Proceedings of the 37th Annual Educational Conference
"Crossing and Closing the Gap: Nursing Then and Now"

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

South Harbor Resort and Conference Center
2500 South Shore Harbor Blvd., League City, TX 77573
October 14, 2016.

37th UPNAAI Educational Conference
"Crossing and Closing the Gap: Nursing Then and Now"
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CEU Accreditation
This program is approved for 4.8 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 October 15, 2016 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 October 31, 2016 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 relationship 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

- Identify the different gaps in nursing education, practice and health care
- Discuss various approaches adopted to minimize or close these gaps in nursing education, practice and health care
- Describe efforts to reduce the gap in health care cost while maintaining quality through reimbursement reform
- Describe similarities and differences among the four generations of nurses in the workforce and strategies used by leadership to promote teamwork and maintain safe, quality patient care

Breakfast Educational Conference
Friday, October 14, 2016

Edmund J.Y. Pajarillo, BSN '79, PhD, MPA '90, MSN, RN-BC, CPHQ, NEA-BC
President, UPNAAI 2016-2017

Moderators: Erlinda Cruz Paguio, BSN '72, MA '78, ANP-BC, RN
1st VP and Chair: UPNAAI Education and Research Committee 2016-2017

Dolores Sanares-Carreon, GN '75, BSN, MPA, DNP, NE-BC, RN
Vice-Chair: Research Poster Presentation

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

8:00 AM Welcome Remarks
Edmund J.Y. Pajarillo, BSN '79, PhD, MPA '90, MSN, RN-BC, CPHQ, NEA-BC

UPNAAI President 2016-2017

8:10 AM Introduction: 2016 JV Sotejo Medallion of Honor Award
Lyvia Mendoza Villegas, GN ’68, BSN ’71, MA, FNP (ret.)
Chair: Awards and Citation Committee 2016-2017

8:20 AM Keynote Address - 2016 Distinguished J. V. Sotejo Medallion of Honor Recipient
Ma. Rebecca Marana Galvez Tan, BSN ’75, MAN ’83, RN
Project Director, Health Futures Foundation Inc. (HFI)

8:40 AM Introduction of Panel of Speakers
Randelle Ian Sasa, BSN ’05, MA, RN-BC, CMSRN, CCRN
Board Member 2016-2017

8:45 AM “Why are they so different? Recognizing and bridging the generation gap”
Lourdes Casao, BSN ’87, PhD, FNP, RN-BC
Corporate Director of Education, Citrus Valley Health Partners, East San Gabriel Valley, CA

8:55 AM “Challenges in bridging the gap between nursing education and the demands of a changed health care system”
Manuel Ramos, BSN ’91, MSN, RN
Professor of Nursing, Valencia College, Orlando, FL
Board Member, Recording Secretary, 2016-2017

9:05 AM Break: Exhibits, Research Poster Presentations, Networking
Dolora Sanares-Carreon, GN ’75, BSN, MPA, DNP, NE-BC, RN
Chair, Poster Presentations

10:05 AM Introduction of Panel Speakers
Merly Abrenica, GN ’65, BSN, RN
Board Member, 2016-2017

10:10 AM “Care focus before and now – Shift in care from in-patient to out-patient”
Aurora Bunag King, BSN’71, PhD, MN, MEd, FNP, RN (Ret.)
Volunteer, Nurse Practitioner, Manna Ministries Medical Clinic, Picayune, MS

10:20 AM “Closing and crossing gaps in nursing practice with specific focus on quality of care initiatives, reimbursement, patient safety and patient satisfaction”
Lanel Silvers, BSN ’81, MPH, CCDS, RN
Clinical Documentation Specialist, Regulatory Services/Quality Management, Wychkoff Heights Medical Center, Brooklyn, NY

10:30 AM Panel Discussion and Audience Q&A

11:20 AM Summative Remarks
Ma. Rebecca Marana Galvez Tan, BSN’75. MAN’83, RN
2016 JV Sotejo Medallion of Honor Recipient

11:30 AM Evaluation and Closing Remarks
Erlinda Cruz Paguio, BSN ’72, MA ’78, ANP-BC, RN
1st VP and Chair: UPNAAI Education and Research Committee, 2016-2017

Awarding of Certificates of Appreciation to the Speakers and Poster Presenters

11:30-12:30 Research Poster Presentations

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Bridging the Gaps in Nursing Education and Community Health Practice: Perspectives from the Periphery

2016 Distinguished J. V. Sotejo Medallion of Honor Recipient & Keynote Speaker
Ma. Rebecca Marana-Galvez Tan, BSN '75, MAN '83, RN
Project Director, Health Futures Foundation Inc. (HFI)

ABSTRACT

Equity in health care remains to be a dream for the poorest, disadvantaged and impoverished communities in the Philippines. The author gives an account of her work in these marginalized destitute communities for the past 38 years and relates the different forms of inequity she came face to face with. In the process, the existing gaps in nursing education, community health practice, and Philippine health care system are outlined and the courses of action taken to address them in the community level, described. The paper also presents how nurses can, especially as independent community health nurse practitioners, play a pivotal and significant role in achieving equity in health care and in the realization of the dream of Health for All Filipinos.

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

- Identify the gap/s in current nursing education with respect to present and future community health nursing practice
- Outline the strategies to minimize/close the above gaps, and
- Discuss sustainable nursing interventions to make access to health care available to the poorest of the poor Filipinos

UPNAAI Keynote
PPT presentation Re

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Why are they so different? Recognizing and bridging the generation gap

Lourdes Casao, BSN '87, PhD, FNP, RN-BC
Corporate Director of Education, Citrus Valley Health Partners, East San Gabriel Valley, CA

Abstract

Gap analysis is a critical step in establishing the existence of a problem. This step enables program and project teams to identify a clear need and evidentiary basis underlying the program or project at hand. Key principles of this step include objectivity, inclusivity, clarity, honesty, and humility. Outcome metrics include both quantitative and qualitative measurements.

Our current workforce is comprised of 4 major generational cohorts: (1) veterans; (2) baby boomers; (3) generation Xers; and (4) generation Ys. Members of each of the cohorts have similar attitudes and behaviors brought about by shared experiences during their lifetime such as entertainment, technology, political, social, and economic climate. As nurse leaders, our challenge is to harness the strengths of each cohort in reaching a state of acceptance and harmony within the work environment.

During this learning activity, the facilitator will discuss the definition, importance, and impact of gap analysis and generational diversity in the work environment. The facilitator will lead the discussion and gap analysis of the challenge of generational diversity within the work environment focusing on 3 core personal and generational values: (1) communication; (2) commitment; and (3) compensation.

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

- Perform a gap analysis using generational diversity as a subject

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Challenges in bridging the gap between nursing education and the demands of a changed health care system

Manuel Ramos, BSN '91, MSN, RN
Professor of Nursing, Valencia College, Orlando, FL
Board Member, Recording Secretary, 2016-2017

Abstract

The changes in the demographics and in the healthcare system of the US has implications to nursing education. Nursing education is challenged to prepare students to enter the workforce with abilities to meet the demands of a complex healthcare system and become the future leaders of the industry. The Institute of Medicine (IOM) released their key findings and conclusions based on their assessment on the progress made on implementing the recommendations from The Future of Nursing report. Barriers and challenges need to be overcome to meet the recent IOM recommendations.

