

# **ABSTRACTS**

## **13th Annual Evidence-Based Practice/Research Conference Nurses Shaping Health Care: Retaining the Nursing Workforce**

**November 5, 2021**

## PODIUM PRESENTATIONS

### **Veterans Health Administration National Nursing Education Initiative Scholarship Program**

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**Background:** The Department of Veterans Affairs Veterans Health Administration (VHA) is the largest employer of nurses in the United States. Currently VHA employs over 110,000 total nursing staff at all education levels, but future nursing workforce needs are significant. Since 1999, the VHA National Nursing Education Initiative (NNEI) program has provided 16,294 scholarships for registered nurses to attain baccalaureate and advanced nursing degrees. NNEI awards cover tuition and related expenses in return for a 1- to 3-year service obligation. The goal of this evaluation was to determine factors that enhanced or hindered an NNEI scholarship recipient in the completion of their degree and service obligation to the VHA.

**Methods:** A regression analysis was performed on potential explanatory variables chosen from the scholarship database to identify predictors of degree completion for 10,043 NNEI participants in 162 VHA facilities from 2000 to 2012. This limitation ensured that participants had adequate time to complete both degree and service obligation.

**Results:** Significant predictors of degree completion were gender, age, date entered the program, degree at entry, and intended completion occupation. Eighty-six percent (86.7%) of NNEI participants completed the degree requirement. Of those who completed their degree, 97% completed the service obligation. Ninety-six percent (96.5%) of those completing their service obligation were still employed in VHA target occupations 2 years later.

**Conclusion:** NNEI scholarships are an effective tool for recruitment and retention of VHA nurses.

### **An Exploration of New Graduate Nurses' Transitions to Specialty Practice**

Kathleen Baldwin, PhD, RN, ACNS-BC, AGPCNP-BC, FCNS, FAAN; Jo Nell Wells, PhD, RN

*Texas Health Resources*

**Background:** Becoming a competent, independent nurse is challenging for new graduate nurses (NGNs), particularly those hired directly into high acuity specialty areas (HASAs). This study sought to expand the knowledge about NGN transition to HASA practice by exploring factors that help and hinder them. Aims were to (1) describe personal factors which help or hinder success, (2) describe unit factors which help or hinder success, (3) identify subjects' recommendations that might make the transition easier for future HASA NGNs, and (4) compare HASA subjects' experiences with non-HASA NGN peers.

**Methods:** Following institutional review board approval, HASA NGNs in the Versant Residency Program over 1 year who consented to participate composed the convenience sample. Six open-ended interview questions reflecting themes identified in previous research were developed. Subjects were asked the same 6 questions at baseline, at 6 months, and at 1 year. All interviews were recorded, transcribed, and analyzed using content analysis.

**Results:** Six NGN intrinsic factors were identified (mastering time management/prioritization skills, becoming assertive and taking initiative, having prior work experience especially as a tech on their HASA, developing good interpersonal skills, having a life outside of work, and being a patient advocate). Three extrinsic unit-specific themes (communication styles, teamwork, and the degree of inclusiveness of the staff) and 2 main differences with non-HASA NGNs (the depth of specialty knowledge needed and the high acuity of HASA patients) were identified. Three individual strategies and 3 institutional strategies were also identified.

**Conclusion:** Evaluating and acting on NGNs' perceptions of factors aiding their success are essential to improve retention in HASAs. HASA NGNs requested additional unit-specific classes, simulation experiences, and hands-on practice specifically designed for their HASAs. There is an urgent need for additional

research on extended orientation time, support strategies during early independent practice, and mentors in the HASA setting.

### **Improving Learner Engagement Through Escape Rooms**

Sarah Owens, MSN, RN

*Ochsner Medical Center – New Orleans*

**Background:** During the onboarding period, new hires are presented an abundance of information. For learners to develop proficiency, the education they receive must be engaging. The literature positively correlates an engaging learning environment with the adult learner's ability to retain knowledge. Utilizing gamification techniques, such as an escape room, is one method of engaging adult learners.

**Methods:** In August 2021, an escape room was implemented within a new hire nurse orientation at an acute care facility. The topics included in the scenario were intentionally kept broad, as the nurses who attended the orientation worked in a variety of patient care areas. Patient safety, hospital resources, and medication administration are examples of topics included. A total of 15 new hire nurses participated in the escape room. The learners were randomly divided into 3 groups of 5 learners. Learners primarily consisted of new graduate nurses. Each group was given 20 minutes to escape. After each group completed the room, a debrief was conducted. After the debrief, the group was asked to complete a survey that measured their perceptions on how engaging the escape room was to their learning.

