Proceedings of the 45th Annual Educational Conference
“Forces of Transformational Leadership in Nursing: UPNAAI Still Moving Up”

University of the Philippines Nursing Alumni Association International, Inc.
(UPNAAI)

The Westin Virginia Beach Town Center
4535 Commerce St.,Virginia Beach, VA 23462
August 2, 2024

CEU Accreditation
This program is approved for 4.16 contact hours of continuing education by the California Board of Nursing (CA BON), provider number CEP6961. This activity was planned in accordance with the CA BON Accreditation Standards and Policies.

How to Evaluate and Claim Education Credit
Every attendee must provide an email address upon registration. You will receive an email notification on August 3, 2024?? giving you instructions on how to complete your online podium and poster evaluations. For those who indicated CEU credits on their registration form, you will be able to print your certificates upon completion of both evaluation forms. You have until August 31, 2024?? to complete your evaluation and obtain the certificate.

Disclosure and Conflict of Interest Resolution Policy
UPNAAI Education Committee staff require all podium and poster presenters to disclose relevant personal financial relationships with commercial interests prior to contributing to the activity. The staff assess disclosed relationships and follow a defined process to resolve real or implied conflicts to ensure, to the best of our ability, that all educational content is free of commercial bias.

Overall Conference Objectives

- To define transformational leadership in nursing
- To describe the attributes of a Nurse Leader
- To be able to identify the requirements needed to be accepted to anesthesia school
- To be able to describe the scope of practice for a CRNA
- To be able to distinguish Medicare and Medicaid and Understanding its applicability to the healthcare needs of each patient
- To encourage continuous learning about Medicare and Medicaid options and to respond quickly to changes in available care within Medicare and Medicaid

Breakfast Educational conference
Friday, August 2, 2024

Manuela Castillo, MSN, BSN ’86, RN
President, UPNAAI 2023-2025

Moderator: Marilyn Cines, MSN, BSN ’79, RN
1st VP and Chair: UPNAAI Education and Research Committee 2023-2025

Celine Pico, RN, BSN, CAPA
Coordinator: Research Poster Presentation

7:00 AM Registration, Breakfast, Research Poster Presentations, Networking

7:35 AM Conference Rules, Disclosures & other housekeeping chores: Marilyn Cines**,** MSN, BSN'79, 1st VP & Chair, ERC

7:45 AM Welcome Remarks
Manuela Castillo, MSN, BSN ’86, RN
President, UPNAAI 2023-2025

7:48 AM NVOCATION: 2024 JVSMOH Recipient

7:50 AM Introduction: 2024 JV Sotejo Medallion of Honor Award
Corazon Reyes, MSN, BSN ’79, RN-BC, Recording Secretary and Chair Awards and Citation Committee

8:00 AM Keynote Address - 2024 Distinguished J. V. Sotejo Medallion of Honor Recipient
Dean Sheila Bonito, DrPH, MAN, BSN ’92, RN

8:30 AM Introduction of Panel of Speakers
Marilyn Cines, MSN, BSN ’79, RN
1st VP and Chair: UPNAAI Education and Research Committee 2023-2025

8:32 AM “Transformational Leadership in Nursing: A Lifetime Journey”
Irene Batalla-Reyes, MSN, BSN, CMSRN, RN B-C
Command Program Manager for Continuing Nursing Education/Nurse Faculty/Nurse Educator-Hospital Education and Training, Staff and Faculty Development,
Walter Reed National Military Medical Center, (WRNMMC), Bethesda, MD

9:15 AM “The Journey to Nurse Anesthesiology and Beyond”
Mylene Supas- Rivas, MSN, APRN, CRNA, BSN
Certified Registered Nurse Anesthetist
BAYLOR ST. LUKE’S MEDICAL CENTER, Houston,Texas

9:45 AM “ Transformational Leadership in Nursing: Empowering Filipino Public Health Nurses through the Nurse Lead Program”
Josephine Enderio- Cariaso, MA, BSN, RN
Coordinator, Office of International Linkages/International Study Program
College of Nursing
University of the Philippines Manila
Sotejo Hall, Pedro Gil St., Ermita Manila