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

- Assess the challenges that face nursing education to meet the demands of a changed health care system

Manny Ramos
Power point presen

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Care focus before and now – Shift in care from in-patient to out-patient

Aurora Bunag King, BSN'71, PhD, MN, MEd, FNP, RN (Ret.)
Volunteer, Nurse Practitioner, Manna Ministries Medical Clinic, Picayune, MS

Abstract

The impetus for the growth of advanced practice nursing can be traced to the trends that have emerged in the 1990's. There was a significant paradigm shift on how health was viewed and where health care could best be delivered. This shift was driven by escalating health care cost, growing concern about the lack of access to primary care, emphasis on safety and quality, clamor for individual responsibility, technological explosion, and physician shortage.

The emphasis on health maintenance and disease prevention shifted the focus from hospital to ambulatory care setting. In 1992, the American Nurses Association projected that 60-80% of primary care, traditionally delivered by physicians, can be provided safely and competently by clinically experienced nurses with advanced academic preparation. Sparacino (1994) remarked that advanced practice nurses can provide a "care delivery model that is more comprehensive, cost effective, and competitive".

Transitioning to advanced practice role has many challenges fraught with insecurity and confusion. More so with the change from one advanced practice role, i.e. ICU Clinical Nurse Specialist, to another, i.e., Nurse Practitioner, in the same institution.
The shift in practice focus can be quite intimidating not just to the practitioner, but to other staff as well.

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

- Discuss the socio-economic trends that led to a push for advanced nursing practice
- Describe the practice challenges of role transition from inpatient to ambulatory care setting

slides - Aurora King.pptx

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Closing and crossing gaps in nursing practice with specific focus on quality of care initiatives, reimbursement, patient safety and patient satisfaction

Lanel Silvers, BSN '81, MPH, CCDS, RN
Clinical Documentation Specialist, Regulatory Services/Quality Management, Wychkoff Heights Medical Center, Brooklyn, NY

Abstract

The fast changing healthcare landscape have impacts on nursing practice. From a task directed endeavor, healthcare is focusing on outcomes of care. Quality improvement, payment, surveys and certification, value based purchasing, clinical standards, quality and public reporting, coverage, CMMI and Medicaid, HHS and program integrity are activities and programs that CMS is involved as required by legislation. Nurses are in the forefront of the delivery of healthcare therefore their actions and contributions impact the healthcare landscape. Awareness of these initiatives are necessary so that appropriate actions can be instituted.

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

- Identify how nursing care impacts quality of care, reimbursements, patient safety and patient satisfaction
- Identify ways to close the gaps in their practice as it relates to quality initiatives, reimbursements, patient safety and patient satisfaction

Lanel Silvers
Presentation (2) GAF

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POSTER PRESENTATIONS

Poster 1

Prevention of surgical site infection after total arthroplasty (QI)

Evelyn Alcontin, MA, ANP-BC, NP-C, CWOCN
evelynalcontin@gmail.com

Abstract

Background: Surgical site infection (SSI) is a major complication of hip and knee arthroplasty. It leads to increased morbidity, length of stay, readmissions, costs, poor quality of life due to pain and limited movement, and death. **Purpose**: This quality improvement project will evaluate the implementation and adherence to Total Joint Rapid Recovery Pathway to decrease surgical site infection after arthroplasty.**Setting and Sample:** It will be done in a surgical unit and preadmission testing unit in a community hospital in Queens, New York. The participants include 57 interdisciplinary team members whose adherence to the clinical pathway will be measured by a chart audit tool. **Review of Literature**: The clinical pathway includes interventions that will decrease bacteria in the skin, preoperative and postoperative education, decreasing wound hematoma and wound drainage, removing surgical drains and Foley catheter post surgery, and antibiotic prophylaxis. **Theoretical Framework**: The project will be guided by the Diffusion of Innovations theory and the Plan-Do-Study-Act cycle model. **Method:** An educational intervention will be provided to the participants in relation to the use of clinical pathway and the adherence and surgical site infection rate will be measured six before and six months after the educational intervention. The statistical analysis plan will include descriptive statistics, chi-square test,

Diabetes is one of the leading causes of morbidity and mortality in the United States. Over nine per cent (9.3%) or 29.1 million people of the United States are diagnosed with diabetes. If left uncontrolled, diabetes can lead to kidney failure, heart disease and stroke, blindness, nerve damage, depression, erectile dysfunction, liver and gum condition and pregnancy complications. Complication from diabetes cost the United States $245 billion in 2012, $176 billion in direct cost and another $69 billion in indirect cost through premature death, disability, loss of wages (CDC, 2014). Diabetes is the seventh leading cause

of death in the United States. The purpose of the study is to identify trends in addressing and controlling the incidence of diabetes through timely assessment of diabetes risk and early interventions that consist of increased physical activity, weight management, and reduction of fatty food intake analyzing secondary data available from the Behavioral Risk Factor Surveillance System, State Indicator Report on Physical Activity 2010, Centers for Disease Control and Prevention's Diabetes Data and Trends, and the Health Indicators Warehouse. Cross tabulation and logistic regression analysis showed that the odds of developing diabetes is lower when one participates in some physical activity and the odds ratio of developing diabetes for obese populations is very low, 1.0% if one meets the physical activity requirement.

Objective

The participant will be able to describe the components of the clinical pathway in order to decrease the incidence of surgical site infections post hip and knee arthroplasty

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Poster 2

Making Great Strides with Tiny Feet: A Baby- Friendly Experience

Au Ballesteros, MAN, RNC-LRN
auballestero@yahoo.com

Abstract

Transforming a traditional postpartum unit with separate nursery into a single unit is not an easy task. It meant adopting a new name that focuses care on the mother and her newly delivered baby in a family-centered, more baby-friendly environment. It involved a change from one nurse taking care of the mother and another nurse taking care of the baby to only one nurse taking care of both. It introduced the concept of couplet nursing that required a paradigm shift in attitudes, knowledge and skills not only among the staff but including top administration, management and its rank and file. It challenged the medical and nursing staff as well as patients to shake off old ways and habits of having baby separated from the mother many times and at different hours of the day. It required lots of education, revision of policies and procedures, dissemination of multimedia information and a strong determination and political will to persevere despite opposition from those affected by the change. Now, the journey which started in 2012 is about to end with the hospital expecting a Baby-Friendly designation this year.

Objective
The participant will be able to discuss the steps that lead to the transformation of a traditional postpartum unit with separate nursery to a single functioning unit that focuses on family-centered, baby-friendly care

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Poster 3

The use of Unfolding Multiple Patient Simulations in a Senior Medical-Surgical Nursing Course

Raquel Bertiz, PhD, RN, CNE
Raquel.bertiz@montgomerycollege.edu

Abstract

Background: Among the myriad of challenges facing nursing instructors is that of providing realistic clinical experiences to nursing students. Literature and feedback from partner clinical facilities indicate the struggles of new graduate nurses include safe management of multiple patients, timely recognition of adverse changes in patient condition, and delegation. A change is needed in educational practices to maximize student learning, and prepare them for the challenges of new graduate nurses. **Purpose:** The goals of the project include: providing a teaching/learning package to enhance safe care of multiple patients; recognizing adverse changes in patient condition; offering an opportunity for practice of the leadership concept of delegation, and complying with best practice standards for simulation by INACSL. **Methods:** Three unfolding multiple patient simulations were designed by nursing faculty. Students participated in the simulations during on-campus lab sessions throughout the semester. Scenarios paralleled theory content. The progression of patient stories were designed to provide students an opportunity to care for multiple patients, recognize subtle changes in patient condition, and delegate tasks in a simulated medical-surgical hospital unit. Student preparation for each simulation included the availability of patient information through DocuCare (online documentation/charting), v-sim (online virtual simulations), reading assignments, skill checklists, learning objectives, and required skills laboratory time. A debriefing method, Debriefing by Meaningful Learning (DML), was implemented following each simulation session with a a debriefing guide for faculty. **Results:** Positive feedback was received verbally as well as through course evaluations from students participating in the unfolding multiple patient simulations. The use of multi-patient simulations facilitated the acquisition of several competencies that are otherwise not experienced by nursing students in real clinical situations. **Conclusions:** The simulation experience was evaluated by both faculty and students using the NLN Simulation Design Scale. Given that the simulations were aimed at meeting course objectives, specific clinical measurements were not performed. It is recommended that a more detailed and valid tool to be created to evaluate student and faculty experience as well as clinical outcomes/simulation objectives. Additionally, student preparation prior to the simulations and the use of the DML tool during the debriefing proved beneficial. In order to enhance standardized student experience, a manual for conducting the simulations and participation in multiple practice sessions with full and part-time clinical faculty would assist in consistency.