**Results:** Of the learners, 93.3% "strongly agreed" that the escape room was more engaging compared to traditional lecture styles, and 86.7% "strongly agreed" they would like to see escape rooms used in their future nursing education. The primary theme in the qualitative analysis was that learners had "fun." Another theme noted was that learners found the method "engaging" and "creative."

**Conclusion:** Adult learners value learning through personal experiences and problem solving. Adult learners also receive most of their education in a traditional didactic method. Escape rooms are an engaging teaching method. Nurse educators should remain vigilant of their chosen method of teaching and receptive to including gamification strategies, such as escape rooms.

### **Development of the Inquiry and Innovation Oversight Council**

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**Background:** Inquiry (performance improvement, evidence-based practice [EBP], research) is essential for patient outcomes improvement and for professional development. Singular council oversight facilitates the identification of duplicate initiatives and connects team members completing similar projects to improve efficiency and strengthen projects. Our 960-bed, 2-campus academic medical center did not have a formal process to share best practices and project outcomes. Within the shared governance structure, multiple councils separately provided support and mentorship for inquiry projects. The primary purpose of this project was to form a new council providing oversight for nursing inquiry projects.

**Methods:** Leaders from the Nursing Research and EBP Council (NREBPC) and the Nursing Performance Improvement Council (NPIC) convened to discuss both council- and project-related challenges. Leaders identified that a combined council could support the continuum of inquiry and that scholarly work would be promoted by providing team members resources and support for developing projects. We drafted a charter to provide a framework for the new Inquiry and Innovation Oversight Council's purpose and scope. During the 2-hour monthly meeting, the first hour is a combined meeting with all members. In the second hour, NREBPC and NPIC meet separately to discuss initiatives specific to their mission. We created a process to capture new projects via an online form that is accessible on an outside intranet and via QR code and shortened URL. Submissions are triaged by council leadership, and projects are presented at council meetings for review and discussion.

**Results:** Nearly 30 council members attended the inaugural meeting in April 2021, with attendance continuing to be strong at subsequent meetings (26-29 attendees) despite staffing and patient care challenges.

**Conclusion:** A council with oversight for all inquiry projects facilitates the implementation of best practices for patient care. Providing support encourages team members to see projects through completion and fosters the diffusion of successful projects across both campuses.

### **Implementing a User-Friendly Program to Ensure Employee Safety Against Hazardous Medications**

Nattie Leger, MSN, RN, LSSBB; Ann Lockhart, MN, RN-BC; Maria Nix, RN, MSN; Tammy Mayer, BSN, RN-BC; Jennifer Hymel, BSN, RN; Andrea Thibodeaux, BSN, RN-BC

*Ochsner Health*

**Background:** The United States Pharmacopeia, Chapter 800 (USP 800) provides standards to protect employees handling hazardous drugs. This regulation impacts many aspects of nursing practice, and because nurses have repeated exposure to medications, they have a higher risk of exposure than patients receiving short-term treatment. Nursing leaders at a large, academic medical center collaborated with a multidisciplinary work group to create action plans to comply with the USP 800 regulation.

**Methods:** Members of the work group performed direct observations of nursing workflows to develop necessary action plans to ensure compliance with the new regulation. Based on the organizational risk assessment, the work group developed the following:

- Policies to ensure patient and staff safety and environmental protection
- A hazardous drug symbol as a visual cue for employees to identify hazardous medications for patients in ambulatory, hospital, and ancillary settings
- Standard operating procedures which outlined responsibilities for staff receiving, administering, handling, and disposing of hazardous medications
- A personal protective equipment guide to offer protection from hazardous drug exposure
- A waste disposal guide quick reference tool to ensure safe workflows
- Visual cues in the electronic medical record so clinical staff could easily identify hazardous drug categories
- Employee discipline-specific education plan to provide general awareness training for the USP 800 regulations
- A hazardous drug handling toolkit reference guide

**Results:** The plan to evaluate the program included employee education compliance, environmental surveillance of hazardous medication residue on countertops and surfaces, and medical surveillance measuring employee exposure to toxic chemicals. Future evidence is needed to ensure the protection of health care workers from hazardous medication exposure that may cause cancer and other health hazards.

**Conclusion:** USP 800 has wide-reaching implications for nursing practice. Continued planning and execution of evidence-based practice workflows is necessary to ensure employee safety against exposure to hazardous drugs.

### **The Impact of the COVID-19 Pandemic on Registered Nurses**

Kathleen Baldwin, PhD, RN, ACNS-BC, AGPCNP-BC, FCNS, FAAN; Kristin Hall, MS, RN; Malorie Bishop, BSN, RN; Magally Rolen, BSN, RN; Marklin Jones, BSN, RN; Stephanie Bailey, BSN, RN; Samantha Hall, BSN, RN

*Texas Health Resources*

**Background:** The COVID-19 pandemic created a health care disaster. Research from other countries showed that nurses have had difficulty coping with it. Mental health professionals have not treated individuals coping with this level of public health emergency.