10:15 AM Break: Exhibits, Research Poster Presentations, Networking
Celine Pico,RN, BSN, CAPA
Coordinator, Poster Presentations

10:30 AM “Medicare and Medicaid Options”
Encarnita Ocampo, BS in Behavioral Science
Independent Licensed Sales Advisor- Health Insurance, Life Insurance and Long Term Care

11:00 AM Panel Discussion and Audience Q&A

11:45 AM Summative Remarks
Dean Sheila Bonito, DrPH, MAN, BSN ’92, RN
2024 JV Sotejo Medallion of Honor Recipient

11:55 AM Evaluation and Closing Remarks
Marilyn Cines, MSN, BSN ’79, RN
1st VP and Chair: UPNAAI Education and Research Committee 2023-2025

Presentation of the certificate of appreciation (Minnie Castillo,MSN, BSN ’86, RN and Marilyn Cines, MSN, BSN ’79, RN) to the speaker and photo- taking occurs post each presentation

12:00- 1;00 PM Continuation of Poster Presentations and Awarding of Certificates of Appreciation to the Poster Presenters by:
Manuela Castillo, MSN, BSN ’86, RN; President, UPNAAI 2023-2025
Marilyn Cines, MSN, BSN ’79, RN; 1st VP and Chair: UPNAAI Education and Research Committee 2023-2025

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Transformational Leadership in Nursing: The History of UP Nursing

2024 Distinguished J. V. Sotejo Medallion of Honor Recipient & Keynote Speaker
Sheila Bonito, DrPH, MAN, BSN '92, RN
Dean UP College of Nursing

Transformational Leadership in Nursing (1).pptx

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Transformational Leadership in Nursing: A Lifetime Journey

Irene Batalla-Reyes, MSN, BSN, CMSRN, RN B-C
Command Program Manager for Continuing Nursing Education/Nurse Faculty/Nurse Educator-Hospital Education and Training, Staff and Faculty Development,
Walter Reed National Military Medical Center, (WRNMMC), Bethesda, MD

ABSTRACT

We must believe we are gifted for something and that this thing must be attained- Marie Curie"
Transformational Leadership is one of the five components in the American Nurses Credentialing Center (ANCC) guideline for Magnet Recognition Program: Transformational leadership, Structural Empowerment, Exemplary professional practice; New knowledge Innovations & improvements, and Empirical outcomes.

Magnet recognition program provides a road map to nursing excellence that benefits the whole organization. This program looks very encouraging for the organization but how does it impact the Nurse at the bedside? How does it empower the lowly bedside nurse who is at the bottom of the totem Pole?
How does a nurse grow from job to job until she/he becomes a nurse leader? Patricia Benner's Model describes the development of a nurse from novice, to expert The literature has correlated Benner with Erikson's psychosocial stages of growth and development. Knowing what we know now the growth and development of a nurse leader begins way before he/she becomes a nurse.

Objectives:

1. Define Transformational Leadership
2. Describe the attributes of a Nurse Leader

Presentation - Irene B Reyes APR2024.pdf

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The Journey to Nurse Anesthesiology and Beyond

Mylene Supas- Rivas, MSN, APRN, CRNA, BSN
Certified Registered Nurse Anesthetist
BAYLOR ST. LUKE'S MEDICAL CENTER, Houston,Texas

ABSTRACT

Getting out of a stable and good-paying career of critical care nurse to jump into being a full-time and an Anesthetist. Breaking down the process with a clear understanding of the profession may help nurses, who want to be advanced practice nurses, make the decision that suits their personal goals the best.

