



**14th Annual Spring Forum &
Evidence-Based Practice Poster Day**

April 29, 2020 - May 8, 2020

Abstract Book

**Hunter College
Hunter-Bellevue School of Nursing
School of the Health Professions**

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**Spring Forum &
14th Annual Evidence-Based Practice Poster Day**

Hosted on CUNY Academic Commons
EBPposterday.commons.gc.cuny.edu

April 29, 2020

10:00 AM **Poster Gallery Open and Keynote by Video**
Presenter: Christel Hyden, EdD, MS, BA

Posters and keynote available all day.

5:00 PM **Live Q&A: *Storytelling for Community***
Engagement & Health Promotion with
Dr. Hyden. RSVP for Zoom link.

May 6, 2020

9:00 AM **Winners Announced & Certificates Awarded**

May 8, 2020

5:00 PM **Conference & Extended Poster Discussion Ends**

KEYNOTE SPEAKER



Christel Hyden, EdD, MS, BA

Christel holds an EdD in health education from Teachers College, Columbia University and an MS in applied social research from CUNY Hunter College. She earned a BA in sociology at Wagner College and is a proud alumna of Brooklyn Technical High School.

Christel is on the research faculty at Albert Einstein College of Medicine, and has been an adjunct professor teaching research methods and social marketing at the graduate and undergraduate levels. Her consulting clients have included New York Presbyterian Hospital, Dartmouth College, the ASCNYC, and the NYC Department of Health and Mental Hygiene.

Christel is an Associate Editor for Health Promotion Practice, and over the course of her career Christel has authored and coauthored several peer reviewed articles, as well as a forthcoming book chapter on the applications of research methods in behavioral medicine. Her research has been presented at many professional meetings and conferences, including the US Conference on AIDS, YTH Live, the American Public Health Association, the Society of Behavioral Medicine, and the Society for Adolescent Health and Medicine.

She lives in Northern NJ with her two children and five dogs and enjoys volunteering in her spare time.

www.chyden.com

ORGANIZERS

Producing this year's 14th Annual EBP Poster day involved heroic feats, hard work and the tireless dedication of our staff and faculty. We are deeply appreciative for the work of those who have gone above and beyond to make this day a success.

Elizabeth Capezuti, PhD, RN, FAAN – William Randolph Hearst Foundation Chair in Gerontology and Professor, Hunter-Bellevue School of Nursing

Elizabeth Gross Cohn, PhD, RN, NP, FAAN – Associate Dean of Research, Rudin Professor of Nursing, Director, Center for Nursing Research, Hunter-Bellevue School of Nursing

Martin Dornbaum, MS, FAAN – Director, Hunter College Health Professions Education Center (HPEC)

Zora Flores-Kitongo, MS – Budget Director, Hunter-Bellevue School of Nursing

Shawn McGinniss, MEd – Instructional Designer/Educational Technologist, Hunter-Bellevue School of Nursing

Elizabeth Olatunji – Research Assistant, Hunter-Bellevue School of Nursing

Vanessa Hernandez – Office Assistant, Hunter-Bellevue School of Nursing

Avena Sanassie – Administrative Assistant, Hunter-Bellevue School of Nursing

POSTER AWARDS

Congratulations to the following presenters for outstanding poster presentations in their respective categories:



Undergraduate Presentation

[Suicide Risk Assessment Across the Lifespan in the Emergency Department](#)

Anjali Singh, Michaela Radoo [[Abstract #3](#)]

Faculty Sponsor: Tara Heagele, PhD, RN, PCCN, EMT



Physical Therapy (2 Awards in Category)

[The Effect of an Ankle Home Exercise Program on Gait in Persons with Multiple Sclerosis: A Pilot Study](#)

Ashley Whitson, Gene Hetz, Jill Mandel, Alex Seigrist, Maxwell Dunfey, Rebecca Kleiner, Alixandra Petersen, Rainier Saliente [[Abstract #6](#)]

Faculty Sponsor: Herb Karpatkin, PT, DSc

[Longer Individualized Rehabilitation Treatment Does Not Impact Outcomes for Patients with Chronic Obstructive Pulmonary Disease](#)

Avery Wittkamp, Hae Mee Dai, Marguerite Saint-Preux [[Abstract #20](#)]

Clinical/Faculty Sponsors: Janet Herbold, PT, MPH, PhD; Suzanne Babyar, PT, PhD



Speech-Language Pathology and Audiology

[Attention Allocation During Play in Two-year-old Toddlers who are Late Talkers](#)

Katherine H. Hiler [[Abstract #33](#)]

Faculty Sponsor: Michelle MacRoy-Higgins, PhD, CCC-SLP, TSHH



Queensborough Community College

[N95 Mask or Surgical Mask? A Limited Literature Review on the Effectiveness of Masks in Preventing Novel Viral Infections](#)

Christina Badal, Mariko Delagana, Gustavo Tamayo, Somwattie Jaggernaut, Emily Herman, Nardia Mohsin, Shanika Reid, Xiao Ting Zhang [[Abstract #14](#)]

Faculty Sponsor: Randelle I. Sasa, MA, RN-BC, CMSRN, CCRN



Pre-Capstone DNP

[Reducing Unnecessary Preoperative Testing in Cataract Surgery Patients](#)

Makia Hughes [[Abstract #38](#)]

Faculty Sponsor: Elizabeth Capezuti, PhD, RN, FAAN



Capstone Proposal

[Improving a Falls Prevention Program in the Long Term Care Facility: Implementing Evidence-based Falls Prevention Bundle](#)

Chinyere Onunaku, RN, MSN, FNP-C [[Abstract #13](#)]

Faculty Sponsor: Viktoriya Fridman, DNP, RN, ANP-BC



Final Capstone Project (3 Awards in Category)

[The Cluster Care Model: An Innovative Method to Decrease CLABSIs in PICUs](#)

Joanne Mathieu, MSN, AGPCNP-BC, RN-BC, DNP-S [[Abstract #28](#)]

Faculty Sponsor: Viktoriya Fridman, DNP, RN, ANP-BC

[Improving the Culture of Safety on the Pediatric Intensive Care Unit \(PICU\) Using Educational Sessions and Patient Safety Huddle Implementation](#)

Shari Jean-Marie, MSN, AGPCNP-BC, DNP-S [[Abstract #49](#)]

Faculty Sponsor: Viktoriya Fridman, DNP, RN, ANP-BC

[Reducing CLABSI Rates in a Pediatric Intensive Care Unit](#)

Sophia A. Brown, FNP-BC, DNP-S [[Abstract #51](#)]

Faculty Sponsor: Viktoriya Fridman, DNP, RN, ANP-BC

Abstract #1

Wellness Classes to Combat Metabolic Syndrome in Psychiatry

Author: Alexis Williamson (Graduate/DNP)

Faculty Sponsor: Dr. Elizabeth Capezuti, PhD, RN, FAAN

Issue: Metabolic syndrome has unfavorable health outcomes in mentally ill patients. The literature review addressed the following question: In patients taking second generation antipsychotics, does implementation of a weekly wellness program, versus current standards of practice, improve food choices, elevated blood glucose, and weight over a 6-month?

Description: A literature search was conducted using the Pubmed, CINAHL and PsycInfo databases for studies evaluating the relationship between antipsychotics and metabolic syndrome. Keywords used included metabolic syndrome and second-generation antipsychotics. Inclusion criteria are English speaking adults older than 18 years and stabilized on second-generation antipsychotics in the outpatient setting. Exclusion criteria includes non-English speaking adolescents under 18 and pregnant women.

Results: Key findings indicate that second generation antipsychotics increase the risk of metabolic syndrome. Metabolic syndrome includes hypertension, hyperglycemia, obesity and hypercholesterolemia. These conditions have unfavorable health outcomes and may influence patient compliance.

Conclusions and recommendations: Metabolic syndrome is highly prevalent among patients with severe mental illness. It presents a significant risk for various health conditions. The need for ongoing attention should be included in clinical management. Potential interventions include wellness classes directed towards minimizing unfavorable patient outcomes.

Abstract #2

Implementation of a Standardized Handoff Tool with Automated Key Elements to Improve Patient, Provider and Organizational Outcomes

Author: Angela Chan, DNP-S, AGPCNP-BC, RN, OCN at HBSO

Faculty Sponsor: Viktoriya Fridman, DNP, RN, ANP-BC

Background/Review of Literature: Handoff is the process of transferring primary authority and responsibility for providing clinical care to a patient from one departing caregiver to one oncoming caregiver. The traditional handoff was used as a tool for communication between the day and night shift. Traditional handoffs were not sensitive to the oncology population as it was not standardized, lacked automated key elements from the electronic medical records, and required manual data entry that can affect patient, provider, and organizational outcomes.

Purpose: To implement a new handoff tool by increasing the rates of inclusion/compliance of the same 9 key elements studied in the I-PASS (Illness Severity- Patient Summary, Action List, Situation Awareness and Contingency Planning and Synthesis by the receiver) trial as well as six additional key oncology elements that were crucial to providing appropriate care in the oncology patient population. These oncology specific key elements included oxygen requirement, pain regimen, transfusion goals, labs, last blood culture, and access.

Methods: This is a quality improvement project that uses the Plan-Do-Study-Act cycle.

Implementation Plan/Procedure: In conjunction with IT, a customized automated handoff tool was created specific to the oncology population. A series of educational presentations to licensed independent professionals highlighting the new handoff function and emphasizing the importance of key data inclusion was conducted.

Conclusion: The implementation of a standardized handoff tool demonstrated a significant positive change with increased compliance of inclusion of key elements. In addition, a pre and post implementation REDCap survey indicated increased satisfaction by licensed independent practitioners with the new handoff tool. Regarding patient and organizational outcomes, there was not a significant improvement in length of stay.

Keywords: handoff, length of stay, oncology, cancer, patients, licensed independent practitioners, nurse practitioners, interns, automated inclusion, and key elements.

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Abstract #3



Poster Award: Undergraduate Presentation

Suicide Risk Assessment Across the Lifespan in the Emergency Department

Authors:

Anjali Singh

Michaela Radoo

Faculty Sponsor: Dr. Tara Heagele, PhD, RN, PCCN, EMT

Issue: Suicide is a major public health issue within the United States, spanning across all age groups. Alarming rates of suicide have caused healthcare professionals to take further steps in screening patients in order to prevent and lower these incidences. A concise universal screening tool was needed to identify these patients, especially those overlooked in the emergency department.

Description: Implementing a universal screening tool to be used within the Emergency Department for pediatric and adult patients in effort to prevent suicide and treat those at risk. The Emergency Nurse Association (ENA) provides a clinical practice guideline that gives a recommendation on safe nursing implementation for identifying the undetected populations at risk for self-harm and by giving healthcare providers the ability to complete a thorough lethality or depression screening. Our poster will summarize the effectiveness of different screening tools that adhere to TJC guidelines.

Lessons Learned: A positive correlation has been identified between the use of ENA suicide screening tools and better recognizing patients at risk. The five instruments used to assess patients are: Ask Suicide-Screening Questions, The Manchester Self-Harm Rule, The Risk of Suicide Questionnaire, The Suicide Affect-Behavior-Cognition Scale and The Patient Safety Screener.

Next Steps: The use of suicide screening tools should be a part of every patients initial emergency room visit. It's important to note that these screening measures are not able to identify all patients at risk. Future plans for research can include methods for increasing patient compliance and accuracy, as these factors heavily affect the results of screening.

Contact: Anjali.Singh99@myhunter.cuny.edu, michaela.radoo12@myhunter.cuny.edu

Abstract #4

The Effects of Intermittent versus Continuous Walking on Gait Fatigability in Persons with Multiple Sclerosis

Authors:

Rubeo, A. SPT

Rhodes, R. SPT

Rodriguez, L. SPT

Rodriguez, R. SPT

Rachwani, J. PT, MS, PhD

Faculty Sponsor: Herb Karpatkin, PT, DSC

Background: Previous work shows that persons with Multiple Sclerosis (pwMS) who walk intermittently may experience less subjective fatigue (SF) and objective fatigue (OF), and walk longer distances than when walking continuously. The purpose of this study was to compare time to gait fatigue during walking in pwMS when using intermittent walking (IW) as opposed to continuous walking (CW).