**Methods:** The purpose of this descriptive, mixed-methods research study was to assess the impact of the COVID-19 pandemic on frontline RNs in a major health care system. The Impact of Event Scale - Revised (IES-R) was used to collect quantitative data. Two open-ended questions were used to collect qualitative data.

**Results:** Results from the IES-R and demographic questions were analyzed using descriptive statistics and regression analysis. Responses from the 2 qualitative questions were analyzed using content analysis. Subjects were 1,319 RNs, who represented 18% of the health care system RNs. The mean IES-R score for the sample was 23.5, indicating that symptoms of post-traumatic stress disorder were present. Regression analysis showed that nurses in their 20s and 30s had higher IES-R scores than older nurses. Of RNs in their 20s, 84.7% provided direct care to COVID-19 patients compared to 70% of older nurses. Content for the question that asked what else the health care system could have done reflected 11 topics. The top 2 were staffing and communication concerns. Five themes emerged from the question that asked RNs about their experience during the pandemic: work environment concerns, physical responses, psychological responses, family changes/stress, and public misinformation.

**Conclusion:** The psychological toll on RNs and their families was significant. Increased psychological services will be needed for them. There were many eerie similarities between this pandemic and the 1918 pandemic, so the recommendations for improvement from 1918 were not addressed. There needs to be a national response plan that is evidence-based and incorporates what we learned from the COVID-19 pandemic to assure that the country is ready for the next one.

### **Care for our Caregivers: Improving Staffs' Perceptions of Organizational Support Following Distressing Events**

Donna Copeland, DNP, RN, NE-BC, CPN, CPON, AE-C; Ashleigh F. Bowman, DNP, RN, CRNP, CPNP-AC; Rosanna Johnson, MSN, RN; Amy E. Davis, DNP, RNC-MNN

*University of South Alabama*

**Background:** Unexpected or traumatic patient-related events can lead to psychological trauma, resulting from an overwhelming amount of stress that exceeds one's ability to cope with the distressing event. The emotional distress encountered after an unexpected or traumatic patient event is known as second victim syndrome. Intensive care and pediatric unit staff are especially susceptible to the risk and severity of second victim syndrome due to the vulnerable patient populations they serve. Developing strategies for resilience and social support is recommended for mitigating the adverse effects of second victim syndrome. A pilot study was implemented in the pediatric intensive care unit to improve staffs' perceptions of available support after a distressing event by 10% at the end of 3 months of deployment of a second victim support program.

**Methods:** A mixed-methods, institutional review board–approved research study was designed to evaluate the effectiveness of a second victim peer support program. Staffs' perceptions of organizational support were assessed preimplementation via the Medically Induced Trauma Support Services (MITSS) Organizational Assessment Tool. The Scott Three-Tiered Model was the framework adopted, a peer-to-peer support group of volunteers was recruited and trained, and an on-call team of peer supporters was scheduled to provide emotional support for staff 24 hours a day, 7 days a week, as needed.

**Results:** Preliminary results of the preintervention MITSS Organizational Assessment Tool revealed that more than 50% of staff felt that psychological support services were not currently available at the facility. This finding confirmed the need to establish a peer support program to foster care for our caregivers.

**Conclusion:** The project is ongoing; staff will be resurveyed after the 3-month implementation of the second victim peer support program. Expected outcomes are that staff report improved perceptions of organizational support afforded to them by the second victim peer support program.

### **A Call to Action: How One Health Care System Is Improving Birth Outcomes**

Jennifer Melton, MSN, RN, C-ONQS, IBCLC

*Ochsner Health*

**Background:** Pregnancy and childbirth are a time of great joy and excitement but can also be a time of sorrow and grief. In August 2018, the Louisiana Department of Health released its Maternal Mortality Review Report for the years 2011-2016. According to Kiełtyka, Mehta, Schoellmann, and Lake

(2018), the maternal mortality rate in Louisiana was higher than in other states, and the most common causes of death were hemorrhage and cardiovascular disease. Additionally, Black women were four times more likely to die of pregnancy-related complications than White women.

**Methods:** Faced with these sobering statistics, the Women's Services teams at the Ochsner Baptist, Baton Rouge, Kenner, St. Anne, and West Bank campuses began to focus on reducing severe maternal mortality and morbidity (SMM) related to postpartum hemorrhage and preeclampsia. Numerous best practices were implemented, including standardized treatment protocols, performing a hemorrhage risk assessment, quantifying blood loss, staff and provider education, and health equity training.

