



Pennsylvania Organization
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2018 Poster Abstract Booklet

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1. Talk to Me for Ten – Vincent Burkheimer, BSN, RN

A careful review of patient satisfaction surveys and nursing leader rounds, identified there was a downward drift in communication between the nurse and patient. As a result of these findings, a nurse-driven initiative was created with the intention to improve the nurse-patient relationship. To combat these low-performing results, “Talk to Me for Ten” was developed and began at the end of fiscal year 2017. The intervention was initiated on the Lung Center step-down unit where the staff nurses on each shift were asked to take ten minutes and sit down at eye-level with their patients and talk about topics the patient may have interest in. This was also to be inclusive of patient family or visitors present at the bedside.

Careful planning was conducted. Designated times were established (11am-12pm dayshift and 8pm-9pm nightshift), change nurses and ancillary staff along with unit management team were to assist with floor support and coverage to minimize interruptions. The nurses completed a brief summary log that captures a synopsis of what topics were discussed.

The results lead to an improvement in patient satisfaction and communication with nurses. These results were assessed by: patient satisfaction survey scores, the completed “Talk to Me for Ten” summary logs and nursing unit leadership rounding. Initial assessments showed that Communication with Nurses scores began to decline throughout FY2017. Since the unveiling of this patient-care initiative, the scores for this area have improved from being one of the poorest performing areas to one of the highest for communication with nursing. The relevance of this project stands to benefit not only the profession as a whole, but also enhances the nurse-patient relationship. This simple strategy can be replicated in almost any patient care area.

2. Collaborative Leadership between Nurse Specialist and Nurse Manager to Develop a Center of Pressure Injury Prevention Excellence in the ICU Population – Ying Xu, RN, CWOCN; Mary Lance-Smith, MSN, RN, NE-BC, CCRN; Frances Cusick, MSN, RN, NEA-BC

Background: In fiscal year (FY) 2015, we identified the Unit Acquired Pressure Injury (UAPI) rate in a 32 bed combined Intensive Care Unit (ICU) was 5.2 per 1000 ICU patient days. A recommendation was to have a dedicated Wound Ostomy Continent Nurse (WOCN) to focus on Pressure Injury (PI) prevention in the ICUs.

Purpose: To decrease patient harm, injury and length of stay and enhance the patient’s quality of care, a dedicated WOCN was hired in July 2015.

Methods: The WOCN, as a nurse specialist, collaborated with the Nurse Manager, Unit Council and DDT to develop strategies to decrease UAPIs. We examined the data and were able to develop several strategies to improve our results. Past incidence data revealed there was 55.6% sacrum injury, 20% heel injury and 15.6% respiratory devices related injury. Our energies focused on these three areas and specific action plans developed. The highlighted strategies included pressure mapping with static air cushion placement, partnership with respiratory department, and WOCN conducting daily rounding for PI risk patients. Nurse Manager, with the support of nursing administration, established supply accessibility and new product requirements. A new ICU orientation protocol was initiated. Nurse Manager included PI prevention as a team goal on yearly performance appraisals to measure staff engagement and involvement. The collaborations between nurse specialist and nurse manger were able to translate Evidence- Based Practice (EBP) of PI prevention with operational effectiveness.

Outcomes/Results: ICU UAPI rate decreased from 5.2 UAPIs/1000 ICU patient days in FY 2015 to 3.9 in FY 2016 and further reduced to 1.5 in FY 2017. In summary, there was a 66.7% reduction over two years.

Conclusion: Providing a dedicated WOCN to collaborate with nursing administration and other interdisciplinary teams is a key to facilitating successful PI prevention outcomes.

3. Utilizing a Multidisciplinary Team Including Bedside Clinicians to Reduce and Sustain Central Line Associated Blood Stream Infections – Joanne Collins, MSN, RN; Waheedah Glover, RN, BSN; Tiffany Denson, RN, BSN; Joann Blyler, RN

Background: CLABSI is a devastating hospital acquired infection that targets all hospitals and affects 41,000 patients annually. In the past hospital teams have worked with various stakeholders to identify causes of these potential deadly and costly blood stream infections. These efforts resulted in some reduction however the intervention and results were not sustained. In the third quarter of fiscal year (FY) 17, the Medical Respiratory ICU (MRICU) had a significant spike in CLABSIs which led to a hospital wide reduction project.

Study design: Observational study

Setting: Academic Center in an urban setting.

Sample: Medical Respiratory Intensive Care Unit (MRICU)

Method: A multidisciplinary team was created that included bedside nurses, providers, IV team, infection prevention, dialysis team, and PI. Our sponsoring leadership consisted of Medicine/Pulmonary Chiefs, Unit Medical Directors, the Chief Nursing Executive, and the Chief Medical Officer. Initial data collection consisted of a basic fishbone cause and effect diagram to establish root cause. Two cycles of multi-voting to establish priorities of the root causes, and two cycles of PDSA to test, analyze, refine, and redo our plan were conducted. The front line clinicians, along with a multidisciplinary team identified the potential causes and addressed and developed a proposal for sustainment.