Methods: 18 pwMS, Expanded Disability Status Scale (EDSS) median 4.7 SD (1.4), mean age 59 SD (9.5) participated in this randomized crossover study with a one week detraining period. The IW condition included alternating 30 seconds of walking and 30 seconds seated rests. The CW condition consisted of walking without breaks. Participants wore an overhead harness for safety. Treadmill speed (TS) was determined by a 2-minute walk test (2MWT) and participants were then allowed a familiarization period to attempt this speed on the treadmill. Participants walked at their highest tolerable speed, up to the 2MWT speed, until gait fatigue; Visual analogue scale of fatigue (VASF) and walking distance (WD) were recorded.

Results: Participants had significantly longer WD in the IW condition than the CW condition ($t(17) = 2.408$; $P = .028$). IW enabled participants to walk at best-pace for greater distances and longer periods of time than CW, with no significant change in SF.

Conclusion: IW allows for pwMS to perform a greater volume of walking and can be a viable option to improve walking endurance.

Abstract #5

The Effect of Nurse-Led Heart Failure Education Using Teach-Back Methods On Hospital Readmissions.

Author: Annick Fremont (Graduate/DNP)

Faculty Sponsor: Dr. Elizabeth Capezuti, PhD, RN, FAAN

Problem: Heart failure is a major public health care problem with a high prevalence associated with reduced quality of life, high mortality and significant economic cost. Heart failure patients often require frequent hospital readmissions.

Methods: A literature search was systematically conducted using the following databases: CINAHL, Medline, and Pubmed with the following keywords: *congestive heart failure, education, readmission, teach-back, and economic cost*. The following inclusion criteria were used: systematic reviews, cohort studies, and articles published from 2010 to date. Exclusion criteria included the following: children, adolescents, and studies published prior to 2010. Studies found included four systematic reviews, 2 retrospective cohort studies and 1 narrative review.

Results: The findings show that a nurse-led educational intervention does lead to a reduction in heart failure rehospitalization. Although not statistically significant, the teach-back method showed positive effects. Discharge education using the teach-back method resulted in 45% reduction in 30-day readmission.

Conclusions: Nurse-led education helps heart failure patients gain knowledge of their disease and empowers them to become active participants in their health. The evidence supports the use of the teach-back method in heart failure education in order to maximize their understanding of the disease and promote knowledge. Recommendations for practice include the integration of the teach-back method into patient education. Well-designed randomized controlled trial studies need to be conducted to confirm the effectiveness of discharge education using teach-back methods.

PICOT: In adults with congestive heart failure, how does a nurse-led heart failure education using teach-back methods affect hospital readmissions within 30 days?

Abstract #6



Poster Award: Physical Therapy (2 Awards in Category)

The Effect of an Ankle Home Exercise Program on Gait in Persons with Multiple Sclerosis: A Pilot Study

Authors:

Ashely Whitson (Graduate)

Gene Hetz (Graduate)

Jill Mandel (Graduate)

Alex Siegrist (Graduate)

Faculty Sponsor: Herb Karpatkin, PT, DSC

Background: Evidence suggests that impaired push-off and heel-toe progression contribute to gait dysfunction in persons with Multiple Sclerosis (pwMS). Limited ankle plantarflexion and dorsiflexion strength and range of motion (ROM) have been indicated as contributors to these impairments. The purpose of this study is to assess the effects of a home exercise program (HEP) designed to improve ankle ROM and strength on gait measures in pwMS. We hypothesize that pwMS who engage in this HEP will demonstrate improved gait performance.

Methods: This study consists of a 6-week pretest/post test longitudinal study design to assess gait limitations in pwMS. Subjects include 9 ambulatory subjects with a deficit in ankle strength and/or ROM. Primary outcome measures include: The 6-Minute Walk Test (6MWT), Dynamic Gait Index (DGI), kinematic data via the Zeno walkway, and the MS Walking Scale-12. A HEP prescription to address ankle strength and ROM is administered and patients are re-evaluated at 3 and 6 weeks.

Results: To date, 9 subjects with an average EDSS score of 4.7 have completed the study. Improvements include dorsiflexion and plantarflexion strength, mean stride velocity, gait velocity and cadence on the 6MWT and mean DGI scores. Data collection will continue through May 2020.

Conclusions: Limitations in ankle push off strength and ROM are near ubiquitous impairments in pwMS. A HEP program that addresses these deficits may result in improved gait in this population. Acknowledgements: Dr Suzanne Babyar, Dr. Jaya Rachwani, and all of our participants.

Abstract #7

Gait Rehabilitation After Total Knee Arthroplasty: Assessing cadence, stride length and range of motion as predictors of gait velocity

Authors:

Aviva Becker, Graduate (DPT)

Joe Tino, Graduate (DPT)

Jamie Ozeri, Graduate (DPT)

Faculty Sponsor: Suzanne Babyar, PT, PhD

Background: The improvement of gait velocity following total knee arthroplasty (TKA) surgery is important during postoperative rehabilitation. Following a TKA, patients experience decreases in overall function, most importantly in knee ROM, cadence, stride length, which are variables that contribute to gait velocity. A better understanding of the predictive role of these variables may facilitate more efficient short-term rehabilitation. The purpose of this study is to analyze the predictive value of knee AROM, cadence, and stride length at admission to an inpatient rehabilitation facility following both unilateral and bilateral TKA surgeries with gait velocity at discharge from the facility.

Methods: This retrospective study included 230 subjects (169 unilateral and 71 bilateral) who underwent TKA and were admitted to Burke Rehabilitation Hospital (BRH) for inpatient rehabilitation. Gait parameters were measured from each patient using a Zeno Electronic Walkway. A linear regression analyzed the relationship of gait speed at discharge to AROM, stride length, and cadence at admission to inpatient rehabilitation.

Results: Using a stepwise forward regression, admission stride length ($p = .009$) and cadence ($p < .001$) were found to be significant predictors of discharge gait velocity after unilateral TKA patients. Range of motion ($p < .001$) and stride length ($p = .012$) were found to be significant predictors for discharge gait velocity in patients with bilateral TKA.

Conclusion: This study suggests that physical therapy interventions for patients with unilateral TKA should focus on increasing cadence and stride length while interventions for patients with bilateral TKA should focus on increasing knee range of motion and stride length.

Abstract #8

Identification of Discharge Predictors for Patients with Stroke From An Inpatient Rehabilitation Facility

Authors:

Ayelet Safrin (Graduate student, Hunter College of Physical Therapy)

Melanie Perten (Graduate student, Hunter College of Physical Therapy)

Sofia Lindeman (Graduate student, Hunter College of Physical Therapy)

Janet Herbold, PT, MPH, PhD (VP, Burke Rehabilitation Hospital),

Faculty Sponsor: Suzanne Babyar, PT, PhD

Background: National trends in stroke rehabilitation to improve rates of community discharge necessitate an understanding of factors affecting discharge destination. The purpose of this retrospective study was to develop and test the sensitivity and specificity of a community discharge destination prediction model identifying the most predictive factors for patients with stroke on admission to inpatient rehabilitation. We hypothesized that the model developed for one cohort of patients will accurately predict community versus subacute rehabilitation/ skilled nursing facility (SNF) destinations in a second cohort.

Methods: Predictive variables for community discharge were identified in the Model Cohort (patients from January 1, 2016 - December 31, 2017) through logistic regression. The binary outcome variable was community (home and assisted living facilities), and other (subacute rehabilitation/SNF). This prediction model was applied to the Applied Cohort (patients from January 1, 2018 - June 15, 2018) to test the sensitivity and specificity of the model.

Results: Logistic regression analysis identified admission motor Functional Independence Measure (FIM), Fugl-Meyer Balance Test, and Fugl-Meyer Lower Extremity (LE) Motor scores as the respective predictive variables for discharge destination ($P < 0.05$). The prediction model showed an 84.1% correct prediction rate for community discharge and an 83.0% correct prediction rate for subacute rehabilitation/SNF for the Applied Cohort.

Conclusions: A successful model, including FIM Motor, Fugl-Meyer Balance and Fugl-Meyer LE Motor scores at admission to inpatient rehabilitation, adequately predicted community vs. subacute rehabilitation/SNF destinations. The importance of Fugl-Meyer scores in this prediction was unique to this study.

Abstract #9

Using a Wound Assessment Checklist and Triage Algorithms to Decrease Readmissions for Infection at HSS

Author: Ayesha Britton-James

Faculty Sponsor: Dr. Blima Marcus, DNP, RN, ANP-BC, OCN

Background and Review of Literature: Recent data from Centers for Medicare and Medicaid (CMS) from 2016-2018 showed that the overall readmission rate for infection back to Hospital for Special Surgery (HSS) is marginally increasing. Twenty-seven percent of the readmissions are due to various types of infection, the majority being related to the surgical site.

Purpose: The purpose of this quality improvement project is to implement a wound assessment checklist and triage algorithms during post-op encounters using Nurse Practitioners (NP's) to assist in the reduction of readmissions for infection after total hip (THR) and total knee replacement (TKR) at HSS.

Methods: A post-operative wound checklist and triage algorithms were used when patients communicated with NP's during the 30-day post-op period via telephone or telehealth calls.

Implementation Plan/Procedure: Post-op checklists were completed by Nurse Practitioners and recorded in the EPIC electronic health record. During the telephone communication, patients were also requested to submit a photo of their incision if indicated for further evaluation. Data was examined after 30 days and 60 days to assess for any readmission back to HSS for infection.

Results: The use of a checklist showed increase monitoring of postoperative wounds leading improved follow-up care.

Implications/Conclusion: Using a wound assessment checklist and triage algorithms during post-op encounters with THR and TKR patients may help to reduce readmission rates at HSS on a long-term basis and may also be valuable for other orthopedic clinical pathways.

Abstract #10

Moist Wound Healing in Practice: Critical Appraisal of the Literature

Author: Beau Amaya BSN, RN, OCN

Faculty Sponsor: Dr. Elsie Jolade, DNP, RN, FNP-BC, ACNS, CCRN

Issue: Since the 1960s research has shown that wounds in a moist environment heal faster than if wounds in a dry environment. Despite research and practice guidelines many patients are still receiving subpar wound care. Some clinicians believe wet-to-dry dressings provide a moist wound environment, yet gauze soaked in saline does not maintain a moist environment.

Description: To determine the best approach for wound healing, an evidence-based approach was taken. The PICO(T) question, “In patients, how does moist wound dressing compared to dry dressing affect wound healing?” steered a literature search. CINAHL, PubMed, and Cochrane Library were searched. 121 articles were obtained and 9 were deemed high quality and relevant to the topic.

Results: Evidence showed that use of dressings that provided a moist environment have several positive outcomes. Moist dressings improved wound healing time, decreased wound size, decreased pain, decreased rates of infections, and decreased bacterial exposure from aerosolized debris for both the patient and the provider. Moist dressing also decreases the overall cost of providing care for these patients. Use of wet-to-dry and dry questions was shown to show opposing outcomes than those listed for moist dressings.

Conclusions and Recommendations: In practice use of dressings that provide a moist environment for wound healing should be utilized. There are a variety of dressings that can be used and based on the needs of the patient including: hydrocolloid (DuoDerm), hydrofiber (Aquacel), and foam (Allevyn, Mepilex). Wet-to-dry and dry dressings do not provide a moist healing environment and should be avoided.

Abstract #11

Decreasing COPD Readmissions Utilizing Educational Videos to Improve Inhaler Use

Author: Carla Colin (MSN, FNP-BC, HBSON DNP Student)

Faculty Sponsor: Dr. Lynda Olender, PhD, ANP, RN, NEA-BC

Background: Chronic Obstructive Pulmonary is linked with 1.8 million emergency room visits in the United States, and it caused 3,518 per million deaths in 2016. Unplanned readmissions are common among COPD patients, and they potentially increase the morbidity and cost burden associated with the disease. The agency's average COPD-related unplanned readmissions is 20.9%; the national average of 20.2%. The patients' improper usage of dry powder inhalers (DPIs) has been associated with hospital readmissions. Such readmissions can be prevented by educating patients on proper inhaler use techniques.

Purpose: The project proposes to use educational videos to improve inhaler use knowledge and skills among COPD patients; resulting in a reduction of COPD readmissions by 3% in 3 months.