**Results:** Through their efforts, the teams reduced their SMM rates related to postpartum hemorrhage and preeclampsia from 1.07% of patients in 2016 to 0.63% of patients in 2019. Despite this initial decrease, the teams saw an increase in SMM cases in the first half of 2020 with a rate of 0.77%. Sadly, racial disparities were still identified. We are awaiting the final 2020 results and are expanding our efforts to focus on patient partnership and health care equity.

**Conclusion:** Despite initial reductions, there was an increase in SMM in 2020. We must continue to focus on staff and provider knowledge and compliance with treatment protocols. Nurses play a key role in ensuring that patients have a safe birthing experience. By educating and engaging nurses, leaders can empower the staff to advocate for their patients and ensure positive outcomes.

### **Proactive Rapid Response Pilot**

Melanie Kendrick, MSN, RN, CCRN

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**Background:** Any delay to care for a deteriorating patient in the inpatient hospital setting can lead to poor patient outcomes, including increased morbidity and mortality rates, increased length of stay, increased outpatient care once discharged, and risk for repeat hospitalizations (Clayton, 2019). Gilroy et al (2020) explain that many cardiac arrest events are preventable, and patients often begin to have changes to vital signs and mental status several hours before the emergent event. Well-trained professionals can often detect and act on these changes to prevent further decline, thus improving mortality rates. We initiated a pilot program during the first COVID-19 surge in April 2020 that involved the creation of the role of proactive rapid response nurse and the ability to identify deteriorating patients outside of critical care areas, specifically the medical-surgical and telemetry units at Ochsner West Bank.

**Methods:** The proactive rapid response nursing role was developed using Benner's Novice to Expert Theory for the theoretical framework and the Plan-Do-Study-Act model for implementation. The number of proactive rounds, rapid response events, and code blue events outside of critical care areas were measured before and after implementation.

**Results:** Over the 6-week trial period from April 29, 2020 to June 4, 2020, code blue events decreased by 60%, and rapid response events decreased by 78% compared to the previous year in the same time frame in the absence of a proactive rapid response nurse.

**Conclusion:** Ochsner West Bank has seen a reduction in emergent events outside of critical care areas with the initiation of a proactive rapid response nurse utilizing set monitoring based on recommendations from Ochsner's critical care coordinators and the American Heart Association's Get With the Guidelines - Resuscitation program.

### **Virtual Surveillance: Screening for Clinical Deterioration and Sepsis Using Decision Support Tools**

Fiona Winterbottom, DNP, ACNS-BC

*Ochsner Health*

**Background:** Patients experiencing clinical deterioration, including those with sepsis, have a high risk of morbidity and mortality. Early warning scores and artificial intelligence (AI) decision support

tools within the medical record partnered with clinical workflows offer new opportunities for proactive interventions and a reduction of preventable death.

**Methods:** From July to August 2021, two prediction tools were piloted by virtual nurses. One tool was specific to sepsis and the other was for clinical deterioration. Each shift, virtual nurses would screen patients using both tools to identify patients who might benefit from early intervention and clinical management. The work of the virtual nurse removed the burden of screening from the bedside staff.

**Results:** During the study period, two sets of virtual nurses completed screening. Local 24/7 virtual nurses with responsibilities for clinical deterioration screening, admits, and discharges answered 86% of AI alerts, down from their usual 95% alert response. Novel sepsis screens were completed by offsite 8-hour virtual nurses who increased automated sepsis screening from 1% to 31%.

**Conclusion:** Virtual nurses with targeted responsibilities for clinical deterioration surveillance are more likely to have higher screening completion rates.

## POSTER ABSTRACTS

### The “Not-So-Secret Shopper” Hand Hygiene Initiative

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**Background:** Although hand hygiene prevents morbidity and mortality, hand hygiene practices remain inadequate. Hand hygiene monitoring is a standard across acute care hospitals in the United States, with direct observation the preferred method of monitoring recommended by the World Health Organization. The purpose of this project was to implement an unblinding initiative where 50% of our hand hygiene secret shoppers overtly observed hand hygiene practices and provided real-time feedback to staff. Expected outcomes included the following: 2 endoscopy units would reach the hospital goal of 90% hand hygiene compliance, and all endoscopy hand hygiene observers would submit a minimum of 50 observations per month.

**Methods:** Fifty percent of hand hygiene secret shoppers within the departments were unblinded, while the remaining 50% remained secret. Infection Control calculated the total secret and unblinded observations and missed opportunities monthly. Staff received the departments’ hand hygiene compliance percentages via email monthly and at bimonthly staff meetings.

**Results:** A total of 32,632 hand hygiene observations were performed. Both endoscopy units reached and maintained the hospital goal of 90% hand hygiene compliance through Quarter 4 2020. The observers increased their observations once the unblinding initiative began, meeting and exceeding the required number of observations through Quarter 4 2020.