Objectives:

1. Identify requirements needed to be accepted to anesthesia school.
2. Describe scope of practice for a CRNA.

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Transformational Leadership in Nursing: Empowering Filipino Public Health Nurses through the NurseLead Program

Josephine Enderio- Cariaso, MA, BSN, RN
Coordinator, Office of International Linkages/International Study Program
College of Nursing
University of the Philippines Manila
Sotejo Hall, Pedro Gil St., Ermita Manila

ABSTRACT

. I.Introduction

A. Definition of Transformational Leadership
B. Importance of Transformational Leadership in Today's Organizations

II. The Four Components of Transformational Leaders
A. Idealized Influence
1. Inspiring Trust and Respect
2. Setting a Compelling Vision

B. Inspirational Motivation
1. Motivating and Encouraging Others
2. Fostering Creativity and Innovation

C. Intellectual Stimulation
1. Encouraging Critical Thinking
2. Promoting Learning and Growth

D. Individualized Consideration
1. Understanding and Supporting Individual Needs
2. Providing Mentorship and Development Opportunities

III. Characteristics of Transformational Leaders
A. Vision
B. Charismatic
C. Empathetic
D. Adaptive

IV. Case Studies and Example
A. Successful Transformational Leaders in History
B. Modern Organizations Embracing Transformational Leadership

V. Implementing Transformational Leadership
A. Assessing Your Leadership Style
B. Developing Key Skills and Behaviors
C. Overcoming Challenges and Resistance

VI. Conclusion
A. Recap of Key Points
B. Call to Action: Embracing Transformational Leadership in Your Leadership Journey

At the end of the presentation, the participants will be able to:

1. Understand the principles of transformational leadership.
2. Explore the characteristics and behaviors of transformational leaders.
3. Learn how transformational leadership can inspire and motivate teams.
4. Identify strategies for implementing transformational leadership in your own leadership style.

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Medicare and Medicaid Options

Encarnita Ocampo, BS in Behavioral Science
Independent Licensed Sales Advisor- Health Insurance, Life Insurance and Long Term Care

ABSTRACT

In view of the demand for excellent quality patient care, healthcare organizations continue to evolve to meet the demand for high quality patient care. These healthcare organizations have adopted transformational leadership

Transformational leadership in nursing is a management style that motivates nurses to take ownership of their roles and perform beyond minimum expectations. This leadership style appeals to team members to demonstrate higher moral values and integrity in practice. This includes the development of new skills/techniques and knowledge of Medicare/Medicaid to further improve patient care standards. Why? Because almost 60 million older adults are beneficiaries of the healthcare system under Medicare alone.

As care delivery experts, nurse leaders not only work with doctors or primary care teams, but they also should help patients and their families navigate the complex healthcare system under Medicare and Medicaid. Nurse leaders should be able to understand the healthcare needs of older adult patients and explain to both the available care within the current healthcare delivery system. They can also involve these patients in care plan development and management of their own health.

By fostering collaborative, empowering nursing staff, encouraging continuous learning, and promoting a culture of excellence, transformational leaders enhance the overall care experience for patients. Transformational leadership in nursing encourages teams to work toward the greater good of an organization and the people in the organization. Good leadership is crucial in nursing care management.

Objectives:

To be able to distinguish Medicare and Medicaid and Understanding its applicability to the healthcare needs of each patient

To encourage continuous learning about Medicare and Medicaid options and to respond quickly to changes in available care within Medicare and Medicaid.

Power Point Presentation - Understanding Medicare[100].pptx

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POSTER PRESENTATIONS

Poster 1

Improving Stroke Protocol in DCVAMC MICU

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Abstract

A stroke can result in permanent brain damage, chronic disability, or even death. Inconsistencies in stroke protocol are currently identifiers.The average percentage of errors in the stroke process is 6 2.3%. A High Reliability Organization's foundation and a strategy to guarantee that our Veterans receive quality care are official Standard Stroke Pathway Protocol and education. Employees in the MICU, ED, and all other departments in DCVAMC have different idea about how to respond to stroke incidents due to lack of knowledge, understanding, and practice in utilizing Stroke Pathway Protocol; staff members gathered information and data from different resources; and there is no formal stroke protocol education. The study used GEMBA to collect data.

In summary, our investigation revealed issues with the staff lack of knowledge of stroke and the lack of a formal, data-supported standard stroke protocol pathway. Expected improvement will increase knowledge of nurses understanding the Standardized Stroke Pathway Protocol, can be incorporated and support the improvement in the DCVAMC standard of practice stroke management and provide excellent care to our Veterans. Collectively, nursing leadership transforms our future upwards.