Methods: Guided by Lewin's unfreezing, movement, and refreezing model of organizational change, which is widely applied in QI projects. Pre-test data on inhalers use knowledge and skills, inhalation and inhaler handling errors, and COPD readmissions will be collected three months before the project implementation. Post-test data will be collected on a weekly basis using a checklist for three months. The data will be analyzed using paired t-test to determine the mean differences. The project implementation will cover diverse activities such as resource planning, staff education sessions, intervention implementation, and monitoring.

Anticipated results: Significant improvements in patient knowledge and inhaler use, and a reduction in inhaler handling errors as well as a 3% decrease of COPD readmissions post-implementation.

Conclusion: All hospitals in NYC will adopt the use of educational videos to teach COPD patients and providers on proper inhaler use.

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Keywords: COPD readmissions, proper inhaler usage, educational videos

Abstract #12

Symptoms and Management Strategies for Older Chinese Adults with End Stage Renal Disease (ESRD) and Other Chronic Conditions

Authors:

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Jingjing Shang, PhD, RN²

Patricia W. Stone, PhD, RN, FAAN²

¹Hunter-Bellevue School of Nursing, ²Columbia University School of Nursing

Background: Kidney disease is the ninth leading cause of mortality in the United States. End stage renal disease (ESRD) patients have a very short life expectancy and do not qualify for hospice benefits while they remain on dialysis or transplant lists. The prevalence of ESRD is currently about 1.5 times higher in Asian Americans compared to Caucasians. Providing culturally competent palliative care to Chinese-Americans with ESRD is a significant problem that needs to be addressed.

Aims & Methods:

AIM 1: Describe commonly occurring symptoms and strategies used to ameliorate them, in Chinese-American ESRD patients with MCC. METHOD: Semi-structured interviews.

AIM 2: Develop a palliative care module that identifies culturally appropriate strategies for ameliorating symptoms for this population. METHODS: Rapid reviews, interviews with experts.

AIM 3: Assess the acceptability of the created module. METHOD: Semi-structured interviews.

Results: 33 strategies were reported by Chinese American ESRD patients to manage 12 different symptoms: 8 strategies for pain; 5 for fatigue; 4 each for constipation, pruritus and sleep disturbance; 3 for emotional distress and anxiety; 2 strategies each for dizziness and headaches; and 1 each for nausea and vomiting, dyspnea, and dry eyes. Experts in internal medicine, naturopathic medicine and pharmacy confirmed the efficacy of these strategies.

Conclusions: Further research is needed to study the effectiveness of these strategies and to explore additional symptoms and strategies in Chinese Americans living with ESRD. This study has also identified other common symptoms and symptom management strategies in this population that have not previously been reported.

Abstract #13



Poster Award: Capstone Proposal

Improving a Falls Prevention Program in the Long-Term Care Facility: Implementing Evidence-based Falls Prevention Bundle

Author: Chinyere Onunaku, RN, MSN FNP-C

Faculty Sponsor: Viktoriya Fridman, DNP, RN, ANP-BC

Background: Falls have become a major safety issue for the elderly residents residing in Long Term Care facilities. It is estimated that about 3 million elderly residents are treated in the emergency department yearly, and at least 300,000 are hospitalized as a result of fall-related injuries, including, head injury and hip fracture. These injuries can greatly impact the quality of life and functional ability of the elderly residents. Several studies have shown that evidence-based fall prevention programs are very important in decreasing residents' falls in the Long-Term Care facility.

Purpose: The aim of initiating this quality improvement project is to implement evidence-based falls prevention bundle, with the purpose of improving existing falls risk assessment tool adherence and utilization, change hourly rounding to purposeful round and introduction of post fall huddle.

Methods: This is a quality improvement project that will utilize the Plan-Do-Study-Act (PDSA) cycle methodology to implement evidence-based falls prevention bundles in the Long-Term Care Facility. The gap analysis will involve a pre chart review to establish a baseline data, followed by assessing nurses' adherence and utilization of fall risk assessment tools. The fall prevention bundle will comply with the frontline staff education, falls prevention protocol, purposeful rounding, and post-fall huddle. The pre/post-intervention question survey will be implemented to evaluate the acquisition of frontline staff knowledge about falls and falls-related injuries.

Results: The proposed quality improvement initiative will be anticipated to show a 10-20% decrease in falls rate 3 months' post implementation of fall prevention bundle.

Conclusion/Implication: The use of evidence-based fall prevention bundles is very important in reducing falls in older adults in Long Term Care facilities. Validating nurses' expertise in using the fall risk assessment tool will help in identifying whether the nurses have the knowledge and understanding of the tool.

Abstract #14



Poster Award: Queensborough Community College

A Limited Literature Review on the Effectiveness of Masks in Preventing Novel Viral Infections

Authors:

Christina Badal, Hunter Dual-Joint/ QCC AAS Nursing Student
Mariko Delagana, Hunter Dual-Joint/ QCC AAS Nursing Student
Gustavo Tamayo, Hunter Dual-Joint/ QCC AAS Nursing Student
Somwattie Jaggernauth, Hunter Dual-Joint/ QCC AAS Nursing Student
Shanika Reid, Hunter Dual-Joint/ QCC AAS Nursing Student
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Nardia Mohsin, Hunter Dual-Joint/ QCC AAS Nursing Student
Xiao Ting Zhang, Hunter Dual-Joint/ QCC AAS Nursing Student

Faculty Sponsor: Randelle I. Sasa, MA, RN-BC, CMSRN, CCRN

Background: The outbreak of the novel coronavirus (COVID-19) in Wuhan, China is the latest in the series of novel virus outbreaks in the past two decades. The New York Times reported 811 deaths due to COVID-19 as of February 9, 2020, and 30 million people put on lockdown.

Purpose: The COVID-19 scare also caused an increase in demand for personal protective equipment (PPE), particularly masks and N95 respirators. The World Health Organization (WHO) has since warned about a looming global shortage of PPEs.

Method: These developments have led the proponents to ask: Are masks effective in preventing transmission of novel viral infections? A limited literature review using several databases (e.g. CINAHL, ProQuest, etc) was conducted to answer this question. Articles were limited to peer-reviewed, English language studies from 2000 to 2020, and selected based on relevance.

Results: Based on nine reviewed studies, N95 respirators offer superior protection against novel viral infections. Medical/ surgical masks afford protection to a lesser degree, and definitely better than no barrier protection at all. In healthcare settings, studies emphasized the need for consistent use of handwashing and all PPEs as indicated. There is no literature that supported the use of masks or respirators in public in low-risk areas (i.e., where there is little or no cases of the infection).

Conclusion: The proponents noted the need for more studies on this topic. Most of the studies reviewed provided low level of evidence, while the clinical trial and technical/ quantitative assessments have considerable risk of bias due to their funding source.

Abstract #15

Promoting Awareness and Access to Narcan: A Narcan Initiative for Clinicians on an Assertive Community Treatment (ACT) Team

Authors:

Christine Pettit, PMHNP-BC

Faculty Sponsor: Dr. Blima Marcus, DNP, RN, ANP-BC, OCN

Background and Review of the Literature: The opioid epidemic continues to have devastating effects within our communities. Opioid use, abuse, and overdose collectively constitute one of the most significant and ongoing threats to the public's health in this country. This issue has affected the Office of Mental Health (OMH), specifically within their outpatient programs including the intensive Assertive Community Treatment teams (ACT). Narcan is an opioid antagonist that reverses the effects of an opioid overdose.

Purpose: This quality improvement project provided access and training on Narcan to clinicians on an ACT team that treats high-risk individuals with a mental illness and co-occurring substance misuse disorder in Orange County, NY.

Methods: The Narcan quality initiative consisted of a pilot program that was partnered with a not-for-profit organization (Keep it Moving). The sample of twelve clinicians (N=12) were recruited to participate. A pre and posttest was used to evaluate knowledge and access to Narcan.

Results: Data showed improved access and increased knowledge of Narcan among clinicians. Implementation Plan: This included a 60-minute Narcan training with a power point, educational handouts, practice demonstration and Narcan Kits.

Implementation/Conclusions: Clinicians now have access, carry Narcan, and have increased knowledge of this life saving intervention.

Contact: christine.pettit24@myhunter.cuny.edu

Abstract #16

Fatigue and Fatigability of Persons with Neurological Disorders: A Scoping Review of the Literature

Authors:

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Faculty Sponsor: Suzanne Babyar, PT, PhD

Issue: Although fatigue and fatigability are terms used throughout neurological disorder literature, there lack universal, explicit definitions of the words that are universally agreed upon. This literature review aims to search and categorize the available research for definitions to create a catalogue of the terms fatigue and fatigability as they are defined throughout neurological research.

Description: Five databases were searched: PsycINFO, MEDLINE Complete, Health Source: Nursing/Academic Edition, CINAHL Complete, and Academic Search Complete. Keywords were built around terms “fatigue” or “fatigability” and a series of neurological disease keywords. Studies included were primary research containing a definition of at least one of the two terms and were excluded if they focused on non-idiopathic acquired neurological disorders. 87 studies were included in the article extraction.

Results: Little consistency was found for definitions of fatigue or fatigability, but the majority of studies characterized fatigue as a subjective measure.

Conclusions and Recommendations: No unified definition of fatigue or fatigability is present in reviewed neurological literature. Though some consistencies were found, further research should aim to standardize definitions of fatigue and fatigability to clarify the significance within neurological research.

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Abstract #17

Physical Therapy Interventions for Non-Specified Balance Disorders in Older Adults

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Faculty Sponsor: Suzanne Babyar, PT, PhD (Hunter College)

Background: Physical therapy (PT) interventions for older adults with non-specified balance disorders decrease falls by improving balance and confidence, yet optimal intervention dosage and combination has not been specified.

Objective: Determine the optimal dosage and combination of therapeutic exercises, and neuromuscular re-education to improve the function of cognitively intact older adults with non-specified balance problems unrelated to vestibular or labyrinth disorders.

Method: Physical therapists used standard of care interventions while recording dosage in minutes, frequency, and duration for each modality for 24 community-dwelling individuals aged 65-87 years referred to outpatient PT. Functional outcome measures tracked progress after 10 and 20 sessions. A linear regression model was applied to the data to determine which modality or combination of modalities was most effective in improving balance in older adults.

Results: A predictive model exists for the change in Modified Dynamic Gait Index score with age, total minutes and sessions of therapeutic exercise and total minutes and sessions of neuromuscular re-education as the predictive values. The model accounts for approximately 66% of variation in subjects. This study found no predictive models for changes in gait velocity, Activities-Specific Balance Confidence scale scores, or Fear of Falling Avoidance Behavior Questionnaire scores.

Conclusion: A multimodal approach to treating cognitively intact, older adults with non-specified balance problems not linked to vestibular or labyrinth disorders is a better predictor of change in MDGI scores than individual modalities alone. The dosage and frequency of neuromuscular re-education and therapeutic exercise are important variables to consider when treating this patient population.

Abstract #18

An Investigation of the Immediate Effects of Self-Soft Tissue Mobilization During Active Cervical Rotation on Cervical and Shoulder Girdle Flexibility and Passive Range of Motion

Authors:

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Faculty Sponsor: Dr. Thomas Holland, PT, PhD

Background: The purpose of this study is to evaluate the immediate effect of self-soft tissue mobilization (STM) with the use of a standard half-round foam roller over the suboccipital region during active cervical rotation on passive range of motion (PROM) and flexibility of the neck and shoulder in healthy individuals.

Methods: A randomized pretest-posttest crossover design was used to evaluate the effects of self-STM over the suboccipital region on PROM and flexibility of the neck and shoulder. In the experimental condition, participants used a 3" half-round foam roller to perform self-STM on their suboccipital region during active cervical rotation. In the control condition participants performed active cervical rotation with their head resting on a standard feather pillow. Cervical ROM measurements were obtained using a cervical ROM (CROM) device, shoulder PROM was obtained using a standard goniometer, and shoulder girdle flexibility was assessed using Apley's scratch test. A repeated measures ANOVA with 2 within-subject factors for condition (control or self-STM) and time (pre- or post-intervention) was used for statistical analysis.