Objective

The participant will be able to reflect on the use of simulation in teaching nursing care management of multiple patients.

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Poster 4

Adult Acute Dialysis Hospital Based CQI Indicators

Deborah Bozek BSN, RN, CNN

Co-authors
Christine Homes, ADN, RN
Suzanne Mabry, ADN, RN

Abstract

Background: Continuous quality improvement (CQI) indicators are strongly associated with better outcomes, including decreased mortality, fewer hospitalizations, and fewer hospital days. A need to select more appropriate indicators for monitoring specific patient population outcomes was identified.
Purpose: The project addressed the PICO question: Among acute dialysis CQI Committee nurses, what are best practice recommendations for choosing relevant CQI indicators for an adult based acute in-patient program to improve outcomes reporting?
Intervention: The EBP process was followed to gather and appraise evidence, identify best practice recommendations, and compare those recommendations with current practice to determine next steps.
Results: Acute dialysis indicators were not easily identified in the literature review. However, the indicator "hand-off report" was selected for implementation.
Implication for Practice: The EBP process supported identification of an appropriate quality indicator for ongoing monitoring of nursing practice and patient outcomes for a specific patient population so that optimal outcomes are achieved.

Objective

The participant will describe quality indicators for an adult based acute dialysis in-patient program to improve outcomes reporting

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Poster 5

Implementing a Multi-Focal Approach to Improving the Patient Experience

Deborah-Anne Y. Butuyan, BSN'89, RN
dabutuya@txch.org

Abstract

Pediatric hematology/oncology patients have frequent hospital admissions and are many times admitted for extended periods of time, therefore, efforts to improve their experience are top priority. Texas Children's Hospital in Houston, TX, is a 36 bed inpatient hematology/oncology unit. From March 2014 thru November 2014 our patient satisfaction scores ranged from 85.7-92.4%, with the all time low of 85.7% in November of 2014. Our unit goal was 89.2% which we were not meeting the majority of the time. After determining our areas of deficiency, we decided to use multiple approaches to create a better experience for our patients.

Hourly rounding was implemented in June 2014 which focused on meeting the immediate needs of our patients/families. Rounding focused on ensuring that patients/families were up-to-date on their plan of care, toiletry needs are met and they feel safe and comfortable. The staff were trained to communicate with families using keywords. Thank You cards were given to families which helped to convey that we genuinely feel privileged to be their care provider. The "Patient Experience Files" were created as a way to follow-up on complaints and to have a record of patient preferences for those patients with frequent admissions. We have also revitalized our patient experience committee, which will focus on patient education and fun activities.

We have already seen improvements in our scores and a decrease in the number of complaints we receive. Our official unit goal remains at 89.2%, but we as a unit know that we can do even better and are aiming for >90%. Even more important is to make our families feel that they have had the absolute best experience possible.

Objective

The participant will be able to discuss the key elements in Care Rounds which impact patient care

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Poster 6

Impact of a video presentation about self-administration of medications among heart and lung transplant patients

Teresita Carambas-Santos, RN, MSN
santos@u.washington.edu ; santus@uw.edu

Abstract

Purpose: To determine the impact of a new educational video in the practice of teaching self administration of medications (SAM) by nurses.
Description: First phase of the process improvement project worked on the delivery of the teaching experience and consistent messaging by the nurses. Second phase involved a video presentation describing the process of how patients will be taught SAM. A written survey among a convenience sample was used for data collection.
Outcomes: Most of responders rated sessions with nurses and initial training with pharmacist as "very effective." Fewer patients rated the video presentation as very effective. **Conclusions**: We conclude that patients value their experience with an in-person teaching activity. The video presentation is an alternative tool to the process of learning medications among post transplant patients.

Objective

The participant will be able to state an innovation identified on the poster to enhance patient education among post heart and lung transplant patients

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Poster 7

Lived Experiences of Women who had Induced Abortion

Geraldine Rowena S. Galang, MAN, RN
Geraldinerowena.galang@upou.edu.ph

Abstract

Induced abortion is a practice that is considered immoral and illegal in most countries, including the Philippines. Because of this, many Filipino women commit induced abortion clandestinely. This action, however, may present a grave threat to the woman's life. This qualitative phenomenological study was conducted to describe the lived experiences of women who had induced abortion. It explored the reasons, means, and effects of committing induced abortion among Filipino women in general.

The Van Manen phenomenological approach was utilized in this study by focusing on descriptions of what women experience and how they experience what they experienced. Eight participants, identified through purposive sampling technique, were engaged in an in-depth convers
To analyze data, a research process developed by Colaizzi was utilized. Five common themes emerged: 1) Easy Way Out--identified the reasons why the women resorted to induced abortion; 2) All Choices I Can Take--explored the means resorted to by the women in order to have an induced abortion; 3) Burden Of

My Body--tackled the physical effects experienced by the women after having induced abortion; 4) Living With My Conscience--focused on the psychological effects experienced by women after having induced abortion; and, 5) Moving On--described how the women adapted to life changes after the induced abortion.

The study showed that women sought abortion for complex reasons. To counter the risk, the last part of the study offered conclusions and recommendations for the Philippine government and other key stakeholders to consider, as well as aid health care providers come up with guidelines on how to identify pregnant women who are most likely to opt for abortion, help the women avoid its adverse health consequences, and improve the over-all holistic care given to women who did commit induced abortion

Objective

The participant will be able to demonstrate understanding of the essence of the phenomenon of lived experiences of women who had induced abortion

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Poster 8

The Filipino Caregivers of Persons with Dementia: Contexts of Caregiving

Lydia Manahan, PhD, RN
ltmanahan@up.edu.ph

Abstract

This paper is a report of a study that examined the effects of caregiver profile (demographic, academic, and financial sufficiency) and the context of caregiving (nature, duration, relationship with care recipient, and observed impairment in care recipient) on the caregiver burden.
The progressive and irreversible nature of dementia leads to changes in cognition which can result to changes in functional ability and behavioral changes. These changes can lead to dependency on caregivers who can experience burden of caregiving. Burden is correlated with the caregiver's characteristics and also with the changes brought about by dementia. However, there is a dearth of published literature on this topic regarding Filipino caregivers. Using descriptive correlational design, fifty-one caregivers of persons with irreversible dementia in the home were purposely chosen to participate in this study. Data were collected using Caregiver and Care Recipient Profile, Zarit's Burden Interview, and Interview guide on caregiving process. The results showed Filipino caregivers in the home setting are family members and paid caregivers. Both of them are comparably burdened and they suffer varying level of caregiver burden. Majority (54.9%) of them are mildly burdened and the rest are moderate (23.53%) to severely (21.57%) burdened. Caregiver factors (financial sufficiency and type of care) are correlated with caregiver burden. Just like in the majority of the literature reviewed, the care recipient factors (functional ability, cognition, and behavioral changes) are strongly correlated with the caregiver burden. Based on the guided interview, the caregiving process was influenced by Filipino culture.