Results: Our ICU's CLABSI improvement rate is 16.9%, avoiding 3 cases with a cost savings of \$59,025. Our data since the initiation of our program show a declining O/E rate from the previous 1.53 to 0.43 in 2017-Q4.

Conclusion/Implication: By utilizing a multi-staged lean approach including data gathering, fishbone analysis, PDSA cycles, and empowering clinicians to define, prioritize, implement and sustain their plan, the MRICU has had "O" CLABSIs for 6 months.

4. Improving the Patient Experience: An Innovative Approach – Kikelomo Oyinlola, MSN, RN

Problem: Patient satisfaction survey results were reported at 65.7% in April, 2017 with clear indications that patients were dissatisfied with pain assessment, pain management, and medication education provided on our 27 bed Oncology/Transplant unit.

Project: An innovative, multi-pronged approach to improve the patient experience was developed by nursing leadership in collaboration with clinical nurses. First the focused was on initiating bedside shift report that included the patient and emphasized specific attention to pain management during report. In addition, multiple individual clinical nurse tracers, in real time, were conducted to improve documentation. Secondly, incorporating "M in the box", a Studer program that teaches clinical nurses to discuss first dose medication and its side effects with patients. The clinical nurse prints the medication information and reviews with patient and the oncoming shift nurse, which supports focus on initiating and tracking patient education in the electronic medical record and during leadership rounds. Thirdly, staff education by manager and clinical nurse specialist focused on helping clinical nurses assess and reassess pain appropriately and timely.

Results: After six months, these programs became self-sustaining on the patient care unit and the principles of them were assimilated into the culture of the unit. Patient satisfaction survey results increased by 11.3% to 77.0% by April 2018 and the unit was recognized by the organization for its accomplishment.

Application: Programs to improve the patient experience require leadership, vision, and perseverance. The process of changing the culture of a unit must be driven by a shared vision between strong leadership and clinical nurses. Leaders can provide and guide change by viewing and helping others perceive identified problems as opportunities for improvement.

5. Daily Management: The Key to Staff Driven Continuous Improvement – Nicole M. Hartman, DNP, MBA, RN, NEA-BC

Purpose: To engage frontline staff in the use of data and daily management to drive continuous improvement in quality, patient safety and experience, staff experience, affordability and flow.

Relevance/Significance:

By involving frontline clinicians in improvements, the solutions are developed as close to the bedside as possible, with multidisciplinary input. Creating a structure that maintains constant visibility of the data ensures that the data is guiding the improvement efforts. This creation of a continuous improvement environment on each unit contributes to the development of a high reliability organization.

Implementation: Nurses at all levels were involved in the creation of the structure for visually managing data. Rapid experimentation was used to ensure a final iteration that could be spread throughout the organization. The structure that lives on each unit houses daily readiness information and outcomes metrics in the categories that align with the hospitals goals. Process metrics in each category are measured to show where improvement efforts need to be focused. Every shift begins with a huddle around the boards where the team comes together to discuss the upcoming shift and data. The creation of a tiered huddle structure allows for the escalation of barriers that stand in the way of the unit's progress. These tiered huddles are the opportunity for nurse leaders to address and resolve issues in real time with other organization leaders.

Findings: Sustained improvements include reduction of nursing sensitive indicators throughout the organization. Increase in HCAHPS overall star rating throughout the organization. In addition, nurse leaders are integral members of the organization wide leadership team.

Implications for Practice: Creating sustainable continuous improvement efforts allows for greater autonomy, ensures nurses have the influence over their practice and practice environment, and engages teams in driving for quality and safety outcomes.

6. Establishing a Maternal/Child RN Transition Program – Mary Shanahan, MSN, RN, NE-BC; Lisa Hooven, BSN, RNC-OB

This program was created as a feeder program to fill vacancies within our high risk/high volume women/children’s complex. The goal was to prepare new nurses, who were otherwise ineligible to apply for positions within the complex, with skills needed to be qualified candidates for consideration. Recruiting experienced nurses was extremely difficult. Leadership, with the help of staff, created a six month program designed to develop basic nursing skills, hands on/classroom education, and shadowing experiences. Upon completion, candidates apply to area of interest within the complex.

Once the decision was made to proceed with a RN transition program specific to our complex, the next step was to identify key leadership and front line staff for program development. The team met weekly to outline program objectives, create curricula, timelines, and candidate qualifications. The team worked with Human Resources to develop the job description and job posting. The first program consisted of internal applicants. A panel of interviewers consisting of leaders within the complex selected fifteen for interview of which five were selected. Feedback and evaluations from the first group led to minor curricula adjustments for improvement. The second and subsequent programs have been open to both internal and external candidates. The same panel selects fifteen candidates for interview each round, choosing five final candidates for each program. All graduates of the program secured positions and successfully completed orientation within the complex. 98% of participants rated the program “excellent”. Evaluations revealed opportunities for improvement related to timing of classroom topics. To date, the program has filled 9.9 FTE’s in the past year with another 4.5 vacancies by May 2018. Organizations should consider a similar program model for successful transition of graduates into specialty practice. Such programs provide a solid foundation, develop critical thinking skills, and fill RN vacancies helping assure optimal patient outcomes.