Results: All participants improved from pretest to posttest on R/L Apley, R/L shoulder flex, and R shoulder ER, $F_s(1,19) \geq 7.87$, $P_s \leq .011$, regardless of the condition.

Conclusions: Self-STM to the suboccipital region during active cervical rotation had an immediate effect on Apley's Scratch Test, shoulder flexion ROM, and right shoulder ER ROM. On all other measures, minimal improvements were found for all groups that were not found to be superior to active cervical ROM exercises without a foam roller.

Abstract #19

Nurse's Role Working with Adolescents in Military Families Who Lost a Parent to Suicide

Author: H.K. Eastburn, BA, BSN, RN-BC,

Faculty Sponsor: Steven L. Baumann, RN, PhD, PMNHP, GNP

Issue: Adolescents in military families who have lost a parent to suicide are at high risk, not only because of the tragic loss, but also because of their family's history of frequent relocations and separations.

Description: Marcia's Identity Status Theory (1996) and the Roy Adaptation Model (RAM) (2009) can be combined to create a framework which can be used to guide nurse's assessment and interventions to assist adolescents in military families who has lost a parent to suicide. Marcia's Identity Status Theory (1996) expands Erikson's stage of identity versus role confusion, and the RAM focuses on the adaptation of people to their changing environment.

Lessons Learned: In one study of 407,639 young men born in Sweden, those who lost a parent were found to have lower stress resilience, to be underweight or obese, to have poorer performance on cognitive testing and to be less physically fit compared than those who had not lost a parent (Kennedy, Chen, Valdimarsdóttir, Montgomery, Fang, & Fall, 2018, p. 110).

Next Steps: Relevant research data needs to be located using the ICPSR data set and analyzed with the goal of developing a risk calculator for adolescents in military families that have lost a parent to suicide, and to identify potential protective factors or interventions to mitigate this risk.

References: Marcia, J. E. (1996). Development and validation of ego identity status. *Journal of Personality and Social Psychology*, 3(5), 551-558. Roy, C. (2009). *The Roy adaptation model* (3rd Ed.). Upper Saddle River, NJ: Pearson Prentice Hall. Kennedy, B., Chen, R., Valdimarsdóttir, U., Montgomery, S. Fang, F., & Fall, K. (2018). Childhood bereavement and lower stress resilience in late adolescence. *Journal of Adolescent Health*, 63, 108–114.

Abstract #20



Poster Award: Physical Therapy (2 Awards in Category)

Longer individualized rehabilitation treatment does not impact outcomes for patients with Chronic Obstructive Pulmonary Disease

Authors:

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Faculty Sponsors:

Janet Herbold, PT, MPH, PhD,
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Background: Inpatient Pulmonary Rehabilitation (IPR) is considered a beneficial form of therapy for patients with COPD. This retrospective cohort study examines inpatient COPD therapy delivery by comparing the functional outcomes and length of stay of patients with COPD provided individualized daily therapy (IDT) in either 90 minute or 120 minute sessions.

Methods: 521 patients (mean age 74.7 y +/- 9.4; n=312 female; n=209 male) divided based on IPR admission dates: Cohort 1 (n=227; admitted January 2014 to September 2015) received 90 minutes of IDT, per hospital policy during this time period; Cohort 2 (n=294; admitted January 2016 to December 2017) received 120 minutes of IDT following a policy change. Primary outcome measures were Functional Independence Measure (FIM), 6-minute walk test (6MWT), and length of stay (LOS). Cohorts functional outcome measures were compared with a mixed model ANOVA: the within-subjects factor was time (admission vs. discharge). Paired t-test compared Cohorts for LOS.

Results: Cohorts were statistically well-matched. Mixed model ANOVA revealed similar improvement in FIM scores and 6MWT values in both Cohorts. Paired t-test demonstrated that LOS was similar for both Cohorts (Cohort 1 Mean = 16.3 d +/- 7.6; Cohort 2 Mean = 17.2 d +/- 8.4; p = 0.198).

Conclusion: Changing the ratio of time spent in group vs. individualized therapy did not impact outcomes. Although not statistically significant, the mean difference of 1 day longer LOS for the Cohort receiving 120 minutes of IDT deserves future study.

Abstract #21

Incorporating A High Impact Practice into A Mental Health Clinical Rotation Develops into A Partnership

Authors:

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Issue: A challenge that exists in nursing schools today, is the inability to provide students with a traditional setting in which to develop the competencies of clinical reasoning, critical thinking, and clinical judgment. Due to the deinstitutionalization of the mentally ill population there has been a loss of many inpatient psychiatric beds. The shortage of traditional clinical settings has become difficult for the psychiatric clinical rotation for nursing students.

Description: In an effort to address this issue of the declining clinical sites available for mental health experiences a community college incorporated a high impact practice- Academic Service –Learning (ASL) during their mental health clinical rotation. The students go into the community, encouraging civic engagement. Our community partner for ASL was a clubhouse. A clubhouse is a place where people with serious mental illness participate in their own recovery process by working and socializing together in a safe, welcoming environment. The nursing students created and provided wellness workshops on various health related topics suggested by the director of the clubhouse. A partnership was developed benefiting both the nursing students and the members of the community.

Lessons Learned: Through student’s feedback in reflection assignments, post-conference, and clinical evaluations they demonstrated an increased knowledge and understanding, improved communication skills, confidence and decreased their stigma with this population.

Conclusion/Next Steps: Considering the positive outcomes and student feedback, it is the intention to continue and expand the partnership for the mental health clinical rotation.

Abstract #22

Healthy People 2020: Looking Back and Into the Future – Critical Policy Analysis

Author: Janusz A. Kaleta, RN, BScN (Hons.), MSCIS, PhD Nursing Student at CUNY Grad Center

Issue: Healthy People 2020 is a national initiative focused on the health and wellbeing of all Americans. A primary focus of Healthy People 2020 is on the Societal Determinants of Health (SDOH). The rationale for this is a fundamental belief that every person living in America in 2020 should be able to secure and enjoy good health and wellbeing regardless of gender, race, ethnicity, socioeconomic status, sexual orientation, or place of residence. As we are entering the final year 2020 of this national initiative a critical policy analysis is warranted to see what was and what wasn't accomplished.

Description: This poster examines the Healthy People 2020 specific goal to create social and physical environments that promote good health for all, with recognition that Health starts in our HOMES. In order to evaluate this goal and a broader progress of the Healthy People 2020 initiative, the present situation of homelessness, socioeconomic barriers, and relevant statistics are revealed in this poster. The Healthy Human Ecology Model is used to examine the existing health disparities, and to explore possible solutions.

Lessons Learned: Tracking and documenting progress of national initiatives are critically important to assess effectiveness of undertaken activities and to reflect on current realities of life of ordinary Americans. Nurses have a unique role as activists and advocates in assessing and responding to the most urgent needs of vulnerable populations and those at risk. Assessments done by Nurses should be communicated back to the policy makers.

Next Steps: Development of social media communication tools that would enable community-based assessments and knowledge transfer to policy makers as the changes occur and needs alter over time. Interprofessional and intergovernmental collaboration on policy updates and improvements.

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Abstract #23

Reducing self-neglect in Adult Protective Service (APS) clients: Implementation of Visiting Psychiatric Services (VPS) self-management adherence protocol

Author: Javaid Iftikhar, MSN, RN, FNP, PMHNP-BC, DNP-S

Faculty Sponsor: Dr. Viktoriya Fridman, DNP, RN, ANP-BC

Background and Review of Literature: Elder Self-Neglect (ESN), manifested by non-compliance with the management of mental and medical problems due to failure to engage in self-care activities, prevents APS clients from independent living and is an independent predictor for higher mortality and cause of premature death. ESN also contributes to increased rates of hospitalization and contributes more than \$5.3 billion to the nation's annual health expenditure. One of the goals of Healthy People 2020 is to increase the number of older adults who report confidence in managing their chronic diseases. In-home visits by VPS Psychiatrists and NPs are opportunities to engrain regard for self-care and provide resources for clients to engage in self-care activities such as seeking health care treatment of their chronic diseases.

Purpose: The purpose of the DNP scholarly quality improvement project is to reduce ESN in community health settings with an objective to introduce self-care tool-kit, improve the provider clinical knowledge in the management of elder self-neglect, and implement a Self-neglect Severity Scale (SSS)

Methods: The proposed quality improvement project will adopt a Plan-Do-Study-Act methodology to implement practice change in proper detection and management of self-neglect. The educational program will be developed and implemented based on the pre-post test of clinician knowledge gap analysis and Self-care Tool-Kit. Chart reviews will audit for compliance with the use of self-neglect assessment tool and Self-Neglect Severity Scale (SSS)

Anticipated results/implications/conclusion: Anticipated results of this project include increased provider knowledge, increased compliance with use of self-care tool-kit, SSS, and decrease in self-neglect as evidenced by increased health care utilization.

Abstract #24

A Literature Review of the Adult Psychiatric Pre- and Post-Discharge Factors Influencing 30-day Psychiatric Readmission Rates

Author: Jazmin Caceres (Graduate/DNP)

Faculty Sponsor: Dr. Elizabeth Capezuti, PhD, RN, FAAN

Issue: For mentally ill adults, poor transitions from psychiatric settings are especially problematic and can increase the risk of hospital readmission and symptom exacerbation. This literature review addressed the following question: “In the Adult Psychiatric Population, how does pre- and post-discharge interventions, compared to usual discharge planning affect psychiatric readmission rates within 30 days?”

Description: This systematic search and limited review of the literature was conducted using CINAHL complete, PubMed, and Google Scholar. Keywords included *psychiatric discharge OR psychiatric disorders, mental disorders OR mental illness and transition, readmission or rehospitalization and Interventions*, resulting in five systematic reviews.

Results: The search strategy generated 80 abstracts that were reviewed to confirm inclusion criteria and 51 studies were excluded: did not include adult psychiatric population hospitalized in an inpatient ward (n=39), not meeting the 30-day readmission rate or the time-period immediately following psychiatric inpatient hospitalization (n=32). The final synthesis included five articles (n=5).

Conclusions and recommendations: The findings provide evidence that timely linking of behavioral health patients to outpatient care after hospitalization is an effective care transition strategy, as it is likely to reduce readmission rates. Researchers globally have developed and tested several interventions that aim to improve continuity of care and safety in these transitions. However, there has been little attempt to compare the interventions and specify the variety of safety threats they attempt to resolve. Future research is needed to determine if these interventions can specifically reduce thirty-day readmissions.

Abstract #25

Sensory Experiences Among Electronic Cigarette Users

Authors:

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Christos, P, DrPH;
Maglia, Lyc Psych;
Polosa, R, MD, PhD

Abstract

Background and Aims: We characterized the extent and quality of respiratory sensations and sensory related smoking cues associated with e-cigarette use among those who failed to quit combustible tobacco cigarette (CTC) use with traditional FDA approved medications but succeeded in doing so with e-cigarettes. Further, we sought to understand former smokers' perceptions about the influence of sensory experience with e-cigarette use on CTC cessation outcomes.

Methods: A nonrandom purposive sample of 156 participants recruited in the U.S. through the Consumer Advocates for Smoke Free Alternatives Association Facebook page completed an online cross-sectional survey to assess sensory experiences and smoking cues associated with e-cigarette use. Descriptive statistics were calculated, and the ANOVA/Kruskal-Wallis test with post-hoc testing and the two-sample t-test/Wilcoxon rank-sum test, as appropriate based on distribution, were used to assess the association between sample characteristics and sensory experiences and cues using investigator constructed questions, the Modified Cigarette Evaluation Questionnaire (mCEQ) and the Smoking Cue Appeal Survey (SCAS).

Results: With e-cigarette use, participants reported feeling the vapor in their throats, windpipes, noses, lungs, and on their tongues; reductions in nicotine craving; and enjoyment of their e-cigarette, including tasting, smelling, and seeing the vapor and touching the device. Women had greater craving reduction than men ($p=0.023$). Those who began smoking at 13 years of age or younger had more smoking satisfaction and had greater sensory enjoyment than those who began smoking at 16-17 years of age ($p=0.015$ and $p=0.026$, respectively), as well as greater sensory enjoyment than those who began smoking at 14-15 years of age ($p=0.047$). There was a significant overall association between the number of years a respondent smoked and e-cigarette sensory enjoyment ($p=0.038$). Participants 18-34 years old rated e-cigarettes as being more pleasant compared to 45+ year olds, ($p=0.012$). Eighty four percent of participants reported the sensation of the vapor as important in quitting CTCs, and 91% believed the sensations accompanying e-cigarette use contributed to their smoking cessation success.

