



30th World Congress on

ADVANCED NURSING PRACTICE

September 04-06, 2017 | Edinburgh, Scotland

Workshop Day 1

Nursing Practice 2017

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Helping ESL IQNs integrate in the workplace/health service, how can we assist?

This workshop will investigate our responsibility as RNs to ensure ESL IQN integration in the local workforce is successful. The workshop may challenge your thinking regarding the cultural appropriateness of the domestic nursing workforce towards ESL IQNs entering local nursing practice. Hopefully this will create discussion and provide some innovative ideas related to this aspect of the IQN's integration. Any creative ideas will be presented as part of my key note presentation on "The integration of ESL IQNs in the NZ health workforce." The experience of transitioning into Registered Nursing practice in a foreign country is well documented as being fraught with challenges (Bland, Oackley, Earl & Lichtwark, 2011; Hearnden, 2008; Liou & Cheng, 2011; Xu, Staples and Shen, 2012). These challenges are particularly evident when the IQN has English as a second language (Allen & Westwood, 2016; Hearnden, 2008; O'Neill, 2011; San Miguel & Rogan, 2012). Current literature identifies IQNs encounter significant issues when assimilating into a foreign RN workforce which has the ability to impact on their safety in practice, confidence, and ability to become fully productive members of the health care team (Woodbridge & Bland, 2010; Allan & Westwood, 2016). Successful integration of the ESL IQN in the nursing workforce can be challenging. The responsibility for success rests with the employer / nursing colleagues and the IQN. Interestingly there is apprehension concerning this responsibility in the nursing profession, who may see this as solely the IQNs responsibility. The reasoning is often that the IQNs chose to migrate and register in the new country. How realistic and/or fair is this attitude? Aren't the IQNs your future nursing colleagues? In several countries the IQNs make up 20% or more of the total nursing workforce? Would it be more advantageous to actively support individual IQNs to successfully assimilate in the domestic workforce? What can we do to smooth this transition and make it less complicated?

Biography

Han Roeters trained as a registered nurse and Nurse Anaesthetist in the Netherlands. After emigrating to New Zealand (NZ) in 1984, he registered as a NZRN and holds a MA in Health Sciences and PgDip in Health Informatics from the University of Otago, Dunedin, NZ. He has held several senior nursing and health management positions. Currently he is a senior nursing lecturer at UCOL in Palmerston North, NZ. He has 10 year experience in competency assessment of IQN. Han has provided several conference presentations at a variety of subjects including dementia care, health informatics and nursing simulation

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Scientific Tracks & Abstracts Day 1

Nursing Practice 2017

Sessions:

Day 1 September 04, 2017

Nursing Practice | Nursing Education

Session Chair

Maria Teresa Parisotto

Fresenius Medical Care, Germany

Session Chair

Johannes Maria Christiaan Roeters

Universal college of Learning, New Zealand

Session Introduction

Title: Nurse Practitioner / Physician Assistant in a solo practice in rural emergency department – A Case Study

Chad D Rasmussen, Mayo Clinic Rochester, Minnesota, USA

Title: Post Qualifying Clinical Doctoral Education for Nurses

Tracey Harding, University of Southampton, England

Title: Evaluation of the role of the nurse practitioner in New Brunswick: 15 years in

Tracey Rickards RN PhD, University of New Brunswick, Canada

Title: The Nocturnal, Cardiovascular Nurse Practitioner: Roles, Responsibilities and Challenges

Sharon Schaaf RN, FNP, AGACNP, DNP, University of New Mexico, College of Nursing, USA

Title: Using Predictive Analytics to Improve Patient Outcomes: Using the Rothman Index to Reduce 30-Day Readmissions

Lynn Motz, Penn State Health Milton S. Hershey Medical Centre, USA

30th World Congress on

ADVANCED NURSING PRACTICE

September 04-06, 2017 | Edinburgh, Scotland

Nurse Practitioner / Physician Assistant in a solo practice in rural emergency department – A Case Study

Chad D Rasmussen

Mayo Clinic Rochester, Minnesota, USA

Nurse practitioners and physician assistants have become a more common staffing model in urban and rural emergency departments. Typically, in the rural settings, the NPPA are usually running the emergency department solo, making clinical decisions, with or without collaboration of a back up physician. This can lead to many specific challenges for the NPPA, specifically in education and training.

Biography

Chad Rasmussen has completed his BSN in 1996 from Morningside College, and his Master of Science from Creighton University in 2005. He is currently an Instructor of Surgery and an Assistant Professor of Family Medicine for the Mayo Clinic College of Medicine. He has practiced as a Registered Nurse in the Pediatric ICU, CVSICU, Level One Trauma Centers, Flight Nursing, APRN in Family Medicine, Emergency Medicine, Cardiology, and Critical Care . Mr Rasmussen is currently a Nurse Practitioner at Mayo Clinic in Rochester, MN working in Family Medicine.

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30th World Congress on

ADVANCED NURSING PRACTICE

September 04-06, 2017 | Edinburgh, Scotland

Post qualifying clinical doctoral education for nurses

Tracey Harding

University of Southampton, England

Manley (1996) subscribed to the notion of advanced practice as that which advances nursing practice encompassing the role of educator, researcher and consultant, promoting and developing clinical nursing from clinical to strategic and policy levels effectively driving patient and health care delivery. However, deficits in the development of research leadership, capacity and capability among healthcare professionals within the United Kingdom (UK) were reported. Leadership education and research remained key to advanced practice. Rapid change within the health and social care arena has meant that more sophisticated knowledge and skills related to service/practice design and redevelopment as well as governance are required. The document published in December 2015, 'Delivering the Forward View: NHS planning guidance', refers to research and its improvement within the NHS, in implementing research proposals and initiatives, leadership of service developments. The Doctorate in Clinical Practice (DClinP) programme places emphasis on strengthening clinical practice alongside research leadership, building on existing expertise focussing on practice in health and social care, promoting contribution made to meeting global contemporary health and social care challenges, thereby improving patient outcomes. Within the last five years, approximately 24 students have been awarded a doctorate. The impact of clinical and research leadership training is evident. Practitioners have talked about being aware of a whole new world of research and academic practice, and the wider career opportunities available. The strength of the programme and its impact is in advancing practice through its rich mix of intellectual stimulation increasing research capacity and research-led practice.

Biography

Tracey Harding completed her Doctorate in Clinical Practice in 2015 from the University of Southampton. She is the lead for the doctoral programmes within the Faculty of Health Sciences, which include the Clinical Doctorate, the PhD as well as an integrated PhD and Clinical Doctoral Fellowship schemes. She is currently writing her research for publication, a psychosocial study of alcohol and families, with other examples of publications from previous research on leadership and decision making and a discussion paper on binge drinking and cognitive impairment. She is a Member of the Research sub-committee of a National Charity.

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30th World Congress on

ADVANCED NURSING PRACTICE

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Evaluation of the role of the nurse practitioner in New Brunswick: 15 years in

Tracey Rickards

University of New Brunswick, Canada

Nurse practitioners (NPs) were incorporated into the Canadian healthcare system to respond to a population need for increased accessibility to primary care providers. The integration of NPs in New Brunswick began in 2003. Evaluation of the NP role is essential to determine whether the expected outcomes (i.e. increased accessibility) occurred and for future practice guidance. We asked, “Did the implementation of the NP role in New Brunswick meet the identified community health care needs?” The objectives were (1) To understand the practice patterns of NPs in New Brunswick; (2) to evaluate NP outcomes and overall success of implementation of the role; and (3) to provide much needed foundational documentation in furthering the ongoing and future evaluation. Because there has been no evaluation of the NP role within the province, we have no understanding of a healthcare landscape that includes NPs to determine the strengths and limitations that arise through the holistic practice of NPs in primary healthcare in New Brunswick. A multi-method approach using an NP Practice Pattern and Patient-Experience survey consisting of questions and standardized self-report measures of demographics, geographic setting, and practice models was used. Results highlighted: (1) patients’ extreme satisfaction with the healthcare received through NP providers, correlating with findings globally; (2) accessibility to care increased since the initiation of NPs as primary care providers; and (3) NPs working to full scope of practice provide an economically sound solution to an overburdened provincial economy.

Biography

Tracey Rickards completed her PhD in 2013 from Dalhousie University. She has 30 years of experience working as a Nurse. She holds a 4-year Canadian Institute of Health Research salary award as the Embedded Clinician Researcher with a focus on improving the health outcomes of vulnerable populations. She is an Assistant Professor and teaches Community Nursing both in the classroom and in clinical setting. Her area of research interest is Primary Health Care, LGBTQ health, and homelessness.

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30th World Congress on

ADVANCED NURSING PRACTICE

September 04-06, 2017 | Edinburgh, Scotland

The Nocturnal, Cardiovascular Nurse Practitioner: Roles, Responsibilities, and Challenges

Sharon Schaaf RN, FNP, AGACNP, DNP

University of New Mexico College of Nursing, USA

The number of Acute Care nurse practitioners (ACNP) in the United States is increasing and approximately 20% have a clinical focus area of cardiology. The role and responsibilities of the ACNP in this arena differs with the various cardiovascular subspecialties. The cardiovascular ACNP providing nocturnal coverage has its own unique set of responsibilities that encompasses each subspecialty. The aim of this discussion is to address the role, responsibilities, and challenges of a private-practice, nocturnal cardiovascular nurse practitioner working in a frontier-designated state in the United States.

Biography

Sharon Schaaf has board certification as a Family Nurse Practitioner (FNP) as well as an Adult/Gerontology Acute Care Nurse Practitioner (AGACNP) and earned her Doctor of Nursing Practice (DNP) from Texas Woman's University. She has been working as a cardiovascular nurse practitioner for 14 years, both inpatient and outpatient, the last 5 years has been providing nocturnal coverage for a premier cardiology practice in Albuquerque, NM. She is also the Concentration Coordinator for the UNM College of Nursing Adult/Gerontology Acute Care Nurse Practitioner program.

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30th World Congress on

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September 04-06, 2017 | Edinburgh, Scotland

Using predictive analytics to improve patient outcomes: using the Rothman index to reduce 30-day readmissions

Lynn Motz, Karen S March, Lyndsey Shantzer, Brian McGillen and Camille Filomoro
Penn State Health Milton S Hershey Medical Center, USA

Statement of the Problem: In the United States, one-in-five Medicare fee-for-service beneficiaries are readmitted within 30-days of hospital discharge at a cost of \$26 billion dollars annually. The Hospital Readmissions Program created under the Affordable Care Act of 2013, supports reduced payments to hospitals that do not meet incentives to reduce readmissions. The organizational goal at the project site, a 551-bed academic medical center, has a readmission rate of 12.5% or less. The 2014 baseline readmission rate for the Medical Intensive Care Unit (MICU) and the Medical Intermediate Care Unit (MIMCU) was 28.9%. A potential solution for reducing readmissions is the Rothman Index (RI), a predictive analytic tool embedded in the electronic medical record that uses existing clinical data, including vital signs, nursing assessments, and lab values, to generate a predictive score for discharge readiness. The purpose of this evidence-based quality improvement project was to evaluate whether use of the RI in discharge decision-making could reduce 30-day readmission rates for patients discharged from the MICU and MIMCU.