7. Strategic Evaluation of Value-Added vs. Non-Value Added Nursing Time – Jessica Spiker; Lisa Bernado, PhD, MPH, RN; Debra Thompson, PhD, RN, NEA-BC; Christine Jones

Aim: Nursing staff workload demands require a better understanding of the value of nursing activities. Lean principles, such as value identification and elimination of waste, are a way to increase value-added nursing time. This IRB-approved study’s aim was to classify the value of selected nursing activities and rate the amount of time to complete the activities.

Methods: Registered nurses from 6 inpatient units (1 critical care, 5 medical-surgical) in 3 system hospitals classified 29 nursing activities as value-added (VA), essential non-valued added (ENVA) and non-value added (NVA). Using a 3-dimensional rating scale (less than I would like, about right, more than I would like), they rated the amount of time needed to complete these activities. A free text section was provided for activities not included in this one-time survey.

Results: The response rate was 34% (28/82). Patient Assessment; Patient Treatments; Medication Administration; Patient Teaching; and Communication with the Patient were rated VA by all respondents. Nine (31%) activities were rated as VA by 80%-98% of the respondents. Only one activity, Calling Ancillary Departments, was rated by most of the respondents as an ENVA activity. Three (10%) nursing activities (Searching for Equipment; Supplies; and People) were rated as NVA by the majority of the respondents.

Conclusion: Key patient activities that directly impact outcomes are viewed as VA by all staff nurses. Nurses agreed on what constitutes NVA activities. NVA activities can be eliminated through Lean care redesign. Validation of these findings using time study methods is needed.

8. New Nursing Graduates’ Perceptions of Support – Stacy Grant Hohenleitner, PhD, RN, NE-BC, NHA

Supporting new nursing graduates (NGs) through the professional socialization transition process has been an ongoing challenge facing nursing leaders. As NGs begin their transition process, they begin to acclimate to their job responsibilities. It has been stated in the nursing NGs’ transition literature that NGs are provided with support during their transition period, yet, what is provided as support is not described or defined. Without support during their transition period, NGs could feel unsatisfied within their roles and resign from their positions or leave the nursing profession. The purpose of this research study was to explore the reflective perceptions of NGs regarding the support they received as well as what support they would have liked to receive during their transition process. The intention

was to gain insight into providing support to NGs during their transition process. Thirty NGs participated in this qualitative study by completing an online survey. The findings of this study provided information regarding who provided support, what was provided and how this support was provided to NGs. The study results revealed that the NGs perceived they received support during their transition process. The findings reinforced that not all NGs desired or received similar sources of support. Desired support is something that is personal to and would need to be assessed and an individualized support plan created and implemented. The findings of this study can be utilized to personalize NGs' orientation and residency programs through exploring each NG's individual support needs. The findings indicated that the reflective perceptions of NGs contributed essential information to aid in successful transition of NGs to RNs. The findings from this study provided knowledge helpful for developing strategies to prepare nursing students for practice as well as to facilitate NGs' transition into their RN roles.

9. Leader Standard Work: Transforming Nursing Clinical Directors Role to Impact Organizational Outcomes – Traci Fick, RN, NEA-BC; Debra Thompson, PhD, RN, NEA-BC; Maryann Singley, MSN, RN, NE-BC

Problem Identification: Lean Leader Standard Work provides a framework that transforms the work of Nursing Clinical Directors (NCD). While a lean management system was in place with defined leader standard work, NCD's reported a plethora of time-consuming problems (meeting preparation and attendance, annual reviews, supply chain management, communication buffers, and added process steps) that reduced their time for engaging and developing the workforce and achieving organizational strategic outcomes. To apply leader standard work in its proper context, NCD's revised, implemented and evaluated their NCD standard work to link directly to organizational strategic outcomes.

Problem Process: Using the Lean principle of people doing the work should redesign work Patient Care Services and the Lean Department led a highly interactive workshop process. The team had 11 workshops, with 100% NCD attendance. Evidence-based management, 21st century leaderships characteristics, learning organizations, leadership skills for leading from the middle, and organizational outcomes framed the interactive sessions.

Problem Outcome: All 13 of the NCDs participated. Leadership work framework and standard work templates that defined essential, discretionary, professional development and coaching work were created. Over a 4-month period leader standard work was revised for initial implementation. NCD and staff group norms were developed to foster increased accountability and teamwork. In addition, a commitment profile to address readiness to assume a higher level of responsibility for unit outcomes was developed.