Conclusions: For those who failed to quit previously using approved cessation medications to stop smoking cigarettes, sensory experiences associated with e-cigarette use may help smokers quit smoking.

Abstract #26

Improving Inpatient Glycemia in a Post-Operative Orthopedic Unit: Nurse Driven Early Hyperglycemia Recognition

Author: Jenny Dejesus, MSN, RN, ANP-BC, ADM-BC, CDE

Faculty Sponsor: Dr. Viktoriya Fridman, DNP, RN, ANP-BC

Background/Purpose: Hyperglycemia is a prevalent issue in the inpatient setting. In the postoperative Orthopedic patient hyperglycemia can lead to surgical site and periprosthetic infections as well as an increased need for transfusions, pneumonia, urinary tract infections, increased length of stay, and in-hospital mortality. The purpose of this quality improvement project is to change the nursing practice concerning early recognition of hyperglycemia, with the goal of decreasing the rate of hyperglycemia in the unit.

Theoretical Framework: John Kotter's 8-step change model will serve as the framework for this proposed quality improvement project. It is organized into three themes: Creating a climate for change, engaging & enabling the organization, and implementing & sustaining the change.

Methods: The proposed quality improvement project will utilize a Plan-Do-Study-Act methodology to implement an early hyperglycemia recognition and action guide protocol, staff nurse education, and patient rounding practices focusing on inpatient hyperglycemia. The evaluation will consist of early recognition and treatment escalation as evidenced by documentation in the patient's electronic medical record (EMR), as well as pre/post intervention surveys to evaluate nurse knowledge and perception around early recognition of hyperglycemia three months from implementation.

Anticipated Results: The anticipated results of the quality improvement project are an increased knowledge, hyperglycemia recognition and escalation. In addition to a decrease in the unit's hyperglycemia rate as a result of early recognition of hyperglycemia facilitating early intervention.

Abstract #27

Taking The Pain Out of Post-Conference: A Literature Review

Authors:

Jessica Prepetit, RN, MS

Philip Nelan, RN-BC, MSN, MBA, CHPN, CNE

Janice Molloy, RN, MS, CEN

Abstract/Issue: Clinical Post-Conferences are a vital component of nursing education. It is important for nursing students to develop critical thinking skills at the end of the clinical day. An important goal of nursing education is to foster graduates who can think critically, to solve problems, and become competent practitioners. The literature supports the use of reflection and inquiry as means to accomplish these goals.

Description: A systematic search and limited review of the research literature was conducted using CINAHL, Medline and the Cochrane Database. Keywords used included post-conference, clinical education, clinical nursing round, and post clinical conferencing. Studies found consisted of a descriptive and qualitative analytical study, a qualitative study and a systematic review.

Results:

- Incorporate all learning styles
- Use alternative methodologies
- Student led post conferences
- Use of audio/visual change of shift reports
- Use clinical rounding
- Correlate clinical experiences to theoretical learning
- Survey students at the end of the clinical day for improved learning experiences

Conclusions and Recommendations: At the end of a clinical day, students are exhausted and the idea of post-conference can be met with resistance where student engagement is diminished and resisted. Clinical educators must create post-conferences that are engaging, applicable to learning, student-centered, and promote critical thinking skills. Offering alternative methodologies to meet learning objectives will help to ease the pain of post-conferences and afford students active and purposeful educational activities which provide and promote meaningful nursing knowledge and skills.

Abstract #28



Poster Award: Final Capstone Project (3 Awards in Category)
The Cluster Care Model: An Innovative Method to Decrease CLABSIs in PICUs

Author: Joanne Mathieu, MSN, AGPCNP–BC, RN–BC, DNP–S

Faculty Sponsor: Dr. Viktoriya Fridman, DNP, RN, ANP–BC

Background: Central line associated bloodstream infections (CLABSI) are hospital acquired infections that promote both negative patient outcomes and prolong hospital length of stay. Research studies have been conducted and CLABSI maintenance bundles were created and initiated. Review of the literature has identified frequency of line access as a potential risk factor for CLABSIs.

Purpose: The aim of this quality improvement initiative was to reduce the incidence of CLABSIs in the PICU, with the purpose of implementing an evidence-based cluster care model to support current CLABSI bundles and propose a change in practice to limit the frequency central lines were accessed daily.

Methods: An audit tool was used to measure compliance with CLABSI bundles. Gaps in knowledge were identified through pre – and post – test surveys. Staff were educated on identified barriers to compliance. PICU nurses were trained on incorporating the cluster care model into practice. A unit-based surveillance tool was used to measure CLABSI rates pre and post intervention.

Results: Decreased compliance in CLABSI maintenance bundles was noted. Post education data showed an increase in knowledge as well as compliance. The cluster care model was successfully incorporated by the nursing staff, limiting the frequency of line access. The surveillance tool found a decrease in CLABSI rates following this implementation.

Conclusion/Implications: A reduction of CLABSI rates post implementation of the cluster care model successfully demonstrated the positive correlation between frequency of line access and CLABSIs as well as the need for current CLABSI bundles to include methods for limiting line access.

Abstract #29

Fall Prevention in a Sub-Acute Unit in Skilled Nursing Facility in the Bronx

Author: John Mark Bonagua AGPCNP-BC

Faculty Sponsor: Dr. Blima Marcus, DNP, RN, ANP-BC, OCN

Background and Review of the Literature: Falls, although preventable, can unfortunately be a common incidence especially among older adults in a skilled nursing facility (SNF). According to the Centers for Disease Control & Prevention, 1.4 million persons age 65 years and older reside in nursing homes or 18% of older adults in this age group. An estimated 50-75% of nursing home patients fall each year and often fall more than once or an average of 2.6 falls per patient per year. Due to their underlying condition, ambulatory status and fragility in general, these falls amongst SNF residents often lead to serious injuries. Not only do these injuries rack up to approximately \$35,000 per fall per patient of hospital costs, moreover, these incidences also lead to disability, failure to thrive, and significant delays in their recovery.

Purpose: The purpose of this quality improvement project is to reduce the incidence of falls in a SNF by increasing staff's awareness and knowledge regarding falls in the unit.

Methods: A convenience sample of fifteen (N=15) nursing personnel were recruited in one of the sub-acute units (short term rehabilitation) to participate in completing pre- and post-education questionnaires. This will include an in-service among staff in the sub-acute unit with a power point presentation and educational handouts.

Results: Data results showed a decrease in fall rate in the sub-acute unit and an increase in knowledge among staff regarding fall prevention.

Implications/ Conclusions: Education regarding fall prevention increased the staff's understanding of different factors associated with falls. There will be a decrease in fall rate in the sub-acute unit and nurses have increased knowledge regarding fall prevention.

Abstract #30

CAUTI Infection Rates: Performance Improvement Project

Author: Josiane Joseph (Graduate/DNP)

Issue: Health Care Associated Infections (HAI's) are a major public health problem in various healthcare settings. Catheter Associated Urinary Tract Infections (CAUTI's) are responsible for about 40% of HAI's, making it one of the most common sources of infection today. Besides negatively affecting the patient by increasing hospital length of stay and causing pain to the patient, CAUTI's have a significant impact economically, due to the high cost of treatment. Oftentimes, CAUTI's are preventable, however, many are due to lack of standardization of foley maintenance care. This literature review addressed the following question: In patients on an inpatient medical unit, how effective is a foley catheter checklist for RN handoff compared with baseline standard foley care, in preventing CAUTIs within a 6-month period?

Description: Pubmed was the database used to systematically search the literature in order to obtain relevant research articles relating to non-adherence to evidence-based practices, using the search words: Catheter OR Catheter Associated OR CAUTI or Urinary Catheter. Studies which were found consist of two systematic reviews and a Quasi experimental experiment.

Results: Studies indicate that having a nurse driven daily checklist for patients with a urinary catheter, assessing the need for continuance of a urinary catheter, as well as ensuring the proper maintenance of the foley resulted in decreased CAUTI rates across multiple settings.

Conclusions and Recommendations: Using a nurse-driven daily checklist, the incidence of CAUTI infections decreases. The checklist consists of the top reasons contributing to an increase in foley catheter infections, such as early foley catheter removal. Obtaining frequent feedback from the staff is crucial to facilitate compliance with the checklist and must also be monitored and adjusted according to the needs of the nursing staff. Weekly compliance would be reviewed by the researcher and bi-weekly, the number of CAUTI's would be assessed. In future studies, the implementation of a checklist, in combination with a two RN check for foley insertion may further help to decrease the amount of CAUTIs.

Abstract #31

Correlation between AM-PAC "6-Clicks" and FACIT-F "13-Item Subscale" Scores in Patients with Hematologic Malignancy in an Acute Care Setting

Authors:

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Faculty Sponsors:

Nicki Silberman (Hunter Faculty, PT),
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Jaya Rachwani (Hunter Faculty, PT)

Background: Many patients with hematologic malignancy (HM) experience cancer-related fatigue (CRF), which has a negative impact on physical function. Physical therapists often need to facilitate the discharge planning process. Therefore, knowing the predictive ability of fatigue and function scores for discharge disposition is crucial. The purpose was to determine the relationship of fatigue and function to discharge disposition for patients with HM in an acute care setting.

Methods: This prospective correlational study included 12 patients (n = 12, 6 females, 6 males, μ age [\pm SD] = 76 \pm 8 years) diagnosed with HM, undergoing treatment at New York-Presbyterian Hospital. Fatigue and function were assessed with the FACIT-F and AM-PAC, respectively. Discharge disposition data was also collected. A logistic regression analysis was used to examine data.

Results: There was a trend toward an inverse relationship between admission scores on the AM-PAC and FACIT-F. Patients' admission scores did not predict discharge disposition. The odds ratio suggests that patients with high AM-PAC scores at admission were almost twice as likely to be discharged home and male patients were 1.3 times more likely to be discharged home than female patients.

Conclusions: Considering both fatigue and function in patients with HM may be helpful when developing a plan of care and planning discharge from an acute care setting.

Acknowledgements: This research was supported by the Hunter College DPT faculty and rehabilitation staff at New York Presbyterian-Weill Cornell.

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Abstract #32

Effects of Telehealth Services on 30-day Rehospitalization Rates In Hospice/Palliative Care Patients with Congestive Heart Failure

Author: Julissa Rodriguez (Graduate, DNP)

Faculty Sponsor: Dr. Elizabeth Capezuti, PhD, RN, FAAN

Issue: Patients with Congestive Heart Failure (CHF) experience progressive deterioration with disabling symptoms. Despite receiving palliative care (PC) services, end-stage CHF patients have high 30-day hospital admission rates. This literature review addressed the following question: In patients with CHF on palliative or hospice care, how does telehealth services compared to no telehealth services, affect re-hospitalization rates within a 3-month period?

Methods: This integrative review was conducted using CINAHL, Medline and the Cochrane Database. Keywords used included *congestive heart failure*, *re-hospitalization* and *palliative care*. The review included studies of any quantitative and qualitative design but were limited to English language only.

Results: Key findings indicate that CHF patients often under-recognize their symptoms such as SOB and weight gain, which leads to exacerbation and in turn, results in re-hospitalization. CHF patients who receive palliative care services only have a reduced risk of 30-day hospital readmissions, however, these individuals and their caregivers may benefit from full utilization of PC services. Telehealth may enhance PC service utilization.

Conclusions and Recommendations: Although CHF patients with PC receive additional services compared to those not receiving palliative hospice care, efforts should be focused on improving outpatient palliative care to reduce the rate of hospital readmissions. PC via telehealth immediately after hospital discharge and frequently throughout their enrollment in the program needs to be evaluated in longitudinal studies on whether telehealth can reduce 30-day readmission rates. Palliative care providers should incorporate frequent follow-up phone calls and ongoing education regarding disease trajectory for quality patient outcomes.