Objectives

1. The participant will be able to practice utilizing the about stroke pathway protocol.
2. The participant will be able to develop standardized reference guide for stroke protocol.

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Poster 2

Effect of Impaired Cognition on the Community Integration of Soldiers with Mild Traumatic Injury

Irene Batalla-Reyes, MSN, BSN, CMSRN, RN BSN

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Abstract

A mild TBI, usually not associated with visible abnormalities on brain imaging, is one that causes loss of consciousness lasting less than one hour or amnesia lasting less than 24 hours.

Most adults with a mild TBI recover completely within a year (Okie, 2005). Individuals sustaining mild traumatic brain injuries often report a constellation of physical, cognitive, and emotional/behavioral symptoms referred to as post-concussion syndrome (Ryan & Warden,2003).

A study by Dikmen &Levin ni 1993, as cited ni Ryan &Warden stated that mild traumatic brain injury was once thought to be trivial in terms of consequences, but now substantial evidence that neuropathological, neurophysiological, and neurocognitive changes occur even in these so-called mild injuries.This purpose of this study is to promote the optimal functional capacity of women veterans while enhancing their cognitive ability. This study will utilize a descriptive, exploratory quantitative research design by collecting data from women service members deployed to Iraq or Afghanistan and diagnosed with mild TBI. A purposive sampling will be used to recruit women veterans diagnosed with mild TBI and who report to the TBI clinic. Subjects must pass the Short Blessed Test Questionnaire to determine their cognitive ability to give informed consent for the study.The Mini-Mental Status Exam (MMSE) questionnaire will be used to collect data about the subject's cognitive status.The results of the study may provide useful insights for nurses who manage the care of patients with mTBI.

Objectives:

1. The participant with mTBI (women veteran who has impaired cognition) will be able to develop and optimize functional capacity while enhancing their cognitive ability, thus promoting seamless community integration.
2. The participant who manages the care of patients will be aware about mTBI and develop and implement interventions individualized to the needs of women veterans who have impaired cognition.
3. The participant who manages the care of patients will be aware and understand about mTBI within the community that policies, systems, standards can be organized and implemented to address the needs of women veterans who have impaired cognition.

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Poster 3

The Effectiveness of Artificial Intelligence in Early Prediction of Sepsis among Adult Patients: A Limited Literature Review

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Abstract

Sepsis is a life-threatening condition caused by the body’s dysregulated inflammatory response to an infection. In a 2018 study by Paoli and colleagues, it was estimated that 970,000 cases of sepsis are admitted annually and causes over 50% of deaths in hospitals. Sepsis accounts for $24 billion, or 13 percent of the total US hospital costs annually.

Artificial intelligence (AI) or machine learning has been cited as a helpful clinical decision support (CDS) tool to diagnose sepsis. There is evidence to support that morbidity and mortality in patients with sepsis worsens with every hour that treatment is delayed.

A limited literature review was conducted with the aim of answering the question: “How effective is AI in early detection of sepsis among adult patients?” The search was limited to peer- reviewed journals in English, published from 2018 to 2023. After screening for relevance, five articles were selected for this review.

All the studies in this review offered evidence that AI algorithms in electronic health records detected sepsis and septic shock faster than healthcare providers. AI algorithms also tended to have better sensitivity and specificity in sepsis prediction. It was noted that the studies utilized different AI algorithms, as well as varying definitions and diagnostic criteria of sepsis. One study mentioned that patient cohorts being dominated by Caucasians may render AI algorithms less generalizable for diverse populations. The studies cited a need to: (1) further refine AI algorithms by adding more data; and (2) explore human factors to improve utilization of AI-driven CDS tools.

Objectives:

1. The participant will be able to explain the necessity for early detection of sepsis.
2. The participant will be able to discuss the potential use of artificial intelligence (AI) algorithms as a clinical decision support tool to detect sepsis.
3. The participant will be able to identify 2 to 3 possible issues identified in the literature regarding use of AI in predicting sepsis.