Filipino caregivers perceive that caring for persons with dementia is a tedious and challenging task yet fulfilling. Fulfillment comes from the carrying out of their obligation and being able to repay their debt of gratitude *(utang na loob)*. The motivations for caring, the obstacles and problems of caring as well as the potential solutions to problems of caring are attributed to caregiver and care recipient factors. Caregivers are an extension of the patient and a vital partner of the nurse in the care of persons with dementia. Just like the persons with dementia, their concerns and priorities should be dealt with. The Filipino caregivers will need more knowledge and skills to provide better care and indirectly

decrease their burden. RICE Model is applicable as guide in thinking of interventions for persons with dementia.

Objective

The participant will be able to describe the Filipino's caregiving perspective on clients with dementia

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Poster 9

Creation and Revision of Hospital Standardized Procedures, Protocols and Privileges for Nurse Practitioners
Policy development

Maria Florina Aleth D. Mangosing Ignacio, NP, BSN '87
Co-author: Kathleen Wheeler, DNP

Abstract

Background: The California Code of Regulations Article 7 Chapter 13, Title 16 requires that any organized health care system in California must develop standardized procedures before permitting registered nurses to perform standardized procedure functions. Eisenhower Medical Center's current Allied Health Prerogatives did not reflect a complete format of the Standardized Procedures required to practice under the California Board of Registered Nursing (BRN). The Advanced Practice Nurse (APN) Council initiated the process of updating the hospital's Allied Health Prerogatives to current state requirements for practice.
Action Taken: This project has spanned over eighteen months of intense review of the BRN's guidelines, and multiple formats of Privilege processes from selected teaching hospitals by the APN Council members. Once completed, the council presented the Advance Practice Privileges and Standardized Procedures to the Interdisciplinary Practice Committee (IDPC) and is approved. The document is on its way to the Medical Executive Board for final approval.

Objective

The participant will be able to demonstrate understanding of how the Advanced Practice Nurse Council of a medical center has accomplished change on the advance nursing practice by direct participation in the formalization process of the Privileges and Standardized Procedures of the Nurse Practitioners

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Poster 10

Nurse Friendly Staffing/Scheduling Program

Maria Milla, BSN '89, RN
Maria.milla@memorialhermann.org

Abstract

Background: Nurse friendly staffing has been advocated as an important strategy to improve nurse satisfaction, enhance organizational commitment, reduce nursing turnover, and increase staff retention.
Purpose: This project addressed the PICO question: Among nurses in a hospital based, acute, adult, dialysis unit, what are best practice recommendations for developing a nurse friendly staffing/scheduling program to promote nurse satisfaction?
Intervention: The evidence based practice (EBP) process was followed to gather and appraise evidence, compare current practice with best practice recommendations, and identify next steps. Unit nurses also completed a questionnaire identifying their scheduling preferences.
Results: The literature review supported that staff management of a schedule can increase satisfaction, decrease absenteeism and costs, and better align goals for management and staff. Questionnaire findings revealed that 95% of the unit nurses (n=18) preferred self-scheduling.

Objective

The participant will be able to describe the best practice recommendation for developing a nurse friendly staffing/scheduling program to promote nurse satisfaction

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Poster 11

Relevance and Effectiveness of UPCN BSN Competency and Value-based Curriculum towards an Outcome-based Curriculum

Arnold Peralta, MHPEd, MA, RN
Abperalta1@up.edu.ph

Co-authors: Luz Barbara Dones, MPH, RN
Lydia Manahan, PhD, MA, RN

Abstract

Competency-based education is utilized over known traditional ways of educating nursing students in order for nursing graduates to acquire sufficient skills, knowledge, and professional attitude to successfully complete tasks at the workplace. The UPCN competency-based curriculum is noted as remarkably effective in educating students if the number of nursing graduates who passed the national board examination is used as a parameter. The development of a reliable and valid assessment tool to establish the association of a nurse's performance and knowledge base becomes undeniably essential. Higher education institutions in nursing are putting a lot of emphasis in ensuring that they produce competent graduates who will meet all standards of the profession and the needs of the society. Quality nursing education is indirectly determined by the demands of the clients in the workplace. This descriptive cross-sectional study aims to assess the relevance and effectiveness of the UPCN Bachelor of Science in Nursing (BSN) Competency and Value-based Curriculum in the workplace. Congruence of the professional competencies in the curriculum with the standards of nursing practice in the country will be determined. An evaluation tool will be developed utilizing the Kirkpatrick model in assessing clinical competency and the UP College of Nursing (UPCN) Skills Knowledge and Attitudes (2006) and will undergo validation from experts in the field. This study will focus on the graduates of UPCN (Graduates during the academic year 2008 to 2014) who are currently employed as in Philippine General Hospital (PGH). They will be taken as participants once they sign the informed consent. Questionnaires will be sent thru online survey website. Confidentiality will be ensured.

The participants' nursing supervisors will also be asked to evaluate the staff nurses in terms of their clinical competence. Data will be analyzed by the use of measures of central tendency and variability.

Objective

The participant will state the relevance and effectiveness of a competency-based BSN curriculum in the performance and evaluation of workplace competencies

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Poster 12

Surgical Site Infection Control and Prevention : We are Making It Everyone's Business In the Dermatology Clinic

Celine Marie Pico, BSN, RN, CAPA
cmpico@verizon.net

Co-authors: Joey Harrison, RN
Mary Maiberger, MD
Pavan Nootheti, MD

Abstract

Surgical site infections are among the most common healthcare associated infections and account for 20%-31% of healthcare associated infections. Healthcare associated infections, in addition to posing a major risk to patient safety, also drive up hospitalization and medical care costs. This is the reason why hospital systems across the country are striving to prevent them. In 2007, a multiphase program was implemented at the VAMC to decrease healthcare associated MRSA infection rates in our system. Surveillance does not include the Inpatient Behavioral Health and all Ambulatory Care Settings/Outpatient clinics; however, our microbiology laboratory has been reporting positive MRSA cultures from inpatient and outpatient settings to the Infection Control Department since 2010. This practice allowed us to identify clusters of MRSA wound infections in patients after undergoing outpatient dermatologic procedure. An investigation was conducted by the Infection Control Department to evaluate the unexpected high rate of MRSA infections in patients after undergoing outpatient dermatologic procedures. Based on the findings of the investigation, the Dermatology clinic made revisions to the clinic practices to address the issue.

Objective

The participant will be able to list two best practices to prevent surgical site infection

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Poster 13

Implementing a Progressive Mobility Protocol in the ICU
Protocol Development

Esperanza D. Serna, BSN, GN'75, CCRN

esperdom@yahoo.com

Abstract

Critical care professionals are uniquely positioned to impact the short and long-term recovery and rehabilitation of critically ill patients. Professional organizations have published evidence-based interventions, such as progressive mobility protocols, to minimize the impact of physical and cognitive decline that often accompanies critical illness.

Inspired by speakers at a nursing conference, I organized a team to explore the feasibility of developing a progressive mobility protocol in our ICU. We started by reviewing and synthesizing research articles. Weekly brainstorming sessions and dialogue with OT and PT colleagues led to an action plan. We also reached out to community nurse experts for advice and support. The greatest challenge was buy-in and support from ICU nursing staff. After several in-services at all levels of the organization and posting of protocols for reference in patient rooms, staff engagement thrived. The protocol has become embedded in daily nursing activities but requires continuous reinforcement and outreach.