Abstract #33



Poster Award: Speech-Language Pathology/Audiology
Attention Allocation During Play in Two-year-old Toddlers who are Late Talkers

Author: Katherine Hiler (Graduate Student, Speech-Language Pathology)

Faculty Sponsor: Dr. Michelle MacRoy-Higgins, PhD, CCC-SLP, TSHH (Associate Professor, Speech-Language Pathology)

Background: Reduced levels of attention allocation may underlie difficulties acquiring new words in structured word-learning tasks in 2-year-old toddlers who are late talkers, as compared to their typically developing peers. We do not know if toddlers who are late talkers also demonstrate reduced attention allocation during unstructured tasks (i.e., play).

Methods: Attention allocation to familiar, age-appropriate toys during play was measured in eight 2-year-old toddlers who were late talkers and eight 2-year-old toddlers who were typically developing. Attention allocation was measured as the duration (in seconds) looking at target toys. The proportion of attention allocation was compared between the two groups.

Results: Overall, toddlers who were late talkers and toddlers who were typically developing demonstrated a similar proportion of time attending to the toys during play. Notably, differences were observed in the proportion of time each group attended to each particular toy. Toddlers who were late talkers demonstrated the most attention allocation to Mr. Potato Head; toddlers who were typically developing demonstrated the most attention allocation to pretend food.

Conclusion: The type of toy (i.e., manipulative vs. symbolic) to which 2-year-old toddlers attend may reflect language abilities

Abstract #34

Utilizing the Fulmer SPICES Assessment Video to Assist Students in Identifying QSEN Competencies in a Community Health Clinical Setting

Author: Kathleen Pecinka, MS, RN (Assistant Professor Queensborough Community College)

Issue: The QSEN project was developed to incorporate quality and safety competencies into nursing education. Comprehending these six competencies assists the students in acquiring the knowledge, skills, and attitudes necessary to safely function in the clinical setting. Viewing and discussing the Fulmer SPICES video, allows the student to witness the application of a health assessment tool as well as promote identification of the six QSEN competencies.

Description: During community health orientation, students are introduced to the competencies through review of the QSEN website and by a packet containing competency specific material. The Fulmer SPICES assessment is a validated tool utilized to collect vital information necessary to identify health alterations in the geriatric patient. Viewing and discussion of the Fulmer SPICES video is completed during pre-conference with students administering the assessment tool during the clinical day. The video is re-introduced during post-conference and paused intermittently to allow students to fill in a faculty prepared worksheet citing noted examples of the six competencies. At the conclusion of each paused segment, findings are discussed amongst the members of the clinical group as guided by the faculty member.

Lessons Learned: Based on observed student response and group interaction, utilization of the Fulmer SPICES video proved to be a robust teaching strategy in which to promote identification of the QSEN competencies in a community clinical setting.

Next Steps: Considering the positive student feedback, it is the intention to replicate the project for inclusion in the med/surg clinical rotation.

Abstract #35

Telephone Coaching and Educational Sessions to Improve CPAP Adherence among World Trade Center First Responders such as Police, Emergency Medical Technicians and Demolition Workers.

Author: Keisha Bennett AGPCNP-BC, DNP Student

Faculty Sponsor: Dr. Lynda Olender PhD, ANP, RN, NEA-BC

Background: Continuous positive airway pressure (CPAP) is the gold standard treatment for Obstructive Sleep Apnea (OSA). However, adherence to treatment is low and continues to be a challenge for patients and healthcare providers. Nationally, it is reported that CPAP adherence rate is about 50%. Similarly, it is estimated that CPAP adherence among the local agency's responders is below 50%. Furthermore, the complaint of sleepiness, traffic accidents and medical errors related to fatigue is an ongoing issue among responders.

Purpose: The purpose is to improve CPAP adherence among world trade center (WTC) responders with WTC-Obstructive Sleep Apnea (OSA) as a way of improving sleepiness and quality of life in this population.

Methods: After IRB approval and consent, thirty responders with WTC-OSA were assigned to an intervention group versus standard of care. Informed by the Lewin change theoretical framework educational sessions on OSA and CPAP at therapy initiation and telephone coaching sessions 3, 10 and 14 days of therapy were implemented. The Epworth sleepiness scale was administered pre and post-intervention and the patient barriers for CPAP use were reported.

Anticipated Results: Anticipated review of data will show at least a 10% increase to CPAP adherence 3-months post-intervention and a significant decrease in sleepiness.

Conclusion: Significant opportunities exist to identify patient barriers for CPAP use and to create unique interventions to improve adherence. CPAP adherence is imperative to improving overall health and quality of life.

Key Words: Obstructive Sleep Apnea, Continuous Positive Airway Pressure Adherence, World Trade Center Responders, Sleepiness Scale, and Sleepiness.

Abstract #36

Standardizing a Multidisciplinary Discharge Management Plan to Skilled Nursing Facilities Reduces 30-day Readmission Rate in Elderly Heart Failure Patients

Author: Kris-Angelo Natividad, DNP-s, ANP-BC

Faculty Sponsor: Viktoriya Fridman, DNP, RN, ANP-BC

Background/Review of Literature: The Centers for Medicare and Medicaid (CMS) developed the Bundled Care Performance Initiatives (BCPI) and Value-Based Purchasing (VBP) to link payments to improve quality of care. The Hospital Readmissions Reduction Program (HRRP) is a program developed from the VBP program to reduce excessive and costly hospital readmissions. CMS imposes financial penalties for hospitals with excessive 30-day readmission rates for select conditions such as heart failure (HF). Our institution is challenged with a 30-day HF readmission rate higher than national average. HF patients discharged to skilled nursing facilities (SNF) historically have a high readmission rate based on landmark studies which is associated with ineffective discharge process, lack of collaboration between the hospital and SNFs and lack of adherence to HF guideline directed medication therapy (GDMT).

Purpose: The goal of this quality improvement project was to reduce HF 30-day readmission rate of patients discharged to SNFs. It was implemented at an acute care setting. The HF nurse practitioner (HF NP) guided this process to meet three objectives: (1) improve the discharge readiness of patients through a discharge readiness checklist and emailing a warm handoff within 24 hours of discharge, (2) improve collaboration between hospital and SNF health care teams through weekly post-discharge phone calls, and (3) to improve SNF adherence to HF medication management by identifying post-discharge interventions (PDIs). Post-implementation readmission rate was lower compared to pre-implementation phase.

Methods: This quality improvement project utilized a Plan-Do-Act-Study (PDSA) design to reduce 30-day readmission rates of HF patients discharged to SNF. The interventions included a HF warm hand off checklist, weekly calls and identifying PDIs.

Implementation Plan/Procedure: This initiative required multiple PDSA cycles. Routine stakeholders meetings were important to attain buy-in from leadership and team members from the acute care setting and SNFs. Collaborating with the information technology team (IT) was warranted to maintain an automated list of patients admitted with an HF ICD-10 code.

Implications: Improving a multidisciplinary discharge process that incorporated discharge readiness, collaboration between hospital and SNFs and GDMT for HF patients discharged to SNFs reduced costly 30-day readmission which is aligned with CMS' VBP programs.

Conclusion: Improving the discharge process for HF patients discharged to SNF led by an HF NP reduced costly 30-day HF readmissions.

Abstract #37

Effectiveness of a Nutrition Education Program for Increasing Knowledge and Healthy Dietary Choices in Overweight and Obese Children and Adolescents

Author: Linda J. Hennegan, Graduate, DNP Student

Issue: According to the Center for Disease Control (CDC), childhood obesity affects 1 in 5 youth and is considered a global health epidemic. By the year 2030, 55-60% of today's children in the United States are predicted to be obese, and their associated health care costs will be staggering. Records from a community youth behavioral health clinic showed that almost 50% of the clients are either overweight or obese. Contributing factors include the lack of nutrition knowledge and skills needed to promote healthy diets, normal weights and good health.

Description: Five clients and two parents participated in a four session nutritional education group that was implemented over 12 weeks using components of the Dairy Council of California nutrition curriculum. The sessions were supported by phone counseling, videos, home activities and food demonstrations. During the project pre and posttests, dietary surveys and nutrition questionnaires were used to evaluate changes in nutrition knowledge levels and dietary behaviors.

Lessons Learned: Data results showed an increase in nutrition knowledge, food awareness and the selection of healthier food choices. There were reported decreases in the consumption of empty calorie foods and no significant weight changes. Nutrition education supports the acquisition of good nutrition habits that can promote healthier diets, healthy lives and possibly the prevention of childhood obesity and associated morbidities.

Next Steps: A meeting will be done with the staff to present the project findings and to discuss implementation of the curriculum as a standard educational component to be used by the nurses.

Abstract #38



Poster Award: Pre-Capstone DNP

Reducing Unnecessary Preoperative Testing in Cataract Surgery Patients

Author: Makia Hughes (Graduate/DNP)

Faculty Sponsor: Dr. Elizabeth Capezuti, PhD, RN, FAAN

Issue: Cataract surgery is a highly cost-effective means of vision restoration, and approximately 10 million surgeries are performed around the world. Routine preoperative diagnostic tests are performed without clear indication of improving patient outcomes. This routine screening is associated with high costs to the health system, overutilization of resources and delay in the procedure due to cancellation or further evaluation.

Description: This review of the research literature was conducted using Pubmed and CINAHL databases. Keywords used included cataract extraction, surgery, unnecessary preoperative testing and preoperative evaluation. The literature search initially yielded 40 articles. Based on the inclusion/exclusion criteria, the studies used consisted of 1 meta-analysis, 1 cross-sectional study and 1 systemic review.

Results: Based on the studies, it is likely that routine preoperative medical testing will detect medical conditions, but it is questionable whether these conditions should preclude individuals from cataract surgery or change their perioperative management. It was also found that routine preoperative tests were often ordered despite a lack of belief in their clinical value.

Conclusions and recommendations: Routine preoperative medical testing occurs more often and is costlier than has been reported. As a cost-cutting measure, routine preoperative medical testing should be strategically ordered. With the current volume of cataract surgery and future increases, it is critical to optimize the safety and cost-effectiveness of this procedure.

Abstract #39

Obesity and Associated Metabolic Complications of Second Generation Antipsychotic Medications of Severe Mentally Ill Persons: Literature Review

Author: Maria A. Toloza Psych NP-BC/DNP Student

Faculty Sponsor: Dr. Elizabeth Capezuti, PhD, RN, FAAN

Issues: Mental health and physical health are inextricably linked. Evidence has shown that the overall health and wellness of persons with severe mental illness (SMI) who are being treated with second-generation antipsychotic generation medications (SGA's) is suboptimal. This includes high prevalence of metabolic syndrome which increases risk of cardiovascular disease, obesity and diabetes, which can intensify the psychological symptoms creating a cycle of poor health. SGA's induced weight gain has been cited as a contributor to decreasing quality of life and drug non-adherence. It is not known if a non-pharmacological intervention, such as a lifestyle educational program, will be effective to reduce or prevent excessive weight in this population.

Description: This literature review was conducted using PubMed, Science Direct, Psycinfo, Medline, the Cochrane Central Register of Controlled Trials (CENTRAL), EMBASE and CINAHL databases resulting in one meta-analysis, one systematic review data analysis, one descriptive study, and three randomized controlled studies.

Results: Key findings demonstrate that lifestyle interventions appear effective for weight management and cardio-metabolic risk reduction in people experiencing severe mental illness. Lifestyle educational programs of ³12 months duration compared to £6 months duration appear to achieve more consistent outcomes.

Conclusions and Recommendations: Lifestyle interventions can improve the physical and biochemical measures in those with SMI. Larger RCTs are needed to further confirm these findings. Gaps in the literature include: examining barriers to adherence to clinical practice guidelines, inclusion of lifestyle intervention programs specific to those with SMI. Initiatives are needed to evaluate the effects of a nutrition referral system, a standardized screening tool and clinical pathway to help clinicians identify appropriate and sustainable interventions.

Abstract #40

Efficacy of FaceTime Technology in Enhancing Participation and Achieving Better Diabetic Program Outcomes

Author: Mariana Negrila (DNP Program) AGNP, DNP student, HBSON

Faculty Sponsor: Dr. Lynda Olender, PhD, ANP, RN, NEA-BC

Background and Review of Literature: The increasing prevalence of type 2 diabetes and obesity in the USA requires novel, low-cost interventions to motivate and mobilize patients towards more efficient self-management. Literature shows that combining education and technology with frequent telephone calls to adult diabetes patients, results in increased compliance, decreased weight, and lower HgbA1c.