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Poster 4

Implementing Hybrid Extracorporeal Membrane Oxygenation Specialists to Maintain a Sustainable Program

Maria Bentain Melanson, DNP, CCRN
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Co-Authors:
Karen Morth, MSN, CCRN;
Adam Smith, BSRT, RRT-ACCS, RRT-NPS, E-AEC;
Michelle LaMarre, BSRT, RRT-ACCS, RRT-NPS, E-AEC

Abstract

Extracorporeal membrane oxygenation (ECMO) emerges as a beacon of hope for individuals facing acute respiratory distress syndrome, severe refractory cardiogenic shock, refractory ventricular arrhythmia, active cardiopulmonary resuscitation for cardiac arrest, and acute or decompensated right heart failure, where conventional treatments prove inadequate. However, the intricate care necessitated by ECMO demands constant monitoring by specially trained healthcare workers or ECMO specialists. The onset of the COVID-19 pandemic underscored the heightened demand for ECMO specialists due to the surge in ECMO requirements. Aim: To expand the ECMO patient capacity from 10 patients to 18 patients, train, place, and retain newly graduated nurses across

Interventions: Implementation of a hybrid ECMO specialist program Pilot in 6 West where RNs and RTs work as ECMO Specialists. Nurses received the same training as RT ECMO Specialist

Results: A total of 13 RN ECMO Specialist completed training and are now ECMO Specialists

- Increased total ECMO Volume in SH6W:
  - FY23 = 51 patients vs FYTD24=37
- Increased total # ECMO Volume of BWH:
  - FY23=107 vs FYTD24=68

Discussion/Implications: Embracing a hybrid ECMO specialist approach bolstered ECMO support and guaranteed the program's sustainability. With steadfast dedication and collaborative support, other ECMO facilities can similarly adopt hybrid initiatives, promoting greater efficiency and sustainability.

Objective

The participant will be able to understand and articulate the measures necessary to sustain an ECMO program effectively.

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Poster 5

Enhancing Critical Care Staffing: Implementing a Graduate Nurse to Intensive Care Unit Program

Maria Bentain Melanson, DNP, CCRN

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Co-author:

Karen Morth, MSN, CCRN

Abstract

The scarcity of critical care nurses is on the rise, with graduate nurses (GN) increasingly filling these roles. However, recent evidence underscores a notable increase in turnover rates among GNs within their first year, a trend exacerbated by the COVID-19 pandemic. Nurse residency programs provide transition-to-practice support and reduce the stressors experienced by NGNs. Residency programs which specifically include palliative care and/or end-of-life content can positively impact stress, burnout, and turnover rates in NGNs.

This initiative aims to recruit, train, place, and retain newly graduate nurses across seven adult ICUs.

Implemented a pilot program across two Intensive Care Units (ICUs), involving a 12-week training period in intermediate care along with the Nora Residency Program, followed by a 12-week independent practice phase.

Subsequently, participants underwent critical care orientation supported with the AACN essentials of critical care nursing and the BWH Critical Care Internship Program to enhance their skills and knowledge to advance their practice as novice Intensive Care Unit nurses.

A nine-month graduate nurse to the ICU program dedicated to nurses fresh out of their baccalaureate graduation. Recruitment and retention rates, as well as accessibility to critical care, were evaluated. The program's framework emphasizes educational rigor, emotional support, and ongoing development, ensuring sustainability over time. Initial assessments indicate the successful implementation of a program that prioritizes the growth, training, and support of GNs.

A total of 9 graduate nurses were hired to 3 critical care units in divided in 3 cohorts in a 12-month period. Early results showed 3 of the 3 cohort went through orientation and successful independent practice in their designated intermediate care units. Additionally, 3 out of 3 successfully completed their critical care internship program and successfully practiced independently in 2 Intensive care units without issues.

Initial assessments indicate successful program implementation that prioritizes the growth, training, and support of GNs.