Methodology & Theoretical Orientation: The Johns Hopkins Nursing Evidence-Based Practice Model framework was used to guide this project from evidence appraisal through translation. A retrospective review included the admission and discharge RI score of patients discharged from the MICU and MIMCU between September and November 2015.

Findings: The measured intervention variables were RI score on admission and discharge. The RI score on admission was found to significantly correlate with readmission ($p=0.03854$). The outcome metric was 30-day readmission rate (24.2%).

Conclusion & Significance: This retrospective analysis demonstrated a statistically significant correlation between an admission RI score <70 and 30-day readmission. This allows targeting resource intensive interventions to patients at greatest risk for readmission. Findings suggest use of the RI in discharge decision-making may reduce readmissions. Implications include improved patient outcomes and decreased associated costs.

Biography

Lynn Motz is a board-certified Acute Care Nurse Practitioner and has practiced in the critical care area for 17 years. She is a member of the Surgical Intensivist team in a Surgical Intensive Care Unit specializing in Trauma and Acute Care Surgery. She completed scholarly work using predictive analytics to improve patient outcomes. Additionally, she is an involved member of the advanced practice leadership group at an academic medical center with a focus on onboarding, orientation, and education of advanced practice nurses.

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Notes:

Nursing Practice | Nursing Education

Session Chair

Sharon Schaaf RN, FNP, AGACNP, DNP

University of New Mexico, College of Nursing, USA

Session Chair

Bonnie Bowie

Seattle University, College of Nursing, USA

Session Introduction

Title: The Role of Teams in Extraordinary Care Delivery

Annie J Russell RN, MSN, MBA, Chief Operating Officer for the Southern California Permanente Medical Group

Title: Development of a Web Application to Promote Competency-Based Pediatric Nursing

Ruth Chen, McMaster University School of Nursing, Canada

Title: DNP Degree: Is It Producing the Graduates We Intended?

Bonnie Bowie, Seattle University College of Nursing, USA

Title: Preparing Nursing Students in the USA for Work in Primary Care: A National Survey

Danuta M Wojnar, Seattle University College of Nursing, USA

Title: Hidden issues in research and policy on lateral violence in nursing: Impetus for a new approach to nursing's dark secret

Maud Low, University of Massachusetts, USA

Title: The clinical role of the nursing school teacher

Rachel Shrabani, Wolfson Academic Nursing School, Israel

Title: Improving productivity of outpatient clinics by reduction of "No Shows

Gad Vitner, Ruppin Academic Center, School of Engineering, Emek - Hefer, Israel

Title: Experience report of the use of laryngeal mask at the advanced life support aeromedical service

Kátia Cilene Godinho Bertencello, University of Santa Catarina, Brazil

Title: Non-tenured Faculty Mentoring Initiative: Outcomes and Lessons Learned

Deborah L Cullen, Indiana University, USA

Title: Health professionals' perceptions of the status and image of nursing

Mohammad Khatib, Zefat Academic College, Israel

30th World Congress on

ADVANCED NURSING PRACTICE

September 04-06, 2017 | Edinburgh, Scotland

The Role of Teams in Extraordinary Care Delivery

Annie J Russell RN, MSN, MBA

Chief Operating Officer for the Southern California Permanente Medical Group, USA

Annie is a creative and dynamic leader looking to serve both Kaiser Permanente members and the broader community. She thinks out-of-the-box. An example is the leadership she demonstrated to set 12 Guinness World Records in 2013. Each record was based on a Health Prevention message. An example of this is the importance of flu shots. Every year in the U.S., there are about 30,000 influenza-related deaths. These deaths are largely preventable. The previous world record for the largest number of flu shots at one site, in one day, had been 3,271. To raise awareness, and to increase the lifesaving vaccinations, Annie led the Kaiser Permanente of San Diego attempt to break the Guinness World Record at the Qualcomm Stadium. Under her leadership, the San Diego Medical Center completed 6,215 – nearly double the record! Her approach was creative, engaging, and highly effective. Come learn how she accomplished this under her leadership and more information on the role teams play in the extraordinary care delivery.

Biography

Annie has an incredible professional journey, with her most recent accomplishment of being named the Chief Operating Officer for the Kaiser Permanente Southern California Permanente Medical Group (SCPMG) which serves over 4.3 million members in Southern California and has an operating revenue of \$6 billion. She is the Operations executive for the Kaiser Permanente medical office buildings attached to 13 medical center areas in Southern California. It spans from San Diego to Kern County. This includes over 15 executives, 220+ medical office buildings, and over 35,000 employees. Annie is an accomplished senior healthcare executive with over 30 years of knowledge and experience in managing medical office operations, physician, nursing, ancillary, and support services across the health care continuum. She has demonstrated ability to deliver excellent outcomes with emphasis on patient safety, quality, satisfaction and effective resource utilization in a complex and highly regulated environment.

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Notes:

30th World Congress on

ADVANCED NURSING PRACTICE

September 04-06, 2017 | Edinburgh, Scotland

Development of a Web Application to Promote Competency-Based Pediatric Nursing

Ruth Chen

McMaster University School of Nursing, Canada

Health professional programs in Canada and abroad have begun to implement competency-based curricula to ensure graduates possess the necessary skills required in future practice environments. The College of Nurses of Ontario (CNO) is the provincial regulatory body for registered nurses (RNs) in Ontario, Canada, and the CNO outlines entry-to-practice (ETP) competencies expected of new graduate nurses. The purpose of this education innovation is two-fold. First, we aim to develop a competency-based pediatric nursing Web Application (Web App) with content, learning modules, and learning activities guided by the CNO ETP competency framework. Second, we will evaluate the effectiveness of the Web App using a mixed-methods approach. This will incorporate data collection from interviews and focus groups from students, faculty, and pediatric nursing staff; furthermore Web App use will be correlated to students' results on the BScN Program exit examination. In this presentation, the process for Web App development and implementation will be discussed, pilot data will be presented, implications for nursing education and education technologies use will be reviewed.

Biography

Ruth Chen is an Associate Professor in the School of Nursing at McMaster University. She is the Chair of Academic Resources and Department Education Coordinator. Her research program focuses on the development and application of education technologies in health professional student education.

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ADVANCED NURSING PRACTICE

September 04-06, 2017 | Edinburgh, Scotland

DNP degree: Is it producing the graduates we intended?

Bonnie H Bowie, Janiece DeSocio and Kristen M Swanson
Seattle University College of Nursing, USA

The DNP was introduced in the United States in 2004 as the terminal degree for advanced practice nurses. The goal was to educate nurses to meet the AACN essentials and thereby effectively lead across complex health care environments. In 2016, using their own words, how do DNP graduates describe themselves in relationship to the AACN essentials? Ten DNP graduates from seven schools across the U.S. were interviewed either in person or over the phone. Interviews were recorded, transcribed verbatim and subjected to inductive content analysis. For each of the eight DNP essentials, at least eighty percent of participants provided supportive exemplars from their current practice. The overarching theme was, “Becoming more: Re-envisioning self as an agent of change”. Sub-themes included (1) “Belonging at the table”, (2) “Acting from an engaged sense of agency”, and (3) “Leading with and through others”. Results support the claim that doctoral education prepares advanced practice nurses for effective leadership across complex health care systems. Enactment of the DNP essentials is realized when graduates perceive themselves as equal to other leaders and capable of driving change through the use of evidence and effective collaboration.

Biography

Bonnie H Bowie is an Associate Professor at Seattle University, College of Nursing where she served as the Chair of the Community Psychosocial Nursing Department from 2011 to 2015 and is currently the Track Lead for the DNP program. He graduated from the University of Washington with a PhD in Nursing in 2007. She holds dual Master's degree in Nursing and Business from the University of San Diego (1986). Her research centers around creating partnerships with stakeholders to create healthier communities and health care systems.

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Notes:

30th World Congress on

ADVANCED NURSING PRACTICE

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Preparing nursing students in the USA to work in primary care: A national survey

Danuta M Wojnar

Seattle University College of Nursing, USA

Over the past few decades the costs of healthcare in the USA have dramatically increased while the population health has declined. Obtaining desired results and decreasing expenditures necessitates fundamental changes in how care is delivered. With the current emphasis on including registered nurses (RNs) on the primary care teams, it is essential that nursing programs, which historically educated students in the acute care settings, make equal effort to prepare students for employment in primary care. This study explored the current state of pre-licensure and RN-to-BSN online education in US regarding the implementation of primary care concepts. A sample of 1,409 schools/colleges from across the US was invited to participate in an online survey. 529 surveys were returned for an overall response rate of 37.5%. Summative content analysis was used to analyze survey data to identify facilitators and barriers to incorporating primary care content in the pre-licensure curricula. Although the majority of programs have implemented some primary care content in their curricula, many found it challenging. Some have demurred from incorporating primary care content altogether. Teaching primary care content in undergraduate nursing programs in the United States is inconsistent. Academic leaders and faculty must collaborate with clinical partners to overcome barriers and to design and expand didactic and clinical learning experiences that emphasize primary care content in the pre-licensure education to prepare future nurses for new, expanded roles in the growing primary care market to meet the populations' healthcare needs in the 21st century.

Biography

Danuta M Wojnar has completed BSN and MScN education at Dalhousie University in Halifax, NS, Canada and PhD in Nursing Science at University of Washington in Seattle, US. Over the past 20 years, she served in various capacities in healthcare and academia disseminated her research through peer reviewed and invited publications and presentations at national and international forums. Currently, she is the Professor and Associate Dean for Undergraduate Education at Seattle University College of Nursing, Seattle, WA.

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Notes:

30th World Congress on

ADVANCED NURSING PRACTICE

September 04-06, 2017 | Edinburgh, Scotland

Hidden issues in research and policy on lateral violence in nursing: impetus for a new approach to nursing's dark secret

Maud Low

University of Massachusetts, USA

Statement of the Problem: Nurses experience aggression in the workplace more than twice as often as workers in other professions. The phenomenon of society's care-givers intentionally hurting their own kind would seem to be an oxymoron, if it were not so widespread and long-standing. Nurse peers are found to be the most frequent perpetrators of bullying among nurse groups. Mistreatment of others occurs in all ranks of healthcare, but lateral violence in nursing (LVN) is of particular interest because it is not affected by hierarchical complexities. LVN harms nurses all over the world and redirects their energy from patient care to interpersonal drama. LVN is associated with higher rates of nurse attrition which fuels the nursing shortage and therefore is of particular concern for an aging society. LVN is common, complex, and continues despite decades of LVN research and policy development.

Methodology & Theoretical Orientation: A review of literature was conducted, yielding over 100 relevant, recent and classic publications from nursing and related fields. Findings were analyzed for potential misdirection and/or theoretical concerns.

Findings: Eight recurrent themes were identified and explored for effects on LVN practice and policy.

Conclusions & Significance: These findings point out the need to relook at nurse peer relationships as a whole. A grounded theory study is under way.