Evaluation of relevance: Based on this process, changes were made to the NCDs, Vice Presidents of Patient Care Services roles, unit level monitors e.g. HCAPHS, nursing unit scorecards were established along with a daily monitoring worksheet for incorporation into unit work. Furthermore, a business analyst role was developed to address non-clinical related work. Our process for defining leader standard work for NCD's can be utilized by other organizations.

10. Bidirectional Communication between Patient Safety and a Simulation Center to Assist in Breaking Down Silos – Franklin Banfer, Esq., BSN, RN, CEN, PHRN, NRP, CAC, CACO, CAPO; Brendan Dougherty, BSN, RN, PHRN

Silos within healthcare systems can pose barriers to exchanging information - ultimately affecting patient safety and patient outcomes. To break down silos, two departments within Penn State Health Milton S. Hershey Medical Center- Department of Patient Safety and Clinical Simulation Center- took a proactive approach to improving effective communications and building collaborative relationships. Through the use of both formal and informal reporting, consistent bidirectional communications between these departments have improved not only how staff view and report safety events, but also respond to simulation throughout the organization.

With formal and informal reporting and meetings, supplemented by continuous informal communication pathways, these departments identify both systemic and department issues and develop solutions based upon best practices.

Examples of best practices include:

- Identifying patient safety issues and using simulation to help with Root Cause Analysis (RCA) or Apparent Cause Analysis (ACA) recreations or to test solutions in a simulated environment.
- Patient safety trends identified and educational content adapted immediately in simulation courses to respond to issues.
- Simulations identify latent safety threats and report to patient safety for resolution.

Validation for these efforts was evidenced in the Simulation Center's most recent accreditation visit and final report with the following

comments: “It is clear that the [Simulation Center] is embedded in the quality and safety fabric of the organization. There are numerous activities documented and discussed by quality/safety/risk leaders. When asked when would they consider using simulation for RCA/safety events within the organization, the Director of Patient Safety said it is more appropriate to ask when would we not?”

Continuing to build strategic partnerships that strengthen relationships will further breakdown silos, increase communications, increase tailored simulations, minimize risk, and enhance patient safety.

11. How Autonomous Nurses Drive the Course of Observation Care – Cynthia Stauber, MSN, BS, RN, NE-BC; Lynn Kosar, MSN, RN, NEA-BC; Jenna Montebell, MSN, BSN, RN; Susan Hoolahan, MSN, RN, NEA-BC; Beverly Sharp, BSN, RN

Previous attempts to provide observation care were riddled with inconsistencies, creating an urgency to decrease patient length of stay (LOS). With an increase in the volume of observation patients being admitted and having an elevated LOS, we were challenged to explore evidence based practice to develop a dedicated area where Observation patients would receive expedited care. We devised a Short Stay unit involving key elements that are impactful to both the staff and patient experience. Imperative to our model is the drive to change organizational culture by creating a specialized unit where diagnosis and treatment will take place within forty-eight hours or less. A dedicated nursing staff educated in observation care is an essential component to our design, as is a Care Management and provider team to guide patients’ clinical courses, treatments, and development of discharge plans (Epstein, 2014). Interdisciplinary collaboration is required to reduce LOS which curtails additional patient and hospital expenses. We empower nurses to discern patient conditions that can be effectively managed or treated within forty-eight hours. Increasing the nurses’ ability to direct patient flow is integral to the unit’s design. Nurses have autonomy in practice, and increased satisfaction (Weston, 2010). Within five months, the average length of stay (ALOS) decreased from 40 hours in Fiscal Year 2017, to 26.5 hours, demonstrating a decrease of 13.5 hours in ALOS. Currently, 55.8 percent of patients are discharged in under twenty-four hours, while only 2 percent are discharged in greater than forty-eight hours, demonstrating favorable economic impacts for both patients and the hospital. Future implications include measures to assist with hospital throughput and patient flow by facilitating admissions from the PACU and Emergency Department. Identification and elimination of barriers to expedient care will further decrease ALOS and increase economic impact.

12. Implementation of a Clinical Practice Guideline to Prevent Opioid Misuse – Claire Mooney, DNP, MBA, RN, NEA-BC, CCRN

In the United States, our populous is about 4.6% in comparison to the rest of the world; however, we consume 80% of the opioid supply (Fellows, Ailinani, Laxmaiah, Manchikanti & Pampati, 2010). Opioids have been present within the world for thousands of years and served as a remedy for moderate to severe pain. Per the Institute of Medicine (IOM), “The unique way each individual perceives pain and its severity, how it evolves, and the effectiveness of treatment depend on a constellation of biological, psychological, and social factors” (IOM, 2011, p.56). Clinicians are responsible to treat and understand nuances that effect pain and, in addition, be responsible stewards of opioid administration. The ability to standardize care and avoid variances in treatment regarding opioid dispensing can have a profound effect from a prevention standpoint. The purpose of this scholarly inquiry project will be the education and implementation of a quality improvement change within The Reading Health System through the execution of a clinical practice guideline for the management of chronic opioid therapy. The secondary purpose of this clinical inquiry would be to provide a new norm in prescribing and dosing through the utilization of a best practice alert (BPA) for acute and complex chronic pain patients. A supplementary effect would be seen through the reduction of opioid overdoses in the community and, in the future state, a replication of a clinical practice standard throughout the health system through the implementation of the Framework for Spread. Leadership collaboration and leveraging technology yielded a 52% reduction in opioid quantities and a 39% reduction in opioid prescriptions, as first-line treatment.

