and simulation to address staff barriers to adoption; a standardized implementation process; and a process to "hardwire" the practice. We engaged nurse leaders in their own simulation so they could understand what BNC was supposed to look like as most had not used the practice clinically. We developed a guidebook for nurse leaders on how to operationalize each step. We shared forms for developing simulation trainings and patient scenarios among the nurse educators.

Subjects: Our project targeted bedside nurses on ten inpatient nursing units.

Findings: We are evaluating the impact of these changes on patient and nurses’ satisfaction, end of shift over time, and HCAHPS scores. We have a process for surveying staff at 30 days after implementation and continuing at 3 month intervals. Patient and family surveys by volunteers begin when the unit manager decides the process is rolled out on their unit. We are also tracking fall rates and are beginning to track medication errors. To date, we have seen significant gains in HCAHPS scores and decreases in end of shift over time. Staff and patients report satisfaction with the process.

Conclusions: With a standardized process and formal education including simulation, BNC can be extremely successful. Additionally, assuring nursing leadership engagement in BNC is imperative. Engagement includes preparing staff for training, preparing the unit and patients for BNC and reinforcing compliance with BNC post implementation. With management engagement and support, the staff and unit will be better prepared for this initiative and the implementation of bedside nurse communication will be more effective and successful.

Recommendations for Future Study: Nurses’ engagement and interactions with patients are imperative to improving the patient’s experience which impacts HCAHPS scores and drives reimbursement for our hospital. Throughout the training process, we recognized this knowledge gap among the bedside nurses and encountered several misconceptions. Thus, further research is needed to understand how bedside nurses can be engaged and educated regarding their role in the patient experience, HCAHPS scores, and hospital reimbursement.

Purpose of Study: The aim of this study was to compare the continuity of nurse caregivers and level of acuity during the first two weeks of admission in the neonatal intensive care unit (NICU).

Background/ Significance: Knowing the patient is central to nurse advocacy. As the nurse comes to know their patient, he or she can recognize the patient’s typical responses and the need for a specific intervention. This provides a sense of predictability that is especially important for the non-verbal preterm infant. Many NICUs function with some variation of a primary nurse model of care resulting in a group of nurses caring for an infant. Factors thought to influence the assignment of infants to particular nurses include the preterm infant’s acuity, as well as variations in scheduling patterns, nurse preferences for types of patients, and nursing assignments made by charge nurses. Research focusing on continuity of nurse caregivers found it to be an important mediator of length of assisted breathing, supplemental oxygen, parenteral nutrition, and length of stay for preterm infants in one NICU. There is a dearth of research identifying the circumstances in which continuity of nurse caregivers occurs and the effect it has on preterm infants.

Description of Methodology: A retrospective descriptive design was conducted with a purposive sample of preterm infants admitted to the MGH NICU from October of 2012 through September of 2013. Existing acuity and continuity data were utilized. A daily acuity score was generated from the Qudramed system. Each preterm infant’s daily Qudramed acuity score was summed and divided by seven resulting in the weekly acuity score. The Continuity of Nurse Caregiver scores were generated by summing the different nurses that were assigned to the infant each shift and dividing by the number of shifts in that week.

Subjects: NICU Nurses:
All nurses assigned to care for infants were included in the continuity of nurse caregiver index. During the study period, there were 64 registered nurses (RN), with a median of 16 years of NICU experience, working a minimum of 24 hours per week. The unit practices Team Nursing where teams of 8-10 nurses with varying levels of expertise care for each infant from admission to discharge.

Preterm Infants: A purposive sample of surviving preterm infants born and discharged from the NICU at Massachusetts General Hospital meet inclusion criteria.

Findings: A repeated measures ANOVA was computed to determine if there was a statistically significant difference in the continuity of nurse caregivers during the first 2 weeks after admission. Mauchly's test of sphericity was met. Tests of with-subjects effects indicate a statistically significant finding with the variables continuity of nurse caregivers and length of stay (p =0.016), continuity of nurse caregivers and acuity (p=0.01) and continuity of nurse caregivers, length of stay, and acuity (p=0.003).

Conclusions: Findings from this study suggest that continuity of nurse caregivers is provided when an infant is experiencing high acuity. Preterm infant length of stay is inversely related to the continuity of nurse caregivers.

Implications for Nursing Practice and/or Future Research: NICU infants may benefit from consistent nurses caregivers, but further research is needed to more fully understand this phenomenon.