Biography

Maud Low is a Clinical Assistant Nursing Professor at University of Massachusetts Amherst. Her ten years teaching at UMass has included theory and clinical courses in obstetrical, psychiatric, community health, senior internship and physical assessment. Professor Low holds a masters' degree in Women's Health Nursing from Boston College, is a Certified OB/GYN Nurse Practitioner, and has published articles on nursing. Professor Low is currently clinically active as a psychiatric nurse. She served as an officer in AWHONN, reviewed for JOGNN, and presented at national conferences. Maud is a Certified Legal Nurse Consultant. Her PhD work is on bullying in nursing.

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Notes:

30th World Congress on

ADVANCED NURSING PRACTICE

September 04-06, 2017 | Edinburgh, Scotland

The clinical role of the nursing school teacher

Rachel Shrabani

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Nursing teachers teach and consult the next generation of nurses. They serve as role models for nursing students and guide students through the challenges that accompany them in learning to be a nurse (Greenwood, 2017). Nursing teachers provide instruction in the classroom and in some cases also work in clinical settings such as hospitals, clinics, and nursing homes. Most nursing schools also have clinical laboratories where students learn to perform basic nursing tasks such as managing medications, inserting catheters, giving injections and other hands-on skills, under the direct supervision of a nursing teacher. After the students have finished learning these skills they continue to the preceptorship, where they treat patients and perform the clinical skills taught in class under the supervision of the preceptor, who supervises trials and actual practice (Greenwood, 2017). The question is whether nursing teachers must have clinical experience as a nurse in the field, or is it enough for them to teach at nursing school? In this study I will present a discussion I held at a nursing school among the teachers on the role of nursing teachers and the essentialness of practice in the field, concurrent with their work as nursing school teachers. Another discussion held included a group of students as well. The purpose of the discussion was to examine the attitudes of those engaged in nursing and in nursing education with regard to the clinical effectiveness (clinical competence) of the nursing teacher and how it can be maintained and improved. The conclusions presented in the study, representing the personal attitudes of the teachers and students, offer educational and political recommendations for the national head of nursing.

Biography

I am R.N , M.A - in Occupational Health from Tel-Aviv University, PhD Student in Alexandru Ioan Cuza University of Iasi, Romania. my current job: Head of Community Section , Coordinator of Continuing Education in Wolfson School of Nursing and work as a Community Nurse in Clalit Health Services. I published 7 papers in reputed journals.

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Notes:

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ADVANCED NURSING PRACTICE

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Improving productivity of outpatient clinics by reduction of "No Shows"

Gad Vitner

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"No shows" is a critical management issue in outpatient clinics operations. It occurs in cases where the patient does not arrive to a scheduled appointment or a patient cancels the appointment at a point of time that does not enable appointing another patient. Research results present no shows of 10-30% with clinics like pediatrics with 80%. Research findings point out various causes as: geographical distance, long waiting time to the appointment date (patient forgets), long waiting time resulting in 'no need to visit the clinic' situation, period of the year (e.g. bad weather), socioeconomics issues, patient's age; native language; demographic sector and culture, leaving work place and children's care. The issue of "no shows" may be resolved using overbooking. More patients are scheduled for a given period to override the phenomena. Implementation may cause situations where in a specific hour both the scheduled patient and the patient due to overbooking arrive creating longer waiting time and service providers' overtime. An effective overbooking strategy balances patients' waiting time and service providers' idle time and minimizes overtime. The study researched a community neurological clinic. Daily service hours were 09:00-15:00. No shows level was 33% with 10 min waiting time. An economic analysis revealed that the optimal revenue will result with an overbooking of 10 patients. Various overbooking strategies were examined. Results show an improvement in number of treated patients, service providers' idle time together with minor increase in overtime hours.

Biography

Gad Vitner holds BSc and MSc degrees in Industrial Engineering and Management from the Technion Israel Institute of Technology and a PhD degree in Industrial and Systems Engineering from USC in LA. He started his career in Ben-Gurion University and after few years joined industry working for many years in various manufacturing and service companies. In 2000, he returned to academy joining the Ruppin Academic Center where he developed a new school of engineering and acted as the School Dean for 6 years. His research interests are: Operations Management mainly in areas: Health Care and Agriculture, Service Engineering, Quality Management and Project Management.

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Notes:

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ADVANCED NURSING PRACTICE

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Experience report of the use of laryngeal mask at the advanced life support aeromedical service

Kátia C G Bertoncello and Aleksandra M Silva
UFSC, Brazil

The advanced life support aeromedical service with helicopters compound by the health professionals: Nurses and Doctors, that make use of invasive procedures to maintain the patient hemodynamic stability. Among these procedures, is the use of the supraglottic device laryngeal mask airway (LMA) to manage difficult airways when definitive techniques are not possible. Objective: Experience report about the use of the LMA by a flight nurse. Methodology: Relate of Case: Patient with cardiorespiratory arrest in the supine position on the floor of his house in basic life support maneuvers with Automated External Defibrillator (AED) by firefighters. With the aeromedical team arrival was noticed difficult, after 3 attempts, to use the orotracheal tube in a patient with morbidly obese, BMI higher than 40, and short neck, Mallampati scale III. It was used the LMA number 6 (> 100kg), in accordance to the protocol, with the support of an orogastric (OG) tube, succeeding at first try. Results: It was observed a quick recovery of the ventilatory patterns, thoracic expandability, peripheral oxygen saturation and the gastric decompression, of air and solids, after the insertion of the OG tube. Conclusion: The use of a LMA by a flight nurse is a quick, technique and safety procedure that provide a clear provisory airway, providing good oxygenation for critical health condition patients. It can be executed by the flight nurse with the procedure certificate and by the flight doctor.

Biography

PhD in nursing by the University of São Paulo, teacher of the Nursing Department of the Federal University of Santa Catarina. Teacher of the Postgraduate Nursing Program PEN/UFSC. Coordinator of the Multidisciplinary Professional Master's degree in nursing at UFSC/HU. Tutor of the Multidisciplinary Residence in Health of the Urgency and Emergency Area at UFSC/HU. Has 25 years of nursing experience, with emphasis in cardio logical nursing. Are researcher and vice president at the Research Laboratory of Caring of People in Critical Health Situation (GEASS/UFSC). Effective member of the NORTH AMERICAN NURSING ASSOCIATION INTERNATIONAL (NANDA-I), The Honor Society of Nursing, Sigma Theta Tau International and of the Rede de Enfermeria Emergencias Y Desastres en Las Americas.

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Notes:

30th World Congress on

ADVANCED NURSING PRACTICE

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Non-tenured Faculty Mentoring Initiative: Outcomes and Lessons Learned

Deborah L Cullen

Indiana University School of Nursing, USA

Formal developmental mentoring programs in schools of nursing are not widespread, but interest in their integration is rising. Successful mentoring can lead to increased productivity, compensation, and job satisfaction. Problem: Non-tenured nursing faculty may have high service and teaching responsibilities with little focused career coaching. The lack of investment in human capital can lead to faculty disengagement, turnover and a poor work climate. Recent studies revealed that non-tenure track nursing faculty require planned programs and mentoring strategies unique to their role and abilities. Methods. A two-year mentoring initiative was developed to enhance doctorally prepared clinical assistant nursing professors' ability to achieve promotion to associate rank in the university. The structured activities guided 15 protégés' development toward a better understanding of promotion requirements and scholarship expectations. Careful matching of protégés and mentors was carried out for two cohorts of 8 and then 7 faculty protégés. The mentoring elements focused on improving knowledge about promotion, available university resources and scholarly writing. Measures via surveys over time observed statistically significant results for Knowledge (promotion, resources) and Mentoring Experience. Results: Dissemination of scholarly nurse practice articles and abstracts noted a 3-fold increase and faculty knowledge about promotion improved. Non-tenure track assistant professors were ripe for a structured approach to faculty promotion. Their voices were strong with the desire to be valued and receive programming to better assist them with promotion.

Biography

Deborah L Cullen is a respiratory specialist and has education as a medical educator. She is a Professor of the Science of Nursing Care at Indiana University in Indianapolis, Indiana, USA. As an Affiliate Member of the Joanna Briggs Institute, she is an expert in teaching evidence-based practice and specializes in conducting meta-analyses of quantitative and qualitative findings. Dr. Cullen also is interested in measures, interventions, and therapy related to infant suffocation and COPD dyspnea, in particular monitoring and patient teaching practices. She is a mentor to students and colleagues and has published extensively in the mentoring literature. Currently, she directs a mentoring program which promotes activities for non-tenured faculty towards promotion.

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Notes:

30th World Congress on

ADVANCED NURSING PRACTICE

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Health professionals' perceptions of the status and image of nursing

Mohammad Khatib and Salam Hadid
Zefat Academic College, Israel

Background: The image of nursing as a profession can be defined as its perception in the eyes of the nursing staff, the multidisciplinary team, the patients and their families. The perception of professionalism in nursing can influence the profession in several ways. Cooperation between nursing and other health professionals includes direct and open communication when most functions are performed by a multidisciplinary team. This collaboration affects the well-being of patients, and the satisfaction of medical and para-medical staff. This study examines the status and image of the nursing profession in the eyes of medical and para-medical professionals and the relationship between selected characteristics of these professionals and their perceptions of nursing.

Method: The study was a quantitative, descriptive study, based on data collected from 234 interviewees working in different health care settings who filled in a structured questionnaire and took part in a face-to-face interview.

Findings: Attitudes of health care professionals to the nursing profession are generally positive. However there is still reluctance to acknowledge the contribution of academic studies to professional development.

Conclusion: Despite the general consensus among health professionals about the importance of professionalization of nursing, the role of nursing personnel is still seen as focused mainly on the satisfaction of the physical needs of patients and far less as involved in treatment decision-making processes, organizational policy and health promotion.

Biography

Mohammad Khatib has completed his Nursing Bachelor (RN & BA) and his Public Health Master (MPH) from the Hebrew University, Jerusalem, Faculty of Medicine. He has pursued PhD from Haifa University, School of Education. He is a Lecturer at Zefat Academic College, Nursing Department in Transcultural Nursing, Community Nursing, and Health Promotion. He is a community activist through number of health NGO's, health promoter and educator. His main professional and research interests are Arabs health in Israel, culture and health, community health promotion and health education.

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Special Session

Day 1

Nursing Practice 2017

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Irene McGhee

University of Toronto, Canada

Improving Interprofessional Team Performance with "I START-END"TM - A Unique Communication Tool

The complexity of healthcare today means a patient is cared for by many healthcare professionals. Reliable transitions of care are the mainstay of such a system – unfortunately data shows that miscommunication during handovers are common (80% in one study) and can result in patient harm. A communication tool/framework, “I START-END” was developed, to facilitate effective communication and collaboration among healthcare providers, during handovers and other episodic care encounters (AD HOC) – settings where a group of healthcare workers, usually with no prior relationship to each other, meet episodically to co-manage a patient’s care. I START-END promotes engagement and dialogue so providers can “get on the same page”, and connect more effectively for improved seamless care of patients. Speaking up behavior, closed loop communication, shared mental maps, doing readbacks & debriefings, as well as anticipating and planning for next, are the key activities promoted by the I START-END communication tool. This tool was studied in a simulator study. Before and after questionnaires showed 90% of residents stated the I START-END tool was OFTEN or ALWAYS helpful in the AD HOC setting. It facilitated communication and speaking up, and made them more aware of what else was happening with the patient and to anticipate additional resources needed. Residents stated that they would continue to use the tool in their practice and felt it could be applied to many other clinical settings. To prevent fragmentation of care, resilient communication strategies, such as I START END, are essential for successful inter-professional practice of the future.