13. An Innovative Strategy to Facilitate RNs with a Non-Nursing Baccalaureate Degree to Earn a MSN Degree: Meeting the Challenges of Nursing Leaders Shortage – Jane Tang, PhD, RN, NE-BC; Pamela Hudson, DM, RN

Significance: With the change of healthcare environments the American Organization of Nurse Executives (AONE) competencies are essential for nurse leaders, one of which is succession planning. Currently there is a critical shortage of nurse leaders, which will continue to rise reaching 67,000 vacancies by the year 2020. Inadequate nurse leader pipelines will have a significant impact on the nursing work environment, cost and patient outcomes. It is important to develop educational strategies with a focus on nursing administration specialty to improve nurse leader pipeline and minimize the negative impact of a reduced nurse leader workforce.

Purpose: To present an innovative Master of Science Degree in Nursing (MSN) Program that supports the preparation of nurse leaders by improving academic progression of Registered Nurses (RNs) with a baccalaureate degree in a non-nursing discipline to earn an MSN.

Project: In this MSN program, RNs with a non-BSN degree are accepted, but they must meet BSN equivalent competencies in nursing leadership, research, and community health, as outlined in the Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008). These competencies are evaluated through the completion of a professional portfolio.

Findings: To date, there were 29 students who have enrolled in this innovative RNs with non-BSN pathway to the MSN program. Of those, 25 students successfully completed the portfolio and were matriculated into the MSN program.

Conclusions: Building a robust nurse leaders pipeline is an essential leadership competency skill for nurse executives, especially during a time of critical nurse leaders shortage. An innovative education program was developed to facilitate RNs with a Non-BSN to earn an MSN to meet the challenges of nursing leaders shortage. This presentation will include the experiences and lessons learned from using the professional portfolio to promote mobility of academic progression for students entering into the MSN Program.

14. HCAHPS Scores Just Not Moving? Try Soft Skill Simulation – Shannon Rutberg, MS, MSN, RN-BC; Kathleen Layton, MSN, BA, RN-BC; Jacqueline Sharp, RN, BSN CPHQ; Marianne Harkin, MS, BSN, NEA-BC

The HCAHPS domain of Nurse Communication was not meeting internal and external superior benchmarking targets in calendar year 2015. The VP of Patient Services organized an interdisciplinary team to explore developing a simulation program. Evidence-based research shows that Simulation-based training is an effective means to improve communication, inter-professional collaboration and increase confidence of clinicians. The goal was to improve HCAHPS scores on nurse and physician communication with patients and team members. A pilot nursing unit and physician Hospitalist group were identified to participate in a soft skills simulation program, focusing on communication. To develop effective scenarios, a survey was given to nurses and physicians to identify communication topics. Topics were reviewed and an implementation priority list was identified. The organization's internal baseline HCAHPS score for nurse communication was 84% prior to soft skills simulation. In February, 2018, two years after implementation of a simulation program with standardized patients (SPs), actors portraying actual patients, the organization saw incremental increases in patient satisfaction scores. They exceeded superior goals and reached top-decile HCAHPS performance with a score of 87.2%. Additionally, post-survey data demonstrated nurses feel soft-skill simulation has enhanced communication with patients and families. Specifically, nurses report feeling more comfortable making eye contact, initiating difficult conversations and using Teach Back with patients and families as a direct result of simulation participation. This project improved the nurse communication domain of HCAHP surveys through the use soft skills simulation with SPs. Organizations are reimbursed or penalized based upon survey results; therefore focusing on programs which not only develop staff, but also positively influence satisfaction scores is imperative. Since patient satisfaction includes other domains, such as physician communication, simulation should be investigated as a potential solution.

15. Strategic Planning as a Foundational Tool for Leadership Development – Pamela DeCampli, MSN, RN, NEA-BC

Challenge: As health systems grapple with the identified challenges of dependable performance outcomes across multiple entities, establishing systemness and reliability are identified needs. Many organizations realize the root cause can frequently be traced to recognized gaps in consistent departmental visioning and the development of leadership contextual goals. As operational goals and subsequent objectives are coalesced, the need for leadership teaming is also clearly acknowledged.

Strategy: In order to objectively tackle the need for the development of a solid departmental strategic plan, to be used in guiding a complex entity in achieving SMARTER goals, the enculturation of Appreciation Inquiry (AI) and the use of SOAR techniques were

employed. The use of positivism as outlined in AI theory and applicable to the strategic planning process, supports creative thinking and the identification of aspirations that can be held constant by the leadership team. The use of SOAR – Strengths, Opportunities, Aspirations, and Results, versus a standard SWAT analysis, supports the end goal of a creative, sustainable and objective planning.