Objective:

The participant will be able to describe the process and the structure of developing and implementing a customized progressive mobility protocol for patients in the ICU

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Poster 14

Preliminary Results of Baclofen Pump Implantation Protocol Implementation

JoWinsyl Solidum-Montojo, RN, BSN '97
JSmontoj@texaschildrens.org

Co-authors: Valentina Briceno, RN
Patsy Jones, RN
Hilary Newding, RN

Abstract

Intrathecal baclofen pump therapy is an accepted treatment for spasticity and dystonia in pediatric patients[1, 2]. It improves function, decreases discomfort, and improves ease of care and activities of daily living. Despite its efficacy and safety, baclofen pump surgeries have up to 31% complication rate and 4-9.5% acute infection rate[3].

From 2007 to 2011, baclofen pump surgical infection rates ranged from 10-16% in a multi-institution review including Texas Children's Hospital (TCH). In order to address this, our team designed a protocol modeled after other successful infection bundles[4,5] . The Baclofen Pump Implantation Protocol utilized infection prevention measures (control of OR traffic, wound preparation and antibiotic irrigation). Additional initiatives included nutritional status optimization, schedule prioritization, administration of intrathecal antibiotics and of topical Vancomycin prior to wound closure.

Implementation starting in August 2014 showed an increased awareness of infection-prevention considerations among the health care team. Compliance with tracking is relatively high. Bundle

compliance varied. 39 cases performed in 12 months showed an improvement in outcomes: zero implant infections.

Continued implementation of this quality improvement initiative, tracking of outcomes and further data analysis will provide insights into which measures within the protocol were most effective in infection reduction.

Objective

The participant will be able to describe at least 3 infection prevention measures included in the Baclofen Pump Implantation protocol

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Poster 15

Quality Improvement Initiative: Intraventricular Medication Usage for Cerebrospinal Shunts

JoWinsyl Solidum-Montojo
JSmontoj@texaschildrens.org

Co-authors: Valentina Briceno, RN
Hilary Newding, RN

Abstract

Infection of ventriculoperitoneal shunts is a continuing concern for management of pediatric hydrocephalus. The procedural infection rate is reported to be at 8-10%[1]. The Hydrocephalus Clinical Research Network (HCRN) which includes Texas Children's Hospital (TCH) as one of its centers, developed a multi-step protocol in 2007 to address this. One of the key steps in the initial protocol is the intraventricular (IVTR) administration of Vancomycin 10mg and Gentamicin 4mg. In 2009, a reduction of infection to 5.7% within the network was noted. However, intraventricular antibiotics were not found to be a significant contributor to this improvement in outcomes. Because of this and other modifications, the shunt infection protocol was revised in 2013, where intrathecal antibiotics were no longer required in the protocol. At our institution, some neurosurgeons opted to continue giving Vancomycin and Gentamicin intrathecally. This quality improvement initiative aims to quantify variations in this practice and how it plays into hospital costs and patient care.

From January to July 2015, a total of 131 shunt cases were done at TCH. IVTR medications were ordered for 104 (79%) these cases. 43 (41%) of dispensed IVTR doses were administered intraoperatively to patients undergoing cerebrospinal shunt surgery. 61 (59%) doses prepared and dispensed by the pharmacy were not administered and thus wasted. Of the 61 non-administered doses, 30 were requested for appropriate surgeries but were not given to the patient; reasons included surgeon preference or timing of drug arrival. The remainder were requested for surgeries that did not meet original shunt placement criteria (e.g. endoscopic third ventriculostomy or externalization of shunt). These preparations, requiring careful attention by an experienced pharmacy staff under sterile conditions given the intended intrathecal route, takes 30 minutes. Both medications expire after 8 hours. Once ready, the medications are then picked up from the Pharmacy and taken to the OR. IVTR medications are not appropriate for prolonged storage, and thus must be prepared and delivered in a just-in-time process.

This data reinforces the need to adhere to the existing shunt protocol of not using IVTR medications. By doing this, the OR nurse and the entire team, will achieve optimal patient outcomes, team efficiency and minimum waste of resources.

Objective

The participant will be able to describe at least three components of the Shunt Infection Control Protocol

++

Poster 16

Organizing Medical Missions: Provide Help, Avoid Creating A Burden (Community Service)

Maria Angelina Supan, MSN, BSN '91, CRNA
Mylene_supan@yahoo.com
Co-authors: Niesan Emara, BSN, RN, CNOR
Imelda Claudette Ellorin-Revote, BSN, RN, CNOR

Abstract

Background:
Short term medical missions (STMM) augment healthcare by providing free medical services to the underserved and marginalized sectors of Philippine society.

Process:
1. Once the community is chosen, involve the leaders of the Local Government Units and Community Health Workers to facilitate coordination, patient screening and follow up.
2. Tap into local organizations to help recruit volunteers, facilitate communication, procure medications and supplies, and to establish a referral network for patients requiring a higher level of care
3. Ensure foreign volunteers are qualified to perform services offered. Authenticate professional licenses with the Philippine consulate and obtain a temporary license with the Professional Regulation Commission.
4. Execute a memorandum of agreement between all organizations involved.
5. Conduct a volunteer pre-mission general orientation.

Objective

The participant will be able to identify key processes necessary to ensure that STMM will yield long-term benefits instead of creating a burden for the community

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Poster 17

Mrs. Divina Telan Robillard, BSN '76
debsoxo@gmail.com
Volunteer Advocate for ALS related causes

An ALS Residence for Hawaii – A Community Project

Abstract

Amyotrophic Lateral Sclerosis - a neuro-degenerative disorder affecting ALL voluntary muscles - kills patients 2-5 years from diagnosis. Cognitive functions are usually intact. There's no known cure or cause.

Despite improved services, patients almost routinely choose death to ventilation or institutionalization. Ventilation - burdensome for families - is provided in SNFs, longterm care models notorious for subpar care and disappointing quality of life.

In 2012, the ALS Residence Initiative (ALSRI) furnished the design for inspired ALS care: ALS Residences, which are skilled nursing centers in a residential setting with full automation, vent support, and compassionate staff. There are three such residences in the country: Massachusetts (2) and Louisiana (1). Four other states are working on theirs.

Are better survival rate and quality of life achievable if patients were cared for in ALS Residences?

We, in Hawaii, think so and are poised to start on ours.

Objective

The participant will be able to describe the components of the Hawaii ALS Community's plan to establish an ALS Residence in their home state.

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Poster 18

Long-term Ventricular Assist Devices in Heart Failure Management
(Literature. Review)

Evangeline N. Veloria, DNP, BSN '91, ACNP-BC, CCRN
Env2101@cumc.columbia.edu

Abstract

Heart failure affects an estimated 5.7 million Americans. There are more than 900,000 new cases diagnosed annually. Total cost for heart failure was estimated to be approximately $30 billion in 2012. Despite institution of evidence based therapies to treat heart failure risk factors and implementation of angiotensin converting enzyme inhibitors, beta blockers, coronary revascularization, implantable cardioverter-defibrillators, and cardiac resynchronization, the overall five year mortality rate remains high at approximately 50%. Traditionally, cardiac transplantation has been the only treatment that provides substantial individual benefit to patients with advanced heart failure. However, the shortage of donor organs for transplantation has paved the way to alternative approaches to myocardial replacement and support. This literature review will discuss long-term ventricular assist devices currently available as a bridge to transplantation and as a destination therapy.