Biography

Associate Professor of Anesthesiology, University of Toronto, Canada Academic focus on teaching medical students and residents, and more recently curriculum development at the national level with a focus on Patient Safety & Quality Improvement. Extensive training, seminars and workshops in communication, and inter-professional collaboration – ongoing. Currently involved in education research - development of “I START-END” communication tool and cognitive aid - presented as a storyboard and poster at Institute of Healthcare Improvement conference in 2015. In 2016, this work was recognized by the Canadian Patient Safety Institute – recipient of “Power of One”.

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Scientific Tracks & Abstracts Day 2

Nursing Practice 2017

Sessions:

Day 2 September 05, 2017

Pediatric Nursing | Mental Health & Psychiatry Nursing | Cardiovascular Nursing | Women Health & Midwifery Nursing

Session Chair

Ursula Småland Goth

VID Specialized University, Norway

Session Chair

Nancy McNarma

Wintec and Central Queensland University (CQU), New Zealand

Session Introduction

Title: The child and child's perspective of going through a bowel cleansing prior to the colonoscopy

Vedrana Vejzovic, Malmö University, Sweden

Title: Picc line for children. Is there a need for a personal adjustment?

Sara Anna Lin Bitan, Schneider children Medical Centre, Israel

Title: Pressure ulcer preventing program among pediatric ECMO population- quantities study

Olga Rozenshtein, Schneider Children's Medical Center, Israel

Title: Suicidal Ideation among Thai Adolescents: An Empirical Test of a Causal Model

Benjamaporn Rungsang, Nakhon Pathom Rajabhat University, Thailand

Title: Predictors of Suicidal Ideation Among Thai Adolescents

Nujjaree Chaimongkol, Burapha University, Thailand

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September 04-06, 2017 | Edinburgh, Scotland

The child and child's perspective of bowel cleansing prior to the colonoscopy

Vedrana Vejzovic
Malmö University, Sweden

The purpose of this presentation is to present the child/child's perspective of going through a colonoscopy based on the result from studies performed in by Vejzovic et al. 2015. The children with symptoms of inflammatory bowel disease (IBD) must often be subjected to a series of diagnostic tests, including abdominal CT, upper endoscopy, and colonoscopy with biopsies. In many paediatric centres, children undergo a combined upper endoscopy, colonoscopy, and terminal ileoscopy as the initial diagnostic procedure. The colonoscopy examination is today the gold standard for the diagnosis of paediatric IBD. It is a routine endoscopic non-surgical investigation of the colon and the outermost part of the small intestine. The investigation is considered effective and safe for children of all ages, and it is normally performed while the child is under anaesthesia. The role of colonoscopy is crucial for the diagnosis and monitoring of paediatric gastroenterology with as clean a bowel as possible for the appropriate detection of bowel disorders. The ESPGHAN working group generally recommend polyethylene glycol (PEG) as a standard laxative, due to its cleansing efficacy. There are several studies which found that the intake of large volumes of bad-tasting laxative (PEG) was the most difficult part of the procedure prior to colonoscopy from both.

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Picc line for children Is there a need for a personal adjustment?

Sara Anna Lin Bitan

Schneider children Medical Centre, Israel

Medical treatment in children is a great challenge for health providers; it requires high professional standards with sensitivity and creativity towards the ailing child and his family. One of the difficulty that caregivers faces is keep an open vein for the purpose of giving long inter vein treatment and taking blood samples. The fear and pain that these actions can invoke may have a bad influence on the child's experiences in his present and future. This fact requires an easy and an available approach to central vein. A Peripherally Inserted Central Catheter (Picc) gives an efficient and comfortable answer for children who are in need for a long period of vein access. In the last decade there was a significant increase in the usage of a Picc line Catheter but there are reports about frequent mechanical and bacterial complications. Therefore there isn't a consensus for the type of central catheter that should be used. Further studies which will examine the risk factors that can predict complications when using Picc line catheter in children are needed.

Purpose of the study: To identify the common complications when using a Picc line catheter. To reveal the character with strong correlations to these complications.

Method: Data about children who were inserted a Picc line catheter was gathered prospectively during a year time and included variables connected to the child, to the catheter and the reason for the removal of the catheter.

Results: 271 Picc line catheters were inserted to 219 children. The indications for inserting the catheter were 35% giving antibiotics for a long period of time, 29% deferent IV drugs treatment, 23% oncology treatment, 11%for TPN and 2% for blood samples. About third of the catheters were removed because of different complications: 7.7% infection, 27.5% mechanical. We found that children under 20 kg have more risk to remove the Picc line catheter for any type of complication ($p < 0.00$). A high level of leucocytes at the time of the insertion of the catheter influences the removal of the catheter as a result of complications ($p < 0.048$). A normal thrombocytes level was found to protect against complications ($p < 0.023$). Oncology patients were found to be in 20% higher risk to develop catheter connected complications compared to the rest of the study subjects ($p < 0.048$).

Conclusions: When inserting a Picc line catheter to children these variables need to be consider as predictors for a complication: Level of leucocytes, thrombocytes and weight of the child. In addition there is a need to measure BMI level when choosing the type of central catheter. It was found that the process of insertion and maintenance of the catheter in our medical center is reliable and safe as it was reported in the professional literature. Research findings can help in building intervention model and writing an adjusted guideline for children with the purpose of reducing number of complications, improving the quality and safety of the suggested treatment.

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September 04-06, 2017 | Edinburgh, Scotland

Pressure ulcer preventing program among pediatric ECMO population- quantities study

Olga Rozenshtein

Shneider Children's Medical Center, Israel

Background: Pressure ulcers are common complication of ECMO treatment, due to prolonged sedation, lying position, cannulas fixation and decreased perfusion. The incidence of pressure ulcers in pediatric intensive care units in US is about 27%. High complexity of pediatric ECMO patients has led to increase incidence of pressure ulcers in this population. Pediatric Cardiac Intensive Care Unit (PCICU) in Schneider Children's Medical Center is the leading center in Israel for pediatric ECMO. In 2012, a new pressure ulcer prevention protocol was introduced. It includes: use of pressure relieve mattress, frequent repositioning head and neck protection with Polymem dressing, cannulae protection using Granuflex dressing and skin moisturizing. The purpose of the study was to evaluate the efficiency of this new practice in preventing pressure ulcers among pediatric ECMO patients.

Methods: The study was comprised on retrospective analysis of 73 cases, which were treated with ECMO between 2010 and 2014 in PCICU. Data was collected from Computerized medical charts that included information about patient's condition, reason for ECMO treatment, type and placement of cannulation, skin assessment and ulcers. The data was coded and processed in SPSS-19.

Results: The most significant factor for pressure ulcers development was patients age (OR=1.017). Use of Tempur mattress was a protective factor (OR=0.245, p=0.014). The usage of Polymem and Granuflex dressing significantly decreased the number of pressure ulcer (t=4.89, p<0.001). No statistical significance was found between the reason for ECMO and occurrence of pressure ulcer ($\chi^2=4.17$, p>0.5). Following the intervention, the rate of pressure ulcers among pediatric ECMO patients decreased from 58.1% to 19.5%.

Conclusions: The incidence of pressure ulcers declined following the implementation of new protocol. It is highly important to raise the awareness of medical staff to the subject, establish guidelines and standards of care and usage of designated equipment in order to prevent pressure ulcers.

Biography

Olga Rozenshtein has an MEM (master of emergency medicine) degree from Ben-gurion University. She is an ECMO and Pediatric Intensive Care Unit specialist and instructor. She is a nurse in Pediatric Cardiac Intensive Care Unit Schneider Children's Medical Center of Israel.

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Suicidal ideation among Thai adolescents: An empirical test of a causal model to be entitled, factors affecting the suicidal ideation among Thai adolescents

Benjamaporn Rungsang¹, Nujjaree Chaimongkol², Wannee Deoisres² and Pairatana Wongnam²¹Nakhon Pathom Rajabhat University, Thailand²Burapha University, Thailand

Suicide has been recognized as a significant public health problem. Currently, there is increasing number of adolescents reporting suicidal ideation. The purpose of this cross-sectional study was to test a causal model of suicidal ideation among Thai adolescents. A multi-stage random sampling technique was used to recruit a sample of 437 adolescents attending secondary schools in one central province of Thailand. Research instruments were self-report questionnaires, including the Scale for Suicidal Ideation, the General Health Questionnaire, the Strengths and Difficulties Questionnaire, the Rosenberg's Self-Esteem Scale, and the Negative Event Scale. Descriptive statistics and Structural Equation Modeling were used to explore the magnitude of direct and indirect effects on the suicidal ideation among the sample. Results revealed that negative psychological attributes and stressful events had a direct positive effect on suicidal ideation. Overall distress mediated the link between negative psychological attributes and stressful events, and suicidal ideation. The modified model accounted for 32% of the overall variance in prediction of suicidal ideation among Thai adolescents. It is suggested that the intervention program to prevent suicidal ideation aiming at decrease negative psychological attributes, stressful events and overall distress would be beneficial.

Biography

Benjamaporn Rungsang has completed her PhD in 2015 from Burapha University, Faculty of Nursing, Chon Buri province, Thailand. She currently is a Researcher and Lecturer at Nakhon Patham University, Faculty of Nursing. Her research interest has been focused on Adolescent Mental Health and Psychiatric Nursing.

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Predictors of Suicidal Ideation Among Thai Adolescents

Nujjaree Chaimongkol¹ and Benjamaporn Rungsang²¹Burapha University²Nakhon Pathom Rajabhat University, Thailand

Suicidal ideation refers to thought, planning or considering of engaging in behaviour intended to end one's life. It is an indicator of suicide and significant in anticipating the suicidal attempt and completed suicide. This study aimed to examine suicidal ideation and determine factors predicting suicidal ideation among Thai adolescents. A multi-stage random sampling technique was used to recruit a sample of 408 adolescents with a mean age of 15.35 (SD = 1.76) years who were attending secondary schools in 2016 in Thailand. Research instruments included the Scale for Suicidal Ideation, the General Health Questionnaire, the Strengths and Difficulties Questionnaire, the Rosenberg's Self-Esteem Scale, and the Negative Event Scale. Their Cronbach's alpha reliabilities ranged from .70-.85. Descriptive statistics and stepwise multiple regression analysis were used to analysed the data. Results revealed that the mean score of suicidal ideation was 6.61 (SD = 5.05), which was at a high risk. Stressful events was the best significant predictor ($\beta = .293$), the second best was overall distress ($\beta = .163$) and the third best was negative psychological attribute ($\beta = .151$). These three predictors accounted for 21.7 % ($F_{3, 404} = 37.218, p < .001$) in the prediction of suicidal ideation among Thai adolescents. These findings suggest that nurses or health care providers who are responsible for adolescent health, especially mental health, should urgently plan activities or an intervention focusing on reduce stressful events, overall distress and negative psychological attribute. Consequently, suicidal ideation would be lessened.