Purpose: The project intends to provide education about the importance of glycemic control and physical activity with follow-up visits designed to enhance patient participation. The aim is to analyze the efficacy of technology in enhancing participation and compliance, reducing no-show rates, and achieving related diabetic program outcomes.

Methods/Implementation: This is a quality improvement parallel project comprising 30 adult patients with type 2 diabetes and obesity who will be followed up every 3 months at the primary care clinic and receive follow up FaceTime consultation as compared to the usual care group of 30 adult patients seen every 3 months only. Monthly 20 minute FaceTime follow-up sessions will illuminate the importance of self-care as described by the Health Belief Model. Patients will be motivated to take a lead in their health plan by perceiving the susceptibility, severity, benefits, barriers, cues to action and self-efficacy of their medical condition.

Anticipated Results: It is anticipated that the percent of participation will increase, and glucose parameters will likely improve (lower HgbA1c by 2% and BMI by 5%).

Conclusion: Involving patients to lead their health care plan leads to better health outcomes.
Keywords: Type 2 diabetes, Obesity, FaceTime Technology

Abstract #41

A Literature Review of End Stage Renal Failure and Its Impact On Quality of Life

Authors:

Michell Bedoya (Undergraduate, ADN)

Sanja Miljkovic (Undergraduate, ADN)

Stephanie Pantano (Undergraduate, ADN)

Tian Lin (Undergraduate, ADN)

Faculty Sponsor: Tina Bayer, RN MS ANP-BC

Issue: Patients with ESRD (End Stage Renal Failure) requiring hemodialysis tend to have poor quality of life. Patients undergoing dialysis face many problems physically, emotionally, financially, and psychosocially. Those include pain, unipliable fatigue, depression, psychosocial stress, loss of freedom and independence as well as edema, insomnia, itching ,uremia, and risk of developing bloodstream infections. Some hemodialysis patients don't have health insurance and some of them lack support from their families. In addition, by including a hemodialysis therapy in their lives for four hours, three times weekly a patient can easily become depressed which further affects their lives.

Description: The comprehensive search and specific review of research literature was completed utilizing Pubmed, Nursing Resource Center and Cumulative Index to Nursing and Allied Health Literature. Keywords including end stage renal failure, dialysis, America, quality of life, improve and hemodialysis. Review of literature consisted of a comprehensive view of peer reviewed journals, newspaper articles and the following websites: Clinical Journal of the American Society of Nephrology, Blood Purification, American Nephrology and Nurses Association, Nephrology Nursing Journal.

Results: Comparing Home Hemodialysis/HHD with in-Center Hemodialysis/ ICHD, the former one gives better patient outcomes for survival, QoL (quality of life), and patient relevant symptoms overall. In addition, the findings are consistent with the health benefits of aerobic physical activity for patients on maintenance hemodialysis

Conclusion and Recommendations: New dialysis patients undergo extreme changes among activities of their daily living. Our role is to provide holistic care by not only focusing on the treated disease but also by paying attention to the patient's functional restrictions, mental functions, emotions and social components. People on dialysis are reported to experience physical issues such as pain, fatigue, muscle atrophy, itchiness, and dry mouth. In addition, they experience psychosocial issues such as bodily image disturbance related to muscle deterioration, depression, increased stress and tension, as well as issues with sleep disturbances and day to day activities. Many patients who receive hemodialysis are unable to work due to the time required for dialysis treatment. Patient centered care is important to those patients, optimal managing their symptoms, offering depression and pain screening and following up and using different approaches to coordinate care for them, those help in improving quality of life with patients on dialysis. Choosing HHD over ICHD for patients who are able to get HHD can help improve QoL as well. Patients are also more likely to continue with treatment and be compliant if they believe healthcare professionals can address these side effects. Home hemodialysis offers advantages over Center hemodialysis including the advantages for frequent and longer dialysis sessions. Learning more about home hemodialysis can help with improving patients quality of life and better care.

Abstract #42

Determinants of Eating Performance in Older People With Dementia in Long-Term Care

Authors: Minkyung Lee, MS, AGNP

Faculty Sponsor: Dr. Jin Young Seo, PhD, RN, WHNP-BC

Background: The purpose of this study was to investigate the factors influencing eating performance for demented older adults in long-term care (LTC) facilities in South Korea.

Methods: This is a cross sectional study to explore the determinant factors of eating performance by comparing the demented older people who are independently eating with the dependent demented older people. The study participants were 126 demented older people in LTC facilities. General characteristics, activities of daily living (ADL) including eating performance, cognitive function, physical capability, grip strength, Behavioral Psychological Symptoms of Dementia (BPSD) and depression has been measured. Data were analyzed by the percentage, mean and standard deviation, Chi-square test, t-test, and logistic regression.

Results: There were significant statistical differences between independent and dependent demented older people in the eating performance with regards to ADL ($t=-12.128$, $p<.001$), cognitive function ($t=3.674$, $p<.001$), physical capability ($t=5.258$, $p<.001$), grip strength ($t=2.887$, $p=.005$). Determinant factor of independent eating performance was physical capability ($OR=0.780$, $p<.001$).

Conclusions: The results of this study will be the basis for the development of function-focused care to maintain the residual eating performance of demented older people in LTC facilities. Particularly, it is suggested that maintaining physical capability would be encouraged to continue independent eating performance of demented older people in LTC facilities.

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Abstract #43

The Power of Acupuncture in Pain Management

Author: Pyunghwa (Irene) Jung, A/GNP-BC, DNP Student

Faculty Sponsor: Lynda Olender, PhD, RN, ANP, NEA-BC

Background: Approximately 50 million American adults had chronic pain in 2016. Opioid analgesics, nonsteroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants are commonly used to treat chronic pain. The mortality rate related to opioid misuse has dramatically increased. The long-term use of NSAIDs and muscle relaxants harm patients rather than benefit them. Many studies show that acupuncture is safe and effective in treating chronic pain, and acupuncture can reduce the usage of analgesic medications.

Purpose: This project attempts to determine if an educational program about the effectiveness of acupuncture and the risks of prolonged use of oral analgesic medications (opioids, NSAIDs and muscle relaxants) can increase the utilization of acupuncture and decrease oral analgesic medication use.

Methods: This educational program is based on the Bandura's Social Cognitive Theory (SCT) to improve a patient's self-efficacy. Adult outpatients with non-cancer chronic pain who have been taking oral analgesic medications for at least 3 months will be referred to a DNP student. The DNP student will provide an educational program and encourage patients to reduce their pain medications. After 4-6 weeks of acupuncture treatment, a DNP student will follow up with them to see if patients have been able to reduce their current pain medications.

Anticipated Results: Increased utilization of acupuncture, decreased oral analgesic medications use and maintained adequate pain level. **Conclusions:** The educational program about the effectiveness of acupuncture can decrease oral analgesic medications by utilizing acupuncture.

Key Words: acupuncture, pain management, oral analgesic medication (opioid, NSAIDs and muscle relaxants)

Abstract #44

Male Nurse: A Concept Analysis

Author: Randelle I. Sasa, MA, RN-BC, CMSRN, CCRN

Abstract

Use of the term male nurse is common in nursing wherever the practice setting maybe, but no formal analysis has been done to illuminate the meaning of the concept. The term male nurse is often problematic to those referred to, as the label carries stereotypes that further marginalize this extreme minority in the nursing profession.

The Nurse Registration Act of 1919 (United Kingdom) banned men from nursing de jure, whilst Nightingale's reform of nursing education established the same de facto years before. This potent mix of tradition and law served as basis for sex-segregation and feminization of nursing. Fast forward to today—women still dominate nursing and attempts to recruit and retain men into the profession remains to be a very challenging task.

Walker and Avant's methodology was utilized in this concept analysis. Seven defining attributes of male nurse were identified: perceived as a male, credentialed as a nurse, increased visibility, nonconformist as to career choice, cautious caregivers, stereotyped/ stigmatized, and increased role strain.

Gender-based labels such as male nurse is injurious to nursing as it preserves sex-segregation and stereotypes that affect both men and women in the profession. This concept analysis corroborates the need to de-gender nursing and caring, which is a recurrent theme in nursing literature. Ultimately, de-gendering nursing should translate to measures to increase the proportion of men in the nursing workforce. A gender-balanced workforce, coupled with de-gendered notions of caring will strengthen the nursing profession and optimize our ability to serve our clientele.

Abstract #45

Mentoring Male Nursing Students: Insights Gleaned from the Literature

Author: Randelle I. Sasa, MA, RN-BC, CMSRN, CCRN

Abstract

Mentoring is a proven strategy to ensure student success. However, little has been done to look into mentoring male nursing students, and men in nursing in general. This gap is crucial given that men remain to be an extreme minority in the profession.

An integrative literature review on the experiences and behaviors of male nursing students was conducted following guidelines outlined by the preferred reporting items for systematic reviews (PRISMA). This poster presents findings of the literature review, and offers practical insights on mentoring male nursing students.

The literature supports that men in nursing are caring individuals who have a sincere desire to help others. However, the stigma associated with being male in a female-dominated profession is a major impediment to enrollment in nursing programs. Men apply to nursing programs after a lot of self-deliberation and encouragement from family. Once admitted, men work hard and persevere to realize their goal of becoming a nurse.

Mentoring and advocating for male nursing students involve removing barriers that make them feel alienated and marginalized. Such measures involve removing gender-based traditions, stereotypes and implicit biases. One specific bias mentioned in the literature is the use of feminist language in textbooks, and use of the pronoun “she” to denote a nurse. Male nursing students need to feel that they are fully accepted by nursing faculty by being afforded equal opportunities during clinical rotations. The literature also cites the need for more men in faculty and staff nurse roles to serve as role models and mentors.

Abstract #46

Assessing Students' Readiness To Quit Vaping Pre-Post Survey and 6 Months Later Using An Anti-vaping Educational Program

Author: Rosanna Hui, MSN, ANP-BC, CCRN-CMC, CPT, DNP Student

Faculty Sponsor: Dr. Lynda Olender, PhD, ANP, RN, NEA-BC

Background and Review of Literature: Smoking tobacco is the leading cause of death and disease in the United States that can be prevented. E-cigarettes have been used as an alternative to quit smoking tobacco, but instead have led to serious lung illnesses and dozens of deaths among younger adults. Studies have demonstrated that a school-based anti-vaping educational program increases students' knowledge of vaping, elicit readiness to quit, and prevent vaping related illnesses.

Purpose: To translate evidence into practice by helping college students gain more knowledge about the dangers of vaping and reduce the number of students from e-cigarette use.

Methods: Informed by the theory of change model, the implementation of an evidence-based anti-vaping educational program by Essentia health initiates short and long-term outcomes. This program includes a pre-post survey, a film, and discussion will be offered. Community College students aged 18-45 will be asked to complete the same survey immediately before, after, and 6 months via survey monkey after completing the educational program.

Anticipated Results: Key findings indicate that the educational program will show a significant decrease in the number of students from e-cigarettes use and change in attitude, which demonstrates to be an effective long-term educational program. Upon completion of this project, the college will offer this program to students each semester.

Conclusions: Compared to a student's baseline understanding on vaping, the educational program was associated with an increased knowledge, awareness, and change in attitude among community college students.

Keywords: Vaping, e-cigarette, educational program

Abstract #47

Hospital-Wide Practice Change from Sliding Scale to Basal Bolus Insulin for the Inpatient Management of Hyperglycemia in an Adult Orthopedic Surgical Population

Author: Ruben Diaz, Graduate, DNP Program

Faculty Sponsor: Dr. Viktoriya Fridman, DNP, RN, ANP-BC

Background and Review of Literature: The relationship between hyperglycemia and poor outcomes in post-operative surgical patients, such as increased surgical site infection and length of stay (LOS), has been well documented. Insulin administration is the treatment of choice in the hospitalized hyperglycemic patient. Research studies have concluded that the safety and efficacy of a more physiologic approach to insulin delivery as basal bolus insulin (BBI) is superior to sliding scale insulin (SSI) in achieving and maintaining blood glucose control, with no significant difference in hypoglycemia.