Outcomes: The result was the creation of a sustainable Nursing Strategic Plan that supported the goals of the System while ensuring the uniqueness of Nursing as a key clinical driver related to patient-centered care and outcomes. Additionally, the executive leadership team came together over the course of the journey as a strong decision-making entity, driven by aspirations of and the vision for a high performing team striving to be the best they can be. The achievement of consistency in identifying and communicating departmental goals is currently driving this health system's seven hospitals in one unified direction capable of measuring progress and course correcting along the journey. A sample of the final strategic plan will be provided as an example.

16. Practical Strategies for Effective Patient Education – Beverly Drake, MSA, BSN, RN-BC; Sonya Hash, MSN, RN-BC, CEN

Project Identification: Hospital administration requested healthcare professional education specific to patient education. This was based on HCAHPS data indicating the need to improve nursing and other healthcare professionals' teaching effectiveness. The goals were to better prepare patients for discharge through education, as evidenced by improved HCAHPS scores for "Discharge Information," "Care Transitions," "Nurses Explain in a Way You Understand," and "Doctors Explain in a Way You Understand". The Patient and Family Advisory Council (PFAC) provided their perspective as to what education was important to them.

Method of Addressing Project: A curriculum for the education course was developed based on literature evidence regarding patient and family education, literacy, and health literacy in the U.S, while incorporating the feedback from the PFAC. Nursing contact hours and CME Education credits were obtained. Email flyers and hard copies were distributed to all nurses, the hospitalist group, physicians, nurse practitioners, and physician assistants, and other health professionals such as physical, occupational, and speech therapy, case managers, social workers, and dieticians. The course has been offered monthly since December 2017. The content included teaching adults learners in health care setting, health literacy, numeracy, teaching strategies, with numerous application exercises to apply the content immediately. Pre and post tests were completed to assess learner outcomes, and followup surveys were sent at 0, 1, 6, and 12 months to assess and reinforce sustained change in practice.

Relevance for Nursing Administration: This program appears to have a positive impact on health care professional knowledge regarding patient education, as well as on patient outcomes and HCAHPS scores.

Application in Other Settings: This program is valuable for any health care professional that teaches a patient or family.

17. Improving Fall Rates Using Bedside Debriefings and Reflective Emails - One Unit's Success Story – Katrina Howard, RN, BSN; Judith Gunther, BSN, RN, NE-BC ONC

Despite a growing body of literature, in-patient hospital falls continue to be a complex and costly problem. The fall rate on our unit was continually fluctuating, despite standard fall prevention tactics. In the six months prior to the implementation of this project, the fall rate averaged 4.19 per 1,000 patient days, well above the 2.5 benchmark. A literature search resulted in 13 articles relevant to the practice question. A major theme in the literature was that post fall huddles are essential sources of information, engaging staff in the huddle will increase awareness, and fall events need to be communicated in a timely fashion. There were several changes that were made as a result of this literature review. First, a standard post fall huddle form was created. Next, the post fall process was changed to be completed by unit staff instead of the house supervisor. Last, a post fall reflective email was implemented to improve communication among staff. The post fall huddle change and reflective email addition was successful in reducing the fall rate to below the benchmark of 2.5 in six out of the seven months post project implementation and continues to be at or below benchmark for 12 out of the last 13 months. Through mentoring 2 staff leaders through shared decision making, they led this lit review and practice change with the nurse managers advocating for a new process on our unit. Managers collaborated with the CNS leading the fall initiative and the core charge nurse group on this unit as this initiative and accountability needed to be owned by these informal leaders. Practice change and success is best sustained when the stakeholders drive the change with leadership support and advocacy.

18. Supporting the Mobile Nurse Resident's Confidence and Job Satisfaction through Orientation – Shannon Ruberg, MS, MSN, RN-BC; Teresa Haffey, MBA, BSN, RN, CCRN

A mobile nurse residency program (MNRP), which allows new nurses to train and then work on multiple units, was introduced to support, build confidence, and address satisfaction in the millennial workforce. There is a gap in the literature about how to design orientation for MNRPs. Attrition remains a concern, however the use of frequent meetings during and after orientation has been shown to support nurses in MNRPs. Will meeting with mobile nurse residents (MNRs) frequently during their residency affect their confidence, overall job satisfaction and perceived support? A review of the literature revealed limited evidence on how best to design orientation programs for MNRs. An orientation structure unique to meet the MNS needs, periodic face-to-face meetings with nurse manager and educator and frequent anonymous surveys were developed to augment the one-year long traditional nurse residency program.