**Conclusion:** Through the “Not-So-Secret Shopper” Hand Hygiene Initiative, endoscopy underwent a culture change, opening channels of communication among providers with the united goal of exemplifying Ochsner Health’s value of putting “Patients First” through hand hygiene accountability.

### Implementing an Evidence-Based Tool to Improve Nursing Self-Efficacy for Concussion Assessments

Katherine M. Deering, DNP, RN, CPN, CNE; Alison H. Davis, PhD, RN, CHSE

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**Background:** Almost 500,000 children under the age of 14 visit emergency departments annually for assessment and evaluation of concussion symptoms. Since 2000, there has been a substantial increase in the number of pediatric patients, both inpatient and outpatient, evaluated for and diagnosed with concussions. School nurses play a crucial role in concussion assessment and management in the pediatric patient population. The school nurse should be an essential part of the development of the school or district concussion protocol and policy, provide follow-up evaluation, and ensure the policy is followed.

**Methods:** Using the L-SES survey, nurses were surveyed on their level of self-efficacy for concussion assessments preimplementation of the Acute Concussion Evaluation - Emergency Department (ACE-ED) assessment tool. Weekly emails highlighting concussion topics and questions were sent to nurses during the 8 weeks of the project implementation. The DNP project leader conducted several site visits during implementation. Postimplementation L-SES surveys were administered at the conclusion of the 8-week implementation period.

**Results:** A paired-samples *t* test was performed on the survey data which indicated a significant increase in nursing self-efficacy for concussion assessments from preimplementation to postimplementation of the ACE-ED tool. There was a statistically significant increase ( $P < 0.001$ ) in self-efficacy scores from preimplementation ( $M=36.47$ ,  $SD=9.724$ ) to postimplementation ( $M=47.27$ ,  $SD=7.741$ ),  $t(14) = -4.676$  (two-tailed).

**Conclusion:** The ACE-ED provides a reliable, standardized concussion assessment framework on which nursing self-efficacy for concussion assessments can be built. The potential exists for improving nursing self-efficacy for concussion assessments when the ACE-ED is utilized in the school setting.

### **Inpatient Smoking Cessation: A Quality Improvement Project**

Shannon Harris, DNP, FNP-BC, RN, CCRN, TTS; Lori Prewitt Moore, DNP, FNP-B, RN, CHSE; Tochie Lofton, DNP, RN; Aphry Olafson, RRT; Robert Percy, MD

*Infirmiry Health - Mobile, AL*

**Background:** Cigarette smoking is the leader in preventable causes of death in the United States. Evidence-based inpatient smoking cessation programs are needed to reduce unnecessary smoking-related health care spending. The goal of this project was to explore inpatient smoking-cessation strategies to mitigate smoking-related chronic obstructive pulmonary disease (COPD) 30-day readmissions.

**Methods:** A quality improvement project was developed which included implementing the modified Fagerström test for nicotine dependence with hospitalized smokers in a large, nonprofit, 669-bed setting.

**Results:** There were 659 patients who were receptive to receiving smoking cessation information and participating in the smoking cessation quality improvement project. During the implementation phase, 264 patients with COPD were admitted to the hospital, and 50 patients were readmitted within 30 days of discharge. The average of readmissions over the 5 months during the implementation phase was 15.2%. A year after the implementation phase, 210 patients with COPD were admitted to the hospital, and 34 of those were readmitted within 30 days after discharge. The average of readmissions over the 4-month period was 7.8%. A statistically significant decrease in COPD 30-day readmissions from 2019-2020 was found ( $F$  ratio=17.22013,  $P=0.00321$ ).

**Conclusion:** The lack of smoking cessation coaches is a huge barrier to implementing a productive tobacco cessation program. Hospital administration can implement smoking cessation hospitalwide protocols to identify smokers upon admission to minimize exorbitant health care smoking-related costs and readmissions.

### **Dilution Amount and Time Required to Give Intravenous Push Medications**

Kathleen Baldwin, PhD, RN, ACNS-BC, AGPCNP-BC, FCNS, FAAN; Kristin Hall, MS, RN; Shara Gray, BSN, RN

*Texas Health Resources*

**Background:** Studies show that some drugs once administered by intermittent intravenous (IV) infusion can be safely administered by IV bolus/push (IVP). Because there was no standardization among nurses giving IVP medications in our health care system, patients complained about variations between nurses. The objectives of this initiative were to (1) identify IVP drugs frequently given in our health care system; (2) compare IVP dilution amounts and administration times across drug references, published guidelines, and research studies; and (3) recommend dilution amounts and administration times for IVP drugs to standardize practice.