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Poster 6

Safe CRRT Access to ECMO Circuits

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Karen Reilly, DNP, RN

Abstract

ECMO (Extra Corporal Membrane Oxygenation) is therapy that can support patients who need cardiopulmonary support. ECMO is associated with many complications including renal failure requiring renal replacement therapy (46% of VA ECMO patients, Montisci et al 2021).
This dual therapy can increase the risk of air entering the ECMO System increasing the patient's risk for air embolism and interrupting the continuity of therapy. When CRRT therapy was first integrated into the ECMO circuit extra stop cocks were added to the ECMO circuit. The focus of this study was to review if an alternate integration of these 2 therapies would be a safer choice

A qualitative design was used with a random sample of 2 groups of patients (13 patients/cohort) supported on ECMO with CRRT therapy were compared as subjects. The first group received the multimodal therapy with the historic access and the 2nd group were managed with the CRRT access

directly into the CardioHelp Oxygenator.
• Two data points were compared.
• The Number of CRRT filters changes that were needed Pre and Post intervention.
• The Number of Safety Reports related to Air entering the ECMO Circuit via CRRT device.

The average length of therapy provided was equal for both cohorts. There were 55% more filter changes in the historic access than with the new modality. In addition, there were no safety reports related to air entering the ECMO circuit with the new modality vs a report of air entrainment with the previous access

Accessing the ECMO Circuit via the Oxygenator is a safe method to provide this dual therapy. More data collection needed to evaluate patient outcome and financial impact. This QI project confirms Brigham and Women's Hospital's commitment to providing the safest care for their sickest patients.

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Poster 7

Does Patient Engagement Improve Compliance with Daily Weights?

Maria Bentain Melanson, DNP, CCRN

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Co-authors:

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Karen Morth, MSN, CCRN,

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Jessica Waite BSN

Abstract:

Measurement of daily weights is a valuable tool in the assessment of volume status in the care of the cardiology and cardiac surgical patients. This data guides the providers in choices in medications including diuretics. The Nurse Practice Council team on SH7EW found a gap in compliance in obtaining daily weights in their patient population. A quality improvement project designed a patient engagement poster which cued patients to ask about their daily weight.

A laminated dry erase poster was placed on the white board in every patient's room, there is a space on the poster to record daily weights so patients can monitor their progress.

Data was pulled from the EMAR both pre and post intervention. These data sets were compared to assess for improvement.

Compliance data was reviewed on 15 days for all patients admitted on SH7EW pre and post intervention. The EMAR was reviewed to assess if the patient had an order for daily weights & if the weight was documented and/or refused. Overall, the compliance improved from 77% to 80% post intervention. There was better compliance on the unit dedicated to mechanical circulatory support with pre-intervention compliance of 69% and post 80%. There was inconsistent documentation of patient refusal which may have affected data.

Patient engagement and a visual reminder can increase compliance on daily weights. This may have a positive impact of the patient satisfaction, decrease the length of stay, and morbidity. Weight measurements are important to guide the health care team's plan of care and accurate diuresis can decrease length of stay.

Objective:

Increase compliance with daily weights to 90%

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Poster 8

Piloting the Sorbaview Shield Central Line Dressing to Improve Dressing Adherence

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Co-Authors:
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Abstract

here has been an increase in the rate of the CLABSI on the Cardiac Surgery Units (5 CLABSI in 2022) which may be related to the increased use of multi-access catheters (MAC) lines. MAC lines are heavy and large venous introducers with 2 ports which have been found to be more difficult to maintain occlusive dressings because of the pull on the line. The current dressings in use do not accommodate larger lines. Literature supports non-occlusive dressings contribute to increased risk of CLABSI.

In the product trial, 100 patients received the Sorbaview Shield central line dressings, while another 100 patients received the previous dressing. The new dressing was applied postoperatively in the operating room and adjusted as necessary throughout the patient's postoperative recovery.

A product trial and evaluation of the new Sorbaview dressing, which includes reinforced stabilization, specifically conducted on 100 postoperative cardiac surgery patients. EPIC records were meticulously reviewed to track the frequency of dressing changes or reinforcements.

A review of 200 patients' central line dressings showed that 100 used the Sorbaview dressing and 100 used the Sorbaview shield dressing. The newer dressing saw a slight increase in MAC line usage (31% vs. 25% in the control group) and a higher percentage of MAC lines not requiring dressing changes (65% vs. 52%). Both groups needed similar reinforcement, with 12% requiring 1-2 reinforcements in the first 7 days and 6% needing more than 5 reinforcements. Overall, dressing securement was better with the historic dressing and Sorbaview, except for MAC lines.