Purpose: The aim of this DNP quality improvement initiative, is to reduce the rate of hyperglycemia in an adult inpatient orthopedic surgical population by implementing a practice change from SSI to BBI.

Methods: Quality improvement initiative involving prescribers utilizing computer-based insulin order sets. The Plan-Do-Study-Act (PDSA) cycle methodology will be used in the implementation of the project interventions. Provider knowledge, barriers to prescribing BBI versus SSI and gaps in practice will be assessed through pre- and post-survey. Changes in provider insulin ordering practice will be evaluated through post-implementation audits. The safety and efficacy of the transition from SSI to BBI will be evaluated based on the impact of glycemic control through computer generated glycemic data reports.

Implementation Plan: In an adult inpatient orthopedic surgical population, with a sustained hyperglycemia rate, a hospital-wide practice change from computer-based SSI to BBI will be implemented to reduce the rate of hyperglycemia.

Anticipated Results: Pre- and post-intervention knowledge questionnaire results with expected knowledge increase. BBI prescriber ordering expected to increase. Hyperglycemia rate expected to decrease and hypoglycemia events no difference expected. LOS and surgical site infection secondary outcomes measures expected to decrease.

Abstract #48

Preventing Older Adult Falls in The The Emergency Department

Author: Satchell-Lee Tyrell (Graduate/DNP)

Faculty Sponsor: Dr. Elizabeth Capezuti, PhD, RN, FAAN

Issue: Falls in older adults (OA; 65 and older) are a significant cause of mortality and morbidity in healthcare. Emergency departments are times severely overcrowded, which can result in impaired patient safety. The latter lead to an increased risk for patient falls, especially among vulnerable OAs. The aim of this literature review is to address the following question: In patients age 65 and older in the emergency department. Does a nurse lead fall prevention program, compared to usual care, reduce the incidence of falls, over one year?

Description: A literature review of studies was conducted using PubMed and CINAHL using the search terms *emergency department, fall prevention, elderly, geriatric and, fall*. The review included all studies for fall prevention targeting OA in the emergency department. Studies of falls as the reason for presentation to the emergency department were excluded.

Results: 7 studies (5 individual studies and 2 systematic reviews) demonstrated the value of fall prevention strategies in the emergency department. When fall prevention strategies are utilized in the emergency department for OAs, the numbers of falls and fall related injuries decrease.

Conclusion and Recommendation: Fall prevention strategies geared towards the fast-paced emergency department environment is vital. Quality improvement measures of specific fall prevention strategies for OAs in the ED requires consistent attention from all ED staff. There is a limited amount of evidence on fall prevention conducted in the emergency that demonstrates the need for research and quality improvement initiatives.

Abstract #49



Poster Award: Final Capstone Project (3 Awards in Category)

Improving the Culture of Safety on the Pediatric Intensive Care Unit (PICU)

Author: Shari Jean-Marie, MSN, AGPCNP-BC, DNP-S

Faculty Sponsor: Viktoriya Fridman, DNP, RN, ANP-BC

Background and Review of Literature: Safety culture is an important element in maintaining patient safety and eliminating the occurrence of unintentional patient harm. There have been an estimated 140,400 deaths attributed to medical errors in the United States, making medical errors the third leading cause of death in the nation. A solid culture of safety is correlated with better outcomes for the patient, including a decreased incidence of complications and errors. Education and communication are important elements of a safety culture. Education on safety culture principles and implementation of patient safety huddles will aid in enhancing communication and bringing an awareness to the staff regarding the behaviors needed to sustain a safety culture.

Purpose: To introduce nurse-driven evidence-based practice change related to the safety of culture in a hospital setting with the aim to improve nurses' awareness and knowledge, and to improve communication on the PICU.

Methods: Quality improvement project in a PICU involving the regular staff of registered nurses providing direct patient care utilizing the Plan-Do-Study-Act (PDSA) cycle methodology to implement the project's interventions.

Implementation Plan/Procedure: An assessment of staff's perception of current culture of safety on the unit was done using the Safety Attitudes Questionnaire (SAQ) followed by educational sessions and patient safety huddles. The pre/post intervention SAQ surveys and post-intervention evaluation surveys were administered to assess the staff's knowledge, perception of a safety culture and communication on the unit.

Results: The results of this scholarly initiative revealed that the culture of safety on a PICU did have an important difference between pre/post-interventions of educational sessions and patient safety huddles. The survey results indicated the educational sessions and patient safety huddles enhanced communication on the unit and stimulated a positive impact on nurse awareness of a safety culture with meaningful noting on nursing practice and unit CLABSI rates. The survey results uncovered staff concerns about difficulty in voicing a safety issue.

Conclusions & Implications: The evidence-based scholarly DNP initiative improved the staff's perception of safety culture on the unit, improved the communication regarding patient safety issues, therefore positively influenced patient outcomes and reduced the number of complications associated with CLABSIs. However, there is a need to address staff's concern about the difficulty in voicing a safety issue. The success of patient safety huddles among the staff can be further explored with nursing leadership playing an active role in encouraging the nurses to use their voices as advocates for the patients and the patients' safety. A solid culture of safety is correlated with better outcomes for the patient, including a decreased incidence of complications and errors.

Abstract #50

The Psychiatric Nurse Practitioner Liaison Model in Primary Care

Author: Shauna Roach, MS, PMHNP (Graduate/DNP)

Faculty Sponsor: Dr. Elizabeth Capezuti, PhD, RN, FAAN

Issue: Most patients are treated for depression by their primary care provider (PCP), with most symptoms of depressed patients adequately assessed and evaluated. The psychiatric nurse practitioner (NP) liaison model of care can address and augment the care provided by PCPs caring for depressed persons. The psychiatric NP can provide expert care while supporting the medical team in addressing depression symptomatology.

Description: A literature review was conducted using the databases of Medline, Pubmed, and CINAHL. Keywords used include primary care providers, collaborative care, nurse liaison, and depression. Studies used in the review include randomized control trials, and systematic reviews.

Results: Studies indicate that depression can be effectively treated in the primary care setting and improve patient outcomes. In addition, collaborative efforts between the psychiatric NP and PCPs can further improve the quality of care provided to depressed patients.

Conclusions and Recommendations: The psychiatric NP in the liaison role collaborating with PCPs can augment the identification and treatment of depressed patients. Since depressed patients are more often seen in the primary care environment, the expertise of the psychiatric NP becomes valuable in recommending interventions to effectively treat depressed patients. Quality improvement evaluations are needed to identify the most efficient ways to incorporate and design primary care clinic workflow to optimally utilize the liaison model into practice.

Abstract #51



Poster Award: Final Capstone Project (3 Awards in Category)
Reducing CLABSI Rates in a Pediatric Intensive Care Unit

Author: Sophia A. Brown, FNP-BC, DNP-S (Graduate, DNP Program)

Faculty Sponsor: Viktoriya Fridman, DNP, RN, ANP-BC

Issue: Healthcare-Acquired Infections afflict about 3% of all hospitalized patients in the United States. One type of HAI is a central-line bloodstream infection (CLABSI), which is the result of contamination. The consequences of these infections include increased morbidity, mortality, complications, length of hospital stay and higher healthcare costs. Specifically, data from the Department of Health, reported that the 2017 New York Presbyterian (NYP) -Weill Cornell Pediatric Intensive Care Unit Central-line associated bloodstream infection (CLABSI) rate was 3.2 compared to the state average of 1.43.

Description: The project aim was to decrease CLABSI rates by at least 40% by evaluating and addressing the causes, modifying ineffective or adverse practices and updating the current protocols to reflect evidence-based research. The intervention plan included pre- and post-audits, pre- and post- questionnaires, and a 4- and 6-week education session to fill knowledge and performance gaps discovered through both the audits and questionnaires. Care bundles, or multidisciplinary care strategies, were employed and re-evaluations were done along the way. Education was given via bedside coaching, during team huddles, through powerpoint presentations and Q&A opportunities. The project methodology was the Plan-Do-Study-Act (PDSA) design where audits, questionnaires and re-education occurred after each evaluation. This was all done to improve staff knowledge and adherence to evidence-based guidelines, and to streamline behavior through modified protocols, reducing risks to patients. The total time frame for this project was one year.

Lessons Learned: Inconsistencies in practice were noted on the unit confirming the gaps in knowledge and practice. Gaps in practice were measured, via audits, against the SPS audit tool which specifies how central lines were expected to be maintained. Gaps in knowledge were also evident when the 2-minute, 5-question survey was utilized. A run control chart and histogram was used to display these results and trends, and the CLABSI rate was analyzed and compared after the interventions.

Next Steps: Future research should be geared toward measuring and increasing compliance to preventative measures for CLABSI. Studies into what causes noncompliance or inconsistency in practice can be explored. Quality improvement initiatives are great ways to go about this discovery and intervention but will require commitment and continued participation of nursing leadership and dedicated central-line teams to ensure improved adherence rates to the standard and guarantee sustainability.

Abstract #52

A nurse-led assistive device decision algorithm to promote mobility in an orthopedic unit.

Author: Stacey France (Graduate) DNP Program

Faculty Sponsor: Elizabeth Capezuti, PhD, RN, FAAN

Background and Review of Literature: Functional decline is considered an adverse complication due to immobility in the postoperative orthopedic surgical patient. Research links an increase in length of stay (LOS) to functional decline due to little to no mobility during a patient's hospitalization. The safe handling national protocol supports applying a lift when the patient weighs 35lbs. or more and research has demonstrated improvement in patient outcomes, such as enhanced physical activity and lower limb endurance, when transfer devices have been applied. Unfortunately, lifts are underused and many inpatients are not appropriately mobilized.

Purpose: The ultimate goal of this quality initiative is to improve patient mobility and LOS by introducing a nurse-driven evidence-based practice change.

Methods/Implementation Plan/Procedure: The proposed quality improvement project will employ a Plan-Do-Study-Act (PDSA) methodology to implement practice change focusing on increasing patient's functional mobility while following principles of safe handling. The nurse-driven evidence-based Transfer Lift with Care (TLC) algorithm will be introduced through an electronic medical record to support a nurses' decision in selecting the appropriate transfer device. Pre and posttests, audits and chart reviews will be utilized to provide for baseline knowledge growth and to capture any gaps in applying the algorithm in current practice. The implementation process will be supported with education sessions, bedside coaching, and team huddles to ensure a seamless integration of the nurse-driven decision algorithm.

Anticipated results/implications/conclusion: Anticipated results of this project will promote safe handling and include the patient's positive outcomes, as evidenced by prevention of functional mobility decline and decreased LOS. Among nurses, the use of lifts is expected to increase.

Abstract #53

A Literature Review: Effects of Decision Support Tool (DST) on Reported Unrecognized and Inappropriate Treatment Referrals of Acute Osteoporotic Vertebral Compression Fracture (AOCVF) in Primary Care Clinics

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Issue: An estimated 25% 750,000 OVCF patients present annually to primary care practitioners (PCPs) with sudden onset of severe lower back pain. Of this group, one-third of these patients with AOCVF is either unrecognized or misdiagnosed leading to medical complications and continuing deterioration. This literature review addressed the following question: Among PCPs caring for older adults aged ≥ 65 years with a potential AOVCF, will a DST improve in the recognition and appropriate treatment referrals?

Description: This literature review was conducted using PubMed and CINAHL with keywords of acute osteoporosis vertebral compression fracture, primary care, disability and decision support. 72 studies were located and 69 studies excluded due to duplicates and irrelevant to the topic.

Results: Studies found consisted of a systematic review, one cross-sectional data analysis, one longitudinal cohort study, one meta-analysis of RTCs and two retrospective studies. Key findings indicate that the clinical characteristics and assessment tool improved diagnosis of AOVCF. The fracture risk assessment incorporated with one-stop pathway has enhanced AOVCF identification and targeting of management.

Conclusions and Recommendations: Varying degrees of clinical familiarity contributes to not recognizing AOVCF. The RAND-UCLA Appropriateness Method (RUAM) established a clinical care pathway for managing ACOVF. This pathway will be adapted into a DST that will evaluate its usefulness in improving referral rates among PCPs. Future research is needed to assess effectiveness of DST, in both the recognition of AVOCF, and whether appropriate treatment referrals lead to a reduction in deteriorating health-related issues.