**Methods:** Nursing drug references, published guidelines, and research articles were identified and reviewed. Two nurse researchers separately reviewed and documented information in each reference. The entire research team reviewed results and reached consensus about the dilution amount and administration time for each drug. The nursing recommendations were sent to system clinical pharmacists who edited them using information from pharmacy drug references and then approved dilution amounts and administration times for IVP drugs.

**Results:** Drug references frequently used by nurses varied in recommendations for dilution amounts and administration times for some of the IVP drugs, resulting in variation in IVP administration practices by nurses. Standardized IVP drug dilution amounts and administration times are currently being incorporated into the electronic medication administration record. A wall chart will be posted in all hospital unit medication rooms, and a computer app is also being developed.

**Conclusion:** Both the clinical nurse researchers and clinical pharmacists were surprised and concerned by the variations seen in drug references frequently used by all frontline staff. Standardization of IVP medication dilution amounts and administration times will improve nursing medication practices and should decrease patients' concerns about variation in IVP medication administration. The wall chart and computer app developed from this study could be useful to frontline staff in other hospital and health care systems across the country.

### Identification of Central Line Management Techniques

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**Background:** Central line-associated bloodstream infections (CLABSIs) occurring in intensive care units (ICUs) are associated with increased morbidity and mortality, increased length of hospitalization, and cost of care associated with treating CLABSIs. The Centers for Disease Control and Prevention guidelines and checklist bundle are intended to provide evidence-based recommendations for the prevention of CLABSIs. Despite the promotion of central line bundle policies, wide variability exists in compliance and infection rates in ICUs.

**Methods:** This mini-study was conducted using the qualitative design of Glaserian grounded theory. The processes were studied from the perspective of ICU nurses. Data collection occurred through semi-structured interviews. Data analysis using NVivo, version 12 (QSR International) was conducted through coding, categorizing, and constant comparison.

**Results:** The findings of this study revealed two main themes: (1) lack of adherence to the central line protocol in the operating room and (2) nursing interventions to rectify operating room lapses in protocol adherence. Patients are arriving in the ICU without occlusive dressings and with open infusion ports. Nurses are changing central dressings upon admission to the ICU during the critical time of assessing and caring for a newly admitted patient.

**Conclusion:** Although the study size did not allow for the construction of a theory grounded from the data, the findings of this study provide useful information about lack of adherence to central line bundles in the operating room and the additional processes that ICU nurses use to rectify these lapses. The data from this study provide insight to the lack of adherence to the central line bundle in the perioperative setting and suggest the use of intervention and improvement strategies in the operating room to potentially decrease the rate of CLABSI.

### Decreasing Preanalytical Specimen Labeling Errors in an Ambulatory Clinic Setting

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**Background:** Any laboratory error can lead to incorrect or unnecessary medical care, increased legal risk for the organization, and poor patient experience. An error can occur in any phase of the total

testing process, but preanalytical errors (unlabeled, mislabeled, requisition/specimen mismatch, and incomplete labels) were identified as the most common laboratory errors. The College of American Pathologists (CAP) estimates that each laboratory error costs an organization \$712. Professional and accrediting organizations, such as CAP and The Joint Commission recommend barcode scanning as a best practice to decrease specimen labeling errors. However, most outpatient clinics do not have the software to support barcode scanning. Therefore, nontechnological best practices must be implemented to decrease preanalytical specimen labeling errors. The purpose of this project was to measure the impact of implementing the Clinical and Laboratory Standards Institute (CLSI) GP33-A “Accuracy in Patient and Sample Identification; Approved Guideline” and the use of a 2-caretaker validation process to decrease preanalytical specimen labeling errors.

**Methods:** A pre/postintervention quantitative design evaluated the significance of implementing the evidence-based CLSI GP33-A guideline and the use of a 2-caretaker verification process.

**Results:** Preanalytical specimen labeling errors decreased by 48% from 102 errors to 53 errors. The organization experienced a potential cost savings of \$34,888.

**Conclusion:** The use of nontechnological strategies, such as an evidence-based clinical practice guideline and the 2-caretaker verification process, has the potential to improve patient care, health outcomes, patient safety, and organizational performance. Guidelines can also serve to translate complex research findings into recommendations that can be acted on. The implementation of the CLSI GP33-A guideline and the use of a 2-caregiver verification process was effective in reducing the number of preanalytical specimen labeling errors.

#### **Better Together: Wound Care With Lavender Essential Oil Inhaler to Decrease Pain/Anxiety**

Marisa Joy Meyer-Laster, BSN, RN, CWON

*Texas Health Resources*

**Background:** Patients often report bedside wound care procedures cause pain and anxiety. Medication (PO/IV/topical) rarely eliminates all pain and/or anxiety with invasive procedures. Literature revealed lavender essential oil can allay anxiety and pain from invasive bedside procedures. Our project sought to determine the effect of lavender aromatherapy (in addition to standard care) on pain and anxiety of hospitalized patients receiving invasive wound care.