Although staff feedback reflects a positive reception of the dressing, no statistically significant improvement was observed in dressing security with MAC lines. This emphasizes the critical need for additional research to identify more effective methods for enhancing central line stabilization and dressing security, which could potentially contribute to the prevention of Central Line-Associated Bloodstream Infections

Objective:

Increase security and adherence of central line dressing with secondary goal of decreased CLABSI rates.

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Poster 9

Back Safety: Preventing Low Back Pain Among Nurses in Medical Centers

Lorelei H. Dwyer, NP

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Abstract

Nurses are among the subsets of health care workers with the highest rates of back pain with annual and lifetime prevalence of 40-50% and 80% respectively. Heavy lifting and frequent repositioning associated with patient handling and carried out during long work hours pose significant risks for back pain. The aging population and obesity among nurses have also been identified as contributing factors. Prevention is key to the

treatment of low back pain. While self-care measures like regular cardiovascular and core strengthening exercises, weight loss, smoking cessation, stress management, and sleep hygiene can decrease one's risk for acute and chronic back pain, workplace safety practices and programs developed by hospitals can reduce the incidence of back injuries among staff. Education in safe patient handling, provision of lifting devices, ergonomic evaluation, and promoting health and lifestyle changes are among the initiatives that hospitals can implement.

Objective:
The participant will be able to understand the different levels of low back pain prevention and identify individual measures and institutional initiatives and programs that can promote back safety among nurses working in medical centers.

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Poster 10

Implementation of Computerized Curricular Assistive Tools and Its Effect on Student Preparedness for the New NCLEX Test Plan

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Co-author:

Lindsey Schofield, BSN, RN

Abstract

Undergraduate nursing students achieving a first-time pass on the NCLEX-RN is the ultimate outcome for students. First time pass rates on the NCLEX allows students to smoothly transition into the nursing careers and allows nursing school to receive standard for nursing education. Therefore, it is the responsibility and the highest concern of nursing program to prepare their students to be successful on the NCLEX-RN exam. As technology demands evolve in nursing education curriculum and in professional nursing practice, the needs to explore computerized assistive tools as a strategy to better prepare students for the exam is imperative. Therefore, the purpose of this study is to identify the effectiveness of the integration of computerized assistive tools in to nursing curriculum and to better prepare students for the NCLEX-RN examination.

Objective:

The participant will be able to identify the effectiveness of the integration of computerized assistive tools to nursing curriculum and implement to prepare students for the NCLEX-RN Exam.

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Poster 11

Improving Maternal Tetanus, Diphtheria, and Pertussis Vaccine Uptake

Leonora U. Javier, DNP, MSN, RN
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Abstract

Background: Pertussis is a contagious, potentially fatal disease that can be prevented by vaccinating pregnant individuals with tetanus, diphtheria, and pertussis vaccine. The project aimed to examine the impact of this vaccine program on maternal uptake rates in 8-12 weeks.

Problem: The Advisory Committee on Immunization Practices recommends the tetanus, diphtheria, and pertussis vaccine for pregnant individuals between 27 and 36 weeks to reduce infant morbidity and mortality. However, uptake remains low, including at the practicum site.

Methods: Chart audits were conducted from November 13, 2023, to January 5, 2024, to establish pre-intervention data with 123 participants. In the post-intervention phase, 111 charts were audited from January 8 to March 2, 2024. The vaccine program was integrated into the clinic workflow with well-defined strategies, such as daily huddles and formative evaluations.

Intervention: Tetanus, diphtheria, and pertussis vaccine availability, reminder/recall system, standing order protocol for nursing staff, and provider recommendations have been linked to positive outcomes in the literature.

Results: The project had 234 participants; 69.9% received the vaccine pre-intervention and 93.7% post-intervention. The Z-score was -4.69, with a p-value < .001, indicating a statistically significant increase in tetanus, diphtheria, and pertussis vaccination rates.

Conclusions: The vaccination program at the practicum site significantly impacted the maternal vaccine uptake rates of 27-36 pregnant individuals. The evidenced-based interventions implemented in this practice change project produced similar outcomes in the literature.