Objective

The participant will be able to demonstrate understanding of the concepts of "ventricular assist device as bridge to transplantation and as destination therapy"

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Poster 19

Nurse-Driven Protocol for the Management of Patients in Alcohol/ Poly-substance Abuse Withdrawal

Maria Christina Ycaza-Gutierrez, BSN '91, CCRN
ykhee825@yahoo.com
Co-authors: Laurie Wilson, MSN
Sharon Hawthorne, BSN, CCRN
Ariadne Williams, MSN, CCRN

Abstract

Problem: The MICU nurses have experienced a large influx of withdrawal patients from ED who were prophylactically intubated due to over sedation. Managing these patients have been clinically challenging and resource intensive to the interdisciplinary team. Physicians have varied approach in medicating these patients and there was no quantifiable way to measure patient's degree of agitation. **Purpose**: Develop a nurse-driven protocol in management of alcohol/poly-substance abuse withdrawal patient using pharmacological and non- pharmacological interventions. **Goals: 1)** Implement early recognition and management of withdrawal symptoms using the Richmond Agitation Sedation Scale (RASS); 2) Decrease ventilator days; 3) Decrease complications , 4) Decrease length of stay in MICU. **Implementation & Evaluation**. Patient outcomes were positively affected with the implementation of the nurse-driven protocol shown by decreased length of stay in MICU and over-all length of stay in the hospital. There were less patients who were intubated, less number of ventilator days and less patients who had tracheostomy. Estimated cost savings for six months of project implementation was approximately over $900,000.00 **Protocol Update**: (Six Months after project completion): The implementation of the protocol continues and data gathered showed improvement with project outcomes. Savings were estimated to be more than $1.1 M, surpassing savings during project implementation.

Objective

The participant will be able to recognize and manage alcohol and substance abuse withdrawal patients utilizing the components of the developed algorithm

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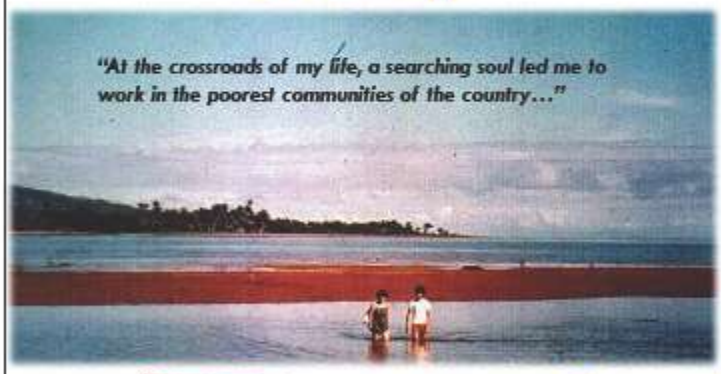
Bridging the Gaps in Nursing Education and Community Health Practice:

PERSPECTIVES FROM THE PERIPHERY

Ma. Rebecca Maraña-Galvez Tan

BSN '75, MAN '83

38 Years Ago



" .... impoverished and disenfranchised Filipinos who know not health as a universal and unalienable right but a commodity they cannot afford to purchase.

" ....there were literally no roads to travel on then. Only a big river , several creeks and rickety bridges."

"Armed with the best of intentions and with a solid educational foundation, I remained undaunted by scenes that welcomed me."

The Gap:

"I was faced with the reality that I was on my own. Thus, in a situation where independent decision-making is required, I felt like a fish out of water"

The Gap:

I was to care for the health of the whole village, a whole community composed of scores of households…. I was only prepared for the health care provision of a few individuals and families.

The Gap:

In college we were required five deliveries and five assists … This minimum requirement was not enough to give me the confidence I needed as the only trained health worker in the village.

"I got answers such as nalamigan, pasma, nahanginan and nabuyag"

The Gap:

"Making a nursing diagnosis became an insurmountable task because the client and I were not on the same page."

The Gap:

"A limited world view on health and disease causation.

"This act of listening and attitude of openness became the key to acceptance as a partner of the community for their health."

The Gap:

The dearth of resources created a problem for implementing interventions . In impoverished settings, using inexpensive and sustainable interventions became necessary.

" From the traditional healers and the community, I acquired the knowledge of the use of indigenous plants as medicine. "

" I saw how ventosa instantly relieved cough and body aches like magic. Of course it was not magic !

Training community volunteers on acupuncture in the 1980's.

The Gap:

"In the field, I learned the participatory and bottom-up approaches in the development of a health action plan."

Barangay health workers posting their inputs on metacards.

The barangay health worker and community members in a planning session.

The Gap:

" In the community I was introduced to the word EMPOWERMENT and this became the end goal of every initiative. "

The barangay health worker giving a lecture on the anatomy and physiology of the respiratory system

The barangay health workers trying to assess the breath sounds.

The Gap:

When I was in school, the tradition of allopathic or European American medicine dominated the way we described illness …. disease causation was mainly ascribed to a germ or bacteria.

The Gap:

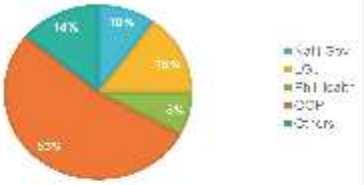
"The totality of one's environment and its effect on health is not given due emphasis."

" Affordable health care was and still is beyond the means of the marginalized Filipino."

State of Affairs in Health Sector: 2009

- **High OOP**

DISTRIBUTION OF HEALTH EXPENDITURES BY SOURCE, 2009



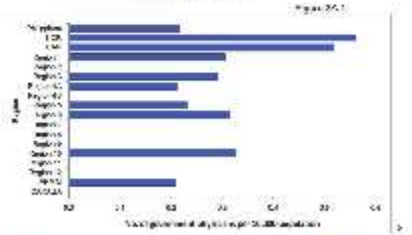
Source: National Health Accounts, DOH

Six out of ten Filipinos still die without seeing a doctor or a health professional

State of Affairs in Health Sector: 2009

- **Gaps in health service delivery**
  - Health professionals concentrated in urban areas

No. of government physicians per 10,000 population by region, 2009



Alaga Ka

Alay sa Ginhawa at Kalusugan

hfi

Alay sa Ginhawa at Kalusugan (ALAGA KA)
Providing access to health care to marginalized communities

- Completed Sites
- Upcoming Sites

hfi

"ALAGA KA aims to strengthen the Philippine health care system by providing fully equipped and functional barangay health stations in the poorest communities."

Capacity-building sessions with the BHS health personnel and barangay health workers

ALAGA KA Wellness Cluster Group sharing in the community

"Working in the community has become a priceless opportunity to express and share my talent, skills, and love for the least, the lost, and the last."

38 Years After

"I am still crossing brooks and rivers …..

….this time to create communities of wellness to further address another GAP – the inequity in health care .

State of Affairs in Health Sector: 2009

- Widening inequities in health

Closing the *gaps*

- A curriculum that is culturally sensitive and relevant to the country's needs
- Emphasis on thinking and problem solving skills with the end goal of preparing nurses for truly independent work in the community
- Equal emphasis on both institutional and community based nursing
- Strengthen curriculum with environmental skills

Closing the *gaps*

For the UPCN

- To inspire, empower, and provide opportunities for its graduates to work in the periphery
- To lead in training for community service
- To inculcate the attitude of serving ALL particularly the poorest of the poor with their hands, heads, and hearts

The time to act is now !


Nursing Education
Community Practice


Nursing Education
Community Practice

Health for All Filipinos

My Family

UPCN Class '75

My Community

Dean Dolores Recio

Why are they so Different?