Biography

Nujjaree Chaimongkol has completed her PhD in 2004 from Saint Louis University, School of Nursing, USA. She is currently the Dean of the Faculty of Nursing, Burapha University, Thailand. Her research interest included child development, child and adolescent mental health and measurement. She has published more than 30 papers both national and international journals. She also a committee member of Thai Nurse Association.

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Notes:

Sessions:

Day 2 September 05, 2017

Pediatric Nursing | Mental Health & Psychiatry Nursing | Cardiovascular Nursing | Women Health & Midwifery Nursing

Session Chair
Salam Hadid
Galilee Medical Center, Israel

Session Chair
Vedrana Vejzovic
Malmo University, Sweden

Session Introduction

- Title: An Energy Balance and COPE Intervention for Division I Female Athletes**
Brenda C Buffington, The Ohio State University, USA
- Title: Crisis Intervention Programme for Hospital Staff: Psychological Support in the Aftermath of Critical Incidents**
Clemens Hausmann, Kardinal Schwarzenberg Hospital Schwarzach, Austria
- Title: Quality of Care Perceived by Those Hospitalized for Heart Failure**
Pornsiri Phipatanapanit, Faculty of Medicine Ramathibodi Hospital Mahidol University, Thailand
- Title: Different coping strategies influence the development of PTSD among first-time mothers**
Yeela Tomsis, Faculty of Social Welfare & Health Science, Israel
- Title: Management of post-cesarean pain, its influence on maternal functioning and birthing mothers' recall of pain experience 48 hours later**
Salam Hadid, Galilee Medical Center, Nahariya, Israel
- Title: PICO: An Alternative to Tradition**
Janet H Davis, Purdue University Northwest, USA
- Title: Community engagement scholarship within the context of nursing education**
Raisuyah Bhagwan, Durban University of Technology, South Africa
- Title: Nursing diagnoses for patients with heart failure in the emergency room**
Kátia Cilene Godinho Bertoncello, University of Santa Catarina, Brazil
- Title: Pain in the Surgery Department**
Salam Hadid, Galilee Medical Center, Israel

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September 04-06, 2017 | Edinburgh, Scotland

An energy balance and cope intervention for division I female athletes

Brenda C Buffington

The Ohio State University, USA

Background & Purpose: Female athletes struggle harder than males to lose body fat and maintain a leaner physique. The purpose of this study was to determine the effects of an educational and cognitive behavioral therapy (CBT) based intervention on knowledge, body composition, anxiety, stress, and nutritional intake.

Methods: A randomized controlled trial was conducted with 153 female athletes from the United States Air Force Academy. Participants were assigned to one of three groups: (a) combined energy balance and CBT-based intervention (E1); (b) CBT-based intervention alone (E2); and (c) control group (C). Main outcomes included a dual energy X-ray (DXA) Scan for body composition, a knowledge test, GAD-7 for anxiety, BIPS for stress, and a 24 hour food recall.

Findings: Significant improvement on knowledge of energy balance occurred in both experimental groups 1 and 2 ($p < .001$). Significant reductions in % body fat occurred in both experimental groups ($p < .001$). The control group only demonstrated a significant increase in stress as measured by the BIPS ($p < .01$).

Conclusions: A combined energy balance and CBT-based intervention improves knowledge and body fat. It is important to assess knowledge, anxiety, stress, nutrition intake, % body fat in female athletes and deliver evidence-based interventions to improve their health outcomes.

Biography

Brenda C Buffington completed her BS at the University of Pittsburgh, M S in Exercise Physiology at West Virginia University and her doctoral degree in Higher Education; Leadership and Instruction from Argosy University. She was the Assistant Director of the Human Performance Laboratory at the United States Air Force Academy in Colorado Springs, CO. For the past two years, she has been the Co-Director and a Professor of Health & Wellness Innovation in Healthcare in the College of Nursing at The Ohio State University in Columbus, OH.

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Crisis intervention programme for hospital staff: Psychological support in the aftermath of critical incidents

Clemens Hausmann

Kardinal Schwarzenberg Hospital Schwarzach, Austria

Critical Incidents are potentially traumatic situations during work, being extreme (e.g. severely injured child), like one's private life (e.g. acquaintance with a dying patient) or dangerous (e.g. realistic threat or physical harm). They can lead to heavy psychological reactions and even disorders (mood and anxiety disorders, acute stress disorder, PTSD). In 2013 the Kardinal Schwarzenberg Hospital in Schwarzach / Austria established a 3-level support programme to foster the employee's coping strategies in the aftermath of a critical incident and to quickly provide higher levels of care, if necessary. The levels are (1.) psychological first aid by a colleague shortly after the incident, (2.) psychological stabilisation by a clinical psychologist or psychiatrist within the following days, (3.) focused trauma therapy or counselling within the first weeks. The main emphasis lies on level 1 - psychological first aid. This first response peer support is a structured conversation with a colleague who was not involved in the incident. Approximately 20% of the hospital's staff (all departments and professions) are trained in this. It follows three simple and helpful questions and takes about 10-15 minutes. Providing psychological first aid to colleagues is also an integral part of student nurses' training in their final year. The presentation gives an overview of the three levels of KIMA, of specific aspects of psychological first aid in a hospital, and of the positive effects on hospital staff and mental health in general.

Biography

Clemens Hausmann is a Clinical Psychologist, Traumatherapist and Emergency Psychologist. He teaches at the Salzburg University, the Upper Austrian University for Applied Sciences, and trains nurses at several Austrian hospitals. He was the founder and director of the Salzburg Psychological First Response Team and has written several books on psychological first aid, psychosocial support by nurses, and psychotraumatology.

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Quality of Care Perceived by Those Hospitalized for Heart Failure

Pornsiri Phipatanapanit

Faculty of Medicine Ramathibodi Hospital Mahidol University, Thailand

Quality of care from patients' perspective is a crucial step in improving the quality of care in healthcare service. However, few studies have focus on quality of care from patients' perspective, particular in Thailand. The purpose of this study was to investigate the influences of preference for participation, symptom burden, age, gender, and educational level on quality of care from patients with heart failure. Ninety- two patients with heart failure participated in this study. Data were collected on two unit in medical wards (one male unite and one female unit) of one tertiary care, university hospital in Bangkok. All patients were asked to complete four questionnaires: demographic data, preference and actual participation in symptom management and care, symptom burden, and quality of care from patients' perspectives. Statistical analysis was performed by using frequency, percentage, mean, standard deviation, and logistic regression. The results revealed that most of the patients perceived quality of care as balance high quality (BHQ) and preferred "shared-passive" role for participation in symptom management and care. The results of logistic regression revealed that gender, "difficulty sleeping", "waking up breathless at night" and interaction effect of "difficulty sleeping" and "waking up breathless at night" were predictive factors of quality of care from patients with heart failure. All variables could together explain 26.6% of variance in quality of care from patients' perspectives. The findings can be used as a guide for improving quality of care in persons with heart failure and promote their participation in care during hospitalization.

Biography

Pornsiri Phipatanapanit was a lecturer of Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi Hospital, Thailand. She was studing doctoral program in nursing at Mahidol University. She has experience to take care cardiovascular patients at critical care unit of Ramathibodi Hospital, Thailand more than 10 years.

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Different coping strategies influence the development of PTSD among first-time mothers

Yeela Tomsis^{1,2}, Marc Gelkopf¹, Hanoch Yerushalmi¹ and Yaniv Zipori³¹University of Haifa, Israel²Zefat Academic College, Israel³University of Toronto, Canada

Background: Normal maternal stress during childbirth can sometimes evolve into greater levels of distress, leading to posttraumatic stress disorder (PTSD). Previous studies have shown that 1-6% of postpartum women experienced full spectrum PTSD. Individual personal characteristics, coping strategies and the birth related experience may positively or negatively alter a woman's vulnerability to post-traumatic symptoms (PTS).

Objective: To evaluate different coping strategies for PTS, described in the non-obstetric trauma literature, with respect to first time postpartum women.

Method: This was a prospective cohort study. Eligible women had a singleton pregnancy and delivered a healthy newborn at term. Five sets of questionnaires (perceived difficulty of the labor, cognitive emotion regulation, conservation of resources, parental perceived competence, and posttraumatic stress disorder checklist) were sent to the participants six weeks postpartum. Posttraumatic stress disorder was defined as per DSM-V criteria.

Results: A total of 188 completed questionnaires were considered for the final analysis. Two women (1.1%) had PTSD and 9 women (4.8%) had partial PTSD. Coping by self-blame and/or rumination together with perception of high distress during childbirth and perception of resource loss emerged as independent variables that were significantly associated with PTS severity. Objective birth factors such as different modes of delivery or episiotomy seem to have no significant impact on postpartum PTS in our study.

Conclusions: Individual subjective factors were related to postpartum PTS as opposed to objective factors. Redirecting resources to address postpartum negative coping mechanisms may reduce the overall incidence of full and partial postpartum PTSD.

Biography

Yeela Tomsis completed her PhD from Haifa University. She is a Lecturer and Researcher at Nursing School, Zefat Academic College. She is the Member of the Israeli Society of Psychosomatic in Obstetrics & Gynecology. She is a Psychiatric Rehabilitation trained professional and an Associate Lecturer in the Departments of Nursing, Social Work and Multidisciplinary Studies in Zefat Academic College, and in the Department of Multidisciplinary Studies in the University of Haifa, Israel. Her specialization includes research of post traumatic symptoms and crisis experience after childbirth.

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Management of post-cesarean pain, its influence on maternal functioning and birthing mother's recall of pain experience 48 hours later

Salam Hadid, Farida Morani, Katrin Bibar and Ety Peretz
Galilee Medical Center, Israel

Background: Post-cesarean pain is a problem that affects the mother and, subsequently, the newborn. Intravenous administration of acetaminophen is an accepted treatment option.

Objective: The objective of the study was to examine efficacy of IV acetaminophen every 8 hours for the first 24 hours post-op.

Method: A prospective quantitative research study of 102 women after cesarean section (elective and emergency) was carried out. Pain was recorded and then patients were questioned 48 post-op about the pain experienced and its influence on functioning ability. Pain was measured according to the Visual Analog Scale (VAS).

Results: Of 102, 98 received treatment as described. The medication reduced pain level by 2-4 points on the VAS. Mean maximum pain reported in the first 24 hours was VAS=5.61, in the next 24 hours 4.54. However, mean maximum pain remembered by the patients was VAS=7.99 in the first 24 hours and 7.07 in the next 24 hours. Most women replied that the medication helped their pain but that the pain hindered their ability to perform tasks such as moving and leaving the bed, caring for the newborn and breastfeeding.

Conclusions: There is disparity between level of pain reported by women in 'real time' and that recalled in self-report 48 hours post-op. Despite pain alleviation by medication, functioning was still problematic. Pain evaluation is insufficient; evaluation of ability to function is also necessary.