**Methods:** Wound, ostomy, continence nurses in multiple hospital entities offered eligible patients (n=50) a lavender essential oil inhaler as a supplement for (dis)comfort during a dressing change. Using visual analog scales, patients described pain and anxiety levels at 3 time points around the dressing change: 10-15 minutes before, just prior to, and immediately after completion. Receptive patients administered the inhaler for 10-15 minutes prior to dressing change. All patients received physician-ordered PRN medications as requested prior to and/or during procedure, per standard care. Nurses tracked patient anxiety and pain scores and noted trends.

**Results:** Data showed pain and anxiety scores both trended down at each time point in patients using a lavender essential oil inhaler. When an inhaler was not used, pain scores trended up between the 2 time points. It is notable that pain scores of the essential oil group started higher and dropped notably lower after use of the inhaler than the standard care group scores.

**Conclusion:** Lavender essential oil inhalers should be considered as an easy-to-use, low-risk, low-cost, and effective supplement to decrease patients' pain and anxiety with bedside dressing changes.

#### **The Mental Health Effects of Quarantine During the COVID-19 Pandemic**

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**Background:** The impact of isolation during quarantine from COVID-19 has many distressing effects. During the early stages of the pandemic, the geriatric population was critically impacted by quarantine

and social isolation. Nursing homes and assisted living facilities closed their doors to visitors to reduce the risk of infection among residents. As the pandemic continued into 2021, an increase in the number of children being affected by the virus has been seen. Although symptoms of the virus appear to be milder in most adolescents, the emerging psychological burden is great.

**Methods:** The aim of this literature review was to examine the psychological effects of quarantine from COVID-19 on adults and children. In addition, the challenges and burdens of quarantine and social isolation were explored.

**Results:** Psychological outcomes included increased anxiety, feelings of anger, emotional disturbances, increased stress, irritability, poor concentration, depression, and even post-traumatic stress disorder. Quarantine and isolation also led to distressing consequences in the younger population.

**Conclusion:** Quarantine and social isolation have negative effects on both adolescents and geriatrics. More research is needed to gain insight into the long-lasting psychological effects of quarantine and social isolation from the COVID-19 pandemic.

### **Fostering Healthy Work Environments: Monthly Virtual Leadership Development Sessions During a Pandemic as a Therapeutic Action**

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**Background:** The pandemic has created a period of high turnover and systemwide anxiety for nurses. Nurse leaders have felt pressure to help their staffs develop resiliency but feel that they are failing. One issue is that focusing on resilience while still facing trauma is not possible. Instead, nurse leaders need to be shown how to focus on immediate needs and combat anxiety by focusing only on those things over which they have control. Learning how to practice self-care during the workday, taking pride in the care being provided, and supporting each other through kindness and collegiality can help soothe negative emotions.

**Methods:** Starting in June 2020, Virtual Leadership Café sessions were created to respond to the need for support of nurse leaders. These virtual sessions featured topics addressing current nurse leader concerns through a lens of transformational leadership. Through interactive polling and discussion, nurse leaders were able to share their perspectives and feelings and give and receive support from other leaders throughout the system.

**Results:** Nurse leaders appreciated the opportunity to engage in reflective practice. Nurse leaders found value in identifying common concerns and normalizing them, therefore feeling less isolated. Nurse leaders reported changes in attitude, increased knowledge, and an intent to change practice. A cohort of repeat attendees reported that they "look forward to" the sessions to make meaning of their experiences. Addressing disruptive behaviors and a lack of self-care emerged as common themes for nurse leaders to address.

**Conclusion:** Nurse leaders impact retention and healthy work environments. Keeping nurse leader development at the forefront during times of disaster is an essential element in providing support that is needed to focus not only on the tasks at hand but also the spirit with which leadership is executed. It provides the assistance that they need to support their staff.

### **Debriefing: Mitigating Patient Safety Breaches and Moral Distress**

Kala Gaudet, BSN, RN; Fiona Winterbottom, DNP, ACNS-BC

*Ochsner Health*

**Background:** The American Heart Association (AHA) recommends debriefing after attempted resuscitation from in-hospital cardiac arrest to improve resuscitation quality and outcomes.

**Methods:** In 2019, a structured debriefing process was initiated to review cardiac arrests on inpatient floors. Within 48 hours of the arrest, each code was entered into the occurrence reporting system, and a code deep dive instrument was sent to the nursing and medical unit directors for each floor. The staff were asked to review the case within 72 hours and send back the deep dive. Each code was evaluated for key quality metrics defined by the AHA Get With the Guidelines program. This included time of CPR, defibrillation within 2 minutes, and use of ETCO<sub>2</sub>. Depth and speed of compression were also evaluated, along with appropriate interventions for life-threatening rhythms.