Recognizing and bridging the generation gap

Lourdes Maria R. Casao PhD, RN-BC, FNP
UP Class of 1987

Learning objective

- By the end of the learning activity, the participant will be able to perform a gap analysis using generational diversity as a subject

Gap Analysis

- Definition
- Importance
- Principles behind use

Gap Analysis Process

	Gap Analysis	
Current State	Future State	Next Actions/Proposals
*	*	1) 2) 3) 4) 5)

Gap Analysis Process - Wrinkles

Gap Analysis		
Current State	Future State	Next Actions/Proposals
* Presence of crow's feet or fine line wrinkles around the eyes	* Soften the fine lines	1) Stay away from sun 2) Sleep, rest 3) Use moisturizer 4) Avoid overwashing 5) Keep hydrated 6) Retinoids, AHA, microbrasion, Vit C

Generational Diversity

- Definition
  - Veterans
  - Baby Boomers
  - Generation Xers
  - Generation Ys
- Implications

Gap Analysis: Generational Diversity

	Gap Analysis	
Current State	Future State	Next Actions/Proposals
*	*	1) 2) 3) 4) 5)

Gap Analysis: Generational Diversity

Gap Analysis		
Current State	Future State	Next Actions/Proposals
* Friction amongst generational cohorts leading to an engagement score of _____ and turnover rate of _____	*	1)

Gap Analysis: Generational Diversity

Gap Analysis		
Current State	Future State	Next Actions/Proposals
* Friction amongst generational cohorts leading to engagement score of_____ and turnover rate of _____	* Acceptance and harmony amongst generational cohorts leading to engagement score of _____ and turnover rate of _____	1)

Gap Analysis: Generational Diversity

Gap Analysis		
Current State	Future State	Next Actions/Proposals
* Friction amongst generational cohorts leading to engagement score of _____ and turnover rate of _____	* Acceptance and harmony amongst generational cohorts leading to an engagement score of _____ and turnover rate of _____	1) Communicate 2) Train managers 3) Find champions ~ Utilize unit-based councils 4) Find the strengths 5) Unit based interventions 6) Examine pay and work practices

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VALENCIA COLLEGE

Challenges in Bridging the Gap between Nursing Education & the Demands of A Changed Healthcare System

Manny Ramos MSN, RN
Professor of Nursing
Valencia College

VALENCIA COLLEGE

Disclosure of Actual or Potential Conflict of Interests

I have no potential or actual conflict of interest in relation to UPNAAI's goals and mission

Emerging Realities in the Future of Healthcare

- patient-centered
- value-based
- community-based
- prevention-focused
- collaborative/team-based
- technology-enabled
- evidence-based

Source: *Futures Task Force, AACN, July 2015*

Competencies in the New Work Environment

- Leadership
- Change management
- Data analytics
- Systems Analysis and redesign
- Collaborative Education
- Commitment to lifelong learning

Source: *Futures Task Force Final Report, AACN, July 2015*

VALENCIA COLLEGE

Recommendations from the IOM Report: *The Future of Nursing: Leading Change, Advancing Health, 2010*

1. Remove scope-of-practice barriers.
2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
3. Implement nurse residency programs.
4. Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.
5. Double the number of nurses with a doctorate by 2020.
6. Ensure that nurses engage in lifelong learning.
7. Prepare and enable nurses to lead change to advance health.
8. Build an infrastructure for the collection and analysis of interprofessional health care workforce data.

VALENCIA COLLEGE

Transforming Nursing Education

(1) Support academic pathways toward the baccalaureate degree

(2) Explore ways to create and fund transition-to-practice residency programs

(3) Promote the pursuit of doctoral degrees, with an emphasis on the Ph.D.

(4) Promote interprofessional and lifelong learning.

- **Source:** *Committee for Assessing Progress on Implementing the Recommendations of the IOM Report The Future of Nursing: Leading Change, Advancing Health, 2015*

VALENCIA COLLEGE

Gaps in Nursing Education

- Most entry-level education are lecture-based approach
- Use of active learning , simulation and other scenario-based learning
- Needs curricula redesign and resource development to promote interprofessional and collaborative education
- Refocus the locus of education
- Community outreach, development & partnership
- Use of technology & EBP
- High cost of education
- Faculty shortage, aging of the faculty

Trends supporting the development of Advanced Practice Nursing

Aurora B. King, PhD, FNP-BC
UPCN'71

I have no potential or actual conflict of interest in relation to UPNAAI's goals and mission.

Trends

- Escalating health care cost
- Growing concern about lack of access to primary care
- Emphasis on safety and quality
- Clamor for individual responsibility
- Technological explosion
- Physician shortage

Issues with Role Transition

- Social integration
- Fear of "clinical misgivings"
- Improvement and integration of new skills
- Confidence

Closing and crossing gaps in health care administration [QoC, Reimbursements, Patient Safety & Satisfaction]

Roceo Lanel Soberano Silvers, RN, MPH, BSN'81, CCDS
Quality Assurance Specialist
Wyckoff Heights Medical Center
Brooklyn, New York

DISCLOSURE OF ACTUAL OR POTENTIAL CONFLICT OF INTERESTS

I hereby declare that I have no actual or potential conflict of interest in relation to this program/presentation.

Presentation Objectives

At the end of the presentation, the audience will:

1. identify how nursing care impacts quality of care, reimbursements, patient safety and patient satisfaction.
2. describe ways to close the gaps in their practice as it relates to quality initiatives, reimbursements, patient safety and patient satisfaction

Definition of Nursing

- autonomous and collaborative care
- promotion of health, prevention of illness, and the care of ill, disabled and dying people
- involves advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and patient care education

(International Council of Nurses)

Centers for Medicare and Medicaid Services (CMS)

Department of Health and Human Services (HHS)

Administers many programs (i.e., Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Health Insurance Marketplace

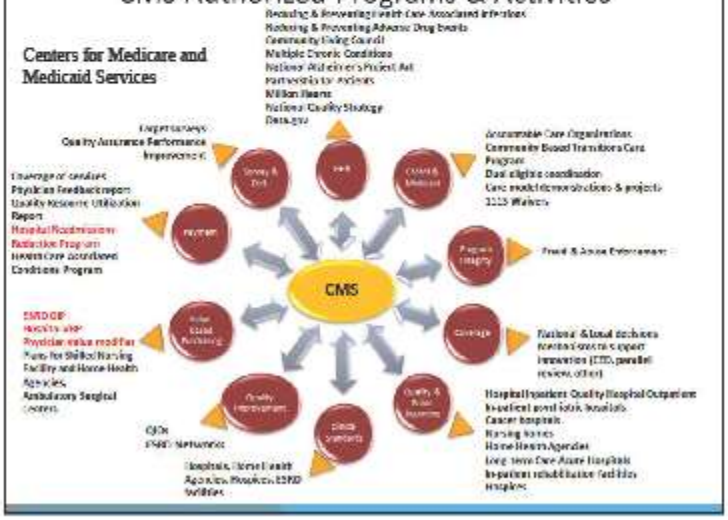
Initiatives include quality measures for

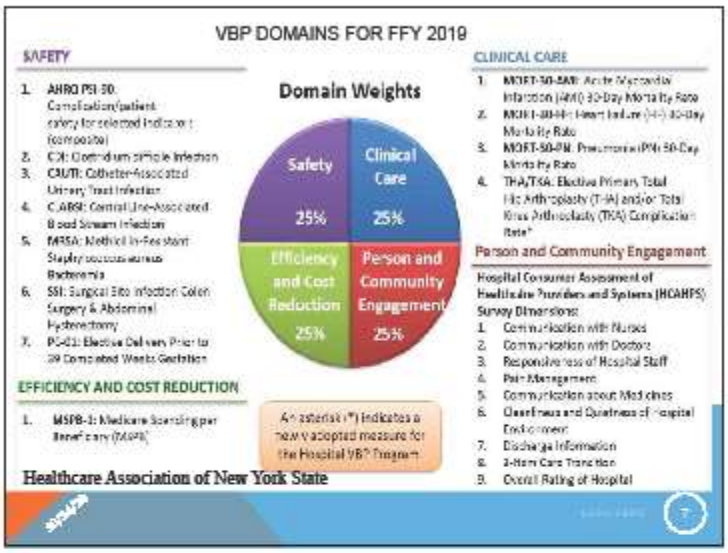
- nursing homes
- home health agencies
- hospitals and
- kidney dialysis facilities