The meetings and surveys were used to track their development, feelings of assimilation onto the unit(s), satisfaction and opportunity for open-ended feedback. The in-person meetings after orientation allowed the MNRs to discuss successful accomplishments, concerns, work/life balance as well as open-ended feedback. Interviews revealed, 75% of participants felt best supported by in-person meetings and co-worker encouragement. Four months after baseline measurements, MNRs reported increases in the following categories: satisfaction with their work environment, sense of belonging to their current unit, feeling organized during the work day and feeling productive during the work day. In conclusion, this project demonstrated frequent surveys followed by face-to-face meetings increased feelings of support, job satisfaction and confidence in MNRs. The MNRP pilot should be shared and applied to the next cohort of MNRs. Future research on implications of the MNRP can be explored, such as attrition rates, employee and patient satisfaction. The most effective support given to MNRs should be investigated as a gap in the literature currently exists.

19. One to One Observation Checklist: An Approach to Manage Overutilization – Altagracia Tejada, BSN, RN, CNRN; Patricia Punzalan, MA, RN, NE-BC

Our institution has an increasingly growing concern related to over utilization of one to one observation. This has resulted to an alarming rate of staffing shortages especially during high acuity census. Evidence has shown that inadequate staffing levels lead to staff burn out and adverse outcomes causing an increase in mortality and morbidity. The financial impact is felt with staff turnover and increased length of stay incurred substantial cost (Stanton, M. 2014 & Litvak, E. 2011). Review of literature has not supported the use of close observation as a means of reducing patient harm like falls or pulling out of mechanical devices. There is also limited evidence to show that this approach is cost effective. The lack of standardized data support sheet to document patient behaviors to justify need for close observation is what drove the writers to create a checklist. The checklist objectively describe the behaviors as it is manifested by the patient during the 24 hour period in real time. This approach has provided a framework for a meaningful dialogue between clinical RNs and providers and build parameters for making clinical judgment. The team conducted a deep dive on the common barriers associated with the utilization of close observation using a fish bone diagram. The information guided the development of the parameters use for the checklist. The pre and post implementation results showed a decrease in the utilization of staff use for one to one observation with a decrease in falls incidence during the period. The methodology has been adapted as a best practice in the hospital and has been expanded to other units.

20. Nurse Leaders: Setting the Course for Political Advancement – Carol Ann Amann, PhD, RN-BC, CDP, FNGNA

The American Nurses Association Code of Ethics for Nurses Provision 9 calls for nurses individually, and through professional associations, to be actively involved as advocates for health care policy and social reform. In this context, advocacy refers to leading professional nurses in practice inclusive of political involvement. Yet, few nurse leaders look to political presence and action as a method of advocacy. Without nursing involvement, legislation enacted at the local, state, and federal levels will continue to challenge nursing practice. Now more than ever nurse's political voice needs to be heard. Legislation, inclusive of health care reform, scope of practice, and patient care issues that directly impact nursing care are enacted or discussed on a daily basis. Nurse leaders are in a pivotal position to advocate for health policy by addressing critical issues that jeopardize our current health care system and professional practice. Limited research studies have suggested that health policy education, mentoring, and practical experience and leadership are essential components to improve professional nursing's participation in the political and health policy realm. Recognition and taking action on issues using critical expertise, political knowledge, and experience within the health policy domain are necessary to positively impact legislation improving our nation's health care and advancement of nursing practice. Research completed identified us five overarching themes: (1)

Education as a Foundation to Political Advocacy, (2) Health Policy Involvement, (3) Characteristics of a Politically Involved Nurse, (4) Perceived Barriers to Political Involvement, and (5) Nursing Leadership Leading the Way. Results indicated that health policy education was a valued skill set. To be a politically active leader, there is a need for improved collaboration between academia, professional nursing organizations. In doing so, nurse leaders will spearhead new and meaningful ways of approaching health policy and political action within the discipline of nursing.

21. Transforming Orientation for Nurses: It's Not "Just a Phase" – Rebecca Rust, MSN, RN-BC, CEN, CCRN-K; Heahter Amrhein, CEN, CCRN

A community hospital medical/surgical ICU was faced with several staffing challenges. Turnover rate in the ICU for nurses on the unit in < 1 year in FY17 was 51.06%, the applicant pool had little to no experience in critical care, and preceptors were developing burnout. The need for a safer and effective orientation strategy for new ICU nurses was identified with improved support and resources for preceptors. A structured phased-based method QI project was implemented. The four phases are Reception, Formation, Integration, and Transition. This phased orientation model was adapted from evidence based research and initial training similar to the military. Each phase is designed to streamline the flow of orientation and achieve competence before moving to the next phase of increasing clinical responsibility. Nurses move to the next phase of orientation upon completion of all objectives and expectations of the previous phase. Competency is determined at the end of each phase using various critical thinking exercises, simulated case studies, and completion of a skills checklist. Regular monthly meetings and a unit-specific preceptor workshop were created to support preceptors. Orientation progression, barriers, and experiences are discussed with the new nurses in a transparent and supportive weekly meeting. In the past year, 15 nurses have completed the phased orientation and remain employed on the unit. Nurses were surveyed immediately after orientation (baseline) and at six months to gauge comfort, competency with skills, and satisfaction with orientation. Survey scores show comfort remained the same, competency with skills increased, and satisfaction with orientation increased. This QI project has helped dramatically reduce unit turnover, reduce orientation hours per new hire, and improve preceptor morale and satisfaction.