Biography

Member of the Israeli society of psychosomatic in obstetrics & gynecology. A psychiatric rehabilitation trained professional and an associate lecturer in the Departments of Nursing, Social Work and Multidisciplinary Studies in Zefat Academic College, and in the Department of Multidisciplinary Studies in the University of Haifa, Israel. Specializing in research of Post traumatic symptoms and crisis experience after childbirth.

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PICO: An Alternative to Tradition

Janet H Davis

Purdue University Northwest College of Nursing, USA

Today, advanced practice nurses must continually ask themselves: “To what extent is the care and health education that I provide evidence-based?” Advanced practice nurses are eager to identify researchable questions within their clinical settings. An underlying challenge for the advanced practice nurse is distinguishing between research utilization and evidence-based practice for providing the best clinical care. To meet this challenge, analytical skills used in the critical evaluation of research are needed. Graduate research courses traditionally begin with quantitative and qualitative research methods and end with a critical analysis of research evidence for nursing practice. An alternative approach is to use a PICO (Population, Intervention, Comparison, Outcome) model in research course design. This approach immediately engages the clinician in the identification of researchable questions while developing a critical appraisal skill set for evidence-based practice. The PICO model offers an applied context for synthesizing advanced nursing knowledge with the best available evidence to make decisions for practice.

Biography

Janet H. Davis holds the BSN from Georgetown University, the MSN in Maternal Child Nursing from Boston University, an MBA from the University of Illinois at Chicago and the PhD in Education from Loyola University Chicago. She has accumulated numerous accomplishments during her distinguished career in higher education. She has held the roles of faculty and dean. Her funded research includes approximately \$200,000 in federal training grants and studies on best practices in education. She is the author and co-author of published research abstracts, 30 articles, a book, and chapters in two additional books.

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Community engagement scholarship within the context of nursing education

Raisuyah Bhagwan

Durban University of Technology, South Africa

When community engagement becomes embedded within nursing education it enables academics to partner with communities in ways that produce credible scholarship. Community-engaged scholarship holds promise for advancing both the good of communities and enabling teaching, learning and research within a nursing context. This holistic view of scholarship must be seen as a core imperative of contemporary higher education, vital not only to its civic mission, but to co-create and transmit new knowledge with communities for their good. Universities rest within an eco-system of knowledge, in which “academic knowledge interacts with and is shaped by community-based knowledge”. This alludes to the fact that knowledge is not restricted to privileged academic discourse, but is enriched through interaction with communities. This paper will highlight some of the academic practices and structures that need to be created within nursing education, to enable engagement with communities. It illuminates service learning within the curriculum as an important dimension and the need for community based research, which can only be increased through a transformation of current educational practices that support this type of engagement. Most importantly this paper will highlight how health educators and students learn within rural contexts in South Africa and how this type of engagement advances knowledge production through community based research.

Biography

Raisuyah Bhagwan is an Associate Professor in the Child and Youth Care Program, at the Durban University of Technology, South Africa. She started her career as a social worker and was deeply involved in therapeutic and developmental work with vulnerable children and youth in rural communities. She joined academe in an effort to strengthen the professional preparedness of child and youth care practitioners in South Africa. Her research interests focused on spirituality, indigenous healing and well-being. As such she developed curricula guidelines for social work which focused on how spirituality acts as a source of strength and the multiple spiritually based therapeutic interventions that can be used in social work practice. Her interest in spirituality at the interface of health grew and subsequently explored the role of spirituality in nursing care and education together with a Master's student. This led to several publications on this topic. She is currently the recipient of a Grant from the National Research Foundation on Community Engagement and have been involved in both a South African and global inquiry on community engagement in higher education. She is also involved in several international research collaborative projects.

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Nursing diagnoses for patients with heart failure in the emergency room

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UFSC, Brazil

The heart failure is considered to be one of the greatest public health problems in the world and the most of hospitalizations and hospital readmissions in people over 65 years of age, generating a high cost for the health system. Objective: To identify nursing diagnoses with a focus on the problem of patients with heart failure hospitalized in an emergency hospital of a general hospital according to the North American Nursing Diagnosis Association International NANDA-I Taxonomy. Method: Quantitative, exploratory, descriptive, In the emergency department of a southern hospital. 41 patients, older than 18 years, both sexes, who were not pregnant, were admitted to the emergency unit. Results: total of 28 diagnoses were identified, with the highest frequency being 14: sedentary lifestyle, disposition for improved health self-control, impaired physical mobility, fragile elderly syndrome, self-care intolerance for dressing, Activity intolerance, self-care deficit for Bathing, impaired comfort, decreased cardiac output, self-care deficits for intimate hygiene, poor recreation activity, fatigue, ineffective respiratory pattern, and anxiety. Final considerations: To instrumentalize nurses who attend patients with this profile, this study can contribute to the improvement of the practice and application of the nursing process and reflection on care.

Biography

PhD in nursing by the University of São Paulo, teacher of the Nursing Department of the Federal University of Santa Catarina. Teacher of the Postgraduate Nursing Program PEN/UFSC. Coordinator of the Multidisciplinary Professional Master's degree in nursing at UFSC/HU. Tutor of the Multidisciplinary Residence in Health of the Urgency and Emergency Area at UFSC/HU. Has 25 years of nursing. Experience, with emphasis in cardio logical nursing. Are researcher and vice president at the Research Laboratory of Caring of People in Critical Health Situation (GEASS/UFSC). Effective member of the NORTH AMERICAN NURSING ASSOCIATION INTERNATIONAL (NANDA-I),

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Notes:

30th World Congress on

ADVANCED NURSING PRACTICE

September 04-06, 2017 | Edinburgh, Scotland

Pain in the surgery department

Sallam Hadid, Nasra Idlibi, Sharif Asaf, Gezel Omer, Ronit Yakobi, Hiam Shufani, Hitham Alrazak and Idit Smith
Galilee Medical Center, Israel

Background: The treatment of pain must be aimed at the patient, adjusted to the culture, based on a correct appraisal, and be given in a safe and timely manner. Lack of an appropriate response to the patient's complaints may cause slow recovery, high morbidity, extension of the hospitalization, high costs, and lack of satisfaction and even frustration. A clear policy, adherence to standards, the training of staffs, and instruction of patients are a part of the construction of a quality system for the treatment of pain.

Objective: To examine the relation between the types of treatment of acute pain and the quality of the treatment of post-operative pain.

Method: A cross-sectional research. Three questionnaires used – evaluation of pain questionnaire, instruction questionnaire, and patterns of treatment of pain questionnaire.

Results: 172 patients participated, mean of age of 53.2 ± 18.1 years. 93.9% suffered from pain at an intensity of ≥ 4 on the VAS scale. About 60% reported that the pain influenced their mobility, and 50% reported that the pain disturbed their sleep. A statistically significant difference was found in the intensity of the pain reported among the patients who received analgesics around the clock as opposed to patients who received according to SOS ($\chi^2=6.67$, $P=0.030$).

Conclusions: A clear policy, adherence to standards (Around the clock treatment), the training of staffs, and instruction of patients are a part of the construction of a quality system for the treatment of pain.

Biography

Member of the Israeli society of psychosomatic in obstetrics & gynecology. A psychiatric rehabilitation trained professional and an associate lecturer in the Departments of Nursing, Social Work and Multidisciplinary Studies in Zefat Academic College, and in the Department of Multidisciplinary Studies in the University of Haifa, Israel. Specializing in research of Post traumatic symptoms and crisis experience after childbirth.

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Scientific Tracks & Abstracts Day 3

Nursing Practice 2017

Sessions:

Day 3 September 06, 2017

APRN (Advanced Practice & Registered Nursing) | Healthcare Management | Critical Care & Emergency Nursing | Telemedicine & E-Nursing | Adult Health Nursing

Session Chair

Patrizia L Fitzgerald

The Pennsylvania State University, Pennsylvania, USA

Session Chair

Chad Donald Rasmussen

Mayo Clinic Rochester, Minnesota, USA

Session Introduction

Title: Impact of Job Satisfaction and Turnover in Nurse Practitioners

Barbara Ann M Messina, PhD, RN, ANP, Long Island University/Post, USA

Title: Moral Distress Matters: A Strategy to Identifying, Educating, and Managing Moral Distress for Critical Care Nurses

Patrizia L Fitzgerald, The Pennsylvania State University, USA

Title: Hospital transition to person-centered care-A culture journey in practice

Yvonne A Johansson & Inger Bol, Jönköping University, Sweden

Title: Mixed methods evaluation of motivational interviewing in a UK chronic kidney disease population

Amanda Carson, University of the West of Scotland, UK

Title: Management of intra-abdominal hemorrhagic shock using REBOA

Jenifer Adamski, Emory University of Nursing, USA

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September 04-06, 2017 | Edinburgh, Scotland

Impact of Job Satisfaction and Turnover in Nurse Practitioners

Barbara Ann M Messina, PhD, RN, ANP
Long Island University/Post, USA

The need for primary healthcare providers in the US is expected to continue to exceed the supply of primary care physicians (PCP). Conversely, the supply of nurse practitioners (NP's) is expected to continue to increase thereby meeting the need for primary health care providers in the US (HRSA, 2013, 2016). However, the national turnover rate for NP's is twice that of physicians. NP turnover is 12.6% as compared to a 6% turnover rate for physicians (Bureau of Labor Statistics, 2016; Cejka, 2014). The purpose of this study was to examine if there is a relationship between job satisfaction and intent to leave.

Fifty-seven actively practicing NP's throughout New York State (NYS); study Effect Size; 0.3 minimum n = 52, completed the Misner Nurse Practitioner Job Satisfaction Scale (Misener & Cox, 2001) and the Anticipated Turnover Scale (ATS) (Hinshaw & Atwood, 1984; Hinshaw & Atwood, 1985).

The study's findings supported past research that has been conducted in private industry as well as in healthcare; there is a positive correlation between job satisfaction and an employee's intent to voluntarily leave their place of employment (Bhatnagar & Srivastave, 2012; De Milt, Fitzpatrick & McNulty, 2009; Hertzberg, 1987; Hinshaw & Atwood, 1984; Hill, 2011; Kramer & Schmalenberg, 1991; Misner et al., 1996; Wells, 1990).

Biography

Barbara Ann M. Messina, PhD, RN, ANP is an Associate Professor in the School of Health Professions and Nursing at Long Island University Post, in Brookville, New York where she directs the Inter-professional Learning Institute Simulation Laboratory as well as Director of the Master of Nursing Education.