Consumers can use the quality measures information that is available on www.medicare.gov to assist them in making healthcare choices or decisions

CMS Authorized Programs & Activities

Centers for Medicare and Medicaid Services





SAFETY

AHRQ: Patient Safety Indicators (PSI)

Indicators use to identify actual and potential complications and adverse events

Used to to conduct further studies on how to present these actual and potential adverse events

Provide the opportunity to assess the incidence of adverse events using administrative data found in the typical discharge record

Include indicators for complications occurring in hospitals that may represent patient safety event

Have area level analogs designed to detect patient safety events on a regional level

AHRQ Agency for Healthcare Research and Quality

PATIENT SAFETY INDICATORS (PSI 90)

PSI 03 Pressure Ulcer Rate
PSI 06 Iatrogenic Pneumothorax Rate
PSI 08 In-Hospital Fall With Hip Fracture Rate
PSI 09 Postoperative Hemorrhage or Hematoma Rate
PSI 10 Postoperative Acute Kidney Injury Rate
PSI 11 Postoperative Respiratory Failure Rate
PSI 12 Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate
PSI 13 Postoperative Sepsis Rate
PSI 14 Postoperative Wound Dehiscence Rate
PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate

Healthcare-associated infections (HAIs)

* Central line-associated bloodstream infections (CLABSI)
* Catheter-associated urinary tract infections (CAUTI)
* CDInfections (*Clostridium difficile, C. difficile*)
* Methicillin-resistant *Staphylococcus aureus* (MRSA)
* Surgical Site Infections (SSI)

Estimated total number of infections in hospitals (2011) $721,800

(Centers for Disease Control and Prevention)

Efficiency and Cost Reduction

Medicare Spending per Beneficiary (MSPB)

- the MSPB Measure evaluates hospitals' efficiency, as reflected by Medicare payments made during an MSPB episode, relative to the efficiency of the median hospital.

Centers for Medicare and Medicaid Services

Clinical Care

MORT-30-AMI: Acute Myocardial Infarction (AMI)30 Day Mortality rate

MORT-30-HF: Heart Failure (HF) 30 Day Mortality rate

MORT-30-PN: Pneumonia (PN) 30 Day Mortality rate

TKA/THA: Primary Elective Total Knee Arthroplasty (TKA) and/or Total Hip Arthroplasty (THA) complication rates

Centers for Medicare and Medicaid Services

Person and Community Engagement

- first national, standardized, publicly reported survey of patients' perspectives of hospital care
- pronounced "H-caps"
- also known as the CAHPS Hospital Survey

Centers for Medicare and Medicaid Services

Contents of the HCAP Survey

* Communication with nurses
* Communication with doctors
* Responsiveness of hospital staff
* Cleanliness and quietness of the hospital environment
* Pain management,
* Communication about medicines,
* Discharge information,
* 3 Item Care Transition
* Overall rating of hospital

Centers for Medicare and Medicaid Services

Different Times, Different Manners

*Nurses then made rounds with the physicians, took care of the charts, looking up information and orders.

*Now, nurses make rounds with the interdisciplinary and often times struggle to keep informed about patients assigned to me.

*Before nurses kept abreast of advances in healthcare by reading nursing journals,

*Now, nurses struggle to keep pace with advances in their particular practice setting because the present healthcare consumers are well informed through the internet for up to date information.

Http://Www.Nursetogether.Com/Evolving-standards-care-nursing-then-and-now

15

Gaps in nursing practice is the result

- of advances in biomedical science
- blending of new clinical care technologies
- changes in care delivery systems
- improved disease management and prevention (vaccines and antibiotics)
- changing population demographics that is diverse in language and culture

American Association of Colleges of Nursing
http://www.aacn.nche.edu/publications/white-papers/hallmarks-practice-environment

16

Next Steps

* Knowledge is power
* Acknowledge the role of nurses
* Advocate for quality patient care
* Involvement in research, data collection, quality improvement activities and EBP studies
* Thorough knowledge of current and evidence-based knowledge
* Embrace technology and make it an ally in improving health outcomes

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QUESTIONS

Rebecca Marana Galvez-Tan, RN, MAN

Ms. Tan is a Project Director of Health Futures Foundation Inc., an accredited NGO which is involved in multiple initiatives aimed at improving the health and wellness of marginalized communities in the Philippines. She works with recognized indigenous health workers and provides training blending Western medicine with complementary medicine. She manages and oversees the implementation of grant and research projects from partner agencies like the World Health Organization, UNICEF, Bill and Melinda Gates Leadership Institute for Population Management.

Her teaching experience focused on community health. She has written or co-authored numerous books and publications amongst them were the "Fruits and Vegetables with Medicinal Properties", "Hilot: The Filipino Traditional Massage" manuals on Acupressure, Moxibustion, Ventosa and Acupuncture.

She received her BSN and masters in nursing degree from the University of the Philippines. She received her training in acupuncture from mainland China.

Lourdes Maria Casao, PhD, RN-BC, FNP

Dr. Casao is an adjunct faculty at Mt. St. Mary's University, College of Nursing where she is the lead faculty member for the RN to BSN Program. She is also currently the Corporate Director of Education at the Citrus Valley Health Partners, East San Gabriel Valley, CA. She is responsible for fostering professionalism and excellence among nursing and non-nursing staff to be in compliance with requirements from various regulatory agencies.

She received numerous awards among which were the Elvia Foulke Leadership Award in 2015 by Citrus Valley Health Partners, Journal Nurse Scientist Fellow in 2012 by UPNAAI and Excellence in Leadership Award in 2011 by Sigma Theta Tau, Iota Sigma Chapter.

She has numerous publications, written chapters and published a book review all on the subject of nursing leadership.

Manny Ramos, MSN, RN

Mr. Ramos is currently a Professor of Nursing at Valencia College in Orlando, Florida. He is currently the president of the Philippine Nurses Association of Central Florida.

He has been involved in nursing education since 2002 and in the education committee of various nursing organizations. He is very familiar with the requirements in the nursing curriculum and assessment of student outcomes.

Mr. Ramos is a BSN graduate of the University of the Philippines and a Master of Science graduate of the University of Phoenix.

Aurora Bunag King, PhD, MEd, FNP-BC

Dr. King is a retired Family Nurse Practitioner but she still keeps herself busy as a volunteer NP at the Manna Ministries Medical Clinic in Mississippi. She also served in the US Air Force Reserve, Nurse Corp and retired as a Colonel.

She graduated from the University of the Philippines for her BSN degree, a PhD on Curriculum and Instruction at the University of New Orleans in Louisiana and a Family Nurse Practitioner Certificate from George Washington University in Washington, DC.

She has numerous publications to her credit.

Roceo Lanel Silvers RN, MPH, BSN, CCDS

Ms. Silvers has an extensive background in case management and utilization review. She has worked with diverse populations and multi-disciplinary teams. She identifies regulatory standard deficiencies, makes recommendations to correct them and provides assistance and education to multi-disciplinary health care groups regarding quality and documentation standards.

She is a graduate of the BSN program at the University of the Philippines. She obtained her Masters in Public Health from Walden University.