22. Assessing Nurses' Levels of Stress and Burnout and Its Potential Relationship to Compassion Satisfaction – Rebecca Cassel, MSN, RN, NE-BC

Introduction: Nursing is a profession that exposes practitioners to situations that can produce a traumatic response, and lead to compassion fatigue and burnout. The existing mental and psychosocial state of the practitioner, in addition to the quantity and consistency of exposure, coping strategies, and stress levels can impact how much these experiences contribute to their overall health, well-being and engagement. Although the term "burnout" may be used frequently by practitioners, a true understanding of the actual current state is needed.

Purpose: The purpose of this study was to assess nurses' perceived levels of stress and burnout and the potential relationship to compassion satisfaction (CS) and secondary traumatic stress (STS).

Methods: RNs on a post-surgical floor in a community teaching hospital were invited to anonymously complete an electronic survey for this IRB exempted descriptive design study. The Professional Quality of Life (PROQOL) scale and Cohen Perceived Stress Scale (PSS) were used to measure stress, CS, burnout and STS.

Results: 21 respondents completed the survey. Mean total scores for CS was 41.67, Burnout was 20.90, STS was 19.90, and PSS was 14.57. The mean scores indicate moderate stress, high CS, low burnout, and low STS. Statistically significant correlations were found between stress and compassion satisfaction ($r = -.513, p = .017$) and burnout ($r = .685, p = .001$); and a relationship with STS and burnout ($r = .572, p = .007$). There was no significant correlation to age of respondents.

Conclusions/Implications: Moderate stress was reported despite low burnout and high CS. Higher stress was correlated with lower CS and higher burnout. Additionally, higher STS was related to higher burnout. Next, to identify aspects of care that perpetuate stress and STS, nurses were asked 5 open ended questions. This study demonstrates that stress and burnout are issues needing addressed in the nursing profession.

23. Every Patient Every Day – Mary Lou Kurilla; Holly Badali

Patient experience measures are important to healthcare organizations. Hospitals want patients/families to know who their care team is and understand their plan of care. Best practice exceeds patient/family expectations. Standardizing nurse communication practices across the organization has proven to improve the patient experience. Our organization made it a goal to increase HCAHPS nurse communication scores to 83.0 using a new concept called “commitment sessions” and new observation techniques. Shared Governance Councils were charged to review our Standards of Practice and Nurse Communication Policy that outlines expected behaviors. Key points include the shift to bedside report, white board completion with oncoming nurse introductions and a safety sweep of all essential patient care modalities. A Wildly Important Goal was decided upon with leadership guidance. Commitment sessions were implemented for nurse leaders to commit to specific weekly goals. At each session, the managers commit to monitoring specific behaviors and practices as defined in the policy. The managers committed to increasing rounding on both nurses and patients to reinforce expectations. The managers shared their unit’s successes and coaching techniques each week while rotating unit to unit to ensure clinical nurse engagement at the commitment session. Simple but effective visual scorecards helped staff measure success. Weekly report out of audit and compliance results were shared during the commitment sessions. Each of our in-patient units that implemented these interventions showed an increase in the Nurse Communication scores in HCAHPS over time. Of the 9 inpatient units that piloted these interventions the overall baseline data improved from the 46th percentile to 75th percentile. Standardization of nurse communication practices across our organization have improved patients/family’s understanding of members of the team and their plan of care. In addition, these practices have reinforced and continue to strengthen our leadership commitment to our nurses and to our patients

24. Impact of LGBTQ Cultural Competence – Tyler Traister, DNPc, RN-BC, OCN, CNE, CTN-A

The health of lesbian, gay, bisexual, transgender, and queer (LGBTQ) people has recently become a national health priority. The National Institute of Health (NIH) declared LGBTQ communities a health disparity population in October of 2016 (NIH, 2016). Many advances in policy (same-sex marriage, visitation rights, etc.) and societal shifts have allowed for increased visibility of this community in our society; however, it appears that these advances are lagging within healthcare organizations and more specifically, nursing. One of the largest barriers to culturally congruent LGBTQ care is the lack of knowledge on LGBTQ people and possible negative attitudes among nurses and providers (Strong & Folse, 2015). Research and data have shown that LGBTQ people face significant health disparities stemming from years of systemic discrimination and stigmatization. Healthcare providers are charged with creating a more culturally competent workforce to help diminish and reduce these disparities. The purpose of this study was to establish a baseline understanding of the knowledge and attitude of registered nurses about LGBTQ people as well as measure the impact of a newly designed educational intervention on their knowledge and attitudes. Registered nurses (n =111) were offered a one hour educational intervention at various inpatient hospitals within a major metropolitan area. Pre and post tests were administered to establish baseline knowledge and attitude as well as the effectiveness. Results show that the intervention did have a statistically positive impact on the nurses’ knowledge LGBT health (P