**Results:** Every Tuesday, cases were reviewed and scored for preventability, and opportunities for improvement were identified. This practice has been replicated and published as a best practice by external organizations. Many improvements have been made to emergency response systems that have resulted in more timely and appropriate interventions and have likely saved lives. Staff also reported that debriefing helps them cope with moral distress after a code event.

**Conclusion:** Debriefing can improve clinical outcomes and decrease moral distress for staff.

### **Patient/Family Involvement Leads to Successful Outcomes Following Lower Extremity Arthroplasties**

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*Texas Health Resources*

**Background:** Following discharge, our lower extremity arthroplasty (LEA) patients frequently did not remember the hospital-provided postdischarge education and often did not refer to the copious written discharge information given to them. We redesigned our discharge education program to include a 30-minute discharge education class for patients' family caregivers and implemented postdischarge phone calls by the discharge education nurse. We also developed a refrigerator magnet using the acronym M.I.L.E.S. (medications, issues, legs, elimination, and site dressing) to highlight important monitoring items postdischarge.

**Methods:** Family caregivers of 42 hip and 80 knee arthroplasty patients participated in the 30-minute discharge education class. Postdischarge phone calls were made at 1 and 5 weeks to assess compliance with discharge education and to answer any questions patients or family caregivers had. Both patients and their family caregivers were asked to participate in the phone calls.

**Results:** Analysis of survey data showed patients and caregivers were following the discharge instructions. They said the M.I.L.E.S. magnet helped them remember the important items they needed to review each day. We compared Press Ganey scores on 4 discharge-related questions for 1 year prior to starting the family caregiver discharge education class and 1 year after offering it. Scores on those questions showed improvements to the highest score of 4.5%, 7.2%, 8.7%, and 9.1% after we implemented the class. Physicians reported improved compliance with postdischarge education.

**Conclusion:** Adding a 30-minute family caregiver discharge education class had a positive effect on our patients' recoveries because of improved understanding of postoperative care. There were no readmissions for preventable postoperative complications because patients and family caregivers were able to recognize signs and symptoms of potential complications and notify the physician. Use of the M.I.L.E.S. magnet was an effective monitoring reminder for patients and family caregivers.

### **Cultural Considerations in Inquiring About Food and Nutrition Insecurity Among the Homeless Population**

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**Background:** Food insecurity is one of the leading health and nutrition problems in the United States and is highly associated with adverse health outcomes. Therefore, health care and service providers should pay special consideration to food resources/sources, types of nutrients, and balanced nutrition when working with homeless individuals/families at diverse health care settings and community organizations. The contexts and inside stories of food insecurity may not be quite similar to the general population and to nursing

students. The purpose of this activity was to foster awareness and build culturally appropriate assessment skills among undergraduate nursing students when encountering homeless individuals/families.

**Methods:** This activity was designed as a role-playing simulation practice for nursing students before starting psychiatric-mental health clinical rotations. Three students teamed up as a group to role-play the separate characters: (a) a provider/an interviewer, (b) a homeless individual, and (c) an observer. Each interview section took 30 minutes to complete. The activity used 2 instruments for role-playing. In addition, a postactivity evaluation, including quantitative and open-ended questions, was given to determine the effectiveness of this activity.

**Results:** A total of 88 participants responded to the evaluations. The results of the quantitative and open-ended questions indicated that most of the participants agreed that integrating social determinants into the mental health curriculum increased their knowledge, awareness, and assessment skills in the contexts of food and nutrition insecurity while working with the homeless population. Surprisingly, the role-playing simulation was not as effective as expected.

**Conclusion:** Social determinants, such as food and nutrition insecurity, have a negative impact on physical and mental health. Nursing students agreed with the necessity of including this topic in the mental health curriculum. Additionally, learning strategies such as mini-lecture, case study, and viewing videos followed by discussion would enhance maximum learning outcomes.

### **Lights, Camera, Action: Cardiopulmonary Arrest Training**

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*Ochsner Health*

**Background:** Rapid-response systems are patient safety interventions that facilitate direct consultation on a patient's worsening clinical condition by a team of specially trained individuals outside a critical care area. Standardized training decreases confusion and improves performance in critical situations.

**Methods:** In 2018, interprofessional members of the rapid response team partnered to create a video to demonstrate the correct use of equipment during goal-directed cardiopulmonary resuscitation. The video was used for staff training and was published on a medical YouTube channel by the Creative Media Department.

**Results:** The video was used to help standardize training and model best practices in resuscitation. By August 2021, the video surpassed one million views on YouTube, demonstrating a need for the content and widespread education dissemination.

**Conclusion:** Creative media solutions can enhance and assist with standardization of clinical education.