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Moral distress matters: A strategy to identifying, educating, and managing moral distress for critical care nurses

Patrizia L Fitzgerald

The Pennsylvania State University, USA

Nurses are ranked as one of the most trusted, ethical, and honest professions by public opinion polls, according to the American Nurses Association (ANA). In an increasingly complex health care system, delivery of high quality care to complicated patients by nurses while maintaining this public perception is challenging. Moral distress occurs when one knows the right action to take but feels hindered because of an over-riding authoritative power or institutional policy. One in three nurses report experiencing moral distress. Critical care nurses experience ethical dilemmas and moral distress at higher rates than non-critical care nurses due to the nature and acuity of the patient population they serve. Moral distress has emerged as a significant factor contributing to nurse turnover, burnout, and also impacts patient safety and quality of care outcomes. The purpose of this project in progress is to determine the level of moral distress experienced by direct care critical care nurses at one academic medical center and with implementation of an online continuing education program based on American Association of Critical Care Nurse's 4A's approach, will determine if there is a decrease in moral distress. A prospective observational design will be used wherein baseline and one-month post intervention will be measured by Moral Distress Scale-Revised (MDS-R). This innovative project will systematically address moral distress among critical care nurses and importantly provide a sustainable moral distress program that can be broadly implemented in nurse residency and new staff orientation programs in the future.

Biography

Patrizia L Fitzgerald is in her second year Doctor of Nursing Practice program from The Pennsylvania State University College of Nursing. She is currently the Simulation Lab Coordinator for Penn State Harrisburg and recently achieved national certification as a Simulation in Healthcare Educator. She is also an Instructor of Nursing in Adult Health for Penn State Harrisburg's Accelerated Second Degree Undergraduate program. She has over 25 years of nursing experience in various roles and settings and the last 13 years have been in clinical and education practice.

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Hospital transition to person-centered care - a culture journey in practice

Yvonne A Johansson, Inger Bol and Elisabeth Kenne Sarenmalm
Jönköping University, Sweden

This action research project started in 2015 with the aim to achieve an overall sustainable hospital transition to person-centered care. In the first wave of change towards an overall hospital transition to person-centered care, hospital managers were invited to work-shops and discussions. Eight hospital units were nominated as pilot units. Specific facilitators/change leaders were educated in the philosophy of person-centered care. A learning network was created including the project managers, project unit managers and facilitators/change leaders. Based on the theory of person-centered care, and the importance of focusing soft skills and learning skills and not just technical skills, as well as experiences and reflections during this action research project, a general model for transition to person-centered care was developed. Steps included in the model: 1) Introduction; 2) Values linked to person-centered care; 3) Multidisciplinary teams including/involving patients and/or next of kin; 4) Communication skills, and in-depth knowledge about person-centered care, 5) Practical application of the person-centered approach into clinical practice.

Biography

Yvonne A Johansson is a PhD student at School of Health and Welfare, Jönköping University and is a Quality Leader at Skaraborg Hospital, Sweden.

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September 04-06, 2017 | Edinburgh, Scotland

Mixed methods evaluation of motivational interviewing in a UK chronic kidney disease population

Amanda Carson

University of the West of Scotland, UK

Chronic disease is a global health challenge and leading cause of premature death (World Health Organization, 2016). Modifiable risk factors such as cigarette smoking, high alcohol intake, poor diet and low levels of physical activity contribute to the main chronic diseases (Kontis et al., 2014). Interventions which can influence lifestyle risk factors are beneficial.

Motivational Interviewing is known to help support people to change their behavior based on intrinsic motivation (Miller and Rollick, 2013). However, there is limited evidence to support the use of motivational interviewing in chronic kidney disease populations.

This study utilizes a novel approach, the Self-Administered Motivational Interviewing tool developed by Duffy (2005). The self-administered tool allows individuals to identify their own problems and explore solutions. It has advantages over face to face motivational interviewing such as consistency. It also requires no training of staff in order to administer.

The mixed methods study consisted of a randomized controlled trial of 54 adults receiving hemodialysis treatment for chronic kidney disease. Data was collected at baseline. This was followed up one month, three months and six months later. A total of 33 participants completed the study. Individual interviews were conducted with participants in the experimental group who received the Self-Administered Motivational Interviewing tool (n=17). Outcome measures included modifiable risk factors, Medical Outcomes Study Short Form 12v2 questionnaire, general self-efficacy measurement and the Brief Illness Perception Questionnaire.

The Self-Administered Motivational Interviewing tool was found to be acceptable to study participants. Six people reported a change in behavior. The behavior change identified in the study included three people reporting an increase in physical activity levels.

Biography

Amanda Carson is a lecturer in adult nursing and PhD candidate (part time) at the University of the West of Scotland. Prior to this Amanda worked as a senior sister in a dialysis unit.

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September 04-06, 2017 | Edinburgh, Scotland

Management of intra-abdominal hemorrhagic shock using REBOA

Jennifer Adamski

Emory University of Nursing, USA

Management of patients with non-compressible torso hemorrhage of the chest, abdomen and/or pelvis can be challenging, to say the least. The fate of a patient with potentially survivable injuries depends on the acute care surgeon's effective action and the availability of necessary resources. It is critical that this technique be rigorously evaluated before widespread use. A current multicenter study of the American Association for the Surgery of Trauma is collecting data on patients who undergo aortic occlusion via REBOA, thoracotomy, or laparotomy with aortic cross-clamping to compare outcomes. This study will likely supply valuable data on the outcomes in a variety of settings. Widespread promotion of REBOA for the use in trauma is premature at this time, but should be considered as part of "toolbox" for the trauma and acute care surgeon, as an adjunct for hemorrhage, along with the tradition emergency department thoracotomy (EDT), pelvic packing, surgical exploration, and/or angiography. Institutional resources allocation and training for the trauma and acute care surgeon will likely have a large role in the adoption of REBOA as a first-line therapy over the EDT.

Biography

Jennifer Adamski DNP, APRN, ACNP-BC, CCRN, is an Assistant Clinical Professor and the Director of the Adult-Gerontology Acute Care Nurse Practitioner program at Emory University. She is an expert Critical Care Clinician and Educator and serves as an APRN expert witness for trauma and critical care nationally. She is a Past Director of Advanced Practice leading clinical operation and serves as an Independent Consultant for APRN model development. She has an APRN seat on the Georgia Board of Nursing and leadership roles in multiple national organizations. She has received numerous distinguished awards for clinical practice, education and leadership.

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Sessions:

Day 3 September 06, 2017

APRN (Advanced Practice & Registered Nursing) | Healthcare Management | Critical Care & Emergency Nursing | Telemedicine & E-Nursing | Adult Health Nursing

Session Chair

Johannes Maria Christiaan Roeters
Universal college of Learning, New Zealand

Session Chair

Barbara Ann M Messina, PhD, RN, ANP
Long Island University/Post, USA

Session Introduction

Title: Organizational and patient outcomes after implementation of a new nurse extender staffing model in nursing homes

Neva L Crogan, Gonzaga University, USA

Title: Online Social Support and Privacy Risks: Protecting Personal Health Information in the Digital Age

Deborah H Charbonneau, Wayne State University, USA

Title: Implementation of an Advanced Practice Provider Rapid Response Team: A Pilot Study

Jenifer Adamski, Emory University of Nursing, USA

Title: Pain in the Surgery Department

Salam Hadid, Galilee Medical Center, Israel

Title: How Nursing Support for Patients' Family Members Concerning Surrogate Decision-Making for Life-Sustaining Treatment of Patients in Medical Emergency Care Center should be is yet Unclassified

Sadami Momiyama, Iwaki Meisei University, Japan

Title: Gender Differences of Modifiable Lifestyle Behaviors and Clinical Factors in Asian Americans with Chronic Kidney Disease

Cheryl L Berringer Quipping Zhou, George Washington University, Washington, D.C

Title: Sexuality in patient with breast cancer hospitalized in professional nursing vision

Lilian Organista, Rio de Janeiro Nursing University, Brazil

Title: Breast cancer risk and screening among sexual minority women and heterosexual women in Taiwan: a preliminary result

Ya-Ching Wang, Taiwan

Title: Using the Arthritis Self-Management Program Toolkit to Improve Care Planning for Patients with Osteoarthritis

Sylvia Anasi, United Health Care Group, USA

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September 04-06, 2017 | Edinburgh, Scotland

Organizational and patient outcomes after implementation of a new nurse extender staffing model in nursing homes

Neva L Crogan

Gonzaga University, USA

Medication assistants (MA's) are a legal alternative to whom licensed nurses may safely delegate medication administration for stable residents in non-acute settings. MA's are certified nursing assistants who have typically completed 100 or more hours of didactic, simulation training and clinical education to safely administer medications, with the exception of those administered by parenteral or enteral routes. Licensed nurses retain the responsibility to assess, diagnose, treat and evaluate clients. The use of MA's enables licensed nurse to have more time to perform professional roles which require clinical judgment while controlling costs. The purpose of this quality improvement (QI) intervention is to implement a new staffing model that includes the use of MA's in two local nursing homes and measure organizational and individual level quality indicators at baseline, 3 and 6 months post implementation. This presentation will discuss findings from the QI project to include medication errors, numbers of residents returned to the hospital post admission, call light response time, staff satisfaction, changes in the facility staffing model and its associated costs. Data will be entered into an Excel spreadsheet and imported into SPSS for analysis. Descriptive statistics (mean, standard deviation) will be used to analyze interval level participant characteristics and responses to survey items. ANOVA and t-tests will be performed to explore the differences in responses based on location and data points. Study findings will be used to refine the staffing model and may lead to a major paradigm shift in how nursing homes are staffed in the United States.

Biography

Neva Crogan is a Professor of Nursing at Gonzaga University in Spokane, Washington where she conducts aging research, practices nursing as a Geriatric Nurse Practitioner, and acts as a consultant and expert reviewer for nursing homes and attorney groups. Dr. Crogan has published more than 70 data based research articles, several book chapters and workbooks and has spoken at multiple regional, national and international conferences. She is a Fellow of the American Academy of Nursing and was the co-recipient of the 2013 Sigma Theta Tau International Research Utilization Award.

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September 04-06, 2017 | Edinburgh, Scotland

Online Social Support and Privacy Risks: Protecting Personal Health Information in the Digital Age

Deborah H Charbonneau

Wayne State University, Michigan, USA

While online communities for social support continue to grow, more research is needed about personal health information collection and potential privacy risks for participants using health social networking sites. This presentation will report the findings of a privacy policy analysis and the information collection practices for 25 online cancer communities. Given that many people utilize health social networking sites, the study's findings provide insight into an array of privacy-related issues. These privacy concerns are relevant to nurses connecting individuals with supportive resources. In particular, implications for privacy, confidentiality, consumer choice, and data safety in online environments will be highlighted. These findings can also help build awareness of privacy-related issues in online support communities among nurses, nursing students, and other health professionals. Overall, nurses and other health professionals can utilize these findings to encourage individuals seeking online support and participating in social networking sites to build awareness of privacy risks to better protect their personal health information in the digital age.

Biography

Deborah H. Charbonneau is an Associate Professor in the School of Information Sciences at Wayne State University in Detroit, Michigan. She earned her PhD in Medical Sociology from Wayne State University. She currently teaches in the areas of Health Informatics and Research Methods. Dr. Charbonneau has been an invited speaker at local, national, and international conferences on the topic of information privacy. Her articles have appeared in the Journal of Women & Aging, Journal of Midwifery & Women's Health, and CIN: Computers, Informatics, Nursing.

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September 04-06, 2017 | Edinburgh, Scotland

Implementation of an advanced practice provider rapid response team: A pilot study

Jennifer Adamski

Emory University of Nursing, USA

Background: Rapid response teams (RRT) are increasingly found in critical care environments and can positively impact patients by providing an opportunity for early detection and intervention for clients undergoing a health crisis. However, not all RRT are created equal, and RRT leadership provided by an advanced practice provider (APP) has been shown to positively impact patient care.

Objectives: The purpose of the study was to compare the effectiveness in a pilot program of a RRT managed by Advanced Practice versus that of an RRT managed by RN. This project illustrates potential recommendations for implementation of an APP-led RRT.

Methods: Rapid response calls were collected over a 2 month period and categorized as either a) APP-RRT managed calls, or b) RN-RRT managed calls. Measured outcomes of each call were: admissions to the ICU, in-hospital cardiopulmonary arrests, failure to rescue rates, and LOS in the ICU.

Results: During the 2 month intervention period, the APP-managed team had lower ICU admission rates, lower length of stay in the ICU, lower number of non-terminal cardiopulmonary arrests, and a lower failure to rescue rate.

Conclusions: Advanced practice providers are leaders that are uniquely qualified to provide additional modalities, beyond the scope of the registered nurse and advanced cardiopulmonary life support (ACLS), which are essential to improving patient outcomes.

Biography

Jennifer Adamski DNP, APRN, ACNP-BC, CCRN, is an Assistant Clinical Professor and the Director of the Adult-Gerontology Acute Care Nurse Practitioner program at Emory University. He is an expert Critical Care Clinician and Educator and serves as an APRN expert witness for Trauma and Critical Care nationally. She is the past Director of Advanced Practice leading clinical operations and serves as an Independent Consultant for APRN model development. She has an APRN seat on the Georgia Board of Nursing and leadership roles in multiple national organizations. She has received numerous distinguished awards for clinical practice, education and leadership.

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September 04-06, 2017 | Edinburgh, Scotland

Identifying the needs of patients in clinical commissioning, implications for nursing practice

Mike Sonny

Waterloo Academy, UK

Nursing practice have direct experience of how changing clinical commissioning in the community affect the quality of care patients receive, so it is important that they engage with commissioning to influence decisions and identification of patients needs, the quality and direction of service. This research article seeks to demystify commissioning priorities and implications for nursing practice drawing on findings from a survey of Commissioning for Quality and Innovation indicators for nursing. The article focuses specifically on commissioning goals, highlighting the impact on NHS priorities on quality assessment in practice nursing. Implications for nursing/multidisciplinary holistic care will be discussed and will detail the community-based participatory research approach, mixed-methods research methodology, and helpful hints for those interested in applying these principles to other decision making /clinical settings.

Biography

Mike Sonny has his expertise in evaluation and passion in Clinical Commissioning, improving the management, health and well-being. He is currently Principal/ Director of Health Education at Waterloo Academy.

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How nursing support for patients' family members concerning surrogate decision-making for life-sustaining treatment of patients in medical emergency care center should be is yet unclarified

Sadami Momiya

Iwaki Meisei University, Japan

Background: Recently, nursing support for surrogate decision-making for life-sustaining treatment by patients' family members during hospitalization receives extensive attention, as well as in medical emergency care center. Yet its appropriate way has not been discussed sufficiently.

Aim: The aim of this study was to specify future challenges for its research by discussion about how nursing support for patients' family members concerning surrogate decision-making for life-sustaining treatment should be in medical emergency care center. Therefore, the factors of the difficulty should be specified firstly, which will be basis of the future nursing support for surrogate decision-making by patients' families. Construction of concrete nursing support is thought to be most important challenge.

Methods: Based on the tentative theories shown by previous studies and well-known facts, the author, experts, and clinical nurses in critical care discussed the future challenge of research about support for patients' family members concerning surrogate decision-making for life-sustaining treatment of patients in medical emergency care center.

Results: The following four challenges were specified through discussion. 1) To specify the difficulties in supporting for discussion about concrete nursing action or support, 2) To clarify the environmental factors which hamper the support in order to arrange the environmental settings, 3) To invent concrete support which is practicable for nurses who don't have enough time, and 4) To implement invented concrete nursing support in clinic, which gives back the concrete case with educational function.

Discussion: Many nurses are willing to make support for surrogate decision-making, however they have difficulty putting it into practice.

Biography

Sadami Momiya, after gaining experience as a General Emergency/Intensive Care Nurse, completed the Master's course at Graduate School of Nursing, Jichi Medical University in Japan. While working as Certified Nurse Specialist in Critical Care Nursing (CNS), he teaches Adult Nursing energetically in university. His main research field is clinical nursing science, nursing support for patients' family members concerning surrogate decision-making.

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September 04-06, 2017 | Edinburgh, Scotland

Gender Differences of Modifiable Lifestyle Behaviors and Clinical Factors in Asian Americans with Chronic Kidney Disease

Cheryl L Berringer Quipping Zhou and Deborah Morris
George Washington University, Washington, D.C

Background: For years women have had consistently higher rates of chronic kidney disease (CKD) in comparison to men. However, men initiate dialysis sooner, are referred for pre-emptive surgical dialysis access creation more frequently, and receive renal transplants in greater numbers. For Asian Americans, CKD has increased tenfold in the last three decades yet little is known about gender differences in those living with CKD.

Objective: The purpose of this study was to examine gender variations in socioeconomic demographics, clinical chronic diseases (diabetes, hypertension, cardiovascular disease, depression), modifiable lifestyle behaviors (alcohol, smoking physical activity, BMI, dietary choices) and healthcare access of Asian American females with CKD.

Methods: A retrospective, secondary data analysis of Asian Americans with CKD (N=180) using descriptive-correlational design examined data obtained from the Behavioral Risk Factors Surveillance System (BRFSS). Descriptive statistics, Chi-square and Cramer's V statistical analyses were performed to examine gender differences.

Results: Females had higher rates of depression than males (26.7% vs. 12.6%, $\chi^2=5.484$, $p=0.019$, $V=0.176$) and had more office visits with a health care professional than their male counterpart ($\chi^2=8.874$, $p=0.031$, $V=0.351$). There were no statistical differences in modifiable lifestyle factors. However, obesity increased by 5% from 2009 to 2013, there was a lack of healthcare insurance in 18 – 64 year olds (14.3%), and the rates of unemployment (23.3%) were much higher than the 2013 national norm of 5.6% and 7.4%.

Conclusions: This study offers support that primary care providers have increased opportunities at the point of care with Asian American females with CKD. Conversely, many remain uninsured in the post Affordable Care Act era. Thus healthcare disparities still exist for many Asian Americans with CKD and access to care.

Biography

Cheryl has completed her Doctor of Nurse Practice and has 25 years nursing experience specializing in cardiothoracic and nephrology as an RN and a Nurse Practitioner. She currently is a faculty nurse educator at a four-year university in North Carolina, United States.

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September 04-06, 2017 | Edinburgh, Scotland

Sexuality in patient with breast cancer hospitalized in professional nursing vision

Lilian Organista

Rio de Janeiro Nursing University, Brazil

The study seeks to investigate aspects of sexuality of women with breast cancer admitted. The emergence of the study took place at the time of my professional practice where I came across patient dialogues, and health professionals with the behavior of women in different times, having sexual practice and professional assistants, on the other hand the kind of suppressed such an attitude as well as the patients more "brawling". I realized the need to discuss such issues: women who are hospitalized for treatment that theoretically move with biopsicoemocional, self-image and self-esteem, should have "head for such behavior? There is a need of nurses to direct a group for care to sexuality. Aiming to analyze the psychophysical need, using the philosophical approach of Jean Watson. Methodology the study presents a review and synthesis of the literature on the theory of nursing sexual need. Final considerations the nurse has the key role of facilitating communication of sexuality, not to become fragmented, to emphasize the importance of the role of the sexual partner. Thus discussion related to sexual health.

Biography

Organista C C D S, Lilian nascida no Rio de Janeiro, graduada na Universidade Gama Filho (UGF) EM 2007, pós graduada 2010 em oncologia pela UGF, na linha de pesquisa Saúde da Mulher e Câncer.

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September 04-06, 2017 | Edinburgh, Scotland

Breast cancer risk and screening among sexual minority women and heterosexual women in Taiwan: A preliminary result

Ya-Ching Wang and Yi-Maun Subeq

Background/Objectives: Lesbians were found to have higher risk of getting breast cancer and lower utilization rates of breast cancer screenings in Western countries. This study aims to exam the differences between lesbians and heterosexual women in Taiwan on objective breast cancer risk calculations using the Gail model. Health risk behaviours and screening behaviours for breast cancer were also examined within the two groups of women.

Methods: An online cross-sectional survey was used to collect data. A total of 495 Taiwanese women were recruited between December 2016 and May 2017, including 317 sexual minority women (mean age 28.64 years old, SD=6.618) and 178 heterosexual women (mean age 36.33 years old, SD=10.811).

Results: There were no significant differences on estimates of 5-year and lifetime breast cancer risk factors between sexual minority women and heterosexual women in Taiwan. However, the sexual minority women were found to have higher rates of current drinking, smoking and using breast bindings while the heterosexual women had higher rates of pregnancy, children, breastfeed, miscarriages, abortion and use of birth control pills. Regarding breast cancer screenings, the sexual minority women were found to be less likely to have a mammogram, to have the screening regularly and to plan having a mammogram in the future, when compared to the heterosexual women.

Discussion/Implications for nursing: Healthcare providers should understand differences of breast cancer risk factors and utilizations and intentions of mammogram among sexual minority women and heterosexual women in Taiwan, and therefore, provide culturally competent care to women with varied sexual orientation.

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September 04-06, 2017 | Edinburgh, Scotland

Using the arthritis self-management program toolkit to improve care planning for patients with osteoarthritis

Sylvia Anasi¹ and Audrey Klopp²¹United Health Care Group, USA²Loyola University Chicago, USA

The prevalence of Osteoarthritis (OA) in the United States is alarming. It has a high occurrence among the older population. The symptoms of OA: pain, stiffness, and inflammation in the joints make it one of the five leading causes of disability among those affected. Disability results in home bound status and the need for home health nursing care. The economic impact of OA is distressing because of the increased rate of emergency room visits among osteoarthritis patients. Evidence-based interventions are necessary to address OA to reduce its impact on the functional abilities of those affected. The National Public Health Agenda for Osteoarthritis 2010 recognized self-management as expedient in achieving effective OA management. Studies show that the evidence-based Arthritis Self-Management Program (ASMP) is effective in improving health status of patients with OA. Home health nurses need the knowledge to use ASMP in helping OA patients build self-management skills. This project attempted to motivate a change in a home health agency's nursing care plan for patients with OA. This change was stimulated through the implementation of a skill-training educational intervention that focused on the contents of ASMP. The Diffusion of Innovations Theory was used to guide development of the project. The success of this project was measured by interviewing the nurses to determine adherence to the new care plan that was developed based on the attributes of ASMP, and by auditing the patients' charts for evidence that the new material in the care plan was being implemented.

Biography

Sylvia Anasi, Clinical Care Manager at United Health Care Group, has extensive experience with the management of patient populations. She believes outcome improvements are best achieved through careful application of high-level evidence.

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